Latinos Aging in Place: Issues and Potential Solutions

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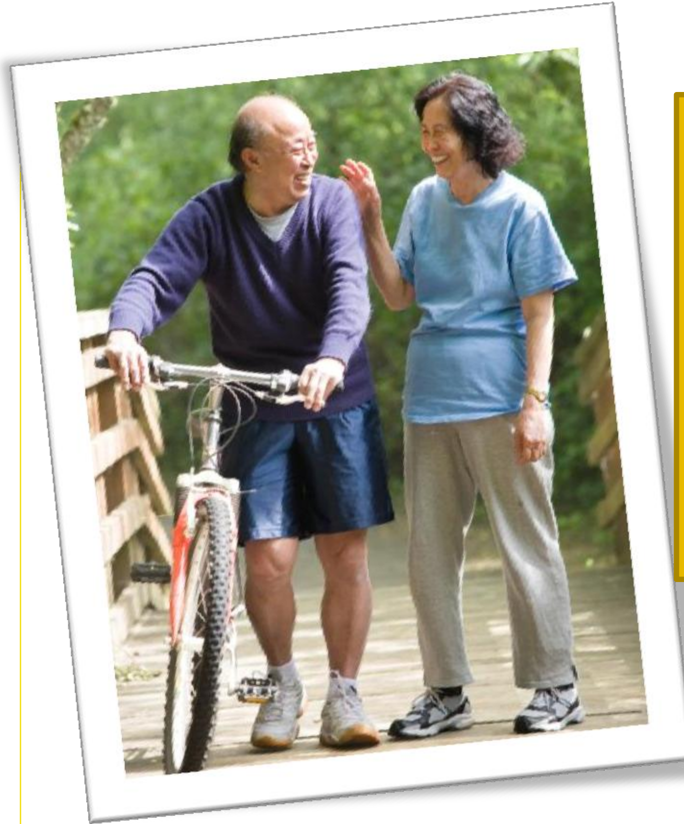
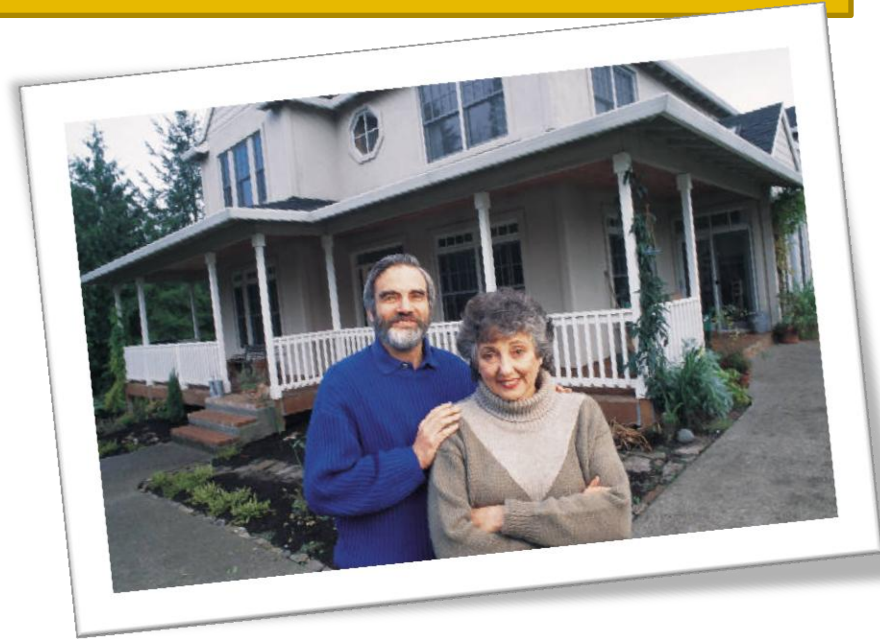
"Aging in Place"



The ability to retain an appropriate level of independent living in one's community and place of residence and personal control over one's lifestyle



The Pillars of Aging in Place for Disabled People and Their Community Integration

Health, medical, and social services

Community and neighborhood environment

Social and family networks, social engagement, and emotional support

Policies are needed to promote inter-sector linkage and social integration of disabled people

Latinos “Aging in Place”

Current practices in human services, public health and health care fail to promote and sustain optimal functioning for disabled people to “age in place” in low-income communities in the U.S.

