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The John A. Hartford
Foundation



Driving Toward Age-Friendly Care for the Future



“...with a population that is living longer, we are challenged with providing health care that meets the needs of an increasing number of older adults.”

The United States population is aging. **There are currently 52 million people aged 65 years and older, and that number is expected to grow to nearly 100 million by 2060.** By then, older Americans, who now comprise 16% of our population, will make up nearly one-quarter of it.

Modern medicine has allowed us to overcome illnesses and injuries that once meant certain death—and that’s a great thing—but, with a population that is living longer, we are challenged with providing health care that meets the needs of an increasing number of older adults.


Most older people have multiple chronic conditions, take 5 to 10 medications daily, and experience some level of disability. The rising rates of Alzheimer’s disease, coupled with common problems such as isolation, limited transportation, inadequate nutrition, and lack of affordable housing, mean that managing health care can become nearly impossible for many older people and their families.

Fortunately, there is a way forward: the creation of **age-friendly health systems**. This will require connecting multiple sectors and professions that support healthy aging, improving access to supports and services, addressing current community health statuses and inequities, and communicating best practices to health care leaders. **The goals of age-friendly health systems are to deliver the best evidence-based care, cause no harm, and always be consistent with what matters to the older person.** Simply, we need to do better for older adults and their caregivers.

To more fully understand what people know and how they feel about age-friendly health systems, **WebMD and The John A. Hartford Foundation performed a comprehensive consumer survey** on the topic. We examined attitudes and experiences with the “4Ms” of care—the essential set of elements that systems need to address for older adults: *what matters, medication, mentation, and mobility*. Our data were segmented by sex, race/ethnicity, and chronic conditions, as well as other factors, since these differences often lead to disparities in attitudes and experiences.

This report will raise awareness about the need for age-friendly health systems and **promote dialogue to address barriers to age-friendly care**. Medical research and clinical practice are becoming more patient-centered, but patients, caregivers, health care providers, and policymakers must continue to work together to **promote the physical, emotional, and cognitive well-being of older adults**. Patients and their caregivers should be empowered to ask for age-friendly care, and the medical community should be obliged to provide the best possible care for every patient, regardless of age.

We anticipate this data will drive meaningful change in knowledge and attitudes related to age-friendly health care and help build a framework to consistently deliver high-quality, age-friendly care.



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EXECUTIVE SUMMARY

Age-friendly health systems require attention to what matters to the older person and their caregivers in order to ensure high-value care resulting in consumer satisfaction. The good news is that 87% of the more than 2,700 respondents to our survey of older adults and family caregivers report satisfaction with the care they have received in the past 12 months. This high satisfaction, however, has some caveats. For instance, it decreases as a patient's health becomes more complicated and the number of health conditions increase. This may indicate that, as patients are engaging more with the health system, their needs are not being met. Satisfaction levels also differed in our survey by race/ethnicity. Specifically, Hispanic respondents were more unhappy with their care than White and Black respondents.

There is a relationship between the number of conditions respondents say they suffer from and how they rate the various aspects of their lives, not just health. As respondents approach 6 or more conditions, they are significantly more likely to rate their overall quality of life, including participation in physical and leisure activities, mental and physical health status, personal and social relationships, and finances, as fair or poor.

A common theme throughout the survey is the stark difference between patient and caregiver responses. Caregivers reported that the older adults in their care are sicker and take more medications than the older adults who responded. Caregivers are significantly more likely to rate the quality of care more negatively.

Additionally, different races/ethnicities do not view age-friendly health care the same way, nor do they have the same concerns related to health care. Socioeconomic status and geography (e.g., rural vs. urban), however, do not influence perceptions of the various components of age-friendly health care, demonstrating that such care can be implemented anywhere.

KEY FINDINGS AROUND THE 4MS:

WHAT MATTERS, MEDICATION, MENTATION, AND MOBILITY

what matters: It is important to understand each patient's health goals and care preferences across settings to know and align care, including, but not limited to, the end of life. Most respondents take a collaborative approach to their care decisions, with nearly 3 out of 4 saying they decide their health care and treatment options with their doctor; women are much more likely than men to take this approach. However, **nearly 20% of Hispanics say they prefer that their doctor decides which health care options are best for them.** As patients develop 6 or more health conditions, they are more likely to say they make decisions together with a family member and their doctor.

Patients want health care providers to know about the problems they are having with their current health care, but, at the same time, **only 20% said it was most important for physicians to know about their treatment and medication preferences.** Very few respondents thought it was important to discuss their fears and concerns, personal life goals, or future health goals, despite the impact these factors can have on health care, especially as one ages.

medication: Work remains in educating patients and caregivers about the risks and side effects of medicines. **Nearly 40% of respondents are not aware that certain prescription medications can impact cognition, and only half know that certain ones should be avoided as a person gets older.** This lack of awareness is greatest among Hispanic and Black respondents. Despite challenges with medicines as one ages, half of patients, as well as half of caregivers, have not had any conversations with their health care providers about stopping unnecessary or inappropriate medications.

mentation: Preventing, identifying, treating, and managing dementia, depression, and delirium across care settings are important considerations for providing quality care. People seem more educated on issues relating to delirium and dementia, but less so on those relating to depression. Specifically, respondents can accurately identify characteristics of dementia and delirium, but **more than 40% mistakenly believe that it is normal for people to get depressed as they get older.** Dementia is a major concern, more so than depression and delirium, and women are more concerned than men. Notably, Black respondents report the lowest level of concern for developing any type of mentation problems.

mobility: As we seek to ensure that older adults move safely every day to maintain function and do what matters to them, it is concerning that **nearly half of respondents have difficulty walking or moving around.** Women are more likely than men to report mobility issues, and White respondents are much more likely than Blacks and Hispanics to report a fall in the last 12 months.

Despite the high rates of mobility issues and falls, few respondents are doing any activities designed to improve mobility. It is not clear whether this is due to lack of knowledge, fear of getting injured or worsening an injury, or another reason. There is encouraging news, however: people are taking measures to prevent falls, such as holding on to handrails and wearing sensible shoes. Women take these measures more often than men.

FAMILIARITY WITH AGE-FRIENDLY CARE

Older adult patients and caregivers have little knowledge of the specific concept of age-friendly health systems, and, the more conditions one has, the less familiarity there is. Yet, older adults with multiple chronic conditions are the individuals most in need of age-friendly care. Older patients primarily want a system that promotes physical function and independence, whereas caregivers want clear and well-understood communications. While 88% of patients note satisfaction in their care, **only half say their doctors and other care providers have done a “good” or “excellent” job at using an age-friendly approach** – a strikingly low proportion, especially given the desire for satisfaction with what matters to patients. Patients who have 6 or more conditions rate their providers’ care as “fair” or “poor” more often than those with fewer conditions.





SURVEY METHODOLOGY

WebMD randomly surveyed **2,361 patients** aged 65 years or older, and **405 caregivers** of someone aged 65 years or older, from late June to mid-August in 2019. Respondents were randomly intercepted throughout WebMD.com and invited to participate in a 14-minute online survey. Respondents must have had at least 1 visit with a health care provider in the past 12 months in order to answer questions related to health care experiences. A statistical significance test at the 95% confidence level was applied to examine effect size differences between cohorts (e.g., sex, race/ethnicity, age, socioeconomic status, geography). Respondents had an opportunity to enter a sweepstakes to win 1 of 25 Amazon gift cards valued at \$100 upon completion of the survey.

