

NCF AHP Quarterly

Care for the Elderly: Whole-Person, Whole-Community Care

December 2015

In this issue...

A Message from the President.....	Page 2
Aging Population Can Benefit from Integrated Care: Thoughts from Dr. Neftali Serrano.....	Page 4
Access to Oral Health for the Elderly.....	Page 6
Bernstein Fellow Alumni Spotlight: Sarah Thach Steers Preventative Care for the Elderly	Page 8
We have a new name! The Foundation for Health Leadership & Innovation.....	Page 10
New Staff Feature: Emily Bernson Joins the Foundation as Office Coordinator.....	Page 11
New Staff Feature: Omisade Burney-Scott Joins Rural Forward NC as Partnership Manager.....	Page 12
Highlights of the 2015 Annual Jim Bernstein Dinner.....	Page 13
Goodbye to the graduating class of Bernstein Fellows, and a warm welcome to the new class of 2015.....	Page 14
North Carolina Institute of Medicine wraps up task force on Alzheimer’s Disease and Related Dementia.....	Page 15

Leaning into Change...



With a new year, we all consider our resolutions and opportunity to change. Well, the NC Foundation for Advanced Health Programs (NCFHP) has been giving this a lot of thought in recent years. Our founder, Jim Bernstein, embraced change and the innovation required to bring it to fruition. Many of our “friends and family” encouraged us to change our name, saying: “It’s too hard to remember.” Over the past year, we sent surveys to our partners and friends, held focus groups and at last reached a consensus on a new name. Beginning January 1, 2016, NCFHP will become the Foundation for Health Leadership and Innovation, with the tagline: Moving People and Ideas into Action. Our website address will also change to foundationhli.org. Thanks to each and every one of you that gave us your time and ideas. We look forward to staying in touch and continuing to live up to the challenge our new name suggests and the legacy of Jim Bernstein.

Aging in North Carolina is another topic we have spent a fair amount of time discussing with our board and staff. Much attention has been given to the “silver tsunami” yet we are still woefully unprepared to care for the very individuals in our country that have so gallantly contributed to our own well-being. It reminds me of James Taylor’s song, “Secret of Life”:

*The secret of life is enjoying the passage of time.
Any fool can do it, there ain't nothing to it.
Nobody knows how we got to the top of the hill.
But since we're on our way down we might as well enjoy the ride.*

As we change, age and consider what this means, how can we help our seniors “enjoy the ride”? Here are some of our state’s facts on aging:

- NC ranks 9th nationally in population 60 and over
- By 2025, 89 counties are projected to have more people 60 and over than 0-17
- NC ranks 6th in the number of grandparents responsible for grand children under 18
- 48 percent of older adults have two or more chronic diseases
- In 2010, more than 170,000 people aged 65 and over had Alzheimer’s disease or other types of dementia. By 2025, this number is projected to increase to 210,000.

Attention to population health provides a perfect opportunity for us to consider the “ride” and not the crash!! What are the things we can do in our communities that reflect value not just loss? In February 2010, The Economist published an article “The Silver Tsunami”, discussing the management of an aging workforce. Small changes in production lines helped maintain productivity. Designing and modifying housing to support progression in age is critical to aging in place. A report prepared for The Duke Endowment: “Aging in the Carolinas: Demographic Highlights, Programmatic Challenges & Opportunities” presents a thorough review of our opportunities. Jim Johnson concludes in the final paragraph of his report:

“What is needed in this space is a centralized hub for successful aging in place ideas and practices. Such an entity should serve five specific but interrelated functions: mobilize collective ambition, leverage

intellectual capital, facilitate new venture creation training, foster social innovation, serve as a clearinghouse for information dissemination, and engage in succession planning.”

As we pause to honor 2015 and the new year, let’s not forget the shoulders we stand on in order to face the future.

