



Aging in Place: A Resource for Health Centers



HRSA Disclaimer

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About MHP Salud:

MHP Salud is a national nonprofit organization with 35 years of experience developing, implementing, and evaluating community-based, culturally tailored Community Health Worker (CHW)/Promotor(a) programs and promoting the CHW model through training and consultation services. MHP Salud's mission is to implement CHW programs to empower underserved Latino communities and promote the CHW model nationally as a culturally appropriate strategy to improve health.

NCECE is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) through a National Training and Technical Assistance Cooperative Agreement (NCA). NCECE's mission is to improve the health and wellbeing of older adults by leading the efforts in training more geriatrics providers, improving integrated health care for chronic conditions, and integrating enabling social services into health care delivery.

Introduction



About National Center for Equitable Care for Elders:

Established in 2017, the National Center for Equitable Care for Elders (NCECE) is a program of the Harvard School of Dental Medicine, Boston MA.

The proportion of the world's population over 60 years of age is projected to increase nearly double from 12% to 22% between 2015 and 2050 according to the World Health Organization (WHO).¹ With the dramatic increase of this population, the need for programs and initiatives that address their healthy aging also increases. Ensuring that older adults have access to health care and the ability to "age in place" is a national priority both from a quality of life perspective and a cost savings perspective.

Addressing the complex array of issues that arise with aging is a challenge regardless of background or circumstance, but in low-income and underserved communities, the barriers are even greater.

For low-income older adults, challenges may include lack of transportation, low health literacy, language barriers, difficulty navigating the health care system, and minimal financial resources to meet the needs that come with aging. Family support is a major asset in our community, but in many cases, family members function as caregivers without sufficient support. Medical facilities, adult day cares and many other resources are generally available to older adults within their communities; what is needed is the outreach and presence of a trusted and knowledgeable community member to help identify and address challenges and help navigate available resources.

What is Aging in Place?



Aging in Place refers to a person making a conscious decision to stay in the inhabitation of their choice for as long as they can with the comforts that are important for them.² As people age, these may include adding supplementary services to facilitate their living conditions and maintain their quality of life.

This guide builds upon MHP Salud's experience implementing the CHW model in aging in place programs and the NCECE expertise in aging. These organizations have coalesced their experience to provide guidance on implementing CHW-led aging in place programs by outlining the recruitment, implementation, and evaluation processes. In addition, this guide will provide useful

health considerations for older adults and resources to address aging in place.

References

1. World Health Organization: Ageing and Health (2018). Available at: <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health> (Accessed May 25, 2019)
2. Centers for Disease Control and Prevention: Healthy Places Terminology (2009) Available at: <https://www.cdc.gov/healthyplaces/terminology.htm> (Accessed May 25, 2019)

Health Considerations for Aging in Place

The following are common health needs for older adults. These needs are accompanied by considerations and recommendations to address them.

Need: Older adults need support as mobility and agility decrease.

Considerations: While an individual may feel most comfortable at home, there are a variety of environmental hazards that may limit their ability to move around safely. Homes or units with a number of stairs may be difficult to navigate, particularly as endurance diminishes.¹ Poor or low vision can lead to an increased risk for falls, along with other challenges like muscle fatigue or difficulty with balance. Once an older adult fall in their home, they are at a higher risk for falls in the future.

The mobility challenges that may come with aging also affect how an older adult accesses resources and services in their local community. Running errands or attending appointments may be affected by the accessibility of transportation options, or the individual's physical ability to navigate between locations. The ability to walk or engage in other forms of exercise in the

older adult's community is dependent on the maintenance of sidewalks and sitting areas.

Recommendations*: The National Prevention Council (NPC) is comprised of representatives from federal-level agencies who work collectively to coordinate and lead efforts to promote prevention and wellness. The operations of the NPC are supported by the administrative, scientific, and technical efforts of the Centers for Disease Control and Prevention (CDC).² The (NPC) recommends the following to support the mobility of older adults as they age in place:

- Ensure access to affordable and reliable transportation options
- Adopt falls prevention programming, including environmental hazard home assessments
- Increase the availability of health services in the home and local community
- Train healthcare professionals on aging concerns and disparities²

*A full list of recommendations can be found in the 2016 Healthy Aging in Action report, which can be accessed from: <https://www.cdc.gov/aging/pdf/healthy-aging-in-action508.pdf>

Need: Older adults need resources to effectively manage their chronic disease

Considerations: According to the National Council on Aging, approximately 77% of older adults have at least two chronic diseases. The majority of deaths related to chronic diseases are caused by heart disease, cancer, stroke, and diabetes.³ The high rates of chronic disease in this population mean a significant cost for the health care system.



