Approved: _____
Date January 29, 2002

MINUTES OF THE HOUSE COMMITTEE ON HEALTH AND HUMAN SERVICES/SENATE PUBLIC HEALTH AND WELFARE COMMITTEE.

The meeting was called to order by Chairperson Garry Boston at 1:30 p.m. on January 23, 2002 in Room 210 Memorial Hall

All members were present except: Representative Nancy Kirk, Excused
Representative Jonathan Wells, Excused
Representative Gwen Welshimer, Excused

Committee staff present: Emalene Correll, Kansas Legislative Research Department
Lisa Montgomery, Revisor of Statute's Office
Renae Jefferies, Revisor of Statute's Office
June Evans, Secretary

Conferees appearing before the committee: Mercedes Bern-Klug, ElderCount Project
Kansas University Center on Aging
Sam Markello, Kansas Foundation for Medical Care
Rosemary Chapin, Professor, Kansas University Social Welfare
Debra Zehr, Vice President, Kansas Association of Homes and Services for the Aging

Others attending: See Attached Sheet

Chairperson Boston asked for Bill Introductions:

Lawrence T. Buening, Jr., Executive Director, Kansas Board of Healing Arts, requested two bill introductions to be started in the Senate. (1) Amend two statutes under the Healing Arts Act and one statute under the Podiatry Act. (2) Amends the definition of medicine and surgery and also adds another category of individuals who are not to be construed to be engaged in the practice of the healing arts.

Representative Morrison moved and Representative Showalter seconded the two requests be accepted. The motion carried.

Representative Patterson requested two bill introductions: (1) Establish a prevention program at KDOA to lend regulatory and best practices expertise to long term care providers (previously contained in **HB 2229**.)

Representative Long moved and Representative Palmer seconded introduction of bill request. The motion carried.

(2) Establish a process by which an independent review panel, consisting of individuals not employed by the state survey agency, makes informal dispute resolution determinations.

Representative Showalter moved and Representative Palmer seconded introduction of the bill request. The motion carried.

Representative DeCastro requested two bill introductions: (1) Direct KDHE to examine reasons for inconsistencies in the average number of nursing facility citations among survey regions. Develop and implement a plan to identify and correct factors originating within the department that contributes to such inconsistencies and reports their findings, progress and outcomes to the Kansas Legislature by 2003 (2) Include as part of new surveyor orientation, within the first 30 days of employment and before survey duties begin, a 10-day full-time assignment to a nursing facility to observe actual operations outside the survey process. Thereafter, each surveyor will be provided, at a minimum, two days of onsite observation in a nursing facility every two years to observe actual observations outside the survey process.

Representative Long moved and Representative Morrisson seconded to accept the bill requests. The motion carried.

Gary Robbins requested a bill on patient contact lense prescription release.

Representative Morrison moved and Representative Showalter seconded to accept the bill request. The motion carried.

Mercedes Bern-Klug, MSW, Director, Kansas ElderCount, Center of Aging, University of Kansas gave an overview of ElderCount. The purpose of Kansas ElderCount is to design and produce a chart book describing key measures of older adult well-being, at the county level. Eldercount was inspired by Kids Count, a project of Kansas Action for Children and a national-state partnership tracking the well-being of children. The focus is on county-level data. They will report some state data on community mental health centers service to 65+, basic abuse and neglect data, LTC insurance holders, distribution of home health agencies, mental health shortage areas and maybe population projection data.

ElderCount is going to emphasize mapping. The plan is to publish every five years (Attachment 1).

Sam Markello, Kansas Foundation for Medical Care, gave an overview of the health variables. The charge of the Health Sub-Committee was to identify indicators of health and well being among the elderly (age 65+) of Kansas. Indicators had to be: (1) Valid measures of the health domain (physical, mental, social, access to healthcare and support services (2) Reliable – quality data (3) Data representative of all age groups, gender, (4) reportable at the county level and (5) geographic variability in the insurance.

Two indicators reflect serious health conditions and can adversely impact the quality of life, increase levels of disability, lead to increase burden of care on the family and community, increase the need for nursing home care, as well as give rise to premature morbidity and mortality. They are: (1) Hospitalization for cardiovascular care and (2) hip fractures.

Two indicators reflect utilization of preventive care measures, both of which are covered services under Medicare: (1) mammography and (2) flu immunization (Attachment 2).

Rosemary Chapin, Professor, Kansas University Social Welfare, gave an overview of Community Living Variables. The Community Living indicator monitors status of the vast majority of elders who continue to live in the community even when they have long term care needs. Availability of necessary services, housing options, and an elder-ready community infrastructure make this possible. Most elders want to remain in their homes even if they have the need for long term care. Kansas elders contribute significant amounts of their incomes and assets to our communities. The Eldercount Advisory Committee is working to develop future indicators to highlight their financial contributions and participation in volunteer activities as well as in the work force.

The first indicator is the percent of seniors living alone. The second indicator is the number of older adults receiving public state administered in-home services. The third indicator is the number of Client Assessment Referral and Evaluation (CARE). The fourth indicator is the number of Kansans diverted on the 30th day from Kansas nursing homes. The fifth indicator is the number of people receiving Medicaid Home and Community Based Services (HCBS/FE) in 2000. The sixth indicator monitors number of people 65 and over with self-care or mobility disability.

As seniors increasingly have their long term care needs met in the community, it is important that we also monitor elder abuse and neglect, and quality of life both in the community and in nursing facilities (Attachment 3).

