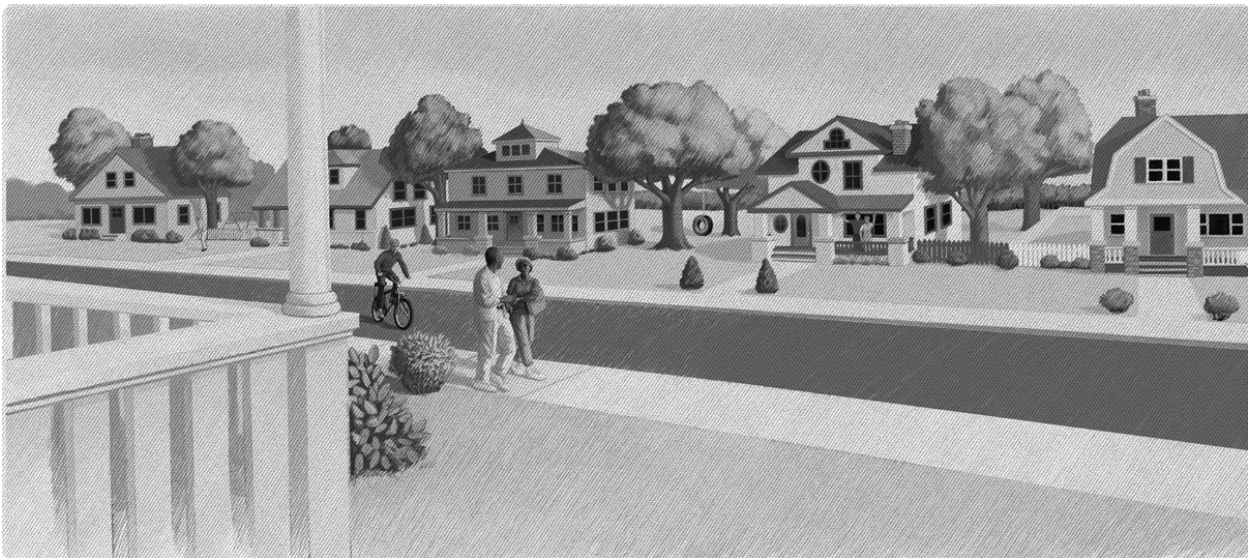


Elderberry InstituteSM

Forming A Community Based Network



A Handbook

Copyright © 1999 by Living at Home/Block Nurse Program Inc.

Elderberry InstituteSM

Supporting and extending the Living at Home/Block Nurse ProgramSM for seniors nationwide.
Ivy League Place, Suite 322, 475 Cleveland Avenue North, St. Paul, MN 55104-5101
(651) 649-0315 • FAX (651) 649-0318 • (800) 320-1707 (outside MN) • www.elderberry.org

INTRODUCTION

This handbook is written for communities, and more specifically, for people in communities who wish to become involved in maintaining their elderly neighbors in their homes. It is also for public health and social service agencies; Area Agencies on Aging, and others who recognize the value of community caring and the potential for neighbors to augment the services that they, as agencies, provide. There is tremendous potential in communities for organizing volunteer services and coordinating them with the services provided to the elderly living in their community.

CONTENTS

	PAGE
Chapter I	
THE NEED FOR A COMMUNITY BASED NETWORK	1
What Information Suggests the Need for a Community Based Network?	1
Why is a Community Based Network Needed?	3
What is a Community?	4
Chapter II	
THE POTENTIAL FOR A COMMUNITY BASED NETWORK	5
What is a Community Based Network?	5
How is a Community targeted for a Community Based Network?	6
How Can Government and Private Agencies and Associations Facilitate A Process Whereby Communities and Neighborhoods Become Integral in Maintaining the Elderly in Their Homes?	10
Chapter III	
THE ORGANIZATION OF A COMMUNITY BASED NETWORK	12
How is a Community Based Network Started?	12
What Does this Newly Formed Group Do?	18
How and When Does the Steering Committee Become a Board of Directors? of the Community Based Network?	22
How Does the Local Board Operate?	24
What Services Will a Community Based Network Provide?	26
How Does the Board of Directors Become an Entity?	28
Chapter IV	
INCORPORATING THE LIVING AT HOME/BLOCK NURSE MODEL INTO THE COMMUNITY BASED NETWORK	29
What is the Living at Home/Block Nurse Program?	29
What Staff are Needed for the Living at Home/Block Nurse Program?	31
Who Pays for the Services of Block Nurses, Block Companions? (Combined Home Health Aide/Homemakers)?	32

How Does the Living at Home/Block Nurse Program Model Relate to the Community Based Network?	32
What is the Living at Home/Block Nurse Program, Inc.?	33
What is the Elderberry Institute?	33

ATTACHMENTS

(Sample Forms)

I. Community Criteria	7
II. Community Demographics	14
III. Community Organizations	15
IV. Speaking Engagements	16
V. Other Volunteer Time	17
VI. Telephone Tree	20
VII. Minutes Sign-up Sheet	21
VIII. Model for Change and for Problem Solving	25

Chapter I

THE NEED FOR A COMMUNITY BASED NETWORK

What Information Suggests the Need for a Community Based Network?

Most people are acutely aware of the burgeoning growth of the elderly population in the United States and that people aged 85 and over are the fastest growing segment of the population.