Many older adults are at risk for developing additional chronic conditions if preventive measures are not taken.

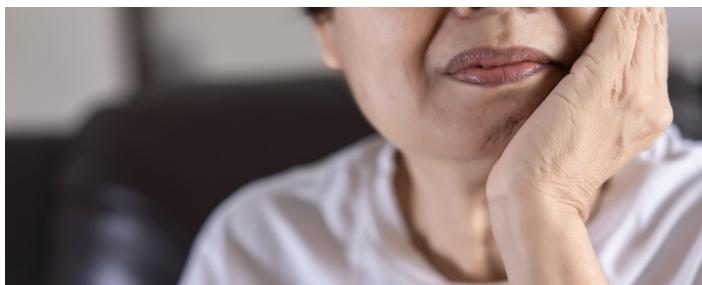
There is a significant connection between oral health and many physical and mental chronic conditions. However, one-third of adults over the age of 65 have not visited the dentist in the last year, making this an overlooked aspect of overall well-being.² Limited or insufficient access to dental insurance coverage only increase oral health disparities for underserved and vulnerable populations.

Engaging in healthy behaviors is essential in managing and preventing chronic diseases, but older adults may not always know how to access the latest recommendations. Navigation of technology is often required to access helpful information on a variety of wellness topics. But in addition to provider instructions and online learning, community-based education can provide an additional opportunity to reflect on personal habits and set goals towards change in a group setting. Participation in evidence-based healthy aging and chronic disease self-management programming can provide older adults with guidance around healthy eating, exercise, and adequate sleep.

Recommendations*: The NPC recommends the following to support the management of chronic disease in older adults as they age in place:

- Provide technical support to access important health resources and maintain social connections
- Ensure spaces in the home and community used for exercise are safe and accessible
- Increase access to both healthy food and clearly defined healthy eating guidelines
- Promote integrated oral health care services for health center patients²

*A full list of recommendations can be found in the 2016 Healthy Aging in Action report, which can be accessed from: <https://www.cdc.gov/aging/pdf/healthy-aging-in-action508.pdf>



Need: Older adults need treatment and preventative services for memory and mental health disorders

Considerations: Addressing the needs of the mind is just as important as the needs of the body, especially for older adults. Americans are reported to be even more fearful of the potential loss of mental capability than a decline in physical ability.² According to a Harvard Medical School Special Health Report, at least one-third of the older adult population will eventually be diagnosed with a condition that severely impacts their memory.⁴ The number of older adults with a mental disorder of some kind (including depression, anxiety, and dementia) will strikingly increase to 15 million by the year 2030.³ The risk of cognitive impairments continues to rise after age 85, which may limit an older adult's ability to safely age in place. Those living independently at a later age will likely

need to keep track of daily medications and could experience multiple negative health effects if not taken consistently.

Providers do not always recognize the signs of depression or other mental health concerns in older adults, instead of assuming that the symptoms they notice are a result of a physical illness or the aging process itself.² This misconception has led to two-thirds of this population without the medical attention that they need.³ In addition to prescription treatment, a number of healthy lifestyle choices can be adopted to boost overall mood or even delay cognitive decline. Staying physically active and involved in the community has far-reaching benefits and can improve an older adult's well-being overall.

Another overlooked area of older adult mental health is addiction and substance use. By the year 2020, the number of older adults with a substance use disorder will have grown to over five million, which is double the occurrence in 2006.³ There are numerous negative effects of any mental health or substance use condition going unaddressed, both for older adults themselves and for their caregivers. An individual receiving the proper care for a physical illness or chronic condition could still face poor health outcomes if they do not receive comprehensive treatment that addresses the whole person.

