

## **Testimony: Public Hearing on the Needs of Older Adults in Bergen County**

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Thank you for the opportunity to talk with you today. I’ve included some information about me and my involvement with elder care issues, but I’m here not as a hospice volunteer or as part of the Age Friendly Teaneck community initiative and my views here are my own.

I’m here as an aging baby boomer. Many of us will be in our ‘80s by 2030, if we’re fortunate enough to live that long. Like so many of my peers, I’d like very much to age comfortably and well in my home, where my husband and I have lived for more than 35 years. And eventually that will likely require a little help. Or maybe more than a little help.

There is a big disconnect between the realities of our growing elder population and the health care system, which is largely fragmented, costly and unsustainable and still engenders what could be avoidable emergency room visits, hospital readmissions and transfers to nursing homes. There’s a big disconnect, too, in the workforce we have to take care of us if we are ill or frail. It is inadequate even now and likely to continue to be unless we can figure out a way to improve recruitment, training, pay and opportunities for career growth.

So today I'd like to do a brief overview of how some innovators are combining home-based health with nonmedical support; and in home care. I've talked to several pathfinders in this field to get their perspectives and you'll find more details and links for more information in my written testimony. I also want to suggest a few actions the County could consider, because I believe that the County can spur public awareness and advance the cause of home-based elder care in ways that depend more on creativity, marketing savvy and organizational skill than on major financial investment.

**First, home-based health combined with nonmedical support.** What these programs have in common is that they offer dignity, compassion and respect for the whole person and that person's goals with a coordinated, team-based approach to elder care. Usually there is a single point of contact, so that you or your caregivers know whom to contact in an emergency (which often means skipping a call to 911 or an emergency room visit). There may or may not be an overlay of technology, such as video conferencing, to enable professionals to provide care and/or to communicate with your family.

In Baltimore, Sarah Szanton, PhD, professor at Johns Hopkins University School of Nursing, started out as a nurse practitioner making house calls to homebound, low-income elderly patients. She noticed that their environmental challenges were often as pressing as their health challenges. So when she designed the **CAPABLE** program – which stands for Community Aging in Place, Advancing Better Living for Elders – maybe it's not so surprising that its elements included not only five months of visits from nurses and occupational therapists, but also made arrangements for handyman services to make simple home repairs.

It's all designed to help people who are at risk of becoming disabled to stay in their own homes. Participants set their own goals for functioning and quality of life, which Dr. Szanton told me is one of the keys to the program's success. It surprises her, she said, how much it has changed people's lives for the better. How did they reach out to their participants? Direct mail and word of mouth.

The initial two-year pilot program began in 2009 and saved Medicare an average of \$10,000 per person; it spent an average of \$2,825 per person. Results of the pilot's second round are being analyzed, and health systems around the country are now giving CAPABLE a try.

There's more information about CAPABLE here:

[http://nursing.jhu.edu/faculty\\_research/research/projects/capable/](http://nursing.jhu.edu/faculty_research/research/projects/capable/) And

<http://www.nextavenue.org/capable-aging-in-place/>

Kristofer Smith, MD, is vice president and medical director of Northwell Health Solutions, which runs **House Calls**, Northwell's program of home-based primary and palliative care. It assists 1,400 patients annually in Queens, Nassau and Suffolk Counties. Patients in the House Calls program, who must be homebound, receive coordinated care, similar to treatment and referrals they would receive from a primary care physician. Physicians, nurse practitioners, and other clinicians are available for urgent, same-day visits during the week.

Dr. Smith told me that the program has been modified since it began to improve responsiveness. For example, it taps into Northwell Health's community paramedic program so that when problems arise at night or over a weekend, as they often do, the program can respond quickly.

One of the keys to House Calls' success, he told me, is to hire the right people who want to do this work and to assemble the right leadership team in medicine, nursing and social work.

Like the CAPABLE program, they see difficult, complex and unsettling situations all the time, he told me, and they have to be sensitive to what the patient is struggling with.

