

Missouri's Growing Senior Issues: Are We Prepared?



Current Issues

Anticipated Results

What We Can Do

Missouri ranks 12th among the states for the number of food insecure seniors in 2017 and ranked 14^h for the percentage of underweight seniors in 2016.

Food insecurity among Missouri seniors is 16.6%, up since 2013 by 25.8%.



Malnutrition leads to decreased cognitive function, increased infections, increased fall risk, and inconsistent medication management.



Restore and increase State funding for meals and nutrition programs.

Missouri ranks 42nd for teeth extractions and the percentage of seniors who saw a dentist in the past year



Poor dental health is associated with malnutrition and its many consequences.



Increase the number of dentists and identify payment options.
Explore other dental health options

Aging in place is not only preferred by seniors but also cost effective, yet many Missouri homes and neighborhoods are not equipped to support safe aging in place.

Missouri has the nation's highest nursing home placement rate and ranks 47th for the number of seniors who fall.



Missouri's nursing home expenditures will increase dramatically.
More falls and car accidents will increase costs for hospitalizations and permanent disabilities.



Offer in-home accommodations, chronic disease self-management, and transportation services to save Medicare and Medicaid dollars and help seniors remain in their homes safely.

The health education and chronic disease management supported by informal caregivers are key to healthy aging.

Missouri's population of age 45-64 caregivers is expected to drop 45% from 2010 to 2030, and seniors will be 26% of the population by 2030.



One estimate places the value of informal care at 150% of formal caregiving.



Expand case management, integration of AAAs as service providers in managed care markets, and comprehensive, unbiased information services to help seniors navigate their options.

Seniors ranked staying connected as even more important to quality of life than financial means.

According to ACS 2011-13 estimates, 41% of Missouri seniors lived alone. Transportation needs generate the most Missouri calls to the Eldercare Locator call center.



The lack of social relationships is as significant as smoking and inactivity as a risk factor for poor health.



Expansion of senior center programs and transportation services to keep seniors socially connected.

A Comprehensive Approach to State-wide Solutions

Immediate Action

Provide the aging network with short-term grants for initiatives such as capitalizing senior centers, train-the-trainer for chronic disease self-management programs, transportation pilots, and ombudsman volunteer recruitment

Advocate for legislation to establish a dedicated funding stream for AAA services/programs

Support local senior tax levy initiatives

Bridge the gap between the healthcare community and the aging network regarding social determinants of health

Long-Term Strategies

Integrate AAAs into provider networks for managed care plans

Research on defining outcomes measures

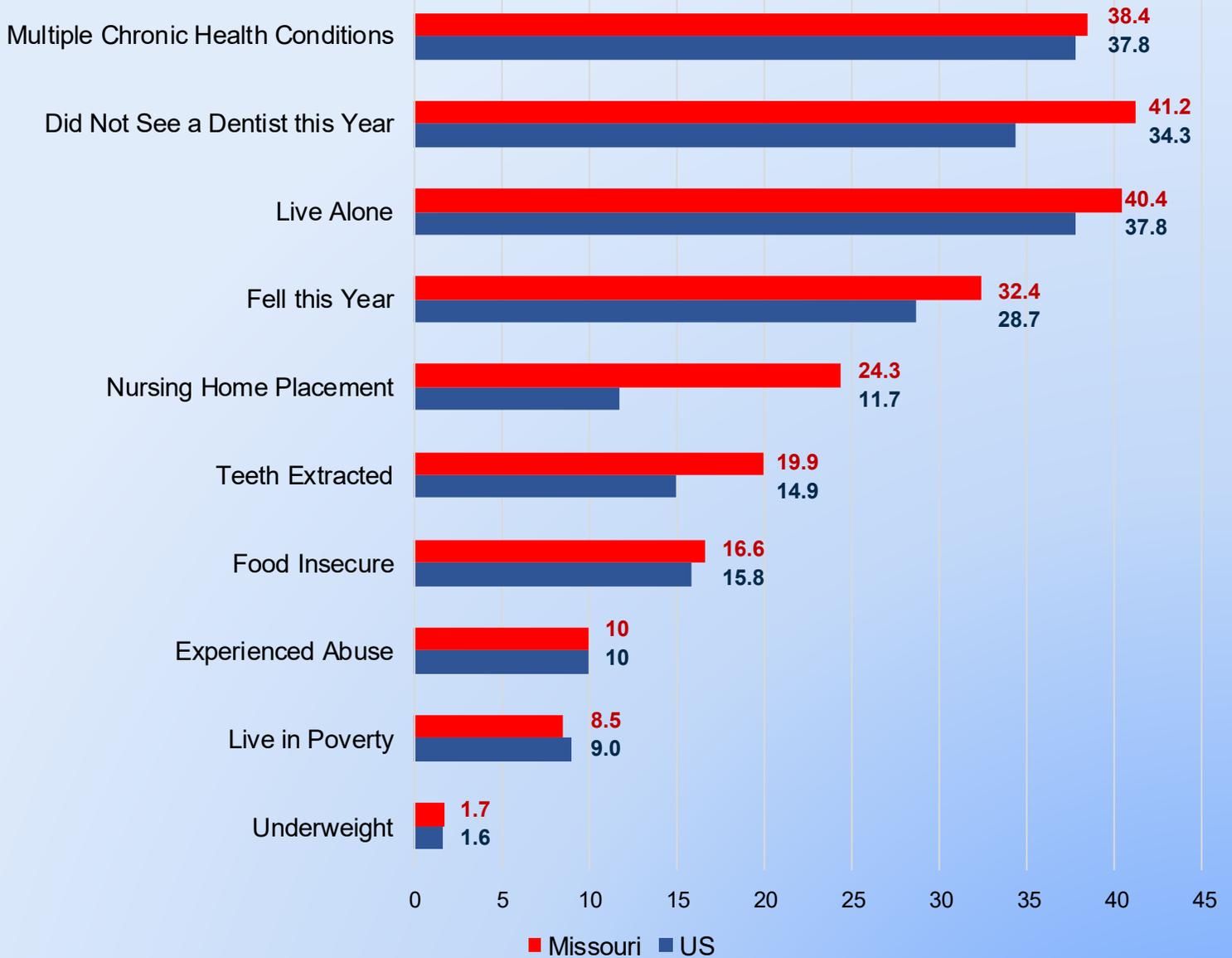
Development of Dementia friendly and Livable Communities Initiatives

Convene statewide forum to develop a comprehensive blueprint for aging services in Missouri

Missouri's Growing Senior Issues: The Numbers



For every 100 Missouri seniors—



In 2017, Missouri ranks 42nd among the states for the health of its seniors, dropping two places since 2016 and three since 2014.

A Blueprint for Aging Services in Missouri

Objective

Design a strategy to meet the future needs of Missouri's seniors that is data based and supported by stakeholders.

Action Steps

1. Review and analyze current data to assess where we are now, including data from the following:
 - Census
 - NAPIS
 - MDS Data – Nursing Homes
 - BRFFSS
 - Existing gap analyses
2. Compile the data into a report.
3. Convene community-level meetings to review the data.
4. Convene public community hearings to assess needs.
5. Establish a structure to review data and make recommendations for going forward, such as the following, which could be built on the model of the Cover Missouri Coalition:
 - A series of working groups, to be defined by the categories of the data
 - Overview committees to which the working groups report
 - Steering committee which review the outcomes of the working groups and committees to design the final plan
6. Outcome: A blueprint for a comprehensive approach

