

NATIONAL DIABETES
PREVENTION PROGRAM
AUDIENCE PROFILE

PERSONS 65+



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INTRODUCTION

This audience profile includes information about the cultural nuances that need to be considered when reaching persons 65+, based on a review of various research studies and taking into consideration lessons learned through past experiences working with this group. In order for you to successfully engage this audience, it is helpful to have a clear understanding of their culture, beliefs, and barriers to health. This document is not an in-depth research report or analysis, as it is meant to provide a general understanding of different factors that may affect your audience's availability, interest, and/or commitment to your National Diabetes Prevention Program lifestyle change program (LCP). Use the questions listed at the end of this profile to validate and expand on the information provided for your local program's market.



65+ POPULATIONS IN THE UNITED STATES

In 2020, the 65+ population represented 16.5 percent of the U.S. population.¹ This population has grown rapidly since 2010, driven by the aging of “baby boomers” born between 1946 and 1964.² The 65+ population itself has become increasingly older, with 16 million persons aged 75–84 and 6.6 million persons 85+. By 2040, it is estimated that the 65+ population will include about 80.8 million persons 65+, more than twice as many as in 2000. Moreover, the 85+ population is projected to more than double from 6.6 million in 2019 to 14.4 million in 2040 (a 118 percent increase).³

In 2019, 30 million women and 24.1 million men were age 65+, and a larger percentage of older men (70 percent) than older women (48 percent) were married.³ Among Americans 65+ in 2020, 61 percent lived with a spouse or partner and around 27 percent lived alone.³

The proportion of persons 65+ in the U.S. population varies by state. According to the 2019 U.S. Census Bureau population estimates, the four states with the highest percentage of persons 65+—around 20 percent—were Maine, Florida, West Virginia, and Vermont.²

In 2019, 24 percent of persons 65+ in the United States were members of racial or ethnic minority populations—9 percent were Hispanic or Latino, 9 percent were Black or African American (non-Hispanic or Latino), 5 percent were Asian American (non-Hispanic or Latino), 0.6 percent were American Indian or Alaska Native (non-Hispanic or Latino), 0.1 percent were Native Hawaiian or Pacific Islander (non-Hispanic or Latino), and 0.8 percent of persons 65+ identified themselves as being of two or more races.³

The percentage of persons 65+ within each racial and ethnic minority group in the United States were as follows:³

13%

**Asian American
(non-Hispanic or Latino)**

12%

**Black or African American
(non-Hispanic or Latino)**

12%

**American Indian or Alaska Native
(non-Hispanic or Latino)**

10%

**Native Hawaiian or Pacific Islander
(non-Hispanic or Latino)**

8%

Hispanic or Latino

6%

**Persons identifying as
two or more groups**

OVERVIEW OF 65+ AUDIENCE³

UNEMPLOYMENT RATE

In 2020, 9.8 million Americans 65+ were in the labor force (working or seeking work). During COVID-19, between March and April 2020 the unemployment rate for persons 65+ more than quadrupled.



COLLEGE EDUCATION

The education level among persons 65+ is increasing. Between 1970 and 2020, the percentage of persons 65+ who had completed high school rose from 28 percent to 89 percent.



MEDIAN INCOME



In 2019, the median income of persons 65+ in the United States was \$36,921 for men and \$21,815 for women. The median household income of homeowners 65+ in 2019 was \$36,200.

POVERTY LEVEL



In 2019, 4.9 million persons 65+ lived below the poverty level and another 2.6 million were near the poverty level.

GRANDCHILD CARE



In 2020, about 1.1 million persons 65+ were responsible for the basic needs of at least one grandchild under the age of 18 living with them.

