Social determinants of healthy aging in policy and practice

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National Council on Aging

Improving the lives of 10 million older adults by 2020
Objectives

1. Intersection between models of *successful aging* and the *social determinants of health*

2. Measuring organizational and individual impact of policies and practice on key outcome of ‘positive aging’

3. NCOA’s program areas
Who We Are:
NCOA is a respected national leader and trusted partner to help people aged 60+ meet the challenges of aging

Our Vision:
A just and caring society in which each of us, as we age, lives with dignity, purpose, and security

Our Mission:
Improve the lives of millions of older adults, especially those who are struggling

Our Social Impact Goal:
Improve the health and economic security of 10 million older adults by 2020
The Critical Importance of Social and Behavioral Determinants of Health and Well-being

Figure 1
Impact of Different Factors on Risk of Premature Death

- Health Care: 10%
- Genetics: 30%
- Individual Behavior: 40%
- Social and Environmental Factors: 20%
- Health and Well Being: 30%

Conventional Medical Care Delivery System

- Drivers of health lie outside of conventional medical care delivery system

- Equivalent investment must address social and behavioral determinants

- **Upstream social determinants of health**
  - individual and collective contributions of education, labor, criminal justice, transportation, economics, and social welfare to health

- Fostering health-promoting resources and reducing health-damaging risk factors throughout the life course.
  - Promote behavior practices through early intervention, modified in the context of physiological and social development
  - Reduce the harm caused by risky behaviors.
U.S. vs. Developed Countries – Investment in Social Services

- U.S. spend more per capital on medical services than to other nations; much less on social services.
- U.S. overall ranks 27th in life expectancy at birth.
- Many high-income nations continue to achieve major gains in health and life expectancy.
  - The lower levels of investment in social services helps to explain why US health indicators lag behind those of many countries (Woolf and Aron, 2013).

- A health policy framework addressing social and behavioral determinants of health would achieve better population health, less inequality, and lower costs than our current policies.
Successful Aging – Theories and Frameworks

- Successful aging implies health and satisfaction into late life.

- Key model developed by Rowe and Kahn, and considers\(^\text{14}\):
  - Preventing/reducing disease and disability
  - Maintaining mental and physical functioning
  - Promoting social engagement

- Other concepts include:
  - Remaining engaged in life and social relationships\(^\text{14}\)
  - Positive spirituality\(^\text{15}\)
  - Self-acceptance and engagement with life\(^\text{16}\)
Successful Aging Concepts

- However, the concepts are not always straightforward.
  - People with dependencies or disabilities may not have the same potential to successfully age. Opportunities also vary dramatically\(^1\)
  - The concept of unsuccessfully aging may have negative implications for care\(^1\)
  - Successful aging may look different depending on a person’s race, gender, class and other factors\(^1\). Individuals also have their own priorities\(^1\)
  - This suggests the need for more nuanced definitions or interpretations

- Researchers have proposed additions, including subjective definitions, more inclusive frameworks, and a multidimensional expansion of the current framework\(^1\).
A “place-based” organizing framework, reflecting five (5) key areas of social determinants of health (SDOH), was developed by Healthy People 2020.

- Economic Stability
- Education
- Social and Community Context
- Health and Health Care
- Neighborhood and Built Environment
### Social Determinants of Healthy Aging