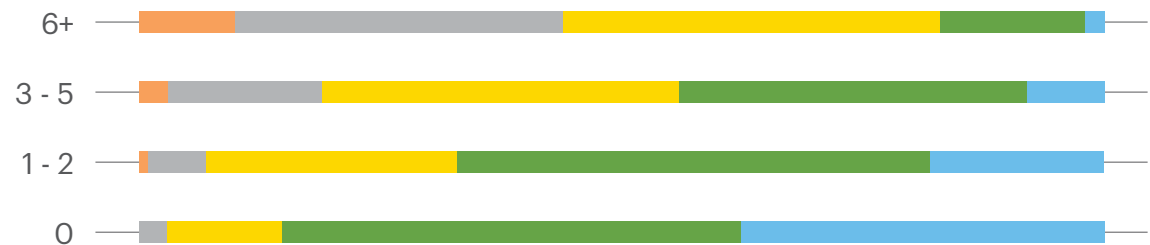
LIFE DIMENSION RATINGS

The data suggest there is a **relationship between the number of conditions respondents say they suffer from and how they rate various aspects of their life**. In all the dimensions asked about in the survey, respondents living with 6 or more conditions are significantly more likely to give a poor/fair rating compared to respondents living with fewer or no conditions.

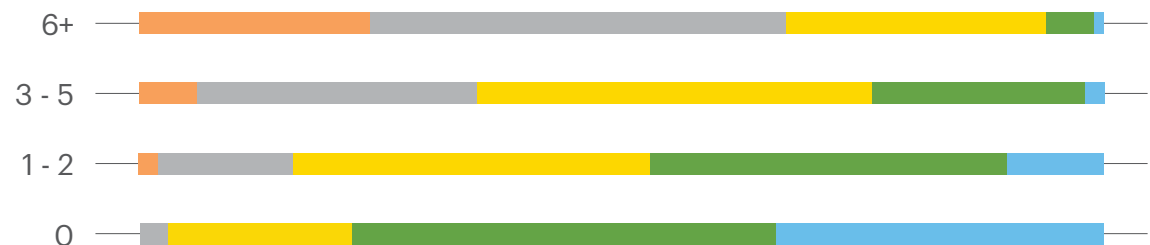
PATIENTS ONLY

NUMBER OF CONDITIONS

Overall Quality of Life



Physical Health Rating



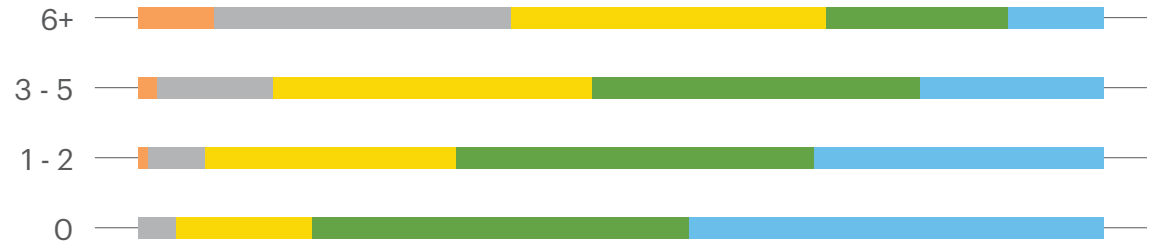
■ Poor ■ Fair ■ Good ■ Very Good ■ Excellent



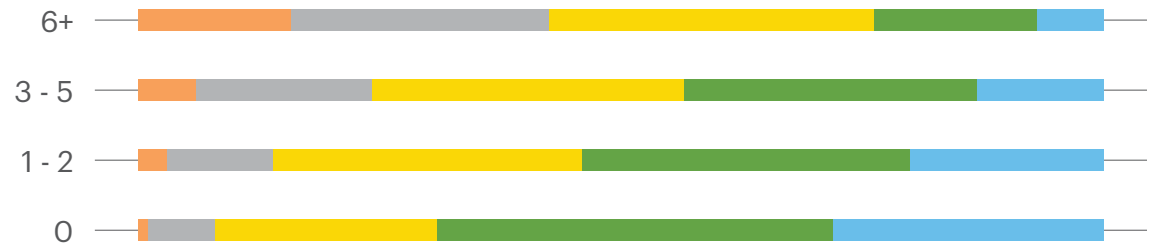
PATIENTS ONLY

NUMBER OF CONDITIONS

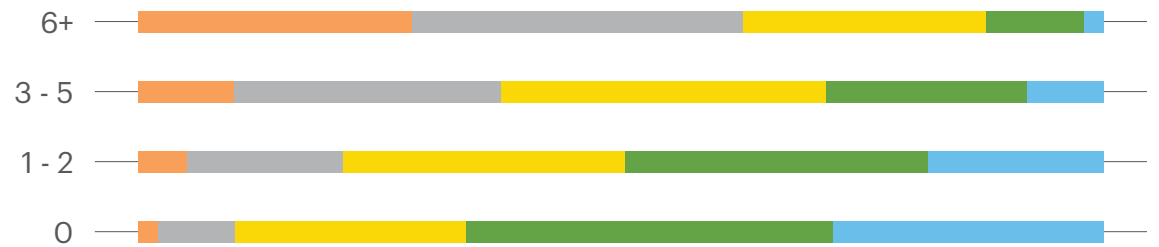
Mental Health Rating



Social Interactions and Personal Relationships Rating



Participation in Leisure Activities Rating

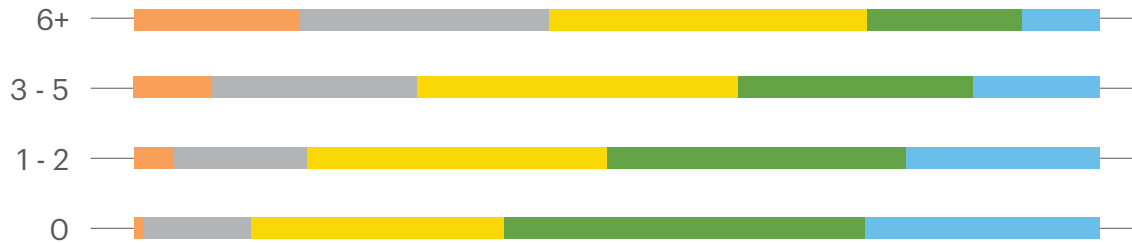


■ Poor
 ■ Fair
 ■ Good
 ■ Very Good
 ■ Excellent

Personal Finances Rating

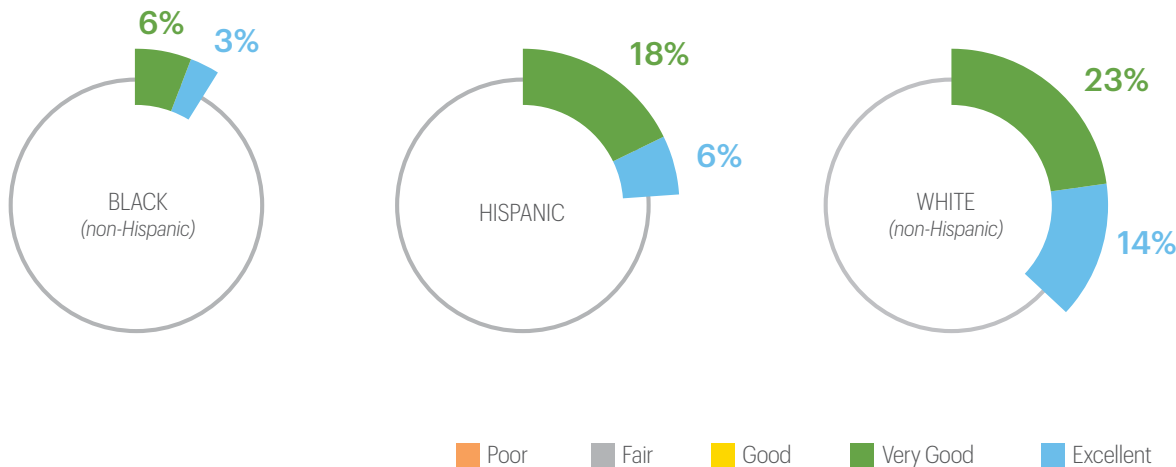
PATIENTS ONLY

NUMBER OF CONDITIONS



CAREGIVERS ONLY

White (non-Hispanic) caregivers are **significantly more likely** than Black (non-Hispanic) caregivers to rate the personal finances of the person in their care as very good or excellent.



