Building an Age-Friendly Community
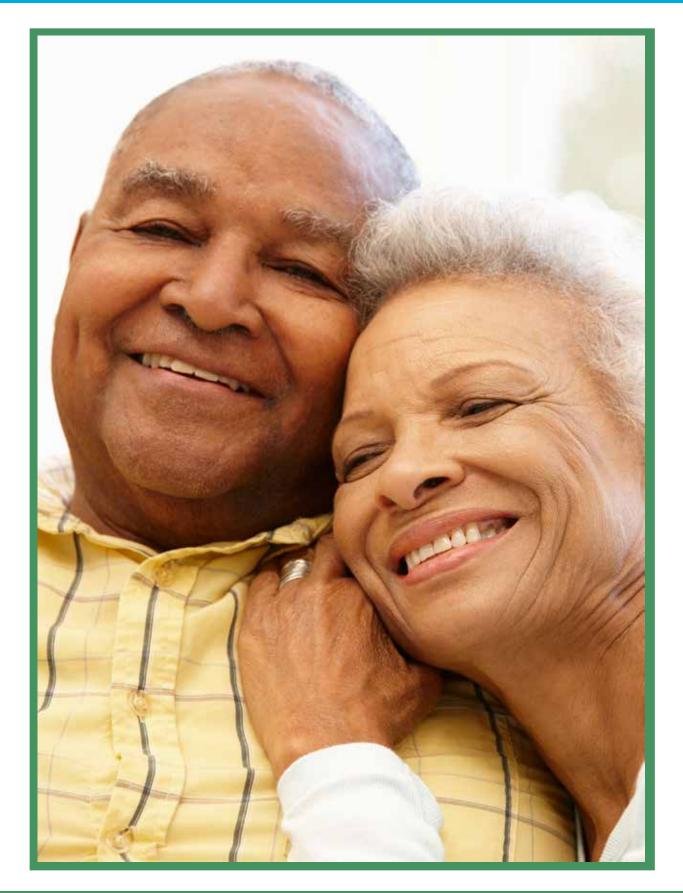

Strategic Plan

December 2016

Building an Age-Friendly Community

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Strategic Plan

Mission Statement

Our mission is to create partnerships and build a community that supports Rhode Islanders as they age. We strive to:

- Provide coordinated services and programs that meet the needs and preferences of older Rhode Islanders and support their lifestyle
- Enhance the quality of life for older adults by providing opportunities for community engagement
- Empower older adults to live life to its fullest

Vision Statement

To build a community that enables Rhode Islanders to live independently with the care, support and resources needed to foster health, well-being, social connectedness and a meaningful life as they age.

Introduction

This strategic plan builds on the work of the Aging in Community Subcommittee of the Long Term Care Coordinating Council which was supported in part with a grant from the Tufts Health Plan Foundation. The Plan targets goals, strategies and actions that address the needs of older adults in Rhode Island and challenges and gaps in services. The objectives are organized according to the World Health Organization dimensions of an age-friendly community. A coalition of stakeholders will be convened and engaged to refine this strategic plan, prioritize objectives and implement strategic actions to build an Age-Friendly Rhode Island. Stakeholders will include older adults, community agencies, healthcare and social service providers, advocacy organizations, academic institutions, faith-based organizations, businesses and state agencies.

Communication and Information

Challenges and Gaps in Services

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 to them. Dedicated federal funding to support THE POINT/ADRC network, 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/programs, 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.

Senior Voices

- Need for and difficulty in finding information about available service

  Participants were not aware of THE POINT or the services provided

  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

Objectives

- To make information about services and programs more accessible to older adults
- To assist older adults to become more engaged in their communities

Strategic Actions

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 POINT programs
4. Provide Options Counseling staff with permissions to access to Medicaid client information
5. Work with local newspapers to create a dedicated column on information for older adults
6. Use traditional media (radio and television) to provide information to older adults
7. Develop an "Angie's List" like resource for older adults – hard copy and online
8. Encourage cities and towns, businesses, and health service entities to sponsor programs that are open to the general public and cover topics important for seniors, such as Medicaid eligibility, financial planning, legal services, reverse mortgages, end-of-life, etc.
9. Create a "Building an Age-Friendly Rhode Island" website just for older adults
10. Sponsor "Social Service Malls" where multiple social service agencies participate in a one-stop/one-day shopping event such as one done at the Edward King House in Newport

Transportation

Challenges and Gaps in Services

The ability to get where one needs or wants to go at a time when one needs to get there is a key factor for successful aging in community, yet transportation is a significant problem among older adults in Rhode Island. 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. The state's Elderly Mobility Study is outdated (RIPTA, 2010), and a new study should be conducted to identify current transportation services and needs of older adults. 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. 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 cannot always meet demand or expand areas of service.

