

Healthy Aging Through Community Partnerships: National Policy to Local Implementation

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~270 of these daily 65th birthdays will
be in L.A. County . . .



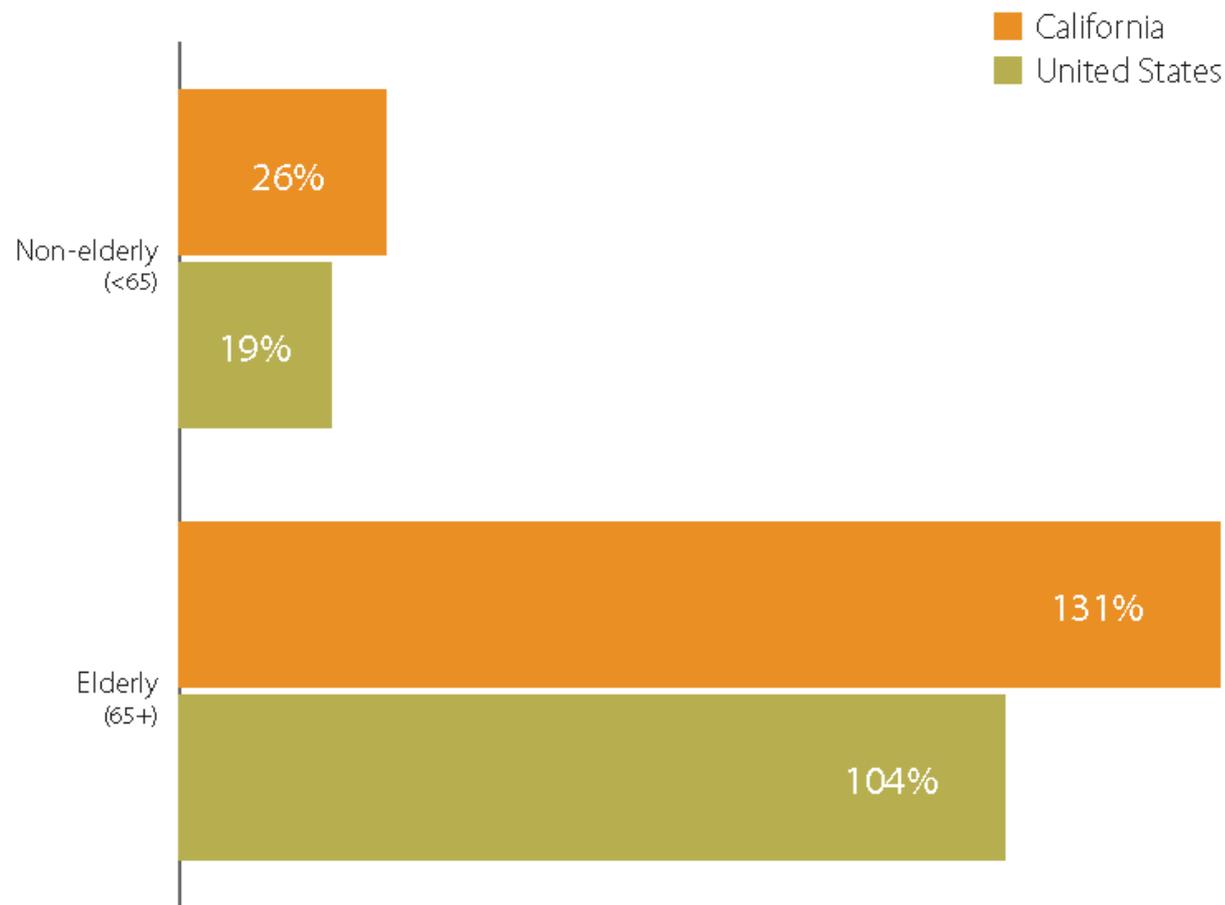
We will have over 2 million
seniors in our midst
(>18% of our community)!

Challenge and Opportunity:

With our diversity, track record, and
unprecedented collaboration

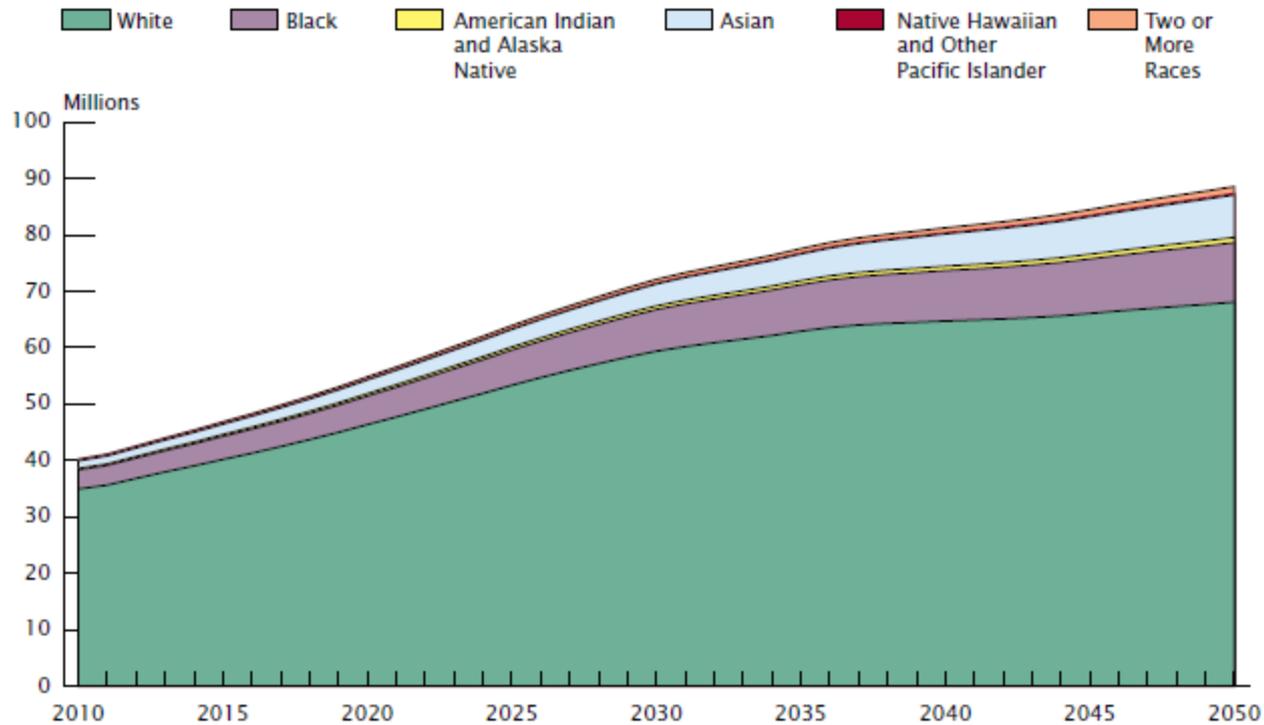
Los Angeles = model for nation

Projected Population Growth, Elderly vs. Non-Elderly, California vs. the United States, 2000 to 2030



Seniors are Becoming More Diverse

Figure 4.
Projected Population Aged 65 and Over by Race for the United States: 2010 to 2050

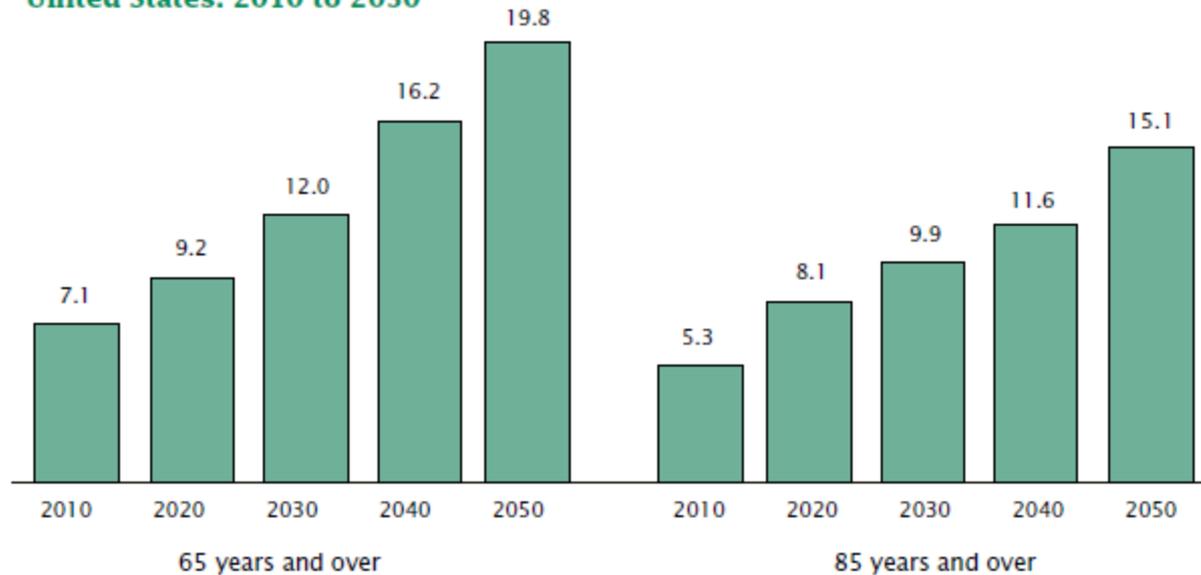


Note: Unless otherwise specified, data refer to the population who reported a race alone. Populations for each race group include both Hispanics and non-Hispanics, as Hispanics may be of any race.

Source: U.S. Census Bureau, 2008.