Disparities research has shown that inequality produces disproportionate hardships for the low income disabled including early mortality

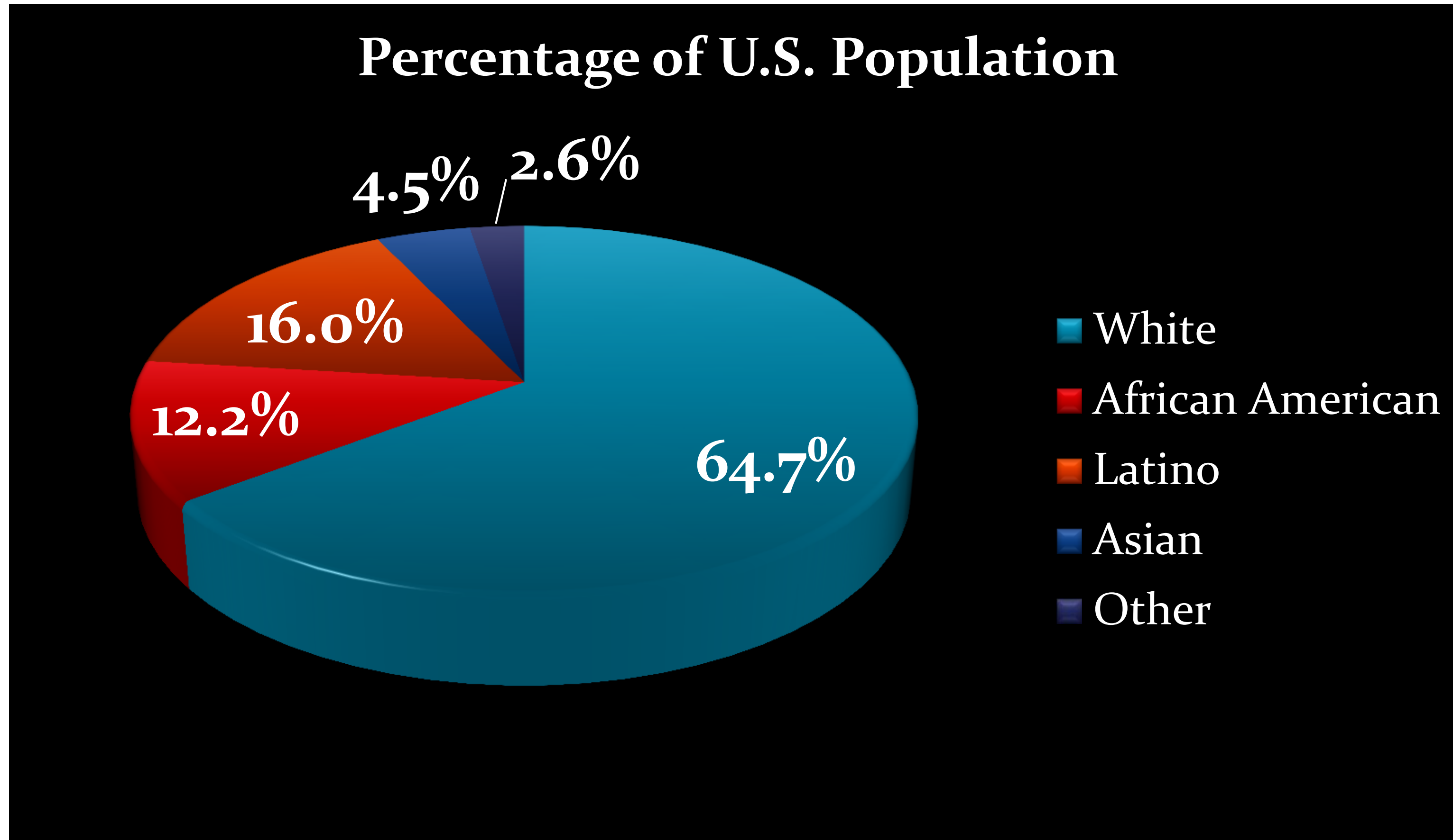
(Gonzalez et al., 2009;Vega et al., 2009)

