

Successful Aging in Johnson County



Health and Supportive Services Report

**PREPARED BY
THE JOHNSON COUNTY CONSORTIUM
ON SUCCESSFUL AGING
SEPTEMBER • 2006**

ACKNOWLEDGEMENTS

The Johnson County Consortium on Successful Aging issued Successful Aging in Johnson County: A Market Analysis in June 2005. This work was completed thanks to the support provided by the Heritage Area Agency on Aging, Johnson County Public Health, the Iowa City/Johnson County Senior Center, the University of Iowa College of Public Health, the University of Iowa Center on Aging and the Johnson County Task Force on Aging.

The Consortium is now issuing this report on Health and Supportive Services, thanks to the support of AARP Iowa.

Members of the Consortium:

Eve Casserly, Chair of Johnson County AARP
Amy Correia, Social Services Coordinator, Johnson County
Janice Frey, recent graduate of UIowa School of Social Work (Design)
Jill Gleason, Heritage Area Agency on Aging
Sher Hawn, Johnson County Public Health (Health Report)
Katie Hill, Johnson County Public Health
Beverly Jones, Consultation of Religious Communities
Brian Kaskie, UIowa Center for Aging/College of Public Health (Research)
Mike McKay – Systems Unlimited, Inc. (Housing Report)
David Purdy, Executive Director of Elder Services, Inc.
Susan Rogusky, Iowa City/Johnson County Senior Center
Linda Severson, Human Services JCCOG (Transportation Report)
Rod Sullivan – Johnson County Board of Supervisors
Bob Welsh, Johnson County Consortium on Successful Aging (Chair)
Ingrid Wensel – Heritage AAA (Successful Aging Report)

UIowa students in the College of Public Health who assisted with this report were: Scott Kallemyn, Kari Steinkamp and Carolyn Bertling.

Inquiries should be addressed to
welshbob@aol.com Subject header: Successful Aging

TABLE OF CONTENTS

- ACKNOWLEDGEMENTS3
- EXECUTIVE SUMMARY6
- INTRODUCTION7
 - The Health Status of Older Adults Living in Johnson County8
 - Healthy Aging in Johnson County: A Closer Look.....9
- HEALTH PROMOTION11
 - Health Education.....11
 - Health Education Programs in Johnson County12
 - Use of Health Information14
 - Future Directions in Health Education15
 - Expand Scope of Programs.....15
 - Behavior Change17
 - Staff Training18
 - Provider Training18
 - Long-term Care Planning.....20
 - Long-Term Care Planning in Johnson County.....20
 - Individual Planning Efforts.....21
 - Future Directions in Long-Term Care Planning23
- PREVENTIVE SERVICES24
 - Physical Activity and Older Adults.....24
 - Physical Activity Programs in Johnson County.....25
 - Activity and Exercise Participation among Older Adults27
 - Future Directions for Exercise Programs.....28
 - Health Screenings30
 - Health Screening Programs in Johnson County.....31
 - Use of Health Screenings by Older Adults32
 - Future Directions for Health Screenings.....32
- CONTINUUM OF HEALTH CARE.....34
 - Home and Community-based Services.....34
 - Home and Community-Based Services in Johnson County35
 - Use of Home and Community-Based Services by Older Adults37
 - Future Directions for Home and Community-Based Service38
 - County Wide Efforts38
 - Day Care39
 - Caregiver.....41

Residential Long-term Care	41
Residential Care in Johnson County	42
Older Adults and Residential Long-Term Care	43
Future Directions for Residential Long-Term Care	44
Hospital Care for Older Adults	45
Supply of Hospital Services in Johnson County	46
Use of Hospitals by Older Adults in Johnson County]	47
Future Directions for Hospital Programs	48
Geriatric Training.....	49
Emergency Room Use	50
END OF LIFE CARE	51
End of Life Care in Johnson County.....	51
Older Adults and End of Life Care in Johnson County	52
Future Directions for End of Life Care.....	53
DISCUSSION	54
Education and Training	55
Expansion and Development	56
CONCLUSIONS.....	58
REFERENCES	59

EXECUTIVE SUMMARY

The Johnson County Consortium on Successfully Aging is concerned with the health of persons who reside in Johnson County, and conducted an in-depth examination of health and supportive services available to older adults living throughout the county. This examination considered health promotion, preventive services, and the continuum of health care, and specifically evaluated: (a) health education, (b) long-term care planning, (c) physical activity, (d) health screenings, (e) home and community-based services, (f) residential long-term care, (g) hospital care, and (h) end of life care. The goal of this examination was to determine what can be done in the next five years that will help Johnson County continue to be a healthy place for older adults. The analysis indicated that the provision of health and supportive services to older adults in Johnson County could be maintained and improved by pursuing two complementary goals. One is to increase education and training programs for older adults, program staff and primary health care providers. The second is to expand community-based programs and services, and develop new programs.

The Johnson County Consortium has resolved that these goals can only be reached when a more inclusive partnership is formed among community leaders who have sufficient administrative and financial resources. As this partnership evolves, Johnson County can remain one of the healthiest places in the country for older adults to live.

INTRODUCTION

Americans are living longer than ever before, and the current population of older Americans is twice what it was in 1960. As the Baby Boomers (those born between 1945 and 1964, a period in history with increased birth rates) reach and surpass the age of 65, the older adult population will double again. By the middle of the 21st century, older adults will outnumber children and youth for the first time in U.S. history.

Health is one of the most critical factors affecting an individual's quality of life. People who are healthy and have a higher quality of life are able to maintain intellectual and physical functions, and remain engaged in meaningful activities. This is particularly true for older adults. Another reason why the health of aging Americans has become such a concern is that individuals are using health and supportive services more than ever before. The growing number of older adults will place a significant demand on America's public health system, and on medical and supportive services.

The Johnson County Consortium on Successful Aging believes that health care should involve more than whether or not a person has a serious medical event, a fatal disease, or a disabling chronic condition. Health care also involves the prevention of acute events and chronic diseases by using preventive services (e.g. screening for breast, cervical, and colorectal cancers; diabetes and its complications; high blood pressure and other heart disease risk factors; and dementia and depression) and practicing a healthy lifestyle (e.g. regular physical activity, healthy eating, and avoiding

tobacco use). In this report an in-depth evaluation of the health and supportive services available to older adults living in Johnson County is reported. The report specifically focuses on health promotion, preventive services, and the continuum of health care.

The Health Status of Older Adults Living in Johnson County

Between 2003 and 2005 the Johnson County Consortium on Successful Aging conducted an initial analysis of health programs and supportive services in Johnson County. In the report "Successful Aging in Johnson County: A Market Analysis" one out of every four older adults living in Johnson County reported their health status to be good or excellent. A little more than one out of every two said their health status was fair. The remainder reported that they were in poor health. According to the U.S. Census, nearly 3,000 older adults (37%) in Johnson County had at least one disability; more than half of these individuals reported having two or more disabilities. The rates of disability were slightly higher among women and just more than 150 older individuals with a disability lived in poverty.

One of the most notable features about Johnson County was the abundance of health care services and providers. There was at least one inpatient hospital bed for every eight older adults. There was a range of allied health services including geriatric dentistry clinics and pharmaceutical benefits management programs. There also were case management and home health services available throughout the county. There was at least one physician for every ten older adults, and one registered nurse for every

four older adults. In short, there are many reasons to think that older persons living in Johnson County can receive health care when needed, can remain at home as long as possible, and can successfully navigate the challenges presented by age-related changes in health status.

There are several indicators that support these conclusions. For example, *Men's Journal* listed the area as an "attractive, healthy and safe place to live". *Organic Style* ranked Iowa City as the healthiest community in the mid-west. *Outside* magazine listed Iowa City as a top ten college town. *Sperling's* rated Iowa City among the least stressful places to live. More pertinent here, AARP rated Iowa City as one of the 15 best places to retire. *Business Week* cited Iowa City as a top retirement spot. The HON Foundation ranked Iowa City as one of the healthiest cities in America.

Healthy Aging in Johnson County: A Closer Look

The Consortium resolved that the initial market analysis did not go far enough to determine how the county can continue to meet the health care needs of the growing and increasingly diverse population of older adults. The Johnson County Consortium on Successful Aging then conducted this more in-depth analysis of what could be done in terms of sustaining and improving health and supportive services across Johnson County. In particular, the consortium conducted a more detailed examination of (a) health education, (b) long-term care planning, (c) physical activity, (d) health screenings, (e) home and community-based services, (f) residential long-term care, (g) hospital care, and (h) end of life care. The data used to

conduct this examination was obtained from six sources: 1) the 2000 U.S. Census of the Population; 2) a survey completed by 1,068 older adults living in Johnson County; 3) a supplemental health survey completed by 255 older adults; 4) a survey completed by 68 program administrators and service providers located in Johnson County, of which 26 represented health care organizations; 5) public information about programs and services as presented in brochures, handouts, reports and web-sites; and 6) key informant interviews and focus group discussions with older residents and with persons involved with the provision of health care in Johnson County. All individuals who participated in this study were informed about our goals and objectives, guaranteed that all of their personal information would remain anonymous, and informed of their right to recall or amend any information they provided.

In the following sections of this report, findings concerning health promotion, preventive services, and the continuum of health care services provided in Johnson County are summarized. The focus is on gaps in these areas that may become problematic over the next 10 to 15 years. For each gap, a best practice was identified that could be employed in response.

