

Caring

About the Rural Elderly



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Sheryl Lowe of home-canned goods so she doesn't have to go out. Her TV is her only companion.

Clallam County's CARE Partnership

Clallam County, on Washington State's Olympic Peninsula, has many older adults like Estelle. In fact, 25 percent of the county's population is 65 or older, and everything about the county is affected by its aging residents. Everyone, it seems, from the chamber of commerce, builders, and realtors, to local businesses, elected officials, and community activists, is worried about how to deal with the "aging" problem. As in other rural communities, the challenges of addressing the health needs of the county's isolated seniors are particularly daunting. Health and human service delivery systems are strained, and older adults cannot find primary care. Tribal elders of the five tribes in the county still experience poorer health outcomes than their non-native counterparts.

This is where the Community Advocates for Rural Elders (CARE) Partnership comes in. The Partnership's vision for the county is that aging will be embraced as a valuable asset and that older adults will be able to live independently in good health and well-being. The partnership brings diverse community partners together to develop age-friendly systems that provide quality, collaborative elder care.

The Partnership began as a conversation between the local Area Agency on Aging and the Clallam County Health and Human Services Department in 2003. The local public health

officer and the director of Health and Human Services met with a local tribe, the largest community mental health center, the largest hospital, and the county United Way to find ways to address some of the more pressing elder health issues.

In 2004, the Partnership received a \$950,000, five-and-a-half-year grant from The Robert Wood Johnson Foundation to assess and improve the county's long-term care and community support services systems for older adults. In pursuing this highly competitive national grant, the partnership argued persuasively that Clallam County's demographic bulge of elders would be the nationwide norm in 15 to 20 years as baby Boomers become senior citizens. Solutions developed in rural Washington State could have nationwide application.

The strategic planning process

The Partnership's work started with a community assessment, holding five listening circles in remote communities, conducting interviews with vulnerable elderly in their own homes, and surveying baby Boomers. Interviewers asked not "What do you need?" but "What are your preferences and concerns as you grow older?" and "What do you want your life to be like?" Individual service needs were observed and heard, of course. People did want accessible stores and restaurants, safer sidewalks, and more information about community services and opportunities. But the Partnership learned something even more valuable—that people wanted to be active, productive members of society whose lives had purpose and meaning.

The strategic plan that grew from these findings was much broader than originally anticipated. Prior to the assessment, the Partnership focused solely on improving the existing service delivery system. The assessment made it clear, however, that solutions outside of the system also needed to be developed, including advocacy to change things not in the Partnership's control, such as services to combat social isolation and elderly depression. Improving the local transit system was important but not the sole solution to meeting special mobility needs of elderly residents. Local services were available to tribes, but better information about how to access these services would not

address the underlying barriers tribal elders faced in receiving the services. Even more broadly, to create lasting change, ageism needed to be addressed in all areas of the local communities.

Community coalitions

In the past four years, the Partnership has grown to include more than 300 agency and individual members participating at different levels in the work. Members include representatives from local and tribal government, health care providers, residential care facilities, and the community college. The Partnership created a number of coalitions, a Senior Policy Council, and other working groups of providers, business people, older adults, caregivers, and concerned citizens to address these issues.

The Neighbor-Helping-Neighbor coalition developed a community watch program to help isolated elderly be prepared for emergencies. Interested community residents are trained in neighborhood organizing and receive technical assistance in establishing senior watch efforts in their own neighborhoods or communities. The coalition works closely with the local fire department and the county emergency management division.

Another coalition, focusing on early detection and treatment of elderly depression, created a countywide Peer Counseling/Gatekeeper Program that sends trained volunteers into older adults' homes to combat social isolation, identify mild to moderate depression, and make referrals to local mental health providers.

The tribal health coalition, in partnership with the local hospitals, home health, Senior Information and Assistance, and the health department, designed a chronic disease navigator project to help tribes develop disease-specific nutrition and physical activity programs, train tribal members and staff in disease self-management, and create links for tribes to the local aging network. The health department will work with each tribe to create memorandums of understanding on how the local public health jurisdiction will coordinate with and support tribal health jurisdictions.

The Senior Policy Council is made up of local older citizens who want to influence policies and decisions that affect them and other elders. After they received training in legislative advocacy and key aging issues, such as Medicare, prescription drugs, and long-term care, they mobilized other community members to help the Partnership create an Aging Agenda for the county.

Existing service delivery systems are currently being analyzed through a facilitated service delivery mapping process. Decision makers from partnership agencies have committed to making substantive changes in their systems to improve access for older adults. They have also committed

to creating protocols for collaboration across systems to ensure that elderly residents do not fall through the cracks when moving among systems.

Another group is developing and implementing a strategic communications plan to change the way the county views aging and the contributions of its older adult residents. The "Aging Is an Achievement, Not an Affliction" campaign will be launched in 2008.

How CARE differs from other partnerships

The Partnership goes beyond dealing with payment systems and frustrations with existing health and human service delivery systems. Through its collaborative work, it seeks to engage a growing number of community members and generate the kind of energy that makes change possible. The Partnership's goal is for the communities in Clallam County to own this effort and commit to sustaining the changes. The vision is that fragmented, duplicative silos of services will evolve into systems in which providers communicate with each other.

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Remember Estelle? This is the Partnership's vision for her three years from now. She has been identified by the trained mail carrier as being in need and is visited by another trained volunteer who helps her get mental health services, home-delivered meals, and health care. The nearest Neighbor-Helping-Neighbor chapter has been contacted, and Estelle agrees to open her curtains every morning as a sign she is all right. A local volunteer group has brought her wood stove up to county code. She receives energy assistance through the Community Action Program, and someone has brought and stacked a cord of wood outside her door for easy access. A volunteer driver takes her grocery shopping and to the local flea market she used to frequent.

Estelle no longer worries about someone putting her into a nursing home, and she rarely spends her days watching television. She feels connected and has the support she needs to remain independent in her own home thanks to a community that works together to care for its elderly citizens. ■

Author

Sheryl Lowe is executive director of the CARE Partnership. *The CARE Partnership is part of the Community Partnerships for Older Adults program funded by The Robert Wood Johnson Foundation to help communities develop leadership, innovative solutions, and options to meet the needs of older adults.*