

# DON'T FORGET THE NEEDS OF OLDER PERSONS

## *Community Health Needs Assessments*

By JOANNA TENET AND INDU SPUGNARDI

In a recent review of hospital community health needs assessments and implementation strategies, which are now required of tax-exempt hospitals by the Affordable Care Act, the Catholic Health Association found childhood obesity<sup>1</sup> and mental health services<sup>2</sup> were some of the most commonly identified needs that hospitals planned to address. However, CHA found little or no mention of the needs of the elderly and their family caregivers. This was surprising, given the rapid aging of the U.S. population, a population that is living longer with multiple chronic conditions.

### THE NEED

The Centers for Disease Control and Prevention's *State of Aging and Health in America 2013* report notes, "The growth in the number and proportion of older adults is unprecedented in the history of the United States ... By 2030, older adults will account for roughly 20 percent of the U.S. population. ... More than a quarter of all Americans and 2 out of every 3 older Americans have multiple chronic conditions."<sup>3</sup>

Elderly persons' needs range from health-related, such as managing multiple chronic diseases and frailty, to lack of long-term care support and services, safe and affordable housing, adequate nutrition and social connections.<sup>4</sup> When looking at those needs, it also is important to look

at the needs of the elderly persons' caregivers.

According to The National Alliance for Caregiving and the AARP Public Policy Institute's report, *Caregiving in the U.S. 2015*, 34.2 million Americans have acted as unpaid caregivers to an adult age 50 or older in the prior 12 months. Furthermore, 6 in 10 of these caregivers perform what are classified as "medical/nursing tasks," such things as injections, tube feeding and catheter and colostomy care. Only 14 percent of those who perform such tasks report having received training.

Of these caregivers, 1 in 4 reports difficulty in obtaining access to affordable services in the community for his or her loved one. Lastly, 38 percent of caregivers report their caregiving situation to be highly stressful, while an additional 25 percent report moderate stress.<sup>5</sup>

**"The elderly, first of all, need the care of family members — whose affection cannot be replaced by more efficient structures or more competent and charitable healthcare workers."**

— POPE FRANCIS

### OUR CATHOLIC MISSION

In his 2015 address to the Pontifical Academy for Life, Pope Francis said, "The elderly, first of all, need the care of family members — whose affection cannot be replaced by more efficient structures or more competent and charitable health-care workers."<sup>6</sup> In its 1988 report, *A Time To Be Old, A Time To Flourish: The Special Needs of the Elderly-At-Risk*, CHA recognized that responding to the needs of the frail elderly is anchored in Catholic social teaching. The report states "The Church should be present at all levels of interven-

tion on behalf of the elderly, especially those who are frail, alone, and poor.”

#### **PLANNING AND PREPARING FOR CHNA**

As they plan their community health needs assessments, hospitals should give specific attention to how the needs of the elderly and their family caregivers will be assessed. More specifically, people and organizations that serve the elderly need to be part of the data collection effort.

To that end, the hospital may check with its own departments that serve high numbers of elderly patients, including staff who handle discharge planning and case management. If the hospital is part of a system that has a locally based home care agency, skilled nursing facility or other

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organization focused on serving the elderly, they could be another important source of information.

Externally, faith communities and community programs that serve the elderly, such as the local Meals on Wheels and senior centers, would be helpful in providing data on the needs of elderly persons and their caregivers. Other sources of information might be senior housing and naturally occurring retirement communities (NORCs). A NORC is a housing complex or neighborhood that was not originally built for seniors, but that now is home to a significant number of elderly persons.<sup>7</sup>

Finally, it is very important to engage public health agencies in the community, such as state and local health departments and the local agency on aging, for input.

#### **GATHERING THE DATA**

When preparing the demographic data that will be part of the CHNA, hospitals should look at what percentage of the hospital’s community is over the age of 65. The most common needs for this age population, on a national scale, can be found in reports from government agencies such as the CDC<sup>8</sup> and the Administration on Aging<sup>9</sup> or national advocacy groups for aging persons such as AARP<sup>10</sup> or National Council on Aging.<sup>11</sup> This initial review

of national-level data can help hospitals understand the most common needs of older persons, which will help with the assessment and analysis of needs specific to the hospital’s community.

