

Executive Office of Elder Affairs



MCOA Annual Meeting June 3, 2016





Mission, Vision, Values

MISSION

The Executive Office of Elder Affairs promotes the independence, empowerment, and well-being of older adults, individuals with disabilities, and their caregivers.

VISION

Older adults and individuals with disabilities will have access to the resources they need to live well and thrive in every community in the Commonwealth.

We value growing older.

We value choice, including the choice to live in the community.

We value the contributions that older adults and individuals with disabilities make to society.

We value a person-centered approach that promotes dignity and takes into account cultural identities.

We value collaboration with our partners, advocates, and other stakeholders.



Programs and Services

**Ombudsman
Services**

**Protective
Services**

**Employment
Services**

**Nutrition
Services**

**Family
Caregiver
Support
Program**

**Prescription
Advantage**

Home Care

SHINE

**Long Term
Services and
Supports
(LTSS)**

**Information
& Referral**

**Housing
Support**



The Aging and Disability Network

**Executive Office of Elder
Affairs**

**349 Councils on
Aging (COAs)**

**26 Aging
Services Access
Points (ASAPs)**

**23 Area
Agencies on
Aging (AAAs)**

**11 Aging and
Disability
Resource
Consortia
(ADRCs)**

Home Care

Ombudsman Services

Protective Services

Nutrition Services

**Long Term Services and
Supports (LTSS)**

**Serving the Health Insurance
Needs of Everyone (SHINE)**

**Family Caregiver Support
Program**

Information & Referral

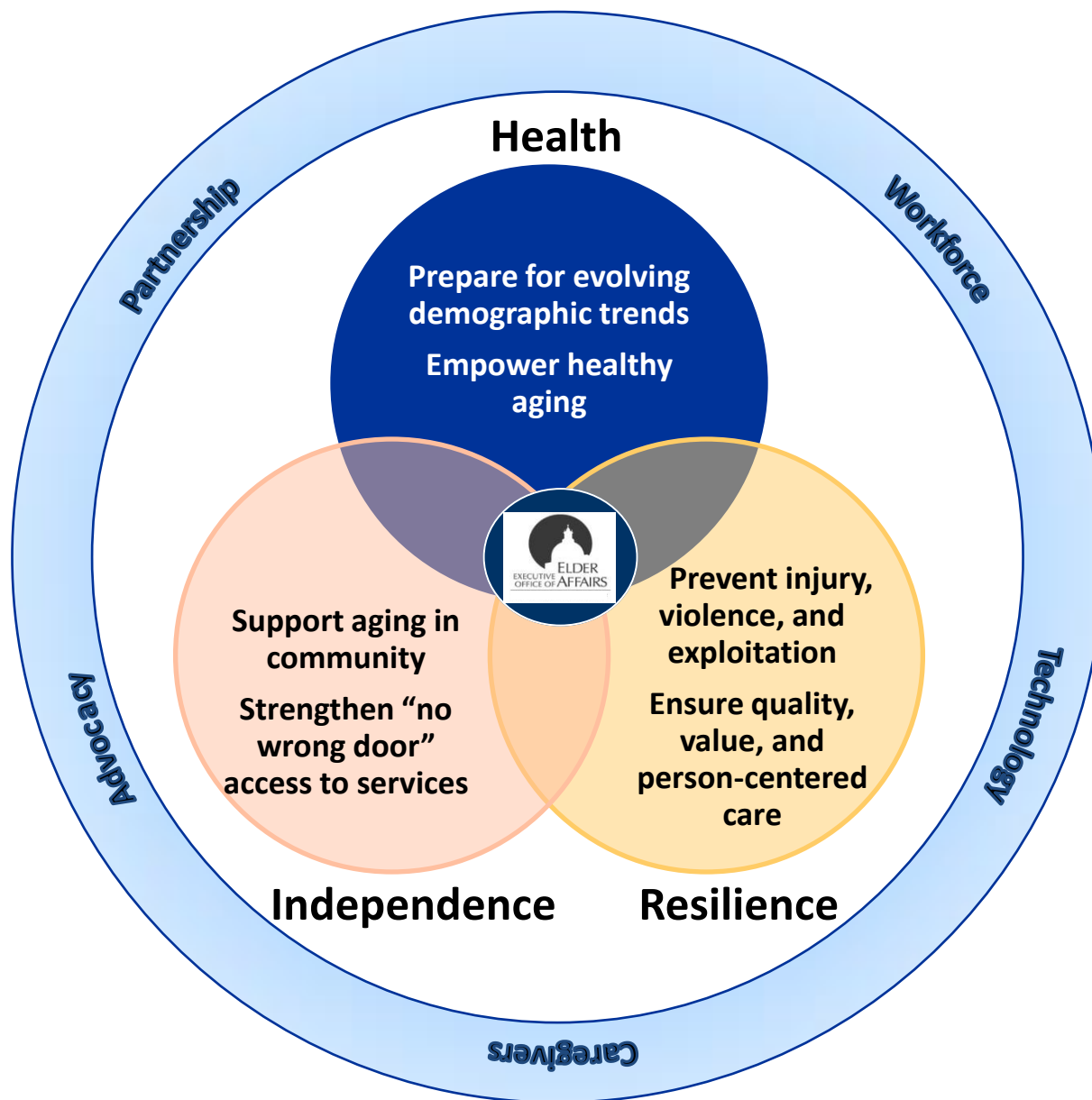
Prescription Advantage

Employment Services

Housing Support



