

Moving Forward Together: Partnering with Your Area Agency on Aging for Effectively Addressing Social Determinants of Health

Presented by
The North Carolina Association of
Area Agencies on Aging



advocacy | action | answers on aging

Presentation Goals

- Understand what an Area Agency on Aging (AAA) is, how we function, and our role in the North Carolina Aging Network
- Identify services that an Area Agency on Aging offers to assist you, your organization, and consumers in the community
- Identify resource constraints and new opportunities prompting partnerships in a “win-win-win” new environment

Introductions

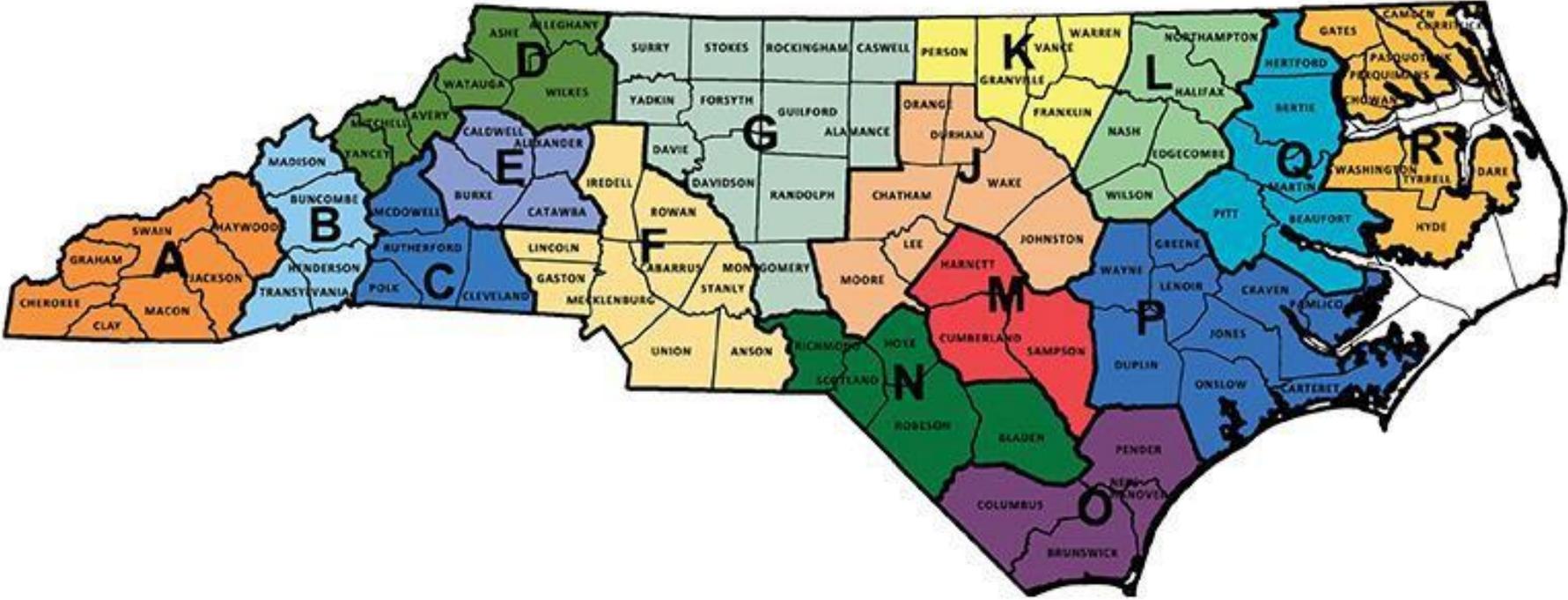
- Blair Barton-Percival, AAA Director, Piedmont Triad Regional Council



Area Agency on Aging (AAA)

- Area Agencies on Aging play a key role in planning, developing, coordinating, and delivering services
- AAAs also advocate for policies and funding pertaining to the needs of older adults and provide technical assistance to funded partners

