



A senior gets her blood pressure checked at the Wellness Conference held in Yakima in September 2009.

4. Healthy Aging

A combination of factors affecting the health of modern day seniors and the disabled have evolved over the past 50 years, factors that make acute medical care more effective (hip and knee replacements, heart bypass surgery, improved cardio-vascular drugs/treatments) and chronic care a major challenge for the consumer and the health care community. U.S. Health and Human Services estimates that 90 million Americans are living with a chronic disease. Chronic diseases such as heart disease, cancer, stroke and diabetes are the leading cause of death and disability in the United States. In addition to limiting activities for 12 million older persons living in communities, chronic conditions currently account for more than 75% of the nation's nearly \$2 trillion spent on health care each year. In Washington State, state funded health care (including state employees, Medicaid recipients, and others covered by the Health Care authority) DSHS/HRSA has produced data showing that 5% of the covered clients/employees account for 50% of the costs of the state health care dollar. **(Blue Ribbon Commission on Health Care 2006).**

Americans are a population dependent on automobiles for their transportation, a diet high in fat, carbohydrates and empty calories, and employment that tends to be more sedentary than active. We pay a high price for the convenience of cars, fast food and lack of exercise. Obesity is rising among adults and children and chronic diseases such as heart disease, cancer and diabetes, have become quiet killers. **(HHS Fact Sheet, October 26, 2006)**

SE/ALTC has participated in an ADSA pilot project since 2003 that focuses on the most medically frail Medicaid Long Term Clients. Originally the Mobility Project, this project is now combined with a number of other Area Agencies on Aging through the Intensive Chronic Care Management project. The project focus is to reduce the inappropriate use of medical services by a population who a) have a difficult time finding a medical home b) present a combination of symptoms and problems that require a coordinated approach c) tend to be socially and medically isolated and d) are very high cost. SE/ALTC has enrolled approximately 75 clients into the program since its inception and has provided intensive coordination with medical service providers and other social networks to reduce medical use. The participation in this project has led SE/ALTC nurse staff and case managers to the following preliminary conclusions:

- Early intervention in chronic disease is essential to avoid or postpone costly medical procedures (such as dialysis) and extensive limitations to the client/patient.
- Life style choices related to over eating/poor nutrition and lack of consistent information about diabetes and heart disease play a significant role in the

acuity of the disease and the medical costs.

- Medications can play an important role in improving chronic care but only when they are coordinated through a single primary provider.
- Poverty plays a role in chronic disease as fast food and high fat/high carbohydrate foods tend to be less expensive to buy and easier to prepare.
- Poor dental care and its resultant gum disease and tooth loss contribute to the seriousness of most chronic diseases.

Problem:

SE/ALTC held forums in Ellensburg, Yakima, Sunnyside, Tri Cities, Clarkston and Walla Walla; each forum had a topic table for health care access and issues. In most communities access to a primary care physician is an issue for seniors on Medicare, especially if they are new to the area and have not already established a physician during their healthier years. Access to specialists is considered an issue in Clarkston, Walla Walla, and Ellensburg. In all of these communities and counties, there is a group of elected officials, public health officials and concerned community members working on the more global areas. For example, in the Tri Cities physician sponsored flu and pneumonia shots are routinely done in a large environment called TRAC; these clinics are well-publicized and well-attended. In other communities, pharmacy and grocery stores often provide flu shots during “early season” at convenient times and locations. Many employers provide them for free. With regard to other areas of prevention, many insurance companies have written physician agreements that reflect incentives for the provision of preventive care such as flu and pneumonia shots by a certain age, tetanus boosters, colonoscopies starting at age 50 and a

variety of recommendations for exercise and better nutrition.

Clarkston in Asotin County and Garfield County have applied for and received designation as medically underserved areas. In Clarkston, a committee of Health Care Professionals, the health district and other providers meet regularly on ACCESS TO CARE issues. The enhanced reimbursement rate possible through the medically underserved designation should help open enrollment to some Medicare and Medicaid patients.



Geriatric Health Screening at Pasco Senior Center

GOAL: SE/ALTC will maintain and expand its involvement in local community efforts to expand free or no cost options for preventive care, exercise, early intervention; access to dental services for seniors; wellness and nutrition education; health screening.

