

Over 60 in the 406

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The goal of this population health profile is to describe the health status of Montanans over the age of 60. The report has been organized into three sections. These are health status, functionality, and utilization of basic medical care.

Data used to create this report is primarily from the 2015 Montana Behavior Risk Factor Surveillance Survey (MT BRFSS). The MT BRFSS is designed to produce estimates of the prevalence of diagnosed diseases, chronic conditions, and health behaviors in the state population.

Key Findings

- 77% of Montana residents age 60+ categorized their health as being good, very good or excellent
- Older residents in Montana reported more physical activity than national averages for similar age cohorts
- Arthritis was the most commonly diagnosed disease among Montana residents over age 60, with approximately 50% of residents having received a diagnosis
- Skin cancer diagnoses were higher in Montana among residents age 60-69 than the nation
- Montana residents age 60-69 were less obese than the national average for this age cohort
- Due to Medicare, 98.5% of Montana residents age 65+ reported having health insurance coverage in 2015
- A smaller percentage of older adults in Montana participated in routine medical check-ups than national estimates in the past year
- A higher percentage of Montana residents age 75-79 received influenza and pneumonia vaccinations in 2015 than national estimates for this age cohort



Data Source

The BRFSS is a state-directed, annual telephone survey funded by the Centers for Disease Control and Prevention (CDC). BRFSS data provides public health officials with prevalence estimates of selected health conditions in Montana through self-reported survey data. For additional details about the survey methodology, strengths, and limitations, please visit the MT BRFSS and CDC BRFSS websites.

Health trends presented in this report start with data collected in 2011. This choice was made because the data collection method and post-collection weighting techniques for the MT BRFSS changed in 2011 to incorporate contemporary statistical weighting procedures and to add cellular telephones to the sampling design.

All demographic information included in this report was from the American Community Survey (ACS). The ACS is a yearly survey of the U.S. population and is conducted by the U.S. Census Bureau. Additional information about the methodology is available on the Census Bureau website.

Technical Notes

Prevalence estimates provided in this report present an overview of the health of Montanan residents over the age of 60. The data collected through MT BRFSS did not include those living in institutional settings, including nursing homes and assisted care facilities. To provide context for interpretation of the values in each Montana age cohort, estimates for the neighboring states of North Dakota and Wyoming as well as the national averages were selectively assessed for comparison.

Throughout the report, prevalence estimates and confidence intervals are used to demonstrate how common a certain condition is among older residents. When the phrase “significantly” is used in this report, it means that 95 out of 100 times the differences in prevalence estimates between the populations under discussion are real. The test verifies that these differences are not differences produced by the process of collecting the data. This statistical test is necessary when the data being used to compare prevalence estimates between groups has been drawn from a sample of the total population.

Throughout this report, the numerical value presented outside of the parentheses is the prevalence estimate for a given condition and the values within the parentheses are the range within which the true value for the population is expected to fall 95% of the time the population is surveyed. It is strongly encouraged that any reproduction of data from this report includes the 95% confidence intervals along with the prevalence estimate.

Demographic Profile

In 2015, 25% of Montana’s population was over the age of 60. Demographic models predict that the proportion of the Montana population over the age of 60 will continue to increase, reaching 32% of the total state population in the year 2030. The expanding impact of adults over 60 in the Montana population coincides with the same pattern across and country, as the share of older adults is expected to increase from 16% of the total US population in 2000 to 25% of the total US population in 2030.

Older persons in Montana are likely to impact social welfare programs, including health care systems, more than in many other states, as Montana is projected to have the fifth highest percentage of state population aged 60+ in 2030. As the total and relative population over age 60 expands in Montana, health care and social service providers will need to continue to adapt to fully care for the needs of the population.

As of 2015, the 60+ population in Montana contained more females than males (Table 1). More than 50% of this population had received some college education, including 28.6% having completed at least a bachelor’s degree (Table 1). Eighty-two percent of households with adults over the age of 60 were living at or above 150% of the federal poverty level, meaning that the household’s total income per year was at or above \$23,895 for a two person household in 2015 (Table 1).

Table 1: Demographic Profile of Montana Residents over the Age of 60.

