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Health Projects Center: The Need for Community Outreach and Collaboration When Connecting

Vulnerable Seniors with In-Home Services

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Abstract

Too many elderly people will end up in a nursing facility instead of aging at home. Health Projects Center (HPC) serves at-risk adults for institutionalization due to poor healthcare. In particular, the Community Housing Improvement Systems and Planning Association's (CHISPA) residential communities were in need of in-home services but were unaware that programs like HPC's Multipurpose Senior Services Program (MSSP) existed. The project's purpose was to bring an awareness to CHISPA residential communities in Monterey County. The type of community outreach planned was an informal in-person presentation to CHISPA staff and residents. A total of 34 residents of Junsay Oaks and Marina Manor were educated on HPC's programs and the outcome was two residents connected to receive HPC's services. The recommendation for HPC is to continue to develop the connection with CHISPA staff and coordinate visits to their other communities..

Keywords: Seniors, Long Term Care, Home and Community Based Care, Case Management. In Home Health Services

Agency & Communities Served

Health Projects Center (HPC) is a 501(c) 3 non-profit organization with locations in Salinas, Hollister, and Santa Cruz. “Health Projects Center [mission is to support] people as they age to live safely at home by delivering high quality services and programs in the Monterey Bay Region. [Their vision is to] ...seek a community where people age at home with dignity and good health. We seek a community where all people receive supportive health and social services in the least restrictive environment possible” (Health Projects Center, 2020, para 3-4). HPC helps address the medical and social needs of older adults living at home by coordinating high-quality services with programs like the Multipurpose Senior Services Program (MSSP), specifically targeted towards lower income seniors age 65 plus who are Medi-Cal eligible or who have had a health event which places them at risk to be institutionalized.

The U.S. Census as of July 1, 2020 reports that the population of seniors aged 65 and older in all of Monterey County is 14.5% out of a total population of 437,325 people. This number is approximately 63,412 residents county wide. The cities served by the MSSP program are: Monterey, Santa Cruz, and Salinas. These cities have the following percentage of senior population aged 65 plus: 17.9% or 5,409 , 12.4% or 7807 and 9.4% or 15,373 people respectively (U.S. Census Bureau, 2021). Additionally, 11.9% of seniors in all of Monterey County are of lower socioeconomic status and living in poverty, which makes them eligible for Medi-Cal (U.S. Census, 2021). Currently there are 420 seniors being served in the MSSP program of which 193 reside in Monterey County (Health Projects Center, 2020).

Problem Model Background and Literature Review

Figure 1: Problem Model

Contributing Factors	Problem	Consequences
At Risk for Falls	Too many elderly people will end up in a nursing facility instead of aging at home.	Supply and demand
Skilled Nursing and Primary Care Physician Shortage		Financial Strain on Medicaid
Family Care Issues		

Problem Statement

The fastest growing segment of the U.S. population is older adults, aged 65 and older. In 2019, there were 54.1 million older adults. By 2040, that number will grow to 80.8 million people (Administration for Community Living, 2022, para 1). A small percentage (3%) will live in an institutional setting (McInnis-Dittrich, 2020), but the majority will be living and aging in their homes. The trend to live at home is a reality for the growing number of lower income seniors in Monterey County. They require assistance with medical and social services in order to stay healthy and remain safely in their homes. A 2003 report by the United States General Accounting Office (GAO) stated that State funding for nursing facilities began to decline in early 2000 (Allen, 2003). The result was that home and community-based settings (HCBS) became the popular option to receive more funding. There were more recipients for in-home based health care than in institutional settings. According to Allen, “Medicaid long-term care spending more than doubled to over \$75 billion, while the proportion spent on institutional care declined” (Allen, 2003, Abstract, para. 1). At the same time, the GAO’s analysis showed that for long-term care, the trend was to stay at home and receive services all paid for by Medicaid and Medicare waivers. The MSSP program coordinates these home and community based services to deliver

in-home care that are paid for by the State funded Medi-Cal benefits. Medi-Cal is California's Medicaid program and covers low income individuals. To qualify for Medi-Cal an individual must not earn more than \$20,120 per year and or a couple \$27,214 per year (Health For California Insurance Center , 2023). To qualify for the MSSP an individual must be age 65 or older, and meet income eligibility.

