Aging and Place: Building Health Promotion into Long-Term Care

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Naoko Muramatsu, Ph.D
Associate Professor, School of Public Health
Fellow, Institute for Health Research & Policy
University of Illinois at Chicago
All of us are aging
…and place matters
BACKGROUND
Time, Place, Health, and Quality
Approaches

• Quantitative analysis of longitudinal, multilevel data.
• Case studies.
• Randomized controlled trial (pragmatic trial).

Goals:
  – To understand aging and well-being in social contexts.
  – To improve quality of services by building health promotion into long-term care.
Outline

1. Background
   – All of us are aging in social contexts.

2. How does place matter in aging?
   – Japan
   – U.S.

3. Building health promotion into long-term care
   – Why important?
   – Challenges and opportunities
   – Directions for future research

4. Discussion
Population Aging: Global Perspectives

Figure 2.4
Proportion of Elderly Population by Country (Aged 65 years and over)


Source: http://www.stat.go.jp/english/data/handbook/c02cont.htm
Japan is the "Oldest" Country in the World

Note: 2006 mid-range projection. 2005-based on census. Total population includes those with unknown ages.
## Filial Obligation Norm

Source: Ogawa & Retherford 1993; data from Mainichi Newspaper surveys of nationally representative samples of currently married women below age 50.

### Table 1. Distribution of Responses about Caring for Elderly Parents (by Percentage)

<table>
<thead>
<tr>
<th>Year</th>
<th>Good Custom</th>
<th>Natural Duty</th>
<th>Unavoidable</th>
<th>Not Good Custom</th>
<th>Other</th>
<th>Number Of Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>1963</td>
<td>39</td>
<td>41</td>
<td>9</td>
<td>3</td>
<td>8</td>
<td>2,970</td>
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<tr>
<td>1965</td>
<td>38</td>
<td>43</td>
<td>8</td>
<td>3</td>
<td>8</td>
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<tr>
<td>1967</td>
<td>35</td>
<td>42</td>
<td>10</td>
<td>3</td>
<td>10</td>
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<tr>
<td>1969</td>
<td>31</td>
<td>43</td>
<td>9</td>
<td>4</td>
<td>13</td>
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<tr>
<td>1971</td>
<td>28</td>
<td>46</td>
<td>10</td>
<td>4</td>
<td>12</td>
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<tr>
<td>1973</td>
<td>29</td>
<td>45</td>
<td>11</td>
<td>4</td>
<td>12</td>
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<tr>
<td>1975</td>
<td>26</td>
<td>49</td>
<td>9</td>
<td>3</td>
<td>13</td>
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</tr>
<tr>
<td>1977</td>
<td>28</td>
<td>47</td>
<td>9</td>
<td>4</td>
<td>12</td>
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<tr>
<td>1979</td>
<td>25</td>
<td>49</td>
<td>10</td>
<td>4</td>
<td>12</td>
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<td>1981</td>
<td>29</td>
<td>51</td>
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<td>3</td>
<td>11</td>
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<tr>
<td>1984</td>
<td>22</td>
<td>55</td>
<td>6</td>
<td>4</td>
<td>14</td>
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<td>1986</td>
<td>17</td>
<td>58</td>
<td>7</td>
<td>5</td>
<td>14</td>
<td>2,503</td>
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<tr>
<td>1988</td>
<td>21</td>
<td>44</td>
<td>13</td>
<td>7</td>
<td>15</td>
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<td>1990</td>
<td>20</td>
<td>30</td>
<td>22</td>
<td>12</td>
<td>15</td>
<td>2,606</td>
</tr>
</tbody>
</table>

Note: “Do not know” responses are included in the “other” category. “No answer” responses are omitted from the table.
Figure 9:
LIVING ARRANGEMENTS OF PEOPLE AGE 65 AND OVER IN JAPAN: 1960–2000

- In an institution or with non-relative(s)
- Alone
- With spouse only
- With married child or other relative(s)

Available at: http://www.ipss.go.jp/index-e.html.