OVERVIEW OF MEDICARE BENEFICIARIES 65+

In 2020, Medicare covered 61.5 million Americans.⁴ Key characteristics of the 65+ Medicare population to consider for recruitment, enrollment, and retention in the National Diabetes Prevention Program include the following:

- In 2019, 75 percent of Medicare beneficiaries were between the ages of 65 and 84, with 11 percent being 85+. Medicare also provides benefits to persons under 65 who are permanently disabled.⁴
- Fifty-five percent of Medicare beneficiaries were women, and the percentage of women in Medicare increased in older age groups.⁵
- Consumers 65+ averaged out-of-pocket health care expenditures of \$6,833 in 2019, up 41 percent from 2009. This group spent 13.6 percent of their total expenditures on health, compared to 8.2 percent among all consumers.³
- In 2019, 63 percent of Medicare beneficiaries were in the Fee-For-Service Program and 37 percent were in the Medicare Advantage Program. Nearly 20 percent of Medicare beneficiaries were also enrolled in Medicaid.³
- In 2019, 19 percent of persons 65+ reported they could not function at all or had a lot of difficulty with several functions, such as mobility, sight, hearing, communication, cognition, or self-care.³
- In a survey of Medicare beneficiaries, 96 percent reported satisfaction with and access to health care. For beneficiaries who reported having a usual source of health care, 69 percent indicated that they receive health care at a doctor's office.⁴

PREVALENCE OF DIABETES AND PREDIABETES AMONG 65+ AUDIENCE

Diabetes is a serious condition that affects 37 million Americans. The prevalence of diagnosed diabetes among persons 65+ in 2019 was 24.4 percent (13.3 million) and the prevalence of undiagnosed diabetes in this population was 4.7 percent (2.6 million).⁶

In 2019, 96 million U.S. adults had prediabetes (38 percent), but more than 84 percent of them didn't know they had it. Among persons 65+, 48.8 percent (26.4 million) had prediabetes. It was also estimated that only 1 in 7 persons 65+ with prediabetes were aware of their condition.⁶



RISK FACTORS RELATED TO PREDIABETES AND DIABETES

People who have overweight (body mass index [BMI] of 25 or greater) or obesity (BMI of 30 or greater) are more likely to develop type 2 diabetes, high blood pressure, and high levels of blood fats—which are all risk factors for heart disease and stroke.⁷ High blood pressure, high levels of blood fats, smoking, and physical inactivity are also risk factors for prediabetes and diabetes.⁶ Most older Americans have at least one chronic health condition, and many have multiple conditions.

Between 2015 and 2018, 82 percent of men and 86 percent of women age 75+ had hypertension. Coronary heart disease affected 14 percent of persons 65+.³

The Centers for Medicare and Medicaid Services (CMS) estimates that in 2016, Medicare spent \$42 billion more on beneficiaries 65+ with diabetes than it would have spent if those beneficiaries did not have diabetes. Per beneficiary, Medicare spent an estimated \$1,500 more on Part D prescription drugs, \$3,100 more for hospital and facility services, and \$2,700 more in physician and other clinical services for persons 65+ with diabetes than persons without diabetes.⁸

MEDICARE DIABETES PREVENTION PROGRAM

Effective behavior change can reduce the risk of type 2 diabetes and the burden on the Medicare system. **The Medicare Diabetes Prevention Program (MDPP) Expanded Model** is a structured behavior change intervention that aims to prevent the onset of type 2 diabetes among Medicare beneficiaries with an indication of prediabetes. This model is an expansion of the Diabetes Prevention Program (DPP) Model test, which was tested through the Center for Medicare and Medicaid Innovation’s Health Care Innovation Awards. The DPP Model test showed that group-based community sessions can lead to beneficiary weight loss and Medicare savings. The three key groups participating in the delivery of MDPP services include suppliers, coaches, and eligible Medicare beneficiaries.⁸

The goal of MDPP is to help eligible Medicare beneficiaries achieve at least 5 percent weight loss through behavior change sessions to prevent the onset of type 2 diabetes through practical training in long-term dietary change, increased physical activity, and behavioral change strategies for weight loss.⁸



BUILDING RELATIONSHIPS WITHIN THE 65+ AUDIENCE

Referral Networks

Primary care physicians are consistently identified as the most trusted source of health information among persons 65+. Establishing relationships with primary care providers by working with local health care organizations and medical or specialty associations and societies are key to success in recruiting participants for the National Diabetes Prevention Program LCP. Work with providers and health systems to use electronic health records to (1) identify patients who meet LCP eligibility requirements, and (2) contact these individuals to inform them of their risk and opportunities to participate in a CDC-recognized LCP. Due to patient confidentiality issues, these communications must be sent from the health system or provider to the identified individuals.

