TRELLIS

A Juniper White Paper

Older Adult Home and Community-Based Services Needs Survey

July 2022

Juniper is a program of the nonprofit, Trellis, through its wholly owned subsidiary, Innovations for Aging D/B/A Trellis. Through partnerships with community organizations and healthcare organizations, we work to bridge social care and medical care to produce positive health outcomes for individuals and communities.

INTRODUCTION

The missions of Juniper and its parent organization, Trellis, are focused on promoting the health and well-being of older adults in Minnesota by providing and funding services and programs that allow older adults to remain safely in their homes and communities.

In the past, only a limited number of older adults could privately fund their use of home and community-based services (HCBS). Those who could not privately finance these services were left to navigate a fragmented system of services funded by the Older Americans Act, Minnesota's Elderly Waiver through Medicaid, and, under very strict conditions, under Medicare Part B at reduced or no cost.

However, in 2018 and 2019, the Centers for Medicare and Medicaid Services (CMS) released guidance allowing reimbursement under Medicare Advantage (MA) plans for a wide variety of HCBS interventions, starting with what it termed primarily health-related benefits (PHBs) and then Special Supplemental Benefits for the Chronically Ill (SSBCI), which allowed health plans to consider social determinants of health as qualifiers for HCBS, beyond the health-related criteria required under PHB rules.

Although the number of health plans including at least some of these services in Medicare Advantage benefits packages held by health plans based in Minnesota has increased, the number of the benefits offered is still limited. In many cases, there is strict capitation around the amount and duration of benefit usage, usually tied to the post-discharge status of the member.

Our goal in this survey of older adults in Minnesota was to learn:

1. On a granular level, what services and supports older adults feel they need to live independently in their own homes.
2. Their awareness of, and willingness to use, the currently available HCBS if they were to need them.
3. How they would obtain those services if they were to need them without reference to payment or reimbursement.
4. The likelihood of their utilization of those services if they were available through their health plan and how that availability would influence their choice of health plans in the future.

We also included a separate section of the survey to understand older adults' technology usage and trusted sources of healthcare information. We recognize the current uncertainty around the best methods to reach older adults, how COVID-19 has limited direct delivery of services in many healthcare practice areas, and the ability to communicate face-to-face. We wanted to better understand how, in the future, to optimize the delivery mechanisms and information sources for the important healthcare information needed by this population.

By having this information, health plans, healthcare providers, community-based organizations, and other stakeholders will be better positioned to tailor future HCBS-related benefits and services offerings to the needs of their members, patients and communities served. Moreover, ~~this~~ the data can also facilitate planning around the ability of HCBS-related providers across the state to meet the growing need for those services on multiple levels, including workforce planning, referral methodologies, competitive reimbursement structures and more.

METHODOLOGY

The survey was developed with all scored questions mandatory to ensure a comprehensive data set. For the first part of the survey, which was specific to HCBS, respondents who lived in non-congregant settings — as identified through the demographic questions — were given three choices in terms of the HCBS they would be more or less likely to use, without an "I'm not sure" option, but with a fill-in choice for other services they might want. All services listed are currently or potentially available under Minnesota Elderly Waiver or CMS MA benefits, or on a private pay/fee-for-service basis through various channels. These benchmark-setting questions were asked because of our expectation that these services, conceptually, might not have been even a consideration for many respondents prior to taking this survey and we wanted to force a response to gain a complete understanding of the need for and/or appeal of these services. Other questions unrelated to specific services allowed for an "I'm not sure" response to gain a more nuanced understanding of respondents' perspectives.

For the brief technology and communications section of the survey, similar protocols were followed in developing the questions as in the previous section. These were answered by all survey respondents, regardless of their home setting.

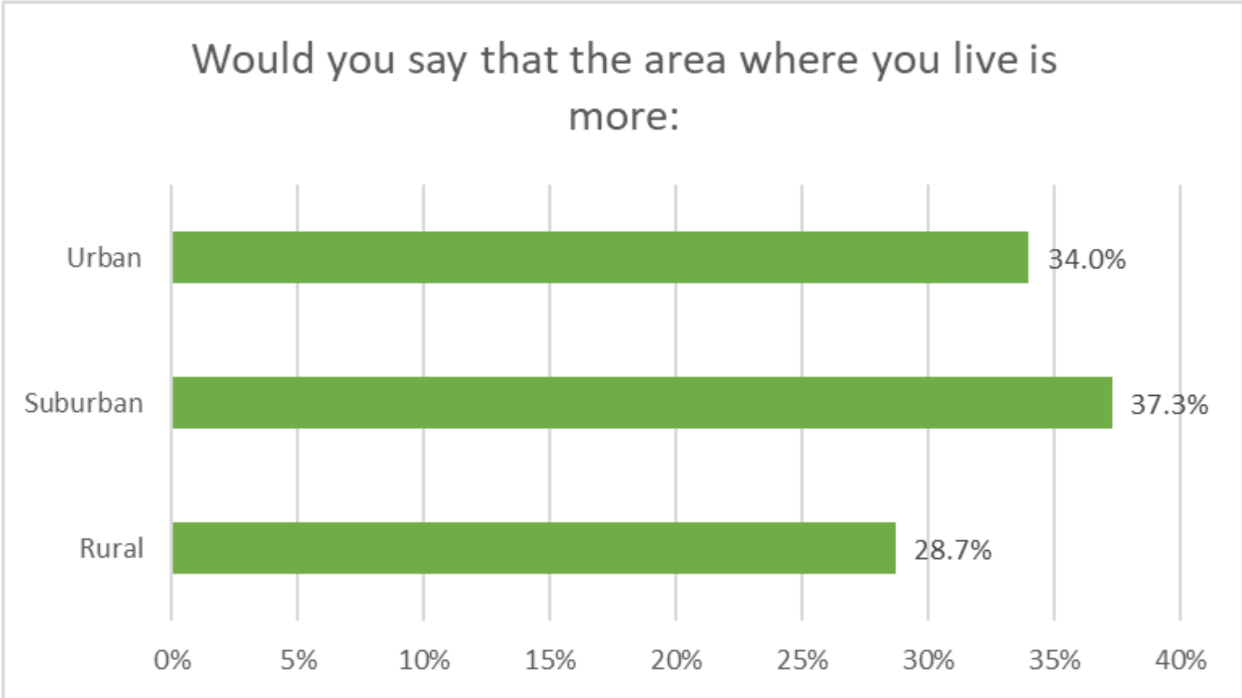
The surveys were sent via email in September 2021. The survey was delivered to a Minnesota statewide sample of 3,012 former participants in Juniper evidence-based health promotion classes for whom we had email addresses. There were 275 completed surveys, representing a 95% confidence level with a +/- 5.5% margin of error against a Medicare (2020) population in Minnesota of 1,040,000[1]. The email was sent from opinion@yourjuniper.org with a subject line of "Share Your Insights With Juniper (Chance to Win a $50 Visa Gift Card!)." Respondents accessed an online survey instrument through a link in the email, which compiled results and screened for non-completes. Two additional sends of the survey were deployed later to the same group, excluding those who had initially responded and non-deliverables. The survey was held open for a total of 24 days.

[1] https://www.kff.org/medicare/state-indicator/total-medicare-beneficiaries/?currentTimeframe=0&selectedRows=%7B%22states%22:%7B%22minnesota%22:%7B%7D%7D%7D&sortModel=%7B%22colId%22:%22Location%22,%22sort%22:%22asc%22%7D

We collected data via Survey Monkey and analyzed survey results in Microsoft Excel, which allowed for multivariate analysis across most survey fields. Most percentages cited in the document are rounded to the nearest whole number.

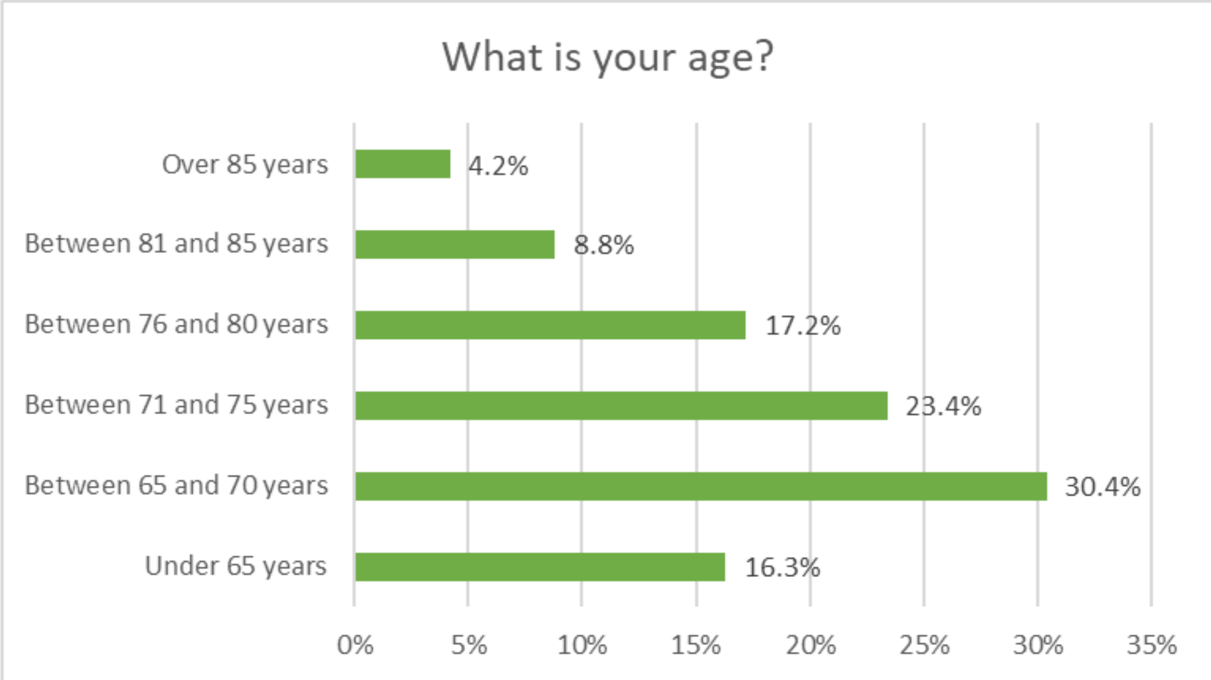
RESPONDENT DEMOGRAPHICS

Respondents skewed suburban and rural, with the percentage of rural respondents mirroring the 27% of the population in the 2010 U.S. Census.

