

## Great Plains Senior Services Collaborative: Transforming Lives in America's Rural Communities

*By Charlotte Haberaecker*

### Overview

Older adults in rural areas can struggle to access aging-related services, transportation to medical appointments, and social opportunities. To support older adults living in Minnesota, Montana, and North Dakota, Lutheran Services in America created the Great Plains Senior Services Collaborative. The Collaborative is geared toward older adults living alone, who often are living with multiple comorbidities and/or have high levels of social isolation and depression. The Collaborative also leverages rural communities' unique assets and resources, including strategic community-based partnerships, to help seniors live independently at home.

America's population is rapidly aging. "The growth in the number and proportion of older adults is unprecedented,"<sup>[i]</sup> the Centers for Disease Control and Prevention (CDC) notes, adding that by 2030 one in five U.S. adults will be a senior citizen. With this dynamic come significant challenges, from seniors struggling with chronic conditions and access to care, to loneliness and its quality of life effects. Rural populations tend to be older, presenting isolated seniors and their communities with additional challenges. Indeed, socially isolated individuals face an increased risk of premature death of 50 percent<sup>[ii]</sup>, according to the peer-reviewed journal PLOS Medicine.

In this setting, the CDC's landmark report "The State of Aging and Health in America 2013" specifies innovative approaches are needed to improve seniors' quality of life. But perspective and experience from various quarters also must be included. "Identification of creative solutions commands the collaborative brainpower of multiple partners . . . as well as the perspectives of rural residents themselves," a recent Washington Examiner piece<sup>[iii]</sup> notes.

This increasingly important space represents a central focus area for Lutheran Services in America, both when it comes to recognizing the need to devise and implement scalable programs to best reach America's rural elderly population, and also in effectively building and leveraging community partnerships to do so. The Washington, DC-based organization is comprised of a nationwide network of 300 health care and human services organizations that work with one in 50 Americans each year. The not-for-profit network is deeply embedded in the fabric of over 1,400 communities nationwide, and viewed as trusted providers known for providing high-quality, compassionate care.

Lutheran Services in America has long focused on supporting the healthy, independent aging of America's elderly, particularly those struggling with limited resources in rural, isolated settings. As such, the organization – in tandem with Lutheran Social Service of Minnesota and Lutheran Social Services of North Dakota – in 2015 launched the three-year Phase I of its ongoing [Great Plains Senior Services Collaborative](#).



With \$2.5 million in grant support from a large, regional philanthropic partner, the Collaborative learning model is committed to developing and implementing sustainable solutions that enable older rural adults to maintain their autonomy, improve their health and well-being, and achieve a higher quality of life. The Collaborative, already showing remarkable progress in Minnesota and North Dakota, benefits from independent academic evaluation and validation of program results from professionals at North Dakota State University. The Collaborative is quite original, in that it was designed to leverage the unique assets and resources of rural communities, and develop person-centered approaches to help seniors remain in their homes and communities, living with purpose and meaning.

The Collaborative's programs in Phase I reached adults typically over age 76 with annual income of less than \$20,000. Those reached often were living alone with multiple comorbidities, and reported high levels of social isolation and depression. Phase I of the Collaborative led to some of the highest-need older adults receiving services that contributed to improved quality of life. This translated to rural individuals having the freedom to choose where to live, enabling them to do so with dignity.

Over 1,500 older adults and their families were supported with the engagement of more than 130 partners and stakeholders via various programs. Results indicated successfully improving the health and quality of life of over 1,100 vulnerable older adults in more than 70 communities throughout rural Minnesota and North Dakota, with the most successful program implementations resulting from partnerships with organizations and churches that had an established community presence. Strong local, state and national partnerships also were of value when it came to delivering services in underserved rural areas.

