

Initial Steps in Developing Age-Friendly Communities in Maryland:

State and Local Level Experiences



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Introduction

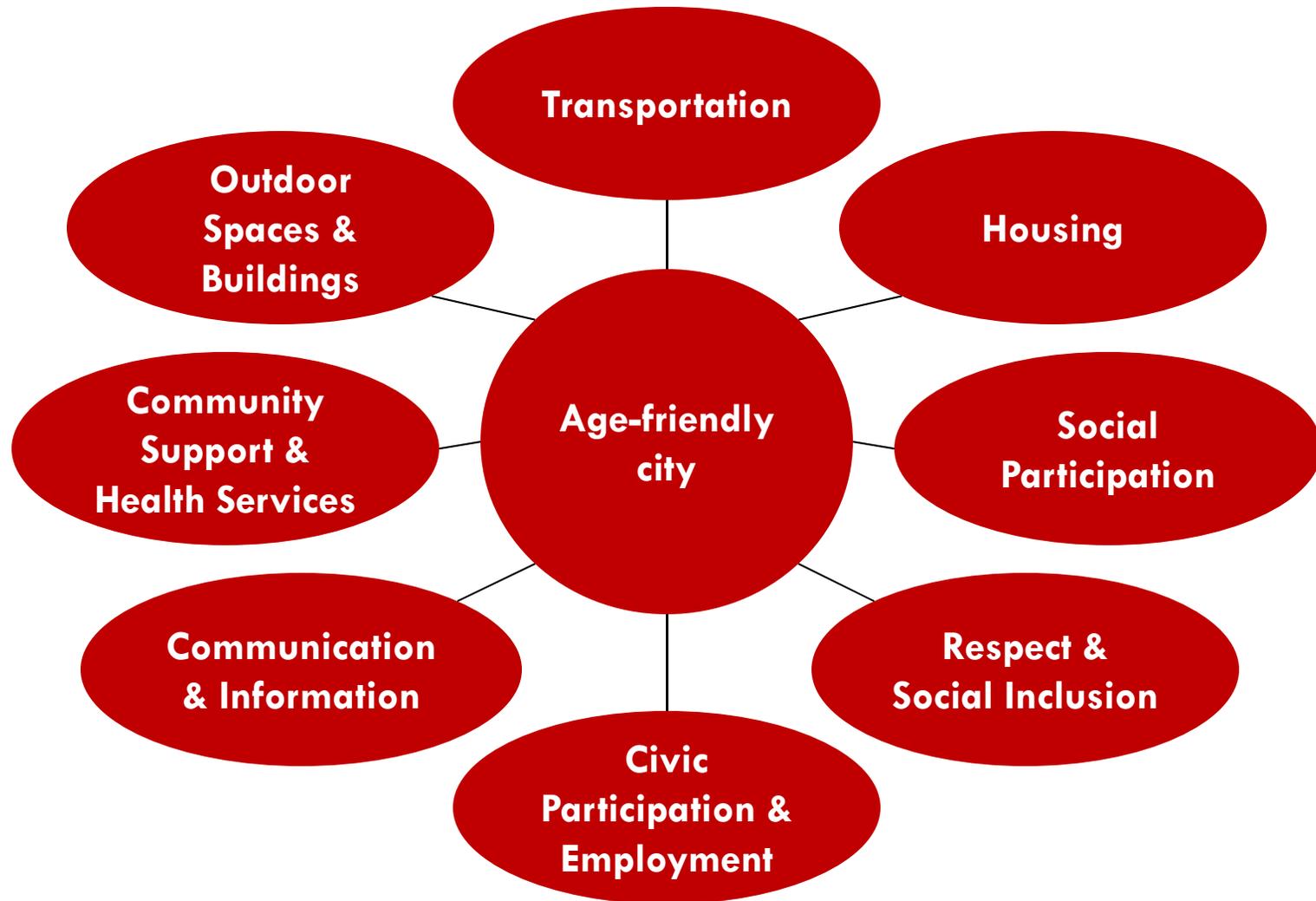
- By 2050, 20% of Americans will be age 65 or older (CBO, 2013) and of those, 20% will be racial/ethnic minorities (Federal Interagency Forum on Aging Related Statistics, 2012).
- Elders prefer to live in their own homes and communities and receive services there, such as long term services and supports (LTSS) (Carlson et al. 2007, Farber et al. 2011).
- Spending on LTSS from all sources was \$219.9 billion nationally in 2012, with 61.3% financing care in nursing homes and other institutions (O'Shaughnessy 2014).
- The Long-Term Care Commission Report (2013) calls for more person-centered, community-based LTSS.

