

## ***Expert Roundtable on Health***

**-Summary of Findings-**

### **BACKGROUND**

Launched in 2007, the *Age-friendly New York City* initiative is assessing local structures and services in order to develop strategies that will make New York City more accessible to, and inclusive of, older people with varying needs and capacities. This work, which is being carried out by the New York Academy of Medicine in collaboration with both the Mayor and the City Council of New York, is particularly focused on eight domains of city life, including:

- outdoor spaces and buildings;
- transportation;
- housing;
- respect and social inclusion;
- social participation;
- communication and information;
- civic participation and employment; and,
- community support and health services.

Now in the assessment phase, the initiative is collecting information about the advantages and barriers older New Yorkers experience in the eight areas of city living outlined above – and what changes may be needed. To inform this process, the New York City Council and the New York Academy of Medicine are co-convening a series of seven roundtable discussions to talk directly with experts from various sectors. The purpose of the roundtables is to identify the ideas, concerns, and ideas relating to the anticipated growth of the City's older population *and* to identify contributions that these respective sectors can make (and in some instances, have already made) toward bettering the lives of New York's older residents -- and what may be needed to develop/expand these efforts. The seven roundtables, which were carried out in January and February of 2008, focused on the following topic areas:

- 1) *Business*, chaired by Partnership for New York City President Kathryn Wylde;
- 2) *Housing Development*, chaired by Citizens Housing and Planning Council Executive Director Jerilyn Perine;
- 3) *Civic Engagement*, chaired by Wagner School of Public Service Professor Walter Stafford;
- 4) *Transportation and Outdoor Spaces*, chaired by Straphangers Campaign Senior Attorney Gene Russianoff;
- 5) *Tenant Rights*, chaired by Citywide Taskforce on Housing Court Executive Director Louise Seeley;
- 6) *Social Services*, chaired by United Way of New York City CEO Gordon Campbell; and,
- 7) *Health*, chaired by New York Academy of Medicine President Jo Ivey Boufford.

The following provides a summary of the major themes to emerge from the Health Roundtable discussion, which was held in the Committee Room at City Hall on Friday, February 29, 2008.

### **PARTICIPANTS**

- *Chair:* Jo Ivey Boufford, President, NYAM
- Aviva Sufian, Senior Policy Analyst, NYC Department for the Aging
- Beth Finkel, Manager of Programs and Services, New York State Office, AARP
- Betti Weimersheimer, Executive Director, Friends and Relatives of Institutionalized Aged
- Carol Raphael, President and CEO, Visiting Nurse Service of New York
- Carolyn Auerhahn, Coordinator, Geriatric Nurse Practitioner Program, NYU School of Nursing
- Caryn Resnick, Deputy Commissioner, NYC Department for the Aging
- Deborah Halper, Vice President for Education and Program Initiatives, United Hospital Fund
- Dona Green, Assistant Vice President, Corporate Planning, Community Health and Intergovernmental Relations, NYC Health and Hospitals Corporation
- Elizabeth Clark, Associate Director, Clinical GRECC, James J. Peters VA Medical Center
- John Beard, Senior Epidemiologist, Center for Urban Epidemiologic Studies at the New York Academy of Medicine
- Laray Brown, Senior Vice President, Corporate Planning, Community Health and Intergovernmental Relations, NYC Health and Hospitals Corporation
- Lorna Thorpe, Deputy Commissioner of the Division of Epidemiology, NYC Department of Health and Mental Hygiene
- Lou-Ellen Barkan, President and CEO, Alzheimer's Association, New York City Chapter
- Marianne Fahs, Executive Director, Brookdale Center for Healthy Aging and Longevity of Hunter College
- Mark Kator, President and CEO, Isabella Geriatric Center
- Marlon Williams, Policy Advisor to the Deputy Mayor for Health and Human Services
- Mary Mayer, Board Member, New York Citizens' Committee on Aging
- Michael Friedman, Chairman, Geriatric Mental Health Alliance, The Center for Policy and Advocacy of The Mental Health Associations of New York City and of Westchester
- Paloma Hernandez, President and CEO, Urban Health Plan
- Patricia Volland, Senior Vice President for Strategy and Business Development, The New York Academy of Medicine
- Regina Lee, Chief Development Officer, Charles B. Wang Community Health Center
- Ronald E. Richter, NYC Family Services Coordinator, Mayor's Office
- Rosa Gil, President and CEO, Comunilife
- Ruth Finkelstein, Vice President for Health Policy, The New York Academy of Medicine
- Van Dunn, Chief Medical Officer, MetroPlus
- Wendy Perlmutter, Deputy NYC Family Services Coordinator, Mayor's Office

### **DISCUSSION QUESTIONS**

- What are the barriers to health services for seniors in the City?
- How do health systems for older New Yorkers need to improve?
- What do you do (or what could you do) to include/expand the voices of older adults in your service planning and decision-making?
- What can be done to support caregivers?

### **MAJOR THEMES TO EMERGE**

Participants identified the various barriers to adequate care and the possible solutions that will be required to meet future need and maximize human and social capital.

