

Multiple Chronic Conditions Among OAA Title III Program Participants

by Rebecca Kleinman and Leslie Foster, Mathematica Policy Research

Since passage of the Older Americans Act (OAA) in 1965, the Administration on Aging (AoA) has supported the delivery of services to elderly Americans, helping them maintain independence and remain in their own homes. Through its “Aging Services Network,” including State Units on Aging (SUAs), Area Agencies on Aging (AAAs), tribal partners, and service providers, AoA works to provide services designed to mitigate the effects of declining physical health and functioning experienced by frail older adults. This brief, the fourth in a series that presents findings from AoA’s National Survey of OAA Program Participants, explores the prevalence of and challenges associated with multiple chronic conditions among program participants.

Background

A growing body of research points to the burden of chronic conditions and particularly of multiple chronic conditions (MCC) in the U.S. population (Vogeli et al. 2007). Chronic conditions are illnesses or disabilities that persist for at least a year and require medical attention and/or self-care. In the United States, almost half of people in all age groups have at least one chronic condition; of these, almost half have two or more (Anderson 2010). Likelihood of MCC increases with age. Thus, as the U.S. population ages the proportion of people living with MCC will grow.

The challenges posed by MCC are potentially great (Vogeli et al. 2007). Especially as the number of conditions mounts, people with MCC are more likely than others to have difficulty performing activities of daily living (ADLs), such as getting in or out of bed, eating, and using the toilet unassisted. They are at greater risk for complications of their conditions, adverse drug events, avoidable hospitalizations, and nursing home placement. People with MCC are more likely than others to be depressed. Their family members and friends face a more complicated caregiving role.

The U.S. Department of Health and Human Services is launching a coordinated public–private response to the growing challenge of chronic conditions and MCC (U.S. Department of Health and Human Services 2010). Because AoA’s partners in the Aging Services Network provide OAA Title III services to 10 million older, community-dwelling adults each year, the agency plays an important role in this response.

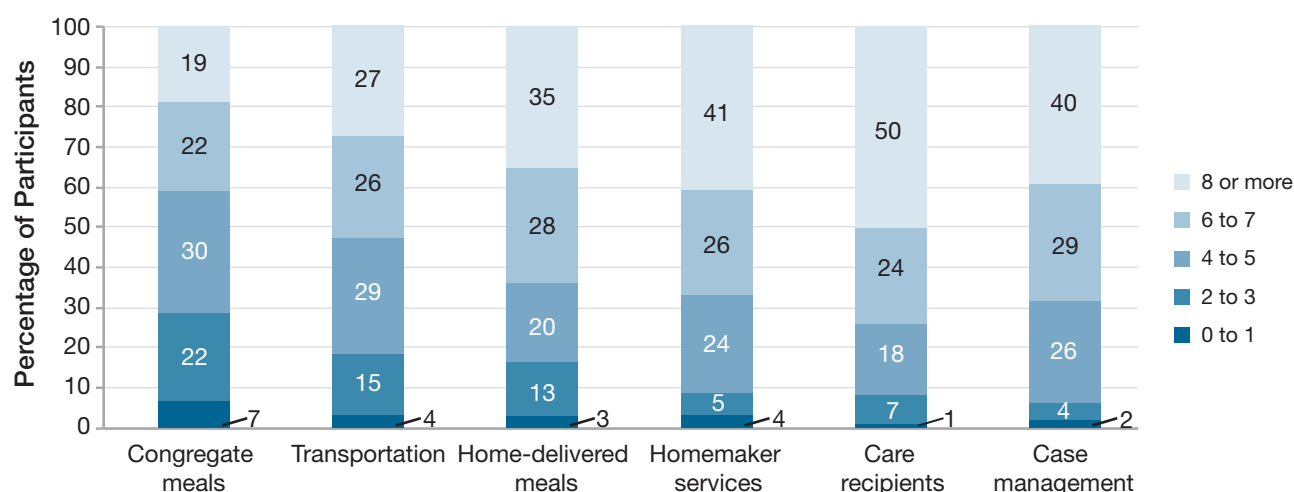
What Is The Aging Services Network?