16 Area Agencies on Aging in North Carolina



Services Provided To As Many People As We Can

- Services delivered by our provider network:
 - Home delivered meals & congregate nutrition
 - Adult day care & adult day health
 - In home aid services
 - Family caregiver support
 - Transportation (Medical & General)
 - Housing and Home Improvement
 - Legal Assistance



Services Provided To As Many People As We Can

- Other Services include:
 - Long Term Care Ombudsman Program (SNF & Assisted Living)
 - Evidence-Based Health Promotion & Disease Prevention
 - CDSMP, DSMP, Matter of Balance (Falls Prevention), Tai Chi
 - Long Term Care Options Counseling
 - Senior Community Services Employment Program

Outcomes

- AAA services are linked to improved health outcomes for high need individuals (e.g. frail elderly and older adults with chronic illness and functional limitations)
- It is more cost effective to support someone in their home with formalized services than in an institutional setting
- For example, research shows home delivered meals:
 - reduces isolation
 - reduces loneliness
 - increases feeling of safety residing at home
 - reduces falls
 - reduces unnecessary hospitalizations

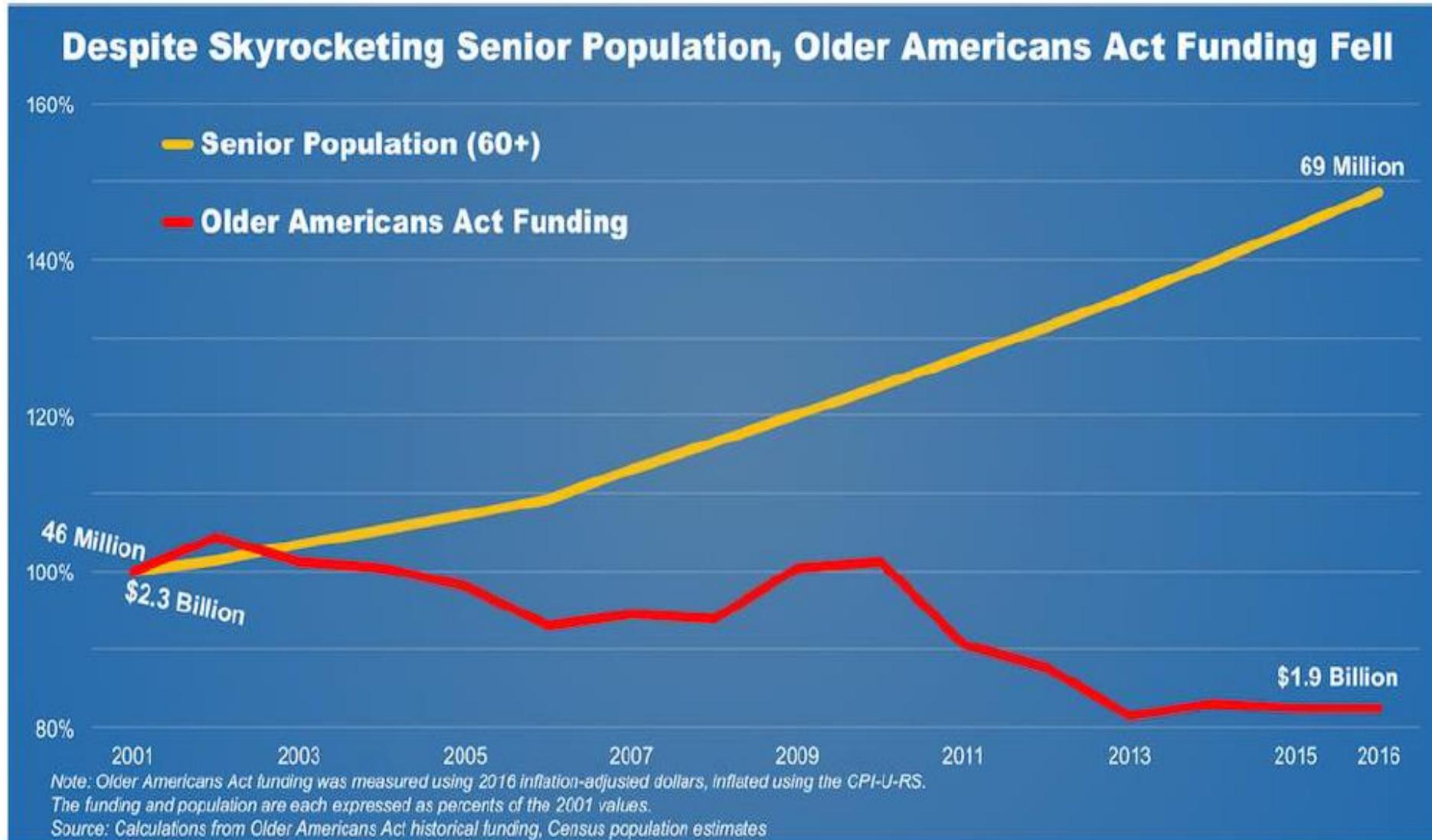
<https://news.brown.edu/articles/2015/03/meals>

