

Our Aging Community:

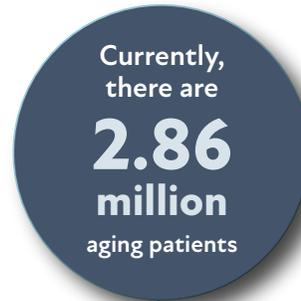
Creating a Welcoming and Safe Environment for Their Primary Care



Our Aging Communities

As a new target population for some health centers and certainly a growing population for all, seniors bring unique needs and preferences that require us to re-align our resources to effectively engage them with a comprehensive, integrated primary care team. Community health center waiting rooms, once dominated by pregnant women and young children, are each year [accommodating more and more aging patients](#), age 65 years and older.*

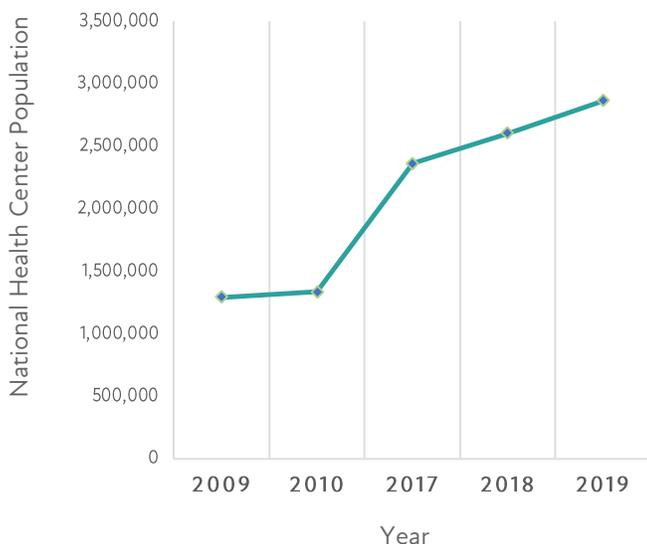
The aging community is a broad scope of individuals classified as:



This number accounts for 10% of total community health center patients nationwide, according to 2019 UDS National Data.



NUMBER OF AGING PATIENTS



The above data was collected from the [National Health Center Data Registry](#).

The following are recommendations to assist your health center in assessing, planning for, and meeting the needs of your growing senior population.

Considerations

Your model of care will define whether seniors receive care from senior-focused interdisciplinary teams or from teams managing patients throughout their life stages. The following are key to the sustainability of the model you choose:

- Volume of patients and specialization of staff
- Culture and mores of your community
- Guidance from your Board of Directors
- Community Needs Assessment

*Federally Qualified Health Centers (FQHCs) are outpatient clinics that qualify for specific reimbursement systems under Medicare and Medicaid. They include federally funded health centers known as "Section 330 grantees" and those that meet certain federal requirements, but do not receive federal grant funding, known as "Look-Alikes." This document refers to both types as "health centers."

Questions to Ask

- How do seniors get around within your community?
- What are your current patients asking for, and how can you best address those requests?
- How can you decrease your senior patients' and caregivers' stress?

The goal should be to enhance their experience and their confidence to effect real change and optimize quality of life outcomes for your aging patient population.

Recommendations for Facility Enhancements

The following Capital Link [recommended links and resources](#) below have been chosen in response to the question **“What functional and operational enhancements will improve facility conditions for aging patient populations, as we work to close all healthcare disparities and provide a more equitable and effective environment for care?”**

Relative costs are represented by dollar signs:



The following recommendations touch on one of the four themes that provide the framework and foundation of advancements to a more inclusive healthcare environment for aging patients:

1. [Safety](#)
2. [Priorities](#)
3. [Therapies](#)
4. [Cognition](#)

Inclusive Healthcare Framework for Aging Patients



Programs of All-Inclusive Care for the Elderly (PACE)

Under certain circumstances, the [Programs of All-Inclusive Care for the Elderly \(PACE\)](#) may be an investment worth exploring if health centers meet the following criteria: a governing board that includes community representation, a physical site to provide adult day services, a defined service area, the ability to provide the complete service package regardless of frequency or duration of services, safeguards against conflicts of interest, and demonstrated fiscal soundness.

Some health centers choose to actively collaborate with PACE to provide appropriate social and medical services to Medicare and Medicaid patients, providing a more comprehensive planning tool to enhance their physical space, and create a more inclusive environment for aging patients. Since PACE allows health centers to provide all services for their population without reimbursement constraints, by receiving monthly Medicare and Medicaid capitation payments per enrollee, these recommendations will serve as a guide for their resource allocation as well, and provide valuable guidance and direction for those key stakeholders' integral in facilities expansion.

