DISRUPTING DISPARITIES:

THE CONTINUUM OF CARE FOR MICHIGANDERS 50 AND OLDER

DISCOVER THE REAL POSSIBILITIES IN
GREAT LAKES STATE
Michigan
AARP IN YOUR COMMUNITY

CONTENTS

INTRODUCTION

"Disrupting Disparities: A Continuum of Care for Michiganders 50 and Older" takes an in-depth look at inequalities and imbalances in health care access, from Detroit to Ironwood, related to racial, geographic and income differences among older residents.

The comprehensive nine-month study—led by AARP and Western Michigan University College of Health and Human Services, and including more than 19 other organizations—is intended to jump start swift and meaningful action to eliminate these disparities and improve quality of life in our state.

The report examines disparities across several domains:

- Disparities in the prevalence of chronic disease among older adults in Michigan
- Disparities in the availability of home and community-based long-term services and supports including family caregiver support
- Disparities in access to broadband and telehealth

The goal is to ensure that everyone in Michigan has access and opportunity to receive quality health care and the long-term services and supports (LTSS) they need no matter where they live, and without regard to race, ethnicity, geographic location, or income.

"AARP Michigan's Disrupting Disparities Report is a critical first step to help identify the needs of the most vulnerable communities in our state. This landmark report provides us the data necessary to inform public policy and advance greater access, opportunity, and social justice for marginalized communities throughout the aging process." – Ethriam Cash Brammer, Ph.D., Assistant Dean, University of Michigan

EXECUTIVE SUMMARY

Michigan is one of the most rapidly aging states in the nation. The percentage of residents age 65 and older—now at approximately 15 percent—is expected to jump to nearly 22 percent by 2050. The proportion of seniors age 85 and older is expected to more than double, from 2.2 percent in 2015 to 4.8 percent in 2050. Michigan's rapidly aging population will challenge communities as well as local, state, and federal policymakers to address the health and social service needs of the state's growing population of older adults.

However, the ability of the state to improve the quality of care and the health status of its aging population, and indeed, the broader population is hampered by health disparities among older adults who live in Michigan related to race, geography and income. These disparities—which will likely be exacerbated by the rapid growth in the population of older individuals—exist in several areas, including prevalence of chronic conditions, access to home and community-based long-term services and supports, and, access to the broadband services needed to better accommodate use of telehealth.

As Michigan's population ages, it will be critical for policymakers to address these racial, geographic and income disparities affecting older residents.

This report takes an in-depth look at those disparities and recommends calls to action to help eliminate them.

KEY FINDINGS

- In Michigan, health disparities— that begin at birth and continue into adulthood— affect the lives of millions of racial and ethnic groups, according to a 2018 W. K. Kellogg Foundation study. The study also found that eliminating health disparities could boost the state's economy by $4.1 billion.

- An AARP survey conducted in the summer of 2018, found that two-thirds of older adults in Michigan said they suffer from one or more health conditions, and 12 percent of these individuals reported having gone without needed care, due to cost, lack of transportation, or lack of available timely appointments.

- African American/Black older adults living in Michigan fare worse than their White counterparts on several health indicators. Among them are lower rates of health insurance coverage, more unmet household and personal care needs, greater rates of diabetes and high blood pressure, increased likelihood to skip follow-up medical care, and lower likelihood to use online health care services.

- Michigan fails to provide sufficient home and community-based long-term services and support (LTSS) options for older adults and people living with physical disabilities in the state. Michigan ranks 40th among states in the percentage of Medicaid and state LTSS funding going to home and community-based services (HCBS) for older adults and younger adults with physical disabilities.

- Family members are the primary caregivers for older adults. Michigan has an estimated 1,280,000 family caregivers who provide 1.2 billion hours of care to loved ones each year. The total estimated economic value of the uncompensated care they provide is estimated at $14.5 billion a year. The out-of-pocket expenditures experienced by family caregivers on average total nearly $7,000, and are even higher for certain racial and ethnic groups. For Hispanic/Latino caregivers, the cost is $9,000; African American/Black families, meanwhile, spend nearly 34% of their income on caregiving. Lack of support for family caregivers can result in caregiver stress, burnout and premature institutionalization of their loved ones.

- About a third (31.8%) of the older adults surveyed by AARP are interested in using telehealth—such as a video call—to communicate with their primary health care providers or specialists, and 39 percent would be interested in using remote patient monitoring to track key health information that could be transmitted to a provider. Nevertheless, barriers to greater use of telehealth exist. These include: a lack of awareness about telehealth, privacy concerns, lack of computer savvy among some older individuals, and fear that telehealth might eliminate the opportunity to have an in-person visit with a provider.

RECOMMENDED CALLS TO ACTION

Chronic Diseases

> *"If Michigan can reduce the prevalence of diabetes among the senior population (65+) by one percent, it could decrease treatment costs by over $32.5 million." (Analysis by Public Sector Consultants)*

Older adults are especially vulnerable to chronic disease—four out of five older adults suffer from at least one chronic condition.[1] A significant body of research demonstrates that Medicaid expansions under the Affordable Care Act have led to improvement in access to care, health outcomes, self-reported health status, and greater financial security for low-income adults. They have also led to lower uncompensated care costs for hospitals and clinics.[2] Since its launch in 2014, Michigan's Medicaid expansion program—the Healthy Michigan Plan—has begun to create better health outcomes for older adults in Michigan who would lack primary care without it.

In addition to preserving access to the Healthy Michigan Medicaid expansion, Michigan should create a coordinated care network comprised of a variety of health care providers who serve the Medicaid population. The network should include physical and behavioral health providers as well as substance abuse and other specialists, with the goal of better coordinating the delivery of services to Medicaid enrollees. This model would provide a continuum of well-coordinated, evidence-based care, driven by measures of quality and cost.

RECOMMENDED CALLS TO ACTION

Home and Community
Long-Term Services and Supports

> *"If Michigan can delay entrance for 1 percent of the 38,801 Medicaid recipients currently in certified nursing care for one year and keep them on aged/disabled 1915(c) waivers, the state could save $3.15 million in general fund Medicaid expenditures. By doing so, the savings would allow the state to serve an additional 722 people through other home and community-based services." (Analysis by Public Sector Consultants)*

Family caregivers shoulder great responsibilities. At any given time during the year, nearly 1.3 million Michiganders perform a great labor of love: helping their older loved ones to live independently at home, where they want to be.[3] They are the first line of defense against older Michiganders being readmitted into hospitals or forced to move into nursing homes. They also spend significant portions of their own income to support their caregiving activities.

The need to support family caregivers will only grow as Michigan's population ages, more people of all ages live with disabilities, and the complexity of care tasks increases. Without continued family-provided help, the economic cost to Michigan's health and LTSS systems will skyrocket. The contributions of this invisible workforce often go unnoticed. What they contribute needs to be recognized, and more support is needed to help offset their rising stress and out-of-pocket costs.

