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# Area Agencies on Aging: Healthy Aging and the Social Determinants of Health

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# Ohio Association of Area Agencies on Aging

## Area Agencies on Aging





## Historical context

Older Americans Act of 1965 – AAAs established in 1973 as national network of “on-the-ground” organizations: helping vulnerable older adults live with independence/dignity.

Future reauthorizations strengthened targeting of these non-means tested services to the most vulnerable. Led to alignment with Medicaid waiver case management and beyond.

AAAs play key role in:

- Planning/advocating
- Developing
- Coordinating
- Delivering

A wide range of LTSS to consumers in their PSA



*85% of physicians in a RWJ survey said unmet social needs directly contributed to worse health*

**4 out of 5 physicians** were not confident they could meet patients' social needs, hurting their ability to provide quality care. Some of the top social needs they would write prescriptions for include: **fitness program, nutritional food, and transportation assistance**





# Social Determinants of Healthy Aging

- Nutrition
- Transportation
- Social interaction/Caregiving
- Safe affordable housing
- Chronic disease
- Access to Health Care and LTSS
- Transitional care
- Race, Ethnicity, Poverty



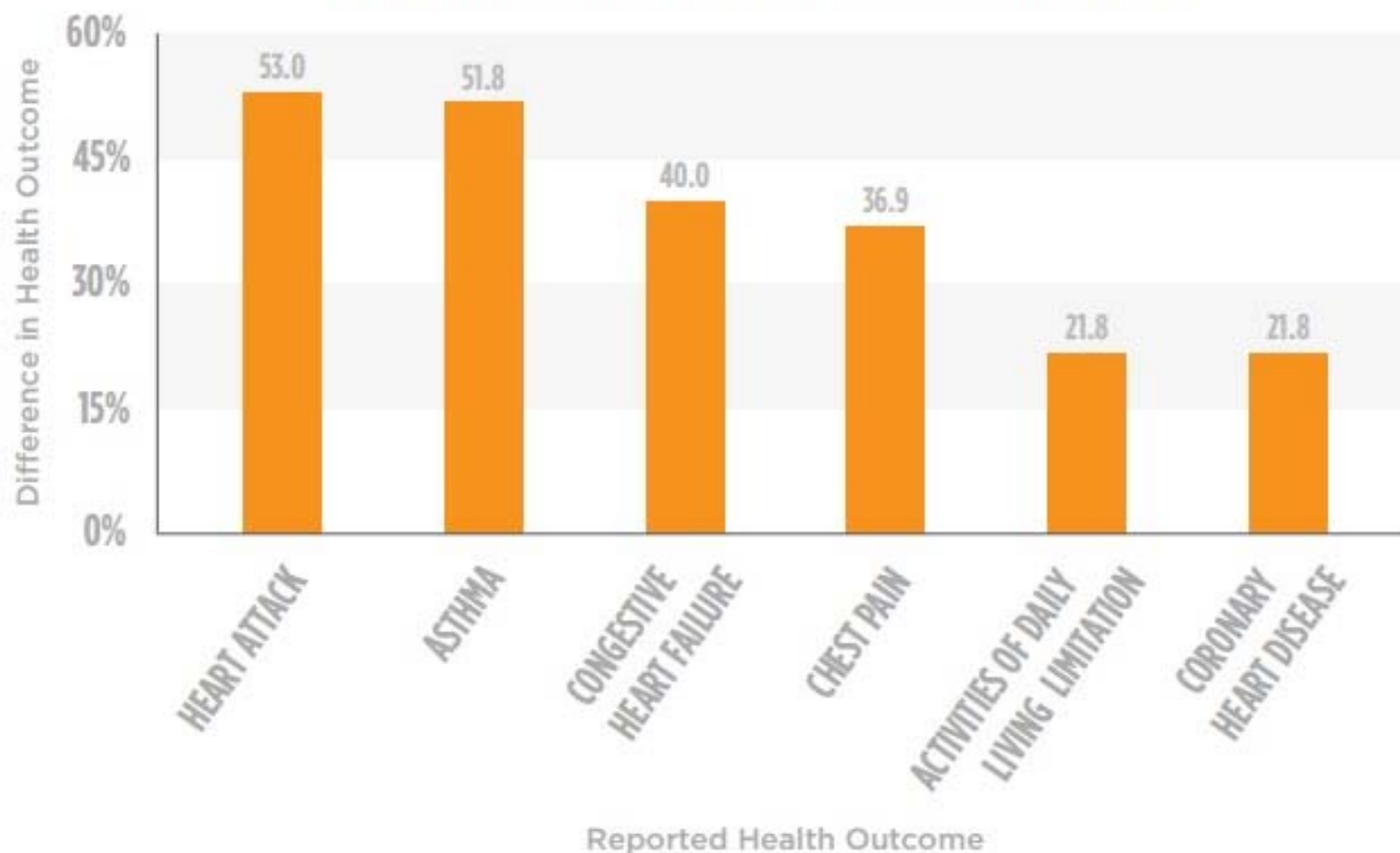
## Nutrition

- 50% of all diseases impacting older Americans are directly connected to lack of appropriate nutrient intake.
- Food insecure seniors have lower nutrient intakes and worse health outcomes.
- Food insecure elderly persons have been found to be 2.33 times more likely to report fair or poor health status. Food insecurity among elders increases disability, decreases resistance to infection, and extends hospital stays.
- Food insecurity among seniors is linked directly to increased risk of developing negative health conditions, including diabetes, asthma and high blood pressure



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**Percent Difference in Health Outcomes when Comparing Food Insecure Seniors to Food Secure Seniors\***



\*The percentage differences are statistically significant at the 99 percent confidence interval for each of the identified health outcomes, except for coronary heart disease which is significant at the 90 percent confidence interval, when controlling for other factors affecting health outcomes.





## Nutrition: How AAAs help

- Congregate Meals:
  - Offering alternatives
- Home Delivered Meals
- Senior Farmers Markets
- Nutrition assessments
- Medical Nutrition Therapy – Medicare CPT



### Challenges:

- Ohio ranks 10th in the country and 1st in the Midwest for food insecurity among seniors
