NASUAD webinar
America's Health Rankings Senior Report, 2017 Edition
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Please stand by for real-time captions.

We will begin in five minutes.

Hello again I want to welcome all of our listeners to today's Webinar. Hosted by the National Association of States United for Aging and Disabilities -- and my name is Nanette and I managed the National Information and Referral Support Center at NASUAD and I do all of our Webinars for the I&R Center if I slip in I&R – I am going to be moderating our Webinar today -- let me cover a few housekeeping items before we get started here

The slides audio recording and transcript from today's Webinar will be posted to the NASUAD website in the next several days please visit the section of our website where we have the national I&R support Center and see the support Center's webpage on monthly calls.

This is where we will house and archive the material from today's Webinar. And the web link for this page is also in the chat box for your reference and you can find that there and that will let you know where you'll find these materials.

All of our listeners are on mute during the --- Webinar to reduce background noise -- we certainly welcome your questions and comments through the Q&A function which is available on your screen. Please feel free to send submit your questions at any time during today's presentation and we will address questions following our presentation today.

We also have real-time captioning for today's Webinar -- on your screen you should see of media viewer panel on the bottom right where the chat and Q&A function are also located.

This is where we capped -- the captioning will appear and you can minimize the panel or have an open whichever you prefer. It will not interrupt the slide presentation. You may need to enter your name and organization and click submit. -- In order to view the captioning in the media viewer.

Again I want to welcome our listeners today and we have some of our state members and staff that we might also have some local and community aging and disability programs joining us and we want to welcome everyone and I am so pleased to welcome the United Health Foundation back this year to share findings from the most recent addition of America's Health Ranking's Senior Report. The 2017 edition of this report is a rich resource on important measures of health both those that are determinants of health and those that are health outcomes that can provide a benchmark for states and also offer some ideas for action and to learn more about the findings we are joined by Dr. Rhonda Randall and Dr. Randall is senior advisor to the United Health Foundation, chief medical officer and executive vice president United Healthcare Retiree Solutions. And so with that Dr. Randall I will turn it over to you to share some of the data.

Thank you so much. I'm pleased to be with the group today hello everyone I'm Dr. Rhonda Randall and I like to thank you for joining today's presentation we are also pleased to share this information with individuals who understand the populations and will take the information that is in the report and use it for a call to action in the organizations that you work with.

America's Health Ranking's will move to the next slide America's Health Ranking's is a long-standing platform that builds on the work of the United Health Foundation to draw attention to the cornerstones of public health and better understand the health of various populations. America's Health Ranking is a longest running longitudinal population health report of its kind. What that means is we are able to see trends and healthcare ad of state-level over a long period of time and the first report of America's Health Ranking's was published in 1990, the past December was the 26th and this year will be the 27th edition of the annual report.

This demonstrates the health foundation mission to help build healthier communities and it reflects our United Healthcare commitment to help people that live healthier lives these reports provide actionable data-driven insight that stakeholders like you commute to affect change at a state national community level and continue having a dialogue of improving the health of our nation.

Last year we expanded that America's Health Ranking two other reports that include population for women and children, as well as those who observed active duty in the United States in the Armed Forces. As you may know we have now been publishing the spotlight report on the health of seniors for the past five years and an Wilshire that data with you today -- nice the replacement publication for some time and we are able to start seeing how those trends are evolving over time rather than just the changes from one year to the next.

Released just this past May the America's Health Ranking Senior Report provides a comprehensive analysis of the older population on a state-by-state basis Prickett includes 34 majors senior health and commissioning the report United self help FDASIA was seeking to promote discussion on the health of older Americans while driving communities government and stakeholders care providers an individual to take action to improve their health and the health of seniors.

Now it's 50 or the Senior Report serves to provide a benchmark for senior population health by state. That state-level data allowed community leaders public-health officials and policymakers to monitor health trends over time and compare the senior health measures with other states as well as with the nation.