Debra Zehr, Vice President, Kansas Association of Homes and Services for the Aging, spoke

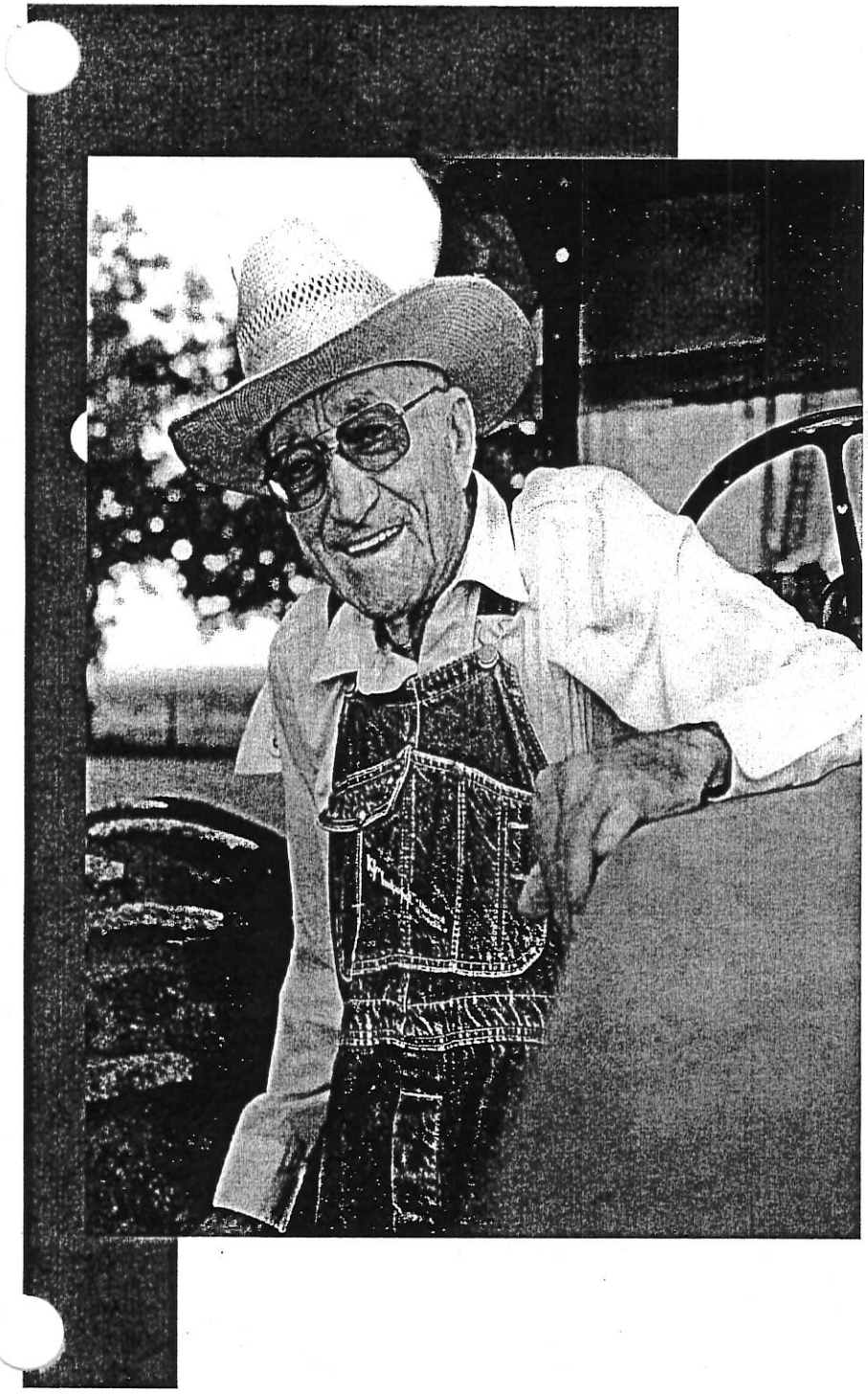
on the nursing home data collection group.

The meeting adjourned at 2:40 p.m. and the next meeting will be January 24th.

HEALTH AND HUMAN SERVICES

DATE January 23, 2002

NAME	REPRESENTING
GARY Robbins	Ks Optometric Assn
KEITH R LAUDIS	CHRISTIAN SCIENCE COMMITTEE ON PUBLICATION FOR KANSAS
Carolyn McAllen Bd of	Ks St Bd of Nursing
LINDA Lukowsky	KS Home Care Assn
Mack Smith	KS St Bd of Mortuary Arts
Pam Scott	Ks Funeral Directors Assn
Michelle Peterson	Ks. Governmental Consulting
Jennifer Orth	Coalee Consulting Group
Sally Finney	Ks. Public Health Assn.
Richard Gilliland	Health Midwest
LARRY BUENING	BD OF HEALING ARTS
Jerry Slaba	KDOA
Hillary Hayes	Federico Consulting
John Kiefhaber	Ks. Health Care Assn.
Mick Lehnherr	KPTA
Barb Conard	KTLA



Kansas ElderCount

2002

website:
www2.kumc.edu/coa/eldercount

Noel Jackson
Photographer:
Rhonda McNett, Piqua,Kansas

Goal and Financial Support

- The purpose of Kansas ElderCount is to design and produce a chart book describing key measures of older adult well-being, at the county level.
- ElderCount was inspired by Kids Count, a project of Kansas Action for Children and a national-state partnership tracking the well-being of children.
- Financial support from: The Kansas Health Foundation, Wichita, Kansas.

  The Kansas Health Foundation is a philanthropic organization whose mission is to improve the health of all Kansans.
- The Milbank Memorial Fund is also contributing to Kansas ElderCount.

ElderCount Advisory Committee – 2001-2002

Mercedes Bern-Klug (Project Director)
Kansas University Medical Center

Sandy Praegar (Honorary Chair)
Kansas State Senator

Deborah Altus
Washburn University

Donna Bales
Association of Kansas Hospices

Rosemary Chapin
University of Kansas

David Ekerdt
University of Kansas

William Hays
Wichita State University

Keith Knudson
Silver Haired Legislature

Rachel Lindbloom
KS. Dept. of Health & Environment

Judy Moler
Kansas Association of Counties

Patricia Oslund
University of Kansas

Elizabeth Saadi
Department of Health & Environment

ly Wood – Stevens & Brand, LLP

Sam Alvey
Kansas Department on Aging

Michael Bradshaw
Kansas State University

Liane Connelly
Fort Hays University

Marc Galbraith
Kansas State Library

Karen Hostetler
Shepherd Center of Kansas City, KS

Barbara Laclair
Kansas Health Institute

Sam Markello
Ks. Foundation for Medical Care, Inc.