Who Will Care for You? 2010

- **Japan**  N=1,183
  - Spouse        46.2%
  - Son           8.1%
  - Daughter      13.0%
  - Child’s spouse 5.4%
  - Professional Caregivers 15.7%
  - Others

- **U.S.**   N=1,000
  - Spouse        35.8%
  - Son           9.2%
  - Daughter      22.4%
  - Child’s spouse 0.6%
  - Professional Caregivers 12.4%
  - Others

Source: Cabinet Office, Government of Japan,

Japan: Long-Term Care Insurance System 2000.

- “From family care to care by society”
- From means-tested to universal social insurance
- Eligibility:
  - Age 65+
  - Physical and mental health needs, regardless of income or family availability

-Municipal governments are insurers.

Structure of Long-Term Care Insurance System

Municipalities (Insurer)

- Tax 50%
  - Municipalities 12.5%
  - Prefectures 12.5% (*)
  - State 25% (*)
  - As for benefits for facilities, the state bears 20% and prefectures bear 17.5%.

- Premiums 50%
  - 20% decided based on the population ratio

Fiscal Stability Funds

Withheld from pensions, in principle

National pool of money

Individual municipality

National Health Insurance, Health Insurance Society, etc.

Users pay 10% of long-term care services in principle, but must pay actual costs of residence and meals

Insured persons

Primary Insured Person
- Aged 65 or over
- (28.36 million people)

Secondary Insured Person
- Aged 40-64
- (42.40 million people)

Service providers
- In-Home service
- Outpatient Day Long-Term Care, etc.
- Community-based service
- Care Home - Community Home
- Communal Daily Long-Term Care for a Dementia Patient, etc.
- Facility Service
- Welfare facilities for the elderly
- Health facilities for the elderly, etc.

Use of service

Certification of Needed Long-Term Care

Application

Pay 90% of costs

Note: Primary Insured Person is from Report on Long-Term Care Insurance Operation (provisional) (April, 2008), Ministry of Health, Labour and Welfare. Secondary Insured Person is a monthly average for JFY2008, calculated from medical insurers’ reports used by the Social Insurance Medical Fee Payment Fund in order to determine the amount of long-term care expenses.
Transition in number of Primary Insured Persons (aged 65 or over) requiring Long-Term Care or Support by Care level

Fig. 1-2-30 Transition in number of Primary Insured Persons (aged 65 or over) requiring Long-Term Care or Support by Care level

Source: “Report Survey on Situation of Long-Term Care Insurance Service” by Ministry of Health, Labour and Welfare
(Note) Following the revision of the Long-Term Care Insurance in April, 2006, the classification of Care level has changed.

Building Health Promotion into LTC
The Case of Japan

• 2006 LTCI reform focused on cost containment.
  – Nursing home reimbursement
  – Preventive services

• Challenges remain.
Community-based Health Care
LTC Insurance revision of 2012

Issues in community-based long-term care and long-term care insurance finances

Issues in community-based long-term care

- There are many elderly people requiring long-term care who want to remain in their homes
- There is a lack of support for elderly-only households and persons needing a high degree of long-term care
- Demand for human resources in the long-term care field will increase; securing human resources to meet healthcare needs is necessary

Issues in long-term care insurance finances

- Increased long-term care costs accompanying expanded service (projected to reach 19–23 trillion yen in 2025)
- Long-term care insurance premiums are expected to reach a national average of 5,000 yen during the fifth stage (2012–2014)
- Securing the necessary funds in order to continue improving caregiver compensation

Basic concept of the revision

Achievement of an integrated community care system

Seamless, organic, and unified provision of healthcare, long-term care, prevention, housing, and livelihood support services

balance between benefits and burdens

Balance benefits and burdens by prioritizing benefits and making them more efficient

*Spheres of daily life>

Long-term care
Healthcare
Prevention
Housing
Livelihood support

"Integrated community care system"

- A community-based system that can appropriately provide, based on need, various livelihood support services, including welfare services as well as healthcare, long-term care, and prevention in spheres of daily life in order to ensure safety, security, and health; it is founded on the principle of provision by the home
- Generally, areas accessible within 30 minutes; in concrete terms junior high school districts

U.S. States Vary in LTC

• No LTC coverage except for the poor.
• Progress towards expanding home and community-based services.
  – Personal care, adult-day care, nutrition and transportation services, etc. to help avoid or delay nursing home admission.