Strategic Goals





Top 10 Questions and Concerns from Older Adults

- 1. I worry that I won't be able to afford accessible housing and services so that I can stay in my own community as I get older.**
- 2. I can't get around because we don't have adequate or affordable transportation for seniors/individuals with disabilities in my community.**
- 3. I'm worried about economic security in retirement. I'm worried that I won't be able to afford my prescriptions, health insurance premiums, food, rent, or transportation.**
- 4. I need to keep working but no one will hire me; I need new skills or job retraining or career assistance.**
- 5. I need a PCA/Homemaker/home care aide but worry that I won't be able to find one.**
- 6. I worry about how to meet my own health and financial needs while being a full time caregiver to a loved one.**
- 7. If I need a nursing home, I want one that delivers high quality care.**
- 8. I don't know how to access information and resources on aging programs and services. When I try the internet and other materials, I get overwhelmed. I can't figure out where to turn to get the information that I need.**
- 9. I'm worried about developing Alzheimer's disease or dementia, and how we will take care of all the people who have it. I worry about struggling all alone as a caregiver and not getting the support that I need.**
- 10. I worry about scams and financial exploitation, losing my life savings.**



Four Priority Areas

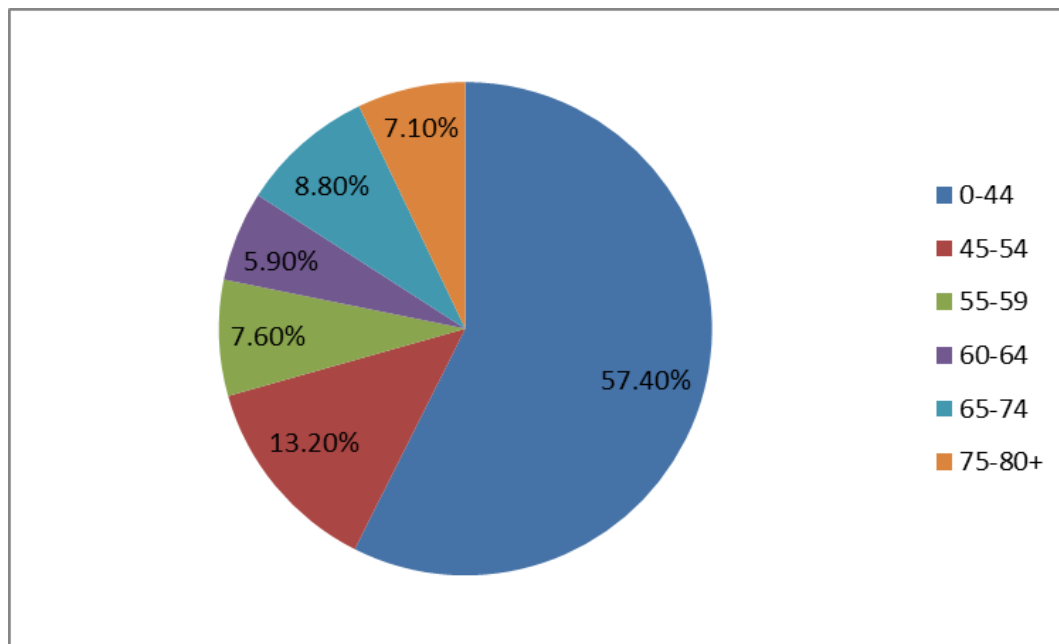
- 1. Create communities that embrace healthy aging**
- 2. Promote aging in place**
- 3. Ensure adequate “careforce”**
- 4. Prevent elder abuse, neglect and exploitation**





