


# CALIFORNIA'S SERVICE DELIVERY SYSTEM FOR OLDER ADULTS: ENVISIONING THE IDEAL

## **Overview: Who Are the Consumers and What Are Their Needs?**

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- **CaMRI**: California Medicaid Research Institute, a multi-campus UC research program, examining state Medicare, Medi-Cal, and LTSS data.
  - The "**HOME Project**": in-depth interviews with older adults and their caregivers to understand consumers' needs, physical and mental health status, and the role of that CA funded services play in their support networks
  - **The SCAN Foundation**: Briefs and fact sheets

## Sources

# Service Delivery System is Broad

**Acute (Hospital, ED)  
Primary and Specialty care  
Post Acute/Rehab**

**LTSS**

**HCBS**

**Facility-based care**

**Informal caregivers**

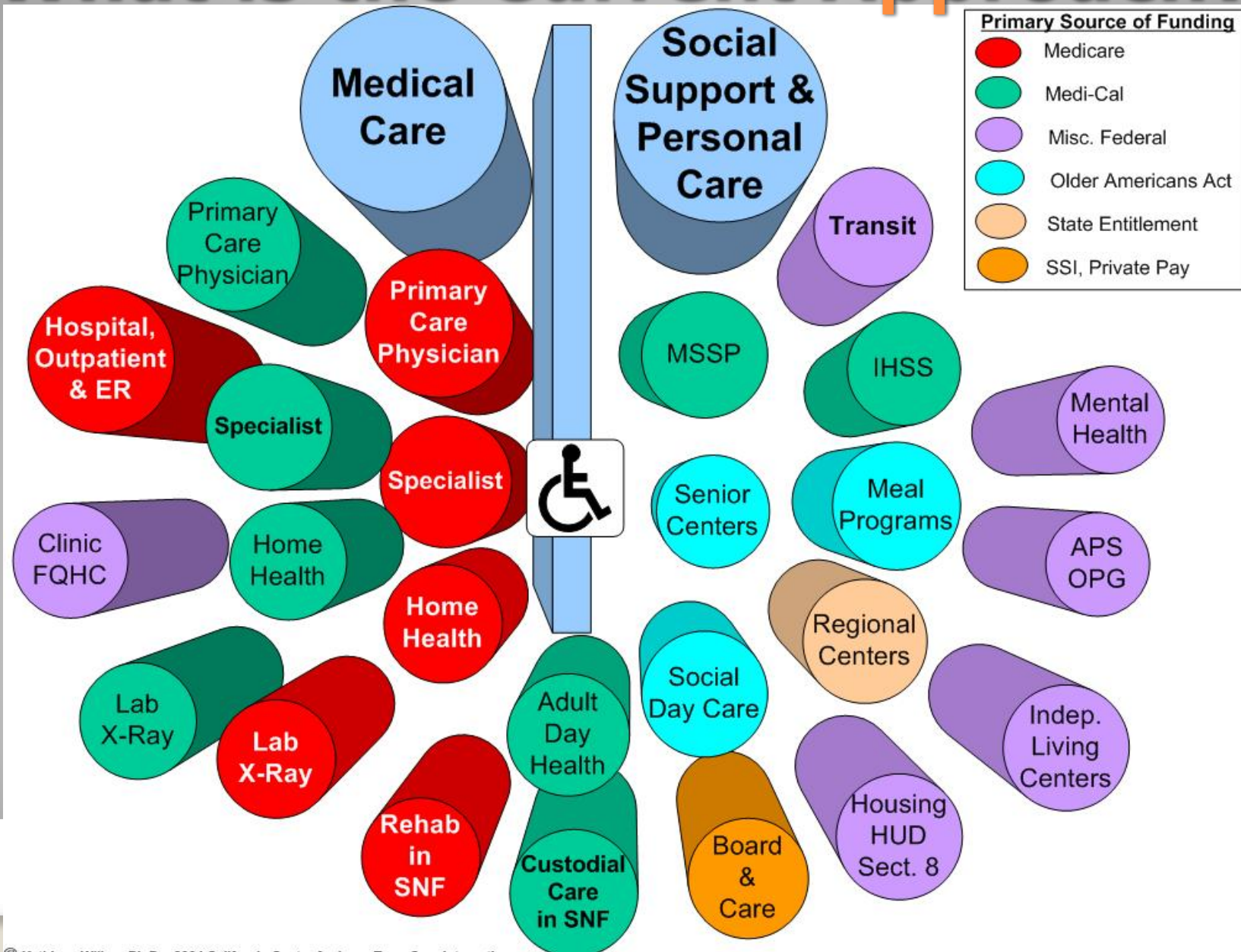


- Populations
  - Older adults
  - Younger adults with disabilities
- Settings
  - In-home
  - Community Settings
  - Facility (24 hour)
- Values
  - Individualized
  - Person-centered

