A GUIDE TO DEVELOP AND IMPLEMENT LIVING LONGER/LIVING BETTER INITIATIVES IN INDIANA COMMUNITIES: DEVELOPING LOCAL COMMUNITY CARE COALITIONS

INDIANA COMMISSION ON AGING

PURPOSE OF THE GUIDE:

- To help communities adapt positively to population aging by becoming more age-friendly and dementia friendly

- To help older adults and their families become more literate in accessing and utilizing health care and aging services by guiding and encouraging health care providers to become more age-friendly and integrated with the aging services network

WHY IS THIS IMPORTANT NOW FOR OLDER HOOSIERS?

People are living longer than ever before and want to live the best way possible during retirement. How are older people paying for long-term services and supports (such as nursing home, assisted living, adult day care, home care/personal care) when living on social security and other retirement income? If they have enough money to pay for these services they are fine, but if they don't have enough money to pay for these services, what can they do? Since Medicare doesn't pay for these long-term services, can they use Medicaid?

MEDICAID

- **Medicaid is funded by general tax revenues. The program is funded by both federal and state taxes. 10,000 baby boomers are turning 65 every day. On average, 52 percent of people who turn 65 today will develop a severe disability that will require services at some point. The average duration of need, over a lifetime, is about two years.**

Melissa Favreault and Judith Dey, "Long-Term Services and Supports for Older Americans: Risks and Financing Research Brief," Office of the Assistant Secretary for Planning and Evaluation, US Department of Health and Human Services, Washington, D.C. July 1, 2015

MEDICAID AND NURSING HOME CARE

- **Medicaid is the dominant payer for long-term services and supports; for example, 62 percent of nursing home residents have their care paid by Medicaid.** https://aspe.hhs.gov/basic-report/overview-long-term-services-and-supports-and-medicaid-final-report

IF WE USE A COOKIE JAR AS A METAPHOR FOR MEDICAID FUNDING FOR LONG-TERM SERVICES AND SUPPORTS, WILL THERE BE ENOUGH COOKIES IN THE MEDICAID COOKIE JAR IN THE NEAR FUTURE?

TIME FOR ACTION NOW

Medicaid is a tax-funded program and is the primary payment source for long-term services and supports for growing numbers of older adults. The current level of funding for Medicaid will not meet the increasing number of people attempting to use Medicaid to fund their long-term care in their later years. The political will is to decrease taxes. Thus, states will be forced to limit the number of people who can access this payment source resulting in long wait lists for services funded by Medicaid and/or states will be forced to reduce payments to providers of these services. This leaves many older Hoosiers at risk. So the Indiana Commission on Aging developed a Guide to help Indiana prepare for this situation by becoming more age-friendly and dementia friendly.

https://www.aarp.org/content/dam/aarp/ppi/2018/08/across-the-states-profiles-of-long-term-services-and-supports-full-report.pdf).

MANAGED LONG-TERM SERVICES AND SUPPORTS

- Why? 1. Due to fears about the spread of infections in congregate settings related to COVID and 2. Due to lack of tax funds for Medicaid, Indiana is developing a managed care approach to contain the cost of caring for older Hoosiers why rely on Medicaid (welfare) to pay for assistive care services (long-term services and supports). In other words, we are deinstitutionalizing the non-acute care of older adults. This is similar to using foster care instead of orphanages for children who are wards of the state and similar to emptying state mental hospitals and using community behavioral health services. This deinstitutionalization will have an enormous impact on local communities and their health care providers as well as older adults and their families. Older adults will be aging in place in their own homes or apartments or in the home of their adult children. Local communities need adult day care and personal home care services, and we currently lack this capacity in local communities. Over half the states have already made this move so Indiana is in a "catch up" mode. This is scheduled to happen by early 2024.

THE GUIDE RECOMMENDS THAT TWO WORK GROUPS FORM WITHIN EACH LOCAL COMMUNITY CARE COALITION. ONE GROUP FOCUSES ON THE COMMUNITY AND THE OTHER ON HEALTH CARE AND AGING SERVICES

Developing Age-Friendly & Dementia Friendly Communities

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Helping Older Adults & Their Families Navigate Acute Health Care and Long-term Services & Supports

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Local Community Care Coalition

WHY IS THE COMMISSION ON AGING ENCOURAGING COMMUNITIES TO BECOME MORE AGE-FRIENDLY AND DEMENTIA FRIENDLY?

