

**Health Status and Ethnic Diversity
in the Community-Dwelling Elderly Medicaid Population
Needs Assessment Survey Results**

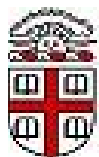
**Prepared for the RI Medicaid Program
Center for Adult Health**

**Susan M. Allen, PhD
Principal Investigator**

**Julie Lima, PhD
Senior Analyst**

**Melissa Clark, PhD
Director of Survey Research**

**Center for Gerontology and Health Care Research
Brown University**



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Executive Summary

Health Status Diversity

- Unlike the working age population on Medicaid, community dwelling elderly people covered by Medicaid are much more diverse in their health status, with nearly 40% of this population having no ADL or IADL difficulties. This “low risk” group has far fewer days of poor mental and physical health, pain, and impairment than other health status groups. However, the prevalence of most chronic diseases is not far behind that of more impaired groups, suggesting that these people may be earlier in the course of their illnesses and are an ideal target for disease self-management and wellness interventions to prevent further functional decline and illness exacerbations that can result in hospitalizations, ED use, and poor quality of life.
- An additional 35% of the community dwelling elderly population on Medicaid is at “high risk” for waiver eligibility in that they have need for help with IADLs (shopping, cooking etc) but are still independent in ADLs. On many health and impairment indicators, they are half way between the “low risk” group and the more impaired groups, although prevalence of mobility impairment and individual chronic diseases are quite high. Need for help with shopping and housework is nearly as high as in the more impaired groups, although need for help with meal preparation is much lower, perhaps because this is a less strenuous task. Unmet need for help with housework is particularly high (33%) relative to other groups (14%), perhaps related to lower social support and program ineligibility.
- The remaining 26% of the sample is comprised of people participating in a waiver program at the time of the survey (15%) and an additional group of people who are waiver eligible (i.e., have need for assistance with at least one ADL) but are not participating in one (11%). These subgroups of the most impaired segment of the elderly community dwelling population are similar in some ways and quite different in others. Notably, the “waiver eligible” group much more likely to live with others than waiver participants. The “waiver eligible” group has a high prevalence of musculoskeletal conditions, which may partly account for the higher level of need for ADL assistance that this group reports relative to waiver participants.
- Despite living with their primary caregiver, participation in social activities is lowest in the “waiver eligibles” group, and fully 40% report not being able to leave home alone, compared to 24% of waiver participants. Respondents at low risk for waiver eligibility have much high rates of participation than other groups, and only 2% report not being able to leave home alone.
- Only 2% of the sample report having no usual place of care, and only about 6% report not having their own doctor. The “waiver eligible” group reports the highest level of hospitalization and ED use for both physical and mental health problems. All in all, the “waiver eligible” group appear to be the sickest sub-group among the community-dwelling elderly on Medicaid, reporting higher levels of need for assistance, days of poor health, days limited in usual activities, and days in pain. Some proportion of this group may be people in later stages of disease.
- All sub-groups of the sample appear to have equal rates of preventive services, and rates of receipt of most services are high, with the exception of colorectal cancer, and flu and pneumonia shots. Waiver participants, however, are less likely to receive gender-specific screenings, particularly prostate screening. Rates of exercise are generally low, particularly moderate exercise.

- Glasses, dental care, disposable medical equipment, home health aides and PAS, and physical therapy were the most prevalent service needs overall, and the group at low risk for waiver eligibility reported much lower levels of need for these services than other groups.
- Of those that needed specific services, most levels of unmet need were in the 20-35% range.
- Average number of medications across groups was 6.2, and 15% reported not being able to get at least one prescription they needed. The most common reason (62.6%) was that their Medicare drug plan did not cover it.

Racial/Ethnic Diversity

- The elderly Hispanic population on Medicaid is much more likely to be male and to have less than a high school education, and less likely to live alone, than other ethnic groups in the sample. Both Blacks and Hispanics are also younger than respondents who are White or of "other" ethnicity.
- Hispanics reported a lower prevalence of most medical conditions, and fewer days of pain, poor physical health and poor mental health, and indeed, appeared to be in better health and less impaired on a number of indicators.
- Blacks reported higher levels of hypertension and diabetes than other groups, and also more need for help with many ADL/IADL activities.
- Whites were more likely to rely on paid help while Hispanics were much less likely to rely on paid help, and were more likely to live with their primary caregivers than other groups.
- In terms of access to care, Hispanics and other minorities were less likely than Whites or Blacks to have a regular doctor, although those who have a regular doctor see them as much as their counterparts.
- Blacks are more likely to have had a visit to the ED in the past year, and are also more likely to have more than one hospitalization.
- Hispanics have consistently higher rates of preventive services than other ethnic groups, while whites have lower rates of gender-specific screenings.
- In general, Hispanics report much lower need for services than other groups, which report similar levels across the board.

Table of Contents

	Page
Executive Summary	2
Introduction	7
Part I: Diversity in Health Status	
Figure1 Waiver Status	8
Table 1 Sociodemographic Characteristics by Medicaid Waiver Categories	9
Health and Functioning	
Figure 2. General Health Status	10
Figure 3. Change in Health Status Over One Year.....	10
Figure 4. Select Medical Conditions- Physical	11
Figure 5. Select Medical Conditions – Mental.....	12
Table 2. Health in past Month	13
Figure 6. Impairment	14
Need and Unmet Need for Personal Assistance	
Figure 7. Need for ADL assistance	15
Figure 8. Any Unmet Need for ADL Assistance among Those with Need.....	15
Figure 9. Need for IADL Assistance.....	16
Figure 10. Any Unmet Need for IADL Assistance among Those with Need	16
Figure 11 Relationship of Primary Caregiver to Recipient	17
Figure 12 Percentage of Primary Caregivers Who Lived with Respondent.....	17
Social Support	
Figure 13 Social Support	18
Social Participation	
Table 3 Social activities in the Past two weeks.....	19
Figure 14 Percent of Respondents who would like to be doing more	19
Figure 15 Usual Number of Times Per week Respondents Leaves home.....	20
Table 4 Social Isolation.....	20
Health Services Utilization	
Figure 16 Usual Source of Care	21
Figure 17 Percent with a Regular Doctor or Health Care Provider	21
Figure 18 Number of Visits with Own Doctor	22
Figure 19 Number of Other Doctors Seen	22
Figure 20 Times to ED for Physical Problem	23
Figure 21 Hospitalization Due to Any Physical Problem	23
Figure 22 ED Use and Hospitalization for Mental Problems.....	23

Health Promotion/ Disease Prevention Services

Figure 23 Preventive Services in Past Year	24
Figure 24 Preventive Services in Past Year Gender Specific Screenings.....	24

Exercise

Figure 25 Mild and Moderate Exercise in the Past week	25
Figure 26 Worked up a Sweat	25

Need and Unmet Need for Health Related Services

Table 5 Need and Unmet Need for Health Related Services in Past Year	26
Figure 27 Mobility Equipment	27
Figure 28 Bathroom Modifications.....	27
Figure 29 Home Modifications.....	27

Prescription Medications

Figure 30 Average Number of Prescription Medications.....	28
Figure 31 Percentage Who could not get all of their prescription medications.....	28
Figure 32 Percentage Who could not get all of their prescription medications Due to Medicare Plan Coverage.....	29
Figure 33 Overall Satisfaction with Medicare Part D.....	29

Knowledge of Advance Directives

Figure 34 Living Will	30
Figure 35 Durable Power of Attorney	30

Part II Diversity in Race/Ethnicity

Figure 36 Racial Categories	31
Table 6 Sociodemographic Characteristics by Race/ Ethnicity.....	32
Figure 37 General Health Status	33
Figure 38 Change in Health Status Over one Year.....	33
Figure 39 Select Medical Conditions- Physical	34
Figure 40 Select Medical Conditions- Mental	35
Table 7 Health in Past month.....	36
Figure 41 Impairment	37

Need and Unmet Need for Personal Assistance

Figure 42 Need for ADL Assistance	38
Figure 43 Need for IADL Assistance	39
Figure 44 Relationship of Primary Caregiver Recipient.....	40
Figure 45 Does this person live with you?.....	40

Social Support

Figure 46 Social support	41
Table 8 Social Activities in the Past two Weeks.....	42
Figure 47 Percent of Respondents who would like to be doing more.	43
Figure 48 Times per week Respondents Leave Home	43
Table 9 Social Isolation.....	43

Health Services Utilization

Figure 49 Percent with a Regular Doctor or Health Care Provider.....	44
Figure 50 Number of Visits with Own Doctor	45
Figure 51 Number of Other Doctors Seen in Past Year	46
Figure 52 Times to ED for Physical Problems	46
Figure 53 Hospitalizations Due to Any Physical Problem	46
Figure 54 ED Use and Hospitalization for Mental Problems	46

Health Promotion / Disease Prevention

Figure 55 Preventative Services in Past Year	47
Figure 56 Preventative Services in Past Year –Gender specific screenings.....	47
Figure 57 Mild and Moderate Exercise in the Past week	48
Figure 58 Worked up a sweat	48
Table 10 Need and Unmet Need for Health Related Services in Past Year.....	49
Figure 59 Mobility Equipment	50
Figure 60 Bathroom modifications.....	50
Figure 61 Home modifications.....	50

Prescription Medications

Figure 62 Average Number of Prescription Medications.....	51
Figure 63 Percentage Who Could not Get all of their prescription Medications.....	51
Figure 64 Percentage Who could not get all of their prescription Medications Due to Medicare Plan Coverage.....	52
Figure 65 Overall Satisfaction with Medicare Drug Plan	52
Figure 66 Living Will	53
Figure 67 Durable Power of Attorney.....	53

Introduction

Much of what is known about the elderly population covered by Medicaid has been written about the population who live in nursing homes, although this group comprises only a minority of the elderly Medicaid population overall. Clearly, the nursing home population is a population disabled by physical and cognitive health problems, and the vast majority of nursing home residents require help with activities of daily living.

We know much less about the elderly Medicaid population who live in the community. A minority of this population (about 13%) are in home and community-based waiver programs, which provides services to people who are nursing home eligible to enable them to remain in the community. Because Medicaid eligibility is based on income rather than disability status, little is known about the remainder of this population.

This report presents the results of a needs assessment survey of the Medicaid population age 65 and older who live in the community, and was commissioned by the Center for Adult Health of the RI Medicaid Program. Initial data analysis of the full sample was not very informative because the diversity of the sample was masked. Therefore, this report was prepared in order to provide information about key indicators of health status, disability, service needs and unmet needs, social support, and other issues by four subgroups of the sample that we thought best captured health status diversity in a manner that was most useful for program planning.

In addition, since minorities are represented in the Medicaid population at higher proportions than in the general population of Rhode Island, we analyzed the data a second time according to minority status. Those results are presented in Section II of this report.

All data were collected by phone in the year 2006 by the Center for Gerontology and Health Care Research. Melissa Clark, PhD is the director of our survey center, and we would like to credit her and her team for the high quality of the data collection for this project.

Part I: Diversity in Health Status

In order to capture the diversity of the community-dwelling elderly population on Medicaid, we categorized respondents according to their participation in a waiver and need for ADL/IADL assistance as follows:

- *Category 1: Waiver participant* - the respondent was enrolled in a Medicaid waiver program at the time of the survey:
- *Category 2: Waiver eligible* - the respondent was not enrolled in a waiver program, but needed assistance with at least one activity of daily living (ADL) including bathing, dressing, eating, getting around the house, getting out of bed, or toileting.
- *Category 3: High risk for waiver eligibility* – the respondent had no ADL needs at the time of the survey but did have at least one instrumental activity of daily living (IADL) need including the need for assistance with grocery shopping, managing medications, using the telephone, heavy housework or light housework..
- *Category 4: Low risk for waiver eligibility* – the respondent did not report needing assistance with any ADLs or IADLs.

Figure 1. Waiver Status (Total N=612)

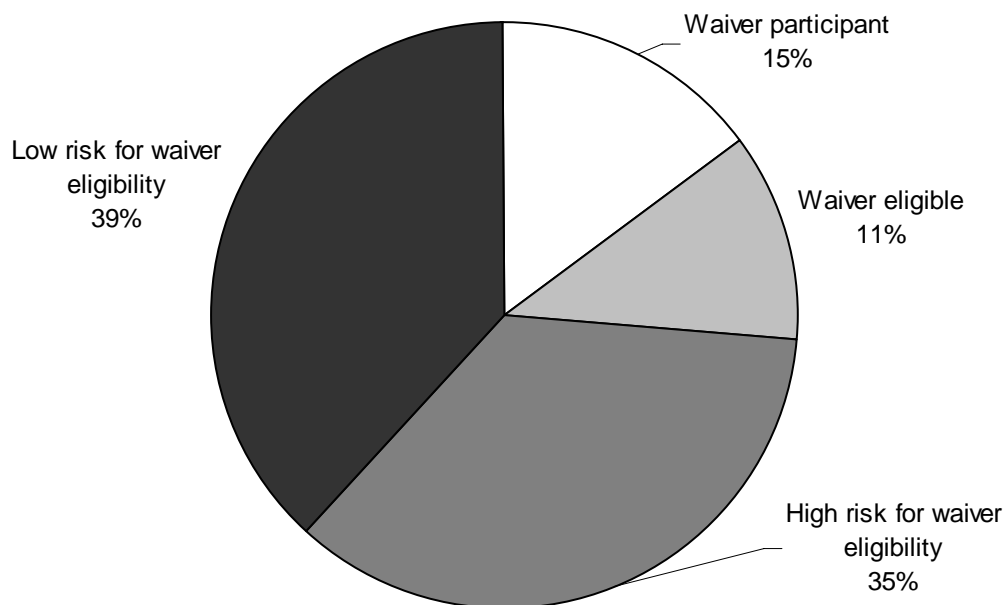


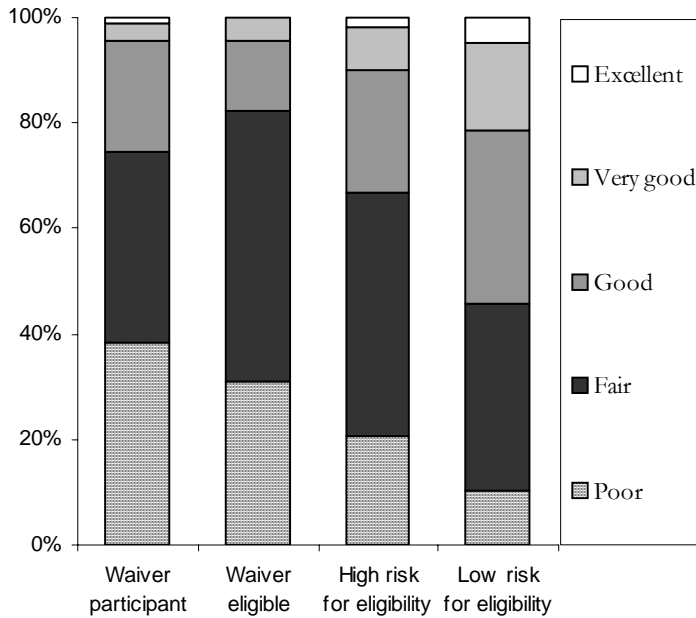
Table 1. Sociodemographic Characteristics by Medicaid Waiver Categories

	Waiver participant n=92	Waiver eligible n=69	High risk for eligibility n=217	Low risk for eligibility n=234	Total N=612
	%	%	%	%	%
Age					
65-69	26.1	24.6	31.3	33.3	30.6
70-74	28.3	23.2	27.7	28.2	27.5
75-79	16.3	23.2	18.4	25.2	21.2
80-84	10.9	15.9	14.8	9.4	12.3
85 or older	18.5	13.0	7.8	3.9	8.5
Gender					
Male	15.2	21.7	18.4	25.6	21.1
Female	84.8	78.3	81.6	74.4	78.9
Race/Ethnicity					
Non-Hispanic White	77.8	72.5	67.0	66.5	69.0
Non-Hispanic Black	7.8	5.8	8.8	3.5	6.3
Hispanic	1.1	7.3	14.9	18.3	13.3
Native American/ Alaskan Native	12.2	8.7	6.5	8.7	8.4
Other	1.1	5.8	2.8	3.0	3.0
Education					
Less than high school	36.7	40.6	51.9	45.9	46.0
high school grad/GED	30.0	29.0	23.8	25.5	26.0
Technical degree/certificate	7.8	1.5	6.1	3.0	4.6
some college	12.2	15.9	10.8	12.1	12.1
college grad	13.3	13.0	7.5	13.4	11.3
Living Arrangement					
Lives Alone	83.3	65.2	67.0	58.6	66.0
With Spouse	7.8	15.9	12.6	18.5	14.5
With Others (no spouse)	8.9	18.8	20.5	22.8	19.5

- Medicaid waiver participation is associated with older age, female gender, white race, and living alone.
- People who are waiver eligible are more than twice as likely as waiver participants to live with someone, underlining the importance of low social support to waiver participation.
- People who neither participate in nor qualify for waivers are younger, have lower levels of education and are more likely to be Hispanic, suggesting the effect of immigration on the Medicaid program.

Health and Functioning

Figure 2. General Health Status



- Approximately 80% of waiver participants and waiver eligibles reported being in fair or poor health, compared to 43% of those at low risk for waiver eligibility.

- Health status decline was reported by the majority of waiver participants and waiver eligibles, while few reported improvement.
- There is less decline and more improvement among the groups at risk for waiver eligibility.

