Senior Community Centers of San Diego As a Preventive Care Model
A Perspective
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Introduction
Senior Community Centers of San Diego (SCC) is an independent, nonprofit organization focused on improving the health and well-being of low-income seniors in the San Diego area. It is based on a unique network of symbiotic relationships among the Gary and Mary West Foundation, West Health Institute, Sharp Health Care, the Union of Pan Asian Communities’ (UPAC’s) Positive Solutions Program, the Consumer Center for Health Education and Advocacy (CCHEA) division of the Legal Aid Society, San Diego State University’s College of Health and Human Services, and the University of California San Diego’s Bridge to Recovery Program.

For more than 40 years, SCC has provided essential services, such as food, health care, housing, and social services, for one of San Diego’s most vulnerable populations. The SCC has transformed the aging experience through strategic community collaborations, interdisciplinary teams, and innovative solutions. Given the nation’s rising healthcare costs, it is appropriate and timely that organizations such as SCC be validated as a national model to improve the health and well-being of the vulnerable senior population.

The Challenges of Aging in America

Chronic Illness
At least 80% of older Americans are living with at least one chronic condition, and 50% have two or more. These conditions are not only the major causes of death for older Americans but also lead to years of pain, disability, decreased quality of life, isolation, and potentially unaffordable expense. Medication nonadherence in the elderly population is known to be a major cause of morbidity, mortality, and frustration for both patients and providers. Although cost is a known issue, a recent systematic review in the American Journal of Geriatric Pharmacotherapy highlighted several additional nonfinancial barriers to medication adherence in the elderly population. These barriers include lack of disease-related knowledge and health literacy, impaired cognitive function, polypharmacy, and patient–provider relationships.

Inadequate Nutrition
The nutritional status of elderly individuals contributes to disease. Malnutrition in the elderly has been associated with weight loss, lack of self-sufficiency, and lack of functional capacity. Obesity, similarly, is associated with a number of metabolic, cardiovascular, and cancer-related illnesses, and contributes to physical disabilities such as osteoporosis. Spending related to this condition is calculated to be approximately 5%–10% of that in U.S. health care.

Acute Illness
Because of the complexity of the interrelationship between health behaviors and social/environmental factors, it is nearly impossible to parse the relative influence of each on health. For example, social and environmental factors play key roles in influencing health behaviors and addressing risk factors that can be modified. According to the CDC, only 41.6% of men and 37.4% of women aged >65 years were up-to-date on recommended preventive services in 2008. Beyond chronic conditions, the aging population is also more susceptible to acute medical illnesses, which, when compared those in younger populations, can have more dramatic consequences and lead to longer recovery times.

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Although influenza and pneumonia are largely preventable through vaccination, they still kill thousands of older adults annually. The rate of influenza and pneumococcal vaccinations for the elderly population still remains below 70%, which is 20% below the Healthy People 2010 target. A recent analysis by Thomas et al. in *Chest* found that total medical costs for Medicare beneficiaries during 1 year following a pneumonia hospitalization were $15,682 higher than they were for matched controls without pneumonia. The total excess cost for the 2010 Medicare population was estimated at $7 billion.

**Falls**

Falls, though mostly preventable in this vulnerable population, can lead to costly injuries. As explained in a 2010 Cochrane review, 30% of people aged >65 years fall each year; many of these falls result in further disability and morbidity. Interventions proven effective in reducing falls include muscle strengthening and balance training. Further, simple vaccine reminders and support for exercise classes can lead to cost-saving by preventing acute illnesses.

**The Importance of Health Literacy and Social Support**

Health literacy is defined in *Healthy People 2010* as “The degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.” For a variety of diseases, low health literacy has been linked to higher rates of hospitalization and higher use of expensive emergency services. Populations at highest risk for having low health literacy include the elderly, minorities, individuals who have not completed high school, adults who spoke a language other than English before starting school, and people living in poverty. Low health literacy independently predicts all-cause mortality and that due to cardiovascular disease among community-dwelling elderly people. Further, social isolation is very common for aging individuals and has been consistently related to a negative impact on health and well-being.

**The Importance of Adequate Housing and Financial Support**

Homelessness (due to housing that is too costly); inadequate housing; and poverty in general can have a dramatic effect on the overall health and well-being of an elderly individual. This situation can be especially difficult for elders residing in California, where the median value of owner-occupied housing units is nearly two and a half times the national average. Long-term homeless individuals, especially those suffering from alcoholism and severe mental illness, have higher mortality rates and incur greater public health–system costs.

Financial stability is another important influence on seniors’ well-being. Elderly Americans spend, on average, 19% of their total income annually on out-of-pocket medical expenses. These expenses include health insurance premiums, medical copayments, and prescriptions. More than half of these payments go to prescription drugs and dental care. In fact, low-income seniors have higher healthcare costs than those in higher-income brackets. For example, individuals with less than $10,000 in annual income averaged $21,033 in healthcare costs, whereas those with more than $30,000 averaged almost half as much, only $12,440.

