MULTI-DISPLINARY APPROACH TO MEETING THE NEEDS OF LGBT OLDER ADULTS

October 20, 2016

Leena Sharma
Project Manager/Senior Policy Analyst
BRIEF OVERVIEW

• Welcome and Housekeeping

• Center for Consumer Engagement in Health Innovation

• About this webinar
Center for Consumer Engagement in Health Innovation

- Community Catalyst advocates for high-quality, affordable health care for all
- Networks in over 40 states
- The Center focuses on advancing the role of consumers in efforts to improve payment and delivery with a focus on vulnerable populations
Center for Consumer Engagement in Health Innovation (CCEHI)

- Focus on Vulnerable Populations
- State and Local Advocacy
- Leadership in Action
- Research and Evaluation
- Federal Advocacy
- Support Services to Delivery Systems and Health Plans
OUR POLICY PRIORITIES

1. Structures for meaningful consumer engagement
2. Payment arrangements that incentivize people-centered health care
3. Resources for community and population health
4. Consumer protection
5. Person-centered culture of care
6. Health equity for underserved populations
ABOUT THIS WEBINAR

• This webinar made possible by the generous support of the John A. Hartford Foundation

• Great speaker line up today:
  – **Hilary Meyer Esq.**: Director of Social Enterprise & National Projects SAGE
  – **Jeffrey Kwong, DNP, MPH, ANP-BC, FAAN**: Program Director, Elder LGBT Interprofessional Collaborative Care Program (ELINC); Program Director, Collaborative Access for LGBT Adults (CALA) Columbia University School of Nursing
  – **Nate Sweeney**: Executive Director, LGBT Health Resource Center Chase Brexton Health Care
  – **Nora-Ann T.**: an LGBT older adult consumer

• We will take questions at the end through the chat function
MULTI-DISCIPLINARY APPROACHES TO MEETING THE HEALTH NEEDS OF LGBT OLDER ADULTS

Hilary Meyer
Chief Enterprise & Innovation Officer, SAGE

Jeffrey Kwong
Assistant Professor of Nursing, Columbia University

Nate Sweeney
Executive Director
The LGBT Health Resource Center of Chase Brexton Health Care

Nora-Ann T.
LGBT healthcare consumer
OBJECTIVES

1. Understanding the unique needs/concerns of the LGBT older adult populations and why they are less likely to seek services

2. Learn about the health disparities faced by LGBT older adults

3. Learn about two successful program interventions that incorporate a multi-disciplinary model

4. Hear from an LGBT older consumer regarding her experiences with the healthcare system
We are the voice of LGBT older adults receiving care.

Annual in-person or web-based training credentials

www.sageusa.care
A 70-year old lesbian has seen her expressions of love labeled:

- A psychiatric disorder (until 1973)
- Criminal (until 2003)
- Anti-family and immoral (still by many religious groups)
- A threat to security and morale

LGBT Elders Face Unique Challenges to Successful Aging

1. Effects of stigma, past and present
2. Need to rely upon “families of choice” for care and support
3. Unequal treatment under laws, programs and services for older adults
LGBT Elders Face Unique Challenges to Successful Aging

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- LGBT elders are 2X more likely to be single, 4X less likely to have children
- Families and social networks are critical to successful aging
- In the US, family members provide 80% of long-term care
- Social isolation linked to higher morbidity, infection, depression and cognitive decline
- Hostility (and closet) create distance from parents, siblings and relatives
- Rely on friends and partners
LGBT Elders Face Unique Challenges to Successful Aging

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3. Unequal treatment under laws, programs and services for older adults

- Design federal and state safety nets around marriage, excluded same-sex couples
- Fail to recognize families of choice
- Fail to address stigma and discrimination
RESULTING HEALTH DISPARITIES

Women:
• Higher rates of disability and mental distress
• Higher rates of cardiovascular disease and obesity
• Less likely to have mammograms
• Higher rates of smoking

Men:
• Higher rates of disability and mental distress
• Higher rates of HIV
• Higher rates of smoking

"When multiple health workers from different professional backgrounds work together with patients, families, carers [sic], and communities to deliver the highest quality of care."

- WHO, 2010
TRADITIONAL TRAINING
TRIPLE AIM

• Improving patient experience of care
• Improving the health of populations
• Reducing the per capita cost of health care

** Institute for Health care Improvement (IHI)
CONCEPTUAL MODEL

OVERALL GOAL:
To improve the health of older LGBT adults through the implementation of a culturally appropriate, high-quality, interprofessional collaborative practice model of care

E-LINC Care Team
Nursing–Social Work–PT–OT–Psychiatry
Health Promotion & Wellness Services

Health-E Living: (an on-going series of health education and wellness workshops – e.g., hypertension, improving sleep, cognition and aging, men’s health, women’s health, transhealth, falls prevention, etc.)

Nursing Drop-In Hours: Open drop-in hours staffed by an RN or NP. Provides 1:1 health education, blood pressure checks, medication adherence counseling, referral to community medical services.