Figure 3. Change in Health Status Over One Year

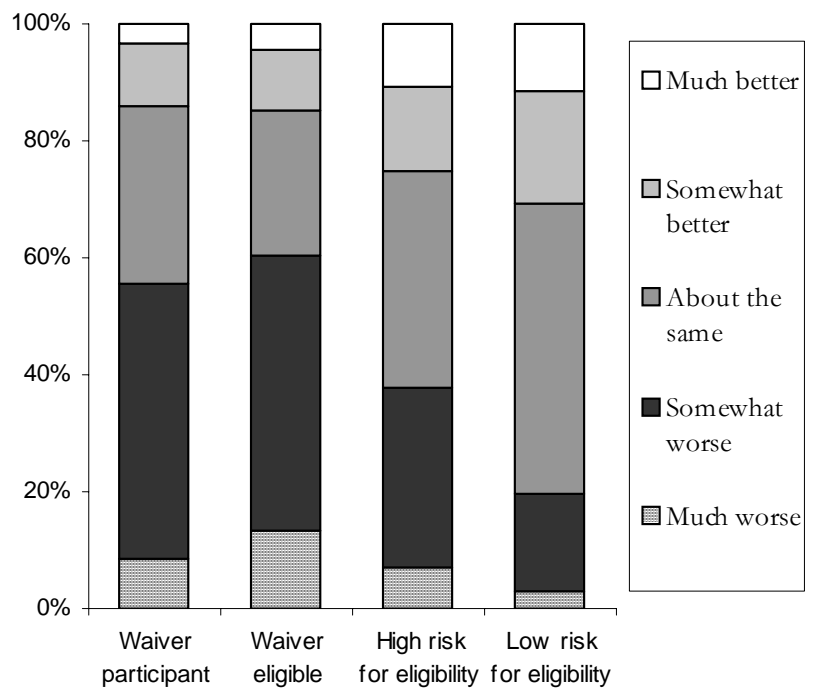
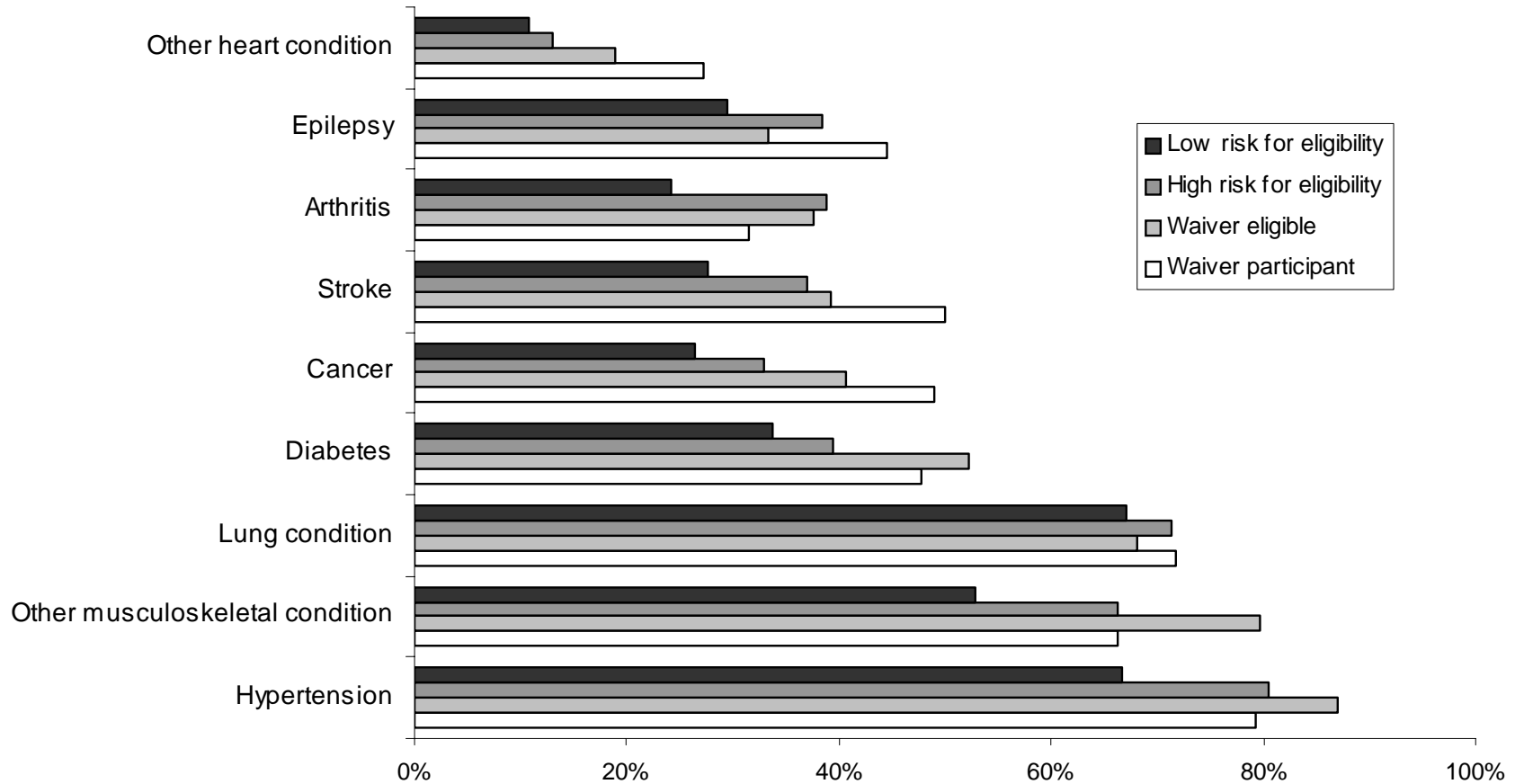
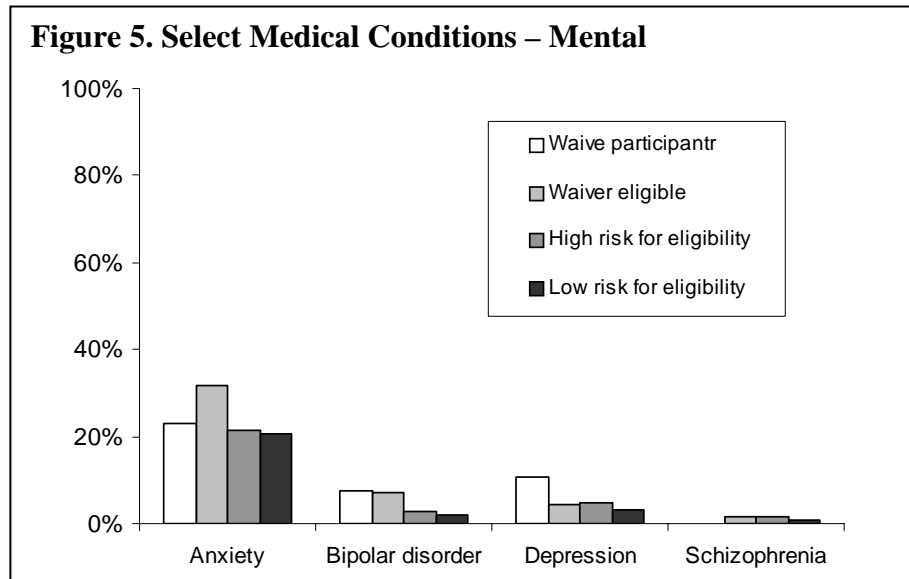


Figure 4. Select Medical Conditions – Physical



- The prevalence of the most commonly reported medical conditions among respondents currently at high and low risk for waiver eligibility suggest they are groups to be targeted for disease management and wellness interventions to prevent further functional decline.



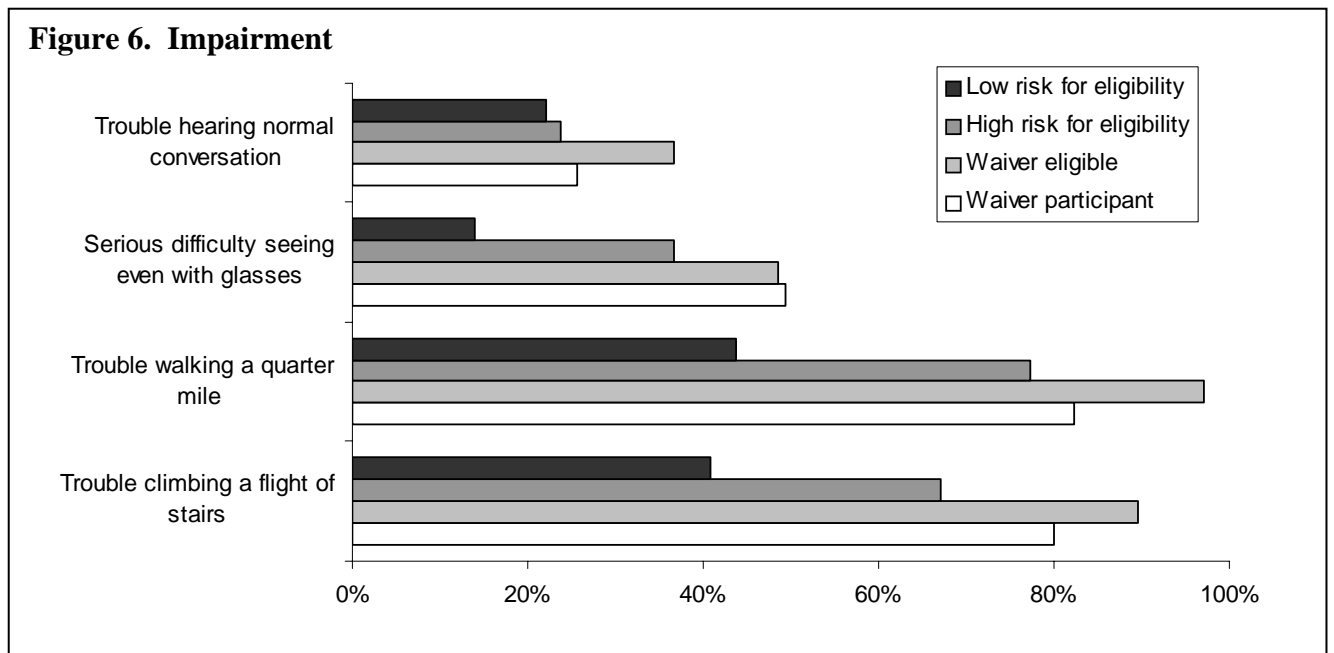
- Anxiety was the most prevalent mental condition reported by all respondents, and highest among respondents eligible for waiver programs.
- Depression was most prevalent among waiver participants.

Table 2. Health in Past Month

	Waiver participant	Waiver eligible	High risk for eligibility	Low risk for eligibility	Total
In the past month, number of days...	%	%	%	%	%
Unable to do usual activities due to poor health					
No days	43.4	32.3	54.8	81.9	61.4
1 to 29 days	16.9	24.2	30.3	15.0	21.7
30 days	39.8	43.6	14.9	3.1	16.9
Pain made it hard to do usual activities					
No days	36.8	17.2	42.4	67.6	48.5
1 to 29 days	20.7	29.7	31.4	22.7	26.3
30 days	42.5	53.1	26.2	9.8	25.3
Physical health not good					
No days	26.5	18.6	31.2	55.9	38.9
1 to 29 days	32.5	30.5	39.2	34.2	35.4
30 days	41.0	50.9	29.7	9.9	25.8
Mental health not good					
No days	57.0	62.1	63.8	71.6	65.6
1 to 29 days	27.9	24.2	23.7	23.9	24.4
30 days	15.2	13.6	12.6	4.6	10.0
Felt depressed					
No days	39.3	40.3	39.1	56.5	45.9
1 to 29 days	42.9	41.9	47.3	38.4	42.7
30 days	17.9	17.7	13.5	5.1	11.4
Felt anxious					
No days	48.2	35.6	37.9	52.6	44.8
1 to 29 days	28.4	44.1	42.9	40.3	39.9
30 days	23.5	20.3	19.2	7.1	15.3

- The impact of disease on respondents' physical functioning, experience of pain, and psychological status appears to be similar among respondents participating in and eligible for waiver programs.
- In contrast, the vast majority of respondents at low risk for waiver eligibility appear to be functioning well, and report substantially lower levels of pain, and better psychological status than the other groups.

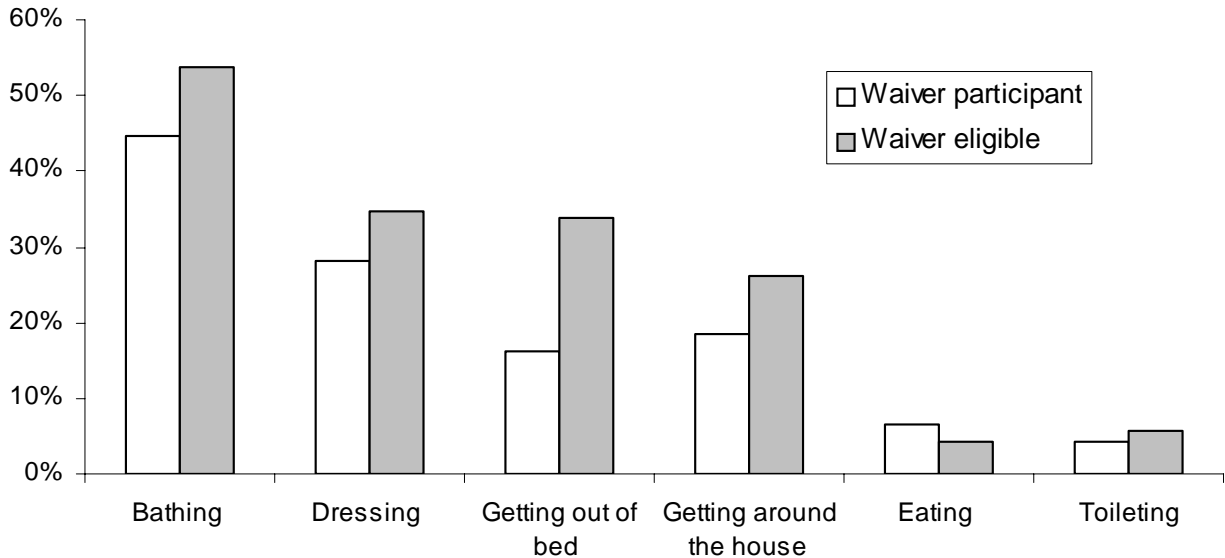
Figure 6. Impairment



- Respondents eligible for waiver programs are as impaired, if not more impaired, than respondents already in waiver programs.
- Respondents at high risk for waiver eligibility are not far behind their counterparts in level of sensory and functional impairment.

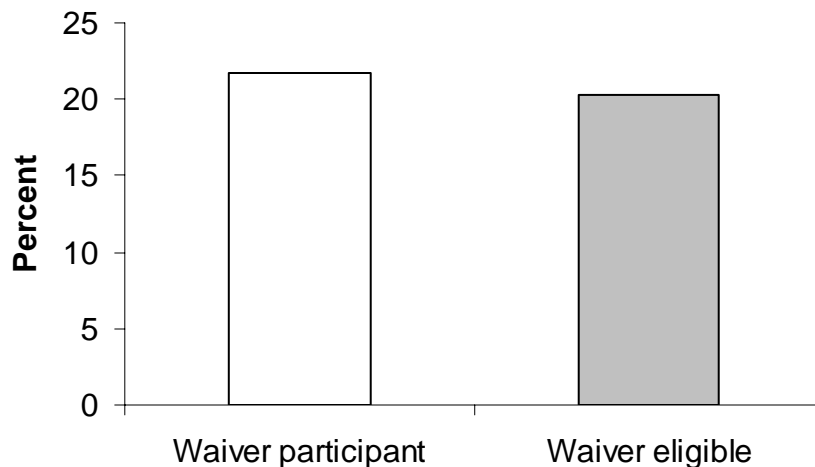
Need and Unmet Need for Personal Assistance

Figure 7. Need for ADL Assistance

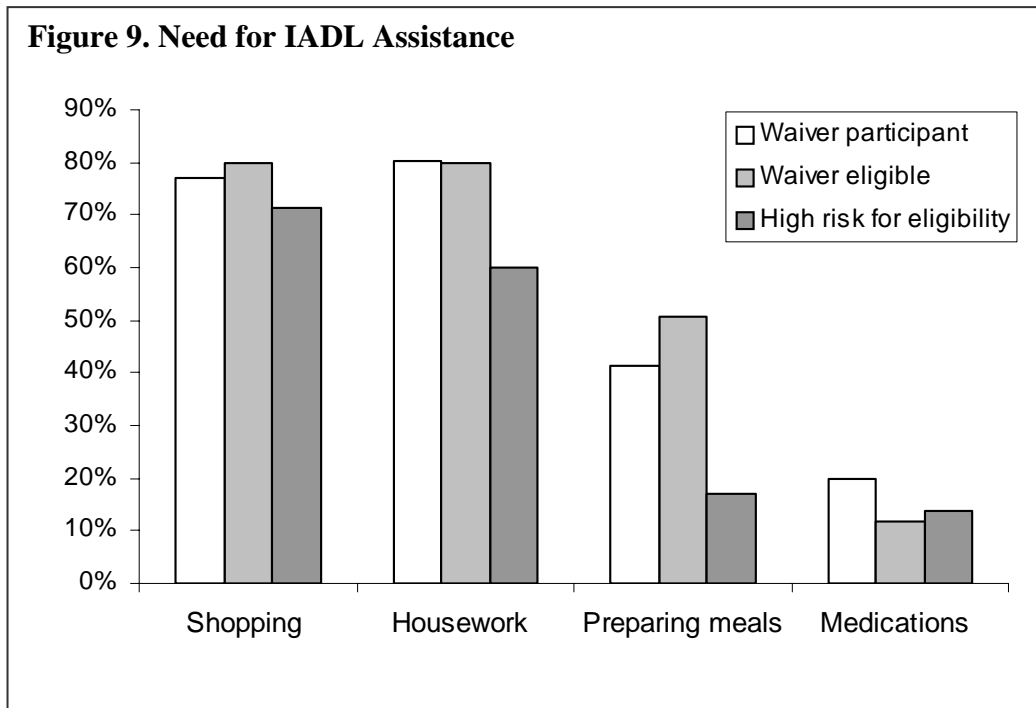


- The prevalence of need for help with all ADLs, with the exception of need for help with eating, was higher among respondents eligible for waiver programs than it was for current waiver participants.

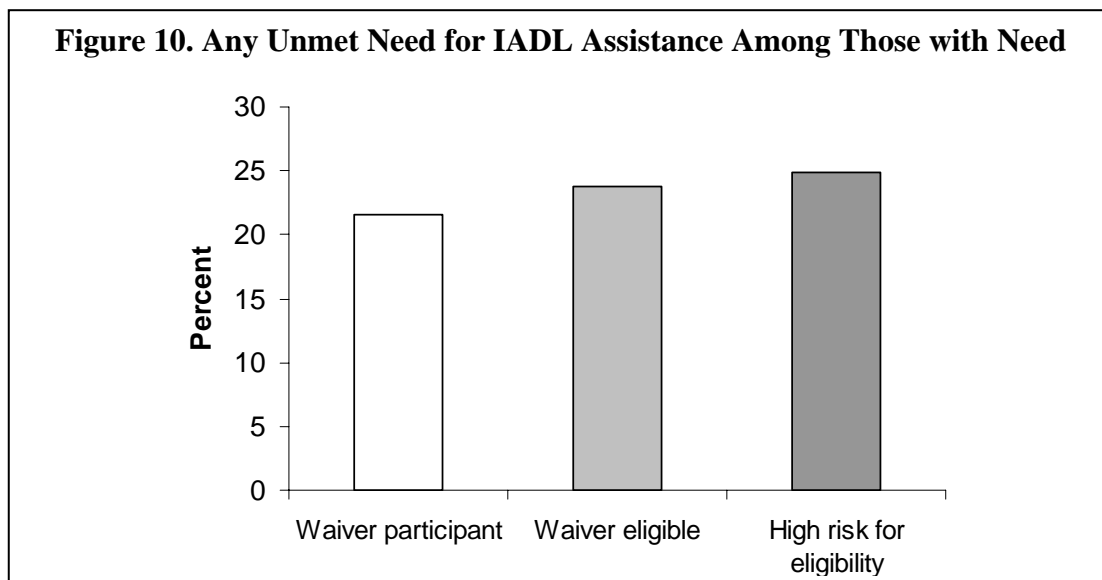
Figure 8. Any Unmet Need for ADL Assistance Among Those With Need



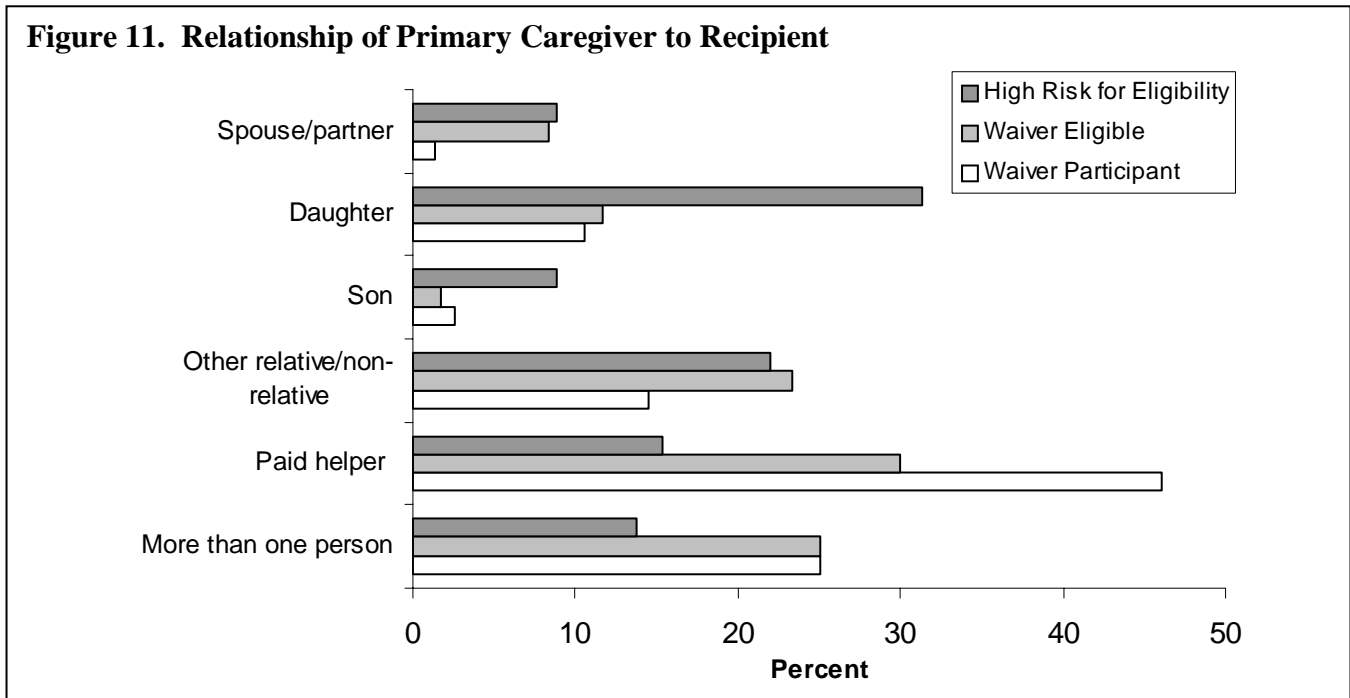
- Approximately 20% of both waiver participants and waiver eligibles reported unmet need for help with at least one ADL. Clearly informal help replaced waiver services in meeting the needs of waiver eligibles.