The majority of family caregivers are employed in full or part time work during their caregiving experience. Providing increased access to respite care, such as adult day services or periodic visits in the home, is one way to help provide family caregivers a much needed break and a better opportunity to balance and maintain their work, caregiving and other responsibilities. Additionally, enacting a Family Caregiver Tax Credit in Michigan would help middle class Michiganders in particular to address the financial challenges of family caregiving.

These would be win-win policies for the state by helping families more effectively shoulder both the financial and the emotional burden of caregiving and continue in their caregiving roles. Meaningful supports to these individuals can lessen the strain of caregiving, provide family caregivers with greater financial security, increase employee retention, help maintain a productive workforce and allow family caregivers to continue contributing to the state's economy.

Michigan should also increase access to home and community- based services. Michigan continues to spend the majority of its long-term care funding on nursing home care, despite the fact that the majority of older adults living in the state prefer to receive care in their homes and communities and, despite the fact that on average, three Michiganders can be served in their own homes for every one person served in a nursing home. Michigan should set a goal of spending no less than 50 percent of its Medicaid LTSS funding for seniors on home and community-based services by 2023.

African American/Black Michiganders are disparately underserved by Medicaid-funded long-term home and community-based supports. The governor-elect and state Legislature should appoint a task force on disparities in health and long-term services and support systems and propose steps to begin to close these disparity gaps starting in 2019.

RECOMMENDED CALLS TO ACTION

Telehealth and Broadband

> *"An estimated 368,000 rural Michigan households do not have access to broadband internet. As a result, just over $2.5 billion in potential economic benefit is left unrealized among disconnected households. Rural Michigan residents and their caregivers who do not have adequate access to telemedicine options spend an additional $5,262 in travel expenses and lose $2,314 in wages." (Analysis by Public Sector Consultants)*

Telehealth

The state should expand access to broadband in underserved areas and facilitate the use of telehealth by eliminating barriers. Access to health care continues to be a challenge for both rural and multicultural Michigan residents.

There are two policy recommendations that the State of Michigan could readily adopt to help facilitate the use of telehealth in Michigan. First, the state should pass legislation to include Michigan in the Interstate Medical Licensure Compact. Second, Michigan should pursue ways to harness the promise of telehealth technologies through reforms to state Medicaid reimbursement policies for home telehealth. Potential opportunities to expand the use of telehealth include Medicaid reimbursement for remote patient monitoring, allowing a patient's home to be an originating site, and reimbursement for "store and forward," which allows for transmission of medical information including digital images, documents and pre-recorded videos, potentially eliminating multiple visits and delays in care.

Additionally, AARP and the Disrupting Disparities Task Force will work to educate people on telehealth outreach and advocacy changes.

Broadband

We recommend piloting the use of broadband in a remote, rural community in Michigan to identify practical barriers and better assess practical opportunities to expand the use telehealth in increasing access to quality care for older adults.

The State of Michigan should also pass legislation to allow townships to create special assessment districts for communications infrastructure including broadband and high-speed internet. Townships would be able to use special assessments for the construction, improvement and maintenance of communications infrastructure in specific areas of the township where residents don't currently have high-speed connectivity, opening the door to potential public-private partnerships.

Finally, collaborative efforts should be made among the Michigan Consortium of Advanced Networks, the Disrupting Disparities Task Force and other community partners to help educate older consumers on the use of broadband technology and applications to achieve social, personal, and economic benefits, including the use of telehealth technologies.

DISPARITIES IN THE PREVALENCE OF CHRONIC CONDITIONS

America's 78 million baby boomers, who have participated in the workplace for decades, are rapidly moving into retirement.[4] The oldest boomers, born in 1946, are celebrating their 72nd birthdays this year. While most are still vibrant, some will not be able to outrun the various health issues associated with aging.

As this report will show, there are significant disparities related to race, geography and income affecting the health of Michigan seniors, disparities in their access to medical care, and, disparities in their access to the help they need to support their daily needs in their homes and communities. Local communities, states— including Michigan—and the federal government must be prepared to address what is likely to be one of the most significant health care challenges faced by the country—and Michigan—over the next several decades.

The number of people in the United States age 65 and older is expected to more than double in the next 50 years to just over 98 million, while the number of those 85 years and older will triple, to nearly 20 million people.[5] In 50 years, the 65-plus age group, including those over 85, will be larger than both the under-17 group (by 19.7 percent) and 18-to-24 group (by 8.3 percent), for the first time in history.

Michigan is aging even more rapidly than the nation as a whole. Its population is the 10th oldest in the country, with 15 percent of state residents who are 65 years and older.[6] A 2017 University of Michigan study for the Michigan Department of Transportation Bureau of Transportation Planning predicts the percentage of those 65 and older in the state will jump to

22.9 percent by 2045, compared to 22 percent for the nation as a whole.[7] The number of people in Michigan age 65 and older, 1.584 million in 2018, is expected to grow by 877,000 by 2045, according to the U-M study. That compares to a projected growth of just 87,700 for 25-to-64-year-olds in the same period. The age 24-and-under population is expected to decline by 196,300.

Rural parts of the state are aging even faster. In many northern Michigan counties, people age 65 and older make up a quarter or more of the population. This is due to a variety of factors, including a growing retiree population in the north and young people leaving the region for more urban areas.

With one of the fastest aging populations in the country, Michigan will be among the states most challenged with helping its older residents maintain a high quality of life while containing the costs of age-related diseases. As people age, they often require more care—both health care and long-term services and supports delivered in home and community-based settings.

Michigan's ability to improve the health and health care of its aging population, and indeed, the broader population, is hampered by the existence of health disparities. Health disparities refer to differences in the health status of different groups of people. These groups can be based on race, ethnicity, immigrant status, gender, disability, geography, income and other characteristics. Health disparities among older Michiganders will only be exacerbated as the state experiences growth within this age demographic.

Disparities also are widely found in what public health experts call "the social determinants of health." These are conditions in the environments in which people are born, live, work and age that affect health and other quality-of-life factors.[8] "In Michigan, health disparities that start at birth and continue into adulthood affect the lives of millions of people of color," according to an important study this year by the W.K. Kellogg Foundation that found deep racial disparities in health, education, housing, criminal justice, employment and entrepreneurship in Michigan.[9]

Closing the racial gap in those areas could boost the state's economic output by $92 billion by 2050, a 20 percent increase from today, according to the Kellogg study. According to the report, eliminating the racial disparity gap would also generate $3.6 billion in state and local taxes—money that will likely be needed to pay for the costs of an aging population and other spending required by state and local governments.

