The Challenges of Aging (in place)

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Topics to cover

Demographics

Defining Aging in Place

Self-reported Barriers to Aging in Place

Our Role as Providers

Community Resources in LA
Background

- >65y.o make up about 16.5% of the U.S population
- Projections indicate that by 2030, all baby boomers will be >65y.o
  - 1 in 5 residents in U.S → retirement age
An Aging Nation
Projected Number of Children and Older Adults

For the First Time in U.S. History Older Adults Are Projected to Outnumber Children by 2034

Note: 2016 data are estimates not projections.

Source: National Population Projections, 2017
www.census.gov/programs-surveys/popestproj.html

U.S. Department of Commerce
U.S. CENSUS BUREAU
census.gov
Life Expectancy (LE60) Vs. Healthy Life Expectancy at 60 (HALE60)

LE60 and HALE60 by Region: 2016

Sources: Data on life expectancy and healthy life expectancy come from the World Health Organization's Global Health Observatory. Data on country national income level come from the World Bank’s Country Classifications by Income Level. Production of this infographic was supported by the National Institute on Aging.
75y.o M presenting for initial visit--H & P

- Only available records are 2 visits to ED a year ago
- Per ED: 1 year ago
  - Visit # 1. Involved in MVA → d/c home & told to f/u with PCP
  - Visit # 2. Returned 2 days later for worsening back pain, discovered that he had been living in car prior to MVA → newly homeless
    - Given complex medical history + requiring significant assistance to ambulate → sent to SNF → Contracted COVID
- Arrives 30+ minutes late to the appointment accompanied by caregiver
- Reason for visit: assisted living admission
Aging in place

• CDC definition:
  • “the ability to live in one’s own home and community safely, independently, and comfortably, regardless of age, income, or ability level.”
Barriers to Aging in place: Overview

• **Social:**
  • Isolation
  • Access to community services

• **Economic**
  • Accessible housing
  • Cost of care

• **Personal Health**
  • Health Issues
  • Falls

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**Table 3. Summary of Older Adults’ Self-Reported Barriers.**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Count</th>
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<tbody>
<tr>
<td>Home mobility and safety</td>
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<td>Stair safety</td>
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<td>Lighting</td>
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<td>Falls hazards</td>
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<td>Decluttering</td>
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<td>Bathroom mobility</td>
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<td>Personal health</td>
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<td>Functional mobility/balance</td>
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<td>Hearing changes</td>
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<td>Activity tolerance</td>
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<td>Bowel and bladder concerns</td>
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<td>Cognitive/referral to SLP</td>
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<td>Counseling/mental health</td>
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<td>Hydration</td>
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<td>Sleep</td>
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<tr>
<td>Vision</td>
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<td>Exercise program/aquatic exercise</td>
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<td>Referral to physical therapy</td>
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<td>Cleaning services</td>
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<td>Grocery delivery services</td>
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<td>Transportation</td>
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<td>Medication delivery</td>
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<td>Smoke alarms/carbon monoxide detectors</td>
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<td>Fire extinguisher</td>
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<td>Bathroom safety</td>
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<td>Grab bars</td>
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<tr>
<td>Tub bench/shower chair</td>
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*Note: SLP = speech language pathology.*
Barriers: Social Isolation/Loneliness

- Further exacerbated by the pandemic/social distancing
- National Health and Aging Trends Study (2020), 24% (~7.7 million people) of community-dwelling adults >65y.o were socially isolated of which 4% (1.3 million people) were severely socially isolated.
Barriers: Social Isolation/Loneliness

- Meta-analyses showed that social isolation/loneliness:
  - significantly increased risk of premature death from all causes
  - associated with a 50% increased risk of developing dementia
  - 30% increased risk of incident CAD or stroke
  - Associated with higher rates of depression, anxiety, suicide
Barriers: Addressing SI/L

- Investigating underlying mechanism & risk factors
- Psychotherapy (CBT)
- Social Prescribing: getting the individual to be more involved in their community
- Role of technology

Risk Factors for Loneliness and Social Isolation in Older Adults\textsuperscript{10, 11, 12}

- **Social**: Living alone, loss of significant other, family separation, few friends, being a caregiver for spouse
- **Psychological**: Depression, anxiety, dementia
- **Physical**: Poor health, serious illness, decreased mobility, loss of independence
- **Economic**: Limited financial resources
- **Logistical**: Loss of driver's license, lack of transportation
Barriers: Access to Community Services