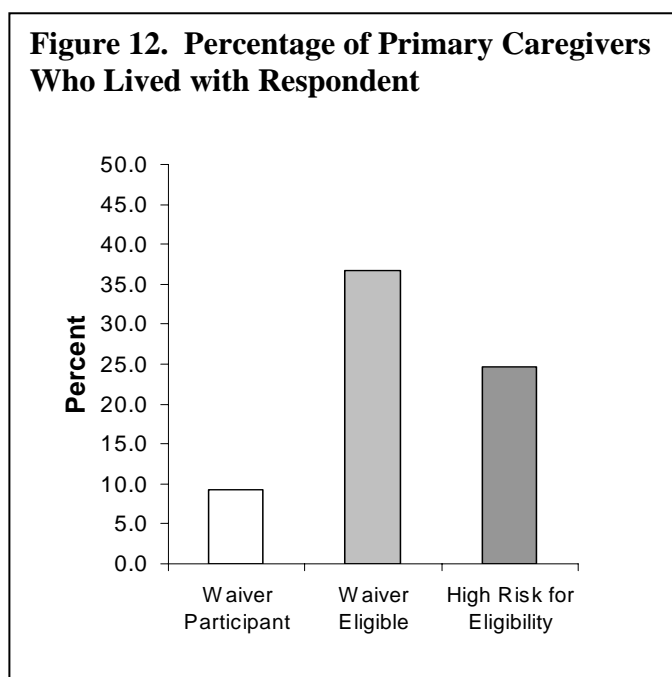
- Apart from assistance preparing meals, levels of need for help with IADLs are similar across all groups.



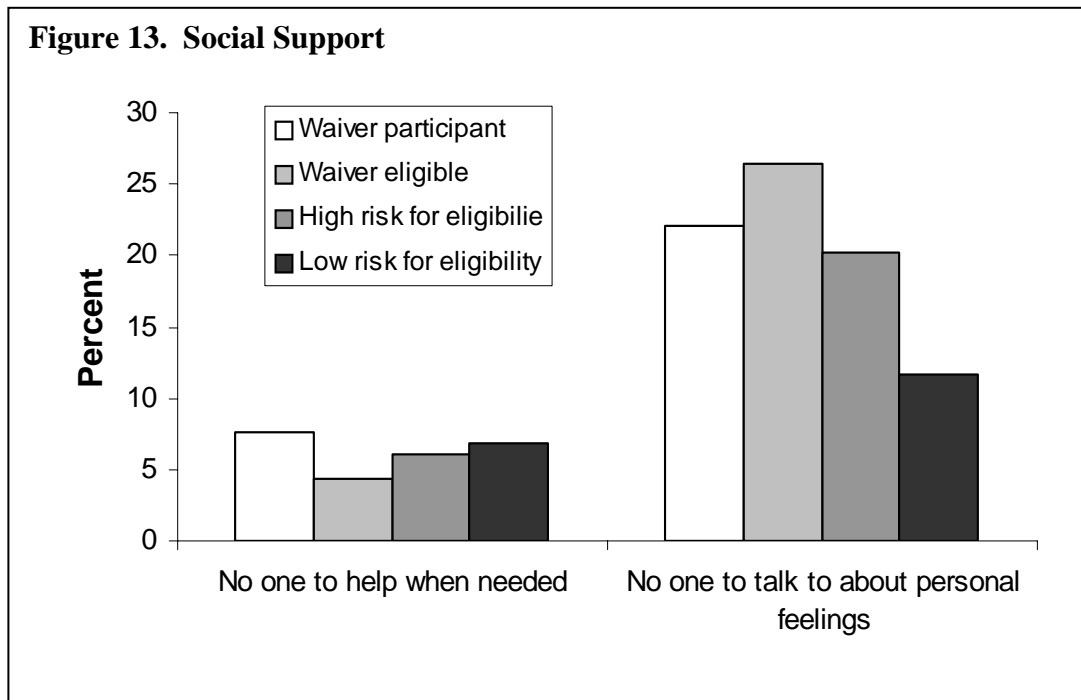
- Although unmet need for assistance with at least one IADL also appears equal across groups, unmet need for help with housework is 33% among respondents in the high risk for waiver eligibility group compared to only 14% among respondents in both the waiver participant and waiver eligible groups.



- Waiver participants were most likely to be receiving help from paid workers, while waiver eligibles received help from paid helpers, other relatives or non-relatives, and many received help from multiple people.
- Daughters were the most prevalent caregivers to those at high risk for eligibility.



- Waiver eligibles were the most likely to live with their primary caregiver compared to the two other groups with need for ADL and/or IADL assistance.
- Social support availability clearly differentiates those eligible for and those participating in a waiver.



- Respondents who are waiver eligible are the least likely to report having no one to help when help is needed.
- In contrast, waiver eligibles are most likely to report no one to talk to about personal feelings.
- Clearly, "confidant" support is perceived to be lacking to a greater extent than instrumental support in this sample.

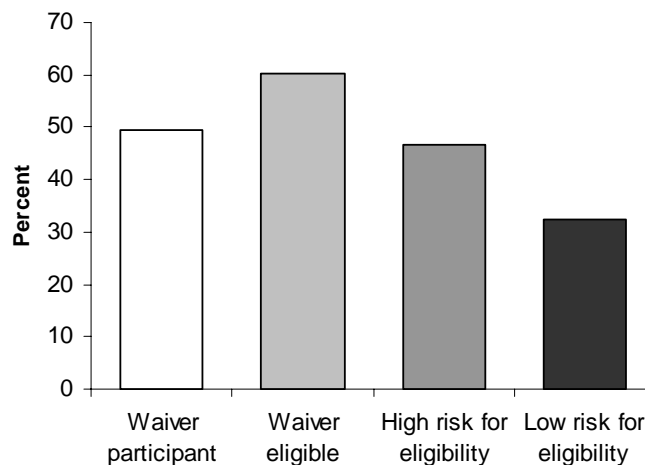
Social Participation

Table 3. Social Activities in the Past Two Weeks

	Waiver participant	Waiver eligible	High risk for eligibility	Low risk for eligibility	Total
	%	%	%	%	%
During past two weeks, did you...					
Socialize with friends or relatives	70.0	68.1	70.2	82.8	74.8
Go out to eat at a restaurant	35.6	31.9	47.0	61.2	49.0
Go to a church or other place of worship	27.8	20.3	40.5	49.4	39.7
Go to a social event	10.0	14.5	23.7	34.1	24.6
Do volunteer work	17.8	7.3	14.0	25.4	18.2

- While three quarters of all respondents socialized with friends or relatives in the past two weeks, participating in activities in the community is not as frequent.
- Community participation is far less frequent among those eligible for and participating in waivers than it is among groups at lower levels of disability.

Figure 14. Percent of Respondents Who Would Like To Be Doing More



- A substantial proportion of all respondents, and particularly of waiver eligibles, would like to be doing more.

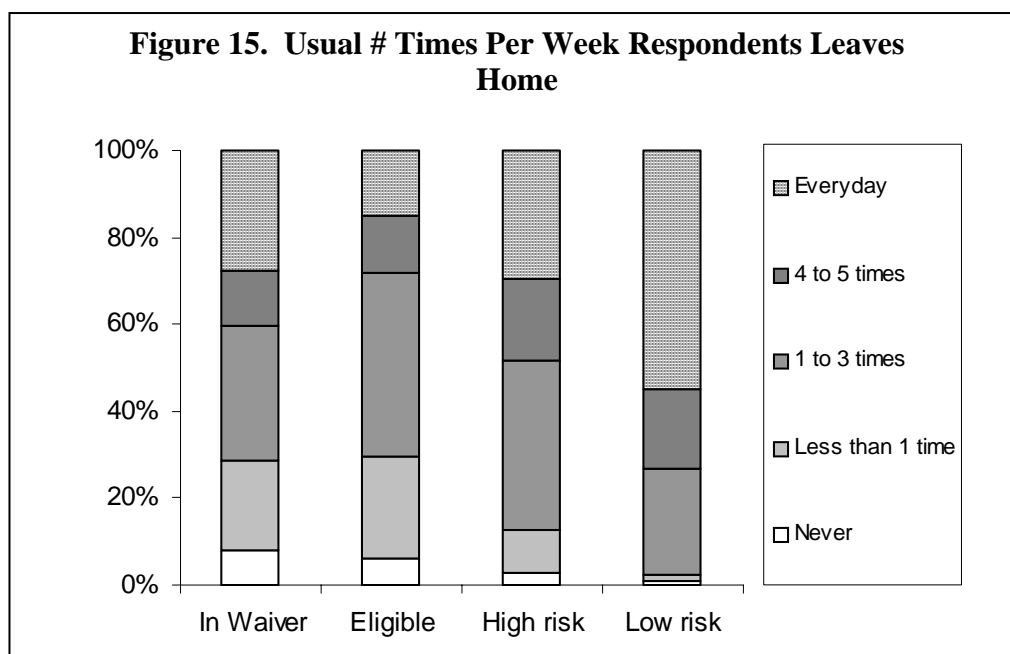
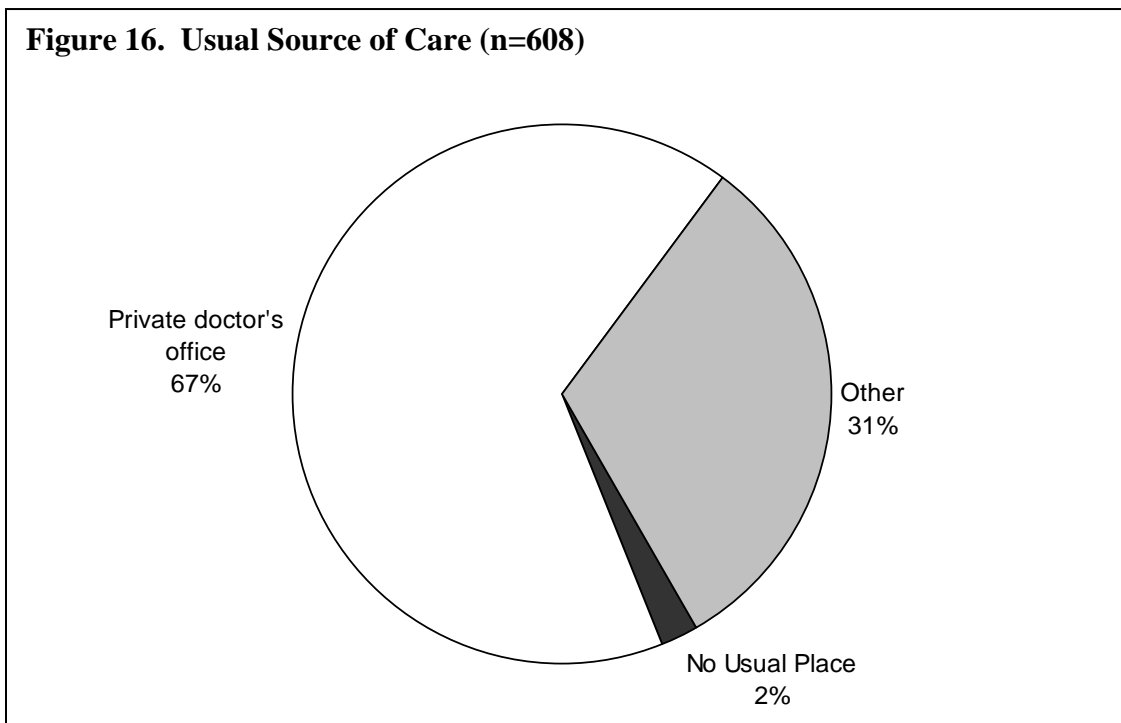


Table 4. Social Isolation

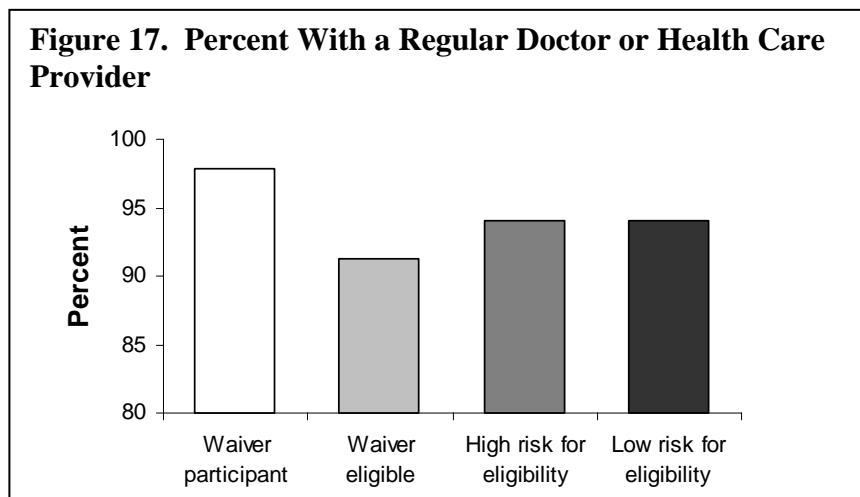
	Waiver participant	Waiver eligible	High risk for eligibility	Low risk for eligibility	Total
	%	%	%	%	%
Unable to leave home alone	23.6	39.7	15.4	2.2	14.2
Reasons for not being able to leave home alone (n=86)					
Too sick to go out alone	47.6	55.6	42.4	--	46.5
Mobility problems	52.4	29.6	27.3	--	34.9
Cannot get downstairs alone	47.6	37.0	21.2	--	33.7
Too nervous to go out alone	42.9	25.9	33.3	--	33.7
Fearful	19.1	18.5	30.3	--	24.4
No sidewalks	23.8	25.9	12.1	--	19.8
Other	14.3	18.5	12.1	--	14.0
Confused when out alone	14.3	11.1	12.1	--	12.8
Too depressed to go out alone	9.5	14.8	6.1	--	10.5
Cannot open door alone	23.8	3.7	3.0	--	9.3

Note: Too few to include reasons for low risk group.

- Waiver eligibles were least likely to leave the house everyday in the two weeks prior to the survey and the most likely to report being unable to leave home alone.
- Most respondents who were unable to leave home alone reported multiple reasons, including problems with the built environment (stairs and doors) and mental status issues (confusion, fear, etc.).

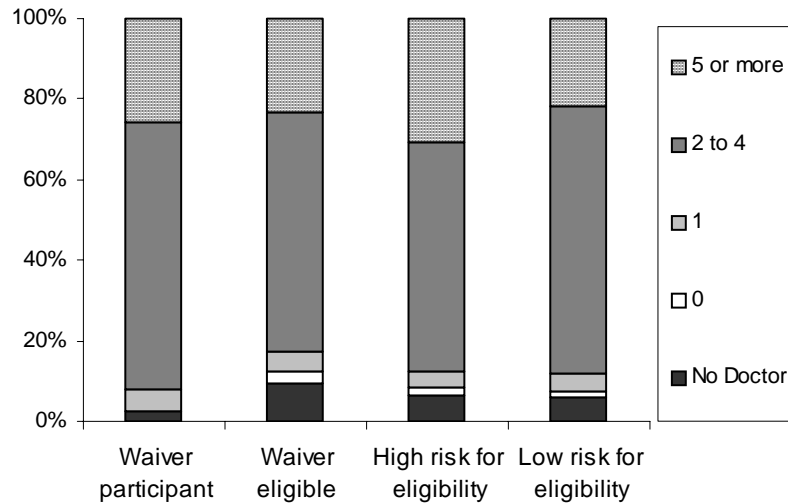


- The vast majority of respondents have a usual place of care, most commonly a private doctor's office.



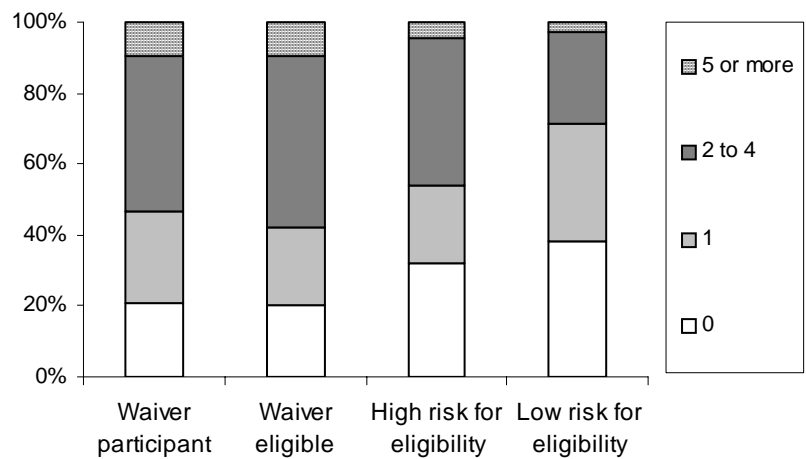
- Waiver participation helps to ensure a regular health care provider, and thus the benefits of continuity of care.