Caregivers are **significantly more likely** to rate the quality of life of the person in their care more negatively than patients rating their own lives across key dimensions such as physical health, mental health, social interactions, and personal finances.

HEALTH PROFILES



1 in 5 Hispanics

say they **do not have a chronic condition**: this proportion is **significantly higher** than that of both White and Black respondents.



Blacks

are **significantly more likely** than Whites to say they have **diabetes and high blood pressure**.

Black respondents are **less likely** than White respondents to report seeing a health care provider for an injury or fall.

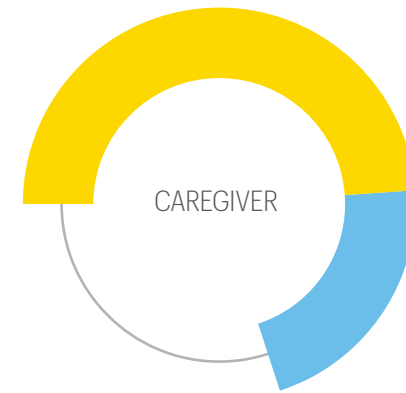


Whites

are **twice as likely** as Black respondents to say they suffer from **depression**.

Caregivers are **more likely to report** that the person in their care is diagnosed with a **chronic condition**.

49% say the person in their care suffers from **3 to 5 conditions**



21% say the person suffers from **6 or more**

Caregivers are also **more likely** to be caring for someone with a **mental health condition**.



19% of caregivers indicate the person in their care suffers from **dementia**

vs.

1% of patients report **their own dementia** diagnosis

1 in 3 

respondents **suffering from 6 or more conditions** are taking **more than 10 different prescription medications** per day.

These respondents are more likely to have had more visits with a primary care physician or specialist in the past year than those suffering from fewer conditions.

4 in 10 

caregivers report that the person in their care is taking **6 or more different prescription medications** per day.

Caregivers report that the person in their care has had more visits with doctors in the past year and more visits to the ER than older adults report for themselves.



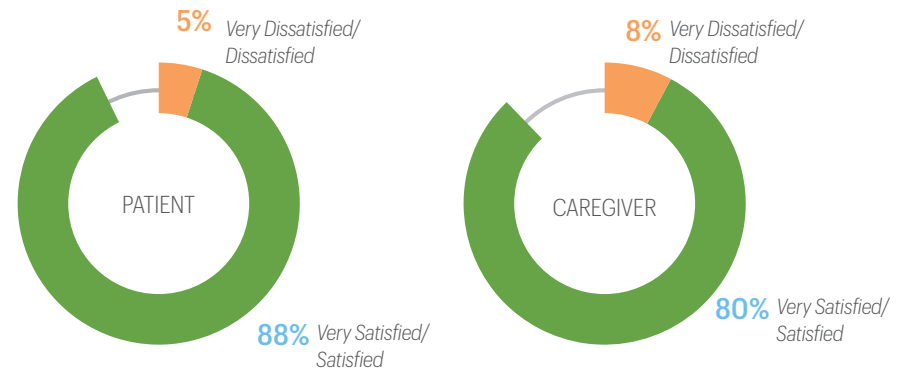
Patients who are personally suffering from **numerous conditions** are **more likely** to have seen (or the person in their care has seen) a health care provider in the past 12 months for a variety of reasons, including injuries, short-term or chronic illnesses, new or undiagnosed symptoms, and pre/post-surgery care.



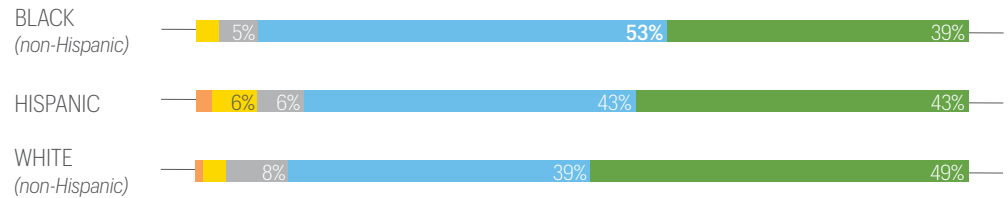


Satisfaction with Health Care Providers in the Past 12 Months

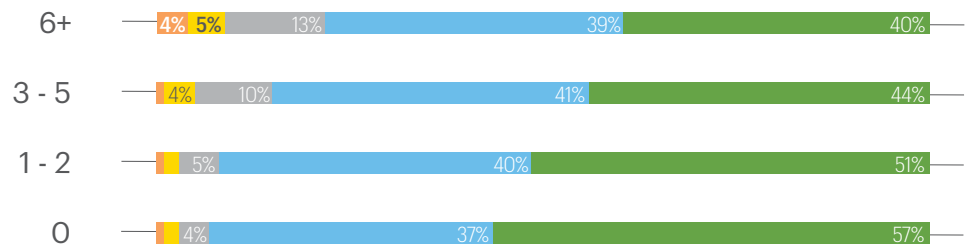
Nearly **9 in 10 respondents** report satisfaction with the care they have received in the past 12 months.



PATIENTS ONLY



NUMBER OF CONDITIONS



In general, Blacks tend to be **more satisfied** with their care, and Hispanics tend to be **more dissatisfied**, although, as noted earlier, dissatisfaction levels are low.

While the majority of those suffering from 6 or more conditions also report satisfaction, **nearly 10%** rate their health care experiences as dissatisfactory.

what matters

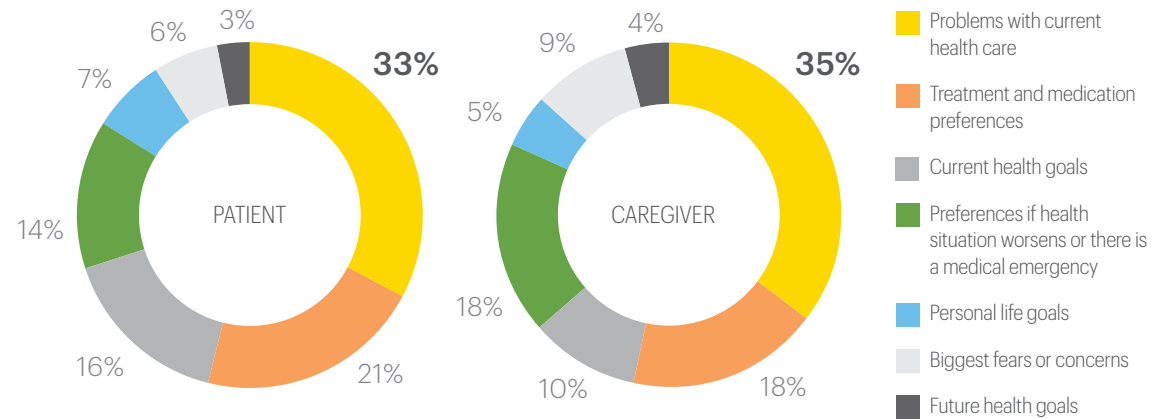
Respondents were asked to identify **what items are most important for a health care provider to know** about them or the person in their care.