Introduction (Cont'd)

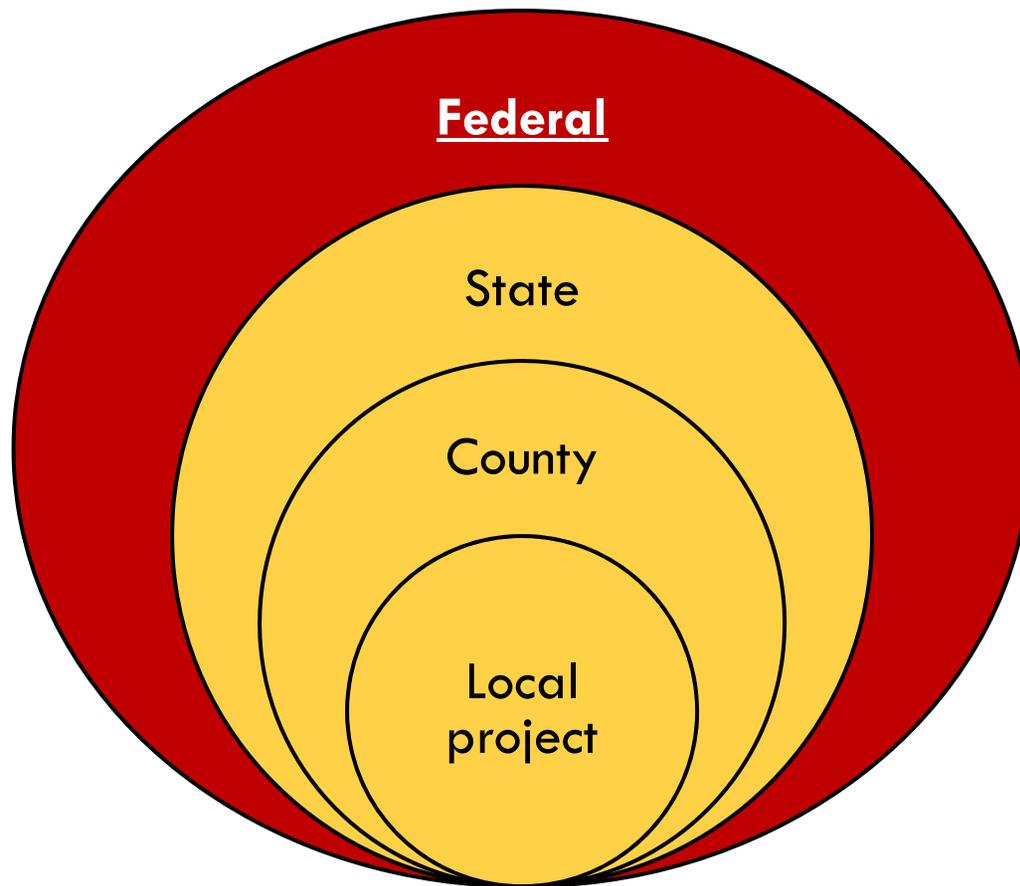
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- In 2008, over 84% of Maryland elderly/disabled LTSS recipients were in nursing homes (State of Maryland 2011, Woodcock et al. 2011).
- Maryland and many other states have increased their focus on community-based and participant-directed (PD) service models.
- Some recent initiatives are attempting to create age friendly communities (WHO 2007) and other initiatives (e.g. Villages) around the country. However, these initiatives have mostly been implemented in communities with ample resources and residents with higher incomes (Greenfield et al. 2013).