- Donation services
- Exercise programs
- Physical therapy
- Cleaning services
- Grocery delivery services
- Transportation
- Medication delivery services
Economic Barriers: Accessible Housing

- **American Housing Survey (AHS):**
  - 108 out of 115 million housing units (94%) in the United States in 2011 had at least one aging-accessible feature.
  - Only 11 million housing units (10%) were aging-ready:
    - step-free entryway
    - a bedroom and full bathroom on the first floor
    - at least one bathroom accessibility feature such as:
      - Hand rails/Grab bars
      - Built-in shower seats
      - Elevated Toilets
  - Cost of improving accessibility varies
Long-Term Care Services

- Non-Facility
  - Nurse Aide
  - Home care homemaker
- Facility Based
  - Board and care homes
  - Assisted living
  - Nursing homes
  - Continuing care retirement communities
In-home services

- Homemaker
  - meal plan/prep, dishes, light duty housekeeping, laundry, making bed, running errands, grocery shopping

- Nurse Aide
  - homemaker + basic health care services including vitals +/- administering prescription medication
Board & Care Homes

• Also known as “Group Homes”
• Small licensed facilities usually consisting of <20 residents
• Private or shared rooms
• Provide non-nursing personal care, meals, 24/7 supervision
Assisted Living

- Usually 25-120 residents
- Residents live in own apartments at facility but share common areas
- Different levels of service usually available but is really meant for people who need help with ADLs
- Included services: Meals, personal care, help with medications, housekeeping, laundry, security, on-site staff, **social and recreational activities**
Skilled Nursing Facilities

- Also known as nursing homes
- **Licensed medical professionals**, 24-hour supervision, meals, and assistance with ADL.
- Rehabilitation services (Speech, PT, OT)
- Can provide long term care to residents but sometimes residents will be there for a short stay for rehabilitation purposes
Continuing Care Retirement Communities (CCRCs)

• For >60y.o, residents enter into a contract (usually for lifetime) where they’re guaranteed housing, healthcare, recreation programs and adjustable level of care.
  • Independent housing $\rightarrow$ assisted living $\rightarrow$ skilled nursing
• Allows for continuum of care while allowing the resident to age in place without their lives being uprooted
• Entrance fee (100k to $1 million) + monthly fee
Economic Barriers continued…

$138,000
how much an American turning 65 today will incur on future long-term care services, on average

According to HHS

50% 23%
of adults 65+ of adults 65+
living alone couples
lack the financial resources to pay for basic needs

According to University of Massachusetts Center for Social and Demographic Research on Aging

52%
of households headed by a person age 55+ have no retirement savings and more than half of them also don’t have any pension or defined benefit plans

U.S. Government Accountability Office
Cost of Care

*Includes assistance with cooking, cleaning, errands
**Includes bathing, dressing and help eating
Paying for care

• Personal funds
  • To cover home health services, adult day service programs, meals, and other community-based services provided by local governments and nonprofit groups

• Medicaid
  • single-largest payer of long-term and community-based care and some in-home services

• Medicare
  • May pay for acute care and post-acute, skilled nursing care and home health care services
Economic Impact

- According to the National Health Expenditure data provided by Center for Medicare and Medicaid services in 2014,
  - personal health care spending for the 65 and older population was $19,098 per person, >5 times higher than spending per child ($3,749) and ~3 times the spending per working-age person ($7,153).
  - Elderly: smallest population group (~15 percent), but accounted for $\frac{1}{3}$ of all spending in 2014.
Health Barriers: Falls

- CDC estimates >1 in 4 people aged 65 and over fall each year
- Medical costs of fall-related injuries total more than $50 billion annually
- Medicare and Medicaid pay the majority of these costs, with an average hospital bill for a fall-related injury totaling about $30,000
Fall Prevention Strategies

• Physical activity
• Assessing for medical risk factors (vision, hearing, medications)
• Limiting alcohol intake
• Assistive device to improve balance
• Shoes (non-skid, rubber-sole, low-heeled, or lace up)
• Making home more accessible
Other Medical / Personal Health Barriers

• Common conditions in elderly according to WHO
  
  • Hearing loss, cataracts and refractive errors, back & neck pain, osteoarthritis, chronic obstructive pulmonary disease, diabetes, depression, and dementia
  
  • Geriatric syndromes: frailty, urinary incontinence, falls, delirium and pressure ulcers
What can we, as providers, do?

