

MAKING THE DIFFERENCE

Striving for Equity at the Intersection of Health, Housing and Aging in the Community

OPENING REMARKS

FEBRUARY 24, 2023

Good Morning. My name is Wendy Peterson, Director of the Senior Services Coalition of Alameda County. On behalf of all our Coalition's member organizations, it's my pleasure to welcome you all here today.

Before we get started, let's thank the people who made today possible...First a huge thank you to our sponsors – Center for Elders' Independence and the CEI Foundation, Alameda Alliance for Health, and Kaiser Permanente. Not only have they sponsored this event, their engaged partnership has been essential in putting this conference together. There is a full list of conference sponsors in your programs. We very much appreciate their generous support, without which this convening would not have been possible.

And I want to thank you all for being here today to lean into the important discussions we're about to have. I am especially glad that we have so many community members here today, including stakeholders from the Villages, from United Seniors, and from St. Mary's Center. We couldn't talk about improving health and life outcomes for older people without your partnership and your voices at the table. So today, please use the chat to ask questions, call us on wonky acronyms, tell us about what really matters to you and to your neighbors. We need to hear you and will be capturing all of your questions and comments for the conference proceedings.

This is our ninth conference. Each year we've used the convening to bring our community of stakeholders together to talk about how we can make a difference in the lives of older adults in Alameda County.

Today's focus, *Striving for Equity at the Intersection of Health, Housing and Aging in Community*, is an issue of increasing urgency.

Just yesterday, California Health Care Foundation released a poll that shows that Californians are acutely aware, at a personal level, of our health systems' weaknesses serving older adults and others with chronic illnesses or disabilities. The poll reports that 29% of Californians with incomes below 200% of the federal poverty level are providing living assistance to a family member or close friend, including help such as bathing, cooking, house cleaning or paying bills. Also, 44% of Californians say they are not confident that they will have the financial resources to pay for home-based support that might be needed by their family members or themselves as they get older. That concern is more pronounced among Black Californians (52%) and people with low incomes (56%).

This year, Medi-Cal has increased its focus on people who are in nursing homes or are at risk of being institutionalized, and locally a host of community supports are coming on line. While Medi-Cal is not an option for many older adults whose incomes are low, but not low enough... this new initiative represents a tremendous shift in the health systems, and an opportunity that we are wise to engage with. How might the previously siloed systems of medical and health care services walk hand in hand with community-based service providers to improve access to alternatives to institutionalization for older people in our county?

Today, with our keynote conversation and panels, we'll be hearing from people who are striving to answer this question... and to understand the potential in Medi-Cal's CalAIM initiative, change the trajectory for

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at-risk older adults, and advance equity for older people in economic security, health care, housing and supports.

To ground us... I'm going to share some data to help us think about Alameda County's older population, and set the stage for what we're going to talk about today.

[see associated slides]

In Alameda County, there are currently over two-hundred-and-thirty-thousand (230,000) people aged 65 or older. Older adults are the fastest growing segment of the population, and in just seven years, one in four county residents will be age 60 or older.

With that increase, the number of people with Alzheimer's Disease or Related Dementias (ADRD) is expected to grow, tripling over the next 40 years... with implications for healthcare and social support systems, and for our community, that must drive decision making and action now.

Economic insecurity is a reality for a growing number of older people in the county. Over 83,000 older adults were living at or below the Elder Index, a measure of what it costs to pay for very basic needs. Of these, over half have Medi-Cal health coverage. But for many of modest income who aren't eligible for Medi-Cal, out of pocket costs are unaffordable, and medicare doesn't cover long term care services like Adult Day Care and in-home care.

Where you live determines so much. This map is familiar to many of us who know the historic patterns of discrimination marked by redlining. In some areas, large portions of people aged 65 years and older live in poverty... in the deepest blue areas the portion of elders in poverty is over 30%.

About 22% of older adults live alone... a situation that puts many at increased risk of social isolation and poor health outcomes. Well over half of people age 65 or older in our county are renters. About 30% own their homes. Over 10,000 people live in Residential Care Facilities (Assisted Living and board & cares), and about 4,000 people reside in Skilled Nursing Facilities.

Of older renters, about half (47.6%) are housing cost burdened, and about 15% spend over half their income on housing. For both renters and homeowners, financial, medical or other emergencies later in life can push those who were already struggling to make ends meet into homelessness. Alameda County's 2022 Point In Time count indicated that 19% of the homeless population are age 60 or older, a significant increase over the last count.

Not everyone with a disability has challenges with living independently. But of older adults age 75 or older, 29% have an "Independent Living Difficulty," meaning they encounter challenges performing instrumental activities of daily living such as grocery shopping, cooking, managing medications and paying bills.

When we look at the Emergency Departments in Alameda County for some insight into how older adults are doing, we find that a large portion of the visits to ERs by people age 65 or older are preventable or unnecessary. ... and a large percentage of older adults visiting ERs have functional deficits (meaning they have difficulty with self-care activities like bathing and grooming). An even larger percentage have both functional and cognitive deficits.

SENIOR SERVICES COALITION OF ALAMEDA COUNTY PRESENTS

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Today you'll hear about how increasing visits to the ER often indicate that an older person is on a path to increased hospitalizations or institutionalization, and how community supports can intervene to change that trajectory.

Let's look again at economic insecurity. Alameda County is the seventh most diverse county in the nation. This [slide] is a picture of economic disparities. It shows the percentage of older people by race and ethnicity who have incomes below the federal poverty level. Over 22 percent of older Native American elders in our county; almost 16 percent of Black and African American elders; and over 12% of Asian elders. The rates for these groups are significantly higher than the average rate of poverty among people age 65 or older.

How do we address inequities that limit access to home and support? How can we embrace emerging opportunities to change the trajectory that leads too many older people to unnecessary institutionalization? Today we're not going to answer those questions, but we'll begin a dialog to address them.