Source: American Community Survey—2010-2015 estimates

Population n 60+	Age		Sex		Race		Education		Poverty Level	
	Age Group	Percent	Sex	Percent	Race	Percent	Education Level	Percent	Level	Percent
255,869	60-64	9.6	Male	48.2	White alone, non-Hispanic	94.7	Less than high school graduate	7.6	Below 100	8.8
	65-69	7.3	Female	51.8	American Indian	3.1	High School graduate, GED or alternative	33.4	100 to 149	9.6
	70-74	5.8					Some college or associate’s degree	30.4	At or above 150	81.6
	75-79	3.8					Bachelor’s degree or higher	28.6		
	80+	5.2								

Section I: Health Status

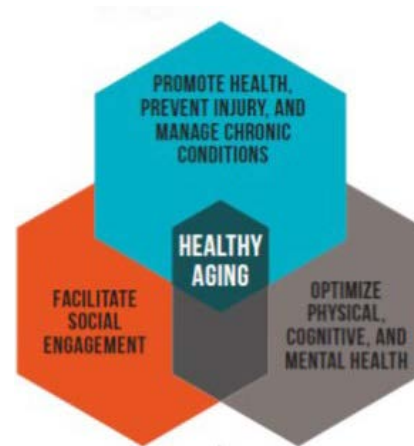
Wellbeing among Older Residents

The health conditions and needs of older adults are broad and diverse. Many people over 60 are living healthy, active lives with or without diseases, as survivors of significant health events, and as individuals with physical or cognitive disabilities. Many others are dealing with disabling conditions, decreasing mobility, and side effects from chronic conditions. For those over 60, a healthy adult is defined as an individual with a high and stable functional capacity in everyday life.

The 2016 National Prevention Council for Healthy Aging report recognized the importance of thinking about healthy aging as a goal of public health. Healthy aging can happen for many older adults when it is a goal of our public systems, incorporated into private actions, and supported by careful research and improved understandings of the relationships between physical, mental, and social health.

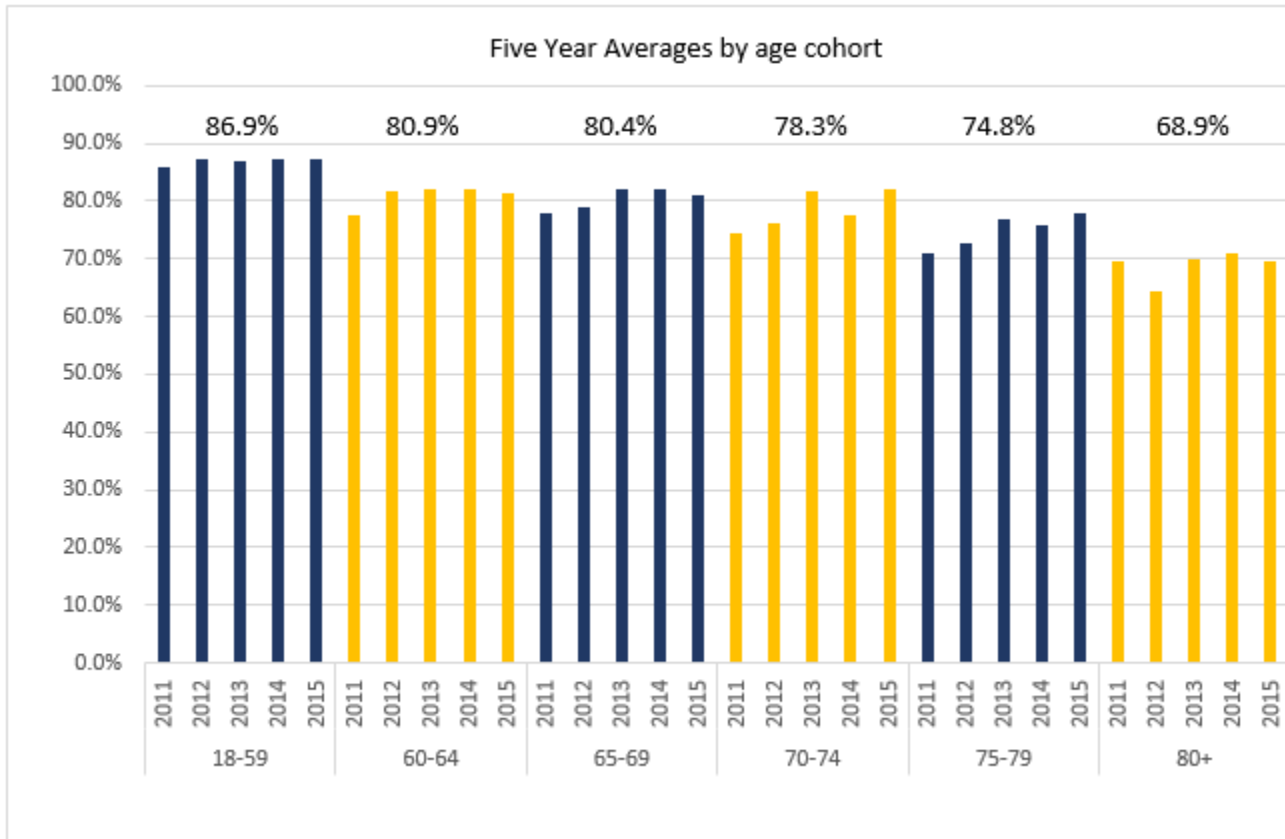
Figure 1: Guiding Model for Healthy Aging.