AAAs Are Worried About Your Patients and Seniors and Their Caregivers...

There are more seniors and more poor seniors!

- United States: 53% of older adults living alone, and 26% of older adults living in elder couple households, lack the financial resources required to pay for basic needs
- North Carolina: 53% and 25%

And AAAs can't keep up...

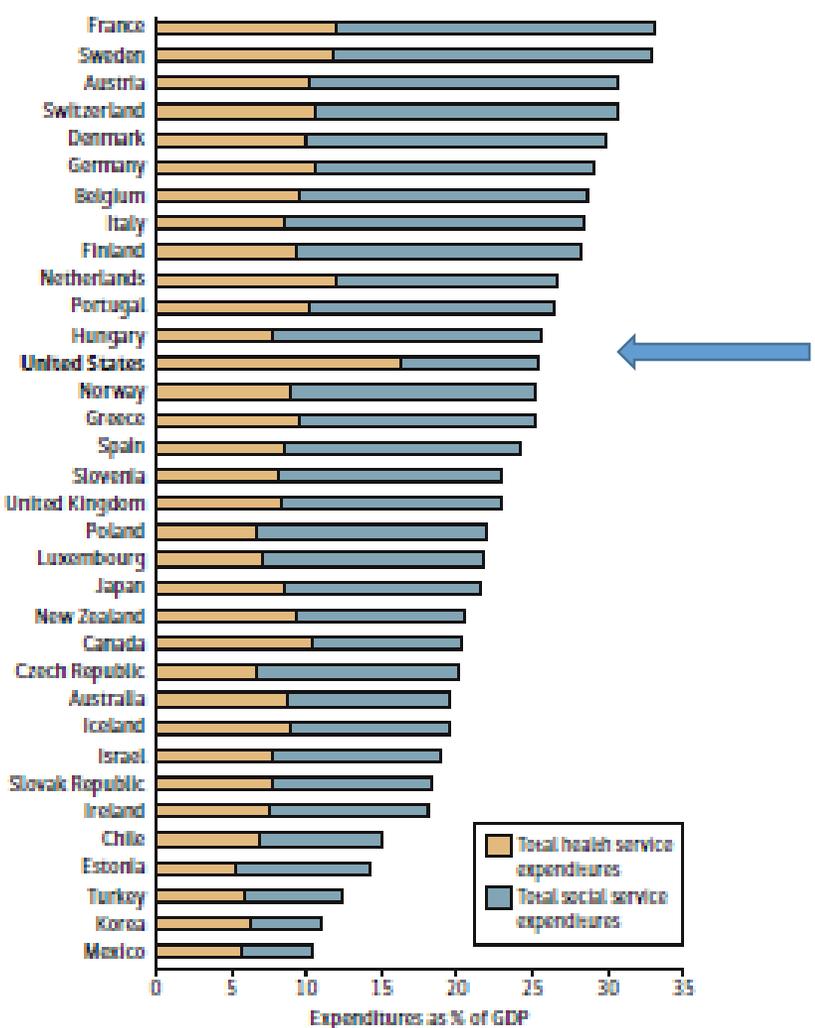


Meanwhile...

