

2015

*Advocates for African American
Elders: Brief Report*

**New Research Highlights
the Benefits of
Community Programs
for Older African
Americans in Los
Angeles County**



New Research Highlights the Benefits of Community Programs for Older African Americans in Los Angeles County

In 1965, Congress passed the Older Americans Act (OAA) in response to concerns among policy makers about a lack of community social services for older adults. Under the OAA, appropriations are made to state-level aging units, like the Los Angeles County Area Agency on Aging and the City of Los Angeles Department of Aging, to administer and provide for home- and community-based long-term services and supports (HCBS) for seniors to promote their independence, quality of life, and ability to age in their communities. These services include nutrition programs, supportive services (e.g., shopping, money management, house and yard work, meal preparation, toileting, dressing, bathing and medication management), job training, senior centers, transportation, health promotion, and family caregiver support programs.

An estimated 12 million Americans are currently in need of home- and community-based long-term services and supports, with 80% of those living at home solely relying on informal or family caregiving for all of their care. The number of individuals needing HCBS is expected to increase dramatically during the next two decades. Costs and consumer preference have led to a shift from skilled nursing facilities as the primary long-term care option to HCBS. AARP research shows that 90% of people want to age in their home and community (Farber, Shinkle, Lynott, Fox-Grage, & Harrell, 2011), and they expect

professional care to be provided in communities rather than only in institutional settings. Thus, the need for HCBS is significantly increasing.

Despite efforts to rebalance long-term care, there are still many residents in skilled nursing facilities who have the functional capacity to live at home in their communities with the support of in-home supportive services and other HCBS. Studies show that states that invest more in in-home supportive services, particularly personal care services provided through the OAA, have proportionally fewer people in nursing homes who can live in less restrictive environments (Thomas, 2014).

In light of the importance of access to and use of quality services for eliminating or delaying nursing home placement, it is important to know whether the most vulnerable older adults in our communities have access to older adult services, whether they use them, and whether those services meet their needs. Equally important is knowledge about whether access and use are associated with health and well-being among community-dwelling older adults.

In May 2014, Advocates for African American Elders (AAAE), an outreach and education program based at the University of Southern California, completed a community survey that identified the service needs of 550 African American seniors in Los Angeles County. African American seniors were asked about access, use, quality, need, and satisfaction with older adult services in their communities. Findings are summarized in a report titled “Understanding the Service Needs of African American Seniors in Los Angeles County: Findings from the Advocates for African American Elders Community Survey.” The full report can be downloaded from the AAAE website (www.aaaeonline.com).

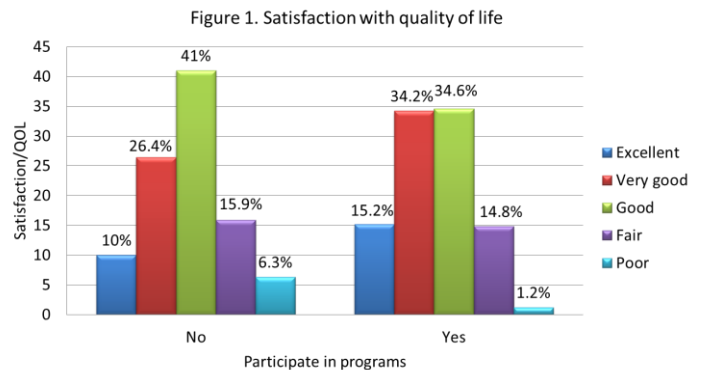
Key Findings

- 17.2% reported barriers to using services for seniors, including transportation, cost of services and health of participants.
- 19.7% reported that they were not satisfied with the overall quality of services that they were receiving and noted that the main reasons were that services did not meet their needs, other or additional services were needed, the location was difficult to access, and that their cultural needs were not considered.
- 23.9% were not happy with the quality of senior services that they were receiving.
- 27.4% were not aware of any senior programs in their neighborhood, such as Meals on Wheels, In-Home Supportive Services, adult day care, or wellness centers.
- 35.2% wanted services that were missing from their neighborhood, including home-delivered meals, transportation, In-Home Supportive Services, and adult day care.
- 42.5% were unaware of whether senior services were available in their neighborhood, such as senior public assistance, senior housing, assisted living, or senior legal and financial services.
- 47.7% did not participate in programs for seniors.
- 90.9% felt that more needed to be done to provide quality services to African American seniors.

