



## **Organization: Elder Services of Merrimack Valley**

### **Organization Description:**

Elder Services of the Merrimack Valley, Inc., a private non-profit agency, was incorporated in 1974 to serve older residents living in the Merrimack Valley. Our mission is to insure that choices of programs and services are available and accessible to meet the diverse needs and changing lifestyles of older adults. We believe home based care, community services, and supportive living programs maintain the dignity of human life by promoting self-determination and by encouraging the maximum independence of the people they are designed to serve. We are respected as a leader in the field of elder care and have demonstrated our commitment to older adults through our advocacy, education efforts and innovative programs. Elder Services is staffed by 300 full and part-time professionals who specialize in working with older adults, their families and community agencies, other non-profit/public agencies, and over 400 volunteers involved in various elder care services.

### **History:**

Elder Services began implementing evidence-based programs in 2006, starting with the Stanford Chronic Disease Self-Management Program. We opted to being offering evidence-based programs primarily because of the evidence demonstrating improved patient activation and improved health. It was also important that these programs could be offered by trained lay leaders, including peers and volunteers, so that the programs could be more easily sustained than programs requiring clinicians. Since 2006, we have added multiple other programs, including but not limited to, Diabetes Self-Management, Pain Self-Management, Cancer Thriving and Surviving, A Matter of Balance, Healthy IDEAS, and Enhanced Wellness.

### **Partners and Funders**

Elder Services is the Aging Services Access Point (ASAP) under contract with the Executive Office of Elder Affairs and the designated Area Agency on Aging for the Merrimack Valley. In addition, Elder Services manages a number of contracts/programs for Mass Health, private foundations, and public organizations. We directly manage and/or fund over forty (45) different programs, contract with over 65 community agencies, and oversee 120 contracts chosen for quality and cost. Most of these programs and services are targeted to elders in the greatest economic and social need.

### **Successes:**

ESMV has formed the Healthy Living Center of Excellence (HLCE), a collaborative of 90 community based organizations across Massachusetts with a goal of integrating long-term support services such as

evidence-based programs into health care delivery systems. Among the documented successes of the HLCE are: (1) Training of over 600 program leaders in evidence-based programs; (2) serving as the Statewide Training and Technical Assistance Center for Chronic Disease Self-Management programs for ten years; (3) Achievement of all deliverables under various Federal grants focused on healthy aging programs; (4) Serving as the training and technical assistance arm of the Department of Public Health's Prevention and Wellness Trust Fund; (5) Exceeding reach targets under ARRA funding by more than 21%; (6) Becoming the first collaborative in the nation accredited by American Association of Diabetes Educators for reimbursable diabetes management offered by community health workers in community settings; (7) Selection of ESMV as one of the first organizations to test new ways to improve care for people with Medicare as part the Community Based Care Transitions Program; (8) Serving as the National Training Center for Healthy Eating, an evidence-based nutrition program;

**Lessons learned:**

In assessing ongoing barriers and challenges, HLCE has developed the following key learnings:

- The HLCE programs and services are now accepted as a valuable resource to health care partners. The challenge is that the traditional means of referring patients into such programs require reengineering approaches since the primary care providers have little time and ability to integrate this into their practices. Further work is necessary to refine referral processes;
- Additional work is necessary to reach health care partners not yet engaged and demonstrate the value proposition of these programs;
- Significant opportunities outside of health care existing in expanding the training and technical assistance capacity of the HLCE

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