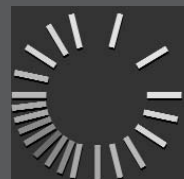


What Does it Take to Keep an Elder at Home?



**“Paradoxical as it may seem, to believe in youth is to look backward;
to look forward we must believe in age.”**

- Dorothy L. Sayers



Boston
Partnership
for
Older Adults

Dear Colleague,

On behalf of the Boston Partnership for Older Adults (BPOA), it is our pleasure to present "What Does it Take to Keep an Elder at Home?" Summit Report and Action Plan. In the spring of 2005, more than 200 elder care providers and administrators came together - at the first summit of its kind - to discuss the core issues impacting the ability of elders to remain in their homes and communities. This report represents the collective wisdom, dedication and experience of these professionals, whose energy and dedication to improving the lives of our elders were clearly evident.

In focusing the discussion on six key areas - care coordination, cultural competence, direct care, policy, socialization and access and public awareness - we were able to clearly identify and define the issues most critical to answering the question at hand.

What does it take to keep elders at home and in their communities? First and foremost, it takes collaboration, among care providers, administrators, and political and community leaders. It takes sound policy and the political will and funding to provide the necessary support for innovative, effective programs and legislation. And it takes public awareness and appreciation for the importance and value of providing elders with choices so they may live independent, productive and happy lives.

More specifically, it requires taking action. Summit participants have created a call to action, a detailed plan outlining realistic and achievable goals and action steps. Further refined by the BPOA Social Service Work Group, the goals and action steps described in this report provide us with a framework for moving forward in helping elders remain in their homes and communities.

It is our hope that as concerned, caring individuals we will work together to ensure our goals are attained through our steadfast dedication in implementing - over the next three to five years - the action steps presented. Together we can, and will, make it a reality that Boston's elders will be able to enjoy the freedom and security we all seek as we grow older.

We hope that you will find this report thought provoking and inspirational and look forward to your feedback and participation in helping to achieve our collective vision.



Brian Souza
Executive Director
Boston Partnership for Older Adults



Dale Mitchell
Conference Chair
"What Does It Take to Keep An Elder At Home?"

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Executive Summary

"What Does it Take to Keep an Elder at Home?" is the central question for those of us whose lives are affected - on a professional or personal level - by our relationships with older or disabled adults. It is a question that all of us will face. Since aging does not discriminate, it is an equal opportunity fact of life that will eventually impact each one of us.

Frail or disabled elders face an array of complex, and often overwhelming, issues when it comes to having a say in where, and how, they would like to receive their care. The ability of elders to lead healthy, productive and independent lives is often impaired by a lack of programs and services - as well as the political will to fund the options that do exist - critical to helping them remain at home or in the community.

In convening the summit, "What Does it Take to Keep an Elder at Home?" the Boston Partnership for Older Adults (BPOA) initiated a dialog for addressing this issue in a meaningful and comprehensive manner. The resulting action plan - outlining key goals and achievable action steps - provides a framework for elders, providers, and other key stakeholders to implement strategies for empowering the disabled and allowing true choice so that we may all live in our own homes and communities with grace and dignity, regardless of our personal circumstances.

It is our hope that elder care providers and administrators, political and community leaders will use this action plan as a guidepost to create the programs and services needed, and provide the necessary funding and policies, to successfully answer the question "What Does it Take to Keep an Elder at Home?"

To enable elders to remain in the community, we have identified thirteen goals - within six key areas: Care Coordination, Cultural Competence, Direct Care, Policy, Socialization, Access and Public Awareness - to be implemented over the next three to five years. These goals, and supporting action steps, will help us to move forward in working to ensure Boston elders have the choices they deserve.