Participation is Linked to Better Health and Well-Being

Participation in programs and services for older adults was associated with the health and well-being of African American older adults. As seen in Figure 1, African Americans who participated in older adult services reported higher levels of satisfaction with their quality of life.

Specifically, 15.2% of African Americans who participated in programs and services for older adults, compared to 10% who did not, rated their quality of life as *excellent*.

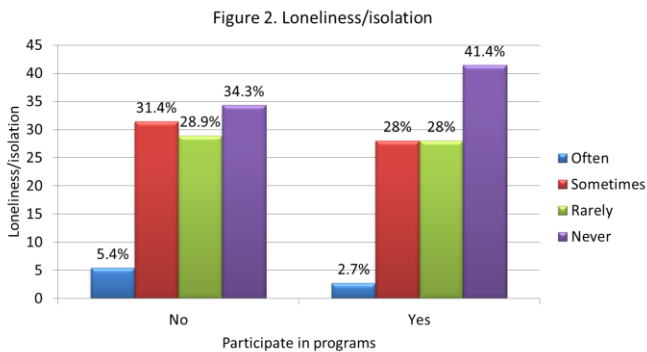


Thirty-four percent of those who participated in programs and services for seniors rated their quality of life as *very good*, compared to 26.4% of those who did not participate. Slightly more than 6% of those who did not participate in programs and services for older adults rated their quality of life as *poor*, compared to only 1.2% of those who did participate.

Social isolation is a serious health risk for community-dwelling older adults and is linked to chronic diseases such as hypertension, heart disease, diabetes, depression, and premature mortality. The prevalence of social isolation among older adults has doubled since 1980 and is expected to increase dramatically as the United States experiences rapid growth in the number of older adults. In addition to the negative effect of social isolation on the quality of life for older adults, there are also significant

cost implications for health care and social services.

African American seniors who participated in programs and services for older adults were less likely to feel lonely or isolated (Figure 2).

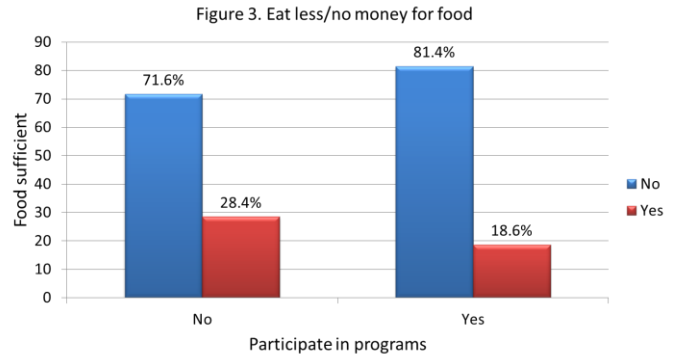


More than 41% of African Americans who participated in services and programs for seniors indicated that they *never* felt lonely or isolated, compared to 34.3% of those who did not participate. Those seniors who did not participate in programs for older adults were twice as likely to feel lonely or isolated (5.4%) *often* compared to those who did participate (2.7%).

In 2013, 2.9 million (9%) households with older adults experienced food insecurity. An additional 1.1 million (9%) older adults who lived alone experienced food insecurity (Coleman-Jensen, Gregory, & Singh, 2014). By 2025, the number of food-insecure seniors is projected to increase by 50% when the youngest members of the baby boomer generation reach age 60 (Ziliak & Gundersen, 2009).

