

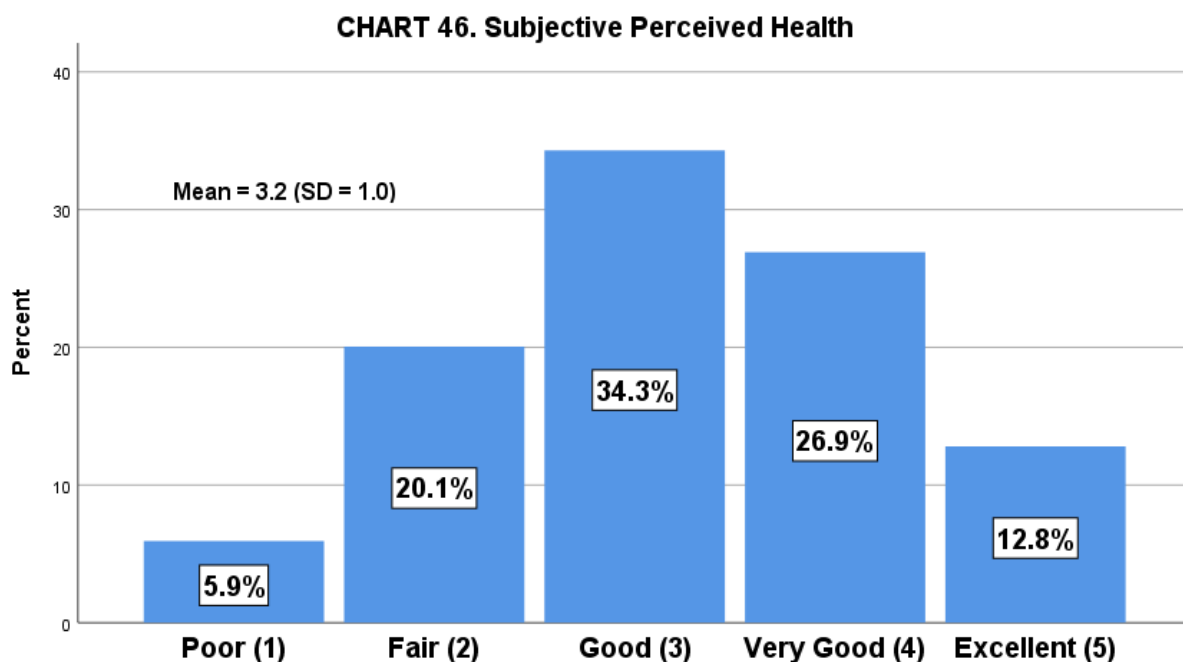
# PROFILE OF PEOPLE 60 AND OLDER IN CHARLOTTE AND MECKLENBURG COUNTY

## Section 2: Health Information

In this section, we provide information on physical and mental health of participants in the Meck60+ sample of adults 60 and older in Charlotte/Mecklenburg County (N=758). We also examine health risk factors and the use of medical and community services by older adults. We present a variety of graphs, charts and statistical procedures to illustrate the data. In Appendix, we have included all frequency data distributions on indicators of health and service utilization.

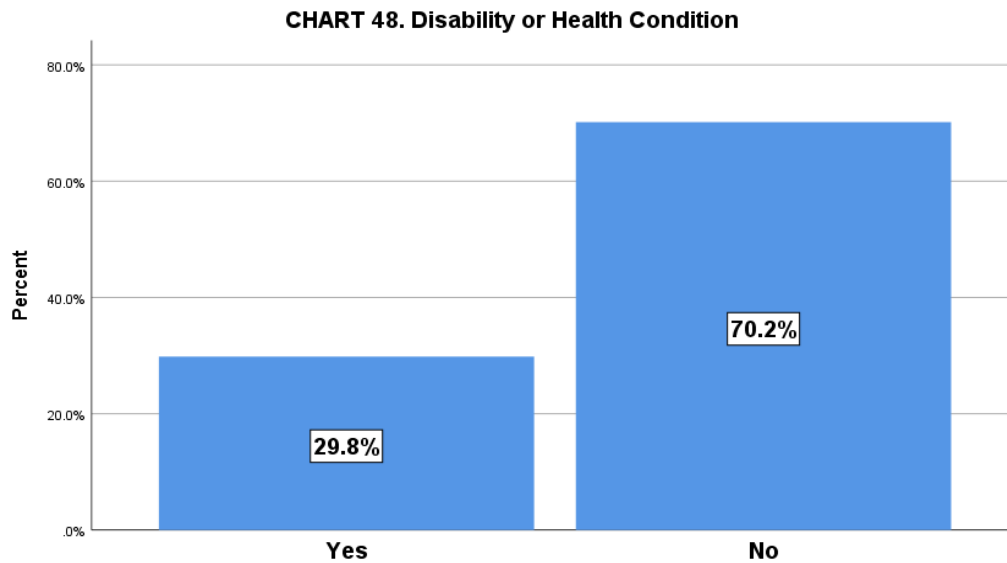
## HEALTH PROFILE

**Global Health:** Overall, participants report that their perceived health is good to excellent, with only one quarter of respondents indicating that their health as fair or poor ([Chart 46](#)).

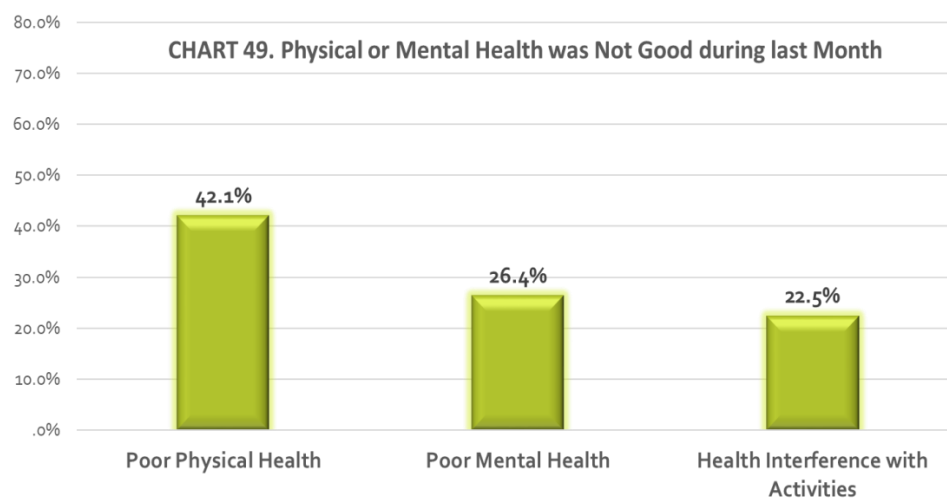


There were significant health differences among race/ethnic groups, with Caucasians reporting the highest level of health (mean = 3.6) in comparison to African Americans (mean = 3.1) and Latinos (mean = 2.6), ([Chart 47](#)).

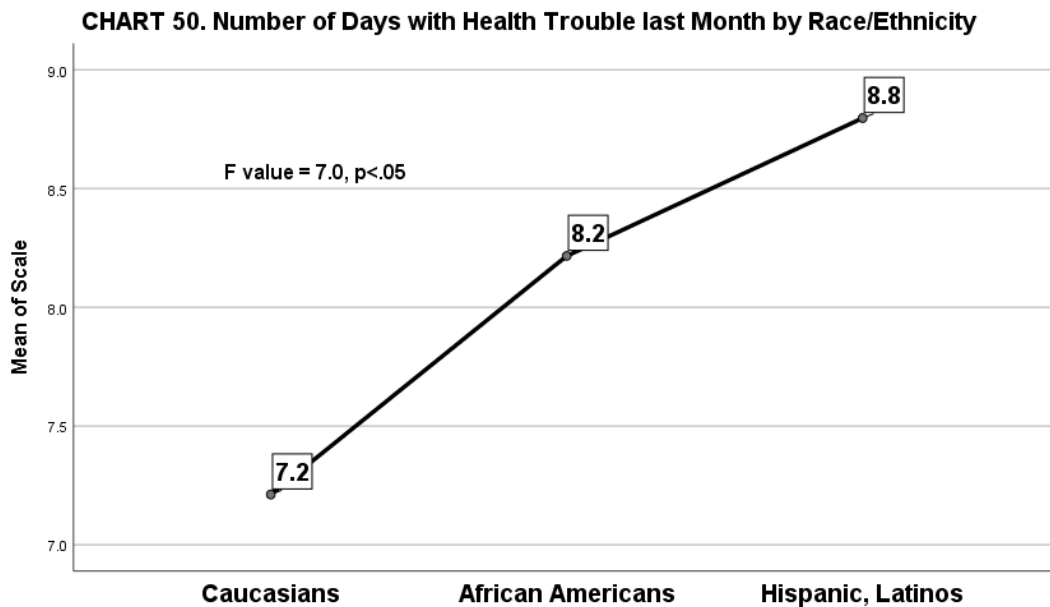
- 1. Functional Health:** About one third of respondents indicated that they (*or anyone at their home*) have a disability or a health chronic condition that keeps them from participating in work, housework, or other activities ([Chart 48](#)).



The number of respondents experiencing poor health more than one day during the last month was higher among adults declaring bad physical health troubles (42.1%) than mental health, such as stress, depression and problem with emotions (26.4%). Another 25% of participants reported that their physical or mental health kept them from doing usual activities such as self-care, work or recreational activities ([Chart 49](#)).

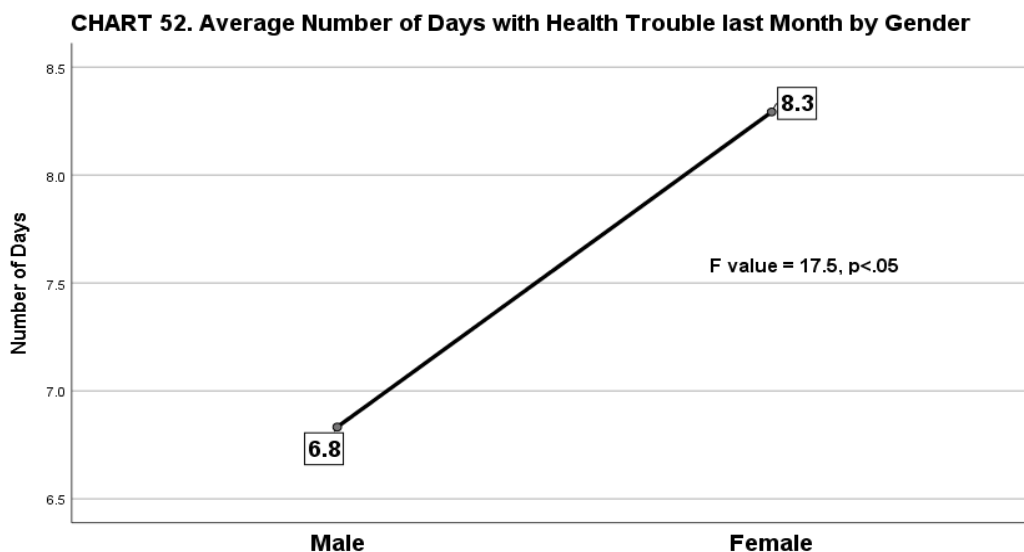


There are significant differences by race/ethnic groups when considering an index of number of poor physical and mental health and health interference with social activities, such as visiting friends or relatives. In particular, Caucasians report the lowest number of days (mean = 7.2) with health trouble than African Americans (mean = 8.2) and Latinos (mean = 8.8), ([Chart 50](#)).



Participants across each racial/ethnic group experienced more days of bad physical health than trouble with mental health ([Chart 51](#)).

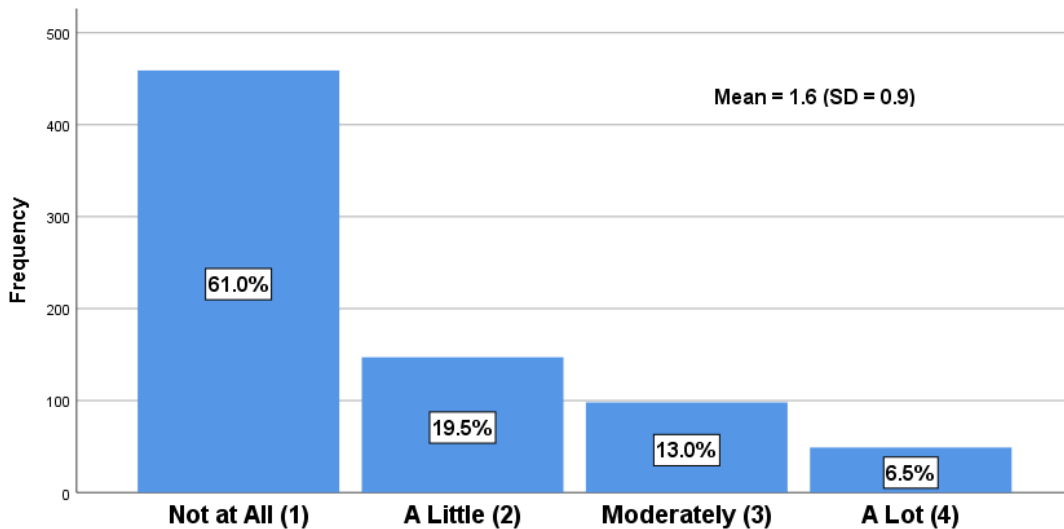
On the other hand, female participants reported significant higher average number of days with health troubles (mean = 8.3) during the past month than men (mean 6.8) ([Chart 52](#)).