Goals:

1. Develop an integrated, coordinated and need-based system of care management that fully supports an elder's choice to stay at home or in her/ his community.
2. Ensure that all elders suffering abuse, neglect, self-neglect or financial exploitation receive timely and comprehensive support and assistance.
3. Ensure that all elders, regardless of race, ethnicity, language, religion, disability, gender, gender identity, or sexual orientation, have equal access to home and community-based care.
4. Create a comprehensive continuum of home and community-based care capable of sustaining a disabled elder at home for as long he/she wishes.
5. Expand the supply of qualified, well-trained and culturally and linguistically appropriate home- and community-based care workers.

6. Grant elders the right to choose the setting of their long-term care.

7. Equalize access to the long-term care benefits, rights and responsibilities.

8. Rebalance state and federal long-term care policy so that home- and community-based care is on equal footing with institutional care.

9. Ensure that affordable, accessible, enriching and culturally appropriate socialization opportunities exist for all of Boston's elders.

10. Improve accessibility of neighborhood services and businesses.

11. Promote inter-generational interaction and understanding through the development of community-wide events and innovative volunteer opportunities.

12. Improve public awareness of home and community-based care options and services.

13. Ensure elders and caregivers know about, and have access to, high quality, user-friendly long-term care information and referral services.



Background

On Friday, May 6, 2005, the BPOA convened a summit of key stakeholders to develop an action plan to promote independence and choice through increased options for home and community-based care. More than 200 people attended the summit - representing agencies and programs ranging from the Executive Office of Elder Affairs to AARP to neighborhood health centers, area hospitals and universities to nonprofits serving the needs of elders.

The summit began with an overview of the economic, cultural and political issues that impact Massachusetts elders' ability to remain in the community and lead healthy, active lives. BPOA President Joyce Williams and BPOA Executive Director Brian Souza welcomed participants and described the BPOA's role in working to achieve a comprehensive long-term care and supportive services system in Boston.

Of the 13 issues identified by the BPOA as being essential to the health and well-being of elders, the summit focused on six of these key areas: care coordination; cultural competence; direct care; policy; socialization, and; access and public awareness.

Introducing Keynote Speaker Barry Donenfeld, BPOA Committee Chair Dale Mitchell described the state of elder care in Massachusetts, noting that while the state was once a leader, we have fallen behind and are currently not doing a very good job of caring for our elders. Donenfeld, Executive Director of Northwest Senior and Disability Services (NWSD), described how Oregon is able to provide cost-effective, outcome-oriented services that maximize elder choice and independence.

Oregon - where 91% of people with disabilities are served in home- and community-based settings - has achieved a high level of success in keeping more frail elders at home than any other state in the US. Donenfeld stated that if Massachusetts per capita spending (currently \$7,421 per person versus \$4,848 per person in Oregon) was structured similarly to Oregon, he believes the state would save \$2.5 billion per year.

Stewart Landers of JSI Research and Training Institute, provided highlights from the "Cultural Diversity Focus Group Report," a summary of eight focus groups held in the spring of 2005. The purpose of the focus groups was to understand how elders from different cultures view aging, how they seek help with issues related to aging and the barriers they may face in accessing services. A wide range of opinions was expressed, but commonality was found in concerns expressed by each of the groups pertaining to such issues as isolation, memory loss and finances.

In the afternoon, six working group sessions were held - dedicated to developing a three- to five-year action plan, with concrete goals and achievable action steps - to help keep Boston elders in their homes and communities. The sessions were guided by such issues as how to better ensure elders' right to remain at home, what types of programs and policies are needed to improve the balance between home and community care versus long-term institutional care and how culture, race, income, ethnicity, language and/or sexual orientation impact elders' ability to access programs and services.

Following the breakout sessions Dale Mitchell introduced Executive Office of Elder Affairs Secretary Jennifer Davis Carey, who spoke about Community First, the state's policy and philosophical approach to empowering elders and people with disabilities to allow for choice and control over where and how they live. Secretary Davis also talked about Massachusetts' Senior Care Options, a first-in-the-nation program, which blends Medicare and Medicaid funding to provide holistic, integrated care for dually eligible seniors.

Secretary Davis Carey then moderated the report back segment, introducing representatives from each of the six working group sessions, who presented their recommendations, goals and action steps for moving forward.

