

Aging in Community



Executive Summary Report

June 2016

The following persons are gratefully acknowledged for participating in the Subcommittee's work

Christine Amedeo Heather Amaral Linda A'Vant-Deishinni
Kirsten Bryan Deb Burton Susan Bouchard
Bernie Boudreau Councilwoman Barbara Capalbo Marie Carpenter
Senator Carol Cool Rumsey John Dooley Rachel Filinson Bill Flynn
Jim Dealy John DiTamasso Joyce Dolbec Craig Dwyer Cathy Gorman
Linda Katz Kathleen Langford Skye Leedahl Erin McAndrew
Kathy McKeon Paula McFarland Karen Mensel Maureen Maigret
Connie Milbourne Mary Lou Moran Jessica Mowry Manny Murray
Paula Parker Susan Pomfret Esther Price Susan Saccoccio-Olson
Janet Spinelli Marianne Raimondo Corinne Russo
Karen Ryan Karen Testa Kali Thomas
Meg Underwood Mike Walker

Daniel J. McKee, ***Lieutenant Governor
Chair, Long Term Care Coordinating Council***

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The full subcommittee report is available at: <http://www.ltgov.ri.gov/>

AGING IN COMMUNITY SUBCOMMITTEE REPORT

EXECUTIVE SUMMARY

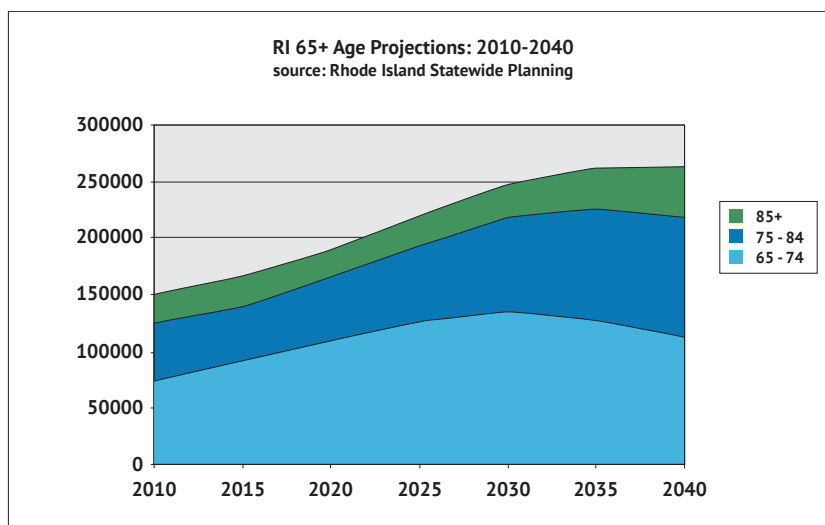
Recognizing the projected growth in Rhode Island's older population in 2014 the General Assembly passed the Aging in Community Act of 2014 (RIGL 42-66.11). The law called for creation of an Aging in Community Subcommittee of the Long Term Care Coordinating Council with the following purpose:

“To develop a plan to provide the needed infrastructure and program improvements in support services, housing and transportation that will enable the state's growing elder population to safely remain living at home and in community settings. The aging in community plan shall include an inventory of available services, identification of service and program gaps and resource needs. In addition to members of the long-term care coordinating council, the subcommittee shall include those members of the state's academic community with expertise in aging services and community-based long-term supports and services as the council deems appropriate.”

