

Public Testimony
Interim Human Services Committee July 22, 2014
Submitted by Tracy Ekeren, HEART Program Director

Good afternoon Chairman Damschen and members of the Human Services Committee. My name is Tracy Ekeren, and I am the Program Director for the HEART Program out of Enderlin, ND. I appear before you today to provide a proposal regarding a Statewide Neighborhood Senior Care Program Resource Center (or other name selected for Project).

Mission/Purpose

- to promote the Neighborhood Senior Care Program concept, philosophy and values statewide
- To assist local communities to develop and maintain their own Neighborhood Senior Care Program
- To effect State and national change that encourages and supports ongoing neighborhood based health and long term care services.

Neighborhood Senior Care Program Model

A citizen based model, based on the conviction that local volunteer governed entities can and do serve the needs of local people best. Community ownership and operation in community or smaller geographic areas help to assure flexibility and non-bureaucratic effectiveness in helping seniors stay at home safely and independently for as long as possible.

By receiving in-home social support and health care, elders are enabled to stay in their homes for extended periods of time, preserving their quality of life and retaining their community networks, while at the same time avoiding expensive nursing home costs.

The principle of neighbors helping neighbors is central: where consent, caring and mutual respect form the trust basis for all relationships. Use of expensive acute services, like an emergency room visit, is reduced while older people remain healthy longer, continue to live at home, participate in the lives and economies of their communities and receive appropriate assistance as needed from their family members and neighbors. Ultimately, this support system helps avoid caregiver burnout and premature institutionalization.

The Neighborhood Senior Care Program is very cost effective. Given current costs of acute medical care and nursing home stays, a typical rural community program's annual budget can be more than recovered by helping just two elders avoid or delay using the expensive institutional services for a year.

The Neighborhood Senior Care Program does not duplicate pre-existing community services, but uses all available human services as fully as possible in a coordinated fashion and supplements only where needed services are absent or difficult to obtain.

The program's unique attributes stem from the fact that the leadership, planning and implementation are done by people living in the community. A community board assumes the leadership to develop solutions and take action, while concerned citizens organize a volunteer network unique to their community under the structure of a locally constituted 501(c)(3) corporation.

Services include: friendly visiting, transportation, chore services, etc., caregiver support and respite care, outreach to older adults who need minimal services to keep them healthy and independent, outreach to frail older adults to encourage appropriate services to assist caregivers and to support health and independence, monitoring other support services like Meals on Wheels, follow up contact for persons referred into the long-term care system to provide advocacy and support, referral service to older adults to the private care system in the community, education programs, social contacts, telephone reassurance, simple home repairs, lawn and garden services, and others as needed.

Role of Statewide Neighborhood Senior Care Program Resource Center

The Resource Center promotes the program concept, philosophy and values statewide. This activity includes legislative advocacy on behalf of a community based approach to health and long term care; leadership and interagency coordination among administrative departments to promote the model that will allow services the community can safely deliver; developing and promoting the use of handbooks and guidelines to identify elder friendly communities, to start and to maintain a program, and to identify volunteer resources; identifying leadership interested and committed to the Program; collecting data and developing databases to assist in identifying needs and resources; and developing diverse efforts to promote the philosophy and values statewide.

The Resource Center supports local neighborhood senior care programs. This support includes legislative advocacy, information on best practices and trends in human services, public relations, marketing, troubleshooting consultation, liability insurance, data collection and data base support, technology support, consultation on operations and capacity building, regional and statewide fundraising efforts, and other help depending on the needs of local programs.

The Resource Center advocates for change at the regional and national level as appropriate.

Potential State Structure

A separate non-profit 501(c)(3) is established. A steering committee formed and board members recruited. Or, an eleven to fifteen member statewide board of directors (or advisory board) is appointed by the Governor (or other administrative department)--made up of representation from local programs and at-large members. Members should also represent the diverse perspectives of seniors and other consumer advocates as well as health and social support service needs. Members serve staggered three year terms.

Staff for the Statewide Resource Center includes a Program Director and additional support staff as determined to be needed.

Budget (to be determined). An estimate is about \$100,000 a year to start. A non-profit entity is better able to access Foundation funds or other resources such as the Dakota Medical Foundation, Bush Foundation or others.

It is our ultimate goal to have this 9 different weeks of camp available for the summer of 2015 but the details have yet to be worked out.

This concludes my testimony. I would be happy to answer any questions.

Sincerely Submitted, Tracy Ekeren