Occupational Therapy Drop-In Hours: Open drop-in hours staffed by OT graduate students. Provides 1:1 OT evaluation and training.

Physical Therapy Drop-In Hours: Open drop-in hours staffed by PT graduate students. Provides 1:1 PT evaluation and assessment on falls risk and senior fitness testing.

Care Coordination & Home Based Services

Comprehensive Assessments: Nurse Practitioner and Social Work Team provides comprehensive geriatric assessments for frail and home bound older adults.

Care Coordination: The e-linc team provides overall care coordination and cases are reviewed with the team of providers that include Nursing, Social Work, Rehabilitation Specialists, Mental Health and Patient Navigation.

Mental Health Counseling: Through an agreement with Columbia University School of Nursing’s Psychiatric Nurse Practitioner Program, psychiatric NP trainees provide individual and couples short-term counseling for home bound clients.

Patient Navigation: Patient navigation services provide a dedicated advocate who can go with clients to medical appointments and provide support and advocacy for clients. Additionally, the patient navigator can assist with case coordination and is a critical member of the e-linc team.

Physical Therapy: Physical Therapist and PT Students provide home consultations and can assist patients with therapeutic exercise, in-home safety and fall evaluations.

Occupational Therapy: Occupational Therapists and OT Students provide home consultations and can assist patients with medication management, cognitive training, in-home safety and fall evaluations.

Mental Health & Primary Care Services

Mental Health: Outpatient mental health services are offered at the Lucy Wicks Clinic at Columbia University

Primary Care: Primary Care services are offered at the Columbia Doctors Primary Care Nurse Practitioner Group.
E-LINC: SERVICE DOMAINS AND TEAM COMPOSITION

Health Promotion & Wellness Services
- Nurse Practitioner
- Social Worker
- Physical Therapist
- Patient Navigator

Care Coordination & Home Based Services
- Social Worker
- Nurse Practitioner
- Physical Therapist
- Occupational Therapist
- Patient Navigator

Mental Health & Primary Care Services
- Nurse Practitioner
- Psychologist
GOAL 1:
Improve the health of LGBT older adults through implementation of an innovative, culturally appropriate, IPCP model
HEALTH PROMOTION & WELLNESS
COMPREHENSIVE ASSESSMENTS
GRACE MODEL

• Developed by the University of Indiana
• Nurse Practitioner and Social Worker Team
• Targeting frail older adults with complex needs
• Works to meet patient’s interdependent health and social needs
• Mental health care is a key component
GERIATRIC HOME ASSESSMENTS

• Comprehensive health history
• Medication reconciliation and education
• Assessment for home safety
• Assessment of mood
• Assessment of falls
• From these assessments -&gt; Care Coordination Meetings with IPCP team
• Review information -&gt; share with PCP
GOAL 2:
Cultivate a practice environment for emerging nurse leaders to demonstrate leadership in interprofessional team building, collaborative problem-solving, and care coordination
GOAL 3:
Provide interprofessional practice-based training opportunities for health professional students and residents with a focus on LGBT health.
ON-LINE WEBINAR SERIES

Center for Practice Innovations<sup>SM</sup>
at Columbia Psychiatry
New York State Psychiatric Institute
Building best practices with you.

E-Linc Webinar 2: Introduction to Transgender Health

Transcript: Jeffrey Kwong (Scroll down to see all of the training you have registered for/completed)
EVALUATION STRATEGIES

**Patient-Level**
- PROMIS
- CAHPS
- Health Care Utilization
- HEDIS
- PHQ-9
- Falls Risk
- Geriatric Assessment

**Team-Level**
- Attitudes Toward Health Care Team Scale (*ATHCT*)
- TeamSTEPPS (*Strategies & Tools to Enhance Performance and Patient Safety*)
- Collaborative Practice Assessment Tool (*CPAT*)
- LGBT Cultural Competency
HOW ARE WE DOING?

- Outpatient Mental Health & Primary Care: 14
- Patient Navigation: 38
- Care Coordination: 54
- Health Promotion & Wellness: [VALUE]
## WHO ARE WE SEEING?

<table>
<thead>
<tr>
<th>Condition</th>
<th>% of clients **</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td>50%</td>
</tr>
<tr>
<td>Depression</td>
<td>50%</td>
</tr>
<tr>
<td>Anxiety</td>
<td>37.5%</td>
</tr>
<tr>
<td>COPD</td>
<td>37.5%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>25%</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Range</th>
<th>52-98</th>
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</thead>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Male 47%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Female 44%</td>
</tr>
<tr>
<td></td>
<td>Transgender 9%</td>
</tr>
</tbody>
</table>
WHO ARE WE SEEING?