Our intent is to simulate discussion and action to improve population health so the reports purpose is to Kendall and continue to feel the dialogue and action among individual community leaders the media, policymakers and public-health officials by providing accurate reliable and trustworthy information based on holistic views of health.

We will go through today in the presentation components that make up these reports the areas of focus, where you can get additional information and some of the tools we have on our website. This year in addition to the report, you see on the right side of your screen we have also released an accompanying issue brief we developed this year in partnership with the alliance for aging resource research we wanted to examine the agree to which current and soon-to-be retired older adults are prepared to meet the rising healthcare costs associated with retirement -- let me in the next few slides take a few moments to review the elements that are in the report and we will start with the 2017 report the model is based on the historical model of America's Health Ranking's and all of these reports are harmonized and we are looking at these categories or domains of health. And that includes the behaviors as individuals, the community and environment where we live and at the Senior Report we look at that at a macro in a microlevel public policy and clinical care. And ultimately those four areas translate to and we look at measures of health outcomes are so this model is developed in collaboration with the Scientific Advisory Committee and includes leading expert in the field of public health and each of the reports for example the Senior Report has additional expert in the care of older adults for example geriatrics and gerontology etc. -- all of the data in this report comes from publicly available sites and some of them are listed here as examples the CDC, for example a great deal of that information comes from the Behavioral Risk Factor Surveillance System so the 34 measures in the report look comprehensively and holistically at the areas of health and from that a comprehensive ranking is calculated as well as the rankings for each individual measure so at a state level you can see how that state is doing for example with physical inactivity or obesity which are falling under the behavior category and how does your state rank on that measure in relativity to the other 49 states in the nation and that gives you an opportunity to see how the best days is performing and was the rate so if you are giving yourself goals and action at a community level or at the state level and you want to have a

benchmark by which to compare yourself to give yourself goals there is good information there where you can see where your state ranks in relativity to the other states and that may help you set your Target. The measures for the senior health report were chosen independently and are related to what we do where we live the care we receive and the outcomes we experience. For example I communities suffered to reduce physical inactivity could affect other measures such as obesity, pain management, fall risk, effectiveness of diabetes management and others to name a few.

There is a significant interdependency here. The researchers put together this report are done in conjunction with the University of North Carolina school of Public health and the Scientific Advisory Committee and they draw the data from more than a dozen publicly available public in research organizations so that produces a uniquely rich data set and these pieces of information are publicly available in other areas but nowhere else are they combine into one report.

The Scientific Advisory Committee gives each of those measures await and that weight then is calculated into the overall ranking for the state. And relative to the others and some other examples of places where the state data comes from other U.S. Department of Health and Human Services, US Department of Commerce, and labor, the Dartmouth Atlas project many are familiar with that if you are not that not particularly focused on areas of ICU use hospitalization is Hospital readmission and others the Commonwealth fund the CDC, as listed on the slide and that is the BRFSS is the world's largest annual population-based telephone survey it includes over 400,000 individuals in that survey. While that is self-reported data, what is most valid about it is the trending of it over time and the response rate and how they change. So within this report United Health Foundation presents five years of senior health data so that allows us to look at national and state level trends and since 2003 we've been able to present the stream and the challenges of every state in the goal the two started share discussion on improving the health of the senior population. Every state in our nation has a measure or measure in this report that our strengths for their state and there's areas they can be brought up and other every state even states at the top have measures within the 34 areas where they have an opportunity for improvement. And again discontinuing to underscore the word ranking in the report so being never one at some at something there's still a significant issue with behavior like obesity so we know that that is a problem in our nation and even some of these days that are ranked the highest and doing better than the other states still have an opportunity to improve on those types of measures and the next slide

So here you can see a complete list of the rankings of senior health around the nation, the report has the healthiest days for seniors not clustered in one particular area of the country, so you see the top row the light blue color and when you look at the states in the dark is blue the bottom 10, you generally see that there is an aggregation around the Southeast.