Source: National Prevention Council Healthy Aging in Action Report, November 2016



2011—2015 Trends in Self-Rated Health by Year and Age

Figure 2: Percent of respondents who categorize their health as being good, very good or excellent.
Source: MT BRFSS, 2011-2015



As demonstrated in Figure 2, Montana residents over the age of 60 think they are rather healthy. A few of the sources for the lower levels of self-rated health status as age increases have been identified throughout this report. In both Montana and the country, older residents above the age of 80 report more physical and cognitive impairments, often resulting in lower levels of self-rated health. Patterns of self-rated health did not vary significantly from year to year, suggesting stability in the health within these age cohorts across years.

Most Commonly Diagnosed Diseases Age 60+

The BRFSS survey produces prevalence estimates for eleven diagnosed diseases. The most commonly diagnosed diseases reported in the MT BRFSS for each age cohort in the state of Montana during 2015 were:

Table 2: Self-reported Diagnosis of Chronic Conditions 2015: Montana Ages 60-69, 70-79 and 80+

Note: Skin cancer includes basal cell and squamous cell carcinoma, as well as, melanoma.

Source: 2015 MT BRFSS.

Age	Arthritis		Depressive Disorder		Diabetes		Asthma		Skin Cancers	
	Percent	95% CI	Percent	95% CI	Percent	95% CI	Percent	95% CI	Percent	95% CI
60-69	43.3	39.3 - 46.2	18.1	15.8 - 20.9	15.6	12.1 - 17.4	13.8	11.0 - 15.8	13.9	10.1-15.1

Age	Arthritis		Cancer (not skin cancers)		Skin Cancers		Diabetes		Depressive Disorder	
	Percent	95% CI	Percent	95% CI	Percent	95% CI	Percent	95% CI	Percent	95% CI
70-79	51.1	46.4 - 54.8	22.7	18.9 - 26.1	20.0	17.0 - 23.7	17.8	13.6 - 19.9	15.3	12.0-17.6

Age	Arthritis		Skin Cancers		Cancer (not skin cancers)		Heart Attack		Angina or Coronary Disease	
	Percent	95% CI	Percent	95% CI	Percent	95% CI	Percent	95% CI	Percent	95% CI
80+	55.8	50.4 - 61.1	27.9	22.4 - 31.9	21.2	16.5 - 25.2	16.4	12.3 - 20.7	16.5	12.0 - 20.5

A larger percentage of the 60-69 and 70-79 populations reported being diagnosed with depressive disorder than those in the 80+ age cohort (Table 2). Recognizing that nearly one-fifth of the population age 60-69 has received a diagnosis of depression during their lifetime suggests that a proactive mental health promotion strategy among older Montana residents may benefit many people.

The MT BRFSS asks residents as series of Yes/No questions as to whether or not they have “ever been diagnosed with” a specific disease or disorder. Prevalence estimates of this type are used to estimate the burden of particular diseases on the population. Diagnosis rates from medical records or insurance records may produce prevalence estimates which differ from those produced by the BRFSS.

Prevalence of Chronic Conditions in Montana Compared to the United States

In 2015, the proportion of Montana residents aged 60-69 who reported having ever had a heart attack or diagnosed with angina or coronary heart disease, COPD, emphysema or chronic bronchitis, and diabetes was significantly lower than national averages (Table 3). This pattern was also observed for angina or coronary heart disease and diabetes among the age group 70-79 in which the prevalence was lower among Montanans compared to the national average (Table 3).

The proportion of Montana residents in age groups 60-69 and 70-79 that reported ever having a diagnosis of skin cancer was statistically the same as the United States population in similar age groups (Table 3). In the MT BRFSS skin cancer diagnosis include all types of skin cancers, such as basal cell, squamous cell, and melanoma.

Table 3: Self-reported Diagnosis of Chronic Conditions: Montana & United States, Ages 60-69 & 70-79
Source: 2015 MT BRFSS

Chronic Condition	Age 60-69				Age 70-79			
	Montana		United States		Montana		United States	
	Percent	95% CI	Percent	95% CI	Percent	95% CI	Percent	95% CI
Heart Attack	4.5	3.4 - 5.9	8.0	7.6 - 8.3	8.9	7.0 - 11.0	11.8	11.3 - 12.3
Angina or Coronary Heart Disease	5.1	3.9 - 6.8	8.0	7.7 - 8.4	7.4	5.5 - 9.8	11.8	11.3 - 12.3
COPD, Emphysema or Chronic Bronchitis	6.9	5.5 - 8.7	10.7	10.3 - 11.0	12.4	9.9 - 15.4	13.3	12.9 - 13.9
Diabetes	14.5	12.1 - 17.4	21.0	20.5 - 21.6	16.5	13.6 - 19.9	24.6	23.9 - 25.3
Skin Cancer	12.6	10.4 - 15.1	10.5	10.2 - 10.9	20.1	17.0 - 23.7	18.5	18.0 - 19.1

