Women and Healthy Aging

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National Council on Aging
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National Council on Aging (NCOA)

Mission & Values
NCOA is a nonprofit service and advocacy organization.
Our mission is to improve the lives of older Americans.
  • Social and economic justice
  • Respect and caring
  • Innovation
  • Integrity and excellence

NCOA’s Work
- Provide a strong voice on behalf of older adults - especially those who are vulnerable and disadvantaged.
- Engage non-profit organizations, businesses and government in developing innovative solutions to the challenges of aging.
- Collaborate with thousands of organizations across the country to help seniors live healthy, independent and secure lives.
Principles for Healthy Aging

- Prevention
- Self-management & self-determination
- Evidence and outcomes
- Community-based & collaborative solutions
- Challenge ageism & health disparities
- Change the course of chronic conditions
Healthy Aging ...More than a program

Healthy aging is a systems change strategy, not simply a program or service.
Today’s Presentation

- Older Women and Chronic Conditions
- Resources
- Evidence-based Approach
- Major Initiatives and State Policy Implications
  - Chronic Disease Self-Management
  - Falls Prevention
  - Depression Care Management
- Long Term Services and Supports
  - State Policy Implications
The Reality of U.S. Population Aging

Total Number of Persons Age 65 or Older by Age Group, in Millions

- **65 OR OLDER**
- **85 OR OLDER**

2000: US Census Bureau, Decennial Census Data, Population Projections

Projected growth through 2050
13% of US Population Age 65 and Older

States range from Florida 17% of population to Alaska 7%

<table>
<thead>
<tr>
<th></th>
<th>Women age 65+</th>
<th>Men age 65+</th>
<th>All age 65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>22 million (42%)</td>
<td>17 million (58%)</td>
<td>39 million (100%)</td>
</tr>
<tr>
<td>Living Alone</td>
<td>40%</td>
<td>19%</td>
<td></td>
</tr>
<tr>
<td>Widowned</td>
<td>42%</td>
<td>14%</td>
<td></td>
</tr>
<tr>
<td>Living in Poverty</td>
<td>12%</td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>In Labor Force</td>
<td>Age 65-69: 26%</td>
<td>Age 65-69: 36%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Age 70+: 8%</td>
<td>Age 70+: %</td>
<td></td>
</tr>
</tbody>
</table>

Source: Older Americans 2010: Key indicators of Well-Being;
Federal Interagency Forum on Aging Related Statistics
### Chronic Conditions as Medical Diagnoses

<table>
<thead>
<tr>
<th>Chronic Condition</th>
<th>Women age 65+</th>
<th>Men age 65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heart Disease</td>
<td>27%</td>
<td>38%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>58%</td>
<td>53%</td>
</tr>
<tr>
<td>Stroke</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>Asthma</td>
<td>12%</td>
<td>9%</td>
</tr>
<tr>
<td>Chronic Bronchitis or Emphysema</td>
<td>9%</td>
<td>9%</td>
</tr>
<tr>
<td>Any Cancer</td>
<td>21%</td>
<td>24%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>18%</td>
<td>20%</td>
</tr>
<tr>
<td>Arthritis</td>
<td>55%</td>
<td>42%</td>
</tr>
<tr>
<td>Depression</td>
<td>18%</td>
<td>10%</td>
</tr>
<tr>
<td>Alzheimer’s</td>
<td>5th leading cause of death</td>
<td>7th leading cause of death</td>
</tr>
</tbody>
</table>


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## Chronic Conditions as Risk Factors

<table>
<thead>
<tr>
<th>Condition</th>
<th>Women age 65+</th>
<th>Men age 65+</th>
<th>Data on Women &amp; Men age 65+ only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoke Cigarettes</td>
<td>8%</td>
<td>11%</td>
<td></td>
</tr>
<tr>
<td>Poor Nutrition</td>
<td></td>
<td></td>
<td>Index score 65%</td>
</tr>
<tr>
<td>Overweight</td>
<td>67%</td>
<td>77%</td>
<td></td>
</tr>
<tr>
<td>Physical Inactivity</td>
<td>82%</td>
<td>73%</td>
<td></td>
</tr>
<tr>
<td>Falls (CDC)</td>
<td>1.5 million Fall injuries to ER</td>
<td>703,000 Fall injuries to ER</td>
<td>13 million Fall each year</td>
</tr>
<tr>
<td>Alcohol/Substance Abuse (SAMHSA)</td>
<td>Medication more problematic for older women</td>
<td>Alcohol more problematic for older men</td>
<td>19% affected by alcohol and medication misuse</td>
</tr>
</tbody>
</table>

Source: Older Americans 2010: Key indicators of Well-Being; and, CDC; SAMHSA
National Survey on Chronic Conditions

NCOA Survey has findings on Women age 44 and older:

- Nearly 1/3rd have delayed health care in recession
- Majority have numerous chronic conditions
- Women more likely to miss work due to health
- Many voiced frustration with health care system
- Health system is not working to facilitate self-care
- Many not getting needed help/support to manage health
- Lack of money top barrier to managing health conditions
- Learning how to eat better or exercise in realistic ways, and working with others would be most helpful to improve health and manage conditions
State Resources for Healthy Aging

- State Unit on Aging
  - Area Agencies on Aging (AAA)
  - Aging Service Network
  - Aging & Disability Resource Centers (ADRC)

- State Public Health Department
  - Local Public Health Departments
  - Area Health Education Centers (AHEC)

- Medicaid

- State Mental Health Administration
  - Community Mental Health Centers

- State Alcohol/Drug Abuse Administration

- Geriatric Education Centers (GEC)
Resources in Aging Research

★ CDC-funded Prevention Research Centers - [http://www.cdc.gov/prc centerX_descriptions/index.htm](http://www.cdc.gov/prc centerX_descriptions/index.htm)

● NIH/NIA-funded Resource Centers for Minority Aging Research - [http://www.rcmar.ucla.edu/centers.php](http://www.rcmar.ucla.edu/centers.php)

Healthy Aging Systems Model
Evidence of Programs with Results

<table>
<thead>
<tr>
<th>Chronic Disease Self-Management Program</th>
<th>A Matter of Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>EnhanceFitness</td>
<td>Enhance Wellness</td>
</tr>
<tr>
<td>PEARLS</td>
<td>Healthy IDEAS</td>
</tr>
</tbody>
</table>


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Evidence of Interventions That Work

- **CHRONIC DISEASE SELF-MANAGEMENT PROGRAM** Lorig, KR et al. (1999) *Medical Care.*
- **ENHANCE FITNESS:** Wallace, JI et al. (1998) *Journal of Gerontology.*
- **ENHANCE WELLNESS:** Leveille et al. (1998) *Journal of American Geriatrics Society.*
- **MATTER OF BALANCE:** Tennsdedt, S et al. (1998) *Journal of Gerontology.*
- **PEARLS:** Ciechanowski, P et al. (2004) *Journal of the American Medical Association.*
- **Healthy IDEAS:** Quijano, L et al. (2007) *Journal of Applied Gerontology.*
- And others ....
National Initiatives on Prevention

- Administration on Aging (AoA) Grants in 45 states, DC and PR
- Federal Partners: Health & Human Services
- Private Sector: Foundations, Associations
- Aging & Public Health Partnership
- Evidence-based Programs
- Keys to Success
  - Collaborative model at federal, state and local levels
  - Sustainable delivery system
  - Convenient, accessible locations
  - Reach diverse and vulnerable persons
  - Replicate results from original studies
Program Reach

- 14 Programs reaching 59,131 elders in 24 states into 4th year

<table>
<thead>
<tr>
<th>Year</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>6,840</td>
</tr>
<tr>
<td>2</td>
<td>18,717</td>
</tr>
<tr>
<td>3</td>
<td>25,211</td>
</tr>
</tbody>
</table>

- Chronic Disease Self-Management Program (CDSMP) reaching 42,015 elders now in 46 states

<table>
<thead>
<tr>
<th>Year</th>
<th>Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3,630</td>
</tr>
<tr>
<td>2</td>
<td>9,229</td>
</tr>
<tr>
<td>3</td>
<td>11,262</td>
</tr>
<tr>
<td>4</td>
<td>17,894</td>
</tr>
</tbody>
</table>
## Participant Characteristics, 3+ Years, N = 59,131

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 75+</td>
<td>53%</td>
</tr>
<tr>
<td>Gender Female</td>
<td>79%</td>
</tr>
<tr>
<td>Living Alone</td>
<td>50%</td>
</tr>
<tr>
<td>Racial/Ethnic Minority Group</td>
<td>33%</td>
</tr>
</tbody>
</table>
Program Effectiveness for CDSMP

- Stanford University’s Chronic Disease Self-Management Program (CDSMP) is a six week course; conducted in community groups and on-line.
- Strong research base; nationally available in US and abroad
- Recent state analyses indicate:
  - Reductions in pain and fatigue
  - Improvements in physical activity
  - Improvements in confidence, efficacy for self-management
  - Improved communication with physician
  - Reductions in health care utilization


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State Policy Implications

Leverage state leadership, collaboration and federal investments in development & deployment of evidence-based prevention programs to establish /confirm goal and strategies for Healthy Aging through:

- State Aging Plan developed by State Unit on Aging
- Allocation of Older Americans Act funds to the state
- Medicaid coverage in Plan and Waiver services
- CDC funding in state
- SAMHSA Mental Health and Substance Abuse Block Grants
- Modest State funding
- Property Tax Levies and Lottery directed to senior services
State Policy Implications cont’d

Leverage state leadership, collaboration and federal investments in development & deployment of evidence-based prevention programs to establish goal and strategies for Healthy Aging through:

- State Partnerships with Agencies, Universities, Public
- State Blueprint for Healthy Aging
- State Strategic Plan for the Aging Population
- State Institute on Healthy Aging
- Studies on cost effectiveness and impact
- Briefings on Healthy Aging
New Jersey

- The Model: Integrate CDSMP and other evidence-based programs into the primary networks serving older adults and persons with chronic conditions throughout the state.