**Areas where NCOA is more heavily involved in green**

<table>
<thead>
<tr>
<th>Economic Stability</th>
<th>Neighborhood and Physical Environment</th>
<th>Education</th>
<th>Food</th>
<th>Community and Social Context</th>
<th>Health Care System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employment</td>
<td>Housing</td>
<td>Literacy</td>
<td>Hunger</td>
<td>Social Integration</td>
<td>Health coverage</td>
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<tr>
<td>Income</td>
<td>Transportation</td>
<td>Language</td>
<td>Access</td>
<td>Support systems</td>
<td>Provider availability</td>
</tr>
<tr>
<td>Expenses</td>
<td>Safety</td>
<td>Early childhood education</td>
<td>to healthy</td>
<td>Community</td>
<td>Provider linguistic</td>
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<tr>
<td>Debt</td>
<td>Parks</td>
<td>training</td>
<td>options</td>
<td>engagement</td>
<td>and cultural</td>
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<tr>
<td>Medical Bills</td>
<td>Playgrounds</td>
<td>Higher</td>
<td></td>
<td>Discrimination</td>
<td>competency</td>
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<tr>
<td>Assets</td>
<td>Walkability</td>
<td>Education</td>
<td></td>
<td></td>
<td>Quality of care</td>
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<td>Support</td>
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</tbody>
</table>

**Health Outcomes**
- Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations
Quality of Life outcomes in Older Adults

- CASP-19 (CASP-19) scale, which stands for Control, Autonomy, Self-realization and Pleasure

- Physical and Emotional Health
  - PROMISE-10
  - Self-Rated Health

- Independent Living / Aging in Place

- Social Isolation

- Mobility
Social Isolation

• Social isolation is common in seniors.
  – 1 in 3 adults above 60 felt lonely some of the time\textsuperscript{10}
  – Between 2\% and 16\% of adults 65 and above are severely lonely\textsuperscript{11}

• Various factors affect the likelihood of isolation and loneliness
  – functional limitations and low family support\textsuperscript{12}
  – Factors reducing loneliness include better self-rated health, lower family strain, higher socializing frequency\textsuperscript{12}

• Interventions have been able to reduce loneliness and/or social isolation.
  – Group activities are effective, especially those with education or support\textsuperscript{6}
  – Senior centers can play a key role, facilitating important relationships\textsuperscript{13}
  – 1-on-1 interventions are less powerful\textsuperscript{6}
Measuring Social Isolation and Older Adults

Social isolation is a complex and multi-factorial problem.

Precursors to social isolation

Various scales examine isolation, with different measures¹

**Network size and interaction** (objective):
- The Lubben Social Network Scale²,³ and
- Duke Social Support Index⁴

**Self-reported loneliness/isolation** (subjective):
- UCLA Loneliness Scale⁵

Social isolation and loneliness are related but distinct concepts
- People can be socially isolated but not lonely, and lonely without being socially isolated⁶. However, these issues frequently co-occur.

Both factors have strong negative impacts on health, including depression⁷, decreased immune function, less sleep, higher blood pressure⁸, and increased risk of hospitalization⁹
NCOA’s Major Areas of Focus

To improve the health and economic security of millions of older adults by addressing the social and behavioral determinants of health and well-being.

- **Economic Security**: NCOA will provide education and decision support on access to benefits, Medicare, optimizing the use of the home and other assets, debt management, and employment. NCOA will partner with solution providers (non-profits and businesses) that meet our rigorous standards of excellence to provide more complete solutions.

- **Healthy Living**: NCOA will address the behavioral determinants of health by creating, curating and providing programming and content that inspires, educates and activates older adults to achieve better health outcomes.

- **National Voice/Advocate**: NCOA will be a powerful national voice that advocates for policy changes, spark critical conversations and community actions aimed to address the social and behavioral determinants of health and well-being and to create just, caring and inclusive communities.
Economic Security Programs

BenefitsCheckUp
National Council on Aging

Medications  Health Care  Income Assistance  Food & Nutrition  Housing & Utilities  Tax Relief  Veteran  Employment
Whether you’re retired or still working, it pays to be smart about your income. Discover tips and resources in your community to manage your budget, save money, find work, and set financial goals.

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**How To Pay Down Debt**

For greater peace of mind & more to spend or save.