Contributing Factors

At Risk for Falls

One of the leading risks for hospitalization in the elderly population are falls. Falls affect one in three adults age 65 annually (Ambrose et al., 2013). They are the number one cause for injury and the second leading cause for unintentional death according to the World Health Organization (WHO) (Winser et al., 2019). After a fall, there is a greater risk that the older adult will have to enter a nursing home or skilled facility taking away their independence and leading to a decline in mental and physical health. Falls both indoors and out are due to poor balance while walking or getting up from a seated or sleeping position. Thirty to forty percent of adults 65 years will fall at least once yearly (Ambrose et al., 2013). Recurrent falls occur in 0.1% of the fallers, often leading to long-term nursing care from the injuries sustained in the fall, and are estimated to cost 75 to 100 billion dollars annually globally (Winser et al., 2019).

The MSSP program case managers assess the fall risk on a monthly basis by simply checking in and asking participants if they have had any falls that month. If they have, there are procedures to track and report them. Additionally, case managers then advocate for medical equipment, such as walkers, and canes, so that they can avoid additional falls which could lead to a skilled nursing facility or hospital stay. HPC has a Fall Prevention educational program that MSSP clients can enroll in.

Skilled Nursing and Primary Care Physicians Shortage

The recent pandemic has brought an awareness that there is a nationwide skilled nursing shortage as well as decline in new primary care physicians. Currently nursing facilities across the United States are experiencing a serious shortage of skilled staff (American Health Care Association [AHCA], 2022, p.2). Some report this situation has become a crisis itself. The *State of the Nursing Home Industry Survey* was distributed to 759 nursing home providers in 2022. The survey reported that; “60% of nursing homes are experiencing worse staffing situations since the start of 2022” (American Health Care Association [AHCA], 2022, p. 2) and 98% are experiencing difficulty hiring staff due to a lack of interested or qualified candidates and low wages being paid. This staffing crisis has resulted in nursing home closures. Seventy-three percent of nursing home managers are concerned about closing due to the shortage of nurses. (American Health Care Association [AHCA], 2022, p.8) Of the facilities that are forced to close, many are in rural areas where lower socioeconomic seniors are the most vulnerable.

Community and in-home health care depend on a collaboration between a patient's primary care physicians (PCPs) and nurses to be able to manage chronic conditions and deliver effective in-home care. The current prediction is that approximately 8500 PCPs will retire each year and be replaced by only 8000 new PCPs annually (Flaherty & Bartels, 2019). The need for this type of specialized geriatric care will exceed the current and future physician workforce. Only 14.5% of the new physicians will specialize in primary care. This decline is due to doctor burnout, underpayment, lack of satisfaction in their work and lack of work/life balance. “The demand for geriatricians is projected to increase 45% by 2025 with a projected national shortage of almost 27,000 geriatricians” (Flaherty & Bartels, 2019, p. S401). This shortage will place the

burden of primary care on registered nurses (RN), social workers, and physician assistants, as they will have to take on more and more responsibilities once held by the PCPs. The RN's will require specialized training and licensing to take on these new duties. Currently, only 1% are qualified. (Flaherty & Bartels, 2019, p. S402). HPC has trained Nurses specialize in geriatric care management that work with Social Workers and the clients PCP's to address the needs of the MSSP clients.