House Calls is part of the Independence at Home pilot program of the Centers for Medicare and Medicaid Services' Innovation Center, which was authorized by the Affordable Care Act. In addition to improving health outcomes, House Calls reduced costs during the program's second year by \$6,816 per patient per year for total savings to Medicare of \$1,641,825.

For more information: <https://www.northwell.edu/about/news/press-releases/medical-house-calls-program-improves-care-lowers-costs-treating-frail> and <https://www.northwell.edu/about/news/video/house-calls>

Both CAPABLE and House Calls are beneficiaries of Federal funding. Clearly, there's still great uncertainty not only about the future of the ACA but also about how the budget axe could be wielded in health care research and social benefit programs. So it's useful to look at how communities are addressing their elder care issues by themselves.

One example is Steuben County, New York, a mostly rural county that is larger than the state of Rhode Island. Among its challenges: by 2035 its 85+ population will increase by 43 percent and an estimated 70 percent will need some form of assistance. More than 8,400 are predicted to have dementia by 2035. Many residents are low-income, live in remote areas and there is a dearth of businesses and foundations based here.

With this in mind, and looking to supplement future Federal, state and municipal funding for aging in place services for its elder population, in 2000 Linda Tetor, the Steuben County

Office for Aging director, gathered together a board of supporters and established the nonprofit **Steuben Senior Services Fund**. You can read about some of its initiatives here:

<http://www.steubenseniorservicesfund.org/annual-initiatives.htm>

The Fund's work was turbocharged almost two years ago, after Tetor read Dr. Chip Teel's book, "*Alone and Invisible No More*." Based in Maine, Dr. Teel founded Full Circle America ([www.fullcircleamerica.com](http://www.fullcircleamerica.com)) which, for a monthly fee, provides assistance ranging from high-tech monitoring to paid caregivers and volunteers to help people remain in their homes. It uses Skype technology that is HIPAA compliant. Monthly costs range from \$129 to \$699, excluding the \$500 cost for equipment. At the highest end, services are nursing home-level.

As director of the Steuben Senior Services Fund, Tetor felt that "this was it!" she told me. After sponsoring a well-attended conference about Full Circle America, the Fund decided to embark on a pilot project, where it will pay the monthly subscription fee and equipment fee for six clients in the county to enroll, and they will be subscribed in Full Circle America for up to a year. These "pioneers" will test the service and, ideally, provide testimonials about it when the pilot is done. Physicians from Cornell will research the project as it unfolds. Tetor has used the service herself, for her mother, who was able to remain at home until her death, and who was also grateful to communicate via video chatting with her other daughters who lived out of state. For more information: <http://www.steubenseniorservicesfund.org/>

Lest you think that perhaps an organization like the Steuben Senior Services Fund is a solution just for rural areas, take a look closer to home at the **Westchester Public/Private Partnership for Aging Services**. This is a 27-year-old nonprofit that works with Westchester

County to help people age in place. It's also worth noting that the County and the Partnership's Livable Communities initiative makes ample use of volunteers, in a Care Circles program and in Caregiver Coaching. Incidentally, they do make the Caregiver Coaching curriculum, which was developed in conjunction with Fordham University, available to other organizations. For more information: <http://westchesterpartnership.org/> and <http://www.livablecommunitieswestchester.org/>

## **Home Care**

Providing direct care – by certified nursing assistants, home health aides and personal care aides -- for our most vulnerable citizens requires the least amount of training, experiences the highest turnover rate – and pays the least — of the caring professions. In NJ, the average annual salary for this work is \$23,000. It is a low status job and discourages many young people from considering it because there are few opportunities for advancement.

There aren't any easy solutions for this, Allison Cook, NY program manager for **PHI National**, told me. But New York State is addressing the workforce shortage in several ways. Namely: It created a pool of funds available only to home care agencies that meet certain quality criteria, including providing health benefits and additional training for home care aides. It created opportunities for career advancement with a law that created an Advanced Home Health Aide designation. This will likely go into effect next year. And the minimum wage in New York will increase to \$15 in coming years.