The Aging Services Network provides a range of community-based services—home-delivered and congregate meals, case management, transportation, and homemaker and caregiver support. Such services enhance both the quality of life and social interaction, and reduce the effects of disability for homebound and more active seniors. Funded under Title III of the OAA, services are available to individuals age 60 and older, though delivery is targeted to the most vulnerable elderly.

This brief describes MCC prevalence among Title III participants and examines its association with ADL limitations, hospital and nursing home stays, and well-being. Data are drawn from the Fifth National Survey of OAA Program Participants, which asks participants whether a doctor has ever told them they have any of 20 chronic conditions. Data are presented separately for participants in programs that provide congregate meals, transportation, home-delivered meals, homemaker services, case management, and caregiver support.¹ Because each program is designed to serve participants with certain types of needs and limitations, the prevalence of MCC among participants in each program might also be expected to differ.

¹ The National Family Caregiver Support Program (NFCSP), also part of Title III, provides respite, information, and other assistance to those who care for frail elderly relatives. The data in this brief describe the care recipients of participants in the NFCSP.

Figure 1: Number of Chronic Conditions Reported by Participants



Source: Calculations based on the Fifth National Survey of OAA Program Participants, 2009.

Nine of Ten Participants Have MCC

The prevalence of MCC among Title III participants is strikingly high. According to AoA's Fifth National Survey of OAA Participants, at least 90 percent of participants in all programs have MCC (Figure 1). Another survey estimates that MCC prevalence among all adults 65 or older is 73 percent (Anderson 2010).² Although some of the difference between the estimates could be methodological, previous briefs in this series have shown that Title III participants are less healthy than the national population of older adults (Barrett and Schimmel 2010).

Title III participants with MCC report a great number of chronic conditions. In four of six programs, more than one-third of participants report eight or more chronic conditions (Figure 1). In the congregate meals and transportation programs, 41 and 53 percent of participants, respectively, report six or more conditions.

In all six programs, high blood pressure, eye or vision conditions, and arthritis or rheumatism are the most common individual conditions reported by those with MCC (not shown). The prevalence of each ranges from 58 to 83 percent. Among care recipients of participants in the caregiver support program, serious memory-related diseases—such as Alzheimer's or dementia (59 percent)—and heart conditions (50 percent) are also common. Persistent pain, aching, stiffness, or joint swelling (as distinct from arthritis or rheumatism) also are common among participants in all six programs (ranging from 41 to 69 percent).

² Anderson's estimate is based on the 2006 Medical Expenditure Panel Survey (MEPS), which asks respondents to name all chronic conditions they experienced during a given period.

