Legislative Briefing
Successful Aging in Community
June 25, 2018
Sponsored by KC Leadership in Aging Network
Welcome

David Warm

Executive Director, Mid-America Regional Council

Introductions and purpose of briefing

Lindsey Baker

Member, Leadership in Aging Network
Elements of Age Friendly (Livable) Communities

- Built Environment
- Transportation
- Housing
- Social participation
- Respect and social inclusion
- Civic participation and employment
- Community support and health services
- Communication and information
- Outdoor spaces and buildings

Age-friendly city

Community and Health Support

Social Environment
Kansas & Missouri Senior Population by county — 2010

Percent of Population 65+

- Less than 10%
- 10% to 14.99%
- 15% to 19.99%
- 20% to 24.99%
- 25% or Greater
Demographic Changes – KC area

Population Age 65+ By County

- Johnson
- Wyandotte
- Leavenworth
- Cass
- Clay
- Miami
- Jackson
- Ray
- Platte
Example of Kansas District Map
State Rankings on Senior Health

America’s Health Rankings Senior Report offers a comprehensive analysis of senior population health on a national and state-by-state basis across 34 measures of senior health.
Social Determinants of Health

• The conditions in which people are born, grow, live, work and age.

• They include factors like socioeconomic status, education, neighborhood and physical environment, employment and social support networks, as well as access to health care.
# Social Determinants of Health

<table>
<thead>
<tr>
<th>Economic Stability</th>
<th>Neighborhood and Physical Environment</th>
<th>Education</th>
<th>Food</th>
<th>Community and Social Context</th>
<th>Health Care System</th>
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</thead>
<tbody>
<tr>
<td>Employment</td>
<td>Housing</td>
<td>Literacy</td>
<td>Hunger Access to healthy options</td>
<td>Social integration</td>
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<td>Income</td>
<td>Transportation</td>
<td>Language</td>
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<td>Support systems</td>
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<td>Expenses</td>
<td>Safety</td>
<td>Early childhood education</td>
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<td>Community engagement</td>
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<td>Debt</td>
<td>Parks</td>
<td>Vocational training</td>
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<td>Discrimination</td>
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<td>Medical bills</td>
<td>Playgrounds</td>
<td>Higher education</td>
<td></td>
<td>Stress</td>
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<td>Support</td>
<td>Walkability</td>
<td></td>
<td></td>
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<td>Health coverage</td>
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<tr>
<td></td>
<td>Zip code / geography</td>
<td></td>
<td></td>
<td></td>
<td>Provider availability</td>
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## Health Outcomes
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations
Figure 2

Impact of Different Factors on Risk of Premature Death

- Genetics: 30%
- Individual Behavior: 40%
- Health and Well Being: 30%
- Social and Environmental Factors: 20%
- Health Care: 10%

The cost of providing care, especially long-term care, creates a huge drain on state resources.

State leaders and policy makers grapple with the complexity of trying to improve population health while also managing limited resources.

As illustrated by the prior slide, medical care contributes less to health and wellness (at the macro level), than do other social, environmental and individual behavior.

Some states are exploring a “Health in All Policies” approach that incorporates consideration of health in other sectors and policies.
Health in All Policies

APHA promotes a health in all policies approach as a strategy for addressing the complex factors that influence health and equity, also referred to as the social determinants of health, which include educational attainment, housing, transportation options, and neighborhood safety.

Health in All Policies: A Guide for State and Local Governments was created by the American Public Health Association, Public Health Institute and the California Department of Public Health, in response to growing interest in using collaborative approaches to improve population health by embedding health considerations into decision-making processes across a broad array of sectors. The Guide draws heavily on the experiences of the California Health in All Policies Task Force and incorporates information from the published and gray literature and interviews with people across the country.

Why Health in All Policies?
FTA: Rides to Wellness

Federal Transit Administration
Rides to Wellness
Ladders of Opportunity
Health and Transportation Initiative

**Vision:** through rides people and community health thrive
• Many communities across the country are exploring and building opportunities for health care providers and social service providers to join together to improve patient health.

• Increasingly, health care providers are recognizing the impact of social determinants of health.

• Health occurs at home, not in a doctor’s office. Community organizations can help improve health and lower costs.

• James will be discussing how we, in KC, are working to build financial partnerships between healthcare and community, for the benefit of our residents.
Investments: Healthy Aging
Medicare will not pay for many of our care needs as we age.

