

Aging and Long-Term Services Department  
presentation to the  
Legislative Health and Human Services Committee

October 10, 2012



*Partners in Lifelong Independence and Healthy Aging*

# What we do

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## Mission

The Aging and Long-Term Services Department provides accessible, integrated services to older adults, adults with disabilities, and caregivers to assist them in maintaining their independence, dignity, autonomy, health, safety, and economic well-being, thereby empowering them to live on their own terms in their own communities as productively as possible.

# Introductions

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- Deputy Secretary  
*Gino Rinaldi*
- Director, Consumer and Elder Rights Division  
*Carlos Moya*
- Director, Adult Protective Services Division  
*Kathleen Hart*
- State Long-Term Care Ombudsman  
*Sondra Everhart*
- Director, Aging Network Division  
*Lynne Anker-Unnever*
- Director, Administrative Services Division  
*Jason Sanchez*

# Today's Topics

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Alzheimer's Disease Taskforce

Elder Abuse Investigations

Hunger among older adults

Continuing Care Act regulations

Prescription drug dependence among elders



# Alzheimer's Disease Taskforce

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- Alzheimer's disease and related dementias in New Mexico
- National and State initiatives
  - National Alzheimer's Project Act
  - New Mexico House Memorial 20
- Taskforce Focus and Progress

# Alzheimer's Disease in New Mexico

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- Alzheimer's Disease is projected to affect 43,000 New Mexicans over the age of 65 by 2025. This is a 59% increase from the year 2000
- In 2011, 104,833 New Mexico caregivers provided 119 million hours of unpaid care at an estimated cost of \$1.4 billion
- In 2008, 366 per 1,000 deaths in New Mexico attributable to Alzheimer's disease, or 18.4% of all deaths in that year

# Legislative Initiatives

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- The National Alzheimer's Project Act (NAPA) - National Plan for Alzheimer's disease and related dementias
- Alzheimer's Disease State Plans - developed in 22 States; 13 additional States are writing plans
- New Mexico House Memorial 20 - requests Aging and Long-Term Services Department convene a taskforce to address Alzheimer's Disease and related dementias



# HM20 Charter

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- Assess the impact of Alzheimer's Disease in New Mexico
- Make policy, legislative, and funding recommendations
- Develop a Statewide Plan for Alzheimer's Disease and related dementias



# Taskforce Membership and Focus

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- Taskforce formed April, 2012, and has met twice
- Wide representation – 26 representatives (State agencies, providers, caregivers, universities, Los Alamos National Laboratory and a person living with Alzheimer's Disease)
- Workgroups were formed to address these specific topics and needs:
  - Public Awareness
  - Quality of Care
  - Needs of Caregivers
  - Research
  - Health Care System Capacity