-Maggie Sauer

CEO & President

The Benefits of Integrated Care for the Elderly: Thoughts from Dr. Neftali Serrano

Psychologist Neftali Serrano remembers when the concept of integrated care—the combination of behavioral health and primary care—clicked with him.



Dr. Serrano was working in a health center, down the hall from the primary care physicians. He only had two or three patients a day. “I was open for business and had no one coming in,” he said.

Out of that futility, he said he started spending time with providers instead of sitting alone in his office. This evolved to walking into exam rooms and working with patients directly.

“Within 30 seconds, patients were opening up about their behavioral health issues and getting to things that would usually take hour long visits or even a series of visits,” said Serrano.

Dr. Serrano said he connected faster to patients in a primary care setting. “They trusted their primary care doctors and they extended that trust to me,” he said.

Dr. Serrano now works with the Center of Excellence for Integrated Care, a program of the Foundation that trains health care professionals and providers to treat behavioral and physical health in one setting.

“They trusted their primary care doctors and they extended that trust to me.”

Integrated care can work especially well among the aging population. Two out of three Americans aged 65 and over have chronic illnesses, which are often coupled with mental health distress. The Centers for Disease Control and Prevention estimates that 20 percent of adults over 55 have a mental health concern. Decreased mobility, isolation and health complications can cause anxiety, depression, and severe cognitive impairment among our aging community members.

Integrated care can offer older adults a safe place to get help with these behavioral health issues.

“Some older adults are not as willing or able to go outside the walls of a primary care office to see a therapist,”” said Dr. Serrano. “Having a behavioral health consultant right there is a more culturally appropriate way to deliver care for folks who are more comfortable with primary care.”

Integrated Care can offer older adults a safe place to get help with behavioral health issues.

Initial research trials among the elderly combined psychiatric therapy with primary care, and proved to be very successful, said Dr. Serrano. For example, cardiovascular

health, a common concern for the elderly, can improve by treating depression. “There are clear links between heart health and depression,” said Dr. Serrano.

Another advantage of integrated care is the free flow of patient information. The patient’s medical history is on hand, and can better inform the behavioral therapist, instead of having to start from the beginning with every patient.



Integrated care can also help primary care physicians make better assessments for their patients. For example, depression is often masked by physical health issues. Patients with vague pain may be suffering from isolation or loneliness.

“Oftentimes primary care doctors will do a whole lot of work to address the physical problems but fail to address the root issues,” said Dr. Serrano.

There is also a certain threshold a patient must meet for referral to a mental health therapist. Many people that need behavioral health assistance may not have acute behavioral health issues, but would benefit from the input of a therapist in their primary care office.

Dr. Serrano said it will take a lot of broad training across specializations to prepare the medical profession for an older population. Mental health professionals in particular, according to Dr. Serrano, will need to reconfigure their mindset and work-flow. “Mental health professionals are more accustomed to sitting in an office by themselves than working on a team,” he said.

The Center of Excellence for Integrated Care (COE), a program of the Foundation, helps providers make this adjustment. They have practical training programs on all aspects of integrating the silos of behavioral health and primary care in any setting where health care is delivered. COE is also dedicated to reducing the stigma associated with behavioral health issues. Accessing therapy through a primary care doctor can help reduce any discomfort of feeling of shame about needing help. The integrated approach to elderly care is important to recognize and replicate as our population continues to age.

Oral Health on Wheels: Access Dental Care Connects to Elderly Populations

Oral health disparity affects all age groups, but is particularly difficult for the elderly. The complications of frail and failing teeth are compounded by the inability to access care. Insurance coverage for oral health is spotty, and Medicare, the public insurance available to the elderly, does not cover oral health.

Many of our aging community members, especially vulnerable and underserved populations, did not grow up with the benefit of water fluoridation, and 25 percent of adults aged 60 are missing many of their original teeth. Besides the painful side effects of oral health issues, missing or weak teeth affect nutrition, as older adults choose softer and potentially less nutritious foods. Twenty-three percent of the elderly population in the U.S. also suffer from gum disease, which is more common in disadvantaged populations.