What follows is a summation of the key goals and action steps identified by each of the summit working groups, which were further refined by the BPOA Social Service Work Group following the summit. These goals and action steps are a synthesis of the many important ideas and issues discussed within each group and represent key steps the BPOA feels may readily be embraced and implemented to positively impact the ability of elders to choose how and where they will live.



Purpose

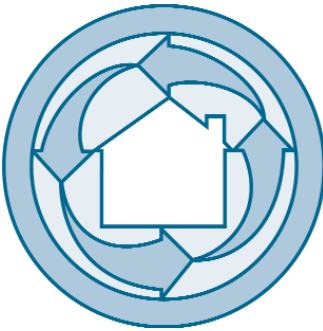
The purpose of the summit was to bring key stakeholders together, to share information and ideas, and to develop a framework for addressing the question: "What does it take to keep an elder at home?"

Leaders from a broad cross section of elder care organizations and agencies participated in six afternoon breakout sessions. The topic areas for discussion -Care Coordination, Cultural Competence, Direct Care, Policy, Socialization and Access and Public Awareness - were based upon the work of several previous working sessions organized by the BPOA, leading up to the day of the summit.

In the group discussions, several key themes and concerns emerged related to five primary issues:

1. the need for greater public awareness;
2. empowerment of elders to make choices;
3. availability of, and access to, services;
4. workforce development, and;
5. increased sensitivity to, and respect for, the diverse needs of Massachusetts' elder populations.





Care Coordination:
How do we work with elders to manage the range of supportive services that they need to remain in their homes?



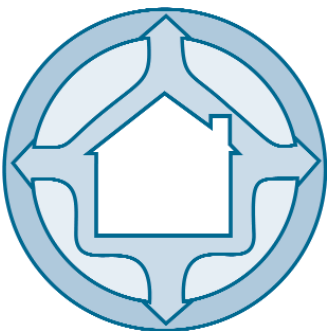
Cultural Competency:
In what ways does culture play a role in how an elder defines his/her needs and how the service system meets them? How is Boston's diversity reflected in the provision of services to elders?



Direct Care:
What are the key elements of care and what needs to be done to ensure quality care for elders?



Policy:
How does current Massachusetts policy impact elders and what new policies or policy changes are needed to fully support elders in their homes and communities?



Socialization:
What factors contribute to isolation and how do we help elders remain actively and socially engaged?



Access & Public Awareness:
How do we make sure elders and caregivers know about and can access the support they need?

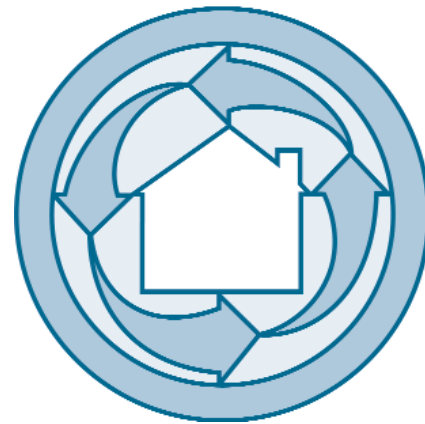
Care Coordination

The Care Coordination Work Group looked at the issues related to keeping elders at home, developing a list of 46 "Essential Elements of Care Coordination" from which the following goals and action steps were identified.

Goals

1. Develop an integrated, coordinated and need-based system of care management that fully supports an elder's choice to stay at home or in her/ his community.
2. Ensure that all elders suffering abuse, neglect, self-neglect or financial exploitation receive timely and comprehensive support and assistance.

“Above all,
I want to have
dignity, choice
and respect.”



Action Steps

1. Increase the number of state-funded, ASAP case managers, reduce worker caseloads and increase elder contacts to an 'as-needed' basis.
2. Create citywide "Home Care Roundtable" to improve coordination between ASAP case managers, hospital discharge planners, primary care physicians, nursing home social workers, housing service coordinators and direct care providers.
3. Expand the availability of federal-funded caregiver support services, including in-home counseling and education, habilitation therapy and respite care.
4. Create a supportive services program in at least one elder housing complex or another 'naturally occurring retirement community' (NORC) in Boston.
5. Increase the number of state-funded protective service workers and emergency guardianship slots for Boston.
6. Create public relations campaign on elder abuse and neglect, including self-neglect.

