

Integrating the Needs of Older Adults and Adults Living with Disabilities into the ACC

NC Institute of Medicine
Task Force on Accountable Care Communities
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NC Area Agencies on Aging



advocacy | action | answers on aging

- ▶ 40 years of experience as a trusted community resource.
- ▶ Part of a national network of services and supports for older adults and adults living with disabilities, under the Older Americans Act (OAA).
- ▶ Housed within NC's Regional Planning Organizations, serving community and local governments (16 regions covering all of NC).
- ▶ Regional administrators for \$60+ million in federal (OAA) and state funding for services that keep older adults healthy and address SDoH.

“Currently, the entire national OAA budget (\$1.9 billion) is comparable to about one day’s worth of Medicare spending (HHS, 2016).”

ASA Generations, Supplement 1, (2017)

NC Area Agencies on Aging



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- ▶ Regional planning for the needs of older adults, adults living with disabilities and family caregivers.
- ▶ Information sharing, service navigation, and benefits navigation.
- ▶ Program and resource development, including services that address SDoH and that promote maximum health and wellness.
- ▶ Advocacy, protection of rights, and mentoring older adults and adults with disabilities in self-advocacy.
- ▶ Fiscal administration and quality improvement of funded services.

Older Adults and Adults Living With Disabilities- Alike or Different?

Some of us are aging into disability;
Some of us are aging with disability.

All of us are Aging!

More commonalities than differences!

NC Statistics and Projections



- ▶ By 2019, NC will have more citizens age 60 and older, than under age 18.
- ▶ By 2030, the boomer wave will begin approaching old age (85+).
- ▶ 1 in 7 persons, age 65+, lives with dementia and it is the 5th leading cause of death in NC.
- ▶ Of those age 65+, 37% have a disability and 81% have at least one chronic disease. 51% have more than one chronic disease or condition.
- ▶ Between ages 18-64, 11-12.5% of the population has a disability.
- ▶ Family caregivers provided an estimated 1.19 billion hours of care in 2015, worth an estimated \$13.4 billion. Nationally, family caregivers spend, on average, almost 20% of their annual income on caregiving activities (\$6,954). Long-distance caregiving or dementia is associated with higher than average out of pocket costs.

NC Division of Aging and Adult Services, www.ncdhhs.gov/divisions/daas/data-reports, "Dementia Capable North Carolina" Issue Brief 2016, "Building a Healthier North Carolina" Disability Compendium Annual Report 2017 <https://disabilitycompendium.org/annualreport>, AARP NC Caregivers Study Update 2015 <https://states.aarp.org/north-carolina-family-caregivers-provide-13-4-billion-in-unpaid-care-according-to-aarp-study/>, Family Caregivers Cost Survey 2016 <https://www.aarp.org/research/topics/care/info-2016/family-caregivers-cost-survey.html?CMP=RDRCT-PPI-CAREGIVING-102416>

Concerning Statistics- Suicide Rates for Older, White Men

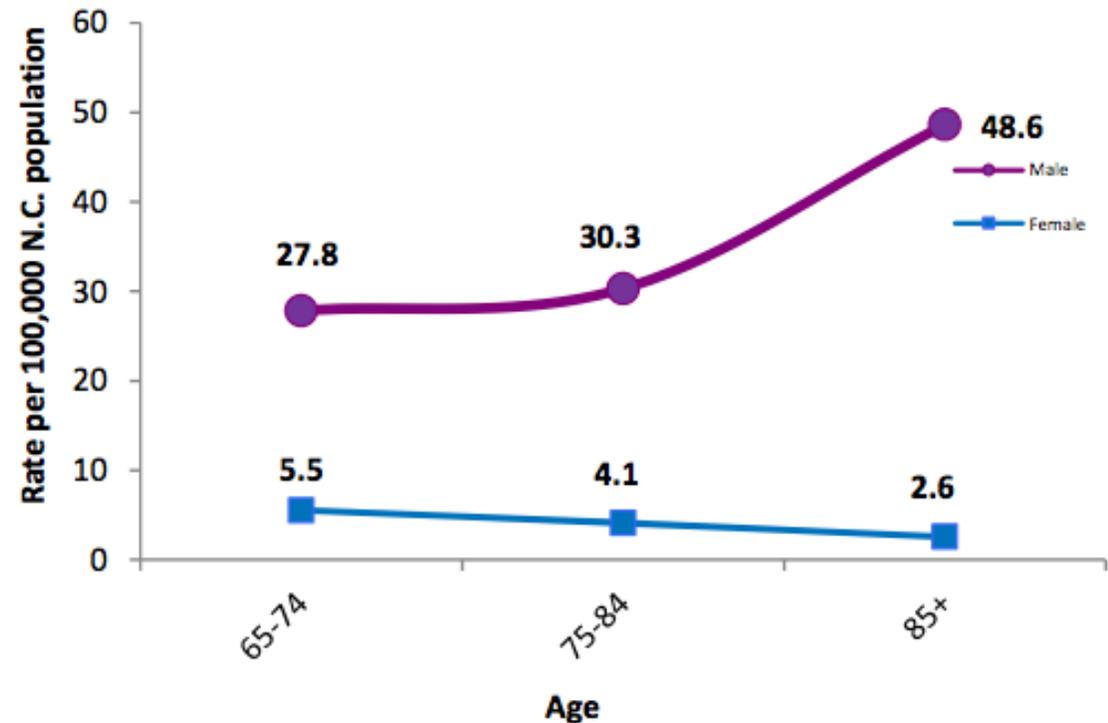
Between 2010 and 2014, 1,057 seniors in North Carolina committed suicide. Of those deaths, 83 percent were males and 94 percent of all senior suicides were white.