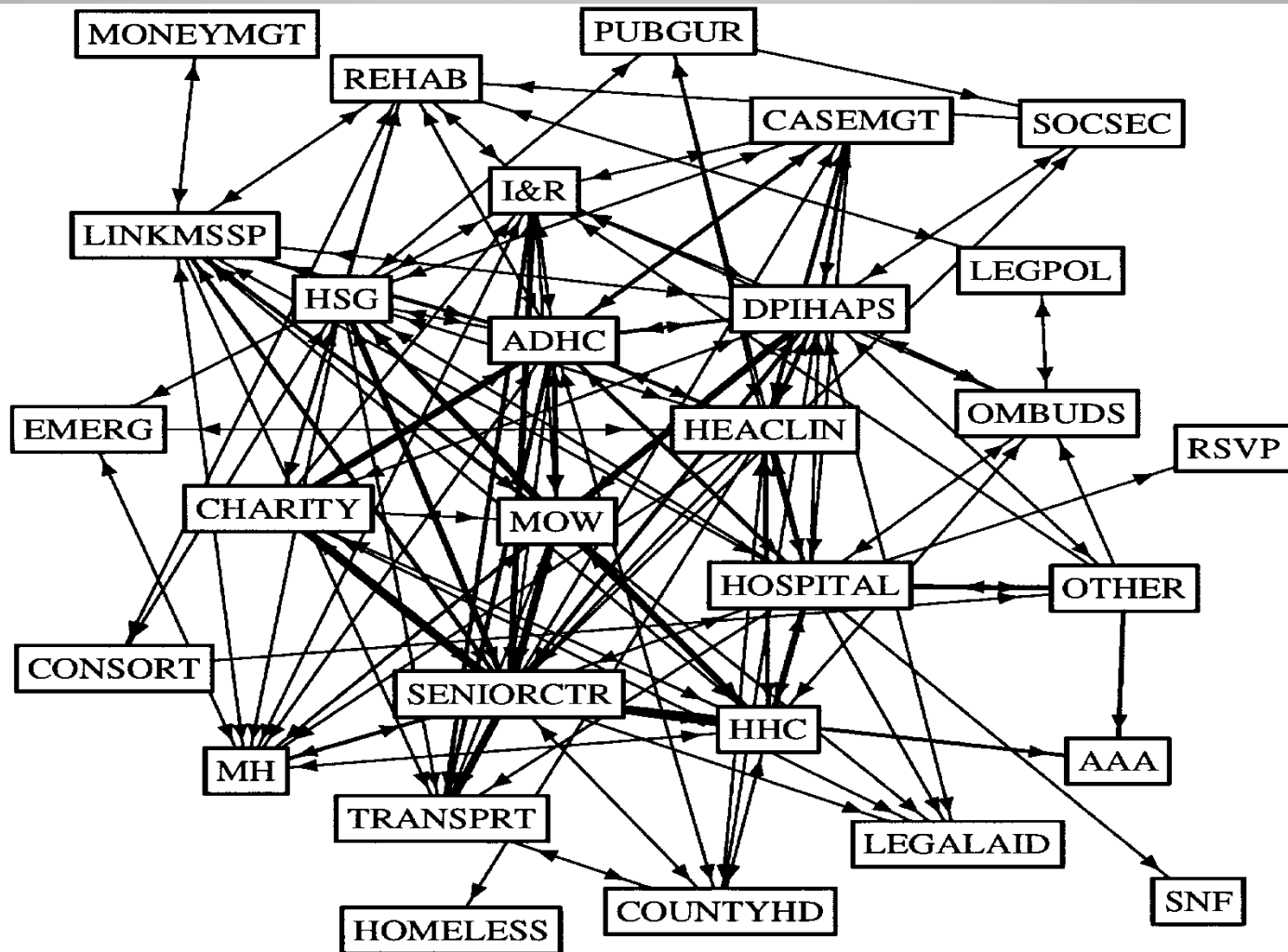


**Diverse Needs and Preferences**

# What is the Current Approach?



# How do Consumers Navigate?



# A "nightmare to navigate" (IoM, 2001)



# LTSS assistance (paid and unpaid) over an extended period of time

- Assisting with ADLs and IADLs
- Managing and treating chronic disease (e.g., arthritis, diabetes and heart disease)
- People aged 65 and older:
  - 21% (10 million+) have diabetes
