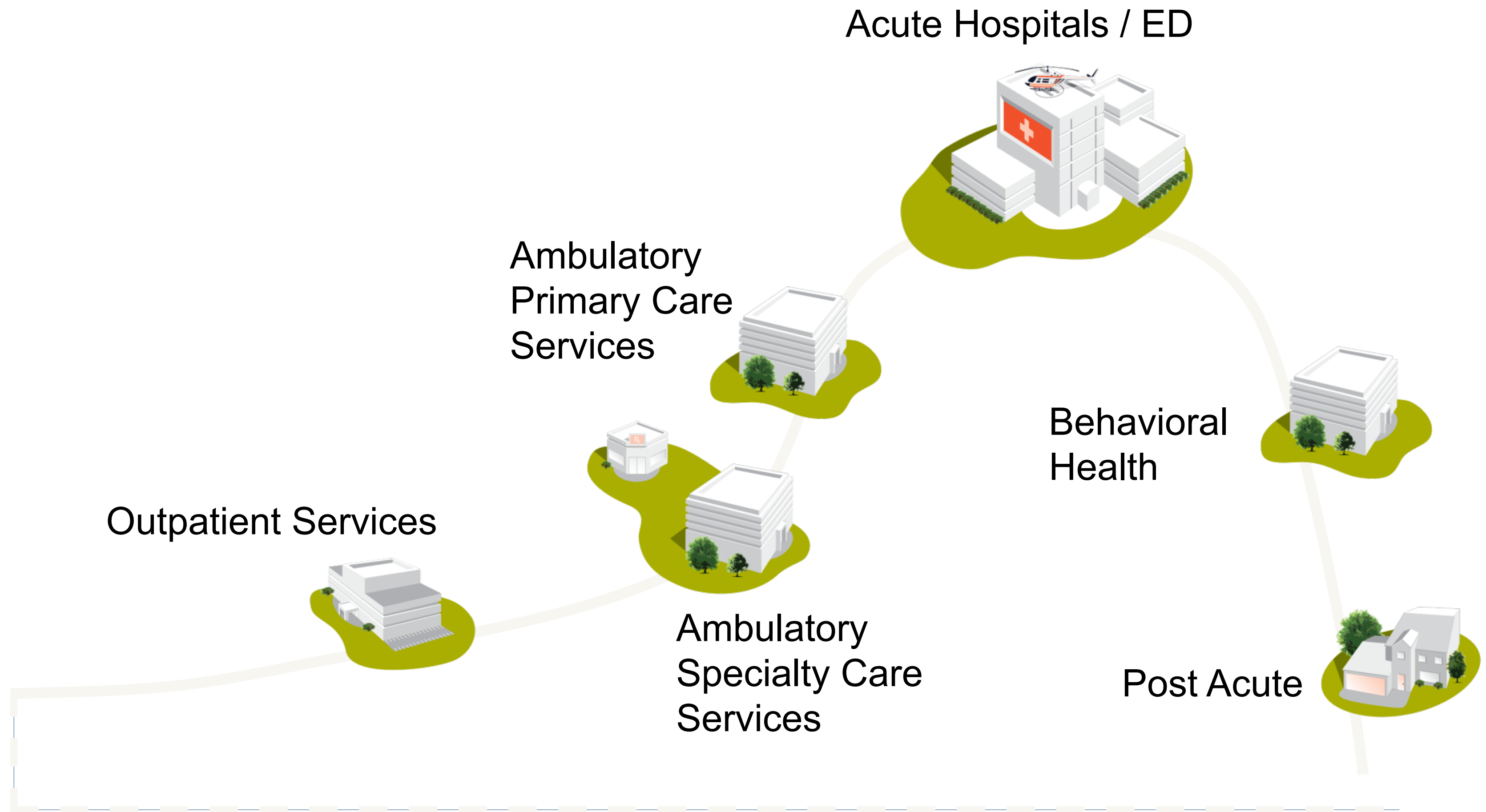
Systems Change
Adapting to a New Reality

AHS System



System Adaptation

Population Health:

- Complex interplay between social needs and health
- Focus on whole person care and the full spectrum of needs
- Physical, behavioral health, social and economic as well as health in an integrated way

Connections to:

- Primary and Specialty Care Providers through Ambulatory Services
- Focus on Preventative Care – healthier behaviors, exercise, routine visits
- Housing Stability – older homeless adults and safer housing for older adults
- Improved Food Security – access
- Empowering Older adults to remain as independent as possible – via community resource support

Service Delivery

Post-Acute Services:

- Short Term Rehabilitation and Long Term Care
- Extensive Rehabilitation Services – goal to discharge residents back into the community
- Acute Rehabilitation Services
- Outpatient therapy services

Gerontologist in Acute Hospital and in Ambulatory Wellness Center

- Identified need for specialty care for older adults

Fall Prevention Education Program:

- Dr. Landau and Stefania Kaplanes

Think tank – Medical Home for Older Adults

Collaborations

System Collaborations – alignment with community programs:

Health Advocates:

- Assist Older Adults with connections in the community
- Finding housing and new housing – issues related to stairs, fixed income, and safety
- Connections to food security, legal support, other community resources to mitigate social determinants of health and improve health outcomes

Alameda County Care Connections:

- From Acute and Post-Acute settings to assist patients/residents reintegrate into the community

East Bay Innovations:

- California Community Transitions:
- Extensive housing search and transition from SNF's

Alameda County Council for Age Friendly Communities