Those states having the most challenges in regard to senior health. For 2017 Minnesota took the title of the healthiest it for seniors and has done so for the first two years of the Senior Report as well as the

fifth. And that is followed by Utah, which is highest-ranking in the report history this past year and Hawaii rounded out the top three of the healthiest dates.

You can see with the exception of Hawaii, one of the questions that I often get when I speak to reporters about this report is G Minnesota is ranked number one I guess the cold weather isn't stopping them and what you see this in common with the top 10 states is that generally around lifestyle and behavior so the degrees of physical and activity are lower. The race of obesity tends to be lower the rates of smoking tend to be lower in the 10 states ranking in the top 10 and with the exception of Hawaii, all of those states in the top 10 have significant months of cold weather so you are seem that the individuals who live in those states are choosing to be active in choosing healthy lifestyles and not letting snow be there excuse for not getting that activity. And the opposite is to be true in the states that are in the bottom 10, areas of behaviors have a tendency to be the ones where we see the greatest opportunities and the greatest challenges so the choices that individuals are making around things like drinking, smoking, physical activity etc. drinking, smoking, physical activity etc. So for Minnesota in particular, they have a low prevalence of seniors who pays the threat of hunger and high percentage of seniors who visited the dentist so you start to see how comprehensive this report is and looked at all of these different domains of health. Minnesota rose to the top this year which help from improvements in the prevalence of excessive drinking that went down pain management got better in obesity also went down for Minnesota. As I mentioned earlier all states have challenges and all states have areas for improvement. Minnesota continues to struggle with a low percentage of seniors have a dedicated healthcare provider and high percentage of low care nursing home residents and that particular measure low care nursing home residents looks at individuals who do not need assistance with many of their activities of daily living and likely could be cared for in a less restrictive setting than a nursing home.

Other states that we're showing notable improvement for 2017 include Delaware Delaware jumped 5 spots this past year from 2016 to 2017 and Arizona Montana Utah and Virginia each rose 4 spots in the rankings and generally we don't see very large jobs in ranking year-to-year, and you can observe the pattern that we've seen over the 26 years of the annual report which is some degree slowing steady wins the race we've seen several states New York notable among them in the Annual Reports that have seen slow steady year-over-year improvement in their rankings and you can see the areas they have improved in the areas they are focused on, for the Senior Report, Alaska and Pennsylvania had the most significant drop from 2016 to 2017 they both dropped eight spots which is quite substantial and Idaho's dropped seven and this year we had a tie you will see on the slide 27 twice so Michigan and Montana were tied in the middle, Mississippi is the 50th healthiest day for seniors this year it dropped to spots was 48 and 2016 and Kentucky is 49th balling from number 45 in 2016 and Oklahoma was number 48 with it being the three states that have the greatest opportunity for improvement and Mississippi's challenges includes a high percentage of food insecurity that measure in every one of these measures you can get more data on exactly what question was asked where that data came from, so if there's a particular area that you're interested in that your state level all of that information is available on our website so you can get a little more detail on what the measures are asking ends food security is a survey that asked do you worry that poverty and high rates of premature death are also a challenge for Mississippi. Back to the insecurity in the past three years the increase from 20.5% to 24.3% of adults

over the age of 60 saying they worry about access to food and that's a 19% increase in three years. So as we mentioned earlier all states no matter their overall ranking have areas of strength and Mississippi has a low prevalence of excessive drinking NARIC number three in the nation a high prevalence of pain management among seniors web arthritis direct ninth in that area so I couple areas where they have done particularly well that California is the most improved state this year it rose 12 spots from number 28 two -- to number 16 and has achieved its highest-ranking in the Senior Report five year history South Dakota not far behind as a second most of the state rising from number 25 to number 15 over the course of the past. And it is also the best ranking for the state of South Dakota in the five years of reports.

