Creating a Collective Approach to Address an Aging NH

September 24, 2015
Today’s Agenda

- Welcome
- Round the Room Introductions
- Presentation on the *Economic Impact of Aging in NH* by Steve Norton of NH CPPS
- Update on the Collective Impact Process
- Update on the Action Planning Workgroups
- Breakout into Workgroups
Rapid Introductions

- Tell us your NAME
- Tell us what TOWN you live in
- Tell us ONE HAT that you are wearing today
The Economic Impact of Aging in NH
Collective impact brings people together, in a structured way, to achieve social change.
Creating a Collective Impact Approach to Advance Healthy Aging in NH

Quarterly Coalition Meetings
- Workgroup meetings in the 6 domains

Research by NH Center for Public Policy Studies on Economics of Aging
- Advisory Committee on Research

Environmental Scan of Resources for Older Adults
- Done by CACL - UNH

Support of Frameworks “Reframing Aging” project

Tri-State Learning Collaborative
- Participant Committee

Steering Committee
- Core Advisors for Coalition

Endowment for Health’s Ongoing Activities to Support the Elder Health Coalition

June, 2015
Steps to Launch Collective Impact

- Created Shared Vision 2014
- Identify priorities & measures for 2 to 3 year Action Plan – Summer & Fall 2015
- Establish a leadership structure Fall 2015
- Launch a Statewide Coalition and Steering Committee early 2016
- Identify partners to lead strategies and engage additional members 2016
- Transition to a permanent Backbone 2017
Creating a Collective Approach to Address an Aging NH: A Shared Vision for Our Future

We envision communities where New Hampshire’s culture, policies and services support our elders and their families, providing a wide range of choices that advance health, independence and dignity.

Elder Friendly Community

Fundamental needs are met
- Food
- Safety
- Info about Services
- Shelter/Warmth
- Transportation

A broad range of living arrangements are available
- Planning & zoning
- Resources available to support living at home
- Affordable
- Home modification options

Advocates for elder issues are effective
- Cultural view of elders is positive/realistic
- Laws are elder friendly
- Aging issues are a community wide priority

Support provided to caregivers and families
- Access to info on services and supports
- Caregiver education and training programs
- Flexible funding to meet the unique needs of caregivers
- More consistent pay for formal, paid caregivers
- Respite care

Quality physical and mental wellbeing supports are in place
- Access to preventative care
- Access to medical, mental health and palliative care
- Planning for end of life care

Social and civic engagement options are plentiful
- Meaningful connections with family, friends and neighbors
- Paid and volunteer work opportunities
- Active engagement in social life
- Cultural, religious activities plentiful

Equity
Independence
Respect
Person-Centered
Dignity
Choice

Supported by ENDOWMENT for Health

Revised 4/2015
Cascading Levels of Collaboration

Common Agenda
(Shared Measures)

Governance, Vision and Strategy

Cross-sector Leadership Group

Sub-Committees / Working Groups

Backbone Organisation

Partners

Action Planning

Community Members

Execution

Public Will

Creating Alignment

Working in isolation = Isolated Impact

Working together = Collective Impact

Enhanced Outcomes for Elders

Adapted from: Paul Epstein, Results that Matter Team
Free membership for service providers, local officials, advocates, caregivers and older adults from Maine, New Hampshire and Vermont.

Simply go online to register: http://agefriendly.community/
Upcoming Webinar

Age Friendly Community Model: Villages

Wednesday, October 21st from 12-1:30 PM
Don’t Miss the Boat!

- Participate in a Work Group
- Join the TSLCA
- Sign up for the Webinars
- Register and mark your calendar for December 10th
Questions?
Action Planning Process

- **Vision Strategic Destination Summer 2015**
- **Identify Strategies September 2015**
- **Prioritize and Set Objectives November 2015**
- **Select Measures December 2015**
Update from the Work Groups

- Fundamental Needs
- Social and Civic Engagement
- Broad Range of Living Arrangements
- Quality Physical and Mental Wellbeing
- Support to Caregivers and Families
- Advocates are Effective
**Priority Area: Fundamental Needs**

**Definition:** Fundamental needs are defined as food, safety, information about services, shelter and warmth, and transportation.