Lyn Norris-Baker
Kansas State University

Linda Redford
Kansas University Medical Center

Nathaniel Terrell
Emporia State University

Debra Zehr – KS. Assoc. Of Homes & Services For The Aging

Deanne Bacco
KS Advocates for Better Care

Gary Brunk
Kansas Action for Children

Janis DeBoer
Kansas Department on Aging

Jolene Grabill
Catalyst, Inc.

Kim Kimminau
Kansas Health Institute

Stephanie Lambert
KS. Foundation for Medical Care

Tom McDonald
University of Kansas

Debbie Nuss
Ks. Assoc. of Homes/Services

Maria Russo
Ks. Assoc. of Area Agencies

Maren Turner
AARP in Kansas

01/21/02
3

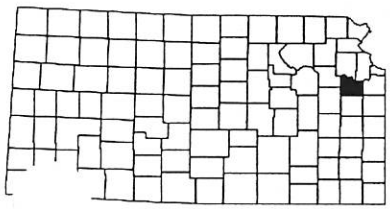
Kansas ElderCount

- Focus on county-level data (see sample page)
- Will report some state data:
  - Community mental health centers service to 65+
  - Basic abuse and neglect data (not cross-tabbed)
    - Age, abuse, neglect, exploited, perpetrators, reporters,)
  - LTC insurance holders
  - Distribution of home health agencies
  - Mental health shortage areas?
  - Maybe population projection data….

Douglas

	County	State
Population (all ages)	98,343	2,685,472

Pe ıl (all ages)
Nu +
Race of 65+
% African American
%American Indian
% Asian & P.I.
% White
% other
% 2 or more races
% of 65+, hispanic
% of 65+, who are 85+
% of 65+, registered voters
# of veterans age 65+
Total annual social security payments to 65+
Of county income (all ages),
% from soc sec to 65+
# FTE Primary Care physicians
Mental Health shortage area
HUD units for the 65+
licensed assisted living units
Occupancy rate for AL units
licensed NH beds
occupancy rate for NH
Median age NH admission
NH payment source on 4/1/00
% Medicare
% Medicaid
% Private page (includes LTC insurance)
Average monthly Medicaid cost for NH
Average monthly Medicaid cost for HCBS/FE



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1-17-02	Age 65+ Total	65+ State	Age 65-74		Age 75-84		Age 85+	
			Men	Women	Men	Women	Men	Women
POPULATION 2000								
Number not married								
ECONOMIC								
Number receiving Medicaid								
Living in poverty (65-74, 75+)								
Median household income (no sex data; 65-74, 75+)								
Employed (65-69, 70-74, 75+)								
HEALTH								
Hospitalized for cardiovascular care								
Hospitalized for hip fracture								
Screening mammogram								
Received a flu shot								
Place of death = at home								
COMMUNITY LIVING								
% living alone								
# of 65+ receiving public services								
# of CARE screening assessments in 2000								
# diverted from NH on the 30th day								
# of people receiving HCBS/FE in 2000								
# with self-care or mobility disability (65-74, 75+)								
% with community services								
NURSING HOME								
# in Nursing Home								
% in nursing home								
% cognitively impaired (non-Medicare)								
% < 3 ADLs; not cog imp. at admission (non-Medicare)								

Draft

January 22, 2002
Mercedes Bern-Klug, MSW
Director, Kansas ElderCount
Center on Aging
University of Kansas Medical Center
phone 913 588-1208
mbernklu@kumc.edu

PRELIMINARY REPORT: ***Not to be released to the press or published in any form.***

Long-term Care Insurance in Kansas

- Kansas Insurance Commissioner's Office mailed 75 surveys to companies in Aug.
- We received 54 returned surveys (72% response rate)
- There are 50,791 policy holders in Kansas with LTC Insurance
  19,686 (39%) have a policy for care in an institution (NH) only
  8,758 (18%) have a policy for care in the community only
  22,347 (43%) have a policy for care in an institution or community
- Age-distribution of policy holders
  There are 50, 791 policy holders.
  27% are less than 65 years of age (about 6% of the 54-64 age group*)
  42% are 65 - 74 years of age (12% of people in this age group have a policy)
  31% are 75+ (9% of people in this age group have a policy)
  (We are in the process of analyzing the data to see if there is a relationship between age and type of policy.)
- About half the policy holders are women
- On average, less that 2% of the policies are "in claim"

* the "< 65" age group contains all policy holders less than 65 years of age, and is not limited to policy holders between the ages of 54-64.

U.S. Census Bureau American FactFinder

Back to Basic Facts

Quick Tables

DP-1. Profile of General Demographic Characteristics: 2000
Data Set: Census 2000 Summary File 1 (SF 1) 100-Percent Data
Geographic Area: **Kansas**

NOTE: For information on confidentiality protection, nonsampling error, and definitions, see http://factfinder.census.gov/home/en/datanotes/expsf1u.htm.