Cultural Competency

The Cultural Competency Group examined the complex needs of Boston's diverse population of elders and how their needs may differ from the mainstream elder population.

Goals

1. Ensure that all elders, regardless of race, ethnicity, language, religion, disability, gender, gender identity, or sexual orientation, have equal access to home and community-based care.

“Please don’t forget that my culture helps to define who I am.”



Action Steps

1. Develop cultural competency standards for the provision of home and community-based care and promote their adoption by Boston's aging services network.
2. Ensure local information and referral resources are linguistically accessible and culturally appropriate.
3. Ensure that public relations campaigns about home- and community-based care options are appropriate for the city's various cultural and linguistic groups.
4. Create an on-going, state-funded training program to assist providers in serving new, emerging, stigmatized or underserved populations.
5. Create a centralized clearinghouse for bilingual staff resources, translated materials and training.
6. Develop a partnership with a research or educational institute to study Boston home and community care utilization patterns, by race, income, language, ethnicity, gender and sexual orientation.

Direct Care

The Direct Care Group explored the key elements of care, what is currently working and not working, and what needs to be done to ensure quality care to help elders remain at home.

Goals

1. Create a comprehensive continuum of home- and community-based care capable of sustaining a disabled elder at home for as long he/she wishes.
2. Expand the supply of qualified, well trained, culturally and linguistically appropriate home- and community-based care workers and managers.

“I want to stay in my own home. Getting the support that I need is important.”



Action Steps

1. Expand in-home mental health services and create a Boston-based in-home geriatric psychiatric service.
2. Increase the availability of adult day health, respite, personal care, and overnight or around-the-clock home care services.
3. Eliminate the waiting list for Boston money management services.
4. Increase state funding for home- and community-based care worker pay, benefits and training.
5. Develop a public relations campaign that promotes careers in elder care, especially direct in-home care.
6. Expand day services for homeless older adults.

Policy

The Policy Group examined current Massachusetts' policy, how it impacts elders and what new policies or modifications are necessary to fully support keeping elders in their homes and communities.

Goals

1. Grant elders the right to choose the setting of their long-term care.
2. Equalize access to the long-term care benefits, rights and responsibilities.
3. Rebalance state and federal long-term care policy so that home- and community-based care is on equal footing with institutional care.

“It means a lot to me when my legislators pay attention to the concerns of older adults.”



Action Steps

1. Pass a state "Equal Choice" law similar to the Oregon model.
2. Pass a Federal "Dollars Follow the Person" bill similar to the concept filed by Senators Harkin and Kennedy.
3. Expand Medicaid marriage-related rights, benefits, and responsibilities to same-sex married couples.
4. Increase the state assets limit to \$20k for elders seeking Medicaid-funded home and community-based care.
5. Expand community-based 'housing with services' options, including "Caring Homes," a pilot adult foster care program that allows relatives and friends to care for elders in their homes.
6. Expand eligibility for state-funded Home Care services to elders above income limits for Medicaid-funded home and community-based care.

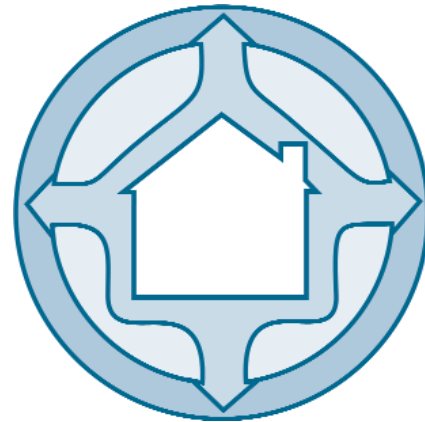
Socialization

The Socialization Group looked at the multitude of issues that contribute to socialization or isolation and identified areas essential to helping elders remain at home and stay active and socially engaged.

