

Conference abstract

Local, regional and national experiences on bridging: US perspectives

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Abstract

Introduction: Bridge building work in the US is primarily local and voluntary, involving professionals at individual agencies and organizations (public and private) who work towards specific goals. However, federal mandates intended to reduce nursing home admissions and increase access to home and community based services through new model collaboration programs are hastening this work.

Description of policy practice: Successful short-term 'grassroots' coalitions advocating for specific health insurance benefits and program funding for poor older adults and people with disabilities are common in all regions, but rarely build permanent bridges across networks. Voluntary cross-network collaborations, such as the Partners III program in Virginia (1993–1996), successfully established regionally specific long-term alliances. Nationally, the federal government is pilot testing 140 Ageing and Disability Resource Centres (ADRC's) to facilitate permanent cross-network collaboration through coordination of consumer information and referrals across service systems. Financial and technical assistance is provided ADRC's; interim results are positive.

Conclusions: Sustainment of cross-network bridges is a priority.

Discussion: Voluntary cross-network collaborations are difficult to sustain long-term and are dependent on interest, leadership, perceived professional need, and funding support. Federal intervention and commitment to bridge historical service network 'silos' may create institutional change that fosters greater cross-network collaboration.

Keywords

ageing, disability, service network, collaboration, long-term care, independent living

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