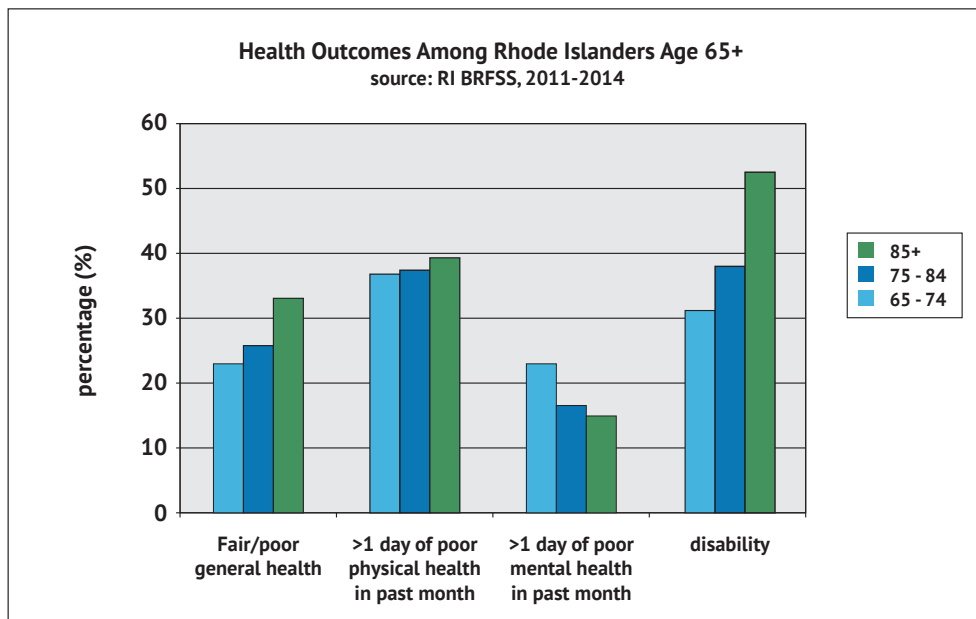
Organized in October 2014 the Subcommittee has worked to gather information about issues in nine areas important for successful “Aging in Community.” It heard about aging-related services provided by the state government and community agencies, reached out to seniors to hear about issues of concern to them through ten focus groups conducted across the state. It held interviews with key aging service providers and looked at best practices to promote age-friendly communities in a number of states.

Growth of Rhode Island Older Population

The Rhode Island Statewide Planning Office projects that by 2030 the percent of persons age 65 and over will increase from 15.8% in 2014 to 23.1%. In sheer numbers this will mean almost 100,000 more persons in Rhode Island aged 65 and over. By 2040, there will be a 100% increase in persons ages 74 to 84 and a 72% increase in persons age 85 and over. These latter age cohorts are more likely to need support services to help them to remain living in the community.



The growth in the state’s “old” (ages 75-84) and “old-old” (ages 85 and over) is of particular importance in recommending strategies for Aging in Community. Survey data from the Rhode Island Department of Health found the majority of older Rhode Islanders have two or more chronic diseases, and 50% of those over age 85 have some sort of physical limitation. The table below details the percentages reporting poor or fair health, at least one day of poor physical health in the past month, at least one day of poor mental health in the past month, and prevalence of disability. It distinguishes between the young-old, old, and oldest-old subgroups of the senior population. The table demonstrates the 50% or greater rise in unsatisfactory health ratings and disability between ages 65 to 85.



Economic Value and Contributions of the Rhode Island Older Population

Helping seniors to remain active and engaged is smart public policy as older Rhode Islanders contribute substantially to the state’s economy through Social Security payments, labor force participation, volunteering and serving as family caregivers.

- Social Security economic value to Rhode Island
 - » Total 2012 Social Security benefits: \$2.9 billion
 - » Provides \$4.98 billion in economic output
 - » Generated \$281 million in state and federal taxes
 - » 33,750 jobs across all sectors
- Older Rhode Islanders as caregivers
 - » An estimated 134,000 Rhode Islanders are unpaid caregivers
 - » Total estimated value of \$1.78 billion

- Older Rhode Islanders as volunteers
 - » 65,000 volunteers age 55 and older in Rhode Island
 - » \$149 million of service contributed

THE VOICES OF SENIORS

Ten focus groups with older adults were conducted across the state of Rhode Island to assess their needs as they age and to identify gaps in services. A summary of their input and identified problems follows.

Communication and Information

- Need for and difficulty in finding information about available services
 - » Participants were not aware of “THE POINT” or the services available
 - » Difficulty with the responsiveness of the Department of Human Services (phone calls not answered or returned, inaccurate information provided and a lack of customer service)
- Information Specialist at the senior centers helpful but not always available
- Children and caregivers need information about finances and end-of-life planning
- Information available online not always a preferable channel of communication

“It’s unclear what is available for different income groups.”

Transportation

- Transportation was one of the most significant problems identified in all focus groups in all geographic regions of the state
- Affordability of transportation was a concern, recognizing the increased fare for public transportation and the cost of the RIDE system (\$4.00/one way)
- Many problems identified with the reliability and availability of LogistiCare:
 - » Buses/vans not always picking up at senior housing complexes
 - » Buses/vans arriving late for pick up, resulting in late or missed medical appointments and delays in pick-ups after medical appointments (some spoke of two-hour or more wait)
 - » Buses/vans not picking up at convenient locations (long walk for older adults)
 - » Modes of transportation are not consistent, which causes confusion. For example, different vehicles/drivers used for pickup and return trips
 - » Drivers not always helpful in assisting persons with physical limitations
 - » Rural areas (Richmond, Hopkinton, Exeter, and Charlestown) were especially vocal about their need for transportation

“I worry what will happen when I can’t drive.”