Racial disparities in health and health care result in excess annual medical costs of $2.2 billion for the total Michigan population and $1.9 billion in lost productivity, according to the Kellogg study. Overall, 26 percent of African American/Blacks and 21 percent of Hispanics/ Latinos reported that they were in fair or poor health, compared to 16 percent of Whites.

Shortened life spans because of racial disparities in health cost Michigan $7 billion in lost economic activity. But the racial gap isn't just a matter of dollars and cents. Eliminating racial disparities could save 140,000 life years in the state, according to the study.

While the W.K. Kellogg Foundation examined racial disparities and their impacts for the overall population of Michigan, AARP wanted to take a deeper look into how racial, geographic and other disparities are affecting residents of the state who are age 50 and older.

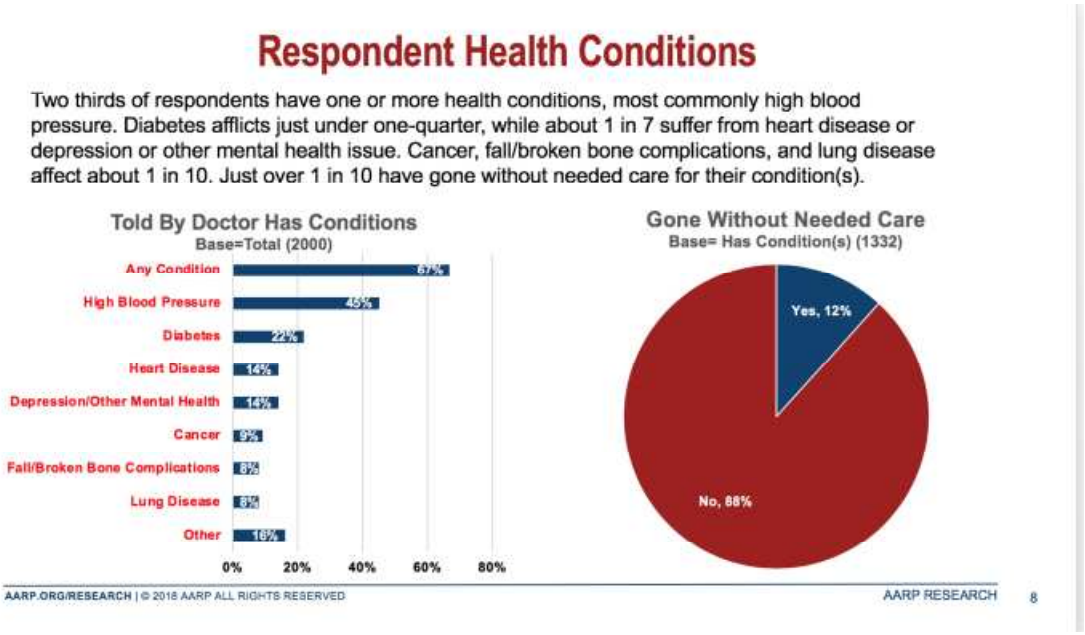
A July 2018 survey of 2,000 older adults who were living in Michigan—conducted by AARP Research—found troubling disparities across the state. Disparities were found related to geographic location, race and age that were affecting health status, access to health care, and activities of daily living.

The survey found that two-thirds of respondents had one or more health conditions. Most common among them was high blood pressure (45 percent), diabetes (22 percent), heart disease (14 percent) and depression or other mental health issues (14 percent). These conditions often contribute to premature death among older adults. About 60 percent of those surveyed had another person age 50 years or older in their household. Forty-five percent of those household members had at least one health condition, primarily high blood pressure (29 percent) and diabetes (16 percent). In addition to those conditions, cancer, falls/broken bone complications and lung disease affected about 1 of every 10 older Michigan residents.

The clear majority of those surveyed (92 percent) reported that they had health insurance coverage. Fifty-six percent of the respondents were covered by Medicare, 32 percent purchased their own health insurance, 31 percent received coverage through an employer and 23 percent are covered by Medicaid. Others had coverage from a spouse's employer, the military and other sources.

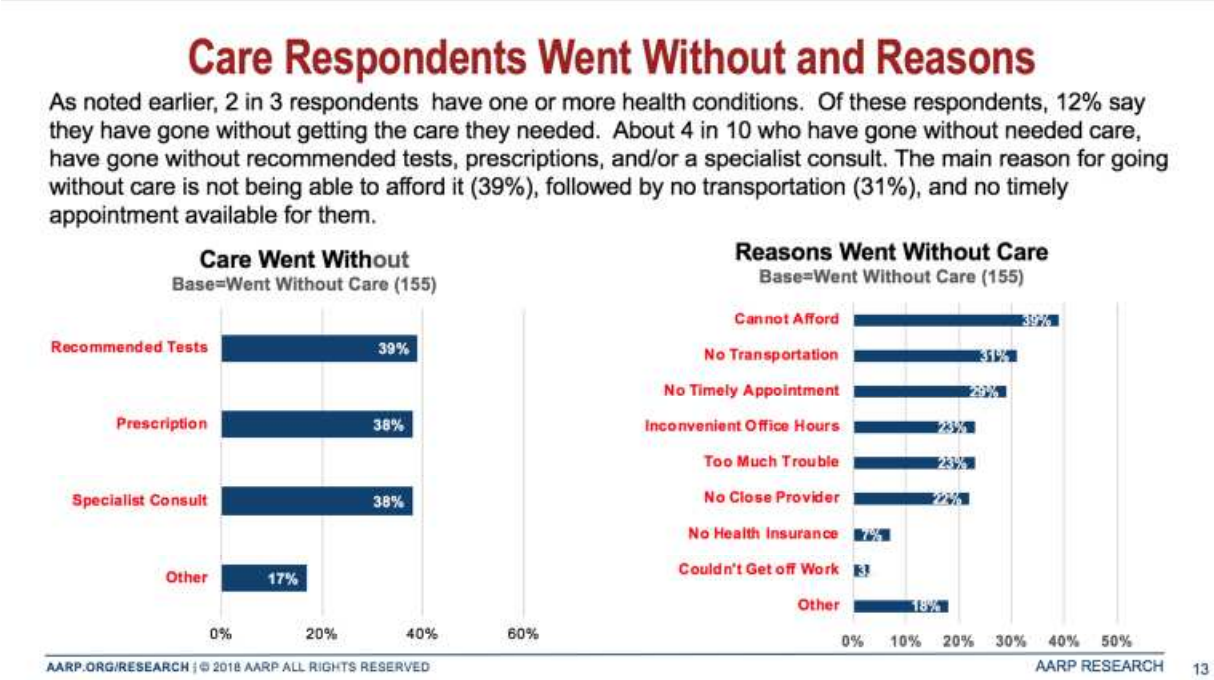
Despite the high percentage of older Michigan residents covered by a health plan, 12 percent of those surveyed said they have gone without the medical care they need. This is due to a variety of factors, including affordability (39 percent), a lack of transportation (31 percent) and a shortage of timely appointments available to them (29 percent).