Whether collaborating with specific programs such as PACE or not, all health centers should consider the unique needs of seniors as an important filter for choosing good over best when developing programs and services, refining operations or reorganizing, renovating, and developing new facilities. As development occurs, be purposeful in choosing options that assist your senior patients to exercise their need for independence, address their risk for co-morbidities, and responds to the physical and mental challenges inherent in the natural progression of aging. This resource guide is designed to help you make sure that your facility provides practical and supportive environments that promote independence for all of your patients.

Themes

SAFETY: To help aging patients continue to be mobile and independent

- Oversized light fixtures and switches in restrooms - \$
- Anti-slip flooring - \$\$
- Single occupancy unisex ADA compliant restrooms - \$\$\$
 - *These restrooms, particularly in the entry and education/community zones of your facility will accommodate a caregiver of either sex thus promoting independence and assuring safety.*
- Wipe-able grab bars in hallways - \$
- Wide corridors (i.e. larger hallways/walkways) - \$\$
- Large anti-glare windows with coverings and insulation for aging patient privacy, temperature control for comfort, and reducing patient stress - \$\$
- Hands-free/touchless fixtures (anti-scald faucets, soap dispensers, etc.) - \$

PRIORITIES: To increase space needs that allow for safe, better monitoring and care of aging patients and their caregivers, to reduce patient stress

- Increasing access to care via increased appointment options that help [overcome transportation hurdles](#) and minimize aging patient stress
- Assessing signage and visual monitoring, in order to provide clear, safe, and secure directions, waiting area, and patient rooms for the aging population and their caregivers - \$\$
- Use of non-hazardous materials and antimicrobial finishes to maintain overall health of aging patients - \$
- [Alerting patients of appointment reminders and changes](#) - \$\$

THERAPIES: To provide one-stop shop pharmacy care and assist aging patients with medication reconciliation and education needs

- An on-site pharmacy to facilitate access to those with limited transportation/mobility and manage costs for those with limited resources, thus improving compliance with pharmaceutical plan of care - \$\$\$
- An addition of a pharmacist to provide medication counseling as part of the integrated primary care team. They facilitate patient/staff education in proper administration and monitoring of efficacy/side effects/interactions, while working alongside the team to improve chronic disease management in the elderly - \$\$\$

COGNITION: To help maintain aging patients' mental activity

- Accommodations for sound, i.e. sound-absorbing materials and soundproof windows to reduce noise and reverberation for more [accommodating environments for dementia patients](#) - \$\$\$
- Alerting patients of appointments prior to arrival to accommodate for transportation and caregiver accompaniment and decrease patient stress upon entry - \$
- Non-glare finishes and materials - \$
- Furniture that mirrors warm environments with a home-like feel to promote comfort and reduce aging patient anxiety - \$\$
- White noise machines and sound masking to reduce disruptions/ eavesdropping on private or confidential conversations - \$

Please reference the recommendations throughout as well as other tools available on the Health Center Resource Clearinghouse at www.healthcenterinfo.org from leading organizations on aging equity and inclusion that can help serve as additional resources to aid in your space transformation efforts.

Acknowledgment

About Capital Link:

Capital Link is a non-profit organization that has worked with hundreds of health centers and primary care associations for over 25 years to plan capital projects, finance growth, and identify ways to improve performance. We provide innovative consulting services and extensive technical assistance to support and expand community-based health care. Additionally, Capital Link works in partnership with [primary care associations](#), the National Association of Community Health Centers, and other entities interested in improving access to capital for health centers. For more information, visit www.caplink.org.

About the National Association of Community Health Centers:

Federally Qualified Health Centers serve over 22 million people at more than 9,000 sites located throughout all 50 states and U.S. territories. Because health centers serve patients regardless of their ability to pay, they depend on public financial support and need a unified voice and common source for research, information, training, and advocacy. To address these needs, the [National Association of Community Health Centers \(NACHC\)](#) was organized in 1971. NACHC works with health centers and state-based primary care organizations to serve health centers in a variety of ways:

- Provide research-based advocacy for health centers and their clients.
- Educate the public about the mission and value of health centers.
- Train and provide technical assistance to health center staff and boards.
- Develop alliances with private partners and key stakeholders to foster the delivery of primary health care services to communities in need.

As a founding partner of Capital Link, NACHC appoints some of Capital Link's board members. The two organizations work closely together on issues related to health center capital development and economic impact.

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