This report improvements in several clinical areas and help outcome since 2013 so the data I show you now is national level data. We see that since 2013 Hospital deaths have decreased 30% hospice care has increased 42%, so that hospice care is looking at individuals who have a terminal illness and are they receiving care in hospice setting or purses and inpatient setting like setting like a Hospital that we saw decrease in preventable hospitalization these are hospitalizations for things that you could have avoided the hospitalization had you received care in an outpatient setting for example by senior primary care physician or specialist of going to an urgent care center so that decrease in excess Hospital admissions for chronic or acute illnesses that could have been avoided is particularly pleasing to see. The last year alone preventable hospitalization decreased 7% so that has been declining for the past four years and since 2013, ICU use and last six months in the last six months of life decreased 9% and we know that there is no correlation with a better outcome or longer length of life for individuals who spent time in the ICU during the last six months of their life and so there also could be certainly other things going on here supply and demand can certainly factor into some of the numbers you are seen and we saw 7% decrease in Hospital readmissions and import number I'm sure you are all aware of how your states rank this is information that comes from CMS, and in this area as well and we have seen a decrease of 7% since 2013. The take-home message from this area is we have seen substantial improvement in clinical care for seniors over the last five years for the course of this report.

That is the good news and next slide

Was talking little bit about some of the areas that have not been moving in the right direction over the last few years for the reports published and here is the first raising rates of obesity and food insecurity on the last you see obesity has increased 9% over the last five years for this report so we are seen more seniors more people into their senior years already overweight and that is continuing to increase an increase from 25.3% at 27.6% so more than one fourth dangerously approaching one third of our nation seniors are self reporting as obese that measure comes from the behavioral risk factor surveillance data.

Also have seen increase in food insecurity and it's interesting to see these numbers and you might be asking how do they work together and what do they mean and those are the kind of questions we want you to ask about your state and see that the seniors were worried they might not have access to food

has increased 16% since 2013 and around this area out the reach for the SNAP program many of you are familiar with that term if you are not it is the newer term for what had previously been referred to as the food stamp program and that SNAP program has decreased 7% over the last two years for adults living in a poverty and eligible for the assistance and would comprehensively's suggest taking a look at these measures at your state level and ask some questions is there a lack of access to healthy food and is that contributing to the obesity problem in our state.

Now we will shift gears and talk about the debt findings from the issue brief the second publication that came out in May with America health ranking and accompanying report report we looked at comes from the publicly available data sources and in addition this year we put together a supplemental brief in partnership with the alliance for aging resource and you see on your screen the methodology and we surveyed just slightly under 2000 adults age 50 and older and interviewed them about their financial preparedness as they retire and what we were particularly focused on was the area of savings for healthcare related expenditures and we both groups broke groups into individuals already over the age of 65 and those who are approaching their retirement years individuals between the ages of 50 and 64 to see if they had a good understanding of the amount of savings you would need to have just cover the cost of healthcare and retirement and what you do have saved in comparison to what experts recommend and in this financial preparedness survey among current and future seniors, we looked at key contributions such as stable housing transportation the quality and quantity of food -- the issue brief builds on that and looked at increasing prevalence of certain chronic conditions like obesity, diabetes, and the next generation of seniors pick this analysis allowed us to go deeper and look at some of the key contributions to their health and the methodology of this report was very straightforward we connected console to form warning consult to field this online survey to middle income adults age 50 and older we asked him about how much they have saved for retirement, set savings will be allocated for healthcare how much they think there will be for future healthcare issues and performed a literature review to determine what experts recommend having saved for future healthcare cost and we compare those recommended savings targets with the survey responses.