Current Population

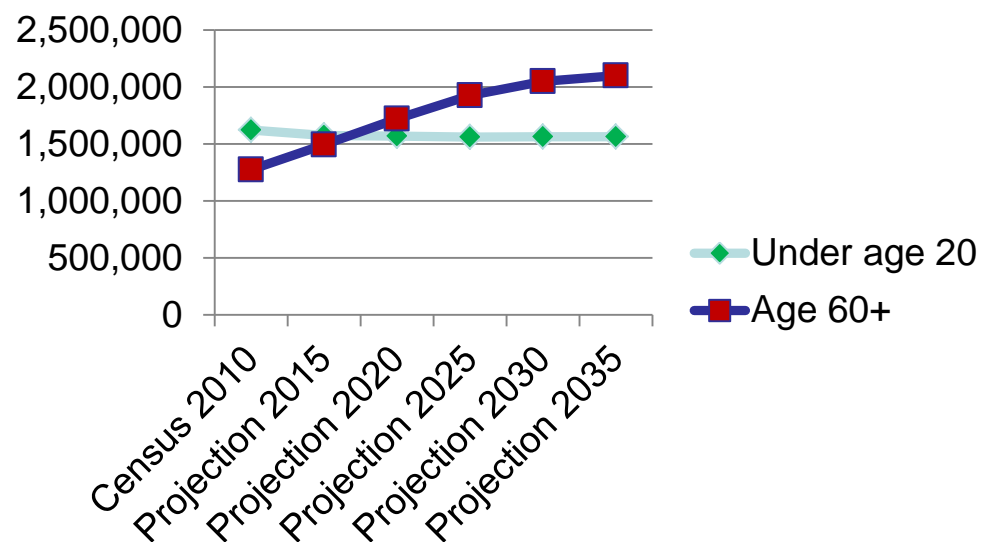
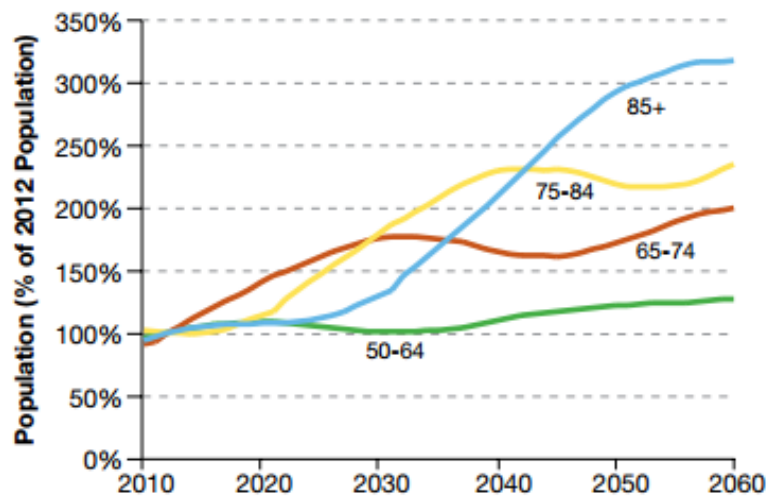
Ages	Population (1000s)
0-44	3833
45-54	884
55-59	508
60-64	393
65-74	587
75-80+	473



Source: Current Population Survey, 2015



Projected Population Growth



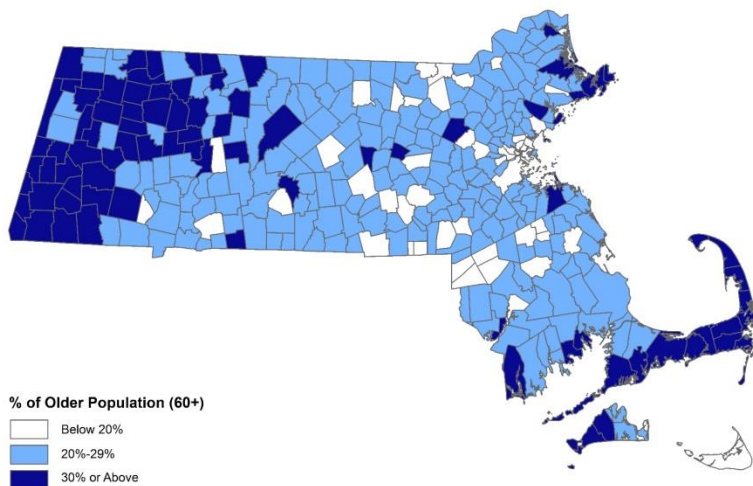
Source: AARP, *Across the States Profile of Long Term Services and Supports MA Report*, 2012



Massachusetts: An Aging State

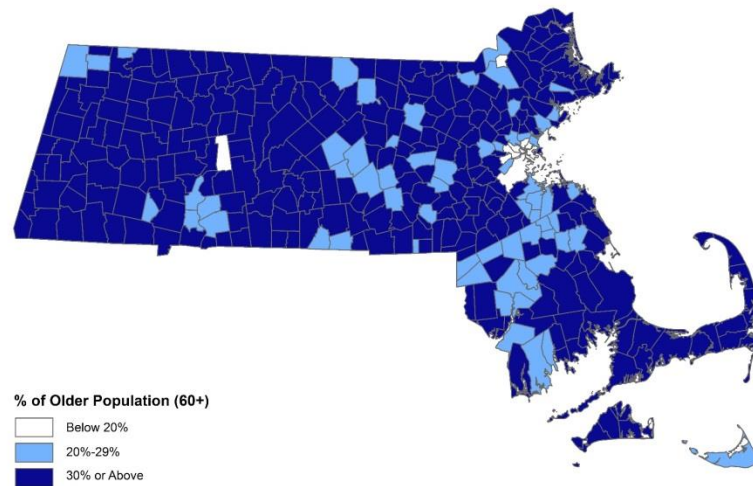
- ❑ The Commonwealth's population is aging at a faster rate than ever before; cities and towns are beginning to feel the impact of this demographic shift
- ❑ The maps below show that in the next 20 years older adults will make up 30% or more of the population of most cities and towns

Older Population (60+) in Massachusetts, by Town in 2015 Projection



Source: Center for Social & Demographic Research on Aging, Gerontology Institute, UMass Boston.
Based on data from the Donahue Institute, University of Massachusetts

Older Population (60+) in Massachusetts, by Town in 2035 Projection



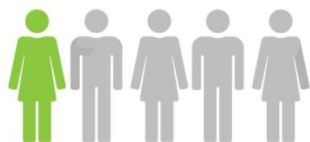
Source: Center for Social & Demographic Research on Aging, Gerontology Institute, UMass Boston.
Based on data from the Donahue Institute, University of Massachusetts



Facts and Figures



Nearly
2 OUT OF **3**
have **4 or more**
chronic conditions.