Recommendation for Enhancing Health Status

Local, state, and federal health departments and organizations concerned with the well-being of older Americans have produced a wide variety of recommendations, guidelines, and resources to facilitate healthy aging. Pulling from these guidelines, this section identifies some key actions that can be taken by older Montanans, their families, and care providers to continue to enable older residents to have healthy and active lives. These recommendations are not comprehensive, as they correspond only to the findings in this report.

Recommendation 1: Arthritis

From: Montana Arthritis Program

- Join one of the several arthritis exercise programs made available by DPHHS. A full list of program locations designed to decrease arthritis pain can be found at the MT arthritis program website.
- Join the Montana: Living Well program to learn strategies for managing symptoms from arthritis and maintain an active lifestyle.

Recommendation 2: Depression

From: National Institute of Mental Health

- If you are feeling very tired, helpless or hopeless, discuss these symptoms with your primary care doctor. Treatment for depression among older adults is often successful.
- If you are concerned that a friend or family member has depression, offer support, try to assist them in making it to doctor visits, and invite them to join you in activities.

Recommendation 3: Skin Cancer

From: American Geriatric Society &
Montana Cancer Control Programs

- Engage in a regular annual check-up to identify potential skin cancers.
- Reduce sun exposure by covering up, and using sunscreen.
- When applying sunscreen, use at least SPF 15 and re-apply at least every two hours.

Resources about Healthy Aging

The Surgeon General released *Healthy Aging in Action* in 2016, which identifies the actions and suggested prevention behaviors best known to promote healthy aging among older Americans. This report suggests that the responsibility for healthy aging is not only on individuals, but also on elected officials, organizations, and community leaders.

Section II: Disability, Mobility, and Physical Fitness of Older Montana Residents

As noted in the introduction to this report, the presence of a diagnosed disease, health condition, or disability does not necessarily suggest a lack of health. With functionality as the definition of health, section II of this report uses MT BRFSS data to depict disability prevalence estimates and activity level estimates among Montana residents over the age of 60. This section also includes an overview of the prevalence of obesity in the older residents of Montana as compared with neighbor states and U.S. average.

Table 4: Montana Residents Whose Physical Activities Were Limited because of Health Problems. Source: 2015 MT BRFSS

Age	Percent	95% CI
18 - 59	20.3	17.9 - 21.9
60 - 74	30.7	25.9 - 35.5
75 - 79	37.4	30.9 - 43.3
80+	38.3	33.1 - 44.0

Montana residents over the age of 60 are significantly more likely to have their activities limited because of health problems than Montana residents under the age of 60. Thirty percent (25.9-35.5%) of residents between the ages of 60-74 in Montana reported that their activity had been limited in the past year due to health problems (Table 4). The proportion was larger in older age cohorts, as an estimated 37% (30.9-43.3%) of those aged 75-79 and 38% (33.1-44.0%) of those over the age of 80 reported limited activity due to health problems (Table 4). In contrast, 20% (17.9- 21.9%) of Montana residents ages 18-59 reported having their activity limited due to health problems (Table 4).

Physical Activity during Leisure Time

When asked if they engaged in activity during their leisure time, 74% (70.0-78.4%) of Montana residents age 60-64 answered yes as compared to the national proportion of 65% (63.9-65.6%).

Seventy-five percent (70.2-78.5%) of Montana residents aged 65-69 and 72% (67.2-77.1%) aged 70-74 reported being physically active during leisure time. Both of these values were significantly higher than national proportions.

Activity during leisure time was lower among older Montanan age cohorts, as 65% (58.1-70.4%) of those aged 75-79 and 55% (49.4-60.3%) aged 80+ reported engaging in physical activity during leisure, which is consistent with national averages.

Muscle Strengthening and Aerobic Activity

In 2015, 30% (25.6-34.7%) of Montana residents between the ages of 18-74 met muscle strengthening requirements. Among those in the 60-65, 65-69, and 70-74 age cohorts, this proportion was significantly higher than national averages.

Fifty-seventy percent (52.5-62.3%) of Montana residents aged 60-64, 59% (54.6-64.0%) aged 65-69, and 57% (51.1-62.0%) aged 70-74 met aerobic activity recommendations. All of these values are significantly higher than national averages.