Medicare — the federal health insurance program for people over the age of 65, and some disabled people under the age of 65 — is often confused with Medicaid, another health program for individuals and families with low incomes and few if any, resources.

What Medicare Doesn’t Pay For:
• Assisted living facilities.
• Home maker services.
• Home health aides.
• Transportation to and from doctors’ visits.
• Routine eye, dental or hearing exams.
NURSING FACILITY VS. HOME CARE

Annual Facility Care Costs
- $53,593 Medical Financed Nursing Facility
- $42,600 Private Pay Assisted Living
- $81,030 Private Pay Nursing Facility

Annual Home and Community Care Costs
- $18,200 - $20,800 Homemaker & Adult Care Services
- $24,675 Home & Community Based Medicaid Services

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Funding for older adults not keeping pace

60% population increase adults 65+

34% funding decrease AoA funding

Source: National Association of States United for Aging and Disabilities, 1980 - 2010
Profile of Older Adults in Jackson County

Nutrition:
- 45% find preparing meals difficult
- 46% find shopping difficult

Home Repair:
- 44% need help with home repairs
- 1 in 3 need help with lawn services

Transportation:
- 45% cannot drive
- 1 in 3 cannot access public transportation

Isolation:
- 31% of seniors live alone

Employment:
- 2 of three older adults report their employment opportunity needs aren’t met
- Jackson county older adults have a higher than average prevalence of falls, Alzheimer’s, arthritis, depression, and stroke

Mobility:
- 40% find walking difficult
- 1 in 3 have difficulty with light housekeeping or laundry

Isolation:
- 38% have a disability

Jackson county older adults have a higher than average prevalence of falls, Alzheimer’s, arthritis, depression, and stroke

Data taken from recent community surveys administered by organizations within Jackson County
Promising Models
How do we make a distinct impact relative to our resources?

### Health and well being determinants

<table>
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<tr>
<th>Our Resources</th>
<th>Health and Well Being Determinants</th>
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<tr>
<td>332 sites.</td>
<td>Rated 99th out of 100 in Gallup Well-Being Index.</td>
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<td>13 hospitals.</td>
<td>70 percent of adults overweight.</td>
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<td>Six ambulatory surgery centers.</td>
<td>36 percent of low-income families concerned about having enough food.</td>
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<td>2,350+ licensed inpatient beds.</td>
<td>Ranked 69th of 88 counties for health outcomes.</td>
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<td>338 continuum service beds.</td>
<td>Large race disparity for infant mortality / low-birth-weight babies.</td>
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<td>584,000+ Paramount insurance members.</td>
<td>Ranked 5th for concentrated, extreme poverty in the country.</td>
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<td>900+ employed physicians and providers.</td>
<td>28 percent of youth reported they felt sad or hopeless every day for two weeks or more in a row.</td>
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<td>15,000+ employees.</td>
<td>29 percent children living in poverty.</td>
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<td>90,000+ inpatient discharges.</td>
<td>Highest number of homeless students in public school system in the state.</td>
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<tr>
<td>71,000+ surgeries.</td>
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<td>8,200+ births.</td>
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<td>Strong financial ratings.</td>
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Managed Services Network

Proposed Start-up Elements
Starting Fall 2018

**MSN PROVIDES COORDINATION SERVICES**

- Providers and Payors Identify Client Needs
  - Insurance Companies
  - Hospitals

  Referral
  - Technical Assistance
  - Billing & Reimbursement
  - Performance Standards

COMMUNITY AGENCIES PROVIDE SERVICES

- Community Care Management
- Transportation
- Evidence-Based Programs/Services (HomeMedics medication management)
- Meals/Nutrition Assistance

* Services through sustainable contract funding.
** Start up patient population.
*** Community Care Management is individualized connections to social and non-medical resources based upon a care plan.
55 Missouri counties have passed this levy

counties that have passed a levy
Discussion

What do you see as needs and opportunities facing your 50+ constituents?
Leadership in Aging Network

AARP Kansas and Missouri • Center for Practical Bioethics • Clay County Senior Services
Johnson County Area Agency on Aging • KC Communities for All Ages
Landon Center on Aging, University of Kansas Medical Center
MARC Department of Aging and Adult Services • Platte County Senior Fund
Truman-Heartland Community Foundation • UMKC Consortium for Aging in Community
University of Kansas Medical Center School of Health Professionals
Wyandotte/Leavenworth Area Agency on Aging