

MARIN COUNTY COMMISSION ON AGING
Health and Nutrition Committee
****March 22, 2016**

*****This meeting did not have a quorum.***

SUMMARY

Present:

Commissioners: Chris Asimos, Salamah Locks, Sharon Turner; AAA Staff: Amy Dietz, Natalie Krelle-Zeponi; Public: Teresa Tooker

There was no official Health and Nutrition Committee meeting due to lack of quorum.

The following items were discussed:

- Commissioner Locks made the following points regarding the Healthy Aging Symposium. Dietz will email these to Ana Bagtas for response:
 - The Health and Nutrition Committee would like to have a member sit on the Healthy Aging Symposium committee next year.
 - How was the decision reached as to who the speakers would be and their prominence during the symposium?
 - Why was Barbara Beskind put on a panel rather than being featured as the main speaker?
 - Commissioner Locks has contacted Barbara's daughter in law to ascertain if she would be willing/ available to take a more active speaking role in the symposium.
- Natalie Krelle-Zeponi, AAA Registered Dietician, introduced herself to the committee and shared her background.
- Dietz announced the III B Supportive Services RFPs have been released. Home Delivered Meals and Congregate Meal RFPs will be released shortly, pending clarification from the State.

Activities:

- Committee members assembled End of Life packets. Dietz provided the DVD of "*Being Mortal*" for the Bolinas screening on Thursday.



BUDGET ACTION

980 9th Street Suite 240 ~ Sacramento, CA 95814 ~ ph: 916-443-2800 ~ Fax: 916-554-0111 ~ aging@c4a.info

DECLARATION OF WAR ON SENIOR HUNGER

A Call to Immediate Action

No one in our fine state should go hungry, but especially not our parents and grandparents. But 47% of California's seniors do not have enough income to meet their basic needs of shelter, food, transportation, and medical care. We also know that it is far more affordable to keep our seniors healthy than to treat them medically for conditions that could have been avoided by improved nutrition.

THE GROWTH & HEALTH COSTS OF THE SENIOR POPULATION

Throughout the United States, seniors over 60 represent the fastest growing age group in the country. California is no exception, with 1,000 Californians turning 65 every day for the next fifteen years. Statewide, the *total population is projected to grow at a rate of 4.7%, however, seniors age 85+ are growing more than twice that fast (9.8%)*. The 65-74 range group is growing even faster, with a 26.5% growth projection¹. Even more significant is the small subset of seniors and people with disabilities that consume by far the greatest portion of health care costs in the state. Recent figures show that a mere 8% of the population consumes 75% of the health care costs, with the vast majority being seniors with chronic conditions². Health Care providers and experts in the field of aging have identified long term services and supports (LTSS) as one of the most effective strategies for reducing existing and future health care costs. An investment now will position the state well for controlling costs in the future and will immediately reduce current costs.

¹ Governor's Budget Summary Demographics 2014-15.

² Central California Alliance for Health Dec. 2014

The provision of nutritious food is perhaps the most basic component of LTSS, yet nutrition programs are being forced to cut corners, lay off staff, establish waiting lists for service, or, in some cases, close senior meal sites completely.

Financially, Federal poverty levels fail to measure the economic status of California's older adults. UCLA, the Insight Foundation, and Wider Opportunities for Women have recently created an Elder Economic Security Index (EESI) to measure the true cost of living for a senior in California. The results of this survey are shocking; *47% of all older Californians (age 65+) do not have enough income to meet their basic needs.*

THE OPPORTUNITY FOR IMMEDIATE & COST EFFECTIVE ACTION

The State of California has the opportunity to immediately offset the potentially runaway costs of its aging population by investing in proven strategies to improve senior health, and reduce, eliminate and/or delay potential expenses.

Augmenting senior nutrition programs is one of the most basic and simple solutions for reducing these costs. Investing in other important services will also reduce the state's burden of senior health care costs, and they should be seriously considered as well. But senior nutrition programs stand out as the primary building block of efforts to make comprehensive improvements in senior health.

A COORDINATED SYSTEM OF CARE TO IMPLEMENT THESE ACTIONS ALREADY EXISTS

A variety of programs already exist in state statutes that deliver nutrition services. Area Agencies on Aging (AAA) operate these programs under the Older Californians and Older Americans Acts, including Congregate Mealsites, and Home-delivered Meals, commonly known as Meals on Wheels. AAA's stand by, ready to expand the scope of their already successful programs.

This call to action describes the improved outcomes and savings that can be realized by providing nutritious meals to our seniors.

SENIOR NUTRITION

Allocation: \$5,400,000

Without basic nutrition, no individual remains healthy for long, and an especially not a frail senior, or one recovering from a recent illness or injury. Quality Nutrition has been identified as an essential component of recovery from hospital stays as well, and without access to healthy nutritious food, readmissions will increase rather than decrease. Three highly successful program models exist for seniors; each one severely

compromised by waiting lists and program closures. Augmentation of senior nutrition programs is the cornerstone for healthy aging.

