

What the Data Tells Us: A Brief on the Status of Community Supports and Health Services for Seniors in Alameda County

An older adult's ability to access health and supportive services is directly tied to the cost of the services and the options covered by her health insurance. For seniors with significant health conditions or physical limitations, economic status can be the determining factor in their health outcomes and well-being.

In Alameda County, over 156,000 seniors age 65+ have Medicare coverage,ⁱ which typically covers about 50% of the cost of health care and some short term nursing services, but does not cover the cost of long term supports and services. Over 32,000 of those with Medicare also have Medi-Cal coverage.ⁱⁱ About 7,012 seniors age 65+ have Medi-Cal only.ⁱⁱⁱ

According to the California Health Interview Survey 48.5% of Alameda County seniors age 60+ have had to forgo needed medical care due to cost.¹

Seniors with Medi-Cal coverage have access to long term care options, and protection from out-of-pocket medical costs that are not available to seniors of modest means and those with higher incomes. Medi-Cal beneficiaries may be eligible to receive in-home care through IHSS (the Medi-Cal funded In-Home Supportive Services), Adult Day Health Care services (through Medi-Cal's CBAS program), Case Management (very limited enrollment through Medi-Cal's Multi-Purpose Senior Services Program), and long term care in a Skilled Nursing Facility.

For the more than 33,000 low-income Alameda County seniors with Medicare only,^{iv} out-of-pocket costs for health care and in-home services can be prohibitive.^v According to the California Health Interview Survey 48.5% of Alameda County seniors have had to forgo needed medical care due to cost.^{vi} Medicare's benefit structure is poorly suited for individuals with complex care needs.^{vii}

Economic insecurity of senior households in California increases with age, according to the UCLA Center for Health Policy Research.^{viii} Thus, as seniors are more likely to need supportive interventions they are less able to afford them. Economically insecure seniors with substantial physical or cognitive impairment or serious health problems are at high risk for repeat hospitalizations or nursing home placement.^{ix}

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In addition to economic and coverage issues, not all seniors have a connection to a health care provider. While the majority of seniors do have a provider to turn to for health care services (private practitioners, Kaiser, community clinics or the county hospital), 9.1% do not have a usual place to go when sick.^x

Community-based supportive services help older adults meet the challenges of aging and live successfully in the community. These programs – including meals, case management, day care, information and assistance, friendly visiting, senior center activities, senior employment services, family caregiver support, legal services and HICAP, elder abuse prevention, and injury prevention services – not only complement medical care and help seniors maintain economic stability, they often provide life-line interventions that increase safety and prevent institutionalization.

If properly resourced, these impactful programs could be available throughout the county to older adults regardless of income, helping seniors address the gaps in resources and coverage that put so many at risk.

Several recent assessments point to eligibility and geographic gaps in the availability of key preventive and stabilizing services for seniors in Alameda County, as well as gaps in the provision of services. Identified gaps include case management services, fall prevention interventions in medical settings, and care solutions such as adult day services.

Case Management Services - A survey was conducted in 2013 of nonprofit and public organizations that provide short and/or long term case management to mostly low-income individuals over 65 years of age in Alameda County.^{xi} The survey found that 2% of the county's low income seniors (at or below 200% FPL) were receiving case management services. This is significantly lower than the 17% of the 65+ Medicare population that has complex care needs.^{xii} Because most of the case management "slots" are dictated by limited funding streams and many

STORIES OF REAL PEOPLE

Mrs. B is 90 years old and lives in Oakland. Mrs. B says: "My doctor of 27 years retired several years ago, and I had a terrible time finding a replacement. Every doctor I went to kept telling me "you're old" as a way of explaining every single one of my troubles. Well that just isn't so. It's not normal to be dizzy and falling down. Finally I went to Over 60 [Health Center] and my doctor says "this isn't right" and he looked at my medications. It turns out that's what was making me fall! Now I can walk fine."

Tom lives in Union City and cares for his wife. Tom says: "As my wife's many medical conditions got worse, we were completely at sea. No idea what to do. My arthritis makes it impossible for me to provide some of the help she needs. A church friend suggested I call the Senior Help Line, and that turned out to be a lifesaver. The case manager got my wife on Medi-Cal and some in-home help and a ride service to and from medical appointments. We've got it figured out now, and we know there's help in case we need it."

respondents report waiting lists, it is reasonable to conclude that case management capacity in the county is not adequate to meet current or future need.

Fall Prevention Interventions in Medical Settings -

According to UCLA's CHIS data for 2014, 47.4% of the Alameda County seniors who fell more than once in a 12 month period received medical care for the fall. Of those who did receive care, only 27% had a health professional talk with them about how to avoid falls, and only 12.1% had a health professional review their medications.

