ISSUE BRIEF: Health Services

NOTE: Part 1 of a 2 part discussion focused on the Community Support & Health Services domain

Overview: Health services and community supports are vital to maintaining health and independence in the community.

Issue Brief Sections:

EXPECTATIONS: Please review this memo with particular focus on Sections I - IV. Please be prepared to provide feedback, suggestions, and ideas on **Wednesday, February 8th**.

I.   AGE & DISABILITY FRIENDLY CRITERIA

Below are criteria – based on the World Health Organization's framework, focus groups, and other research – that we believe contribute to an age- and disability-friendly San Francisco, specifically with regards to Health Services.

CRITERIA	DESCRIPTION

Care is accessible.	• Services are **well-located**, including:
	    o Easily accessible for persons with functional impairment
	    o Near public transportation options
	• **Widespread awareness** of where and how to get care;
	• Care is provided in a **culturally appropriate** manner Information about resources is available; and
	• **Economic barriers** impeding access to services are minimal.

A wide range of health services are available.	**Services include those outside of traditional inpatient/outpatient medical settings**. It is important to consider the availability of various forms of care for older people and adults with disabilities, such as: • **Services** (e.g., geriatric clinics, home care, adult day health centers, respite care); • **Equipment** (e.g., wheelchairs, assistive devices); • **Facilities** (e.g., hospitals, skilled nursing facilities, and residential care facilities, home care); and • **Wellness services** (e.g., preventative screening, mental health counseling, eyeglasses, hearing screening and aids, and targeted vaccination campaigns).

CRITERIA	DESCRIPTION

There is a robust workforce & volunteer support.	• Service professionals have **appropriate skills and training** to communicate with and effectively serve older adults and adults with disabilities; and
	 • Volunteers are available **to help fill gaps** in the health and social services that support aging in place, such as:
	     o Assisting patients in clinics and hospitals
	     o Providing transportation
	     o Helping with errands, like grocery shopping or pet care.

People are supported in their homes.	• A **wide range of home support and care** is available so that people can tend to health and personal care needs **in their own homes**; and • **Caregivers** are **recognized**, **supported**, and **included** in treatment decisions and care planning where appropriate.
Residential facilities for those unable to live at home.	There are **adequate** and **affordable** options for people no longer able to live in their own homes.
Health & social services collaborate.	Efforts should be made to **coordinate** and **collaborate** between health and social services to **reduce duplication**, **streamline access**, and **reduce gaps** in service. This may include: • Co-locating health and socials services • Streamlined application processes • Clear eligibility criteria

Notes on Criteria:

II.   SAN FRANCISCO ASSETS

Below are assets in the Health Services area that support the age- and disability-friendliness of San Francisco. This is not an exhaustive list and we welcome suggestions from task force members to be included in final report.

ASSETS	EXAMPLES
Robust and innovative support at home models.	• **In-Home Support Services** (IHSS): This program provides in-home care for Medi-Cal clients. SF has among the largest IHSS caseloads in the state. • **Support at Home:** a pilot program that will offer a sliding scale payment for middle income adults with disabilities & seniors (those who don't qualify for IHSS but don't have means to pay out of pocket) needing in-home services, allowing them to remain independent. • **House Calls (UCSF)**: a home visiting program of physicians[1]. • **Dementia Care Safety Net:** collaborative pilot project that identifies seniors living alone (without family or caregivers) and develops a care circle to support their ability to live independently[2].
Health care services for low-income seniors & adults with disabilities.	• **SF Health Network (DPH):** the City's system of care, which includes health care to vulnerable residents of all ages, dentistry, emergency & trauma treatment, medical & surgical specialties, diagnostic testing, skilled nursing & rehabilitation, and behavioral health services. • **SF Clinic Consortium**: a community of 13 clinics that provide health care and innovative programs for over 93,000 low-income, uninsured, and medically underserved residents each year. • **Healthy SF (DPH)**: ensures health care services are affordable and available to uninsured San Franciscans, aged 18+.