- Overall, **one-third of respondents** feel that it is most important that their health care provider knows about **problems they are having with their current health care**.
- **1 in 5** believe it is most important their provider knows about their **treatment and medication preferences**.
- **Less than 10%** believe it is most important for their provider to know about their **fears/concerns or future health goals**.

Caregivers are more likely than patients to say they already had discussions with health care professionals about current problems with health care, preferences if there is a medical emergency, and their biggest fears or concerns.

What Matters Most to Patients and Caregivers

% Rating as Most Important (ranked 1 out of 3)



Health Care Discussions

Topics Discussed with Health Care Providers

	Patient	Caregiver
Problems with current health care	58%	65%
Treatment and medication preferences	77%	74%
Current health goals	52%	53%
Preferences if health situation worsens or there is a medical emergency	29%	54%
Personal life goals	19%	22%
Biggest fears or concerns	27%	40%
Future health goals	30%	30%

Talking to Doctors About What Matters: Who Initiates the Conversation?

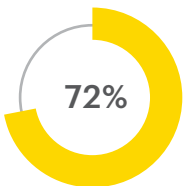


68% of patients say **they initiated** conversations with their doctor about what matters.

60% of caregivers either initiated the conversation **on their own** or **together with the person for whom they care**.

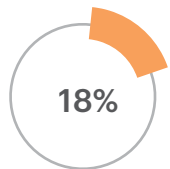
Preferences in Making Decisions and Health Care and Treatment Options

PATIENTS ONLY



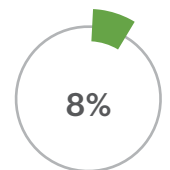
decide their health care and treatment options **with their doctor**.

Women are more likely than men to adopt this approach



decide together **with a family member and their doctor**.

Men and patients suffering from 6 or more conditions are more likely than other groups to say that they make decisions together **with a family member and their doctor**.

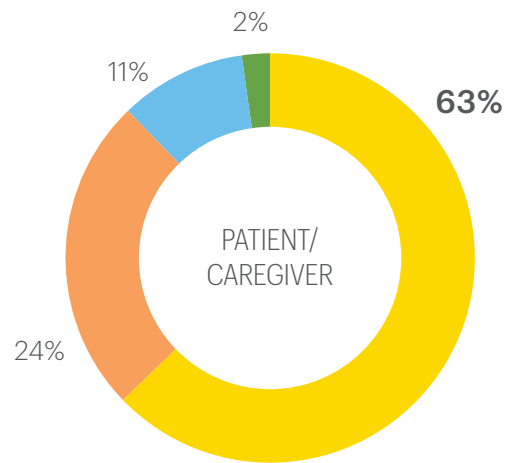


let **their doctor** decide.

1 in 5 Hispanics say they prefer that **their doctor decides** which health care options are best for them.

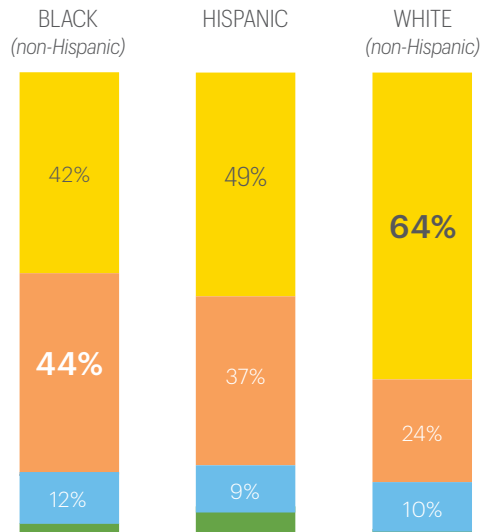


Planning for Future Health Care: Do You Have An Advance Directive?



- Yes
- No, but it is something I plan/the person in my care plans on doing in the future
- No, but it is something I/the person in my care would consider doing in the future
- No, it is not something I plan/the person in my care plans on doing now or in the future

PATIENTS ONLY



Whites are **significantly more likely** to have an advance directive than Blacks. Among Black respondents, **44%** say it is something they are **planning on doing in the future**.

NEARLY
two-thirds
of all respondents say they have an
advance directive.

medication

Generally, respondents tend to be aware that taking certain prescription drugs can increase cognitive impairment, or increase the risk of falling.



ONLY
50%

know that certain medications should be avoided by older people.

Respondents are generally **least aware** that some medications are associated with longer hospital stays and higher hospital costs for elderly adults.

Understanding Medication Risks

Awareness of Prescription Medication Effect on Aging

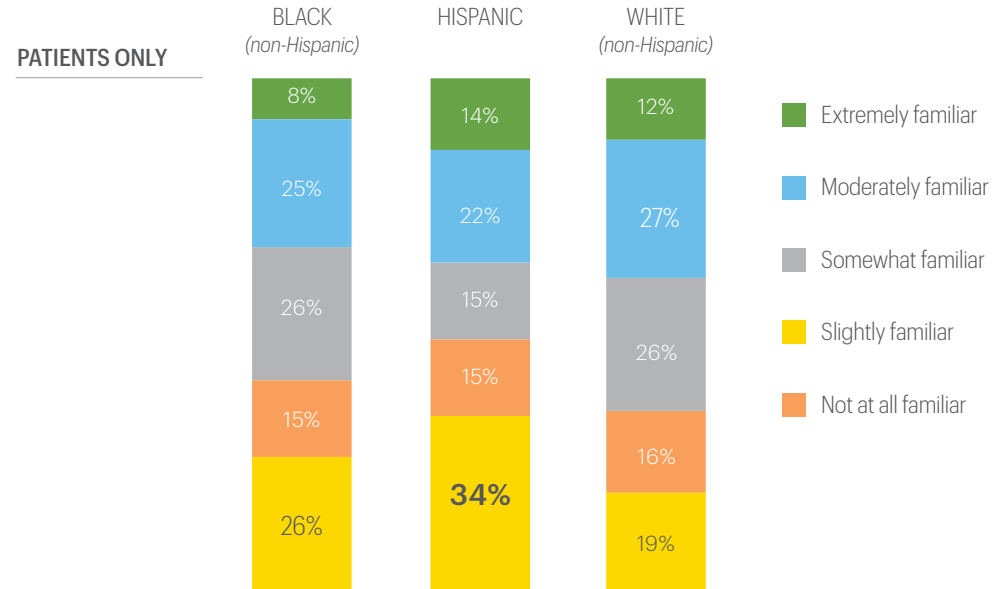
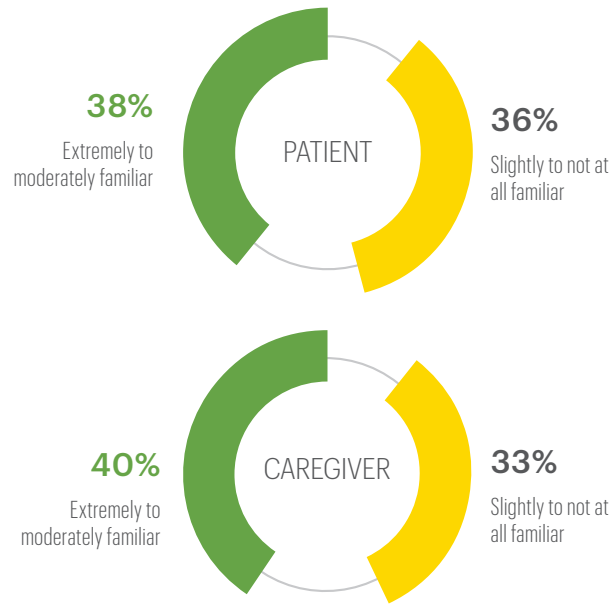
	Patient	Caregiver	PATIENTS ONLY		
			Black (non-Hispanic)	Hispanic	White (non-Hispanic)
Taking certain prescription medications can increase cognitive impairment or confusion	61%	68%	48%	48%	63%
Taking certain prescription medications can increase the risk of falling	59%	67%	49%	40%	61%
There are certain medications that older people should avoid	50%	55%	38%	38%	52%
Some medications are associated with longer hospital stays and higher hospital costs for elderly adults	21%	26%	16%	12%	21%
None of the above	24%	18%	34%	35%	22%

Compared to Black and Hispanic respondents, **White respondents are more aware of medication risks.**



One-third of Blacks had not previously heard of any of the medication risks.