Senior Voices

- 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 RIPTA bus and LogistiCare services:
  - RIPTA buses not picking up at senior housing complexes
  - RIPTA buses not picking up at convenient locations (long walk for older adults)
  - LogistiCare drivers 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)

- **LogistiCare 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**

Objectives

- Create a transportation system that is accessible and affordable and meets the needs of older adults

Strategic Actions

1. Advocate for retention of the 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" type service for seniors and use of school buses when not in use

3. Conduct a consumer satisfaction survey to assess concerns with LogistiCare's performance

4. Require LogistiCare to create an independent consumer advisory committee to receive consumer input regarding program performance and investigate complaints

5. Develop and/or expand volunteer transportation services in parts of the state not adequately served by state/municipal transportation programs

6. Create transportation locator website to assist seniors and disabled persons to locate appropriate public and volunteer transportation services

7. Expand hours that senior center vans operate so that members can participate in multiple activities (beyond meals)

Community and Civic Engagement

Challenges and Gaps in Services

Senior Center participation, volunteering and employment are some of the basic ways that seniors remain connected to and contributing to the community. A large body of evidence exists demonstrating the value of community engagement in promoting health in one's older years and combating loneliness and isolation. Meaningful interpersonal relations are repeatedly cited by older adults as important to health and well-being. Volunteering is associated with better health, fewer functional limitations, lower utilization of health services and lowered mortality risk. Contributory activities can bring a sense of purpose and meaning to life as one grows older.

Senior Centers are highly valued by seniors 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 RI seniors is lower than that of seniors in neighboring New England states and needs to be promoted in a planned way.

Senior Voices

- 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 is 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
- Participants are currently and/or interested in volunteering at their senior center
- Desire to share life experiences and knowledge and to counter "ageism"
- Interest expressed in intergenerational opportunities

Objectives

- To provide a broad-range of opportunities for social and civic engagement for older adults in Rhode Island

- Identify ways to adequately fund senior centers to enable them to expand and offer new programs and services to meet the needs of older adults

Strategic Actions

1. Restore Senior Center Funding to FY2006 levels
2. Create a formula-based funding program for local senior services based on population of older adults
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 programs at senior centers and in community recreation programs
6. Use community-level data to plan programs and senior services
7. Support implementation of the "Plan to Increase Volunteering" prepared by Serve RI, the Division of Elderly Affairs and the Senior Agenda Coalition. This plan identifies ways to increase senior volunteerism and engage more non-profit organizations, government leaders and volunteers in a renewed campaign to engage older Rhode Islanders in volunteer service.
8. Promote senior center offerings in the communities to increase awareness among older adults.
9. Create inter-generational programs with local colleges and universities where students could engage in programs/activities with older adults living in the community, such as yard work, home maintenance, housekeeping, help with medication management, social activity and others.
11. Implement daily "check in" program using volunteers (perhaps through cities and towns) to insure the safety of older adults
12. Develop programs with schools, youth programs, churches, other community organizations where volunteers could provide services to assist seniors (yard work, house repair, etc.)
13. Encourage Assisted Living communities to offer programs/activities for older adults who live in the community to engage them in social/cultural/recreational events

Food Security and Nutrition

Challenges and Gaps in Services

Rhode Island offers an extensive statewide program of congregate meals for seniors (the Café Program), but participation has been decreasing slightly. This may partially be 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 SNAP program 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."

Senior Voices

- 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

Objectives

- To assure that older Rhode Islanders have access to foods that meet their nutritional needs and food preferences

Strategic Actions

1. Analyze strategies for transporting more seniors to the state's meal sites
2. Target SNAP outreach
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
5. Improve the quality and desirability of food served at senior center meal sites
6. Improve the quality of the Meals on Wheels food
7. Increase communication among seniors about food pantries and provide transportation
8. Develop programs with local colleges/universities where students could assist in preparing meals for older adults (i.e. Johnson and Wales culinary program)

Economic Security

Challenges and Gaps in Services

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.

Senior Voices

- Grave concerns about ability to finance their own homes and pay for rent as they age
- Some participants interested in Assisted Living but rents may not be affordable
- Would like information on taxes (homestead freeze), legal services, reverse mortgages, financial planning, end-of-life planning (advance directives), etc.

Objectives

- To assure that older Rhode Islanders are economically secure with sufficient income to meet basic expenses relating to housing, food, healthcare and personal needs

Strategic Actions

1. Increase resources to the state's senior centers, THE POINT network, and Community Action agencies so that they can provide outreach counseling and enrollment assistance for benefit programs

2. Advocate for the expansion of the Medicare Premium Savings Program to redefine financial eligibility to assist low-income seniors meet healthcare costs

3. Advocate for the standardization of Medicaid eligibility for all Medicaid programs

4. Advocate for the indexing of the SSI benefits to inflation

5. Partner with academic institutions to conduct research on the income security of older adults in Rhode Island

6. Identify ways to better educate Rhode Island seniors in financial planning and retirement savings to help ensure economic security during retirement years

Healthcare Access

Challenges and Gaps in Services

Access to affordable quality medical care, including preventive care, rehabilitative care, palliative care, and hospice is important to maintain optimal health in older adults and ensuring death comes with dignity. While 99.4% of seniors have Medicare, older adults incur considerable out-of-pocket costs for deductibles, copayments and items or services not covered by Medicare, including dental care, hearing aids, eyeglasses and most long-term care. 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 health care 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. Additionally Rhode Island has a 10% shortage of primary care physicians working in outpatient settings. 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.