Economic Security

- Affordability of remaining in one's home was a major concern (mortgage/rent, taxes, home maintenance and repair are all a financial burden)
- Assisted living is desirable but the cost is prohibitive
- Information needed on legal services, reverse mortgages and financial planning
- Taxes are a burden for older adults, many would be helped by a homestead freeze and no tax on social security

“It’s all about surviving.”

Community and Social Support

- Participants extremely positive about their senior center experiences: “My Home Away from Home” and “Keeps us Alive”
- Senior center programs not accessible to older adults with no transportation
- Loneliness or isolation a concern for older adults with children/relatives who lived out of state; companionship is needed
- Loss of spouse/partner creates a burden for everyday life, which is compounded by grief
- Participants fear being alone as their health/function declines and in emergency situations
- Loss of independence a major fear; older seniors with increasing health problems worried about their future and ability to remain at home
- Problems reported with current home-based services, including lack of access, unreliability of caregivers, inconsistencies in staff and the lack of staff competency
- Affordability of home services problematic for older adults who do not qualify for public programs

“The socialization keeps us alive.”

Volunteerism

- Participants are currently and/or interested in volunteering
- Desire to share life experiences and knowledge and to counter “ageism”
- Interest expressed in intergenerational opportunities

Nutrition Assistance/ Food Security

- Feedback on the quality of food served at senior centers was mixed; while some reported enjoying the meals, others were extremely dissatisfied. All valued the socialization of eating meals with others

- Dissatisfaction with Meals on Wheels food
- The Café model in Cranston was well-liked
- Quality of food served at senior housing meal sites not appealing

Housing

- Most older adults desire to remain in their home but struggle to keep up with home maintenance
- Lack of services available for older adults in the community, including homemaker services, home maintenance and repair, yard work/snow removal
- 24-hour on-site security not provided in senior housing; safety a major concern
- Problems with theft, rowdy and noisy parties, and alcohol/drug use among younger residents in senior housing
- Sanitation problems in some housing complexes included roaches and bed bugs

Healthcare

- An age bias is prevalent among healthcare professionals and healthcare organizations and seniors described being treated as if they were unintelligent
- Concerns about the cost of healthcare with some participants sharing they forego medication to pay for food or rent; others shared putting off needed care due to costs

“I am treated like I am less than visible.”

Open Spaces, Public Access to Buildings

- Participants had concerns related to mobility in their environments (cracked and crumbling sidewalks)
- Concerns about lack of parks within walking distance where older adults felt safe
- Sidewalks not adequately cleaned after snowstorms in some cities/towns

KEY FINDINGS AND RECOMMENDED STRATEGIES

The Subcommittee selected nine different issue areas or domains important for Aging in Community for review. Recommended strategies to promote Aging in Community in Rhode Island are based on the service and resource information gathered, the input of seniors gathered from the ten focus groups, survey work, and key informant interviews with providers and advocates, and research on best practices.

Rhode Island provides an array of services and supports that assist its older population

to “Age in Community.” However, in many areas resource constraints limit the ability to provide adequate services to meet demand.

Communication and Information – Rhode Island has not achieved the goal of meeting a “*No Wrong Door-One Stop*” approach to providing timely and accurate information to its seniors about services and benefits available them. Dedicated federal funding to support THE POINT, the state’s Aging and Disability Resource Center (ADRC) and, the state’s primary source of information for seniors, has ended and no state funding currently supports its activities. The state lacks a functional website for THE POINT network. The existing web address says THE POINT site is “under construction,” and it has been this way for a number of years. For those middle-income seniors not eligible for most public benefits/program, Options Counseling is not always available and counselors may not be adequately trained to offer middle-class consumers and families’ information and advice about options for keeping seniors at home.

