

Can you tell us more about what Grafton Senior Services does, what services it offers?

Grafton County Senior Citizens Council provides services and programs to support the health, dignity and independence of older adults across our region of north-central and north-western New Hampshire. We serve more than 8,000 individuals each year through a range of programs: home delivered and Senior Center meals, transportation for older adults and adults with disabilities, outreach and counseling, health and wellness programs, arts programs, recreational activities, and volunteer opportunities. We operate out of 10 locations—eight senior centers and two ServiceLink Resource Center offices. When we were founded, more than 40 years ago, it was thanks to the energy and enthusiasm of community members who leveraged federal and state funding to provide support for their work within the community. We continue to rely on the volunteer efforts of more than 915 volunteers per year.

What would you describe as the definition of a “health home” for seniors?

The “health home” concept offers great potential to address the needs of the whole person as it focuses on the interests and desires of the client or patient and coordinates care. The “health home” interdisciplinary approach seems ideal for working with older adults with chronic conditions and the need for a range of supports. As health care is evolving and changing, we are pleased to see that the concept of “health home” has expanded to include preventative community services.

GCSCC has done quite a bit of work over the years with some hospitals in our areas, including Dartmouth-Hitchcock Medical Center and critical access hospitals, notably including Cottage Hospital in Haverhill, Speare Memorial Hospital in Plymouth, and Alice Peck Day Memorial Hospital in Lebanon. We currently are funded by DHMC to initiate a pilot program to provide interdisciplinary support for older adults in Lebanon. A team consisting of a ServiceLink social worker, a Senior Center outreach worker, and a community nurse works closely together to support frail elders who live independently in the community. The team is based at the Upper Valley Senior Center, which is a comfortable, familiar, and accessible community center for many of the individuals with whom the team works. A couple of years ago, we had proposed to hospitals a “package” of supportive services that could help their patients upon discharge: transportation to follow-up medical appointments, home delivered meals (including the daily visit), home visits by an outreach worker, for example. By working together with medical providers, so much could be done to support older adults as they age in community.

Here’s a concern that needs to be overcome (we’ve seen this in our interdisciplinary team pilot in which the members work for two different organizations): seamless communication and coordination on behalf of the patient. It can be difficult to share information across providers, agencies, and systems. With those issues worked out, a “health home” could be in any number of places connected to the other parts of the individual’s care system.

What services do you feel are critical at the community level to maintain seniors at home?

The community's social services and health services providers need to work closely and collegially together to provide the array of services to maintain older adults in their own homes and communities. At the most basic level, as a service provider, I have learned that isolation and boredom are often at the core of other problems that develop. So I feel that it is critical to have services available that alleviate isolation and boredom and ensure continued engagement with the community. A wide array of programs—volunteer opportunities, health and wellness activities, the arts, continuing education—is all to the good. Then there are those services that meet basic needs: home delivered meals, transportation to access medical care, goods and services, fuel assistance, housing assistance. It is essential to support caregivers, who provide the preponderance of care to older adults as they age. Our agency had provided adult in-home care, homemaker services, and adult group day care in past years—but for a variety of reasons, we no longer do so. I think that in-home support is extremely valuable to older adults who need a little assistance, often predominantly non-medical in nature.

How do you feel these services should be organized and delivered?

This might vary from community to community, since the service network varies greatly within the state. Ideally, the range of service providers—from hospitals to home health agencies to social services providers—meets regularly. The more we can do to work out ways to work across disciplines, the healthier for our constituents. No individual can be served fully by a single entity, no matter how good. In the Upper Valley, we've talked about how an ideal service delivery system would be "a continuing care retirement community within the community." CCRCs are senior living facilities in which residents' needs can be accommodated through the end of life, from independent living to assisted living to nursing home care. The best CCRCs encourage engagement, social connectivity, continuing education and stimulation, health and wellness, appealing meals with lots of fruits and vegetables, and volunteerism/leadership—significant opportunities to contribute. How can we replicate all of the interconnected and high quality services and supports for those who choose to remain in their own homes and communities—or who could not afford to live in a CCRC?

What are the challenges in maintaining a strong network of community supports for Seniors?

My agency faced significant challenges in maintaining licensed adult group day care programs and continuing an adult in-home care/homemaker program. We offered three social model adult day care programs within senior centers, integrated within the senior center program. The rules for adult day care programs in NH apply to medical model programs only—so we needed to ask for numerous waivers every year. The state law (RSA) that covers adult day care facilities is the same as that covering nursing homes, so the law and rules together essentially require an adult day care program to be "nursing home for the day." This is certainly what some frail

individuals need—but it isn't what all potential clients need. We've seen a huge decline in the number of adult day care programs in the state (from 40 down to 10 or fewer, I've heard).

Adult in-home care/homemaker services are very hard for a social services program in a rural area to operate—management of a network of poorly paid caregivers in the homes of frail and vulnerable adults is very challenging. This is a much needed service, but not easy to provide. It's hard to supervise and difficult to support financially.

Again, the communications barriers between agencies serving the same client can be significant.

What do you think would be important for any managed care system to think about when designing services to support seniors at home?

- ❖ What are the natural supports and how can we encourage them and sustain them (e.g., caregiver support)?
- ❖ Where are older adults receiving preventative care and support already? And how can we encourage and support those preventative care systems?
- ❖ How do we ensure seamless communication between/among systems for the good of the older adult who does not rely on the medical system alone for support and care?
- ❖ Where are the gaps and how can we address them (say, in-home care for frail individuals who don't qualify for Medicaid or Title XX services...and who can't afford to pay privately)?
- ❖ Which systems are in danger because of such realities as level to diminishing public funding? How can we sustain and support them so that they are robust and prepared for a growing population of older adults?
- ❖ Would it make sense for a managed care system to think about enhancing and supporting preventative services that help older adults stay out of the long-term care Medicaid system for as long as possible?