Envision Lecture 2022
Health Equity for Individuals with Disabilities and the Aging Community

Tauhric Brown, President & CEO, CICOA Aging & In-Home Solutions
• Nonprofit serving Central Indiana
• Area Agency on Aging (AAA) services start where health care ends
Empowering older adults and people of any age with a disability to live comfortably and safely at home and out of institutional care.

Since 1974
Want to stay in their own homes

50%

Will health hold up?

50%

Will money hold out?

No family nearby
We serve people of all ages — including many children
We respect and embrace all differences.

Systemic inequities and disparities = Gaps in health and aging outcomes
Equity in Health Care
Experience of aging

Lifelong inequities contribute to greater inequities in old age
Disparities exist around access to:

- Resources
- Disease management
- Nutrition
- Mental health care
- Long-term care
- End-of-life care
Food Deserts

Difficulty accessing nutritious food

Health Equity

Environments

Fair and just access

Systems

Achieve best health outcomes
Access to transportation

Hinder being able to get to:
- Work
- Doctor
- Grocery store

Inequities in community health:
- Safe streets
- Housing
- Sidewalks
FY2022 Program Data
## CICOA Client Demographics

<table>
<thead>
<tr>
<th>Race</th>
<th>CICOA Clients FY2022</th>
<th>Central Indiana Population*</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native</td>
<td>56</td>
<td>0.2%</td>
</tr>
<tr>
<td>Asian</td>
<td>499</td>
<td>1.7%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>9564</td>
<td>32.6%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>251</td>
<td>0.9%</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>17</td>
<td>0.1%</td>
</tr>
<tr>
<td>Unknown/Missing</td>
<td>2448</td>
<td>8.3%</td>
</tr>
<tr>
<td>White</td>
<td>16539</td>
<td>56.3%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>29374</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

*60+ from US Census data 2021 estimates
## Gender and Ethnicity

<table>
<thead>
<tr>
<th>Gender</th>
<th>CICOA Clients FY2022</th>
<th>Central Indiana Population*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>Female</td>
<td>18945</td>
<td>64.5%</td>
</tr>
<tr>
<td>Male</td>
<td>10405</td>
<td>35.4%</td>
</tr>
<tr>
<td>Other</td>
<td>14</td>
<td>0.0%</td>
</tr>
<tr>
<td>Total</td>
<td>29364</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>CICOA Clients FY2022</th>
<th>Central Indiana Population*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>Hispanic\Latinو</td>
<td>590</td>
<td>2.0%</td>
</tr>
<tr>
<td>Missing</td>
<td>520</td>
<td>1.8%</td>
</tr>
<tr>
<td>Not Hispanic\Latinو</td>
<td>28094</td>
<td>96.2%</td>
</tr>
<tr>
<td>Total</td>
<td>29204</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

*60+ from US Census data 2021 estimates
Chronic Conditions

- Diabetes Type 2: 6178
- Dementia: 4549
- CPOD: 4437
- Heart Failure: 3408
- Diabetes Type 1: 408
- Hypertension: 305
- Pneumonia: 256
- Heart Disease: 220
- TBI: 133
Conditions by Race

- Diabetes Type 2
- Dementia
- CPOD
- Heart Failure
- Diabetes Type 1
- Hypertension
- Pneumonia
- Heart Disease
- TBI

- White
- Black or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Multiracial
- Unknown/Missing
## Conditions by Race

<table>
<thead>
<tr>
<th>Race</th>
<th>Diabetes Type 2</th>
<th>Dementia</th>
<th>COPD</th>
<th>Heart Failure</th>
<th>Diabetes Type 1</th>
<th>Hypertension</th>
<th>Pneumonia</th>
<th>Heart Disease</th>
<th>TBI</th>
<th>CICOA Clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>54.4%</td>
<td>61.4%</td>
<td>67.2%</td>
<td>59.2%</td>
<td>50.7%</td>
<td>55.7%</td>
<td>64.1%</td>
<td>52.7%</td>
<td>54.9%</td>
<td>56.30%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>37.1%</td>
<td>30.2%</td>
<td>27.5%</td>
<td>33.9%</td>
<td>41.2%</td>
<td>33.8%</td>
<td>28.5%</td>
<td>37.7%</td>
<td>36.1%</td>
<td>32.60%</td>
</tr>
<tr>
<td>Asian</td>
<td>1.9%</td>
<td>1.7%</td>
<td>0.4%</td>
<td>0.9%</td>
<td>0.7%</td>
<td>1.6%</td>
<td>1.6%</td>
<td>1.8%</td>
<td>0.0%</td>
<td>1.70%</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>0.2%</td>
<td>0.1%</td>
<td>0.3%</td>
<td>0.3%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.5%</td>
<td>0.0%</td>
<td>0.20%</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>0.0%</td>
<td>0.1%</td>
<td>0.0%</td>
<td>0.1%</td>
<td>0.2%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.5%</td>
<td>0.0%</td>
<td>0.10%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>0.9%</td>
<td>0.7%</td>
<td>0.9%</td>
<td>0.9%</td>
<td>0.7%</td>
<td>2.3%</td>
<td>1.2%</td>
<td>0.9%</td>
<td>2.3%</td>
<td>0.90%</td>
</tr>
<tr>
<td>Unknown/Missing</td>
<td>5.6%</td>
<td>5.8%</td>
<td>3.8%</td>
<td>4.8%</td>
<td>6.4%</td>
<td>6.6%</td>
<td>4.7%</td>
<td>5.9%</td>
<td>6.8%</td>
<td>8.30%</td>
</tr>
</tbody>
</table>

*red* = 5 percentage points higher than the CICOA Client population; *green* = 5 percentage points lower than the CICOA client population
# Healthcare Utilization

