Building an Aging Friendly Community
Scribe Notes
Healthcare

Who’s here?
Personal interest 5%
Subject matter agencies

Current Situation
-strengths
Resource rich
-hospitals
-academic centers
Good interagency collaboration
Silver sneakers (Humana program)
Other fitness programs for seniors
Agency on Aging resources
Encore services
Hult Center
Senior centers
Quality retirement centers and communities
Strong community-based at-home services
IPMR
Home Health Care +
OSF medication reminder boxes
Tele-health services/monitoring
City-lift transportation services
Growing awareness of caregiver needs and need for intergenerational services
Bradley training staff
Parish nurses
Heartland clinic
VA clinic
Elder abuse services
Long term ombudsman services
South Side Mission senior services
Allied health professions
Bradley/ICC healthcare training
Hospice/palliative care services
Senior community health fairs
Faith-based services
Peoria Park District services
Long term acute care hospital
Senior games
Crittenton crisis center
Behavioral health and counseling services
RSVP
Neighborhood associations
Proctor geri-psych unit
Bradley Osher Lifelong Learning Institute (OLLI)/ICC Prime Plus

**Weaknesses**

Prescription costs
Lack of medication coordination between doctors
Funding reductions
Lack of awareness of senior services/options among caregivers
Lack of specialists in areas affecting seniors
Lack of social work outpatient services
Need for more frequent follow-up/tracking of medications
Need for more collaboration among health services
General education among public on available services
Doctors need to understand more about hospice
Need for dementia unit at a local hospital
Displacement of medical services out of city center to far north end
Lack of medical transportation services outside of Peoria
Advocacy system for seniors
Need for addressing hoarding behaviors
Need for knowledge of aging info
Access to mental health services/Oral health care

**Magic Wand/Desired State**

Coordination/collaboration of area healthcare services (ADRC)
Healthcare not dictated by insurance companies
Dental services/medical services together
Electronic healthcare records
Educate families on senior care giving
Universal understanding of elder rights
Gerontologist as head of patient care team
All senior services in common location
Health and referral hotline
Magic money tree for medical expenses
Continuum of care from wellness to end of life
More geriatric physicians
More doctor education on available services
Cultural change to value elders more
Caring for each other as priority
Community with choices to manage self and gain assistance
Lifecare business model to allow seniors to remain at home and get needed services
(CCRC at home)
Decrease community barriers
Integrating intergenerational services
One-stop shop for long term care education
IDPR should require CEUs
Individual case managers
Safety for seniors
Families taking care of their own

Recommendations/Goals
Focus on health promotion/prevention/early education to keep seniors out of the hospital
  Affordable/free wellness services

Person- centered efficient, coordinated care
  Identify/remove barriers to care
  Dedicated case manager/advocate to insure seamless delivery of care from hospital to home to physician office
  Medical database/alert system to reduce procedure duplication
  Collaboration of stake holders
  Electronic home monitoring

Mandatory continuing education for providers/physicians in geriatric health