1 By 2030
OUT OF
EVERY **5**
people will be **age**
65 or older.

WORK COMMITMENT

1 in 4 workers age 25+
are family caregivers.



72% workers 40+ that say allowing work flexibility for caregiving would help improve work/life balance.

1 OUT OF
EVERY **3** households with an older adult
has an annual **income of**
less than \$20,000.



HOW DOES FAMILY CAREGIVING COMPARE?

2013–2014 in billions

Walmart Annual Sales \$477

Family Caregiving estimated value \$470

Combined Annual Sales \$469

Apple, IBM, Hewlett Packard and Microsoft

Total Medicaid Expenditures \$449



FINANCIAL COMMITMENT



68%

Family caregivers who
say they have to use their own
money to help provide care to
their relative.

39%

felt financially strained.



Healthy Aging

- ❑ **Communities that support healthy aging reduce isolation, promote availability of appropriate housing, increase access to relevant goods and services, provide opportunities to access healthy food and encourage active civic engagement**
- ❑ **Existing initiatives include:**
 - **Mass In Motion**
 - **Healthy Community Design Toolkit: Leveraging Positive Change**
 - **Healthy Aging through Healthy Community Design Pilot Projects**
 - **Healthy Aging Collaborative**



Encouraging Health Promotion

- ❑ Preventing and managing chronic conditions is essential for healthy aging
- ❑ Existing efforts include:
 - Falls prevention: CDC's *STEADI* (Stopping Elderly Accidents, Deaths, & Injuries) Tool Kit; A Matter of Balance; Tai Chi: Moving for Better Balance; Assisted Home Safety Assessments
 - Hypertension and stroke prevention: screening and clinical decision-supports; self-monitored blood pressure and CDSMP
 - Tobacco use: screening and medication-assisted cessation; cessation interventions (tobacco quitline)
 - Diabetes prevention: screening and clinical decision supports; diabetes prevention program
- ❑ Break down silos between medical and community supports; strengthen communication and planning across settings to maximize functional independence, minimize injury and improve outcomes



Age-Friendly Communities

- ❑ **In an age-friendly community, the policies, services and structures related to the physical and social environment are designed to help individuals "age actively." In other words, the community is set up to help older adults live safely, enjoy good health and stay involved.**
- ❑ **An age-friendly community:**
 - **recognizes that older adults have a wide range of skills and abilities**
 - **understands and meets the age-related needs of older adults**
 - **respects the decisions and lifestyle choices of older adults**
 - **protects those older adults who are vulnerable**
 - **recognizes that older adults have a lot to offer their community**
 - **recognizes how important it is to include older adults in all areas of community life**



Preparing for Dementia

- ❑ Over 5 million Americans are living with Alzheimer's, and as many as 16 million will have the disease in 2050
- ❑ The cost of caring for those with Alzheimer's and other dementias is estimated to total \$226 billion in 2015, increasing to \$1.1 trillion (in today's dollars) by mid-century
- ❑ Nearly one in three older adults who dies each year has Alzheimer's or another dementia

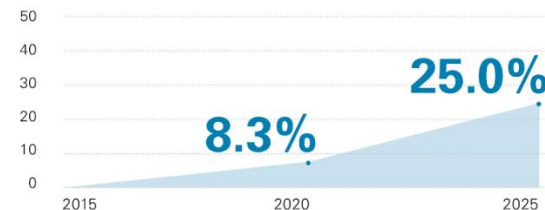
65+

Number of people aged 65 and older with Alzheimer's by age

Totals may not add due to rounding

Year	65-74	75-84	85+	TOTAL
2015	16,000	49,000	57,000	120,000
2020	19,000	54,000	58,000	130,000
2025	21,000	68,000	61,000	150,000

Percentage change from 2015



%

Percentage of seniors with Alzheimer's disease



12%

#

Number of deaths from Alzheimer's disease in 2012

1,699

• 6th leading cause of death in Massachusetts

\$\$

Number of Alzheimer's and dementia caregivers, hours of unpaid care, and costs of caregiving

Year	# of Caregivers	Total Hours of Unpaid Care	Total Value of Unpaid Care	Higher Health Costs of Caregivers
2012	325,000	370,000,000	\$4,557,000,000	\$262,000,000
2013	325,000	370,000,000	\$4,610,000,000	\$266,000,000
2014	329,000	374,000,000	\$4,554,000,000	\$277,000,000



The Costs of Dementia

❑ Medicare cost in last 5 years of life, when patient dies of:

- Heart disease - \$175,136
- Cancer - \$173,383
- Dementia - \$287,038
- PLUS out-of-pocket cost for dementia of \$61,522 versus <\$12,500 for heart disease and cancer