Familiarity with Medications that have Potential Risks and Harmful Side Effects for People 65 and Older



Notably, **one-third of Hispanics** say they are **not at all familiar** with the risks of medications that are potentially harmful, which is significantly higher than the proportion of White respondents who reported the same.

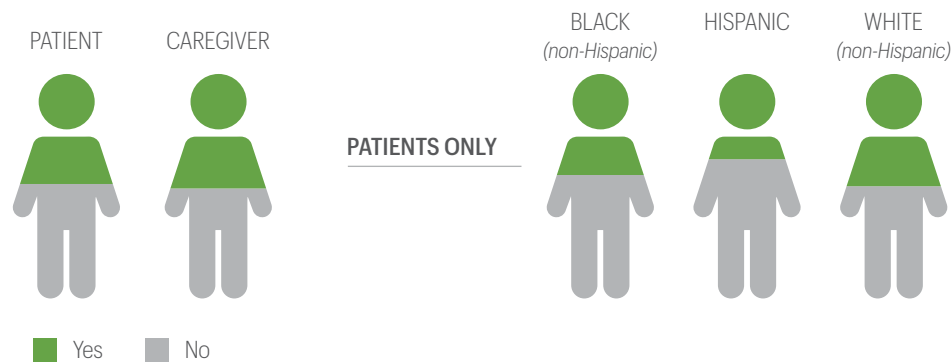
Comparable proportions of respondents were **familiar and not familiar** with medications that have potential risks and harmful side effects for people age 65 years and older.

Have Discussed Stopping Unnecessary/Inappropriate Medications with Health Care Provider

Only half

of the total sample say a health care provider has talked to them about **stopping unnecessary or inappropriate medications**.

Proportions are similar between caregivers and patients.



Hispanics and Blacks are less likely to have had discussions about unnecessary or inappropriate medications than White respondents.

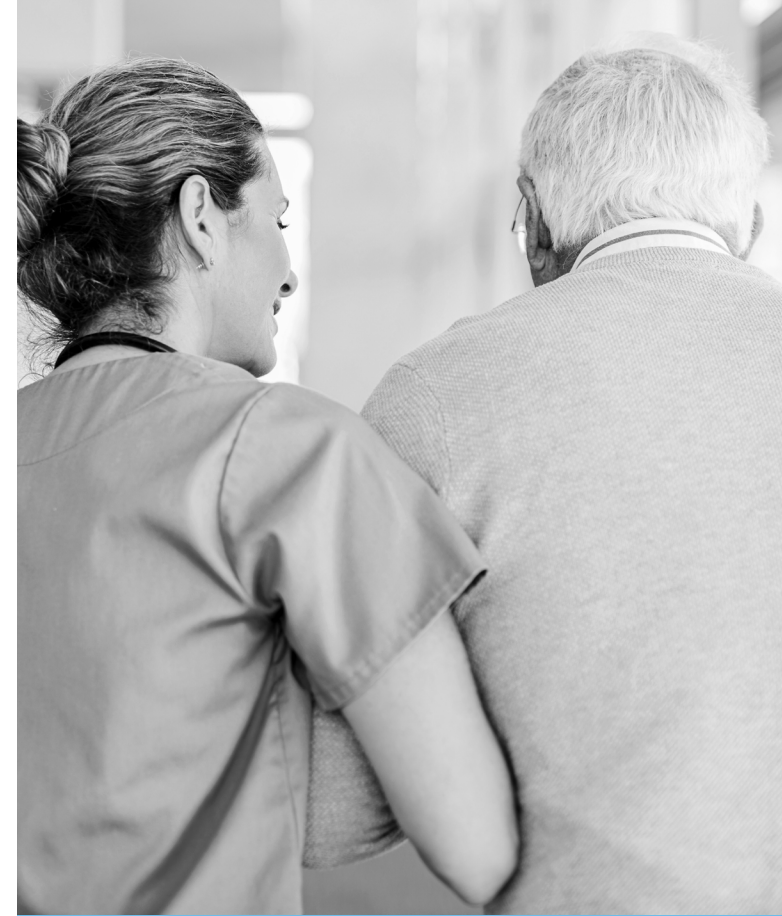
mentation

The majority of respondents are aware of the **triggers and treatments associated with certain cognitive conditions**, including knowing that delirium can result from infections, drug interactions, and/or dehydration and that people with dementia can develop delirium while hospitalized.

Perceptions of Delirium, Depression, and Dementia

(% saying statement is true)

Symptoms of depression can be triggered by other illnesses such as Alzheimer's disease	93%
Delirium can result from infection, drug interactions, and/or dehydration	90%
People with dementia can develop delirium while hospitalized	85%
Delirium is usually reversible if underlying cause is treated	83%
Dementia is incurable	68%
Delirium occurs abruptly	53%
There is no test available for diagnosing delirium	44%
It is normal for people to get depressed as they grow older	41%



41%

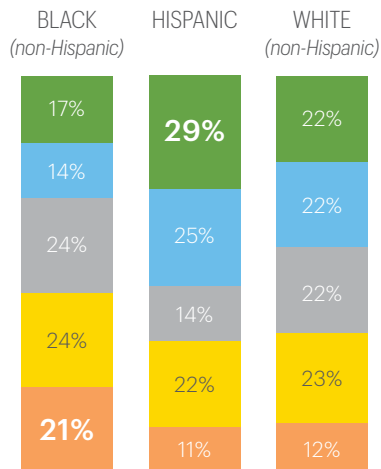
of respondents **incorrectly** believe that it is normal for people to get depressed as they grow older.

When asked about their level of concern for developing a cognitive condition, **a higher proportion** of respondents say they are personally concerned about **developing dementia**, but **a smaller proportion** have concerns regarding **developing depression or delirium**.

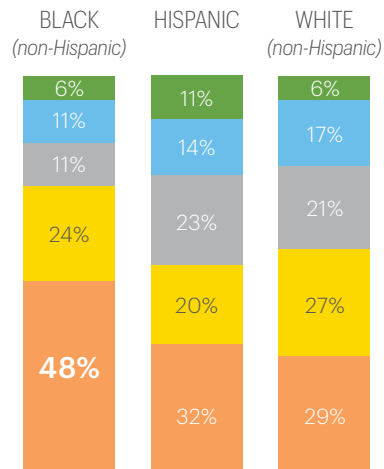
Level of Concern with Developing Cognitive Conditions

PATIENTS ONLY

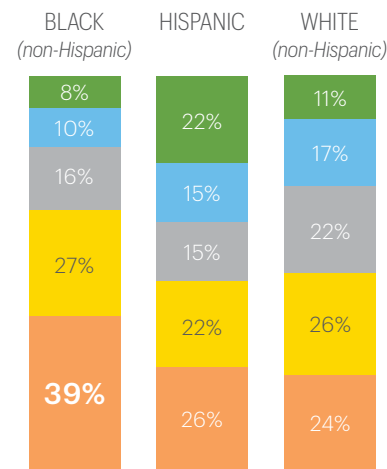
Dementia (including Alzheimer's disease)



Depression



Delirium/Confusion



- Extremely concerned
- Moderately concerned
- Somewhat concerned
- Slightly concerned
- Not at all concerned

Hispanics are **significantly more likely** than Blacks or Whites to express **extreme concern** for developing dementia.