Importantly, the Collaborative's services directly relate to social determinants of health – a key, ongoing focus area for Lutheran Services in America and its national network. Collaborative services ran the gamut from aiding with transportation to medical appointments and helping coordinate visits to friends and families, to assisting those struggling with dementia, visiting as a needed companion, and even helping with challenging household tasks. What these have in common is they all link to social determinants which so directly affect people's well-being. Social determinants including isolation, transportation challenges, loneliness, and limited resources directly affect people's quality of life, physical and mental health, and sense of connection to their community and the people in it.

But a tremendous opportunity exists to fold in consideration of social determinants via innovative programs tailored for a given rural community. A case in point is the Collaborative's successful "Friends in the Kitchen" program, in which community volunteers in Minnesota find recipes and healthy ingredients that work for specific communities, bring people together to reduce isolation and build community, and teach people how to eat healthfully for under 4 dollars each day. "People are actually cooking meals," one active community partner confirmed. "We see them leave the class and go to the co-op and buy the ingredients to cook the meal we taught." Given how cooking for one, a fixed income and limited mobility are typical barriers to healthy eating, innovative solutions like the Collaborative's Friends in the Kitchen can mean the difference between health and illness.



Another concrete example is the Collaborative’s “Remote Caregiver” program, which involves both formal agreements with state agency contacts as well as more informal work with community-based partners. It uses technology that assists caregivers in supporting loved ones at home, and has had particular appeal among veterans and their caregivers. For instance, a wife caring for her disabled husband for 45 years following a chronic brain injury he sustained during wartime faced additional struggles when she was diagnosed with cancer and required treatments. The Remote Caregiver program equipped the couple with an iPad so they could FaceTime and be together while she received infusions. This technology solution also enables them to communicate with family members, find educational resources on their conditions, and participate in an online support group.

Jeff and Sheila provide another interesting case study. Jeff, a Vietnam veteran who has struggled with post-traumatic stress, has cared for Sheila since her Alzheimer’s diagnosis at age 56. He says the stress of caring for his wife is the hardest thing he’s ever had to face. “It takes an emotional and physical toll on a person,” Jeff said. “Day by day, you are faced with tremendous loss.” Through Remote Caregiver’s respite care and caregiver counseling using the program’s user-friendly technology, Jeff sees great improvement. “[It] has made all the difference in the world and I am coping much better,” he noted. “I don’t know where I would be without this program, and am grateful.”

### **Looking to the Future**

Lutheran Services in America’s Great Plains Senior Services Collaborative provides a sound example of what can be achieved when effectively using a collaborative learning model. Successes and lessons learned from Phase I of the Great Plains Senior Services Collaborative have earned additional funding (\$3.4 million) for Phase II of the Collaborative, designed to focus, refine and strengthen the program’s most scalable models and approaches that promote healthy aging, improve service coordination, and enhance social engagement in rural areas. Recognizing the importance of community collaboration and connection, Phase II will place a particular emphasis on service coordination and community-based programs that promote social engagement. Encouragingly, the Collaborative’s Phase II has added Montana as well as communities in Minnesota and North Dakota where need has been identified.

By learning from the Collaborative’s Phase I, carrying forward the most promising service models, and investing in resources to scale services to reach more rural seniors, the Great Plains Senior Services Collaborative fully expects to expedite program delivery and improve program quality by skillfully leveraging a multi-state approach.

To learn more about Lutheran Services in America’s Great Plains Senior Services Collaborative, contact David Zauche at [dzauche@lutheranservices.org](mailto:dzauche@lutheranservices.org).

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[i] Centers for Disease Control and Prevention. *The State of Aging and Health in America 2013*. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services; 2013.

[ii] PubMed.gov. *Social relationships and mortality risk: A meta-analytic review*. (2010). Retrieved from <https://www.ncbi.nlm.nih.gov/pubmed/20668659>

[iii] Washington Examiner. *The social isolation epidemic in rural America*. (2018). Retrieved from <https://www.washingtonexaminer.com/opinion/op-eds/the-social-isolation-epidemic-in-rural-america>