I asked Cook what could make a difference in building and retaining the workforce. She suggested offering pilot funding to test recruitment and retention strategies; creating a next-level, advanced home health aide position, perhaps even creating a specialty such as dementia care;

increasing supports on the job, such as care mentors; ongoing training; tuition and loan forgiveness; sign-on bonuses if aides remain on the job for a specified period of time; or even establishing a fund to cover car maintenance, if aides have to use their own cars to get to and from work.

For more information: <https://phinational.org/about>

<https://60caregiverissues.org/quality-jobs-issue-2.html>

Here's a glimpse of two interesting home health models: In 2012, Sandi McCann and her sister Maureen started HomeCare of the Rockies, a home care agency in Boulder, Colorado. McCann started **Caregiver Call to Serve**, a subsidiary of HomeCare of the Rockies, whose mission will be to create "a sustainable network of care to help older adults live meaningful lives, not just long ones."

This year will be its pilot program, providing training to all of HomeCare's 90-person team and acting as a sort of "incubator" during which the curriculum may be adjusted before it is introduced nationally. Key to this initiative is what McCann calls "the triad" – Learn, Earn and Care. The "learn" part of the program includes 100 hours of professional caregiving education, 40 hours of which is online. Forty percent of the curriculum addresses issues of Alzheimer's disease and other dementias. The "care" part of the initiative aims to uphold professional standards and the integrity of the caregiving tradition, McCann said.

The "earn" part is what sets this initiative apart. People enrolled in learning will get income boosts four times: after 25 hours, 50 hours, 75 hours and 100 hours of training, to reach \$15 per hour, which is nearly 40 percent higher than prevailing wages in Boulder.

For more information: <http://www.caregivercalltoserve.com/>

The Partners in Care Foundation in California works with hospitals, physician groups, health plans, community-based organizations and government agencies to deliver a variety of services to help adults with complex health and social service needs age in place. June Simmons, president and CEO, told me about one of the foundation's newest initiatives, which is **Partners24**. After a period of conducting due diligence and then getting its marketing materials and contract in order, Partners in Care set up a partnership with 24Hr HomeCare, a large in-home care company that serves clients in California, Arizona, and Texas.

Partners24 offers what it calls a Rapid Response Guarantee that promises a representative will meet with anyone requiring services within two hours of a call for assistance, 24/7. Caregiving services are diagnosis-specific and tailored to fit individual needs, for as long as briefly as needed.

For more information: [www.picf.org](http://www.picf.org)

<http://partners24.org/>

## **Conclusion**

By 2030, about one-fifth of Bergen County's population will be 65 and older. So there's time to work on these issues, but the clock is ticking. It takes time to create a community of active and engaged stakeholders. To research and design the kind of vehicle through which services can be provided, or subsidized, or pilot projects encouraged. To find out what works and what doesn't, and to learn from mistakes made. And certainly it takes time to convince elders that help is available and that they should not wait to find it until a crisis forces them to think about how they might be able to continue to live as well as possible for as long as possible.

I always like to ask people, if you could wave a magic wand, what changes would you like to see? So, not counting seeing the County advocate at the state level for health care and nonmedical support for elders at home, here's my own magic wand list for what the County could consider:

Explore the feasibility of **creating a nonprofit organization**, such as Steuben County and Westchester County have done, to help elders age in place and to partner with the Division of Senior Services where appropriate.

Partner with Bergen Community College to develop an **advanced home health aide course**. (BCC already has an established certified home health aide curriculum.)

Sponsor **“Excellence in Home Health Care” awards** for outstanding work by aides, with people nominated by patients and families and home care agencies, to lend needed stature to this important work. Publicize winners widely. If area high schools sponsor career days, bring winners to these events to talk about their work.