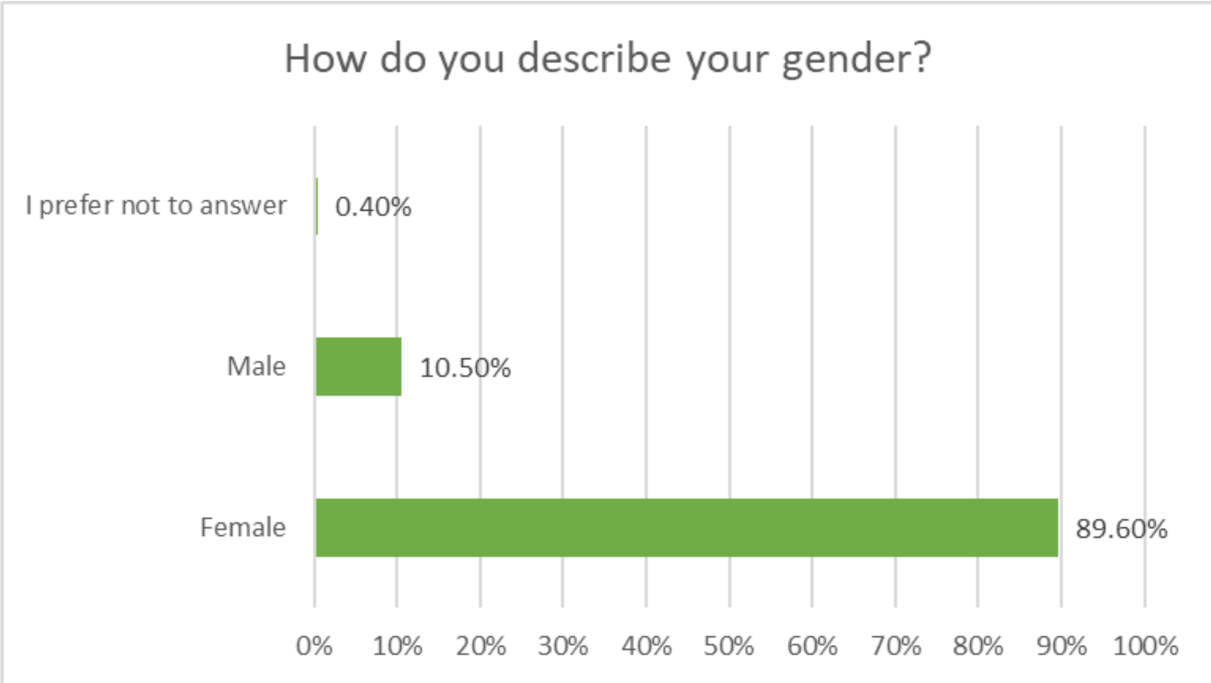


When asked, “What county in Minnesota do you live in?” from a drop-down list of all counties, respondents represented 45 of the 87 counties in the state, with 46% reporting that they lived in the seven-county metro area, which comprised 55% of the population in the 2020 U.S. Census. Thus, the survey respondent sample largely represented the Minnesota geographic distribution.

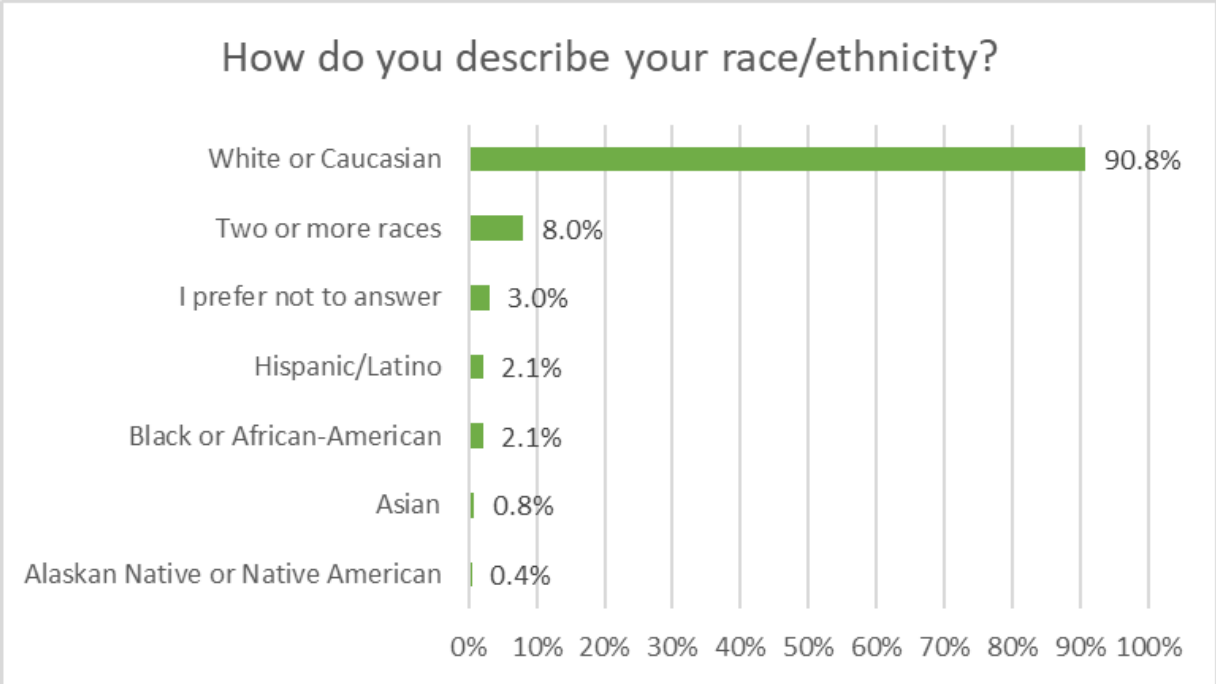
Respondents skewed slightly younger than the Medicare population in Minnesota, which is 88% 65+ vs. 12% under 65. We believe these results are likely due to sampling bias, as the Juniper sample includes class participants ages 55+.



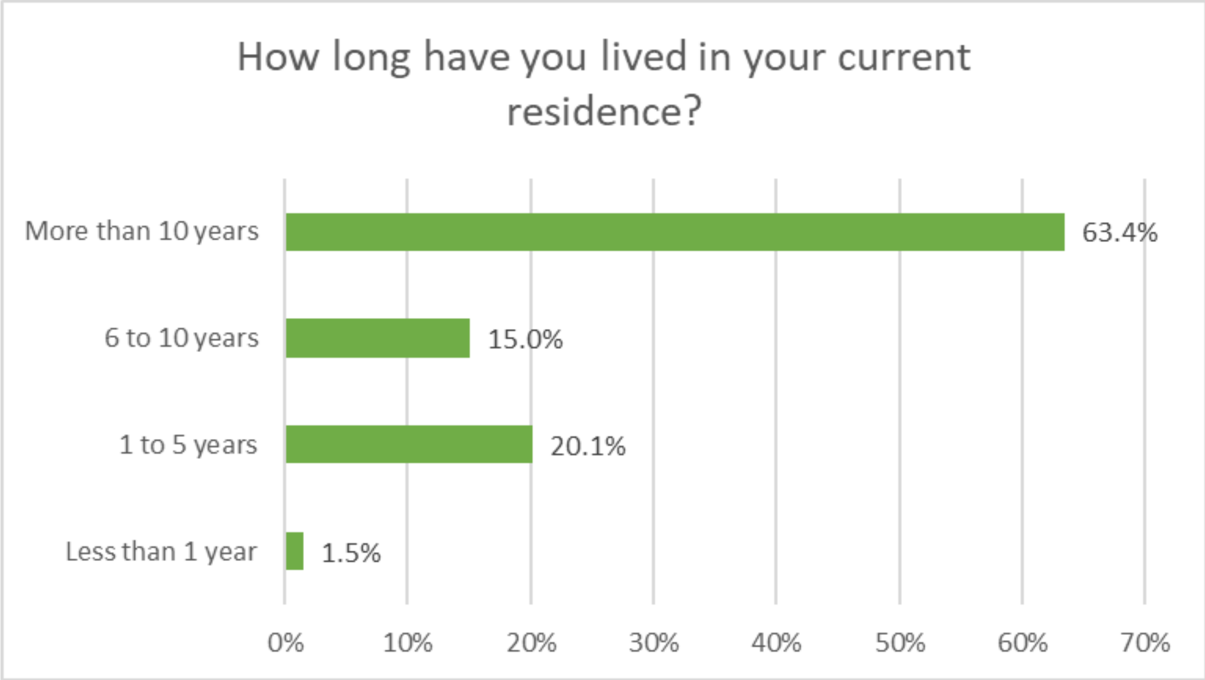
Respondents were overwhelmingly female vs. the 54% Medicare enrollees in Minnesota, likely due to sampling bias again, as the Juniper sample skews female. Race/ethnicity breakdowns were largely congruent with the 65+ population in Minnesota[2], skewing slightly higher for the White or Caucasian and Hispanic/Latino populations.

