

THE IMPACT OF VILLAGE MEMBERSHIP ON HEALTH AND SERVICE ACCESS

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CMS “Triple Aim”



Social Services “Triple Aim”

□ Better Services

- ▣ Reduced fragmentation
- ▣ Increased coordination
- ▣ More effective programs

□ Better Outcomes

- ▣ Reduced unmet needs
- ▣ Decreased hospitalization
- ▣ Decreased relocation

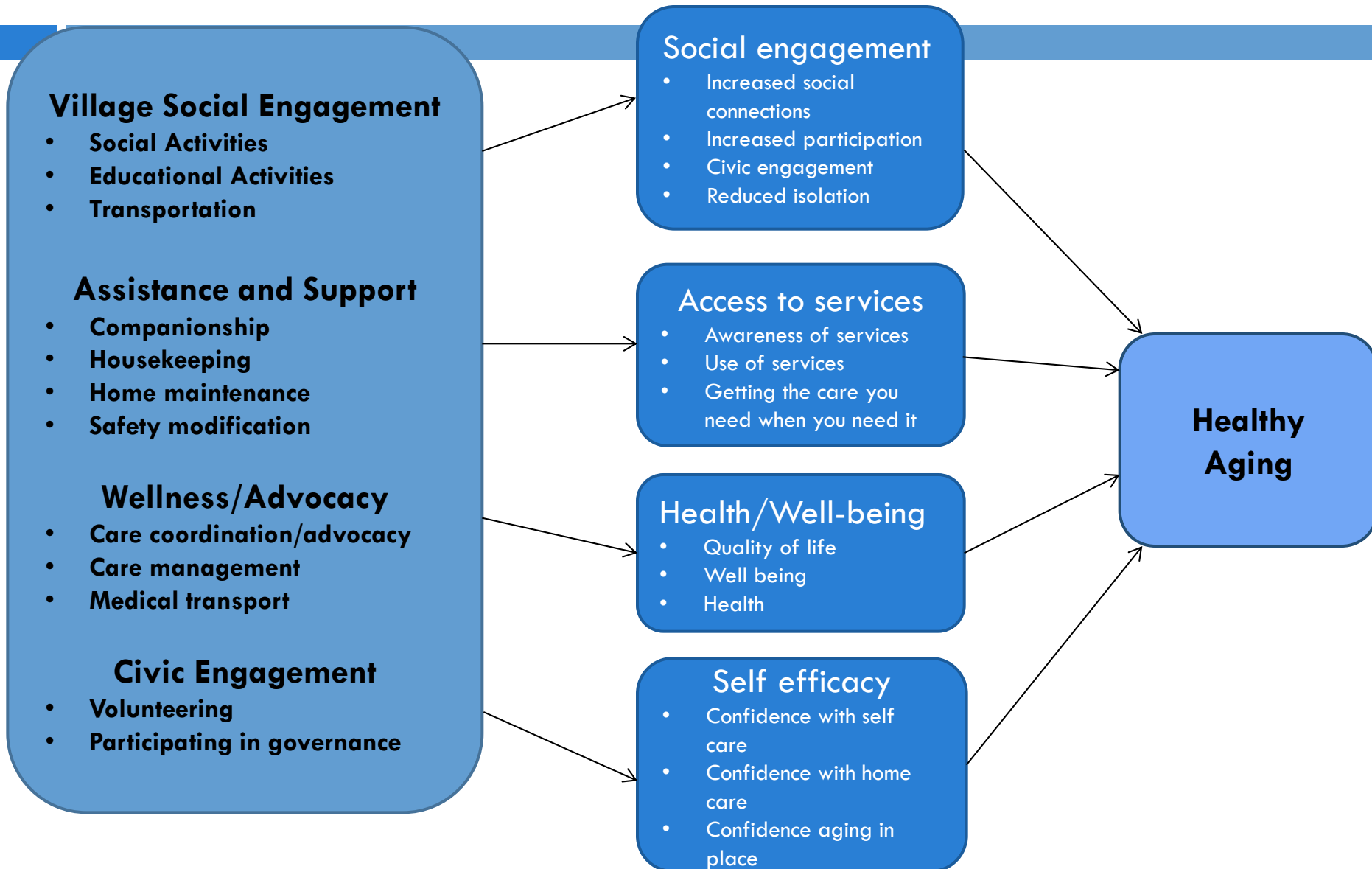
□ Reduced Costs

- ▣ Decreased duplication
- ▣ Improved targeting
- ▣ Co-production of care (consumer engagement)
- ▣ Community involvement