Family Care Issues

Families make up the majority of informal caregivers for elderly members in society numbering 18 million persons (Flaherty & Bartels, 2019, p. S400). A key factor that will have an impact on in-home healthcare is baby boomers born between 1946 and 1964 that opted not to marry, or have children. Even those that did have children may have limited children to an average of only two (Spillman & Pezzin, 2000, p. 349). Also, this generation has had a higher number of divorces and blended families so that family ties have weakened (McInnis-Dittrich, 2020, para. 2). The elderly without children and still married will rely on an aging spouse to care for them, and that spouse may also be in need of care. Those who do have children may find that their children are not able to care for them because they have to work and support children of their own. This is what is referred to as the "sandwich generation" (Spillman & Pezzin, 2000, p. 347). Primarily caregiving is done by the females in the family, the wife, daughter, or daughter in law, but because so many females are in the workforce today, the available number of family caregivers has declined over the years. A reduction in availability of family caregivers will be a challenge as the population of elderly people continues to grow. The MSSP program partners with Med-Cal Social Workers who provide In Home Health Services (IHHS) caregivers to help

the client with activities of daily living (ADL's) such as: grooming, dressing, and house chores that normally would fall on a family member to do.

Consequences

Supply and Demand

By 2050 the biggest segment of the baby boomer's will be those that are the "oldest old", defined as older adults over 85 years, frail and with failing health (McInnis-Dittrich, 2020, chap. 1, p. 2). They will make up 4% of the population according to a 2013 Congressional Budget Office (CBO) report (2013, data p. 7, exhibit 1). The demand for this population to need a nursing facility (NF) or skilled nursing facilities (SNF) will grow exponentially because they will most likely live alone without a spouse or child to care for them. While 80 % of these older adults are currently living in a private home, 13% reside in a NF and SNF paid for by Medicaid (CBO, 2013).

In response to this growing need, the California Health and Human Services Agency (CHHS) has proposed a new budget of \$280 million to begin to address issues facing future supply of NH and SNF. This proposal addresses both institutions. Addressing quality of care standards, staffing shortages and workforce education, and assuring they meet benchmarks which are set by the Federal and State government, this new proposal is a starting point for meeting future needs in California (CHHS, 2022, p. 12).

Financial Strain on Medicaid

The financial burden placed on Medicaid to care for a low income senior adult who becomes ill is enormous. Many low income people are ill prepared for retirement and have little to no assets or savings. They do not plan for a long term illness, and many cannot purchase long term care (LTC) insurance because it is too expensive. These older adults end up having to rely

on the Medicaid and Medicare systems to cover long term services and support (LTSS), such as a stay at a NF or SNF (Mann et al., 2016). This burdens the state and federally funded Medicaid programs. In 2011, 66% of people enrolled in Medicaid lived in nursing homes versus 11% in private homes (CBO, 2013,p. 30, exhibit 13).

The Medicare and Medicaid systems were not designed to care for long-term health coverage and in “2014 total federal and state Medicaid LTSS spending was 152 a billion” (Mann et al., 2016, para.1). Future projections show an increase of three times this which will place substantial pressure on state and federal budgets (Mann et al., 2016).

Project Description and Implementation Process

Project Proposal

The project was two inservice presentations to the Community Housing Improvement Systems and Planning Association, Inc. (CHISPA) at their Junsay Oaks Senior Apartments and Marina Manor Senior Housing both located in Marina, Ca. (CHISPA Map, 2021). Junsay Oaks and Marina Manor are designed to include health services and education as part of the services provided to help serve the residents, many of whom are considered low or very low income and must meet eligibility criteria to reside there. The staff that oversees services is from the CHISPA Communication and Community Engagement Department. Through presentation and literature, I educated and brought awareness to the staff and residents about HPC, and the many programs, one specifically: the MSSP program, in hopes of increasing enrollment for the MSSP program. State funding for this program is contingent on an enrollment of 200 participants and currently there are 193. Seniors who reside in their homes in these communities often do not know where to go to obtain services needed. The inservice presentation’s did help highlight HPC and the many in-home services offered to better serve seniors at these communities.

