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## Keep Them Rocking at Home: Thriving in Place

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# Keep Them Rocking at Home:

## Thriving in Place

by Becky Hayes Boober

*The Thriving in Place Initiative (TiP) described by Becky Hayes Boober aims to help people with chronic health conditions remain safely in their communities instead of being hospitalized or placed in residential care facilities. Funded by grants to communities from the Maine Health Access Foundation, TiP builds on and coordinates health care and supports already in a community.*

I'm glad I have nosy neighbors. I didn't always feel this way, but since working with communities that support people with chronic health conditions to thrive in place, I have realized nosy neighbors are an important part of an essential social support network.

Tapping community resources, including the engaged neighbor, is foundational to the Thriving in Place (TiP) initiative, launched in 2013 by the Maine Health Access Foundation with eight planning grants, four of which have moved to implementation. In 2015, two new planning grants were awarded and three additional implementation grants. TiP helps people with chronic health conditions (including the elderly and persons with disabilities) remain safely in their communities instead of being hospitalized or placed in nursing homes or other residential care facilities. Instead of creating new programs or services, TiP builds on and coordinates health care and supports already in a community.

TiP recognizes we cannot afford to expand our current system of services to meet the growing needs of the aging population in Maine, which saw a 58 percent increase in persons age 85 and older between 1990 and 2009, even before the bulk of baby boomers began reaching that age (Office of Aging 2012). Even though 90 percent of older Mainers want to stay in their own homes, the current system relies on costly hospital and long-term residential care. Almost half of health care costs for persons dually eligible for MaineCare and Medicare is spent on nursing homes, other residential-level care, or acute hospital stays (McGuire et al. 2012).

Since we cannot afford the current system of care for an expanding older population, new strategies are needed to keep people healthy and home. Through community partnerships, TiP links health care systems with community supports such as housing, transportation, home services, caregiving supports, volunteer networks, and social connections. TiP requires four partners: health care providers, home/community-based service providers, community supports, and consumers/caregivers. Current TiP communities partner with as many as 43 organizations.

During the planning period, grantees conduct a *community assessment*; solicit *community input and engage consumers*; develop a *comprehensive TiP plan* to help people to thrive in place by integrating health care, social services and supports, in-home supports, and volunteers; and clearly identify partners' *roles and responsibilities*. Community-specific ideas are tried, such as having the homebound call the police or a volunteer each morning to check in. Some Maine hospitals contract with the local Area Agency on Aging to provide Meals on Wheels for two weeks after discharge for a patient and caregiver, reducing readmissions.

### LESSONS LEARNED

Through community input, TiP grantees discovered insights on what keeps people safe and healthy in their homes. We anticipated hearing that people were at risk of being placed in long-term residential care because of lack of access to or affordability of health care and pharmaceuticals. Instead, we discovered the following:

1. Needs were often low barrier, but people lacked resources (snow shoveling, home repairs, heat, transportation, social isolation, caregiver support).
2. People rated their health as good, even when they had four or more chronic health conditions, demonstrating resilience.
3. Maintaining older people's dignity and sense of purpose is essential. People want to continue contributing to their community. Therefore, TiP networks keep them engaged, often through membership models that ask every member's help in some way. For example, someone who is homebound can call other people each day to check on them. By helping others, individuals become more comfortable accepting services.
4. Health care providers need to respect and listen to older patients. Those surveyed liked their primary care providers, but did not feel listened to by specialty care providers.
5. Social isolation is a big concern and can affect behavioral health, especially after people can no longer drive. Some primary care providers write prescriptions or letters to patients, recommending them as members of TiP, so they get needed services while staying connected in the community.
6. The aging population is an opportunity for Maine, not a burden. Older Americans are a tremendous community resource with their wisdom, professional and other life experiences, and time.
7. Relationships are fundamental to TiP success. This includes relationships among the partnering organizations and among community members.
8. Collaboration takes time, intense effort, and champions/leaders to sustain.
9. Change in systems is slow, so patience is required.

These lessons can help other communities interested in becoming TiP neighborhoods.

The neighbors-helping-neighbors aspect of TiP is needed in most Maine communities. In the unrelenting

winter of 2015, an older Maine man was discovered dead in a home with no heat. Another man who was a caregiver was found dead after a heart attack. Because he was discovered two weeks after his death, his disabled wife had died as well due to lack of care. Maine can and must do better than this. Neighbors need to support each other and to develop systems of coordinated care and support. These tragic incidents are reminders of the importance of creating a community network of professional and volunteer supports that keep all community members safe, healthy and thriving in place. 🐟

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**Becky Hayes Boober**, senior program officer at Maine Health Access Foundation, leads initiatives to integrate behavioral health and primary care and the Thriving in Place initiative to keep persons with chronic health conditions, including older persons, in their homes. She also oversees Access

to Quality Care grants. Previously, she worked for more than 20 years in the commissioners' offices of three state of Maine departments.