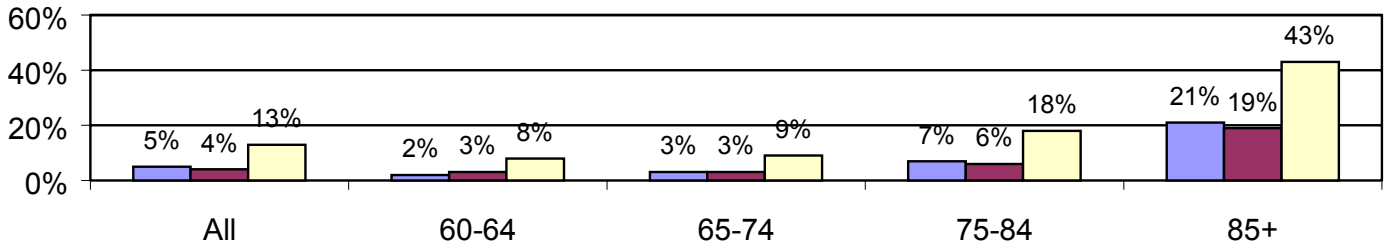
- . In 1988, 1 in 9 people were aged 65+.
- . In 2000, 1 in 5 people are aged 65+.
- . In 2025, 1 in 3 people will be aged 65+.

The elderly segment of our population is becoming better educated. Most who will retire in 2025 will have had no communicable diseases because of immunizations, have had access to antibiotics, have had improved nutrition, and have practiced better health habits. The implications of the changes on the need for services are hard to predict. However, increasing demand is a certainty and unless low cost alternatives are developed, the implication for Medicare and Medicaid are tremendous.

Specific data about chronic conditions can be startling, e.g., there are currently four million people in the U.S. with Alzheimer disease. It is also the case that as people age, they encounter limitations in their activities of daily living, dressing, bathing, food preparation, for example, and that these limitations, as well as memory and orientation deficits, may result in premature nursing home placement. Indeed, Activities of Daily Living (ADL) deficits are often predictors of entry into a nursing home from the community. (See Table 1, page 2.)

Table 1

Functional Problems by Age



Percent with Functional Problems

- Any difficulty with Personal Care
- Any difficulty with Mobility
- Any difficulty with 4 Activities of Daily Living (preparing meals, grocery shopping, \$ management, light housekeeping)

GRAPH from pg. 76, "Older Minnesotans", Wilder Foundation, 1989.

State and federal government officials recognize the tremendous rise in the number of elderly and the potential need for nursing home beds if changes are not instituted. This demand, if realized, will put a tremendous financial strain on the taxpayer.

Why is a Community Based Network Needed?

No one disputes that, given a choice, elderly people usually prefer staying in their own homes as long as possible. Usually quality of life is the reason for remaining there.

Closely allied with this preference are financial considerations, especially when the elderly begin to realize that their life savings will be spent, often during the first six months of their stay in a nursing home. They will then need to apply for Medicaid (the same as Medical Assistance in this context).

There is tremendous potential within communities for collaborating with those who care for the elderly through agencies. The limitations of services currently available, how the elderly find them, the diversity of payers and how each agency works with another often prohibit comprehensive, continual service delivery over time. This occurs because the services for which the elderly are entitled are fragmented and focus on specific populations with specific needs. In some cases, there may be a nurse, home health aide, homemaker, and chore worker providing service to one individual. Each has specific tasks, based on funding regulations, but these tasks often overlap. It's conceivable that these four people may never talk to each other about the issues involved with this one participant. No wonder services sometimes overlap each other and/or leave gaps! In addition, it is difficult for agencies to meet all the needs of the elderly in an orderly way because health and functional status keep changing and may alter the eligibility criteria for the participant. Also, the availability of family caregivers varies. Finally, the charges by agencies are sometimes more than the elderly are able to pay.

Communities, on the other hand, understand that if people can remain in their own homes, the community will benefit. That they contribute to the tax base and spend their money in their community are obvious economic benefits. But enabling older people to remain in their community is most important because of human values. A multi-generational community enjoys the wisdom, experience, and roots of its elders. It is more stable and more whole.

The capacity to care is best expressed within neighborhoods and local communities where relationships and interdependencies naturally form. Our forebears placed primary value on the common good - the commonwealth as they called it - and saw its maintenance as the responsibility of the citizenry. Contemporary sociologists urge the reclaiming of this heritage as critically important to America's future.

One approach to the dilemma of providing care like bathing, eating, transportation and shopping, lies within the community itself. Their informal arrangements and caring neighbors can augment and support the systems that provide the more formal services.

When involved, communities can effectively and efficiently plan, design, implement, monitor quality, and informally evaluate their community's response to the needs of its elderly. When volunteer citizens manage the Program, and when care is provided by paid professionals who live in the community, and by volunteers who work with the professionals, the older person benefits from nearby services. The services are provided within a personal and caring relationship rather than through a system of services which, by its nature, is more distant, fragmented and bureaucratic. This integration of formal and informal resources within the neighborhood, and coordination among the wider community, provides an attractive and less costly alternative to institutional care. Because of the nature of neighborhoods, formal and informal services can be delivered and coordinated effectively and efficiently to meet the needs of the elderly. Informal volunteer services can provide outreach in the community, case-finding, information and referral, community-family-participant education, caregiver support, respite care, friendly visiting, transportation, chore, and other services needed by the elderly living in the community.

What is a Community?

A Community is a geographical area where a variety of associations and shared participation take place: family, neighbors, friends, civic groups, clubs, churches, temples, ethnic associations, schools, local unions, local businesses, local government, and local media. Community often gives identity.