Research also shows wide disparities for both African Americans/Blacks and older adults in health conditions and obtaining care. African Americans/Blacks and those 65 and older have higher rates of serious diseases, including high blood pressure, diabetes and heart disease, than the general population of those 50 years and older. While 45 percent of the survey respondents overall reported having high blood pressure, 56 percent of African American/Blacks and 54 percent of those over 65 said they have this condition.



Many respondents indicated that they are not following up on treatment recommendations from primary care physicians because of financial issues, lack of transportation and other factors. While 39 percent of the total population surveyed said they did not fill a prescription or consult a specialist when referred to one, the rate for African American/Blacks was 71 percent. Twenty-one percent of Blacks said they lacked health insurance, compared to just 8 percent of those in the general population of those 50 and older.

Thirty-nine percent of those in the general population with multiple health conditions did not fill a prescription or see a specialist because they couldn't afford it, and 31 percent said they lacked transportation to get to medical appointments. Fifty-three percent of African American/Blacks with multiple health conditions who went without care said they couldn't afford to fill a prescription, while 31 percent said they lacked transportation to medical appointments.



Other factors for forgoing recommended treatment were a scarcity of timely appointments, inconvenient provider locations or office hours, too much trouble, or inability to get time off from work.

The health of older adults also varies across regions of the state and among its ethnic groups. African American/Blacks, Native Americans and Alaskan natives are more likely to die of cardiovascular disease than Whites. But Asians, Pacific Islanders, and Hispanics/ Latinos are less likely to die of heart disease than Whites.[10]

In Kent County, which encompasses Grand Rapids, Michigan's second-largest city, African American/Blacks were found to have higher rates of death from heart disease, breast cancer and prostate cancer than other groups.[11]

Geography also plays a role in health and longevity. For example, the average life expectancy of Midtown Detroit residents is 13 years shorter than for natives of the Grosse Pointe area, which is just a few miles from Midtown Detroit, according to the W.K. Kellogg Foundation study.

Income and educational attainment could also play a role in higher rates of chronic diseases and related deaths.[12] African American/Black residents, for example, have less education and are poorer than Whites, on average. In Michigan, 31 percent of Asians/native Hawaiians/Pacific Islanders have bachelor's degrees. That compares to just 16 percent of African American/Blacks and Hispanic/Latinos with bachelor's degrees and 14 percent of American Indians and native Alaskans. Twenty-seven percent of non-Hispanic Whites hold bachelor's degrees.[13]

The median household income of Michigan Blacks is more than $20,000 lower than that of Whites.[14] More research in the disparities between income and disease mortality is needed to gain a fuller understanding of the issue.

Michigan's population is becoming more diverse, which could lead to even more disparities in health outcomes experienced by various racial and income groups. In Calhoun County, for example, the population of people of color has jumped from 12 percent in 1980 to 20 percent currently and is expected to increase to 30 percent by 2050. People of color in Battle Creek, located in Calhoun County, have the highest poverty rates in the city.[15]

The W.K. Kellogg Foundation found that 40 percent of Michigan's workers and consumers will be people of color by 2050. Closing racial and other disparities will be essential for Michigan and its growing older adult population to thrive in the future.

ACCESS TO HOME AND COMMUNITY-BASED SERVICES

As Michigan's large population of baby boomers age, where they will live, and how they will receive medical services and assistance with activities of daily living (ADLs), will become huge social and public policy issues.

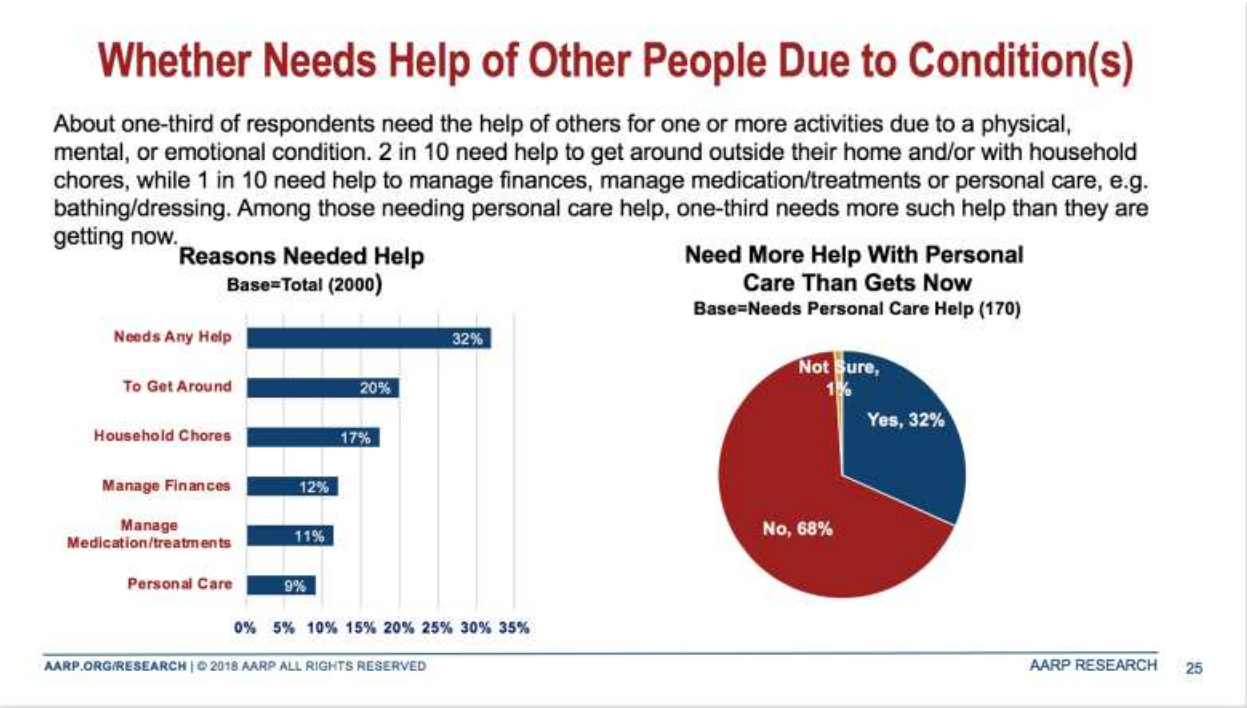
To learn more about how seniors are meeting these needs today, AARP Research surveyed 2,000 Michigan residents age 50 years and over in July 2018. The survey found that many older adults in the state need help in performing the tasks of daily living, including getting around outside their homes, personal care and managing medications. That need will only grow more critical as the state's baby boomers, born between 1946 and 1964, enter retirement and eventually become part of Michigan's growing elderly population.