- Food Waste
- Appealing congregate meal locations
- Safe and appealing home delivered meals





# Transportation

- 600,000 older adults stop driving each year: many more modify their driving habits.
- Giving up the car keys -- limits older adults' access to medical care, shopping, opportunities for socialization.
- Older adults with access to public transportation often choose not to use it.
- No one-size-fits-all solution to addressing the mobility needs of older adults. -- safe driving programs/travel training, volunteer and assisted transportation programs, dial-a-ride and paratransit options.



## Transportation

- Access to transportation is key to support the health and well-being of older adults and their ability to age in place.
- #1 reason people call the n4a National Eldercare hotline is for transportation options. 37,000+ calls
- How AAAs Help:
  - Mobility Management
  - DRIVE training
  - OAA funds
  - Medicaid waivers
  - MyCare Ohio
  - Senior levies
  - Collaboration
  - Advocate





## Social Interaction and Caregiving

- A lack of social connections can increase the risk of death by at least 50%, and in some circumstances, by more than 90%. - similar to the risk caused by smoking, and higher than that from obesity or lack of exercise.
- A poor social life increases the risk of high blood pressure in old age even more than risk factors like diabetes
- 80% of caregiving is done by informal supports also providing social interaction.
- 1,700,000 family caregivers in Ohio provided care worth an estimated \$17.5 million to their parents, spouses, partners, and other adult loved ones. (2014)



## How AAAs support caregivers

- Workplace customized training/educational programs
- Health and wellness programs for caregivers
- Leading support groups
- •Resource materials (e.g. handbooks; online resources)
- Individualized referrals and follow up
- Personal consultation
- Family mediation
- Caregiver planning
- Support navigation – caregiver and/or their family member
- Assistance with arrangements for emergency care needs



## How AAAs help with socialization

- Congregate meals
- Senior Centers
- Making community centers senior friendly
- Livable communities
- Dementia Friendly Communities
- Access to shopping, medical appointments, socialization



# Housing

- Evidence has associated housing quality with morbidity from infectious diseases, chronic illnesses, injuries, poor nutrition, and mental disorders.
- Epidemiological studies link substandard housing with an increased risk of chronic illness.
- For many seniors, housing-related costs constitute their biggest household expenditures.
- Accessible, safe affordable housing is key to staying in the community.