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[1] http://geriatrics.ucsf.edu/care/housecalls.html
[2] http://www.alz.org/norcal/documents/11-2016_SFDementiaSafetyNet_Flyer_Web.pdf

ASSETS	EXAMPLES
Proactive strategies and planning to identify and address needs.	• **SF Health Improvement Partnership (SFHIP):** cross-sector effort to address health inequities; includes representatives from hospitals, community based organizations, government, and philanthropy. • **Whole Person Care Pilot (DPH/HSH/HSA/DAAS):** a five-year program through California's 1115 Medicaid Waiver, aiming to enhance care coordination and data sharing, and improve health outcomes in the city's homeless population[3]. • **Data collection:** the City of San Francisco instituted increased efforts for specifically capturing data for LGBT seniors and adults with disabilities[4]. • **Dignity Fund:** a voter approved Charter amendment that will set-aside of property taxes annually towards unmet services for seniors and adults with disabilities. • **SF LGBT Dementia Care Project:** a 3-year pilot collaborative project that will train health and social service providers on the dementia care needs of LGBT individuals, care partners, and adults with disabilities.
Efforts to co-locate health & social services.	• **Ray Dolby Brain Health Center (CPMC):** for caregivers and residents with cognitive impairment. [5] • **Curry Senior Center:** offers mental health, medical care, housing support, and social services[6] • **Stepping Stones:** runs an Adult Day Health Center collocated with Mercy Housing senior apartments and a SF Public Library branch. [7] • **Wellness Centers (DPH/HOPE SF):** incorporated into public housing sites, these centers will offer onsite health and wellness services.

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[3] http://www.dhcs.ca.gov/services/Pages/WholePersonCarePilots.aspx
[4] http://sfbaytimes.com/sf-supervisors-pass-lgbt-data-collection-ordinance/
[5] http://www.cpmc.org/advanced/neurosciences/brainhealth/pt_nav.html
[6] http://curryseniorcenter.org/what-we-do/health-clinic/
[7] http://www.steppingstonehealth.org/MissionCreekAdultHealth.html

ASSETS	EXAMPLES
Development of integrated Services.	• **The PACE model[8] (OnLok Lifeways):** a comprehensive "one stop, shop" model of service that provides medical care, specialists, adult day care, hospital and nursing care, home health care and transportation as needed by client.

Notes on Assets:

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[8] http://pacepartners.net/what-is-pace/

III.   SAN FRANCISCO GAPS

Below are areas in the Health Services that would benefit from improvements, increasing the age- and disability-friendliness of San Francisco.

GAPS	EXAMPLES
Education and experience among critical workforce found to be lacking.	• Shortage of nurses/professional staff, especially those experienced in gerontology; • Immediate challenges in attracting and retaining home care workers; and • Elevate family-centered (caregivers) care along with patient-centered care.
Inequitable access to care.	• Physician/nurse home visits; • Discrimination in ER for people with cognitive impairments; • Younger adults with disabilities face difficulty in accessing health services and community support; and • Recognition that "middle poor" seniors and adults with disabilities face similar health care barriers and disparities as low-income residents.
Limited options for persons unable to live safely at home.	• Decreased availability of skilled nursing facilities and residential care facility beds. Existing beds typically charge high private pay rates or are restricted to Medi-Cal clients; and • Discrimination among LGBT seniors and adults with disabilities living in residential care facilities, often requiring them to go back "in the closet".
Gaps in the coordination of health services and community supports.	• System silos often impede coordination, sharing of data or efficient use of resources.

Notes on Gaps:

IV.   DRAFT RECOMMENDATIONS.

Below are some possible recommendations to support age- and disability-friendliness in Health Services. These are only meant as a starting point and the role of the task force is to develop the final recommendations, either based on these draft ideas or to address gaps not covered in these recommendations.