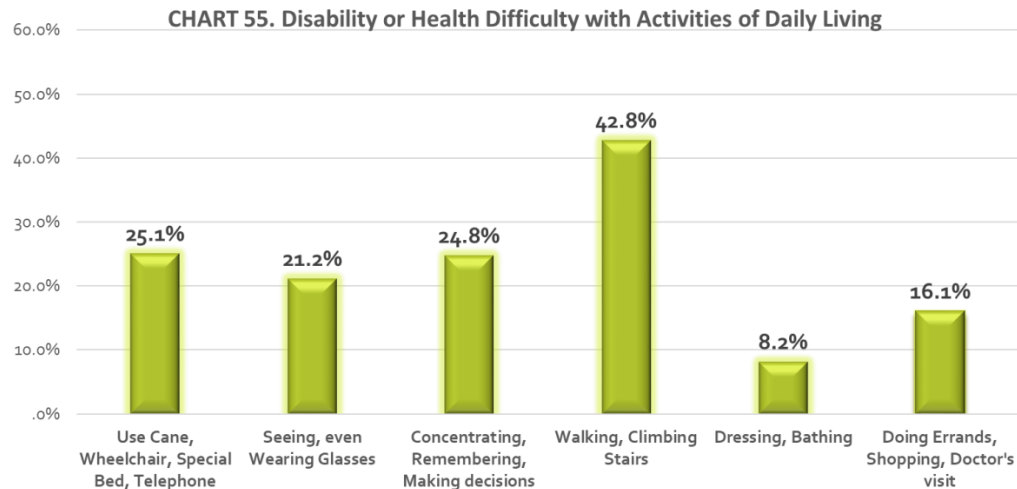
Physical health was also a much greater concern for women (mean = 5.8) than mental health (mean = 3.5) or health interference with activities (mean = 3.4), ([Chart 53](#)).

Overall, two thirds of participants reported that they were not limited in any way in everyday activities due to their physical, mental or emotional troubles ([Chart 54](#)).

**CHART 54. Activity Limitation because of Physical, Mental, or Emotional Problems**



**2. Disability or Health Difficulties:** Participants reported difficulties with activities of daily living primarily with their ability to walk, climb stairs (42.8%), followed by their use of special equipment, such as a cane, a wheelchair, a special bed or a special telephone (25.1%). They also indicated having difficulty with cognitive abilities such as concentrating, remembering, or making decisions (24.8%), ([Chart 55](#)).

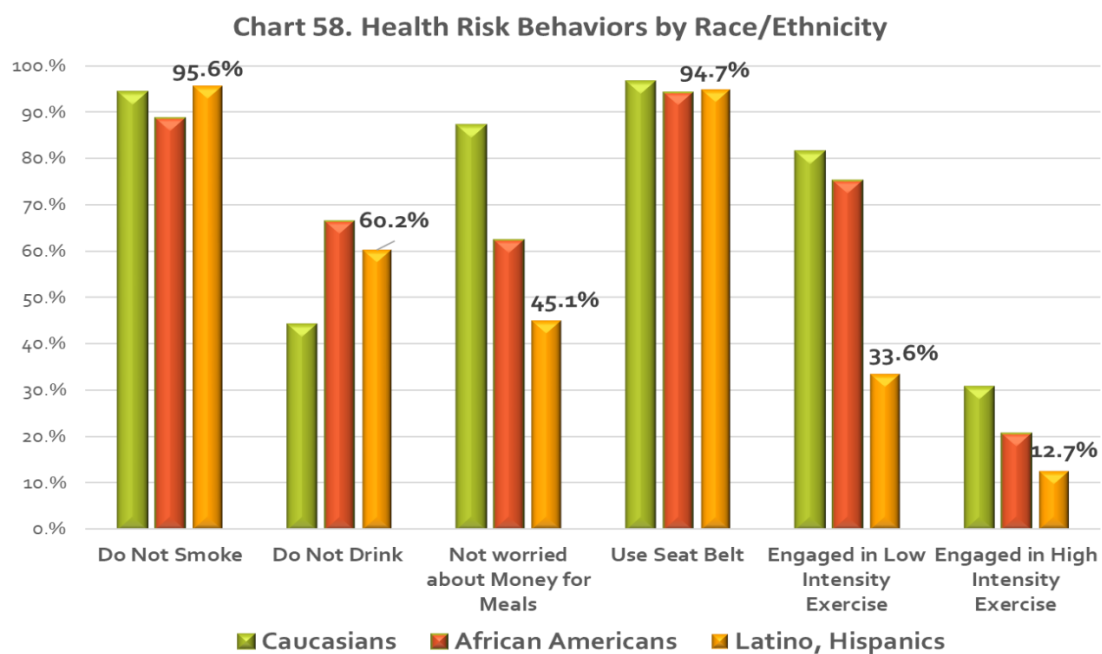


When using an overall index of disability or health difficulties, gender and racial/ethnic differences were significant. Both African Americans and Latinos reported higher level of disability (mean = 10.6 and 10.5 respectively) than Caucasians (mean = 9.4), ([Chart 56](#)).

Likewise, women reported overall higher levels of health difficulties (mean = 10.3) than men (mean = 9.3), ([Chart 57](#)).

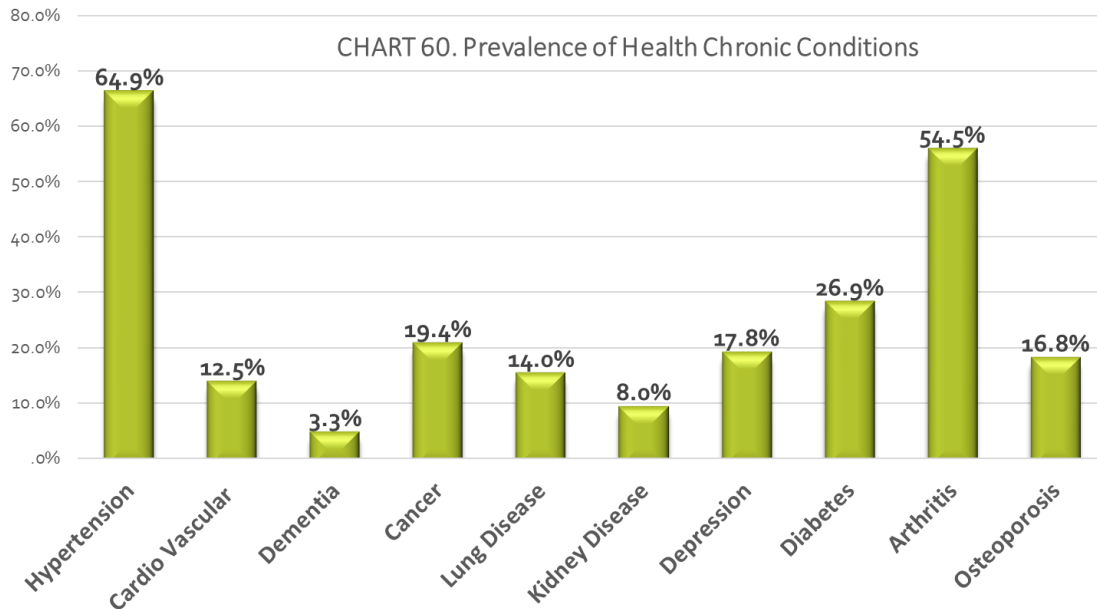
**3. Health Risk Behaviors:** Participants overwhelmingly declare that they do not currently smoke cigarettes (95.5%) and do buckle seatbelts when they drive or ride in a car (94.7%).

However, they fared worse across race/ethnic groups on other health risk factors such as not drinking an alcoholic beverage (only 45% among Caucasians), not being worried about money for nutritious meals (only 45% among Latinos), engaging in low/high intensity exercise (only 33.6% and 12.7% among Latinos), ([Chart 58](#)).



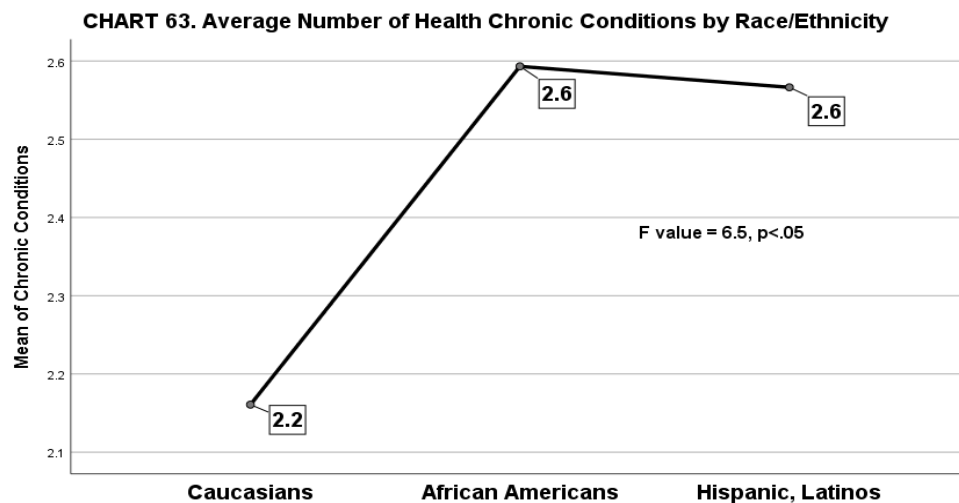
Gender patterns for health risk factors are similar, with women doing slightly better than men for not drinking alcoholic beverages (61.5% female and 44% for men), but still lagging when reporting intensive exercising (18.4 for females and 36% for males), ([Chart 59](#)).

**4. Chronic Conditions:** Adults 60 and older in the County sample reported on average having two chronic conditions. The most prevalent being Hypertension (64.9%) and Arthritis (54.5%), followed by Diabetes (26.9%) and Cancer (19.4%), ([Chart 60](#)).

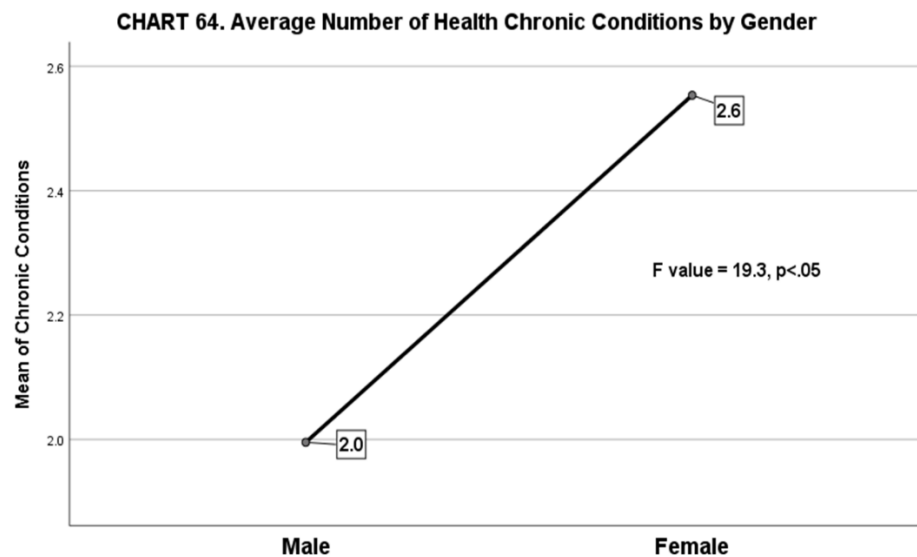


Prevalence of chronic conditions varies significantly by racial/ethnic group, with Hypertension and Arthritis being more prevalent among African Americans, Diabetes and Depression among Latinos, and Cancer among Caucasians ([Chart 61](#)). Gender differences are also significant, with women reporting higher prevalence of Arthritis and Osteoporosis health conditions than men, and men higher prevalence of Cardio Vascular health problems ([Chart 62](#)).