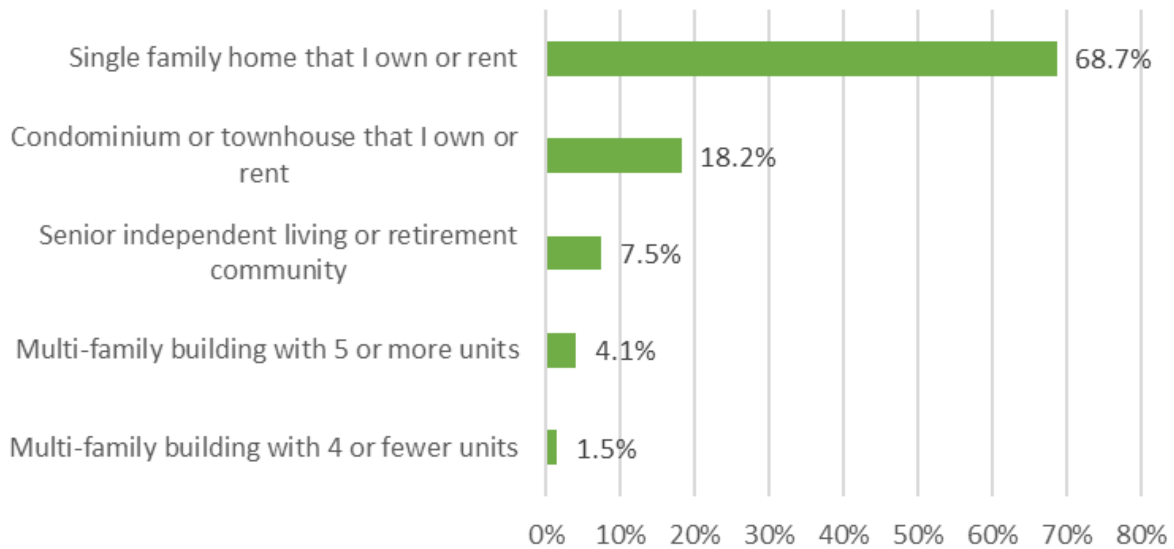


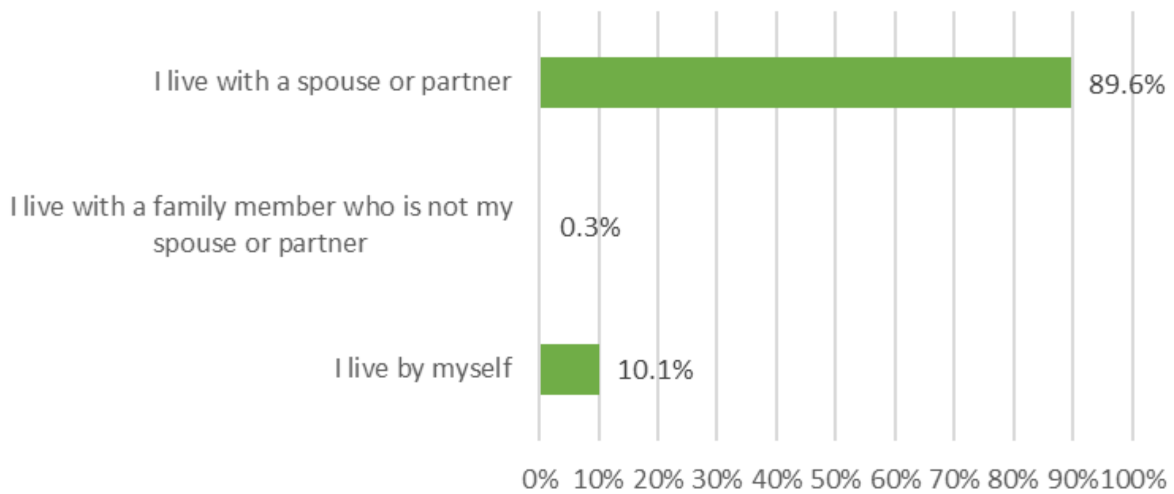
[2] https://www.mncompass.org/topics/demographics/age/older-adults



Almost 80% of the respondents to this survey have lived in their current residence for over five years, and those residences were predominately single-family homes. In addition, the vast majority of respondents live in their homes with another person, usually a spouse or partner.

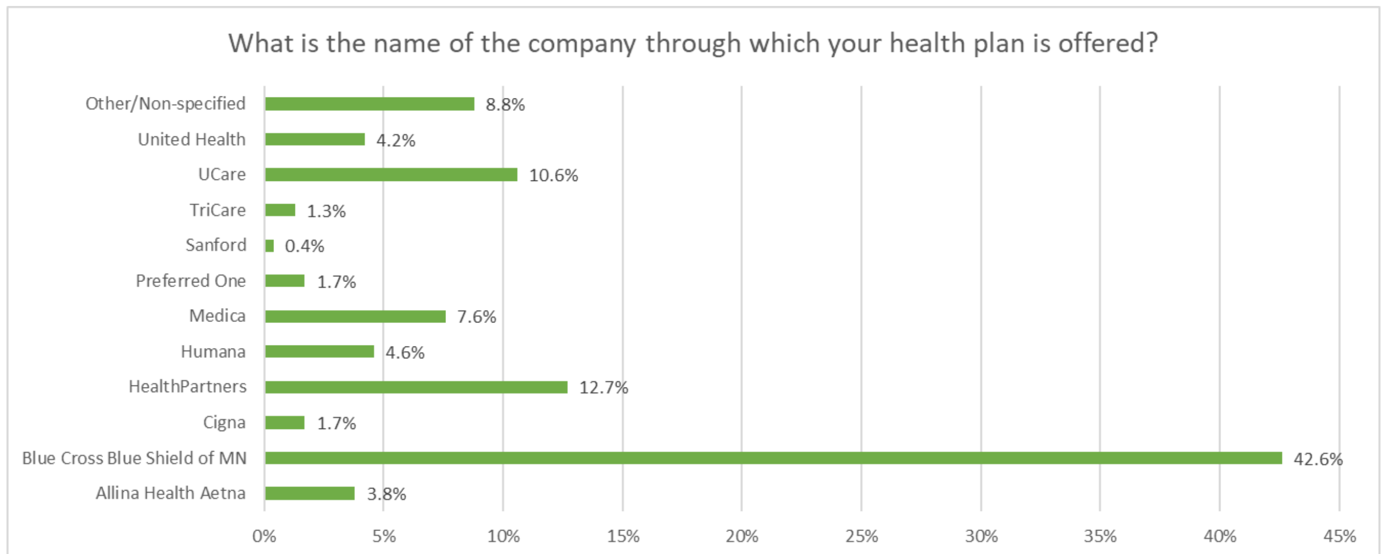


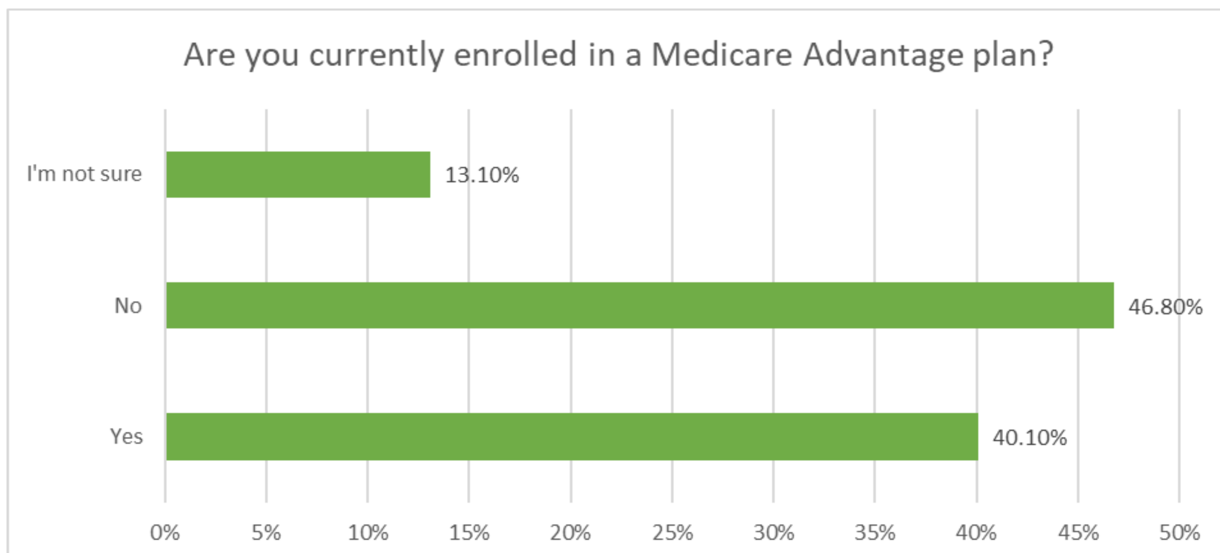

What best describes your current residence?
Single family home that I own or rent
68.7%
Condominium or townhouse that I own or rent
18.2%
Senior independent living or retirement community
7.5%
Multi-family building with 5 or more units
4.1%
Multi-family building with 4 or fewer units
1.5%
0% 10% 20% 30% 40% 50% 60% 70% 80%


Please tell us what best describes your current living situation.
I live with a spouse or partner
89.6%
I live with a family member who is not my spouse or partner
0.3%
I live by myself
10.1%
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

RESPONDENT HEALTH PLAN STATUS

Three-quarters of respondents who specified a plan were enrolled in local (vs. national) health plans. The percentage who were enrolled in Medicare Advantage plans vs. traditional Medicare was slightly lower (at 46.1% of those who knew what type of plan they were in) than the 51.8% Medicare Advantage market penetration in Minnesota in 2021.[3]





