

What the Data tell us – community supports and health services for seniors in Alameda County



A report to the Alameda County Older Adult Planning
Committee – February 17, 2016


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WHO Community Supports & Health Services category includes:

- Access to Health Care, “Aging Well” Services and In-Home Care
- Accessible Care (defined broadly in terms of transportation to and from, aging-sensitive practitioners, language, culture, physical accessibility, etc.)
- A Network of Community Services (defined broadly in terms of navigation assistance, coordination of services and/or one-stop-shop)
- Strong volunteer networks to fill in gaps for service organizations/institutions and in the community to help older adults stay connected and supported.

What we'll look at:

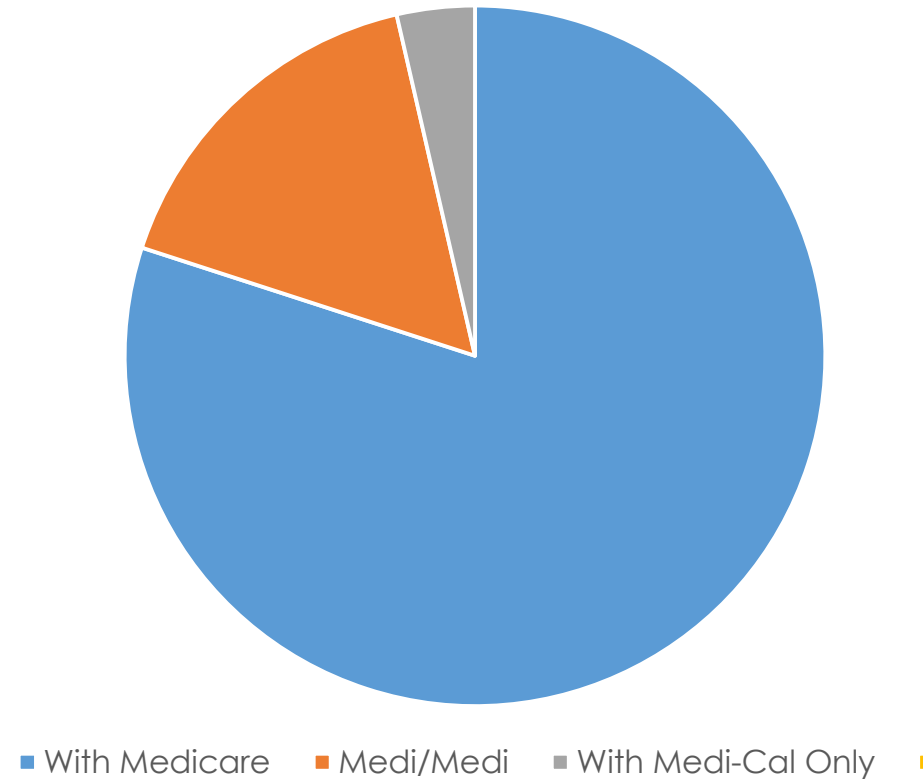
- Economic and demographic data
- Coverage data
- Research about income insecurity, coverage and the cost of care for elders with complex needs
- Local assessments that point to eligibility, coordination and geographic gaps in certain key services



An older adult's ability to access health and supportive services is directly tied to the cost of the services and the options covered by her/his health insurance.

In Alameda County, over 156,000 seniors have Medicare; over 32,000 of them also have Medi-Cal; and over 7,000 have Medi-Cal only.

Alameda County Seniors age 65+ (2010)



Covered Services

- Medicare
 - Covers about 50% of the cost of health care
 - Covers some short term nursing services
 - DOES NOT cover long term supports & services
- Medi-Cal
 - Protection from out-of-pocket medical costs
 - Covers long term options such as IHSS, Adult Day Health Care, Case Management, long term Skilled Nursing Facility care.