Latino Seniors are Fastest Growing Sociodemographic Group

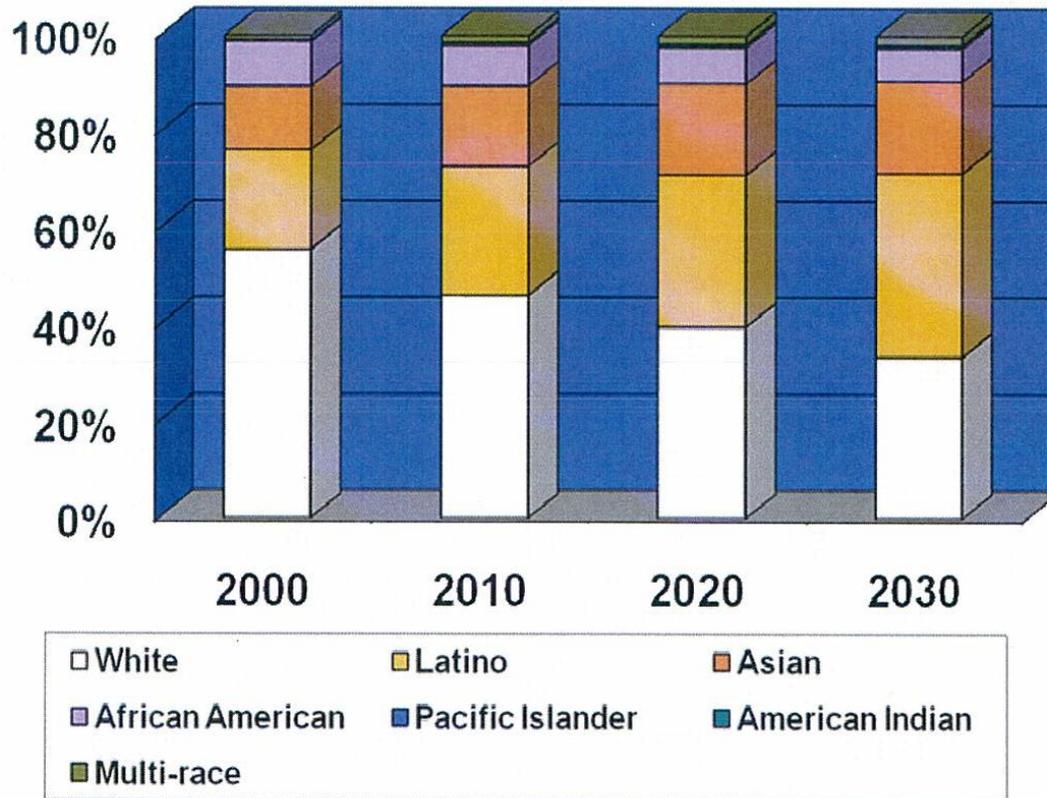
Figure 5.
Percent Hispanic for the Older Population by Selected Age Groups for the United States: 2010 to 2050



Source: U.S. Census Bureau, 2008.

Los Angeles Leads the National Diversity Trend

L.A. County Racial/Ethnic Composition of 65+ Population



* Data taken from the 2000 Census (Compiled by the Asian Pacific American Legal Center)

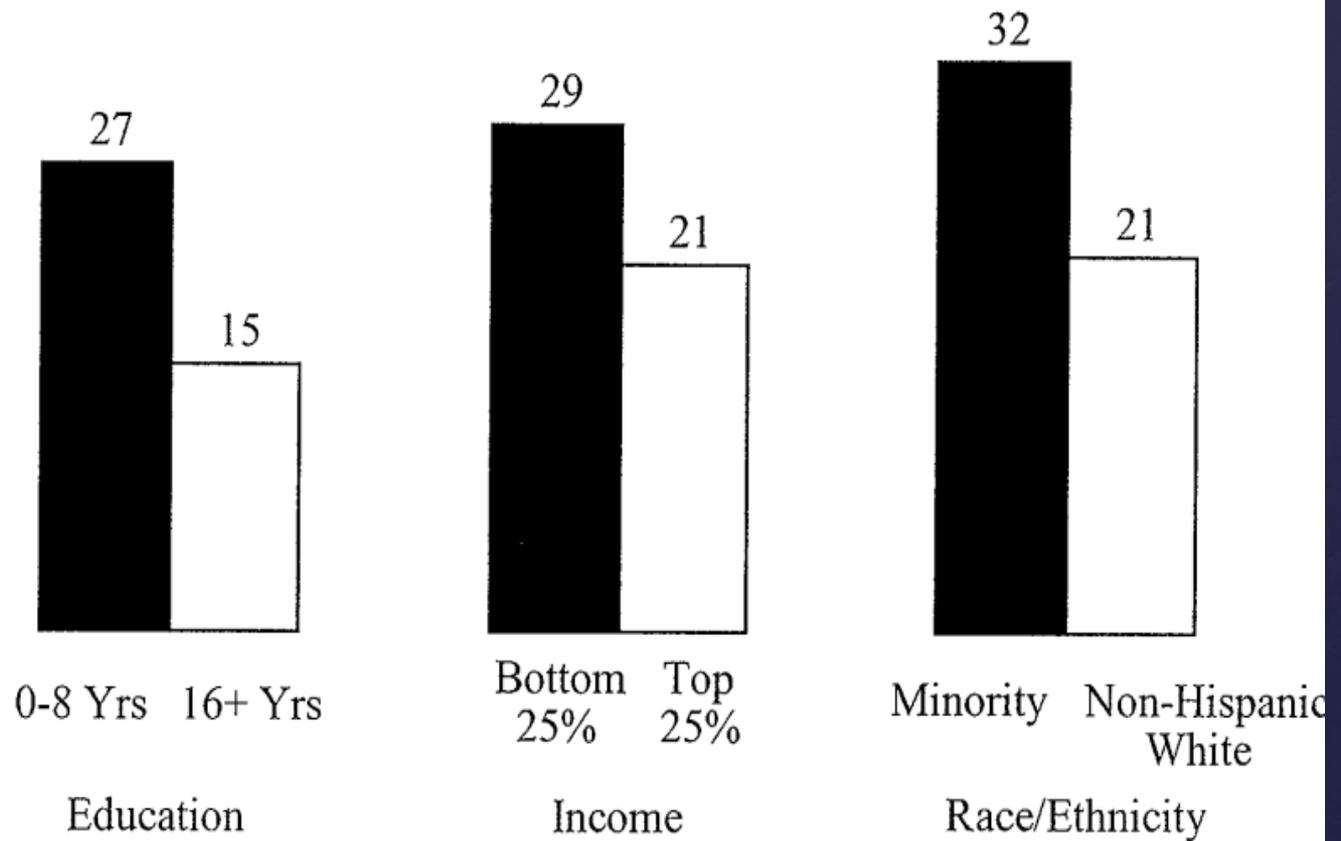
Los Angeles Seniors are Vulnerable

- 54% do not have enough income to meet their most basic needs as measured by the Elder Index.
- Large proportion uninsured:
 - 14% without medical insurance
 - 61% without dental insurance
- One-third of L.A. County seniors have limited English proficiency

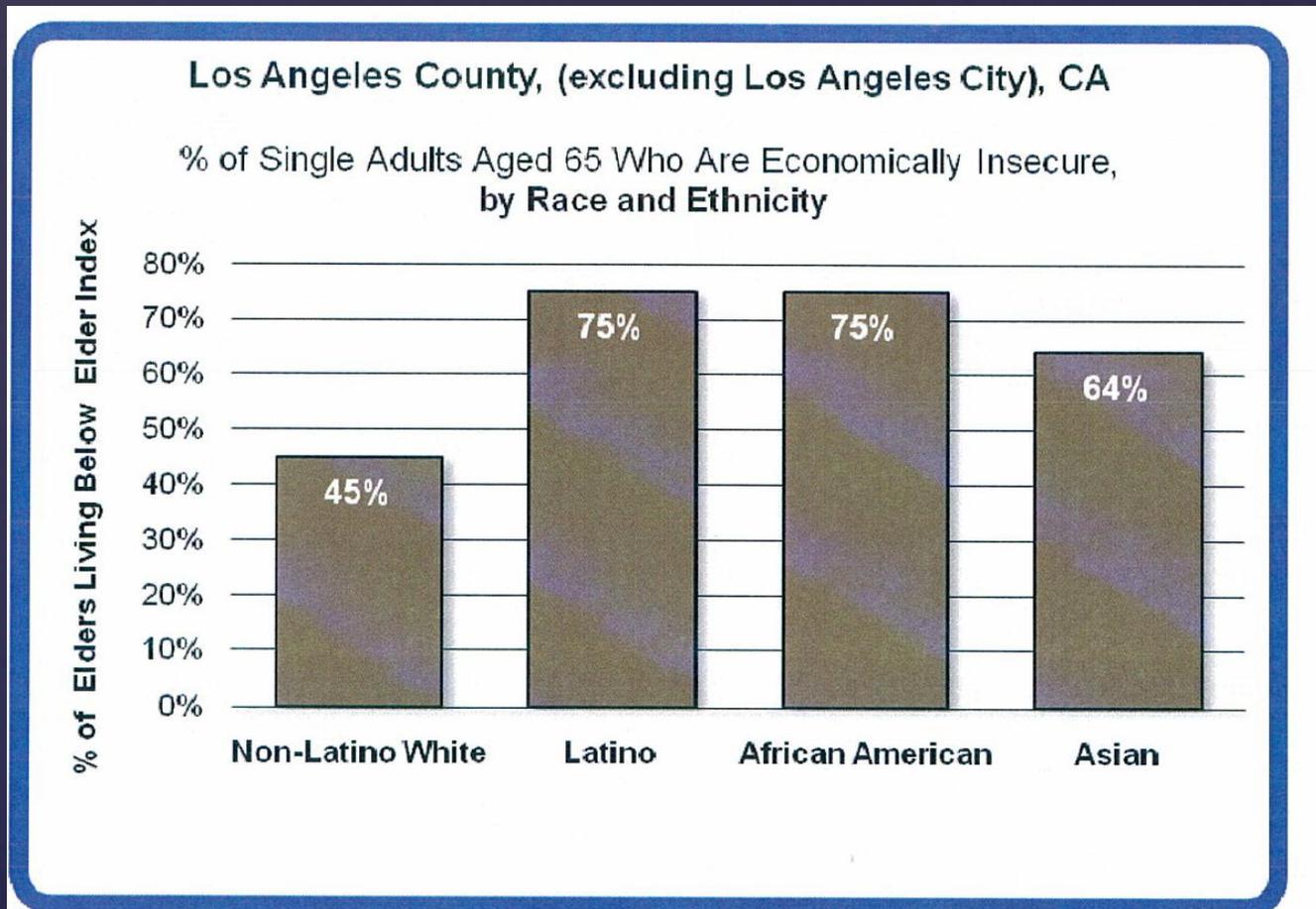
Health Disparities Persist into Old Age

- Being poor and/or non-white is bad for your health
 - violation of principles of fairness and justice
 - *Eliminating health disparities is public health imperative*
- Major Risk Factors for Poor Health:
 - Low Education
 - Low Income/Wealth
 - Non-white Latino
 - African American
 - Asian-American
- Disparities peak in middle age and do not shrink

Senior Disability Rates by Education, Income, and Race/Ethnicity



Economic Insecurity Disproportionately Afflicts Latino/non-White Seniors



(Source us Census Bureau's 2006 ACS data, completed by the UCLA Center for Health Policy Research)

What Causes Health Disparities in Seniors?