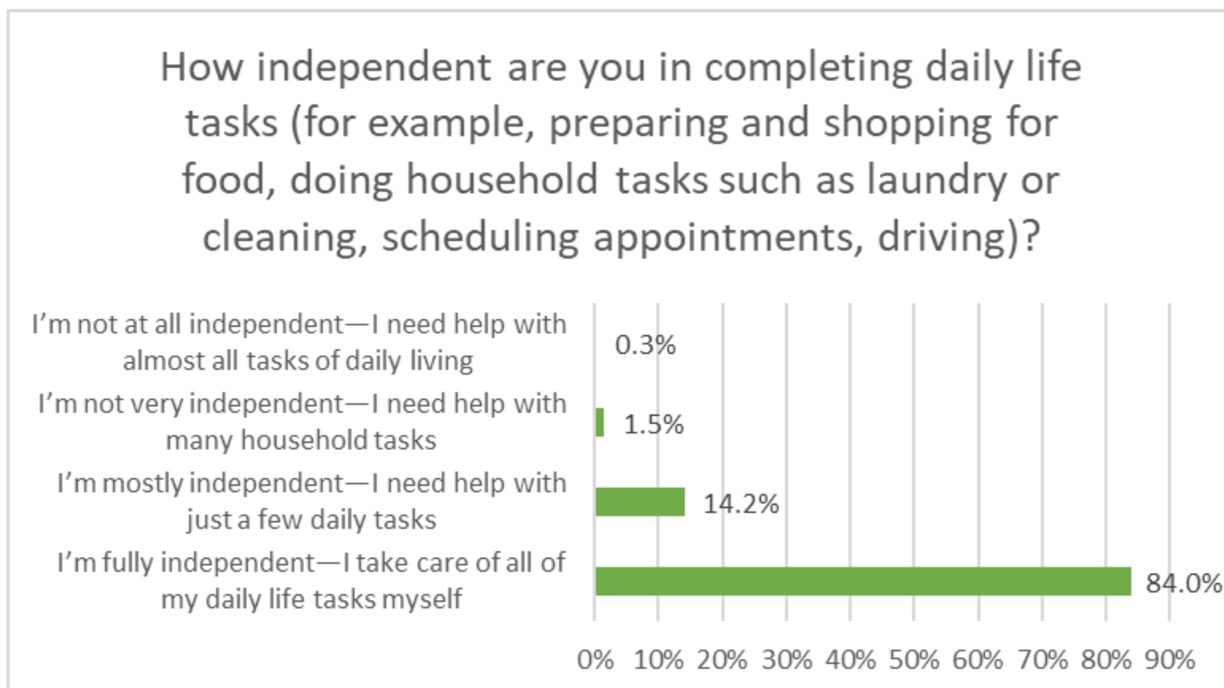
[3] https://www.kff.org/medicare/issue-brief/medicare-advantage-in-2021-enrollment-update-and-key-trends/

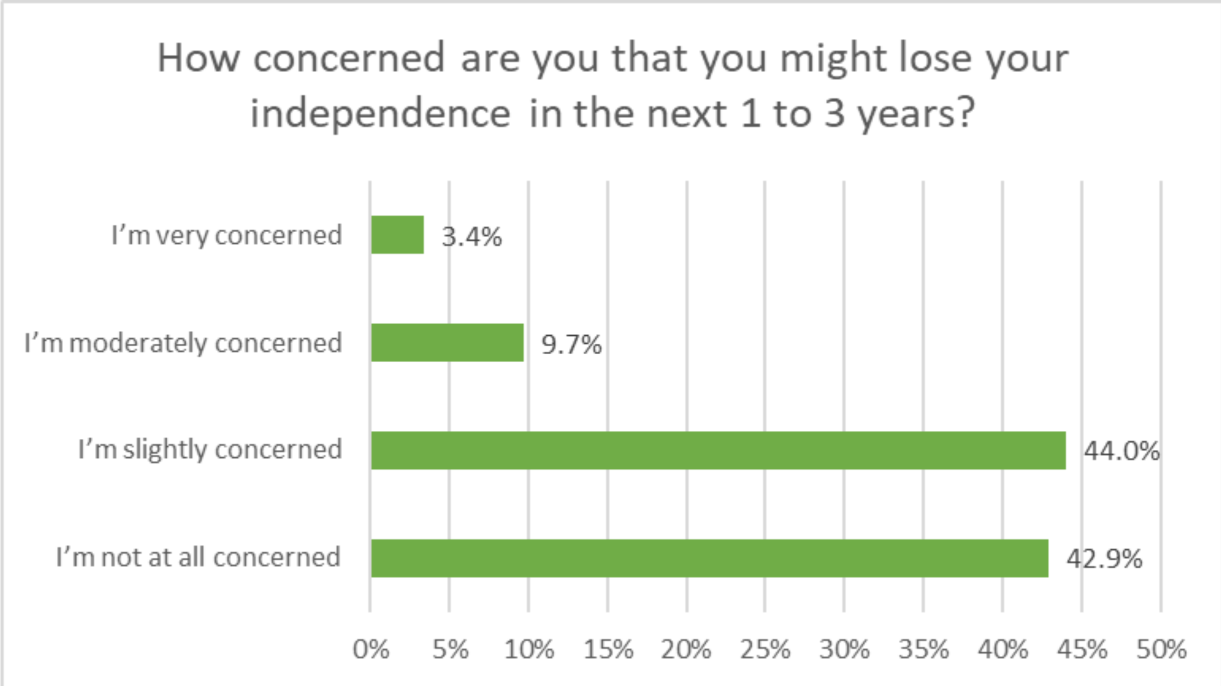
SURVEY RESULTS

Home and Community-Based Services

Our first set of questions set the stage for survey respondents to think about a future where they might need some services and supports to remain in their homes as they got older and what those supports might be. It is likely that at least some of them are or have been involved in caregiving activities for family members and friends, so they might be more familiar than others about the kinds of help they might need in the future.

Respondents overwhelmingly indicated that they were currently fully independent (84%), with another 14% saying they were mostly independent. However, over 50% indicated some level of concern that they might lose their independence in the nearer term of one to three years.



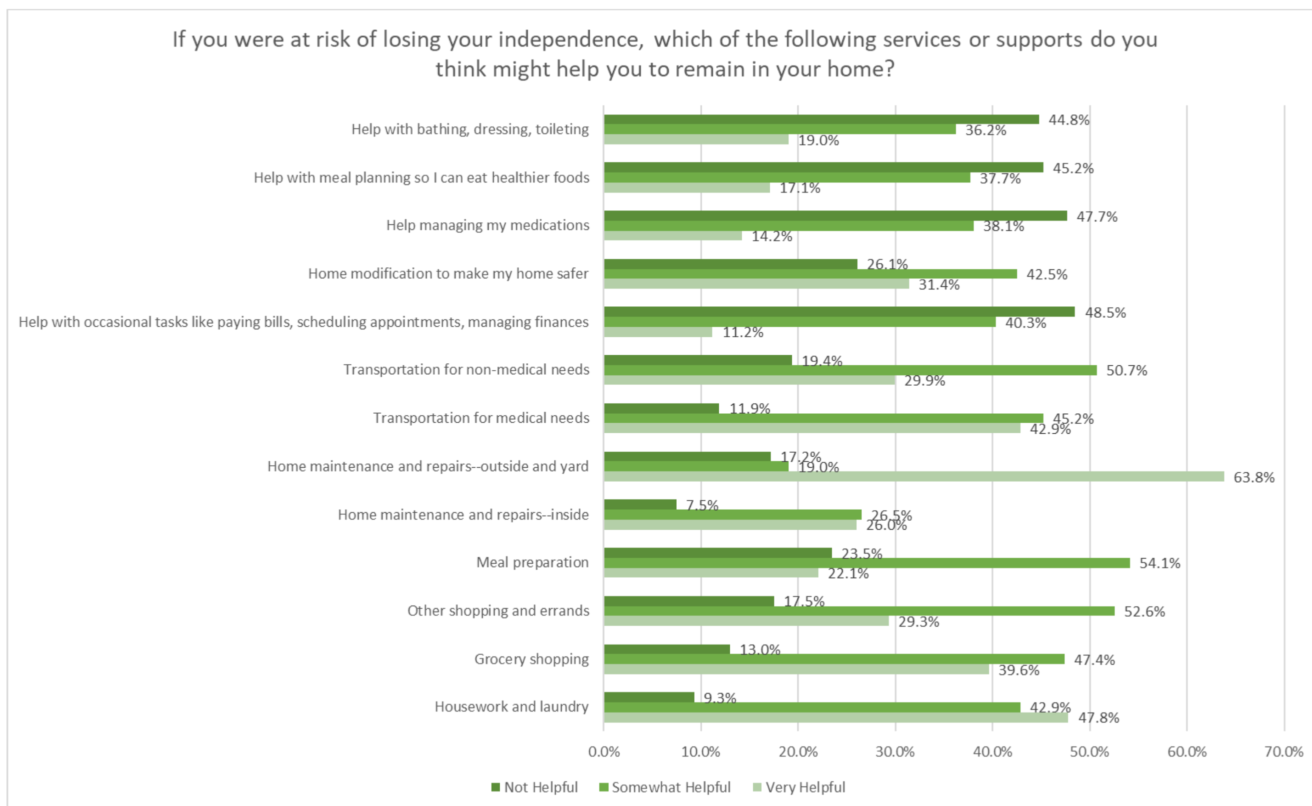


Respondents were then given a list of different HCBS services, all of which fall into broader categories that are, as noted earlier, currently available through various channels to support older adults as the need arises — and are reflected in subsequent service-related questions. However, this initial question's list reflects a more granular array of the services that lie within those categories for a more nuanced view.

This first service-specific question measures perceived future need, without any other considerations such as source and availability or the service, who is providing it, or cost. For all the suggested services, over 50% of the respondents indicated that they would be very or somewhat helpful in allowing them to remain independent in their own homes.

Three services with notably higher "Very Helpful" scores stood out: home maintenance and repairs for outside and yard at 64%, housework and laundry at 48%, followed closely by transportation for medical needs at 43%. All three of these also scored at over 80% for overall helpfulness. It's especially worth noting that the outside home maintenance percentage tracks very closely to the 69% of respondents living in single-family residences, which would seem to indicate that a large majority of those respondents would like to remain in their current homes but anticipate issues with outside maintenance. Given that most of the respondents were female, with an identical percentage of respondents living with a spouse or partner, this may be illustrative of one of the respondent comments, "If my husband died, it would be very tough."

Grocery shopping, home modification for home safety and transportation for non-medical needs are in the 30th percentile tier of "Very Helpful" followed closely by other shopping and errands.