Another set of nation-wide statistics released recently from the CDC showed that people in rural counties are about two times more likely to commit suicide than those in urban settings.

North Carolina Health News,
<https://www.northcarolinahealthnews.org/2017/10/20/senior-suicides-spike-especially-older-white-men/>

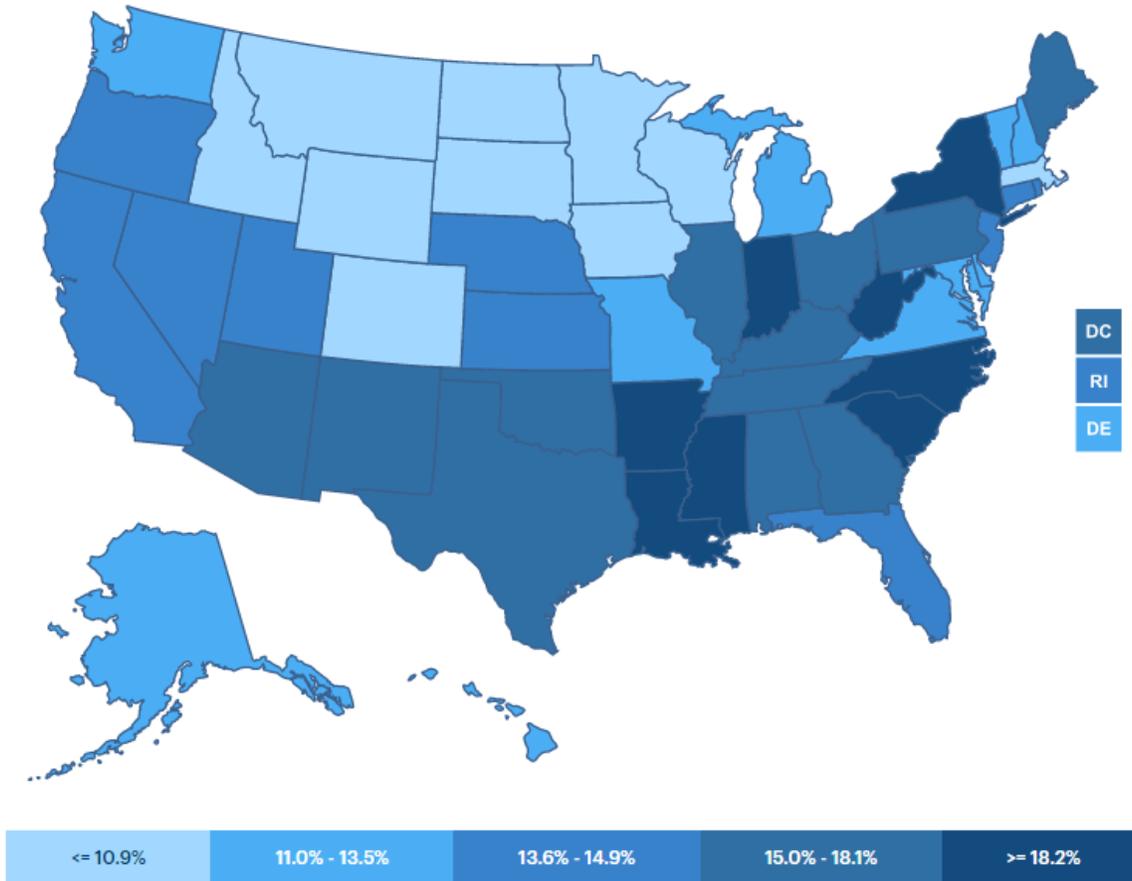
**Elder Specific Suicide Rates by Age Groups:
NC-VDRS, 2010-2014**