Overview of Population

Population profile

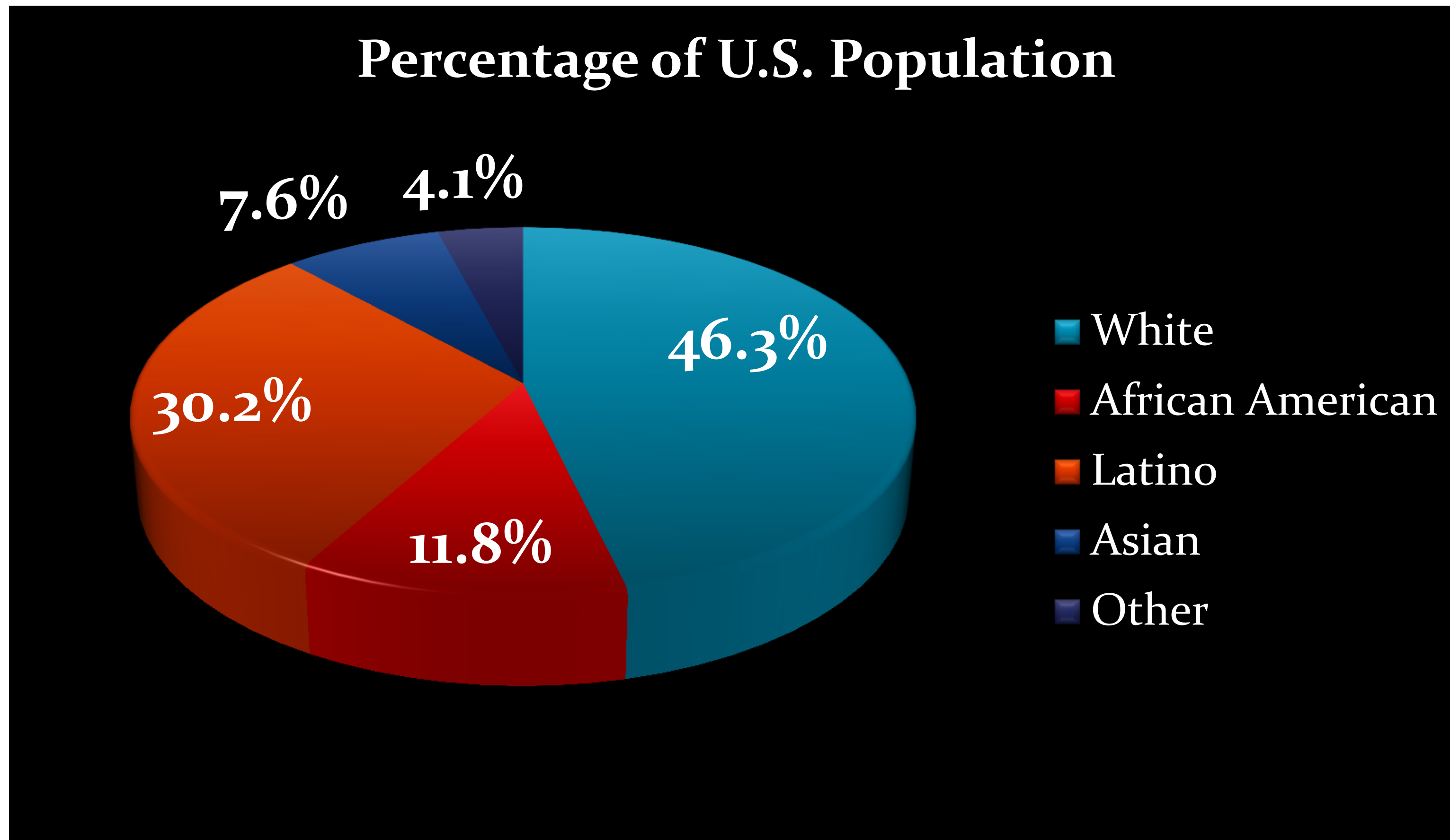
Population health and health care

U.S. Population Projection 2010



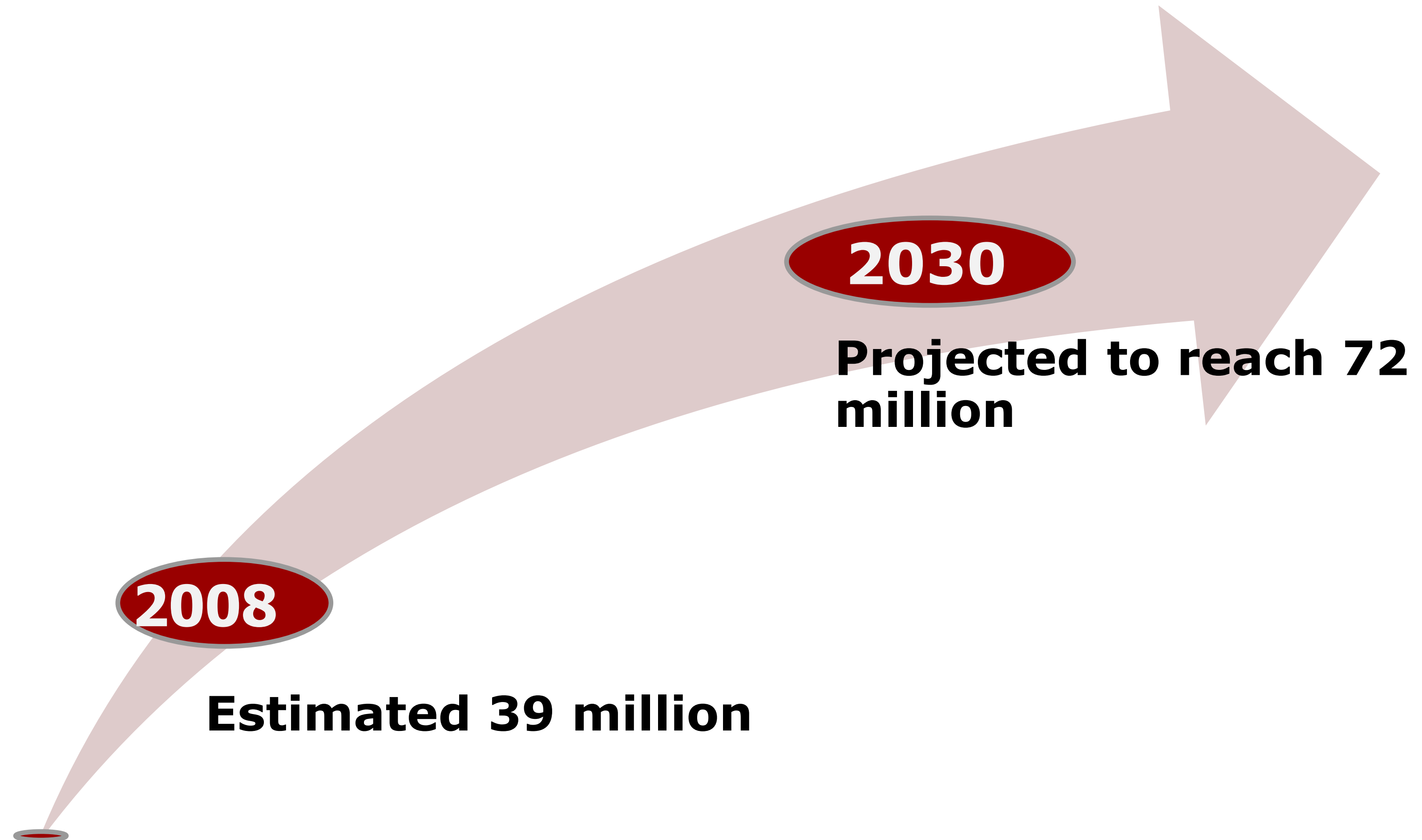
Source: U.S. Census Bureau, 2008

U.S. Population Projection 2050



Source: U.S. Census Bureau, 2008

U.S. Population Over 65



Source: Federal Interagency Forum on Aging-Related Statistics, 2010

U.S. Trends in Disability

- In the United States the prevalence of difficulty with activities of daily living (ADL) declined from 30.2% in 1995 to 26.0% in 2004
- The trend in difficulty with instrumental activities of daily living (IADL) was unchanged
- Increased education and wealth was associated with a reduction of disability onset rates and increased rates of recovery from disability
- These changes preceded the economic downturn in the United States and there has been a major increase in applications for disability payments from the government in recent years

Barriers to progress

- The fundamental challenge facing American society is how to reconcile enduring inequality in access to resources needed to supply a higher quality of life and improved human services for low-income disabled people (Orr et al., 2003)
- Low socioeconomic status in childhood – as measured by father's occupation and/or mother's education – predicts chronic disease in later life
- Children raised in poverty are at much higher risk
- Low income people increasingly live in ethnically segregated, low income communities with few resources for recreation, exercise, and personal growth
- Obesity in the 1946-64 birth cohort now a major risk

Health and Human Services

- In recent years increases in the use of assistive and mainstream technologies have reduced reported causes of disability.
- Low income people face major barriers in both early life health and access to and quality of human services and medical care received, especially for chronic diseases and conditions(Beal, Hernandez, & Doty, 2009; Perez, Ang, & Vega, 2009)
- The human services system and medical care services systems are poorly integrated and at best tend to provide only short-term patient tracking and management of patients