RECOMMENDATION	IDEAS
Expand the capacity to deliver high-quality services and support.	• Implement a range of effective caregiver support strategies to better address the multiple needs of informal caregivers. • Ensure that the needs of younger adults with disabilities are addressed and considered, offering access points that are not housed within senior centers.
Develop and strengthen workforce and caregiver pipelines.	• Address the discrimination LGBT seniors and people with dementia face in residential care facilities through trainings, incentives, and education. • Train first responders and urgent care clinicians to be dementia capable and implement dementia friendly practices, able to identify and refer clients appropriately. • Develop meaningful partnership with local Universities and volunteer based organizations to recruit volunteers and interns, including streamlining the formal process, working across departments, and engaging local nonprofit partners.
Addressing the unique health needs of San Francisco's residents.	• Ensure high-quality, culturally responsive information for those diagnosed with dementia and their caregivers. • Prioritize, develop and support programs that prevent isolation for caregivers and people with dementia.

RECOMMENDATION	IDEAS
Promote and support choice for end of life care.	• Developing a resource directory, educational opportunities, and outreach strategies that focus on palliative care services. • Raise the awareness for the need of an Advanced Care Directive through education, outreach and events. • Ensuring that all seniors and adults with disabilities living in residential care facilities have a surrogate decision maker. • Ensure that all education and outreach is culturally appropriate and includes the needs of marginalized communities such as immigrant communities, LGBT residents, and people with cognitive impairment.

Notes on recommendations:

APPENDIX A. OTHER AGE & DISABILITY FRIENDLY EFFORTS

A. BEST PRACTICES.

i. Support at home

- **(Netherlands) the Buurtzog model:** a holistic and neighborhood-based approach to home care services, relies on an independent team of nurses to provide all aspects of care including maximizing patients independence.

ii. Co-locating health & social services:

- **(Los Angeles) St Barnabas Senior Center**[9]: offers housing, health services, physical fitness classes and a dementia day program.

B. EXAMPLES OF OTHER CITY'S AGE & DISABILITY FRIENDLY PLANS:

Table 1: Washington, DC. Age Friendly DC: Strategic Plan (2014-2017)[10]

RECOMMENDATION	IDEAS
Increase consumer awareness of and access to preventive, primary, urgent and long-term care.	• Expand a team of navigators to assist residents with identifying, understanding and accessing appropriate services and programs through the No Wrong Door program. • Provide cross-training for navigators and a series of fact sheets on accessing financial planning, will and estate planning, Medicaid qualification, and long-term resources for individuals, families, spouses, and domestic partners. • Require continuing education units in geriatric care and cultural competency training to be obtained by licensed healthcare providers, first responders, caseworkers, and caregivers. • Continue progress toward federal approval to implement the Program for All-Inclusive Care for the Elderly (PACE), using a hub and spoke model to reach more residents closer to home. • Expand compensated respite care for low-income unpaid caregivers of Medicaid-eligible residents.
Promote safety, wellness, livability and activity in the	• Make progress toward becoming a healthier, cleaner, greener, and more biodiverse city.

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[9] http://www.sbssla.org/screeningsandeducation/
[10] https://agefriendly.dc.gov/publication/age-friendly-dc-strategic-plan-2014-2017

RECOMMENDATION	IDEAS
community	• Create incentives, partnerships, and training for the establishment of new, and expansion of existing, programs to increase access to fresh produce and healthy foods. • Establish and implement evidenced-based falls prevention program for residents 50+, particularly those with balance and mobility issues. • Expand number of peer counseling and support programs and increase the number of older adult peer counselors. • Establish awareness campaign and regular drop-off locations for safe disposal of over-the-counter and prescription medications.