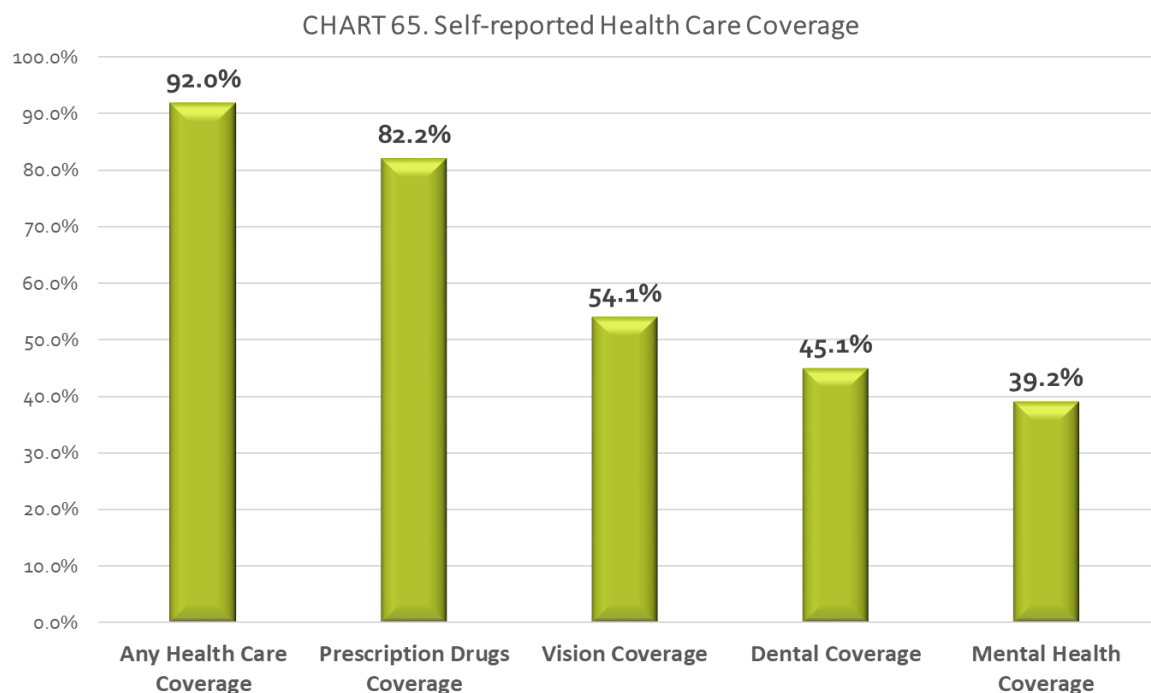
Furthermore, minority groups report higher average number of health chronic conditions (mean = 2.6) than Caucasians (mean = 2.2), ([Chart 63](#)).



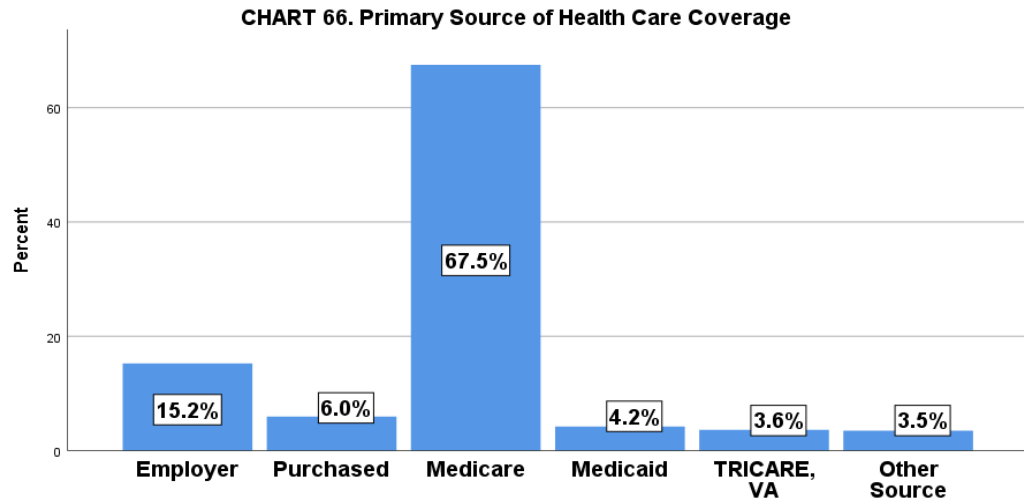
Similarly, gender differences are significant for chronic conditions for females (mean = 2.6) and males (mean = 2), ([Chart 64](#)).



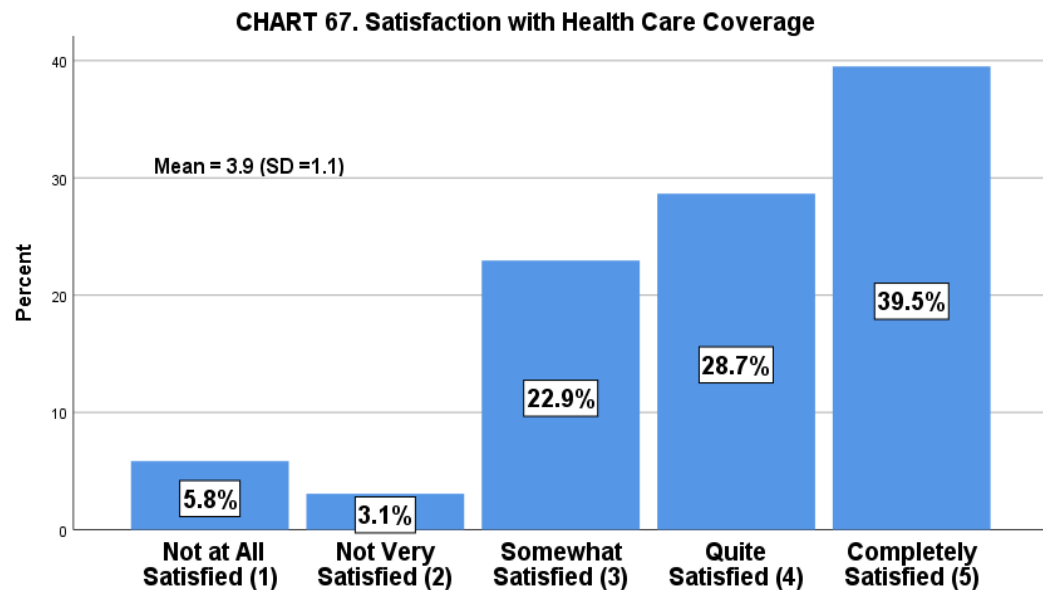
- 5. Health Care Coverage:** Most of the participants (92.2%) indicated that they have a health coverage, including health insurance, prepaid plans, such as HMO's, government plans, or Indian Health Services. However, not all of them include prescription drugs coverage (only 82.2%), vision coverage (only 54.2%), dental coverage (only 45.2%), and even fewer included mental health coverage (39.5%), ([Chart 65](#)).



Most participants indicated that their primary source of health care coverage was Medicare (67.5%), followed by those with a plan purchased through an employer (15.2%), or a plan that they or their family members purchased (6%). Medicaid was a source of insurance (4.2%), as well as Military insurance (3.6%) and other sources of health insurance (3.5%), ([Chart 66](#)).

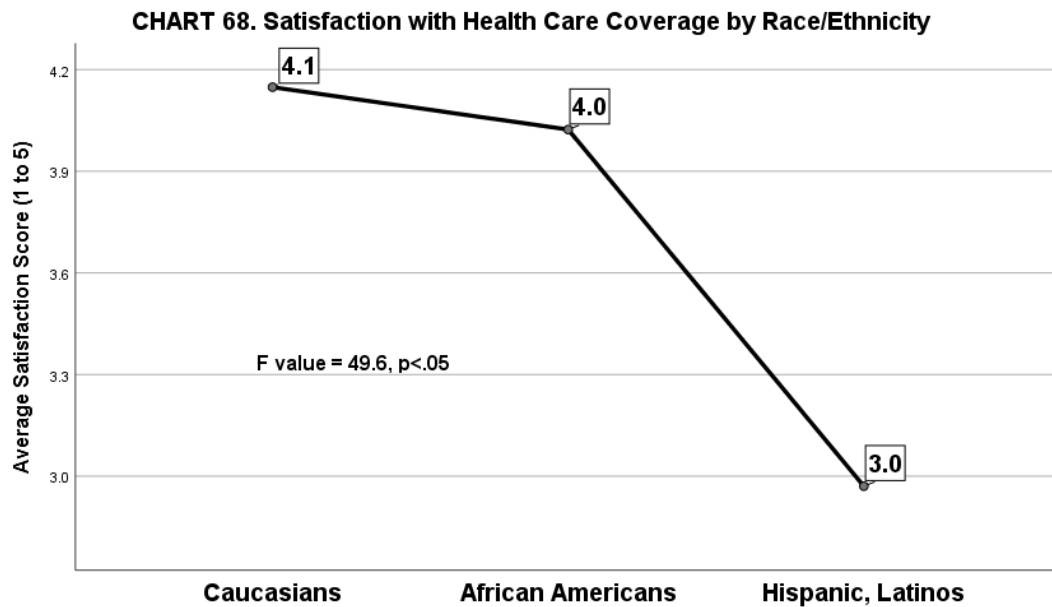


About two thirds of participants reported that they are quite or completely satisfied with their health care coverage, with another third indicating that they are somewhat satisfied. Only a few reported that they are not at all or not very satisfied ([Chart 67](#)).

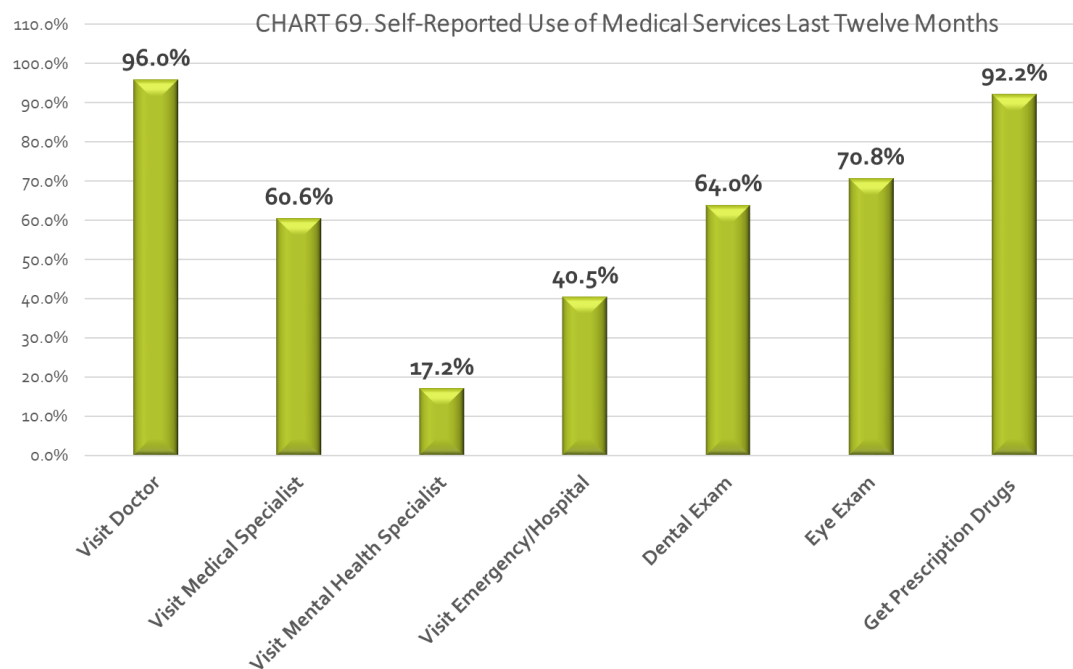




There are significant differences across racial/ethnic groups regarding their satisfaction with health care coverage. Caucasians (mean = 4.1) and African Americans (mean = 4.0) report higher levels of satisfaction with health care coverage than Latinos (mean = 3.0), (Chart 68).

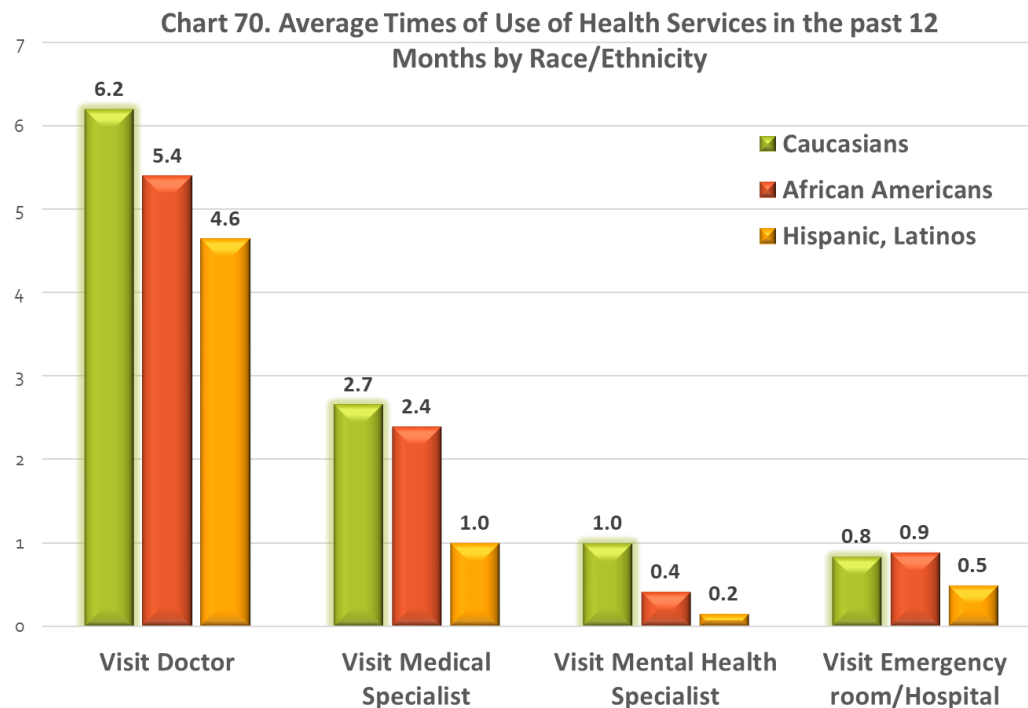


**6. Medical Service Use:** Most participants reported that they visited a doctor or health professionals during the last year (96%). In addition, 60.6% visited a medical specialist with 17.2% visiting a mental health professional (Chart 69).