Clinical Care Access In Low Income Communities

- By 2019 it is estimated that there will be 23 million uninsured (including undocumented people) after implementation of health care reform

- Clinical access to primary care providers after health care reform will be limited in community health centers, and perhaps elsewhere, by an acute shortage of primary care physicians

- A similar shortage will exist for geriatric specialists, mental health, and addiction treatment specialty providers

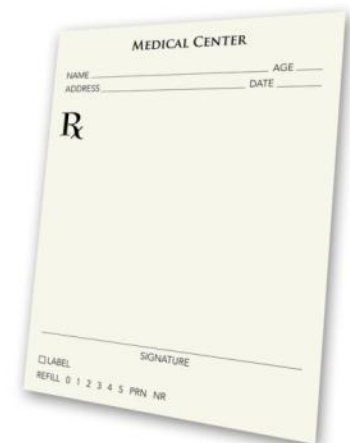
- One in five U.S. households speak a language other than English, and there is low availability of linguistically competent staff or translators to serve patients who do not speak English

Quality of Care Improvement and Outreach

- **Need for flexible referral to specialty care or co-located services for elders with disabilities with emphasis on convenient access**
- **Need to up-skill primary care in mental heath and treatment: Primary care is most common site for presentation of cases and specialized knowledge of aging and disability for serving patients is inadequate**
- **Disconnect between clinical treatment and patient self-management of chronic disease : need for linking clinic to home and community care**
- **Need for clinical "extenders" and technology assistance to support residential care including automated patient monitoring and support**

The CLASS Act – Health Care Reform Law

- **Community Living Assistance Services and Support Act (CLASS) Act will soon be implemented**
- **It represents the first thoroughgoing redesign of public policy to address long-term care needs of elders in 50 years and has important implications for supporting residential living for the disabled**

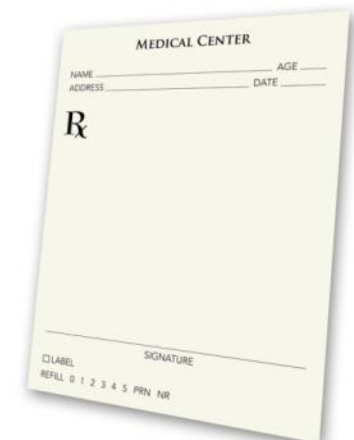


The CLASS Act

- **It will offer unprecedented program advantages in scope of coverage and affords strong incentives for home-based integration of health with human services including important incentives for home-based assisted living (The SCAN Foundation, 2010)**
- **The program offers direct cash subsidy of up to $50 a day ($1800 monthly with no limits) to assist elders to stay in their homes**

The CLASS Act

- It is not an entitlement program
- It is an insurance program that you must pay into for 5 years before you are eligible to receive benefits, and you must continue paying into it
- The program is entirely self-supporting and can never rely on tax revenue funds, and would not be available to non-citizens