1. **Identifying unrecognized needs**
   - Performing Geriatric assessment
2. Empowering patients
3. Supporting caregivers
4. Familiarizing with community resources
Geriatric Assessment

- Advance care planning
  - Reviewing patient goals & preference for medical care; identifying surrogate decision maker
- Functional status
  - “How do you spend your day?”
- Fall risk
  - “Have you fallen in the past year?”
  - positive response is associated with a 2.8-times higher likelihood of falling in the next year
  - Get up and Go Test
- Medications/ Assessing for polypharmacy
• Mood/ Depression
  • USPSTF/AAFP recommend screening if patients will have the means for follow-up/treatment
  • atypical presentation in this age group: apathy, weight loss, or cognitive impairment

• Weight loss & malnutrition
  • BMI <23 associated with increased mortality
  • Screening question: “Have you lost weight in past 6 months?”
Geriatric Assessment continued…

• Cognition – screen if any suspicion for impairment
  • Mini-Cog test combines three-item recall and clock drawing

• Vision & Hearing
  • Hearing: screen symptomatic patients, if family members concerned, or cognitive/mood symptoms present
  • Vision: increased risk of fall → fractures, social isolation, and depression. So, check visual acuity

• Toileting
  • “(1) In the past year, have you ever lost control of your urine and gotten wet? and (2) If so, have you lost urinary control on at least six separate days?”
Healthy Aging Actions to Advance the National Prevention Strategy

**Healthy and Safe Community Environments**
- Increase the supply of accessible, affordable, adaptable housing
- Promote access to healthy food
- Develop plans to address potential vulnerability to natural disasters
- Create more walkable communities
- Protect from elder mistreatment
- Improve older driver safety
- Recruit, retain, and train a multisector and multidisciplinary workforce
- Enhance transportation options

**Elimination of Health Disparities**
- Educate professionals to identify and address disparities
- Collect community wide data to identify health care disparities
- Distribute information and implement programs that address age-related health issues

**National Prevention Strategy**
- Increase access to preventive services
- Increase access to and availability of preventive dental services
- Increase access to and availability of behavioral health care
- Develop falls prevention programs
- Train physicians and other health care professionals on age-related health issues
- Expand the availability of home- and community-based services

**Empowered People**
- Provide information about healthy options
- Support and empower informal caregivers to promote healthy aging
- Combat ageism
- Increase access to and use of technology to support health and other needs
- Create opportunities for employment, education, and volunteer activities
- Support direct care workers
Resources

- [https://aging.ca.gov/Programs_and_Services/](https://aging.ca.gov/Programs_and_Services/)
  - State sponsored; Info on home delivered meals, legal assistance, home modifications/improvement to increase accessibility, family caregiver services, Medicare counseling
- Dialing 211
  - Real-time assistance in obtaining information (similar to above)
- [https://grayingcalifornia.org/resources/](https://grayingcalifornia.org/resources/)
  - Website with links to senior employment, volunteering, housing assistance, education, nutrition, healthcare, legal assistance, and transportation
More resources

- [https://www.benefitscheckup.org](https://www.benefitscheckup.org)
  - Free service by National Council on Aging
  - Allows you to search for benefits in your area
- **CA Program of All-Inclusive Care for the Elderly (CalPACE)**
  - Allows people to receive care/services at home (& hospital/nursing facility if needed)
  - covers medical, social service, and long-term care costs for frail people; some/most of care for people with Alzheimer
  - Set monthly fee
Even more resources

- **Area Agencies on Aging (AAA)**—A network of over 620 organizations across America that provides information and assistance with programs including nutrition and meal programs (counseling and home-delivered or group meals), caregiver support, and more. The website can help you find your local AAA, which may provide classes in Tai Chi and diabetes self-management.

- **Eldercare Locator**—A free national service that helps find local resources for seniors such as financial support, caregiving services, and transportation. It includes a brochure that shows how volunteering can help keep you socially connected.

- **National Council on Aging**—Works with nonprofit organizations, governments, and businesses to provide community programs and services. This is the place to find what senior programs are available to assist with healthy aging and financial security, including the Aging Mastery Program® that is shown to increase social connectedness and healthy eating habits.

- **National Institute on Aging (NIA)**—Provides materials on social isolation and loneliness for older adults, caregivers, and health care providers. Materials include health information, a print publication available to view or order no-cost paper copies, a health care provider flyer, and social media graphics and posts.
Take home points

• Despite improvement in life expectancy, several factors make it difficult for older adults to age in place
• Preventative care and advance planning could help mitigate most of these problems
• Importance of comprehensive geriatric assessments to help identify and address unrecognized needs
Questions?