Visit the [National Diabetes Prevention Program](#) website for additional guidance and tools that can be used to increase physician screening, testing, and referral of patients with prediabetes to the LCP. Community centers serving persons 65+ as well as active and independent living communities are potential referral sources for your program, and classes may be offered on site if the organization is amenable.

It's important to help health care providers (including pharmacists, physical therapists, nurse educators, community health workers, and allied health in-home care providers) understand that persons 65+ may be more open to referral and participation in LCPs when they:

- Are informed about prediabetes and their risk factors.
- Are faced with a personal health challenge or that of someone close to them.
- Believe that the program will make a difference in how healthy they feel and will improve their ability to spend time with people they care about and do the things they enjoy.
- Believe that a healthy lifestyle can help them spend less money on health care and protect their financial assets.
- Understand that the LCP provides tips and strategies for healthy eating and ways to be more physically active, even for persons with mobility restrictions.
- See the program as a place for social interaction and peer support.

OUTREACH WITH THE 65+ AUDIENCE

Understanding where, when, and how persons 65+ typically spend their time in the community will go a long way toward effectively reaching this audience. Learn more about the community where you plan to hold your program by speaking with a trusted source who has a relationship with this population. Ask them to show you:

- Locations where persons 65+ gather
- Houses of worship
- Restaurants popular with persons 65+
- Community activities that draw persons 65+
- Organizations that serve persons 65+ in the community
- Senior living communities



Health Promotion Strategies

Your marketing plan will enhance opportunities to reach potential program participants when you:

- Participate in health fairs and similar events tailored to persons 65+. Use program champions (persons 65+ who successfully completed the LCP) in your promotion strategy. Provide take-home materials for participants with health messaging, contact information, and next steps.
- Collaborate with community partners, including faith-based organizations, senior centers, local offices on aging, and community-based organizations such as the **American Veterans Association** and **Lions Clubs International**. Work with respected leaders such as pastors, senior center staff, leadership volunteers, and club officers to promote your program. Provide posters and take-home materials at these locations as well as talking points for the individuals who are promoting the program on your behalf.

- Collaborate with worksites, including organizations in your community that employ a significant number of persons 65+. Ask the human resources department to provide materials in breakrooms or electronically for employees. Provide copy for employee newsletters to use in promoting your program.
- Partner with businesses that have a large 65+ clientele. Ask business owners to include posters and take-home materials at their place of business. If the business is customer service-oriented, such as a restaurant or hair salon, request that their staff help promote the program by directly handing out materials to customers, and provide staff with talking points.
- Promote the LCP with channels that persons 65+ use to access health information, including television, local newspapers, the internet, and health care providers. Consider using the community calendars of local media, local talk shows, and public service announcements to promote the LCP on popular channels. Consider proposing a segment on the local TV or radio news about prediabetes and opportunities with local CDC-recognized LCPs.
- Connect with assisted living and active living communities for persons 65+. Work with marketing departments in these communities to promote your program to their residents and members. Partner with local park districts, fitness centers, or community centers that may offer free recreational activities for persons 65+.

Media Trends

When choosing the most effective and cost-efficient media channels to promote your program with persons 65+, you are encouraged to do additional research for specific media trends in your local market area. Overall, community newspapers are subscribed to at a higher rate than national publications.

Seeking Health Information – Trusted Sources and Influencers

The Medicare population is not homogenous. Health-information-seeking behaviors among persons 65+ are greatly impacted by country of origin, culture, gender, age, education level, and health status. Persons 65+ tend to trust their health care providers, families, faith leaders, and friends the most for health-related information.