Get organized

**Make a Plan that Gets You "Out from Under"**

The Short-Term Pain is Worth It

The faster you pay your debts:

- The less interest you’ll pay.
- The quicker you’ll be debt-free.
- The more hard-earned money you’ll have to spend or save as you go!
More Economic Security Programs

- Savvy Saving Seniors®
- SCESP program
- Food and Nutrition Benefits – SNAP
- Home Equity
  - Reverse mortgages/counseling
  - Aging in place
  - Exploring housing options
YOUR GUIDE ON THE ROAD TO MEDICARE

If you're just beginning your Medicare journey, take the first step by exploring coverage options and how they work together with the Medicare Map.

Are you Medicare ready? Compare plans yourself »
10 Common Chronic Conditions for Adults 65+

<table>
<thead>
<tr>
<th>Chronic Condition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension (High Blood Pressure)</td>
<td>58%</td>
</tr>
<tr>
<td>High Cholesterol</td>
<td>47%</td>
</tr>
<tr>
<td>Arthritis</td>
<td>31%</td>
</tr>
<tr>
<td>Ischemic Heart Disease (or Coronary Heart Disease)</td>
<td>29%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>27%</td>
</tr>
<tr>
<td>Chronic Kidney Disease</td>
<td>18%</td>
</tr>
<tr>
<td>Heart Failure</td>
<td>14%</td>
</tr>
<tr>
<td>Depression</td>
<td>14%</td>
</tr>
<tr>
<td>Alzheimer's Disease and Dementia</td>
<td>11%</td>
</tr>
<tr>
<td>Chronic Obstructive Pulmonary Disease</td>
<td>11%</td>
</tr>
</tbody>
</table>

Source: Centers for Medicare & Medicaid Services, Chronic Conditions Prevalence State/County Table: All Fee-for-Service Beneficiaries, 2015

Individual behaviors contributing to good health

- Physical activity
- Sleep
- Nutrition and hydration
- Medication management
- Injury prevention
- Stress management
- Substance abuse (smoking, alcohol, drugs)
- Healthy relationships
- Community engagement (reduced social isolation)
- Being an informed, empowered health care consumer.
Goal: Increase the quality and years of healthy life for older adults and adults with disabilities

Two National Resource Centers
  • Chronic Disease Self-Management Education (CDSME)
  • Falls Prevention

Other Key Areas of Focus
  • Behavioral Health
  • Physical Activity
  • Flu + You
  • Oral Health
Chronic Disease Self-Management Programs

- Better Choices, Better Health® online programs for CDSMP, Arthritis, and Diabetes
- Cancer: Thriving and Surviving
- Chronic Disease Self-Management – English, and Spanish
- Chronic Pain Self-Management
- Diabetes Self-Management – English, and Spanish
- EnhanceWellness
- Positive Self-Management Program for HIV
- Support programs focused on depression, medication management, physical activity, and more
CDSME Meets the Goals of the Triple Aim of Health Care

Better Health
• Better self-assessed health and quality of life
• Fewer sick days
• More active
• Less depression
• Improved symptom management

Better Care
• Improved communication with physicians
• Improved medication compliance
• Increased health literacy

Lower Costs
• Decreased ER visits and hospitalizations ($364 net savings per person)
Evidence-Based Falls Prevention Programs

- Tai Ji Quan: Moving for Better Balance
- Tai Chi for Arthritis
- YMCA Moving for Better Balance
- A Matter of Balance
- Stay Active and Independent for Life (SAIL)
- Stepping On
- FallScape
- Otago Exercise Program
- CDC’s STEADI
- CAPABLE, EnhanceFitness, Fit & Strong (new)
# Benefits of Falls Prevention Programs

