

Session

Joint Session with Public Health Education and Health Promotion Section- Aging Population Health

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APHA 2021 Annual Meeting and Expo

Abstract

Mitigating economic barriers to oral health for the Medicare-eligible population

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APHA 2021 Annual Meeting and Expo

Among the several barriers to receiving dental care (transportation, education, dental phobia, etc.), cost of dental care is the most significant for many.

Mitigating the cost of care tends to increase utilization, which leads to better oral health.

There are two ways to reduce a patient's out-of-pocket cost dental costs: 1) provide financial assistance (Medicare dental benefits, for example), or 2) facilitate the patient's access to lower dental fees.

Efforts to reduce patients' out-of-pocket cost usually address financial assistance. This paper examines dental fees.

Data were obtained from a nationwide dental PPO network and from a database of fees extracted from claims. Fees for four procedures in five US cities were examined. Amounts dentists bill patients vary somewhat from one part of the country to another; fee differences *within* each geographic area are substantial. In Denver, for example, 90th percentile of fees billed for a Porcelain/Ceramic crown is \$1,521; the median is \$1,358; and 10th percentile is \$1,045. Denver network dentists accept \$819 as payment in full. Other areas are similar.

At least 1/3 of practicing dentists in the United States are in PPO networks that are available to the general public. PPO fees for almost all dental services are near or below area-specific 20th percentile amounts.

Until professionally accepted studies show a correlation between dental fees and quality, patients should be encouraged to seek treatment from dentists who accept relatively low fees. Also, dental assistance programs, including original Medicare and Medicare Advantage, should base payments on area-specific low fees.

Administration, management, leadership Biostatistics, economics Implementation of health education strategies, interventions and programs Provision of health care to the public

Abstract

Association between insomnia symptoms and incident heart failure among middle-aged and older adults: A population-based cohort study

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APHA 2021 Annual Meeting and Expo

Background. Heart failure (HF) is an ongoing epidemic and a serious clinical and public health issue. Currently, little is known about prospective associations between insomnia symptoms and HF incidence. We investigated longitudinal associations between time-varying insomnia symptoms (difficulty initiating sleep, difficulty maintaining sleep, early-morning awakening, non-restorative sleep) and incident HF.

Methods. Data were obtained from the Health and Retirement Study in the US for a sample of 12,761 adults (age ≥ 50 years; mean [SD] age, 66.7 [9.4] years; 57.7% females) who were free from HF at baseline in 2002. Respondents were followed for 16 years for incident HF. We employed marginal structural discrete-time survival analyses to adjust for potential time-varying biological, psycho-cognitive, and behavioral factors and to account for bias due to differential loss to follow-up.

Results. At baseline, 38.4% of the respondents reported at least one insomnia symptom. During follow-up, 1,730 respondents had incident HF. Respondents experiencing one (hazard ratio [HR]=1.22; 95% CI: 1.08–1.38), two (HR=1.45; 95% CI: 1.21–1.72), three (HR=1.66; 95% CI: 1.37–2.02), or four (HR=1.80; 95% CI: 1.25–2.59) insomnia symptoms had a higher hazard of incident HF than asymptomatic respondents. Respondents experiencing trouble initiating sleep (HR=1.17; 95%CI: 1.01–1.36), maintaining sleep (HR=1.14; 95% CI: 1.01–1.28), early-morning awakening (HR=1.20; 95% CI: 1.02–1.43), or non-restorative sleep (HR=1.25; 95% CI: 1.06–1.46) had a higher hazard of incident HF than asymptomatic respondents.

Conclusions. Insomnia symptoms, both cumulatively and individually, are associated with incident HF. Public health awareness and screening for insomnia symptoms in at-risk populations should be encouraged to reduce HF incidence.

Chronic disease management and prevention Epidemiology Public health biology Public health or related research Social and behavioral sciences

Abstract

Healthy brain initiative: Assessing social, functional, and clinical risk factors associated with cognitive decline and stroke

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APHA 2021 Annual Meeting and Expo

The CDC's Healthy Brain Initiative encourages interdisciplinary collaborations to address cognitive functioning. We assessed the prevalence of risk factors (social, functional, clinical) among respondents to the BRFSS 2019 cognitive decline module, and compared responses of individuals with/without stroke.