Transportation – The 2010 Rhode Island Human Services Transportation Report is outdated and the state needs to conduct an Older Adult Mobility Study. RIPTA regular bus routes do not always meet the transit needs of the older population either because seniors may have physical limits preventing them from getting to the bus stop, riding a regular bus, or, in more southern and rural areas, bus service is not available locally. Due to funding constraints, the Elderly Transportation Program is limited to certain types of trips, and there have been numerous consumer complaints about service provided by LogistiCare, the current broker. The proposed elimination of the no-fare bus program will seriously impact very low-income seniors and the many persons with disabilities using the program. Several successful volunteer programs operate to assist with senior transportation needs but their resources are limited and they can not always meet demand or expand areas of service.

Economic Security – Rhode Island seniors are not a wealthy group. Twenty-seven percent of older households have income less than \$20,000 and 42% have income less than \$30,000. Income disparities exist based on gender, racial/minority status, age-cohort and geography. Depending on their housing situation, older households need between 200% and 300% of the Federal Poverty Level (FPL) to meet basic living expenses, yet almost one-third have income below twice the poverty level. Seniors may not be aware of the benefits that would help them with living expenses. The Medicaid system has different financial eligibility for different populations and needs to be simplified. Less than half of seniors are estimated to have retirement income (non Social Security) and the state lacks detailed data to project the long term financial vulnerability of its older adults.

Community and Social Engagement – Senior centers are highly valued by older adults and provide valuable services tailored to the needs of their local communities. State cutbacks have impacted staffing and the ability of centers to be responsive and provide comprehensive programs. Volunteering among Rhode Island seniors is lower than that of seniors in neighboring New England states and needs to be promoted in a planned way.

Food Security and Nutrition Assistance – The state offers an extensive statewide program of congregate meals for seniors (the Café Program), but participation has been decreasing slightly. This may be partially a result of lack of transportation to meal sites due to the \$2.00 one-way fee charged by LogistiCare and should be explored. The Supplemental Nutrition Assistance Program (SNAP) can provide substantial help in paying for food, but many seniors may not be aware of the program or hesitate to apply because they think of it as “welfare.”

Housing – The number of senior citizens who rent are burdened by the rising cost of housing which has increased dramatically. For seniors in owner-occupied housing on lower fixed incomes, increasing property taxes, and other housing related costs often strain budgets. Due to changing physical needs, seniors in owner-occupied homes may be challenged by structural barriers and home maintenance chores may become problematic. The co-location of older and younger disabled tenants in many of the state’s elderly housing facilities can create problems for older tenants. Supportive services provided by resident service coordinators in elderly housing apartments may be lacking or insufficient to help older tenants age in place.

Supports to Remain At Home – Home care providers are having severe difficulties in recruiting and maintaining an adequate number of homemaker/home health aides to meet demand. The regional case management agencies serving the Division of Elderly Affairs (DEA) and Neighborhood Health Plan clients report high turnover, increasing bureaucracy and paperwork and duplicate efforts. In many cases, turnaround time for processing Medicaid takes over 60 days, preventing home care services from starting in a timely way which can lead to preventable nursing home placement. Co-Pay clients may need more services than currently allowed to avoid institutionalization. Past cuts to state funds for Elder Respite services have led to wait lists and emergency respite is not always available.

Healthcare Coverage and Access – Low-income seniors not eligible for Medicaid often face high out-of-pocket costs which may deter them from seeking timely care. Most seniors report they have a personal healthcare provider; however, some medical specialties treating chronic conditions suffered by many seniors may be difficult to access due to waiting lists. One out of three primary care practices reported they were not accepting new adult patients. As in many states, geriatric specialty care is limited, and the majority of seniors receive care from primary care providers. The state has a shortage of geriatric behavioral health professionals and many do not accept Medicare. The behavioral health needs of the older population have not been studied by the state and such a study is now underway. Dental care is not covered by Medicare and finding affordable dental care may be problematic for seniors.

Open Spaces and Public Buildings – Many areas of the state have poor “walkability” features making walking unsafe. Non-driving seniors need transportation from family/friends and/or public transit to enjoy the state’s many parks and recreation areas. Municipalities vary in their “age-friendliness” relating to open spaces and public areas.