The survey and other research data examined for purposed of this report also found that Michigan relies far too heavily on nursing home care for its seniors and fails to provide sufficient quality options for home and community-based care.

This is a key finding for several reasons. Nursing home care is expensive, putting a major strain on seniors' finances and the government programs that pay for much of that care. Furthermore, most seniors prefer to remain in their homes and their communities as they age.

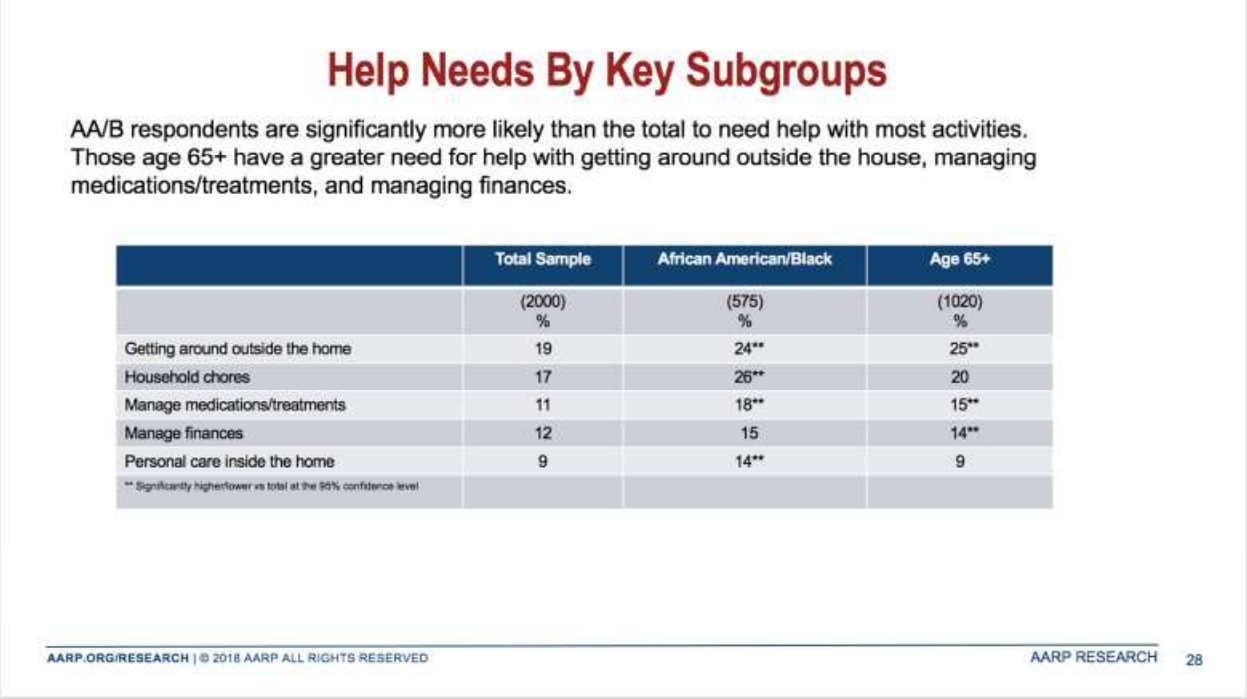
However, many experience significant barriers to "aging in place" in their own homes. The AARP survey found that 19 percent need help getting around outside their homes, 17 percent need help with household chores, 12 percent need help to manage their finances, 11 percent

need help with managing medications and treatments, and 9 percent need assistance with personal care.



Nearly half (46%) of those with personal care needs said they could not do something they needed or really wanted to do because of their condition. More financial assistance help from another person, better transportation, and special equipment would have helped most of them do what they needed or wanted to accomplish.

About one-third of Michiganders with personal care needs said they needed more help than they were getting. About half said they are not getting the help they need because it's too expensive, they have no reliable help, or it was too much trouble to get it. A little more than a third said family members live too far away to help, while nearly a third said they don't want to ask family or friends for assistance. About 20 percent said they don't want help from strangers.



Help Needs By Key Subgroups

AA/B respondents are significantly more likely than the total to need help with most activities. Those age 65+ have a greater need for help with getting around outside the house, managing medications/treatments, and managing finances.

	Total Sample	African American/Black	Age 65+
	(2000) %	(575) %	(1020) %
Getting around outside the home	19	24**	25**
Household chores	17	26**	20
Manage medications/treatments	11	18**	15**
Manage finances	12	15	14**
Personal care inside the home	9	14**	9

** Significantly higher/lower vs total at the 95% confidence level

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Many seniors rely on family caregivers to help with their daily needs, including providing personal care, housekeeping, transportation to medical appointments, managing finances and other tasks. Michigan has an estimated 1,280,000 family caregivers who provide 1.2 million hours of care to loved ones each year. If they were paid for the care, the annual cost would be $14.5 billion, according to a 2015 study by AARP. That's about $4 billion more than this year's state general fund budget.

The number of people with personal care needs will likely increase over the next three decades in Michigan as nearly 900,000 more state residents will age into the 65-and-older group, according to the U-M population forecast for the Michigan Department of Transportation.[16]

The AARP survey also found a variety of disparities among groups of people needing more help in their daily lives. Not surprisingly, a larger percentage of those age 65 and over reported needing more help getting around outside the house, as well as managing medications, treatments and finances compared to respondents between the ages of 50 and 64. About 28 percent of Michigan adults age 65 and over live alone, and 68 percent are women.[17]

As baby boomers age, how and where they live will be of critical concern. Older adults often need long-term services and supports (LTSS) due to physical or cognitive disabilities, frailty, chronic conditions, and other issues related to aging.

Long-term services and supports include the provision of assistance with the activities of daily living (ADLs), including eating, bathing, and dressing, and other daily tasks such as meal preparation, managing medication and housekeeping. Long-term services and supports also

include adult day services, home health services, personal care services, transportation, employment support, care provided in nursing homes and assistance provided by family caregivers.

Family caregivers provide most LTSS. Nationally, 73 percent of all long-term care takes place in the home, usually provided by a family caregiver. About two-thirds of these caregivers are women and are unpaid.

Medicaid is the largest public payer of formal long-term care in the United States, including nursing homes, other institutional settings, and home and community-based services. Medicaid spending in the U.S. totaled $550 billion in 2016. Of that, 30 percent was spent on LTSS.[18]

Most older adults prefer to stay in their homes and communities as they age and need assistance in daily living. Home and community-based services (HCSBS) are types of person-centered care delivered in the home and community designed to enable people to stay in their homes rather than move to a facility for care.

A wide range of services can be provided to help seniors “age in place.” Such services include help with household chores, home-delivered meals, and personal care. HCBS can help relieve some of the burden from family caregivers who struggle to care for their loved ones. More than 50 percent of Medicaid LTSS spending nationally, approximately $94 billion, went toward HCBS in 2016.[19] However, that figure is for all populations and therefore masks disparities for various groups, including older adults and individuals with physical disabilities. Furthermore, there is

great disparity from state to state in the proportion of Medicaid dollars each state spends on services provided in home and community settings versus institutional settings.