Table 2: Portland, Oregon. Action Plan for an Age-Friendly Portland (2013)[11]

Health Services	
Improve older adult wellness and preventative health care	• Foster opportunities for information technology, coordination of care, and care innovations in the delivery of health care to older adults, including partnerships among individuals, private, governmental and other CBOs • Integrate hospitals and long-term care settings into neighborhoods so that those receiving care are in accessible neighborhoods and supportive and healing environments that promote health and well-being. • Collaborate with health agencies in improving the delivery of services to individuals, as well as advocating for policy changes that take an upstream approach to improving the health of populations (e.g., walkable neighborhoods, access to fresh foods) Lists potential partnerships.
Improve the coordination and delivery of care across health, housing, and social services settings	• Initiate discussions with regional Coordinated Care Organizations, appropriate government and private health, long-term care, and social services providers to identify mechanisms for coordinating service delivery, improving quality of care, and reducing costs of care. Also lists potential partnerships.
Integrate active aging as a fundamental aspect into the age friendly educational	• Educate and empower individuals of all ages and abilities to positively affect their own health and well-being through engaging in healthy behaviors (e.g., being physically active, eating healthy foods, staying engaged) as well as

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[11] https://www.pdx.edu/ioa/sites/www.pdx.edu.ioa/files/Age-Friendly%20Portland%20Action%20Plan%2010-8-13_0.pdf

campaign	- understanding and working to improve the social conditions that influence how well people age. - Utilize the World Health Organization's Tool Kit or similar tools for promoting active aging. - Offer an array of chronic disease self-management programs and programs to increase physical activity for older adults throughout the city. - Explore strategies for reducing barriers to accessing City recreation programs, such as cost. Lists potential partners.

Table 3: New York City, New York. Age Friendly NYC (2009)[12]

Health & Social Services Agenda	**Goal:** Ensure access to health and social services to support independent living.
Wellness & Healthcare Planning	- Increase HIV awareness and health literacy among older New Yorkers. - Redesign senior centers to focus on wellness and develop health outcomes. - Establish fitness club discount for older New Yorkers. - Increase awareness about health insurance options through HIICAP program.
Assistance to At-Risk Older Adults	- Implement citywide falls prevention initiative. - Provide free air conditions to at-risk New Yorkers. - Conduct outreach to older New Yorkers at risk of social isolation. - Add Silver Alert to Notify NYC. - Expand "Savvy Seniors" campaign to educate older New Yorkers about identify theft and fraud.
Access to Nutritious Food	- Improve older New Yorkers' access to food stamps by implementing telephone application process and outreach campaign. - Implement NYC Green Cart program and form supermarket commission to address needs of neighborhoods underserved by supermarkets. - Provide bus service to access grocery stores. - Increase efficiency in City's case management and home-delivered meals programs.

Caregiving & Long-Term Care	• Provide counseling and support services to grandparents raising grandchildren. • Expand educational materials and supports available to family caregivers. • Explore policies that would allow more New Yorkers to take family leave when needed. • Conduct outreach and workshops on long-term care and caregiving resources for employers in NYC. • Increase access to community-based care. • Expand training opportunities and other supports for paid caregivers. • Promote awareness and education about long-term care insurance.
Palliative Care & Advance Directives	• Promote palliative care. • Expand existing HHC palliative care programs. • Promote advance directives. • Advocate for State legislation authorizing family members or domestic partners to act as surrogates to make health care decisions on behalf of an incapacitated adult.

APPENDIX B. RELATED RESEARCH & REFERENCES

Care is accessible.

- The LGBT Aging task force identified the following challenges[13] with regards to older LGBT residents access to care:
  - LGBT seniors lack information and enrollment support for social services, financial support for social services, financial support, benefits counseling, legal advocacy, and health insurance access.
  - LGBT older adults have unique barriers to accessing information about and services for Alzheimer's and dementia care.
- Assuring that at multiple points in emergency services, primary care and community based services where individuals with early stage cognitive impairments can be identified and referred to the right place.

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[13] San Francisco LGBT Aging Policy Task Force, "LGBT Aging at the Golden Gate: San Francisco Policy Issues & Recommendations."

A wide range of health services are available.