Figure 18. Number of Visits With Own Doctor

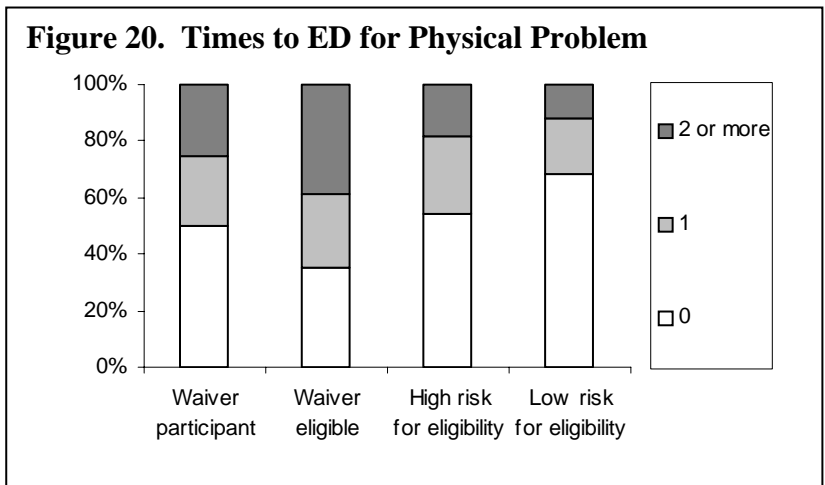


- The majority of each group sees their doctor 2 to 4 times per year.

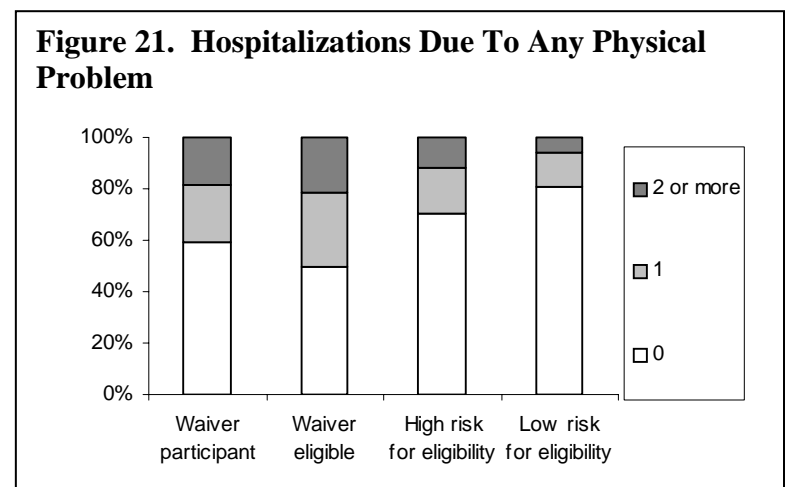
Figure 19. Number of Other Doctors Seen



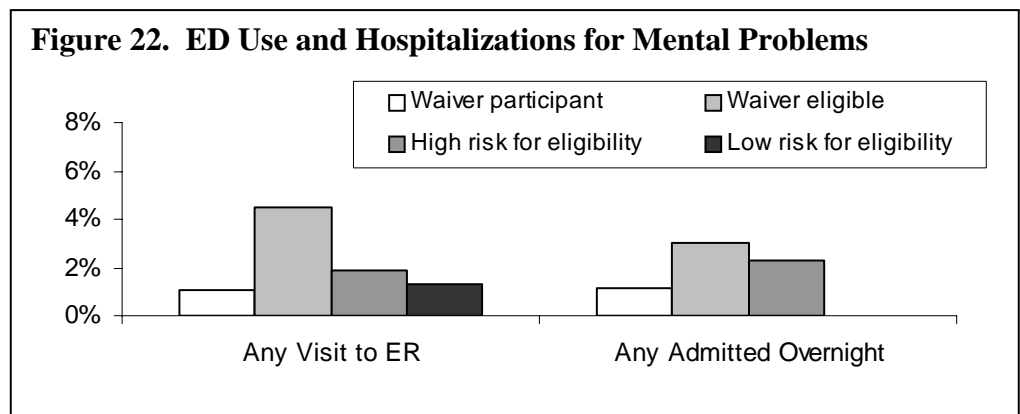
- Waiver participants and waiver eligibles are more likely to see other physicians during the year.



- Waiver eligibles visited the ER and were admitted to the hospital more frequently than other groups for physical problems in the past year.

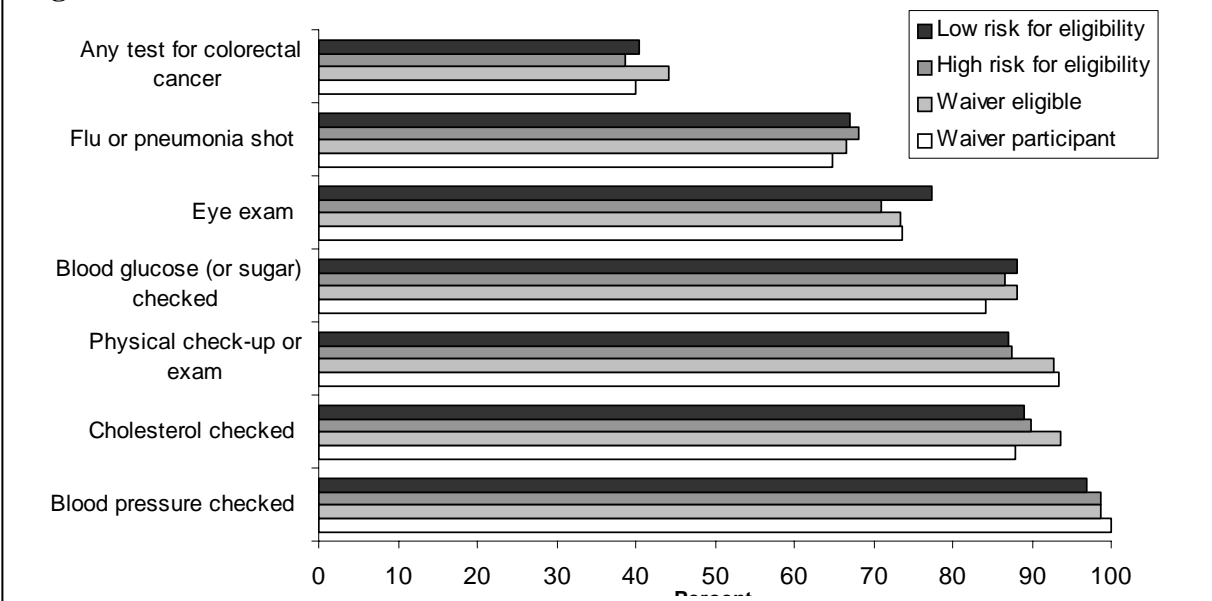


- The same holds true for mental problems.



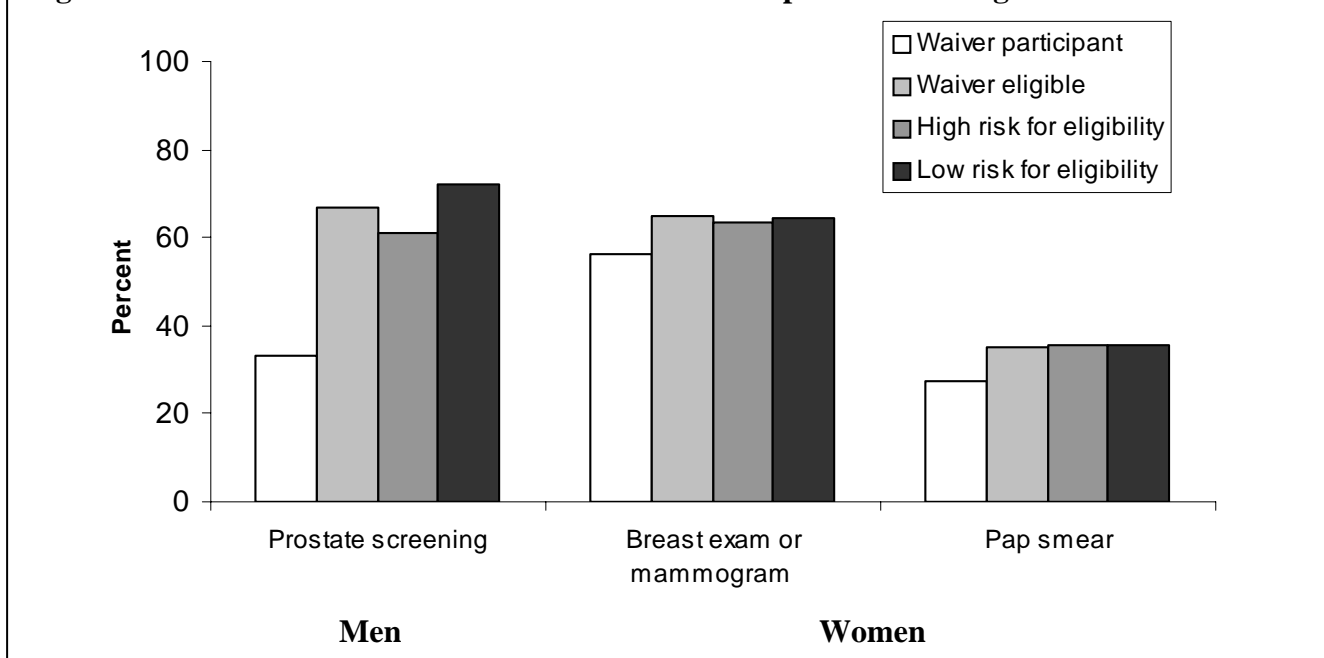
Health Promotion/Disease Prevention Services

Figure 23. Preventive Services in Past Year



- All groups appear to have received nearly equal rates of preventive services.
- Interventions should be implemented to increase the receipt of flu and pneumonia shots, as well as screening tests for colorectal cancer in this population.

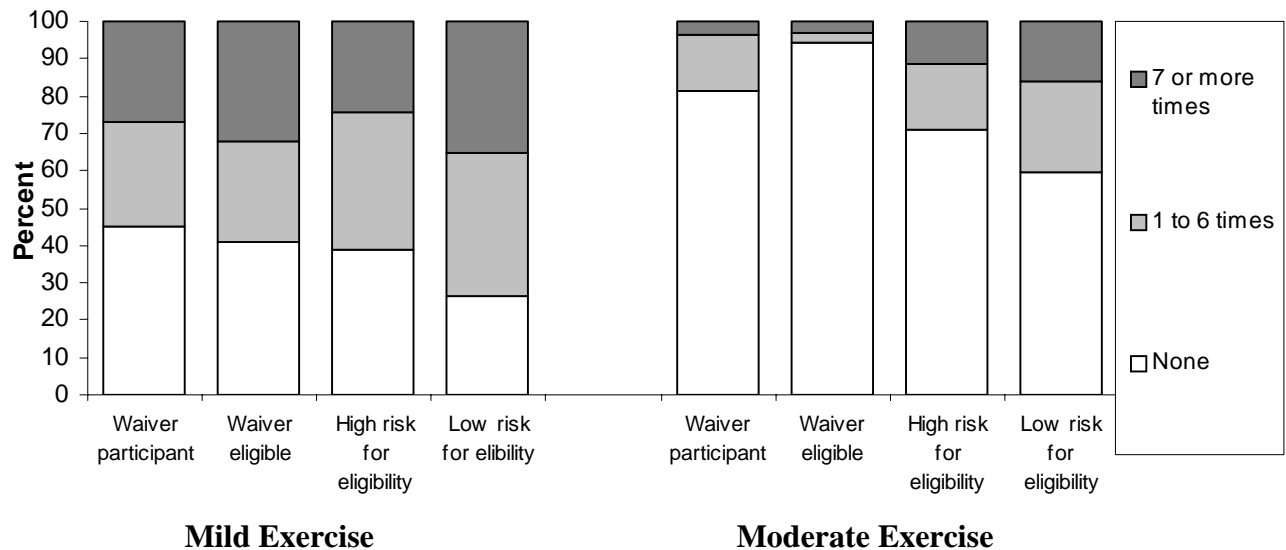
Figure 24. Preventive Services in Past Year – Gender-specific screenings



- Waiver participants are less likely to get prostate screening than other groups.

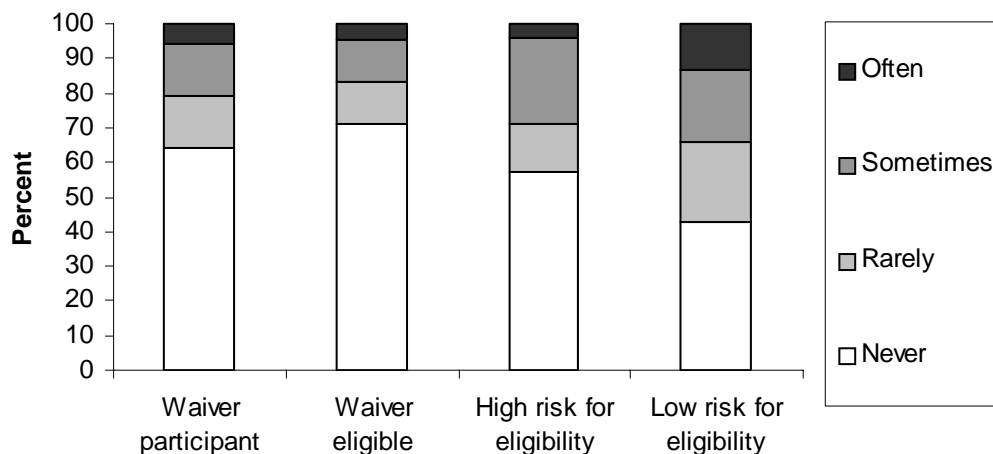
Exercise

Figure 25. Mild and Moderate Exercise in the Past Week



- Respondents at low risk for waiver eligibility were most likely to exercise; nevertheless, interventions are needed to increase exercise in all groups.

Figure 26. Worked Up a Sweat



- Substantial minorities of respondents in all groups reported engaging in activities till they worked up a sweat, but it is not clear that these activities were associated with exercise!

Note: *Mild exercise* was defined as exercise requiring minimal effort, which lasts more than fifteen minutes such as fishing, stretching, and easy walking. *Moderate exercise* was exercise that is not exhausting, which lasts more than fifteen minutes such as fast walking, easy bicycling, easy swimming, aerobics, and dancing.

Need and Unmet Need for Health Related Services

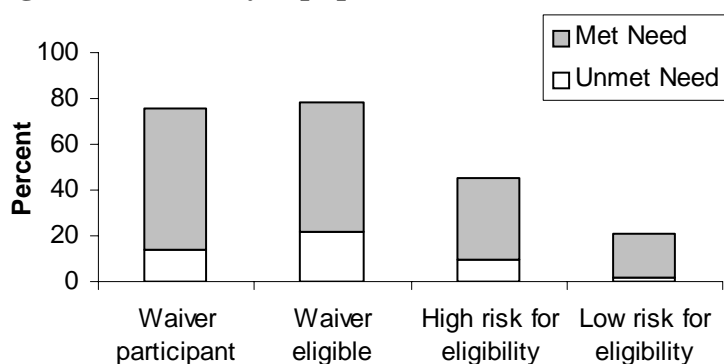
Table 5. Need and Unmet Need for Health Related Services in Past Year

	Need for Service				Total %
	Waiver participant	Waiver eligible	High risk for eligibility	Low risk for eligibility	
	%	%	%	%	
Glasses/contact lenses	47.7	56.5	42.1	34.8	41.8
Dental care	38.9	44.9	40.7	40.7	40.9
Disposable medical equipment	44.9	49.3	33.5	17.7	30.9
Home health aides/personal care services	76.7	53.6	29.3	5.2	29.9
Physical Therapy	33.7	44.8	30.4	20.7	28.7
Nutrition counseling	12.2	17.4	11.2	5.6	9.9
Mental health counseling	12.2	11.6	8.9	5.6	8.4
Hearing aide	8.9	11.6	8.5	5.2	7.6
Speech therapy	2.2	4.4	0.5	0.4	1.2
Drug/alcohol therapy	2.2	1.5	0.9	0.9	1.2
Medicaid Information	26.1	31.9	28.4	17.2	24.2
AMONG THOSE IN NEED					
Unable to Get Any or Enough Service					
Glasses/contact lenses	24.4	23.1	25.6	19.0	22.9
Dental care	51.4	51.6	56.3	38.3	48.2
Disposable medical equipment	12.5	8.8	23.6	9.8	15.5
Home health aides/personal care services	23.2	21.6	34.9	16.7	26.5
Physical Therapy	27.6	38.7	29.2	16.7	27.2
Nutrition counseling	45.5	33.3	37.5	30.8	36.7
Mental health counseling	36.4	37.5	31.6	23.1	31.4
Hearing aide	12.5	25.0	38.9	41.7	32.6
Speech therapy*	--	--	--	--	--
Drug/alcohol therapy*	--	--	--	--	--
Medicaid information	52.2	27.3	47.6	47.5	45.3

*Too few to include.

- As in other areas covered by this report, waiver participants and waiver eligibles have similarly high levels of service needs, while respondents at low risk for waiver eligibility have the lowest.

Figure 27. Mobility Equipment



- Both need and unmet need for mobility equipment are high among those in and eligible for waiver programs.
- Wheelchairs and scooters were cited as the types of equipment most needed.

- Though less prevalent than mobility equipment needs, need and unmet need for bathroom modifications followed a similar pattern across groups.
- Grab bars were cited as the most needed bathroom modification.