Among Montana residents aged 75-79, 54% (47.6-60.4%) met recommendations while 46% (40.4-51.0%) of Montana residents aged 80+ met the guidelines. Both of these age groups are consistent with national averages.

Older adults in Montana are active during their leisure time:

74% of those age 60-64

75% of those age 65-69

73% of those age 70-74

65% of those age 75-79

55% of those age 80+

And, 58% of older Montana residents are meeting aerobic activity level guidelines.

Only 30% of Montana residents age 18-74 are meeting muscle strengthening guidelines.

Driving & Mobility

Older residents in the western states of Montana, Wyoming and North Dakota display similar patterns of mobility and driving behavior to each other and in contrast to national percentages.

Seventeen percent (15.1-20.8%) of Montana, Wyoming and North Dakota residents between the ages of 60-69 reported having difficulties with walking or climbing stairs compared to 23% (22.1- 23.2) of those across the nation.

Older individuals from all three states between the ages of 70-79 reported having less difficulty doing errands alone [5% (3.8-7.6%) v. 9% (8.5-9.6%)] than the national average.

Both of these measures provide some broad context about how functionality varies with age and how regional variations provide context for state specific health behaviors and prevalence patterns.

17% of Montana residents age 60-69 reported having difficulties walking or climbing stairs.

Only 5% of Montana residents age 70-79 reported having difficult doing errands alone.

33% of Montana residents over the age of 80 required special equipment for health problems, a significantly higher percentage when compared to those below the age of 75, of whom 11% required special equipment.



Special Equipment Needs

Residents with health problems are often in need of special equipment that helps them address the limitations being placed on them by a given medical condition. Older Montanans used special equipment in basically the same ways as neighboring states and the nation used special equipment for health problems. There was a noteworthy increase in the need for special equipment between the 70-74 age cohort and the 75-79, 80+ cohorts. This pattern was also observed in the western states and the national percentages.

Obesity among older people in Montana

Obesity among older Americans has reached epidemic levels. With the higher activity levels, lower heart health diagnosis, and lower diabetes rates, one would expect for a smaller percentage of Montana's older residents to have been classified as overweight or obese. This suspicion was supported by the MT BRFSS data from 2015, as overweight or obesity prevalence in residents below the age of 80 was significantly lower in Montana than in the U.S.

Sixty-two percent (58.2-65.0%) of Montanans aged 60-69 were defined as being overweight or obese. In contrast, 67% (66.4-67.6%) of U.S. population between ages 60-69 were defined as being overweight or obese (Table 5).

Among those aged 70-79 and 80+, Montana did not differ from the national proportions of overweight or obesity in a significant way: 63% (58.4-66.6%) of MT residents age 70-79 v. 64% (63.4-64.9%) of U.S. residents age 70-79; 47% (41.9-52.7%) of MT residents 80+ v. 52% (51.2- 53.3%) of U.S. residents age 80+ were overweight or obese in 2015.

Table 5: Percent of Montana and United States Residents Age 60+ Who are Overweight or Obese, 2015.
Source: 2015 MT BRFSS

Age	Montana		United States	
	Percent	95% CI	Percent	95% CI
60-69	62.8	58.2 - 65.0	67.7	66.4 - 67.6
70-79	63.1	58.4 - 66.6	64.2	63.4 - 64.9
80+	47.7	41.9 - 52.7	52.8	51.2 - 53.3

Obesity and being overweight among older adults has potentially different impacts on the healthcare system than does the proportion of overweight and obese residents below the age of 60. Healthy aging includes the ability of older Montana residents to continue to engage in the types of activities that they find to be meaningful. The additional burden that excess weight places on muscles and the skeletal system can heighten risks for falls among older adults. Increases in the total older adult population, when coupled with the current estimates of overweight and obesity among these age cohorts, suggests that there is a need for public health programming in the state to aid older Montana residents in remaining at or achieving a body weight that corresponds with their health goals.

Strategies for being active

Local, state, and federal health departments and organizations concerned with the well-being of older Americans have produced a wide variety of recommendations, guidelines, and resources to facilitate healthy aging. Pulling from these guidelines, this section identifies some key actions that can be taken by older Montanans, their families, and care providers to continue to enable older residents to have healthy and active lives. These recommendations are not comprehensive, as they correspond only to the findings in this report.

Recommendation 1: Physical Activity

From: Centers for Disease Control and Prevention

- Be active every day and develop a clear exercise plan to ensure you gain the many physical and mental health benefits of exercise and regular physical activity.
- Communities are encouraged to provide and advertise indoor exercise opportunities during the winter months. Contact the local agency on aging, Title VI Native American Aging Program, AARP, or YMCA to learn more.
- Participation in muscle strengthening programs, such as the Stepping On Fall Prevention Program, is essential for decreasing fall risks.