  - 95% of health care dollars chronic conditions
- Safety/preventing injury
  - 1/3<sup>rd</sup>+ fall each year
  - Protective supervision



# Who are LTSS Consumers?

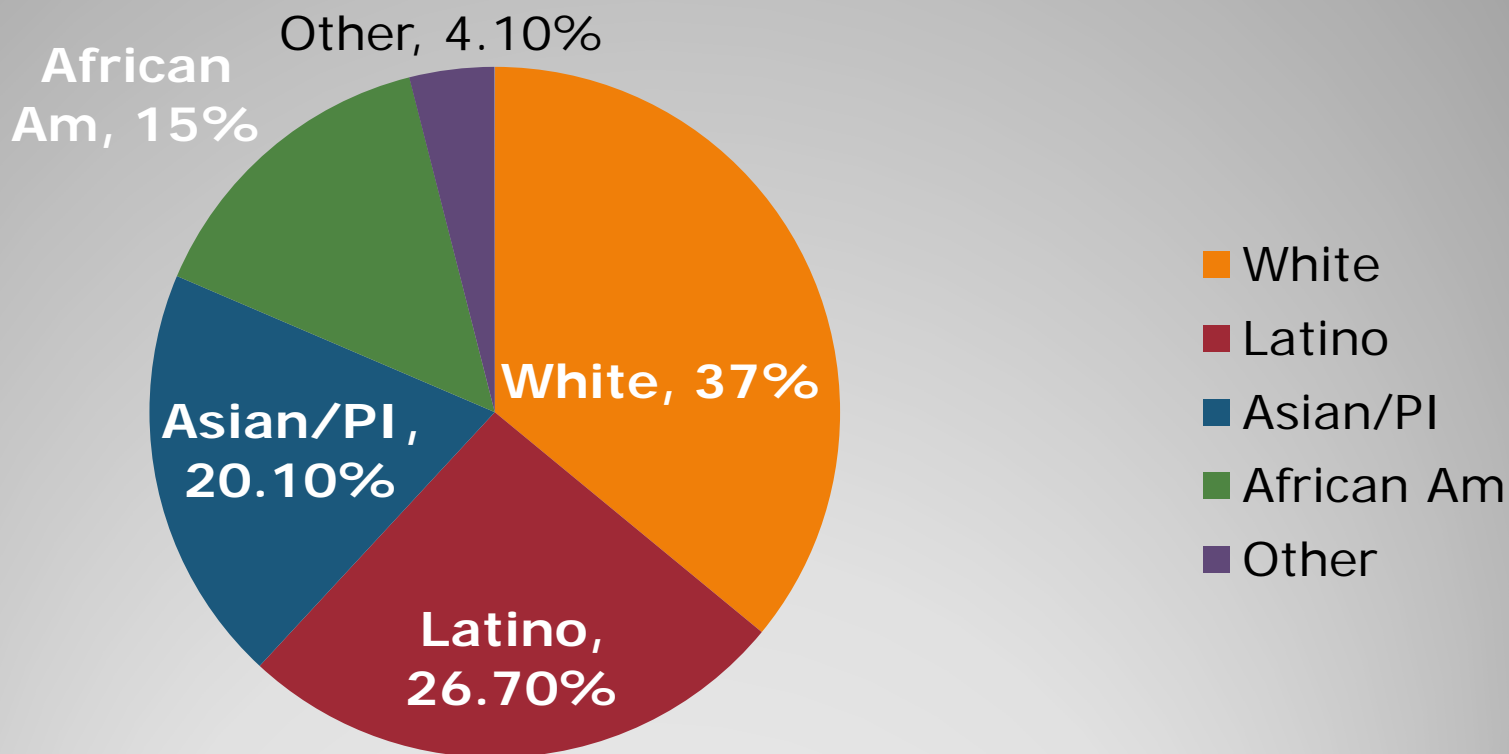
- People of all ages with physical and/or cognitive disability or chronic illness
- All of us are potential consumers
  - 70% of people aged 65+ will need LTSS
  - Almost half will spend time in a NF
  - The average time spent in LTSS is 3 years