Older adults who are food insecure have an increased risk of depression, heart attack, asthma, and congestive heart failure. Food insecurity is most common among low-income seniors in California and among African Americans of all ages. Participating in programs and services for older adults can reduce the risk of food insufficiency.

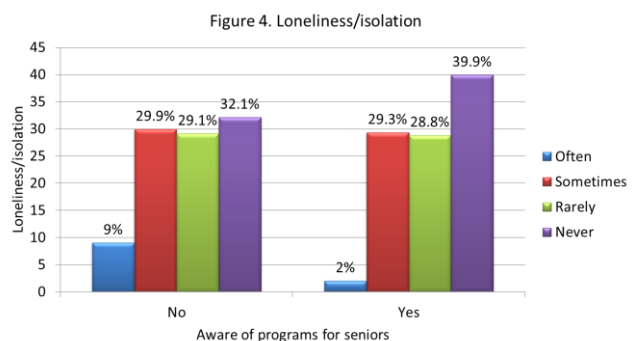
More than 28% of African American seniors who did not participate in programs for seniors were food insufficient, compared to 18.6% of those who did participate (Figure 3).



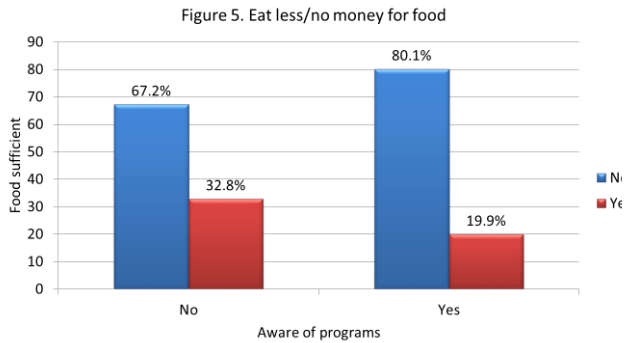
Awareness of Programs and Services is Linked to Better Health and Well-Being

Awareness of programs and services for older adults, such as Meals on Wheels, In-Home Supportive Services, adult day care, and wellness centers, was associated with better health and well-being for African American seniors in Los Angeles County. African American seniors who were aware of older adult services in their neighborhood were less likely to feel lonely or isolated (Figure 4).

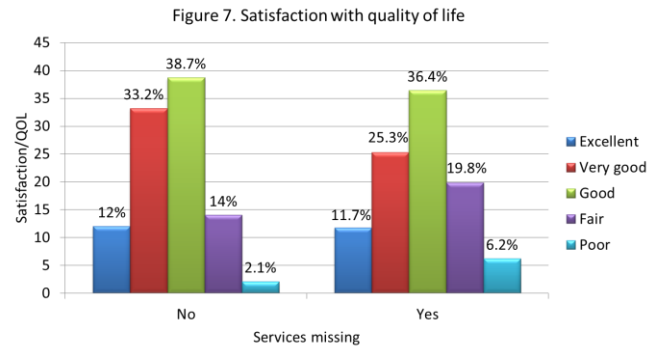
Thirty-nine percent of African Americans who were aware of programs and services for seniors in their neighborhood *never* felt lonely or isolated, compared to 32.1% of those who were not aware of programs and services. Those who were not aware of programs and services for seniors were much more likely to feel lonely or isolated *often* (9%) than those who were aware of programs and services (2%).



African American seniors who were not aware of programs and services for seniors were more likely to be food insufficient (32.8%) compared to those who were aware of programs and services (19.9%; Figure 5).