Another term that reflects community characteristics is the term neighborhood. In neighborhoods, residents enrich community life and are themselves enriched by their participation in neighborhood activities. In urban areas, the geographic area is typically a neighborhood; in rural areas, the geographic area might be a town with its surrounding farms, or a county.

Traditionally, community members were ethnocentric, had the same value system and frame of reference, similar educational preparation, and saw the world through the same glasses. Many communities are described as "blue collar", "Catholic", etc.

A community often has a formal communication system such as a newsletter, events or services they sponsor such as July 4th parades, committees and ad hoc task forces that deal with specific issues.

A strong sense of community exists where:

Residents recognize that interdependence is the character of their relationship - they depend upon each other.

Residents are committed to act in ways that benefit others and that may or may not benefit themselves - they care.

Collaboration and consensual decision making is the process of forming plans and Programs - everyone agrees and acts.

Quick and individualized responses to needs are characteristic - they know to whom and where to go.

People are encouraged to develop creative solutions to community problems - they solve their own problems.

Chapter II

THE POTENTIAL FOR A COMMUNITY BASED NETWORK

What is a Community Based Network?

A Community Based Network can begin with a few committed, interested people. They know of others who are willing to commit time and energy to attend meetings, assemble facts and figures, converse with people, and do the detail work necessary to launch a new venture. This is the pooling of knowledge, experience, insight, and sensitivity from community minded people who are concerned about the status of the elderly in their community.

The community knows how to get things done. They know who their leaders are, who the movers are. They know who needs to be included in order to make things work. It may be a community resident who always seems to be leading causes, it may be the local banker, a county commissioner, a clergy person, etc.

Networks are not circumscribed. Their tentacles are unknown. They intersect, link, are interconnected, sometimes form a chain, are often twisted and irregular, and cannot be controlled. However, a network is a structure, an ill-defined system. Networks are intrinsic to and alive in communities.

This network can be used by communities to organize volunteer services and coordinate them with the long term care services provided to the elderly living in the community. The challenge for agency and government people is to ask the right questions, stimulate constructive conversation, and facilitate the process so that the Community Based Network belongs to the local community.

Once in place - and this takes time - the network collaborates with organizations delivering long term care. Here's where agency people intervene to remove system barriers for the community. Community residents become excited about their involvement and the potential for, assisting with the creation and implementation of a non-institutional long term care system, unique to each community.

How is a Community Targeted for a Community Based Network?

Evidence that the community and its leaders are committed to and have the resources for organizing to become a Community Based Network will be determined through criteria (Attachment I) that demonstrate the characteristics that will make such a Program a success.

Community people may be concerned because their elderly are being admitted to nursing homes that are miles away, and they cannot build a nursing home in their own community. It is also possible that the community desires to keep their elderly in their community because they are valued as contributors to the good of the community, or because they will spend their money in the community and pay taxes. They may recognize that there is a shortage of health care professionals, and have organized to do something about the issue.

Most important, however, is the wish to enhance the quality of life for elderly persons, their families, and all who experience the intrinsic satisfaction of volunteering. When community volunteers care for their neighbors, a sense of community ownership elicits the contribution of time, talent, and even dollars from the citizens.

COMMUNITY CRITERIA

1. Are specific neighborhood boundaries identified?

2. Does the neighborhood have a representative body (such as a District Council, Township Board) with which it identifies and through which it functions?

If not, who will perform this function?

3. Are two or more local community leaders strongly committed to the Community Based Network concept?

4. Does the neighborhood have a communication system such as a community newspaper?

5. Do cumulative answers to the following questions suggest need, resources and interest?

- a. What is the population over 65, % of population over 65, % over 65 in poverty?

- b. What services are provided for the elderly in the community?

(Cont'd)

c. Is there a Senior Center in the neighborhood?

Is it active? _____

d. What churches are in the community, and how are they active in human service concerns?

e. Are there service agencies, clubs that would support the project?

f. Would there be the possibility of both in-kind and financial contributions from community residents and businesses?

g. Will the community support the Community Based Network?

How? _____

h. What are the formal and informal networks in the community?

i. What might be some of the problems with having a Community Based Network in the community?

j. Will local government agencies such as the Area Agency on Aging, public Health Dept. work with the community?

How do you know? _____

- 6. Is there support for:
 - a. Publicizing the Program? _____
 - b. How? _____

 - c. Recruiting Volunteers? _____
How? _____

 - d. Providing space for meetings? _____
Where? _____

How Can Government and Private Agencies and Associations Facilitate a Process Whereby Communities and Neighborhoods Become Integral in Maintaining the Elderly in Their Homes?

Because of the growing numbers of elderly and the anticipated needs for care and support, government and private agencies and associations dealing with health and long term care will need community support and participation. No single solution is the answer for all communities. Each community needs to develop its unique solution, integrating existing services and developing new services to meet specific needs.

If communities/neighborhoods are seriously invited into the planning process, and then challenged to carry out their plans, they will become emotionally invested in the process and adopt ownership.

Programs will be community **based** when plans, programs, methodologies, are done **by** and **with** people in the community. In contrast, a program will be community **oriented** when things are done **to** and **for** the community.

In order to create a community based volunteer network program, agency and government people need to support community based methods and function as facilitators. They build upon capacities, they empower, they mobilize, and they validate. Ultimately they convince community residents that they can solve their own problems.