Michigan continues to have much to do to improve the availability and delivery of home and community -based services for its senior population. According to the 2017 AARP Long-Term Services and Supports Scorecard, Michigan ranks 40th in the nation with less than a quarter (24.5 percent) of its Medicaid and LTSS spending for older people and adults with physical disabilities going to home and community-based services. That is in stark contrast to Minnesota, which ranks first in the country with 68.5 percent going to HCBS. If Michigan raised its performance to the average level of the top five performing states, an extra $923 million would go to providing home and community-based services for seniors instead of sending them to more costly nursing homes, according to the Scorecard.

In addition to aligning with people's overwhelming preferences to receive services at home or in their community rather than in an institution, rebalancing Michigan's long term care system – that is, allowing a greater share of the people needing services to remain in their homes – can also save taxpayer dollars. Medicaid dollars can support nearly three older adults or people with disabilities in home and community-based services for every one person in a nursing home.[20]

There are also a variety of other barriers to increasing access to use of HCBS. Many individuals may be unaware that they are eligible for these services.[21] In addition, some family members are reluctant to have unfamiliar people providing care to their loved ones or feel a sense of duty to provide the care themselves.[22]

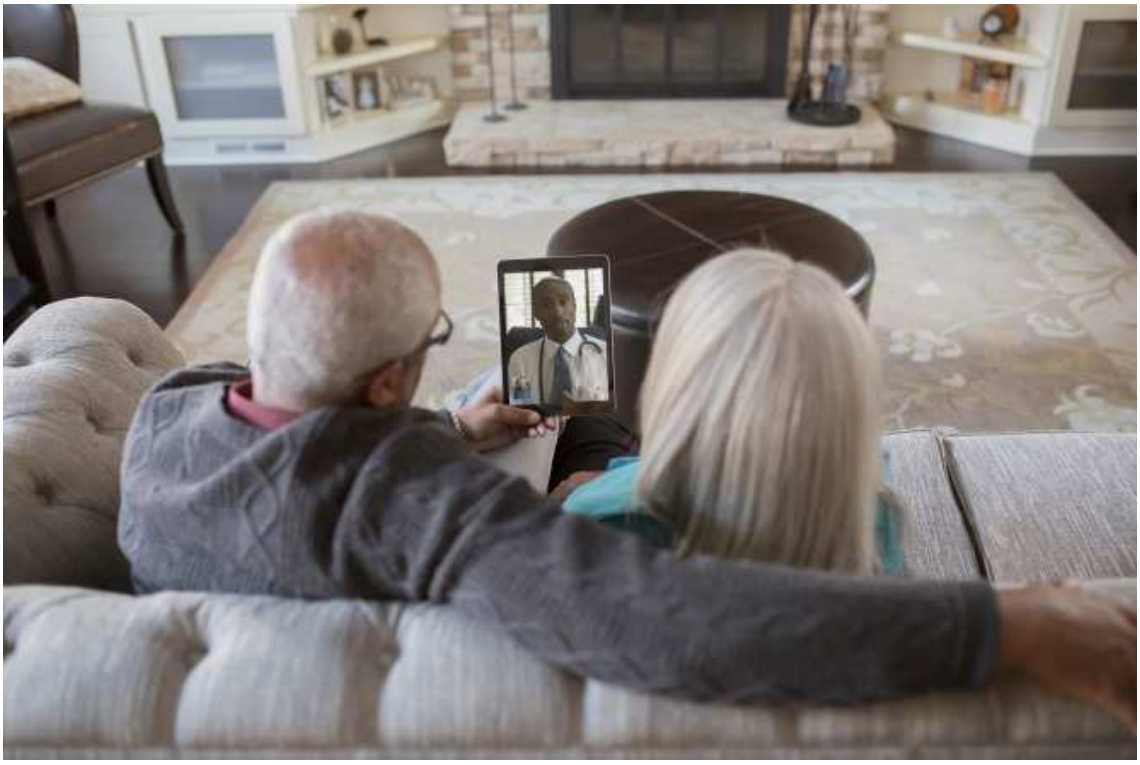
Barriers to HCBS for urban residents include a lack of access to transportation and a greater need to access social services through community meal programs and senior centers.[23] Elderly rural residents who can no longer drive to obtain services are more at risk for declining health, depression and even death.[24]

Medicaid waivers that provide for a range of services and supports to help individuals remain in their homes or in their communities, rather than in a nursing home or other institution, can be complex for states to administer and challenging for individuals to navigate. Additionally, an institutional bias remains in the program structure because nursing facility services must be covered, while most HCBS are provided at state option. And, there are wide geographic disparities in the number of eligible waiver slots.

In particular, 10 counties in Southeast Michigan are home to more than half the state's population but have just one-third of the waiver slots. Those 10 counties are Genesee, Lapeer, Livingston, Macomb, Monroe, Oakland, Shiawassee, St. Clair, Washtenaw and Wayne. In these counties, there are 58 Medicaid aged/blind/disabled eligibles per waiver slot; the rest of the state averages 20 eligibles per slot. This represents a threefold difference between the underserved region and the rest of Michigan.

Outside of Wayne County, the other nine counties in the underserved area (totaling 36% of Michigan's population) are demographically similar to the state average: 82% white and 18% non-white, compared to 81% and 19% for the entire state.

ACCESS TO BROADBAND AND TELEHEALTH



Technology is playing an increasingly important role in the lives of Americans through internet-connected smart phones, smart watches, tablets, home computers and other devices. Digital technologies are being rapidly deployed in the world of health care. Clinicians of all types and other types of providers are increasingly using these modalities to communicate with and provide services to consumers.

Access to high-speed internet—known as broadband—has huge implications for older adults, including maintaining their physical and mental health, access to information and even their social lives. Michigan, however, lags significantly behind the rest of the nation in providing broadband access to its residents, particularly in rural areas. The lack of broadband access and use in Michigan is a major roadblock to making telehealth services more available to older adults.

The State of Michigan is currently working to create universal access to broadband across Michigan. In January of 2018, Governor Rick Snyder signed an executive order creating the Michigan Consortium of Advanced Networks (MCAN), which was charged with "solidifying a vision for a connected Michigan, along with a roadmap to guide the state's goal of ubiquitous broadband access."[25]

The consortium—which is primarily comprised of state officials and telecommunications executives—issued its "Michigan Broadband Roadmap" in August 2018.[26] The report found that

Michigan ranked 30th among states and territories for broadband availability. An estimated 368,000 rural Michigan households do not have access to broadband, and nearly 2 million Michigan households—almost half of the state's total households—have access to just one fixed, terrestrial internet service provider.