Some of the key finding stash I think you will be I opened by the data in this survey brief I know I was many current and future retirees are not prepared to meet the rising cost of healthcare retirement that might not be surprising to you but by how much it may be that 62% of retirees and three out of four and three out of 49 retired that's 50 to 64 group have less in total retirement savings than what the experts recommend so two thirds of people who are already retired and three quarters of people were not retired yet have less than what the experts recommend saving for healthcare alone. It does not include your other non-healthcare related expenses in retirement. Both of these populations are unsure about how much to save and how much to have cover those unexpected healthcare cost so that raises the issue of a need for greater transparency and greater financial literacy and greater education of those populations as we age about how much of savings you need to have for healthcare and your route retirement we also found alarmingly that current and future retirees with retirement savings of $20,000 or less they are also the same population that is most likely to be in poor health, have chronic conditions, and a lower incomes than those with higher rates of retirement savings and next slide

What are the experts recommend we have saved for healthcare and retirement and you may be someone who is advising seniors and future seniors around healthcare savings need for retirement you may be looking at your own situation -- 65-year-old couple today who has original Medicare and retired last year they are going to need $260,000 to cover 22 years of original Medicare premium their cost shared and noncovered medical expenses in retirement throughout their life expectancy. That is not inclusive of long-term care expenses. A 55-year-old couple of planning on retiring in the next 10 years they will need approximately $465,000 in today's dollars so it will be higher in 10 years from now to cover protected premiums for original Medicare part D prescription drug plan on Medigap policy out-of-pocket dental patient is not inclusive of long-term care and a 45-year-old couple planning to retire at age 65 they are expected to need slightly more than that 590,000 in today's dollars to cover those types of healthcare expenses like premiums out-of-pocket cost etc. so that aggressive growth reflects a rapid pace in healthcare spending CMS estimates at healthcare expenditures are going to increase by 5.6% annually through 2025, national spending on prescription drugs is expected to increase every 5% between 2016 and 2025 the greatest increases in that healthcare expense trend are generally technology-related and pharmaceuticals are generally the largest category that drives that cost.

The rapid growth in healthcare spending makes it challenging for individuals to keep pace with their savings so now that we know how much needs to be safe and again this is just for healthcare not for housing, and other expenses does not include it etc. so let's take a look at how prepared we are compared to what the experts recommend we save.

I'm sure is not surprising given those high targets we found some pretty significant shortfalls in savings over half of retired seniors who are 65 or older and about three quarters of those who are between the ages of 50 and 64 have less than total retirement savings and what the experts recommend those numbers that we just looked at. Of those surveys, about half of retirees and nine retired adults have less than $100,000 in household retirement savings with 30% of current seniors and 24% of individuals between ages 50 and 64 so nearly 1/3 of current seniors and nearly 1/4 of future seniors have saved 20,000 or less in their household. Each day we know that between 10 and 11,000 individuals age in the Medicare at many of those individuals are in a precarious financial situation with 25 states facing 50% or more increases in their senior population by 2030 the savings for shortfalls 11 case is not only for those individuals but 11 implications for the states and have implications for nation on a federal level, and as well so this is an important issue for all of us to consider. Clearly most Americans by the data are not prepared for the future healthcare cost and thinking about retirement readiness I think it's helpful to highlight some of the environmental factors that are at play here and we talked about that rapid growth in healthcare spending and prescription drugs also talked about the rapid growth and the senior population and there's also the area to think about the other financial obligations that may be impeding the readiness of individuals to pay for the cost of their health care in retirement there carrying higher mortgage debt than they did 10 years ago, more individuals over ages 60 have auto loans so in the past you would've seen more seniors who had paid their mortgage off prior to retirement and you would see more seniors who did not have a car payment and paid had their automobile paid for prior to their retirement, you see more and more seniors who still have student loan debt and some of it may be because of child or a grandchild or their own and that significantly increased over the past decade. I

think it's additionally noted that retirement planning dynamics have changed for example private-sector workers are enrolled in defined-benefit plans for example that has dropped significantly so less private-sector companies offering benefit plans and moving more towards defined contribution plan such as 401(k)s and the like that has risen over the period of time that means that individuals bear more responsibility for their savings and you think about contributing at younger age indoor higher rate -- so the next question we ask is you know how much money should be saving and we asked experts how much should we have saved and asked individuals are much you do save and then the third part of it is you know how much you need to have saved and most people do not our survey revealed that a high percentage of current and future retired seniors are unsure how much they need to cover anticipated as well as unexpected healthcare cost and half of retirees over the age of 65 and 36% of people between ages 50 and 64 do not know or have no opinion on how much money their households need for healthcare cost during retirement so that indicates to us or is a need for greater education more transparency around those future healthcare cost and greater need for higher financial literacy around the cost of both expected and unexpected healthcare needs in retirement.