Recommendation 2: Drive Safely

From: National Aging and Disability Transportation Center

- If you are concerned about the safety of an older adult driver, and want to engage in a conversation with them, focus on the older driver's functional capacity, not age or disease.
- If you are concerned about your own ability to feel safe as a driver, be sure to complete a self-assessment of your physical capacity, especially vision and hearing.
- Carefully monitor any changes in responses to medications, as it changes as one ages.

Recommendation 3: Weight Loss

From: United States Department of Agriculture

- Be sure to eat a well-balanced diet that meets your caloric needs as you age. Proactively anticipate how your dietary needs may change and adjust your eating habits.
- Remain physical active to ensure that you maintain healthy muscle and bone strength.
- Prevent Type-2 Diabetes by joining the Montana Diabetes Prevention Program.

RESOURCES ABOUT WINTER AND HEALTH

Older adults are at higher risk of adverse health outcomes during the winter than younger adults. Be prepared by double-checking your in-house and in-car supplies so that you are prepared in the event of an emergency.

If you are concerned that a friend or family member might be at risk of exposure to the cold, consider monitoring systems that help track their location in a non-invasive manner. And, as always, give them a call to check-in on their well-being.

Visit [FEMA.gov](https://www.fema.gov) for more winter weather readiness tips.

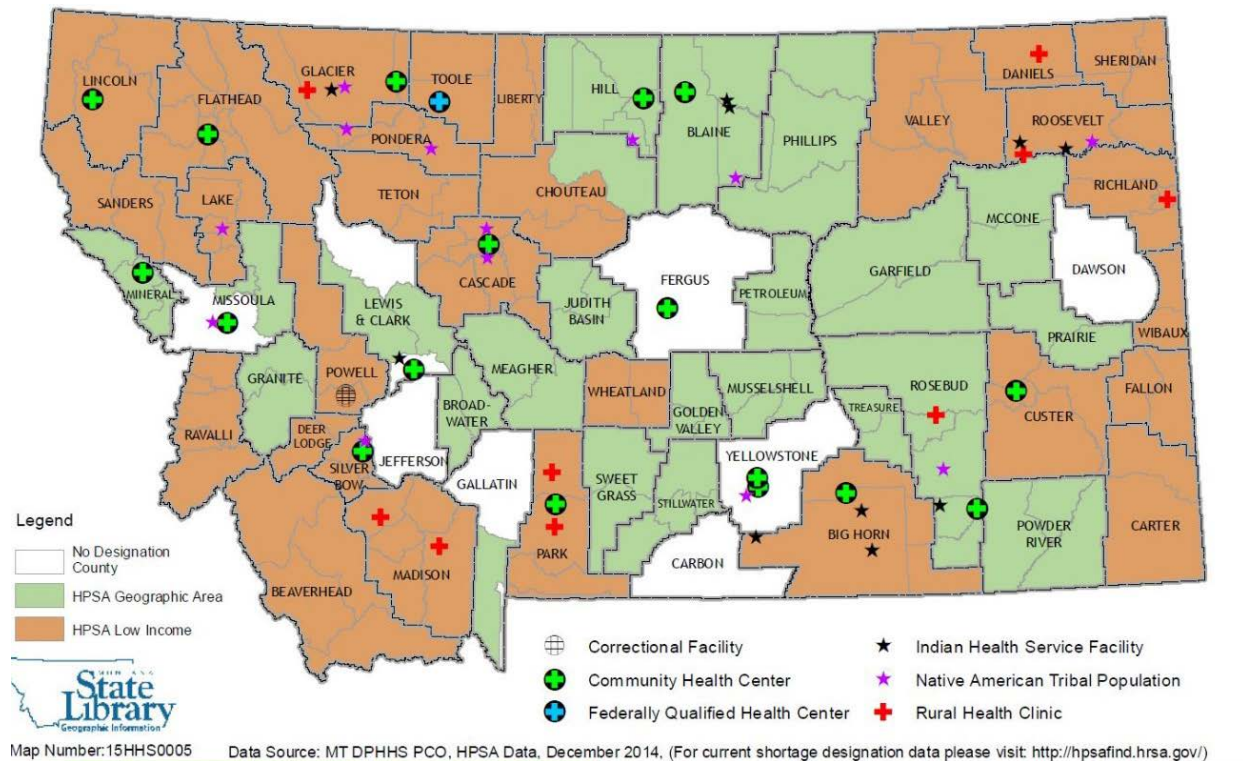
Section III: Basic medical care utilization

Visiting the doctor can be a unique challenge in many parts of Montana. Distances to care and lack of coverage in many parts of the state continue to be highlighted as barriers by state and federal agencies working to expand access to care across the state (Figure 3). During the 2015 MT BRFSS survey year, a smaller percentage of older residents over age 65 in Montana received routine checkups – 78.3% (74.7-84.6%) – than the US – 86.4% (84.5-87.9) – but they did not differ from routine checkup utilization by Wyoming residents over age 65 – 77.5% (72.4-81.3%). Regional characteristics related to distance and provider coverage in

Wyoming and Montana may explain the regional similarities and differences from national proportions, instead of these differences being an indicator that residents over the age of 65 in these states did not want to receive a routine checkup.

