Involving Older Adults in the CHA Process

There are more than 58 million Americans age 65 or over, and that number is expected to climb to about 95 million by 2060. At the same time, older adults' share of the total population is projected to reach nearly 25% by 2050. The older adult population is becoming more racially and ethnically diverse as well.

Identifying and addressing the health needs of older adults as part of a community health assessment calls for recognizing their unique health needs as well as social drivers of health such as food insecurity, housing instability, and social isolation and loneliness.

Before You Begin

Numerous community-based organizations provide services for older adults, and they can be engaged as partners in the CHA process. These organizations can help CHA teams connect with older adults and their families and also help develop appropriate health indicators and outcomes, to ensure that older adults are engaged and represented in the CHA process.

Keep in Mind

Area Agencies on Aging, located in every community across the U.S., are focal points in networks of organizations that support the health and independence of older adults in a community. CHA teams can locate their AAA using the ElderCare Locator, a service of USAging, the national organization that supports and represents AAAs and Native American Aging Programs.

ACHI AHA Community Health Improvement | American Hospital Association™ Advancing Health in America

9 CHA Toolkit Steps and How to Engage Older Adults

STEP 1

Map Development

The population of older adults includes a broad range of ages — from 65 to 110 — multiple stages of life — from self-sufficiency to different stages of dependence — and varying levels of health. While the prevalence of chronic conditions and comorbidities increases with a person's age, even healthy and independent older adults may seek health services that differ from those sought by younger individuals with complex health and social needs. It is important to design a CHA process that involves older adults at different life stages and with diverse health and social needs.

STEP 2

Build Relationships

An inclusive group of older adults will represent a range of ages, genders, races, ethnicities and religious backgrounds, and have diverse health and social needs.

AAAs can provide guidance on how to be inclusive of all older adults, from those who are healthy and living independently to those who receive assistance with daily activities. Other organizations, communities and initiatives that have built trusting relationships with diverse groups of older adults and can provide guidance include:

- Senior centers
- Retirement communities
- Institutes for learning in retirement
- Faith-based organizations
- Community initiatives such as age-friendly communities and communities in the Village to Village Network
- "Dementia-friendly" communities — where people with dementia are supported to feel active, engaged and valued

For older adults who receive assistance with daily activities and have complex care needs, caregivers can provide an important perspective. However, while caregivers' perspectives can be essential, some older adults may have perspectives that differ from their caregivers. When there are such differences, ethical guidance suggests that the care recipient — in this case, the older adult — is prioritized to respect their right to autonomy.

STEP 3

Develop Community Profile

As part of their legislative mandate, AAAs conduct periodic needs assessments of older adults in their respective communities. These assessments provide the foundation for a multiyear, community-level plan to

meet the health and social needs of older adults, especially those with significant social and economic needs. While the service areas covered by an AAA may not coincide exactly with a hospital's or health system's service area as defined in the CHA, the area plan on aging and related needs assessments offer a strong starting point.

Outreach and data collection strategies during the CHA process will be most effective if they are tailored to diverse groups of older adults. As an example, the Needs Assessment Guidance for 2024-2028 Area Plans from the California Department of Aging and AAA offers helpful advice about different approaches:

- Combine qualitative/subjective methods, such as focus groups and open-ended interviews, and quantitative/objective methods, such as surveys, for gathering data from older adults in general, as well as from those with the greatest needs in particular.
- Use intentional, nonrandom sampling strategies to make sure that all older adults are adequately represented.
- Consider different forms of survey data collection, such as mailed surveys, interviews or online surveys, to meet older adults' preferences.

Demographic, Health and Social Characteristics

Hospitals and health systems are committed to meeting the specific needs of all those they serve, and as such are being more intentional in assessing how social drivers of health—including food insecurity, housing instability, and social isolation and loneliness—affect patients, including older adults.

Factors to consider when identifying population characteristics of older adults in the community include:

- Whether they live in an urban or rural setting
- Overall health status, including self-rated health and the presence of chronic conditions
- Access to healthy food, safe housing and transportation
- Ability to live independently
- Age, sexual orientation and gender identity, race, ethnicity, income and education
- Access, availability and use of health-related social services
- Degree of interaction with family and friends

STEP 4

Increase Equity with Data

The people who care for older adults conduct equity analyses focused on providing health-related social services to historically marginalized populations.

