

Defining the Older Adult Landscape

How an ElderCare organization relies on Research and Data to improve the health of the population

By Amy Eisenstein, PhD and Nissa Romanowski, MPH

As the population of adults over the age of 65 continues to grow, so too does the demand for healthcare and social support. Addressing health and wellness in an older population is complex given the diverse set of needs. While some older adults may seek physical assistance, others may want to enhance their social support network after retirement. Community based organizations often fill the gap in providing long-term support, whether in the form of dementia care, housing, medical care, social support, or assisted living arrangements. CJE SeniorLife is one such organization serving the Chicagoland community. With its own dedicated research department directed by Dr. Amy Eisenstein, CJE is in a unique position to monitor and evaluate unique population needs. In this article Dr. Eisenstein discusses current research and potential applications to better serve the older adult community.

Community based organizations work tirelessly to meet the needs of frail and at-risk populations in their areas, and CJE SeniorLife is no different. Established in 1971 as the Council for Jewish Elderly, CJE SeniorLife (CJE) upholds the famous sentiment of Rabbi Abraham Joshua Heschel, “The test of a people is how it behaves toward the old.” As such, our mission is to enhance quality of life and facilitate the independence of older adults. We are committed to serving older adults and their families regardless of income, religion, gender or ethnicity. Most of our 23,000-plus clients live close to or below the poverty level and participate in free or subsidized programs. At the foundation of CJE is the belief that as people age, they want and need to remain independent to the greatest degree possible. CJE is intent on helping older adults to claim their independence and manage their own healthcare for as long as is feasible. This increases quality of life for individuals and decreases the eldercare burden for society. CJE aims to achieve their mission by striving for excellence through respect, advocacy, compassion, intention, innovation and accountability.

So, how do we help older adults remain independent? One way is through our Center for Healthy Living. The goal of the Center for Healthy Living is to provide education and socialization for older adults who are seeking to stay healthy, independent, and socially engaged. The Center strives

to help older adults remain in their homes longer, with improved general health, improved quality of life, and reduced disability. And how does staff of the Center know what programs to offer to our clients? The answer: Staff turn to research and look at the data. For example, results of a CJE Population Health Study showed staff that 49% of CJE’s clients limit their activity due to a fear of falling. Therefore, the Center for Healthy Living added more fall-related programs knowing they are needed and would be well attended. CJE is one of the few social service agencies in the country that has the benefit of an in-house research department, the Leonard Schanfield Research Institute (LSRI). The LSRI has a long history of implementing programs based on the evidence gleaned from its research projects. The LSRI’s work is even more important now that there is less funding to support the development of innovative programs, especially those that focus on an older adult population.

Since the majority of healthcare occurs outside of the hospital, home and community-based services have increasingly become key components to helping patients and providers obtain their clinical and financial goals. Therefore, the future of CJE SeniorLife is dependent upon our ability to foster health and quality of care improvements while managing costs, and upon our ability to track and prove our success in these areas.

“The test of a people is how it behaves toward the old.”

Rabbi Abraham Joshua Heschel

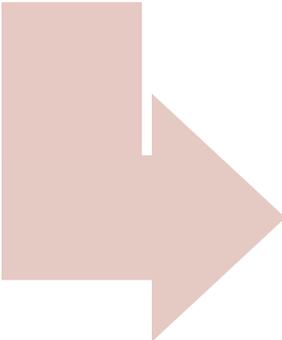


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To be recognized as a key player in the larger healthcare marketplace, we need to know our clients better. In order to understand the health status of our clients and their risks for negative outcomes and increased costs, we must be able to measure relevant outcomes such as physical and mental health, service utilization, and functional abilities. In addition, with adequate client information we can effectively target interventions at lower costs and begin to use data analytics and technology to proactively intervene and coordinate care. In mid-April 2015, with the help of a grant from the Michael Reese Health Trust, CJE initiated a data collection and analysis process to better understand diverse aspects of their client population's health status, including identification of chronic health conditions, healthcare needs, and healthcare providers. Questions focused on the following ten areas:

The research department successfully interviewed just over 400 (n=411) CJE clients. Participants were between ages 57 and 97, with a mean age of 78. A total of 74% of survey participants were female. Most of the respondents (85%) were retired, and 67% of respondents live alone. Of the total, 44% were foreign born and 31% were Russian. For at least 35%, English was a second language.