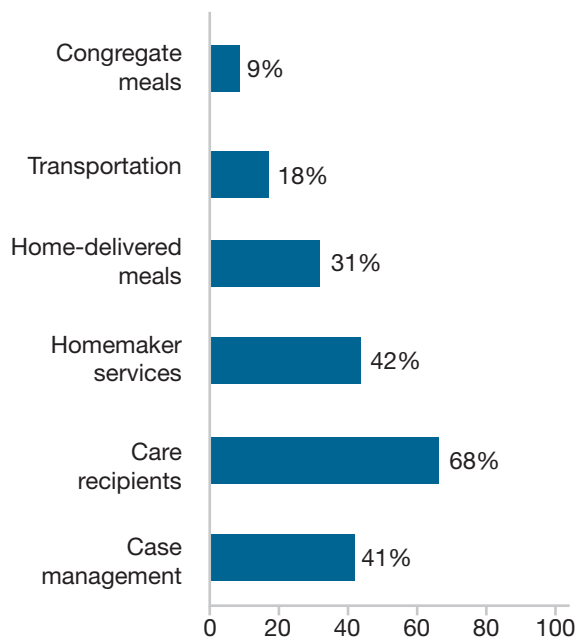
Limitations in ADL Increase with MCC

In four of the six Title III programs, about one-third or more of participants with MCC have at least three ADL limitations (Figure 2). Such activity limitations can be a consequence of MCC. Whether MCC and ADL limitations coincide likely depends on the nature of the specific conditions (some, such as multiple sclerosis and Alzheimer's, are inherently limiting as they progress), their severity and duration, and how well they are managed, among other factors. Although the Fifth National Survey of OAA Participants does not ask about the severity or duration of reported conditions, the survey data show that functional limitation becomes more likely as chronic conditions increase in number (Figure 3). In the homemaker services program, for example, 20 percent of participants without MCC have limitations in at least three ADLs, compared with 36 percent of participants with four or five chronic conditions, and 54 percent of participants with eight or more chronic conditions.

Hospital and Nursing Home Stays Increase with MCC

AoA survey data demonstrate the relationship between MCC and greater use of intensive health services, such as overnight stays in hospitals and nursing homes. In the homemaker services program, for example, participants with more than seven conditions, the median number for participants in this program, were twice as likely as those with fewer conditions to have stayed overnight in a hospital and nursing home at least once in the past year

Figure 2: Among Participants with MCC, Percentage Reporting Difficulty with at Least Three ADL Limitations



Source: Calculations based on the Fifth National Survey of OAA Program Participants, 2009.

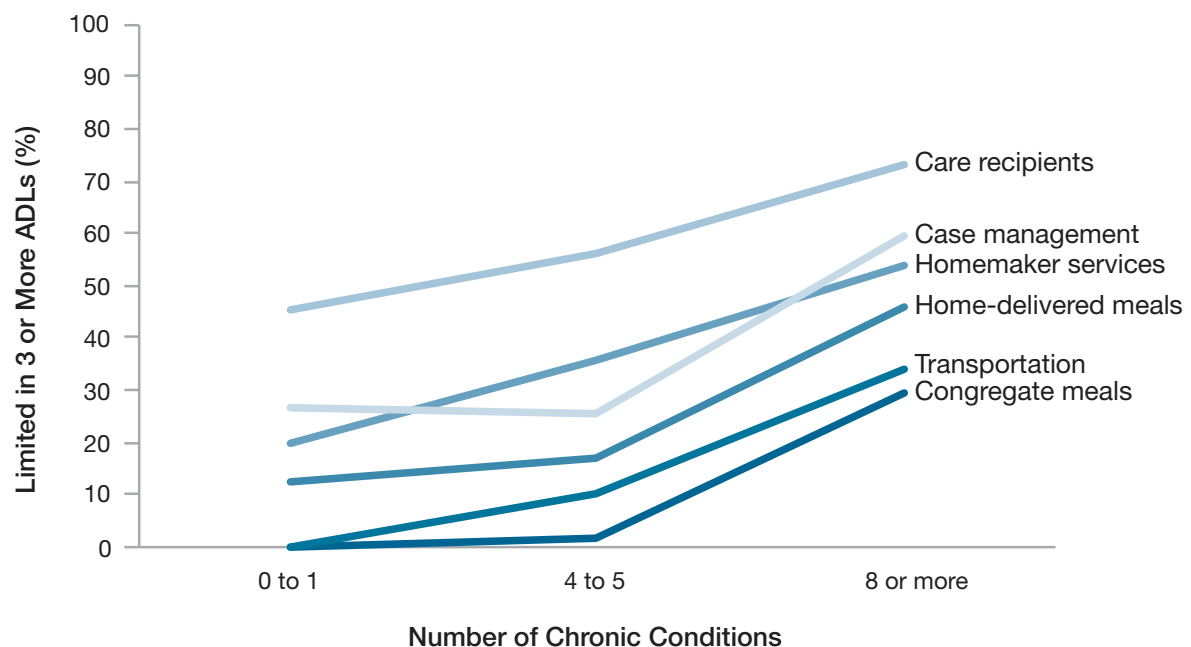
(Figure 4). Although overnight stays are less common among participants in the congregate meals program, the association between hospital and nursing overnight stays and MCC is even starker. Twenty-eight percent of above-median participants stayed overnight in a hospital and 7 percent in a nursing home, compared with much smaller proportions of below-median participants (12 percent and 1 percent, respectively).

