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Health and Community Resources For Older Adults in Chittenden County, Vermont

Matthew Jordan

Family Medicine Clerkship

August-September 2014

Mentor: Stephanie Kehoe, MD

The Problem

- The vast number of resources available to older adults are widely unknown to both health care providers and the older adult population itself
- In speaking with providers at Colchester Family Practice, they acknowledge they are proud to be a Patient Centered Medical Home, allowing them access to the Community Health Team, who can help patients navigate resources available in the community. The CHT has been able to help patients access resources in the community more readily. However, healthcare providers admit a personal lack of knowledge of the vast array of resources available to older adults in greater Chittenden County.
- There is no written material currently available in the office for healthcare providers to disseminate to their elderly populations who may require or wish to access resources in the community. The most helpful resource in the office is the Community Health Team. This team rotates between all of the Patient Centered Medical homes. For example, the CHT social worker is at Colchester FP Tuesday afternoons only.

Public Health Cost (3A)

- In 2010, the population of Vermonters 60+ was more than 132,000 people (21.1% of the state population). The proportion of Vermonters 60+ is growing more rapidly than other components of VT's population. The US Census Bureau estimates 29.3% of the VT population will be 60+ by 2030¹.
- Based on percentage, using 2009 data, Vermont ranks #5 in the United States in percentage of the population 60+².
- In Chittenden County (2009), there were 23,337 people aged 60+, which represents 15.3% of the population of the county. Although the smallest percentage of all VT counties, Chittenden has the largest number of people 60+ of all VT counties³
- The “baby boomers” (born between 1946 and 1964) started turning 65 in 2011 and the number of older people will increase dramatically over the next 2 decades. The older population in 2030 will be double the number in 2000⁴.
- The State of Aging and Health in American 2013, published by the CDC states “as more and more Americans reach the age of 65, society is increasingly challenged to help them grow older with dignity and comfort. Meeting these challenges is critical to ensuring the baby boomers can look forward to their later years”⁵
- In their publication entitled Healthy Aging: Improving and Extending Quality of Life Among Older Americans (2009), the CDC acknowledges that “the rapidly increasing number and diversity of older Americans has far-reaching implications for the U.S. public health system and will place unprecedented demands on aging services and the nation's entire health care system.”⁶

Public Health Cost (3B)

- Most older adults want to remain in their communities as long as possible. Unfortunately, when they acquire disabilities, there is often not enough support available to help them. States that invest in such services show lower rates of growth in long-term care expenditures⁷.
- Many older adults, especially those who have retired from the workforce or are disabled, are living on a fixed income. With a large percentage of health spending occurring in the elderly years, older adults may find themselves looking to programs and resources in the community to help meet needs including food assistance, housing assistance, social necessities, among many others. With the increasing population of older adults over the next 15 years, these programs will likely see increased utilization.
- Nearly 20% of Americans over 65 report difficulty with or have help preparing hot meals. The consequence of not being able to cook a hot meal is going without a hot meal. In the same study, 9.5% of older adults who reported having difficulty with or having help preparing hot meals reported going without a hot meal within the last month due to inability to prepare the meal alone⁸.
- Food- The average rate of food insecurity in adults 60+ in Vermont from 2001-2007 was 4.52%. Comparing the average rate of food insecurity in Vermont seniors between 2001-2003 and 2005-2007, there was a 61% increase in the rate average rate of food insecurity in VT seniors⁹.
- Living alone- From 2001-2007, the average rate of Vermonters over 60 living alone was 28.8%⁹.
- In the 263 senior housing units owned or managed by the Winooski Housing Authority in Winooski, 242 units (92%) are occupied by a senior living alone.

Community Perspectives (4A)

- I interviewed three women in the community who are employed by groups that work with seniors to get them services they may need. All agreed that some seniors and healthcare professionals have a somewhat limited knowledge of what services each agency is able to provide. In order to understand the services available, I spent some time asking about what each agency or group does on a day to day basis.
- [Name Withheld], Assistant Executive Director, Winooski Housing Authority
 - Winooski Housing Authority provides both public and affordable housing to seniors, disabled, and poor. Tenants pay 30% of their adjusted income in rent.
 - People find out about the services offered by Winooski Housing Authority mainly through word of mouth or professional referrals, such as CVAA, physician offices, and Howard Mental Health. Although they have a long waiting list, the WHA believes that many seniors and healthcare professionals do not know about the public housing options available in Winooski in addition to greater Chittenden County.