System people need to listen carefully and suggest ways to waive, modify, or eliminate unnecessary policies that prohibit the kind of services the community decides it wants to deliver. Compromise may be appropriate. An agency may hesitate to use volunteers in the homes of the elderly because of liability issues. But the agency might agree to offer liability insurance for the volunteers, provided the volunteers have gone through an educational process, orientation and receive supervision.

Creative solutions, when they do not fit system channels, are facilitated by the agency representative. System barriers outside the community are dealt with by agency and government staff. Mistakes become opportunities for learning. Communities who have felt powerless begin to experiment with innovative, creative ways to practice public problem solving. They become empowered, and believe they are empowered.

Community building is slow, but once invested, citizens participate because they become assured that what they do is valuable, and it affects their lives and their communities. They can really do something about community problems. The process needs to be:

- Open to consensual decision-making, where there is openness to diversity;
- Where people can collaborate on solving their problems;
- Where a variety of interested parties have different points of view and are listened to;
- And where there is a regeneration of the community environment.

What appears to be disorganization and informality is very unnerving to some. Functioning without a plan, a line of authority, delineation of responsibilities, etc., can be foreign. But, communities are built upon relationships, and relationships cannot be managed. Intrinsic order exists in communities; community potential and community problems and challenges are incorporated into associations and relationships. It is through these associations and relationships that things get done! This is exemplified in how communities function together when tragedy hits.

The challenge is to capture community spirit. Listening to communities, hearing what they say, clarifying, facilitating, and "getting out of the way" takes lots of energy and requires skill and sensitivity. Yet once this phenomenon begins to work, everyone "catches" the dream, the vision, and the mission of the community becomes everyone's mission. The intrinsic rewards are deeply gratifying.

Chapter III

THE ORGANIZATION OF A COMMUNITY BASED NETWORK

How is a Community Based Network Started?

1. By bringing concerned people together to talk.

Plans to begin a Community Based Network begins anytime a community resident is concerned enough about a need to try to do something about it. A resident who is committed to spending some time and energy to mobilize a neighborhood community begins to use the informal networks within the community to bring people together to talk. This self-appointed, natural leader, is encouraged and supported by agency and government people who remain very much in the background.

2. By documenting community demographics that support the need for a Network.

This resident and the informal network might begin by assembling community specific demographic information and a local services inventory that will provide an idea of the number of elderly in the community in relation to other residents and the services available to them. Public records from the municipality or county, e.g. Biennial County planning of Community Health Services (CHS), Community social Services (CSS), census reports, records and personnel from county service agencies, the Area Agency on Aging and the library can give a clear picture of the local population and the service system in the community (Attachment II).

Unmet needs can begin to be addressed. All groups and organizations in the community who might be involved can be identified (Attachment III). The Center for Urban Affairs and Policy Research at Northwestern University and the Dept. of Rehabilitation Services for the State of Illinois has an excellent tool Getting Connected: How to Find Out About Groups and Organizations In Your Neighborhood that can be ordered by telephone, (708) 491-3395.

3. By engaging community representatives and leaders.

Armed with information, this initiator(s) approaches leaders and representatives of the community. Again, it's ideal if community people do this so that the concept of community ownership is capitalized upon. If system people are involved, they are careful to use their networks at the local level so that community people are empowered. Sometimes chance, informal contacts suffice; sometimes appointments are necessary. By referring to community demographics and services, the gaps in the care for elderly area residents can be identified and the community can be involved in discussion and problem solving.

It is helpful to distinguish between neighborhood groups and structures and community-wide groups and structures. For example, addressing local churches might be more effective than talking with staff from the area council of churches. Similarly, groups that definitely need to be included in the planning such as a local government entity that has potential for becoming a fiscal agent for the initiative need to be considered; some may simply need to be informed of the discussions and progress on a periodic basis.

4. By inviting participation from local health care and human services agencies and providers.

Health care and human service agencies and providers understand current access to services, the kinds of services available and how they are paid for. They may have ideas on how to adapt the systems and are a resource to communities who want to utilize what is available, but in perhaps a different way. For example, hiring staff from within the community provides opportunities for many kinds of networking and collaboration.

5. By communicating tentative plans to the community.

Because women tend to be the majority of caregivers and understand that role well, it may be helpful to start by speaking to women's groups in churches and in the community. As requests for more presentations arrive, a "speakers bureau" consisting of others interested in starting the Program can spread the responsibility around. Records of these contacts provide information that will be useful in the future (Attachment IV).

In addition, records of all other volunteer time should be kept. This data is very helpful for showing community commitment of the process to funders, government personnel, etc. (Attachment V)

It is critical to involve older adults in the community early. They are the key to developing trust and spreading the good word to their peers. They, because of wisdom and experience, can assist, not only with Program development, but also with activities such as how to monitor quality, how to keep records and collect data, etc. And eventually, they will be wonderful advocates to policy makers as public policy change evolves.