What are Age-Friendly Cities? (WHO, 2007)

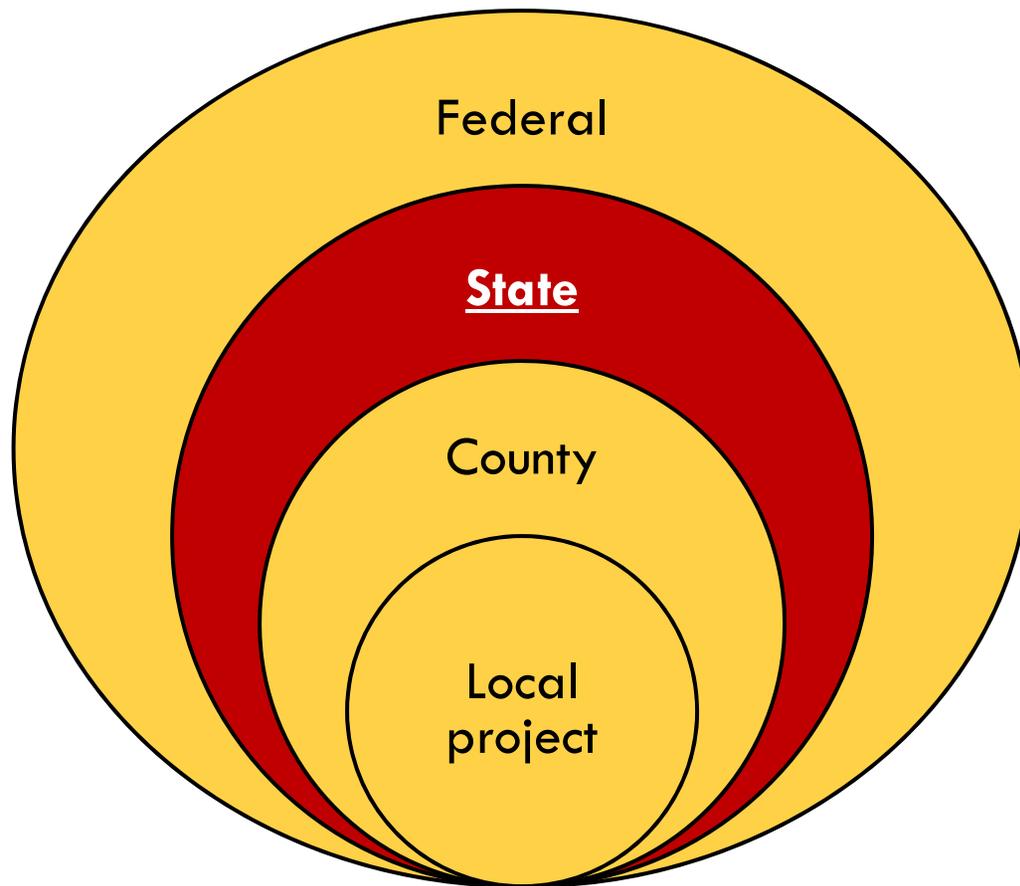


Policy Levels of Influence - Federal



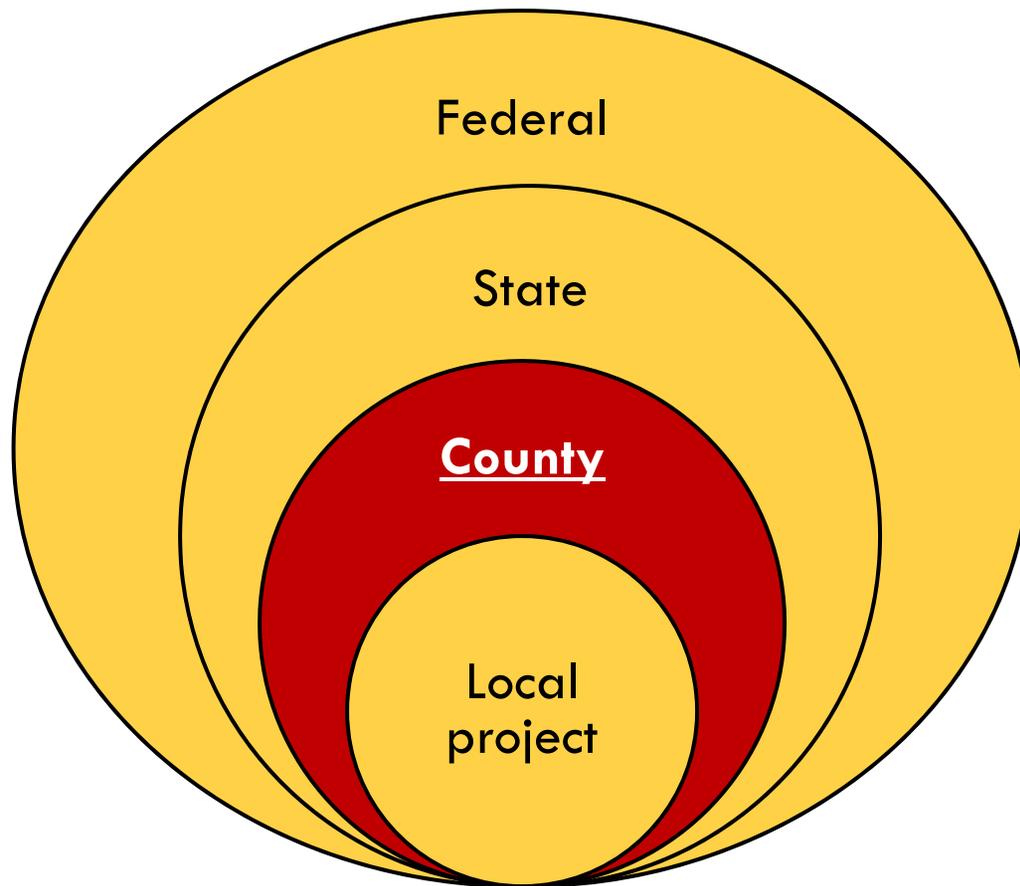
- Affordable Care Act
 - Promotes integrated care, population health, reducing unnecessary 30 day hospital re-admissions, health literacy
- National trends prior to the Affordable Care Act
 - Increasing emphasis on home and community-based services (Olmsted decision), focus on self-directed services, expansion of Cash & Counseling programs (individual budget model)
- Administration on Aging/
Administration for Community Living
 - Focus on aging and disability populations, Aging and Disability Resources Centers, self-management of chronic diseases

Policy Levels of Influence – State (MD)



- ❑ Shift from nursing home to community services
- ❑ Maryland Access Point (Aging and Disability Resource Centers)
- ❑ 2011 Maryland Communities for a Lifetime Act (unfunded)
- ❑ Balancing Incentive Program
- ❑ Money Follows the Person
- ❑ Veterans-Directed Home and Community Based Services (VD HCBS)

Policy Levels of Influence - County



- Local partnerships (city/county)
- Area Agency on Aging
- Hospitals
- County Health Department

Project Purpose

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- To understand the needs and preferences of low-income and racially/ethnically diverse older adults who age in the community. These adults:
 - ▣ Are 65 and older
 - ▣ Live independently in Housing and Urban Development (HUD) subsidized, Section 8-202 apartment buildings
 - ▣ Live in Prince George's County, Maryland.
- Larger goal: to implement the (unfunded) 2011 Maryland Communities for a Lifetime Act and establish a university/state/county partnership.

Project Research Questions

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- 1. What needs or challenges do older adults face as they age in the community and participate in community life?
- 2. What factors help older adults to age in the community and participate in community life?
- 3. What public policies, programs, services help older adults to age in the community and participate in community life?
- 4. How do older adults feel about the help they receive to age in the community and participate in community life?
- 5. What additional help do older adults believe they will need in the future?