## Housing: How AAAs help

- AAAs provide wrap around supportive housing services and some provide on-site service coordination.
- AAAs provide information about community programs that supply home maintenance, repair, modification services to help senior maintain their property.
- Home heating assistance.
- AAAs connect people to alternative living arrangements meeting people's functional needs in the community: independent living, adult day services, assisted living, and soon shared living.





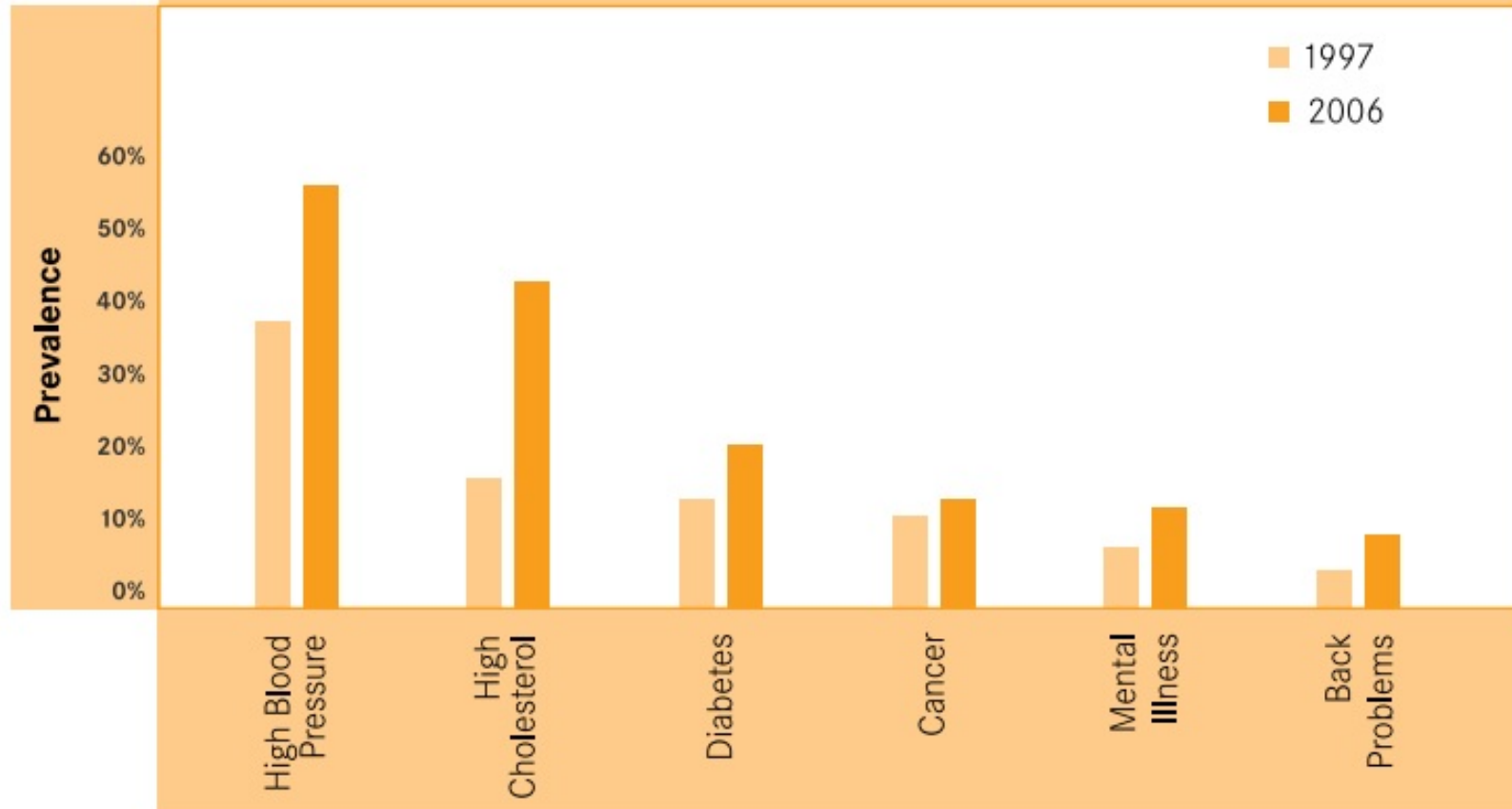
## Chronic Disease

- About 80% of older adults have one chronic disease.
- 68.4% of Medicare beneficiaries have two or more chronic diseases and 36.4% have four or more.
- Chronic diseases can affect a person's ability to perform important activities, restricting their engagement in life and their enjoyment of family and friends.
- More than two-thirds of all health care costs are for treating chronic diseases.
- 95% of health care costs for older Americans can be attributed to chronic diseases.
- Less than 1% of health care dollars are spent on prevention to improve overall health.



**Figure 1.3**

Many Chronic Conditions Are on the Rise among Medicare Beneficiaries 65+



**Source:** Johns Hopkins Bloomberg School of Public Health analysis of Medicare claims data.

**Note:** Prevalence figures shown here are based on Medicare claims data and vary significantly from prevalence data drawn from MEPS data. Medicare claims data are derived from 5 percent sample of beneficiaries over 65 enrolled in Parts A and B, excluding Part C and ESRD.



## Chronic Disease: How AAAs help

- Chronic disease self-management management: in cooperation with ODA and Health Services Advisory Group/ DEEP/Pain Mgt/Matter of Balance
- Stanford tracked for three years with positive results, including improvements in exercise, symptom management, communication with physicians, fatigue, disability, and activities limitations. fewer days in the hospital compared with those who did not participate in the program.
- LTSS assists through Medicaid waivers, MyCare, waivers



# Access to Health Care and LTSS

- Aging and Disability Resource Networks
  - Information and assistance for wide range of services
  
- Medicaid:
  - Long-term Care Consultations
  - PASSPORT
  - Ohio Home Care waiver
  
- Medicaid diversion activities:
  - Older Americans Act/Senior Community Services Block Grant
  - Senior Levies



## Services available in Waiver programs

- Personal care: a trained aide helps with bathing, dressing, grooming