In North Carolina, we are fortunate to have caring organizations working to collaborate on solutions to the problem of oral health disparity among the elderly. One of these organizations is Access Dental Care, a dentist office on wheels. Access Dental is a non-profit organization that travels to long-term care facilities to meet the needs of elderly patients.

Zulayka Santiago, director of the NC Oral Health Collaborative, reflected on the experience of a day with Access Dental:

“As a newcomer to the world of oral health, I had heard great things about the work of Access Dental Care. Given that words so often fall short in communicating the impact, it was important for me to witness their work in real time. I met them at Rex Health and Rehabilitation in Apex, a new site for them. It was a cloudy Monday morning, but what I witnessed that day would brighten most any day.



I met the van in the parking lot and helped them unload all of their equipment. In just a few minutes a full dental office set up in one of the dining areas! The ease and flow of process signaled to me that those three individuals had performed this routine many times. Providing dental care to individuals who are frail, elderly or who have intellectual or developmental disabilities is not easy (to state the obvious). My brief time with Access Dental Care definitely affirmed this fact. But more importantly, what the experience illuminated for me was that this type of work requires a certain strength of character and commitment to ensure that each patient receives the care they need with compassion and a lightness of heart.

Dr. Bill Milner (dentist), Betsy White (dental hygienist) and Rhonda Little (dental assistant) made a big impression on me that day. As we work to ensure access to optimal oral health for all North Carolinians, it is essential to celebrate the models that are working well and doing a good job of reaching the most vulnerable. I applaud and am inspired by the work of Access Dental Care. I am grateful to have such strong partners within the NC Oral Health Collaborative.”

The Foundation, through the expertise of the NC Oral Health Collaborative, acts as a convener for oral health disparity issues in the state. We work with partners like Access Dental Care to develop strategies and action plans to improve the oral health status of all North Carolinians. For more information on the Oral Health Collaborative, [click here](#).

To learn more about Access Dental Care, visit <http://www.accessdentalcare.org/>

Sarah Thach Steers Preventative Care for the Elderly



In western North Carolina, the number of adults aged 65 and over is expected to double in the next 40 years, becoming the largest demographic by 2030.

Sarah Thach, a Bernstein Fellow alumni, helps pilot programs aimed at helping primary care doctors prepare for the influx of elderly patients. "We are never going to have enough geriatricians so it falls to the primary care doctor to manage care for older adults."

Care for the elderly requires a team-based approach. As our population ages, the framework for care delivery will adjust to include communication among a team of professionals including nurses, physician assistants, pharmacists, and behavioral therapists.

One of Thach's areas of interest is preparing doctors for a team-based approach to care delivery for aging patients. She works for the Center for Healthy Aging, a program of the Mountain Area Health Education Center (MAHEC) in Asheville, North Carolina.

Thach and her colleagues hosted focus groups with primary care physicians in the region about the joys and challenges of working with the elderly. There was a constant theme—doctors need more time with elderly patients.

Care for the elderly requires a team-based approach.

If an elderly patient visits the doctor because their shoulder hurts, then the doctor will address the shoulder, and may not have time to address the other needs of the patients. And elderly patients tend to have many health complications.

As we age, our illnesses tend to become more chronic and complex. Most of us will need more medication. "The average older adult is on eight medications," said Thach. It takes time to help a patient manage their medications. To free up time for primary care doctors, Thach, along with her Bernstein Fellowship mentor Dr. Suzanne Landis and colleagues implemented a system of team-based care to increase the number of older adult patients receiving Medicare Annual Wellness Visits, an annual preventative care checkup for older adults. Nationwide, only 14 percent of older adults get this service, but MAHEC's team has been able to reach 45 percent of older adult patients. They have accomplished this by having a clinical pharmacist or a licensed practical nurse provide the visits and calling patients to invite them in for the visit. "Medicine is moving from reactive to proactive scheduling to enhance patient care," said Thach.