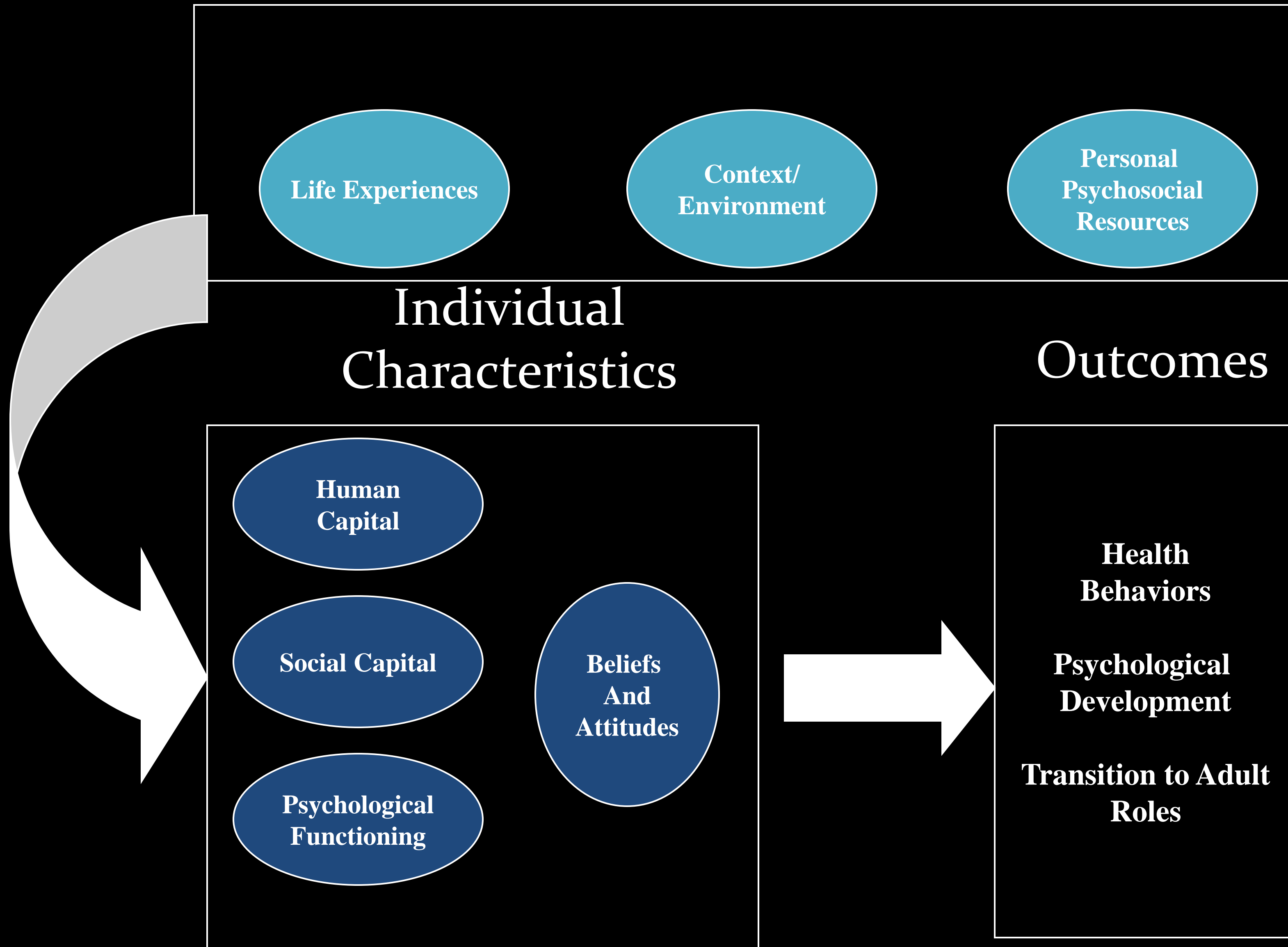
The CLASS Act

- **The program relies heavily on employer support, and it is unclear how that will affect the participation of the Latino workforce given their disproportionate concentration in informal labor markets and employment with small businesses**
- **Adverse selection could make the program financially unaffordable if it relies mostly on an enrolled population with high rates of disabilities**

"No mass disorder afflicting humankind has been eliminated or brought under control by attempts at treating the affected individual, nor by training large numbers of individual practitioners"

George Albee
Past President, American Psychologist Association

"Staying Healthy" Human Development and Environment Model



Health of the Disabled and Community Transformation

Community is where people reside and the physical and social characteristics of a community influence human development, behavior, and health across the life course and ultimately help produce health or disease

Most disease and mortality in the US is attributable to human behavior in some form: obesity, alcoholism, sexually transmitted disease, drug addiction, smoking, violence, risk taking, that are more prevalent in low income communities

The physical attributes of communities increase disease risk through exposures to toxins, physical hazards, public safety problems, and poor food or insufficient supply, and lack of adequate exercise or healthful recreation.

Community Context

- **The role of community in successful "aging in place" for low-income disabled has received little attention in research**
- **A community that supports "aging in place" provides a safe environment for exercise, recreation, socialization, sufficient access to preventive and health and human services, various means to receive adequate nutrition, transportation, and opportunities for personal growth**

Inequality of Community Services

- Residentially segregated Latino communities exemplify persistent structured inequality in American society (Lawrence, Sutton, Kubisch, Susi, Fulbright-Anderson, 2004)
- Is it possible to improve public and private institutions and services, as well as sustain or increase the social capital of low-income communities, without a commensurate improvement in the financial status of residents?