HEALTH PROMOTION

Health promotion refers to activities that are intended to increase an individual's health and well-being. This report evaluates two particular types of health promotion in Johnson County: health education and long-term care planning. Although this study focused on older adults, the Johnson County Consortium on Successful Aging recognizes that health promotion should be an integral part of the home-school-community educational network. Pre-school and elementary school children, secondary and college students, and parents should all be targeted with in health promotion activities. Older adults need to be made aware of what they can do now to increase the quality and longevity of their lives. It is also important for them to understand that health promotion may also

reduce out-of-pocket expenses for health and supportive services.



Health Education

Educating individuals about health through media, lectures, presentations, health fairs, and computer based information, can help focus efforts on prevention. If individuals are able to learn about how to prevent disease and disability, they may be able to stay healthy longer. In order for individuals to achieve maximum well-being, they must be knowledgeable about health, how to increase quality of life and how to

make tasks of daily living more tolerable at an older age. Focusing our efforts on prevention can help reduce the amount of money spent on medical treatment as well as the cost of human life ending prematurely. Promoting health education programs as a means to improve health in the entire population of Johnson County would help increase overall health of our growing aging population.

Health Education Programs in Johnson County

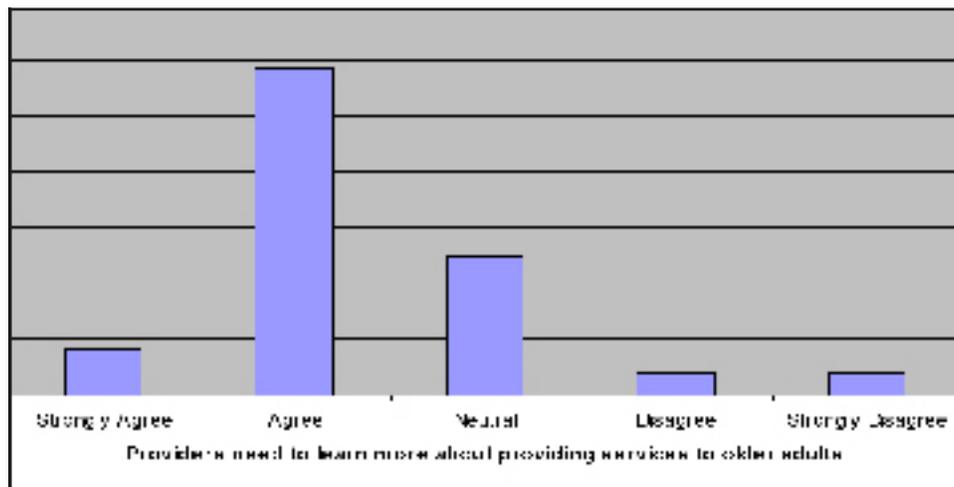
Several agencies in Johnson County offer health education programs to older adults. These programs are available across a number of mediums including lectures, one-on-one counseling sessions, television, print and on-line media. The local chapter of Iowa American Association for Retired Persons (AARP), the American Lung Association of Iowa, Heritage Area Agency on Aging, Center for Lifelong Living, Arthritis Foundation Iowa chapter, Iowa City/Johnson County Senior Center, Mercy Hospital Seniors Unlimited program, Veterans Affairs Medical Center (VAMC), University of Iowa Health Care (UIHC), the University of Iowa Center on Aging, Johnson County Public Health (JCPH), Visiting Nurse Association (VNA), Johnson County Extension Service, and Elder Services Incorporated (ESI) all offer educational programs that promote wellness, focus on preventing and managing disease and disability, and inform older persons about health and supportive services available.

For example, the Heritage Area Aging Agency publishes a newsletter with a column dedicated to health issues and produces a monthly cable television program that routinely addresses health issues concerning older

adults. Smoking cessation classes and individual counseling are offered by Mercy Hospital, UIHC and the VAMC. Nutrition education programs are provided by the three local hospitals, Johnson County Extension Service, ESI, VNA and JCPH. There also are three local Senior Health Insurance Information Programs (SHIP) in Johnson County which provide free information to older adults about Medicare, in general, and the prescription drug benefit program in particular.

Slightly more than 40% of the 26 health care service providers who responded to the survey indicated that they offer patient education programs to older adults. When asked about staff qualifications and training, all of these providers reported that their staff meets the appropriate licensing requirements but only 30% reported that their staff actually completed any specific training in serving the aging population (e.g., degree in geriatrics, certificate in aging), and only half reported that their staff is adequately trained to work with older adults.

Moreover, 61% of the survey respondents strongly agreed or agreed with the statement that they needed to learn more about how to provide

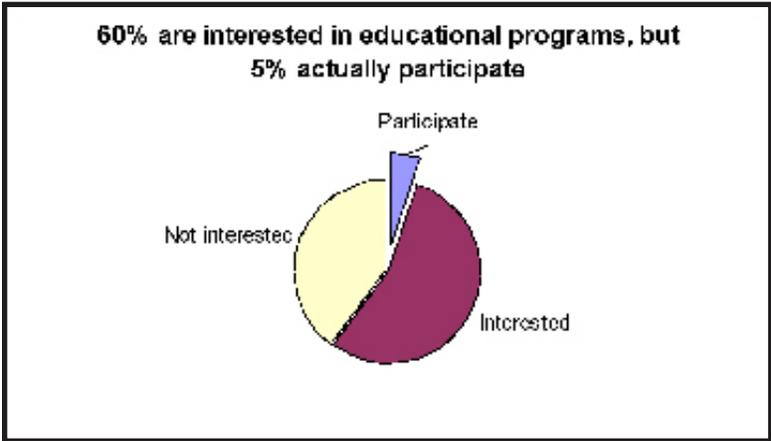


services to older adults. When asked what they needed to learn more about, the respondents indicated that knowing more about what other organizations are doing for older adults would be helpful in educating their clients and coordinating the provision of services.

Use of Health Information

More than nine out of every ten persons who responded to the older adult survey reported that they place a high value on being able to access health information, and more than 60% indicated that they would like to know more about health and supportive services in Johnson County.

The older adults suggested that they most often relied on their medical providers to learn about health care issues. The other educational mediums (i.e., attending lectures, watching cable television programs, reading newsletters, viewing on-line information) were not as likely to be identified as primary sources of information. Only 5% of the survey respondents indicated that they actually participated in any sort of educational program in the past year.





In the focus group discussions with older adults, two key points were raised. First, some of the participants talked about the limited time they had to talk with their physician about health related matters. Some physicians seemed to be in a hurry to move on to their next patient rather than spend time to discuss a particular issue. Second, some participants suggested that their lack of participation in health education programs may be related to the stigmas about growing old or attending an event at a place associated with charity and serving disadvantaged seniors. While these stigmas may not be accurate (i.e., the Iowa City/Johnson County Senior Center does not ‘target’ services to disadvantaged seniors), the focus group members reported that they did not see themselves as old nor did they want to go to a place that serves older adults exclusively.

Future Directions in Health Education

There is a wide array of health education programs offered in a variety of formats throughout Johnson County. Four critical areas were identified as gaps that must be addressed if Johnson County is going to continue to be a healthy place for older adults.

Expand Scope of Programs

Educational programs must expand their reach. The analysis suggested that many older adults do not rely on the existing programs as a primary

source of health information and actually may resist obtaining information from sources that explicitly serve aging or disadvantaged populations.

One way educational programs might expand their reach is to become incorporated into mainstream media outlets across Johnson County. For example, the Orange County Register in Orange County, California has a writer, Jane Haas, who authors a weekly column about aging and longevity issues. Her weekly column "Our Time," is distributed nationally on the Knight-Ridder Tribune Syndicate and appears regularly in more than 20 newspapers.

Melissa Russo of WNBC-TV received an American Society on Aging Media Award which recognizes journalists whose work has had an impact on public awareness issues related to aging. Her award-winning work on older adult issues attempts to show aspects of their lives rarely covered in the media. She has reported on issues such as the image of elders in New York, city budget cuts to the department of aging, elder law, and prescription drugs. Her stories have led directly to investigations, changes in policy, and new legislation on both the state and local levels.

Further, more than 10% of the consumer survey respondents suggested they would be willing to attend a program offered through their church or other faith-based organization. Persons who live in smaller towns such as Oxford and Solon reported that educational programs were rarely offered at local sites and their participation might increase if they did not have to travel to the programs.

Educational program personnel should be encouraged to locate themselves in places that may not be so threatening to older adults who hold stigmas about aging or the notion of receiving charity. Programs should also be encouraged to increase their accessibility by offering programs in smaller towns in Johnson County.

Behavior Change

Health education programs should increasingly focus their efforts on facilitating behavior change. For example, older adults may learn about the importance of nutrition, but how many are taught to prepare nutritious meals quickly and easily. Likewise, individualized exercise counseling may motivate older individuals to begin and continue an exercise program.

Educational programs that focus on behavior change could follow the Centers for Disease Control and Prevention's (CDC) sponsored efforts in Arkansas, Maryland, Minnesota, North Carolina, and Virginia that focus on teaching older adults how to prevent falls. This program uses lesson plans, brochures, fact sheets, game cards, and other educational materials to present sixteen life-saving lessons developed for older adults. It is the first program of its kind to educate older adults about fall-related injury prevention, and is one of the few off-the-shelf programs available for communities that actually apply behavior change principles.