Subject	Number	Percent
Total population	**2,688,418**	**100.0**
SEX AND AGE		
Male	1,328,474	49.4
Female	1,359,944	50.6
Under 5 years	188,708	7.0
5 to 9 years	195,574	7.3
10 to 14 years	204,018	7.6
15 to 19 years	210,118	7.8
20 to 24 years	190,167	7.1
25 to 34 years	348,853	13.0
35 to 44 years	420,351	15.6
45 to 54 years	354,147	13.2
55 to 59 years	121,645	4.5
60 to 64 years	98,608	3.7
65 to 74 years	175,916	6.5
75 to 84 years	128,543	4.8
85 years and over	51,770	1.9
Median age (years)	35.2	(X)
18 years and over	1,975,425	73.5
Male	962,194	35.8
Female	1,013,231	37.7
21 years and over	1,847,513	68.7
62 years and over	413,585	15.4
65 years and over	356,229	13.3
Male	145,515	5.4
Female	210,714	7.8
RACE		
One race	2,631,922	97.9
White	2,313,944	86.1
Black or African American	154,198	5.7
American Indian and Alaska Native	24,936	0.9
Asian	46,806	1.7
Asian Indian	8,153	0.3
Chinese	7,624	0.3
Filipino	3,509	0.1
Japanese	1,935	0.1
Korean	4,529	0.2
Vietnamese	11,623	0.4
Other Asian [1]	9,433	0.4
Native Hawaiian and Other Pacific Islander	1,313	0.0
Native Hawaiian	391	0.0
Guamanian or Chamorro	325	0.0
Samoan	255	0.0

U.S. Census Bureau

American FactFinder

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Geographic Comparison Table

GCT-P5. Age and Sex: 2000
Data Set: Census 2000 Summary File 1 (SF 1) 100-Percent Data
Geographic Area: **Kansas -- County**

NOTE: For information on confidentiality protection, nonsampling error, and definitions, see http://factfinder.census.gov/home/en/datanotes/expsf1u.htm.

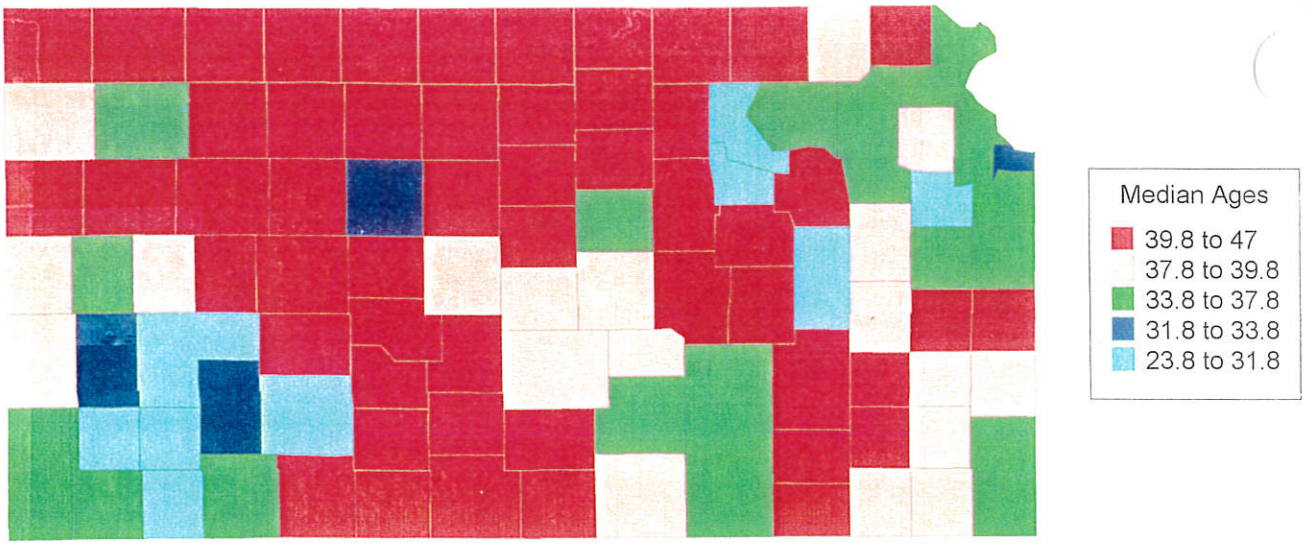
Geographic area	Total population	Percent of total population					Median age (years)	Males per 100 females	
		Under 18 years	18 to 24 years	25 to 44 years	45 to 64 years	65 years and over		All ages	18 years and over
Kansas	2,688,418	26.5	10.3	28.6	21.4	13.3	35.2	97.7	95.0
COUNTY									
Allen County	14,385	25.2	9.8	24.1	22.9	18.0	38.8	95.6	90.7
Anderson County	8,110	26.2	7.0	24.6	22.1	20.0	39.6	96.7	93.5
Atchison County	16,774	26.7	11.3	24.5	21.4	16.2	36.2	93.3	90.3
Barber County	5,307	25.0	5.8	23.2	24.5	21.5	42.6	92.4	89.4
Barton County	28,205	26.0	9.0	25.1	22.0	17.9	38.6	93.8	90.1
Bourbon County	15,379	25.8	9.5	24.2	22.3	18.2	38.0	93.0	88.5
Brown County	10,724	26.4	7.4	24.0	22.7	19.5	39.8	93.5	89.8
Butler County	59,482	28.6	8.3	28.8	21.7	12.6	35.9	100.9	98.8
Chase County	3,030	24.1	6.5	26.6	24.1	18.7	40.3	103.9	99.4
Chautauqua County	4,359	23.4	6.1	20.9	25.2	24.3	44.7	93.6	91.2
Cherokee County	22,605	26.5	8.4	26.9	23.1	15.2	37.0	94.2	90.7
Cheyenne County	3,165	23.8	5.1	22.7	21.8	26.6	44.2	97.3	92.4
Clark County	2,390	26.6	4.9	23.1	23.6	21.8	42.1	95.6	88.5
Clay County	8,822	24.9	6.7	23.9	23.7	20.8	41.3	99.1	95.6
Cloud County	10,268	22.4	10.4	21.9	22.2	23.2	41.4	90.6	86.6
Coffey County	8,865	26.8	6.5	26.4	24.0	16.2	39.2	96.2	92.5
Comanche County	1,967	22.1	4.5	21.0	26.5	25.8	46.9	93.6	87.5
Cowley County	36,291	26.0	9.9	26.0	22.2	15.9	37.0	95.7	94.2
Crawford County	38,242	22.9	16.4	25.0	20.2	15.5	33.8	95.0	92.4
Decatur County	3,472	23.6	4.7	22.9	22.6	26.2	44.3	97.5	91.4
Dickinson County	19,344	25.7	6.3	26.3	23.1	18.6	40.0	95.1	91.6
Doniphan County	8,249	25.3	11.8	24.7	22.0	16.2	36.8	98.6	96.2
Douglas County	99,962	20.4	26.4	28.3	16.9	7.9	26.6	98.7	97.7
Edwards County	3,449	24.6	6.7	25.1	22.8	20.8	41.0	97.5	95.8
Elk County	3,261	22.5	5.8	20.0	26.5	25.3	46.0	91.5	91.7
Ellis County	27,507	22.4	18.4	25.2	19.6	14.3	32.7	95.8	92.6
Ellsworth County	6,525	21.4	7.3	27.1	23.8	20.4	41.8	111.9	114.1
Finney County	40,523	34.3	11.0	31.1	16.6	7.0	28.1	104.2	103.3
Ford County	32,458	31.1	11.2	29.4	17.3	11.0	29.9	107.2	105.3
Franklin County	24,784	27.5	8.9	28.3	21.2	14.0	36.0	98.3	94.1
Geary County	27,947	29.6	13.6	30.0	17.4	9.4	29.1	97.3	94.3
Gove County	3,068	26.2	5.4	22.1	23.7	22.7	42.6	95.2	92.3
Graham County	2,946	22.5	5.3	23.1	25.4	23.7	44.4	95.1	92.2
Grant County	7,909	32.8	8.7	28.7	20.2	9.6	31.4	100.7	97.5
Gray County	5,904	31.6	8.3	27.3	20.2	12.7	33.0	100.1	96.2
Greeley County	1,534	28.2	6.8	27.3	19.9	17.7	38.6	98.4	92.8
Greenwood County	7,673	23.7	6.5	23.2	23.7	22.8	42.6	95.5	91.5
Hamilton County	2,670	28.4	7.2	25.3	20.9	18.4	37.6	97.6	92.6
Harper County	6,536	24.7	6.6	22.0	23.5	23.2	42.9	93.7	91.4