- Lead Organizations
  - Division of Aging and Community Services
  - Office of Minority and Multicultural Health
  - Division of Family Health Services

- Financing
  - Older Americans Act
  - CDC and Preventive Health Block Grant
  - State Funds
  - Rural Health
Wisconsin

- The Model: Wisconsin Institute for Healthy Aging will promote, coordinate, implement, monitor and assure quality in evidence-based prevention programs in Wisconsin.

- Founding Partners
  - University of Wisconsin School of Medicine and Public Health
  - State of Wisconsin Department of Health Services
  - Aging and Disability Professional Association of Wisconsin
  - Aurora Health Care
  - Greater Wisconsin Agency on Aging Resources

- Goal: Sustainable, independently governed organization with diverse funding mechanisms
State Policy Implications


- Establish Councils /Coalitions through voluntary leadership / legislation
- Focus Resources on Education, Assessments, Interventions Statewide
- Address Licensing, Training, and Education
- Collect and Publish Data and Research
- Influence the Built Environment: Home and Community Safety including safe walking routes
- Conduct a Fall Prevention Awareness Campaign and Regional Meetings
- Observe Fall Prevention Awareness Day
Depression: Common, Costly, Disabling

Depression affects 15%-20% of older adults
18% of Women, 10% of Men report (2006)

Disabling:
# 2 cause of disability worldwide (WHO)
Impact on Self-Care: Activities of Daily Living (ADLs) and IADLs (Instrumental ADLs)

Deadly and Reduced Quality of Life:
Suicide: Elderly at greatest risk
Co-morbid illnesses Affected: Diabetes, Heart Disease

Costly:
Higher health care costs: 50-100 %
Increased Morbidity, Mortality, Non-adherence, recovery
Depression Care Management

Healthy IDEAS or PEARLS Programs in Aging Services

- Arizona
- California
- Florida
- Georgia
- Hawaii
- Illinois
- Iowa
- Maine
- Maryland
- Michigan
- Missouri
- New Jersey
- New York
- North Carolina
- Ohio
- Texas
- Vermont
- Washington

State Policy Implications

Address Mental Health Needs of Older Adults through:

- State Mental Health Plan
- State Aging Plan - call for collaboration in meeting needs
- Medicaid Plan Services and Waivers for Home and Community-based Services
- Encouraging Depression Care Management in case management services, aging services, health plans, health services, and mental health services
- Fostering collaboration in education, training and service through state mental health & aging coalitions
Prevention and Public Health Trust Fund

- Affordable Care Act
  - Provides dedicated funding for prevention activities
  - $750 million in FY11
  - Ramps up to $2 billion starting in FY15

- NCOA advocates for funding to target healthy aging and health promotion for individuals with chronic conditions.

- A significant portion (approximately $220 million) may be allocated to Community Transformation Grants for FY11
  - States are encouraged to seek flexibility from CDC to address healthy aging in their grant applications.
Opportunities in Medicaid and Medicare

- Some states incorporate self-management programs in Medicaid state plans and Home and Community-based Services (HCBS) waiver programs.
- NCOA is advocating to incorporate depression screening and falls prevention into the Annual Medicare Wellness Visit.
- New options / demonstrations in the Affordable Care Act
  - Medicaid Health Homes for Individuals with Multiple Chronic Conditions
    - New Medicaid State Plan option available January 1, 2011
    - Enhanced Medicaid match (FMAP) of 90% for 8 quarters
  - Center for Medicare and Medicaid Innovation
  - Community-Based Care Transitions Program for Medicare Beneficiaries
Long-Term Services and Supports (LTSS):
A Major Women’s Issue

- Women provide the majority of long-term care
  - Over 80% of all long-term care is provided informally by family members who are predominately women.
    - Often significant risks to health and economic security
  - Approximately 90% of the paid workforce providing long-term care are women.

- Women are more likely to need long-term care
  - Longer life expectancy
  - Less ability to pay for long-term care
    - Over 70% of all nursing home residents are women
LTSS Provisions in Affordable Care Act

- Medicaid Home and Community-Based Services
  - Money Follows the Person demonstrations
  - Balancing Incentive Payments Program
  - Community First Choice option

- Community Living Assistance Services and Support - CLASS Plan
  - Voluntary public long-term care insurance program
  - Eligible workers pay premiums
  - Following a five year vesting period become eligible for a cash benefit (at least $50/day) to purchase LTSS
  - CLASS will save Medicaid and state money
    - CBO estimated $2 billion in Medicaid savings in initial years
  - For more information: www.advanceclass.org
Thank you -

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www.healthyagingprograms.org