Community Perspectives (4B)

- [Name Withheld], SASH (Support And Services at Home) Coordinator, Winooski Housing Authority
 - SASH is a free program available to seniors who have Medicare. It is part of the Blueprint for Health, Vermont's statewide health care reform initiative. SASH provides personalized coordinated care with the goal of embedding healthcare in the home to allow seniors to stay safely in their homes.
 - SASH works to coordinate health services, educate seniors about health topics, and works to transition support back home after a stay in an inpatient facility such as the hospital or rehab.
 - SASH also puts on healthy living programming such as weight loss programs, smoking cessation programs, yoga, and bird watching.
 - In the pilot year, SASH decreased inpatient hospitalizations in participants by 19%, decreased the number of residents who suffered a fall by 22%, and decreased the number of participants reporting no physical activity by 8%.
 - SASH information is provided to all new residents who enter a Winooski Housing Authority unit, but still a majority of older adults in the community do not know about this free program, nor do many healthcare providers outside of social workers on Community Health Teams.
 - "We [the medical community and senior support community] all have the same goal: the wellness and safety of our senior citizens, so every effort to collaborate is a positive step toward success."
- [Name Withheld], Director of Case Management, Champlain Valley Agency on Aging (CVAA)
 - CVAA is essentially the clearing house for resources available to seniors in the community. They keep an up to date database of resources to connect seniors, family members, police officers, and health care providers to needed services. Also are out in the field, in people's homes with their options counselors, case managers, etc. CVAA does not charge for its services rendered.
 - CVAA operates a toll-free help line that receives about 10,000 calls per year just in the Champlain Valley of VT from people with questions or requests for services. Most popular requests are for Meals on Wheels and Options Counseling.
 - When asked about how well the CVAA is known in the community "It is something we struggle with all of the time, trying to be more visible and get our name out there... a lot of it is by word of mouth from seniors who have received assistance from us and pass it on or people who get a meal from us from Meals on Wheels...We have this vast database of services we can connect people to, but a lot of people don't know that we are here and we can help."

Intervention and Methodology

- The three interviews conducted were able to shed light on the vast number of resources available to seniors and how one can go about getting more information or accessing these programs.
- A trifold pamphlet was created that highlighted some of the available resources available to older adults in Chittenden County. These included meal programs (including Meals on Wheels and community meal programs), information about SASH, information about public housing, and contact information for the Champlain Valley Agency on Aging, which should be the go-to resource for all seniors who have questions about options or a need that can be met through social or community programs.
- Additionally, a smart phrase (.SeniorResources) was created so providers could insert resources into the after visit summaries (AVS) of patients who they think may benefit from community resources.
- These materials function to educate both patient and provider.

Results and Response

- The agencies that provided community perspectives were very excited at the prospect of increasing awareness of services available and working to forge a better relationship between the medical community and senior resource community. Each asked for and received a copy of the finalized pamphlet.
- The providers at Colchester Family Practice also were interested in the new material available for both themselves and as a resource for patients.
- Pending approval by FAHC, these materials may be distributed to offices outside of Colchester FP.
- The smart phrase .SeniorResources is currently live and available to providers at Colchester FP. Providers have stated they will use this phrase to place in AVS of patients who may benefit. Any other provider using PRISM can request access to it through the Smart Phrase Manager in PRISM.

Effectiveness and Limitations

- Effectiveness

- Due to time constraints of the project, the effectiveness of the project is hard to measure at this time.
- The office will have written material and a smart phrase at its disposal to give to patients or families who request or who a provider may feel would benefit from further community resources.
- This pamphlet can serve as a bridge to getting patients access to resources quickly before following up with the CHT's medical social worker.
- With increased awareness of resources available, community agencies may see increased requests for assistance

- Limitations

- The number of available resources in the area for seniors is staggering. In no way would they all be able to fit on a tri-fold pamphlet. Thus, contact information for CVAA was highlighted, as this agency is able to connect seniors with all of the resources available in the area.
- The resources highlighted seemed to be ones that are applicable to many seniors as deemed by this third year medical student. Perspectives from seniors may differ.
- With the name change occurring at Fletcher Allen Health Care starting in November, the current policy is to not manufacture new printed material that can wait until after the branding transition to the University of Vermont Medical Center.

Recommendations for Future Projects

- This project's goal was to present a broad overview of resources available in Chittenden County and give contact information for providers and patients to access these resources.
- One future topic may include focusing on a single available resource (such as food security, housing, or transportation) and creating a pamphlet or presentation to give to seniors or place in senior housing about the topic.
- A second future topic may include a QA/QI project in the office to see if older patients who may have social needs are being referred to the CHT's social worker, given written information, and/or referred to community agencies.

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