

HEALTHY AGING - MARTHA'S VINEYARD INTEGRATED EXECUTIVE SUMMARY Brandeis Senior Survey Needs Assessment February 11, 2016

INTRODUCTION

In late 2015 the Healthy Aging Task Force (now known as Healthy Aging -Martha's Vineyard) worked with the Heller School at Brandeis University to conduct a survey of all 4,762 island residents 65 years or older listed on the town census rolls, of whom 2,326 responded – an astonishing response rate of 49%! We decided to focus on the 2200 elders living on island six months or more yearly –though all other responses are available for further analysis in the future.

The resulting picture of Vineyard elders' views and needs provides an amazing resource for Healthy Aging - MV and all our collaborating organizations – the towns, service providers, advocates, and – most powerful of all – elders and their families. HA-MV will use this resource to educate the island community about elders' ideas re what is needed, and to plan collaboratively how best to respond to those needs over the next few years.

Who Are the Respondents?: In some aspects, the respondents approximately match the U.S. Census profile of Vineyard elders. The vast majority (91%) are white/Caucasian; slightly more are black/African American (4.8% vs. 3.7%); few are Hispanic/Latino (0.5% vs. 3.1%). Respondents report relatively higher educational levels compared to other island adults of their age, but income levels are roughly similar. 57% were female, 43% male. 23% of them were veterans. 29% of them live alone, compared to 23% according to the census. 11% of respondents were aged 85 or older, compared to 14% in the census. However, in terms of income, the report slightly under-represents those with very low and with very high incomes – the two ends of the income spectrum.

THE CHALLENGE

While our growing elder population overwhelmingly wants to stay part of the Island community as they age, they are significantly less enthusiastic about the prospects of doing so. Fully 78% say it is very important to stay on the Vineyard as they age and another 19% say it is somewhat important. Only 47%, however, agree strongly that the Vineyard is a great place for people to live as they are aging, and another 47% have concerns and only agree somewhat (the remaining 6% don't agree at all). And only 37% agree strongly that the community values the opinions and ideas of older adults, while another 57% have concerns and only agree somewhat.

With our growing elder population, the challenge in making the Vineyard an aging-friendly Island is for HA-MV to identify the concerns of our most vulnerable elders and

show by our actions that their needs, wants and ideas will be heard, attended to, and fulfilled.

VULNERABILITY FACTORS

While many Island elders are healthy and able to get by financially, substantial sub-groups of respondents DO have concerns and needs that affect their ability to age well on the Vineyard, usually caused by what we call Vulnerability Factors. These include being older, particularly 85 and above; living alone; having limited income; having limited mobility or limited ability to live alone; experiencing a fall in the past year; not having or not being sure of having short term or long term help in an emergency. As people age, they often experience two or more of these factors combined.

The Senior Survey indicated that:

- 11% of respondents are 85 or above;
- 25% of respondents have incomes below \$35K (and 13% below \$25K)
- 29% of respondents live alone
- 25% have limited mobility
- 21% have limited ability to work
- 7% say they can't live independently
- 28% have fallen in the last year
- 15% are unsure of having short term help in an emergency and
- 56% are unsure of having long-term help.

It is these Vulnerability Factors that have guided Healthy Aging's focus and the potential impact of these factors on Island elders that constitutes the bulk of this Summary.

HIGHLIGHTS OF THE SENIOR SURVEY

Elder Elders (85+): Not surprisingly, the adverse impact of low incomes sharpens as people age. Only 10% of people 65-79 have incomes below \$25K, but that increases to 16% for those 80-84 and to 32.5% for those 85 and above.

People in this age group tend to be female (61.8%). They often live alone (46%), have limited mobility (55.5%), and have limited ability to live independently (27.8%). Almost 43% of them report having fallen in the last year, 18% are considering moving to another home on-island in the near future.