The New York Times

Costs for Dementia Care Far Exceeding Other Diseases, Study Finds

By [GINA KOLATA](#) OCT. 26, 2015



Source: The New York Times, 2015



Dementia Friendly Communities

- ❑ Dementia friendly communities are informed, safe, respectful, and enable people living with dementia and those who care about them to live full, engaged lives
- ❑ Dementia Friendly America is leading a national movement; MA is an early adopter state
 - Dementia Friendly Massachusetts Summit held on May 9, 2016
 - 12+ cities/towns are actively involved in efforts to become dementia-capable
 - 14+ cities/towns are beginning efforts and 40 more have shown interest



Source: Dementia
Friendly America,
2015



Aging In Community

- ❑ The Center for Disease Control defines aging in place as “the ability to live in one’s own home and community safely, independently, and comfortably, regardless of age, income, or ability level”
- ❑ In Massachusetts, we are proud to support individuals’ ability to live in the setting of their choice; we spend 65% of all funds for long term services and supports on community services rather than institutional long term care
- ❑ Affordable, accessible housing options that accommodate an array of support services as an individual’s health, functional, and cognitive needs change are critical to support aging in community
- ❑ The Massachusetts Home Care Program provides services that help individuals remain at home in their community, such as assistance with personal care, delivered meals, and transportation
- ❑ The next frontier is creating age-friendly and dementia-friendly communities



Housing Across the Continuum of Care

**Own home/
apartment**

**Public or
private
housing**

**Assisted
living**

**Congregate
housing**

**Supportive
housing**

Rest home

**Nursing
facility**

Continuing Care Retirement Communities (CCRCs)





Housing Across the Continuum of Care

- ❑ Current models include mainstream affordable housing, supportive housing, and congregate housing within public housing buildings, assisted living, nursing homes, rest homes and continuing care retirement communities (CCRCs)
- ❑ EOE/DHCD Supportive Housing offers a range of comprehensive 24/7 services: personal care, housekeeping, meals, and shopping
- ❑ EOE/DHCD Congregate Housing provides a shared living environment to meet the housing needs of elders and individuals with disabilities; some services, such as group meals, are provided, but congregate housing does not provide ongoing personal care
- ❑ Assisted Living Residences offer housing, meals and assistance with activities of daily living but not medical or nursing services
- ❑ Continuing Care Retirement Communities (CCRCs) provide housing, personal services and health care in a variety of housing types on one campus that allow residents to age in place as their health care and personal service needs change over time



Elder Homelessness

- ❑ **There are over 6,959 individuals over 50 who are homeless in MA**
- ❑ **There is a shortage of affordable and accessible housing with services for older adults and individuals with disabilities in MA**
- ❑ **There are long housing wait lists – at least 2-3 years reported in many communities**
- ❑ **Collecting data about the homeless population proves difficult and resource-intensive, particularly for those who are unsheltered**
- ❑ **We know relatively little about the elderly homeless population compared to the general homeless population**
- ❑ **However, evidence suggests that homelessness is increasing among older adults; city-specific data shows significant increases in homelessness among adults age 50-64**

Sources: National Alliance to End Homelessness, 2015; EOE, 2015



Preventing Elder Homelessness

- ❑ **We are working with local homeless providers and Continuums of Care to piece together a more comprehensive picture of the incidence and prevalence of homelessness among elders**
- ❑ **An aggressive prevention strategy is key for addressing elder homelessness:**
 - **Identifying and addressing issues such as hoarding, mental health conditions, addiction, and non-payment of rent early on can help prevent older adults from losing their homes**
 - **Working with local housing authorities and eviction prevention programs (such as the Tenancy Preservation Program) can help people maintain residential stability**



The “Careforce”



Direct Care Workforce: The Issues

Increasing demand for LTSS results in increasing demand for caregivers

- 1.6 million new direct care jobs by 2020, becoming the largest occupational group in the country

The formal workforce is dwindling

- The rate of workers leaving direct care occupations outpaces the rate of those entering

Lack of incentives to remain in the workforce

- Work <40 hours a week, low wages, unpredictability of hours, lack of workplace supports



Informal Caregivers: The Issues

Informal caregivers are the backbone of the LTSS system

- In 2013, 13% of state residents provided ~\$11.6 billion in unpaid care

The informal workforce is dwindling

- In 2010, the ratio of potential family caregivers to those 80+ years old was 7:1. This ratio is expected to drop to 4:1 by 2030 and to less than 3:1 by 2050

