


APPENDIX C

Health Workgroup: Supporting Detail for Findings

**HEALTH WORKGROUP
SUPPORTING DETAIL FOR FINDINGS**

Category	Findings	Supporting Detail/ Rationale
1. <i>Prescription Drug Assistance</i>	A. Affordable medications remain a primary concern for older adults, particularly those with limited resources.	<ul style="list-style-type: none"> • Historically, many older Washtenaw County residents have not had access to any type of prescription drug assistance plan. • According to a 2002 report by the Kaiser Family Foundation, older adults with chronic medical conditions lacking drug coverage are two to three times more likely to forgo medications than their counterparts with drug coverage. • Between January 2001 and January 2002, the prices of the 50 most commonly prescribed drugs for older individuals rose an average of 8 percent: <ul style="list-style-type: none"> - This pace is nearly three times the rate of inflation. - It is predicted that prescription medication will rise at a rate of over 9 percent per year through 2008. • The Elder Prescription Insurance Coverage Program (EPIC), which is a state program designated to provide prescription drug assistance to low income older adults, remains unavailable to new enrollees: <ul style="list-style-type: none"> - Those at 150 percent of poverty are eligible for assistance for a period of 45 days twice a year, except on an emergency basis. • Recently, Washtenaw County and the Washtenaw Health Plan initiated a broadly available discount program known as the Washtenaw County Prescription Plan (which provides a discount varying from 5-20 percent for each medication).
2. <i>Long-Term Care Services -- Community-Based Setting</i>	A. Many older Washtenaw County residents are in need of in-home assistance.	<ul style="list-style-type: none"> • Projections based on findings of a 1999 National Long Term Care Survey suggest that there are approximately 4,400 Washtenaw County residents age 60 plus with at least one limitation in their ability to perform necessary activities of daily living.
	B. While the majority of older adults who require long-term care prefer to receive it in their home, many are unable to qualify for these services.	<ul style="list-style-type: none"> • Access to home based long term care services is severely limited, with the exception of services for individuals who can afford to pay for them privately. • State and federal funding is insufficient to meet the need for community based services: <ul style="list-style-type: none"> - Medicaid, the major state/ federal public program covering long-term care for older adults, has emphasized institutional care at the expense of community based services. - Despite the demand and preference for community based services, Michigan's Medicaid program has reimbursed for nursing home care but has only paid for less expensive home and community-based services on a very restrictive basis. • While the majority of Michigan counties have a senior millage that supports community based services, Washtenaw County does not. <p style="text-align: center;"><i>[Continued on the following page]</i></p>

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	<p>B. While the majority of older adults who require long-term care prefer to receive it in their home, many are unable to qualify for these services <i>(Continued)</i></p>	<p><i>[Continued from the prior page]</i></p> <ul style="list-style-type: none"> • The "MI Choice" program (Michigan's home and community based waiver program that was designed to offer a low-cost care alternative to nursing home eligible individuals) is a cost-effective community based program that has not been funded sufficiently to meet community needs: <ul style="list-style-type: none"> - In FY 2001, the state's Medicaid system paid, on average, \$98 per person per day for nursing home care. - The comparable figure for the MI Choice participant was only \$39. - Despite this cost savings and record of success, the MI Choice program has remained closed to disabled Washtenaw County residents since 2001. As of July 2003, the program has recently reopened on an extremely limited basis. - It is estimated that as many as 30 percent of nursing home residents in Washtenaw County could be cared for in community settings with adequate community based supportive services.
	<p>C. Additional, affordable assisted living options should be available to older persons in the County.</p>	<ul style="list-style-type: none"> • Affordable assisted living options are an important component of the long term care continuum, and need to be available to community based long term care recipients. • Available assisted living options in Washtenaw County are often unaffordable and, consequently, are unobtainable by many. • The limited use of assisted living facilities by the MI Choice program in Michigan has thus far demonstrated success. • Many other states have developed assisted living options as key components of their long term care strategies, and have thereby achieved greater service.
	<p>D. Community-based long-term care options are fragmented and difficult to access.</p>	<ul style="list-style-type: none"> • Medicaid services for older individuals residing in the Washtenaw County who would qualify for long-term care services are fragmented, with varying levels of administrative and eligibility criteria.
<p>3. <i>Long-Term Care Services -- Institutional Setting</i></p>	<p>A. There is a lack of high-quality options available to institutional long-term care consumers who are reliant upon Medicaid.</p>	<ul style="list-style-type: none"> • Michigan is one of a few states that does not use beds designated by Certificate of Need process exclusively for Medicaid recipients. • This causes difficulty in locating quality care for Washtenaw County residents.
	<p>B. The need for specialized care in a long-term care setting exceeds options that are available.</p>	<ul style="list-style-type: none"> • Very few nursing homes will accept individuals with mental illness and/or physical impairment diagnoses. • Demand for specialized care for people with Alzheimer's Disease in skilled nursing facilities exceeds the available placement options, especially for Medicaid recipients.