Black respondents report the **lowest level of concern** for developing **any of the conditions** asked about in the survey.



1 in 5 Women are **extremely concerned** about getting dementia, which is significantly higher than men.

NEARLY

50%

of the respondents report having **difficulty** with walking or moving around in the past 12 months.



KNOWLEDGE, ATTITUDES, AND EXPERIENCES WITH 4MS

mobility

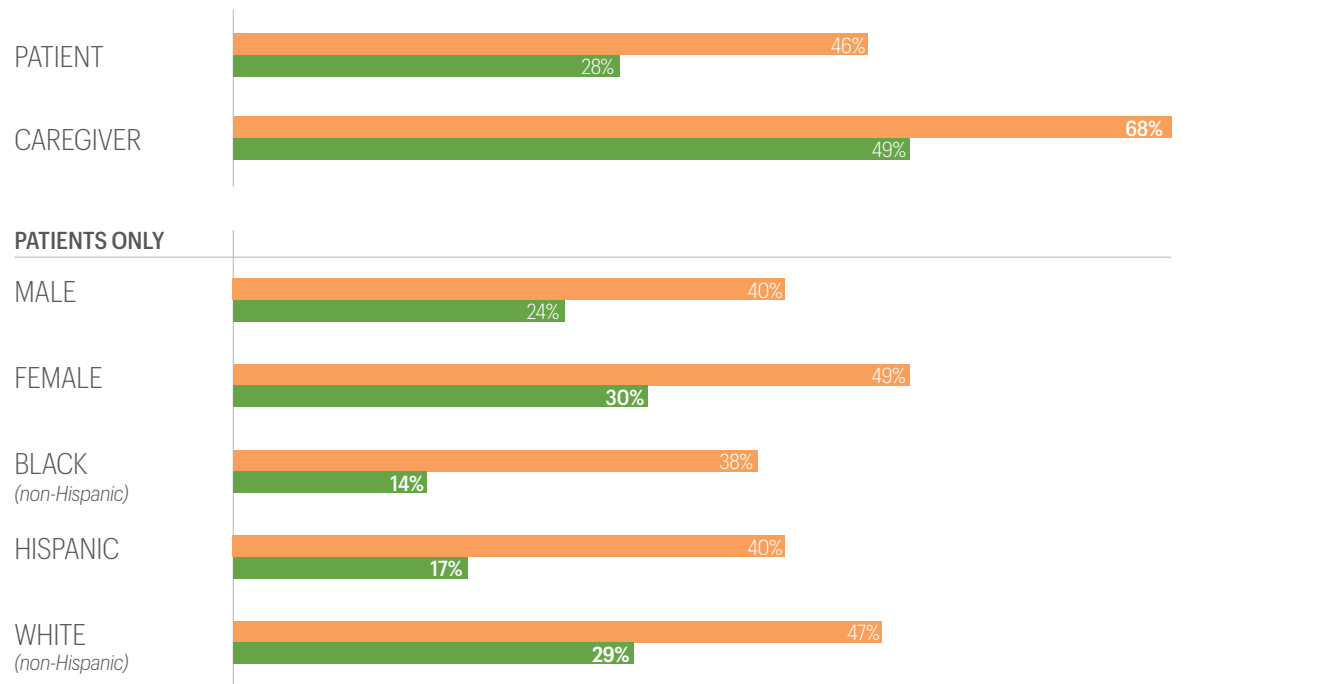
Caregivers are **significantly more likely** to report mobility issues for the person in their care than patients report for themselves. **Half of caregivers** also say the person in their care had a fall in the past 12 months.

Mobility Issues

% Responding "Yes"

■ Difficulty with walking or moving around in the past 12 months

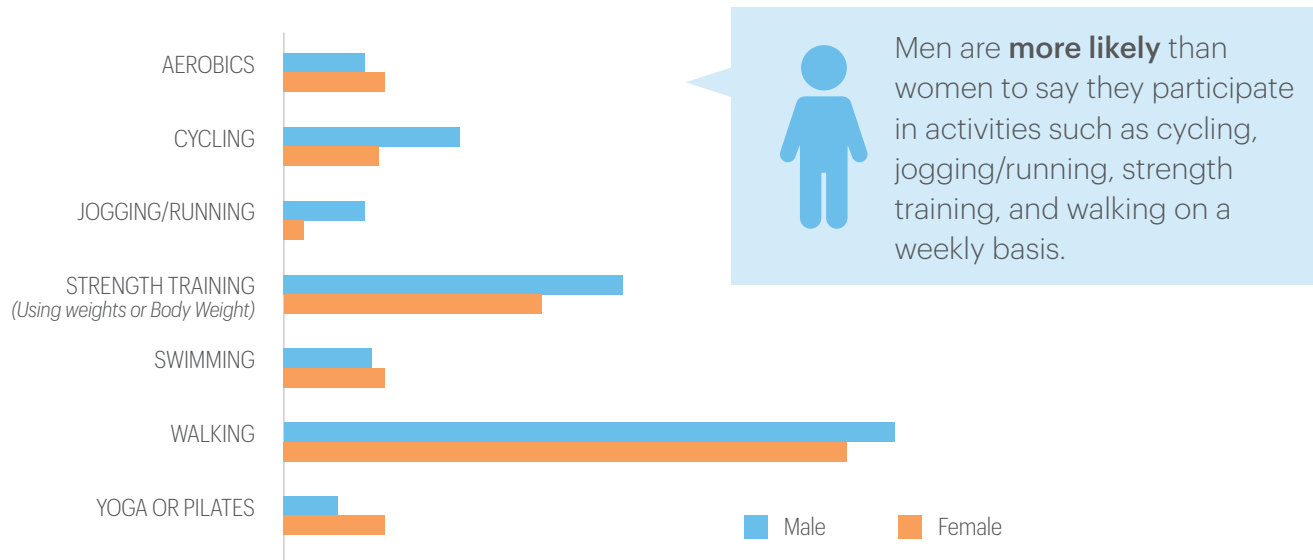
■ Falls in the past 12 months



Women are **more likely** than men to **report** mobility issues.

Nearly **30%** of White respondents had a fall in the past 12 months; only **17%** of Hispanic and **14%** of Black respondents report a fall.

Weekly Participation in Physical Activities



Fall Prevention Measures

Actions Taken to Prevent Falls

	Patient	Caregiver	PATIENTS ONLY			
			0	1-2	3-5	6+
Wearing sensible shoes	80%	75%	75%	79%	83%	80%
Getting regular eye check-ups	74%	63%	71%	74%	76%	74%
Holding onto railings	71%	57%	55%	66%	77%	83%
Keeping living spaces well-lit	64%	62%	57%	62%	67%	71%
Keeping track of medications and side effects	65%	62%	35%	63%	70%	74%
Walking slowly	48%	69%	21%	38%	57%	75%
Exercising/strength training	51%	26%	71%	59%	44%	27%
Installing grab bars and/or safety rails in the bath or shower	39%	51%	20%	32%	44%	60%
Placing a shower stool, seat, or transfer bench in the bath or shower	22%	44%	8%	15%	27%	45%
Using a cane, walker, etc.	18%	47%	3%	10%	23%	46%
Other	9%	6%	7%	8%	9%	10%
None of the above	2%	5%	2%	2%	2%	0%

With the exception of walking, the **majority of respondents** are **not participating** in any of the activities that were asked about in the survey.