**Success with Community Care Clinics and Technology Integration**

Research has shown measurable improvements in the health of senior populations through community care clinics and the associated increased levels of social support leading to lower risk for physical disease, mental illness, and death. One recent study by Rothkopf et al. documented that community health center users were about one third less likely than other groups to have emergency department visits, inpatient hospitalizations, or preventable hospital admissions. Some outpatient medical facilities are adopting new technologies with the hope of empowering patients. In a recent study published in the *Journal of the American Board of Family Medicine*, the authors found that a comprehensive patient-health portal integrated with the patient’s primary-care setting promoted patient engagement, use of web-based personal health records, and delivery of age- and risk factor–appropriate preventive services.

**Senior Community Centers: An Innovative, Integrated Solution**

Senior Community Centers provide the fundamental building blocks of nutrition, social work, housing, learning, and social integration to promote independence and improved quality of life for a very high-risk population. With 88% of its clients living below the federal poverty level, SCC has evolved into a nationally recognized organization with one of the most innovative, effective models of care for this population. The SCC service model is shown in Figure 1.

**Nutrition and Transitional/Supportive Housing**

The SCC Senior Nutrition Program addresses hunger and food insecurity in a vulnerable population and
serves as an initial incentive to encourage engagement in the other services SCC offers. Ten meal sites, in addition to the Home-Delivered Meals Program, provide daily meals to more than 400 homebound seniors. The program served a total of 473,967 meals throughout San Diego County in Fiscal Year 2011, most of which were served at the Gary and Mary West Senior Wellness Center. Of the 30 organizations in San Diego County serving low-income seniors, the SCC provides 50% of total meals.

Senior Community Centers transitional housing program places about 80 – 85 clients per year in housing, with a 90% overall success rate. Supportive housing services were provided to 379 homeless or homebound seniors in 2011, with more than 5000 total visits, and an average 96% partial- to complete-resolution success rate based on subjective evaluation done by case managers and clients. This support led to senior skills that included knowledge of housing services and resources, problem solving and decision making, and overall socialization.

Social Services and Lifelong Learning
Senior Community Centers recognizes the importance of social services to overcome many of the socioeconomic barriers that at-risk seniors face. The variety of services offered range from employment, legal, and financial assistance to medical insurance and mental health services. By identifying each client’s individual needs, the agency can tailor its resources to create personalized paths for success and well-being.

Frequent interactions between social workers and other community healthcare workers can form a powerful network of social interaction for elders who may otherwise be physically or emotionally isolated. Similar to the support a family can provide, these individuals determine a baseline for each elder they see and serve as an

Figure 1. The Gary and Mary West Senior Wellness Center Service Model
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early-warning system for cases of medical illness that otherwise may go unnoticed in single interactions with providers. As physicians can attest, understanding what is “normal” for a patient can be one of the most valuable and instructive components of the patient’s medical history.

Through the Lifelong Learning Program, SCC provides seniors with educational classes and opportunities for civic engagement and volunteering. They range from fitness classes and health education seminars to art instruction and trivia games. In addition, the Cyber Café has a variety of classes focused on teaching seniors how to use computer technology. In addition, volunteering opportunities allow seniors to harness their strengths toward tasks they see as meaningful, enabling them to feel engaged and helpful.

The Gary and Mary West Wellness Clinic: Focus on Prevention, Wellness, and Health Literacy

In 2011, at the Gary and Mary West Wellness Clinic, clients had more than 12,000 visits with clinical staff. The three most common conditions were hypertension, heart disease, and diabetes. Because many of these patients struggle with chronic-disease management, case managers provide educational materials and medical resources such as glucometers and testing strips. Clients and clinical staff work together to build personalized plans to help clients monitor key health metrics over time. They include medication compliance, health literacy, preventive screening and vaccinations, and reduction in high-risk behaviors.

Senior Community Centers recognizes the impact that collaboration and innovative technologies can have on its care-delivery network. SCC’s service model includes a unique group of organizations that contribute different strengths (Figure 1). Students from these organizations, studying in schools of social work, nursing, public health, gerontology, and audiology, gain experience working in clinical settings with interdisciplinary teams. The SCC is working to integrate medical residents from the fields of preventive medicine and public health into this mixture.

Using Technology to Analyze Senior Community Centers’ Effectiveness

Technology integration is another key component of SCC’s formula. It includes the Cyber Café and high-tech games such as Wii Fit, described above. But it also includes using technology to capture SCC’s effectiveness as an organization. In April 2010, SCC began using the Efforts to Outcomes software and began an evaluation project with Harder & Company to analyze output data from this program to demonstrate the outcomes and impact on clients. One of the most recent additions is a health-monitoring kiosk that allows consumers to screen their visual acuity, blood pressure, pulse, weight, and BMI in 4–7 minutes. The SCC is in the process of integrating data from this kiosk into its Efforts to Outcomes database, which will be reviewed by care coordinators and maintained as individualized health maintenance reports for clients.

Conclusion

As the elderly population continues to grow, the challenges of providing it with respectful, high-quality, cost-effective care is becoming a focal point for all healthcare stakeholders. In a disease-centric medical system such as that in the U.S., very few organizations focus on all aspects of wellness. Senior Community Centers of San Diego’s innovative solutions address key needs of a vulnerable, high-cost, aging population, including housing, nutrition, chronic disease management, acute illness prevention, health literacy, social support, preventive care, and the coordinated relationships among them. These services support seniors’ independence and help keep them engaged in the surrounding community.

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