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	<p>C. Innovative improvements to long-term care are available and attainable.</p>	<ul style="list-style-type: none"> • For example, nursing homes that subscribe to the philosophy of the "Eden Alternative" provide a supportive atmosphere that is profoundly different than that provided in the traditional approach to institutional long-term care. • Specifically, the Eden Alternative: <ul style="list-style-type: none"> - Teaches that long-term care facilities should be habitats for human beings rather than institutions for the frail and elderly. - De-emphasizes structured activities and introduces plants, animals, and children. - Promotes cultural change that shifts hierarchical authority to a team approach to care. - Seeks to ameliorate the loneliness, helplessness, and boredom many nursing home residents experience, thereby enhancing the quality of life for older persons. • In Washtenaw County there is not an Eden registered nursing home, although 3 of the 11 nursing homes in the County have implemented components of Eden (30 nursing homes in Michigan are Eden registered).
<p>4. <i>Mental Health Services</i></p>	<p>A. Many older Washtenaw County residents with mental health needs are not able to receive mental health services.</p>	<ul style="list-style-type: none"> • It is estimated that as many as 50 percent of older adults will suffer from a depressive disorder (based on data on suicide, traditional disorder incidence, dementia with depression, etc.). • Many older adults develop a persistent mental illness in adult life and this continues into old age. • Local mental health agencies serving seniors report that older Washtenaw County residents do not access needed mental health services because of various barriers: <ul style="list-style-type: none"> - There remains a negative stigma associated with receiving mental health services. - Medicare and Medicaid reimbursement is inadequate to finance needed community-based mental health services for older adults. - There is a lack of in-home mental health services. - Many older persons are not aware of available mental health services. - The delivery of mental health services in nursing homes is not consistently adequate. - Screening and treatment services typically exclude dementia, leading to lack of mental health services for elderly suffering from dementia, and their families. - There are an insufficient number of qualified mental health workers specializing in older adults. - Many older adults turn to their physicians for treatment of mental health problems and symptoms, and physicians are not adequately trained to evaluate when a referral to a mental health professional is appropriate. - There are no gatekeeper outreach programs in Washtenaw County to assist older adults in need for mental health services.

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<p>5. <i>Substance Abuse</i></p>	<p>A. Many older Washtenaw County residents who have a substance abuse or dependence problem are unable to receive the services that they need.</p>	<ul style="list-style-type: none"> • Substance abuse and dependence among older adults in Washtenaw County is a major problem: <ul style="list-style-type: none"> - An estimated 10 percent of all older persons living in the community have a substance abuse problem. - An estimated 40 percent of those in institutional long term care settings have a history of substance abuse. - Older substance abusers have a tendency to drink at home, alone, and in response to loneliness and/or depression, which makes them difficult to identify and locate. • Insurance coverage is typically not sufficient to cover the costs of substance abuse services, since older residents normally are charged for 50 percent of substance abuse service costs. • Research has demonstrated that substance abuse recovery programs and groups that are elder-specific are more conducive to a successful recovery.
	<p>B. Professionals are often unprepared to identify/ treat older adults with substance abuse problems.</p>	<ul style="list-style-type: none"> • Professional and informal care providers at all levels have minimal, if any, training in identifying and/or treating older adult substance abuse and dependence problems.
<p>6. <i>Dementia Care Services</i></p>	<p>A. Alzheimer's is the most common irreversible, progressive dementing illness, and it has devastating effects upon its victims and their families</p>	<ul style="list-style-type: none"> • Although there are other forms of irreversible, progressive dementing illnesses, Alzheimer's is by far the most common: <ul style="list-style-type: none"> - Currently, approximately 4 to 4.5 million Americans have this disease and it is estimated by the year 2050, there will be at least 14 million cases. - Importantly, for every person with Alzheimer's, there are at least three others impacted by its devastating effects.
	<p>B. Because of the chronic nature of Alzheimer's, and the impairments it causes, the cost and accessibility of appropriate care represents a substantial challenge.</p>	<ul style="list-style-type: none"> • Alzheimer's is a chronic disease that lasts from two to 20 years, with the average being eight to 10 years. • Alzheimer's causes profound impairments in virtually all areas of functioning. • Consequently, the cost and accessibility of appropriate care represents a substantial challenge: <ul style="list-style-type: none"> - For example, although the majority of people with Alzheimer's live at home and are provided care by families and friends, "paid" care averages \$12,500 per year. - The average lifetime cost of caring for someone with this disease is \$174,000.