Convene a team of hospital representatives and high school science educators to **design a competition to develop a model for HIPAA-compliant technology** – be it video, an app, wearables, robotics etc. -- that can be used in the home.

And, though it's not directly related to home health but is very much related to person-centered care...Sponsor a county-wide event in time for next year's **National Healthcare Decisions Day** in April. Round up a few of the county's better known citizens – in the arts, in sports, in corporate leadership – to announce that they've signed their advance directives and that

they are challenging their peers to do the same. Remember the ice bucket challenge for ALS that went viral in 2014? That's what I'd like to see.

### **More Resources**

<http://www.chcf.org/~media/MEDIA%20LIBRARY%20Files/PDF/PDF%20I/PDF%20InnovativeModelsPalliativeFactSheets.pdf> From the California Health Care Foundation. Fact sheets about innovative community-based palliative care programs

<http://www.chcf.org/~media/MEDIA%20LIBRARY%20Files/PDF/PDF%20U/PDF%20UpCloseFieldGuidePalliative.pdf> Useful table is Strategies to Build Interest in Palliative Care Services

[http://khn.org/news/pre-hospice-saves-money-by-keeping-people-at-home-near-the-end-of-life/?utm\\_campaign=KHN%3A%20Topic-based&utm\\_source=hs\\_email&utm\\_medium=email&utm\\_content=50991852&hsenc=p2ANqtz](http://khn.org/news/pre-hospice-saves-money-by-keeping-people-at-home-near-the-end-of-life/?utm_campaign=KHN%3A%20Topic-based&utm_source=hs_email&utm_medium=email&utm_content=50991852&hsenc=p2ANqtz)

[http://khn.org/news/for-some-hospice-patients-a-911-call-saves-a-trip-to-the-er/?utm\\_campaign=KHN%3A%20Topic-based&utm\\_source=hs\\_email&utm\\_medium=email&utm\\_content=50991852&hsenc=p2ANqtz--9u785f3tsU9d1teyikWaN4-0AU1mwbTRUhwmo6MMpsOwYwE2Yn2pdsW0CN6WZscTUXtCmJBv3D\\_Mb6mE\\_bmGPQQzr6A&hsmi=50991852](http://khn.org/news/for-some-hospice-patients-a-911-call-saves-a-trip-to-the-er/?utm_campaign=KHN%3A%20Topic-based&utm_source=hs_email&utm_medium=email&utm_content=50991852&hsenc=p2ANqtz--9u785f3tsU9d1teyikWaN4-0AU1mwbTRUhwmo6MMpsOwYwE2Yn2pdsW0CN6WZscTUXtCmJBv3D_Mb6mE_bmGPQQzr6A&hsmi=50991852)

AARP has published a useful fact sheet on "Women and Long-Term Services and Supports," which also sheds light on this issue: <http://www.aarp.org/content/dam/aarp/ppi/2017-01/women-and-long-term-services-and-supports.pdf>

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- Journalist for more than 40 years, including five years as a housing columnist for *The New York Times*.
- Author of book “*Last Comforts: Notes from the Forefront of Late Life Care*,” a 2017 Independent Publisher Book Awards (IPPY) silver medalist.
- Hospice volunteer with Holy Name Medical Center in Bergen County.
- Member of the steering committee of Age Friendly Teaneck ([www.agefriendlyteaneck.org](http://www.agefriendlyteaneck.org)), and head of its task force on Health and Social Engagement.
- Instructor of a class on “Let’s Manage Late Life Well” at the Institute for Learning in Retirement at Bergen Community College.
- Featured blogger for the website Sixty and Me ([www.sixtyandme.com](http://www.sixtyandme.com)).
- Essayist for medical humanities publications, including *Pulse--Voices from the Heart of Medicine*; *KevinMD*; *Generations Beat Online*; the *Arnold Gold Foundation*; and *Life Matters Media*.
- Member of the Hospice Volunteer Association and the Association of Health Care Journalists.

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