Low Incomes and Employment: A quarter of all survey respondents report having incomes less than \$35K. Although 60% were not working at all, 13% are employed full

time, an additional 21% are working part-time, and 2% are seeking work. Not surprisingly, 72% of those working or seeking work reported that they have to work in order to pay for their daily needs, and a startling 7% of the entire sample -- all respondents -- reported that their income is not sufficient to meet those daily needs. Across the country, elders tend to become poorer the longer they live, and over 60% of those with very low incomes are not yet 80 years old, so as the baby boomers age, the search for work that can pay seniors a living wage and/or for other forms of income support will become more acute.

Falls: One of the more striking figures in the analysis showed that over one quarter -- 28% -- of all respondents reported having fallen in the last year. Many of them also have other vulnerability factors, such as living alone (34%), having limited mobility (43%) or being older. Other sections of the Report show that our housing stock and infrastructure are also a factor in the rate of falls; there is a significant association between falling and needing one or more housing modifications, particularly among those aged 85+. Additionally, falls may also relate to the data in the Community Features section of the Survey, which note difficulties with uneven sidewalks, inadequate lighting, and need for snow removal. National data indicate over and over that falls are the fourth leading cause of death among seniors, so this is a very important area for the island to consider.

Housing Situation and Needs: Most (87%) of respondents live on island 12 months a year, and the other 13% live here more than 6 months a year. 90% of them live in a single-family home, with 4% in an apartment designed for elders, and another 2% live in a guest house or "in-law" apartment. 88% of respondents own their own residence, plus an additional 5% rent privately, and 4% live in subsidized rentals.

Modifications Needed: Fully 45% of those responding to this question -- 932 individuals -- reported the need for some modifications to their current residence. Modifications ranged from grab bars and handrails, to ramps, to wider doors for wheelchairs, to better exterior lighting. The needed modifications also included more basic housing renovations such as having a bedroom or bath on the first floor or improved heating or cooling. However, in answer to the question about resources, though 54% said they had the necessary resources, 33% had only some of those resources, and 13% simply do not have the resources that would be required to make their homes adequate for aging needs. Overall, the group who want or need one or more home modifications is significantly more vulnerable -- except in terms of older age and living alone -- and more likely to say they may want or need to move.

The high cost of living and the high cost of housing here again have a large impact on the elder population. The total number of respondents who are contemplating a need to move to a different home in the next year or two is 388, or 19% of the 2,083 respondents who answered these questions. Whether they are considering a move off-island or to another home on-island, the top reasons are the same: needing a less expensive home or a lower cost of living,

It is worth noting that the survey did not explore other questions about housing, but the focus group discussions conducted during design of the survey revealed that there are many older individuals living in large houses who actually want to stay on-island and move to smaller homes, but feel the supply of smaller elder-friendly and affordable homes is very limited.

Caregivers: One of the earliest Work Groups in the Healthy Aging Task Force attempted to identify how many caregivers there are on Martha's Vineyard, and what is needed to support them as they support others. The Survey shows that about a third of all respondents (32%) have provided unpaid care for a family member or other person who is ill, frail, elderly or with a disability over the past two years, considerably higher than national data suggests. Research shows that Caregivers are routinely susceptible to stress, depression, burn-out and health problems, so thought should be given to supports for this population.

We also need to remember that one in seven respondents -- 15% -- say that they do not have, or are not sure they have, someone they could count on for short-term help in an emergency. That number rises to over 50% in terms of someone to rely on for long-term assistance. The situation is even more complicated for the 29% of elders who live alone. These figures suggest the

need for a more vigorous and reliable home care system, and improved care management services as the elder population grows and elders' health needs become more complex and challenging.

Access to Primary and Dental Care: Most respondents rated their health and mental health as either excellent or good, and 85% of respondents have an on-island physician, while 67% have an on-island dentist. However, many elders are going off-island for basic health care. 14% report going to an off-island physician, and 25% to an off-island dentist. An additional 8% report having no dentist at all. Because access to primary and dental care is so important for good health – particularly as people age and the number and complexity of health problems multiply – these numbers are troubling,

It is also important to remember that Vineyarders must go off-island for almost all their specialty care as well, trips that are difficult, time-consuming, and expensive. This suggests that renewed attention to off-island medical transportation, as well as the encouragement of more on-island and accessible dentists and primary care physicians, is critically important to developing a more age-friendly community.