# Elder Abuse Investigations

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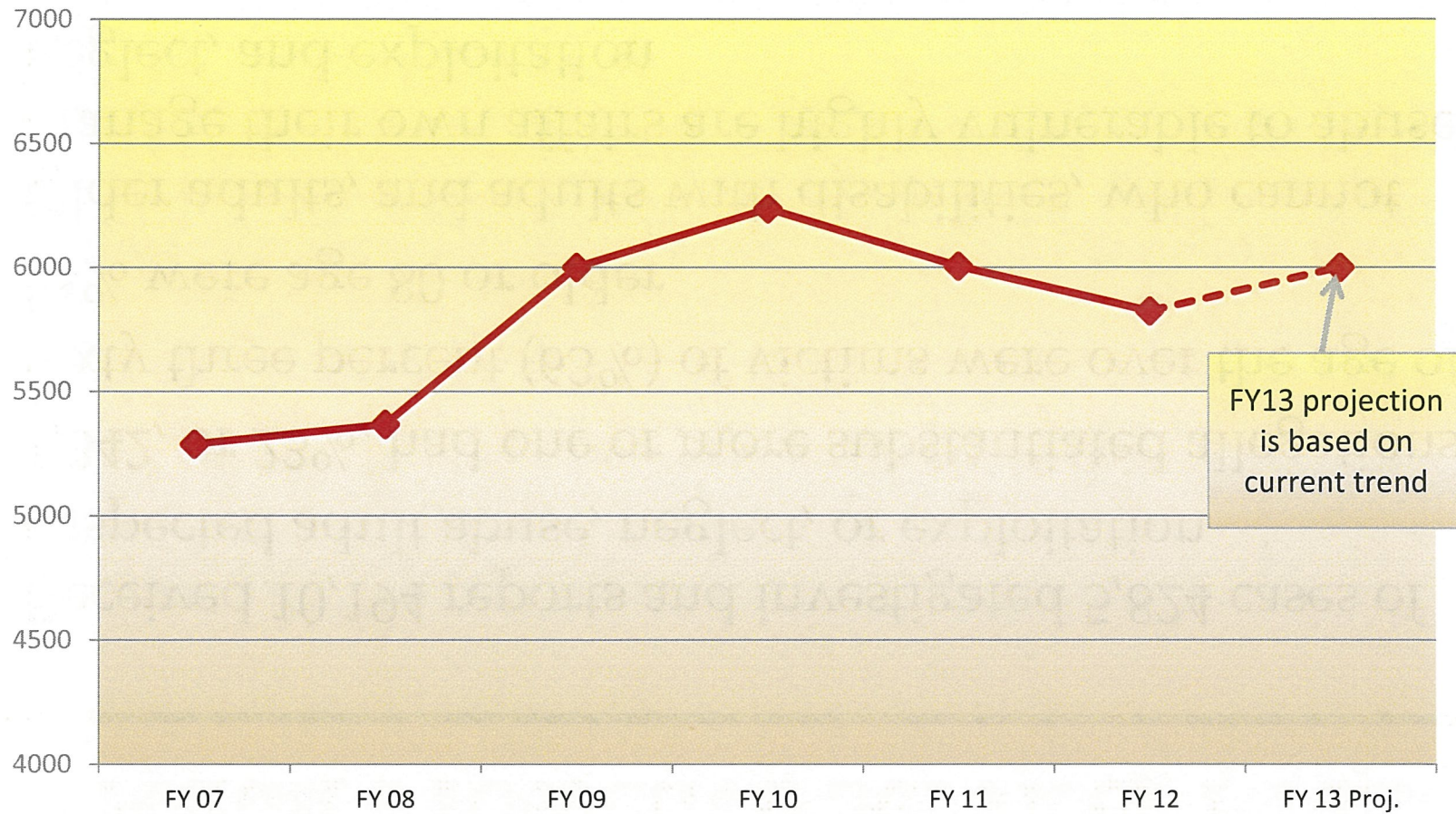
By statute, Adult Protective Services (APS) is required to provide a statewide system of protective services, and ensure availability of those services to abused, neglected, or exploited adults age 18 or older who do not have the capacity to protect themselves.

APS investigates reports, assesses each individual's risk and needs, and provides protective services in cases where abuse, neglect, or exploitation are substantiated. Services may include short-term emergency placement, home care, adult day care, attendant care, or guardianship services in cases where the adult has lost decisional capacity.