COMMUNITY DEMOGRAPHICS

Population in targeted area _____

Number over age 65 _____

Number over age 85 _____

Minority Population _____ % _____

Predominant race _____ Largest Minority _____

Educational level _____

Owner occupied homes _____ % _____

Employed females _____ % _____

Predominant Occupations:	Occupation	%
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Median family income _____

Median household income _____

Persons below poverty _____ % _____

Families below poverty _____ % _____

Approved for Public Assistance _____ % _____

COMMUNITY SERVICES INVENTORY

<u>Agency/Organization</u>	<u>Services Provided to Seniors</u>
_____	_____
_____	_____

UNMET NEEDS

ATTACHMENT III

COMMUNITY ORGANIZATIONS

<u>ORGANIZATION/CHURCHES: CALLED</u>	<u>CONTACT PERSON</u>	<u>DATE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
Service Organizations:		
Lions Club	_____	_____
Rotary Club	_____	_____
Junior League	_____	_____
Boy Scouts	_____	_____
Red Cross	_____	_____
Others _____	_____	_____
Other Organizations:		
League of Women Voters	_____	_____
4-H	_____	_____
Senior Citizens	_____	_____
Women's Groups	_____	_____
Social Service Agencies:		
Aging/Health	_____	_____
Local Legislators	_____	_____
The Mayor, etc.	_____	_____
Institutions:		
Hospital	_____	_____
Nursing Home	_____	_____
Senior Day Care	_____	_____

What Does this Newly Formed Group Do?

A nucleus of interested people will begin to form as a result of these contacts. Soon a group can be convened to brainstorm about the possibilities of starting a Program. A telephone tree makes notifying everyone easier (Attachment VI).

The determination of a committed few seems to be the ingredient that gets new ideas implemented. Agencies and organizations typically have full agendas of their own and cannot supply the energy required to create something new unless there are individuals who step forward and agree to carry the initial load. Many periods of uncertainty during the planning process are to be expected!

Until further planning has been done, it is premature to appoint a board of directors. The core of interested residents who know the neighborhood well might therefore be referred to as the Steering Committee. Steering Committee members are those who commit time and energy to attend all meetings, assemble facts and figures, converse with people, and do the sometimes grueling detail work necessary to launch a new venture. The Steering Committee pools the vast resources of knowledge, experience, insight, and sensitivity from community-minded people.

It is important to take notes or minutes of each meeting. The job can be shared, and once organized, a secretary can be appointed or people can volunteer for a specific meeting (Attachment VII).

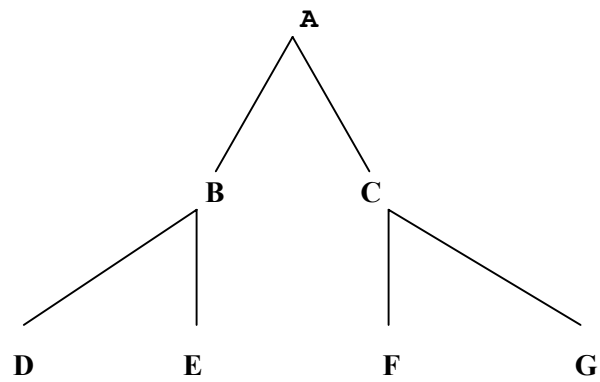
Items to discuss during these formative meetings are:

1. What do the demographics and local services inventories tell the community about the needs and capabilities of the community? See Attachment II.
2. What are the needs of the elderly in the community as seen by community residents and what are the gaps that need to be filled so that the elderly can stay at home?
3. What are the community's common bonds, relationships, values and attitudes? What are its strengths? If there are weaknesses or problems, what unfulfilled positives or hopes do they represent?
4. Who currently provides health and long-term care in the wider community and how much are they used? See Attachment II. Some examples are: home health nursing agencies, public health or visiting nurse agencies, social service and human service agencies, health maintenance organizations. As planning develops, interface with these organizations and others such as the administrators of Programs receiving Title III and Title XX federal grants, Alternative Care and waiver funds and other programs will become appropriate.
5. What are some of the informal linkages and networks in the community? Is the senior center in a specific church? Is the local 4-H leader involved in another community activity? Do the local pastors meet periodically?

6. Who are the community leaders from whom support is essential for organizing the Program?
7. What communication systems in the community can be used: newspapers, radio and TV, church bulletins and newsletters, communication systems within organizations and agencies?
8. Are there community groups who, to date, have not been interested? What needs to be done to get their involvement?
9. What civic and social groups might welcome a speaker regarding services for elderly persons? Who is the contact person in that organization?
10. Is there an organization that represents the community that could be "home" for this Program? Is it capable of becoming the "fiscal agent" for the Program if money is involved?

TELEPHONE TREE

Sample



Person A telephones person B and C.

Person B telephones person D and E.

Person C telephones persons F and G.

You can make as many trees as necessary or add more branches.

**MINUTES
SIGN-UP SHEET**

<u>MONTH</u>	<u>MEETING DATE</u>	<u>VOLUNTEER SECRETARY</u>
January	_____	_____
February	_____	_____
March	_____	_____
April	_____	_____
May	_____	_____
June	_____	_____
July	_____	_____
August	_____	_____
September	_____	_____
October	_____	_____
November	_____	_____
December	_____	_____

How and When Does the Steering Committee Become a Board of Directors? of the Community Based Network?

As interest in the community increases, the Steering Committee determines how to form a Board of Directors. If done well, it includes:

1. Representatives of the elderly and their families who live within the community. They represent a variety of elderly groups, e.g. geographical, ethnic, frailty, etc.
2. Community leaders representing local government, churches, local businesses, and other community-focused organizations, e.g. Rotary and Lions clubs, Scouts, etc.
3. People from community education, public health nursing, social services agencies, the Area Agency on Aging, and private providers delivering services to the elderly in the community.
4. Recognized local leaders who influence how things are accomplished in the community.

A majority of the board members should live within the community so that the board truly represents the people of that area. Certain people stand out as possibilities for membership on the board because:

1. They have served on the Steering Committee or have been involved from the beginning.
2. Their knowledge, expertise, or community standing would be an asset.
3. Their willingness and commitment to participate is outstanding.