CONSIDERATIONS FOR MESSAGING

When developing messaging and recruiting persons 65+ to participate in an LCP, keep in mind that:

- Research has shown that people with prediabetes who take part in a structured LCP can cut their risk of developing type 2 diabetes by 58 percent (71 percent for persons 60+).⁹
- Many persons 65+ are interested in quality-of-life issues and nutrition. Make the connection between improvement in nutrition and physical activity and quality of life to help motivate this audience.
- Persons 65+ may want to learn more about shopping for and cooking healthy foods as well as eating out in healthy ways. However, some persons experience increasing difficulty with these activities as they grow older, and providing assistance with these tasks can help them to live a healthy lifestyle.
- Some persons 65+ spend a great deal of time alone. Socialization is likely desired and important for their physical and emotional health.
- Persons 65+ often live on a fixed income and need to stretch and conserve their limited resources. Encouraging and helping them find ways to develop a healthy lifestyle to prevent or delay type 2 diabetes can go a long way to reducing hospitalizations and health care costs.

When it comes to marketing and promotion materials, it is important that copy can easily be read and understood by persons 65+. Choosing the appropriate font size is critical when developing resources for this audience, as vision loss becomes more common with age. When possible, ensure that all text in materials—including footnotes—uses a font size equivalent to or larger than Times New Roman 12-point font. The only exceptions would be when developing television ads, ID cards, logos, or logos with taglines.

For additional information on working with 65+ audiences, please visit the resources below:

General Health

[Making Physical Activity a Part of an Older Adult's Life](#)

[Healthy Meal Planning: Tips for Older Adults](#)

Diabetes Prevention

[Medicare Can Help You Prevent Type 2 Diabetes](#)

[Medicare Diabetes Prevention Program \(MDPP\) Expanded Model Fact Sheet](#)

QUESTIONS TO HELP GUIDE AND INFORM 65+ AUDIENCE DIABETES PREVENTION PROGRAM EFFORTS

COMMUNITY BACKGROUND

- What is the demographic background of the 65+ population in your region? (e.g., population percentage, age, gender, country of origin and birth, language, socioeconomic status, immigrant and refugee status)
- What is the 65+ audience's level of food insecurity in your community?
- What percentage of the 65+ audience in your community has diabetes or prediabetes?
- What are the cultural backgrounds and language differences among local 65+ audiences?
- What is the level of acculturation among each 65+ audience you are trying to reach?
- Within your community, are there groups that work with persons 65+, such as coalitions, mutual aid societies, chambers of commerce, or community- and faith-based organizations?

HEALTH CARE AND HEALTH-INFORMATION-SEEKING BEHAVIORS

- Where specifically do 65+ audience members go for health care services?
- How accessible is health care within the community, especially for 65+ audience members?
- Are health-information-seeking behaviors the same or different for persons 65+ when compared with other populations within the community? If they are different, how?
- Who are the trusted sources for health information within 65+ audiences? Are health sources different or the same as other trusted sources?

TRUSTED SOURCES

- Who are the trusted thought leaders (e.g., community influencers, religious leaders) in your local community—specific to the 65+ audience or in general?
 - » Community-based organizations? Faith communities? Health care providers? Vocal advocates?

- Who are the leaders and champions or gatekeepers for these groups? With whom do you need to collaborate?
- How can you use these trusted sources to help you market and promote your LCP?

MEDIA HABITS

- Which media channels—including social and digital media—are most popular or preferred among 65+ audience members in your community?
- What relationships do you have with these media outlets? Who do you need to reach out to?
- What infrastructure does your organization have to use popular social and digital channels? What media channels do you need to strengthen?

MESSAGES

- Are your messages culturally sensitive? Do they reflect cultural humility?
- Are the language(s) and literacy level appropriate for the audience you are trying to reach?
- Do you have images that will resonate with specific 65+ audiences? You will probably need to find new images for each language that you use.
- Are you working with community organizations or groups that will be able to assist with message development for your marketing materials?

BARRIERS AND BENEFITS TO THE NATIONAL DIABETES PREVENTION PROGRAM

- What are the specific barriers to promoting the National Diabetes Prevention Program LCP in 65+ communities?
- How will you work to mitigate these barriers?
- What LCP benefits are meaningful to 65+ audience members? How can you work these benefits into your marketing materials?
- What does your LCP offer to the 65+ audience in your community that other disease prevention programs or events do not—or cannot—offer?

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