Eleven percent of respondents reported having CD symptoms in the last 12 months. Of those with CD, 14% also reported stroke (CD_Stroke).

The percentage of respondents that reported giving up household activities/chores was 33% for CD and 50% for CD_Stroke. Twenty-eight percent with CD and 46% with CD_Stroke needed assistance with activities as a result of confusion/memory loss. Over half of respondents were unable to 'always' get help with activities (63% CD; 56% CD_Stroke). Thirty percent of CD respondents and 43% with CD_Stroke reported that confusion/memory loss interfered with socialization.

Fifty-four percent of respondents with CD and 40% with CD_Stroke had not discussed cognitive issues with healthcare providers. Over 41% of respondents with CD and 49% CD_Stroke reported physical inactivity. Over 30% of respondents did not receive a flu shot.

In adjusted models, respondents with CD_Stroke were significantly less likely to be physically active compared to those with CD (OR 0.59 (95% CI 0.53-0.65)). Black respondents were significantly more likely to report that memory loss interfered with socialization (OR 1.37 (95% CI 1.19-1.57 (p=0.0001)), compared to White respondents.

Research from our lab also suggests that COVID-19 may affect central nervous system function, facilitating

long-term cognitive-communication impairment. Results underscore the importance of investing in resources to support the complex needs of older adults.

Assessment of individual and community needs for health education Chronic disease management and prevention Epidemiology Other professions or practice related to public health Public health or related research Social and behavioral sciences

Abstract

The state of gerontological education in Ghana: Implications for geriatric specialized workforce and the aging population

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The rise in older population in Ghana is accompanied by several challenges that may require trained professionals with specialized knowledge in geriatrics and gerontology to help address. Extensive review of existing literature, however, indicates a lack of comprehensive geriatric focused training in Ghana's education system. Unfortunately, the scope of this training deficiency, potential impact on the geriatric workforce, as well as the health and wellbeing of the aging population on the national level have not been extensively examined. With the older adult population set to increase over the next few years, the need for geriatric-trained human service professionals in diverse disciplines, including medicine, nursing, psychology, social work and public health has become more pronounced.

This paper evaluates the current state of gerontological education in higher institutions in Ghana. Specifically, authors examined (1) current geriatric-focused training programs available to students in all public/government owned institutions, (2) existing national level programs, and policies addressing training deficiencies, and (3) the implications of findings for future geriatric workforce as well as the health and wellbeing of older Ghanaians. The finding calls attention to the need for a nationwide geriatric-focused training system and policies aimed at prioritizing specialized care for the older population.

Culturally appropriate recommendations for integrating gerontological training and education in tertiary institutions are discussed. Guidelines and standards based on the Academy for Gerontology in Higher Education (AGHE) Competencies for Undergraduate and Graduate Education are proposed.

Advocacy for health and health education Diversity and culture Planning of health education strategies, interventions, and programs Provision of health care to the public Public health or related education Public health or related public policy

Abstract

The social-ecology of caregiving: Re-centering the core of care

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Family caregivers provide care to people with disabilities, ill and older adults, often with little to no outside assistance from the formal long-term care system. They are the backbone of the long-term care system and it is a misconception that the majority of people institutionalize the ill and elderly in the United States. Despite periodic publications on the topic of caregiving in the American Journal of Public Health, caregiving remains under examined and in need of increased theoretical and practical attention. Building upon the work of

Talley and Crews and Bronfenbrenner, we aim to broaden the scope of the discussion around caregiving through incorporating the social ecological model to inform research and practice against the backdrop of the current global public health pandemic and fight for racial equality. Building on the work of these researchers, this roundtable attempts to pick up where they left off, digging deeper into the ecological model in an effort to propose policy and practices that are rooted in the ecological model.

The aim of this roundtable is twofold, to bring together stakeholders across public health theory and practice to reignite the conversation and generate new ideas to address the under examined and ongoing challenges of family caregiving, and to broaden the scope of the discussion around caregiving and incorporating the social ecological model to inform and deepen the conversation around caregiving in the US.

Advocacy for health and health education Public health or related public policy Social and behavioral sciences Systems thinking models (conceptual and theoretical models), applications related to public health