• 40% Physical Health “Poor or Fair”
• 36% Quality of Life “Good or Very Good”
• 34% Mental Health/Mood “Fair or Poor”
• 39% Used the ER within preceding 6 months
• 46% Received a pneumococcal vaccine
• 41% Received a mammogram

** preliminary data through 3/2016 – “Promis Global Scale”**
HOW ARE WE DOING?

• **CPI Training:**
  • 11 webinars
  • 83 professionals completed (Goal is 135 by year 3)

• **Student Training:** (Goal 60 trainees)
  • IPE student series: 63 students
  • Health E Living, Home Visits, Health Consultations, Patient Navigation

• **Nurse Leader Training:**
  • Lead IPCP case conferences
  • Organizing students
  • Presenting at conferences
Just putting people together to work in teams doesn't necessarily produce effective interprofessional teamwork.
CHALLENGES

• New system
• Staffing
• Scheduling
• Building momentum
• Client acceptance
SUMMARY

• LGBT older adults have unique issues which affect the aging experience

• Providers and organizations should be aware of the needs of this population

• Partnerships with academic institutions provide an opportunity for learning, research and expansion

• Efforts to train future healthcare workforce in caring for LGBT older adults are needed
Nate Sweeney

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The LGBT Health Resource Center of Chase Brexton health Care
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A [brief] history of Chase Brexton Health Care

1978 • Volunteer run gay men’s health clinic

1980’s • Beginning of the HIV/AIDS epidemic. Initially began to offer hospice care for AIDS patients. HIV care on a volunteer basis.

1991 • Hired first full time physician

1999 • Accredited as an FQHC

2002 • Received Joint Commission Accreditation
Chase Brexton Health Care
Comprehensive Services and Programs

- Adult Medical Care
- HIV Medical Care
- Pediatrics
- Ob/Gyn
- Behavioral Health
- Dentistry
- Pharmacy
- Case Management
The purpose of the Resource Center is to provide LGBTQ individuals and their families with welcoming access to expert health information and resources that will enhance wellness and quality of life.
Who What Why Where When?

- The purpose of the Resource Center is to provide LGBTQ individuals and their families with welcoming access to expert health information and resources that will enhance wellness and quality of life.
So what does that mean?

- Collection of local resources
- Creation of new expertise
- Providing education
- Addressing health disparities in Baltimore and beyond
You don’t have to look around for very long to find who is missing...
First program: SAGE CAP

The LGBT Health Resource Center of Chase Brexton Health Care

Be proud. Be healthy.

sage™
SERVICES & ADVOCACY FOR GAY, LESBIAN, BISEXUAL & TRANSGENDER ELDERS
Who is an elder in Baltimore?

<table>
<thead>
<tr>
<th></th>
<th>Baltimore City</th>
<th>Midtown</th>
<th>Upton Druid Heights</th>
<th>North Baltimore Guilford Homeland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life Expectancy</td>
<td>71.8</td>
<td>75.5</td>
<td>62.9</td>
<td>81.1</td>
</tr>
<tr>
<td>Heart Disease death rate*</td>
<td>28.4</td>
<td>26.5</td>
<td>48.1</td>
<td>17.6</td>
</tr>
<tr>
<td>Diabetes Death Rate*</td>
<td>3.5</td>
<td>3.7</td>
<td>7.7</td>
<td>1.5</td>
</tr>
</tbody>
</table>

*rates are per 10,000 residents

Source: Baltimore City Health Department 2011 Neighborhood Health Profiles
Who is being served?

- Percent of individuals reporting not having enough money for food in Maryland
  - Non LGBT: 15%
  - LGBT: 26%

- Percent of individuals reporting not having enough money for health care in Maryland
  - Non LGBT: 14%
  - LGBT: 21%

LGBT Caregivers

• One in five Americans will be a caregiver

• One in four LGBT Americans will be a caregiver

• More likely to be providing care in isolation without a family network

• Families of choice not legally recognized

• With a lack of culturally competent services and supports, caregivers forgo accessing care

Photo credit: Gen Silent, SAGE
Caregiver Identification Barriers

- Typical among all caregivers, “I’m just doing the right thing.”
- The concept of families of choice often blurs the lines as to what constitutes a caregiver, “We were partners 20 years ago- I’m all he has.”
- Among LGBT older adults, there is often a protective reaction to “take care of our own” without outside help.
WHERE ARE WE HEADING?

THE LGBT HEALTH RESOURCE CENTER

CARING and PREPARING (CAP)

- One-on-one counseling
- Bi-weekly caregiver support groups
- Educational seminars and online resources
- Help for caregivers planning for their own futures
- Information on benefits, entitlements and more
LGBT Health Resource Center

Information on benefits, entitlements and more

Who can guess at what rate LGBT older adults access supportive services available to them through entitlement programs and community services as compared to non-LGBT people?

20%

Source: SAGE Out & Proud
LGBT Health Resource Center

- How to connect LGBT seniors to services?
- Two pronged approach:
  - Partner with local organizations to increase their cultural competence around LGBT individuals and LGBT aging
  - Provide a “hot hand off” of individuals to services when needs are identified
Decreasing isolation
Building community
May 16
NATIONAL HONOR OUR
LGBT ELDERS DAY
For Creating the Path & Leading the Way
Nora-Ann T.

Photo courtesy of NY Times
THANK YOU!

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