Staff Training

Many health education programs were staffed with persons who had little, if any formal training in aging and generally were unfamiliar



with other services delivered to older adults across Johnson County. Addressing this lack of expertise and awareness among program staff is critical. One way to increase provider knowledge about aging issues and related programs and services would be to establish an on-line information resource that could be used to learn more about health and the services available in Johnson County. Not

only would this be helpful to program providers but given that two out of three older adults in Johnson County actively use computers, this on-line database would benefit older adults as well. The Iowa Department of Elder Affairs is currently working to develop such a resource and Johnson County should work with this program to supplement the information. The county, working with the Heritage Area Agency on Aging, could mirror the information resource and comprehensive database offered to older adults living in Anoka County, Minnesota.

Provider Training

Given the prominent role primary care physicians play in disseminating information, efforts should be directed towards maximizing this interaction. Physician offices need to increase their capacity to educate older patients

and effectively make referrals to educational programs. Also, older patients should prepare themselves to make more effective use of their encounters with primary care providers. For example, a small number of older adults said they prepared for their physician visits by writing down questions, bringing their medications and making sure that their records were being shared among the different providers they had visited.

Increasing the formal training efforts being offered to the medical professionals through The University of Iowa would be one way to close this gap. One such program matches a medical student with an older adult that may have questions about their medical procedures. The medical student meets with the older adult before an appointment to discuss what will be happening at their doctor's appointment and to develop a list of questions for the physician. They then accompany the older adult to the medical appointment. Finally, they meet with the older adult to ensure they understand everything that was discussed with them.

Still there are few formal training efforts in geriatrics at UIHC and there are few programs that specifically focus on training practicing providers in Johnson County. Increasing the number of formal geriatric training efforts at The University of Iowa and increasing efforts to develop 'train the trainer' programs are viable ways to increase the expertise of program providers about the range of health and supportive services available in Johnson County.

Other efforts could be developed that address how older adults can make the most of their time with the doctor. The Agency for Healthcare Research and Quality provides a great resource for older adults called

“Quick Tips – When Talking with Your Doctor.” This material provides information on what is important to tell your doctor, how to ask questions to gain information, writing down instructions and taking them home and following-up after a doctor’s visit.

Long-term Care Planning

In 1988, the National Institutes of Health produced a consensus statement about the importance of providing older adults with reliable information about long-term care. Increased involvement in long-term care planning also could correspond with improved health outcomes for older individuals. The importance of providing information to individuals and their families, and then including them in the clinical decision making process also was highlighted by the Institute of Medicine’s Committee on the Quality of Healthcare in America.

Long-Term Care Planning in Johnson County

Case management programs and geriatric assessment clinics play a key role in evaluating an individual’s long-term care needs and providing basic education about the different service options that are available in Johnson County. Case management, available from Elder Services Incorporated



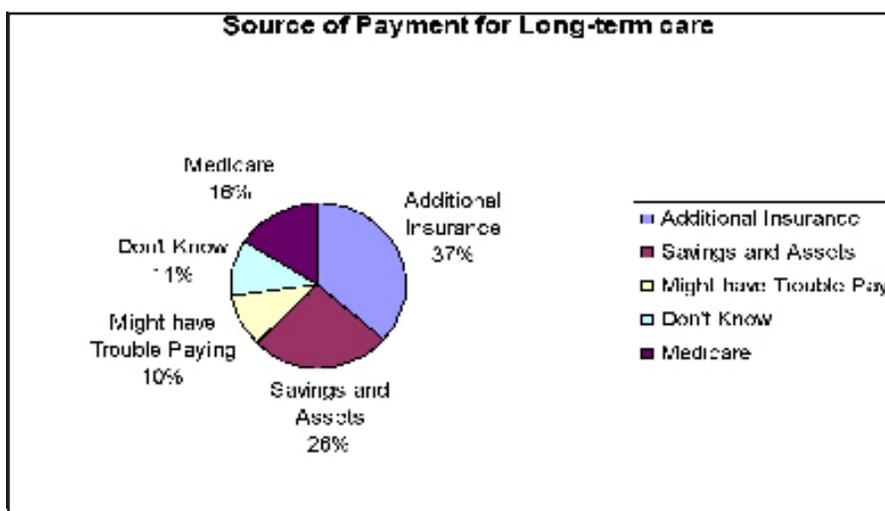
(ESI) and Johnson County Mental Health/ Developmental Disabilities (MHDD), provides entry into the long-term care system, and links people to a full range of health and supportive services including: home health care, nutrition

programs, homemaker and chore assistance, emergency response, and transportation. ESI assumes a leading role in coordinating home and community-based service delivery among 18 local agencies in Johnson County and in 2004, evaluated over 400 older adults who lived in Johnson County.

UIHC also offers an outpatient Geriatric Health Assessment Clinic 26 hours per week and the VAMC outpatient clinic is available 16 hours per week. These clinics accommodate older patients by appointment or physician referral and their cost is usually covered by Medicaid, Medicare, or other insurance programs. The geriatric clinics offer a team approach (team members typically include physicians, nurses, social workers and pharmacists who specialize in geriatric care) for the comprehensive evaluation and treatment of older adults. Their services also include a complete clinical assessment covering nutrition, mobility, mental health, pain, and sensory functions. Formal evaluations for Alzheimer's disease and related dementias are conducted by UIHC Department of Neurology.

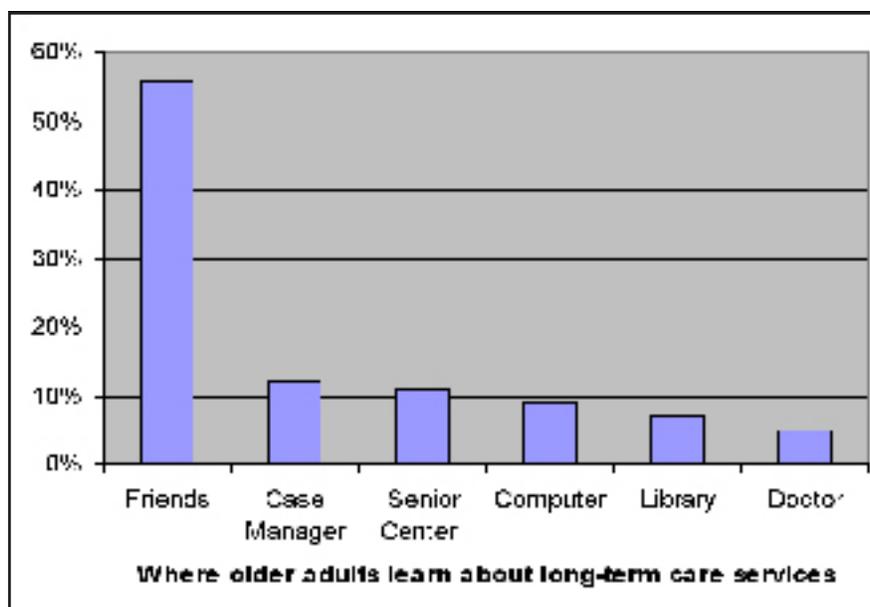
Individual Planning Efforts

One of the most obvious indicators of the need for more long-term care education was reflected by the high number of non-responses and "I don't know" categories that were checked by the older adults who completed the surveys. For example, 11% of the respondents were unsure about how they would pay for long term care; another 16% mistakenly thought their Medicare insurance would pay for the majority of their long-term care needs. Only one out of five older adults said they had purchased



supplemental long-term care insurance. Another 11% were unsure about who could take care of them if the need for long-term care arose and 28% were not certain where they would move if they could no longer stay at home.

In regard to how older persons specifically learn about long-term care services, over 50% of the survey respondents indicated that they receive



this information from friends. Other sources included case managers, physicians, print and on-line resources, and the senior center. However, none of these formal sources were cited by more than 11% of the older adults as their primary resource. A number of individuals also marked 'not sure' indicating that they are not getting the information they need.

In the focus groups, some individuals reported they learned about long-term care through mailings, local insurance agents, and financial planners; but many were not adequately informed about long-term care. Many participants were concerned that they were not prepared for long-term care because they had not made any plans, nor had they received necessary information.

Future Directions in Long-Term Care Planning

If Johnson County is going to continue to be a healthy place for older adults, then efforts should be directed to expand the number of programs that offer information about long-term care services. Following on the Long-Range Plan for Long-Term Care in Iowa by Iowa's Senior Living Coordinating Unit, a greater effort should be made to include long-term care issues in the existing health education efforts. As efforts lead to expanding the scope of health education efforts across the county, issues concerning long-term care should be featured along with other health topics previously reviewed.



Johnson County could start a Long Term Care Awareness Campaign such as “Own Your Future” (a planning guide for long-term care developed by The United States Department of Health and Human Services). Long-term care planning programs could also be increasingly tied to service delivery programs. For example, the state Medicaid program supports the screening of individuals prior to enrolling in long-term care services. This screening provides the individual an opportunity to learn more about service options before actually being enrolled or admitted into a particular long-term care program.

PREVENTIVE SERVICES

Preventive services are designed to increase quality of life and extend an individual’s longevity. Primary prevention reduces the occurrence of disease (e.g., vaccinations). Secondary prevention reduces the consequences of a disease given its occurrence. Periodic health examinations fall into this category. Tertiary prevention reduces disability associated with a chronic illness. The focus, with preventive services in this report, includes activity and exercise programs, and the use of medical screenings and inoculations.