So we really want this report the America's Health Ranking's report the Senior Report the spotlight on maternal child health spotlight on health of those who have served in the military for example really want them to be used and to be a call to action so you see on the bottom the four release dates for the report the next one coming in September for women and children the military, in November as we get close to Veterans Day in the annual report is released every December. We will have on a website America's Health Ranking's.org some very nice interactive tools where you can create customer reports for your state you can drill down into disparities so if you have an issue with a particular measure you can take a look at depending on what that measure is that she may be able to break it down into things like is there a difference between people who live in a rural versus an urban environment observed difference between men and women assert difference between the monitor education somebody attained and how that relates to their health is there a different different space on somebody's culture ineptness of the for example and so some of these measures have the ability to be broken down further and have greater understanding of the disparities and there's also an interactive tool called change my rank so you could take an area that might be a challenge for your state or your community and say it is smoking for example and ask yourself the question well if we were to take our smoking rate and get it to be as good as whatever state is ranked number one in the nation for that measure how would that change our overall rank and it allows you to see the measures that are having the greatest impact on keeping the rank high or pulling the rate down and may give some insight as to where you want to focus and spend your time and resources.

We hope the foundation hopes the research is going to drive action we hope it helps individuals become more prepared for healthy retirement one of the questions I often get is if I live in Mississippi and I moved to Minnesota does that mean that I will be healthier and certainly those measures that affect your community and environment and clinical care or public policy for example if there's a different substantial difference in those measures buildable influence you, but if you are having unhealthy behaviors as an individual and you carry them with you from an unhealthy state or from a state ranked lower in the rankings to a state ranked higher in the rankings those individual behaviors if they carry

with you are still going to have that influence on your health so where you live us matter, but our individual behaviors are very important as well. So later this year we'll be releasing the reports I mentioned below in the health of women and children report looks at comprehensive -- a very detailed report that report has 64 measures and it looks in the same areas we mentioned earlier of behavior community policy clinical care and outcomes -- the health of those who have served will come out later this year and will look at those who have served in active duty and the United States Armed Forces compared to those who have not in this will be the 20th year of the annual report 20 AP or -- 28th year

Each state ranking -- meeting various benchmarks related to those areas that we mentioned earlier --

Also on the website an opportunity for learning communities to have information on what other states what other communities have done to learn from your peers in this area and slide

One of the key takeaways we hope you get from today and from your time having already read the report and the time you spent looking at it in the future is there is no one size fits all approach there is no silver bullet, I certainly cannot tell you if you focus on is one area it will improve the health of your state -- really requires taking the report and supplement it with what you know is going on in your communities, what is available and what -- has already started at a local level that can continue to be fostered. The community and environment and individuals access to care as well as engagement at up public health official all play a role in building healthier communities this does not just about public policy this is not just about going to your state policymakers and legislators and asking for a change of policy although it may be part of your action plan -- but I think often we are looking for that one single solution and it is always multi-factorial so we hope that you'll be engage with us on a website is America's Health Ranking's.org and we want you to be using this report as a reference point as you go out into communities and sharing data starting conversations there is information on the website that you can certainly download and use in presentations that you are giving and love to see a lot of activity on the website where the report is being used so I want to thank you for your participation in today's presentation as always it is a pleasure for the United Health Foundation in the America's Health Ranking's report team to be with this group and at this point, I would like to open the floor for questions if we have any in the chat or you want to open the lines.