RECOMMENDED STRATEGIES TO PROMOTE AGING IN COMMUNITY

COMMUNICATION AND INFORMATION

1. Create an interactive web site for THE POINT
2. Enact a specific ADRC enabling statute with a state appropriation
3. Co-locate staff from the Department of Human Services long term care eligibility offices in THE POINT programs
4. Provide Options Counseling staff with permissions to access to Medicaid client information (with client approval)

TRANSPORTATION

1. Retain free bus fare program or alternate way to provide no-cost rides through vouchers or other means for low-income elders and persons with disabilities
2. Conduct a comprehensive senior transportation/mobility study including review of options such as Uber for seniors and use of school buses when not in use
3. Seek consumer input and satisfaction data on LogistiCare performance
4. Promote volunteer transportation services
5. Create transportation locator website

ECONOMIC SECURITY

1. Improve benefits counseling
2. Expand Medicare Premium Savings Program
3. Standardize Medicaid eligibility
4. Index the state Supplemental Security Income (SSI) benefits
5. Support new research on Rhode Island Elder Income Security
6. Promote financial planning and services programs for seniors
7. Promote retirement savings accounts

COMMUNITY AND SOCIAL ENGAGEMENT

1. Restore senior center funding to FY2006 levels
2. Create formula-based funding program for local senior services based on population of older persons in a community
3. Encourage senior centers that receive state grants to offer, or to coordinate with, the Health Department to offer, health promotion activities
4. Identify ways for more persons without transportation to access senior center services
5. Promote inter-generational programming at senior centers and in community recreation programs

6. Use community-level data to plan programs and senior services
7. Support SERVE RI Volunteer Plan

FOOD SECURITY AND NUTRITION

1. Analyze strategies for transporting more seniors to the state's meal sites
2. Target SNAP outreach to areas with greatest number of low-income seniors
3. Continue efforts to bring more fresh foods to homebound seniors via mobile food vans and to access food pantries
4. Continue to improve participant satisfaction with food served in nutrition programs

HOUSING

1. Improve access to affordable housing opportunities through centralized housing locator
2. Increase awareness of available municipal property tax credits for seniors, veterans and persons with disabilities and the state Property Tax Relief Circuit Breaker program
3. Develop innovative models of community care and supportive housing including universal design that fit the needs of aging adults
4. Provide funding and training to support the role of resident services coordinators
5. Encourage development of alternative housing options such as co-housing and accessory dwellings
6. Promote "Village" type community programs
7. Create or identify funds to offer low-interest loans or tax credits for costs of home modifications
8. Require 24-hour security/surveillance staff in elderly housing
9. Consider policy change to allow subsidized housing just for older adults

SUPPORTS TO STAY AT HOME

1. Increase home care provider rates in state supported programs
2. Expand Co-Pay program hours for home care and days of adult day service
3. Expedite eligibility for home and community-based services
4. Explore ways to offer affordable homemaker and home repair/maintenance services
5. Promote in-home medical visits for frail elders with complex needs
6. Promote telehealth technology
7. Increase funding for Elder Respite

8. Develop and offer hands-on caregiver training programs including for those caring for persons with behavioral health issues
9. Expand Temporary Caregiver Insurance law from four to six weeks
10. Promote telephone reassurance services

HEALTHCARE ACCESS

1. Promote continuing education for primary care practitioners in geriatric-competent care
2. Support development of a state strategic plan for Elder Behavioral Health underway by the Department of Behavioral Health, Developmental Disabilities and Hospitals' work group
3. Develop plan to better address oral health needs of low-income older population

OPEN/PUBLIC SPACES AND PUBLIC BUILDINGS

1. Continue implementation of Complete Streets by Rhode Island Department of Transportation
2. Encourage municipalities to create local Age-friendly volunteer committees
3. Encourage municipal Land Trusts and Conservation Commissions to create maps of places appropriate for older adults to walk, exercise and enjoy recreation and leisure

NEXT STEPS

The next phase of this work will be to form a coalition to build an Age-Friendly Rhode Island, to make the state a better place to live for people of all ages, and to also recognize the special needs of the state's growing older population. It will involve a multi-year effort requiring a robust coalition committed to a common vision to include representatives of all sectors including government leaders, the business community, community organizations and consumers. With support from a Tufts Health Plan Foundation grant, the following next steps will be pursued:

- Developing a strategic implementation plan with goals and objectives to achieve the Subcommittee's recommended strategies
- Engaging leaders from all sectors to join the coalition and become "Age-Friendly" champions
- Promoting local "Age-Friendly" initiatives responsive to resident input and community data

The Subcommittee welcomes and encourages readers of this report to join the coalition and to work to make Rhode Island and its communities "Age-Friendly."