<table>
<thead>
<tr>
<th>Service</th>
<th>Total Count</th>
<th>Per Person Average</th>
<th>Per 1000 clients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Department Visits</td>
<td>20,879</td>
<td>0.711</td>
<td>710.8</td>
</tr>
<tr>
<td>Hospital Admissions</td>
<td>13,950</td>
<td>0.475</td>
<td>474.9</td>
</tr>
<tr>
<td>Outpatient Visits</td>
<td>185,692</td>
<td>6.322</td>
<td>6,321.6</td>
</tr>
</tbody>
</table>
## Utilization by Race

<table>
<thead>
<tr>
<th>Race</th>
<th>ED Visits (%)</th>
<th>Hospital Admissions (%)</th>
<th>Outpatient Visits (%)</th>
<th>CICOA Client Population (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian or Alaska Native</td>
<td>90</td>
<td>78</td>
<td>458</td>
<td>0.25%</td>
</tr>
<tr>
<td>Asian</td>
<td>228</td>
<td>148</td>
<td>2449</td>
<td>1.32%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>7388</td>
<td>5350</td>
<td>65898</td>
<td>35.49%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>254</td>
<td>141</td>
<td>1609</td>
<td>0.87%</td>
</tr>
<tr>
<td>Native Hawaiian or Other Pacific Islander</td>
<td>17</td>
<td>7</td>
<td>150</td>
<td>0.08%</td>
</tr>
<tr>
<td>Unknown/Missing</td>
<td>1089</td>
<td>830</td>
<td>10992</td>
<td>5.92%</td>
</tr>
<tr>
<td>White</td>
<td>11813</td>
<td>7396</td>
<td>104136</td>
<td>56.08%</td>
</tr>
<tr>
<td>Hispanic\Latino</td>
<td>399</td>
<td>294</td>
<td>3847</td>
<td>2.07%</td>
</tr>
<tr>
<td>Not Hispanic\Latino</td>
<td>20399</td>
<td>13614</td>
<td>181111</td>
<td>97.64%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>20879</td>
<td>13950</td>
<td>185692</td>
<td>100.00%</td>
</tr>
</tbody>
</table>
Most Common Causes for ED Visits

Reason for Emergency Department Visit (Chronic Conditions)

- Falls: 275
- COVID-19: 195
- COPD: 151
- Pneumonia: 80
- Diabetes Type 2: 42
- Heart Failure: 35
- Asthma: 21
- Heart Disease: 11
- Respiratory Failure: 11
- Hypertension: 9
- Diabetes Type 1: 2
Most Common Reasons for Hospitalization

Reason for Hospital Admission (Chronic Conditions)

- COVID-19: 177
- Heart Failure: 171
- Pneumonia: 161
- COPD: 137
- Respiratory Failure: 134
- Diabetes Type 2: 134
- Falls: 77
- Hypertension: 57
- Heart Disease: 19
- Diabetes Type 1: 18
- Asthma: 16
- Acute Myocardial Infarction: 12
Impact of CICOA Programs

Services received make it easier to manage ongoing health issues

- Strongly Agree
- Agree
- Disagree
- Strongly Disagree
- Does not apply
- Don’t know/prefer not to answer
Impact of CICOTA Programs

Services received make it easier to manage ongoing health issues, by program

Flourish Care Management

Options Counseling

HCC
Issues Addressed in Timely Manner?

Have the client seen their PCP in the last 12 months?

- Yes: 99.60%
- No: 0.40%

Does the client report any unmet health care needs?

- Yes: 1.84%
- No: 98.16%
Transportation Impact

Rides provided by CICOA Programs

<table>
<thead>
<tr>
<th>Service</th>
<th>FY21</th>
<th>FY22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Banking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dental</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Shopping</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Government Services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grocery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical</td>
<td></td>
<td>13,800</td>
</tr>
<tr>
<td>Nutrition/Lunch site</td>
<td>13,800</td>
<td>13,800</td>
</tr>
<tr>
<td>Pharmacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Legend:
- Blue: FY21
- Red: FY22
7. For what purposes have you used the My Freedom Program?

- Obtain medical or dental care: 46.3%
- Go to work: 18.5%
- Attend religious services: 11.1%
- Visit family and friends: 13.0%
- Other (please specify): 5.6%
- Don't know/prefer not to answer: 1.9%
- Other (please specify): 3.7%
What does quality of life mean to you?

- Culture, ethnicity, nationality
- Unique perspectives, experiences, expectations and definitions
Responding to the needs of a growing, diverse population of older adults in a culturally competent manner

Person-Centered

Family-Centered

Recognizing cultural differences help build solid trusting relationships
When working with people of diverse cultures with limited English

Family  Interpretive Services
Culturally appropriate strategies
for outreach and innovation
- Mandatory staff training in diversity, equity and inclusion
- Gender and racial identification options on forms
- Expanding language options for resource and educational materials
- Accessibility options on our website
Vegetarian and ethnic meal options
Enhance diversity of new hires to better represent our community
Inventory of business relationships
2021 CASOA survey

Making sure older adults know what we do and that we are here for them
Office Sharing

- Organizations donating office space available one day a week for our staff to do on-site, in-person assessments
- A resource to communities we serve
No Wrong Door

- Grant from the Administration for Community Living
- Indiana was one of the 10 states awarded
- Goal of establishing a governance framework for access to services
Community Health Workers

- Grant from Purdue’s Center of Health Equity and Innovation
- One certified health worker per care management team
- Focused on assisting with client transitions
Initial Phase

Identify highest risk population

People with medical conditions that may lead to more ER visits or hospital stays

Preventative measures
Ensure clients have what they need to be successful when they return home
Establish a Baseline of Trust

Representative of the communities in which they live and serve = Trust
Thank you!
cicoa.org