Physical Activity and Older Adults

The relationship between physical activity and health is well-established. Physical activity can help older adults improve or maintain health and functional ability. According to the Centers for Disease Control and Prevention (CDC), 30 minutes or more of moderate intensity

physical activity on most days of the week provides significant health benefits to people of all ages. An active lifestyle can help individuals maintain strength, balance, agility, coordination, flexibility, and endurance. Research suggests that physical activity can also decrease the risk of colon and other cancers, diabetes, heart disease, and high blood pressure. Physical activity corresponds with improved weight control, stronger bones, muscles and joints, relief of arthritis pain, and decreased need for hospitalizations, physician visits, and medications. Not only does exercise have physiological benefits, older adults may see mental health benefits as well including reduced risk of distress, anxiety, and depression. Physical activity can also provide benefits to those individuals who are experiencing a disease or chronic condition by playing an important role in the course of treatment.

Physical Activity Programs in Johnson County



For those older adults looking for a place to walk safely in Johnson County, there are more than 20 designated walking and biking trails including the Coralville Reservoir Veteran's Trail, which is accessible to all individuals including those with physical disabilities. Indoor walking opportunities exist at the University of Iowa Field House and Recreation Centers, North Liberty Recreation Center, Coralville Recreation Center, Iowa City

Recreation Center, and the Coral Ridge and Sycamore malls. Downtown Iowa City and Coralville feature cut curbs, timed crossing lights, and protected pedestrian walkways.

For older adults who are interested in more structured exercise programs and individualized exercise counseling, Johnson County Public Health, the Iowa City/Johnson County Senior Center, University of Iowa Health Care, Mercy Hospital, the Veteran Affairs Medical Center, and several health clubs and recreation centers offer such programs -- some of which explicitly target older adults.

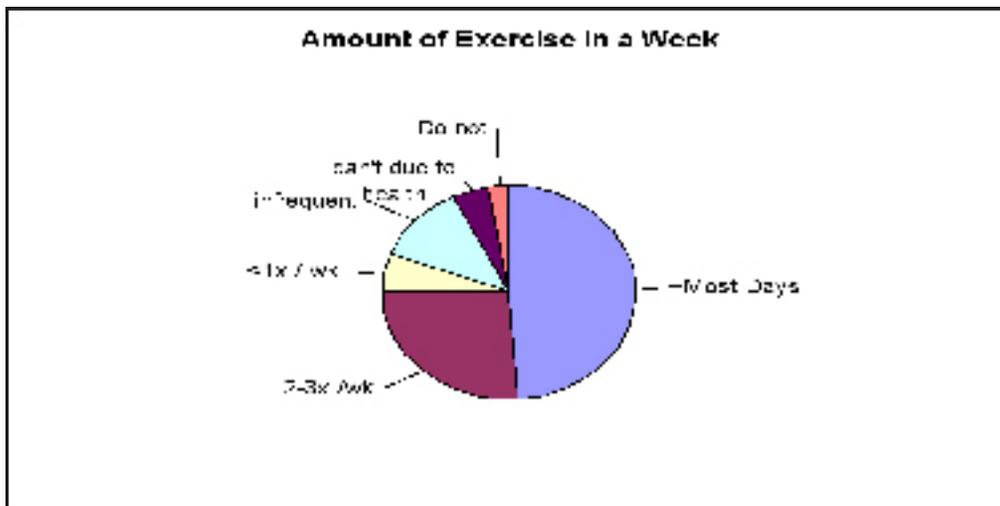
The Coralville Recreation Center offers free aerobics classes for older adults, and designated times for senior swim. The Iowa City Recreation Center and Mercer Aquatic facility provide a full range of pool activities, arts and crafts groups, weight room and dance classes, sports and fitness classes including Senior Strength and Flexibility. A wide array of exercise classes are also offered at the Iowa City/Johnson County Senior Center. The Arthritis Foundation Aquatic Program is offered at Mercer Park Aquatic Center for a small fee. The North Liberty Recreation Center offers a special rate for seniors. Some athletic clubs offer specific classes for seniors throughout the week.

Survey responses were received from three organizations that offer exercise programs to older adults in Johnson County. All of these responses suggested that relatively few older adults actually participated in exercise programs on a regular basis. The responses also indicated that the programs made few formal efforts to market their exercise programs

to older adults nor do they have any plans to expand on their current efforts--even though they all agreed they could be doing a better job of providing exercise programs to older adults in Johnson County. Survey respondents indicated that they needed to increase financial and staffing support before they could increase the number of exercise programs offered to older adults and market these programs.

Activity and Exercise Participation among Older Adults

According to the survey responses from older adults, 91% indicated that they are able to walk 50 feet with no assistance and nearly one out of every two older adults in Johnson County reported that they exercise



for 30 minutes at least four days each week. Among the older adults that reported exercising, nine out of every ten considered walking to be their primary form of exercise.

The need for more exercise programs was rated as one of the least important priorities among older survey respondents. Only three out of ten older adults indicated that exercise programs were very important.

These responses may reflect that many older adults already are exercising and most of them are doing things on their own (like walking). It may also be true that older adults are unaware of all of the benefits exercise programs can provide to them, or even that programs exist.

Future Directions for Exercise Programs

Informal and formal exercise programs are available to older adults throughout Johnson County, and many seniors exercise regularly and have



good mobility. However, three critical points were identified that should be considered if Johnson County is going to become an even healthier place for older adults.

Among the programs that do not exclusively serve older adults, it appears that participation in exercise programs could be increased quite easily. A small and inexpensive marketing effort could correspond with a significant increase in participation especially during the late morning and early afternoon times when recreation centers are least busy. Moreover, participation levels could be increased by offering a wider array of targeted exercise options – such as senior softball leagues and activities included in the Senior Olympics and Iowa Senior Games.

One example of a successful national campaign currently being marketed toward older adults is the Administration on Aging’s “You Can” campaign. By joining this campaign, providers in Johnson County can learn how to increase the involvement of older adults in a variety of exercise programs. Also including targeted information on a website or in print format (i.e., marketing brochures) which outlines all the ways to be physically active in Johnson County may help older adults learn about programs available to them and may help to increase program participation.

Offering classes that interest older adults in a setting that is not focused on seniors may also increase participation. Last year, the National Council on Aging (NCOA) selected the nation’s best physical activity programs. insert One of the Top 10 Excellence in Physical Activity Programming



award winners was the Madison School and Community Recreation (MSCR) Goodman-Rotary 50+ Fitness Program. This program is operated by the Madison, Wisconsin public recreation program and offers a wide variety of fitness classes to seniors.

It offers many classes that Johnson County physical activity and recreation centers may want to consider including: chair based exercise classes, golf, Tai-Chi, historic walk clubs, nature walk clubs, self massage, and bus tours to various county attractions. The Iowa City/Johnson County Senior Center currently provides some of these activities.

Based on suggestions from the Surgeon General, Johnson County also should develop more physical activity programs for older adults who may not be as mobile or already have some existing disease or disability. These programs should feature strength and flexibility components specifically designed for older adults and should be provided indoors at community centers or faith based organizations or at the individual's place of residence. Our survey responses suggest that as many as one out of every four older adults in Johnson County might benefit from being included in such a program.

Mercer Aquatic Center in Iowa City currently offers swimming programs for disabled older adults. Another great example of an exercise program for older adults with functional limitations is called the "Exercise for the Homebound Program." The program involves a nurse and physical therapist designing an exercise program for a frail older adult that can be done in his/her home. A volunteer is recruited that can meet with the older adult a couple of times per week. During the visit the volunteer and the older adult perform the structured exercises together. The nurse periodically reviews the exercise program to ensure the program is maximizing the benefits for the older adult.

Health Screenings

As people continue to live longer, the need for health screenings and inoculations continues to be important to maintain good health and increased quality of life. Through regular health screenings many disabling and debilitating conditions can be detected in their early stages when

they are most responsive to treatment. There are a number of different types of health screenings that are recommended for older adults. These include: blood pressure, diabetes, cholesterol, cognitive status, mental health, osteoarthritis, osteoporosis, and those that pertain to different types of cancers. Screenings should be conducted routinely and in settings in which referral and follow-up care can be provided or arranged. Thousands of people aged 65 or older die each year of influenza and invasive pneumococcal disease. Immunization can reduce a person's risk of illness, hospitalization and death from these specific diseases.

Health Screening Programs in Johnson County

Many programs in Johnson County offer screenings to older adults for blood glucose, blood pressure, and cholesterol. Some programs also offer laboratory tests or imaging as part of health fairs. Johnson County Public Health, the Visiting Nurse Association, and the Iowa City Free Medical Clinic offer screenings for high blood pressure, diabetes, cholesterol, colon cancer, and depression at the Iowa City/Johnson County Senior Center, community centers, community outreach events, faith-based organizations, etc. In addition, the hospitals in Johnson County provide a variety of screening services for cardiovascular health, impaired glucose tolerance and diabetes and many other conditions. 27% (7 out of 26) of the survey respondents representing health care providers in Johnson County reported that they offer health screenings. Nearly half of the faith based organizations reported that they offer health screenings. Finally, each year, both the VNA and local hospitals provide hundreds of influenza vaccinations to older adults throughout Johnson County.

