The Administration for Community Living
Kathleen Otte, Regional Administrator
HHS Region II
September 6, 2019

AGENDA

• The Aging Demographics of New England; how are the ‘oldest states in the nation’ responding?
• Challenges when providing care to the Woodstock generation and beyond.
• Questions/discussion and commentary.

Setting the Stage: Old Age Ain’t for Sissies!

• Vast rural areas
• Snow Removal
• Wood Stoves/Cost of heating Oil/chopping wood
• Mud Season
• Lack of public transportation
• Old Homesteads – not energy efficient
• Live Free or Die!
• Washers and dryers typically in the basement
• Falls in snow and ice

Aging in New England: Yankee Tenacity Required

• Although not explicitly stated, a conclusion about aging in New England can be: you must have grit, drive, a strong will to exist and your voice must be loud so others will appreciate WHERE You want to live and HOW you want to live, in New England.
• Innovation in Aging policy/practice has traditionally started in NE because of tenacity.

Implications for Geriatric Nursing
DEMOGRAPHICS, GEOGRAPHY AND TRENDS IN NEW ENGLAND
Median Age On The Rise

The Nation's Median Age Continues to Rise

3 New England States With Highest Median Age

States With the Highest and Lowest Median Ages in 2016, With Change Since 2000

<table>
<thead>
<tr>
<th>States With the Highest Median Age</th>
<th>2000</th>
<th>2016</th>
<th>2000-2016 Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maine</td>
<td>38.6</td>
<td>44.6</td>
<td>6.0</td>
</tr>
<tr>
<td>New Hampshire</td>
<td>37.1</td>
<td>43.0</td>
<td>5.9</td>
</tr>
<tr>
<td>Vermont</td>
<td>37.7</td>
<td>42.7</td>
<td>5.0</td>
</tr>
<tr>
<td>West Virginia</td>
<td>38.9</td>
<td>42.2</td>
<td>3.3</td>
</tr>
<tr>
<td>Florida</td>
<td>38.7</td>
<td>42.1</td>
<td>3.4</td>
</tr>
</tbody>
</table>

Comparison: States with Lowest Median Age

<table>
<thead>
<tr>
<th>States With the Lowest Median Age</th>
<th>2000</th>
<th>2016</th>
<th>2000-2016 Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Dakota</td>
<td>36.2</td>
<td>34.8</td>
<td>-1.4</td>
</tr>
<tr>
<td>Texas</td>
<td>32.3</td>
<td>34.5</td>
<td>2.2</td>
</tr>
<tr>
<td>Alaska</td>
<td>34.4</td>
<td>33.8</td>
<td>-0.6</td>
</tr>
<tr>
<td>District of Columbia</td>
<td>34.4</td>
<td>33.9</td>
<td>-0.5</td>
</tr>
<tr>
<td>USA</td>
<td>37.1</td>
<td>36.8</td>
<td>-0.3</td>
</tr>
</tbody>
</table>

Demographics/Older American Act Services Provided in NE

- Demographics for 60+ In 6 NE States
  - 71,279 Males
  - 136,692 Females
  - 66,961 live in rural areas
  - 31.9% live in rural areas
  - 46.7% live alone
  - 11.6% are minority
  - 15.8% live in poverty
  - 3% are both poor and minority
  - 47,687 are at high nutrition risk
  - 28,170 at high risk receive HDM
  - 12,989 at high risk receive CM
  - Older Americans Act Services
    - 743,214 services provided:
      - Homemaker services
      - Nutrition (HD/CM) and nutrition education
      - Adult Day Care
      - Case Management
      - Transportation
      - Health Promotion
      - Caregiving Services
      - Legal Services
      - Adult Protective Services
      - Evidenced Based Services such as Diabetes/Obesity programs.

New England Aging Innovation

- Tri-State Collaboration on Healthy Aging
- Jean Mayer Human Nutrition Research Center
- Massachusetts - 2nd Age Friendly State
- Caregiving Models-NH
- MIT Age Lab
- Vermont – focus on food insecurity
- 1st statewide ADRC
- Rhode Island State Unit on Aging – is now the Office for Healthy Living.
AGE FRIENDLY INITIATIVE

- Age Friendly initiative encourages communities to strive to meet the needs of older residents by considering environmental, economic and social factors to influence health and well-being of older adults while providing a wide range of choices, to live in the community.

Quality Community Features Impact the well-being of Older Adults.

- Developed by the World Health Organization, the 8 Domains of Livability framework is used by many of the towns, cities and counties in the AARP Network of Age-Friendly Communities to organize and prioritize their work to become more livable for both older residents and people of all ages.

The 8 Domains of Age Friendly Communities

- Domain 1: Outdoor Spaces and Buildings
- Domain 2: Transportation
- Domain 3: Housing
- Domain 4: Social Participation
- Domain 5: Respect and Social Inclusion
- Domain 6: Civic Participation and Employment
- Domain 7: Communication and Information
- Domain 8: Community and Health Services

Age Friendly/Social Determents' of Health
Individual Models of Excellence

Grandparents Raising Grandchildren Housing, NYC
Clarehouse, Tulsa, Okla.

Preparing for the Future
THE IMPACT OF CLINICAL PRACTICE ON GERIATRIC NURSING

‘The Times, They Are A Changin’ according to Bob Dylan and Social Networks…

Barriers to Healthy Aging

Human Service Needs
- Isolation
- Ageism
- Employment opportunities for older adults
- Inadequate income to meet living expenses
- Workforce shortages
- Older Adults in NF need community interaction.

Health Service Needs
- Opioid/Substance abuse
- Access to Healthcare/telehealth, vaccinations, wellness programming
- Depression, chronic health needs, adequate diet and exercise.
- Older adults in NF

State Aging and Healthcare Agencies Are Working In Tandem!

Human Services
- Person-Centered, Consumer Directed Services.
- Nutrition/Exercise education
- Older Adults as part of the direct care workforce
- Disease Self-Management
- Evidenced Based Practice
- Volunteerism
- Unique Housing Options
- Sepsis Awareness
- Suicide Awareness

Healthcare Services
- Proactive Vaccinations
- Dental Services
- Mental Health Services including depression, suicidal tendencies,
- Death and Dying Support
- Substance Abuse education.
- Smoking cessation programs

Healthy Aging: Focusing on Prevention, Education, Technology and AN ACTIVE LIFESTYLE THROUGH THE LIFESPAN.
The Intersection of Health and Aging, The Next Frontier

Aging in New England, Implications for Nursing
AN OPPORTUNITY FOR QUESTIONS, COMMENTARY AND DISCUSSION

Thank you Geriatric Nursing Conference!
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