Project Justification & Benefits

A contributing factor that will be addressed in the presentation is the risk that falls have on a seniors ability to maintain independent living. By participating in programs like the MSSP program, recipients have the opportunity to participate in a free fall-prevention class which will provide them with education on how to increase balance and prevent falls. This meets the best practices in the National Association of Social Workers (NASW) code of ethics, under ethical responsibilities to clients - 1.01 Commitment to Clients - “Social Workers’ primary responsibility is to promote the well being of a client” (NASW, 2021, para 1).

The benefits that resulted from the project included: providing seniors education on services in their community, meeting the needs of seniors, and bringing awareness of HPC as an organization to CHISPA employees and their residents. The positive impact to the agency will be an increase in inquiries and or participation for their programs. Reaching out to seniors who may not be aware that help is available will benefit both the agency and the seniors by connecting them within the community to other professionals and services. Creating stronger community connections with CHISPA will enhance and support the vulnerable population of seniors that reside in their housing communities, so that they can live their best lives.

Expected Outcomes & Assessment Plan

The long-term expected outcome for my Capstone will be that HPC will gain new clients from the residents who reside at CHISPA’s Junsay Oaks and Marina Manor. A short-term expectation is that a minimum of ten residents at Junsay or Marina Manor will attend the outreach session and a minimum of three residents will contact HPC directly and two will be enrolled in our MSSP or other HPC programs. An additional outcome is the facilitation of

bringing together HPC and CHISPA staff, forging new relationships between these organizations and building collaboration with CHISPA and HPC employees. The potential to become a supportive community partnership delivering in-home care services to the CHISPA low income seniors in their communities would be the end result.

My assessment plan for this project consisted of tracking the participants at the inservice presentation hosted by CHISPA to ascertain whether they have knowledge of, or have reached out prior to HPC. This included any employees and or senior residents or their families. At the start of the presentation I used the HPC tally sheet which is an attendance record used for participants to sign in. This is a record of participants names and was sent to the Intake Coordinator to be used as a check off sheet should one of the residents, or families of residents, and employees of CHISPA call and make an inquiry. The CHISPA employee also measured how many participants of the housing development have health and mental care needs with a questionnaire handed out at the presentation.

Implementation Process

My implementation process began with researching potential low-income senior housing in Monterey County that HPC has no prior collaboration with. At the same time I identified a student in my class who was interning at CHISPA and I saw this as a potential for outreach and agency collaboration. CHISPA has six low-income senior housing/ apartment communities to target: Junsay Oaks, Marina Manor, El Estero, Sherwood Village, Los Abuelitos, La Gloria and Sunrise (CHISPA Map, 2021). I targeted the two in Marina then sent an email correspondence to the Communication and Community Engagement Director, as well as the Community Services Coordinator and Project Manager. I did hear back from the Communication and Community Engagement Director, as well as the Community Services Coordinator at CHISPA which began

the collaboration. This led eventually to my classmate and I coordinating two in service presentations. As part of the planning I requested internal meetings at HPC with the Associate Director and MSSP Program Associate, to help plan the presentation. A detailed Project Implementation Plan is located in Appendix A. And, an example of professional communication with CHISPA can be found in Appendix B.

Project Results

The outcome that was expected from the two presentations were that there would be a minimum of ten residents that would attend the two presentations and that at least two residents would sign up for the MSSP program. At the Junsay Oaks presentation 16 residents were in attendance, and an additional ten participated by only answering the CHISPA questionnaire. At the conclusion of the presentation, the CHISPA employee's and I went door to door to ten apartments to speak with those residents who did not make the presentation. At the Marina Manor presentation the turnout was much lower than expected with only eight people in attendance, and they were spread out over an hour. This presentation was held at the same time there was an art class going on in the community room which only had one woman in attendance. The expected outcomes were met in that I ended up interacting with a total of 34 CHISPA residents between the two locations. At the end of March two CHISPA residents signed up for the MSSP program. Therefore, the CHISPA presentations did achieve the expected outcomes of education and a min of two new enrollment into MSSP program.

