

COMMUNITY HEALTH IMPROVEMENTS — DON'T FORGET SENIORS

When planning community health improvement activities for coming years, leaders of these initiatives face multiple community needs that compete for attention. As decisions about priorities are being made, it is important to remember an often-overlooked group — seniors.



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WHY SENIORS?

Demographics tell the story. Seniors are the fastest growing population in the country. In 2030 the population of people 65 and older is projected to be twice as large as it was in 2000. It is increasingly diverse, reflecting the U.S. population as a whole, and increased age is associated with higher rates of poverty, especially among minorities.¹ According to

the National Council on Aging, over 25 million Americans aged 60 and over are economically insecure, living at or below 250% of the federal poverty level. The National Council on Aging reports that rising housing costs and health care bills contribute to financial distress in this population.

Chronic illnesses among seniors include asthma, arthritis, heart disease, hypertension, cancer and diabetes. Many older persons experience dementia and depression. Falls that result in hip and other fractures are a major risk. Rates of obesity in persons over age 65 have steadily increased over the years as has food insecurity. We also know that increased age is often associated with social isolation and loneliness.²

WHAT TO DO?

While community health improvement plans must reflect local needs, the national health objectives from Healthy People 2030 can be a starting point. (See sidebar.) The Healthy People 2030 objectives suggest activities for community health improvement plans, such as:

- Exercise programs for seniors: Older adults who don't get enough physical activity are more

likely to develop disabilities, and evidence shows that physical activity is linked to better health, can reduce the incidence of falls and may delay cognitive impairment.

- Educational programs on managing diabetes and other chronic illness: Teaching older adults how to manage their diabetes and other chronic conditions can reduce hospitalizations.

- Screening programs for osteoporosis can reduce hip fractures.

- Immunization programs for flu and pneumo-

HEALTHY PEOPLE 2030 OBJECTIVES FOR OLDER AMERICANS

- Increase the proportion of older adults with physical or cognitive health problems who get physical activity
- Reduce the rate of hospital admissions for diabetes among older adults
- Reduce the proportion of preventable hospitalizations in older adults with dementia
- Reduce the rate of hospital admissions for urinary tract infections among older adults
- Reduce fall-related deaths among older adults and the rate of Emergency Department visits due to falls
- Reduce hip fractures among older adults
- Increase the proportion of older adults who get screened and get treated for osteoporosis
- Reduce the rate of hospital admissions for pneumonia among older adults
- Reduce hospitalizations for asthma in adults aged 65 years and over

ccocal vaccines can reduce hospitalizations and illness.

MORE TO-DOS: SOCIAL DETERMINANTS OF HEALTH

As health care turns more of its attention to the social determinants of health, the needs of seniors become particularly important, especially in the areas of food and housing insecurity and the reality of social isolation. The National Council on Aging reports that millions of older Americans, especially low-income and minority populations are at risk for hunger and food insecurity.³

Addressing seniors' food insecurity starts with screening in clinics and other health care settings and continues with referrals to emergency food banks and other community services. Other strategies include support of congregate meal and Meals on Wheels programs and enrollment in Supplemental Nutritional Assistance Programs (SNAP).

Accessible and affordable housing is a concern for many older adults. The Joint Center for Housing Studies of Harvard University reports that an increasing number of seniors face high housing costs and housing instability. Their reports have documented an increase in homelessness among older adults with the number of people over 62 living in emergency or transitional housing rising by about 69% in the last decade. They also report a growing demand for subsidized housing and a shortage of accessible housing.⁴

As with food insecurity, housing strategies start with screening in clinical settings and referrals to community services for emergency and permanent housing solutions. Joining community coalitions for homelessness and housing is another logical step. CHA's new Toolbox on Community Investing offers suggestions for working with community partners to invest in needed housing and other community services. It's at www.chausa.org/communitybenefit.

Another social determinant of health is social and community connectedness. A recent AARP study found that nearly half of midlife and older adults with annual incomes of less than \$25,000 report being lonely and that people who are lonely and socially isolated are more likely to have health problems, which can have serious financial implications. They say, "Social isolation among midlife and older adults is associated with an estimated \$6.7 billion in additional Medicare

spending annually."⁵

Parish and other faith community health programs have been effective in addressing social isolation and keeping seniors in touch with their faith communities.⁶ Senior villages can help volunteers and neighbors support seniors who want to stay in their homes and communities and stay connected.⁷ Community benefit programs can support these efforts.

CAREGIVER NEEDS

When looking at the needs of seniors, family caregivers also need attention. It is estimated that over 65 million Americans or nearly 30 percent of the general population care for an older adult. AARP's 2019 update to its ongoing study of caregivers reports that family caregivers perform complex medical and nursing tasks (such as wound care, giving injections, and handling medical equipment) in the home, usually with little instruction or support.⁸ They often feel highly strained and overwhelmed, and they, too, are at increased risk for loneliness.⁹

PARTNER, PARTNER, PARTNER

An important step to assess and address the needs of seniors in your community is connecting with organizations serving this population, including your local Area Agency on Aging (AAAs) and Catholic Charities agency.

