Pilot Case Study Results 2019

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Crosby Area

Pilot Overview

Goal: Increase awareness of available services for meaningful referrals
Lead Organization: Cuyuna Regional Medical Center

Geography: Hospital service area. Crow Wing and parts of Aitkin County

Staffing Resources: Paid project staff (.75 FTE)

The Coalition: 58 members as partners that include law enforcement, hospital social worker (clinic and ED), home health agencies, daycare agencies, insurance agencies, medical supply companies, Salem West (charitable organization that collects furniture and household good to those in need), Humana, Crosby/Ironton community education, chambers of commerce, city clerks, Unlimited Learning (community organization/association), yoga studio, pharmacies, VA, county aging services supervisor, CEO Lakewood CEO, hospice agencies, community members.

Key Learnings

1. Breadth of Services: Realization of what services are available in communities, and where there are gaps in service. One example is transportation. Supporting other services with appropriate referrals.

2. Communication: Foster open communication and support an open door policy from the start of the project. Continued communication to promote referrals.

3. Sustainability Plan: Funding opportunities through grants (Bush Foundation), community funds, 501c3 status. Continued connections with community stakeholders.

Main Focus

Provider Education

- ❑ Bringing the information and providing resources to the providers Cuyuna Area Connections
- ❑ Vendor Show at medical center for providers and nurse clinic managers
- ❑ Continuing medical education(CME)events have been well received e.g., Polypharmacy, Dementia)

Community Education

- ❑ Bringing in speakers on such as healthy eating, falls prevention, ADL modifications, heart health (Minneapolis Heart) to the rural communities
- ❑ Aging Expo in Brainerd with around 300 attendees
- ❑ Posting resources in each community and on the city websites
- ❑ Chief of Police connections with local VFW activities and monthly coffee sessions at senior apartments

Networking/Community Relationships

- ❑ Discovery of stakeholders present in the area that serve the same population and share common goals.

Barriers

1. Not having leadership at the table at the beginning.
2. Taking time to identify organizations, services and needs
3. SHIP funding support (Crow Wing Energize) focused on the Baxter/Brainerd area.
4. Competitiveness for turf. Not being able to advertise due to hospital branding
5. Difficulty getting churches to the table initially
6. Struggle to get the Aging Well website link out in the communities before the connections were made with the chambers, city clerks and ministerial contacts

Interview Quotes

- ➢ "Don't be surprised by the surprise. Meeting on the Community Health Needs Assessment was enlightening for many."
- ➢ "Bring in everyone to see if there is any connection. More heads equal innovative thinking."

Success

- ✓ Collaboration: Community Health Needs Assessment completion in a collaborative way that the hospital hasn't' seen before which brought all the community together differently
- ✓ Awareness: Isolation, boredom and loneliness are areas to address with key community contacts (police chief, churches, etc.)
- ✓ Partnerships: stakeholders are involved and responsive
- ✓ Connecting with residents to bring in educational experiences
- ✓ Resources: MD awareness of what services are available
- ✓ Referrals: Social work and Wellness Nurse use of the site for referrals

Clay County Area

Pilot Overview

Goal: Invest in technology (video conferencing equipment) to allow education sessions to be accessed at remote sites

Lead Organization: Eventide

Geography: All of Clay County with 6 sites connected with technology that include 2 Moorhead sites, Ulen, Hawley, Barnesville, and Rollag.

Staffing Resources: 2-3 dedicated hours per month

The Coalition: approximately 20 members initially, with 7-8 active members. Representation includes: Lutheran Social Services, Rural Enrichment Council, Area Agencies on Aging, Senior Living, Public Health

Key Learnings

1. Awareness: Pulling together all senior service providers increases utilization of the right services at the right time. Increased knowledge and support all around
2. Communication: important to keep open communication between all education sites as well as their communities
3. Representation: Very important to have senior involvement in the survey and focus group processes. Consistent representation at the table helps progress
4. Sustainability Plan: Equipment and licensure has been purchased. Each site has agreed to continue to after grant funding and has initiated fundraising activities.

Main Focus

Community Assessment

- ❑ Survey of community needs. Summarized findings and then went back to the communities to prioritize. Education was identified as most needed over navigation.
- ❑ Utilized focus groups to guide programming

Community Education

- ❑ Utilizing technology to broadcast educational opportunities at connected sites
- ❑ Bringing education to communities without requiring transportation to Moorhead
- ❑ Master electronic events calendar maintained on the Clay County Age Well website. Event calendars distributed and posted at senior gathering places

Networking/Community Relationships

- ❑ Technical support to each site to broadcast events
- ❑ Community-based organizations working more collaboratively

Barriers

1. Scheduling of sessions to complement other activities and timing
2. Lack of representation from key areas in the planning stages (public health, transportation)
3. Low participation in coalition
4. Transportation to participating sites
5. Technology set-up had kinks to work out
6. Limited number of people at the table

Interview Quotes

- ➢ "I feel that we've become really good advocates of each other's services."
- ➢ "One thing that is amazing to me is that there can be a Bone Building class in Moorhead and people in rural areas can participate using video conferencing."