Research Methods: Quantitative Data

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- Analysis of existing descriptive statistics for county elders
 - ▣ County-level American Community Survey data (2007, 2009, 2012)
 - ▣ Prince George's County Planning Department study of seniors (2012)
 - ▣ Transforming Health in Prince George's County: A Public Health Impact Study (2012)

Research Methods: Qualitative Data

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- Focus groups and interviews
 - Building Resident Focus Groups
 - 2 HUD section 8-202 buildings, 1 group per building
 - 20 total building resident participants
 - Stakeholder Focus Group and Interviews
 - 1 focus group including 9 participants
 - 7 individual interviews
 - 16 total key stakeholders representing HUD buildings, state and county agencies, county health department, and health care providers
 - Family Members
 - None due to recruiting challenges
 - Audio recorded, transcribed, and coded in MAXQDA 11 following consensus processes

Quantitative Findings: Descriptive Findings of Prince George's County Elders (2012)

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- 90,544 residents age 65 and older
- Race/ethnicity
 - White (31%), African American (61%), Asian (5%), Hispanic/Latino (4%)
- Households by type
 - Family households (58%), non-family households (42%), living alone (17%)
- Poverty status
 - $\geq 150\%$ FPL (85%), 100-149% FPL (7%), $< 100\%$ FPL (8%)

Quantitative Findings: Health Status, Needs, and Service Use of Prince George's County Elders

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□ Self-reported health

- Pre-diabetic (86%), pre-hypertensive (71%), one or more medical diagnoses (65%), “fair” or “poor” health (22%)

□ Self-reported needs

- Use of Internet (53%), housework (27%), transportation (27%), shopping (22%), preparing meals (18%)

□ Self-reported use of public services

- Recreation (40%), transportation (30%), food services (24%), information/referral services (23%)

Focus Group and Interview Findings: Weight of Evidence Scale

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- Not all themes are equal, some are addressed:
 - ▣ More frequently than others (within/across interviews)
 - ▣ By more respondents than others (across interviews)
- General guidelines for each weight:
 - ▣ “Moderate”
 - Code frequency of less than five across two transcripts
 - ▣ “Strong”
 - Code frequency of between five and ten across three to four transcripts
 - ▣ “Very Strong”
 - Code frequency of ten to fifteen across four or more transcripts

Focus Group and Interview Findings: Challenges for Elders in a Community Setting

1. What needs or challenges do older adults face as they age in place and participate in community life?	
Theme • Sub-Theme(s)	Weight of Evidence
Financial/Costs	VS
Transportation	VS
Health and Disability	
• Physical Health/Limitations	VS
• Cognitive Health/ Limitations	S
Lack of Informal Support	VS
Lack of Planning Due to Lack of Awareness/Education	VS
Access to Health and Long-Term Care Services	
• Waiting Lists/ Underfunding	S
• Income Eligibility Criteria	M
• Enrollment Processes	M
• Fragmentation of Services	M
• Healthcare Delivery	M
• Lack of Providers	M
Lack of Social Engagement/Connectedness	S
Structural/Physical Accessibility	S

“Transportation is a huge barrier for people to remain in their homes. If they can’t get there to the grocery store, stay active at their community centers or recreation centers...”

- Stakeholder

“...I think my biggest challenge has been...when I was seriously ill, I had limited family members to take care of me.”

- Building Resident

Focus Group and Interview Findings: Factors Helping Elders in a Community Setting

2. What factors help older adults to age in place and participate in community life?	
Theme • Sub-Theme(s)	Weight of Evidence
Benefits/Services Navigation	VS
Transportation	
• Public	VS
• Private	M
Informal Support	S
Health and Long-Term Care Services Delivered in the Home	M
Walking Community/ Proximity to Businesses and Services	M

“...help them navigate a system to get a plan of support and so forth...That’s really what you know that whole ADRC thing- Aging and Disability Research Center is for, to help people pull that all together- whether they can buy their own [services] or what do they need to subsidize...”

- Stakeholder

“[Name of City] does have one of the counties “call a bus” vans...you call in 24 hours in advance, you get it. There’s door to door. And it does have a wheelchair lift, but it’s limited to the city of [Name of City].”