Support for the local board by the representatives of community education, the public health nursing agency, the social service agency, the Area Agency on Aging, and other providers delivering services to elderly residents living in the community is critical. Their understanding of the concept, "community based" is essential. It is probably wise to have a few of these organizations represented on the board, especially those from the county. If this appears threatening to the community, the representative can be ex officio and non-voting. The community will have a good idea of those representatives who really understand their vision and mission, and whom among them they want as board members.

The size of the board is as important as its composition; it ranges from 8 to 13. A large board may be cumbersome, especially if it is expected to be a "working board". A good rule of thumb in choosing board members is that each demonstrates 2 of the 3 following qualities:

1. Ability to influence others to support the Program.
2. Has time to contribute.
3. Capability of raising money.

Careful planning, while considering many alternatives, will result in a board that covers a wide array of resources and expertise with a minimum number of people.

Potential board members should be approached personally with an explanation of the potential for a Community Based Network and the critical need it can serve. The specific value of each person's contribution to the board needs to be recognized. During the planning stage of the Program which involves a significant amount of networking with people and organizations in the community.

It is critical that potential board members be willing to commit to attend board meetings regularly and assume task assignments. Without such a commitment, a significant amount of additional time may be needed to bring absent people up to date, to defer items which cannot be covered adequately in the absence of a key individual. Essential people who cannot commit time to attend regular meetings can be invited to specific meetings.

How Does the Local Board Operate?

The board develops a plan with two parts; one is programmatic, the other financial.

The programmatic section addresses community needs of the elderly. A formal needs assessment is expensive, and usually not necessary since the people in the community are aware of needs. The plan specifies how:

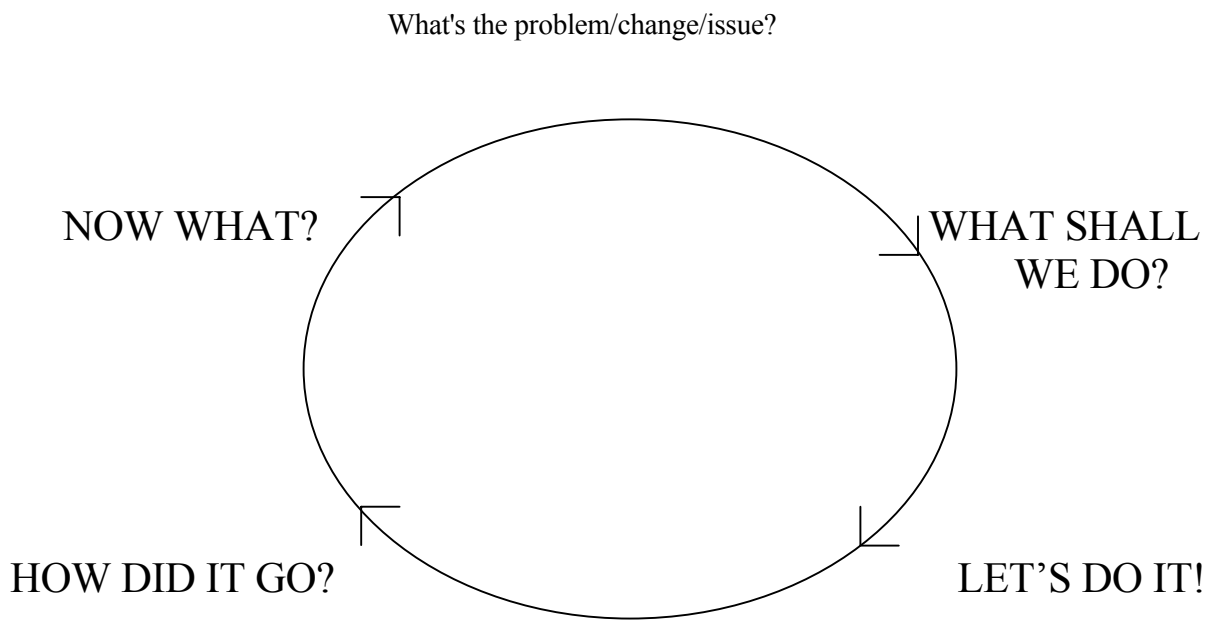
- To informally determine the services necessary.
- Existing services need to be modified or delivered differently so that needs can be better addressed.
- Additional "formal" services such as home health, foster care, adult day care, etc. might be used.
- To include expertise of agencies and government organizations.
- Volunteer organizations can work together.
- Volunteer services can be developed to fill the gaps in service delivery.
- To assess the expertise of community residents.
- To recruit volunteers from all age groups.
- Potential participants might be contacted and convinced to receive services.

The financial section includes a budget with both dollar and in-kind (an old file cabinet, stamps, a mailing, secretary's time) contributions. The budget is for all community administrative functions if they are not volunteered. It also includes fund raising activities: events, grant applications, donations from the community, etc.

It will be the function of the board to monitor and evaluate implementation of their plan, and to adapt it to accommodate the changing circumstances and perceptions as they develop. The planning function of a community board can be described in Attachment VIII.

ATTACHMENT VIII

Model for change and for problem solving
created by M. Jamieson
1977



What Services will a Community Based Network Provide?

At the very heart of the Network is volunteerism: board members who contribute enthusiasm and time, Boy Scouts who might paint or prune, church youth who will clean an attic, a business that will type for the board, and a grocery store that will deliver, etc.