~ N.C. Division of Public Health - N.C. Violent Death Reporting System ~



Concerning Statistics- Hunger and Older Adults

Percentage of adults aged 60 and older who faced the threat of hunger in the past 12 months



Over a year's time, food insecurity increased 15% in NC, from 18.0% to 20.7% for adults age 60+.

America's Health Rankings
https://www.americashealthrankings.org/explore/senior/measure/food_insecurity_sr/state/NC, 2018

Source:

• National Foundation to End Senior Hunger, The State of Senior Hunger in America

Concerning Statistics- 2017 LTSS* State Scorecard

North Carolina

State Rankings

-  Overall: **38**
-  Affordability and Access: **38**
-  Choice of Setting and Provider: **31**
-  Quality of Life & Quality of Care: **38**
-  Support for Family Caregivers: **42**
-  Effective Transitions: **15**

In 2011, NC ranked 24th overall on the LTSS State Scorecard. NC is now 38th in the nation in long-term services and supports.

*Long-term services and supports is a diverse set of services designed to help people who have disabilities or chronic care needs.

Examples of Challenges for Older Adults and Adults Living With Disabilities

- ▶ **Systems and Processes**-network silos, breakdowns in communication, misalignments in regulations, funding and processes, differing priorities, lack of “authority” for change.
- ▶ **Community Resources**-limited organizational capacities, cumbersome intakes, hard to locate, not culturally appropriate or person-centered in design, gaps in coverage area, waiting lists.
- ▶ **Environment**-lack of accessibility in built environment, gentrification and displacement, negative view of universal design (institutional), lack of sidewalks or in poor condition, narrow store aisles.

Example of Challenges for Older Adults and Adults Living With Disabilities

- **Individual Level Needs or Issues**-physical changes, cognitive changes, decline in self-care abilities, comorbidity, poly-pharmacy, financial limitations, lack of ability to navigate system or deal with complexities, inability to keep pace with technology, lack of social connections, increasing incidents of elder abuse, exploitation, and self-neglect.

One more statistic: In FY 2017, NC had 11,846 cases that met the criteria for adult protective services. As the number of older adults grows, so will the number of cases.

What's the Answer? Age-Friendly Communities

The AARP Network of Age-Friendly Communities is an affiliate of the World Health Organization's Global Network of Age-Friendly Cities and Communities[©].

The goal is to increase the number of communities that support healthy aging, which will thereby improve the well-being, satisfaction, and quality of life for older Americans.

A community that is age-friendly is also friendly for all ages.

AARP Network of Age-Friendly Communities, <https://www.aarp.org/livable-communities/network-age-friendly-communities/>

What's the Answer? Age-Friendly Communities

To do: Check out your neighborhood's Livability Score by entering your address in the Livability Index at <https://livabilityindex.aarp.org/>

Here's my score:

TOTAL INDEX SCORE



Livability Score 

CATEGORY SCORE

35	HOUSING Affordability and access	>
35	NEIGHBORHOOD Access to life, work, and play	>
44	TRANSPORTATION Safe and convenient options	>
72	ENVIRONMENT Clean air and water	>
64	HEALTH Prevention, access and quality	>
64	ENGAGEMENT Civic and social involvement	>
56	OPPORTUNITY Inclusion and possibilities	>

Should I plan to “age in place” or look for something else?

What's the Answer? Age-Friendly Communities

The AARP Network of Age-Friendly Communities targets improvements in 8 domains that influence health and quality of life.

1. Outdoor Spaces and Buildings
2. Transportation
3. Housing
4. Social Participation
5. Respect and Social Inclusion
6. Civic Participation and Employment
7. Communication and Information
8. Community Support and Health Services

There is a relationship between Age-Friendly Communities and SDoH. Can you see it?