These yearly wellness visits address preventive services, screening and vaccinations for the elderly, so that the primary care doctor can focus on acute and chronic needs, like a hurt shoulder.

“Doctors can focus on patients’ priorities, knowing prevention issues are being addressed by their colleagues,” said Thach. The Center for Health Aging also encourages older adult patients to think about and document their end-of-life preferences. “Most people don’t want to be on chemotherapy at the end of their life, and they want to die at home and not in a hospital,” said Thach. “And it’s helpful for families to know their loved one’s wishes, so it’s not all on them when the time comes.”



Thach recently graduated from the Foundation's Jim Bernstein Community Health Leadership Fellowship, a program that engages emerging health leaders and encourages their work with funding and development training. The Foundation is proud to support innovative leaders like Thach, who champion new ideas and assist communities in cultivating better health outcomes.

We are changing our name!

The Foundation is excited to announce its upcoming organizational name change. On January 1, 2016, we will change our name to the **Foundation for Health Leadership & Innovation**. Our new name reflects the purpose and direction for our work. We are a foundation from which partnerships and programs providing leadership and innovation in whole-person, whole-community health can thrive.

The Foundation will continue its deep-rooted mission to develop and support innovative programs that advance sustainable quality health services to improve the overall health of communities in North Carolina and beyond.

Thank you for the numerous stakeholders who participated in surveys and focus groups to assist the Foundation in discovering its new name.

Please note that the web and email addresses for the Foundation and its team members will change in January from ncfahp.org to foundationhli.org. All of your previously saved addresses will re-direct for a short period of time so please update the domain at your earliest convenience in the new year. Also, please be on the lookout for the unveiling of a new logo in the Spring of 2016!

FOUNDATION FOR HEALTH
LEADERSHIP & INNOVATION
Moving people and ideas into action

Emily Bernson Joins the Team as Office Coordinator

Emily Bernson joined the Foundation full-time in October as Office Coordinator. Her organizational and tactical skills are an asset in the office. We asked her a few questions to get to know her better:

Q: What experiences or jobs have led you to work at the Foundation for Health Leadership and Innovation?

My past experience is primarily in development/special events, working with the Juvenile Diabetes Research Foundation, Ronald McDonald House Charities, and United Way. I got my degree in Nonprofit Leadership and Management from High Point University, so when I moved back to NC from Connecticut, finding a position in the nonprofit sector was very important.



Q: What role do you play in the Foundation?

I am currently the office coordinator. In addition to the executive assistant role, I also work closely to facilitate our Communications and Development plans. I even have the flexibility to work with our other programs and on other projects as needed! For example, I assist the NC Oral Health Collaborative with event organization and communication.

Q: What is most rewarding about your job? What is most difficult?

The most rewarding aspect of my job is the connections I am able to make. The Foundation has an amazing network of friends and partners. With every person I meet, I learn something new! I always look forward to meeting new people and growing more every day. Something that is difficult for me is the schedule! I am not a morning person, so everyone knows that I shouldn't tackle major projects before my coffee.

Omisade Burney-Scott Joins the Rural Forward NC team as Partnership Manager



Omisade Burney-Scott joined the Foundation for Health Leadership & Innovation as partnership manager on the Rural Forward NC team in October. She brings years of experience in community engagement to Rural Forward. Read more to learn about Omisade:

Q: What experiences or jobs have led you to work at the Foundation for Health Leadership and Innovation?

I think my ability to hold transformative spaces and support individuals, organizations and communities in navigating growth and deep change in an intentional and grounded facilitated manner brings me to the Foundation. My professional experience of working in rural communities around a myriad of issues such as community development, economic development and leadership development over the past 15 years is also a key factor. Additionally, I had the opportunity to support healthy eating and active living projects across the country in my previous role as a Program Officer with Active Living by Design (an intermediary of the Robert Wood Johnson Foundation).

Q: What role do you play in the Foundation?