Self-Reported Health and Well-Being Declines as MCC Increases

In each program, participants with an above-median number of chronic conditions were more likely than others to say their health was poor (not shown). Among participants in the transportation and home-delivered meals programs, for example, participants reporting above-median levels of MCC were three times as likely to rate their health as poor, compared with those reporting below-median MCC. For participants in the home-delivered meals program, 32 percent of the above-median group report having poor health—fully 23 percentage points higher than the below-median group.

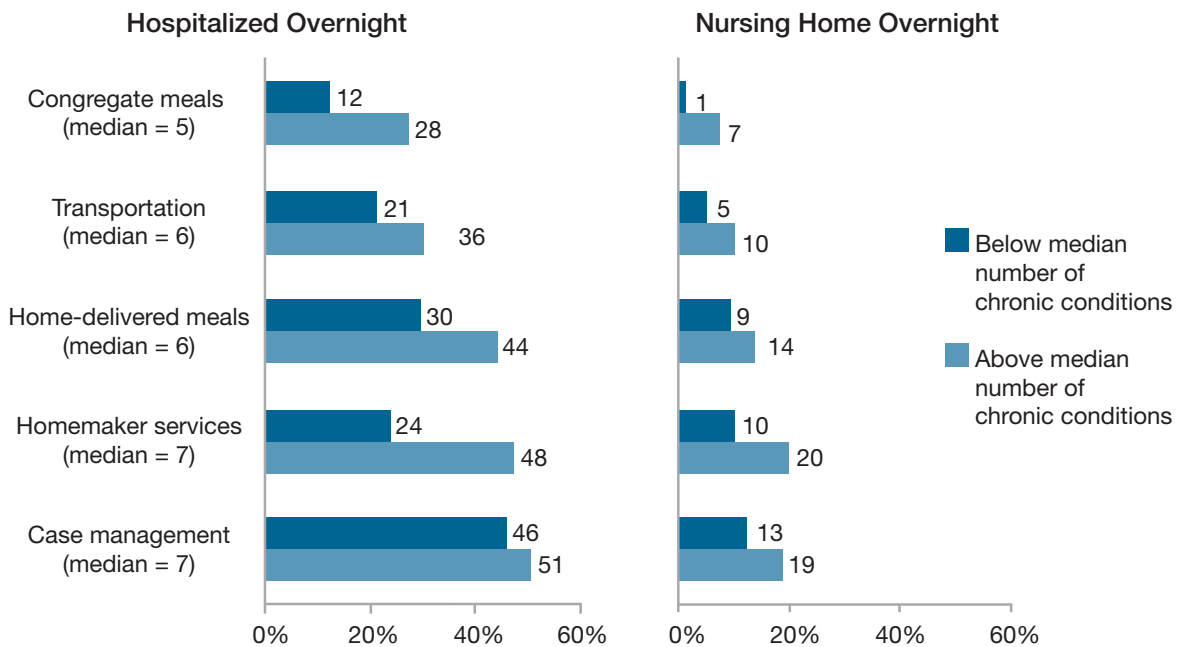
Participants with an above-median number of chronic conditions were also more likely to say they felt downhearted or depressed (not shown). Fifteen percent of case management recipients with above-median MCC

Figure 3: Relationship Between MCC and ADL Limitations



Source: Calculations based on the Fifth National Survey of OAA Program Participants, 2009.

Figure 4: Percentage Hospitalized or in Nursing Home Overnight in Past 12 Months



Source: Calculations based on the Fifth National Survey of OAA Program Participants, 2009.

report feeling downhearted or depressed during all or most of the previous four weeks, compared with only 5 percent of below-median participants. Conversely, a higher proportion of the below-median group said they were never depressed (24 percent), compared with the above-median group (18 percent).