# Elder Abuse Investigations FY07-12

Investigations FY07 - FY12 with FY13 projection



# Adult Protective Services FY12

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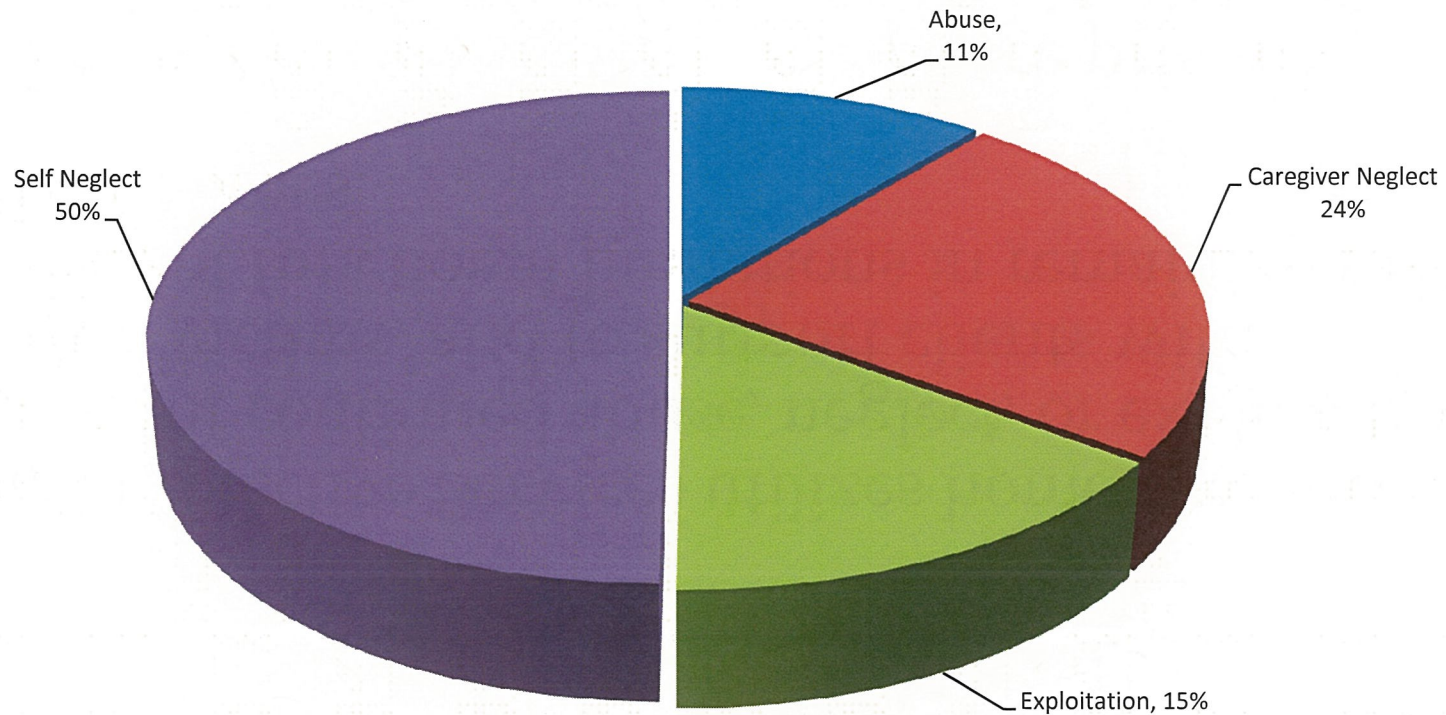
- Received 10,194 reports and investigated 5,824 cases of suspected adult abuse, neglect, or exploitation
- 1,342, or 23%, had one or more substantiated allegations
- Sixty three percent (63%) of victims were over the age of 60
- 24% were age 80 or older
- Older adults, and adults with disabilities, who cannot manage their own affairs are highly vulnerable to abuse, neglect, and exploitation



# Adult Protective Services FY12

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The most frequently reported and substantiated problems were self-neglect (50%) and caregiver neglect (24%) followed by exploitation (15%) and abuse (11%)



# Adult Protective Services - Home Care

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Adult Protective Services utilizes home care services to prevent continued abuse, neglect, or exploitation of adult victims, and to support clients with significant functional limitations in remaining safely in their homes.

APS provides this essential assistance primarily through 15 contract home care agencies throughout the state.

# Hunger among older adults

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- Seniors are among the most physically vulnerable to hunger
- With age comes unique nutritional needs and medical conditions
- Hunger and the lack of access to nutritious foods compromises health
- Hunger deteriorates mental and physical well being
- Chronic illnesses worsen with hunger and leave seniors at risk for increased long-term care and hospitalization



# Hunger among older adults

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- In 2010 21.2% (83,344) of New Mexico seniors, age 60 and over, were estimated to have food insecurity, which ranks second in the nation. (Meals on Wheels study)
- From 2001 to 2010, the number of seniors experiencing the threat of hunger increased 78%, nationally.
- Since the onset of the recession in 2007 to 2010, the number of seniors experiencing the threat of hunger has increased by 34%.
- Those living in states in the South and Southwest, those who are racial or ethnic minorities, those with lower incomes, and those who are younger (ages 60-69) are most likely to be threatened by hunger.