Geographic area	Total population	Percent of total population					Median age (years)	Males per 100 females	
		Under 18 years	18 to 24 years	25 to 44 years	45 to 64 years	65 years and over		All ages	18 years and over
Harvey County	32,869	26.0	9.1	26.5	21.6	16.8	37.6	94.5	91.6
Haskell County	4,307	32.9	9.1	27.8	19.5	10.6	30.8	103.3	98.3
Hodgeman County	2,085	29.0	4.7	25.2	22.1	19.0	39.8	97.3	96.9
Jackson County	12,657	28.3	6.8	26.7	23.4	14.9	37.4	96.8	93.8
Jefferson County	18,426	27.4	7.0	28.0	24.9	12.8	38.0	102.6	98.9
Jewell County	3,791	21.9	4.4	21.5	26.2	25.9	46.2	97.9	96.0
Johnson County	451,086	27.1	7.6	32.8	22.5	10.0	35.2	95.5	92.0
Kearny County	4,531	34.3	8.3	27.1	19.2	11.1	31.6	104.7	98.5
Kingman County	8,673	27.4	5.8	24.7	22.5	19.6	40.2	96.3	93.5
Kiowa County	3,278	24.0	8.2	21.8	24.6	21.3	42.1	96.3	95.1
Labette County	22,835	25.7	8.7	25.8	22.5	17.3	37.9	95.7	92.0
Lane County	2,155	25.4	5.4	24.6	24.1	20.5	41.6	100.3	97.7
Leavenworth County	68,691	26.7	8.2	33.0	22.2	9.8	35.6	113.5	116.9
Lincoln County	3,578	23.5	5.5	22.9	24.6	23.5	43.7	96.2	92.4
Linn County	9,570	25.0	6.7	24.3	25.7	18.3	40.8	100.0	97.6
Logan County	3,046	25.4	7.2	24.4	22.3	20.7	40.7	93.6	93.0
Lyon County	35,935	25.7	16.2	27.2	19.1	11.6	30.9	97.4	95.2
McPherson County	29,554	25.4	10.3	25.2	21.8	17.3	38.1	95.9	92.9
Marion County	13,361	24.8	7.9	23.5	22.7	21.1	41.0	95.1	92.2
Marshall County	10,965	25.0	6.6	23.6	22.8	22.0	41.7	96.8	94.0
Meade County	4,631	29.5	6.9	26.5	19.2	17.9	36.1	98.2	95.0
Miami County	28,351	27.9	7.3	29.7	23.1	11.9	36.7	97.8	96.0
Mitchell County	6,932	24.5	8.5	22.5	23.1	21.4	41.1	97.4	97.5
Montgomery County	36,252	25.0	8.6	24.7	23.3	18.3	39.2	93.2	88.6
Morris County	6,104	25.2	5.6	23.9	24.3	21.0	42.0	97.0	93.3
Morton County	3,496	29.3	8.0	27.2	21.5	13.9	36.2	94.4	93.7
Nemaha County	10,717	28.5	6.0	24.1	19.4	22.0	39.1	97.0	95.1
Neosho County	16,997	25.7	8.9	25.4	22.5	17.5	38.4	93.4	91.1
Ness County	3,454	22.9	4.6	24.0	24.2	24.2	43.9	98.5	95.1
Norton County	5,953	22.0	7.7	28.3	22.3	19.6	40.1	122.1	122.9
Osage County	16,712	27.0	6.4	27.0	23.7	15.8	38.9	96.0	93.3
Osborne County	4,452	23.8	5.5	22.3	22.6	25.7	44.0	96.8	92.6
Ottawa County	6,163	25.7	5.8	26.7	24.2	17.6	40.1	99.9	95.9
Pawnee County	7,233	24.2	7.3	25.4	24.6	18.5	40.5	112.0	112.7
Phillips County	6,001	24.5	5.7	23.2	24.8	21.8	42.5	94.8	91.2
Pottawatomie County	18,209	29.5	7.7	27.7	21.6	13.5	35.9	98.0	96.7
Pratt County	9,647	24.5	9.4	24.0	22.8	19.2	40.2	94.0	91.3
Rawlins County	2,966	24.0	3.8	21.5	25.1	25.6	45.4	99.9	95.1
Reno County	64,790	24.5	9.3	26.9	22.9	16.4	38.2	100.9	99.0
Republic County	5,835	22.3	4.5	22.1	25.0	26.1	45.7	93.2	90.8
Rice County	10,761	24.7	13.3	22.8	21.3	18.0	37.6	92.2	88.2
Riley County	62,843	18.8	34.5	25.9	13.3	7.5	23.9	114.3	115.4
Rooks County	5,685	25.2	6.4	25.5	21.5	21.5	40.5	98.1	94.3
Rush County	3,551	22.1	5.5	22.9	24.2	25.3	44.6	94.4	90.6
Russell County	7,370	22.4	5.8	23.3	24.3	24.1	44.1	92.5	88.7
Saline County	53,597	26.2	9.4	28.4	22.1	14.0	36.1	97.4	94.4
Scott County	5,120	27.1	6.6	25.3	24.4	16.5	39.2	97.1	94.4
Sedgwick County	452,869	28.2	9.5	30.3	20.6	11.4	33.6	97.8	95.2
Seward County	22,510	32.0	11.7	30.5	16.9	8.9	29.0	105.3	103.7
Shawnee County	169,871	25.3	8.8	28.4	23.7	13.7	37.1	93.8	90.0
Sheridan County	2,813	26.3	5.8	23.7	23.9	20.3	41.5	100.1	95.8
Sherman County	6,760	24.6	11.8	23.9	22.8	17.1	37.8	104.5	101.4
Smith County	4,536	21.7	4.7	22.1	23.6	27.9	46.0	92.7	90.4
Stafford County	4,789	26.3	5.4	24.6	22.5	21.2	41.0	95.2	91.4
Stanton County	2,406	30.8	8.4	28.3	19.5	13.0	33.8	104.1	103.2
Stevens County	5,463	31.2	8.3	27.8	19.4	13.3	33.6	95.3	92.5