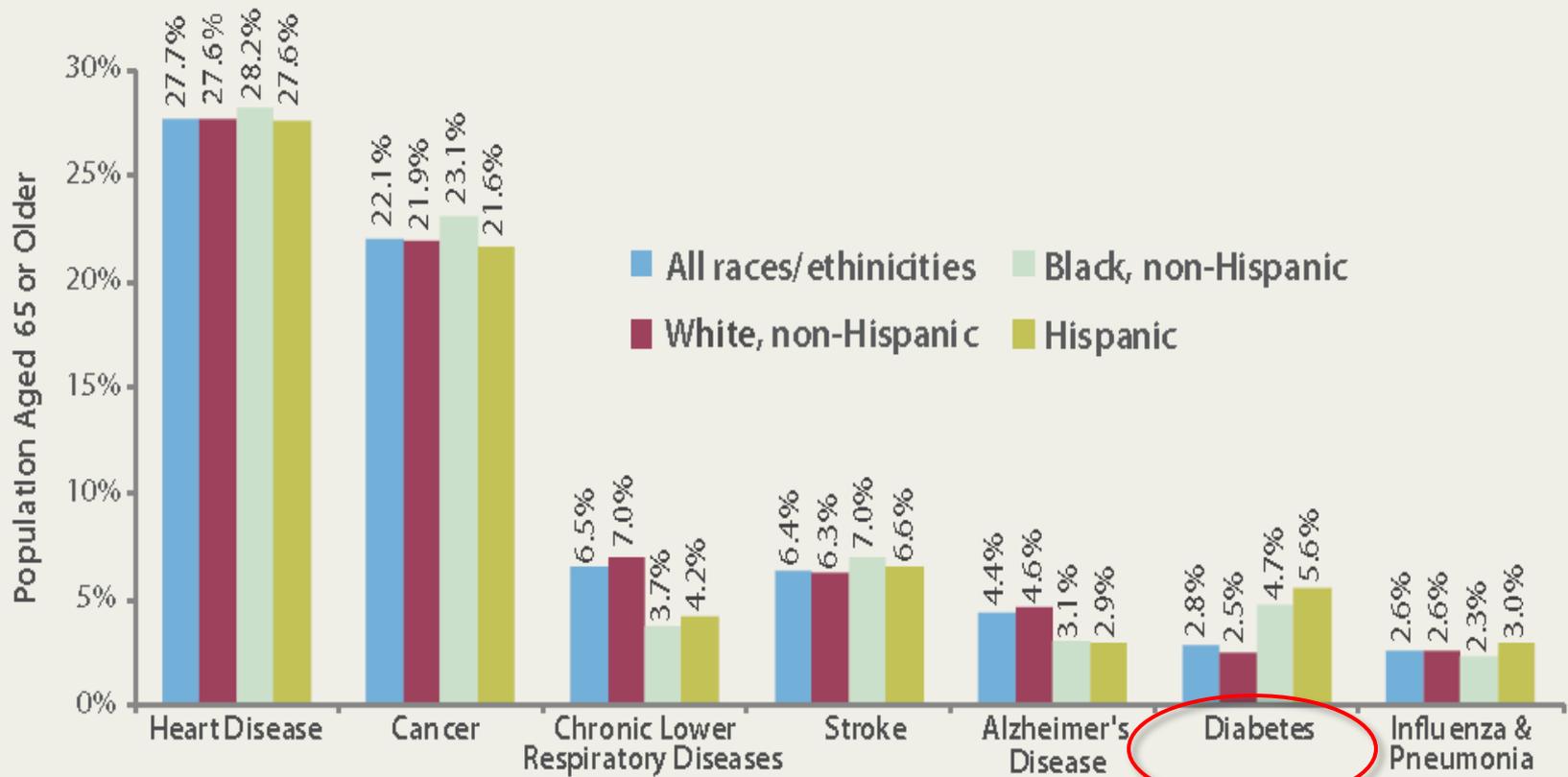
- Variations in access, receipt and quality of care
- Variations in onset, progression and recovery associated with disease and disability (examples= hypertension, stroke, diabetes)
- Early life experiences including behaviors (smoking) and exposures to toxins and infections
- Differential housing quality

History and Culture Drive Health Disparities

“During slavery, all this food that our ancestors could get was probably white. If he kill pig, the only thing that we eat today and we love today is pig feet, pig ‘testines, pig tails, pig ears—the pig! That’s the only thing he gave us . . . this is all we ate. ..And this what makes the blood pressure goes up, because it’s a lot of fat, and a lot of pork. We ate it because that’s all we had to eat, until our ancestors was freed . . . and that’s where we still are, pig... it may seem funny, but it’s true, but if we cut down on the pig, and eat less fat, and eat less pork, then I believe we’ll save ourselves from having a stroke.”

—African American senior participating in L.A. CAPRA Center focus group

The Burden of Chronic Disease



Source: CDC, National Center for Health Statistics. National Vital Statistics System, 2007–2009.

Disparities in Quality of Care



Key: AI/AN = American Indian or Alaska Native; NHW = non-Hispanic White; n = number of measures.

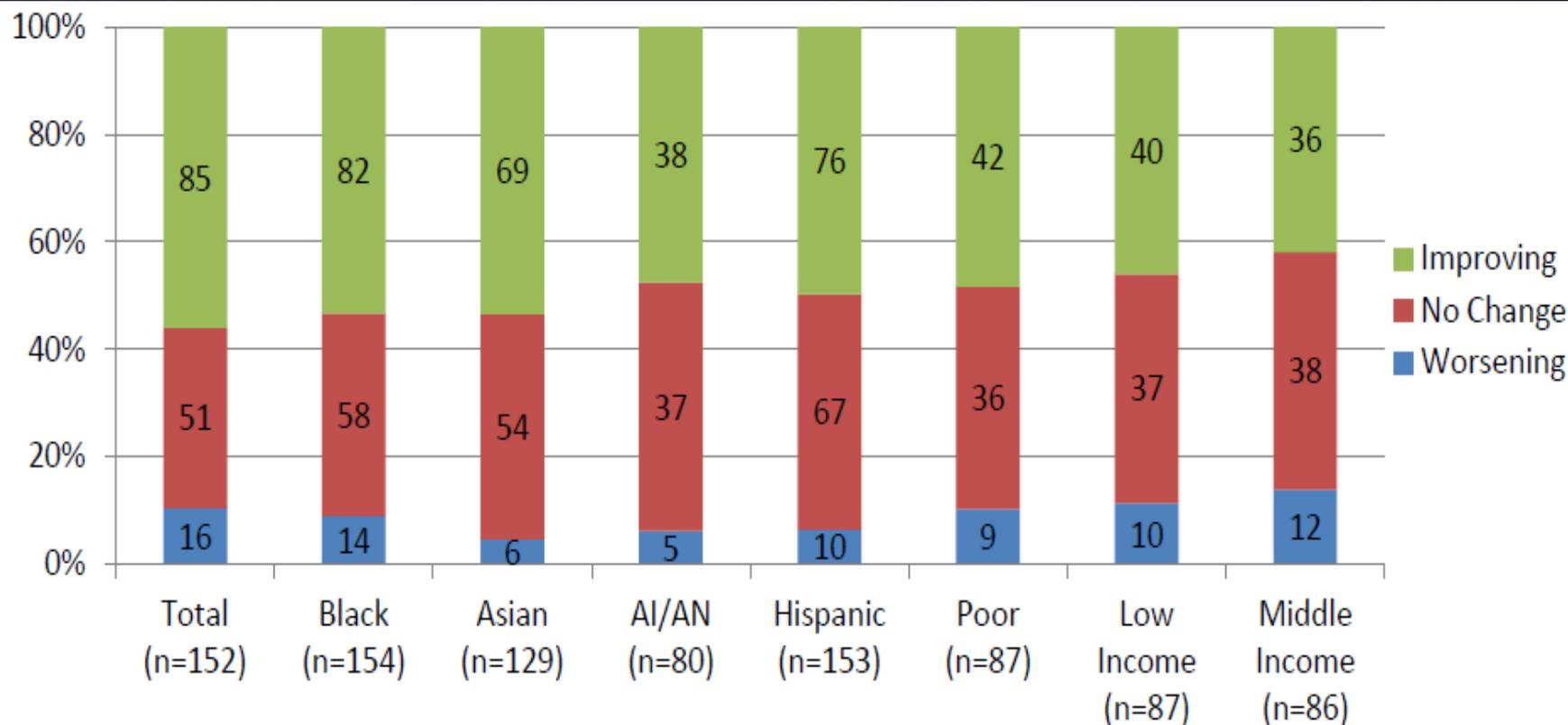
Better = Population received better quality of care than reference group.

Same = Population and reference group received about the same quality of care.

Worse = Population received worse quality of care than reference group.

Note: For each measure, the most recent data available to our team were analyzed; for the vast majority of measures, this represents data from 2008, 2009, or 2010.

Quality of care is improving ...



Key: AI/AN = American Indian or Alaska Native; n = number of measures.

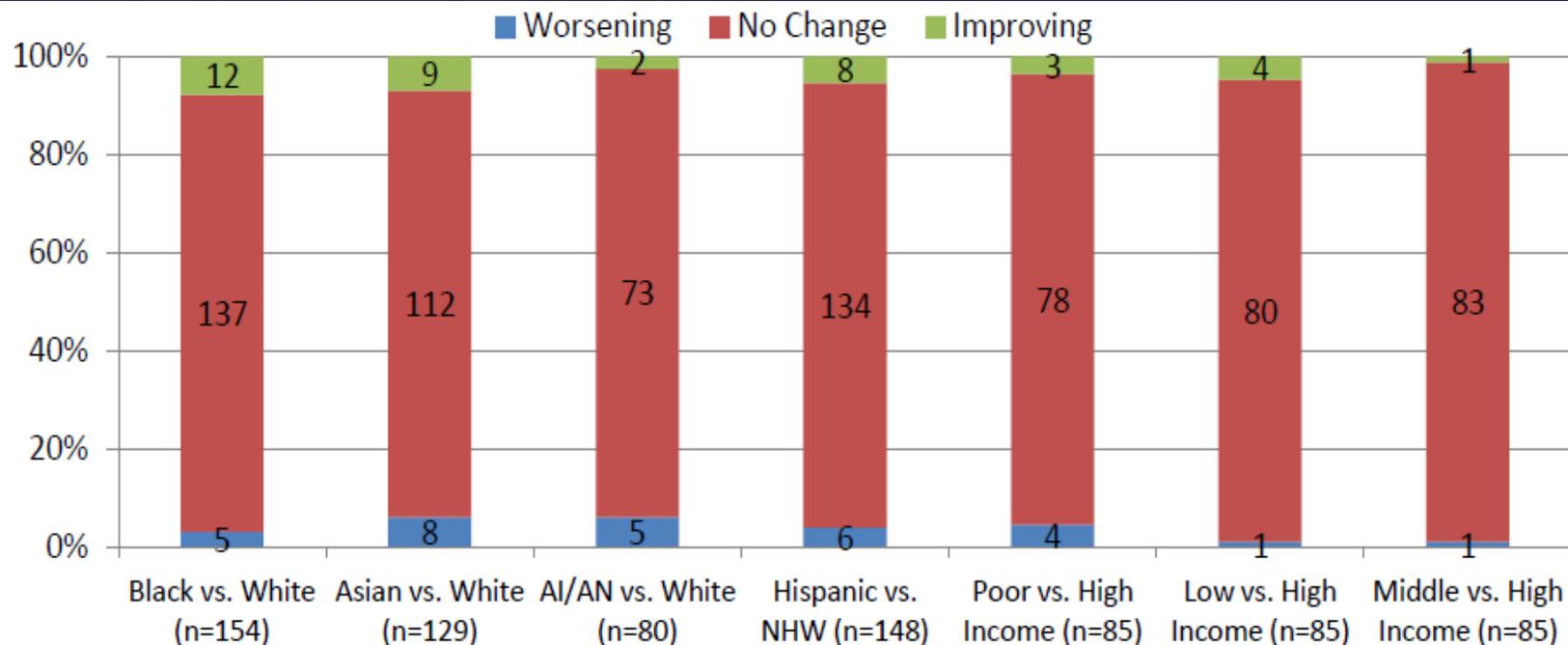
Improving = Quality is going in a positive direction at an average annual rate greater than 1% per year.