Goals

1. Ensure that affordable, accessible, enriching and culturally appropriate socialization opportunities exist for all of Boston's elders.
2. Improve accessibility of neighborhood services and businesses.
3. Promote inter-generational interaction and understanding through the development of community-wide events and innovative volunteer opportunities.

“As I get older,
I want to
become more
connected
to the people
and places
around me.”



Action Steps

1. Create at least two additional neighborhood-based senior centers; expand senior programming in at least two community centers.
2. Enhance transportation services to at least ten elder meals sites and at least five neighborhood business districts.
3. Make transportation for socialization opportunities a state-funded home care service.
4. Expand the Elder Friendly Business District program to at least one additional neighborhood.
5. Enforce the city snow-shoveling ordinance in all Boston neighborhoods.
6. Develop five culturally and linguistically appropriate socialization opportunities for new, emerging or hard-to-reach populations.
7. Create a citywide, accessible and user-friendly monthly calendar of events for elders and caregivers.

Access and Public Awareness

The Access and Public Awareness Group came together to define access, identify the challenges and issues around access and public awareness and to determine what advocacy efforts are necessary to keep an elder at home.

Goals

1. Improve public awareness of home and community-based care options and services.
2. Ensure elders and caregivers know about and have access to high-quality, user-friendly long-term care information and referral services.

“There’s so much information. I’m looking for someone to help me make sense of it all.”



Action Steps

1. Create a public relations campaign to increase awareness about the value, importance and availability of home- and community-based care and information and referral services.
2. Improve the coordination of information and referral services so that elders and their caregivers receive quality, culturally appropriate assessments and resource information regardless of where they turn.
3. Create public relations campaign on elder abuse and neglect, including self-neglect.
4. Ensure that public relations campaigns about home and community-based care options are appropriate for the city's various cultural and linguistic groups.
5. Develop a public relations campaign that promotes careers in elder care, especially direct in-home care.
6. Develop public relations campaigns to create awareness around such key issues as promoting volunteerism on behalf of frail, homebound elder and destigmatizing mental health issues among the elderly.

Conclusion

The "What does it take to keep an elder at home?" summit and this report seek to build broad based unity on specific goals and action steps which, when undertaken, will elevate the importance of home and community-based care and services. It is designed to shape policy, funding, program development and to spur collaboration among Boston's diverse network of organizations working to support older adults. It is a concise, easy-to-use roadmap to achieving realistic change in the next three to five years.

This report will be distributed to the wide legion of stakeholders, including policy makers, seniors and caregivers, funders and representatives of the media, all of whom are integral to making the objectives presented here a reality.

The Boston Partnership for Older Adults invites all readers to identify their place, either as an individual or an organization, in helping to move this action plan forward. The BPOA will continue in its role as convener, providing a forum for action in each of the six areas presented in this report. Individuals or organizations interested in exploring a piece of this work or in becoming involved in the BPOA's efforts, should contact us at 617.426.5124.

We look forward to working with you!



“This report marks the path to better long term care for all older adults. The recommendations, when implemented, will guarantee that every older person will have choices about how they live their later lives.”

- Ann Hartstein,
President, BPOA

“I, as well as most of the elders I know, naturally feel more comfortable in our home surroundings. It's simply a quality of life issue.”

- Ralph Browne,
*Boston Older Adult and
BPOA Board Member*

“Seniors want to remain in their own homes and communities to maintain independence. We can improve senior services by eliminating obstacles and handling all seniors with patience and understanding.”