Figure 28. Bathroom Modifications

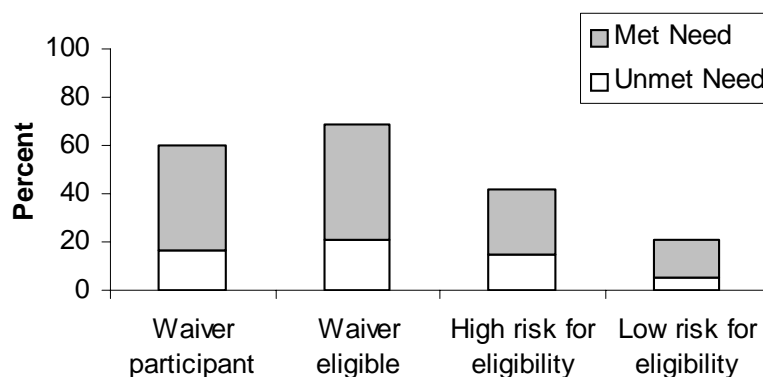
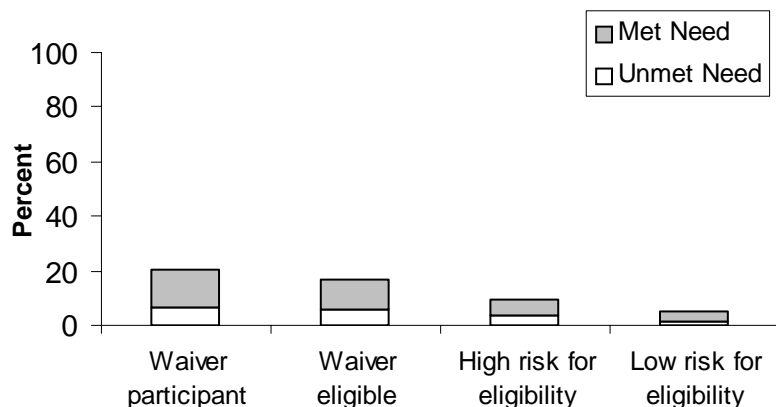


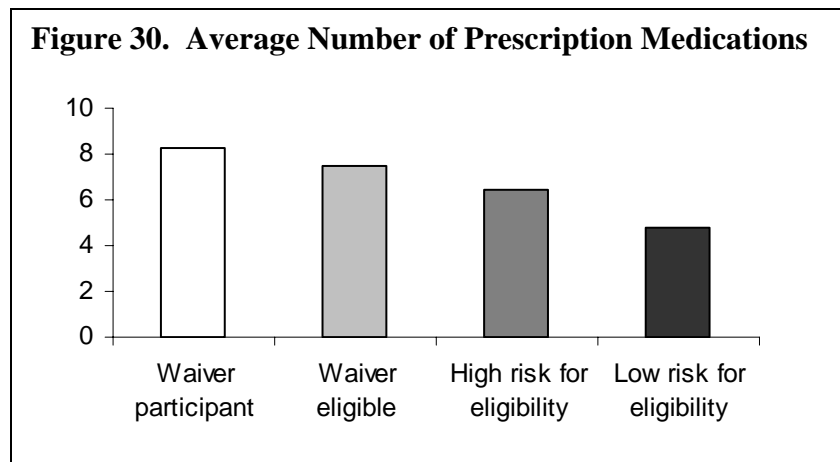
Figure 29. Home Modifications



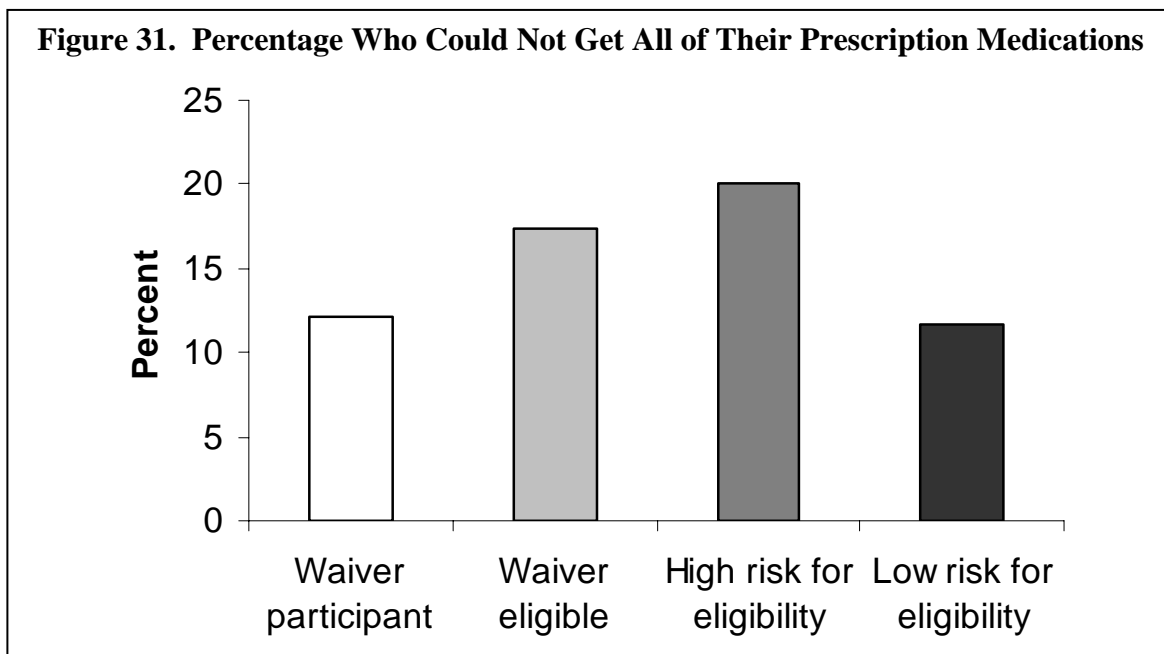
- The need for home modifications is generally low, though as many as one-third of those in waiver programs, eligible for waiver programs, and at high risk had unmet need when need was stated.
- Ramps and railings

were the most cited modifications needed.

Prescription Medications

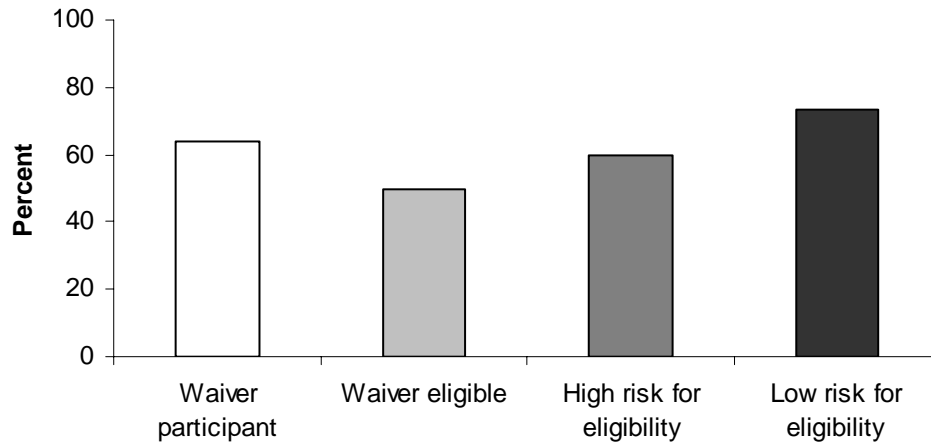


- Prescription medication use is high across all groups.



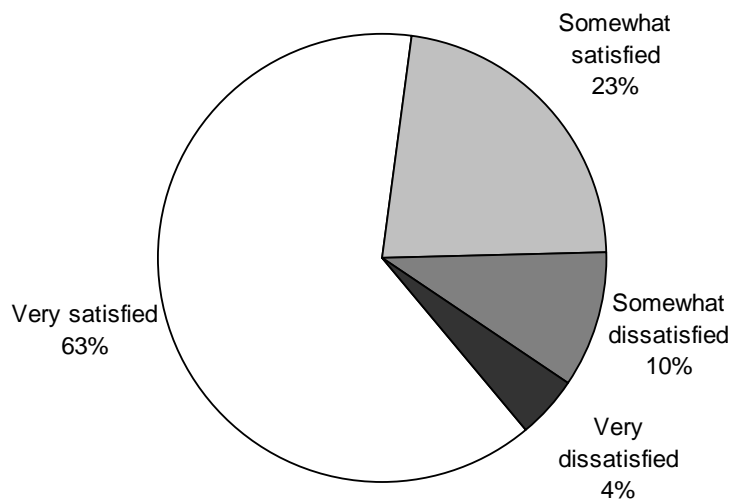
- Respondents at high risk for waiver eligibility are more likely to be unable to get all of their medications than other groups.

Figure 32. Among Those Who Could Not Get All of Their Prescription Medications, Those Who Could Not Because Their Medicare Prescription Drug Plan Did Not Cover It



- Many respondents report that Medicare Part D drug plan prevents access to at least one of their prescribed medications.

Figure 33. Overall Satisfaction with Medicare Part D (n=598)



- Although the majority of respondents report they are "very satisfied" with Medicare Part D, over one third are less than very satisfied, probably reflecting gaps in coverage experienced by some.

Knowledge of Advance Directives

Figure 34. Living Will

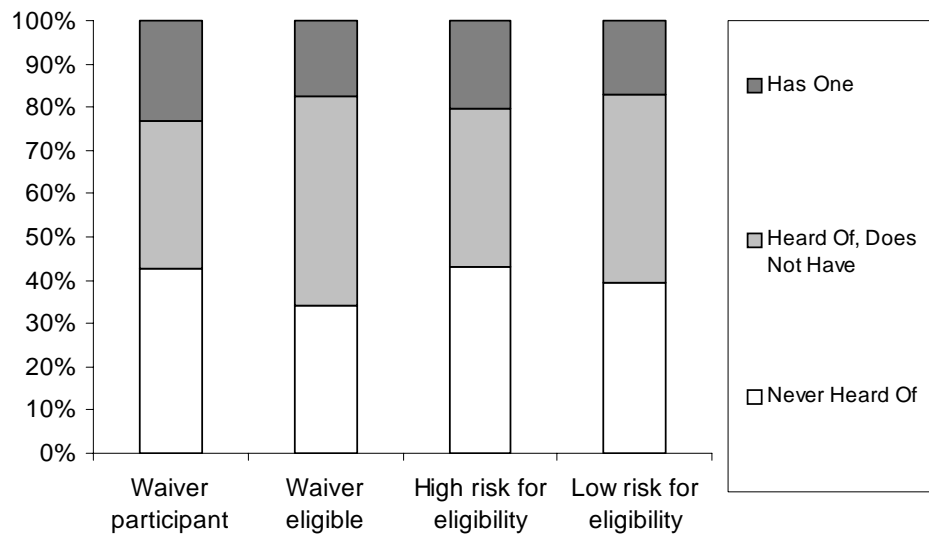
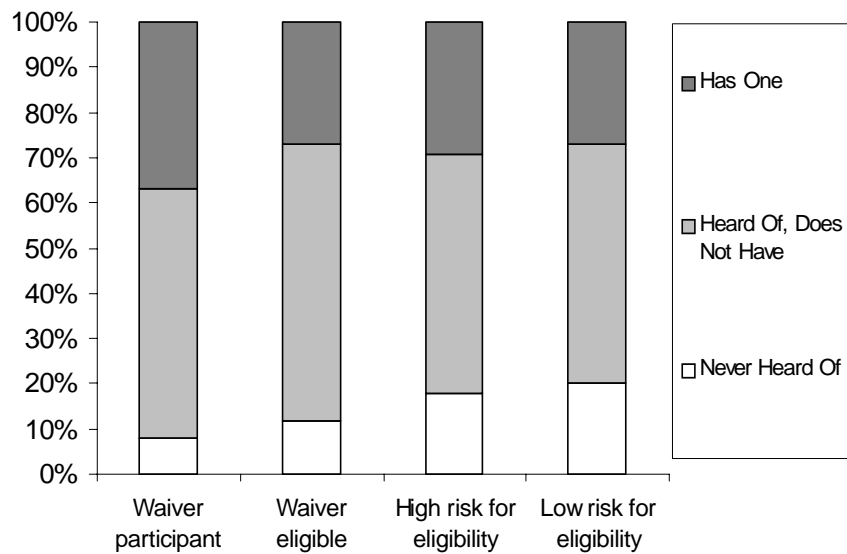


Figure 35. Durable Power of Attorney



- In general, waiver participants are more likely to have a Living Will and/or a Durable Power of Attorney. However, there is clearly need for education regarding these advanced directives.

Part II. Diversity in Race/Ethnicity

Race categories – The following findings are presented by race/ethnicity. While respondents were allowed to classify themselves into multiple racial/ethnic categories, we created four mutually exclusive groups.

- *Category 1: non-Hispanic White* - the respondent classified him/herself as White and did not classify him/herself as Hispanic.
- *Category 2: non-Hispanic Black* - the respondent classified him/herself as Black and did not classify him/herself as Hispanic.
- *Category 3: Hispanic* – the respondent classified him/herself as Hispanic, and may have also classified him/herself as something else.
- *Category 4: Other* – the respondent did not classify him/herself as White, Black or Hispanic.

Figure 36. Racial Categories (Total N=604)

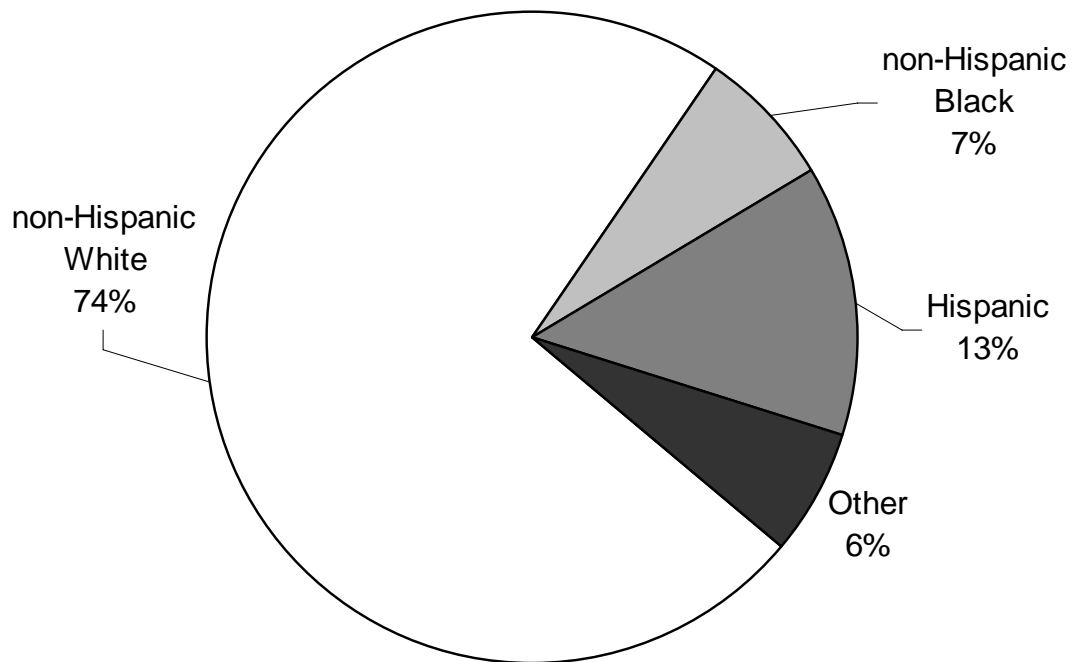


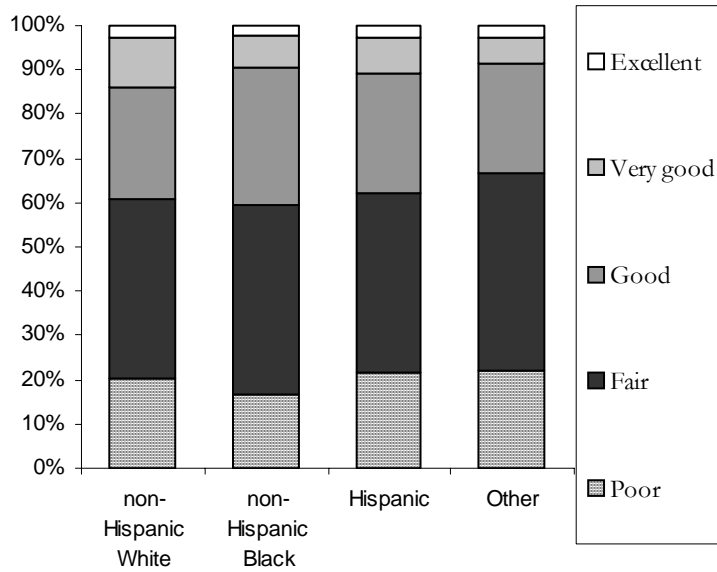
Table 6. Sociodemographic Characteristics by Race/Ethnicity

	non-Hispanic White	non-Hispanic Black	Hispanic	Other	Total
	%	%	%	%	%
Age					
65-69	29.2	38.1	37.5	29.7	31.0
70-74	26.1	38.1	32.5	18.9	27.3
75-79	21.4	7.1	23.8	32.4	21.4
80-84	13.5	9.5	5.0	10.8	11.9
85 or older	9.9	7.1	1.3	8.1	8.4
Gender					
Male	17.1	19.1	42.5	27.0	21.2
Female	82.9	81.0	57.5	73.0	78.8
Education					
Less than high school	41.8	35.7	75.6	46.0	46.0
high school grad/GED	27.0	40.5	10.3	32.4	26.1
Technical degree/ certificate	5.2	7.1	2.6	0.0	4.7
some college	14.6	7.1	2.6	8.1	12.1
college grad	11.5	9.5	9.0	13.5	11.1
Living Arrangement					
Lives Alone	72.1	64.3	33.8	64.9	66.1
With Spouse	10.3	7.1	42.5	10.8	14.4
With Others (no spouse)	17.5	28.6	23.8	24.3	19.5

- Elderly Blacks and Hispanics in RI on Medicaid are younger than are Whites and other minorities.
- Compared to other groups, a large proportion of Hispanics are male, have less than a high school education, and are more likely to live with a spouse.

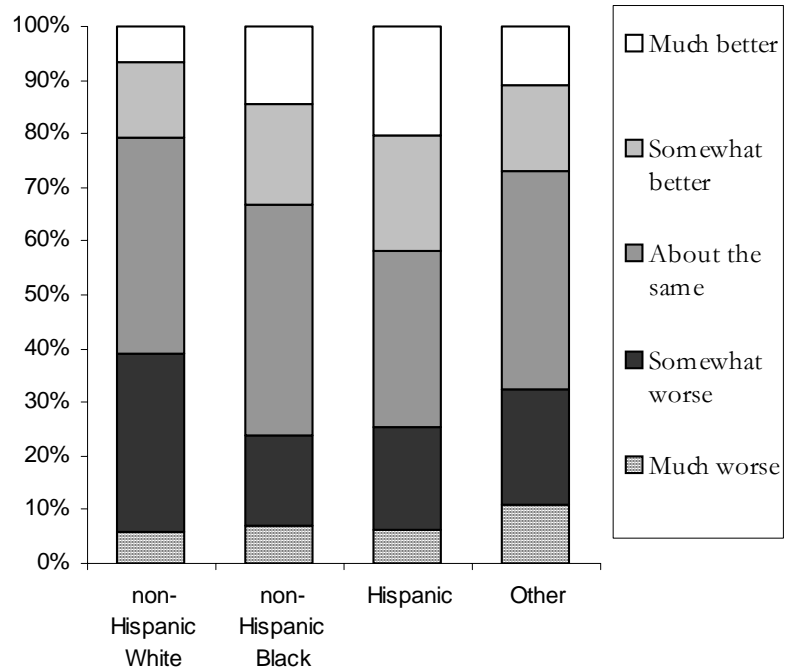
Health and Functioning

Figure 37. General Health Status



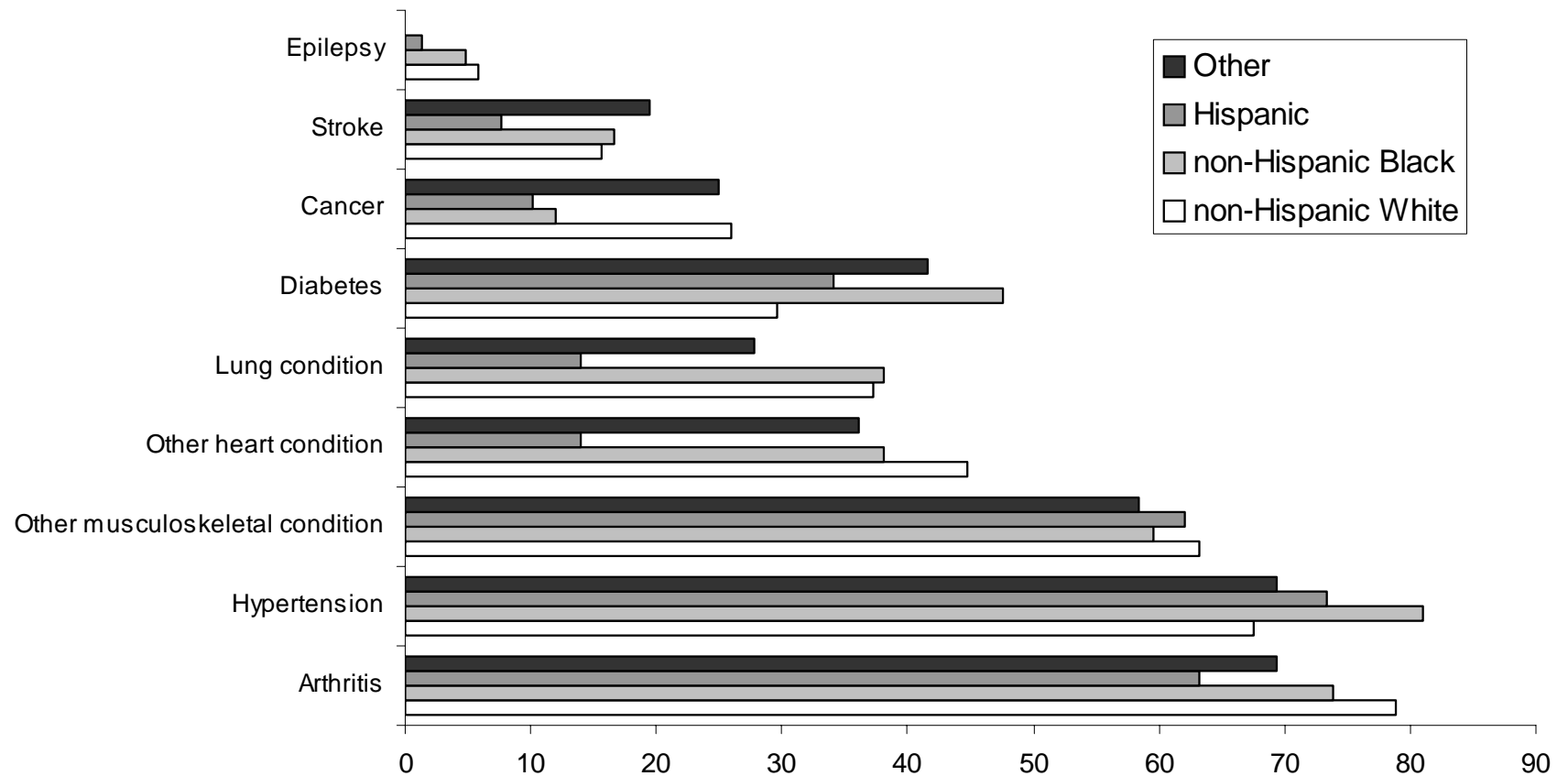
- ‘Other’ minorities were more likely to report being in poor or fair health compared to Whites, Blacks, and Hispanics.