Geographic area	Total population	Percent of total population					Median age (years)	Males per 100 females	
		Under 18 years	18 to 24 years	25 to 44 years	45 to 64 years	65 years and over		All ages	18 years and over
Sumner County	25,946	28.5	7.5	26.2	22.4	15.5	37.6	96.8	93.9
Thomas County	8,180	26.3	13.5	24.4	21.2	14.6	35.3	94.6	91.5
Trego County	3,319	23.9	5.5	23.5	23.2	24.0	43.5	91.1	87.6
Wabaunsee County	6,885	26.7	6.2	26.7	24.8	15.6	39.5	102.5	101.3
Wallace County	1,749	29.1	6.5	23.6	22.8	18.1	39.5	99.0	99.4
Washington County	6,483	23.7	5.4	22.9	23.0	25.1	43.6	100.8	97.8
Wichita County	2,531	28.7	7.3	25.7	22.3	16.0	36.7	104.4	102.6
Wilson County	10,332	25.4	7.4	23.8	23.4	19.9	40.6	94.2	89.6
Woodson County	3,788	21.7	7.4	22.1	23.9	24.8	44.1	96.8	96.8
Wyandotte County	157,882	28.5	10.4	29.5	19.9	11.7	32.5	95.4	91.3

(X) Not applicable
Source: U.S. Census Bureau, Census 2000 Summary File 1, Matrices PCT12 and P13.

A



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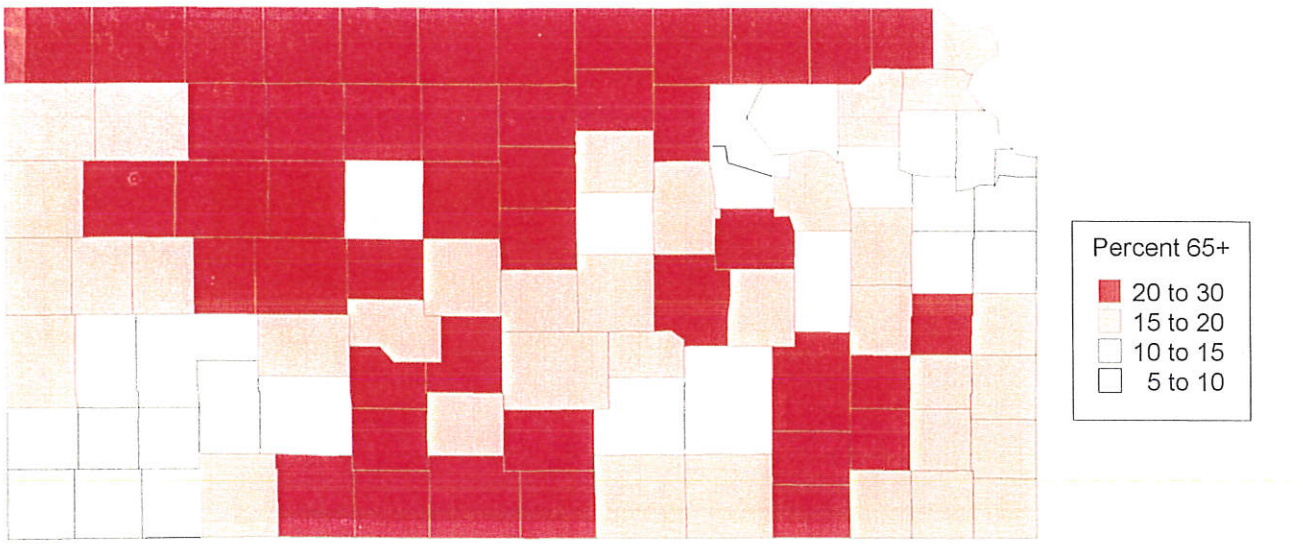