Use of Health Screenings by Older Adults

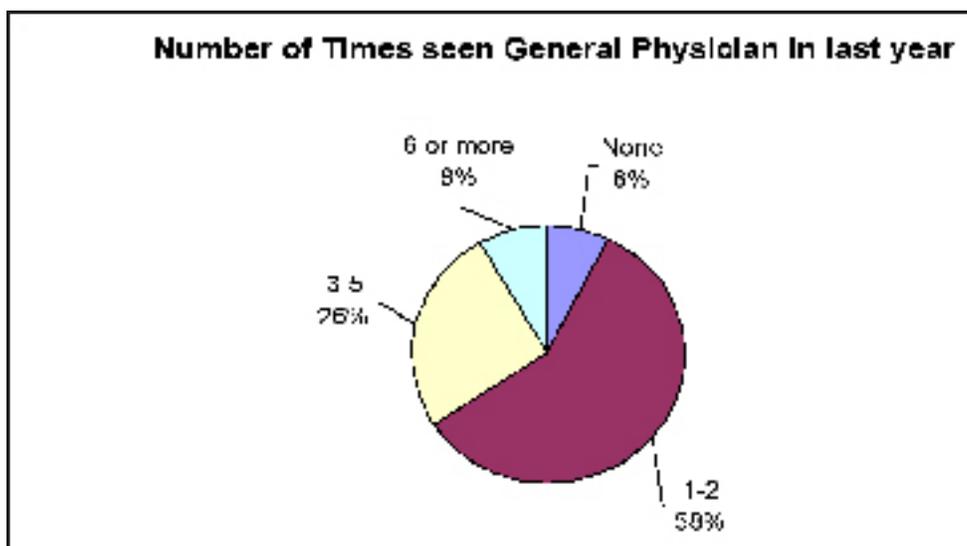
While the surveys did not ask about the actual number or type of screenings older adults had participated in, more than 90% reported that they had seen a primary care physician at least once in the past year



and more than 70% had seen a medical specialist at least once during the same period. Altogether 92% of older adults who completed the survey had seen a primary health care provider in the previous year.

Future Directions for Health Screenings

There are a number of health screening programs available to older adults throughout Johnson County. Yet, health screenings only were offered by a minority of the health programs that completed the survey. The number of older adults being reached by the screenings is unclear because the numbers represent total screenings given. This number may indicate that many older adults are participating in only one or



two screenings per year, or that a few older adults are participating in a large array of screenings. Further, even though 98% of older adults had contact with a general physician or specialist in the past year, it remains unclear how extensive the screening provided in primary and specialty care screenings really were.

If Johnson County is going to continue to be a healthy place for older adults, then efforts must be directed to increase the number of individuals who complete screenings on a routine basis and efforts must be directed to expand the different types of screenings and inoculations that are provided.

In an effort to provide more concrete directions for how Johnson County might address the availability of health screenings, we considered the Rural Health Outreach Program in Adams County, Ohio. This program has developed a mobile outreach unit consisting of a nurse practitioner, public health nurse, and social worker who provide screening and other prevention services to older adults who are isolated in rural parts of the county. Health care services provided on the mobile unit include immunizations, blood pressure checks, cholesterol screening, blood glucose screening, tuberculosis testing, colorectal screening, nutrition counseling, and health education. Johnson County may explore the possibility of



including physical fitness assessments/counseling as part of such a mobile unit offering.

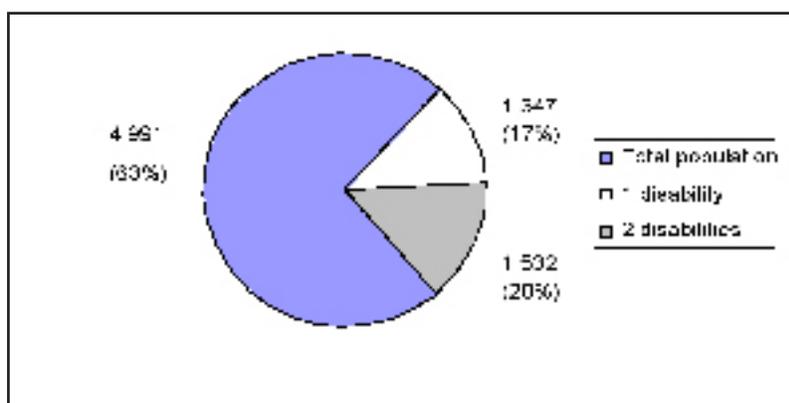
CONTINUUM OF HEALTH CARE

Health services are provided along a continuum from acute care settings like a physician's office and hospitals, to long-term settings like day care and nursing facilities. Long-term care refers to "a set of health, personal care, and social services delivered over a sustained period of time to persons who have lost or never acquired some degree of functional capacity." Long-term care services may be delivered at home, in the community, or in residential facilities. If Johnson County is going to continue to be a healthy place for seniors, the continuum of health and supportive services should be expanded and improved.

Home and Community-based Services

A recent AARP study revealed that 94% of older Iowans prefer to receive health and supportive services in their own home for as long as possible. Home and community-based supportive services play a vital role in maintaining a person's health and can also help those with a chronic disabling condition such as Alzheimer's disease. Evaluation and case management programs play a key role in determining and coordinating an individual's need for supportive services. Oftentimes, these programs provide an entry point into the home and community-based system that include day care, home health care, nutrition programs, homemaker and

chore assistance, emergency response, and transportation. The 2000 U.S. Census found that almost four out every ten older adults living in Johnson County experienced at least one disability, and the U.S. Census also suggested that for every individual living in a nursing facility there are at least four others who live at-home and need supportive services.



Home and Community-Based Services in Johnson County

Many different services in Johnson County assist older adults who wish to remain in their home. For example, there are several programs which provide health services to older adults living in their home. These programs provide individuals post-hospital care as well as long-term care, and include services such as physical therapy, occupational therapy, speech therapy, nursing services, wound care, medication management, maintaining medical equipment, and providing assistance with such tasks as bathing and dressing. The Visiting Nurse Association and Mercy Home Health are two of the largest home health service providers. Several agencies offer emergency response buttons which provide the individual the ability to request immediate attention.

Ensuring proper nutrition is often a vital part of allowing someone to stay in their home. Nutrition options in Johnson County include congregate meal programs, home delivered meals, services to buy and deliver groceries, and provision of meals that can be delivered and stored for future use. Other supportive programs offer chore and housekeeping services. Johnson County also offers transportation for persons unable to utilize the traditional bus systems.

There are a number of community-based health and supportive service programs in Johnson County. For example, there are two adult day care programs designed to assist older individuals who are experiencing significant disabilities. One provides assistance largely to adults with Alzheimer's disease, dementia and vascular strokes. The other day program provides care to older persons with developmental disabilities.

Still, most of the care provided to older adults who continue to live at home comes from family and friends. A Caregiver Support Counselor can meet with a caregiver to explain what services are available, explain options for support groups, and talk about ways to reduce caregiver stress. There also are several agencies that offer respite programs that allow the caregiver to have a few hours to do errands or activities away from the home. A Memory Loss Education Nurse works with older adults who may be experiencing memory problems.

Often the hardest part of arranging health care services is learning what is available and where to start. The initial point of entry in Johnson County is often through the case management program (as described earlier in long-term care planning). A case manager from Elder Services

Incorporated can go to the older adult's home and meet with the older adult and their caregiver to do an initial assessment, explain what services are available, and help get the services started. The case manager then regularly contacts the older adult to determine if changes in their health and service needs have occurred; if so they then direct them to appropriate programs.

Use of Home and Community-Based Services by Older Adults

While it appears there are many different options for home and community-based services in Johnson County, only 14 of the 255 (5.6%) older adult survey respondents indicated that they were receiving supportive services. Among these 14 individuals, approximately one half used a supportive service less than once a week while the other half used services more frequently with some individuals using services several times during any given day. Further, nine of the 14 older adults who used supportive services indicated they relied on a spouse or child in addition to the formal services while the others reported relying on a professional service provider exclusively. Informal caregivers are indeed an important component of long-term care in Johnson County.

While the use of supportive services appears low, the majority of older survey respondents indicated they highly valued being able to live in their own home, condominium, or apartment as long as possible and the availability of supportive services was important to them. More than eight

out of ten survey respondents valued the availability of home health care providers and family caregivers, and six out of ten valued the availability of chore assistance, day care and meal programs. When asked about the amount of supportive services in Johnson County, more than 25% did not know if there were enough services in the area.

Future Directions for Home and Community-Based Service

Informal and formal supportive service programs are available to older adults throughout Johnson County. While relatively few older adults actually used these services, home and community-based services are highly valued by older adults who wish to remain at home as long as possible. Moreover, there appears to be a disparity between the current number of older adults who reported using these services and the numbers that are reportedly being served by provider organizations. These findings suggest that many older adults do not define the services that they receive at home as fitting into the “supportive services” category.

County Wide Efforts

Several steps can be taken to increase the use of home and community-based services. For example, a central point of entry could be established to help older adults and their caregivers select the options that are most appropriate. This information also can be included on the database that was discussed in the health education section.

Further, it is worth noting that many home and community-based services are more often available in the Iowa City-Coralville area than in

rural Johnson County. If Johnson County is to continue to be a healthy place for all older adults, then home and community-based services need to be available to all residents in the county.

In addition, providers need to focus more efforts on marketing the services that are currently available. An example of a county wide program that is marketed through an informational database is the Chores & More Program in Anoka County, Minnesota. This program helps seniors and disabled adults with housekeeping, minor home repairs, and seasonal chores. Elder Services Incorporated offers a similar program in Johnson County. However, many older adults in the area are not aware the agency offers these services.

Calling upon the current programs to expand their efforts and increase the number of older adults served would greatly benefit Johnson County as well. However, a lack of financial incentive was the most common barrier to such an expansion. Perhaps the gaps in supportive service delivery could be met by expanding efforts among faith-based and other organizations.