Objectives:

- 1) Each county SE/ALTC will participate in a minimum of 3 senior health fairs during the next 4 year cycle. **2008 - 2011.**
- 2) SE/ALTC will continue to offer funding for health promotion/disease prevention to the annual Advisory Board allocation process.

Currently funding provides foot care in Asotin, Garfield, Columbia, Kittitas, Yakima, and Franklin counties and other evidence based programs in PSA 09.– **2011 allocations processes.**

3) Local Program Coordinators will ensure SE/ALTC staff participates as members of health care promotion networking group designed to address medical and dental access problems in the community. **April 2008 – Apr 2011**

4) SE/ALTC will continue to be a part of the Farmers Market program, offering fresh fruit and vegetables to seniors through our 8-county area. Thousands of vouchers are offered to seniors each year to use at local farmers markets. **Goal: Increase # of vouchers to seniors by 10% each year through better data management and use of state reallocation system. Ongoing**

5) For Medicaid COPES program participants, ALTC nurses will continue to review charts for areas where chronic care can be improved for all clients. **Ongoing**

6) Participation in the Chronic Care Management (formerly ICCM) Project will continue until program goals are completed or funding is terminated. Evidence-based best practices will be continued as part of the case management, nursing team approach to most at risk chronic care clients once this program is complete. ALTC Director will continue advocacy for the expansion of the CCM project to a larger sub-group of Medicaid recipients and to more AAA's throughout the state, as one possible solution to health care crises in our state, as funding allows.

Goal: Advocate for expansion of chronic disease management programs (Delete this section --by at least 1 new program every year through partnerships, grants, private) as funding allows.

7) SE/ALTC staff will continue to meet with the local Health Care coalitions.

Goal: Incorporate more aging and disability issues into local health care coalition meeting agendas to include dental issues, disease prevention and health promotion

8) ALTC will publish and distribute disease prevention brochures and other written materials for use by case managers, other members of the aging network and the medical community. (Examples are diabetes risks, COPD and its causes, fall prevention, good nutrition, low-cost exercise options.) **May/June 2011**

9) ALTC will continue to search for and fund an experienced licensed Mental Health medication manager for in home clients on COPES and MPC who require assistance in regulating medication for depression, anxiety and other psychoses. In a review of the highest cost COPES clients in 2006, ALTC identified depression as a common denominator among those most at risk. **2009 - 2011.**



An Adult Day Care client enjoying a Pet Therapy visitor

- 10) ALTC will continue to advocate for Wellness conferences in all eight counties and promote evidence based programs such as Chronic Disease Self Management/Tomando and Fall Prevention programs for clients of PSA09 as funding allows. **June 2011.**
- 11) ALTC will continue to partner with Washington Dental Services Foundation to increase dental education and access to Medicaid insured seniors 55 years of age and older. **June 2011.**
- 12) ALTC will incorporate dental education and screening into many of the services offered by ALTC and develop protocols that may be adopted by other Area Agencies on Aging in WA State to mirror educational services. **June 2011**
- 13) ALTC will continue to search for dental champions willing to provide services to Medicaid insured seniors 55 years of age and older. **June 2011.**
- 14) All Long Term Care Medicaid clients in the SE/ALTC caseload, at time of reassessment, will be reminded to obtain appropriate immunizations and preventative care. In some cases, the immunizations will be funded through the ALTC emergency fund (donations and United Way funded.) **Ongoing**
- 15) SE/ALTC will continue to emphasize good preventive health through its Family Caregiver Program. **Ongoing through contracts & programs w/ local hospitals and community clinics.**
- 16) ALTC will search for a retired dental professional to participate on the Advisory Board and continue to advocate for health care access in medically underserved areas to include oral health. **2011**
- 17) SE/ALTC will continue to assist seniors in the annual review of Medicare Part D coverage through its Senior I & A program and assist in enrolling 300 to 500 seniors each year. (During 2005 and 2006, SE/ALTC spent \$75,000 of its SCSA funds of this Senior I & A effort.) **Ongoing.**
- 18) The results of a community needs assessment for Elder Friendly Communities will be reviewed related to the questions on health and access to medical services and events or planning exercises planned based on those results. **2010-2011**