No Change = Quality is not changing or is changing at an average annual rate less than 1% per year.

Worsening = Quality is going in a negative direction at an average annual rate greater than 1% per year.

Note: For each measure, the earliest and most recent data available to our team were analyzed; for the vast majority of measures, this represents trend data from 2000-2002 to 2008-2010.

... but disparities in quality of care are not changing



Key: AI/AN = American Indian or Alaska Native; NHW = non-Hispanic White; n = number of measures.

Improving = Disparity is getting smaller at a rate greater than 1% per year.

No Change = Disparity is not changing or is changing at a rate less than 1% per year.

Worsening = Disparity is getting larger at a rate greater than 1% per year.

Note: For each measure, the earliest and most recent data available to our team were analyzed; for the vast majority of measures, this represents data on change in disparities from 2000-2002 to 2008-2010.

Table 1: Health Needs in Los Angeles County

	Percent of respondents with need
Insurance	
Does not have medical insurance or HMO	14%
Does not have dental insurance	61%
Does not have prescription drug insurance	47%
Affordability	
Needs, but is not able to afford medical care	9%
Needs, but is not able to afford dental care	18%
Needs, but is not able to afford prescription drugs	9%
Needs, but is not able to afford vision care (glasses, cataract surgery)	13%
Needs, but is not able to afford hearing care (hearing aids, implants)	11%
Prevention services	
Has not had a dental exam in last three years	31%
Has not had a flu shot in the last year	33%
Has not had a pneumonia shot in the last ten years	51%
Has not had a physical exam in the last three years	22%
Physical exercise	
Interested in physical exercise	54%
Medication management	
Has problems with paying for prescription medications	14%
Has problems with refilling prescription medications	6%
Has problems with understanding doctor's prescription medication orders	5%
Has problems taking pills on time	8%
Health information	
Would like information about health promotion and disease prevention activities (nutrition counseling, medication management)	33%



L.A. CAPRA CENTER

Los Angeles
Community Academic Partnership
for Research in Aging

Academic Health Center

Community

UCLA Division of Geriatrics

- Resource Center for Minority Aging Research (RCMAR)
- Clinical and Translational Science Institute (CTSI)
- Biodemography Center
- Clinical Scholars Program
- Older Americans Independence Center (OAIC)

Executive Committee

Sarkisian (Director), Trejo, Mangione (Co-Directors), Norris, Simmons (Co-Investigators)

Staff

Reyes (Center Administrator), Lee (Evaluation Manager), Project Assistant, Webmaster

Key Collaborators

Kuo (L.A. County Dept. Pub. Health), Mittman (Implementation/Evaluation Scientist)

City of L.A. Dept. of Aging

- Multipurpose Senior Centers (MPCs)
- Case managers

L.A. County Community and Senior Services

- Community and Senior Centers

Partners in Care Foundation

- Staff team of case workers and community organizers

African American Older Adult Research Hub

- Watts Labor Community Action Committee

Chinese Older Adult Research Hub

- Chinatown Service Center

Japanese Older Adult Research Hub

- Little Tokyo Service Center

Latino and Korean Older Adult Research Hub

- St. Barnabas Senior Services
- Hollywood Multipurpose Senior Center

National Academic Community

Community Action Board

National Advisory Board

National Administration for Community Living

L.A. CAPRA Center CAB Members:

Cynthia Banks, Director, Los Angeles Community and Senior Services

Grace Cheng Braun, MSPH, President & CEO, *Wise & Healthy Aging*

Peter Braun, Executive Director, *American Diabetes Association*

Paul S. Castro, President/CEO, *Jewish Family Services Los Angeles*

Vicky Gutierrez, B.S.B.M., Director, Senior Services Division, *International Institute of L.A.*

Marta Hansen, St. Barnabas Senior Services/Hollywood Community Volunteer

Andrea Jones, Project Specialist, *Healthy African-American Families*

Loretta Jones, MA, Founder and Executive Director, *Healthy African-American Families*

Cathy Ladd, MSW, Vice-President, Programs, *Alzheimer's Association*

Barbara Linski, Director, *St. Barnabas Senior Services*

Anna "Aziza" Lucas-Wright, MA, Clinical Instructor, *Charles R. Drew University*

Sina Ma, Department Supervisor, UCM, Chinatown Service Center

Adriana Mendoza, MSW, Associate State Director, *AARP*

Mike Murase, Director of Service Programs, *Little Tokyo Service Center*

Kim Rathman, Ph.D, Executive Director, *Pacific Region OASIS*

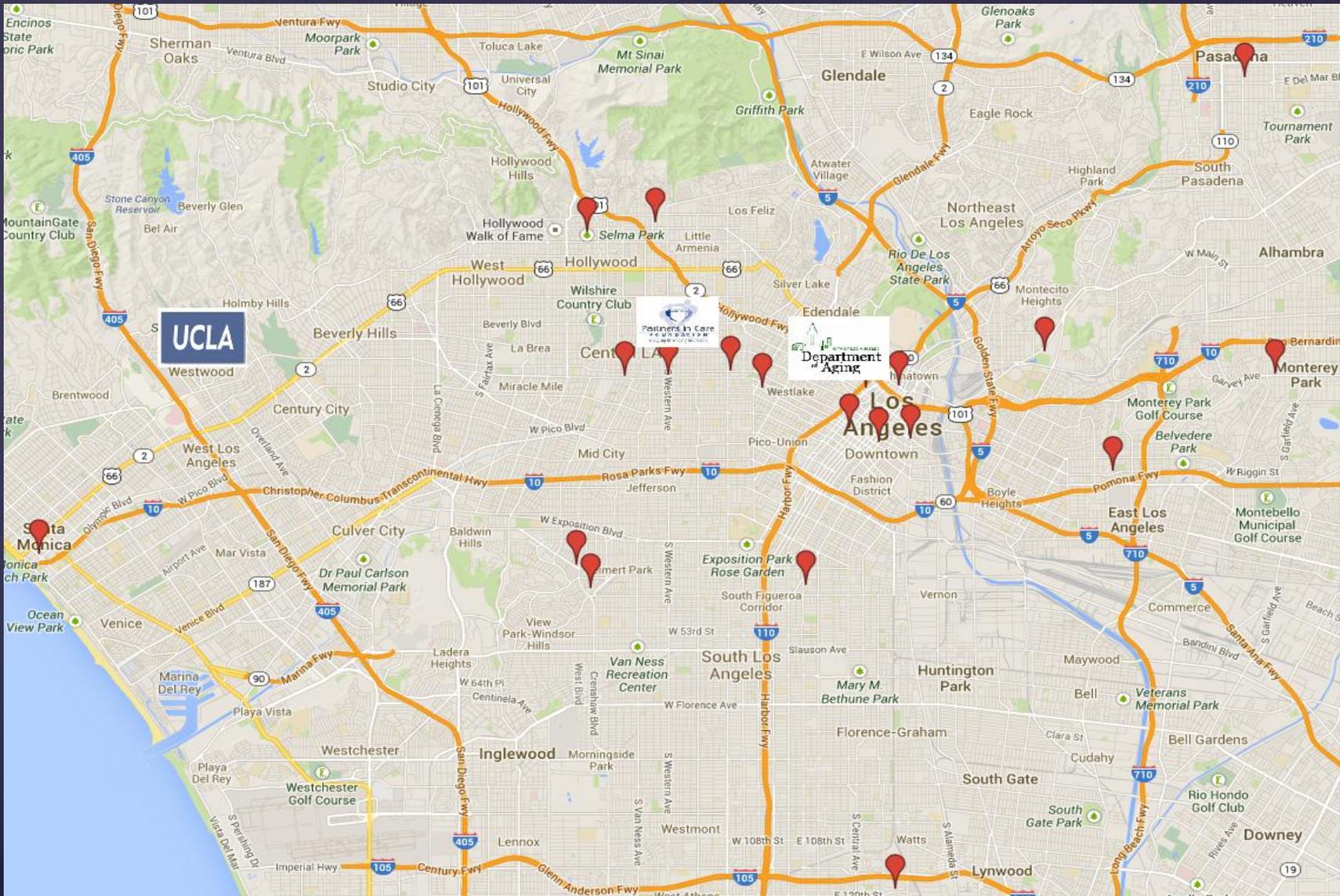
Rigo Saborio, MSG, President/CEO, *St. Barnabas Senior Services*

June Simmons, MSW, President/CEO, *Partners in Care Foundation, Inc.*

Marvin Southard, Director, *Los Angeles County Department of Mental Health*

Kathleen Sullivan, Ph.D, Director Senior Services, *LA Gay and Lesbian Center*

Phyllis E. Willis, MSW, Dir. of Senior Services, *Watts Labor Community Action Committee*



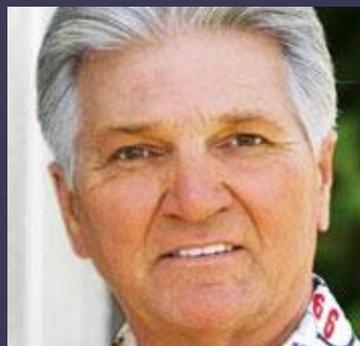
Worth the Walk

- Culturally-tailored behavioral stroke risk factor reduction/walking intervention for high-risk seniors from 4 racial/ethnic groups: Korean, African American, Chinese, Latino
- Integrate intervention into LA aging services network/senior centers by training in-house case managers
- Randomized trial with mean steps/day as primary outcome
- Identify and evaluate barriers and facilitators to successful integration of the intervention into the aging services network
- ***Emphases: cultural-tailoring and sustainability***

“I walk to relax my mind and exercise my body, that’s...that’s what walking does for me.” –77 year old African American man at WLCAC

“I feel that this is a good idea. If the community can promote the event and invite seniors to join, it will be great. We can create a slogan such as “Walk to good health.” Walking as a group with a common goal is much better.” –65 year old Chinese woman at Chinatown Service Center

“It is a very good class...very interesting. I am very happy because I arrived as an 80 year old and am leaving like a 15 year old.” –80 year old Latina at SBSS/Hollywood



Join Paul Petersen & Dr. Scott Kaiser

As We Follow the Lives of 12 Contestants

Taking Strides Towards a Life That's

“ON THE MOVE!”