Over half of the respondents reported using dental services for dental exams (64%) and eye exams (70.8%). Most participants used prescription drugs during the last year (92.2%), ([Chart 69](#)). Very few adults visited the emergency room or the Hospital during the year (17.2%).

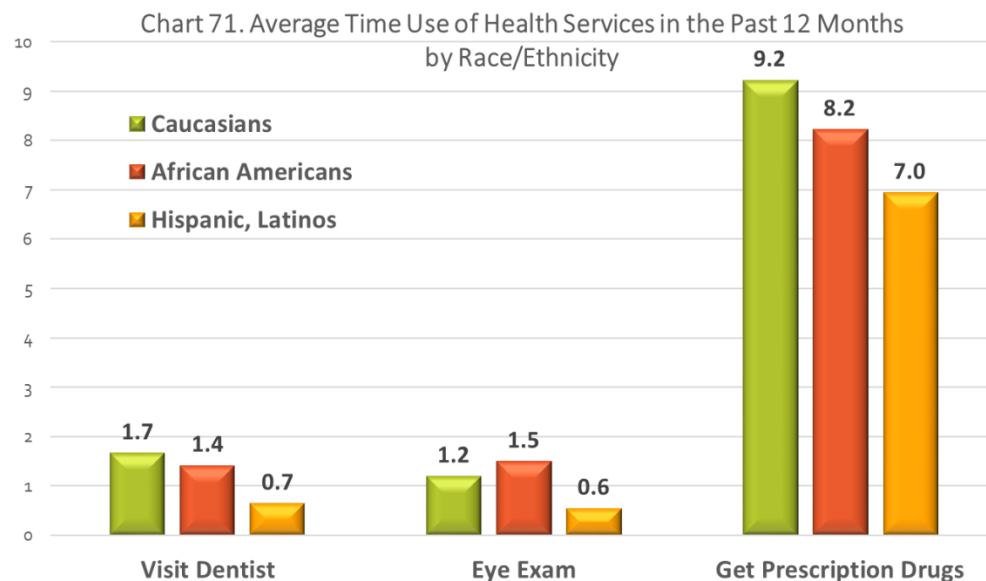
The frequency of medical service use shows that older adults did visit a doctor or health professional about 5.6 times on average and a medical specialist about 2.2 times ([Chart 70](#)).



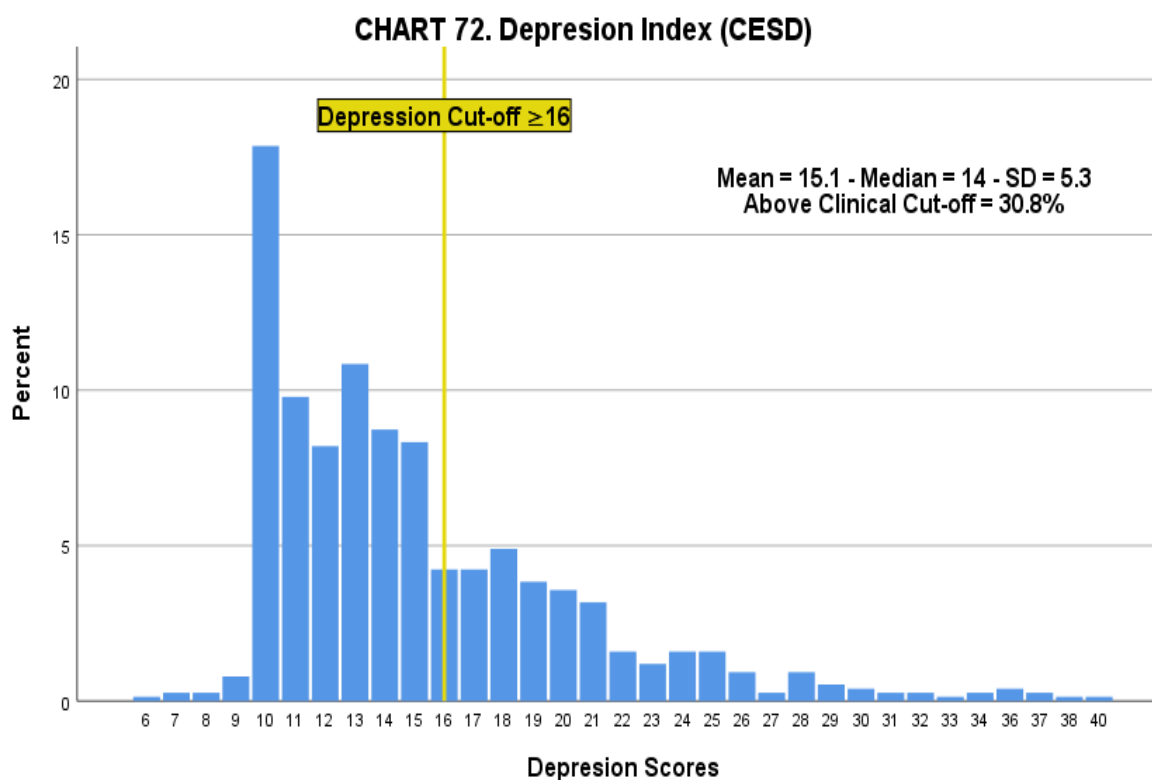
Use of medical services by racial/ethnic groups show also significant differences across groups for medical services:

During the past 12 months, Caucasians visited the doctor, a specialist or a mental health professional more often than minority groups ([Chart 70](#)).

On average, sample respondents indicated that they use prescription drugs about 8.3 times during the last year. However, Caucasians reported higher prescription drug use than African Americans and Latinos ([Chart 71](#)).



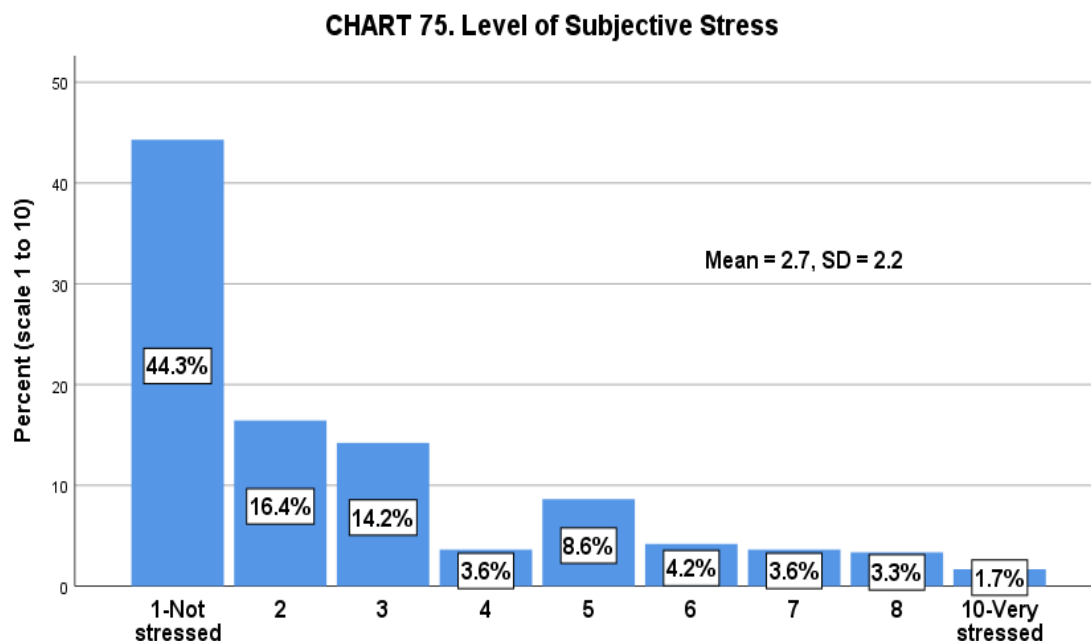
**7. Health Outcomes: Depression:** Depression among 60 and older participants was measured using the CESD 10-item scale. Items ask them about their feelings and symptoms of depression during the previous week using a 4-value response scale (ranging from not at all to more or all of the time). Overall depression index indicate that about one third of participants would score above the clinical depression cut-off index ( $\geq 16$ ), ([Chart 72](#)).



Significant gender differences on level of depression for the last week indicate that women have a higher average mean of depression (mean= 15.6) than men (mean = 14.3), ([Chart 73](#)).

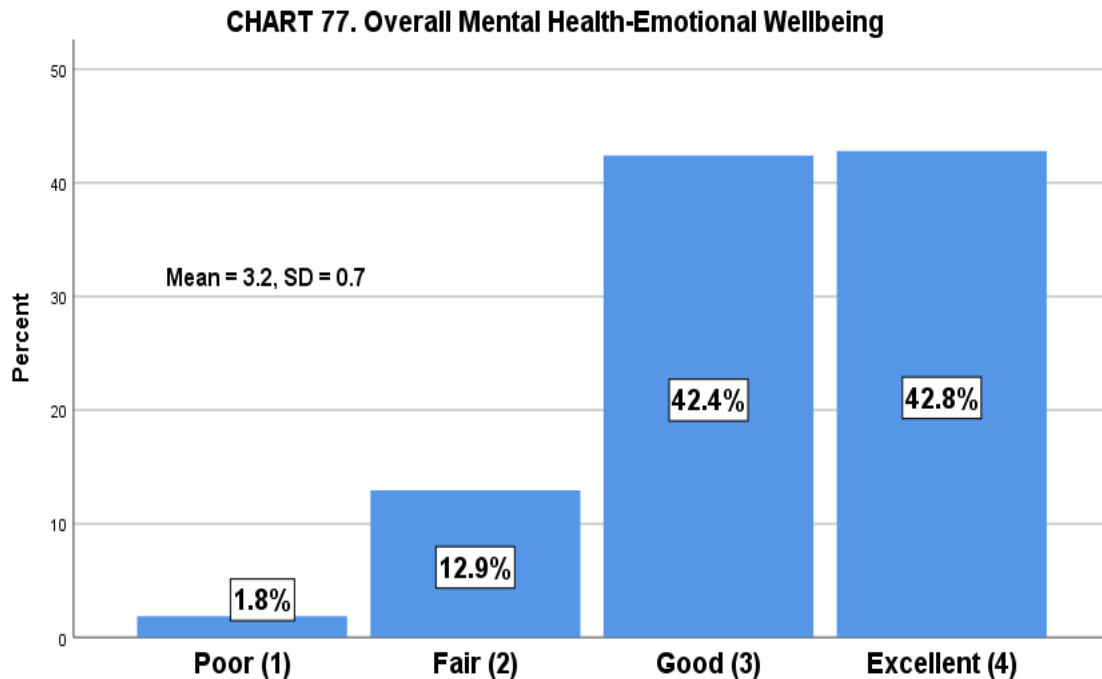
Participants from different racial/ethnic background also reported significant differences regarding their overall depression mood, with Latinos having the highest level of average depression (mean = 16.2), than African Americans (mean = 15.4) and Caucasians (mean = 14.5), ([Chart 74](#)).

**9. Health Outcomes: Stress:** Subjective Stress among participants was measured by asking them a single question with a scale ranging from one (not stressed) to ten (much stressed). Overall the level of stress on this scale indicated that most participants are not stressed (mean = 2.7), ([Chart 75](#)).

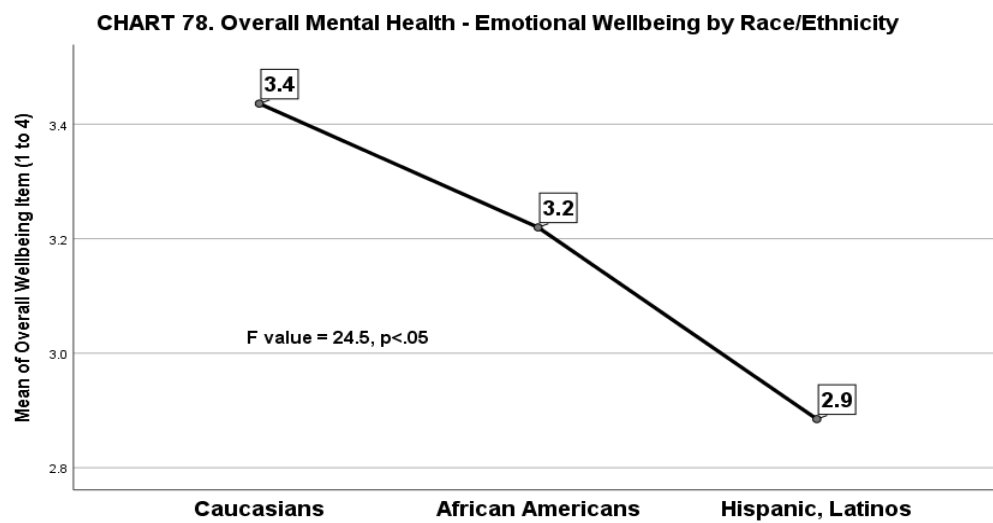


Adults 60 and older reported significant racial/ethnic differences regarding their level of subjective stress. Latinos indicated the highest level of stress (mean = 3.5) compare to African Americans (mean = 2.5) and Caucasians (mean = 2.7), ([Chart 76](#)).