I am a Partnership Manager with the Rural Forward NC team. I work with the director and associate director to design, organize, and implement capacity-building services for Healthy Places NC in rural central and eastern North Carolina.

Q. What is most rewarding about your job? What is most difficult?

The most rewarding part of my work is seeing community members and groups become self-sustaining in the ways they come together to do their work (self-facilitated, clear lines of communications and accountability). It's also rewarding to see the long-term impact of shared leadership processes that lead to innovation and tangible outcomes. The most difficult part of my job is learning the alphabet soup of new health field lexicon (lol)

The 10th Annual Jim Bernstein Dinner: Thanks to all our supporters!

A warm thank you to everyone who made the 10th annual Jim Bernstein Health Leadership Fund Dinner a success. Due to the support of our friends and partners, we were able to raise over \$55,000 for our Fellows program.

The Jim Bernstein Community Health Fellowship is a two-year leadership training program that supports emerging health advocates in rural and underserved areas in North Carolina. The purpose of the Fellows program is to foster strong leadership and enable collaboration.



The dinner, sponsored by Mission Health, convened 325 of the state's health and community leaders to celebrate the five graduating Bernstein Fellows and honor the legacy of the Foundation's founder, Jim Bernstein.

The 2015 graduating fellows include:

Sarah Brill Thach, MPH: The Center for Healthy Aging at the Mountain Area Health Education Center
Marian Sadler Aldridge, MPH: Community Development Specialist at the Buncombe County Department of Health

Jill Boesel, MPH: Project Coordinator for Physician Practice Services with Community Care of North Carolina

Joanne Rinker, MS: Director of Training and Technical Assistance at the Center for Healthy North Carolina

Amelia Mahan, MSW, Behavioral Health Program Manager at Community Care of North Carolina

We'd like to recognize retiring program Director, John H. Frank, for his leadership in the program since 2010. During his time as Director, he strengthened the curriculum, increased the number of programmatic partnerships, and guided thirteen Fellows through completion of the fellowship. The Foundation is extremely fortunate and grateful for John's leadership and dedication to the Fellows Program.

This year, Gene Cochrane, President of the Duke Endowment, was the recipient of the Career Achievement Award, a testament to his many years of engaging with community health issues.

Ron Gaskins, a former Bernstein Fellow, was awarded the Distinguished Fellow Award, honoring his work as the Executive Director of Access East Inc., a not-for-profit organization that strives to increase access to care for underserved populations across Eastern North Carolina.

Through the generosity of our sponsors who purchased mentor tickets, we included 39 students from UNC-Chapel Hill, Duke University, Campbell University and East Carolina University at this year's dinner. The mentor tickets reflect our commitment to fostering young health leaders.

We are grateful for the continued support from our partners in making this event special every year. Save the date for next year's dinner on October 6, 2016!

Congratulations to New and Alumni Bernstein Fellows

The Foundation would like to congratulate the Bernstein Fellows Class of 2013-2015 on their completion of the fellowship program.

Our graduated Fellows include:

Sarah Brill Thach, MPH: The Center for Healthy Aging at the Mountain Area Health Education Center

Joanne Rinker, MS: Director of Training and Technical Assistance at the Center for Healthy North Carolina

Marian Sadler Aldridge, MPH: Community Development Specialist at the Buncombe County Department of Health

Jill Boesel, MPH: Project Coordinator for Physician Practice Services with Community Care of North Carolina

Amelia Mahan, MSW, Behavioral Health Program Manager at Community Care of North Carolina



The Foundation is pleased to welcome its newest class of Bernstein Fellows. Five dynamic professionals will participate in the fellowship program through October 2017, they are:



Pete McQuiston: Director of Food and Nutrition at Swain Community Hospital in Bryson City, NC

Rod Jenkins MHA: Deputy Health Director for Cumberland County, North Carolina

Erin Hultgren, MPH: Program Manager at Gaston Family Health Services, Inc.