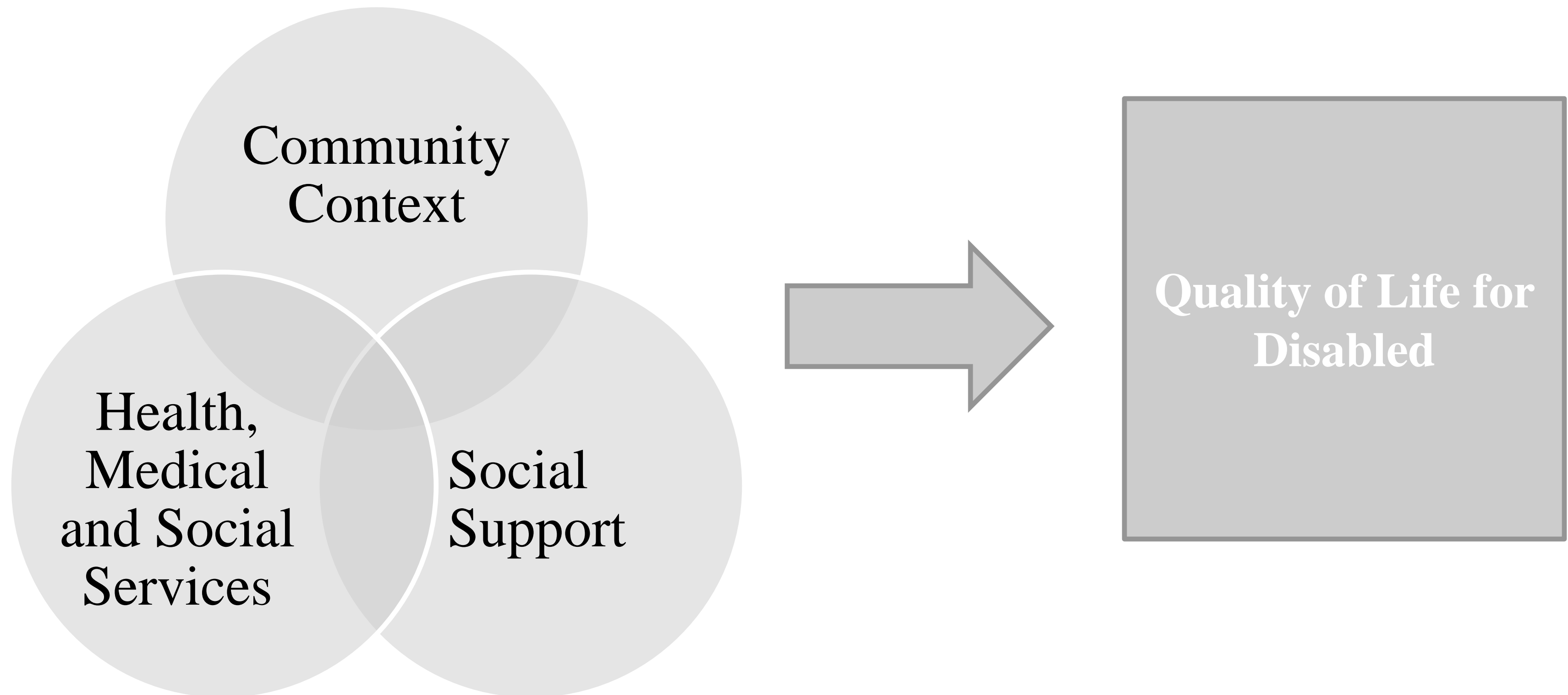
Protective Effects of Social Support

- Most aging disabled people live in family settings
- Decades of research has shown that individuals benefit from adequate social support over their entire life course (Umberson, Crosnoe, & Reczek, 2010)
- The well-documented protective effects of social support on emotional well-being may offset at least some deficits in community resources for the disabled

Public Policy and Aging

- **Community participation** is needed to address core determinants of health and well-being of disabled people, including environmental factors directly affecting aging people
- National Institutes of Health (NIH) have progressively moved in the direction of community-based translational research – “molecule to community” because sustainable changes in health must be rooted in social system

Three Domains of Effect



Public Policy and Aging

- **The ultimate challenge will be to functionally integrate the planning and implementation across three domains that historically have had only coincidental connections**
- **Establishing initiatives that foster community resident participation, and advocacy, are basic requirements for effectiveness and successful implementation**

A Shift in the Paradigm

- the **CLASS Act**, the **expanding supportive services and senior center programs** of the Administration on Aging (AoA), and ACA legislation to be implemented by the U.S. Department of Health and Human Services (HHS) intended for workforce development and specifically for **home-based care services**, bring strong promise of a paradigm shift in thinking about sustainable and affordable aging but full implementation is uncertain

One-Stop Geriatric Services

The Geriatric Day Hospital (GDH) was pioneered in the 20th century by British physicians