### Strategic Destinations

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<thead>
<tr>
<th>FROM</th>
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<tbody>
<tr>
<td><strong>Access to food for Elders remains a priority</strong>  &lt;br&gt; <strong>Access to information about nutrition is inconsistent.</strong>  &lt;br&gt; <strong>Cultural perceptions held by Elders in NH may limit program participation</strong></td>
<td><strong>Consistent, high quality information about and access to nutrition for Elders in NH</strong>  &lt;br&gt; <strong>The reduction of stigma regarding accessing assistance in various forms will need to be addressed</strong></td>
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<td><strong>Various agencies currently assess the safety of older adults; however there is little consistency in how this is accomplished.</strong>  &lt;br&gt; <strong>Currently, there are few programs that Elders can access broadly that provide flexible funding for assistive technology, equipment, and other tools to promote aging in place.</strong></td>
<td><strong>A universal understanding of safety and consistent methods to measure safety will be important.</strong>  &lt;br&gt; <strong>Elders need access to flexible spending dollars for assistive technology and equipment to promote safety</strong></td>
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<td><strong>High staff turnover, inconsistent knowledge transfer from staff member to staff member, high client volume and low staff volume make access to hi quality, accurate, consistent information challenging.</strong></td>
<td><strong>Universal, state-wide standards for programmatic information delivery will be key</strong>  &lt;br&gt; <strong>Consistent training, technical assistance, and education for all staff is necessary</strong></td>
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<td><strong>Currently, Senior housing options are inadequate in number.</strong>  &lt;br&gt; <strong>Many emergency or temporary shelters are not elder-friendly or easily accessible.</strong>  &lt;br&gt; <strong>While some towns in NH support Elders by creating Elder-friendly communities, stigma, tension with town officials, and town economics present challenges.</strong></td>
<td><strong>NH needs more options for Elders wishing to remain in the community</strong>  &lt;br&gt; <strong>NH needs to embrace community-based, Elder-friendly communities in order to fully support its aging population</strong></td>
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<td><strong>Transportation across NH is limited, and does not always meet the needs of Elders.</strong>  &lt;br&gt; <strong>There are not enough volunteers to supplement need</strong>  &lt;br&gt; <strong>Inconsistent funding makes sustainability difficult.</strong>  &lt;br&gt; <strong>Insurance costs make sustainability difficult.</strong></td>
<td><strong>Consistent funding, travel training, a strong volunteer transportation network, and discussions regarding vehicle insurance costs for drivers and organizations will all need to be explored.</strong></td>
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**Priority Area:** A Broad Range of Living Arrangements is Available

**Definition:** Planning and zoning; resources available to support living at home; affordable [homes], and home modifications options

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<td><strong>NEIGHBORHOOD AND COMMUNITY LEVEL:</strong> Communities not designed to support aging in place. Facilities for people who cannot stay at home are often segregated, unappealing</td>
<td>Communities recognize changing needs of citizens, workers and visitors and adapt/adopt zoning and regulations to support visions and plans that address them, including various types of homes as well as retirement complexes, assisted living, etc. having walkable access to daily needs, easy transportation choices, proximity to green gathering spaces, more.</td>
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<td><strong>HOME LEVEL:</strong> current thinking reflects way of life that is in the past (e.g., subdivisions, rules about who can live in a home, no thought about changing needs when homes designed...)</td>
<td>Planners, designers and developers as well as municipal leaders recognize importance of a variety of choices in home design, location, affordability and who may live there—and their importance to healthy living (including physical, social and economic health)</td>
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<td><strong>INDIVIDUAL LEVEL:</strong> Currently a hodge-podge of services to support living at home – services that vary by quality, accessibility, affordability. Coordination of services and information about them sporadic and most who need this assistance don’t know where to start looking or what to ask.</td>
<td>Available resources (including resources themselves and information about them) are coordinated. Information about both is plentiful and disseminated through various channels.</td>
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### Priority Area: Support is Provided to Caregivers and Families

**Definition:** Access to information on services and supports; caregiver education and training programs; flexible funding to meet the unique needs of caregivers; more consistent pay for formal paid caregivers and respite care.

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<td><strong>Outreach and Education:</strong> Lack of knowledge by the public sector on caregiving issues and fragmented access to information and services. Flexible employment policies to accommodate employees providing care are not prevalent among employers.</td>
<td><strong>Outreach and Education:</strong> Public generally aware and understand definition of caregiver, value of caregiving is understood. Coordinated system provides easier access to information and services. Strong models for employers on flexible workplace strategies to accommodate caregivers with these practices becoming the norm rather than the exception.</td>
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<td><strong>Service Development:</strong> Limited services for caregivers that provide only temporary assistance. Services don’t address the specific needs of all populations (linguistic and ethnic minorities, older caregivers). Caregiver needs tend to be separated out from the needs of the care recipient.</td>
<td><strong>Service Development:</strong> Increased service options including greater use of non traditional strategies (mentoring, care networks, intergenerational care options). Whole person assessments include an emphasis on caregiver needs and service connection for these needs.</td>
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<td><strong>Service Integration:</strong> Long term care segmented between nursing home/hospital care and community based care.</td>
<td><strong>Service Integration:</strong> Coordination of services between nursing home/hospitals and community based care options; resulting in more fluid transitions and greater utilization of all resources.</td>
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<td><strong>Advocacy/Planning:</strong> Advocacy for caregiving issues is provided by a small number of organizations and not coordinated across the state. Minimal training opportunities to teach caregivers how to be strong advocates for themselves and care recipients. Planning efforts are reactive and not proactive.</td>
<td><strong>Advocacy/Planning:</strong> Robust caregiving advocacy network that includes champions outside the provider system and within top leadership across the state (employers, legislators, state government). Programs available to supports and foster strong advocates. Statewide proactive planning efforts to prepare for the state population’s caregiving needs.</td>
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### Priority Area: Social and Civic Engagement Options are Plentiful

**Definition:** Meaningful connections with family, friends and neighbors; paid and volunteer work opportunities; active engagement in social life; and cultural and religious activities are plentiful.

