

HEALTH STATUS WORKING GROUP

June 4, 2010

The health status of West Virginia's disabled persons and people over age 65 takes on an increasing importance as the general population of the state ages. Preparing adequately and compassionately to care for our citizens as they age means understanding the current and the anticipated status of the population, health, disease, hospitalizations, care facilities and services, and related expense. By continuously evaluating and improving the information available, we as a statewide partnership, can plan thoughtfully and effectively

In 2004, the West Virginia Department of Health and Human Resources (DHHR) published a thorough report depicting the status of health among the state's growing number of older people. This report, the **West Virginia Aging Health Status Report 2004** was the work of many contributing state agencies and programs, including: Healthy People 2010, West Virginia Health Statistics Center, West Virginia Health Care Authority, West Virginia Bureau of Senior Services, West Virginia University Center on Aging, West Virginia Higher Education Policy Commission-Office of the Vice Chancellor for Health Sciences, and the West Virginia Division of Tobacco Prevention. In addition, in 2009 DHHR issued **An Overview of Dementia: The Growing Crisis in West Virginia**.

The report of the Health Status Working Group has relied heavily on the information of these two prior reports, as well as on the enormous contributions of the members. Many of the same agencies that worked on those earlier projects, as well as additional non-governmental organizations, have contributed to this report. We are grateful for the significant contributions of all involved. The working group's full report is available at: <http://www.wvltpartnership.org/health.htm>. The working group submits the following recommendations for the Partnership to consider in developing its work plan.

RECOMMENDATIONS

1. *Study and develop a statewide plan for healthcare services and facilities for the elderly and disabled.*

A comprehensive plan is needed for many reasons, including:

- The expected population changes of elderly within communities and the adequacy of communities to provide needed care.
- The growing numbers of persons with dementia who will need long-term care placement, the location and number of specialized facilities, and better training for providers on managing the behavioral challenges people with Alzheimer's disease may experience. Data also should be reviewed and surveys conducted to identify the incidence of West Virginians with dementia being discharged or advised to transfer to an out of state facility due to behavioral issues.
- Investigate and assess regulations and facilities in neighboring states to determine what West Virginia needs to do to provide all available care modalities.



2. *Undertake a study to identify why hospitals are reporting that hospitalizations from unintentional injury for people age 60 or older have more than doubled in incidence since 2002.*
3. *Develop and implement strategies to adequately address the high costs of end-of-life care and improve literacy surrounding end-of-life planning.*

Enhanced methods for promoting hospice care should be identified. Hospice care is an economically and emotionally satisfactory service for end-of-life care, allowing a person to stay home, at an average daily cost of care of \$139.80. Additional effort also is needed to augment the West Virginia Center for End-of-Life Care in educating the public on advance directives and the Physician Orders for Scope of Treatment (POST) forms; encouraging the public to learn about end-of-life options and issues; and developing an electronic registry of advance directives, Do Not Resuscitate cards, and POST forms.

4. *Work to improve chronic disease management, as well educate individuals on steps they can take to prevent the onset of chronic disease.*

Behaviors that put adults at risk for chronic diseases and conditions should be spotlighted, as well as investigating environmental changes that can be made in communities to improve health. Initiatives that assess the prevalence of multiple chronic conditions in an individual rather than address the individual by each disease or condition need to be examined. More older adults and people with disabilities would benefit from enrolling in existing programs that assist with developing skills to better manage diseases and conditions such as Dining with Diabetes, the Chronic Disease Self Management program, Live Well Breathe Well, Arthritis Foundation exercise programs, Enhanced Fitness programs, Tai Chi, and Gentle Yoga.

5. *Promote healthy options policies for nutrition services in senior centers, long-term care facilities and Meals on Wheels programs, and other community-based services to expand access to fruits and vegetables, water, and low fat milk.*

WORKING GROUP MEMBERSHIP CHAIR: Sen. Ron Stollings, MD, Health and Human Resources Committee, West Virginia Senate STAFF: Nancy Tolliver, RN, MSIR, West Virginia Long Term Care Partnership • Mary Bee Antholz, West Virginia Health Care Authority • Mary W. Carter, PhD, West Virginia Center on Aging and Department of Community Medicine, West Virginia University School of Medicine • Daniel M. Christy, MPA, Health Statistics Center, West Virginia Bureau for Public Health • Donna Crane, BS, BA, West Virginia Health Care Authority • James C. Doria, Health Statistics Center, West Virginia Bureau for Public Health • R. Turner Goins, PhD, West Virginia Center on Aging • Cindy Jamison, Center for End-of-Life Care • Tom McCleary, DO, West Virginia School of Osteopathic Medicine • Jane Marks, Alzheimer's Association, West Virginia Chapter • Bobbi Jo Muto, RDH, BS, Marshall University, Joan C. Edwards School of Medicine • Shirley M. Neitch, MD, FACP, Marshall University, Joan C. Edwards School of Medicine • Karen Nichols, Hospice Council of West Virginia • Birgit Shanholtzer, MA, Health Statistics Center, West Virginia Bureau for Public Health • Lori Tarr, BS, BA, West Virginia Health Care Authority • Amy B. Wenmoth, MA, West Virginia Health Care Authority • John M. Wilkinson, Office of Health Facilities, Licensure, and Certification, West Virginia Bureau for Public Health • Jessica Wright, RN, MPH, CHES, Division of Health Promotion and Chronic Disease, West Virginia Bureau for Public Health