Maryland Communities for a Lifetime

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Agenda

I. Introduction: Who can Benefit from Maryland Communities for a Lifetime?

II. The Importance of Communities for a Lifetime

III. What is a Community for a Lifetime?

IV. Home and Community Based Services: The Heart of Communities for a Lifetime

V. Initiatives on Communities for a Lifetime

VI. University of Maryland work on Communities for a Lifetime

VII. Discussion
Introduction:
Who can Benefit from Maryland Communities for a Lifetime?
Family Caregivers
(AARP Public Policy Institute 2014)

- 65% of people needing LTSS rely exclusively on unpaid caregivers
- 30% of people needing LTSS supplement unpaid care with paid caregivers
- 59-75% of caregivers are women
- Average age of caregivers: 49 years old; however 25% are between 65 - 75 years old
- Caregivers provide approximately 20 hours a week of unpaid care

Family Caregivers

- Caregivers perform diverse tasks, including personal care, medication management, health care coordination, household tasks, bill paying, transportation, companionship, emotional support, etc.

- Family care often affects caregivers’ physical and emotional health, own financial situation, retirement security, career, and social network.

- The estimated economic value of unpaid caregiving contributions in U.S. was $450 billion in 2009.

The Importance of Communities for a Lifetime
Importance of Communities for a Lifetime

• Address a growing elderly population and an economic imperative associated with elder care.

• Honor consumer preferences to remain at home and in the community as they age.

• Address challenges to aging in the community, and provide needed supports.

□ Improve access to existing supports for aging in the community.
Projected Aging in the U.S.
(Number of Americans age 65 and older in millions; U.S. Census Bureau, 2014)

Recent Research Addressing Communities for a Lifetime

- The Gerontologist. Special Issue: 2015 White House Conference on Aging (April, 2015), Vol. 55 (2)
In 2010, 18.6% (1,058,253) of Maryland’s 5.7 million people were 60 years or older.

By 2030, 25.8% of Maryland’s projected population of 6.7 million will be 60 years or older.

Maryland Department of Aging
http://www.aging.maryland.gov/Statistics.html
2012 Estimates of Persons 60 and Older for Maryland's Jurisdictions

### Maryland’s 60+ Population Percent Change Projections by Jurisdiction, 2010-2040

<table>
<thead>
<tr>
<th>Jurisdiction</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Mary’s</td>
<td>129.38%</td>
</tr>
<tr>
<td>Charles</td>
<td>124.70%</td>
</tr>
<tr>
<td>Frederick</td>
<td>101.56%</td>
</tr>
<tr>
<td>Cecil</td>
<td>101.27%</td>
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<tr>
<td>Calvert</td>
<td>99.05%</td>
</tr>
<tr>
<td>Howard</td>
<td>82.34%</td>
</tr>
<tr>
<td>Queen Anne’s</td>
<td>79.12%</td>
</tr>
<tr>
<td>Carroll</td>
<td>76.11%</td>
</tr>
<tr>
<td>Caroline</td>
<td>75.97%</td>
</tr>
<tr>
<td>Montgomery</td>
<td>71.08%</td>
</tr>
<tr>
<td>Prince George’s</td>
<td>68.30%</td>
</tr>
<tr>
<td>Harford</td>
<td>68.05%</td>
</tr>
<tr>
<td>Kent</td>
<td>67.15%</td>
</tr>
<tr>
<td>Washington</td>
<td>64.79%</td>
</tr>
<tr>
<td>State of Maryland</td>
<td>60.78%</td>
</tr>
<tr>
<td>Wicomico</td>
<td>56.26%</td>
</tr>
<tr>
<td>Garrett</td>
<td>55.37%</td>
</tr>
<tr>
<td>Worcester</td>
<td>55.16%</td>
</tr>
<tr>
<td>Anne Arundel</td>
<td>50.40%</td>
</tr>
<tr>
<td>Dorchester</td>
<td>47.81%</td>
</tr>
<tr>
<td>Talbot</td>
<td>45.05%</td>
</tr>
<tr>
<td>Baltimore</td>
<td>38.35%</td>
</tr>
<tr>
<td>Somerset</td>
<td>36.33%</td>
</tr>
<tr>
<td>Baltimore City</td>
<td>23.60%</td>
</tr>
<tr>
<td>Allegany</td>
<td>22.84%</td>
</tr>
</tbody>
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# Prince George’s County: Aging Statistics (ACS)