Furthermore, many of those who do have broadband access do not use it. Using 2016 United States American Community Survey data from the U.S. Census Bureau, MCAN determined that 35 percent of Michigan households do not subscribe to a fixed, terrestrial broadband service such as DSL, cable, fixed wireless or fiber. Michigan ranks 34th among all states in the percentage of households who subscribe to a broadband service.
Not surprisingly, MCAN's report also found that low-income households are the least likely to connect to broadband. In Michigan, 37.3 percent of households earning less than $35,000 do not have internet access of any kind at home. Michigan ranks 22nd in the nation for broadband adoption among low-income households.

The Michigan Broadband Roadmap recommends a variety of strategies for increasing broadband access across the state. It calls for partnerships among public, private and nonprofit entities to provide broadband in rural areas that are too sparsely populated to draw interest from major telecommunications providers. It also calls for efforts to reduce the cost of broadband subscriptions, in part by expanding the use of various government and private sector programs that subsidize monthly costs.

According to MCAN, Michigan would see a $2.5 billion boost in economic activity by connecting the more than 1.3 million households that don't subscribe to a broadband connection. The boost would equal $1,850 per household and would come mainly through greater small business activity, increased tourism and more farm revenue. About 12,000 jobs would be created or retained through greater use of broadband.

Although broadband access is least available in rural parts of the state, many in urban areas also have limited access. While 97 percent of Wayne County residents have broadband access, only about 50 percent of Detroit residents do. Wayne County and Detroit are Michigan's largest county and city, respectively.

The lack of broadband access for Detroiters reflects racial and economic disparities in the availability of high-speed internet. A 2015 study found that Detroit, which is nearly 80 percent Black[27], was the "worst-connected" city in the United States.[28] Nearly 40 percent of the city's population lives at or below the federal poverty line, compared to 15 percent statewide.

Telehealth is defined by the federal Health Resources & Services Administration as "the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health and health administration."[29] This definition was also codified in Michigan law in 2016 to allow for patient consent, remote prescribing and related issues.[30] Telehealth may include, but is not

limited to, telemedicine. Telehealth technologies include the internet, video conferencing, store-and-forward imaging, and streaming media.

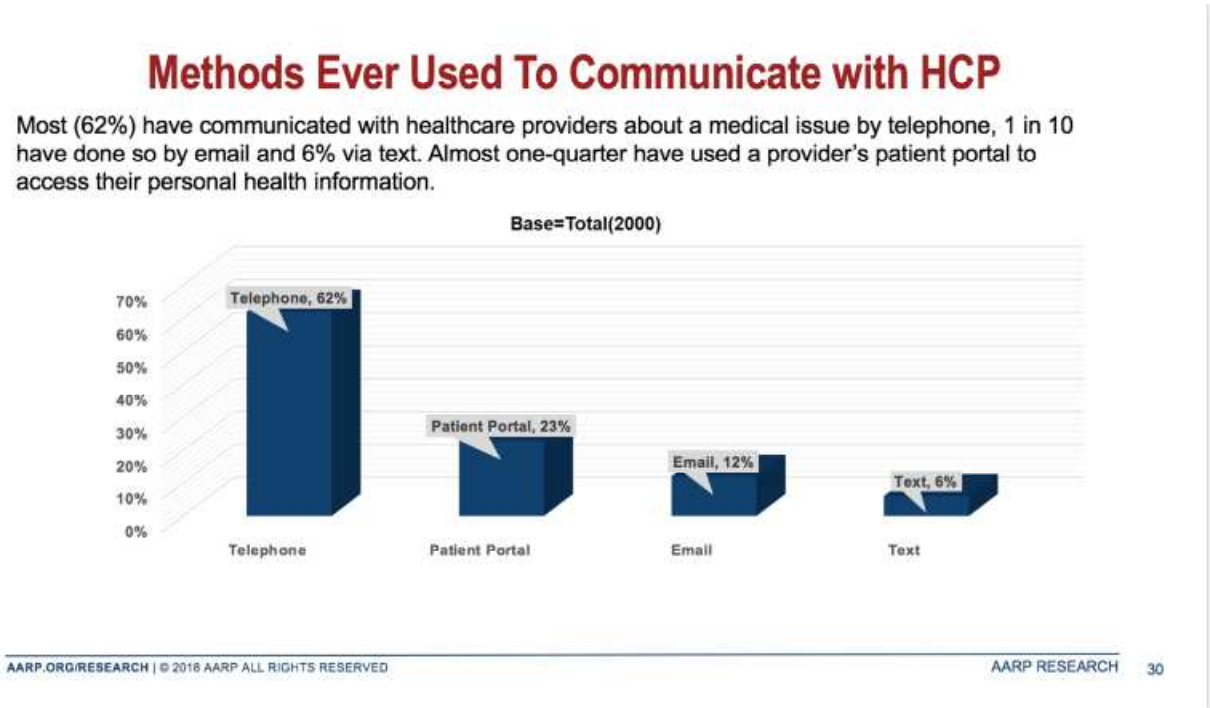
Michigan in some ways has been an early adopter in utilizing telehealth. The Marquette General Health System/Upper Peninsula Telehealth Network is one of the oldest telehealth projects in the state. Other examples include the Beaver Island Telehealth Project and the REMEC Telehealth Network, a video conferencing network made up of health care providers across northern Michigan. It is housed at Munson Healthcare in Traverse City.

Telehealth—enabled by universally available broadband internet services—has the potential to improve quality of life for older adults by making it easier for them to receive medical care directly, and easier for family caregivers to help provide care for their loved ones. There is also the potential that use of telehealth could yield cost savings for patients, insurers and health systems.

For example, Spectrum Health—a 12-hospital system based in Grand Rapids—reports that its telehealth program has saved insurers more than $4 million since the program's inception in 2014.[31] The program also saved Spectrum's patients more than 900,000 miles in trips to providers. Using available cost data, the hospital system determined that the typical cost of a telehealth visit was $42, compared to $917 for a trip to the emergency room, $150 for an urgent care visit and $111 for an office visit.

Despite its potential to improve access and reduce costs, there are a number of barriers to greater access and use of telehealth by older adults. Older adults tend to be less digitally savvy than their younger counterparts, and they are also more reluctant to engage with health care providers online.

A July 2018 survey of 2,000 Michigan residents age 50 and over, conducted by AARP Research, found that while most (62 percent) have communicated on the telephone with a health care provider about a medical issue, a much smaller percentage has done so online. Approximately 23 percent have accessed their personal health information from a provider's patient portal. Just over one in 10 have used email to communicate with a provider, while just 6 percent have communicated with a provider by text message. Perhaps most illuminating was that 68 percent of survey respondents indicated they hadn't heard of the terms "telemedicine" or "telehealth," and about 62 percent said they wouldn't be willing to try these services.