# Characteristics

- About 60% of HCBS users 65+
- Need for LTSS (and the prevalence of chronic conditions, including AD) increases with age
- Those 85+ highest need
- Women are more likely to need and provide LTSS
- Age is not a proxy for need



## HCBS Users



**Racial/Ethnic Characteristics of  
HCBS users in CA (CaMRI, 2012)**

# Service Needs (IHSS) (Medicare/Medicaid Eligibles-CaMRI)

- ADL needs (bathing, dressing, toileting, transferring, eating) **2.6/5**
- IADL needs (housework, laundry, shopping/errands, mobility in the house, meal prep/cleanup) **4.5/5**
- **29%** lived alone
- In the year in which data for the study were collected (2008) **8%** had a stay in a NF
- **37%** had some cognitive limitation

# Informal Family Caregivers

- Most LTSS in CA and in the nation is provided “informally” by family members or friends.
- More than 6 million people 18+ provided informal care in 2009; 1.5 million assisted someone with AD
- 1 in 6 households included an informal caregiver
- The average caregiver provides 21 hours/wk; 36 hours if they share a household
- 29% provide assistance with ADL
- The majority work outside the home
- In 2009 estimated contribution in CA was \$47 Billion

# Social Support

## (The Home Project)

- A number of LTSS consumers have fragile networks or none at all
- The HOME Project: “The extent of social isolation observed within this group is profound and has implications for the mental health and well-being of these individuals.”
- Vulnerable to neglect and abuse
- Good care requires a responsive delivery system AND person-centered care that nurtures the human spirit (QoL).

# Voices of consumers

## (The HOME Project)

- Roy, 67 diagnosed with neurological and psychiatric conditions

“One of my greatest fears is being institutionalized...not being able to live independently and to be able to come and go... to be free, to have that freedom. I think those are ... very important aspects of life. Those are the things that give me a lot of joy”

# Voices

- Vickie, 89 receives services from 2 IHSS workers, a home health nurse, two social workers, and has a Life Alert system, which allows her to live on her own terms:

“I still want to be independent at this stage in my life. It’s just so good to feel that you can still take care of yourself at 89 years old, because many people by that age can’t do it at all.”



# From the provider

- An IHSS provider gets the QoL dimension: the importance of personalized touches
- “She has the balcony, you know....The flowers make her feel fresh, you know, happy, so that’s why I help her water her plants.”



# Growing Demand/Shrinking Resources

- We need a strong system for now and for expanding needs
- Aging population
  - By 2030 one in six Californian's will be 65+
  - Family caregivers will be in shorter supply
- Shrinking funding
  - State funded HCBS eliminated or dramatically reduced
  - Federal Older Americans Act program reduced



An adequate array of effective programs embedded in a strong system is essential to help people get the right services, in the right place at the right time, avoid duplication and provide pathways to navigate among services.

Service delivery system can't care; they can provide an essential foundation to support a person-centered culture attentive to each consumer's unique needs and preferences.

## Conclusion