Exclusively on:



THURSDAYS AT 8:30 PM STARTING JUNE 7TH

A Presentation of the

The UCLA Community Academic Partnership for Research in Aging

&

The City of Los Angeles Department of Aging



OTMTV

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OTMTV





Episodes available on LA Cityview 35 website and YouTube
(<http://www.youtube.com/user/DOCKAISERTV>)

Media Intervention: *On the Move*



Promoting Community Activities (including evidence-based programs)



Conclusions

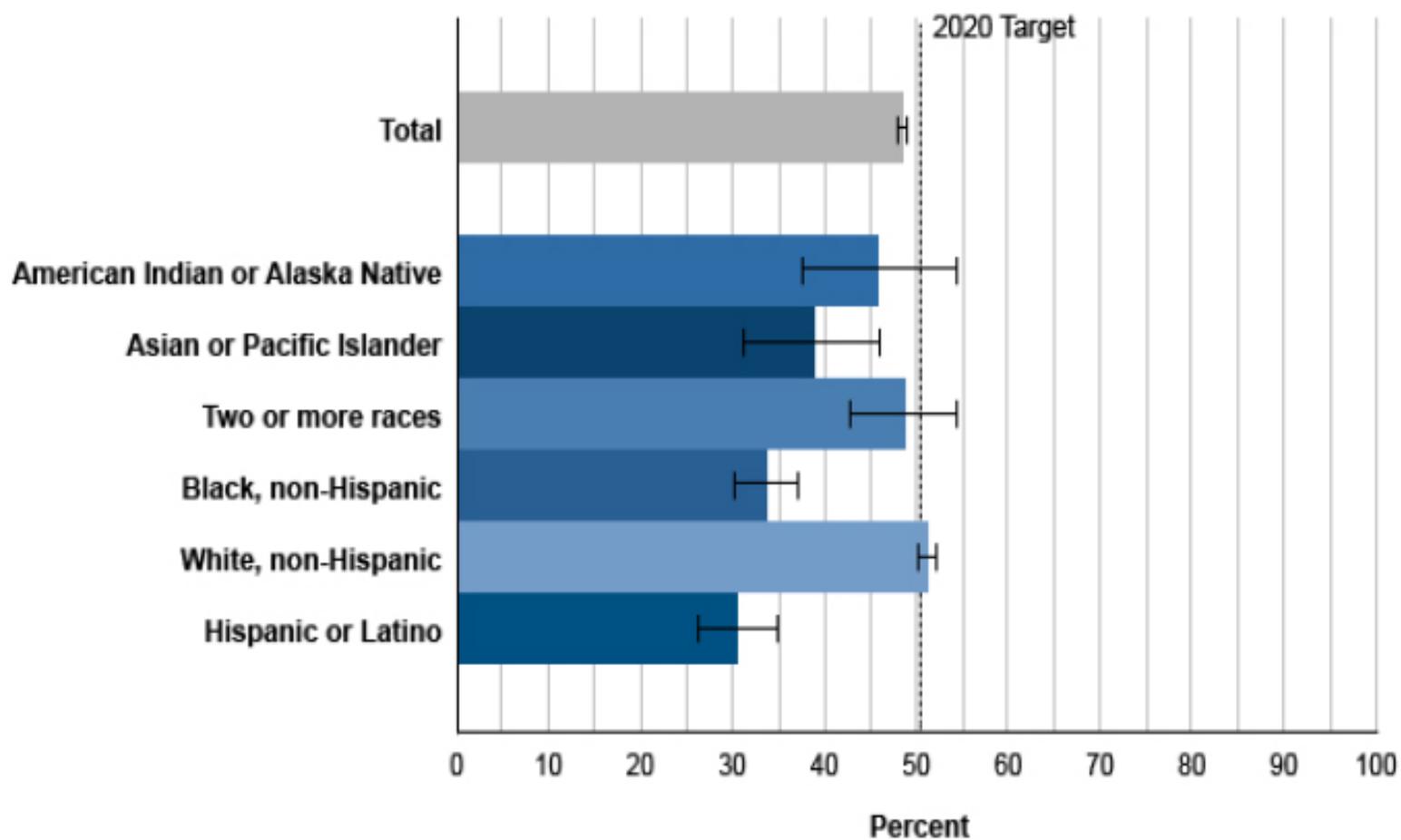
- Aging population is rapidly growing and becoming more racially/ethnically diverse
- Nonwhite and low SES seniors are disproportionately burdened by multiple chronic conditions and poor care quality
- Quality Improvement \neq Disparities Reduction
 - Seniors are not one-size-fits-all
 - More targeted/tailored efforts needed at the local level
- L.A. CAPRA Center and community-academic partnerships can be part of the comprehensive approach to making L.A. the model for the nation in *innovative, sustainable programs that improve the quality of life of seniors*

Thank you to Funders

- National Institute on Aging
- National Institute of Neurological Disorders and Stroke
- John A. Hartford Foundation
- VA Greater Los Angeles Healthcare System

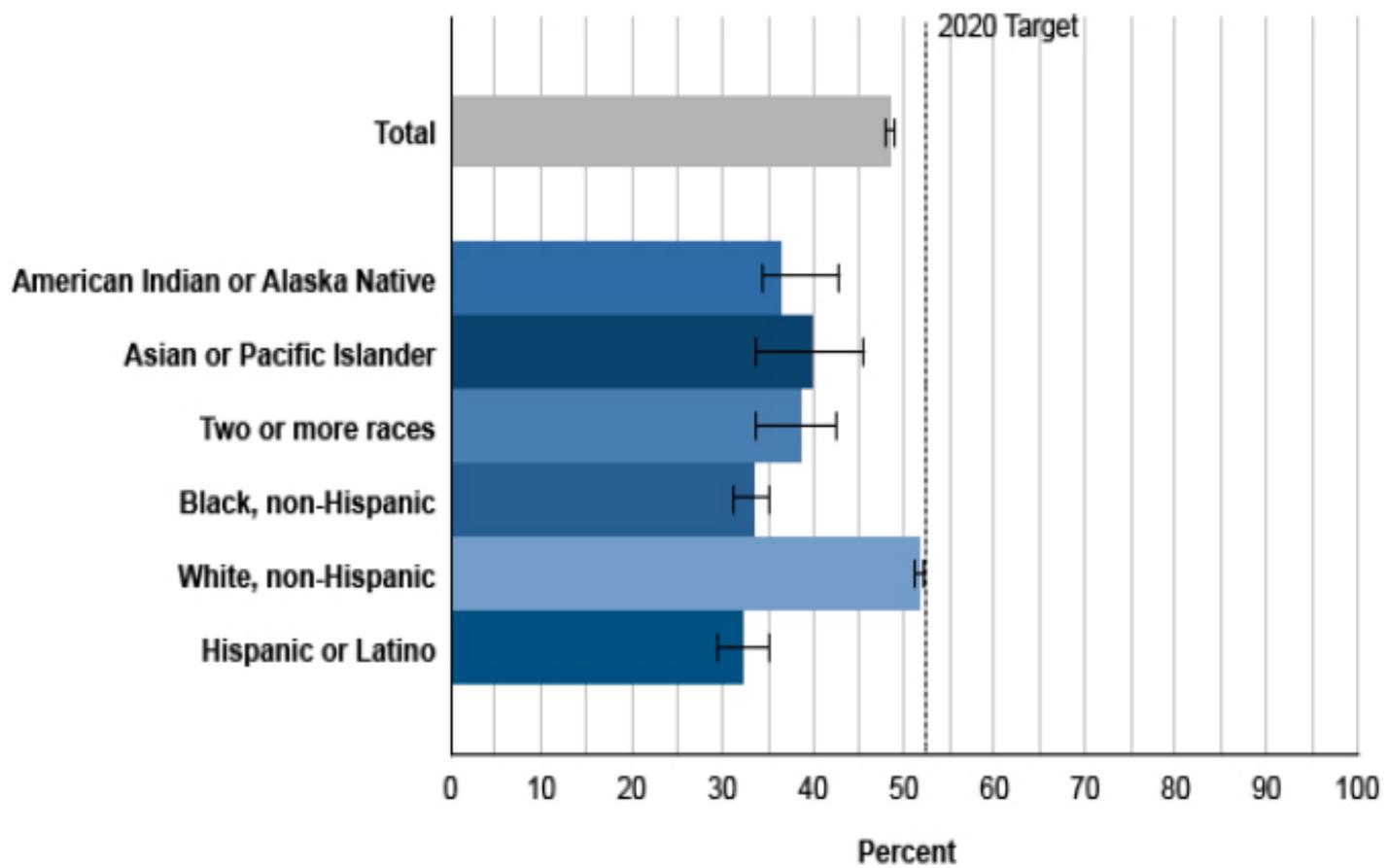
Up to date on a core set of clinical preventive measures, older males, 2010

↑ Increase desired



Up to date on a core set of clinical preventive measures, older females, 2010

↑ Increase desired



Wellness Pathway Pilot Project

- Process examination of bidirectional care coordination/referral linkage between clinic and MPC
- Evidence-based classes offered in familiar community-based settings
- Window of opportunity with shifting dual eligible seniors to managed care
- Longer-term outcomes: patient health outcomes, cost-savings