The board also determines, through working within its community, how to provide those volunteer services necessary so that elderly people can remain in the community. Creativity and innovation need to be encouraged.

Categories of volunteer services, which might stimulate the thinking of community people, could be:

1. Community education that promotes understanding of:
 - The normal aging process
 - The types of services needed to maintain people at home
 - Ethical decisions for caregivers and families
 - Services that are available through the formal system
 - How to access the formal system
 - Eligibility for entitlement programs
 - Elderly nutrition, exercise, health habits
2. Referral services to seniors about the options in the long term care system in their community.
3. Outreach to seniors who need minimal services to keep them healthy and independent in order that community Programs can be developed to assist them.
4. Outreach to frail elderly seniors to encourage appropriate services to assist caregivers and to support health and independence.
5. Monitoring systems (such as a contact for Meals on Wheels people when they observe someone who needs help, or a file card system for volunteers to do periodic telephone calls or check-ups).
6. Follow-up contacts for persons referred into the long-term care system to provide advocacy and support.
7. Caregiver support and respite care.
8. Friendly visiting, transportation, chore services, etc.
9. Social contacts: girl scouts providing birthday cakes, youth groups singing at Christmas, transportation to church, etc.

10. Staffing the board: record keeping, accounting and bookkeeping of board funds, etc.
11. Telephone reassurance.
12. Peer counseling/friendly visiting.
13. Simple home repairs.
14. Lawn/garden services.
15. Boy Scout, Campfire Girls, etc. projects (birthday cakes, addressing Christmas cards, painting houses, etc.)
16. Transportation.
17. Socialization (concerts, church, etc.).
18. Paying bills, explaining Medicare.
19. Respite for caregivers.
20. Durable medical equipment storage and loan.
21. Matching friends.
22. Special projects: poinsettias at Christmas, etc.

Major energy will be expended by the community to determine how to coordinate the existing formal services and then integrate the volunteer services with the formal service network. Government and agency people can make this easier! They do this by:

1. Evoking questions from community residents about their issues, concerns.
2. Giving voice to people by creating equality of dialogue.
3. Connecting people with information and resources.
4. Decoding agency and government knowledge and translating exclusive language belonging to agencies and government.

As the Program develops, the community will recognize that new services need to be organized, or that adaptation of existing services will better meet the long-term care needs of elderly living in the community. Again, relationships, networks are utilized to augment what has already been done.

How Does the Board of Directors Become an Entity?

All of the activities described so far have begun to provide a basis of interest and support in starting a community based volunteer network in earnest. It may be appropriate to become "official". In order to protect board members as individuals, the board may want to become a non-profit organization (this is a rather simple procedure). It then will be able to receive money and will not need to pay taxes.

The initial steps for the board are:

1. Choosing officers and describing their responsibilities.
2. Writing bylaws if incorporation is advisable. These can be simply done on one or two pages.
3. Determining the purpose of the Board.
4. Developing a plan of action.
5. Confirming the geographical boundaries of the community and clarifying the relationship with the lead agency (fiscal agent).
6. Deciding how the work will get done: committees? Paid staff?
7. Documenting a communications plan through community channels such as:
 - Church newsletters and bulletins
 - Local newspapers
 - Flyers
 - Posters
 - Radio, TV
 - Brochures
8. Deciding how the expenses for postage, duplicating, telephone, etc., are going to be contributed or paid for during the formative period.
9. Putting together a budget.
10. Identifying sources for funding the Program.

After everyone understands the plan and is committed to it, the members begin activities that will implement the plan. Some may work on funding, some on establishing the structure of the organization and the agreements necessary with agencies and organizations, others can begin the evaluation and revising process as insights are gained during implementation.

Chapter IV

INCORPORATING THE LIVING AT HOME/BLOCK NURSE MODEL INTO THE COMMUNITY BASED NETWORK

What is the Living at Home/Block Nurse ProgramSM?

A Living at Home/Block Nurse Program (LAH/BNP) is a community Program that draws upon the professional and volunteer services of local residents to provide information, social and support services, nursing and other professional services to their elderly neighbors who might otherwise be admitted to nursing homes. It is initiated and developed by community residents. A LAH/BNP begins serious planning and implementation after a community board becomes operative.

The LAH/BNP is the merger of two models that have successfully coordinated/provided service for the elderly in Minnesota neighborhoods. The Living at Home model initially operated successfully in two communities and the Block Nurse Program in five. An evaluation of the Block Nurse Program documents indicated that 38% of the participants would be in nursing homes without the Program, for a cost of between \$300-\$500 a month compared to \$3000 in a nursing home.

The Living at Home Project and Block Nurse Program complemented each other and were merged in 1990 so that the best of both could be utilized.

In the combined model, there are two categories of services:

- Informal services that are volunteer delivered at no charge
- Formal services that are professionally delivered and paid for

The volunteer services are planned, coordinated, and delivered through the community board. They might include friendly visiting, caregiver support, respite for a caregiver, socialization for someone who is isolated, information about available services, and a myriad of other services such as balancing check books, cleaning up a yard, having birthday parties, etc. The community becomes sensitized to the needs of the elderly and creates a volunteer system that helps keep the elderly at home.

Closely related to volunteer services are activities that provide information, prevention (perhaps in classes arranged through the county extension agent or through community education), or early intervention by the nurse so that a crisis does not occur. (In one community, 85% of the referrals to the nurse are by word of mouth because neighbors realize the need.)

