

UPPER VALLEY COMMUNITY HEALTH IMPROVEMENT SUMMIT SUMMARY

HEALTH CARE FOR SENIORS

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WORLD CAFÉS

WHAT ARE THE FACTORS IN OUR COMMUNITY CONTRIBUTING TO THIS NEED?

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- The age of the demographic
- The sheer volume of people and the numbers of people that are older and have health issues that are different. More specialized health needs related to aging could be one of our issues
- The number of and evolution of health services
 - What hospice looks like, for example, is much different now than it was years ago
 - People don't know the rules, who they can go to and when, the services that are available, etc. Healthcare itself has changed a lot
 - It's complicated, people don't understand. You have to know the right people to go to in order get the information that you need. People don't know that resources exist.
- Policy issues
 - Vermont - the policies have gone so far towards aging in place that they have eliminated the number of nursing home, supporting care slots have diminished so dramatically. Need some nursing home beds, when you think about the increasing aging population
 - Example: Brookside - the local political guys when it began to shut down should have stepped in. Was a devastating blow. There were 65 beds. It is sitting there empty now. It would be 3 or 4 million to fix it now. Go to the new Village and its \$8,500 a month. Wow! Curious to see if it makes it. There is money in the UV, but the million dollar question is will people go there with all of the other options like Harvest Hill that is more community friendly. It is in a spot where it might appeal to certain people though because of its proximity to downtown, they can walk there. It is definitely different, which might be a good thing.
- Rural nature of the Upper Valley
 - People are dispersed and transportation is lacking
 - We forget how rural we are. We don't talk about it enough. We need to own the fact that we are so rural
 - Seniors may have no food because they can't get it delivered, no propane because the delivery truck can't get up the driveway, no family that lives locally...and they are stubborn and don't want to move
- Big gap between reimbursable health care services for older adults i.e. long term care, VNA, etc. Need to address challenges. Social determinants of health on older adults. NH and VT are not alone in this. The system is a problem. The system just hasn't recognized
- Workforce is a definitely a contributing factor
- Respite care and day care for the cognitively impaired - sad that nobody seems ready to do that in the Upper Valley
- Hard time discharging people to LTC
- Money
 - Fixed income for older adults – medication, food, basic needs
 - Some have to decide if they get medication or food. Sad...
- Transportation is a problem, especially if someone can't drive anymore
 - Many feel that they don't want to burden family that lives locally by relying on them for rides
 - Many areas that are great, but you have to be able to get there
- Everybody promotes importance of being independence, that's a barrier to whole area.
 - Have to break barrier of independence. Building relationships and trust
 - We are not teaching mindset of caring for each other and asking for help
- People are isolated and they don't have the connections that they are used to having. But it can also be a big leap for some people to come to things
- Breakdown of old communities – things constantly changing

- So many people are working and don't have time to volunteer
- Handyman availability
 - When you need someone you can't find them
 - It's more than just the healthcare workforce
- Lack of people willing to do certain jobs, i.e. homemaking
- Medication
 - Medication management
 - Not being able to get medications – financially or physically
- Age friendly communities – need to create
 - How do we create communities that are safe for people as they age? Need to do that better than we do now
- Public transportation
 - How do I get from point A to B if I can't drive?
- Lack of affordable housing
 - People are competing for same houses
- Aging of the population in VT and NH
 - Number of people getting older is increasing in general and the number of people needing services is increasing
- Don't have enough young people to sustain older population
- Affordability
 - It's a financial issue for some people if they can't afford the services they so desperately need
- Fewer sons and daughters living in communities with parents
 - Need community relationships as surrogate for family relationships when family doesn't live locally
- You don't have extended family nearby, but model still depends on them
 - Guilt and feeling for people not living close to their parents is hard
- Shortage of staff
- Access to preventative care and dental care as a senior is lacking

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- Aging population, silver tsunami, push of trying to remain in the home.
- People are staying in their homes where progression of disease can go unnoticed.
- Parish nurses are focused on helping older adults stay at home – and the data shows that so many people live alone. They fall and get hurt and go to the ED, but then they get home and have no support for transportation, nutrition, safety.
- Geography is a challenge. The rural nature of our states – so many people are living off alone and isolated – getting services to them or getting them to services is very hard.
- Infrastructure isn't there.
- Payment structure is hard for seniors to manage.
- The needs are very similar in different areas: from Hanover, to Lyme, to Thetford, there are seniors living alone.
- Often people live at the end of a road that's not even plowed; getting them back to the health care network is very challenging.
- Hospital referral process from acute care to community resources is not.
- Fractured health care model. People fall through the cracks.
- Community care coordinators and parish nurses are so busy; case load is too big.
- Can't afford to live in a place/location that is close to care and services and support.
- Fierce independent spirit – seniors don't always look out for themselves safely because of this independence.
- End of life services.
- Silver tsunami.

- Massive shortages of nurses.
- There's not a road map to what is going to happen.
- Adult children are in denial; they think their parents are doing great when maybe they are not.
- Not understanding what is available.
- Online portals are not necessarily senior friendly.
- Print on medication bottles is impossible to read for seniors.
- All of the services that do exist for seniors are not connected. There are lots of resources but they are not connected.
- Seniors don't even know how to activate support.
- There doesn't seem to be care coordination between the different providers giving care to seniors.
- Can't google the services in the Upper Valley, so kids who live out of town can align services for their seniors.
- Medical students don't have "home care" education – it's highly clinical education they have, NOT senior focused.
- Silver tsunami.
- Housing environments – small easy to live in units not available.
- Need housing for workers.
- Lack of awareness of all the resources that are available.
- Staffing shortage.
- Lack of access to providers. People aren't going to get the help they need on time.
- Difficulty of the aging in place philosophy but they can't get transportation to care.
- The weather in our region causes isolation and dangerous situations.
- Not easy access to everyday items; people live far away from daily needed items.