Need for more supports

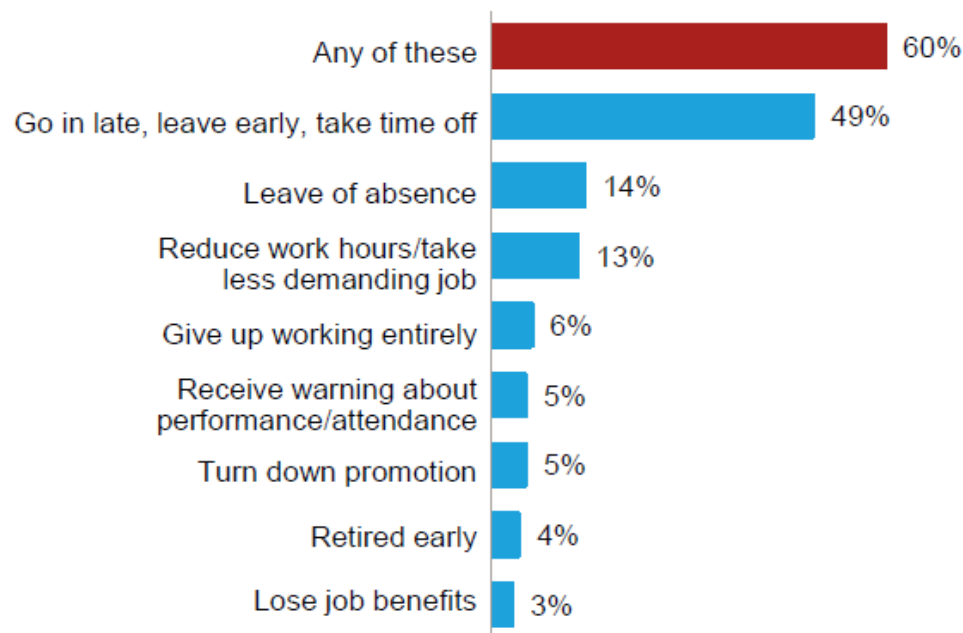
- Stress, depression, and anxiety are common among family caregivers



Need for Respite

- ❑ **84% of caregivers stated that having respite enabled them to care for their loved one(s), only 33% indicated that the amount of respite services they received were meeting their needs**
- ❑ **The majority of caregivers (58%) paid for respite care with out of pocket personal expenditures of \$1500 or more**

Base: Caregivers of Recipient
Age 50+ who worked while caregiving
(n=621)



Sources: Caregiving in the US Report, 2015; MA Lifespan Respite Coalition Family Caregiver Respite Survey, 2012



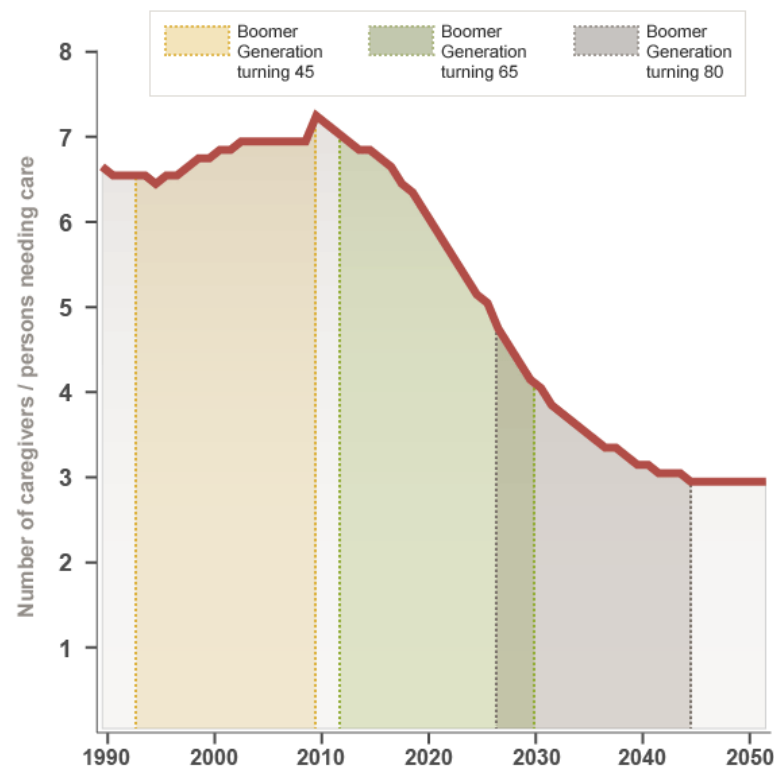
The Care Gap

In **2010**, the caregiver support ratio was **more than 7 potential caregivers** for every person in the high-risk years of 80-plus.



In **2030**, the ratio is projected to decline sharply to **4 to 1**; and it is expected to further fall to less than **3 to 1** in **2050**.

Caregiver Support Ratio



Source: AARP, *The Aging of the Baby Boom and the Growing Care Gap: A Look At Future Declines in the Availability of Family Caregivers*, 2013



Who Are Elder Care/Direct Care Workers?