Figure 38. Change in Health Status Over One Year



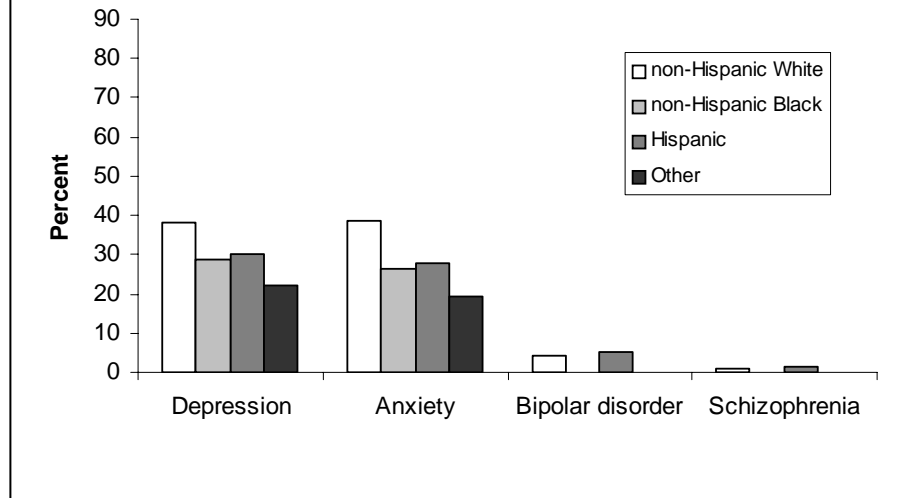
- 40% of non-Hispanic Whites reported that their health worsened in the past year.

Figure 39. Select Medical Conditions – Physical



- Hispanics reported a lower prevalence of many medical conditions compared to other groups, while Blacks reported higher levels of diabetes and hypertension than others.

Figure 40. Select Medical Conditions – Mental



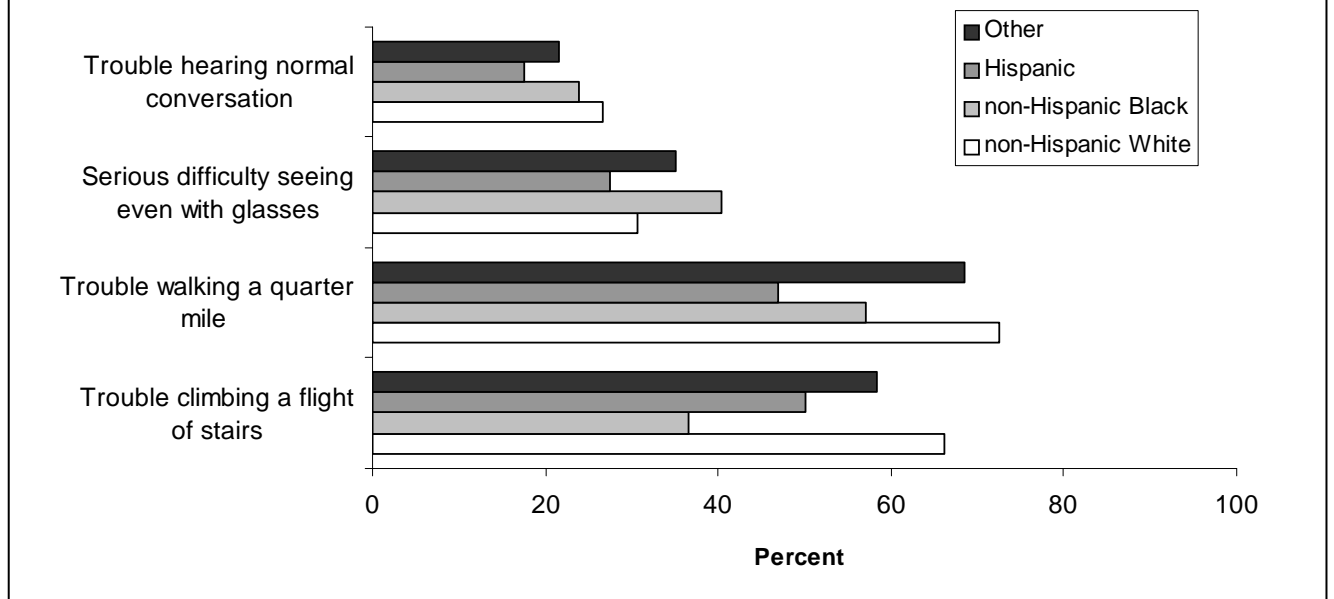
- Whites appeared to be more likely to report depression and anxiety than other racial/ethnic groups.

Table 7. Health in Past Month

	non- Hispanic White	non- Hispanic Black	Hispanic	Other	Total
	%	%	%	%	%
In the past month, number of days...					
Unable to do usual activities due to poor health					
No days	58.8	70.0	71.8	55.6	61.2
1 to 29 days	22.9	12.5	16.7	30.6	21.8
30 days	18.3	17.5	11.5	13.9	17.1
Pain made it hard to do usual activities					
No days	45.5	50.0	63.3	46.0	48.3
1 to 29 days	26.2	35.0	25.3	24.3	26.6
30 days	28.3	15.0	11.4	29.7	25.2
Physical health not good					
No days	38.0	35.9	52.6	21.2	38.9
1 to 29 days	36.0	38.5	24.4	51.5	35.5
30 days	26.0	25.6	23.1	27.3	25.6
Mental health not good					
No days	62.1	70.7	79.5	69.4	65.6
1 to 29 days	25.9	29.3	14.1	25.0	24.5
30 days	12.0	0.0	6.4	5.6	9.9
Felt depressed					
No days	42.5	50.0	52.6	61.8	45.6
1 to 29 days	45.4	50.0	34.6	26.5	43.1
30 days	12.1	0.0	12.8	11.8	11.4
Felt anxious					
No days	43.9	45.0	44.7	55.9	44.9
1 to 29 days	40.4	45.0	40.8	29.4	40.1
30 days	15.7	10.0	14.5	14.7	15.1

- Blacks and Hispanics report less limitation in their activities due to pain.
- Overall, Hispanics rated both their physical and mental health more favorably than other groups.

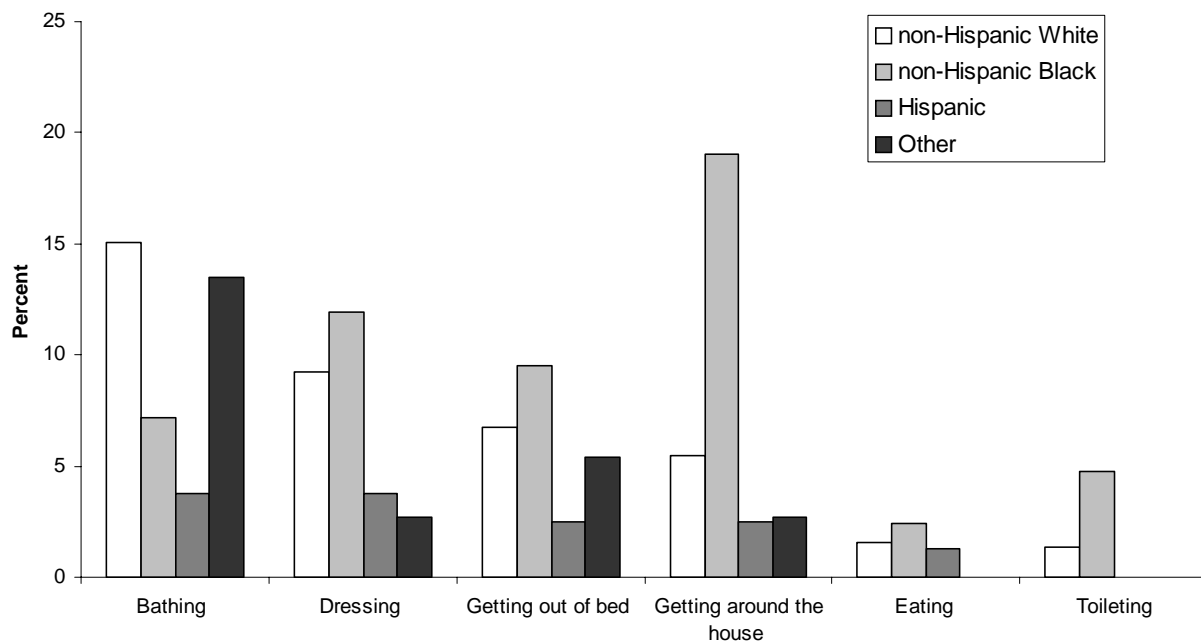
Figure 41. Impairment



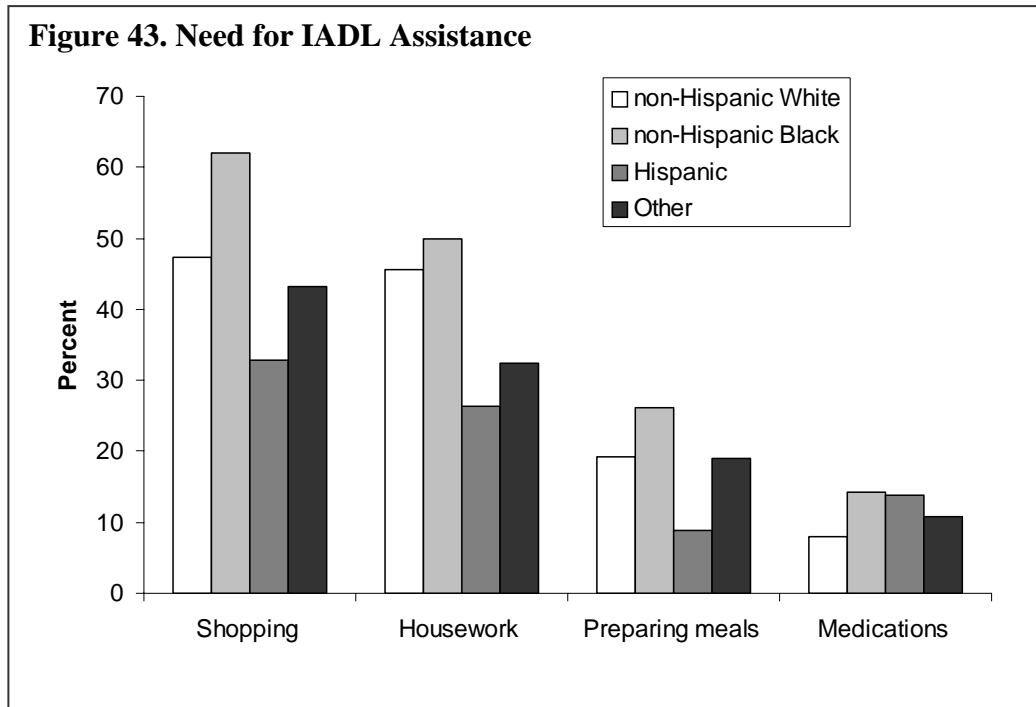
- Whites and “other” ethnicities report higher levels of physical impairment than other groups.
- Hispanics report lower levels of sensory and physical impairment more generally.

Need and Unmet Need for Personal Assistance

Figure 42. Need for ADL Assistance

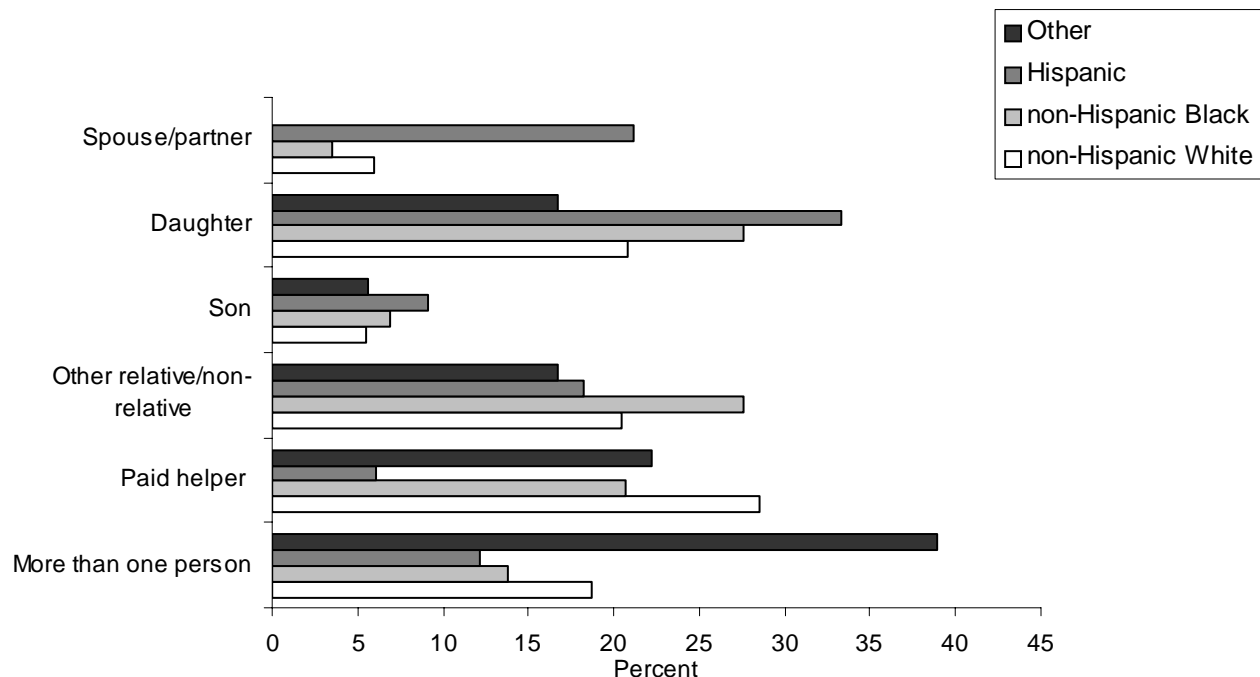


- The prevalence of need for help with each ADL need was quite distinct by race and ethnicity.
- With the exception of bathing, Blacks reported higher levels of need for help with daily activities than other groups.
- Hispanics reported low levels of ADL need.
- 21% of those with need reported some unmet need (not shown). There were too few minorities with need to report unmet need by race/ethnicity.



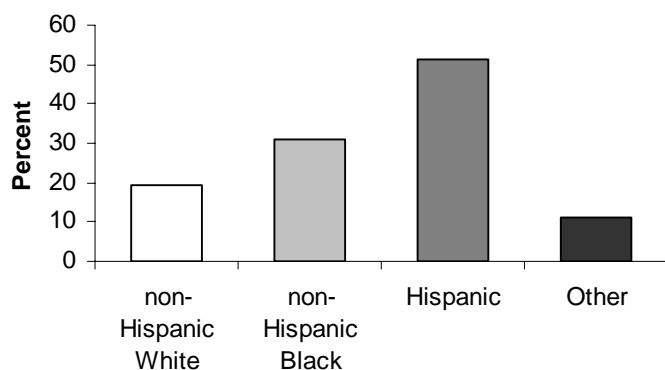
- As with ADLs, Blacks generally reported a higher level of need for IADL assistance than other groups, while Hispanics reported the lowest level of need, with the exception of help with medications.
- 24% of respondents with need reported at least some unmet need for IADL assistance (not shown).

Figure 44. Relationship of Primary Caregiver to Recipient



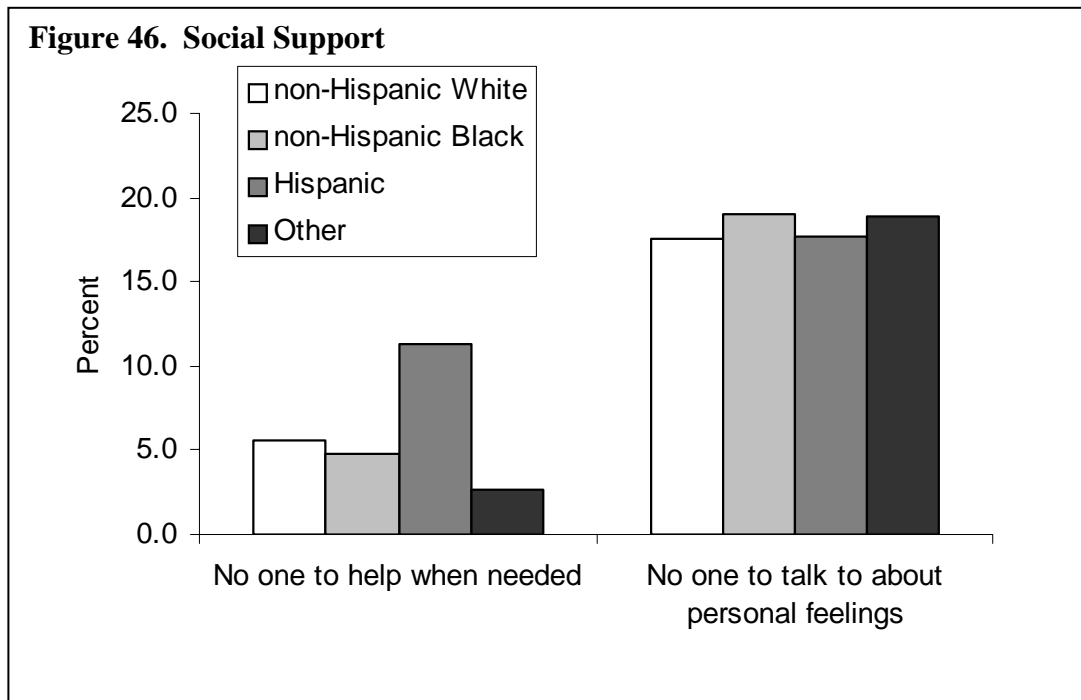
- Hispanics were much more likely than other groups to receive help primarily from a spouse.
- Blacks and Hispanics were more likely to be receiving help from a daughter than Whites or Others.
- Whites were the most likely to be receiving help from a paid helpers.