Great, thank you so much Dr. Randall it was a wonderful presentation and I sent spent time on the report today and I strongly encourage our viewers to take a look across the different measures and I think there's a lot of information it is valuable for states and communities and again I want to encourage listeners if you have a question, please use a Q&A function. We had one question come in so far and it is -- is it possible to see the rankings or trends over the past five years? Is this available online?

It is. So you can go at your state level and certainly the legacy reports are available online as well.

While we are waiting to see if is more questions from the audience I have a question or two that when I was looking at the report another element which really caught my attention was around the premature death rate and I think the report indicates that that rate has risen among seniors which also reflects a trend in the general population did I read that right?

This report particularly with a focus on seniors we looked at both premature death and as well as some Hospital measures we mentioned earlier so the average life expectancy in the US at the time is 74 so definition of premature death is those adults 65 and older who die younger than age 74 --

And I'm wondering so much I can speak from the perspective of I&R community for example thinking about some of the death rates that are rising very significantly in communities attributable to maybe the use of opioids or sometimes people transition from opioids to other kinds of drugs, I don't know if you are able to speak to whether you also saw that trend reflected among seniors potentially contributing to this increase in the premature death rate or whether other factors apply?

Great question. So the premature death rate we're looking at here is all cause -- the top five reasons for premature death at least in recent years is the more recent years we can report are heart disease continues to be number one, cancer, number two, one disease is the third, cerebral vascular disease is number four, and Alzheimer's disease as number five so these are the top five causes of premature death in the US and the last few years -- we are seen alarming rates particularly in the annual report drug-related death and that certainly is all cause but when you take a look then at behaviors, we do not include drug-related use for seniors but it is included in our overall annual report, pain management is included as well as excessive drinking but we are getting many many more questions around the opioid crisis.

Another question coming from an audience member who asked -- are there plans to to research what best practices attributed to higher rankings in certain areas?

There is a bit of that information on our website if you go to the website and click on the area called word, learn there is good information about what certain states have done and what worked well and our salvation are report doesn't mean to be prescriptive because each state and community at a local level knows best what's going to work for them and let me give you an example probably the most significant movement we have seen over the 20's -- 27 years of the annual report is a decrease in smoking and is still too high but it has come down substantially over the course of those 27 years and when you look at what contributed to that, it is very multi-factorial and each they might have different reasons for why they're smoking rates have dropped, some states have done a very extensive marketing campaign and education campaign to teach around the health risk related to tobacco use for example,

some states have passed legislation that it is not legal to smoke in public places, some states have passed laws to increase their cigarette tax, others in the realm of clinical care many physicians have made it a normal part of their practice to discuss smoking cessation with their patients on a regular basis and we have new medications that are able to help individuals decrease their smoking, the younger generation in our country is finding smoking to be for lack of a better word young children think it is disgusting and some influence on the younger generation having less entry into smoking and also more influence on their parents and grandparents and asking them to quit so certainly I can give you a comprehensive list there's much more to it than that so we do like to gather those stories of what worked well for one state or another but certainly don't include in our report the cause and effects.

All right. Actually as you were speaking we had a comment coming from one of our listeners who mentions we also know a high margin of error in the smoking rate data source at least for our small state. A little comment from one of our listeners --

While we are waiting to see if there's any other questions, want to circle back to the SNAP data you mentioned which of the SNAP program has decreased I think this is probably alarming for many of our listeners as we have efforts throughout states and communities and enrollment centers new forms of outrage social marketing to try to reach older adults around SNAP -- at the same time I note in the report there's an indicator that community support funding around areas like nutrition transportation social services also decreased so I don't know if you have any further insight into the SNAP findings?