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Total Population 65 years and over</strong></td>
<td>74,218</td>
<td>78,816</td>
<td>90,544</td>
<td>+16,326</td>
</tr>
<tr>
<td><strong>SEX</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>40.8%</td>
<td>40.8%</td>
<td>41.7%</td>
<td>+0.9%</td>
</tr>
<tr>
<td>Female</td>
<td>59.2%</td>
<td>59.2%</td>
<td>58.3%</td>
<td>-0.9%</td>
</tr>
<tr>
<td><strong>Median age (years)</strong></td>
<td>73.0</td>
<td>72.4</td>
<td>72.4</td>
<td>-0.6</td>
</tr>
<tr>
<td><strong>RACE/ETHNICITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>One race</td>
<td>99.0%</td>
<td>99.3%</td>
<td>98.8%</td>
<td>-0.2%</td>
</tr>
<tr>
<td>Two or more races</td>
<td>1.0%</td>
<td>0.7%</td>
<td>1.2%</td>
<td>+0.2%</td>
</tr>
<tr>
<td>White</td>
<td>41.1%</td>
<td>38.1%</td>
<td>31.2%</td>
<td>-9.9%</td>
</tr>
<tr>
<td>African American</td>
<td>52.0%</td>
<td>54.9%</td>
<td>61.4%</td>
<td>+9.4%</td>
</tr>
<tr>
<td>Asian</td>
<td>4.4%</td>
<td>4.5%</td>
<td>4.6%</td>
<td>+0.2%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>3.4%</td>
<td>3.0%</td>
<td>4.1%</td>
<td>+0.7%</td>
</tr>
<tr>
<td><strong>NATIVITY</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Native</td>
<td>87.2%</td>
<td>84.9%</td>
<td>84.8%</td>
<td>-2.4%</td>
</tr>
<tr>
<td>Foreign born</td>
<td>12.8%</td>
<td>15.1%</td>
<td>15.2%</td>
<td>+2.4%</td>
</tr>
<tr>
<td>Not a U.S. citizen</td>
<td>3.1%</td>
<td>3.8%</td>
<td>4.3%</td>
<td>+1.2%</td>
</tr>
<tr>
<td><strong>LANGUAGE SPOKEN AT HOME/ ABILITY TO SPEAK ENGLISH</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>English only (at home)</td>
<td>89.2%</td>
<td>88.7%</td>
<td>86.8%</td>
<td>-2.4%</td>
</tr>
<tr>
<td>Language other than English (at home)</td>
<td>10.8%</td>
<td>11.3%</td>
<td>13.2%</td>
<td>+2.4%</td>
</tr>
<tr>
<td>Speak English less than very well</td>
<td>0.6%</td>
<td>0.8%</td>
<td>1.0%</td>
<td>+0.4%</td>
</tr>
<tr>
<td><strong>MARITAL STATUS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>48.1%</td>
<td>48.2%</td>
<td>46.3%</td>
<td>-1.8%</td>
</tr>
<tr>
<td>Not Married</td>
<td>51.9%</td>
<td>51.8%</td>
<td>53.7%</td>
<td>+1.8%</td>
</tr>
<tr>
<td><strong>HOUSEHOLDS BY TYPE</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Households</td>
<td>59.2%</td>
<td>56.3%</td>
<td>58.1%</td>
<td>-1.1%</td>
</tr>
<tr>
<td>Nonfamily Households</td>
<td>40.8%</td>
<td>43.7%</td>
<td>41.9%</td>
<td>+1.1%</td>
</tr>
<tr>
<td>Householders Living Alone</td>
<td>15.7%</td>
<td>17.6%</td>
<td>16.5%</td>
<td>+0.8%</td>
</tr>
</tbody>
</table>
Challenges to Aging in the Community