78% of Montana residents over age 60 received a routine check-up in 2015. The national average was 86%.

Figure 3: Montana Primary Care: Health Professional Shortage Areas (HPSAs)



Insurance coverage

Montana had nearly universal health care coverage of residents over the age of 65 due to Medicare – 98.5% (94.8-99.2%) of the population reported health insurance coverage in 2015. Among residents age 60-65, 90.3% (86.8-92.5%) of residents reported having health insurance, which was in contrast to the significantly lower total of 84.6% (81.7-85.4%) of Montana residents with health insurance between the ages of 18-59.

Having health insurance does not necessarily ensure the removal of cost as a barrier for health access. One in seven survey respondents between the ages of 18-59 reported they were unable to see a doctor in the past year because of cost. Responses to the same question by those over the age of 60 were too few to enable analysis, suggesting that access to Medicare did remove the cost barrier for health care for the vast majority of Montana residents

Montana Resident Insurance Coverage:

99% age 65+ had insurance

90% age 60-65 had insurance

85% age 18-59 had insurance

Cost as Barrier to Care:

14 % of those age 18-59 reported being unable to see a doctor because of cost.

Immunizations

A larger percentage of older Montana residents received flu and pneumonia vaccinations than those in other parts of the country. When compared to the national average, more Montana residents aged 75-79 received the flu vaccination (64.2% [57.5-69.5%]) and pneumonia vaccination (77.2% [71.8-81.8%]) compared to the U.S. (56.9% [55.1-57.5%] and 66.3% [65.2-67.6%], respectively).

64% of MT Residents age 75-79 received a flu shot in the past year, compared to 56% of US residents age 75-79

Oral Health Care Utilization

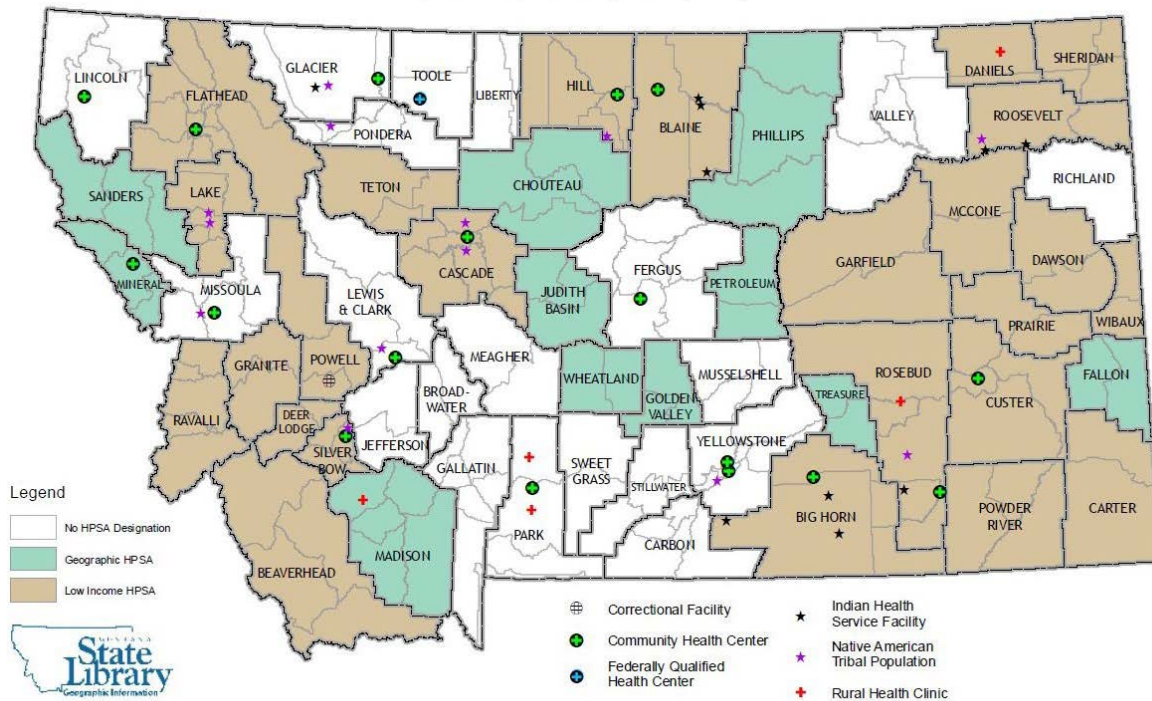
The 2016 MT BRFSS collected data about the oral health care behaviors of all residents, including those above age 60. A full report with the 2016 data will be available on the MT BRFSS website in late 2017.