Cost Analysis: Senior nutrition deserves special attention as a strategy to reduce the health and medical needs (and resultant care costs) of older Californians. A study³ that examined the health and nutritional status of seniors found that food-insecure seniors had significantly lower intakes of vital nutrients in their diets when compared to their food-secure counterparts. These food-insecure seniors were 2.33 times more likely to report fair/poor health status and had a higher nutritional risk⁴. Food-insecure seniors are at greater risk for chronic health conditions and experience the following:

- 60 percent more likely to experience depression
- 53 percent more likely to report a heart attack
- 52 percent more likely to develop asthma
- 40 percent more likely to report an experience of congestive heart failure

Quality Nutrition increases healthy outcomes for patients released from hospitals. In one study, the readmission rate for patients treated for congestive heart failure was reduced from 26% to 15% when those patients were delivered two meals a day from Meals on Wheels service providers.

In San Diego County, each hospital readmission costs an average of \$13,000. In an 18-month period in San Diego County alone, a comprehensive pilot program, which included provision of meals when needed, prevented 667 readmissions. A very conservative estimate of a statewide effort to reduce food insecurity for at-risk seniors is that it would prevent more than 2,000 hospital readmissions across the State annually. **The result would be a savings well in excess of \$25,000,000 in hospital readmissions alone!**

A Brown University Study⁵ estimated that every \$25 spent by a state per person over the age of 65 on home-delivered meals, reduces the low-care nursing home population by 1%. The cost of this nursing home care averages over \$86,800 per year per person⁶; a 1% savings equals \$868 for every \$25 invested. Using this formula and calculating the state's share of nursing home payments, **a \$5.4 million investment holds the potential**

³ Feeding America and National Foundation to End Senior Hunger (NFESH). (2014, March). *Spotlight on Senior Health Adverse Health Outcomes of Food Insecure Older Americans*

⁴ Lee JS, Frongillo, Jr. EA. (2001). Nutritional and health consequences are associated with food insecurity among U.S. elderly persons

⁵ The Relationship between Older Americans Act Title III State Expenditures and Prevalence of Low-Care Nursing Home Residents; Kali S. Thomas, PhD, MA and Vincent Mor, PhD, MED

⁶ California Association of Health Facilities <http://www.cahf.org/MediaCenter/FactsandStatistics.aspx>

for saving the State of California over \$61,000,000 per year in reduced nursing home costs. Even if the results are only half of what Brown University projects, more than \$30 million in state dollars would be saved.

With the number of food-insecure seniors projected to increase by 50% when the majority of the Baby Boom Generation reaches age 60 in 2025, it is essential to provide a safety net of preventive nutrition that enables older adults to age well, and that we act now to do so.

CONCLUSION

California's senior population is growing at a rate five times faster than the rest of the state. Ignoring the impact of that population growth on California's health care system will only make the problem worse than it already is. Investing now in proven programs and strategies will improve the quality of life for our seniors, and have immediate and long term cost benefits, primarily by diverting efforts away from more expensive models of care, such as hospitals, emergency rooms, and skilled nursing facilities.

The Older Californians Act provides an existing structure for the delivery of nutrition services, **services that are projected to produce at least \$55 million in savings in California for a tenfold (1018%) return on a \$5.4 million investment.** Studies from Brown University and a San Diego pilot program suggest that savings closer to \$80 million per year are possible.

Solutions exist; the time to act is now.



BUDGET REQUEST

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Arguments for Increased Senior Nutrition Funding

- The senior population in California is growing. Currently more than 7.6 million Californians are over the age of 60. Of these:
 - 8.6% of seniors have incomes below the federal poverty level.
 - One out of 5 seniors are eligible for Medi-Cal.
 - 18% of seniors live alone.
 - Only 3% of eligible seniors receive home delivered or congregate meals.
- Flat state and federal funding prevent the program from serving more than 3% of seniors. Waiting lists for home delivered meals are in place in most communities with the wait varying from several months to several years.
- Statewide the senior nutrition program serves over 17 million meals (7 million congregate meals and 10.3 million home delivered meals) to over 223,000 seniors. This amounts to only 25% of the people in the state that are living below the federal poverty level receiving a meal.
- Home delivered meals are provided to people that are shut in and unable to get out of the house to go to a meal site. These people tend to be older, poorer and have multiple chronic conditions and suffer from isolation and loneliness. Many times the meals on wheels driver is that persons only contact during the day. Congregate meals provide an opportunity for socialization and connection to community resources and programming for those that attend. Socialization has been shown to increase health outcomes.
- It is important that California invest in this critical safety net program as seniors are the fastest growing demographic. Poverty rates increase with age with age. The near poor rates for people over the age of 75 nationally is 42% equating to those over the age of 80 being most vulnerable. With over 29% of the senior population over the age of 75, this equates to more than 90,000 people over the age of 75 being classified as near poor.
- A recent article in the Atlantic projected that by the year 2050 the senior population is expected to grow by 106%, but the rate of seniors living in poverty in the same period is expected to increase by more than 180%. With waiting lists currently in place and providers not able to meet the demand due to funding, this additional influx of people in need is going to strain and already strained system.
- The senior nutrition program is a highly leveraged safety net program that provides a critical service for the most vulnerable. For every dollar put into the program by the state an additional \$2.73 dollars are leveraged.
- A \$5.4 million investment holds the potential for saving the State of California over \$61,000,000 per year in reduced nursing home costs.
- California must commit to investing in a highly leverage program that serves the most vulnerable.