- Joe Chaisson,
*Boston Older Adult and
BPOA Board Member*



Acknowledgements

We wish to thank all of our member organizations for their support in planning and delivering this summit, for developing this action plan, and, most importantly, for their commitment to making its vision a reality:

AARP

Action for Boston Community Development (ABCD)

Aigner Associates

La Alianza Hispana

Alzheimer's Association - Massachusetts Chapter

American Cancer Society

Archdiocese of Boston Planning Office for Urban Affairs

B. Haynes Consultants Services

Beacon Hill Village

Beth Israel Deaconess Medical Center

Blue Cross Blue Shield of Massachusetts

Boston ElderInfo

Boston Foundation

Boston Medical Center

Boston Medical Center - Elders Living at Home Program

Boston Prime Timers

Boston Private Bank and Trust

Boston Senior Home Care

Boston University Institute for Geriatric Social Work

Brigham and Women's Hospital

Catholic Charities

CenterPoint Foundation

Center Communities of Brookline

Central Boston Elder Services

Chelsea-Revere-Winthrop Elder Services

Citizens Housing and Planning Association

City of Boston

AAA Advisory Council

Area Agency on Aging - Region VI

Assessing Department

Boston Housing Authority

Boston Main Streets

Boston Police Department

Boston Police Department - Hackney Division

Boston Public Health Commission

Boston Redevelopment Authority

Commission on Affairs of the Elderly

Department of Neighborhood Development

Inspectional Services Department

Office of the Mayor

Committee to End Elder Homelessness

Commonwealth Care Alliance

Commonwealth of Massachusetts

Department of Housing and Community Development

Department of Mental Health

Department of Public Health

Executive Office of Elder Affairs

Office of the Attorney General

Office for Refugees and Immigrants

Suffolk County District Attorney's Office

Community Care Alliance

Community Economic Development Assistance Corporation

East Boston Community Development Corporation

ESAC

ETC Developers

Ethos

Family Service of Greater Boston

Fortunato and Associates

Generations Incorporated

Greater Boston Chinese Golden Age Center

Greater Boston Legal Services

Grimes-King Foundation

Hale Barnard Services for Older People

Harvard Cooperative Project on Aging

Hebrew SeniorLife

Homeowner Options for Massachusetts Elders

Houseworks, Inc.

Housing Partners, Inc.

Howard Benevolent Society

Jewish Community Housing for the Elderly
Jewish Family & Children's Service
Jewish Guild for the Blind
JSI Research & Training
Kindred Health Care
Kit Clark Senior Services
Laboure Center
Lemuel Shattuck Hospital
Lesbian, Gay, Bisexual, Transgender Aging Project
Marian Manor
Massachusetts Association of Community
Development Corporations
Massachusetts Association of Older Americans
Massachusetts Bankers Association
Massachusetts Bay Transit Authority (MBTA)
Massachusetts Council of Home Care Aides
Massachusetts General Hospital
Massachusetts League of Community Health Centers
Massachusetts Senior Action Council
Massachusetts Silver-Haired Legislature
MATCH-UP Interfaith Volunteers
Metropolitan Boston Housing Partnership
Mission Hill Main Streets
Mount Pleasant Home
Multicultural Coalition on Aging
National Association of HIV Over 50
National Highway Traffic Safety Administration
Neighbors in Deed
New England Medical Center
Northeastern University - Center for Urban & Regional Policy
Nuestra Comunidad Development Corporation
REACH Boston Elders 2010
Rising Tide Development
Robert Wood Johnson Foundation
Rogerson Communities

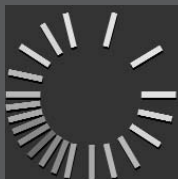
SAGE Boston
Sailors' Snug Harbor of Boston
Samaritans of Boston
Stonewall Communities
Stop & Shop
Suffolk County Caregiver Alliance
Tufts Health Plan
University of Massachusetts Boston - Gerontology Institute
Veronica B. Smith Multi-Service Senior Center
Verizon
Vietnamese American Civic Association
Visiting Nurse Association of Boston



99 Chauncy Street, Suite 602
Boston, MA 02111

Phone: 617.426.5124
Fax: 617.426.5428

www.bostonolderadults.org



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for
Older Adults

99 Chauncy Street, Suite 602
Boston, MA 02111

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Fax: 617.426.5428
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