LeadingAge
Center for Housing Plus Services

Housing Plus Services

SNAPSHOT

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The Personal Health Partners program provides health and wellness-related services through nurse-led clinics in three Northeast Ohio affordable senior housing communities. Operated by Laurel Lake Retirement Community, the program strives to improve participants' ability to navigate the health care system with a focus on preventative care and effective management of chronic conditions. The goal is to enhance residents' quality of life while reducing the need the need for unnecessary emergency room visits and hospitalizations.

Personal Health Partners Program

Hudson, OH

Background

The Personal Health Partners program grew out of a volunteer effort begun in 2000 by some staff members of Laurel Lake Retirement Community to bring social activities to residents in Stephanie S. Keys Towers, a 100-unit senior high rise operated by the Akron Metropolitan Housing Authority (AMHA). Laurel Lake is a continuing care retirement community operating on a 150-acre campus in Hudson, OH.

Through their interaction with the residents, Laurel Lake staff noticed many residents had difficulties accessing medical services and managing their health care. They polled residents to see if they'd be interested in having a nurse come to the property and heard a resounding "yes."

Laurel Lake pursued a grant to support a part-time nurse. Initially, the nurse set up in the building lobby and did basic things such as checking blood pressure. As they began hearing a desire from residents to have more one-on-one time with the nurse, Laurel Lake decided to expand the intensity of the program. The housing authority established a private office for the nurse and she began meeting with residents to address their health-related concerns. Additional wellness activities were also introduced, including fitness programs, prevention screenings and health education sessions.

Laurel Lake expanded the program in 2003 to another AMHA community, 185-unit Ray C. Sutliff Towers, after residents heard about the program from their fellow residents in Keys Tower and campaigned to bring the program to their community. They expand again in 2009 to Twinsburg Senior Apartments, a 100-unit community managed by K&D Development group.

Along with Laurel Lake's own funds, the program was initially seeded with a grant from the Salmon Memorial Fund of the Sisters of the Humility of Mary. Catholic Health Partners' ElderReach fund (later Mercy Outreach) and AMHA also provided grants over several years to help support the program. Currently, Laurel Lake is solely supporting the program. Laurel Lake's mission is to be a community of choice, and they see the Personal Health Partners program as a way to extend their mission to the greater community helping to make it a community of choice as well. Laurel Lake also contributes to the community by sponsoring parish nurses, providing a service coordinator for the greater Hudson community, and sponsoring an emergency shelter for homeless seniors, Laurel House.

Program

The Partners Health Partners program is a nurse-led program designed to empower individuals to make sound decisions regarding their health by providing and coordinating education, support, referrals and services, including:

- Comprehensive health assessment, monitoring, instruction, support, referral and follow-up
- Health education
- Prevention screenings
- Fitness programs
- Mental health initiatives
- Social activities

The nurses offer all new residents a health risk assessment when they move in. Residents are also encouraged to be reassessed annually and are offered a $5 grocery store gift card as an incentive. The assessment gathers information about things like exercise habits, nutritional practices, weight, blood pressure, BMI, and so on. For residents who aren't willing to complete the full assessment, the nurses gather basic vital sign and health information. They are also regularly assessing residents through conversation and observation.

The nurses analyze the assessment or other information shared by residents and coach the resident on possible ways to improve their health. They help residents set health-related goals, and provide various levels of support as needed and wanted to help achieve the goals. The also makes referrals to health and social services based on identified needs.

The nurse will engage with residents' primary care physicians, depending on the resident and the issue. While they want to encourage individuals to handle their own healthcare, some residents have circumstances that limit their ability and they may need some assistance.

The program promotes preventative screenings with residents. Early on, the nurses found that residents weren't getting mammograms, for example, because they didn't think they could afford them. They help residents understand that certain screenings can be covered by insurance and assist with arrangements where needed. They also conduct or coordinate onsite screenings for issues such as vision and hearing loss, diabetes, colon cancer and falls risk, and depression, and coordinate annual onsite flu shot clinics. In several instances, they've been able to get the practitioner or company to donate their services.

The nurses use collected indicators to design and conduct educational programs to help address common health needs and support personal health goals. Programs cover topics such as managing chronic illness, pain, depression, weight and medications, as well as disease prevention, stress management, communication skills and healthy eating.

A certified exercise instructor employed by Laurel Lake offers the Arthritis Foundation exercise program at each property twice a week. Laurel Lake also invites residents to participate in a twice weekly aquatic exercise class at their campus and provides transportation for those who need it. Other fitness activities include walking groups and an individual pedometer program.