Characteristics of direct care workers

- ☐ Half have a high school education or less
- ☐ Women ages 25-54
- ☐ Home care attracts an older pool of women
- ☐ More than half non-white, and about 23% foreign born compared to just 15.5% of the U.S. labor force



Challenges

- ☐ Half are on public assistance
- ☐ Average earnings \$12/hour, working full time annual salary of \$24,960
- ☐ Insecure employment - lack of predictability of hours, wages, benefits cliff, and unemployment common
- ☐ Often work more than one job



Source: Massachusetts Board of Higher Education, Allied Health-Direct Care Workforce Plan, 2014



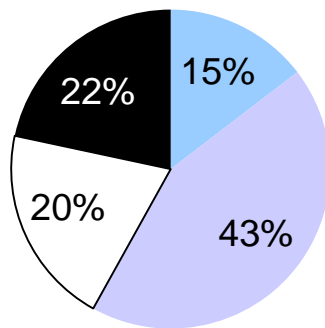
Massachusetts Direct Care Workforce

The Direct Care Workforce (DCW) provides an estimated 70-80% of paid hands on care for older adults with disabilities or chronic conditions

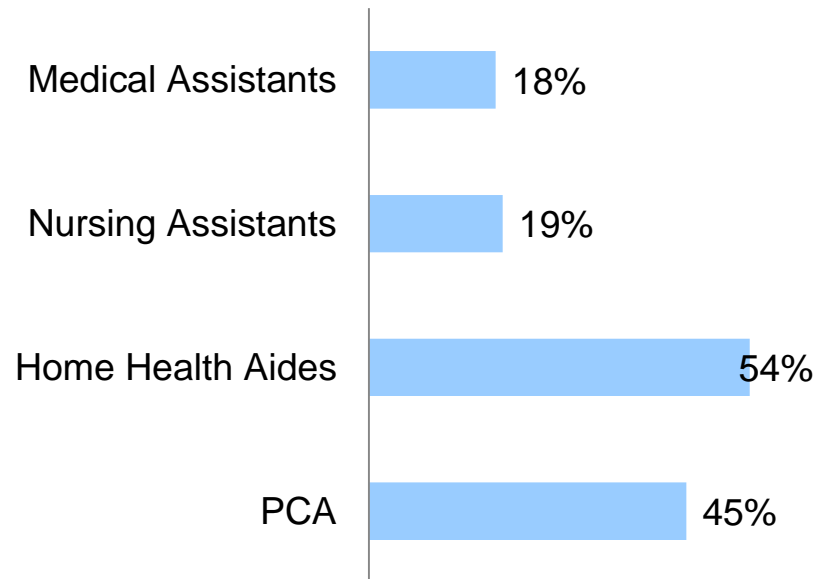
Nationally, the replacement rate of workers by the native born population of women aged 25-44 will increase by only 7%, leading to significant shortages

Size of DCW, 2012

- Medical Assistants 13,610
- Nursing Assistants 40,530
- Home Health Aides 18,900
- PCA 20,180



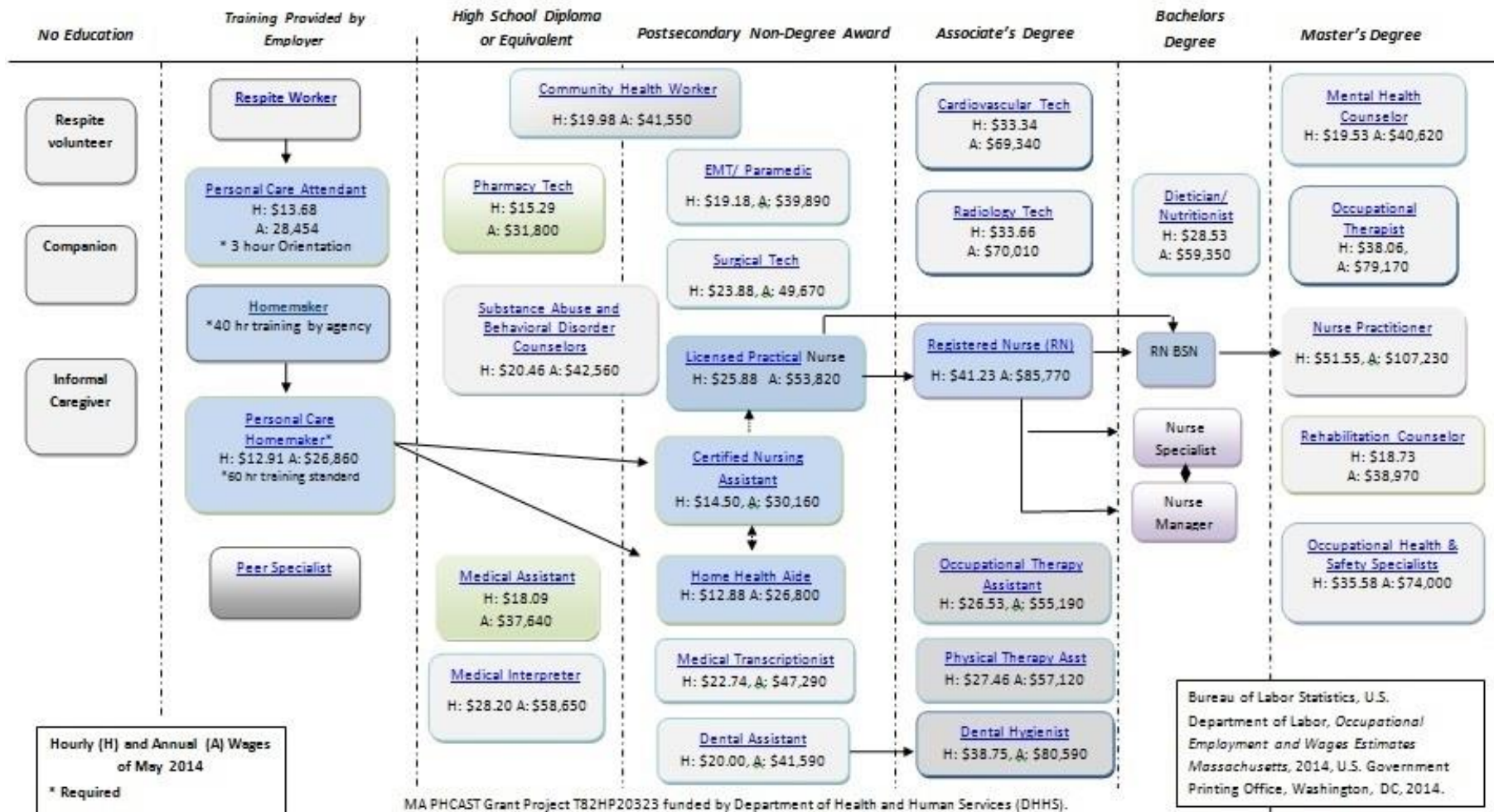
Occupational Growth Projections, 2010-2020