Potential Impacts of the Village Model

- **Service Access**
 - ▣ Needs met
 - ▣ Ability to access needed services
 - ▣ Service affordability
- **Community-Building**
 - ▣ Social engagement
 - ▣ Social support
- **Capacity-Building**
 - ▣ Individual functioning
 - Physical and psychosocial well-being
 - Reduced likelihood of relocation
 - ▣ Service delivery system
 - Availability, accessibility, affordability, appropriateness

Logic Model



Services with Health Implications

- Mobility (ability to get to the doctor, etc.)
- Household chores
- Environmental hazards removed
- Personal care
- Care coordination
- Technology (health, information, communication)
- Social support
- Social activity/interaction/engagement

Potential Health-Related Outcomes

- Health
 - ▣ Disease management
 - ▣ Falls
- More appropriate/effective use of health services
- Hospital use
 - ▣ ER visits, Inpatient days
- Psychological well-being/Quality of life
- Safety and security
- Decreased use of residential care

California Villages Project

UC Berkeley Villages Projects

- 3 National Surveys of Villages
 - 2009 Survey funded by The SCAN Foundation
 - 2012 and 2013 funded by the Silberman Foundation
(with Rutgers University and University of Maryland)

- Single Site Village Evaluation (2012-2013)
 - ElderHelp Concierge Club of San Diego
 - Funded by The SCAN Foundation

- California Village Evaluation (2011 – 2015)
 - Includes 9 California Villages
 - Funded by the Archstone Foundation

- Feasibility Study of Online Data Portal and Village Registry (2014 – 2015)
 - Funded by the Retirement Research Foundation

Evaluation of health-related impacts

- Pre-post design
 - ▣ Intake evaluations with all new Village members (October 2011 – December 2012)
 - ▣ 12-month (and 24-month) follow-up evaluations
 - ▣ Administered through in-person interviews
 - ▣ N = 133
 - ▣ No comparison group

Evaluation Results:

Member vulnerability

- Health and economic vulnerability
 - 25% have incomes below the EESI (compared to 47% in CA)
 - 15% are in fair or poor health
 - 16% report an Activity of Daily Living impairment (bathing, dressing, getting around inside home)
 - 43% report an IADL impairment (shopping, cooking, getting to places out of walking distance)
 - 47% live alone

Evaluation Results:

Health and well-being (retrospective)

- 53% agree their quality of life has improved
- 45% agree they feel happier
- 33% agree they feel healthier

Evaluation Results:

Health and well-being (pre-post)

- Fewer falls ...
 - ▣ *Falls in the last 12 months*
 - 42% reported falls at intake → 31% at follow up ($p < .001$)

No change

- ▣ Overall life satisfaction (~90% say satisfied)
- ▣ Self rated health status (~50% say very good/excellent)
- ▣ Activities of daily living

Evaluation Results:

Service access

Pre-post:

- Better able to get needs met ...
 - *Ability to get help*
 - 38% very confident in ability to get help when needed at intake → 56% at follow up ($p < .01$)
 - *Retrospective:*
 - 34% say they are more likely to get the medical care they need, when they need it

Evaluation Results:

Health services use (pre-post)

- Increased use of health care services ...
 - *911 calls (in previous 12 months)*
 - 10% reported calling 911 before intake → 20% at follow up
 - *Hospitalization (in previous 12 months)*
 - 22% had been hospitalized before intake → 26% at follow up
 - *ER visits (in previous 12 months)*
 - 32% went to the ER before intake → 36% at follow up

No change

- Nursing home or rehabilitation visits (<10%)
- Delaying necessary medical care (~10%)

Conclusions: Villages and the Triple Aim

- Better Services ?
 - ▣ Improved service access
 - ▣ Increased coordination
 - ▣ Increased social support
- Better Outcomes ?
 - ▣ Reduced falls
 - ▣ Improved perceived well-being
 - ▣ Increased hospitalization
 - ▣ Decreased likelihood of relocation
- Reduced Costs ?
 - ▣ Co-production of care (consumer engagement)
 - ▣ Community involvement
 - ▣ Decreased social care expenditures
 - ▣ Increased health care expenditures (in the first 12 months, at least)

Ways to Enhance Village Health Impacts

- Evidence based health promotion programs
 - Falls prevention
 - Chronic disease self management (e.g., diabetes, arthritis)
 - Physical activity promotion
 - Brain fitness (e.g., Boost Your Brain Program)
 - Care transitions

Challenges and Opportunities

- CMMS Innovation Opportunities
- ACOs
- Joint programs (e.g., health fairs)
- Care transition programs
- Social care
- Referrals
- Corporate social responsibility

Research Opportunities

- Identify and document Village health promotion efforts
- Implement and evaluate evidence-based health promotion programs
- Assess the potential facilitative effects of social context on health care interventions
- National Village data archive and Village registry

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