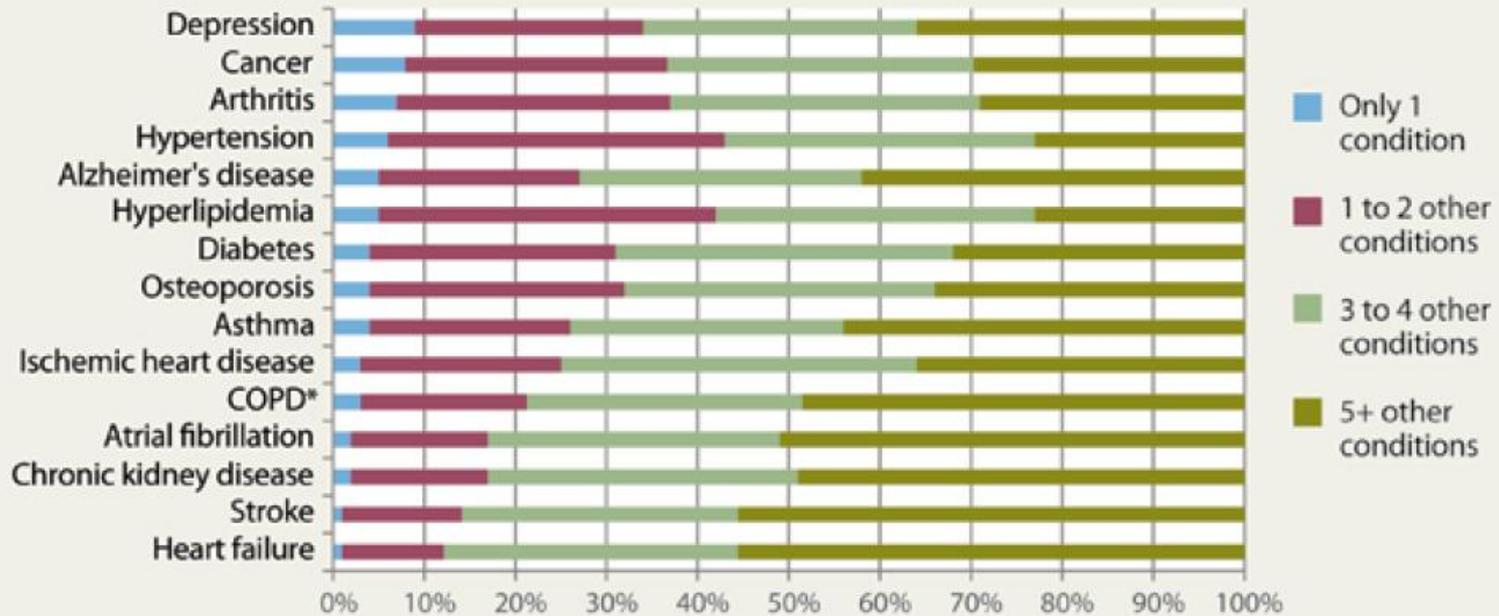
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L.A. CAPRA Center

- Los Angeles Community Academic Partnership for Research in Aging (L.A. CAPRA) Center
- Launched in 2010 by National Institute on Aging
- Partnership between LA City Dept of Aging (Trejo), UCLA (Sarkisian, Mangione, Norris), Partners in Care Foundation (Simmons), and vast network of racially/ethnically representative leadership in local aging services network
- Mission: implement and test sustainable/scalable programs and new models of care that improve the quality of life of older adults
- 20 CAB members, 3 NAB members
- <http://lacapra.med.ucla.edu/index.htm>

The Challenge of Multimorbidity



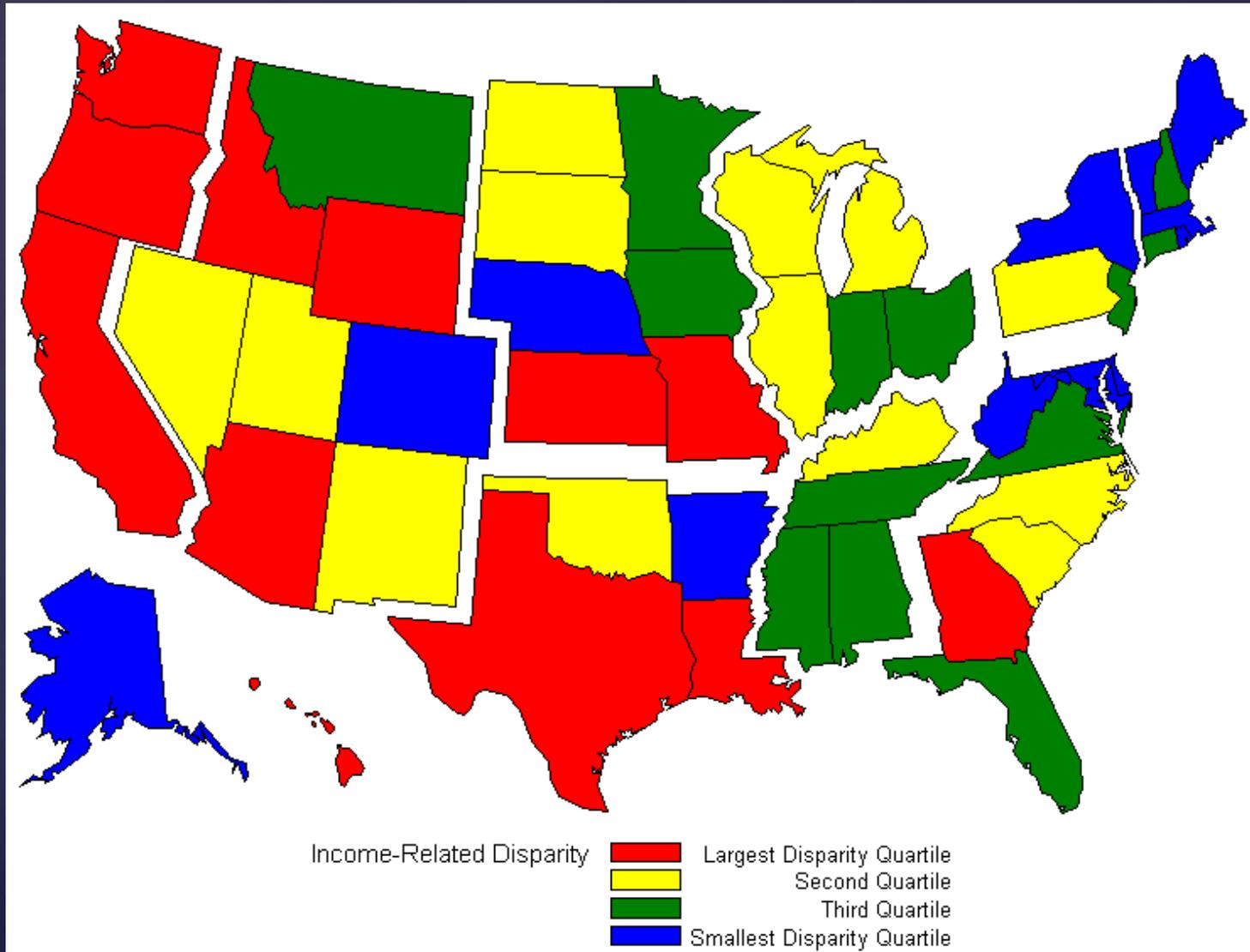
*chronic obstructive pulmonary disease.

Source: Centers for Medicare & Medicaid Services. *Chronic Conditions Among Medicare Beneficiaries*.

[http://www.cms.gov/Research-Statistics-Data-and-](http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/Downloads/2012Chartbook.pdf)

[Systems/Statistics-Trends-and-Reports/Chronic-Conditions/Downloads/2012Chartbook.pdf](http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/Downloads/2012Chartbook.pdf)

California Leads Nation in Income-related Disparities



“I’m 80 years old. And uh, I’ve talked to a lotta, I even heard on television and from other people like that, that black people in the United States normally have high blood pressure and strokes, because they, they’re under pressure.” –older African American male

“The reason why people get a stroke and then don’t recover, is because the doctors themselves try to exploit the situation ...that the person is like that. They...have specialists for everything...how to walk, how to speak, how to eat...and so the person that trains you how to walk can’t also show you how to eat, nor speak, nor anything...it has to be one at a time, specialized in that.” –Older Latino male

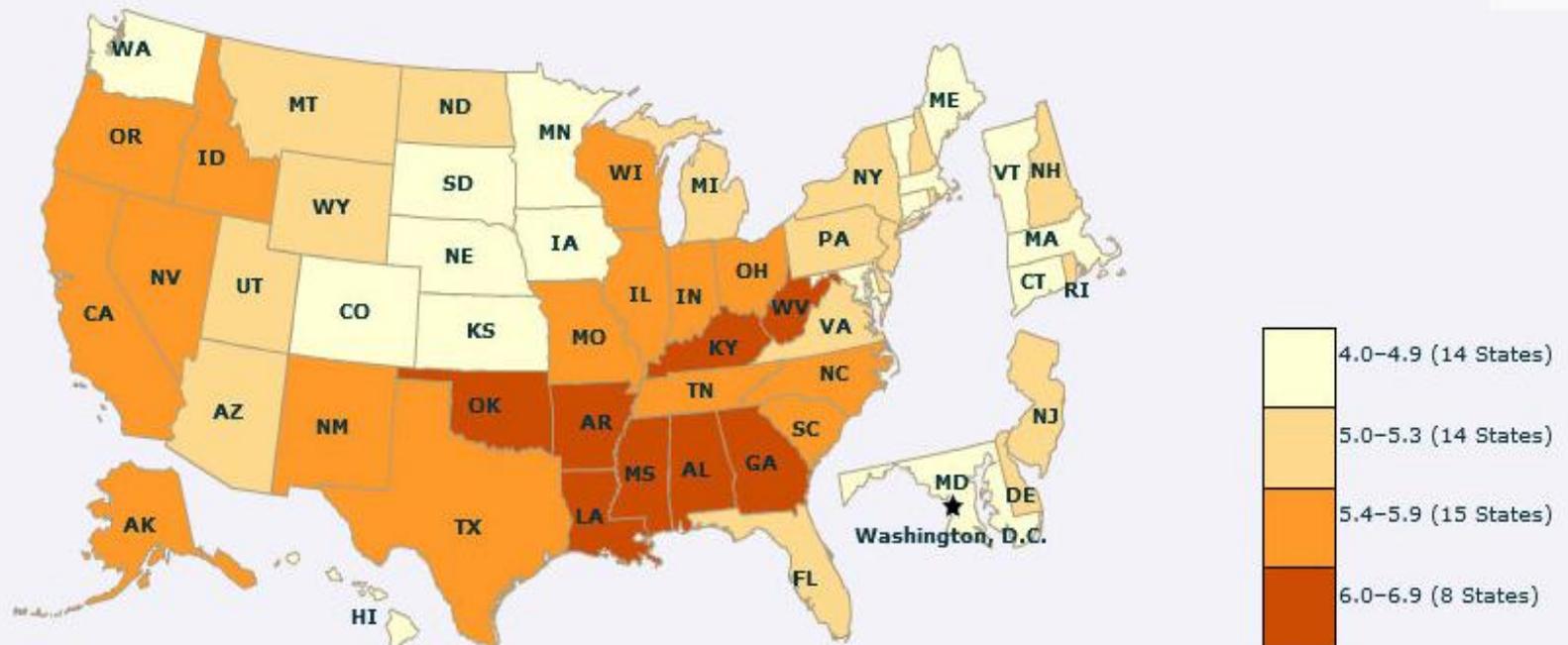
Silver Tsunami is Here!