Recommendations*: The NPC recommends the following to support the mental health of older adults as they age in place:

- Increase the availability of preventative behavioral health services
- Implement thorough drug utilization reviews

- Reduce high-risk behaviors by screening and addressing substance use
- Encourage participation in case management programs²

*A full list of recommendations can be found in the 2016 Healthy Aging in Action report, which can be accessed from: <https://www.cdc.gov/aging/pdf/healthy-aging-in-action508.pdf>



Need: Older adults need social connection and supportive caregivers

Considerations: Aging in place should not mean aging alone- maintaining connections to others is essential for individuals of all ages. But according to the CDC, the proportion of older adults living by themselves has risen significantly over the past 50 years, and the likelihood of an individual living alone only increases as they age.² Physical or mental health concerns may present a challenge in getting out of the house, which could lead to feelings of isolation and loneliness. Limited transportation or lack of age-appropriate community activities could also serve as a barrier to receiving interaction and support from friends, family, and neighbors.

Older adults who live with or near family may rely on their support as informal caregivers. These individuals provide a range of services that enable their loved one to live as independently as possible without requiring more intensive and costly formal care. Informal

caregivers often need support themselves, as they balance the needs of their personal lives and employment. Understanding the home and community-based services available to older adults is essential for these family members to supplement their responsibilities. Opportunities for quality short-term respite care can provide caregivers some relief and help to prevent feelings of burnout. Depending on the state or territory of residence, there may be additional resources and supports available to caregivers.

When an older adult is able to travel from their homes into their communities with relative ease, there are many avenues that can build their social network. Engaging in hobbies or clubs, attending a religious institution, or volunteering for a cause or organization can all help to provide a sense of purpose. Inside the home, support and companionship can be found through adopting a pet or using technology to stay in touch with loved ones or new connections. While the health concerns that often come with aging may require additional support or adaptation, there are many positive aspects of aging that can be celebrated by older adults and their respective communities. Helping the public to dispel negative myths about aging could create a more supportive environment, and could even change the older adult's own perception of what it means to grow older.

Recommendations*: The NPC recommends the following to support the social connections of older adults as they age in place:

- Promote learning and volunteer opportunities for meaningful engagement
- Empower caregivers to provide effective care for older adults and themselves

- Challenge assumptions around aging through education and training for the public
- Ensure protections are in place against older adult fraud and mistreatment²

*A full list of recommendations can be found in the 2016 Healthy Aging in Action report, which can be accessed from: <https://www.cdc.gov/aging/pdf/healthy-aging-in-action508.pdf>

References

1. SeniorLiving.org: Aging in Place - What is Aging in Place and What Does it Mean? (2019) Available at: <https://www.seniorliving.org/aging-in-place/> (Accessed June 16, 2019)
2. National Prevention Council: Healthy Aging in Action: Advancing the National Prevention Strategy (2016) Available at: <https://www.cdc.gov/aging/pdf/healthy-aging-in-action508.pdf> (Accessed June 13, 2019).
3. Healthy Aging Facts (2019) Available at: <https://www.ncoa.org/news/resources-for-reporters/get-the-facts/healthy-aging-facts/> (Accessed on June 16, 2019)
4. Aging in Place: A Harvard Medical School Special Health Report. Harvard Health Publishing. (2018). Available at: <https://www.health.harvard.edu/staying-healthy/aging-in-place> (Accessed June 16, 2019)

As defined by the American Public Health Association, the Community Health Worker (CHW) is a frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health and social services and the quality and cultural competence of service delivery.¹

CHWs can be an important resource for promoting healthy aging in place. Their unique experience and knowledge position them to implement age-appropriate care for older people, case-finding (that is, identifying frail or dependent older people in the community who have not sought help at the health facility), and home-based assessment and intervention.²

The unique ability of CHWs to build trusting relationships makes them the ideal workforce to implement aging in place programs in various settings. The CHW role in these programs helps participants improve their quality of life, which will support safely aging in place. These programs help in reducing feelings of isolation, increasing time spent in physical activity, engaging in mental health activities, and accessing care and community resources.

The CHW Role in Aging in Place Programs

Aging in Place Program Implementation Stages

CHWs are an essential tool during the planning, recruiting, implementation, and evaluation stages of Aging in Place programs. The following sections will provide an insight into their roles in each of these stages.