Of all respondents, **40%** indicate they are doing some type of **strength training** every week, but the majority of activities have **less than 20%** weekly participation among the total sample, and participation is **lowest among those in need of a caregiver**.

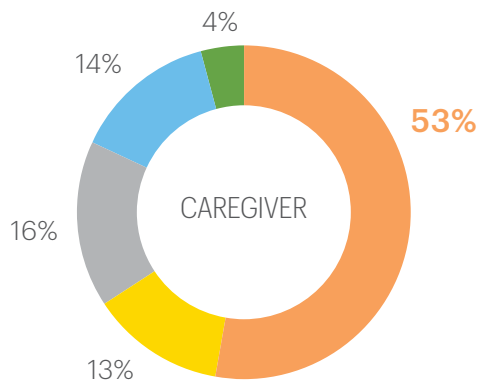
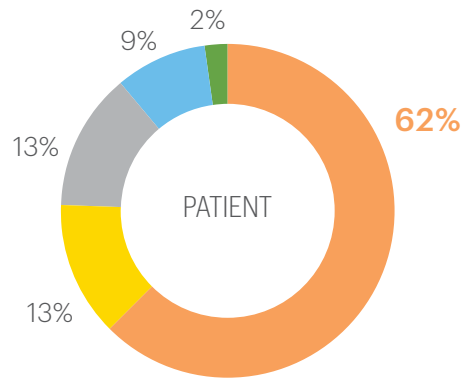
Caregivers are more likely to report that the person in their care has installed safety rails in their bath, placed a stool/transfer bench in the shower, or uses a cane/walker than patients are to report the same about themselves.

Patients suffering from **6 or more conditions** are significantly more likely to be taking fall prevention measures with **nearly half using a cane or walker**.

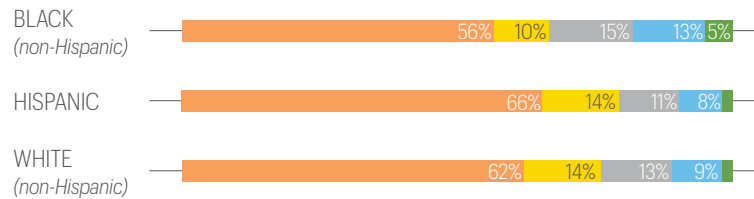
KNOWLEDGE AND OPINION OF AGE-FRIENDLY HEALTH SYSTEMS

The **more conditions** a respondent has, the **less likely** he or she is familiar with the concept of “age-friendly care.”

Level of Familiarity with Age-Friendly Care

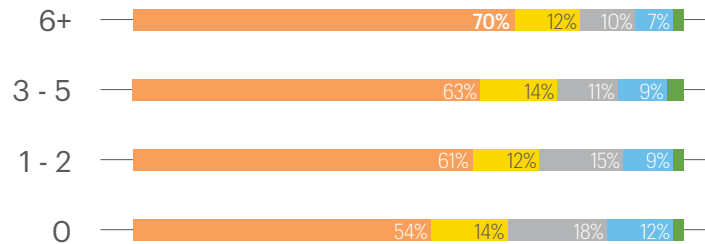


PATIENTS ONLY



Blacks are **more familiar** with age-friendly care than Whites or Hispanics.

NUMBER OF CONDITIONS



Patients themselves are **more likely** than caregivers to say they are **unfamiliar** with the concept.

■ Not at all familiar
 ■ Slightly familiar
 ■ Somewhat familiar
 ■ Moderately familiar
 ■ Extremely familiar



3 in 4

respondents are **not familiar** with the concept of an age-friendly health system.

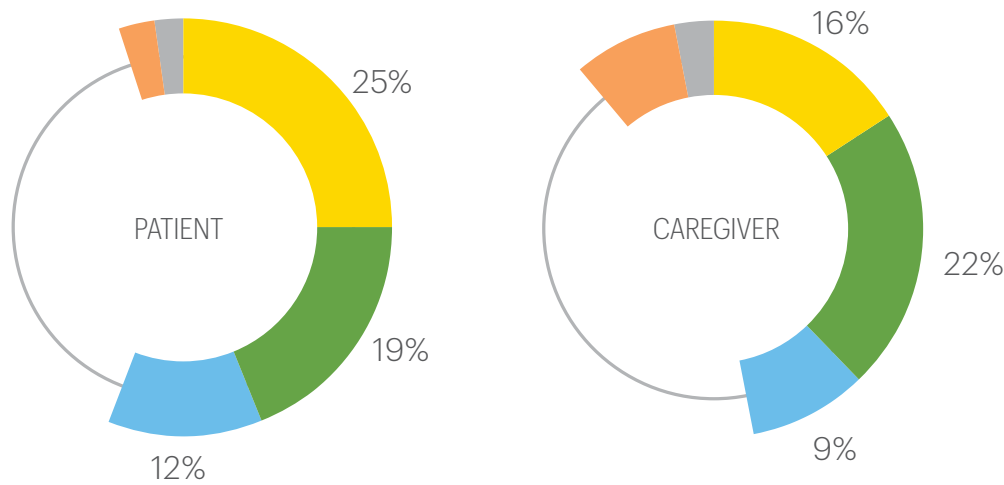
70%

of those suffering from 6 or more conditions indicate they are **not at all familiar** with the concept.

Essential Elements for Creating an Age-Friendly Health System

% Rating As Most Essential (ranked 1 out of 3)

When asked to rank the attributes that they feel are most essential in creating an age-friendly health system, patients more often say **“promotes physical function and independence”** is most essential, while caregivers more often choose **“ensures all communications are clear and well understood.”** The attributes perceived as less essential are “addresses common problems like falls, confusion, and incontinence” and “recognizes and supports the needs of family caregivers.”



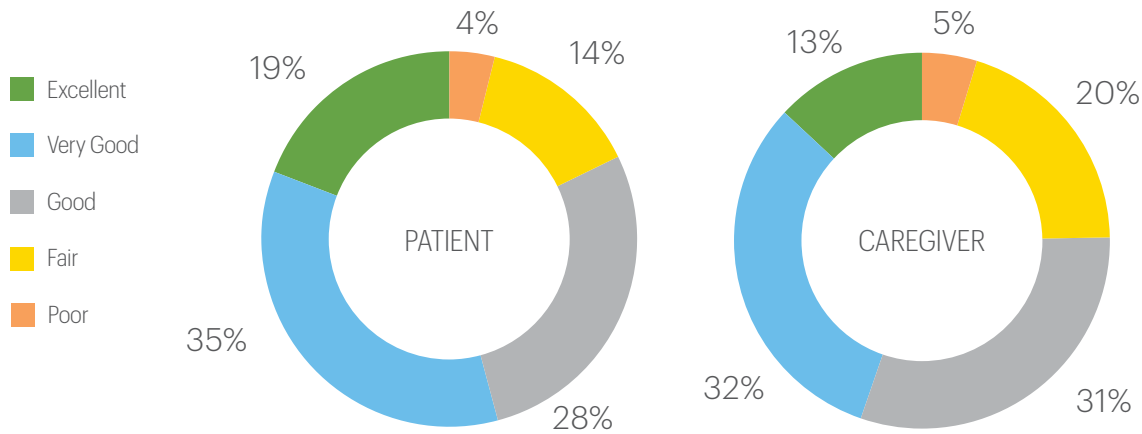
- Promotes physical function and independence
- Ensures all communications are clear and well understood
- Delivers care that matches with the patient's goals
- Addresses common problems like falls, confusion, and incontinence
- Recognizes and supports the needs of family caregivers



