

# Social Work & Aging: Obstacles or Opportunities

## California Adventures in Change

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# Key Points

- Partners in Care Foundation
- Aging: a new Social Work Specialty
- Recruitment & education for new social work leaders
- New Arenas of Practice

# Partners in Care Foundation: Mission

- Partners is a think-tank and a proving ground
- Partners changes the shape of health care by creating high-impact, innovative ways of bringing more effective clinical and social services to people and communities
- Partners' direct services test, measure, refine and replicate innovative programs and services, and bring needed care to diverse populations

# Our Framework for Change

- Identify an issue that is relevant to our mission and strengths:
  - Impacts a large population
  - Causes significant suffering and harm
  - Costly – significant expenditures in place
  - Promising – opportunity for high impact through innovation
  - Proving ground available – evidence-based
  - Sustainable

# Demographic Imperative

- Older adults are a rapidly growing population and the dominant force in health care
- Growing recognition of impact of biopsychosocial factors on health outcomes
- Demand for effective services = demand for well-trained social workers
- Rapid period of change = demand for social work leadership and program development/change skills

# California's Gero Social Work Education Initiatives

- John A. Hartford Foundation has envisioned and funded multiple investments to build the social work geriatric specialty
- California in first cohort of PPP/New York Academy of Medicine – with Archstone Foundation match
- Strong academic/community partnership to recruit and train future leaders through field education
- 10 years old
- 6 years self-funded / 300 graduates

# GSWEC Accomplishments

- Deep lasting partnership to recruit talent
  - All 6 Schools of Social Work in L.A. County
  - 12 Top senior serving agencies
  - “Bait”: Quality education/stipends/prestige
- Strong regional comprehensive curriculum
  - Rotational model/continuum of care
  - Competencies developed and now national
- Replication - CalSWEC model in public settings

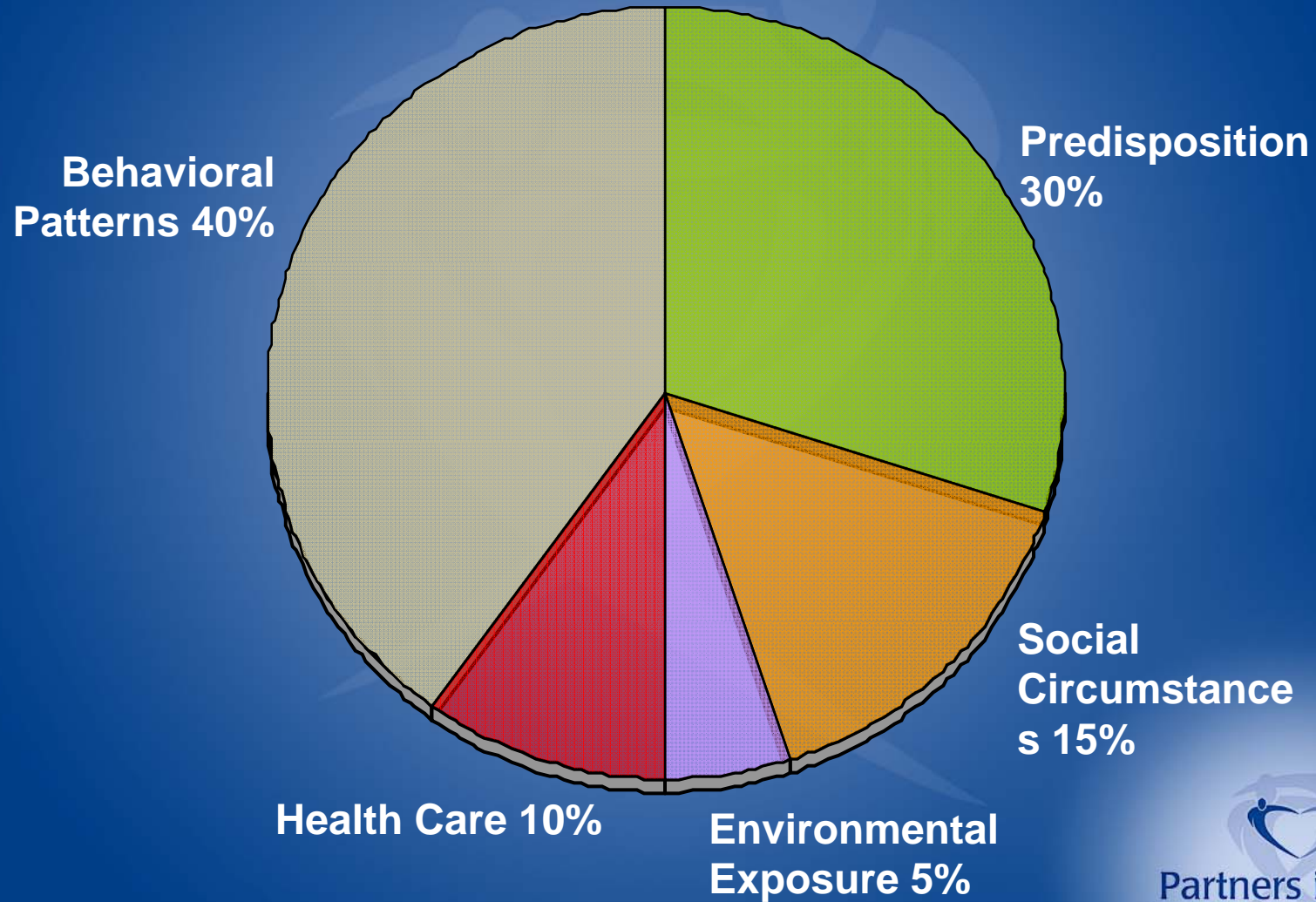
# Arenas of change/Opportunities

- New recognition in health care of social and personal factors impacting health outcomes and service utilization
- Move to Evidence-based models to improve health and avoid institutional alternatives (hospital/nursing home)
- Examples that improve quality of life and reduce service use
  - Palliative Care – last year of life
  - Medications management/reconciliation
  - Chronic Disease self-management
  - Depression

# The Scope of the Problem

- 1.7 million Americans die of a chronic disease each year
- Chronic diseases affect the quality of life of 90 million
- 87% of persons aged 65 and over have at least one chronic condition; 67% have 2 or more
- 99% of Medicare spending is on behalf of beneficiaries with at least one chronic condition
- 25% of Medicare budget spent in last year of life
- Medications = 5<sup>th</sup> leading cause of death
- Many are modifiable risks – social work can play a key role
- New models of care are needed

# Determinants of Health & Contribution to Premature Death



Source: Stephen A. Schroeder, MD. We Can Do Better. NEJM 357:12

# The Expanded Chronic Care Model: Integrating Population Health Promotion



# Building Infrastructures for Health

- Physician offices, hospitals and health plans need to connect to community resources to build health
- Creation of widespread community-based programs to address lifestyle change are needed – especially to manage risks like diabetes progressing, heart disease & falls
- Evidence-based programs are essential

# AoA Evidence-Based Programs

- *Matter of Balance*: managing concerns about falls
- *Healthier Living*: managing ongoing health conditions
- Healthy Moves for Aging Well
- *Medication Management Improvement System (MMIS)*



# Other Evidence-based Models

- Palliative Care
- Social Work Medications Reconciliation
- Post-Acute Diabetes Coaching Model
- Advanced Illness Care Coordination

# The Partners Model: Adaptation



Take evidence-based practice to new environments, adapt for extended use, disseminate results, begin again with new partners.

# Green “Handouts”

- Please go to the Partners in Care website to download this presentation
- [www.picf.org](http://www.picf.org)
- Click on [Presentations](#)