Conclusions and Implications

The older adults who receive Title III services report a high prevalence of MCC. The more chronic conditions OAA Title III participants have, the more likely they are to report ADL limitations, overnight stays in a hospital or nursing home, and poor health and well-being. With two-thirds of Medicare spending directed toward older and disabled adults who have five or more chronic conditions, and greater rates of inappropriate hospitalization among them, efforts to improve the health of older adults with MCC are critical to lowering spending (Anderson 2010).

AoA-funded service providers serve vulnerable populations that exhibit many and varied needs. These providers have great reach and direct, frequent contact with 10 million Title III program participants. The aging services network is especially well placed to help achieve two goals established by U.S. Department of Health & Human Services Interagency Workgroup on Multiple Chronic Conditions:

1. To provide better tools and information to health care and social services workers who deliver care to individuals with MCC
2. To maximize the use of proven self-care management and other services by individuals with MCC (U.S. Department of Health and Human Services 2010)

In addition to helping participants manage particular chronic conditions—by serving meals that are appropriate for people on special diets, for example—AoA-funded service providers who have frequent contact with Title III participants can detect signs of worsening health status and refer at-risk participants to health professionals. AoA-funded service providers can also help achieve these national strategic goals by targeting evidence-based programs and strategies for MCC care management and self-care to Title III participants at greatest risk of declining health and functioning.

Data

Information on Title III participants was drawn from the Fifth National Survey of OAA Program Participants. Westat Inc. conducted the telephone survey in 2009, administering it to more than 5,000 people who reported receiving Title III services. The survey used a two-stage sample design, first selecting a sample of AAAs and then randomly sampling participants from each selected

AAA by service type. The number of participants selected from each AAA was proportional to the number of participants served in that particular service by the sampled AAA. All analyses in this brief apply sample weights to account for this design. Additional data from and more detailed documentation for the Fifth National Survey and other AoA data sources are available on the new interactive AGing Integrated Database (AGID) at <http://data.aoa.gov>.

This brief includes data for participants in six of the service types included in the survey: home-delivered meals (1,030 respondents), homemaker services (459 respondents), transportation services (824 respondents), congregate meals (903 respondents), case management (486 respondents), and caregivers (1,793 respondents). Individuals are categorized as program participants based on the program for which they were surveyed.

References

- Anderson, Gerard. "Chronic Care: Making the Case for Ongoing Care." Princeton, NJ: Robert Wood Johnson Foundation, 2010. Available at <http://www.rwjf.org/files/research/50968chronic.care.chartbook.pdf>. Accessed on February, 23, 2011.
- Barrett, Allison, and Jody Schimmel. "OAA Title III Services Target the Most Vulnerable Elderly in the United States." Washington, DC: Mathematica Policy Research, August 2010.

U.S. Department of Health and Human Services.

"Multiple Chronic Conditions—A Strategic Framework: Optimum Health and Quality of Life for Individuals with Multiple Chronic Conditions." Washington, DC: DHHS, December 2010.

Vogeli, Christine, Alexandra Shields, Todd Lee, Teresa B. Gibson, William D. Marder, Kevin B. Weiss, and David Blumenthal. "Multiple Chronic Conditions: Prevalence, Health Consequences, and Implications for Quality, Care Management, and Costs." *Journal of General Internal Medicine*, vol. 22, suppl. 3, 2007, pp. 391–395.

About This Series

This series is funded by AoA, and presents analyses conducted by Mathematica Policy Research using data from AoA's National Surveys of Program Participants. These surveys collect information from Title III participants about their demographics, socioeconomic status, health, and functioning, as well as their service use and client-reported service impact and quality.

For more information about this study, please contact Leslie Foster, senior researcher at Mathematica, lfoster@mathematica-mpr.com.