Area agencies on aging (AAAs) can be a one-stop shop for senior services because they work with federal and state aging agencies and administer most of the Older Americans Act funds. They collect data and provide numerous services. Depending on the agency, services could include:

- **Aging and Disability Resource Centers (ADRCs)** in area agencies on aging serve as single points of entry into the long-term services and supports (LTSS) system for older adults, people with disabilities, caregivers, veterans and families. Some states refer to ADRCs as "access points" or "no wrong door" systems.

- **Caregiver support** — AAAs provide direct support to caregivers, with such services as respite care, individual counseling and support groups; caregiver education classes/training; and emergency assistance.

- **Care transitions** — AAAs can work with older adults' families to plan for services and help arrange services such as transportation, in-home

care and case management. Some provide or pay for home modification.

■ **Elder justice** — AAAs' elder justice programs address issues associated with elder abuse and other legal challenges confronting older adults, including guardianship, health and long-term care, and public benefit programs.

■ **Health insurance coverage** — Each state operates a federally funded State Health Insurance Assistance Program (SHIP) with one-on-one telephone and face-to-face counseling and assistance sessions, public education presentations and programs on topics such as Medicare Part D coverage.

■ **Evidence-based disease prevention and health promotion programs** — AAAs may offer formally recognized programs, such as the Chronic Disease Self-Management Program, A Matter of Balance, Diabetes Self-Management Program, Powerful Tools for Caregivers and Tai Chi Moving for Better Balance.

■ **Home and community-based services** — Many agencies offer a range of services and supports to assist older adults to live independently in their homes and communities, including home-delivered meals, home health care, homemaker/chore services, transportation and more.

Catholic Charities agencies help people of all faiths who are struggling with poverty and other complex needs. Not all agencies provide all services, but here are frequently available services for seniors:

Direct Care: Some Catholic Charities agencies offer skilled nursing and personal care homes, respite care, hospice, home health services and visiting nursing services.

Housing: Many Catholic Charities agencies sponsor affordable housing for seniors and some offer shared senior housing.

Community centers: Many Catholic Charities agencies have senior centers and adult day centers.

Support services: Some of the support services available through Catholic Charities agencies include transportation, case management, home repair, chore services, financial counseling and debt management.

Food programs: This can include home delivered meals, congregate meal programs and emergency food.

While the needs of seniors in our communities are many and complex, there are resources available to both assess and address these needs.

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NOTES

1. Federal Interagency Forum on Aging-Related Statistics, "Older Americans 2020: Key Indicators of Well-Being, U.S. Government Printing Office, 2020, https://agingstats.gov/docs/LatestReport/OA20_508_10142020.pdf.
2. Federal Interagency Forum, "Older Americans 2020."
3. National Council on Aging, "SNAP and Hunger Facts": <https://www.ncoa.org/news/resources-for-reporters/get-the-facts/senior-hunger-facts/>.
4. Joint Center for Housing Studies of Harvard University: <https://www.jchs.harvard.edu/research-areas/aging>.
5. Lynda Flowers et al., "Medicaid Spends More on Socially Isolated Older Adults," AARP Public Policy Institute, November 27, 2017, <https://www.aarp.org/ppi/info-2017/medicare-spends-more-on-socially-isolated-older-adults.html#:~:text=Now%20a%20new%20study%E2%80%94the,in%20additional%20Medicare%20spending%20annually>.
6. CHA, "Improving the Lives of Older Adults through Faith Community Partnerships: Healing Body, Mind and Spirit," 2016, <https://hmassoc.org> and https://www.chausa.org/docs/default-source/eldercare/improving-the-lives-of-older-adults-through-faith-community-partnerships_final-oct-192016.pdf?sfvrsn=0; see also <https://hmassoc.org>.
7. Stewart M. Butler and Carmen Diaz, "How Villages Help Seniors Age at Home," *Brookings*, Oct. 19, 2005, <https://www.brookings.edu/blog/usc-brookings-schaeffer-on-health-policy/2015/10/19/how-villages-help-seniors-age-at-home/>.
8. AARP Public Policy Institute, <https://www.aarp.org/content/dam/aarp/ppi/2019/11/valuing-the-invaluable-2019-update-charting-a-path-forward.doi.10.26419-2Fppi.00082.001.pdf>.
9. G. Oscar Anderson and Colette Thayer, "Loneliness and Social Connections: A National Survey of Those 45 and Older," *AARP Research*, September 2018, <https://www.aarp.org/research/topics/life/info-2018/loneliness-social-connections.html>.

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