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	<p>C. There is need for improvement in the quality, accessibility and affordability of care, support and services for older adults in Washtenaw County with Alzheimer's and related disorders, and their families.</p>	<ul style="list-style-type: none"> • Because many challenging situations arise in caring for a family member with dementia, there is a need for additional methods of getting information to informal caregivers on the diagnosis, treatment, and effective interventions, as well as hands-on skills training of informal caregivers. • There is a need for additional adult day programs in selected areas of Washtenaw County, particularly those with staff trained to handle more acute behavioral challenges: <ul style="list-style-type: none"> - Disease progression and challenging behaviors often result in the person with dementia no longer being eligible to stay in adult day programs. - However, this is often the point at which most informal caregivers need the greatest assistance. - Not only are additional adult day programs needed throughout the County, but also staff should be trained to handle more acute behavioral challenges. • There is a need for grief support specific to the special circumstances related to caring for someone with Alzheimer's disease, and related disorders. • In general, because dementia-specific long-term residential care costs between \$3,700 and \$5,000 per month, there is a need for affordable out-of-home special dementia care options. • Paid direct-care providers should receive intensive training in all aspects of caring for the special needs of individuals with irreversible dementias. • Physicians need additional education on the day-to-day challenges encountered by informal caregivers. • The average cost of non-skilled home health care is between \$16-\$18 per hour. As a result, there is a need for affordable in-home care/respite options.
<p>7. <i>Dental Services</i></p>	<p>A. Public knowledge about the importance of oral health care for older adults is limited.</p>	<ul style="list-style-type: none"> • Generally, programs on education and prevention on oral health care issues are aimed at those under the age of 21. • Similarly, most dental programs funded by Medicaid are aimed at those under 21. • The training of dentists includes only limited exposure to older adults: <ul style="list-style-type: none"> - For example, U of M School of Dentistry students currently are required to spend only one day visiting a nursing home per term. - It is up to the U of M student to request additional exposure/experience.
	<p>B. Some older adults in Washtenaw County are not getting the dental care they need.</p>	<ul style="list-style-type: none"> • There is a lack of appropriate oral health care training and prevention activities for in-home care and nursing home staff who work with seniors. • Local social service agencies confirm that this national problem is also prevalent in the County. • Typically, nursing homes arrange for only a single dentist to visit once a month to care for dozens of residents on a given day.

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	<p>C. Funding support for dental care for older adults is very limited, and few dental service providers in Washtenaw County accept low-income elderly patients.</p>	<ul style="list-style-type: none"> • Reportedly, many older adults are not utilizing oral health services in Washtenaw because of their inability to locate affordable services or because they lack dental insurance. • Because Medicare offers virtually no dental benefits, the majority of dental care is paid for out of pocket. • Typically Medicaid will only cover basic dental procedures: <ul style="list-style-type: none"> - Medicaid <i>will</i> cover cleanings, fillings, tooth extraction, dentures/partials, and x-rays. - Medicaid <i>will not</i> cover root canals, intravenous anesthesia and other complex dental procedures. • Based on information provided by the Washtenaw District Dental Society, Dental Referral Service, and a random sampling of 26 dental providers in Washtenaw County, less than 44 percent of dentists in Washtenaw County are accepting new Medicaid patients.
<p>8. <i>Hearing/ Speech Services</i></p>	<p>A. Many older adults experience hearing loss significant enough to affect daily activities, resulting in a host of negative physical and social outcomes.</p>	<ul style="list-style-type: none"> • Published research indicates that by age 65 significant hearing loss affects a large proportion of the population, and that most who could benefit from hearing aids are not using them: <ul style="list-style-type: none"> - By age 65, one in three people have a hearing loss. - There are approximately 900,000 hearing impaired persons in Michigan. - 75 percent of those who could benefit from hearing aids are not doing so. • Hearing loss is reported to be the third-most prevalent major chronic disability in persons age 65 and older. <ul style="list-style-type: none"> - Approximately 24 percent of those age 65 to 74 experience hearing loss. - For those 70 and older, the comparable figure is 33 percent. - These figures are said to have nearly doubled in the last 30 years. - Because hearing loss affects a person's ability to communicate with others, it is associated with a variety of negative outcomes including physical disability, depression, loneliness, decreased self-esteem, and diminished functional status.
	<p>B. Health providers have a generally low awareness of hearing loss and their skills in communicating with the hearing impaired could be improved.</p>	<ul style="list-style-type: none"> • Social service agencies in the County report that: <ul style="list-style-type: none"> - Providers are often uninformed on issues related to hearing loss, and have difficulty communicating with deaf patients. - Sometimes lack of communication results in deaf patients being prematurely placed in nursing homes.