- **Assuring that the needs of the community are met:** There are limited supportive services available to address the emotional, behavioral health, and social isolation challenges of LGBT seniors. Also, a lack of data on gender identify and sexual orientation among city agencies prevents understanding of service needs and utilization in the LGBT population[14].
- **Hearing health Care: the Committee on Accessible and Affordable Hearing Health Care for Adults[15] recommends the following:**
  - Collaborate and partner with health care providers to ensure hearing health care is accessible to underserved populations (telehealth, outreach, community clinics, etc.);
  - Use patient visits to assess and discuss potential hearing difficulties, raise awareness among older adults and caregivers, encourage referral when appropriate, develop and disseminate core competencies, curricula and continuing education opportunities focused on hearing health care, particularly for primary care providers.

There is a robust workforce & volunteer support.

- **Cultural competency:** Senior service providers do not have adequate cultural competence to appropriately serve LGBT seniors[16]. Consider implementing a "single point of contact" method within primary care health centers and clinics operated by DPH, the SF Community Clinic consortium, UCSF and Kaiser Permanente when supporting patients with dementia, which allows the patient and their caregiver to be assigned to a care coordinator , providing expertise and support around dementia care.[17]

People are supported in their homes.

- **Home Health Care: The Buurtzog model (Netherlands)** is a holistic and neighborhood-based approach to home care services, relies on an independent team of nurses (max. 12 nurses responsible for 50-60 patients) to provide all aspects of care including maximizing patients independence (through training in self-care and creation of networks of neighborhood resources). This streamlined model includes coaches rather than managers and has shown to have high patient and family satisfaction ratings, is

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[14] San Francisco LGBT Aging Policy Task Force, "LGBT Aging at the Golden Gate: San Francisco Policy Issues & Recommendations."
[15] Committee on Accessible and Affordable Hearing Health Care for Adults et al., *Hearing Health Care for Adults*.
[16] San Francisco LGBT Aging Policy Task Force, "LGBT Aging at the Golden Gate: San Francisco Policy Issues & Recommendations."
[17] Alzheimer's/Dementia Expert Panel, "San Francisco's Strategy for Excellence in Dementia Care."

popular among nurses, enabling recruitment of talented staff, and has less overhead and care hours, offering a more affordable and higher quality service. [18]

- **Incorporate family-centered care:** According to the Family Caregiver Alliance, the majority of caregivers are in the workforce, with a majority of those being from the Baby Boomer generation, and therefore aging themselves.
  - o Additionally the Committee on Family Caregiving for Older Adults recommends that family caregivers be included in treatment decisions and care planning, as they are often expected to perform necessary health management and personal tasks, as well as care coordination activities to implement older adults' (and adults with disabilities) care plans."[19]

Residential facilities for those unable to live at home.

- LGBT seniors in long-term care facilities face systematic discrimination and abuse[20].
- Improve the quality of services in residential care homes and expand the range of models of residential care for people with dementia.[21]

Health & social services collaborate.

- There are limited supportive services available to aid in the provision, coordination, and planning of care to address unique challenges facing LGBT older adults[22].
- With regards to people with dementia and other cognitive impairments, improve capacity to meet the needs of the whole person by delivering integrated care.[23]

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[18] http://www.commonwealthfund.org/publications/case-studies/2015/may/home-care-nursing-teams-netherlands
[19] Committee on Family Caregiving for Older Adults et al., *Families Caring for an Aging America*.
[20] San Francisco LGBT Aging Policy Task Force, "LGBT Aging at the Golden Gate: San Francisco Policy Issues & Recommendations."
[21] Alzheimer's/Dementia Expert Panel, "San Francisco's Strategy for Excellence in Dementia Care."
[22] San Francisco LGBT Aging Policy Task Force, "LGBT Aging at the Golden Gate: San Francisco Policy Issues & Recommendations."
[23] Alzheimer's/Dementia Expert Panel, "San Francisco's Strategy for Excellence in Dementia Care."