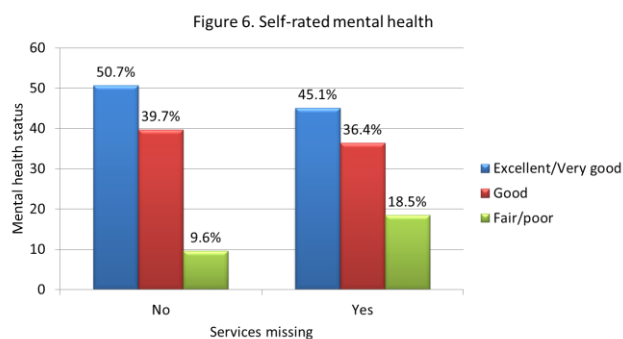


Almost 20% of seniors who felt that programs and services were missing from their neighborhood rated their satisfaction with their quality of life as *fair* and 6.2% rated their level of satisfaction as *poor* (Figure 7), compared to those who did not feel that services were missing (14% and 2.1%, respectively).

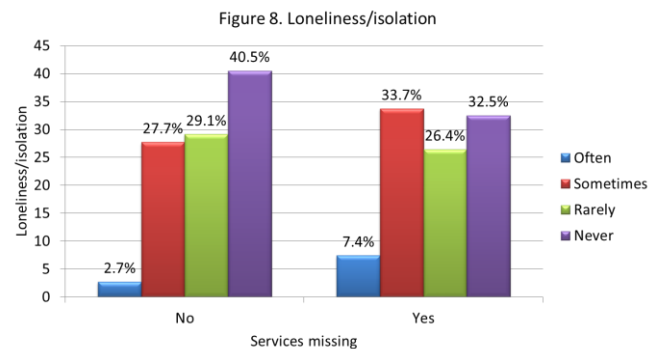


Missing Services Are Linked to Worse Health and Well-Being

One of the most significant service-related factors associated with the health and well-being of African American older adults was whether they felt that services were missing from their neighborhood. African American seniors who felt that services were missing from their neighborhood, such as home delivered meals, transportation, In-Home Supportive Services, and adult day care, were more likely to report *fair* or *poor* mental health (18.5%), compared to those who did not feel that services were missing (9.6%).

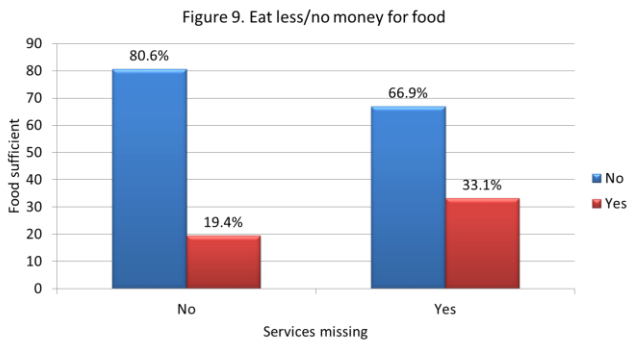


More than 7% of African American seniors felt lonely or isolated *often* if they reported that programs and services were missing from their neighborhood, compared to 2.7% of seniors who did not feel that services were missing (Figure 8). More than 40% of African American seniors who did not feel that services were missing from their neighborhood indicated that they *never* felt lonely or isolated, compared to 32.5% who felt that services were missing.



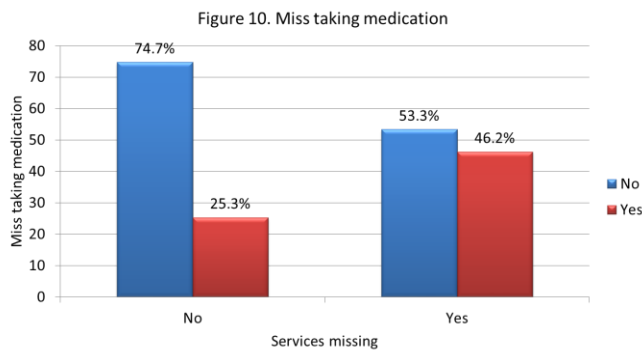
More than one third of seniors (33.1%) who felt that programs and services were missing from their neighborhood were food insufficient,

compared to 19.4% of those who did not feel the services were missing (Figure 9).