Transportation: This is a puzzling area of the Survey. Well over 50% of respondents reported that they do not utilize public transportation, preferring to drive themselves or (if they are elder elders) be driven by someone else, or to walk. The section about use of the VTA services – routes, schedule, boarding of VTA buses, etc. - was marked as “not applicable” by 59% of respondents. However, we know from other sources that reliable transportation is a key element in keeping seniors engaged in community activities, and is

an important aspect of any age-friendly community. Further exploration of this issue is important and will prove productive.

Councils on Aging: About half of respondents report using Council on Aging programs or services either often (11%) or occasionally (39%). However, 50% report they never use COA programs, and their reasons range from “not interested,” or “not interested in programs for seniors only,” to not knowing what COAs offer. At the same time, it is clear that the COA programs serve the most vulnerable --older women, those who live alone, have lower incomes, have limited mobility, and have health challenges. It seems possible that many elders – vulnerable or not – don’t use the COAs because of transportation

issues – dependent on others to drive, not eligible for the Lift, can’t afford taxis, have disabilities, etc. We need to find out more about the 12% of survey respondents who do not participate at all in community activities.

At the same time that many elders report not using COA programs, 72% of all respondents said they would turn to the Councils on Aging if they or a family member needed information about home health services, therapy, medical equipment or a visiting nurse. Since the COAs are supported by their respective towns, and are often seen as primary sites for community activities, there are many reasons to help islanders better understand what COAs provide, and the enormous contributions they can make to senior well-being.

Volunteers: 4% of all respondents reported that they volunteer more than 10 hours/week; 8% volunteer 6-10 hours/week; 27% volunteer 5 hours/week or less; and 61% do not work as a volunteer at all. Brandeis analyzed the non-volunteer group further, and discovered that as a group, they are older, have lower incomes, have limitations to mobility or to their ability to work. While a substantial percentage of respondents in the 61% may find it challenging to volunteer, the group is so large that it may be worthwhile to explore how to make volunteering more attractive, interesting and rewarding.

POSSIBILITIES FOR HEALTHY AGING PRIORITIES

- I. **Comprehensive, Island-Wide Falls Prevention:** Island rates of falls have long been an area of concern. The 2008 Rural Scholars recommended and partly designed such an effort, based on the Vineyard’s higher than state average rates of falls, particularly in the three down-island communities. Massachusetts Dept. of Public Health has declared falls – particularly in elders – to be a major public health problem, and has urged action. HA-MV could mobilize an island-wide coalition, create a new Working Group, obtain resources,

and build on current HA-MV evidence-based programs, to address and reduce this problem.

- II. **Housing Modification Effort:** Based on Survey data, there is an urgency for considering this important area for action. There is a correlation between the 45% of respondents who say they need housing modifications and the 19% of those who are contemplating having to move out of their current houses (to go either off-island or to another on-island home.) It will require careful design and attention to program development, but could involve existing island resources (such as the TRI program, and HATF's small Certified Aging-in-Place specialists (CAPs) project. Such an effort should be coordinated, through an HA-MV Working Group, with the efforts of the Joint Affordable Housing Committee and related attempts to increase workforce and affordable senior housing. If the Oversight Committee decides on this as a priority, a program proposal could be submitted later this spring.

The HA-MV Executive Committee suggests that these two areas stand out as priorities for 2016-2017. If the Oversight Committee agrees, Working Groups could be organized, tasked to identify and recommend strategies -- both short-term and long-term -- and could estimate costs.

In addition to them, there are a number of other areas for HA-MV attention in the coming months, which we list here for Oversight Committee discussion and prioritizing:

- Stronger supports for caregivers, such as respite care and improved care management services;
- Creation of affordable housing options for elders;
- Mechanism to identify, mobilize and support an expanded Volunteer Group;
- Continued work with the Councils on Aging to promote their services and build better community awareness of their services;
- Continued work with the MVH and other service providers to develop more available, on-island primary care physicians and dentists;
- Further exploration of elders' transportation needs and possible responses;
- Better defined approach to economic development, workforce housing, and economically viable jobs to support elders' needs.