- Homemaker service: light cleaning, laundry, shopping
- Home-delivered meals and nutritional counseling
- Minor homemodification: repairs and safety upgrades such as ramps, grab bars, dead-bolt locks
- Adult day services: structured programs providing a secure and stimulating environment
- Transportation: to medical and social service appointments



## Services Available in Waiver Programs

- Chore service: pest control, major house cleaning, waste removal
- Home medical equipment and supplies: health or safety related equipment such as a bath bench, cane or walker
- Emergency response system: 24-hour protection and help with medications
- Independent living assistance: help with benefit applications or organizing personal records; regular phone contact
- Care management: a registered nurse or social worker coordinates your care and responds to your questions or concerns



## Transitional Care

- Up to 90% of hospital readmissions by Medicare beneficiaries are unplanned and unnecessary.
- Nearly 20% of Medicare hospitalizations are followed by readmission within 30 days.
- Nearly 11% of hospital readmissions are due to medication non-adherence.
- Poor transitional care can also result in unnecessary nursing home usage.





# Transitional Care: How AAAs help

- All 12 AAAs trained in Coleman Care Transitions Intervention:
- 6 of the 12 AAAs remain in the CMS CCTP program and are top national performers.
- Patients who participated in the program:
  - ✓ Were significantly less likely to be readmitted to the hospital
  - ✓ Sustained the benefits for five months after the end of the 1-month intervention.
  - ✓ Were also more likely to achieve self-identified personal goals around symptom management and functional recovery.

Anticipated cost savings over 12 months is \$295,594 for a typical Transitions Coach™ panel of 350 chronically ill adults with an initial hospitalization.





## Racial disparities

- The social and political forces that shape health risks often work through race or ethnicity, gender, and class, each of which has a separate dynamic in determining health status, in addition to interacting with each other.
- Older African Americans:
  - consistently have higher rates of major health problems (including hypertension, diseases of the circulatory system, and diabetes) than do non-Latino whites.
  - Have the highest rates of functional limitations.



More information

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