Poor medication adherence results in the deaths of 125,000 Americans annually (McCarthy, 1998), and costs the health care system nearly \$300 billion a year in hospital admissions (Osterberg & Blaschke, 2005). Nonadherence to medication regimens is a major cause of nursing home placement of frail older adults (Lewis, 1997) and represents one of the barriers that racial and ethnic minorities face in achieving optimal health care.

More than 46% of African American seniors who felt that programs and services were missing from their neighborhood missed taking their medication, compared to 25.3% of those who did not feel that services were missing (Figure 10).



Conclusion

Cost and consumer preferences have led to a shift from institutionalized care to home- and community-based care. Despite high need, some programs and services for older adults are underused, inaccessible, or unavailable to many African American seniors in communities throughout Los Angeles County. Older adult programs and services are important prevention and intervention strategies that can eliminate or delay nursing home placement. This is particularly important for African American older adults because they have an increased risk of being placed in a low-quality skilled nursing facility (Lincoln, 2014). Expanding programs, improving quality, and increasing access to culturally relevant, coordinated older adult services can improve the quality of life for seniors and their families and significantly reduce health care costs by helping seniors remain in their homes and communities for as long as possible.

References

Coleman-Jensen, A., Gregory, C., & Singh, A. (2014). *Household food security in the United States in 2013*. Washington, DC: U.S. Department of Agriculture, Economic Research Service.

Farber, N., Shinkle, D., Lynott, J., Fox-Grage, W., & Harrell, R. (2011). *Aging in place: A state survey of livability policies and practices*. Washington, DC: National Conference of State Legislatures and AARP Public Policy Institute.

Genworth. (2014). California - state median: Annual care costs in 2014. Retrieved from <https://www.genworth.com/corporate/about-genworth/industry-expertise/cost-of-care.html>

Lewis, A. (1997). Non-compliance: A \$100 billion problem. *Remington Report*, 5, 14–15.

Lincoln, K. D. (2014, September 25). Minorities are forced into nursing homes at greater rates. *The New York Times*. Retrieved from <http://www.nytimes.com/>

McCarthy, R. (1998). The price you pay for the drug not taken. *Business and Health*, 16(10), 27–33.

Osterberg, L., & Blaschke, T. (2005). Adherence to medication. *New England Journal of Medicine*, 353, 487–497.

Thomas, K. S. (2014). The relationship between Older Americans Act in-home services and low-care residents in nursing homes. *Journal of Aging and Health*, 26, 250–260.

Ziliak, J. P., & Gundersen, C. (2009). *Senior hunger in the United States: Differences across states and rural and urban areas*. Lexington, KY: University of Kentucky, Center for Poverty Research. Retrieved from <http://www.mowaa.org/document.doc?id=193>

Author

Karen D. Lincoln, PhD, is an Associate Professor at the USC School of Social Work. She is also Director of the USC Hartford Center of Excellence in Geriatric Social Work, Senior Scientist at the USC Roybal Institute on Aging, and Founder and Chair of Advocates for African American Elders. Dr. Lincoln has expertise in minority aging and health.

The views expressed herein are for information, debate, and discussion, and do not necessarily represent those of the Roybal Institute on Aging.

Suggested Citation

Lincoln, K. D. (2015). *New research highlights the benefits of community programs for older African Americans in Los Angeles County*. Los Angeles, CA: USC Edward R. Roybal Institute on Aging.



Advocates for African American Elders
USC School of Social Work
Edward R. Roybal Institute on Aging
1150 S. Olive Street, Suite 1400
Los Angeles, CA 90015

(213) 740-5733
email: info@aaaeonline.com
www.aaaeonline.com

Like us on Facebook: <https://www.facebook.com/AdvocatesForAfricanAmericanElders>
Follow us on Twitter: <https://twitter.com/Advocates4AAE>