Senior Voices

- An ageist bias is prevalent among health-care professionals and health-care organizations and seniors described being treated as if they were unintelligent
- Older adults are concerned about the cost of health care and some participants shared they forego medication to pay for food or rent, others shared putting off needed care due to costs

Objectives

- To assure that older adults have access to affordable, accessible, quality health care including behavioral health and oral health care that recognizes their unique needs

Strategic Actions

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
4. Develop educational programs for healthcare professionals in care that is specific to older adults

Outdoor Spaces and Public Buildings

Challenges and Gaps in Services

Outdoor spaces and buildings have a significant impact on mobility and the quality of life of older adults, affecting their independence and choices of where to live. Age-friendly communities feature outdoor spaces and buildings that include safe and accessible streets for pedestrians, the safety and accessibility of public buildings, a clean environment, access to green spaces to sit and walk, and accessible parks and recreational facilities.

Many areas of the state have poor "walkability" features making walking unsafe. While the state has many parks, beaches and open-space areas, non-driving seniors need transportation from family/friends or public transit to enjoy this. Public buildings may lack accessible features. Municipalities vary in their "age-friendliness" relating to open spaces and public areas.

Senior Voices

- **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**

Objectives

- To create age-friendly communities that feature outdoor spaces and buildings, which include safe and accessible streets for pedestrians, safe and accessible public buildings, a clean environment, access to green spaces for physical exercise and recreation

Strategic Actions

1. Support implementation of Complete Streets by RI Department of Transportation

2. Encourage municipalities to create local age-friendly volunteer committees to assess open spaces and public building features and recommend local action

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

4. Assess location of bus stops in relation to the location of senior housing

5. Engage cities and towns in repairing sidewalks and promoting safe streets

6. Create a map of parks and walking areas to identify space that would be appropriate for older adults walking, exercise, recreation and leisure

Housing

Challenges and Gaps in Services

Adequate housing is essential to one's safety and well-being, and there is a strong link between appropriate housing and access to community and support services for the older population. Time and time again the analysis of Rhode Island's housing situation informs policy makers that resources must be redirected to offer both affordable housing and sufficient home and community-based services. The number of senior citizens who rent their homes and are housing cost-burdened 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.

Senior Voices

- 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, yardwork/snow removal

- 24-hour on-site security not provided in senior housing; safety a major concern

- Problems among younger residents in senior housing threaten security and safety of older adults

- Sanitation problems in some housing complexes included roaches and bed bugs

Objectives

- A wide range of affordable housing options will be available to meet seniors needs and preferences and allow them to safely age in the community

Strategic Actions

1. Improve access to affordable housing opportunities through creation of 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 and advocate to increase the maximum credit amount in the state Property Tax Relief program
3. Develop models of community care and supportive housing, including innovative designs that fit the needs of aging adults
4. Identify and direct resources to support seniors in senior housing communities, such as training to support the role of resident services coordinators
5. Research and promote the development of alternative housing options such as intergenerational, co-housing, accessory dwellings and other models
6. Promote "Village" type and neighborhood "hub" community programs
7. Create programs and/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 Remain at Home

Challenges and Gaps in Services

As persons age they may experience difficulties in carrying out everyday activities due to loss of function. These activities include household tasks (laundry, housekeeping, grocery shopping, food preparation and money management), personal care (bathing, grooming and hygiene) and medication management. Getting assistance with these tasks can mean the difference between remaining in one's home or seeking care in a residential setting (assisted living or nursing home). Home care providers are having severe difficulties in recruiting and maintaining an adequate number of homemaker/home health aides to meet the demand for services. 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. Paying for home care services for persons not eligible for government subsidized care is a financial burden for low/middle income families who may resort to nursing home placements paid for by Medicaid. Few Primary Care Providers offer home visits for frail elders to address urgent needs. Financial exploitation of older adults seems to be on the rise and persons suspected of self-neglect may refuse to accept services to promote their health and safety. Finally, hoarding can be a problem and few clinicians are experienced in dealing with the issue.

Senior Voices

- Loss of independence a major fear; older seniors with increasing health problems worried about their future and ability to reamin at home

- Problems reported with current home-based service; 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

Objectives

- Maintain a stable home and community care workforce to meet the needs of seniors requiring assistance to remain at home
- Provide timely and affordable access to a range of home/community services based on client needs, goals and preferences
- Provide support services for unpaid "family" caregivers

Strategic Actions

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 and dementia
9. Expand Temporary Caregiver Insurance law from four to six weeks
10. Promote telephone reassurance services
11. Create partnerships with schools, colleges, churches and community service groups so adolescents and young adults could provide services to seniors living in the community