Figure 45. Does This Person Live With You?



- Hispanics were the most likely to live with their primary caregiver compared to the three other groups.

Social Support



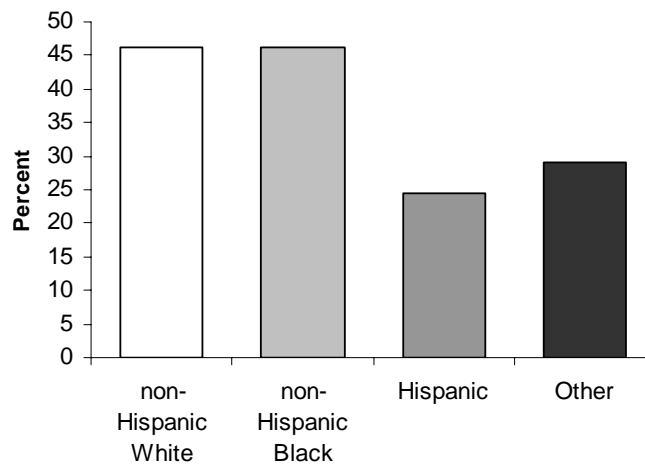
- Hispanics appeared to be the most likely to have no one to help when needed.
- A lack of emotional support is more prevalent among all groups than the availability of support in general.

Social Participation

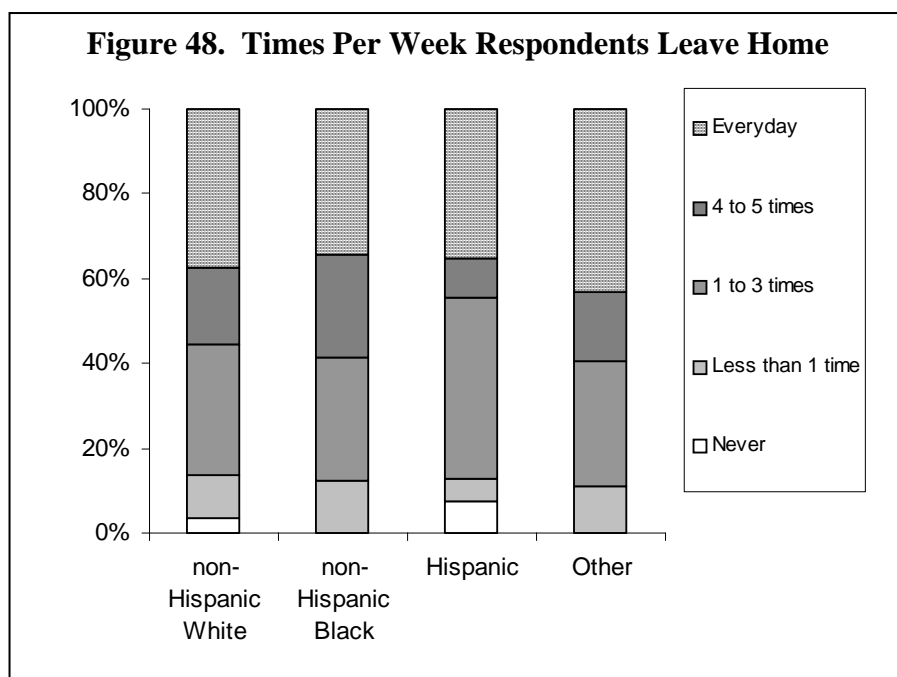
Table 8. Social Activities in the Past Two Weeks

	non-Hispanic White	non-Hispanic Black	Hispanic	Other	Total
	%	%	%	%	%
During past two weeks, did you...					
Socialize with friends or relatives	78.2	81.0	52.5	75.7	74.8
Go out to eat at a restaurant	54.4	38.1	23.8	51.4	49.0
Go to a church or other place of worship	31.1	61.9	71.3	46.0	39.5
Go to a social event	27.4	19.1	15.0	16.2	24.5
Do volunteer work	18.7	16.7	16.3	16.2	18.1

Figure 47. Percent of Respondents Who Would Like To Be Doing More



- Hispanics were the most likely to attend church in the past two weeks, but were generally less likely than all other groups to do any other social activity.
- Despite this, Hispanics were less likely than Whites, Blacks and other minorities to desire to be doing more.



- Approximately 10% of all groups left their homes less than once per week.

Table 9. Social Isolation

	non-Hispanic White	non-Hispanic Black	Hispanic	Other	Total
	%	%	%	%	%
Unable to leave home alone	13.8	11.9	17.5	16.2	14.3
Reason for not being able to leave home alone (n=86)					
Too sick to go out alone	44.3	--	35.7	50.0	46.5
Mobility problems	44.3	--	7.1	16.7	34.9
Cannot get downstairs alone	41.0	--	0.0	33.3	33.7
Too nervous to go out alone	39.3	--	7.1	16.7	33.7
Fearful	23.0	--	42.9	16.7	24.4
No sidewalks	24.6	--	7.1	16.7	19.8
Other	11.5	--	14.3	16.7	14.0
Confused when out alone	8.2	--	28.6	16.7	12.8
Too depressed to go out alone	14.8	--	0.0	0.0	10.5
Cannot open door alone	9.8	--	0.0	33.3	9.3

Note: Too few to include.

- Illness, impairment, fear and confusion influenced the ability to leave home alone.

Health Services Utilization

- The vast majority of respondents had a usual place of care, most commonly a private doctor's office, though Hispanics and other minorities were less likely than Whites and Blacks to have a regular doctor or health care provider.

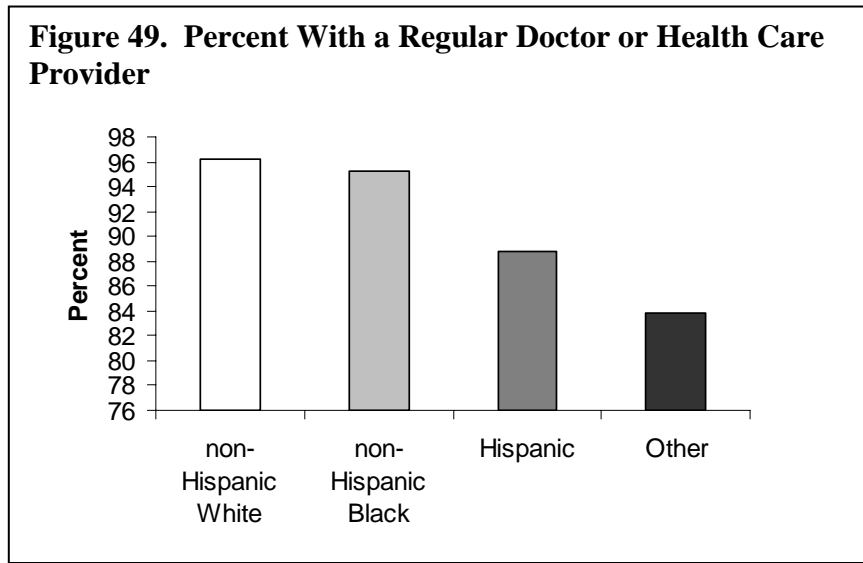
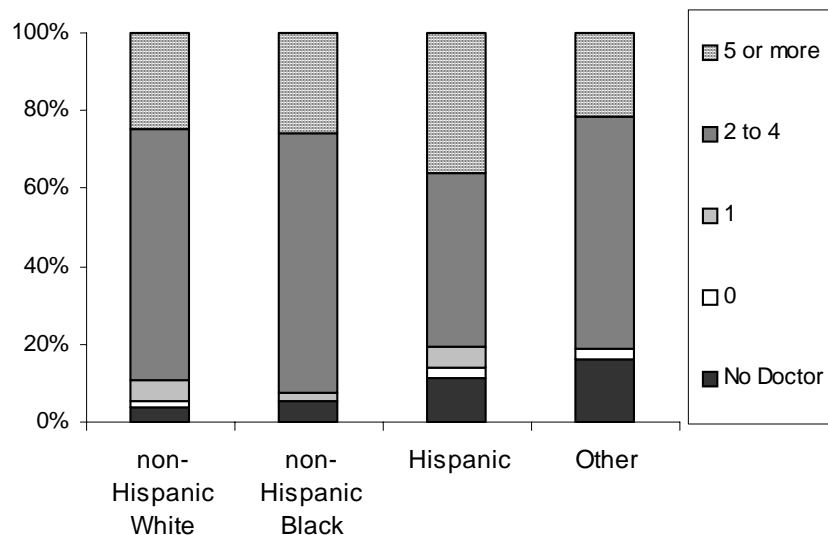


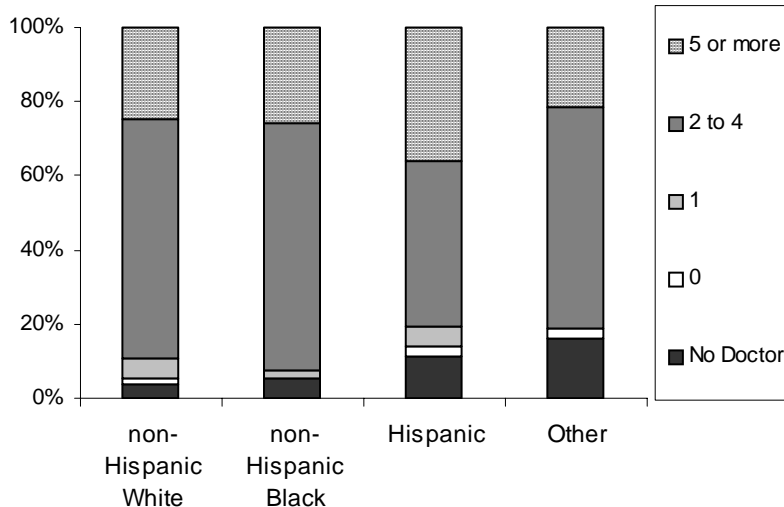
Figure 50. Number of Visits With Own Doctor

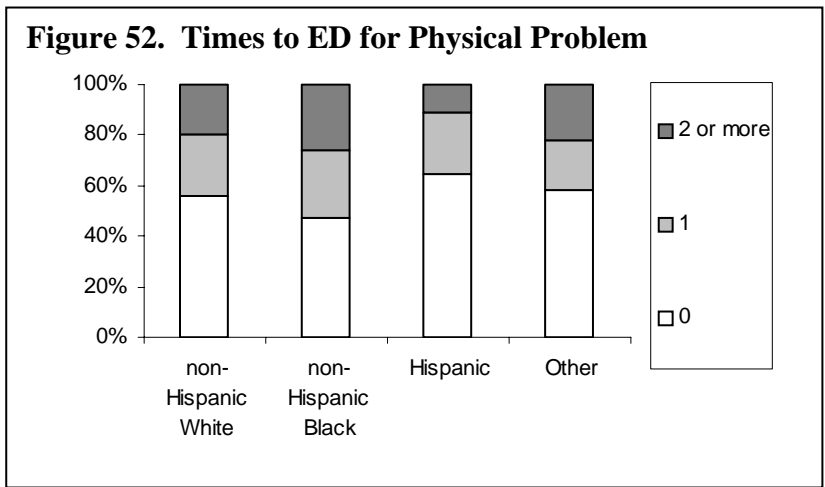


- Racial and ethnic minorities are less likely to have a regular doctor compared to Whites.
- Those who have one, however, see them as much, if not more than their White counterparts.

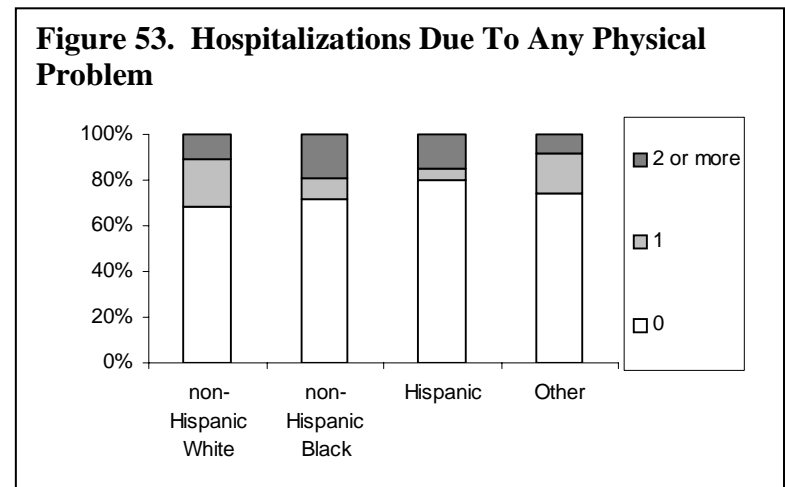
- Hispanics are more likely than other groups to see doctors other than their primary doctor.

Figure 51. Number of Other Doctors Seen in Past Year

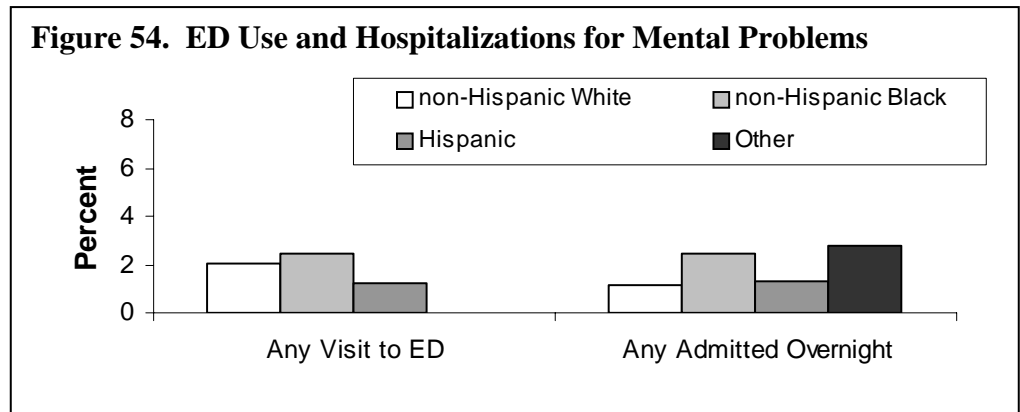




- Blacks appear to be more likely than other groups to have visited the ED at least once in the past year.



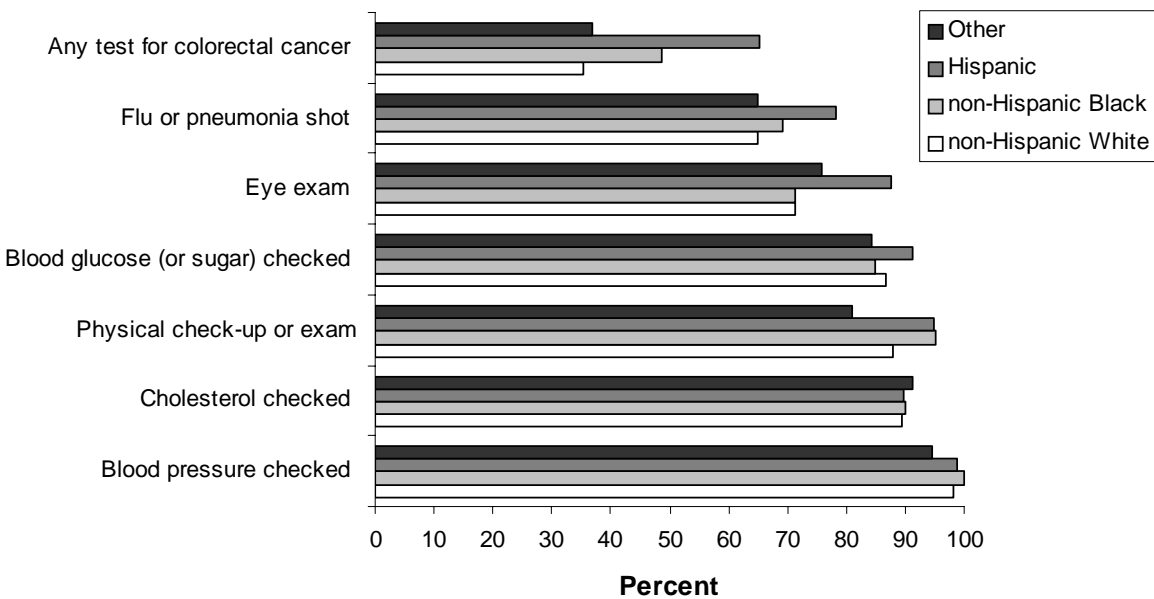
- They are not more likely, however, to have spent overnight in the hospital.



- Visits to the hospital for mental health problems are rare for all groups.

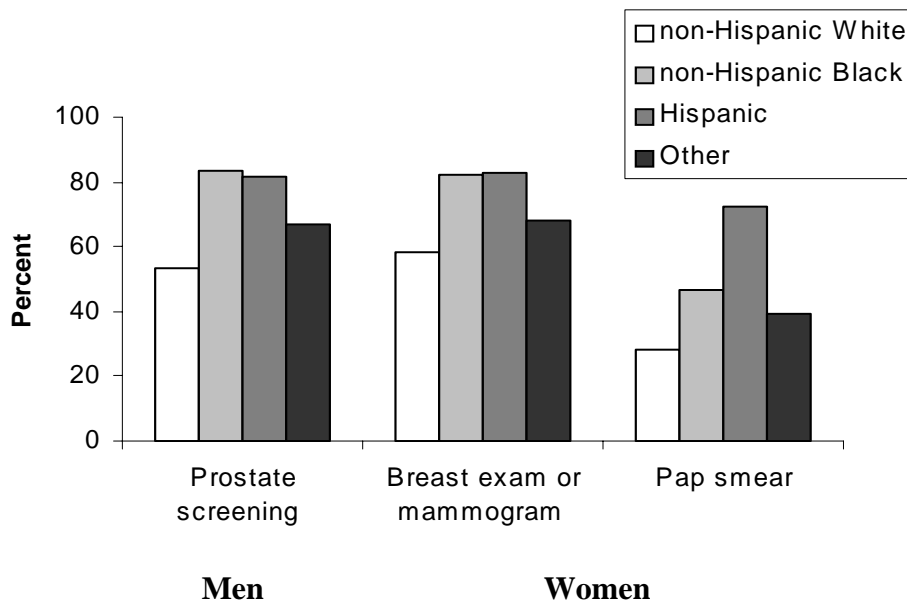
Health Promotion/Disease Prevention Services

Figure 55. Preventive Services in Past Year



- Hispanics had consistently high rates of preventative services compared to other groups.
- The administration of flu/pneumonia shots, tests for colorectal cancer, and eye exams should be improved for all groups, particularly non-Hispanics.