There were fill-in suggestions under the “Other” option, with one respondent each suggesting the following:

- Dog walking
- IT/tech assistance
- Occasional heavy cleaning
- Planning social events inside my home
- Someone to call on the phone or visit me weekly

Respondent comments for this question included the following:

- A son lives with me and already does some of these things — I’m 86 yrs old.
- All this depends on disability — serious stroke vs. broken bone; long term vs. short term. Cognitive vs. physical.
- I am a retired residential urban remodeling contractor. I have helped people, for over 50 years, modify their home so they can stay in their homes.
- I am vision impaired. I currently pay for all the services that I need to assist me like shopping and rides. They are available in my community.
- If my husband died it would be very tough.

- It's impossible to answer or rank these questions unless you know what causes your inability to live alone. Each circumstance could require different help!
- Unsure what I will need till an incident happens that I can not complete.

The next set of questions assessed potential willingness to use (if there was a need) or current use of existing HCBS available either through CMS or Elderly Waiver programs, or on a private pay/fee-for-service basis through various channels. In this case, respondents who indicated no interest might be applying other considerations — such as availability or cost — to their responses, which may explain the generally higher percentages in the "not willing" option vs. in the previous question's "not helpful" option.

Very few of the respondents indicated that they currently use these services. However, roughly 40% or more indicated a willingness to use them. As one respondent noted, "I am healthy, active, and have no needs right now. But I know that could change on a dime." When looking at the combined scoring of current use with a willingness to use, the top-scoring service is indoor repair and maintenance, including heavier housework (77%). The next two highest-rated services are also included in the previous question's top results: outdoor home repair and maintenance (67%) and transportation (for all reasons) (61%). Home modification, which fell into the 30th-percentile tier in the previous question, is a close runner-up to the top three services in this question (57%).

In this question, we also introduced the issue of family caregivers, which is a growing area of concern. For example, a 2020 research report by AARP[4] finds that almost 42 million adult Americans are caring for an adult 50 years of age or older — a 22% increase from 2015. Notably, according to the report:

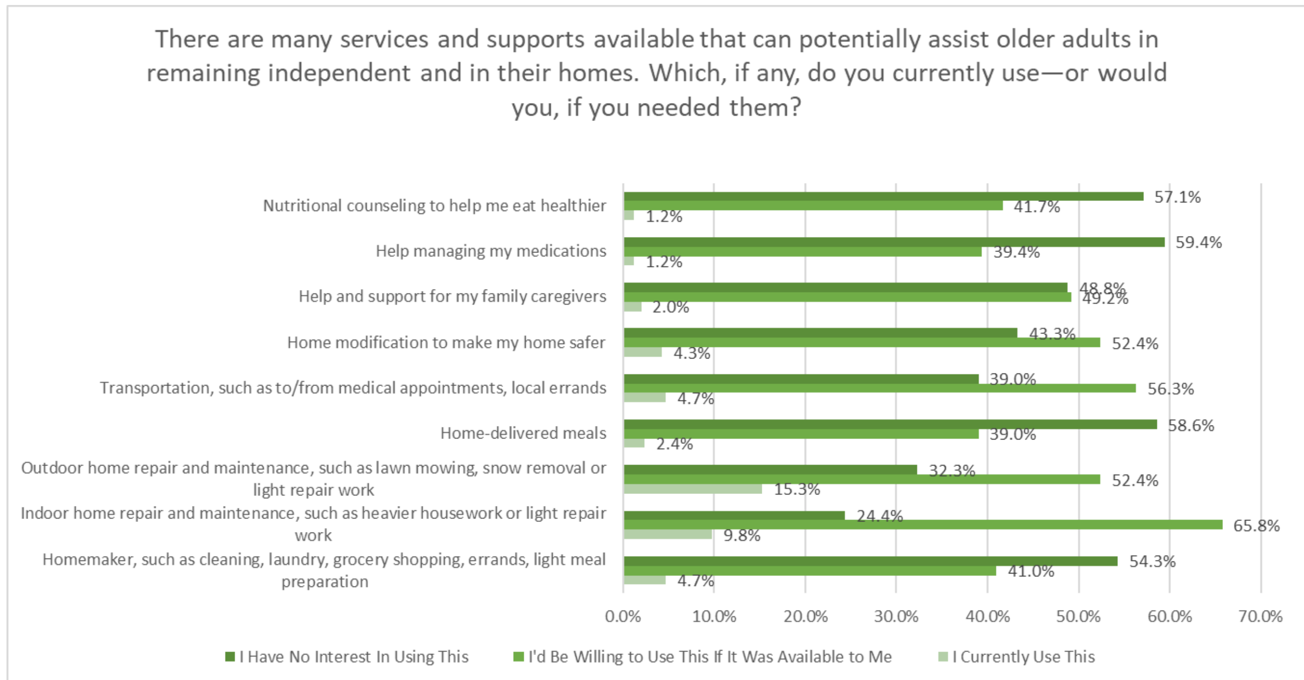
> *The data suggest many caregivers may be taking on this role without adequate and affordable services and supports in place. Despite the increasing complexity of care recipients' conditions, fewer caregivers report their recipient had been hospitalized overnight (48 percent, down from 53 percent in 2015) and just 3 in 10 report their recipient has any paid help (31 percent). The health care and LTSS systems in the United States can often be dispersed or fragmented, with many different settings to go to for care, services, or supports, which can be frustrating, stressful, and costly. Caregivers navigate this system — and face the choices in where to go for care and the implication it has for costs — along with their recipients. Our data suggest that this journey through the care system may not always be easy as, since 2015, more caregivers say it is difficult to coordinate their recipient's care across various providers (26 percent, up from 19 percent). About one in 4 also report it is difficult to get affordable services in their recipient's area (27 percent).*

Thus, as the older adult population grows and as an overall percentage of the population, this dynamic will become even more of an issue. In the absence of a more robust caregiving

[4] https://www.aarp.org/ppi/info-2020/caregiving-in-the-united-states.html

system, family caregivers will likely play an even bigger role — and will need more support to ensure the health and well-being of the older adults that they care for.

Survey respondents appeared to acknowledge and recognize that need as just over half use or would be willing to use services to help and support the caregivers they might need (as addressed in a later survey question). And, as noted earlier, many of them have likely been in a family caregiver role, themselves. As the AARP study suggests, providing additional support to family caregivers can help prevent hospitalizations and other negative health outcomes for the individuals these caregivers assist.



There were fill-in suggestions under the "Other" option, with one respondent each suggesting the following:

- Dog walking
- Socialization opportunities
- Someone to phone me twice or more a week to ensure that I am okay

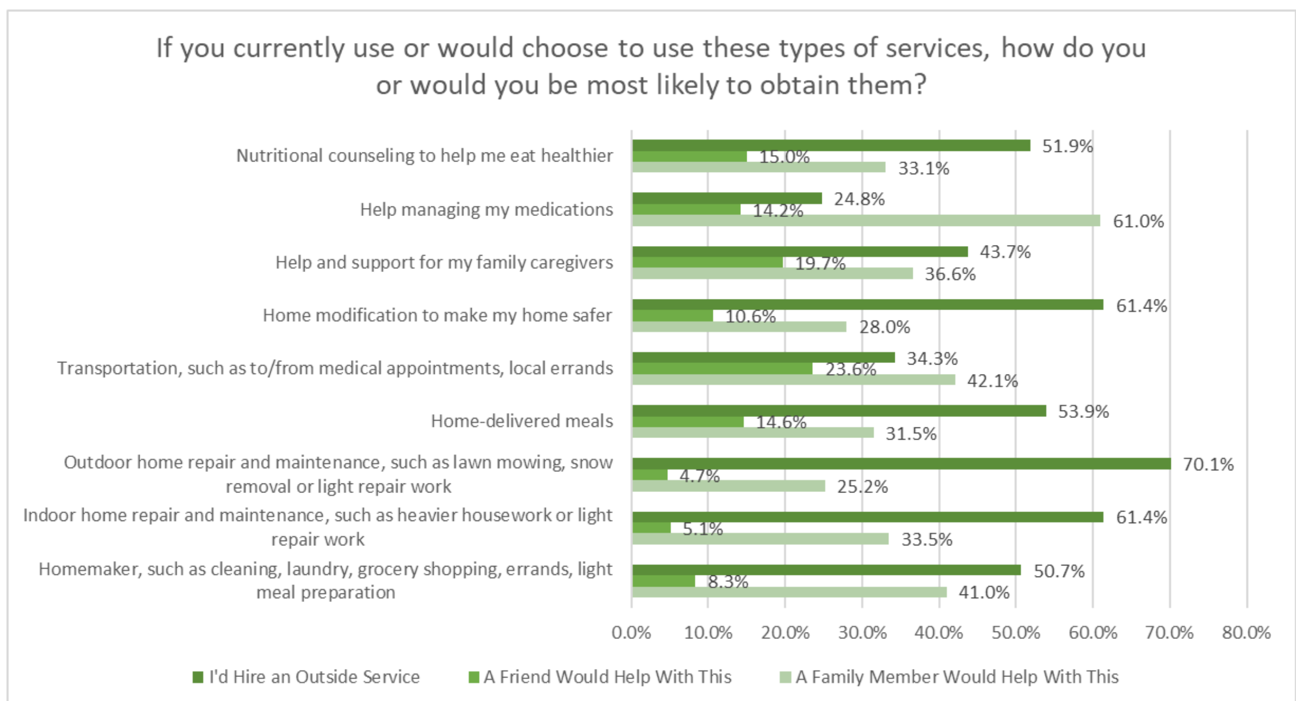
Respondent comments for this question included the following:

- Currently, my husband and I are able to manage by helping each other. We know that can change at any time. We live in a townhouse with lawn and snow removal provided.
- I am healthy, active, and have no needs right now. But I know that could change on a dime.
- I am not needing most services at my current level of function but would be willing to use all when needed.

- I am thinking five years or more down the road. We are independent but we struggle sometimes.

When asked how they would obtain these services, most respondents said that they'd hire an outside service vs. relying on a family member or friend to help. Exceptions were for a family member to help with medication management (61%), transportation (42%) and homemaker chores (41%).

Two key considerations remain unknown. First, would respondents have the financial resources needed to hire outside services? Assuming that many would not, would these older adults have the ability to remain safely independent in their own homes? Second, why do responsents seem to have a preference for relying upon outside help for these services? Is it an unwillingness to be a burden to family or friends? Or is it because they have no nearby family members or friends they feel are willing or able to provide these services reliably? Or is it for some other reason?