## I. OVERCOMING BARRIERS TO CARE

***A. Participants acknowledged that the current health system is difficult to navigate. Many older people, their caregivers, and even service providers do not have a keen understanding of what services are available to them.***

### Recommendations

- Increase cultural competence and incorporate various linguistic considerations into work
- Explore ways of helping immigrants who are ineligible to benefit from many social programs
- Increase access to case management and care coordination to help older people navigate service systems
- Knowing that not all older people want formal care coordination, ensure that many different vehicles for meeting these needs are in place, including transparent and easy to access information
- Increase outreach for available programs and services, knowing that older people won't come to providers, they have to go to where older people are
- Create a guide to help empower people to care for themselves, which could questions people should ask their doctors, information on health care proxies, etc. (Age-friendly primary care report may have worthwhile recommendations for this)
- Send this resource guide to older people that they receive automatically based on retirement status/age based on Social Security rolls
- Create a website that offers a comprehensive menu of programs and services available to older New Yorkers, not just those services/resources funded by the city

***B. Participants discussed the fragmented systems of care preventing a true continuum of services from emerging. There is a growing need to better integrate services and sectors to ensure seniors experience seamless transitions.***

### Recommendations

- Change current healthcare funding silos that hinder interdisciplinary interventions
- Provide incentives to primary care physicians and their staff to take the lead in coordinating holistic care

***C. Many clients have trouble financing their needed care, even those eligible for Medicaid and Medicare.***

### Recommendations

- Educate doctors about and incentivise the acceptance of Medicare so fewer doctors refuse it
- Move toward parity in health and mental health reimbursement rates in Medicare and Medicaid
- Move toward Medicare reimbursement for long-term care

## II. MEETING FUTURE NEEDS

***A. Planning for the emerging and future needs of older New Yorkers.***

### Recommendations

- Identify the needed components of a comprehensive well-functioning health system for older people so that it can be replicated

- Explore ways of increasing the quality of care delivered to older people
- The following needs were identified as emerging:
  - Depression and other mental health concerns among older adults often get little attention but are critical
  - Need to look at older people and HIV
  - High rate of suicide among Asian Americans; money is starting to flow but there are no culturally and linguistically appropriate services to which to refer them
  - Technology is underdeveloped; significant investment in IT is needed
  - Need to map available health systems to identify at-risk/underutilized areas to target

***B. Need to increase consumer voices into decision-making processes.***

Recommendations

- Explore the fine line between respecting elder choices and being an expert pushing answers on people
- Increase patient advisory boards and ensure older adults are well represented
- Seniors may often feel out of place in meetings with experts and advocates so liaisons to senior groups should also be pursued
- The voices of those with dementia are especially at-risk of being minimized or lost so attempts to capture their preferences and opinions is critical

***C. Increasing the focus on prevention and health promotion. Participants explained that the current service structure is designed to treat health problems not promote overall health.***

Recommendations

- Closely examine the forthcoming results of the Healthy Indicators project for future planning efforts on ways to increase health promotion in social services
- Improve hospital discharge planning efforts so that older people released back to the community are not without the supports they may need such as home delivered meals and care coordination

***D. Identifying promising practices to meet future need.***

Recommendations

- Need to increase the use of electronic health systems in order to better manage and share health records
- Need to increase awareness of advance care planning with older people
- The following models were recommended as promising practices that should be supported, expanded, and/or emulated:
  - Montifiore Hospital's model is very welcoming to the LGBT community
  - 1-800-lifenet, which focuses on mental health, should be replicated with a focus on health
  - Veteran's Affairs hospitals are good model of integrated care and the incorporation of technology to allow entire system to learn about seniors' charts
  - Geriatric programs at Elmhurst/Bellevue Hospitals
  - Time bank programs where people sign-up to give an hour to meet the social and domestic needs of older people
  - Supportive service programs within Naturally Occurring Retirement Communities that combine health and social interventions for older people

- Long-term care managed care health plan where a nurse accompanies their older client to important appointments such as doctor visits

***E. Need to find ways to funding new models and ways of working.***

Recommendations

- Change regulatory barriers that do not allow significant components of service models to be reimbursed by Medicare/Medicaid
- Educate service providers about the ways that they can optimize their billing of Medicaid and Medicare under the existing regulations
- Increase incentives for preventive care and encourage payers to pay for preventive/support services

**III. MAXIMIZING SUPPORT NETWORKS**

***A. Need to strengthen and expand the formal service delivery workforce.***

Recommendations

- Increase the pool of geriatric social workers through training and incentives
- Increase the pool of available paraprofessionals that can help to offset the responsibilities of doctors and free them up to do what they're trained to do; this could include incentives, additional training, building expertise and career tracks so it's not a dead-end job
- Since there are not enough geriatricians to go around there is a need to "geriatize" the existing workforce through ongoing education and training opportunities
- Incorporate a training component on geriatric practice into the City's Department of Health and Mental Hygiene's existing Physician Education program

***B. Need to support informal caregivers.***

Recommendations

- Increase the flexibility of caregivers in the workplace
- Work to strengthen the caregiving roles of faith communities and neighbors
- Provide incentives such as tax credits for informal caregiving
- Find ways to leverage what the Sandwich generation is now going through to care for their aging parents – it could be a very educational time to help them begin planning for their own aging and become engaged with social services now