Table 6: Percent of Montana Residents Who Visited a Dentist or Dental Clinic in the Past Year
Source: 2016 MT BRFSS

Age	Percent	95% CI
Under 59	63.8	62.1 - 66.4
60-64	64.6	58.9 - 69.8
65-69	68.2	62.1 - 73.7
70-74	67.2	60.8 - 73.0
75-79	58.7	49.9 - 67.0
80+	65.8	59.1 - 71.9

Although Montana residents age 60+ visited the dentist with the same frequency as residents less than age 60 multiple counties designated as shortage areas in Montana were also counties with higher percentages of older person populations (Table 6 and Figure 4). This disparity in access should continue to be addressed to prevent negative oral health outcomes among older residents living in highly rural counties throughout Montana.

Figure 4: Montana Dental Care: Health Professional Shortage Area (HPSAs)



Data Source: MT DPHHS PCO, HPSA Data, December 2014, (For current shortage designation data please visit: <http://hpsafind.hrsa.gov/>)

Receiving care from friends and family

Caregiving for older adults by friends and family members is a widespread practice. For the 2016 MT BRFSS, a caregiver module was added to aid with improving our understanding of the extent to which home healthcare is being provided by friends and family members. Data for the overview here are an early estimate of the caregiving patterns within the state, as 9 of 12 months of the 2016 survey data collection was completed by the time of the writing of this report. For a final analysis of these modules, please visit the MT BRFSS website in late 2017, at which time a data report on the caregiver module will be posted, providing an update to the results in this report.

17% of Montana residents provided regular care or assistance to a friend or family member with a health problem or disability in 2016



Caregiver Highlights

Thirty-five percent (28.7-41.9%) of caregivers provided help to friends or family members who had an injury, including broken bones.

Eight percent (5.5-12.1%) of caregivers provided help to friends or family members with cancer, and 7% (4.6-11.5%) took care of individuals with heart disease, hypertension or a stroke.

Nearly 60% of caregivers provided care for their family member or friend in less than 8 hours per week (58.7% [51.3-63.9%]), while nearly 20% of caregivers were providing 40 or more hours of care each week (17.1% [12.7-22.2%]).

Easing access to medical care

Local, state, and federal health departments and organizations concerned with the well-being of older Americans have produced a wide variety of recommendations, guidelines, and resources to facilitate healthy aging. Pulling from these guidelines, this section identifies some key actions that can be taken by older Montanans, their families, and care providers to continue to enable older residents to have healthy and active lives. These recommendations are not comprehensive, as they correspond only to the findings in this report.

Recommendation 1: Immunizations

From: Centers for Disease Control and Prevention

- Get a flu shot every year.
- Be sure to have 1 dose of PCV13 and at least one dose of PPSV23 for avoiding pneumococcal infections.

Recommendation 2: Oral Health

From: National Institute of Dental and Craniofacial Research

- Prevent gum disease by brushing your teeth daily with a fluoride toothpaste, flossing regularly, avoiding the use of tobacco products, and eating a well-balanced diet.

Recommendation 3: Care Giving

From: National Institute on Aging

- If you are a care giver, be sure to monitor your mental health and well-being, and to use support services before you exhaust your capacity to care.
- Caring for those more than an hour drive away presents particular challenges, contact local Area Agency on Aging for resources and caregiving options.
- Respite care is available. Visit the Montana Lifespan Respite Coalition website to be connected with resources in your area.

RESOURCES ABOUT MEDICARE

The state of Montana Aging Services division provides materials for older Montanans who are interested in using Medicare for some or all of their health insurance needs. Traditional Medicare offers beneficiaries 4 separate parts: Part A, Part B, Part C, and Part D. For additional information about these plans, and how they can best fit your care needs, you can contact your local State Health Insurance & Assistance Program Officer by calling 1-800-551-3191 or visiting the Montana Medicare 101 website.

Conclusion

The Montana BRFSS provides an overview of the health conditions of Montana residents. For this report, the MT BRFSS data was used to help improve and expand our understanding of the health characteristics of residents over the age of 60. It has been suggested by the CDC, and is supported by the approach taken in this report, to view healthy aging as a goal for preventive health services within public health departments and programs. Engaging older Montana residents in preventive health behaviors to facilitate continued activity and well-being will require action within our communities, public health care infrastructure, and homes, as the population of Montana residents over age 60 continues to expand for the foreseeable future.

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