Understanding of how the health of the population CJE serves compares to the national average, helps to identify key areas for concern. For example, 45% of respondents visited the emergency room at least once in the past 12 months, which is much greater than the national average for the same age group of only 21% of adults 65+. On top of this, 26% of respondents had been hospitalized in the past year, compared to the national average of only 15% (National Center for Health Statistics, 2015). These findings highlight the importance of focusing on care coordination and transitional care in order to improve the health outcomes for this population.

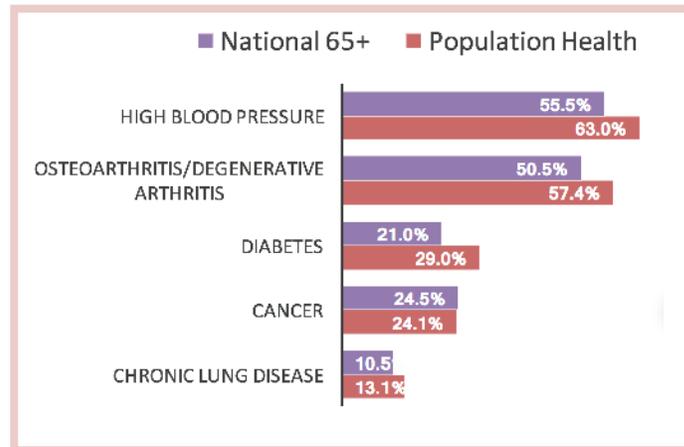
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- 1. General health status and well-being**
 - 2. Quality of life**
 - 3. Social Support**
 - 4. Chronic conditions and symptoms**
 - 5. Functional abilities**
 - 6. Mobility and falls**
 - 7. Health behaviors**
 - 8. Sociodemographics**
 - 9. Hospitalizations**
 - 10. Healthcare service use**

In addition to a greater use of the hospital system, CJE's clients tend to have higher rates of the major health conditions than the US average. The figure to the right shows higher rates of increased blood pressure, osteoarthritis, diabetes, and chronic lung disease among CJE clients as compared to a national sample.

Our clients tend to have greater rates of multiple chronic conditions. These findings pointed us to increasing interventions for self-management of multiple chronic conditions, increasing staff training on how to approach clients with multiple chronic conditions, and helped us narrow in on what areas of prevention to focus on.

Other findings that stood out to CJE as areas of concern for their clients were higher rates of polypharmacy, more falls, and increased rates of social isolation as compared to national averages. In the sample we interviewed, 29% of participants reported having fewer than 2 people that they talk to in an average month. Social isolation has been found to be related to morbidity and mortality, again pointing CJE directly to an area where they could impact the health of the population they serve. Since completion of the population health study, CJE has secured funds to pilot a friendly-visitor program to increase social contacts with low-income older adults in the community.

In addition to the quantitative items on the questionnaire, we used a few open ended questions regarding what clients felt was important for quality of life. There were notable differences between the English and Russian speaking populations. Generally, for the English speaking populations, the most frequent responses related to mobility, medical, and general health. Safety was much more frequently indicated as a contributor to quality of life for the Russian speaking respondents. For example, the response below exemplifies a common response from Russian speaking clients:



“My health, family, wellbeing, safety, and peace in the World.” Examples reflective of common responses from English speaking clients include: “As long as I can do things for myself, this is important.” And “If you can take care of yourself, and do what you need to do to manage your household.”

These qualitative findings push us to better understand the dichotomy of the population we are serving, and what is most important to a diverse population of clients in order to help them achieve the highest quality of life possible. As CJE SeniorLife moves forward, we will continue to use this data to improve our own abilities, to measure our outcomes and impact, to provide care and contribute to the health of the population, and also to express our power and our strengths to strategic partners and policy makers.

Nowadays, much of the programming for frail and at-risk populations is determined by grant and funding availability. In the advancing world of “patient-centered outcomes,” this needs to shift towards addressing each individual community’s unique needs. This can only be done once you know the needs of your target community. Completing a population health study is a first step in the continuous cycle of assessment, reflection, and change to keep up with evolving healthcare demands.



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