# Hunger among older adults

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Aging Network meal providers serve congregate and home-delivered meals to consumers in Statewide

FY 12	Consumers	Meals
Congregate	40,470	1,685,274
Home-delivered	12,233	1,859,345
Totals	52,703	3,544,619

# Continuing Care Act Regulations

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The Continuing Care Act was created to ensure, in part, that a Continuing Care Retirement Community (CCRC) will be a good fit for elderly consumers' individual needs, and that consumers shall be presented with relevant financial information necessary to determine whether a CCRC will remain solvent during the consumer's lifetime.

# Continuing Care Act Work Plan

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- **Administrative Rules** (by Summer, 2013)
  - Gather stakeholder input
  - Hearing on proposed CCA regulations
- **Directory** (by January, 2013)
  - Publish annual directory of CCRC communities in New Mexico
- **Consumer Guide** (by February, 2013)
  - Draft Update and submit to the Attorney General's office for comment
  - Post on ALTSD website and send copies to CCRC's



# Prescription drug dependence among elders

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According to a New Mexico Department of Health report, research shows that rural and impoverished jurisdictions in the U.S. tend to have higher prescription drug overdose rates.

- One reason for the growing number of prescription drug overdose deaths appears to be the increased availability and use of opioid pain relievers (OPRs).
- Misuse of OPRs (prescription drugs derived from opium) is a national problem and represents the fastest growing component of the nation's drug overdose death rate.

States differ greatly in their regulation and control of the sale of these substances.



# Prescription drug dependence among elders

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- Alcohol and medication misuse and mental health problems can be significant issues for older adults. Our growing life expectancy, coupled with the aging of the “baby boom” generation, make the need to address these issues more critical.
- Most people over 65 do not use illegal drugs, but almost 20 percent of older adults misuse alcohol, over-the-counter medicines, and prescription drugs, most often unintentionally.

*SAMSHA - Get Connected! Linking Older Americans With Medication, Alcohol, and Mental Health Resources.* DHHS Pub. No. (SMA) 03-3824. Rockville, MD: Center for Substance Abuse Treatment, Substance Abuse and Mental Health Services Administration, 2003.

# Prescription drug dependence among elders

## New Mexico Substance Abuse Epidemiology Profile

**Table 1: Drug-Induced Deaths and Rates\* by Age, Sex, and Race/Ethnicity, New Mexico, 2005-2009**

Sex	Race/Ethnicity	Deaths				Rates*			
		Ages 0-24	Ages 25-64	Ages 65+	All Ages	Ages 0-24	Ages 25-64	Ages 65+	All Ages*
Male	White	48	460	25	533	7.9	38.1	6.8	23.5
	Hispanic	83	679	14	776	9.4	65.2	7.9	37.9
	American Indian	16	57	1	74	6.2	22.6	3.0	13.7
	Black	3	29	0	32	5.0	40.7	0.0	23.0
	Asian/Pacific Islander	2	4	0	6	6.1	9.0	0.0	7.0
	Total	152	1,229	40	1,421	8.3	47.0	6.8	28.2
Female	White	17	378	34	429	3.0	30.1	7.6	17.2
	Hispanic	30	257	5	292	3.5	24.4	2.2	14.1
	American Indian	6	36	0	42	2.3	12.9	0.0	7.4
	Black	2	9	0	11	3.5	14.4	0.0	8.4
	Asian/Pacific Islander	0	4	0	4	0.0	7.5	0.0	4.0
	Total	55	684	39	778	3.1	25.3	5.3	14.8
Total	White	65	838	59	962	5.5	34.0	7.2	20.4
	Hispanic	113	936	19	1,068	6.5	44.7	4.8	25.9
	American Indian	22	93	1	116	4.2	17.5	1.3	10.4
	Black	5	38	0	43	4.2	28.4	0.0	16.1
	Asian/Pacific Islander	2	8	0	10	3.2	8.2	0.0	5.5
	Total	207	1,913	79	2,199	5.7	36.0	5.9	21.4

\* Age-specific rates (e.g., Ages 0-24) are per 100,000; all-ages rate is per 100,000, age-adjusted to the 2000 US standard population

Sources: NMDOH BVRHS death files and UNM-BBER population files; SAEF



# Questions?

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