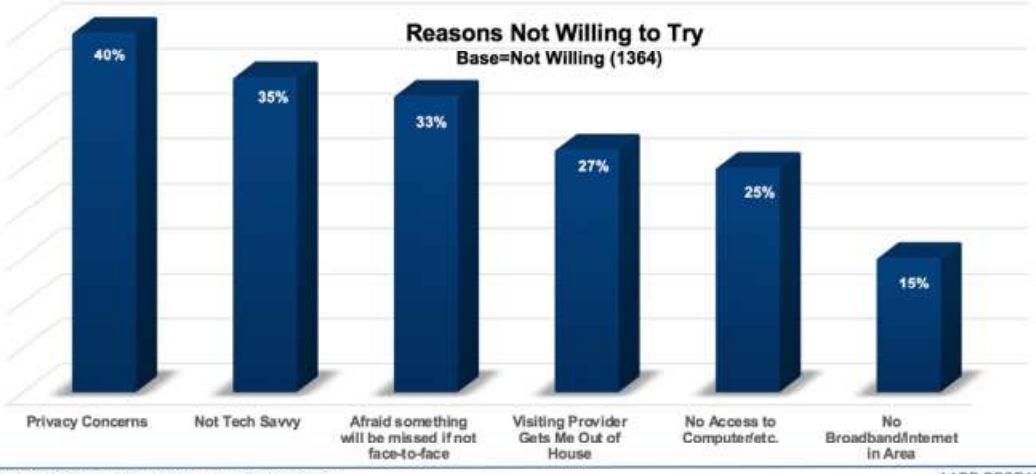
However, nearly half (46 percent) said they would be willing to wear a device that alerts emergency responders in the case of a medical incident. Forty percent would try a monitoring device that tracks their health information and transmits it to a physician or nurse. About a third said they would participate in video calls with health care providers. About a quarter would use smartphone apps or text message reminders to take medicines. These findings indicate that more can be done to raise awareness among older adults.

Privacy concerns were reported as a key barrier to trying telehealth services. Such concerns were cited by 40 percent of survey respondents. Other barriers included not being “tech savvy” (35 percent), being afraid of missing information (33 percent), lack of access to a computer (25 percent) and no broadband access (15 percent). More than a quarter (27 percent) of survey respondents said seeing a health care provider in person gives them a chance to get out of the house. The level of willingness to try telehealth services was roughly the same among both the full sample of survey respondents and the portion of black seniors surveyed. Not surprisingly, those ages 65 and older indicated they were much less willing to try telehealth technologies.

Eighteen percent of African American/Blacks said they didn’t have access to a computer or other internet-connected device, compared to 25 percent of all survey respondents. One in 10 blacks said they didn’t have access to broadband compared to 15 percent of all respondents. This could be because of a higher concentration of blacks living in urban areas that have greater access to broadband, and more access to computers in libraries and other public places.

Barriers To Trying Telehealth/Telemedicine

Privacy concerns (40%) is a key barrier to trying telehealth/telemedicine, followed by not being tech savvy (35%) and feeling something would be missed by not having a face-to-face visit with their HCP. About one-quarter just want to get out of the house or have no access to a computer, smartphone or tablet.



Awareness/Interest in Telehealth/Telemedicine By Key Subgroups

Both the AA/B and 65+ segments are significantly less likely vs. total to be aware of telehealth. The 65+ are less likely to be willing to try telehealth. The 65+ group is less interested in using all the various methods asked about. One issue being is this age group is somewhat less likely to have Internet access.

	Total Sample	African American/Black	Age 65+
	(2000) %	(575) %	(1020) %
Aware of telehealth/telemedicine	***30***	***20*****	***23*****
Telehealth/Telemedicine Services Willing to Try			
Alert device	46	46	37**
Tracking device	40	38	29**
Video call	33	32	22**
Video conference	32	28	21**
Text message/app	24	26	15**
Reasons Not Willing to Try	(1364)	(415)	(791)
Not tech savvy	35	23**	37
May miss something	33	34	27**
No access to computer/smartphone/tablet	25	18**	27
No broadband/internet	15	10**	18*

* Significantly higher/lower vs total at the 90% confidence level
** Significantly higher/lower vs total at the 95% confidence level

Meanwhile, home access and use of computers and handheld digital devices such as smartphones is a different story. About two-thirds (67 percent) of all survey respondents age 50 and over said they had accessed the internet at home, compared to 58 percent of those age 65

and over. There were similar disparities in using computers and handheld devices; those age 65 and over also were slightly less comfortable in using the internet, computers and smartphones than survey respondents overall.

Researchers have found that helping older adults become more comfortable using telehealth services could improve their health, allow them to remain in their homes longer, and, help family members provide them with better care.[32,33]

While Michigan has many progressive policies that support the delivery of telehealth in the Medicaid program, some Medicaid policies (or lack thereof) may create barriers to its use by older adults and others.

There are two policy recommendations that the State of Michigan could readily adopt to help facilitate the use of telehealth in Michigan. First, the state could pass legislation to include Michigan in the Interstate Medical Licensure Compact (IMLC). The IMLC is an agreement between currently 24 states and 1 territory and the 31 Medical and Osteopathic Boards in those states and territory.[34] The IMLC is a way to allow licensed physicians to more readily provide care in multiple states, facilitating both in-person care and the growing use of telehealth technology, particularly in underserved areas.

Second, Michigan should pursue ways to harness the promise of telehealth technologies through reforms to state Medicaid reimbursement policies for home telehealth. Potential opportunities to expand the use of telehealth include Medicaid reimbursement for remote patient monitoring, allowing a patient's home to be an originating site, and reimbursement for "store and forward," which allows for transmission of medical information including digital images, documents and pre-recorded videos, potentially eliminating multiple visits and delays in care. [35]

Addressing the current gaps in broadband access and utilization, along with pursuing opportunities to remove existing barriers to telehealth, will help Michigan patients and their families make greater use of telehealth to access quality health care across the state.

CONCLUSION

Michigan's population is rapidly aging, which creates predictable challenges as well as new opportunities for our state.

An aging population increases the likelihood that more Michigan residents will develop and live with chronic conditions in the years to come. Working to identify solutions to close the disparity gap in the prevalence of chronic conditions among Michigan's older adults will benefit the state in the long run. In addition, Michigan's changing demographics will create a growing demand for home and community-based long-term services and supports to address the needs and preferences of an aging population. Finally, there is a pressing need to improve access to broadband and harness the potential of telehealth services to increase access to needed health care and long-term services and supports.

AARP Michigan, and its partners, looks forward to working with Michigan's Governor and the State Legislature to address these challenges and opportunities and to work together to make Michigan a more vibrant, healthy, age-friendly state.

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---Paula D. Cunningham, AARP Michigan State Director

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