For the frail elderly, a registered nurse who ideally lives in the community, works with the board to develop a community care Program for residents in need of long term care services. Home health aides, homemakers and volunteers who also, ideally, live in the community, provide services to the elderly participants and families under the supervision of the Block Nurse. These team members are called the Block Nurse, Block Companion, and Block Volunteer.

Block Nurses assess the need for care, and incorporate information and orders from the participant's physician, and information and wishes of the participant/family, into a care plan that is accepted by the

participant/family. Other professions are often used; social workers, occupational and physical therapists, etc. A home health aide, homemaker, and/or a volunteer is oriented and introduced to the family, if appropriate. A participant's care is monitored by the Block Nurse and revision of the care plan occurs periodically. The Block Nurse provides the coordination of the formal and informal caregivers so that the goal of safe, effective care that promotes health and independence is achieved.

What Staff are Needed for the Living at Home/Block Nurse ProgramSM?

Two different categories of staff are necessary for the Living at Home/Block Nurse Program model.

1. Administration in the community

This category includes all the administration that is necessary in the community, and can be divided in 5 different functions.

- Social Support: Organize and administer comprehensive support services to meet the needs of seniors in the community (individual participant level).
- Volunteer: organize, implement, monitor and evaluate all volunteer activities associated with LAH/BNP.
- Nursing: operationalize and maintain integrity of the LAH/BNP nurse practice model of care management and service delivery, in collaboration with the contract nursing service agency. (RN required; BSN/PHN preferred)
- Community Organization/Outreach: Facilitate development and implementation of LAH/BNP among community groups and citizens (Organizational level, not individual participant).
- Administration/Program Management: Administer and provide leadership to the LAH/BNP under direction of the Board of Directors.

These functions may be combined according to community needs and the skills/qualifications of available personnel. For example, Program administration might be combined with nursing. Volunteer and outreach functions might be appropriate for an individual who has the necessary experience and skills. In a smaller community, one person working full-time might perform all functions. Ongoing Communication and collaboration of all functions by individuals in the designated positions and with vendors is critical to success of the Program.

2. Service Delivery

The second category of staff is nurses and home health aides/homemakers. Ideally, they are from the community, but are hired under an agreement by the board with the local public nursing service or the visiting nurse association (called an agency or vendor). The board recruits the staff, interviews them, and makes hiring recommendations to the vendor. The vendor is a partner in the Program's efforts and needs to wholeheartedly support the philosophy of the Living at Home/Block Nurse Program.

A high degree of flexibility is necessary from the vendor so that the Program designed by the community can become operational. For example, the board may want to combine home health services (paid by Medicare) with homemaker services (paid by Title XX) so that one person does both. This saves on mileage and travel time and is less confusing to the elderly when only one person delivers both services.

Who Pays for the Services of Block Nurses, Block Companions (combined Home Health Aide/Homemaker)?

Because the nurses and home health aides/homemakers are hired by a nursing agency, all entitlement programs are billed on behalf of eligible participants. This includes insurance, Medicare, Medicaid, HMOs, VA, the Alternative Care Program, etc. Services for which there is no reimbursement are billed to the participant on a sliding fee scale, which considers the ability of the participant to pay. Grants from foundations and state and federal government can support the difference between what the participant pays and the rest of the cost. Current LAH/BNPs generate some of the money to pay for non-reimbursed care.

How Does the Living at Home/Block Nurse Program Model relate to the Community Based Network?

The Living at Home/Block Nurse Program arranges any service necessary to maintain the elderly in their own homes and community. The Community Based Network would augment these and arrange volunteer services for persons who need social support and assistance prior to needing more organized, formal care. The Living at Home/Block Nurse Program delivers the formal care such as nursing and provides health education, prevention programs, and early intervention that link most effectively with the community's volunteer services.

What is the Living at Home/Block Nurse Program Inc.?

The Living at Home/Block Nurse Program Inc. is an organization that fulfills two objectives:

- it provides consultation to communities who wish to plan for implementing the model, and
- on behalf of all LAH/BNPS, it works toward social change that would provide permanent funding for administration in the communities and for participant services for which there is no reimbursement, but which are needed to keep elderly at home.

The author of this handbook is Marjorie Jamieson, Past Executive Director of the Living at Home/Block Nurse Program, who was among six women in her community who designed and implemented the Block Nurse Program in her neighborhood. She was the Volunteer Director of Services and first Chairperson of the board. She has spoken and published widely about the Block Nurse Program. She was responsible for an innovation award from Harvard University and the Ford Foundation, and for grants of 1.7 million dollars from the Division of Nursing, U.S. Department of Health and Human Services and the W. K. Kellogg Foundation. These grants funded replication and evaluation of the Program in three socio-demographically diverse neighborhoods. Her undergraduate degree is from St. Olaf College. She received a Master of Science degree with majors in nursing administration and nursing education in 1979 from the University of Minnesota.

A Replication Manual and other resource materials that outline very specific steps for replicating the model, plus other informational materials are available from:

Elderberry Institute
The Living at Home/Block Nurse Program, Inc.
475 Cleveland Avenue North, Suite 322
St. Paul, MN 55104
(651) 649-0315

What is the Elderberry InstituteSM?

The Elderberry Institute is the outreach and educational arm of Living at Home/Block Nurse Program Inc. The Institute was founded in 1997 to extend and support the Living at Home/Block Nurse ProgramSM model for Seniors in local communities nationwide. The Institute's website is www.elderberry.org.

Module5Temp\Community Handbook.doc