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	<p>C. There are opportunities to educate and assist seniors on various methods to maximize hearing/speech capabilities that will positively impact their health and social well-being.</p>	<ul style="list-style-type: none"> • Research suggests that appropriate interventions mitigate detrimental outcomes related to hearing loss. <ul style="list-style-type: none"> - For example, the use of assistive devices and hearing aids have been shown to improve quality of life and social functioning in persons with hearing impairment. - Similarly, behavioral approaches that enhance coping strategies have been shown to be beneficial. • Among the main reasons cited for why the elderly do not use hearing aides are: <ul style="list-style-type: none"> - Lack of knowledge - Stigma of wearing hearing aids - Cost
	<p>D. Low-income seniors need assistance in funding hearing tests, hearing aids and assistive devices, etc.</p>	<ul style="list-style-type: none"> • Oftentimes insurance does not adequately cover the costs of diagnosis and/or treatment of hearing loss: <ul style="list-style-type: none"> - Insurance often does not cover hearing aids and/or assistive devices. - Medicare does not reimburse for interpreters.
	<p>E. The deaf face a lack of available interpreters to assist in health care encounters.</p>	<ul style="list-style-type: none"> • Local agencies report that there is a lack of available interpreters: <ul style="list-style-type: none"> - Michigan is 7th in the U.S. in deaf population, but is 44th in the number of interpreters. - Not all interpreters are certified. • Medicare doesn't reimburse for interpreters. • There is virtually no funding to support volunteers. • Tactile "signing" for the blind is a particular problem. • Few home health workers can "sign".
<p>9. <i>Vision Services</i></p>	<p>A. Vision impairment often accompanies advancing age.</p>	<ul style="list-style-type: none"> • In particular, adult macular degeneration (AMD) is the leading cause of central vision loss among older people: <ul style="list-style-type: none"> - National studies indicate that one-quarter of persons between the ages of 64-74 are afflicted with AMD. - The incidence rises to one-third for those over the age of 75. - Although there is much current research being done, there is no current cure or proven prevention. • In addition, persons with vision problems are at increased risk for falls.
	<p>B. Insurance does not cover many of the services and/or devices needed by visually impaired older adults.</p>	<ul style="list-style-type: none"> • Medicare and other health insurance does not normally pay for any visual adaptive technology such as: <ul style="list-style-type: none"> - Magnifiers - Sunglasses - Special lighting - Closed circuit television - Computer adaptive technology • Older adults with vision impairments sometimes require more personal services that are not covered by insurance, such as assistance writing checks, housekeeping, etc.

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	C. Certain access issue face visually impaired older adults.	<ul style="list-style-type: none"> • Local agencies report a number of barriers and impediments facing visually impaired older adults in identifying and receiving needed services (in addition to insurance barriers noted above): <ul style="list-style-type: none"> - Seniors and their care-taking family members are often unaware of adaptive equipment that will increase independence and reduce injury. - Primary care physicians are not routinely referring their patients to vision specialists. - Optometrists and ophthalmologists are not well informed about vision rehabilitation services and do not refer to these routinely. - Many inconveniences in public places hinder access for the visually impaired because of :poor signage; poor lighting, lack of contrast between floors, walls and furniture; etc. - Persons with vision impairment have a greater reliance on public transportation and may have greater difficulty using such services.
10. End of Life Care	A. Hospice is a supportive yet cost-effective option for end of life care.	<ul style="list-style-type: none"> • Hospice is a palliative care option for end of life care that: <ul style="list-style-type: none"> - Looks at dying as something natural and personal. - Takes into account the whole person - mind, body and spirit. • Under Medicare rules, to qualify for the hospice benefit one must have a terminal diagnosis, with a probable prognosis of six months or less to live: <ul style="list-style-type: none"> - Support includes nursing, social work, home health aides, spiritual care, volunteers, medications and durable medical equipment. - In practice, benefits may continue long past six months. • Compared to traditional care for the terminally ill, hospice care is less costly: <ul style="list-style-type: none"> - It typically involves advance directives such as living wills and medical powers of attorney. - Reportedly, hospice save up to 10 percent of the cost of care in a patient’s last year of life, 10-17 percent in the last six months, and 25-40 percent in the fin al month.
	B. Hospice care is not always available/ accessible to all who might prefer this option.	<ul style="list-style-type: none"> • Fewer older adults die at home than would prefer to do so: <ul style="list-style-type: none"> - About half of Americans 65 and older die in hospitals. - Another one-quarter die in nursing homes. - The remaining one-quarter of Americans die at home, although more than 70 percent say that is their wish. - The pattern for Michigan generally reflects the national trend. • Apparently, the hospice option is not utilized by many eligible nursing home patients: <ul style="list-style-type: none"> - It has been reported that one-third or more of patients in nursing homes are qualified to receive hospice services, but are not actually receiving them. - In fact, some nursing homes do not have a hospice option for their patients. • Primary care physicians are often not well versed in end of life issues: <ul style="list-style-type: none"> - Reportedly, many primary care doctors have not been trained or educated on this subject. - They may be fearful of discussing end of life care with patients, or families. - As a consequence, attempts at “curing” the illness may be unnecessarily prolonged and the opportunity for the comfort of palliative care lost.