California Association of Area Agencies on Aging



February 25, 2016

To: The Honorable Tony Thurmond
Chair, Assembly Budget Subcommittee No. 1

Honorable Members, Assembly Budget Subcommittee No. 1

From: 
Frank J. Mecca
Executive Director, County Welfare Directors Association

**RE: ADULT PROTECTIVE SERVICES: \$5 MILLION FOR
TRAINING AND SUPPORT PROGRAM**

The County Welfare Directors Association of California (CWDA), California Elder Justice Coalition and California Commission on Aging respectfully request your consideration and support of a budget item to increase statewide capacity in the Adult Protective Services (APS) program to protect and serve seniors and dependent adults who are victims of abuse, neglect and exploitation. Specifically, we request your consideration to provide additional resources for a statewide training system for APS staff.

California's APS programs provide 24/7 emergency response to reports of abuse and neglect of elders and dependent adults. APS social workers deliver critical, often life-saving, services in a variety of abuse and neglect situations, including financial abuse. These social workers conduct in-person investigations on complex cases, often in coordination with local law enforcement, and leverage other system supports on behalf of victims including legal aid programs, the judiciary, long-term care services, and many others. APS social workers must be adept at helping victims and their families to navigate other systems such as conservatorships and to local aging programs for needed in-home services. Their efforts often enable elders and dependent adults to remain safely in their homes and communities, thus avoiding costly institutional placement into nursing homes.

APS social workers require specialized skill sets unlike those of other programs such as Child Protective Services (CPS), in which the state invests exponentially more resources. Adults are self-determining, meaning they have the ability to refuse services and make their own decisions. An APS social worker must be adept at helping victims understand what has happened in order to collaborate in the investigation and accept needed services. APS social workers must have the necessary skillset to advocate to protect the victim, and this can be a challenge when working with adults with disabilities who are dependent upon others for their care, and the growing population of seniors with dementia and Alzheimer's disease.

In addition, APS social workers must have the skills sets to address multiple, complex abuse and neglect cases, including the growing number of financial abuse cases. Financial abuse is the predominant form of abuse by others, comprising 30 percent of abuse investigations, and is often accompanied by mental/psychological abuse, physical abuse and neglect. Training for APS workers in identifying and intervening quickly in financial abuse cases is critical in protecting elders and dependent adults from a devastating and permanent financial loss which can be both extremely destructive and life-threatening. To protect abuse and neglect victims and strive to keep elders and dependent adults in the least restrictive, community-based setting, county APS often works with the county public guardian/conservator/administrators (PA/G/C), and given the significant overlap often between the APS and PA/G/C programs, additional training coordination and support between these programs is necessary.

The APS program was primarily a state-funded program until 2011, when the program was realigned and counties now have the 100 percent fiscal responsibility for the program. However, CDSS retained program oversight and regulatory and policy making responsibilities for the program. This included responsibility for funding and supporting the statewide training of APS workers in order to ensure consistency. Unfortunately, the statewide training program is underfunded and woefully inadequate to meet the current and future needs of APS programs. Currently, only \$88,000 (General Fund) is allocated to CDSS to support statewide training. This funding has not been increased for the past 11 years, despite the fact that APS reports statewide have risen by 90 percent between 2000-01 and 2014-15. As a point of comparison, APS and CWS workers protect equally vulnerable populations who suffer from abuse and neglect, yet APS workers receive less than 1 cent for every 1 dollar of state- and federally-funded training that is provided to CWS workers.

Nationally, the passage of the Elder Justice Act calls for the creation of a structure for administering national and state elder justice programs. California's over age 65 population is projected to grow significantly, increasing from 4.3 million in 2010 to 6.3 million by 2020 and will double to 8.6 million by 2030. The oldest demographic, those 85 and older, will grow by over 71 percent between 2010 and 2030.

High quality training for APS social workers is necessary to ensure consistent and competent services throughout the State, increased protection of both victims and workers, who often find themselves in very unsafe situations, and a reduced level of the risk of liability arising from poor or even dangerous actions taken by inadequately trained employees. For these reasons, we urge your support for \$5 million to build a strong training infrastructure.