Source: Massachusetts Board of Higher Education, Allied Health-Direct Care Workforce Plan, 2014

Supporting Direct Care Workers to Advance Along a Career Lattice

Direct Care Worker Career Lattice – Wages and Education Requirements in Massachusetts





The Longevity Economy

- ❑ The Longevity Economy refers to the growing population over 50 that represents both a transformative force and a net asset
- ❑ Includes two major components:
 - The products and services purchased by those over 50
 - A fast growing contingent of active, productive older workers and retirees who are taking the economy in new directions
- ❑ The Longevity Economy is responsible for nearly 100 million jobs and generates over \$4.5 trillion in wages and salaries

Fig. 1: Growth of the Longevity Economy

% of US GDP accounted for by the Longevity Economy

○ Longevity Economy

○ Other US economy

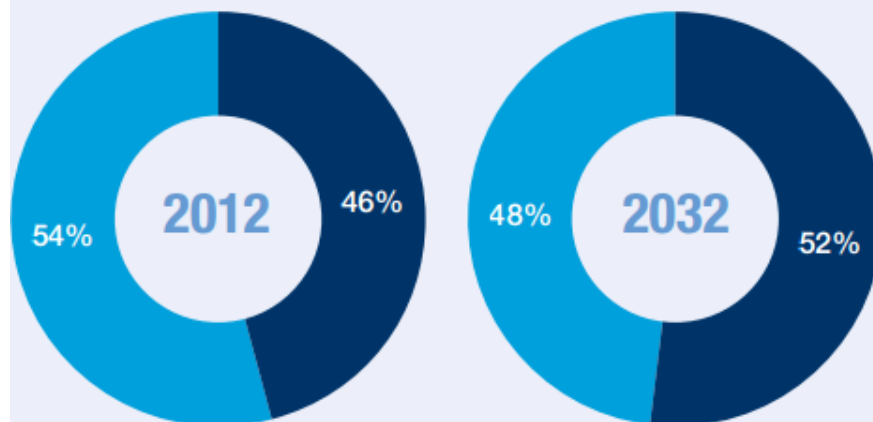


Table 1: Size of the Longevity Economy

	GDP	Employment	Wages & Salaries
Longevity Economy	\$7.1 trillion	98.9 million	\$4.5 trillion
% of US economy	46%	69%	65%

Table 2: The Longevity Economy and taxes

	Federal taxes	State & local
Generated by Longevity Economy	\$987 billion	\$761 billion
% of total taxes	47%	56%

Source: Oxford Economics



Protecting Older Adults

- ❑ **Elder abuse, which includes physical abuse, emotional abuse, sexual abuse, financial exploitation, neglect, and self-neglect, is a major issue across the Commonwealth and nationally**
 - **In FY 2015, EOEA Protective Services took an average of over 2,000 reports of abuse each month, a total of 24,978 for the year**
 - **Of those reports over 15,000 required investigation**
- ❑ **Financial and cyber exploitation of elders is a growing concern nationally and in Massachusetts**
 - **In FY 2015, there were 2,909 allegations of exploitation of elders in Massachusetts, and approximately 1,471 of those allegations were substantiated after investigation**
 - **These cases involved scams, tricks, undue influence by people they trust, fraud, and other methods abusers use to take money or property**
 - **Victims of financial exploitation have lost homes, pensions, life savings, had utilities shut off, and suffered other financial hardships**



Enhancing Protective Services

Current initiatives:

- **Reinstate and upgrade standardized training for all PS workers**
- **Reduce length of time that investigation phase of cases remain open**
- **Implement enhanced process to accept telephone intakes 24/7/365, holidays, during weather emergencies**
- **Collaborate with John A. Hartford Foundation to implement enhanced tools and processes for detecting, reporting and mitigating elder abuse**



Four Priority Areas

- 1. Create communities that embrace healthy aging**
- 2. Promote aging in place**
- 3. Ensure adequate “careforce”**
- 4. Prevent elder abuse, neglect and exploitation**





Questions?



Thank you!