Interviews, focus groups and dissemination of surveys are all methods that can be used to assess community level needs. Separating caregivers and care recipients into two different focus groups may lead to more candid responses from both parties.

In the planning stages, make sure to consider any obstacles that might prevent elderly persons from responding fully and accurately. For example, when holding a focus group, it is important that the location be convenient for seniors and their caregivers.

Houses of worship, public libraries, and senior housing/NORCs are good places to hold focus groups because they are frequented by the target population, but it also is important to plan accommodations for any respondents who have disabilities or mobility issues.<sup>12</sup>

Once community-level data is gathered, the information can help identify disparities based on income, race and geographic area, as well as root causes, such as lack of access to safe housing, income instability and an unhealthy environment. Analyzing disparities is particularly important for focusing implementation strategies on addressing such issues.<sup>13</sup>

#### **COLLABORATION**

Internal Revenue Service regulations on how

### **RESOURCES**

*Useful websites regarding the needs of the elderly.*

**AARP Foundation**, [www.aarp.org/aarp-foundation](http://www.aarp.org/aarp-foundation).

**AARP Public Policy Institute**, [www.aarp.org/ppi](http://www.aarp.org/ppi).

**Administration on Aging: Aging Statistics**, [www.aoa.acl.gov/Aging\\_Statistics/index.aspx](http://www.aoa.acl.gov/Aging_Statistics/index.aspx).

**America’s Health Rankings, 2015 Senior Report**, [www.americashealthrankings.org/reports/Senior](http://www.americashealthrankings.org/reports/Senior).

**American Society on Aging: Education Topics**, [www.asaging.org/topics-asaging](http://www.asaging.org/topics-asaging).

**Centers for Disease Control and Prevention: Healthy Aging**, [www.cdc.gov/aging/index.html](http://www.cdc.gov/aging/index.html).

**National Council on Aging**, [www.ncoa.org](http://www.ncoa.org).

## Family caregivers often find themselves lacking training and support.

CHNAs are conducted note that “input from persons representing the broad interest of the community should be taken into account in prioritizing significant health needs and identifying resources potentially available to address those needs.”

In other words, hospitals should try to set their priorities and implementation strategies with the help of organizations that provided input. If needs of elderly persons are to be on the priority list, the hospital should seek out community partners with expertise in serving the elderly to help plan and carry out programs and activities that make up the hospital’s implementation strategy. These potential partners will know about existing resources, know how best to reach seniors and provide a trusted, familiar face to these groups.

### EXAMPLES

Via Christi Health in Wichita, Kansas, performed a senior-focused CHNA in 2012. Via Christi Health began by reviewing U.S. Census data and County Health Rankings data for counties in its state. The review gave it a larger view of issues facing the elderly in Kansas. To learn about the needs of the local community, Via Christi Health surveyed 144 members of community organizations that worked with seniors, including government agencies, faith communities, Area Agencies on Aging, caregivers and executives from senior communities. Additionally, they surveyed residents of Via Christi Village senior communities and held focus groups conveniently located within these elderly communities.<sup>14</sup>

ArchCare, the Continuing Care Community of the Archdiocese of New York, collaborated with parishes and other faith congregations as a way to identify the needs of the elderly and to promote programs that can address those needs. Research shows that attendance at religious services is highest among older populations.<sup>15</sup> Therefore, ArchCare’s Parish Health and Wellness Network uses staff employed by ArchCare to lead teams of church-based volunteers in assessing the needs of

fellow parishioners and their caregivers, connecting them to parish and community resources and providing support where needed.<sup>16</sup>

The elderly and their family caregivers often are in need of help. As people are living longer with multiple chronic conditions, the complexity and cost of their care increases. Family caregivers, who are often the primary providers of such complex care, frequently find themselves lacking training and support. At the same time, budget constraints at the local and national level can limit the social services that elderly people need to stay connected to their providers, maintain their health and be involved in their communities.

Given these realities, it is important for hospitals to include the needs of the elderly and their family caregivers as part of the CHNA processes. While meeting the needs of these groups may have benefits to hospitals and the broader health care delivery system by reducing unnecessary hospitalizations and keeping caregivers healthy, Catholic health care providers are driven by a higher calling — to care for the most vulnerable among us.

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