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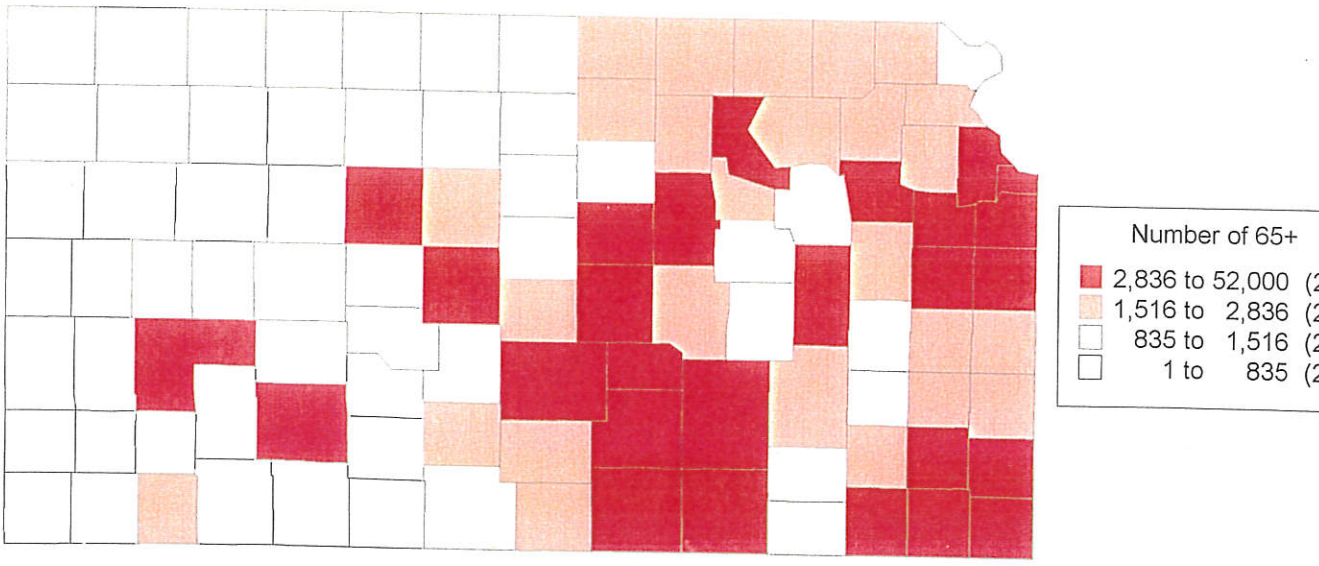

KUMC Center on Aging / DR

Kansas ElderCount 2002

ElderCount – Health Subcommittee
Health Variables

Work Group Composition

- Extension Specialist (Health & Safety) – **Michael Bradshaw** (K State)
- Professor of Gerontology Nursing – **Liane Connelly** (Fort Hays State Univ)
- Exec, Director of the Shepherd Center of Kansas City – **Karen Hostetler**
- VP for Research – **Kim Kimmimau** (Kansas Health Institute)
- Research Analyst – **Barbara La Clair** (Kansas Health Institute)
- Database Administrator – **Stephanie Lambert** (Kansas Found. For Medical Care)
- Director, Ctr. For Health and Environ. Statistics – **Elizabeth Saadi** (Kansas Dept. of Health and Environment
- Yours Truly, VP for Quality Improvement – **Sam Markello** (KFMC)

Charge of the Health SubCommittee

- Identify indicators of **Health and Well Being** among the elderly (age 65+) of Kansas
- Indicators had to be:
  - Valid measures of the health domain (physical, mental, social, access to healthcare and support services)
  - Reliable – quality data
  - Data representative of all age groups, gender
  - Reportable at the county level
  - Geographic variability in the measure

Final Selection of Indicators

Two of the indicators reflect serious health conditions which can adversely impact quality of life, increase levels of disability, lead to increase burden of care on the family and community, increase the need for nursing home care, as well as give rise to premature morbidity and mortality. They are:

- **Hospitalization for Cardiovascular** Care (coronary and vascular disease, excluding stroke)
  - Proxy for CVD in the county – under estimate because not everyone with CVD is necessarily hospitalized
  - Leading cause of hospitalization and mortality among Kansans
  - In 2000, statewide rate = 6.4% hospitalized for CVD (3 fold variation among counties – 3.5% to 11.7%)
  - Learn from the low rate counties; target the high rate counties for source of problem; prime targets for public health initiatives to reduce modifiable risk factors)
  - Source – KFMC - Medicare Administrative Data Sources
- **Hospitalization for Hip Fracture** (due to unintentional injury – mainly falls)
  - Age is a major risk factor for falls, of which hip fracture is a major outcome.

- 50% of those suffering hip fracture never regain previous physical functional levels
- Loss of independence, coupled with aged or lack of home caregiver, enhances risk for discharge to nursing home care after hospitalization.
- Statewide rate year 2000 – 8.2 persons hosp. for hip fracture/1000 Kansans aged 65+ (7 fold variation in county rates – 2.2 to 16.5)
- Source – KFMC - Medicare Administrative Data Sources

***Lower is Better* for the above 2 measures**

Next two indicators reflect utilization of preventive care measures, both of which are covered services under Medicare, and both of which lend themselves easily to locally targeted health improvement initiatives. National and State campaigns can further reinforce local efforts.