**10. Health Outcomes: Mental Health/Wellbeing:** Mental Health/Emotional Wellbeing was measured with a single item asking participants to rate their subjective overall wellbeing on a scale ranging from poor (1) to excellent (4). Participants rated their mental health very positive with most people (85%) indicating that their wellbeing was good and excellent ([Chart 77](#)).



Among racial/ethnic groups, Latinos rated themselves the lowest on mental health or wellbeing (mean = 2.9), African Americans fair better (mean = 3.2) and Caucasians reported the highest level of mental health (mean = 3.4) ([Chart 78](#)).

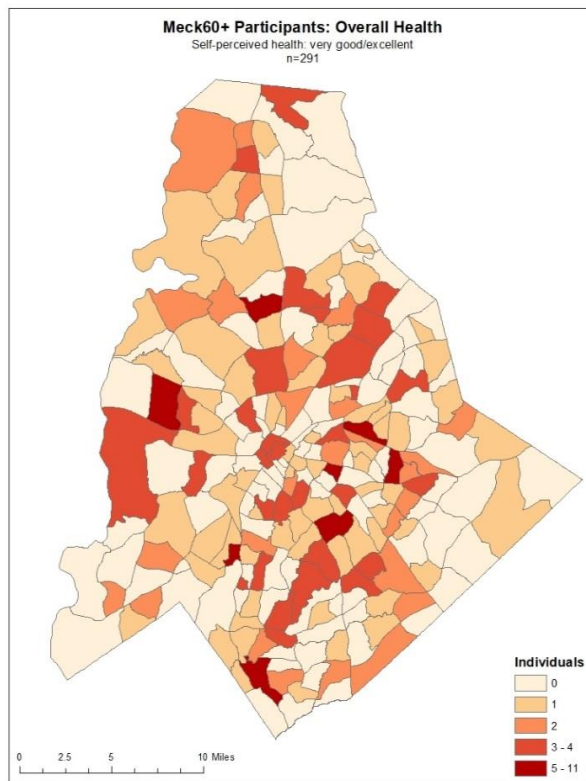


## 11. Health Characteristics and Geographical Distribution

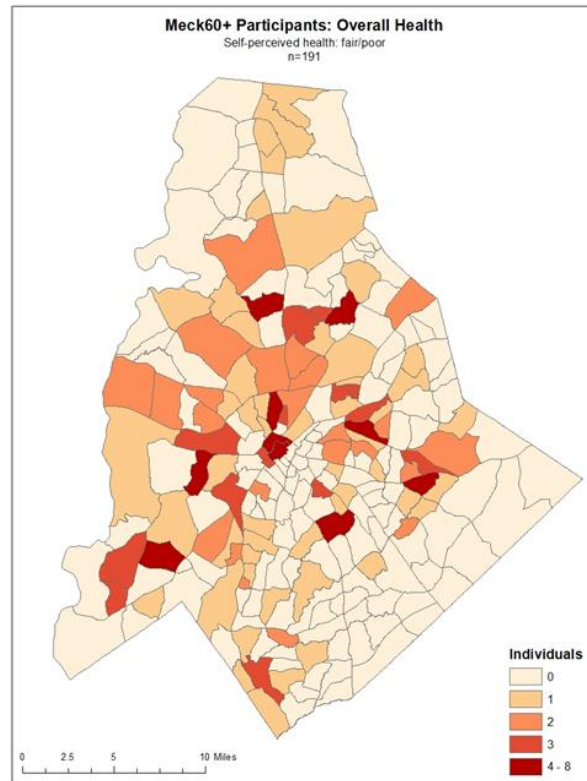
The distribution of participants in the survey regarding their health characteristics helps us to understand the needs of older adults in Charlotte and Mecklenburg County.

Regarding overall health, [figures 8, 9](#) provide the geographic pattern distribution for those WHO reported good or excellent health and those with fair or poor health.

**Figure 8 - Good Health**



**Figure 9 - Poor Health**



The data patterns for respondents declaring poor or fair health is consistent with spatial patterns in neighborhoods where low income and minority groups are predominant ([Figure 8](#)). Likewise, the data pattern for those indicating higher levels of health is compatible with affluent residential areas of the City and County ([Figure 9](#)).

Self-reported days of poor physical and mental health during the last month also follow similar geographical distribution: there seems to be a substantial spatial overlap among participants reporting poor physical health and poor mental health (Figure 10-11).

Figure 10 - Physical Health

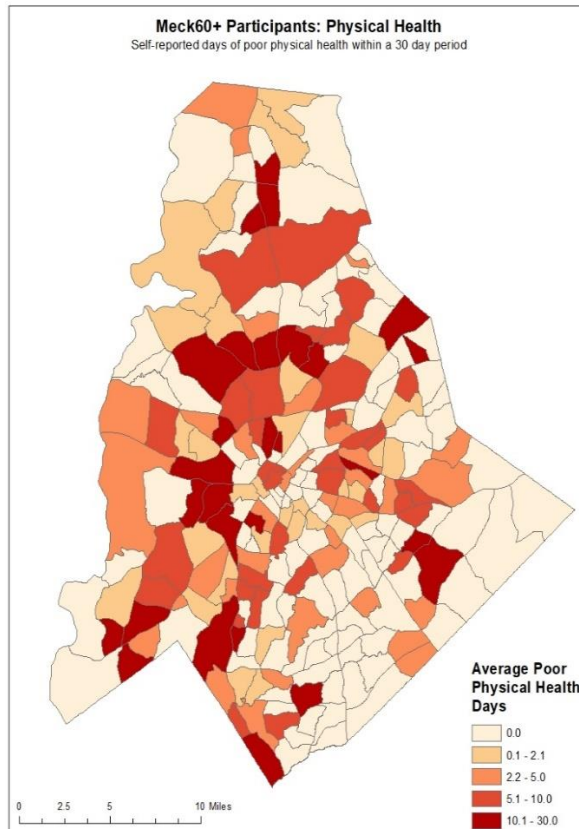
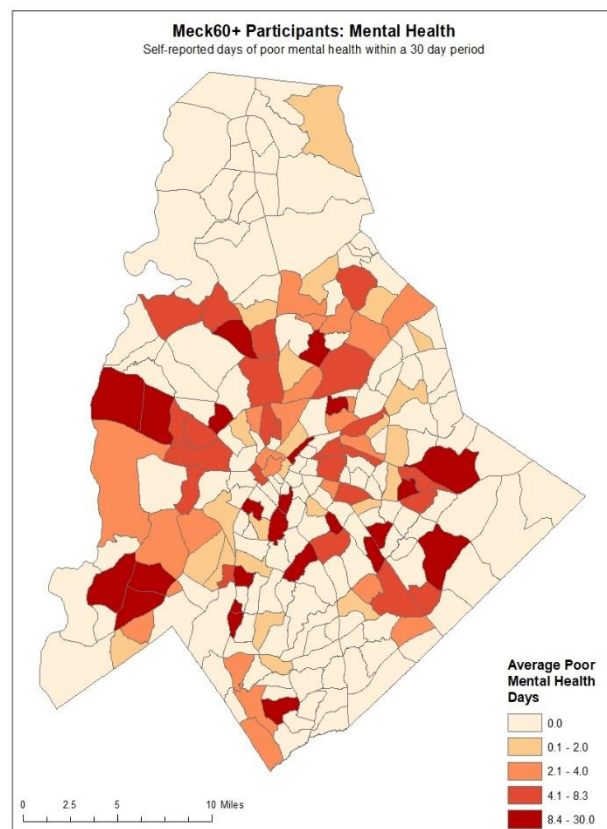