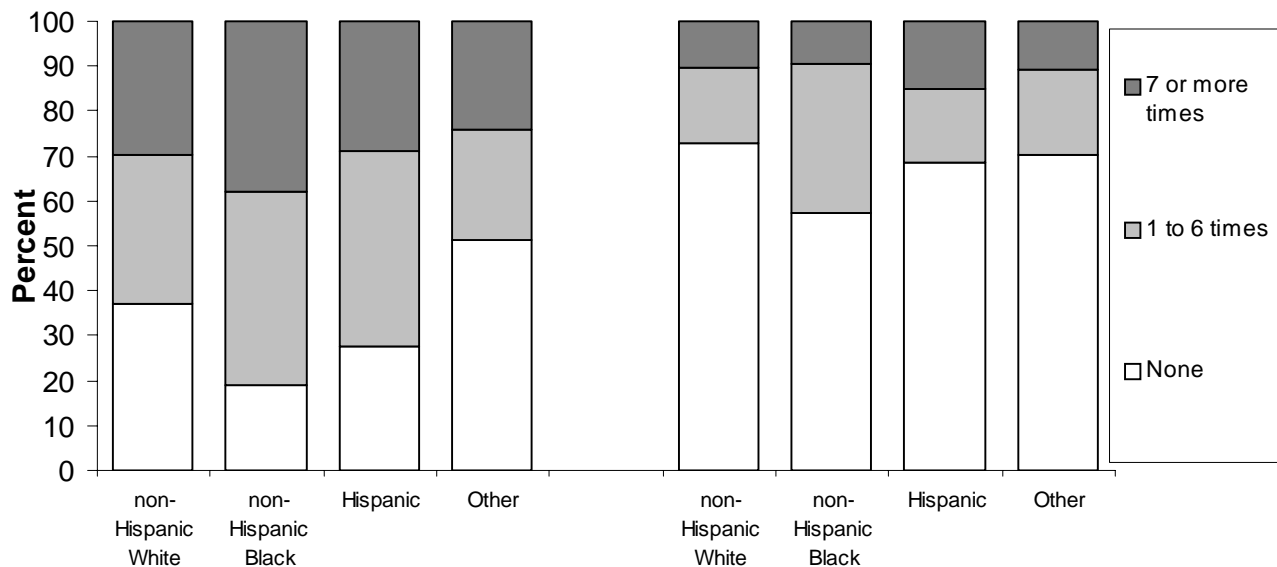
Figure 56. Preventive Services in Past Year – Gender-specific screenings



- Non-Hispanic Whites are least likely of all groups to get gender-specific screenings.

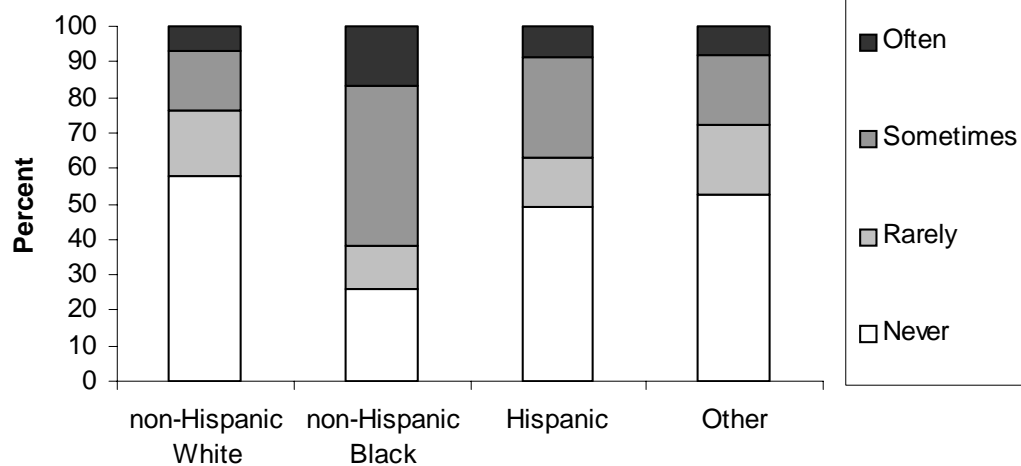
Exercise

Figure 57. Mild and Moderate Exercise in the Past Week



- Blacks reported higher levels of mild and moderate exercise than other groups.
- They were also more likely to work up a sweat.

Figure 58. Worked Up a Sweat



Note: *Mild exercise* was defined as exercise requiring minimal effort, which lasts more than fifteen minutes such as fishing, stretching, and easy walking. *Moderate exercise* was exercise that is not exhausting, which lasts more than fifteen minutes such as fast walking, easy bicycling, easy swimming, aerobics, and dancing.

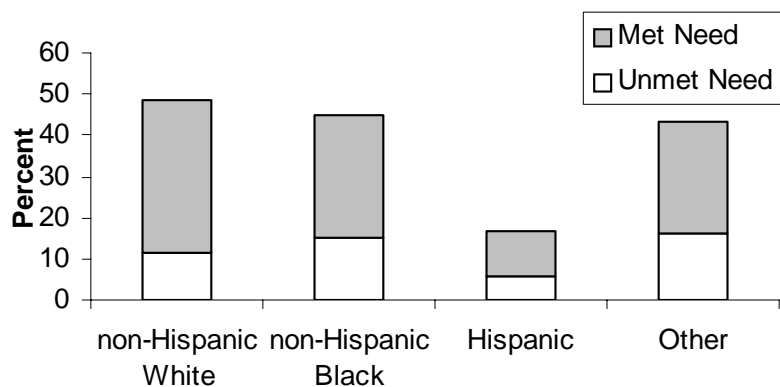
Need and Unmet Need for Health Related Services

Table 10. Need and Unmet Need for Health Related Services in Past Year

Need for Service					
	non-Hispanic White	non-Hispanic Black	Hispanic	Other	Total
	%	%	%	%	%
In the past year, did you need....					
Glasses/contact lenses	42.7	48.8	26.6	58.3	41.9
Dental care	42.6	50.0	26.6	40.5	40.9
Disposable medical equipment	34.4	29.3	10.0	37.8	31.0
Home health aides/personal care services	34.6	26.2	5.0	32.4	30.0
Physical Therapy	31.2	36.6	13.8	25.0	28.9
Nutrition counseling	10.3	19.1	5.0	5.4	9.9
Mental health counseling	11.0	2.4	1.3	0.0	8.5
Hearing aide	8.6	7.3	2.6	8.1	7.7
Speech therapy	1.4	2.4	0.0	0.0	1.2
Drug/alcohol therapy	1.4	0.0	1.3	0.0	1.2
Medicaid Information	24.8	40.5	10.0	30.6	24.3
AMONG THOSE IN NEED					
Unable to Get Any or Enough Service					
In the past year, did you need....					
Glasses/contact lenses	23.0	30.0	14.3	23.8	22.9
Dental care	43.5	75.0	57.1	53.6	48.2
Disposable medical equipment	15.7	8.3	50.0	0.0	15.5
Home health aides/personal care services	26.6	36.4	25.0	16.7	26.5
Physical Therapy	21.2	46.7	63.6	40.0	27.2
Nutrition counseling	34.8	--	--	--	36.7
Mental health counseling	30.6	--	--	--	31.4
Hearing aide	29.0	--	--	--	32.6
Speech therapy	--	--	--	--	42.9
Drug/alcohol therapy	--	--	--	--	33.3
Medicaid information	47.6	37.5	50.0	38.1	45.3
--Too few to include.					

- Hispanics generally report lower levels of need for services than other groups.
- Physical therapy and dental care are the two services with the most unmet need, particularly among racial and ethnic minorities.

Figure 59. Mobility Equipment



- Hispanics have less need for mobility equipment than other groups.

- Though less prevalent than mobility equipment needs, need and unmet need for bathroom modifications followed a similar pattern across groups.

Figure 60. Bathroom Modifications

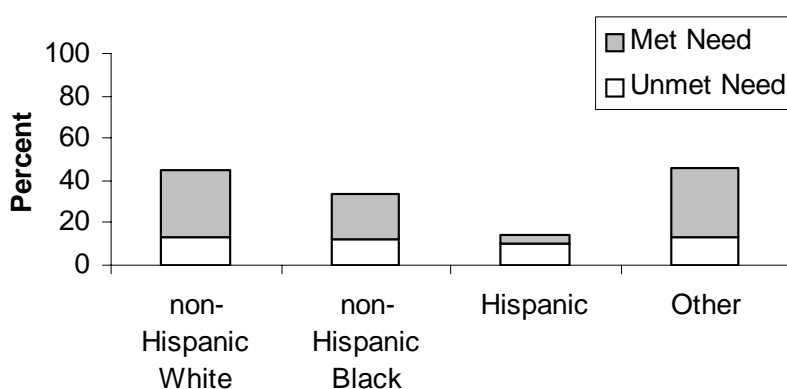
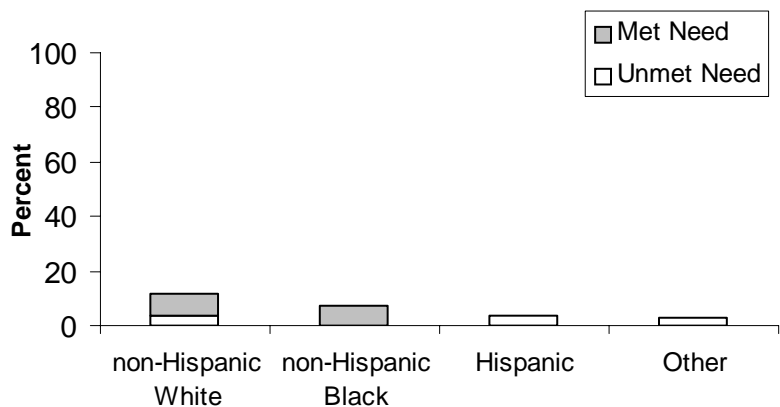


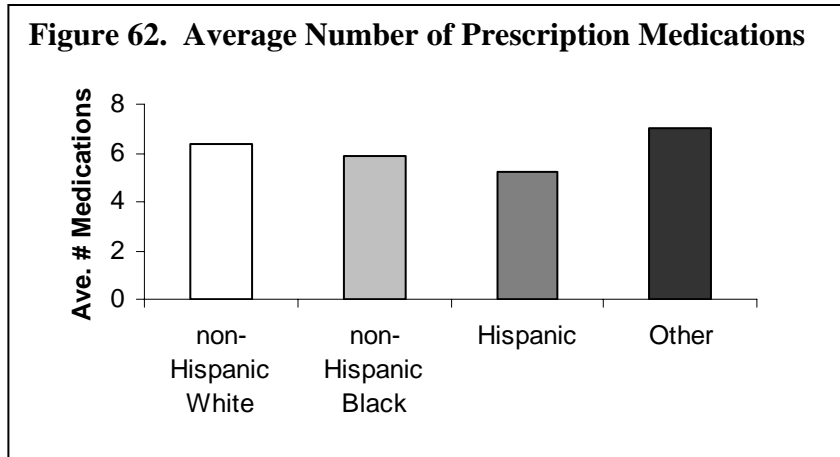
Figure 61. Home Modifications



- Reported need for home modifications is rare

Prescription Medications

- All racial and ethnic groups average at least four prescription medications per respondent.



- “Other” ethnicities appear to have the most difficulty getting the prescription medications they need.

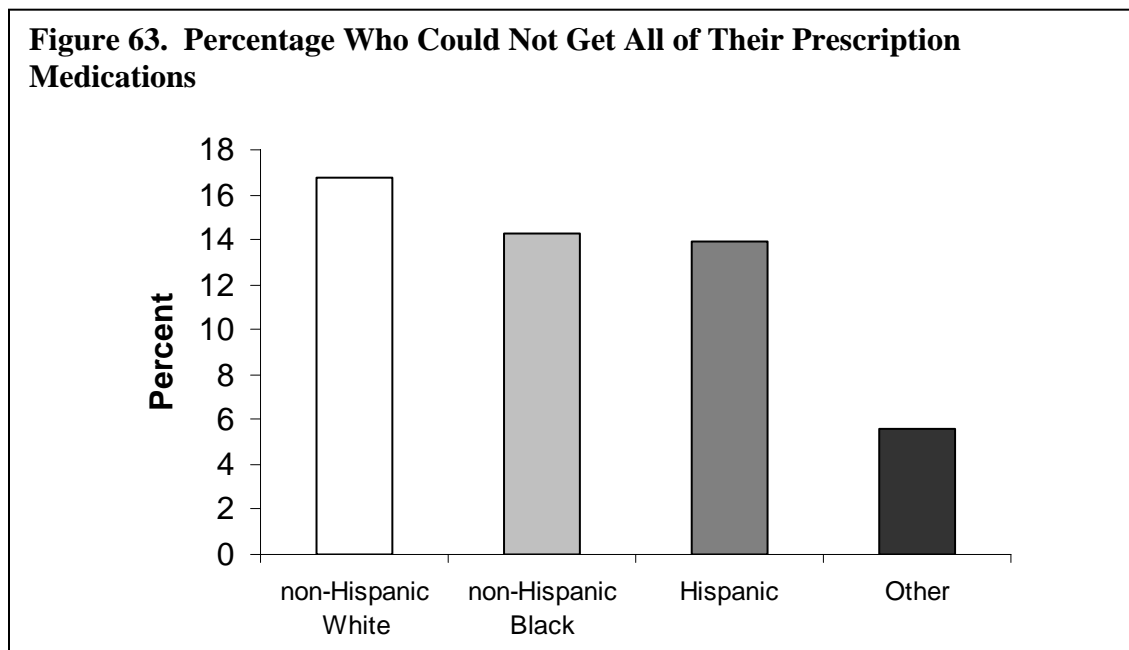
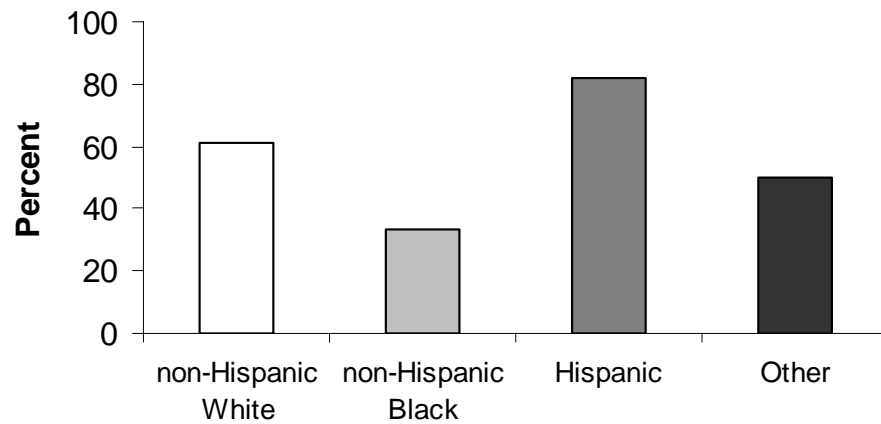
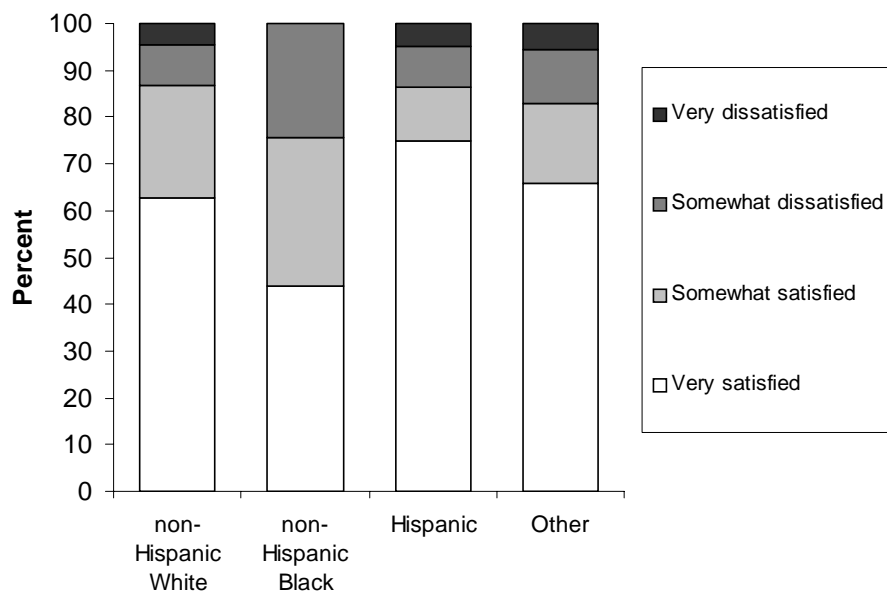


Figure 64. Among Those Who Could Not Get All of Their Prescription Medications, Those Who Could Not Because Their Medicare Prescription Drug Plan Did Not Cover It



- Hispanics were the most likely to report that their Medicare plan did not cover needed prescriptions.

Figure 65. Overall Satisfaction with Medicare Drug Plan



- Satisfaction with the Medicare Drug Plan does not appear to coincide with its coverage limitations.

Knowledge of Advance Directives

Figure 66. Living Will

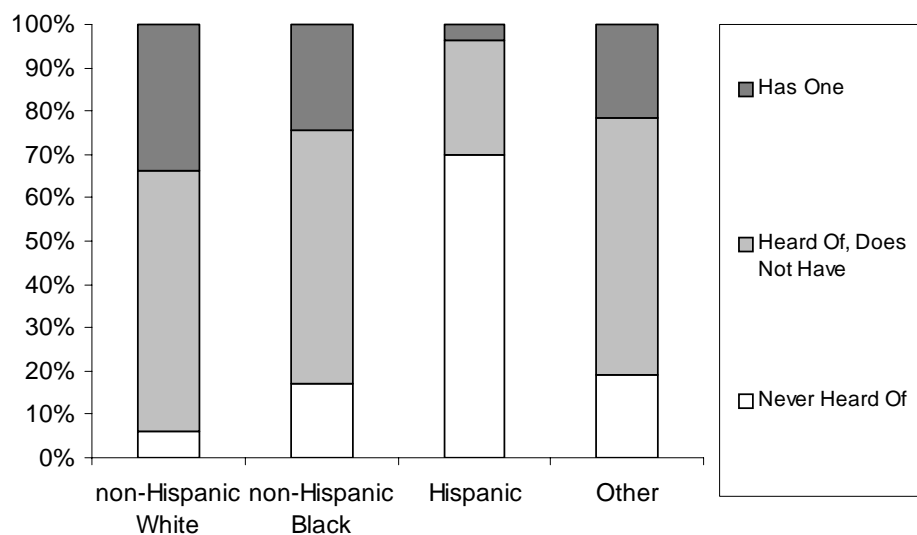
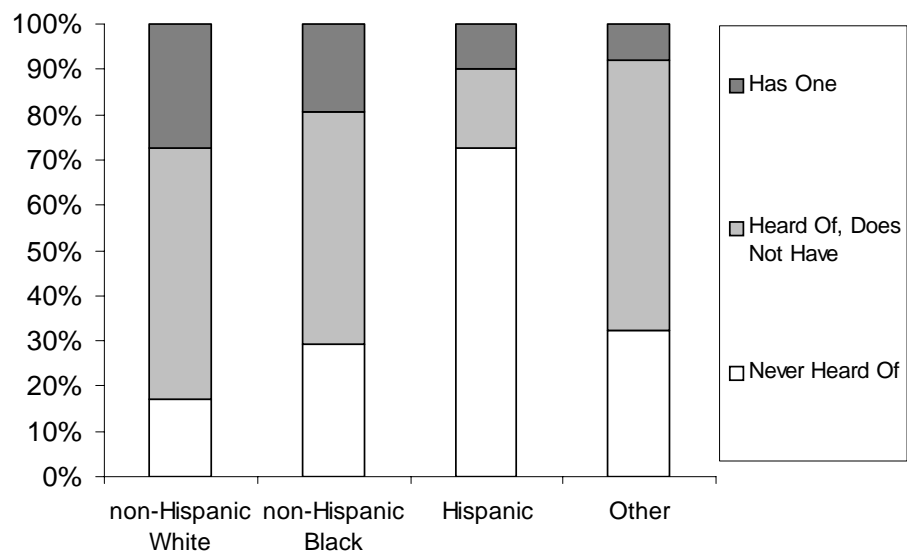


Figure 67. Durable Power of Attorney



- Whites are most likely to have heard of, and to have, either a Living Will or Durable Power of Attorney.