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<p><i>11. Health Care Financing/ Affordable Health Insurance</i></p>	<p>A. Older adults face significant gaps in health insurance coverage that can impede access to health care due to high out-of-pocket costs.</p>	<ul style="list-style-type: none"> • Medicare covers only half of the total health care expenses of enrollees, with the most serious gaps in coverage for long-term care, prescription drugs, dental, vision, and hearing aids. • Even with supplemental insurance coverage (e.g. "Medigap", long-term care, etc.), significant gaps in coverage lead to high out-of-pocket costs: <ul style="list-style-type: none"> - Long-term care and Medigap insurance plans are hard to understand, and vary widely in price and benefits. - The Gerontological Society of America in 2001 states that elderly Americans spend 19 percent of their total income on out-of-pocket medical expenses, but the lowest fifth of income level pays 32 percent. - Of those out-of pocket expenses, 40 percent are for prescriptions. • To compound these problems, with Medicare reimbursements to physicians dropping, more doctors may refuse to accept new Medicare patients. • Furthermore, anticipated state cuts to Medicaid will only exacerbate an already serious problem of restricted access to healthcare for lower-income older adults.
	<p>B. Widespread lack of knowledge about Medicaid options, together with a cumbersome application process, results in significant under-enrollment of eligible low-income Medicare beneficiaries.</p>	<ul style="list-style-type: none"> • In 1999, AARP reported that about 50 percent of low-income Medicare beneficiaries were not enrolled in Medicaid programs for which they are eligible. • Medicaid for long-term nursing home care is complicated and requires extensive paperwork and advance planning.
<p><i>12. Sensitivity to Cultural Factors</i></p>	<p>A. There has been a substantial increase in Washtenaw County's minority older adult population.</p>	<ul style="list-style-type: none"> • According to the U.S. Census, Washtenaw County's minority older adult population increased over 53 percent from 1990 to 2000: <ul style="list-style-type: none"> - The Asian, Hawaiian and Pacific Islander subpopulation experienced the largest growth, increasing almost 150 percent during this ten-year period. - Other percentage increases include: <ul style="list-style-type: none"> ▪ Black or African American: 25 percent ▪ American Indian/Alaskan Native: 46 percent ▪ Hispanic or Latino: 25 percent. • Nationally, it is projected by the Administration on Aging that the minority older population will triple by 2030, and that one-quarter of the elderly population will belong to a racial or ethnic minority group.

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	<p>B. Understanding cultural factors is critical to insuring older persons receive necessary health care services.</p>	<ul style="list-style-type: none"> • Culture can affect how older persons understand their illness and/or disability, and how they access and utilize health and human services. • Research has demonstrated that when professionals are culturally competent, they establish positive, helping relationships that engage the client and improve the quality of services provided. • Barriers to accessing services may include: <ul style="list-style-type: none"> - language; - religious affiliation; - sexual orientation; - lack of materials in native language; - distrust of the mainstream delivery system; - low income; and - low education levels.
<p><i>13. Technology</i></p>	<p>A. Older adults have difficulty accessing standard equipment that could improve their quality of life.</p>	<ul style="list-style-type: none"> • While much has been said about new "high-tech" equipment, seniors already encounter major difficulties in identifying and/or obtaining helpful adaptive equipment (e.g. so-called "durable medical equipment", or DME) that is based on standard technology. • Seniors and their care-taking family members are often unaware of adaptive equipment that will increase independence and reduce injury: <ul style="list-style-type: none"> - In a nationwide survey 38 percent of family (unpaid) caregivers were unaware of what services/equipment they needed for care of the recipient. • Lack of financial assistance is a significant barrier for many older adults: <ul style="list-style-type: none"> - For example, Medicare/Medicaid will not cover any equipment which is disposable, or for hygienic purposes.