Success

- ✓ Team Building: engaging partners in a strong goal and using a Memorandum of Understanding helped formalize roles and expectations
- ✓ Innovation: providing an opportunity for folks to participate in classes across the county from their own community
- ✓ Partnerships: Even with a smaller number of members, the support and resources offered were an asset
- ✓ Connecting with community residents to bring in great educational experiences that would be difficult to attend without technology

Perham Area

Pilot Overview

Goal: Develop a Navigator position to assist seniors in getting referrals they need

Lead Organization: Perham Health

Geography: Perham Health hospital district (approximately 30 mile radius). Some cities include: Perham, New York Mills, Ottertail, Dent, Fergus Falls, Frazee, Menahga, Parkers Prairie

Staffing Resources: 32 hours/week for dedicated staff. In-kind staffing by Perham Health for support.

The Coalition: East Otter Tail County Senior Network Meetings that include education and round table discussions. 35-45 organizations.

Key Learnings

1. Personnel: Hire the right people who have the passion for and support of the project goals
2. Communication: develop a good marketing plan from the beginning. Independent branding helped differentiate program from clinical services.
3. Representation: fiscal or main entity should have a solid reputation in the community
4. Relationships: invite a wide variety of partners to support each other and allow growth
5. Community Connections: include community seniors in the planning, development and refinement of the program
6. Sustainability Plan: Looking at incorporating The Connection into senior centers for more exposure. Fundraising efforts and grant funding will support additional two years.

Main Focus

Community Referrals

- ❑ Provide information and referral services for individuals, family members and caregivers regarding services for seniors – financial, assisted living, or other questions

Education and Outreach

- ❑ Fliers and printed information provided to senior areas such as: banks, pharmacies, county fairs, senior centers, grocery stores, community centers, churches, clinics…
- ❑ Information included in hospital discharge information as appropriate

Networking/Community Relationships

- ❑ Collaborative relationship with social workers to work through issues together
- ❑ Referrals from Perham Health Community Paramedic
- ❑ Strategic planning efforts with the initial steering committee included key partners, as well as community members

Barriers

1. Difficulty getting the word out to seniors since they are not in a concentrated location
2. Establishing credibility took time as the platform was developed
3. Transportation availability
4. Affordability of some services and the relationship to county assistance
5. Assessing private industries to be able to determine if a service should be endorsed
6. Word of mouth growth was slow to build

Interview Quotes

- ➢ "If we don't have the answer, we do some research and get back to them."
- ➢ "Having one person to lead you through everything is very beneficial."
- ➢ "We hoped it would work for people to engage before they were in crisis."

Success

- ✓ Connecting with community residents on an individual basis to get them help, like facilitating calls during Medicare open enrollment
- ✓ Partnerships: Making connections with providers and individuals in the community with common goals leads to improved relationships
- ✓ Awareness: building knowledge amongst providers about services
- ✓ Trust: being a facilitator for the population with a familiar face to encourage and support
- ✓ Feedback: utilizing the network meetings as a sounding board on how to reach others, support group and problem solving arena

Southern Chisago County

Pilot Overview

Goal: Build a connected network to support aging community members

Lead Organization: Central Minnesota Council on Aging

Geography: Southern Chisago County, with plans to expand county-wide

Staffing Resources: 110 hours/month (.72FTE) shared between three personnel. Additional volunteer and in-kind hours

The Coalition: approximately 30 organizations involved with the effort and continues to grow

Key Learnings

1. Networking: Volunteer Community Connectors are vital and should be local; people want to work with people they know

2. Communication: Local newspapers, particularly Shoppers, are an effective means to reach target audiences

3. Representation: Administrative-level decision makers and community (civic, local government) leaders should be engaged early in the process, especially strategic planning

4. Sustainability Plan: Plans are in place to form a 501(c)3 to continue and expand efforts. The goal is to have the organization in place by February 2020

Main Focus

Networking/Community Relationships

- ❑ Establishing a network to support seniors and families/caregivers with proactive (before crisis) education on community resources broadly translated into a safety net to support seniors

Keep it Local

- ❑ Local speakers present information, refreshments are locally sourced, logo designed by a local firm, materials printed locally
- ❑ Increased community cohesion

Community Education

- ❑ Presentations to many organizations to increase awareness
- ❑ Marketing efforts – brochures, social media, newspaper ads, email lists
- ❑ Senior Expo with over 200 attendees

Barriers

1. Getting health systems aligned and on board
2. Lack of initial community ownership with no lead in place at the beginning
3. Securing fiscal hosts, funding and space for storing materials
4. Transportation limitations

Interview Quotes

- "Chisago Age Well is about the idea that it takes a community to care for our elderly and help them age well."
- "We have to reimagine what aging and living in our communities is and investing in the changes to make it happen."
- There are a lot of resources locally—and though the communities are small, they are service rich. It's just about knowing how to tap into them."

Success

- ✓ Collaboration: working with other service providers and community organizations as true partners
- ✓ Growth: program became larger than initially imagined due to passionate members
- ✓ Resources: provides seniors with resources, choices and social connections, which are credited with helping to slow decline
- ✓ Spreading the word by education events, social media presence and development of laminated resource guide, presenting at Minnesota Department of Human Services Age Odyssey conference