- By 2030, older adults will account for 20% of U.S. population
- First time in history more seniors than small children
- > 12 million seniors unable to live independently!!

Imperative to find ways to increase health, function and quality of life of seniors

Older Adult Health Outcomes Worse in California.

Physically unhealthy days (mean number of days in past month) aged 65 years or older (2010)

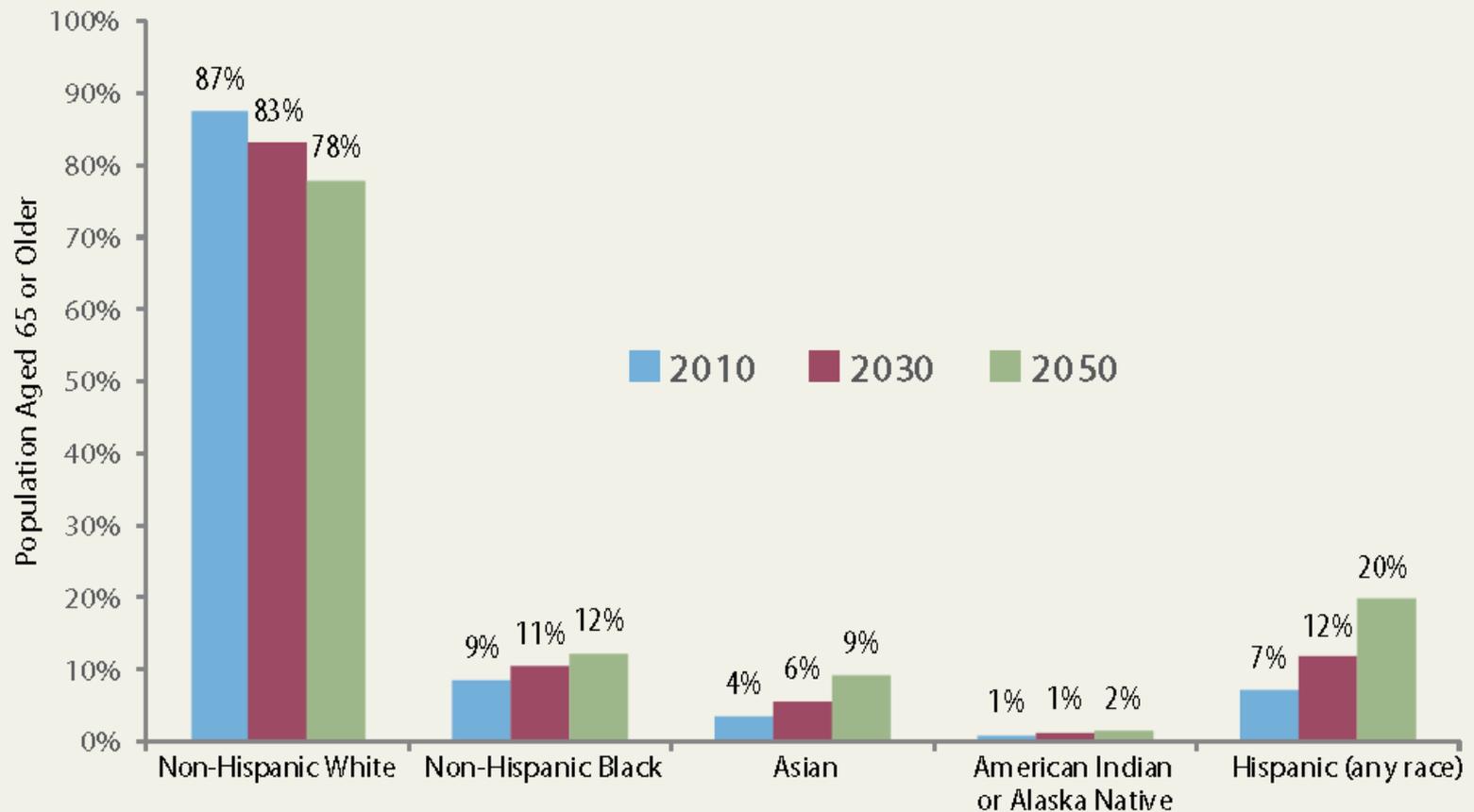


Data Source
Behavioral Risk Factor Surveillance System

Suggested Citation
Centers for Disease Control and Prevention. Healthy Aging Data Portfolio Web site. http://nccd.cdc.gov/DPH_Aging/default.aspx. Accessed July 9, 2013.



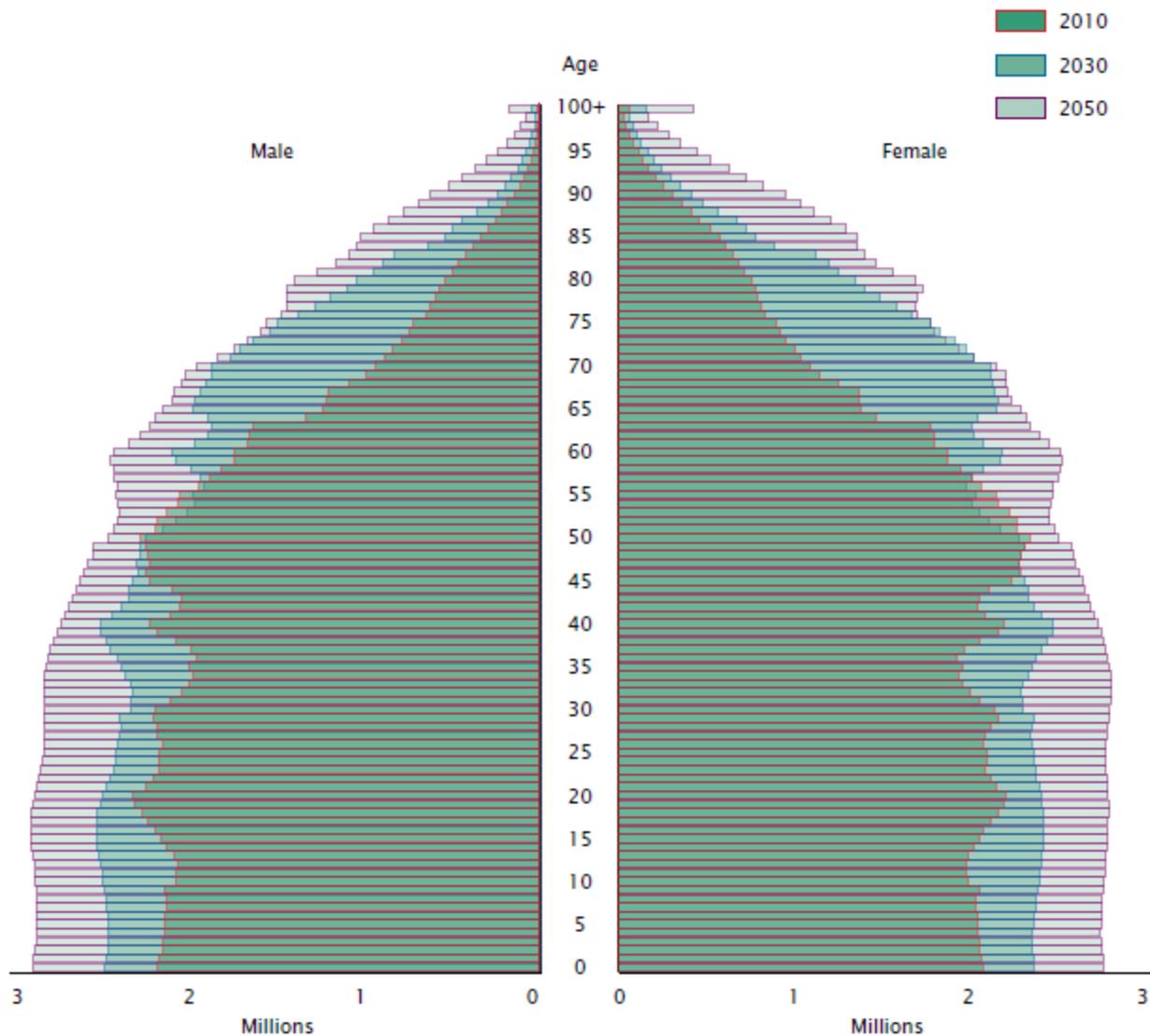
Older Adult Population Is Becoming More Diverse



Source: U.S. Census Bureau, 2008.

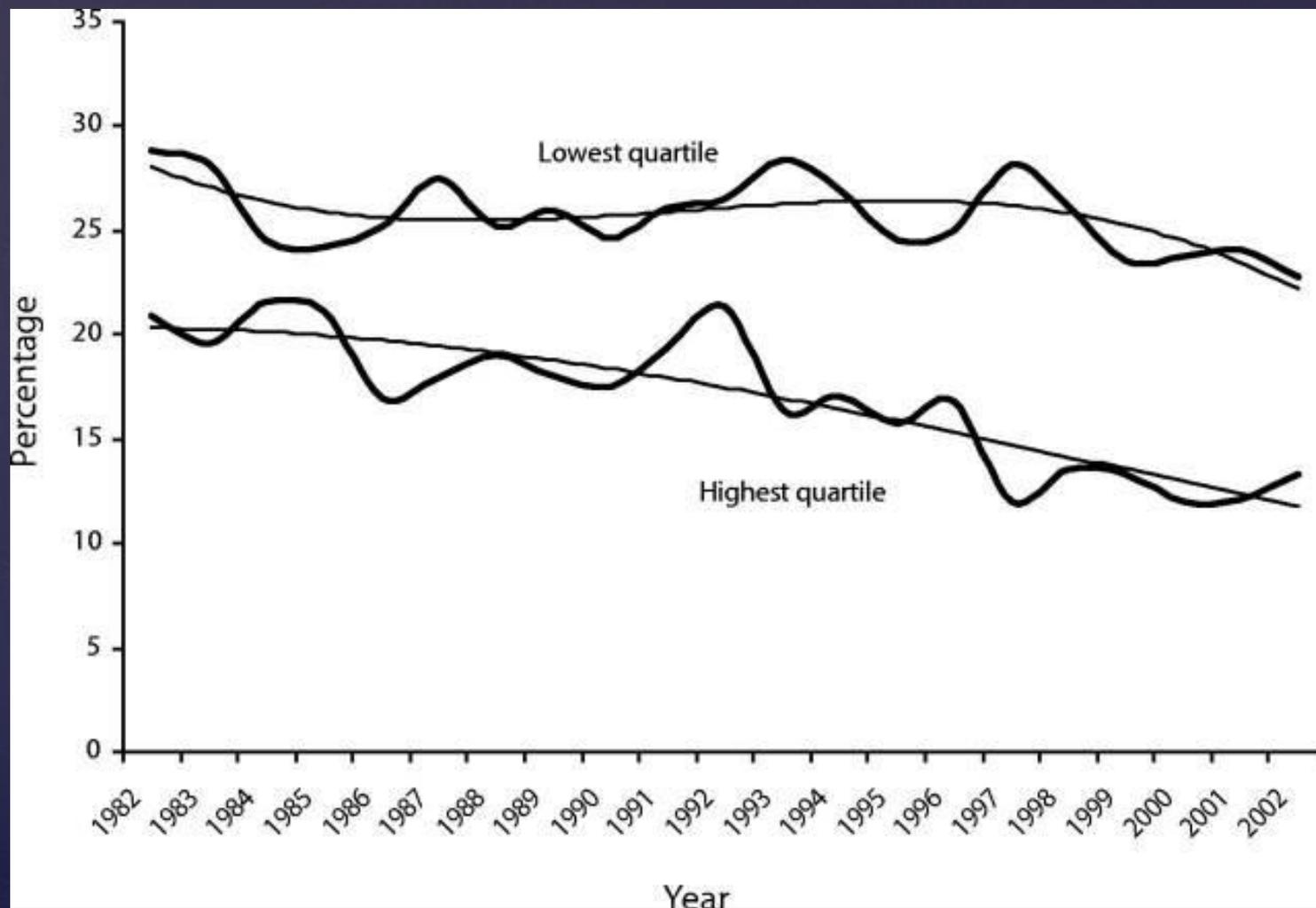
Figure 1.

