Bottoms Up! Ground Floor Approaches to Local Patient and Caregiver Support

SENIOR LIFE TRANSITIONS PROGRAM
Saratoga Senior Center
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The diagram illustrates different stages of care over time. Initially, there is a focus on curative care, which aims to cure or alleviate symptoms. As time progresses, the focus shifts towards palliative care, which focuses on improving quality of life. The final stage is hospice care, where the primary focus is on managing symptoms and providing comfort. The diagram also includes a section for death and bereavement care, highlighting the transition phase between hospice and post-loss support.
Domains of Palliative Care

Physical
Social
Spiritual
End-of-Life

Emotional
Cultural
Quality of Life
Ethical

intense person-centered focus
Saratoga County Data: Center for an Urban Future – January, 2023

- 50% increase in older adult population over the past decade, making it the fastest growing older adult population in the state
- 252% increase in the number of older adults in poverty over the last decade

Albany Times Union – January, 2023

- Saratoga County has highest number of mobile home parks in NYS
- Saratoga County ranks 27th of 3,000 USA Counties in health disparity

Alzheimer’s Association – New York State Projections: 2020 – 2025

- Number of NYS Alzheimer’s patients to increase by 12.2%
Building Block One

VOLUNTEER INTENSIVE TEAMS

Core Professional Leadership

> social assessment in the community
> collaborative service
Building Block Two

EXTENDED CARE AT COMMUNITY LEVEL:
A Medical/Social Collaborative

> extension of office-based primary care practices
> expanded community safety net
> filling service gaps: the human services equivalent “last mile”.

[Image of a person sitting on a rocking chair]
Building Block Three

EMPOWERING THE SERIOUSLY ILL SENIOR AND THEIR CAREGIVER

> Address what’s going on in a medically-prompted Transition
> Leverage ongoing trusted relationships
“Moving from incremental to transformational strategies to address health-related social needs,” HEALTH AFFAIRS, May 18, 2023

Navigation/Coaching/Social Needs Require “Last Mile” Longitudinal Support

“Meaningful navigation support must solve an analogous last mile problem to not only connect patients to appropriate services, but to ensure the patient’s social needs are met. Ideally, the navigator is someone that the patient trusts, who can both steer referrals and relieve the patient of the administrative burden. Such support should be based on a longitudinal relationship with the patient and a deep understanding of their needs, as well as knowledge of and close working relationships with community service providers”.
Focus Area 1: Navigation & Support

- Supporting seniors and their caregivers
- Reducing confusion and being overwhelmed
- Empowering seniors to navigate the health and social service systems
Focus Area 2: Aging-in-Place

- Housing/Home Safety
- Home Care Support System
- Advance Care Planning
- Aging-in-Place Plan
Focus Area 3: Enhancing Personhood

Providing a nurturing environment to facilitate healing, adjustment, and growth in a transition period
Program Flow:

I. Referrals/Inquiries
   Saratoga Senior Center
II. Screening
    Phone Interview
III. Intake Assessment
    In-Person by Team Leaders
IV. Work Plan Formulation and Actions
    Team Members, Volunteers, Health Care Providers, and Community Partners
V. Closure/Evaluation
THANK YOU!

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(Pick Up Client Stories!)

QUESTIONS AND DISCUSSION