- **Mammography** (annual)
  - Focus is on early detection, early treatment and better prognosis for breast cancer among older women, who are at a 7-fold increase risk for Br. Ca relative to younger women
  - Kansas in 2000 – 39.8% received mammograms paid for by Medicare (3-fold variation between counties – range form 17.8% to 52.9%)
  - Source – KFMC - Medicare Administrative Data Sources

- **Flu Immunization** (annual)
  - Purpose is to reduce chances for coming down with the flu among the elderly
  - Why? The greatest rates of serious morbidity occurs among the elderly, and especially among those with underlying medical conditions
  - In 2000, statewide rate of 40% (variation from 10% to over 60%)
  - Source – KFMC - Medicare Carrier Administrative Data Sources

In this case H*igher is Better*

- **Deaths at Home**
  - Source – death certificates
  - Interpretation could be complex – Is Higher better, or is lower better?
  - Tried to get at matters of choice – those dying at home may have had wishes fulfilled. Variable gets complicated because it could represent cases that died suddenly, or because of other enabling factors may not have been able to be rescued in time.

What didn't get included –due to lack of data, or non-centralized data, questionable data, nothing at county level?

- Pharmacy access; prevalence of supplemental insurance for prescriptions
- Mental health status (prevalence of depression; suicide rates)
- Physical status (exercise, fitness, levels of functional independence)
- Social well being (volunteerism, community participation)
- Access to local support groups and self-help information
- Access to primary care
- Early mortality
- Cancer incidence
- Respiratory mortality

Eldercount – Community Living Variables

Thank You, Worked on outcomes for a number of years, Interested in long term care policy, Hosted conference in 1992 , many initiative recommended by state and national speakers are now in place and although Kansas continues to have an institutional rate somewhat higher than the national average,41/2% nationally vs. 51/2% locally great progress has been made. Continued monitoring of key indicator will hopefully be helpful to policy makers as they work to craft a more balanced long term care system. It was interesting to note that we did see a slight increase in institutionalization rates in1998 when there were waiting lists for home and community services.

The Community Living indicator monitors status of the vast majority of elders who continue to live in the community even when they have long term care needs. Availability of necessary services, housing options, and an elder-ready community infrastructure make this possible. Most elders want to remain in their homes even if they have the need for long term care. It is important to monitor the progress made in Kansas in creating an environment that allows elders the option of community living. Kansas' elders contribute significant amounts of their incomes and assets to our communities. The Eldercount Advisory Committee is working to develop future indicators to highlight their financial contributions and participation in volunteer activities as well as in the work force.

My work group was composed of:

Work Group composition

- **Consumer representative –Keith Knudson, Silver Haired Legislator**
- **State Agency rep – Sam Alvey, KDOA**
- **Maria Russo- Jayhawk AAA**

- **Legal Advocate Molly Wood**
- **Data specialist/researcher -myself**
- **Invaluable assistance of Mercedes Bern-Klug**

Had a series of meetings in which drafted and refined variables based on

- **What would be useful to policy makers**
- **Data available -**

1. **Walk through variables as they now stand, noting that we will have more clarity once we get an actual data run to see what our breakouts show**

The first indicator, percent of seniors living alone, highlights the potential need for both informal and formal support for elders, primarily very old women, who live alone. Over 60% of the long-term care provided to elders is informal care, typically provided by family members, usually wives and daughters. Research has indicated that in Kansas, many elders living alone actually have significant family support nearby. However, family mobility, increasing numbers of women holding full-time jobs, and young people's exodus from many rural communities makes monitoring the extent to which elders have lost informal sources of support a critical issue. "Seniors living alone" is a proxy for this issue.

The second indicator, number of older adults receiving public state administered in-home services, tracks the provision of the following services: adult day care, attendant care, respite care homemaker service, home delivered meals, chore services, and environment modification.
Unduplicated count

Funds for these programs come from federal and state sources. They include Medocaid, Older American Act, and State General Funds Kansans 65 and older who received these services in calendar year 2000 are included in this number.

The third indicator, number of Client Assessment Referral and Evaluation(CARE) Assessments in 2000, highlights efforts to see that Kansas elders seeking admission to nursing facilities are aware of alternative options, including home and community based options for receiving long term care. The CARE program has been managed by KDOA since 1995. All people seeking admission to a nursing home must be assessed through the CARE program before they are admitted to a nursing home.

The fourth indicator, number of Kansans diverted on the 30th day from Kansas nursing homes, measures diversions in keeping with definitions developed by the state. If a person is residing in the community with services on the 30th day after receiving a CARE assessment, they are considered diverted. This indicator helps to track how many elders applying for nursing home admission actually make use of resources in the community once they are aware they are available.

The fifth indicator, number of people receiving Medicaid Home and Community Based services (HCBS/FE) in 2000, tracks the extent that Kansas elders with very low incomes and significant functional limitations are receiving home and community based services through the Medicaid HCBS/FE program funded jointly with federal and state dollars. These are the seniors with the fewest resources for purchasing formal services privately. When home and community based services are unavailable, these seniors are also the ones at greater risk

for entering a nursing facility where they will be completely dependent on public funds, even when their needs could be met much more cost effectively in the community. These people are also counted in the total the indicator discussed above that tracks number of older adults receiving public state administered in-home services

The sixth indicator monitors number of people 65 and over with self-care or mobility disability. Information available from census. Gives us an idea of the impairment level of our senior relative to the rest of the country.

As seniors increasingly have their long term care needs met in the community, it is important that we also monitor elder abuse and neglect, and quality of life both in the community and in nursing facilities.

We have the following data gaps

Elder abuse is an area where data collection needs further development.(note to self Not collected by county but SRS area

Mental health is another key area where we do not yet have sufficient information to develop an indicator. We also need ways to track the contribution and needs of informal caregivers, many also 65 and older, who provide the vast majority of long term care in the community. Development of data sources and indicators that provide a full picture of the needs and contributions of elders in our community is necessary to effectively plan for the growing number of Kansas' elders.