



Maine Aging Initiative – Year Two

(Spring 2016)

Committees & Assigned Work

Public & Private Safety Committee: Jane Margesson & Joel Merry

- Identify whether the TRIAD/EATF models remain viable for Maine communities
- Map & share information about existing wellness check programs
- Map & share information about law enforcement agencies that maintain drug collection boxes where older adults can safely bring their unused/expired medications
- Determine and share appropriate community & law enforcement response to hoarding
- Identify and disseminate best practices in home repair fraud prevention
- Work with emergency management officials to determine the best community-based response to implement to ensure vulnerable older adults receive care during power outages and severe weather
- Secure update on Maine's Community Paramedicine Pilot Program and determine if any lessons learned could be implemented into community initiatives
- Determine if there are programs available in the state to increase older adult protection from fire injuries/death and promote as appropriate
- Continue to strengthen communication channels related to frauds & scams

Workforce & Employment Committee: Wendy Estabrook & Don Harden

- Identify strategies for employers for re-engaging older people in the workplace
- Define what an aging-friendly workplace is and identify/develop tools employers can use to become more “age friendly”:
 - How to attract older workers/be welcoming
 - How to retain older workers
 - How to support/retain family caregivers
- Identify which companies are doing this well
- Put together resources that would be provided to people as they retire: how to volunteer, jobs for retirees, basic facts about social security, how they can still work/earn
- Engage the HR Community
- Create a call to action for employers in ME to address these issues

Housing Committee: Denise Lord & Deb Keller

- Review the continuum of housing options that can help older adults remain safely in their communities (using Housing Typology categories).
- Convene a series of charrettes with stakeholders that will help a) educate and expand our understanding, b) identify barriers and opportunities, c) disseminate best practices within existing models, and d) create new functional models.
- Promote models with appropriate associations and municipalities to encourage replication

Health & Well-being Committee: Becky Hays Boober & Betsy Sawyer Manter

This committee has been split into two subcommittees with different tasks:

- *First Contacts Subcommittee* (Complete First Contacts Project)
 - Identify key community/business people who regularly come into contact with older adults (hairdresser/barber, clergy, town clerks, grocery cashiers, etc.) – “first contacts”
 - Host a series of focus groups/discussions with each kind of “first contacts” to understand how they engage with older adults and what information would be helpful them to have if they see an older adult who is failing (We completed this last spring.)
 - Create a defined curriculum that helps “first contacts” to identify concerns, and know how, and to whom, to make a referral for assistance. The curriculum will explore a variety of training delivery methods that meets the needs of each kind of “first contacts”
 - Identify a test community and/or business/industry and pilot the curriculum
- *Common Care Plan Subcommittee*
 - This subcommittee will develop a draft template that could be used by health care providers (including behavioral health and specialty care), social services providers, and community/in-home support and services providers to coordinate care better for persons with complex needs, including older adults.
 - The work will be informed by HealthInfoNet’s Robert Wood Johnson Foundation grant to merge social services and health care electronic records, working with two CAP agencies as a pilot. It will also be informed by PCHC/EAAA’s work to coordinate care and records.
 - Once the subcommittee drafts a template, a multi-disciplinary stakeholder group will review it, determine which elements are essential for common care planning, and identify mechanisms for sharing that information as appropriate using electronic records (such as HealthInfoNet).
 - The essential elements could become fields in a person’s electronic health record to assist in individual care as well as systemic data analytics. Foundation funding will be requested to support this facilitated multi-disciplinary stakeholder process. When appropriate, work with Health InfoNet to advance electronic health records that can be used by community-based organizations in partnership with health care providers.