- Stakeholder

Focus Group and Interview Findings: Public Services Helping Elders in a Community Setting

3. What public policies, programs, services help older adults to age in place and participate in community life?	
Theme • Sub-Theme(s)	Weight of Evidence
Transportation	
• County/City Bus Service	VS
• MetroAccess	M
• Reduced Taxi Fare Program	M
Health Care and Formal Long-Term Care Programs/Services	
• Case Management/Service Coordination	M
• Nutritional	M
Social Participation	M
• Senior Centers	

“The county service that is linked with the hot lunch program, there’s county buses that will pick folks up to come to the senior activity centers because of the hot lunch program. It’s through a federally funded program.”

- Stakeholder

“We have a lot of community centers, senior activity centers...to keep people busy and active and staying healthy. And at our senior activity centers we bring people in to do some of the wellness talks all the time and educational sessions for free. And if you’re in the county it it’s free if you’re 60 and older...”

- Stakeholder

Focus Group and Interview Findings: How Elders Feel about their Services

4. How do older adults feel about the help they receive to age in place and participate in community life?	
Theme	Weight of Evidence
<ul style="list-style-type: none"> Sub-Theme(s) 	
<ul style="list-style-type: none"> Positive Perceptions of Services Safety 	M
<ul style="list-style-type: none"> Suggestions for Improving Services 	
<ul style="list-style-type: none"> Improving Transportation Services Responsiveness of Landlord 	VS
	S

“I will say I think favorably for [name of HUD building], thinking of what I’ve heard from other places. We have a very secure building and its safe here and that means a great deal to older people.”

- Building Resident

“And this whole thing about you have to call a day ahead of time. A lot of times you’ll find out your doctor’s appointment until the same day.”

- Building Resident

Focus Group and Interview Findings: Help Elders May Need in the Future in a Community Setting

5. What additional help do older adults believe they will need in the future?	
Theme • Sub-Theme(s)	Weight of Evidence
Transportation	VS
Light Chores and Repairs	VS
Personal Care/Assistant Services	VS
Benefits/Services Navigation	S

* A research team member summarized participant statements from a focus group exercise.

“...issues again around transportation, need to be able to get out to do things in the community. How to get it [transportation services].”

- Discussion Summary*

“Concerns about all the different things with what we call home maintenance or chores. Being able to maintain your apartment as best as possible.”

- Discussion Summary

“...help shopping sometimes, help at the doctor’s office, help at church, help at restaurants, they’re going to need that [in the future]...”

- Discussion Summary

Experience Working with State and Local Government: Lessons Learned

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- Federal policies, programs, and funding strongly influence state and local level programs.
 - The ACA financial penalty on hospitals for unnecessary 30 day re-admissions is a strong driving force impacting local hospitals and community health organizations
 - The ACA emphasis on community-based LTSS and a focus person-centered services strongly influence state and local programs
- Federal-level policies influenced the design of our county and city-level research project, as well as our current efforts developing a proposal seeking funds for the next step in the project.
- One role of the health and LTSS component of age-friendly communities can be to help reduce unnecessary 30 day re-admissions. As this goal is a high priority for hospitals and community health organizations have been interested in this potential benefit of age-friendly communities.

Experience Working with State and Local Government: Lessons Learned

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- National policy trends emphasizing a shift toward more community LTSS services influenced development of the unfunded 2011 Maryland Communities for a Lifetime Act.
 - ▣ The University of Maryland Center on Aging was named as an advisor for the legislation, which helped create a Center role on a state level.
- Maryland's approach to shifting away from institutional services toward community LTSS services has focused on implementing federal-level programs (ADRCs, Money Follows the Person, Veterans Directed HCBS, Balancing Incentive Program).
- Developing and implementing the County project have been an on-going partnership building process. Collaboration with community partners has been essential in every phase of the project.
- Partnership-building is an essential and on-going component of Identifying funders for the next steps in our County research. Building these relationships takes time and sensitivity to local politics.

Conclusion

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Thank You!

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