<table>
<thead>
<tr>
<th>Falls Prevention Program</th>
<th>Effectiveness</th>
<th>Net Benefits and ROI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tai Chi: Moving for Better Balance</td>
<td>Fall rate among participants was reduced by <strong>55%</strong></td>
<td>Net benefit = $530</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ROI = 509%</td>
</tr>
<tr>
<td>Stepping On</td>
<td>Fall rate among participants was reduced by <strong>30%</strong></td>
<td>Net benefit = $134</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ROI = 64%</td>
</tr>
<tr>
<td>Otago Exercise Program (adults 80+)</td>
<td>Reduction of <strong>35%</strong> in adults over age 80</td>
<td>Net benefit = $429</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ROI = 127%</td>
</tr>
<tr>
<td>A Matter of Balance</td>
<td>Significant increase in falls efficacy, falls management, and falls control</td>
<td>Total cost savings per Medicare beneficiary = $938</td>
</tr>
</tbody>
</table>

## Sources

- Report to Congress in November 2013: The Centers for Medicare & Medicaid Services’ Evaluation of Community-based Wellness and Prevention Programs under Section 4202 (b) of the Affordable Care Act.
Reported Outcomes

Between September 2014 and July 2017, participants enrolled in ACL grantee-supported falls prevention programs reported the following outcomes:

<table>
<thead>
<tr>
<th>Outcome</th>
<th>% Improved/Maintained</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program helped reduce their fear of falling</td>
<td>83%</td>
</tr>
<tr>
<td>Feel they can protect themselves from a fall</td>
<td>88%</td>
</tr>
<tr>
<td>Can find a way to reduce falls</td>
<td>90%</td>
</tr>
<tr>
<td>Can find a way to get up if they’ve fallen</td>
<td>87%</td>
</tr>
<tr>
<td>Can increase their physical strength</td>
<td>88%</td>
</tr>
<tr>
<td>Have become more steady on their feet</td>
<td>86%</td>
</tr>
</tbody>
</table>
The Challenges: Longevity

- Chronic conditions
- Behavior change difficult
- Insufficient savings
- Not optimizing assets
- Inadequate preparation
- for inevitable transitions
- Lack of institutions
- to help people navigate longer lives
Our Vision: **Aging Mastery - Helping People to Navigate Longer Lives**

- The **Aging Mastery Program® (AMP)** is a comprehensive and fun playbook for living that combines education with goal-setting, daily practices, and peer support to help participants make meaningful, measureable and enduring changes in the areas of health, finances, life enrichment, and advanced planning.

- AMP will be offered through a wide variety of community based organizations where baby boomers and older adults meet (e.g. senior centers, retirement communities, recreation centers, community colleges, hospitals, faith-based organizations, etc.)

- After start-up/pilot phase(s) AMP will be self-sustaining through a combination of government funds, consumer fees and support from health plans/systems and employers.
Aging Mastery®: 
Navigating and Optimizing Longer Lives

- **Playbook for living:**
  - Meaningful, measureable and enduring changes in the areas of health, finances, life enrichment and advanced planning.
  - Comprehensive and fun.
  - Education, goal-setting, daily practices, and peer support.

The AMP class offering was actually profound for me. I am 70 years old and if I’m ‘lucky’ I may have 10 more ‘good’ years—if I’m lucky. The classes offered ways to make the years happier, healthier, and more worry free. —Fort Collins, CO AMP Participant
What is AMP today?

Core Curriculum
- Navigating Longer Lives
- Exercise and You
- Sleep
- Healthy Eating and Hydration
- Medication Management
- Financial Fitness
- Advance Planning
- Healthy Relationships
- Falls Prevention
- Community Engagement

Specialty Curricula (Caregiver, Faith-based, and Health-focused)

Elective Classes & Alumni Clubs

Elective Classes (9)
Aging Mastery 2.0 – Longer-Term Vision

Attributes:
- Fun
- Engaging
- Educational
- Life-Changing
- Produces measurable results

Dimensions:
- Health
- Finances
- Quality of Life
- Advanced Planning

Community-based classes and activities
In-home Program
Digital Content and Apps
Community-Integrated Health Care Toolkit

Return to Roadmap

Payment Models

Medicare Payment Opportunities

State Medicaid Waiver Programs- 1915(c)
References