- Health problems for many elders
- Caregiver needs
- Safety concerns
- Housing needs
- Financial needs
- Limiting attitudes about elders
What is a Community for a Lifetime?
Policy Levels of Influence - Federal

- Affordable Care Act
  - Promotes integrated care, population health, reducing unnecessary 30 day hospital re-admissions, health literacy, patient-centered services

- National trends prior to the Affordable Care Act
  - Increasing emphasis on home and community-based services (Olmsted decision), focus on self-directed services, expansion of Cash &Counseling programs (individual budget model)

- Administration on Aging/Administration for Community Living
  - Focus on aging and disability populations, Aging and Disability Resources Centers, self-management of chronic diseases
Policy Levels of Influence – State (MD)

- Shift from nursing home to community services
- Maryland Access Point (Aging and Disability Resource Centers)
- 2011 Maryland Communities for a Lifetime Act (unfunded)
- Balancing Incentive Program
- Money Follows the Person
- Veterans-Directed Home and Community Based Services (VD HCBS)
Policy Levels of Influence - County

- Local partnerships (city/county)
- Area Agency on Aging
- Hospitals
- County Health Department
The Department [of Aging] shall recommend criteria that local jurisdictions may use to certify communities for a lifetime, including:

1. The extent to which a community has sought and plans to expand public health, prevention, and wellness programs that serve older adults;
2. The extent to which a community has sought and plans to expand affordable transportation options;
3. The extent to which a community has sought and plans to expand affordable rental housing and the ability to own affordable homes;
4. The extent to which a community has sought and plans to expand employment, civic engagement, recreation, and leisure options for older adults; and
5. The extent to which a community has sought and plans to expand other initiatives that boost the abilities of older adults to age in place.

The Maryland Communities for a Lifetime Program is currently unfunded.
Home and Community Based Services: The Heart of Communities for a Lifetime
Participant Expectations & Preferences

- Remain at home with family and within community

- Participant-directed options offer:
  - increased choice, control, and flexibility than traditional services
  - ability to hire own workers, including family and friends if preferred
Recent Federal Initiatives to Expand Home and Community-Based Services

- 2007 AoA Community Living Program
- 2008 Veterans Directed HCBS Program
- 2009: Independence at Home Act
- 2010: Patient Protection and Affordable Care Act
  - Community First Choice Option
  - Balancing Incentives Program
  - Money Follows the Person (expanded)
  - CLASS Act (Community Living Assistance Service and Supports). Will not be implemented.
Aging and Disability Resource Centers

- 2003 Maryland one of first 12 states to receive grant to develop
- 2013 – Maryland
  - Maryland Access Point (MAP) program statewide
  - Statewide public web-based data resource
  - Statewide standards for Options Counseling
  - Expanded population served to all individuals with a disability
  - Central partner in Medicaid Rebalancing Programs
  - Umbrella for other rebalancing initiatives
  - MAP website: http://www.marylandaccesspoint.info/
What are Participant-Directed Services?

- Participant-directed services: long-term services and supports to help people of all ages with all types of disabilities maintain their independence and determine what personal care services work best for them.
## Service Models

### Traditional Model
- professional decision-making
- agency oversight
- rules and restrictions regarding the timing, duration, amount, and scope of services

### Participant-Directed Models
- participants have more control over their services

### Cash and Counseling Model
- One of the most flexible models of participant-direction
- Allows participants the authority to manage a personal care budget
- Counselors provide advice and program information, quality monitoring, and training in budgeting, planning, recruiting and hiring workers
- Participants hire, supervise, and fire their own personal care workers (including relatives)
- Participants may purchase other personal assistance goods and services.
Cash and Counseling Demonstration & Evaluation
States and Expansion States

- Demonstration
  - Arkansas
  - Florida
  - New Jersey

- Expansion
  - Alabama
  - Illinois
  - Iowa
  - Kentucky
  - Michigan
  - Minnesota
  - New Mexico
  - Pennsylvania
  - Rhode Island
  - Vermont
  - Washington
  - West Virginia
Initiatives on Communities for a Lifetime
World Health Organization Guidelines

- Outdoor spaces and buildings
- Transportation
- Housing
- Social participation
- Respect and social inclusion
- Civic participation and employment
- Communication and information
- Community support and health services
The AARP Network of Age-Friendly Communities helps participating U.S. communities adopt features like safe, walkable streets, better housing and transportation options, access to key services, and opportunities for residents to participate in community activities.