In 2012, Laurel Lake added a spiritual care element to their mental health initiatives program. The nurses found they were spending a lot of time with residents who needed to work through psychosocial and spiritual issues regarding loss (family members, lifestyle, job, etc.), anger and guilt that were having an impact on their health. A spiritual care coordinator conducts group sessions on various topics such as forgiveness and grief, and meditation sessions to help residents coping with anxiety. He also hosts memorial services to honor residents or residents' friends and family members who have died. Nurses will advise residents that it could be helpful to discuss their issues with someone with specialized training who can spend more time with them, and then refer them to the coordinator. Residents will also refer each other or will reach out directly for themselves. Because the residents have gained a level of trust with the nurses that they will maintain their privacy, they have been willing to embrace the spiritual care coordinator.

Also helping to address resident psychosocial needs is the Legacy Project, which pairs residents with students from a local high school service learning program to create memoirs. The purpose of the Legacy Project is to assist senior residents to recognize their personal experience as a worthy legacy for future generations, with a resultant goal of improved sense of personal satisfaction and enhanced self-worth. One or two semesters a year, students are paired with interested residents. Together they explore the resident's life history and, using an online program, the student creates a printable biography. Laurel Lake funds the printing of one book, but once families see it, they are often interested in printing additional copies.

The program also includes nutrition-related components. They have started mini-food pantries that are stocked through donations at each property and connected or coordinated with other programs that also bring food resources to residents. Recently, they started a raised container gardening program at each site. Beyond the potential for producing fresh produce, the activity offers opportunities for exercise, education, social interaction and a sense of accomplishment.

Finally, the program offers and coordinates a variety of social activities with the idea that they help address psychosocial needs and enhance resident health and well-being.

The nurses collaborate with the property-employed service coordinators. The service coordinators are integral in identifying and referring residents who could be helped by the program. The nurses also refer residents to the service coordinator who need help applying for public-benefit programs or accessing other resources. Property management also refers residents to the program.

The program also gets many referrals from residents. It's not uncommon for a resident to bring a neighbor into the nurses' office. When the nurse started seeing residents in the first building, it was slow going at first. Over time, though, more and more residents started coming. When they started up in the second building, several residents were immediately engaged and they found they had to do less PR work because residents in the first building had promoted the nurse and the program to them.

Residents had fears that the housing authority or other residents would learn their business, so the nurse had to earn their trust. Eventually she did through practices like asking permission to talk to their doctors. It was also key to have an office where people could talk behind a closed door and know that files are locked away when the nurse is not there. AMHA's Deputy Director of Resident Services and Community Relations believes that one of the most important benefits of the program is that residents know the Laurel Lake staff is there to help them. Since the nurses are not employees of AMHA, residents are assured that their issues and needs remain confidential.

The nurses track data on participants through a software program called HealthCalc (the company has stopped upgrading the software, but Laurel Lake is still able to use it until they identify a replacement). The program includes the annual health-risk assessment tool and stores resident responses and other encounter data, allowing them to track resident progress. For example, they can show a resident how their blood pressure has dropped over time. They are also able to aggregate data at the community level to identify common health needs and trends across the population in each building. This allows them to adjust programming based on what is needed by the building's population. With knowledge about individuals, the nurses can reach out to them when they have a program or activity that would be of interest or benefit to them and let them know it is going on.

Laurel Lake employs the three part-time nurses and spiritual care coordinator. A nurse is dedicated to each property and each clinic is open 2 to 4 days/week, generally in the morning. One nurse is employed 30 hours/week (she also coordinates the overall program) and the others work 20 and 16 hours each. The spiritual care coordinator works 16 hours per week and has set hours at each building, but is flexible based on resident need.

There are 385 residents across the three properties and about 310 residents participate in the program in some fashion. Residents don't necessarily participate in every aspect, but pick and choose the parts they need and want to utilize. The nurses have purposely created a multi-faceted program to try to meet everyone's needs in one way or another.

Examples of how residents have benefitted from the program include:

- An 82-year old woman who received weekly support from the nurse to help overcome depression and anorexia and gained 23 pounds over the course of the year.
- A 90-year old woman with Parkinson's Disease progressed from being barely able to walk 50 yards to walking a mile twice weekly with other program participants.
- A 95-year old woman who was guided through the steps of preparing for end-of-life, making out a Living Will and assigning Durable Power of Attorney, which provided her with peace of mind.
- A younger disabled man suffering from depression and inadequate income for food was guided to make changes in his health care choices and is now able to work part-time, providing additional income and improved self-esteem.

- An 85-year old woman with diabetes who had always gotten the flu in previous years but did not after finally getting a vaccination from the onsite flu shot clinic.
- Identification of potential malfunction of an 88-year old woman's pacemaker that prompted her to contact her cardiologist who brought her in for an immediate adjustment.
- Supporting a man who mismanaged his medications to set up a system where he could eventually properly manage them on his own.

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