• Funding sources:
  • Medicaid
  • Others (Older Americans Act, Social Services Block Grants, State general funds)
State HCBS Delays/Prevents First Nursing Home Admission (>=90 days) among Childless Seniors

Discrete Time Survival Model (HRS, cohort born 1923 or earlier) ‘93-’02

State HCBS Protects Seniors from Acute Stress of Functional Limitations

Acute stress: changes in I/ADL from one’s underlying level of function

Two-way interaction between state HCBS & I/ADL changes
1.3 State HCBS Protects Seniors without Family Help from Chronic Stress of Severe Cognitive Limitations

Three-way interaction among state HCBS, mean cognition & non-spouse family availability
Overall Findings

• LTC policies affect people who are vulnerable.
  – Those with functional limitations
  – Those who lack family support

• Individual attributes and immediate social contexts tend to trump distant contexts.
  – Individual – family – neighborhood – community – state
Outline

1. Background
   - All of us are aging in social contexts.

2. How does place matter in aging?

3. Building health promotion into long-term care
   - Why important?
   - Challenges and opportunities
   - Directions for future research

4. Discussion
Building Health Promotion into LTC in the Community

• Important for maintain function and well-being and avoiding nursing home admission.

• Need to work with LTC providers.

• Who provides LTC?
  – Mostly family worldwide
  – Non-family providers: increasing (with or w/o family caregivers)
Home-bound Seniors

• Have highest needs but least access to medical care.
• Medical care in the home is effective.
• Many lack LTC that help stay away from nursing homes.
• Social service agencies find interaction with medical care system challenging.

Home Care Aides (HCAs) for Disabled Seniors

• Provide housekeeping and personal care services critical for seniors to stay in the community.

“[Clients] become a part of you because you be around them every day…”
HCAs Play Critical Roles in Promoting Seniors’ Health & Function

• Doing a lot already
  – Doctor visit, medication reminder
  – Cooking, appropriate eating, hygiene
  – Mental health (companionship, encourage social activities)
  – Safety: observe & act

• Exercise
  – “[I] help them to try to exercise as much as they [clients] can so their body won’t be so stiff. And walk them a little bit as far as they could walk.”
Building Health Promotion into LTC for the Home Bound

- Challenges and Opportunities
  - LTC culture
  - Functional limitations
  - Difficult to reach
  - Private homes
  - Data availability
  - Large gaps of knowledge
Changes in U.S. Health Care Pose Challenges and Opportunities

• States are transforming care for Medicaid beneficiaries with chronic diseases and disabilities.

• Illinois: managed care including long-term care services and supports.

• Remaining issues:
  – fragmented systems
  – access to LTC
Building Health Promotion into LTC: Future Directions

• Collaboration, frontline people
• Team approach
• Appropriate goals
• Models that work across health care systems
• Local and global perspectives
• Culture/languages (critical in LTC)
Technology

• Low tech:
  – User-friendly tools
  – Can lead to an innovative, sustainable approach.

• High tech:
  – Internet technology
  – Engineering
  – [video](http://www.youtube.com/watch?v=oJq5PQZHU-I)
  – Can transcend places
Conclusion & Discussion

Figure 1:
YOUNG CHILDREN AND OLDER PEOPLE AS A PERCENTAGE OF GLOBAL POPULATION


Contact Information

• Naoko Muramatsu  naoko@uic.edu