Age and Sex Structure of the Population for the United States: 2010, 2030, and 2050



Source: U.S. Census Bureau, 2008.

Percentage of the population 70 years of age and older with any disability among highest and lowest income quartiles, 1982–2002.



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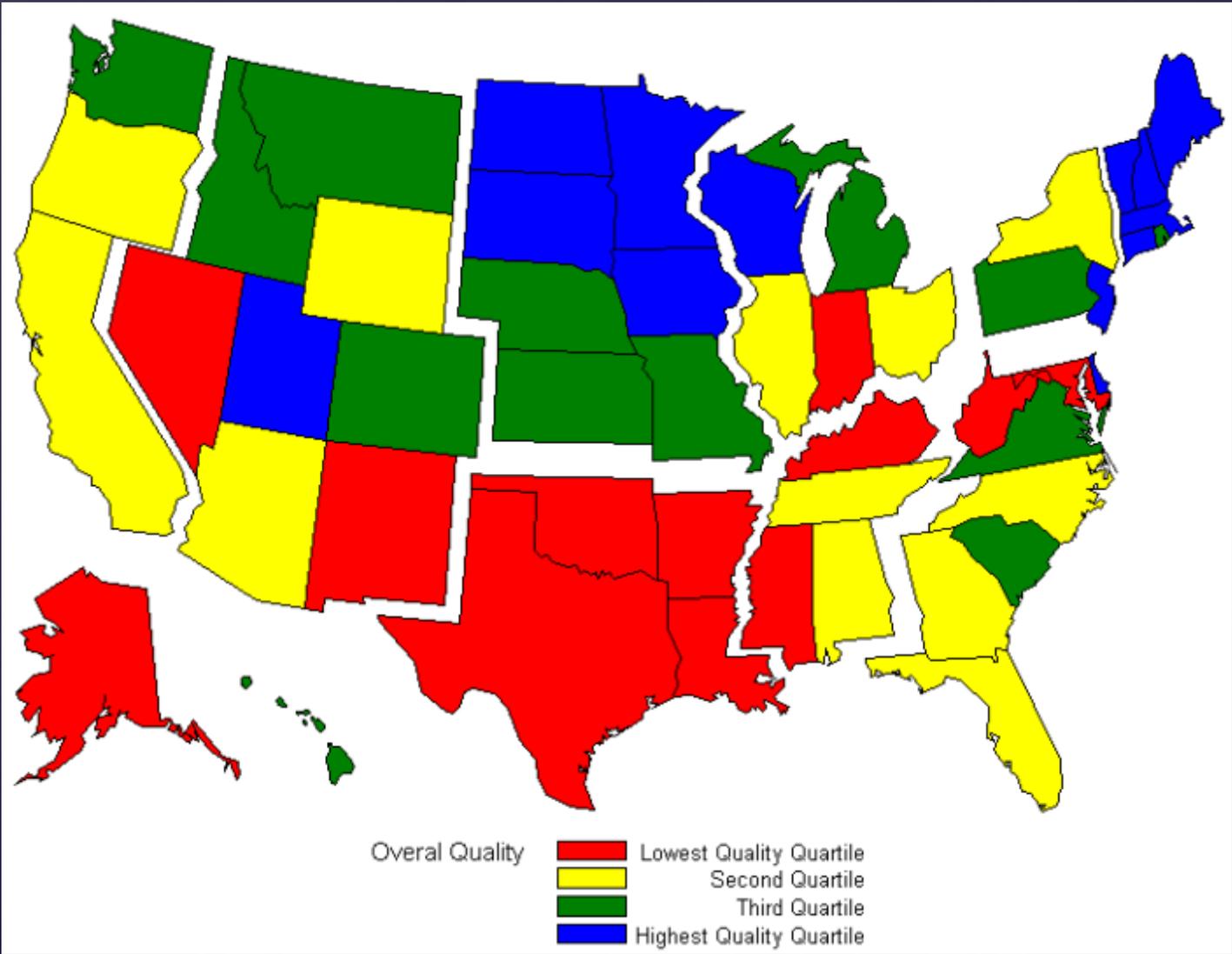
“The reason why people get a stroke and then don’t recover, is because the doctors themselves try to exploit the situation ...that the person is like that. They...have specialists for everything...how to walk, how to speak, how to eat...and so the person that trains you how to walk can’t also show you how to eat, nor speak, nor anything...it has to be one at a time, specialized in that.” –Older Latino male

“During slavery, all this food that we could get our ancestors could get was probably white. If he kill pig, the only thing that we eat today and we love today is pig feet, pig ‘testines, pig tails, pig ears—the pig! That’s the only thing he gave us. Now uh, this is all we ate. ..And this what makes the blood pressure goes up, because it’s a lot of fat, and a lot of pork. We ate it because that’s all we had to eat, until our ancestors was freed, and when we were free, and some of us still eat it. But we, uh, we plant greens, we plant corn, we plant other things, but our main thing was pig. From the front to the back, was pig. And that’s where we still are, pig...it may seem funny, but it’s true, but if we cut down on the pig, and eat less fat, and uh eat less pork, then I believe we’ll uh, save ourselves from having a stroke.” –older African American male

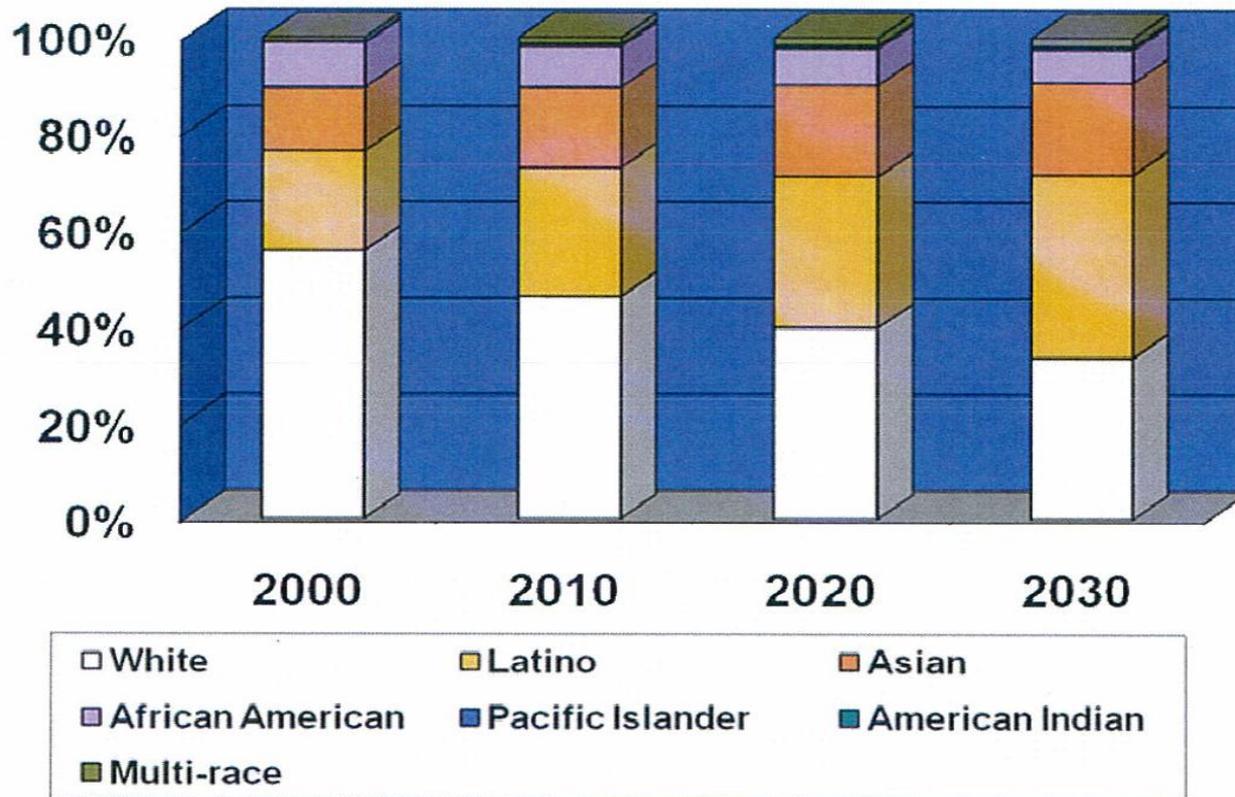
The Nation is Aging

- Unprecedented growth in number and proportion of older adults driven by longer life spans and aging baby boomers
- Since January 1, 2011, and each and every day for the next 20 years, roughly 10,000 Americans will celebrate their 65th birthdays, doubling the older adult population to about 72 million
- By 2030, older adults will account for 20% of U.S. population (1 of every 5 Americans)

Quality of health care varies across states.



L.A. County Racial/Ethnic Composition of 65+ Population



* Data taken from the 2000 Census (Compiled by the Asian Pacific American Legal Center)

- In sum: proportion, estimated growth, and sociodemographic makeup of seniors in LA County mirror state & national characteristics.