Income/Assets = Coverage & Care

- Over 72,000 Alameda County seniors live below the Elder Economic Security Standard Index
- But over 33,000 of them are not poor enough to qualify for Medi-Cal
- These seniors of modest means may find out-of-pocket costs for health care and long term services to be prohibitive (UCLA Center for Health Policy Research)
- Indeed, 48.5% of Alameda County seniors have had to forgo needed medical care due to cost (CHIS 2014)

The cost of care

- Out of pocket spending for “Medicare onlies” with complex care needs who live at or below 200% FPL was 38% of household income (Roger Lipitz Center for integrated Health Care, Johns Hopkins Bloomberg School of Public Health, 2010)
- Out of pocket spending for Medi/Medis with complex care needs was 7% of household income (ibid)

The cost of care, con't.

- Out of pocket cost for an elder with complex health issues needing 36 hours of in-home care per week is over \$45,000 a year (Insight Center, LTC costs, Alameda County 2007)
- Out of pocket cost for the same elder attending an Adult Day Health Care center 3 days per week as a substitute for some in home hours is over \$36,000 a year (ibid)
- In 2010, 200% FPL = \$21,660 per year

Research

- Economic insecurity of senior households in California increases with age (UCLA Center for HPR)
- As seniors are more likely to need supportive interventions they are less able to afford them (Karen Davis, Johns Hopkins Bloomberg School of Public Health)
- Medicare's benefit structure is poorly suited for individuals with complex care needs (ibid)
- Economically insecure seniors with substantial physical or cognitive impairment or serious health problems are at high risk of repeat hospitalizations or nursing home placement (UCLA Center for HPR)

Community-based supportive services help older adults meet the challenges of aging and address the gaps in resources and coverage that put so many at risk.



Stories of real people

- Mrs. B is 90 and lives in Oakland
- “My doctor of 27 years retired. I had a terrible time finding a replacement. Every doctor I went to kept telling me ‘you’re old’ as a way of explaining my troubles. Well that just isn’t so. It’s not normal to be dizzy and falling down. Finally I went to Over 60 and my doctor says ‘this isn’t right’ and he looked at my medications. It turns out that’s what was making me fall! Now I can walk just fine.”

Stories of real people

- Tom lives in Union City with his wife.
- “As my wife’s many medical conditions got worse, we were completely at sea. No idea what to do. My arthritis makes it impossible for me to provide some of the help she needs. A church friend suggested I call the Senior Help line, and that turned out to be a lifesaver. The case manager got my wife on Medi-Cal and some in-home help and a ride service to and from medical appointments. We’ve got it figured out now and we know there’s help in case we need it.”

Stories of real people

- T. and C. live in Oakland and care for T's mother.
- “My mother unexpectedly came to live with us [when diagnosed with early onset dementia]. We were expecting a baby at the time and when we learned that mom was going to need constant care we didn't know how we would manage... We learned about BACS Adult Day Care just in time! Not only does this program provide care for her five days a week, they provide food and transportation, all things we needed with limited income and limited time. She loves the program and we don't know what we would've done without it!”

Local Assessments

- Case management services
- Fall prevention interventions in medical settings
- Adult day care

Case Management

- 2013 survey of nonprofit and public entities that provide short and/or long term case management to mostly low-income Alameda County residents age 65+
 - 2% of the county's low income seniors ($\leq 200\%$ FPL) were receiving case management services
 - Significantly lower than the 17% of Medicare population that has complex care needs (Lipitz)
 - Respondents reported waiting lists
 - Conclusion: case management capacity is not adequate

Fall Prevention

- UCLA's 2014 CHIS looked at seniors who fell more than once in a 12 month period
 - 47% received medical care for the fall
 - Of those, only 27% had a health professional talk with them about how to avoid falls...
 - ... and only 12.1% had a health professional review their medications
- Conclusion: We've made great strides – ie the fall prevention clinic at Highland – but other medical settings need to get on board

Adult Day Care

- 8 years of state budget cuts have reduced the number of Adult Day Health Care and Adult Day Care centers in Alameda County from 15 to 12
- Geographic access to Adult Day – the private pay option – is now an issue in central and east county
- Geographic access to Medi-Cal-covered ADHC is now an issue in east and south county
- Both models are cost-effective programs that can stabilize and maintain individuals who might otherwise need acute or institutional care



Questions?