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<td>Existing programs lack diversity and accessibility.</td>
<td>Senior Centers, adult day programs, and other community programs will provide a rich array of culturally appropriate activities that engage people across all generations.</td>
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<td>Transportation to engage in community activities continues to be a challenge in many NH communities.</td>
<td>Transportation will be well coordinated and available throughout the state to provide access to a wide range of opportunities for older adults.</td>
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<td>The skills and talents of older adults are underutilized in both paid and volunteer work opportunities.</td>
<td>Partnerships will be built at the community level to include faith based groups, volunteer associations and organizations, community service providers and business leaders to support informal and formal connections to community, work, and volunteer opportunities.</td>
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<tr>
<td>There are not a lot of opportunities to engage people across generations and across cultures.</td>
<td>Partnerships will be built at the community level to include faith based groups, volunteer associations and organizations, community service providers and business leaders to create opportunities to bring people of different backgrounds and ages together.</td>
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<td>We continue to promote a negative image of aging, perpetuating the stigma around aging.</td>
<td>Aging will be viewed positively as an opportunity. The gifts, skills, talents, and wisdom of older adults will be recognized and well utilized.</td>
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**Priority Area:** Physical & Wellbeing Workgroup  
**Definition:** Ensure that quality physical and mental wellbeing supports are in place, including: (a) Access to preventive care; (b) Access to medical, mental health and palliative care, and; (c) Planning for end of life care

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| **Workforce**  
  - GWEP (Dartmouth Centers for Health & Aging)  
  - Needs of the workforce | More informed legislature  
  - Better link between public/private sectors – legislators, businesses, providers, general public. |
| **Prevention**  
  - Wellness visits- Medicare (GWEP to promote)  
  - Falls  
  - Oral Care  
  - “Predictable events” | “Business Approach”  
  - Cost effectiveness of good care  
  - “Return on Investment”  
  - Saving $ = effectiveness and helping people |
| **Dementia Care**  
  - Multiple current supports  
  - Caregiver burnout/aging | Educate general public about aging/opportunities  
  - Quality of life, not necessarily quantity  
  - Choices  
  - Health literacy |
| **Culturally effective care**  
  - Stigma/ageism  
  - Whole person approach/ “Slow Medicine”  
  - Physical and language | System changes  
  - Providers have more direct time with people  
  - Accountable care organizations – reimburse prevention & “slow medicine”  
  - Integrated care team approach medical/social/psych |
| **Mental Health Services – Integrated care**  
  - “Backward slide” – not enough GP specialists  
  - REAP and VNAs providing brief care  
  - “Whole person” approach – integrated care | Technology  
  - Reduce office visits with technology monitoring  
  - Technology to improve care coordination and integration  
  - Reimburse technology use  
  - Tech tools |
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<th><strong>Priority Area:</strong> Physical &amp; Wellbeing Workgroup  (continued)</th>
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<tr>
<td><strong>Strategic Destinations</strong></td>
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<td><strong>Medication management</strong></td>
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<tr>
<td><strong>Transportation</strong></td>
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<tr>
<td><strong>Technology</strong></td>
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<tr>
<td><strong>Advanced Care Planning</strong></td>
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<td><strong>End-of-life care</strong></td>
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## Priority Area: Advocates for elder issues are effective

### Definition: Cultural view of elders is positive/realistic; Laws are elder friendly; Aging issues are a community wide priority

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<td>Governmental system components are fragmented and lack power.</td>
<td>All levels of state government are leading and coordinating on aging issues</td>
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<td>Example: State Committee on Aging lacks power as originally intended.</td>
<td>Example: Establish a Commission on Aging</td>
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<td>Lacking a consumer advocacy infrastructure</td>
<td>Create stable infrastructure for advocacy</td>
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<td>Example: Lack of education/support for advocacy on aging and providers are often the advocates.</td>
<td>Example: Education mechanisms in place for sharing information and developing leaders</td>
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<td>Lack of public awareness regarding why aging issues are important</td>
<td>Culture shift to a positive and realistic frame of aging</td>
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<td>Example: Negative frame of aging</td>
<td>Example: Public call-to-action campaign</td>
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<td>Lack of engagement and underutilization of the broad stakeholder community</td>
<td>New partners engaged, educated, and activated on aging issues.</td>
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<td>Example: Business sector does not see the problem or why it matters.</td>
<td>Example: Bolster a stronger partnership with Home Health Association (Nursing Facilitates).</td>
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Work Group Breakouts

- Caregivers: PSNH Room
- Living Arrangements: PSNH Room
- Physical and Mental Well-being: PSNH Room
- Fundamental Needs: Fireplace Room
- Advocates: Fireplace Room
- Social and Civic Engagement: Classroom