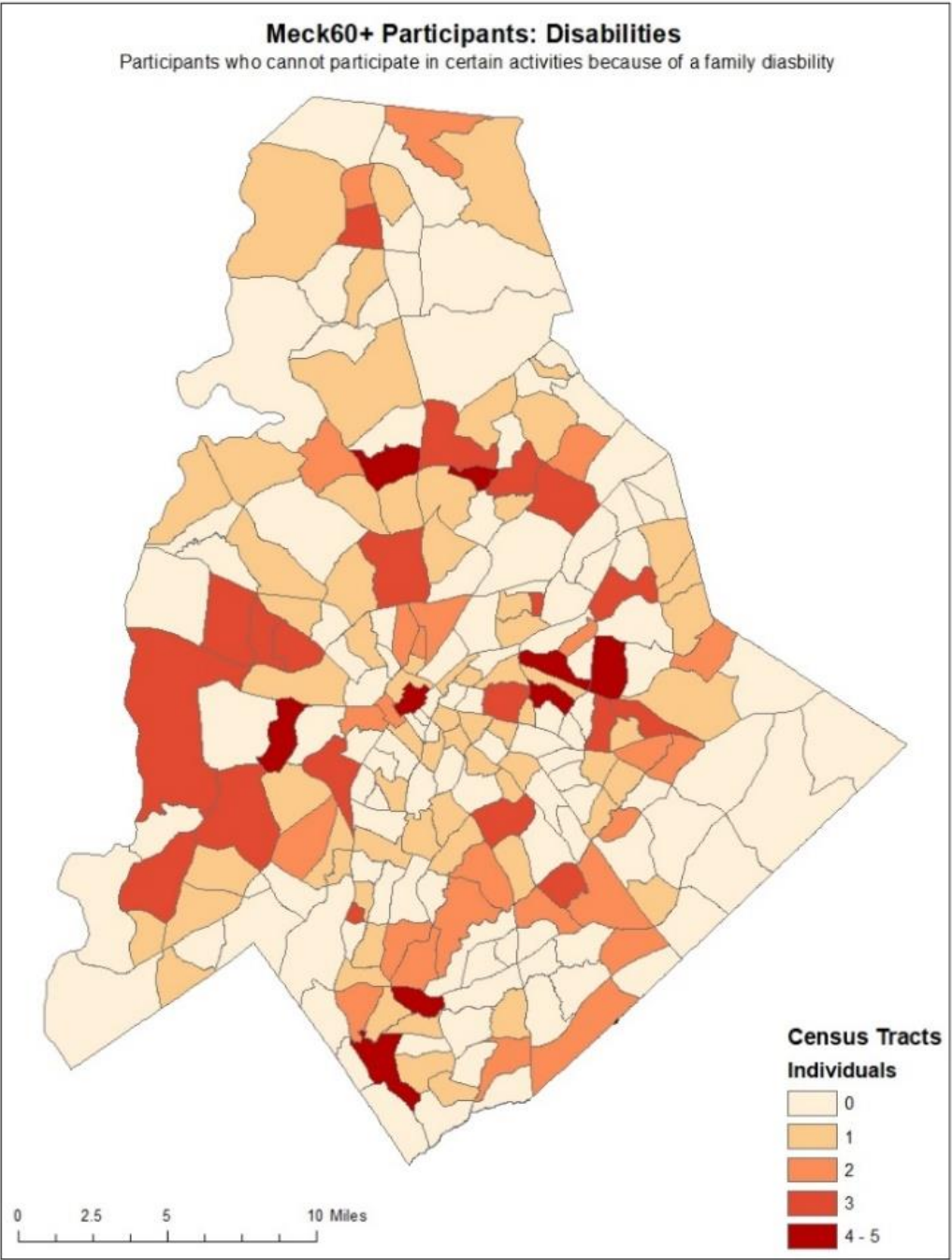
Figure 11 - Mental Health



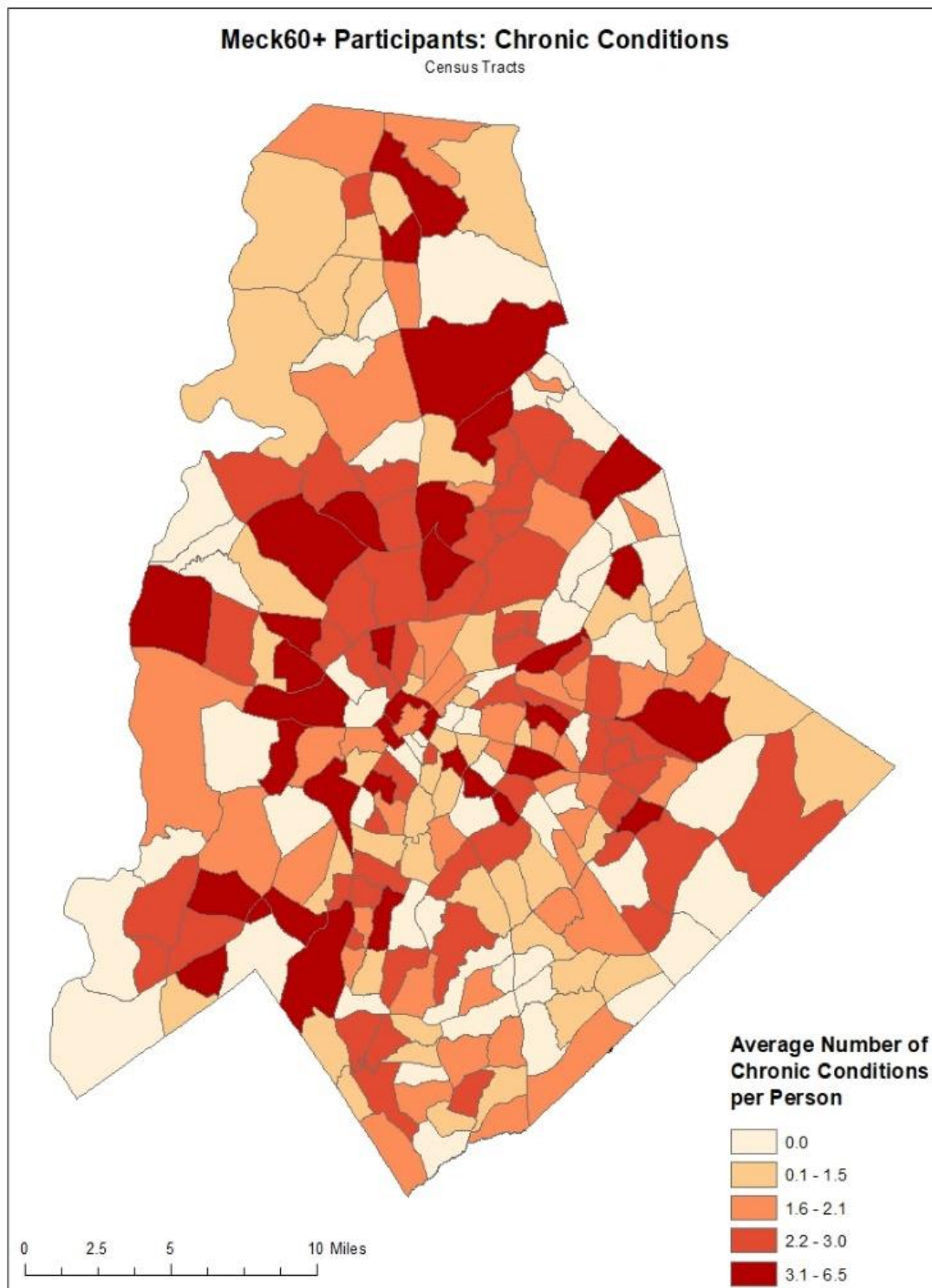
However, the spatial distribution of **disability** among participants appears to be evenly spread across the City and Mecklenburg County. Figure 12 depicts the number of respondents who indicate that they are unable to engage in activities due to disability or to chronic conditions interfering with their cognitive or functional health (Figure 12).

Older adults and participants in our sample reported on average two chronic conditions. The geographical data pattern for the prevalence of chronic conditions do not suggest spatial differentiation but a broad prevalence of disability across the County due to chronic health problems (Figure 13).

Figure 12 - Disabilities

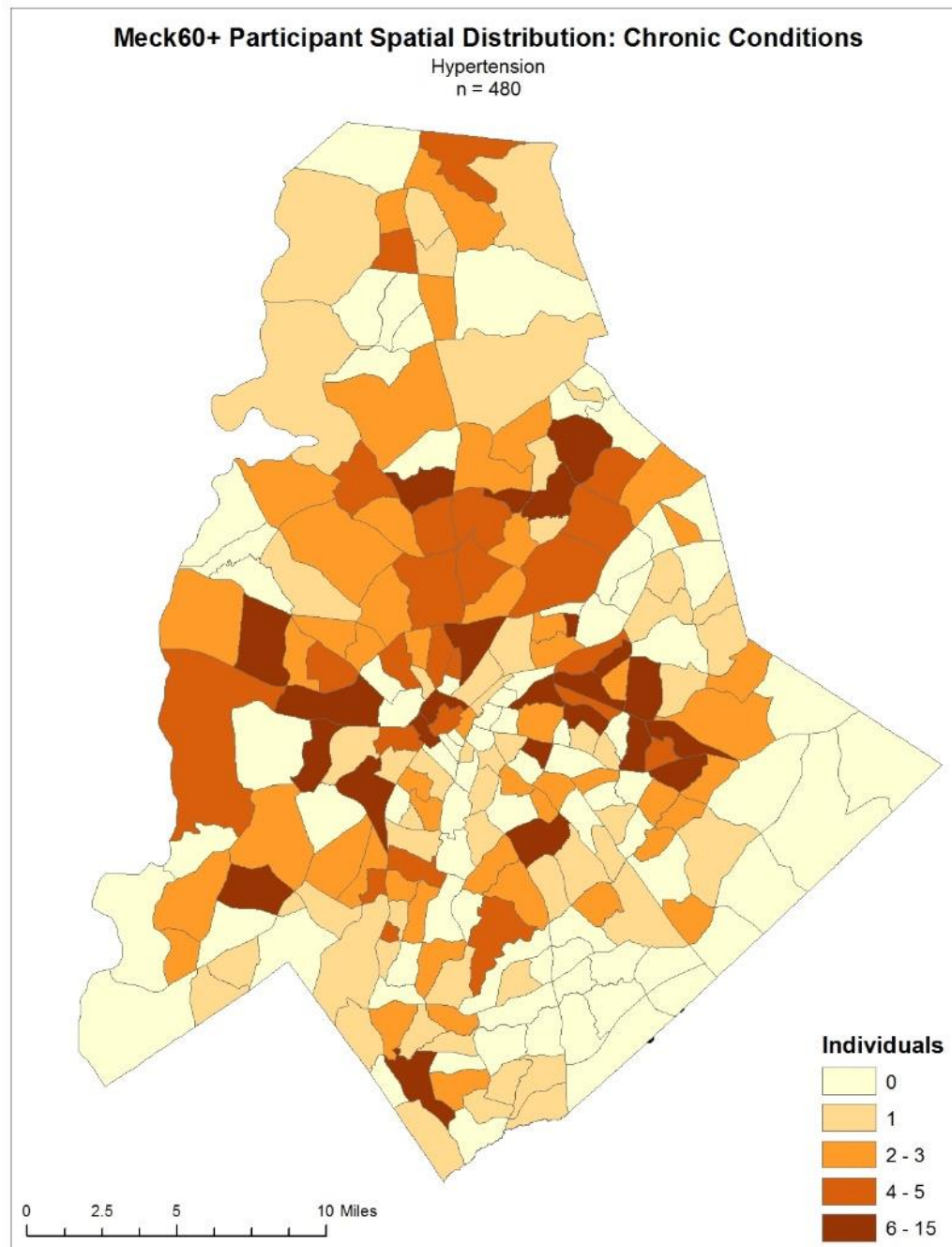






**Figure 13 - Chronic Conditions**

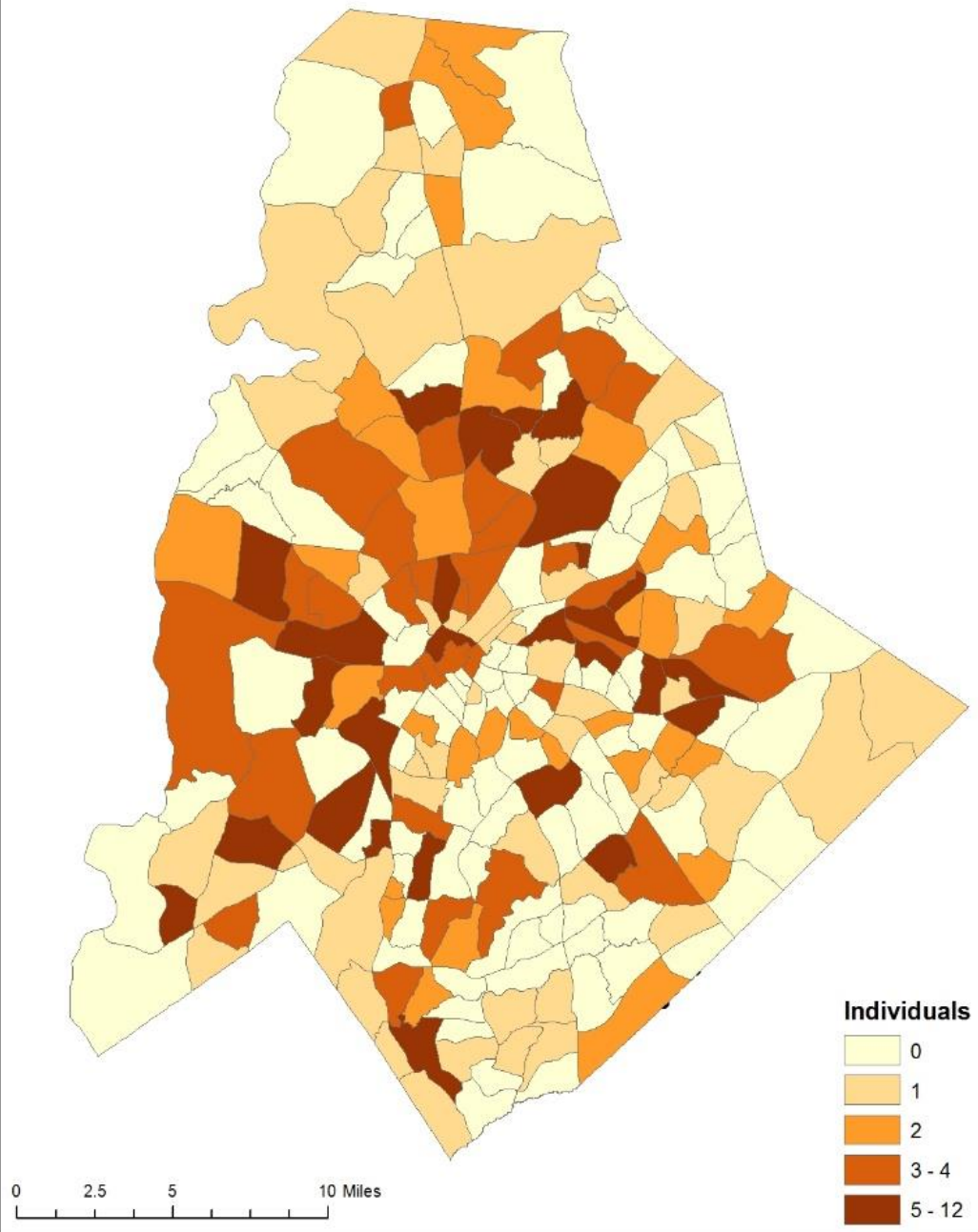
The spatial distribution for specific **chronic conditions** among participants in the sample includes Hypertension, Arthritis, Diabetes and Cancer. The data patterns are consistent with the prevalence of each condition among race/ethnic groups, such as Hypertension among African Americans ([Figure 14](#)), Arthritis among African Americans and all others ([Figure 15](#)), Diabetes among Latinos ([Figure 16](#)), and Cancer mostly among Caucasians ([Figure 17](#)).