Planning

- ◊ Provide a solid understanding of the needs of the older community
- ◊ Identify the scope of the program using their knowledge of locations with a dense older community
- ◊ Identify possible strategic partners with interests in specific areas—nonprofits serving an elderly population, perhaps, or healthcare organizations, social service agencies, and even retail merchants with a large older clientele
- ◊ Develop program structure based on their lived experience ³

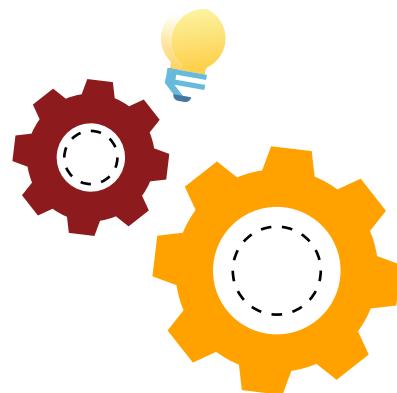


Recruiting

- ◊ Establish partnerships to promote the program with organizations such as:

- Senior Recreational Centers
- Health Centers/Healthcare Providers
- Over 55+ Communities
- Faith Ministries
- Council on Aging Agencies

- ◊ Attend various community health events
- ◊ Connect with other public health professionals to build referral



Implementation

- ◊ Support the development of a curriculum to address the needs of the elderly population
 - mental agility
 - physical activity
 - chronic disease management
 - fall prevention
 - social support
 - financial literacy

- ◊ Utilize interactive group activities to build community within the elderly population
- ◊ Provide case management through home visits

- ◊ Provide environmental scans to identify home modification needs
- ◊ Identify individual specific needs and develop an action plan to address them
- ◊ Connect participants with community resources and safety net programs



Evaluation

- ◊ Collect data to demonstrate participants' knowledge and behavior changes
- ◊ Provide feedback to enhance current and/or future aging in place programs
- ◊ Demonstrate program value and success through collected data
- ◊ Support sustainability of programs and future funding

References

1. Community Health Workers. Available at: <https://www.apha.org/apha-communities/member-sections/community-health-workers> (Accessed June 5, 2019)
2. World Report on Ageing and Health (2015). Available at: World Health Organization(Accessed June 5, 2019)
3. How to Start Your Own Aging-in-place Program (2012). Available at: <https://money.usnews.com/money/blogs/the-best-life/2012/07/17/how-to-start-your-own-aging-in-place-program> (Accessed June 5, 2019)

Conclusion

With the projected increase of the older adult population over the upcoming years, the need to ensure they have the appropriate support to age in place is a matter of primary importance. The information in this guide establishes a connection between this need and the value of developing and implementing CHW-led aging in place programs nationwide. These programs aim to provide the necessary resources for older adults to maintain good health, independence, dignity, and the confidence to remain in their homes. Ultimately, ensuring this growing population will have access to the support needed to safely age in place.

Additional Resources

1. Aging in Place: The Role of Community Health Workers (2015). Available at: <https://www.who.int/ageing/features/ageing-in-place/en/>
2. Aging in Place – National Council for Aging Care (2019). Available at: <https://www.aginginplace.org/>
3. Verhagen et al.: Community health worker interventions to improve access to health care services for older adults from ethnic minorities: a systematic review. BMC Health Services Research 2014 14:497. Available at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4241213/pdf/12913_2014_Article_497.pdf
4. The Healthy States Initiative. Keeping the Aging Population Healthy. Washington, DC: U.S. Department of Health and Human Services, Office of the Surgeon General (2007). Available at: https://www.giaging.org/documents/CDC_Healthy_States_Initiative.pdf

5. Four Needs of the Elderly (2016). Available at: <http://www.anikahomecare.com/4-needs-of-the-elderly>
6. Community Health Workers: Getting the Job Done in Healthcare Delivery. Jewish Healthcare Foundation & The Network for Excellence in Health Innovation (2015). Available at: https://www.nehi.net/writable/publication_files/file/jhf-nehi_chw_issue_brief_web_ready_.pdf
7. Aging in Place: Facilitating Choice and Independence. Evidence Matters (periodical), Office of Policy Development and Research (2013). Available at: <https://www.huduser.gov/portal/periodicals/em/fall13/highlight1.html>
8. Aging in Place in the Carolinas. James Johnson & Allan Parnell. The Duke Endowment (2013). Available at: <https://dukeendowment.org/sites/default/files//evalutaion-reports/Aging%20in%20Place%20White%20Paper%202013%20v2.pdf>
9. Eldercare Locator (webpage) Administration for Community Living & Administration on Aging (2019). Available at: <https://eldercare.acl.gov/Public/Index.aspx>
10. Aging in Place: A Harvard Medical School Special Health Report. Harvard Health Publishing. (2018). Available at: <https://www.health.harvard.edu/staying-healthy/aging-in-place>



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