WHAT COMMUNITY ASSETS ARE HELPING TO ADDRESS THIS NEED?

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- Community Nursing Project
- Aging Resource Center
- Volunteer initiatives
- Aging in Place
- Faith based organizations
- Senior resources
- Senior Solutions
- Senior centers
- Senior care programs at hospitals (APD and D-H)
- Home health organizations
- Palliative care and hospice organizations that are expanding
- Elder Forum - pull together professions that have mutual concerns around aging
- OSHER
- Meals on Wheels
- Transportation organizations
- Chore Core
- Medical schools and medical programs
- Older people in workforce
- Elder law and legal issues
- Focus on wellness for older adults
- Exercise programs/fall prevention
- EMT groups – looking at fall response and prevention
- Community paramedics are more visible

- Community health workers
- Integration that behavioral health is doing
- End of life/advance care plan focus
- A lot of facilities
- Primary care providers
- Hospitals
- Many older adults have housing
- High quality of life – don't have to be an outdoor person. The Upper Valley has a lot to offer. Can see a play, go to a lecture, etc.
- Social activities and social clubs that exist – tiny and all over the place, but play an important role
- Food pantries/nutritional support
- Communal meals at senior centers
- Senior bus/transportation
- Telemedicine for rural areas
- Volunteerism
- Individuals in town who know everyone
- Some people in Upper Valley do have money
 - Don't be afraid to take the money of those willing to give
 - Some people can give and they want to, so we need to let them

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- Meals on Wheels
- Community Nurses
- Community Cares Groups – unique to this part of VT: Hartland, Thetford, Townsend.
- First Responders
- Transportation Systems
- Scotland House
- 90 Physicians Live in Lyme / health care personnel living in the community
- Volunteer Medical Drivers
- EMTs Trained to Access Fall Risks
- (To Come: Community Para-medicine)
- Senior Housing Alarms: Unlocks Front Door and Alerts 9-1-1
- End of life services
- Communal meals at community centers
- Welfare Directors in NH communities
- Service Link
- Access to urgent care – Clear Choice MD
- Aging Resource Center
- Food co-op has excellent cooking programs
- “Ounce of prevention” program – free visit by Occupational Therapist at Lake Sunapee Regional VNA
- Senior Centers

"IF YOU HAD A MAGIC WAND, HOW WOULD YOU ADDRESS THIS NEED?"

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- Increase focus on community/parish nursing – need more of them and they need more partners in their efforts – volunteers and community paramedics. Needs to be more of a robust team that address issues after VNA discharges
- Better handoffs into institutions
- Stop waiting until someone is really sick – pay attention earlier so it feels like one coordinated system
- Regulations are obstructive for adult daycare – see that streamlined and open up possibility
- Have more volunteers who are allowed to do more things
- Medicare at federal level to think more broadly about care at home
- Intergenerational housing - matching older and younger in shared housing
- Age friendly communities
- Conscious community support for community based activities to bring people together
 - Build social night and games night and sit down and have a meal – get to know your neighbors so your neighbors care about you and no one is alone
 - Use school buildings when they are empty and make a better asset
- Towns need to talk to each other – break down barriers
- It's a tough psychology to break, but break down sentimentality of "I can take care of myself!"
- Get rid of fear of neighbor
- Support people in their homes as they age
- Mental health and isolation that older adults feel – link them to services
- Address changing needs of seniors
- Access to classes offered in the evening for seniors that work during the day
- Technology to create virtual social events, etc. for those who are in rural areas
- Have more volunteers
- Expand community service
 - As your children come of age, have them help out
 - Other countries do it, why can't we?
- Community caring
- Fix the "We..." "Them..." thing
- Have all kinds of activities available at different housing projects so people can interact with one another and be more social
- OSHER series about aging to talk about being in a community together and that the resources are there, unlocking capacity to help out in system
- More parties and potluck dinners
- Health system to fund programs out in community
- Doctors writing prescription for healthy food, go to a place and get that prescription filled
- Integrate services more and work together

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- Voting Lever – elect people who are more interested in investing money on seniors and other needy people.
- A better connection between and among all the groups who are working on helping seniors.
- Education and support for care providers such as family members.
- Minimum wage issue – people who do these jobs taking care of elderly can't afford to make a good living.
- Preventative care – so that as we age, we are in better shape.
- Walkable communities
- Governors of both states working well together.
- Resolve the divide, we all need to speak the same language of compassion.
- Tax rates in VT are higher than they are in NH because the social services are so good but people are leaving because of the tax rates.
- Google access to resources.
- Education – process and planning
- Catalog of available resources online and print.
- Identify people who need help when the weather turns.
- Having access to services on weekends and evenings.

- Employers giving employees time off to volunteers.
- Community – we need to develop the sense of community more, helping each other.
- People want to age with confidence; they need one place to access it all.
- Community Amazon Prime for cost sharing
- Costs need to be covered for everyday items.
- Better funding for Medicare
- Better public transportation system, and we need on-demand transportation options