Respondent comments for this question included the following:

- I am surrounded with great support — I am from a very large family.
- I don't have friends or church who can help me at home. I would have to hire help.
- I manage all these things myself at this time. Home repairs I hire out. I eat very nutritional foods. During the pandemic, I have had my groceries delivered, but prefer to shop myself. I have no problem hanging medications.
- Many answers could be 2 or all three choices. Or put friends; family; or friends & family

The next question addressed what the key considerations would be for respondents if they needed to obtain these services outside of their network of family and friends. It also likely speaks indirectly to the question of why those who would rely on family members and friends might prefer that option vs. pursuing outside assistance.

Respondents were given a list of possible considerations that would impact their decision to use outside assistance. Eighty percent choose five of the six considerations listed. Cost was the lead consideration for nearly nine out of 10 respondents. Yet, for most services, over half said they would rely on outside services to obtain the help they needed. This raises the question of what happens when these older adults need these services, can't afford to pay for them, and don't have family or friends on whom they can rely upon to help.

Close behind cost were considerations specific to the service providers themselves — reliability, qualifications, safety and security. For a vulnerable older adult population — especially for those with complex medical conditions and/or those with physical or cognitive impairments — the availability of providers who can meet these needs will be critical. However, concerns about the availability of services were also a key consideration, likely even more so for the 29% who live in rural areas, but clearly a worry for those living in more populous areas, as well.

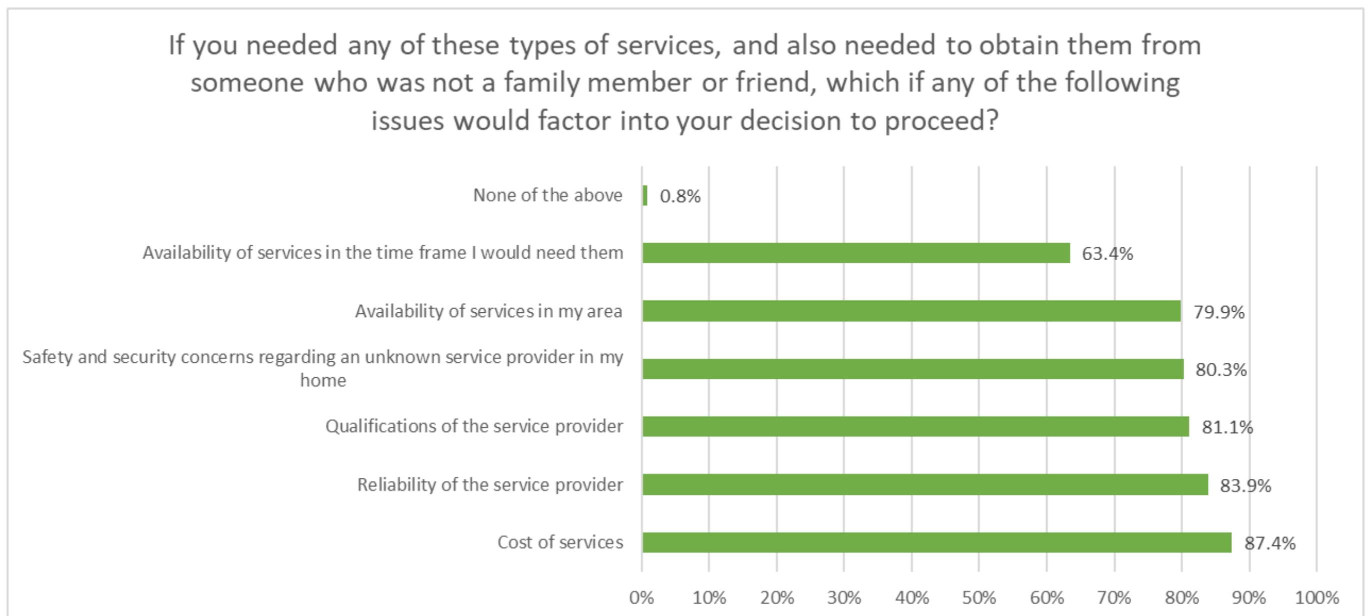
In the context of a social services system that is already overwhelmed — and especially so during the pandemic — the availability of sufficiently qualified providers to meet the projected needs of the Minnesota older adult population is a critical issue and valid concern for those needing services. A 2016 report[5] from the Minnesota State Demographer's office found reason for concern:

> *The older adult population will not grow in lockstep with other age groups. Rather, it will become increasingly larger relative to other age groups. Our projections show that Minnesota's 65+ population will surpass the 5-17 (typical K-12 school-age) population by 2020, and that older adults will be more numerous than the entire child population under age 18 by 2035.*
>
> *Perhaps most notably, older adults' enrollment in long-term care services under Medical Assistance ("MA," Minnesota's Medicaid program for those with low incomes and/or disabilities) will swell considerably as the Boomers enter the later years of their lives, during which many will require long-term care. Long-term care is not medical care, but care that supports the personal activities of daily life such as bathing and dressing, and household needs. It is generally not covered by Medicare or typical health plans. Approximately 70% of those 65 or older will need long-term care at some point in their lifetimes.*

Although the previous paragraph about older adults needing help with personal care speaks specifically to Medicaid-eligible older adults, the same dynamic pertains to those covered under

[5] https://mn.gov/admin/assets/demographic-considerations-planning-for-mn-leaders-msdc-march2016_tcm36-219453.pdf

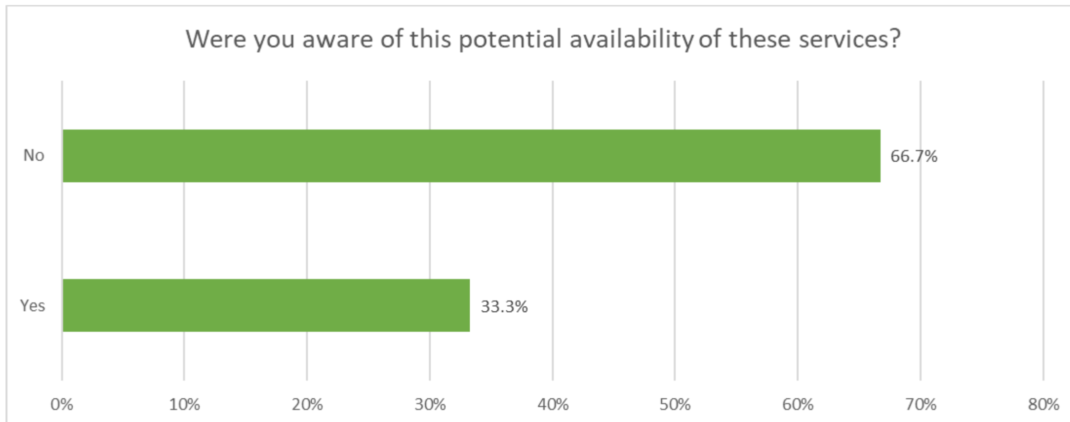
Medicare. Aside from the strain, this need will very likely put on family caregivers — traditionally women ages 45 to 65, many of whom are also taking care of school-aged children — the reality is that, demographically, there will be fewer of them proportionate to the total population. Moreover, at least some of today's older adults are probably observing this reality in their own families, which may explain their anticipated reliance on outside services to provide support as the need arises in the future.



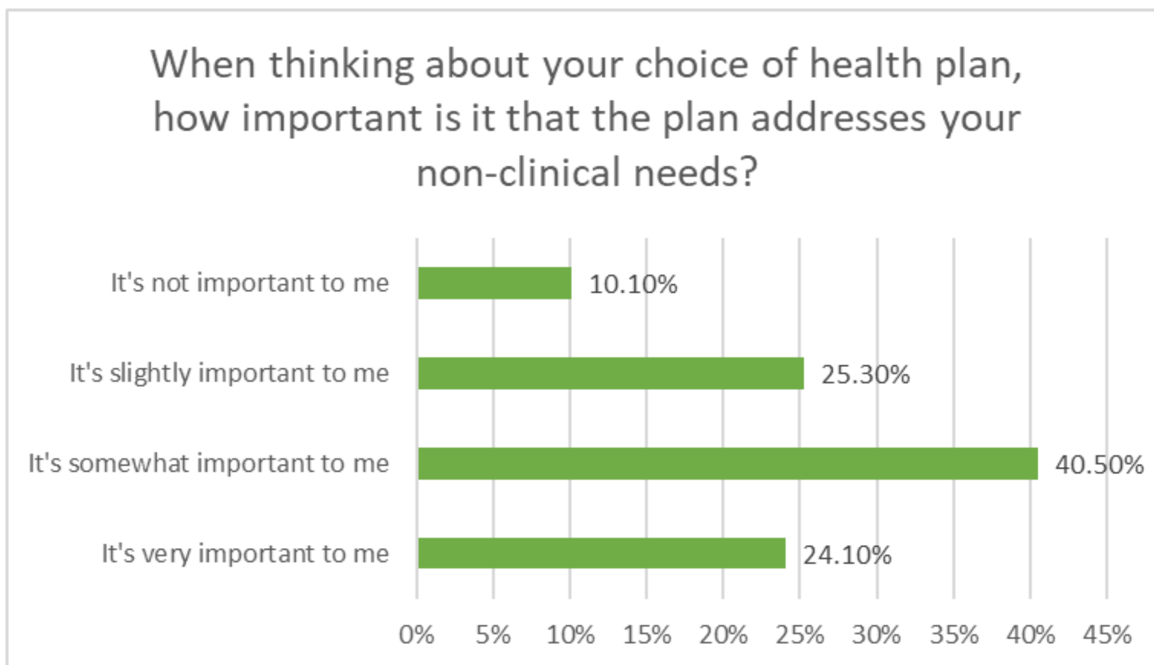
There were fill-in suggestions under the "Other" option, with one respondent each suggesting the following:

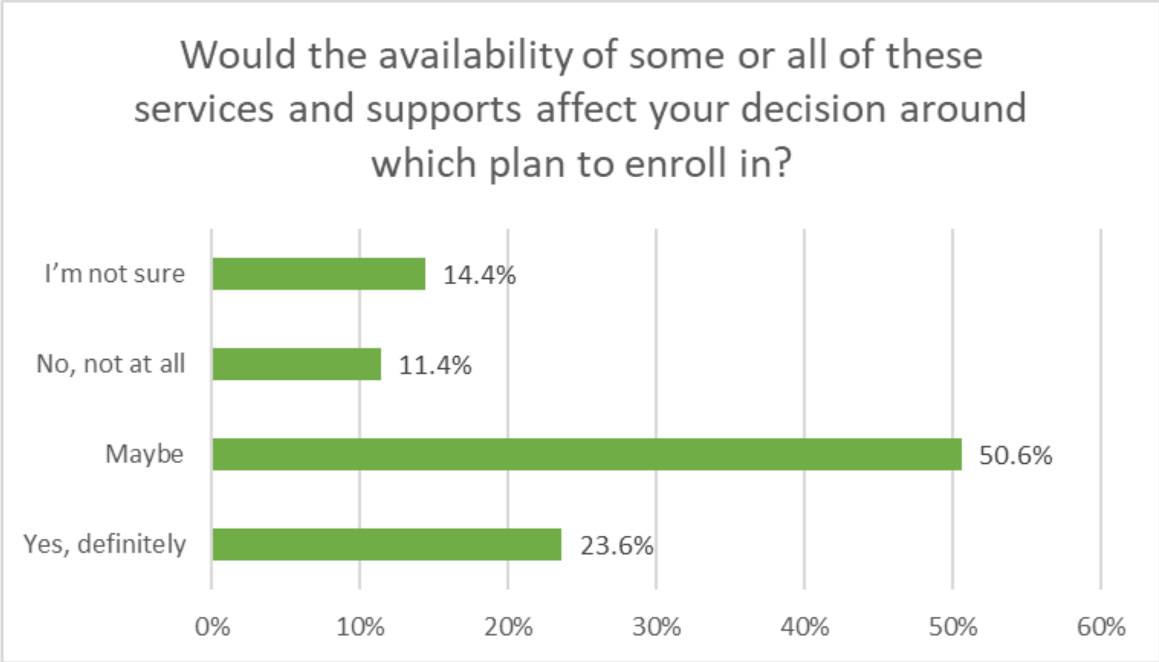
- Length of time I would need the service
- Protection against covid
- Someone who is GLBTQ & Hispanic, respectful & not looking for an easy mark

Until this point in the survey, respondents were not told they could qualify for some of these services through their health plan. When asked, only one-third of respondents were aware of the existence of these benefits.

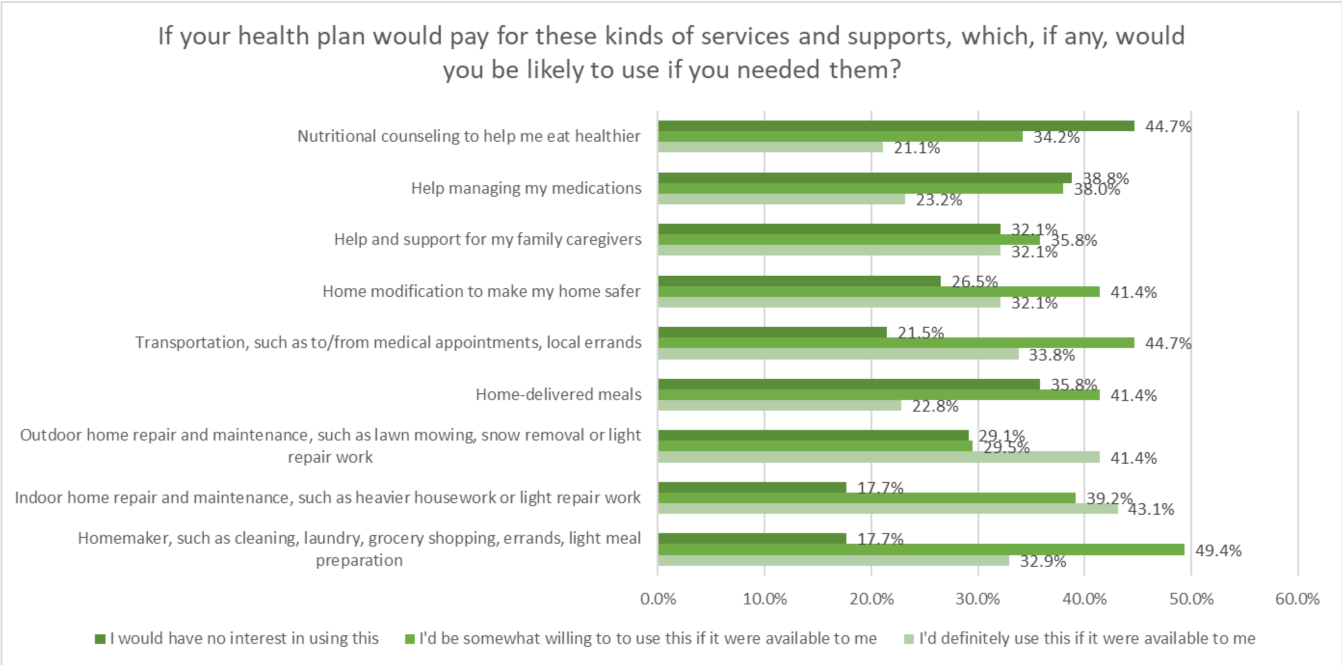


When subsequently asked how important it was, when considering their choice of health plan, that the plan addressed their non-clinical needs, almost a quarter indicated it was very important. Nearly two-thirds indicated it was very or somewhat important to them. Similarly, when asked if the availability of such services and supports would affect their decision about which plans to enroll in, almost a quarter said that it would have a definite effect. Three-quarters said it would definitely or maybe have an effect. Only 11% said that it would not affect their enrollment decision.





Finally, when asked which services they would be likely to use if their health plan would pay for these kinds of services and supports, well over 50% indicated that they would use or be somewhat willing to use those that were available to them, and many services scored over 70%. This is, perhaps not surprisingly, substantially higher than those who indicated a willingness to use them in an earlier question when the question of payment source was not specified.



When asked about other services they might use, one respondent suggested dog walking.

Respondent comments for this question included the following:

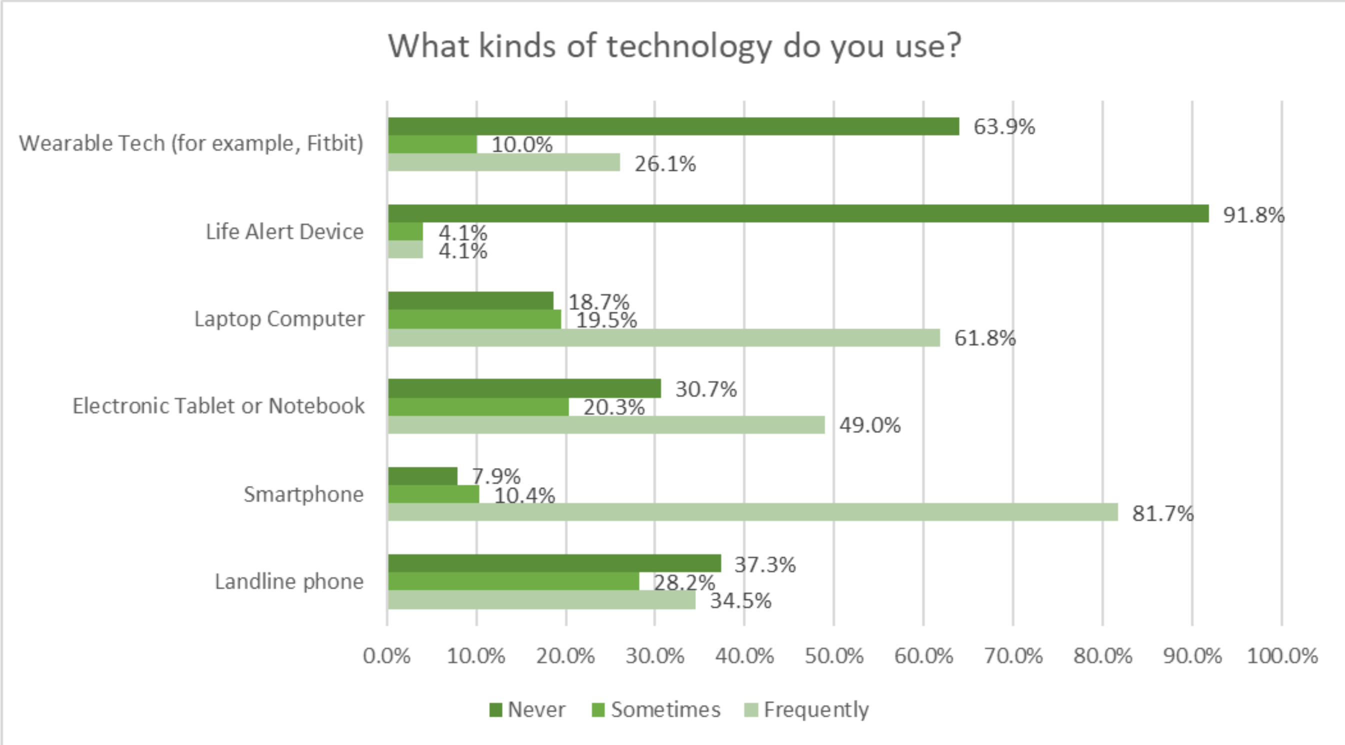
- Again future based
- All my answers are irrelevant because I'm capable of taking care of myself, at present
- I am completely independent at this time at 77 years of age. I like doing my own cooking and am an R.N. and health law attorney (was a nurse practitioner) and have a Master's Public Health so am good at nutrition, meal prep, etc. What I need is reasonably priced house cleaning especially vacuuming, lawn mowing and snow shoveling. The rest I can manage. If there were reliable transportation, I might be interested in that at times.
- I have all of these options in my life
- I moved to a condo so I wouldn't need help with things like shoveling and mowing
- May need someone to assist with bathing/showering once a week