Provision of Age-Friendly Care

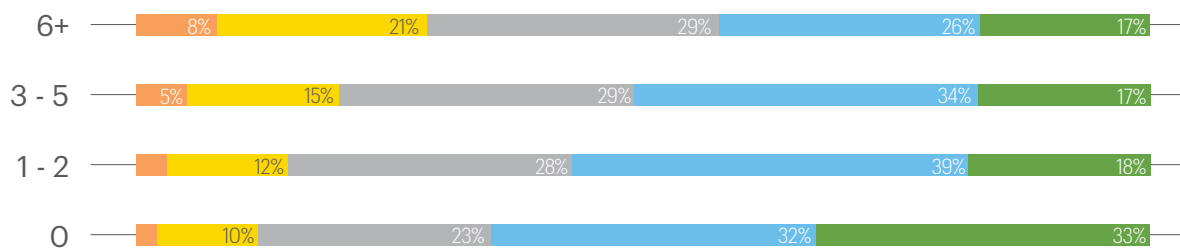
Rating how Doctors and other Health Care Professionals use an Age-Friendly Approach

When thinking about the health care received over the past 12 months, **more than half** of patients say that their doctors and other care providers have done a “very good” or “excellent” job at using an age-friendly approach. Among caregivers, **20%** give a “fair” rating, which is a **significantly larger** proportion than patients who give the same rating.



PATIENTS ONLY

NUMBER OF CONDITIONS



NEARLY

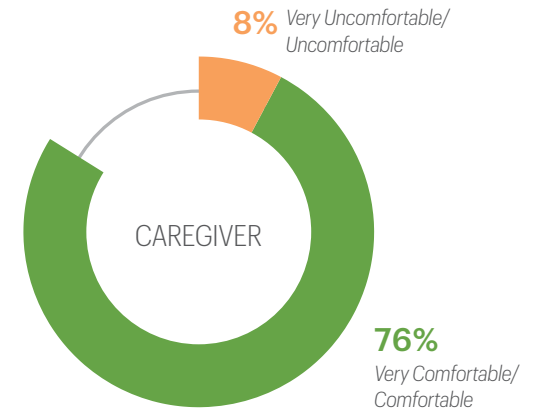
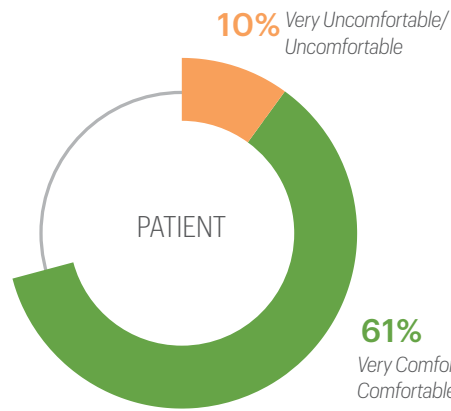
3 in 10



of those **suffering from 6 or more chronic conditions** rate health care providers as “poor” or “fair,” which is a **significantly larger proportion** than of those suffering from 2 or fewer conditions.



Comfort Level with Requesting Age-Friendly Care

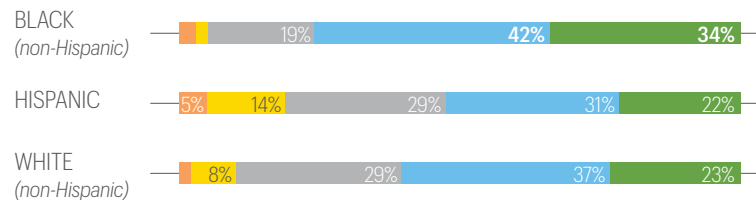
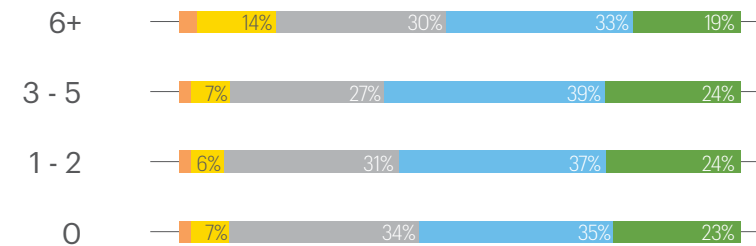


Most patients say they would feel comfortable requesting more age-friendly services for themselves the next time they see a health care provider.

Comfort level is even **higher among caregivers** requesting age-friendly services for the person in their care.

PATIENTS ONLY

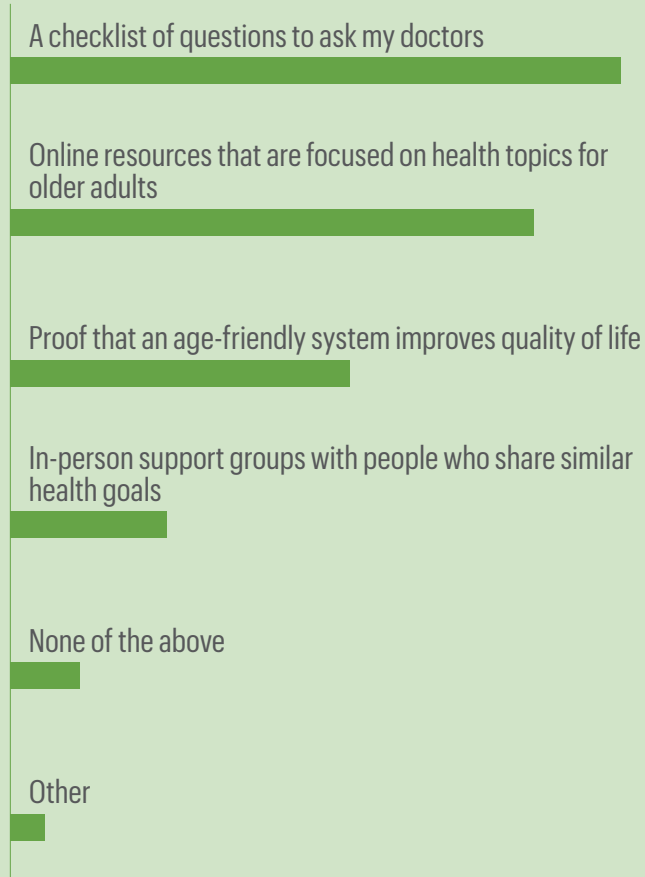
NUMBER OF CONDITIONS



Black respondents express **more comfort** in requesting age-friendly services than White and Hispanic respondents.

Tools to Support Age-Friendly Care

Tools to Help Feel More Comfortable Requesting Age-Friendly Care



The **majority of both caregivers and patients** say that a **“checklist of questions to ask doctors”** and **“online resources focused on health topics for older adults”** would help them feel more comfortable requesting age-friendly care from health care providers.

PATIENTS ONLY

	# OF CONDITIONS SUFFERING FROM			
	0	1-2	3-5	6+
Proof that an age-friendly system improves quality of life	31%	37%	38%	47%
A checklist of questions to ask my doctors	63%	70%	70%	73%
In-person support groups with people who share similar health goals	11%	16%	19%	21%
Online resources that are focused on health topics for older adults	52%	60%	60%	59%
Other	2%	3%	5%	5%
None of the above	14%	7%	8%	12%

Those suffering from 6 or more conditions are **more likely** than those with fewer diagnoses to say that **“proof that an age-friendly system improves quality of life”** and **“in-person support groups with people who share similar health goals”** would be helpful.



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