Benefits include access to:

- global network of participating communities
- aging experts
- peer to peer opportunities
- information and best practices
Fifty-three communities in 21 states and D.C. have joined the AARP Network, including:

- New York City, NY;
- Washington, DC;
- Philadelphia, PA;
- Portland, OR;
- Austin, TX;
- Des Moines, IA;
- Honolulu, HI;
- Auburn Hills, MI;
- Wichita, KS;
- Westchester County,
- Brookhaven, and Chemung County, NY;
- and Macon-Bibb County, GA

Affiliated with the World Health Organization’s (WHO) Age-Friendly Cities and Communities Program:

- 137 communities in 21 countries

The Livability Index provides consumers and policymakers with a rating of community livability and helps them effect change in their communities.

- Search by address, ZIP Code, or community
- Provides overall livability score and a score for each of seven major livability categories:
  - housing, neighborhood, transportation, environment, health, engagement, and opportunity.
- Website: https://livabilityindex.aarp.org/
GIA has identified age-friendly community development as an issue of great promise and compelling need.

In 2012, GIA launched Community AGEnda: Improving American for All Ages, with support from the Pfizer Foundation.

Its goal is to accelerate the work of five communities to become more age-friendly (greater Atlanta, greater Kansas City, Indiana, Miami-Dade County, and Maricopa County, Arizona).

http://www.giaging.org/issues/community-development/
Housing Plus Services (HPS): LeadingAGE Center for Applied Research

- HPS is an umbrella term coined by the National Low Income Housing Coalition to capture the phenomenon of combined housing and supportive services to help low-income people achieve housing stability.

- For older adults, this means combined housing and supportive services (e.g. healthcare, support services, case management, life skills, crisis management, social and community engagement) to prevent institutionalization and facilitate aging in place.

Source: http://nlihc.org/issues/other/hps
Source: http://www.leadingage.org/Center_for_Housing_Plus_Services.aspx
Housing Plus Services (HPS): LeadingAGE Center for Applied Research (Cont’d)

- HPS Learning Collaborative
  - 12 community teams that develop and pilot HPS programs to:
    - Identify the essential elements and practices of HPS strategies.
    - Develop indicators and mechanisms to measure whether HPS models can improve health outcomes for seniors while creating cost savings for the health care system.
    - Explore how regulatory and financing models could help HPS to scale.
  - 1 Maryland community team
    - Associated Catholic Charities in Baltimore, MD, working with Greater Baltimore Medical Center as its service provider partner.

Source: http://nlihc.org/issues/other/hps
Source: http://www.leadingage.org/Center_for_Housing_Plus_Services.aspx
Data linkage of CMS administrative health data to the HUD individual tenant-level administrative data for the 12 geographic areas of interest with unique public housing with services models.

- Aim to use data to more effectively serve individuals and communities that could benefit from a coordinated housing with services program.
- Initial descriptive analyses and comparisons of individuals present in both the HUD and CMS data sources to individuals covered by Medicare and/or Medicaid, but not receiving housing assistance.

Source: http://nlihc.org/issues/other/hps
Source: http://www.leadingage.org/Center_for_Housing_Plus_Services.aspx
Administration for Community Living

- **Agency announced April 16th, 2012:** Administration for Community Living (ACL), in the Department of Health and Human Services.
- Merges the Administration on Aging, Administration on Developmental Disabilities, and Office of Disability.
- **Goal:** increase access to community supports and full community participation; focus attention and resources on the needs of elders and people with disabilities.
Community Innovations for Aging in Place Grantees

- Community efforts to help elders maintain their independence and age in their homes.
- 2009: Over 200 applications received.
- 14 organizations representing diverse communities nationwide received awards.