Technology Use and Trusted Sources of Health Information

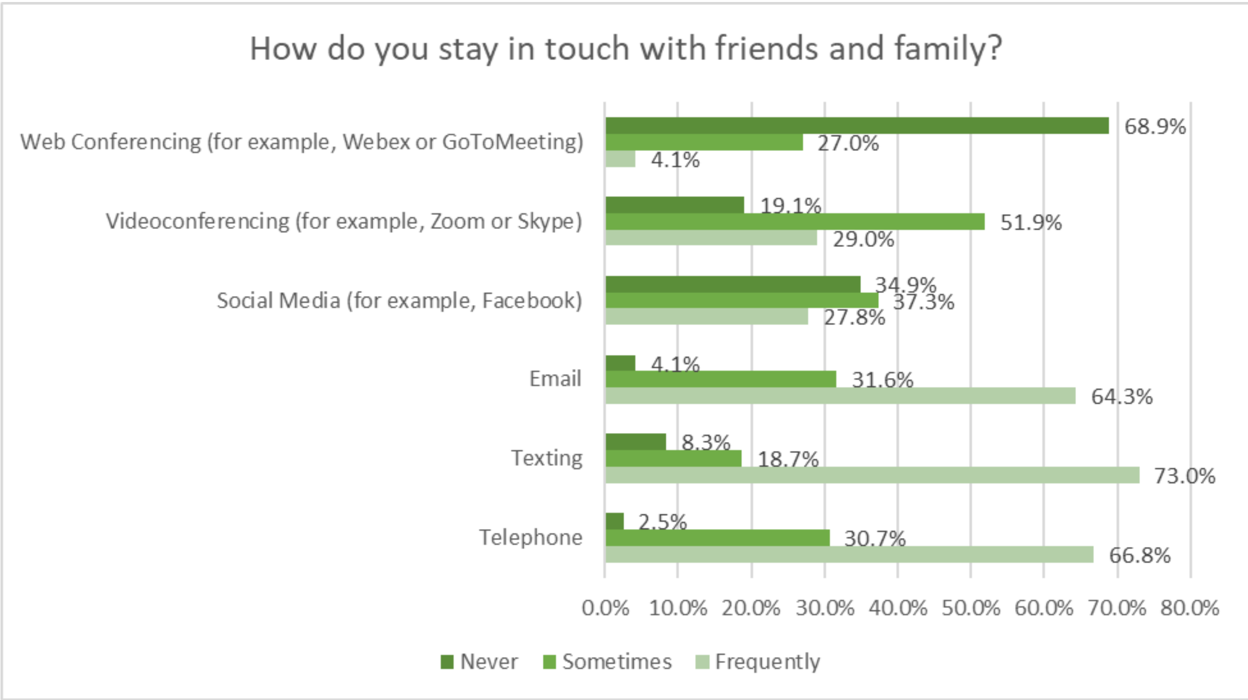
Much has been reported in the national media about technology insecurity among older adults, which became a critical issue during the pandemic as they became more reliant upon different and newer ways of staying in touch with family, friends and their healthcare providers. However, it is clear that for Minnesota seniors, a year and a half after lockdown, that situation may be overblown.

The survey results indicated heavy adoption and use of smartphones vs. landline phones, with 92% reporting frequent or sometime smartphone use vs. 63% for landlines. Certainly, in some parts of Minnesota a landline is the only choice due to limited or unreliable broadband access, or other accessibility issues related to cost or discomfort using the smartphone technology. However, smartphones were by far the most widely used technology of those presented.

There was also high usage for laptops (over 80% for frequent or occasional use), followed by almost 70% similarly using a tablet or notebook. With preferences and access by most to either type of device, and some respondents likely using both, the probability of usage of at least one of these devices is in the 90th percentile. However, in terms of wearable tech or life alert types of devices, utilization was much lower.



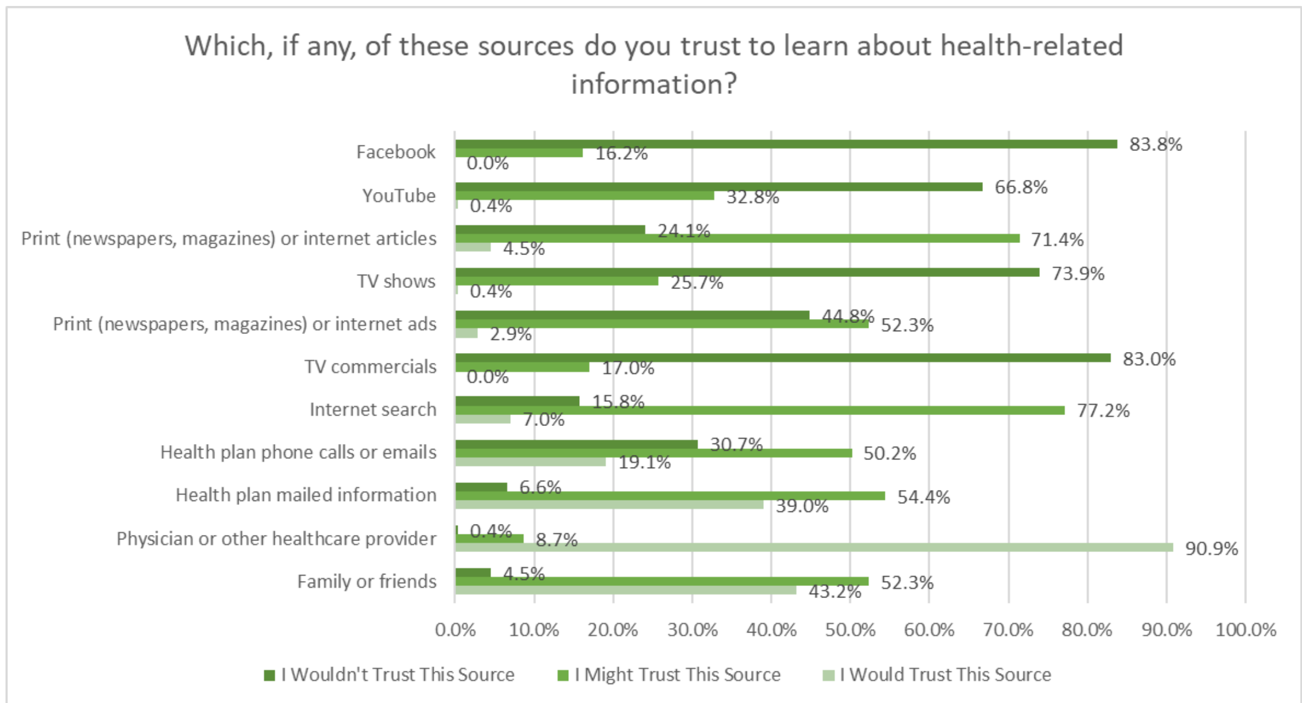
When asked specifically how they stayed in touch with family and friends, it was clear that the respondents are multi-modal. The telephone captured the greatest share of usage, followed by email, texting (which was the most frequently used method, overall), and video conferencing. However, less than two-thirds used social media, and only 28% used it frequently for this purpose. Web conferencing was the least-used method of staying in touch.



When asked about other communication modalities they used, one respondent listed What's App, and four cited FaceTime.

The final question concerned which sources of information they trusted to learn about health-related information. Respondents said they would definitively trust only three to any substantial degree. First, they overwhelmingly said they would trust a "physician or other healthcare provider" (91%). After that, there was a remarkable drop to the next choice, "family or friends" (43%), and a few points lower for "health plan mailed information" (39%). For the latter two sources, respondents were much more likely to indicate they "might" trust them, along with "health plan phone calls or emails," all in the 50th percentile.

More solidly in the "might trust" scoring category were "internet searches" and "print or internet articles," both in the 70th percentile. Overwhelmingly mistrusted were "Facebook" at 84% and "TV commercials" at 83%, "TV shows" at 74%, and "YouTube" at 67%.



When asked about other sources they might trust, one respondent suggested "Zoom sessions where friends talk about their Parkinsons, Diabetes, phys ills, etc."

CONCLUSIONS

This survey's results make a compelling case that older adults value home and community-based services, and that many would be motivated to choose health plan coverage that pays for such services. As noted earlier, this information could help healthcare and community-based organizations and other stakeholders better tailor future HCBS-related benefits and services offered to their members, patients and communities served. Here are key results.

Survey Demographics

In general, the survey respondent sample largely represents Minnesota's demographic distribution. The 275 completed surveys, out of 3,012 distributed, represent a 95% confidence level with a +/- 5.5% margin of error against a 2020 Minnesota Medicare population of 1,040,000. (More detailed demographics are on pages 5 – 8.)

Survey Results

Responses to the 10 questions related to specific HCBS revealed:

- The most desirable services were indoor repair and maintenance, outdoor home repair and maintenance, and transportation of all kinds (for both medical and non-medical reasons). Other desirable services included homemaker-chore help and home modifications for a safer home.
- Help and support for family caregivers rated higher on the list.
- Most respondents said they would hire an outside service provider to supply needed services rather than depend on family members, though at this point in the survey respondents were not asked about paying for outside services. The exceptions were for medication management, transportation and homemaker chores.
- Cost was the lead consideration in hiring an outside service provider followed by the reliability and qualifications of the provider, and safety and security.
- Three-quarters of respondents said that having non-clinical services and supports available to them would affect their enrollment decisions in a health plan.

Technology Use and Trusted Sources of Health Information

Answers to this part of the survey indicate that concerns about inaccessibility to technology for communication purposes may be overblown: respondents are multi-modal, comfortable using smartphones, land lines, tablets, notebooks and laptops.

For health-related information, respondents trust only three sources to any substantial degree: overwhelmingly, "physician or other healthcare provider" (91%), followed by "family or friends" (43%) and health plan mailed information" (39). This data reinforces the important role health care providers and health care plan have in fostering full-person care for older adults.