Day Care

In examining the array of community-based programs, there appears to be a need for more day care or respite programs which can be accessed by people throughout the county. Dementia-specific day care centers are beneficial because they can offer personalized care to older adults with Alzheimer's disease. In addition these centers can provide information, training, and respite to family caregivers who are caring for older adults with

dementia at home because they cannot afford market-based residential care. Multi-generational daycare centers also appear to be lacking in Johnson County. These programs have shown to benefit older adults by bringing together seniors and children who can interact through a variety of activities and services.

The Institute on Aging at the University of California, San Francisco administers an Alzheimer’s Day Center that offers personal care for people with memory loss to help them stay healthy and engaged. The older adults are provided with daily exercise and recreational activities, nursing supervision to monitor health, assistance with personal care, coordinated care between physicians and families, transportation to and from the center, and hot noon meals and snacks. The family caregivers also receive respite, assistance from support groups and educational groups, and professional advice on home care, nursing homes, and related financial matters. The Alzheimer’s Day Center is open to adults diagnosed with dementia, including Alzheimer’s, Parkinson’s, and multi-infarct dementia. The monthly fee is based on ability to pay.

The McClure Multi-Generational Center in Burlington, Vermont is an example of a multigenerational day care center where seniors and children



come together both formally and informally. The groups are brought together for daily literacy programs where seniors read to the children and participate in a variety of other classes such as art. There are other regular, planned activities such as a summer multigenerational

barbeque and a six-week course called “Food, Fun, and Learning” which teaches literacy skills to preschoolers and provides nutrition counseling to adults.

Caregiver

As mentioned previously, informal caregivers are the primary form of home service delivery to older adults and are critical to helping persons remain at home as long as possible. The National Family Caregiver Support Program is a federally-funded program that provides five basic services to caregivers. These services include: information about available services, assistance in gaining access to supportive services; individual counseling; organization of support groups and training to help them make decisions and solve problems related to their care giving roles; respite care to enable them to be temporarily relieved from providing care; and supplemental services, including assistive devices and home modifications, on a limited basis, to complement the care they provide. In Johnson County the Caregiver Program is provided by Elder Services, Incorporated. While efforts should be directed to increase their efforts, other programs, such as faith-based organizations, should be encouraged to develop informal caregiver support services.

Residential Long-term Care

Long-term care services generally are separate and distinct from basic health services. Long-term care services may be delivered at home or in institutions. Types of residential long-term care include assisted living, board and care, group homes, intermediate care facilities, nursing facilities

and continuing care communities. Another type of long-term care is an apartment unit where the resident receives personal care or other assistance from a paid caregiver.

Residential Care in Johnson County

For those older adults not living at home or in an apartment and who need long-term care services, there are a number of residential options in Johnson County. There is one continuing care retirement community (CCRC) that provides a full range of housing options for older adults, from independent living through nursing home care. There also are independent, congregate living options that allow long-term care services to be delivered to an individual in his/her own apartment.

There are eight assisted living programs with a total of 270 beds, or units. Three of these programs are licensed to provide designated dementia care programs with a total of 99 beds. Slightly less than 30% of the assisted living beds in Johnson County have been designated as 'affordable' as opposed to being available at 'market rate.'

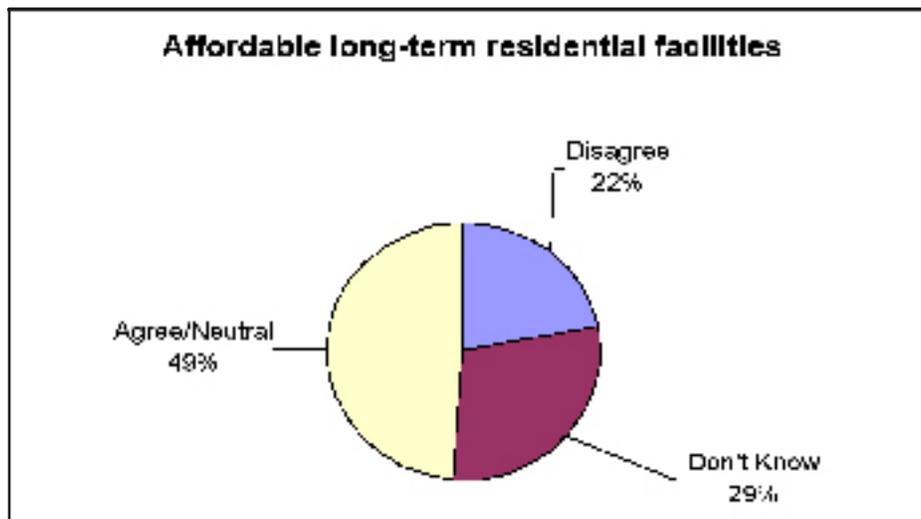
There are nine nursing facilities in Johnson County which offer a total of 585 beds for those requiring medical assistance or continuing care. There is one residential care facility that provides high-intensity, skilled nursing services with 114 beds and one hospital based skilled nursing unit with 16 beds.

The Iowa Department of Inspections and Appeals provides a web-based report card on these facilities that includes information on current inspections and all identified deficiencies, if any. A deficiency is defined

as a failure to meet a federal or state requirement concerning patient care and safety. Johnson County facilities generally meet high quality standards and have fewer deficiencies than average.

Older Adults and Residential Long-Term Care

Slightly more than 3% of the older adult survey respondents were residing in a long-term care facility when they completed the survey, and an additional 2% had lived in a long-term care facility in the past five years. The most notable finding about their long-term care experiences concerned the affordability of residential long-term care in Johnson County. More than 20% of the individuals surveyed reported that there were not



enough affordable long-term care options in the county, and as many as 10% reported that they could not afford long-term care services.

These sentiments about affordability were echoed among focus group participants. The focus group members suggested that some possible solutions to the crisis would involve increasing the number of affordable long-term care facilities; other individuals were concerned that the location of long-term care facilities were too far away from individual's homes and their family and friends.

Future Directions for Residential Long-Term Care

There is an abundance of residential long-term care beds in Johnson County, and these services generally meet standards for high quality. Our results indicated that the affordability of existing residential long-term care programs is a major concern. One way to address the lack of affordable



long-term care options would be to increase the number of home and apartment based congregate living sites. Group homes are a new and growing form of care that investors and service providers might wish to explore. Group homes provide room, board, and personal care, in a single family residence, to three to five older adults. They are usually owner occupied or have a resident manager. Residents are assisted with bathing, personal hygiene, dressing, grooming, and the supervision of self-administered medication. In summary, the "cultural change" movement could be encouraged. Proponents of culture change believe long-term care residents can and should direct their own lives, and recommend replacing institutional units with households of small groups of residents and staff.

The Margaret Wagner Apartments in Cleveland, Ohio is a group home for older adults who range in the ages of 62 to 97, with both men and women who remain active, some even continuing to be employed. There is a community room and kitchen centrally located for tenants' use. This apartment complex is part of the Benjamin Rose organization that helps those that are unable to afford the cost of long-term care.

Another successful model involves having Service Coordinators located in older adults' apartment buildings. The Service Coordinator can assist the senior in locating and coordinating needed services to stay in their home. Ecumenical Towers in downtown Iowa City has such a model. Perhaps it could be replicated at other apartment buildings located in the county.

Emerson Point Assisted Living in Iowa City is an example of an affordable assisted living program. This facility was financed as part of a national demonstration project, and represents a unique partnership between a local architectural design firm, a community hospital, area agency on aging, and local providers. The facility serves as an exemplary model for the development of affordable assisted living for other parts of Johnson County. Another such facility in the county could benefit many lower income older adults.

Hospital Care for Older Adults

The possibility of inpatient hospitalization increases with age. Persons over the age of 65 are more likely to be admitted to a hospital, and represent up to 40% of all inpatient admissions even though they comprise

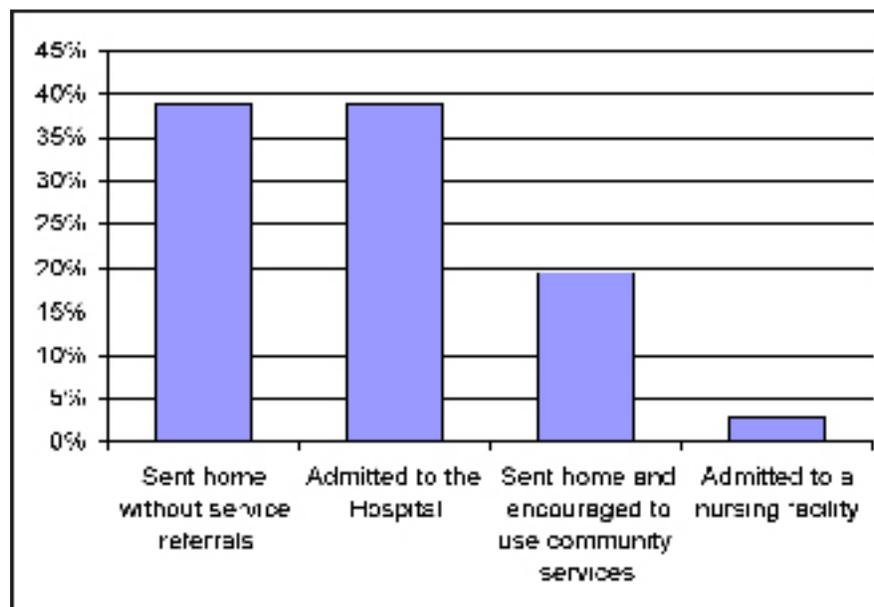
less than 15% of the total population. Given that individuals over the age of 65 are the fastest growing segment of the U.S. population and may represent one out of every four older Iowans by the year 2020, the provision of hospital services to older adults will continue to increase. As the demand for inpatient care among older adults' increases, the supply of services should meet their needs more effectively.