The SNAP what we see there is that last seniors who are eligible for SNAP program are participating so I don't know the reasoning behind that but the reason we are seen that number go down is only 42% of people more eligible to participate in the program are using it. So I don't know fat is something related to lack of knowledge of the program, stigma associated with it, if the application is difficult to complete or there's other factors that you may have more insight in your local community but I think it appears that the issue there is less than -- less individuals accessing the program were eligible for it or expect

@Think it raises are challenges for communities and states -- we recently held a Webinar in partnership with NCOA that look specifically at stigma around public benefits if any of our listeners who are interested in that angle on the issue I certainly invite you to come to the same webpage where we will help house the archive for this Webinar we also have the materials on or stigma Webinar as well and we've had another question comment this is around the pain management measure from how is that measure what is suitable for that's what role for medication management is included here can you tease out use of opioids as pain relievers?

This looks at pain management broadly. This question comes from the CDC Behavioral Risk Factor Surveillance System survey so the question asked for pain management is for people 65 and older who have arthritis, does that arthritis or joint pain limit their usual activity. And so that is the question that is

asked for the pain management it does not piece out what treatment you my beginning it is really around function so is your joint pain at all hindering your ability to do your activities of daily living or your functions.

Around the piece for opioids again we have a measure in the annual report and is something the Scientific Advisory Committee is looking at what is the appropriate level of drill down around opioids in the future.

Thank you for the question.

We've had another interesting question come in one of our listeners asked could some measures like ICU use actually be interpreted two ways i.e. I use means better access to health care,?

Good question as well. It certainly can be reflective of supply and demand. So we could certainly see that high ICU use may be related to high ICU availability and the reverse could be true as well. So you are insightful. Every single one of those measures those are the kinds of questions at your local level that you should be asking yourself so here's where we rank but why and what does it mean in our community -- if you are in one of our nation's largest cities where there is a high availability of ICU beds you generally will see higher ICU elevation and Dartmouth hassles will shows that in the reverse is true as well and rural areas of the country where there may not be as many ICU beds for example, you may see lower ICU use but interestingly, very rarely do you see particularly in the last six months of life so if you limit it to looking in the last six months of life, you generally do not see that ICU use in the last six months of life improve length of life or quality of life so that is generally the area that we take a look at is around end-of-life care but to your earlier point it could be a supply and demand issue as well as whether that number being high or low is a positive or a negative.

Thank you, and one of our listeners share reflection about SNAP issue we were talking about earlier mentioning in our state the average SNAP benefits for older adults is $16 per month and so they feel it is not worth their time and I think for a number of us this is something we certainly heard and again I think it raises challenges based on the eligibility and enrollment levels of help burden some as that process as well as on the social marketing level and how do we market this type of benefit to older adults and what do they see as the value to that and I've often heard this kind of described as well of you have a $16 coupon to take to the store you probably think it is a good coupon so again I think there's challenges and how hard it is for people to join him and how we really market and frame the particular benefit as well.

It looks like we have one final question and have a couple minutes will take this as our last question and the rank for my state seems to jump around a lot from year to year on certain measures. Have the

criteria for the measurements changed for some of the measures over the years -- is there a discussion of how measurements are being updated each year somewhere?

Yes. So in the report we do call out every year if there have been any changes to the way that a major is being reported by the original data source for example so we would report try to remember this past year or the prior year there was a significant change to the way -- nursing home that quality was reported and it changed the rank. We generally will then look retrospectively at how that would have changed the rate if the measurement would have been the same at a prior year or had it stay the same during the current year so the report does account for that but you are right some of these measures do change from time to time and rarely is that the cause for significant changes but we do call out when they do.

Thank you, for providing insight to the measurements. Alas comment very helpful and informative Webinar and we would second that as well so Dr. Randall we want to think you so much for joining us and I know we have some colleagues at the United Health Foundation that are listening and they helped us to quit the Webinar and I really want to thank and appreciate them as well and thank all of our listeners for joining us and again all of the materials from today's Webinar will be posted to the national website in the link is at the top of the Chat Box and please look to the I&R Center section on the website so I want to thank all of you again and wish everyone a very good rest of the week.

Thank you for

[Event Concluded]Actions