What's the Answer? Age-Friendly Communities

Process for Becoming an AARP Age-Friendly Community

- ▶ Enroll
- ▶ Build a Team
- ▶ Conduct a Community Survey
- ▶ Create an Action Plan
- ▶ Implement & Evaluate



Dementia-Capable Communities are also a part of the age-friendly movement.

What's the Answer?

Community Resource Connections for Aging and Disabilities Referral Example

Received call from an RN Case Manager, new to the community.

Seeking resources for a 49 year old adult man with intellectual and developmental disabilities, residing with his 71 year old mother. She wants some help with planning for their/his future, as she is getting older.

He has never worked or participated in any support programs and there is no other involved family. He does not currently have Medicaid.

What's the Answer?

Community Resource Connections for Aging and Disabilities Referral Example

Possible Solutions:

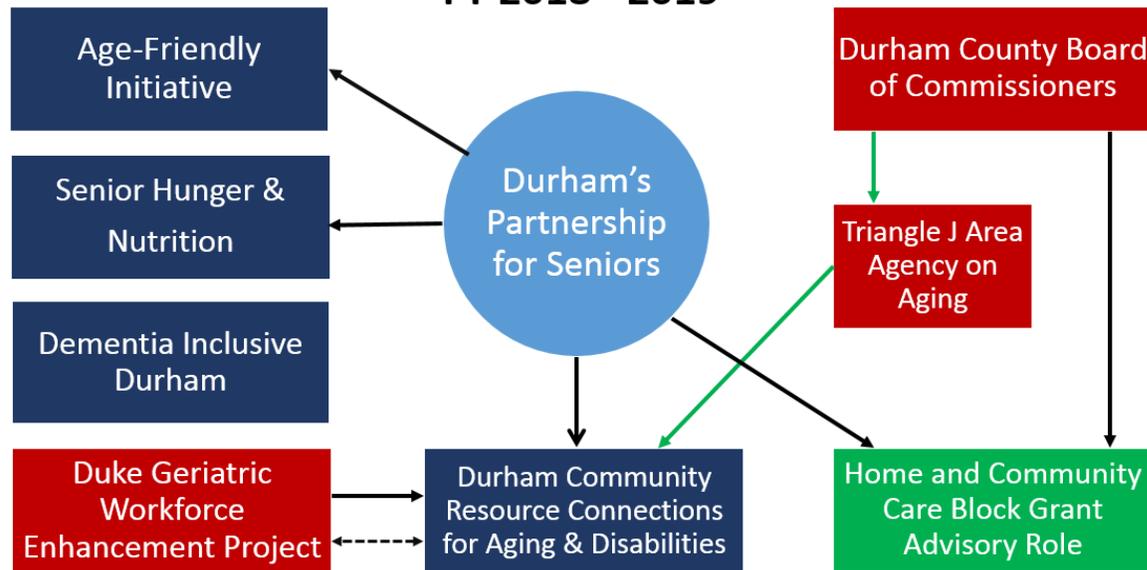
- ▶ Mother could access planning support for son from one or more disability organizations or knowledgeable professionals, but will have to pay for consultation. Rates start at approximately \$40 per hour.
- ▶ A referral could be made to the “Innovations” waiver program. Individuals may be screened for potential eligibility, even without current Medicaid status, and placed on a (long) waiting list. Referral must go through the LME/MCO to connect with an I/DD Specialist.

In truth, there is no one focused on the converging of aging and disabilities, and the joint stages of life indicated in this referral.

What's the Answer? An Evolving Example of Collaboration In Durham

Durham's Partnership for Seniors Organizational Structure

FY 2018 - 2019



DPfS serves as a clearinghouse and advocacy collaborative for issues around an aging population.

Participants reciprocally share input and/or serve as liaison with relevant constituencies.

Its roots track back to 1991 to “Keeping In Step: An Action Plan for Durham’s Growing Older Population”.

The CRC was added under the umbrella of DPfS in 2010, as its first “subcommittee”. Currently the CRC lists 23 participating agencies, plus consumer reps.

What's the Answer? Further Thoughts

- ▶ “Well-being” is an important consideration for everyone, but it is critical for older adults with cumulative losses.
- ▶ Services and solutions have to incorporate what is important TO individuals, as well as what is important FOR them.
- ▶ Support for family caregivers must be a part of the SDoH conversation.
- ▶ To be successful, an ACC must create opportunities for input from older adults, family caregivers and those aging with disabilities.
 - Contributor, invited to be “at the table”.
 - Advisory group or committee, providing input.
 - Survey data or focus group input.

Questions?

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