Supply of Hospital Services in Johnson County

There are three hospitals in Johnson County which provide a total of 1,080 inpatient beds: there is at least one hospital bed for every eight persons over the age of 65. University of Iowa Health Care is a tertiary care, teaching hospital with over 200 specialty practices and 772 inpatient beds. UIHC also features an inpatient psychiatric unit for older adults. Mercy Hospital of Iowa City is a community hospital that has 234 inpatient beds, 16 of which are skilled nursing beds. The hospital offers a full range of medical services that cover 28 different specialty areas. The Department of Veterans Affairs Medical Center (VAMC) in Iowa City is a tertiary health care center and teaching hospital with 93 inpatient beds. The VAMC offers a range of specialty services to veterans from southeast Iowa. VAMC has 40 medicine/neurology beds, 28 surgery beds, 10 intensive care beds, and 15 psychiatry beds.

Use of Hospitals by Older Adults in Johnson County]

Slightly more than 12.5% of the survey respondents (31 out of 248) indicated that they were hospitalized in the past year, and an additional 3% were admitted two times or more. While the reasons for inpatient stay varied greatly, most individuals reported that they stayed in the hospital for less than two days. Curiously, more than 18% of the survey respondents indicated they visited a hospital emergency room at least once in the past year. Among these, only 16% (8 out of 45) said they were brought to the emergency room by an ambulance. The remaining



drove themselves or relied on their family or friends. Four of ten older adults were admitted to the hospital directly from the emergency room, the remaining were sent back home. Among the persons who were sent back home, most received no formal referrals to a community health service or related information.

Future Directions for Hospital Programs

There is an abundant supply of inpatient hospital beds for older adults in Johnson County. However, none of the hospitals in Johnson County offer dedicated geriatric inpatient services outside of the psychiatric units at UIHC and VAMC. One way to address the lack of specialty care is to develop an Acute Care Unit for the Elderly (ACE). Such units are medical-surgical units that strive to provide the environment, resources, and patient care to prevent an older patient's functional decline during hospitalization and to facilitate maximal independence at the time of discharge. Besides attending to the admitting diagnosis, ACE Units focus on issues such as impaired mobility and self-care ability, cognitive impairment, depression, nutrition, continence, constipation, and sleep disturbances that often co-occur with acute medical events that require hospitalization (e.g. stroke, hip fracture).

The ACE Unit at the University of Pennsylvania Health System Division of Geriatric Medicine is specially designed for acutely ill persons in the population over 65 years of age. What makes the ACE Unit unique is the team approach to multidisciplinary care for the aging population. Members of the multidisciplinary team on the ACE Unit include a geriatrician medical director, geriatrician attending, gerontology-educated nurses specialized in skin and wound care, geriatrician fellow, clinical nurse specialist, social worker, and case managers. Patients admitted to this ACE Unit have special emphasis placed on assessment of pain, mental status, skin integrity, elimination, diet, and mobility.

A growing number of Americans are getting hospital-quality care at home. Even for older patients with certain serious medical conditions including pneumonia and acute heart failure – the cost is comparable, the complications fewer. A recent study published in the *Annals of Internal Medicine* report that patients recovered sooner than their hospitalized counterparts and experienced a 75% lower rate of delirium. At home the patients are far more comfortable but still able to get care including electrocardiograms and x-rays, oxygen therapy and intravenous antibiotics. In the study nurses visited the patients daily to check on them and care for them, and outside health care providers administered other services.

Geriatric Training

Neither of the two teaching hospitals, in Johnson County, offer their medical residents any formal, board certified training in geriatric medicine even though leaders in medical education strongly recommend geriatric training for all medical students. A secondary goal of promoting geriatric training within teaching hospitals is to develop individual interests in pursuing geriatric medicine as a career path. Currently, The University of Iowa Roy J. and Lucille A. Carver College of Medicine, which work in collaboration with the UIHC and the VAMC, have no required coursework in geriatric medicine.

These gaps can be addressed in several unique ways. For example, the Senior Mentor Program at the University Of South Carolina School Of Medicine pairs freshman medical school students with a community senior. The program is designed to enhance undergraduate medical education in geriatrics. The goal is to expose undergraduate medical students to

healthy older adults from the community through a long-term experience. This program provides a patient contact experience early in the medical training in order to expand knowledge of the aging process and to have a positive effect on students' attitudes toward caring for older adults. The Senior Mentor Program allows students to enhance their knowledge and skills through clinical and social involvement with the senior mentors. In addition, students work through modules and geriatric assessments with the senior mentors.

Emergency Room Use

The county also should consider how to make more effective use of emergency room visits by older adults. The data suggested that the majority of emergency room visits are for non-emergencies (e.g., most older adults drive themselves, most older adults are discharged back home). The data also indicated that there is a lack of service coordination for those individuals who are discharged back to the community. Assuming emergency rooms will continue to serve a critical hospital function and their use will increase in relation to the increase in older adults living in Johnson County, future efforts should be developed to steer non-emergency cases to other locations and also establish a more formal discharge planning process in which older adults are formally linked to community-based services. Given the costs to charges ratio of most emergency rooms, improving service efficiency should be considered a primary operational and planning item.

END OF LIFE CARE

Dying persons can, and should, experience dignity in dying. Death with dignity can be accomplished through pain and symptom management, the provision of social support, psychological and spiritual counseling, and the involvement of the dying individual in planning his or her own death. For hospitalized patients, death with dignity tends to occur with palliative care intervention. For persons living in the community, death with dignity can be supported through hospice programs. Hospital-based palliative care and community-based hospice programs feature clinical teams that provide relief from pain and other distressing symptoms, affirm life while neither hastening or postponing death, integrate the psychological and spiritual aspects of patient care, and offer support to patients and their loved ones. Still, many Americans often die in pain, void of adequate symptom management and support, and the majority never receive palliative care or hospice. Given that three-quarters of Americans fear dying in pain more than they fear death, the need for progressive end of life care stands out as a critical issue.

End of Life Care in Johnson County

One of the three area hospitals has set aside five inpatient beds for palliative care services, and has a palliative care team that consists of one Nurse Practitioner (NP), a physician, and medical residents - who show an interest towards palliative services. One of the other area hospitals has been working on developing and implementing a comprehensive palliative care program. There is one community based hospice program in Johnson

County, and five other hospice programs from neighboring counties that also see patients from Johnson County.

Several hospice organizations admit individuals in hospital and institutional care settings. They also offer grief counseling services to anyone in the community who has suffered a loss. Services include grief support groups, educational sessions, and individual counseling. While several community groups attempt to offer end of life planning, only two of the 26 health care programs that completed the provider surveys reported that they offer end of life counseling. About 66% of the faith based organizations offer end of life supportive services, and 45% offer bereavement support.

Older Adults and End of Life Care in Johnson County

Older individuals increasingly have become more involved with directing their own care. Individuals can use advanced directives, living wills, appoint a separate power of attorney for health care and finance, and buy long-term care insurance to pay for the costs at the end of life.

However, less than one out of every five older survey respondents claimed to have completed an advance directive, and less than one out of two have designated a healthcare power of attorney. Nearly one out of every four older adults has made no formal end of life plans. Meanwhile almost 75% reported that end of life planning was important.

Future Directions for End of Life Care

It is not clear if there is an adequate number of inpatient and community based end of life services available to older adults in Johnson County. Arguably, the uncertainty concerning service supply may correspond with the noticeable lack of demand. Older adults in Johnson County generally have made few if any provisions pertaining to end of life care. There appears to be a shortage of programmatic efforts to educate and inform older adults about end of life care. As a result older adults may rely on curative treatment at the end of their life when they may have preferred to receive comfort measures.

Educating older adults about advanced directives and other end of life issues should occur well before admittance to a hospital or nursing home. Faith-based communities have a unique opportunity to help persons plan for and face the reality of death. The medical, legal and social service communities should also help persons of all ages with advanced directives and living wills.

Another concern relates to the pervasive lack of targeted end of life hospital care. None of the hospitals actively enroll patients in palliative care, and many community based organizations do not appear to offer bereavement counseling and other supportive services that may be of assistance at a person's end of life.

The University of Pittsburgh Medical Center has a comprehensive palliative care program that was established to improve the quality of life of patients whose diagnosis no longer responds to curative treatment. The program provides coordinated, comprehensive services to terminally

ill patients and their families with an emphasis on pain relief and other symptoms. The program also offers an integration of physical, psychological and spiritual aspects along with a development of a support system to enable patients to live as actively as possible until death and help the family cope with the loss.

The Hospice of Bluegrass located in Lexington, Kentucky has collaborations with University of Kentucky Chandler Medical Center, St. Joseph's and Central Baptist Hospital. The hospice provides consultation services in all of its collaborating hospitals. The hospice also services the



inpatient unit at St. Joseph Hospital which is another collaborator of the hospice. Through these collaborations, the hospice has a better opportunity of reaching out and helping people who might be seeking comfort care without giving up on curative treatment.