Administration on Aging

http://www.aoa.gov/AoA_programs/HCLTC/CIAIP/index.aspx#Purpose
A NORC is a community with a concentrated population of older individuals (e.g., a residential building, housing complex, a neighborhood composed of age-integrated housing).

U.S. Department of Health and Human Services

Maryland has two NORCs operated by:

- Jewish Federation of Greater Washington, Rockville
- Jewish Federation in Baltimore
The Village Movement

- The Village Movement: helps elders remain in their homes and communities by organizing programs and services that help older people lead a safe, healthy and productive life.

The Village Movement

- Pioneered by the Beacon Hill Village in Boston, founded in 2001
- 159 operating “villages” in the U.S. with another 144 locations in the development stage
- Villages can complement other community approaches to aging such as NORCs and Area Agencies on Aging programs.

Source: http://www.vtnetwork.org/content.aspx?page_id=1905&club_id=691012#search_results
Villages Features

- Member/consumer-driven, grass-roots organizations (self-governing)
- Run by volunteers and paid staff
- Coordinate access to affordable services (transportation, health and wellness programs, home repairs, social and educational activities and trips)
- Vetted- discounted providers
Maryland

- At Home Chesapeake
- Burning Tree Village
- Comprehensive Housing Assistance, Inc.
- Chevy Chase at Home
- HomePorts, Inc.
- Hyattsville Aging in Place
- Little Falls Village
- Neighbors Assisting Neighbors
- Silver Spring Village
- The Village in Howard
- Village At Home
Village Networks
(select Village Networks nationwide)

- Beacon Hill Village (Boston, MA)
- Community Without Walls (Princeton, NJ)
- 60-Plus Club (Noblesville, IN)
- At Home In Greenwich (CT)
- Avenidas Village (Palo Alto, CA)
- Capitol Hill Village (Washington, DC)
- Front Desk Florence (OR)
- Gramatan Village (Bronxville, NY)
- Lincoln Park Village (Chicago, IL)
- Penn's Village (Philadelphia, PA)
- SAIL Support for Independent Lives (Madison, WI)
- Tierrasanta Project (San Diego, CA)
- Washington Park Cares (Denver, CO)
Project Goal: Conducted a needs assessment of low income and racially/ethnically diverse communities in Prince George’s County to inform the development of “Communities for a Lifetime” tailored for this population.

Project Approach: The two-part project included: 1) key stakeholder focus groups with Prince George’s County leaders and elderly residents of two low-income senior buildings and 2) review and synthesis of existing County data to describe the needs of County elders.
UMD School of Public Health in the Community

- Transforming Health in Prince George’s County
  - Public health impact assessment commissioned by Prince George's County, the Maryland Department of Health and Mental Hygiene (DHMH), the University of Maryland Medical System and Dimensions Healthcare System

- Community Health Needs Assessments
  - 2012 CHNA for Dimensions Healthcare System (required under the ACA)

- Creating Communities for a Lifetime Grant Project
  - Kaiser Permanente Grant Application (under review)
    - Project within a project to prepare and pilot housing plus services intervention among HUD buildings in Prince George’s County

- Working to create a university-state partnership to implement Communities for a Lifetime
Health and Aging Policy Fellowship

- Fellowship Sites
  - U.S. Department of Health and Human Services
    - Administration for Community Living (ACL)
    - Health Resources and Services Administration (HRSA)
  - U.S. Department of Housing and Urban Development (HUD)

- Project: Expanding and Improving Healthy “Communities for a Lifetime” by Coordinating Health, Housing, and Social Services
  - How can underserved communities coordinate federal resources to support the health, LTSS, and affordable housing components of state and local programs?
  - This project seeks maximum benefits from federal policies and programs within ACL, HUD, and HRSA (Federally Qualified Health Centers)
    - Identify existing partnerships between housing, health, and social service agencies
    - Describe best practices of successful partnerships
    - Develop recommendations to help partnerships expand and better serve people of all ages with disabilities in low-income housing
Discussion
Thank you!

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