[Figure 14 - Hypertension](#)

### Meck60+ Participant Spatial Distribution: Chronic Conditions

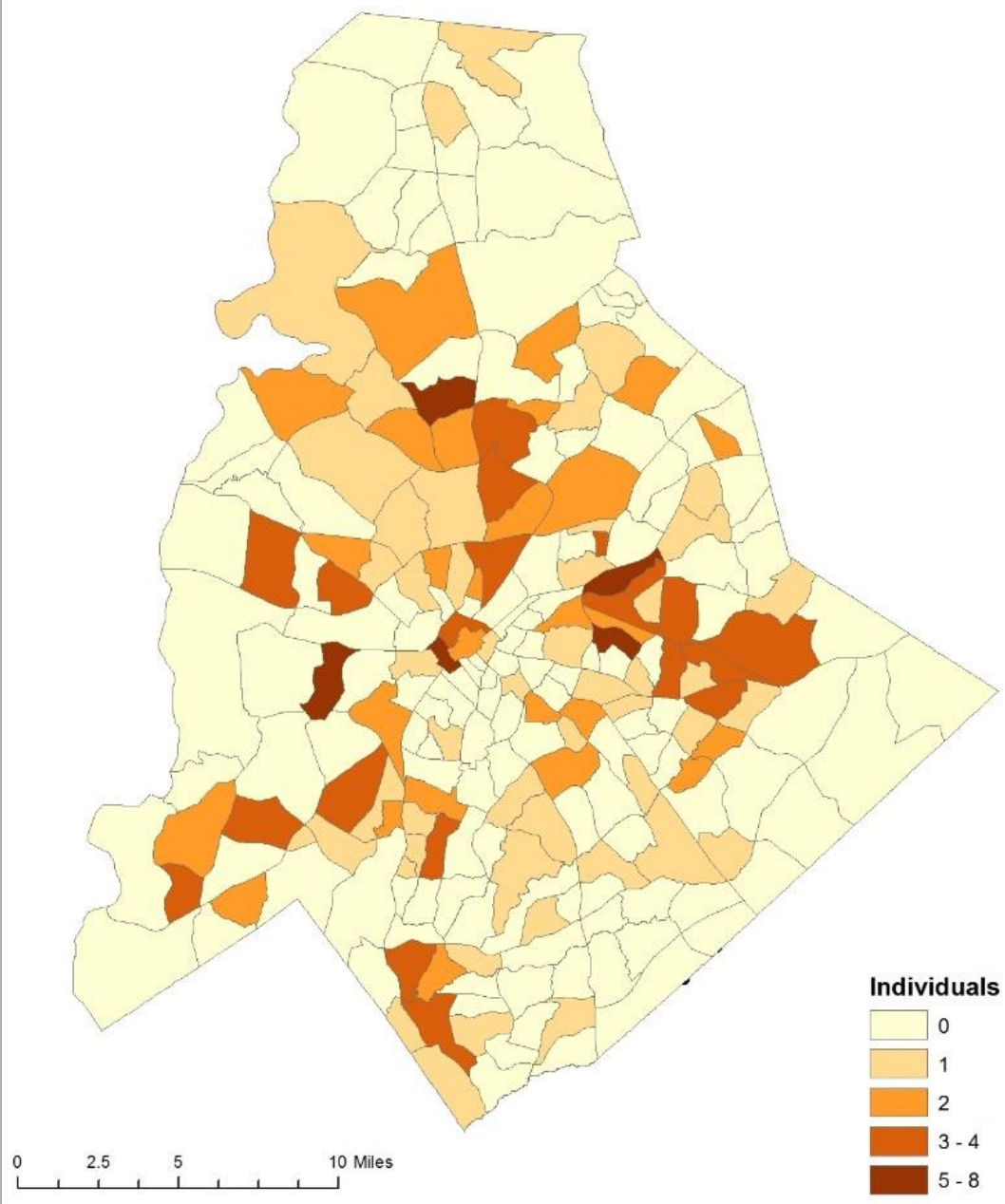
Arthritis  
n = 402



**Figure 15 - Arthritis**

### Meck60+ Participant Spatial Distribution: Chronic Conditions

Diabetes  
n = 201

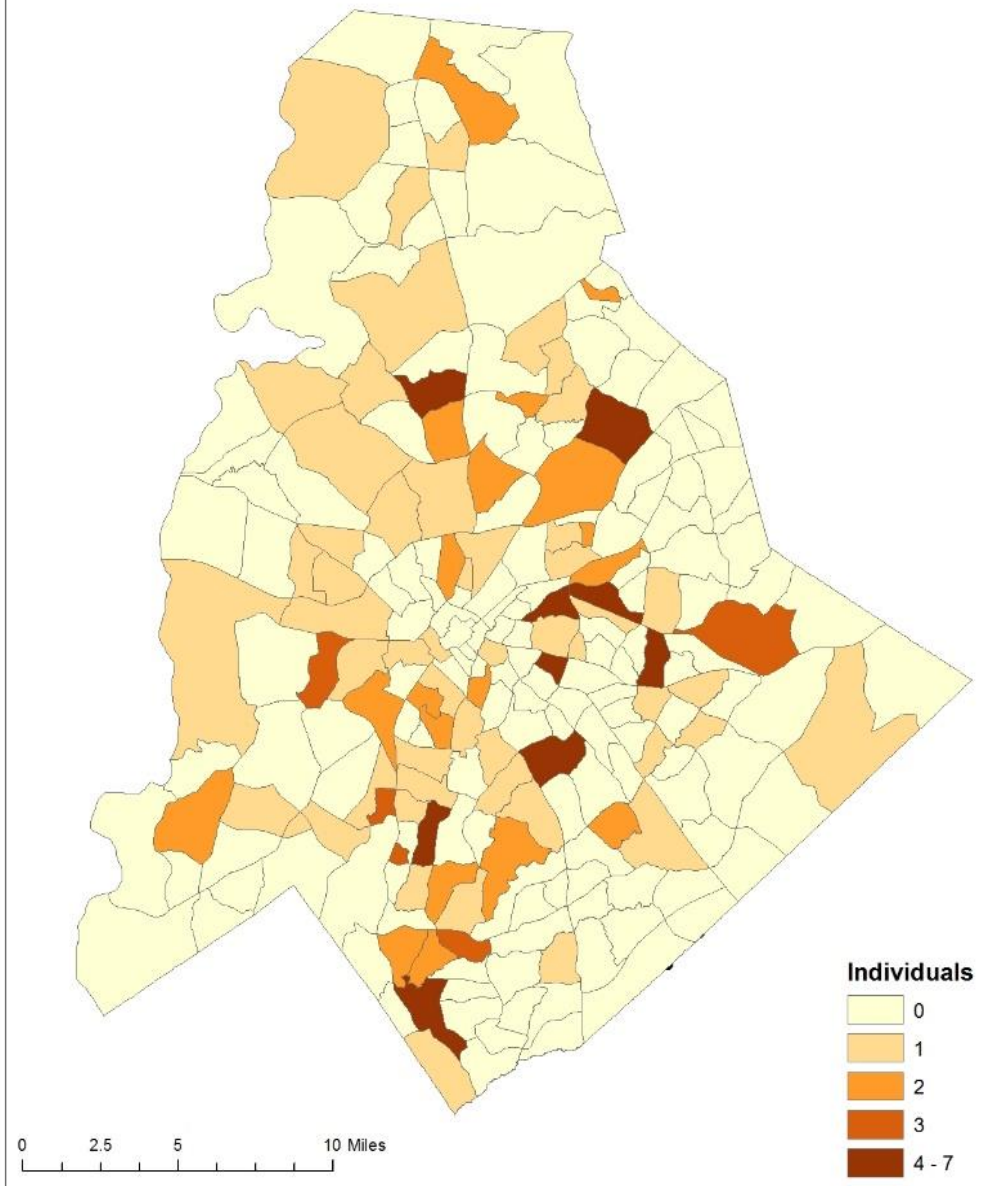


**Figure 16 - Diabetes**



**Meck60+ Participant Spatial Distribution: Chronic Conditions**

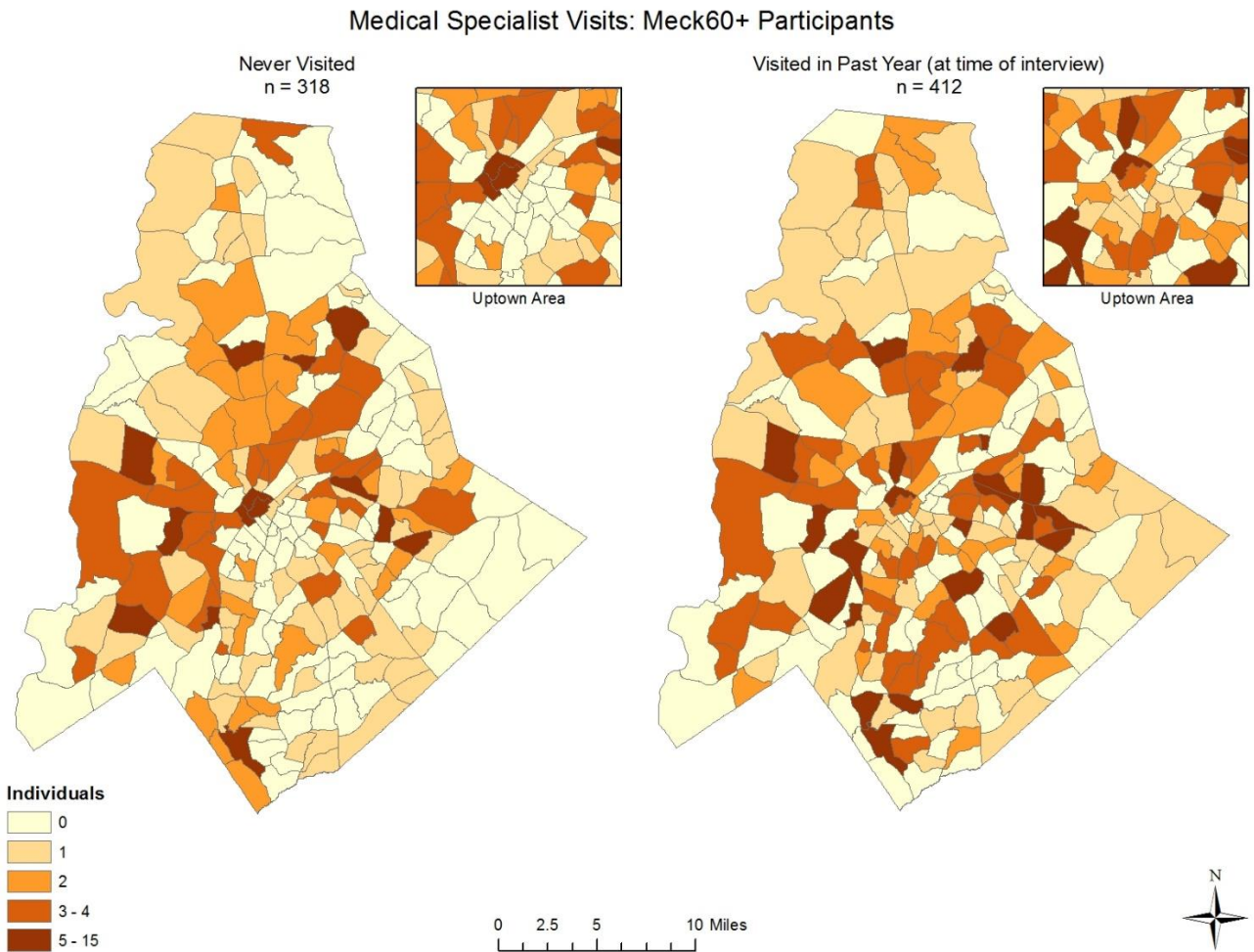
Cancer  
n = 145



**Figure 17 - Cancer**

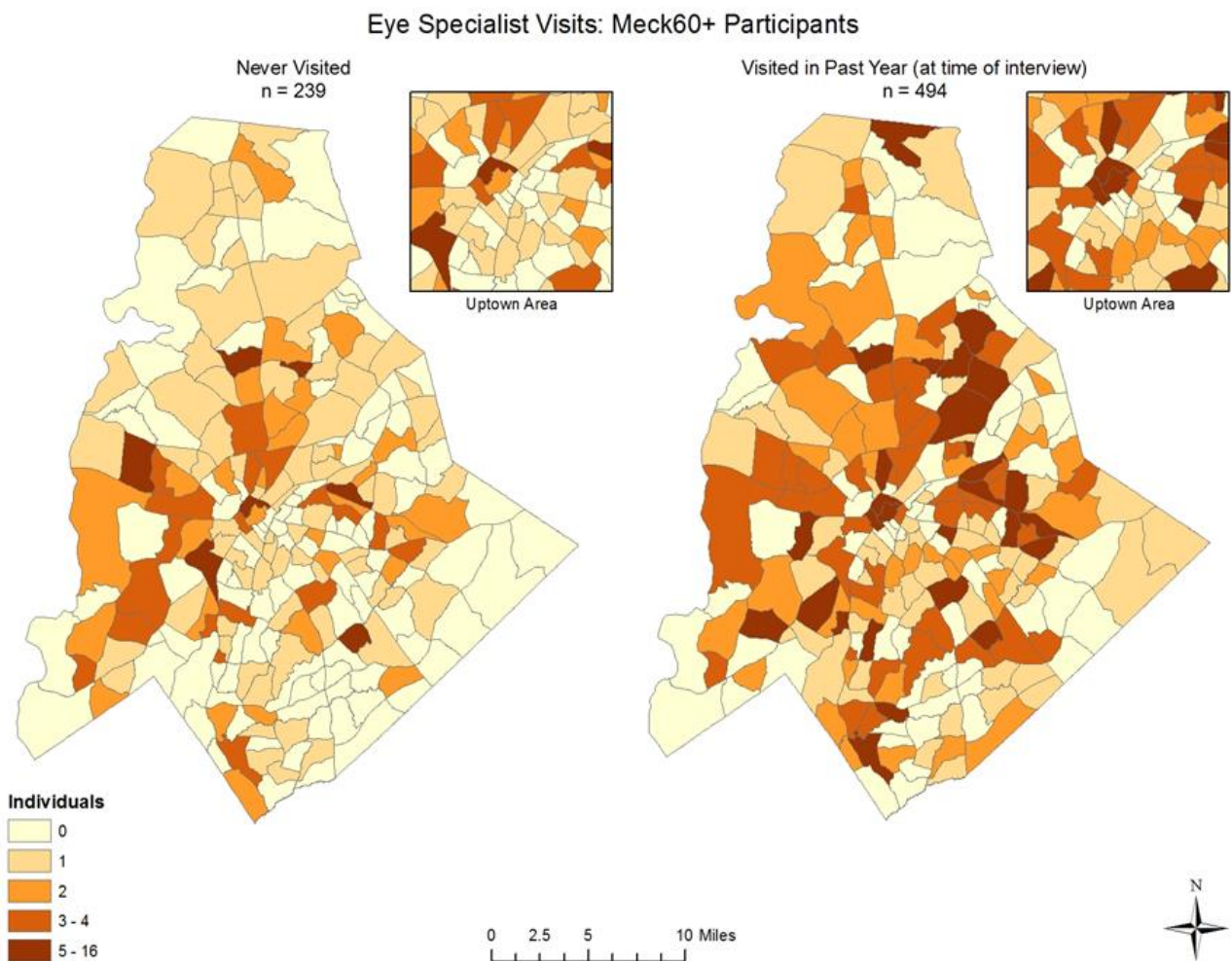
Regarding use of medical services, geographical data reflect the differential access to services with a higher number of participants not visiting **medical specialists** concentrated in poorer neighborhoods and those reporting a higher number of visits to a medical specialist clustered around affluent areas ([Figure 18](#)).