DISCUSSION

The Johnson County Consortium on Successful Aging examined eight distinct types of health and supportive services and resolved that if Johnson County is going to continue to be a healthy place for aging persons, efforts need to be directed towards crossing two prominent gaps. The first concerns the need to increase education and training efforts targeting older adults and their health care providers. The second gap concerns the need to expand the existing array of home and community-based health and supportive services across the county and develop more affordable residential long-term care programs. Though these gaps have been

seen many times before by other researchers and in other communities, they largely remain uncrossed. In the remainder of this discussion, some strategies are discussed that will support the implementation of the best practices considered herein.

Education and Training

On one hand, the analysis indicated that efforts should be directed towards educating a greater number of older adults about disease prevention activities including the importance of exercise and receiving health screenings and inoculations such as influenza and pneumonia. Older adults could also learn more about the continuum of health and supportive services that are available in Johnson County. This information may help them maintain their health, navigate disability and live at home for as long as possible.

On the other hand, the analysis suggested that program staff in general and primary care providers in particular would benefit from targeted training efforts. Program staff would benefit from learning more about programs and services that may be complementary.

One way for the Consortium to contribute to this effort would be to support the creation of a database with information on service options available, and support the production of educational materials and training programs for the health and supportive service providers in Johnson County.

Since primary care providers constituted the most common type of health service used by older adults, targeted training efforts are likely to have noticeable impact. One way to support the sort of educational

exchanges that were mentioned in this report is for primary care providers to increase their use of the “Welcome to Medicare.” This program, which was included in the Medicare Modernization Act of 2003, specifically provides primary care providers reimbursement to conduct a thorough evaluation of all new Medicare beneficiaries. As part of conducting this evaluation, primary care providers can also provide an introduction to the health and supportive services that persons may wish to become more educated about as they grow older.

It would be unrealistic to expect primary care physicians to do a whole lot more; primary care physicians should be involved more with steering the path of older adults rather than providing detailed instructions. Patients should be referred to educational programs and services focusing on exercise, engagement and long-term care planning and to education programs focusing on using the continuum of health and supportive services in Johnson County. While some primary care providers suggested they were already engaged in such activities, this analysis indicates that the effort was not pervasive enough.

Expansion and Development

The analysis of health and supportive services did not indicate that the county needed to establish a lot of new programs and services as much as expand existing ones. The Consortium found that exercise programs, mobile health care screenings, home chore programs and day care programs all should be expanded in a way so that they are more accessible to older adults throughout the county. Other programs such

as inpatient hospital care should be expanded in a manner to incorporate contemporary approaches to geriatric health care including ACE units and palliative care programs.

The analysis also underscored a need to expand the number of affordable health and supportive service options. Along these lines, the County could support efforts to establish volunteer home chore services, informal caregiver networks, congregate living sites, and subsidized health service programs so that all older persons living in Johnson County can obtain affordable long-term care services in the setting of their choice. These efforts require the involvement of planning boards and administrators who have the administrative and financial resources to support program expansion.

Another way that programs and services can be expanded is to involve organizations that have not yet assumed a formal role in providing health and supportive services delivery. For example, faith based organizations countywide should be encouraged to establish or promote programs that provide health screening services, increase informal care giving networks, and expand end-of-life support.

CONCLUSIONS

Excellent health care and supportive services are two of the major factors that contribute to Johnson County being a great place to age successfully. But as this document seeks to point out, there is much that can and should be done to make Johnson County an even better place for seniors, and thus for everyone. The Consortium examined eight critical elements that contribute significantly to the health of older adults. These included: (a) health education, (b) long-term care planning, (c) physical activity, (d) health screenings, (e) home and community-based services, (f) residential long-term care, (g) hospital care, and (h) end of life care. The analysis indicated that the provision of health and supportive services to older adults in Johnson County could be maintained and improved by crossing two prominent gaps. One is to increase education and training programs for older adults, program staff and primary healthcare providers. The second is to expand a select number of home and community-based programs and services, and develop new programs.

It is the hope of the Johnson County Consortium on Successful Aging that all segments of the community will demand improvements and will work together to assure that Johnson County remains one of the healthiest places in the country for those who wish to age successfully.

REFERENCES

General

Crimmins E. M., Saito, Y., & Reynolds, S. L. (1997). Further evidence on recent trends in the prevalence and incidence of disability among older Americans from two sources: The LSOA and the NHIS. *Journal of Gerontology*, 52B, S59-S71.

Coleman, B. (2000). *Helping the helpers: State-supported services for family caregivers*. Washington, DC: AARP.

Health Care Financing Administration: Long-term care: Background and future directions. Washington, D.C.: Department of Health and Human Services, 1981.

How Does Your City Rank When it Comes to Health Care? Survey ranks U.S. metropolises for cost and quality of services. (March 2003). *Expansion Management Magazine*. Retrieved 5/5/2005 from <http://www.hon.ch/News/HSN/512296.html>

Iowa City, Iowa: Best in the Midwest. (September/October 2003). *Organic Style* pg 95.

Iowa City Makes a List: Rankings show areas strengths. (April 28, 2005). *Iowa City Press-Citizen*.

Iowa City Ranks in the Top Three Nationally for Livability. (June 2004). *Expansion Management Magazine*.

Kane, R.A. and R.L. Kane (1987). *Long-Term Care: Principles, Programs, and Policies*. New York, NY: Springer Publishing Company.

Khaw, K. (1997). Healthy Aging. *British Medical Journal*, 315, 7115, 1090-1096.

Lawton, M.P., & Brody, E.M. (1969). Assessment of older people: Self-maintaining and instrumental activities of daily living. *The Gerontologist*, 9, 179-186.

Miles, Guy, PhD. Best Places to Retire: The Interior Lowlands, The Midwest Farm Belt. *Retirement Havens*. Retrieved 5/5/2005 from <http://www.seniorsplace.com/retirementhavens/FarmBeltIndex.html>

National Academy on an Aging Society (NAAS). (2000). *Challenges for the 21st century: Chronic and disabling conditions*. Washington, DC: NAAS.

Reed, D., Satariano, W.A., Gildengorin, G., McMahon, K., Fleshman, R., & Schneider, E. (1995). Health and functioning among the elderly of Marin County, California: A glimpse of the future. *Journal of Gerontology*, 50, M61-M69.

Robbins, E., Lichtenstein, G., Dupuis, M. (May-June 2003). The 15 Best Places to Reinvent Your Life. AARP the Magazine.

Rogan, Helen. (January 21, 2005). Healthy Cities. USA TODAY.com City Guides. Retrieved 5/5/2005 http://www.usatoday.com/community/chat_03/2003-09-16-rogan.htm

Rowe, J. & Kahn, R. (1998). Successful Aging. New York: Pantheon Books.

U.S. Census Bureau (2000) Population Estimates for the U.S., Regions, and States by Selected Age Groups and Sex (ST-99-9).<http://www.census.gov/population/estimates/state/st-99-09.txt>

Weissert, W. G, Matthews, C. McCready, C.M. and Pawelak, J. E. (1988). The past and future of home- and community-based long-term care. The Milbank Quarterly, 66(2):309-388.

Best Practices

Adams County, Ohio http://www.raonline.org/success/success_details.php/success_id=215

Agency for Healthcare Research and Quality <http://www.ahrq.gov/consumer/quicktips/doctalk.pdf>

American Society on Aging Media Awards http://www.asaging.org/asav2/awards/media_2005.fm/submenu1=media

Anoka County, Minnesota http://www.co.anoka.mn.us/v1_seniors/index.asp

Benjamin Rose Institute <http://www.benrose.org/mwaps.asp>

Centers for Disease Control <http://www.cdc.gov/aging/info.htm>

Iowa Senior Living Coordinating Unit <http://www.state.ia.us/elderaffairs/Documents/SLCU/LongRangePlanReport.pdf>

National Council on Aging <http://www.healthyagingprograms.org/resources/BestPhysicalActivityPrograms.pdf>

National Institutes of Health <http://consensus.nih=.gov/PREVIOUSSTATEMENTS.htm>

Orange County Register <http://www.ocregister.com/ocregister/life/family/aging/>

University of California, San Francisco <http://www.parking.ucsf.edu/childcare/eldercare/>

University of South Carolina <http://www.haworthpress.com/store/ArticleAbstract.asp?sid=NVGG5MA5S2WQ9L2CUGA4HD2Q1C0EB4JE&ID=87793>

University of Pennsylvania <http://www.rand.org/health/projects/geriatric/sites/penn/pilot.html>

University of Pittsburgh <http://newsbureau.upmc.com/Emergency/PalliativeCareFellowshipGrant.htm>

US Administration on Aging <http://www.aoa.gov/youcan/>

US Administration on Aging <http://www.aoa.gov/LTC/index.asp>

US Mayors Best Practices http://www.usmayors.org/uscm/best_practices/usmayor00/burlington_best.htm

Websites

Heritage Area Agency on Aging <http://www..heritageaaa.org>

Iowa City Free Medical Clinic <http://www.freemedicalclinic.org/>

Iowa City-Johnson County Senior Center <http://www.icgov.org/senior/default.asp>

Johnson County Public Health <http://www.johnson-county.com/publichealth/index.shtml>

Mercy, Iowa City <http://www.mercyic.org/>

University of Iowa Hospitals & Clinics <http://www.uihealthcare.com/uihospitalsandclinics/>

Veterans Administration Medical Center <http://www.visn23.med.va.gov/Service-Areas/IowaCity-VAMC.asp>

Visiting Nurses Association <http://www.vnaic.org/>