- The US health system faces major challenges. Health care costs remain high at \$3.2 trillion spent annually, of which an estimated 30% is related to waste, inefficiencies, and excessive prices; health disparities are persistent and worsening; and the health and financial burdens of chronic illness and disability are straining families and communities.

Yet we spend more on Medical & Less on Social

Figure 4. Health Care and Social Service Spending Across Countries
In the Organisation for Economic Co-operation and Development (OECD)



- Compared with other high-income countries, the United States spends a greater proportion of health care and social service expenditures on health care services.
- For every \$1 spent on health care, about \$2 is spent on social services by countries in the OECD overall but only about \$0.50 is spent on social services by the United States.

JAMA 3-17

Opportunity with Payment Reform?

- 30% of \$3.2 Trillion spent on US health care is \$960 billion
- 2016 Older American Act funding is \$1.9 Billion (or just 0.2% of the US health care spend just on waste, inefficiencies, and excessive prices)
- As payment reform progresses under MACRA, can we redirect health care dollars to help address the social determinants of health of high risk Medicare and Medicaid beneficiaries? While helping you reduce costs and maintain margins!



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ECONOMY | ENERGY | FINANCE | GOVERNANCE | **HEALTH** | HOUSING | IMMIGRATION | INFRASTRUCTURE | NATIONAL SECURITY

ABOUT THIS PROJECT | MEET THE EXPERTS | 21ST CENTURY CURES | AFFORDABLE MEDICINES | SUSTAINABILITY COUNCIL | RESEARCH | **KEY TOPICS**

BPC Health Policy Experts Call for Extension of Cost-Sharing Reduction Subsidies
COVERAGE AND ACCESS TO CARE
Press Release

What Trump Can Do on Vaccines

VALUING PREVENTION
News - U.S. News and World Report

Winners Named for Inaugural Innovation Award

TRAINING HEALTH PROFESSIONALS
Press Release

EVENTS
Improving Care for the Chronically-Ill Medicare Patients
April 25, 2017
REGISTER

COVERED UNDER THE AFFORDABLE CARE ACT
COVERAGE AND ACCESS TO CARE, DELIVERY SYSTEM REFORM AND COST CONTAINMENT, HEALTH

The Future of Health Care
BPC is hosting a series of events designed to help policymakers gain a common understanding of the underlying challenges in health care and considerations

Opportunities in Caring for High-Need, High-Cost Medicare Patients – Feb 2017

“Academic and clinical research suggests that for high-need, high-cost patients—particularly frail and elderly individuals with complex conditions—the application of non-clinical interventions and other social supports to address social determinants of health can improve health outcomes and reduce the need for expensive acute care services. “

- in-home meal delivery
- supportive housing and home modifications
- non-emergent medical transportation to medical appointments
- targeted care management
- personal care services or other home or community-based assistive services to address functional impairment.”

And in addition, Evidence Based Programs like Chronic Disease Self-Management, Diabetes Self-Management, Matter of Balance, Tai Chi, etc.

Win-Win-Win

- Complementing not competing
- AAA Value:
 - Existing infrastructure with 40+ year trusted history with every community in America – urban, rural and suburban
 - Helping health care providers reach those individuals more at risk of health conditions with services to address social determinants of health
- A partnership to help you further reduce costs and improve outcomes for frail elderly and people with chronic illness and functional limitations
- Together we can help save NC Medicaid \$\$ and help improve the lives of all North Carolinians



Questions or comments?

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