Conclusion & Recommendations

Many of the adults who reside in low income housing do not have a coordinated care team that helps them remain safe and healthy in their homes. Many do not know what is available to them. This can be a challenge when managing healthcare. Understanding there are

supportive services and how to access these services in their communities helps them to remain healthy in their homes which can be life changing. Oftentimes they do not know how to advocate for themselves and who to connect with. Establishing a rapport through regular presentations and providing educational information helps HPC to become a trusted partner in their health care planning. Helping them to learn how to advocate for needed services empowers them and assures this connection leads to healthier living and self reliance.

The recommendation is for HPC to continue to set up additional inservice presentations for CHISPA's five other senior apartments located in Salinas (3), Hollister(1) and Monterey(1) (CHISPA, 2022). Presenting twice a year to these senior housing developments would be a way of establishing relationships with those seniors and staying connected for when they have needs. HPC could also attempt to understand what it takes to become one of CHISPA's "community service partners" listed on the CHISPA website and continue to develop a collaborative relationship within the Communication and Community Engagement Department which oversees services and partnerships.

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Appendix A

Exhibit A: Project Implementation Plan

Task	Timeline	Parties Involved	Materials/ Services Needed	Deliverables
Discuss and brainstorm with staff Capstone project	February 13, 2023	Melissa (Intern), Bailey (Communications and Development Manager), Sondra (Supervising Care Manager)	Marketing material, Directory of services Monterey County	Guidance and direction for marketing materials, and locations
Discuss with Mentor project	February 27, 2023	Melissa and Claudia Mendez	Review of Capstone and planning	Confirmation I am on the right track
Send email requests to potential housing CHISPA	By February 27, 2023	Melissa, (recipients Appendix B)	Email addresses	Request to present fall prevention powerpoint
Meeting to discuss implantation and inservice presentation	March 2, 2023	Zayra (Program Associate), Mitch (Associate Director), and Vanessa (Social Worker)	Presentation outline, calendar and fall prevention powerpoint	Date set to do inservice in March
Meeting to discuss inservice	By March 2, 2023	Vanessa and Mitch	Flyers and Fall prevention powerpoint	To bring educational materials for Juancy residents and CHISPA employees
Practice Fall prevention presentation	By March 3, 2023	Vanessa and Zayra	Fall prevention powerpoint	Ready to present

Meet with CHISPA Communications and Community Engagement Director	March 13, 2023	Melissa, Zayra, and Ruth (CHISPA CCE Director)	Website and Zoom	Introduction and discussion of Capstone projects and HPC collaboration
Meet with Low income Elderly in housing CHISPA	March 20, 2023	Melissa and Zayra	Community meeting room, laptop, handouts, and marketing swag	Educate residents and gather names
Send follow up email to thank everyone who helped and housing managers	March 31, 2023	Melissa	Letterhead, envelopes and stamps	Connecting with the managers and showing gratitude.

Appendix B

Project Implementation emails :

Ruth Rodriguez Communication and Community Engagement Director
rrodriguez@chispahousing.org

Katie Alba Community Services Coordinator
kalba@chispahousing.org

Hello

My name is Melissa and I am a senior at CSUMB. I have a requirement to write a capstone for graduation. (I am a classmate of Betsy Oropeza).

My capstone is on fall prevention. Helping seniors prevent a fall enables them to remain in their homes and out of institutional facilities. Health Projects Center (HPC) has services that keep them independent and live healthy at home.

I am looking to do outreach and in-service presentation at one of your Housing developments to help bring awareness to the residents about fall prevention and Health Project Center's programs and free services.

In return, HPC would welcome an in-service presentation to our Social Workers and staff about the CHISPA community.

Please let me know if it is possible to do a presentation this March. I can be reached at the email above or by phone at 831-800-3647.

I look forward to your reply.

Kind regards,

Melissa West-Kevan

Health Projects Center
Intern MSSP Program