To ensure the CHA process involves older adults, including those with complex health and social needs:

- When conducting surveys, build in a review process by a diverse group of older adults and their caregivers.
- Oversample older adults with medical or social complexities or both.
- Use multiple data collection strategies that allow for qualitative responses and cultural appropriateness and account for the respondent's preferred form of communication.

- Consider including measures of experience with everyday ageism.

Older adults are at risk for ageism and ableism. These forms of prejudice and discrimination on the basis of presumed age and presumed physical and cognitive capabilities take a toll through social isolation, reduced opportunities for engagement in the economy and community life, and barriers to health care access. Hospitals and health systems are including older adults in their CHA processes to ensure ageism and ableism don't act as artificial barriers.

Available Data Sources

Other data sources may provide useful contextual information for a CHA, including national trend data on the health needs of older adults and community-specific needs assessments conducted by AAAs.

- The National Health and Aging Trends Study Chart Book and Trends Dashboards provide a good overview of national data and trends in demographics, housing, self-care and needs for assistance among older adults.
- Mandated under the Older Americans Act, every state is required to develop a state plan, based on planning and service area assessments conducted and submitted by AAAs. The state-level and community-level plans can provide useful information for the CHA process.
- Among more than 750 communities that are part of the AARP, some community needs assessments are available, based on surveys or focus groups and qualitative interviews.
- Some states have completed or are developing a Multisector Plan for Aging, a blueprint for enhancing cross-sectoral collaboration to address health and social service needs of older adults. Numerous data sources are typically reviewed during the MPA process, which involves health care providers, government agencies, social service agencies and philanthropic organizations.

STEP 5

Prioritize Needs and Assets

An important asset to consider in identifying priority health needs of older adults is the strength and positioning of the network of people who care for them.

In addition to general guidance provided in the CHA Toolkit, two additional criteria that are relevant to older adults when identifying their priority health needs can be determined by asking these questions:

- Does the proposed priority address social drivers of health? Does it directly intervene in the pathway from negative SDOH circumstances, through social risks and needs, to health outcomes?
- Does the proposed priority improve the integration of health care and social care for older adults? Does it reduce fragmentation experienced by older adults? Does it improve the coordination, effectiveness and efficiency of services for all older adults in the community?

STEP 6

Document and Communicate Results

Keep your audience in mind when developing print and digital materials designed for older adults and use font sizes and colors that are easy for older adults to read. In addition, including older adults on speaker panels, if applicable, can add credibility with audiences that are composed of older adults.

AAAs, senior centers, retirement communities and faith-based organizations can serve as conduits for raising awareness and sharing information about the CHA process and results to older adults. These organizations typically host informational sessions and community conversations, so they are equipped to reach out to audiences of older adults and their families and advocates.

STEP 7

Plan Equity Strategy

Collaborating with community partners from the network of people who care for older adults can offer new opportunities for interventions, including coordinating SDOH assessments across health care and social services sectors, as well as outreach and case management strategies, to better serve historically marginalized populations. Such collaboration is at the heart of partnership work between health systems and community-based organizations, which leverages the strengths and programs of all partners.

STEP 8

Develop Action Plan

Work alongside AAAs, USAging, **Office of American Indian, Alaskan Native, and Native Hawaiian Programs** and local partners such as senior centers, retirement communities, institutes for learning in retirement and faith-based organizations to develop an action plan. These organizations and groups can help identify concrete and sustainable actions, measures of success and feasible time frames for action steps. Ideal community partners will represent and advocate for all groups within the older adult population, including those with complex health and social needs.

STEP 9

Evaluate Progress

Involving all stakeholders is crucial in establishing appropriate process and outcome measures for assessing the success of the action plan for older adults.

Partners from community-based organizations serving older adults in any capacity can help hospitals and health systems identify reasonable and meaningful measures of success, which are likely to involve health-related social services that maximize health and independence. Improvements in reaching historically marginalized populations and ensuring equitable access also are logical metrics.

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