The goal is to provide easily accessible services that reach elders where they live, thus fostering independent living by coordinating services of health care professionals with social workers and other community health aides

This approach is intended to provide timely oversight and "one-stop" utility

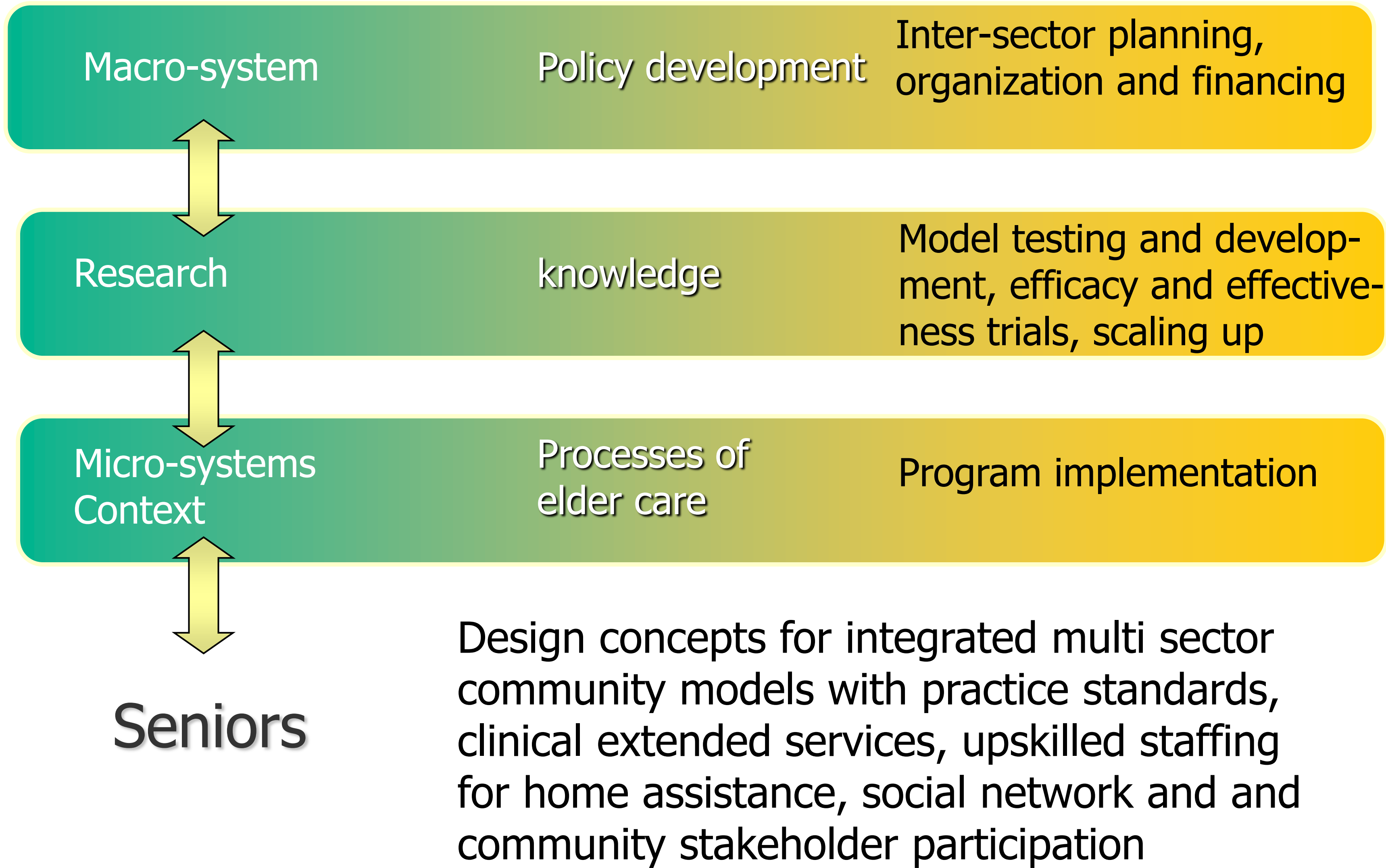
close to home for elders

Successful "Aging in Place"

The success of the "aging in place" movement will be determined by how successfully policies and programs are implemented

In the U.S. policies are unevenly implemented as programs must contend with complex federal, state, county, and city policies and administrative systems

The Chain of Effect in Health and Improving Quality of Life for Low-Income Seniors



"Every system is perfectly designed to achieve exactly the results it gets."

-- Donald Berwick