- In the near future, increasing numbers of older adults will be living in community based settings and will need suitable housing, transportation, and assistive services in their own residences. Moreover, the COVID-19 pandemic has brought health disparities to the forefront of population health discussions. Social determinants of health take place in the communities where people live and work and contribute to the health disparities observed in the pandemic.

- Through a work group within a local community care coalition, the Guide encourages Indiana communities to work with their Area Agencies on Aging as well as other organizations to make these communities more livable and more healthy for older adults. The Guide references AARP's 8 Domains of Livability as a method for communities to start the work or to enhance efforts already underway.

- For communities just starting to work on this initiative, the Guide recommends inviting the Area Agency on Aging serving the community to be involved in the initial work because they have the expertise to connect community leaders with information resources and can facilitate networking opportunities.

WHY IS THE COMMISSION ON AGING ENCOURAGING HEALTH PROVIDERS TO BECOME MORE AGE-FRIENDLY AND INTEGRATED WITH THE AGING SERVICES NETWORK?

- The COVID-19 pandemic has brought the focus on health disparities to the forefront of population health discussions. Not only are community discussions needed to address issues related to social determinants of health, they are also needed to better integrate health care and the aging/social services network because health does not happen exclusively within the walls of health care institutions.

Figure 1

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	
Medical bills	Playgrounds	Higher education		Stress	Quality of care
Support	Walkability				
	Zip code / geography				

Health Outcomes
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

- The Guide encourages local health care providers to work with aging services experts from the Area Agency on Aging and other organizations within the community to help older adults and their families better access and utilize the health care and aging services available in the community. While we surely need services available in nursing homes, we need to build the capacity for more home and community-based services as well as more supports for family caregivers and care partners. The Guide suggests that this work be done through a second work group within a local community care coalition. This work group would bring together a local health care provider (hospital/health care system) and the Area Agency on Aging serving the community as well as other aging services providers to focus on helping older adults better access and utilize the health care and aging services in their communities so more can remain in their own residences or in the residences of family members.

HOW WILL THE GUIDE BE DISSEMINATED ACROSS INDIANA?

- We have many wonderful organizations working to address the needs of older Hoosiers and their families. In fact, many of these organizations have contributed to the content of this Guide and are actively working with on-going initiatives across Indiana communities. The Commission recognizes and appreciates their contributions and wants this Guide to underscore the importance of giving attention to continue to improve the quality of life for older adults in Indiana. Through this Guide, the Commission is bringing attention for **action now** in Indiana communities so they can become more age-friendly and dementia-friendly! We are asking health care and aging services providers and others (eg. local Chambers of Commerce, housing organizations, community foundations, etc.) to utilize the Guide with their on-going initiatives and disseminate it across Indiana communities by putting it on their web-sites and utilizing it in their initiatives.

BUILD FROM THE STRENGTHS AND ASSETS OLDER ADULTS BRING TO EACH COMMUNITY

- Older adults bring numerous assets to communities. The longevity economy is a vital part of our American economy. Oxford Economics estimates that it accounts for $7.1 trillion in annual economic activity (https://www.aarp.org/content/dam/aarp/home-and-family/personal-technology/2013-10/Longevity-Economy-Generating-New-Growth-AARP.pdf).

- Voluntary contributions made to each community need to be recognized. Grandparents caring for grandchildren, mentoring initiatives for in school and after school programs, back pack blessing initiatives to feed children on weekends, caring for older family members and neighbors, and many other contributions.

- Recognizing the contributions of older adults to the communities in which they live offers a foundation to build capacity to assist those who need some help in their later years. Together, we can continue to strengthen our Indiana communities so they are a very good place to live throughout our lives!

THANK YOU TO THOSE ORGANIZATIONS WHO HAVE JOINED US SO FAR, AND WE INVITE MANY OTHERS TO HELP IN THIS EFFORT!

- Alzheimer's & Dementia Services of Northern Indiana

- Alzheimer's Association, Indiana Chapter

- AARP Indiana

- Dementia Friends Indiana

- Indiana Association of Area Agencies on Aging

- Indiana Council of Parish Nurses

- Indiana Division of Aging

- Indiana Hospital Association

- Indiana Minority Health Coalition, Inc.

- Indiana Rural Health Association

- Purdue University Extension

- Qsource

- Saint Mary's College Graduate Nursing Program, Notre Dame, Indiana

- Senior Center Coalition of Indiana

- University of Southern Indiana Center for Healthy Aging