Adult Day Care - Over the last 8 years state budget cuts and the economic recession have reduced the number of Adult Day Health Care and Adult Day Care/Social Day Centers in the county from 15 to 12. Geographic access to Adult Day – the private pay option for individuals without Medi-Cal – is now an issue in central and eastern Alameda County. Geographic access to Adult Day Health Care – covered by Medi-Cal's CBAS program – is now an issue in eastern and southern Alameda County. Both Adult Day models are cost-effective community-based programs that can stabilize and help maintain the health of individuals who might otherwise need acute or institutional care.^{xiii}

Recommendations

The data shows a clear need for a robust and well-connected system of community supports and health services that can meet the needs of low and moderate income older adults. In the light of population growth projections – with the 65+ population in the county set to grow by over 80,000 people over the next 10 years – it is imperative that Alameda County and its cities strive to implement the following recommendations:

- Invest in community-based supports and services, with particular attention to ensuring geographic access and availability for seniors of low to moderate income.
- Make case management and adult day care services available throughout the county, tapping diverse funding sources so that no senior is ineligible
- Promote accessible care delivery – defined broadly to include transportation to and from, home visits,

STORIES OF REAL PEOPLE

Trace and Chandra of Oakland are caregivers for Trace's mother. Says Trace: "My mother unexpectedly came to live with us last year upon a deterioration of her mental state (early onset dementia). We were expecting a baby at the time, and when we learned that mom was going to need constant care, we didn't know how we would manage with our newborn and both of us working full time. We learned about BACS Adult Day Care just in time! Not only does this program provide care for her five days a week, they provide food and transportation, all things we needed with limited income and limited time. She loves the program and we don't know what we would've done without it!"

Janet's elderly aunt lives in San Leandro. Janet says: "She seemed to be going downhill very fast – mental confusion and no energy. She had been doing her own cooking. After investigating, the family started meals on wheels for her and before long they saw that she was back to where she had been. She was just malnourished!"

aging-sensitive practitioners, language and culture competence, and physical accessibility.

- Work to improve and expand the coordination between county systems, health plans and community-based service providers, supporting a Network of Community Services, with a multi-pronged focus on navigation assistance, prevention and hospital to home transitions.
- Promote fall prevention intervention practices in hospitals and clinics, and expand existing fall prevention services to partner effectively with health care entities.
- Develop robust volunteer networks to provide support for community-based organizations and public institutions, and to work in the community helping older adults stay connected and supported.

The Senior Services Coalition of Alameda County is a coalition of nonprofit and public organizations that, collectively, provide a broad array of health, social and supportive services to over 57,000 seniors. We are committed to improving the system of care in Alameda County so that older adults can thrive – regardless of fragile health, cognitive impairment, disability, or socioeconomic status.

ⁱ 2010 Medicare enrollment data.

ⁱⁱ Ibid.

ⁱⁱⁱ California DHCS, Medi-Cal/Medicare Dual Eligibility by Age by County, January 2012.

^{iv} Over 72,000 Alameda County seniors live below the Elder Economic Security Standard Index, a measure of what it costs to meet very basic living costs. But over 33,000 of them are not poor enough to qualify for Medi-Cal. 2010 EESSI for Alameda County, Insight Center and UCLA Center for Health Policy Research

^v According to UCLA Center for Health Policy Research, in 2007 the “out-of-pocket” cost to provide in-home care to an elder with low to moderate need for assistance is \$659 to \$1,747 a month; the cost of case management between \$135 and \$250 a month. Alameda County Home- and Community-Based Long-Term Care Service Package Costs, 2007. Today’s costs for these services are significantly higher. UCLA Center for Health Policy Research and Insight Center for Community Economic Development.

^{vi} CHIS data, 2014, UCLA Center for Health Policy Research.

^{vii} Karen Davis, Ilene Hollin, Lauren Nicholas, Amber Willink; Bloomberg School of Public Health, Johns Hopkins University

^{viii} “The Hidden Poor,” D Imelda Padilla-Frausto and Steven P. Wallace, August 2015, UCLA Center for Health Policy Research

^{ix} Ibid.

^x Ibid.

^{xi} Survey conducted by the Targeted Case Management and Older Adults Workgroup in October 2013.

^{xii} Roger C. Lipitz Center for Integrated Health Care, Johns Hopkins Bloomberg School of Public Health, based on Health and Retirement Survey, 2010

^{xiii} The out-of-pocket cost to provide Adult Day Care or Adult Day Health Care services for an elder with moderate care needs (3 days per week) is between \$850 and \$1,200 a month. (Survey by DayBreak Adult Care Centers in 2014.) Seniors with Medi-Cal coverage may be able to attend an ADHC for free.