Catherine Parker, MA: Director of Hertford County Student Wellness Center, a division of Roanoke Chowan Community Health Center.

Jamie Cousins, MPA: Program Manager for the Catalyst for Health Eating and Active Living

We'd like to thank retiring program Director, John H. Frank, for his leadership in the program since 2010. During his time as Director, he strengthened the curriculum, increased the number of programmatic partnerships, and guided thirteen Fellows through completion of the fellowship. The Foundation is extremely fortunate and grateful for John's leadership and dedication to the Fellows Program.

We also welcome Tom Bacon, DrPH, as the new Director of the Fellows Program. Tom is the retired Executive Associate Dean and NC AHEC Program Director, and he continues to work as a part-time Research Fellow at the Cecil G. Sheps Center for Health Services Research at UNC-Chapel Hill. The Foundation is excited and grateful for Tom's commitment and leadership in continuing and developing the Fellows program.

North Carolina Institute of Medicine Task Force on Alzheimer's Disease and Dementia Develops State-Wide Action Plan

By 2025, 89 percent of NC counties will have a greater number of older adults than children. The aging baby boomers in combination with increased longevity of life will cause North Carolina's older population to double in size in the next 15 years. This influx prompts us to think intentionally about how to support our older community members and their caregivers. As a state we are paying attention to the issues surrounding our aging citizens.

For example, in September 2008, the North Carolina Medical Journal, released an edition titled Healthy Aging in North Carolina. The journal introduces the challenge of healthy aging, in which older adults are able to live disease-free, maintain their physical and mental functioning and actively engage in their communities. The edition draws on the expertise of stakeholders across the state who offer a roadmap for preparing for an increasingly older population.

In addition, the North Carolina Institute of Medicine (NCIOM) is hosting two task forces related to aging that convene stakeholders and organizations on the health issues we face:

Task Force on Alzheimer's Disease and Related Dementia Task Force on Mental Health and Substance Abuse: Older Adults Working Group

NCIOM's mission is to develop strategy and build collaboration around the greatest health challenges facing our state. The organization just wrapped up the task force on Alzheimer's disease and related dementia. As our population ages, the occurrence of Alzheimer's disease will become more frequent. The number of North Carolinians with Alzheimer's disease and related dementia is projected to increase 31 percent by 2025.



Alzheimer's disease is the most common form of dementia, which generally refers to a spectrum of symptoms associated with memory and cognitive function loss which can result in an inability to perform daily tasks.

"It touches so many people. Everyone knows someone who suffers from Alzheimer's, or who cares for someone with dementia," said Michelle Ries, who heads up the task force.

The task force was a seven-month collaboration to produce an actionable plan for the coming spike in Alzheimer's disease and related dementia. The collaboration included the North Carolina Department of Health and Human Services, AARP North Carolina, Alzheimer's NC, the Alzheimer's Association and LeadingAgeNC.

The group hopes to increase awareness and reduce stigma about the disease, which is a prevalent problem.

"People don't want that label because it may affect their employment or even personal relationships," said Ries. This reluctance causes problems for data collection and efficient delivery of care.

Another aim of the task force is to support people with dementia and their families with improved services. “What we’ve found is that it’s very helpful for caregivers to stay active and connected in the community,” said Ries.

Caring for a loved one with Alzheimer’s disease or related dementia can be very taxing. The report targets specific goals for supporting the estimated 444,000 North Carolinians who provide unpaid care for their family member with dementia.

The task force’s action plan will be published in March 2016, and will provide our state with tactical directions for preparing for an aging population in North Carolina.

The work of NCIOM and their partners exhibits North Carolina’s commitment to understanding and preparing for our unique challenges. The message is clear from the *North Carolina Medical Journal*: “We all need to work together and share the responsibility to increase the quality of life for all North Carolinians.”

To learn more about the work of the task force, visit:

<http://www.nciom.org/task-forces-and-projects/?task-force-on-alzheimers-disease-and-related-dementia>