**Figure 18 - Medical Specialist Visits**

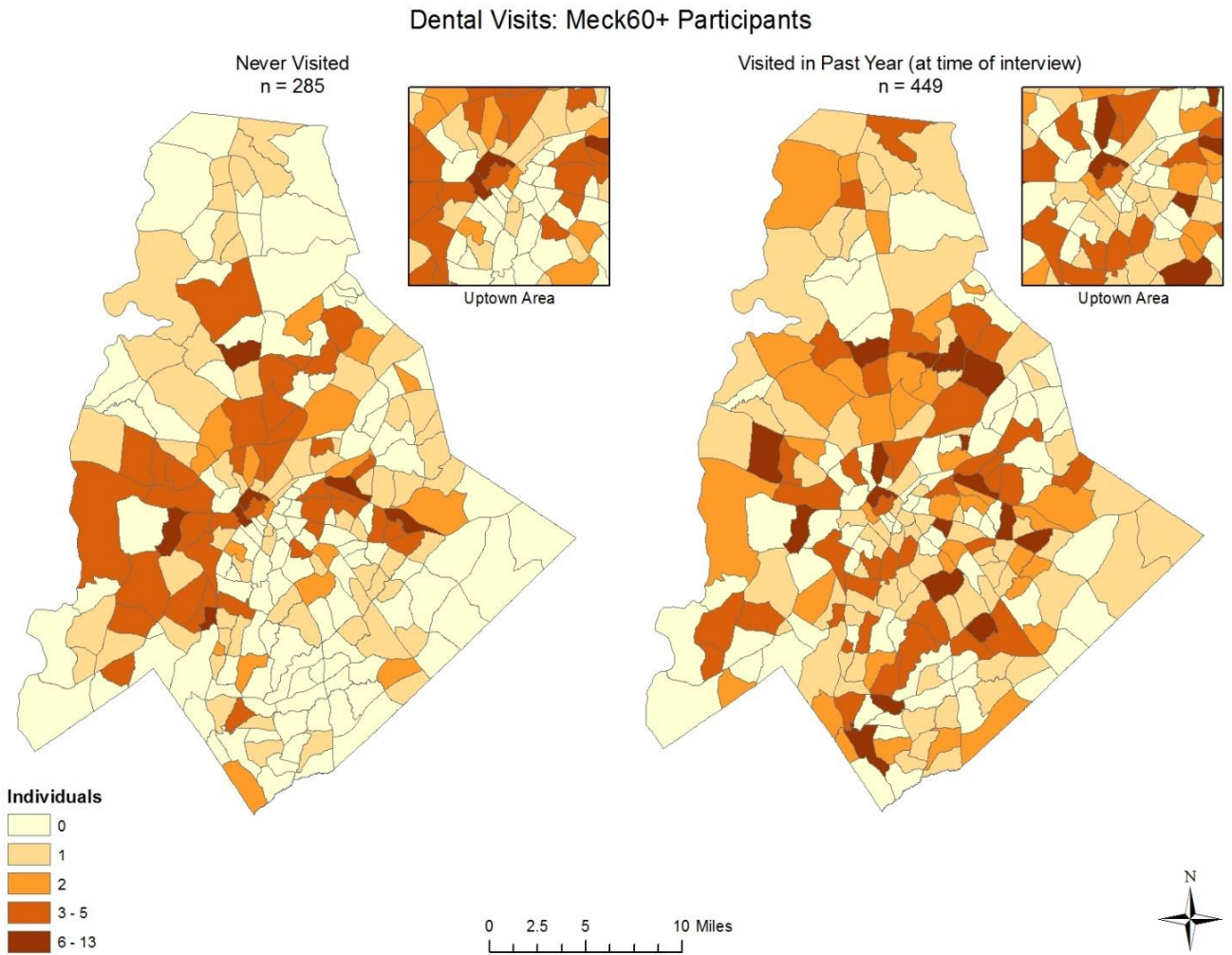


Recurrent spatial distribution patterns emerge regarding access to other medical services, such as visits to **eye specialists** (Figure 19), or **dentist doctor visits** (Figure 20).

**Figure 19 - Eye Specialist Visits**



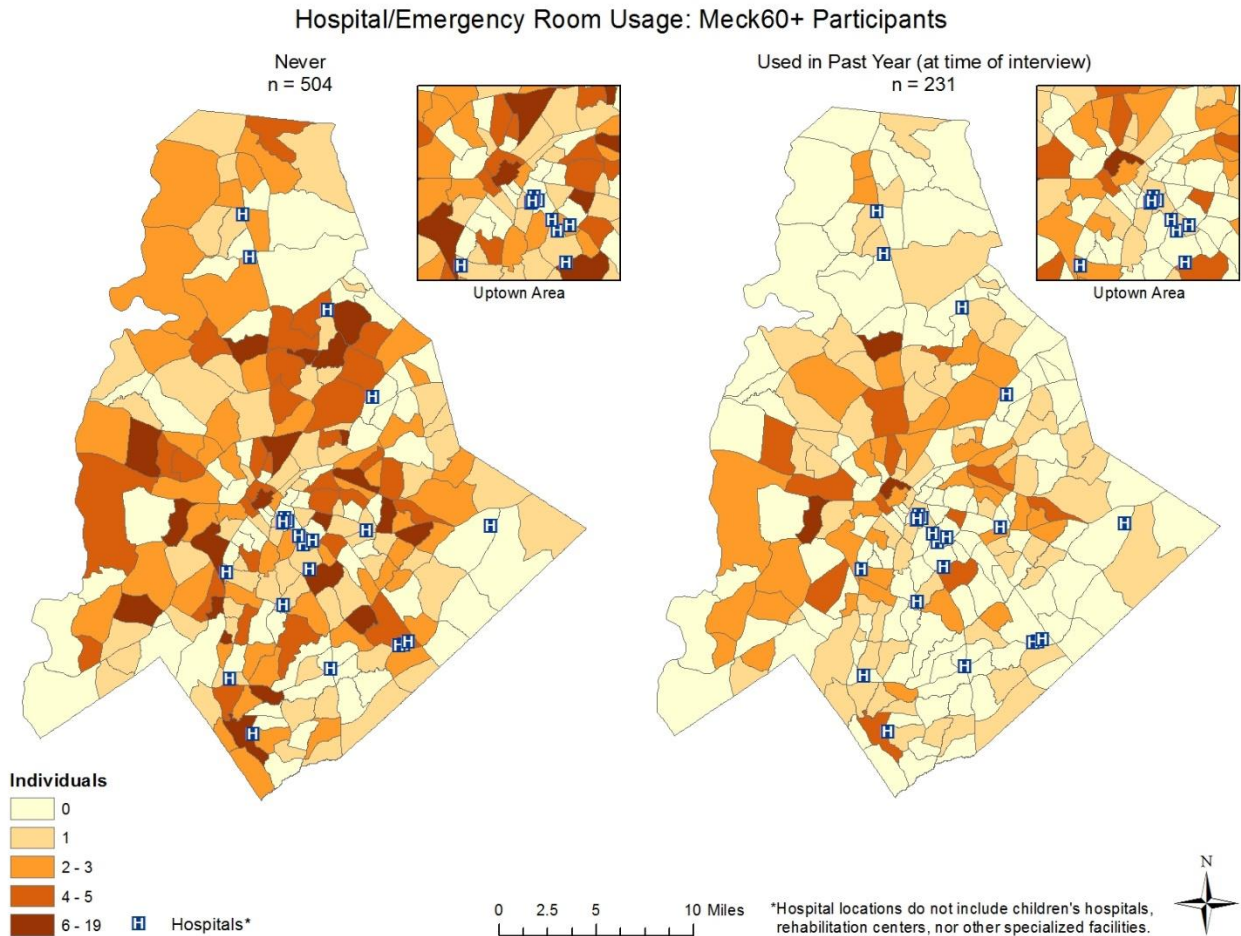
**Figure 20 - Dentist Doctor Visits**





Data regarding access to the **emergency room** at hospitals in the County suggest that older adults using the service are mostly from low-income neighborhoods and living in areas far away from Hospitals ([Figure 21](#)).

**Figure 21 - Emergency Room Visits**



Geographical patterns of low and high physical intensity suggest that most participants across the County engage in low intensity physical activity ([Figure 22](#)). However, for many older adults engaging in physical activity proximity to parks and recreation centers may be limited ([Figure 23](#)).

**Figure 22 - Low Intensity Physical Activity**

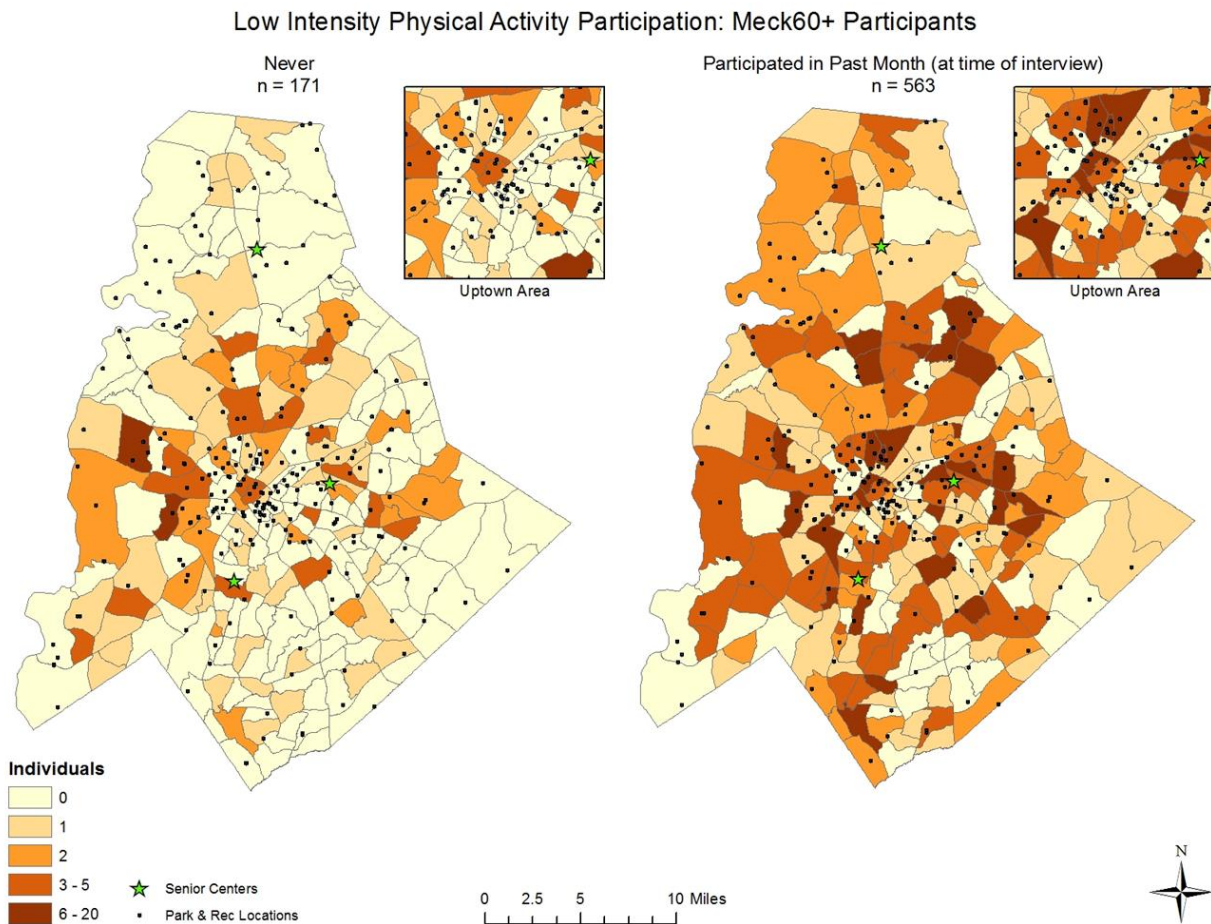


Figure 23 - High Intensity Physical Activity

High Intensity Physical Activity Participation: Meck60+ Participants

