2019 Municipal Task Force on Healthy Aging

February to October, 2019

- A data dashboard to help municipalities use objective data to help understand the unmet needs of their older residents

- A guide to what actions a municipality and/or their partners could take to help address those unmet needs

- Beginnings of an education program to help educate and motivate others to take action.

2019 Municipal Task Force on Healthy Aging

1. Jess Maurer — Maine Council on Aging
2. Nate Rudy (co-chair) — Hallowell City Manager
3. Tony Marple (co-chair) — Whitefield Select Person
4. Kristi Eiane — Harpswell Town Administrator
5. William S. Post — Bowdoinham Town Manager
6. Zachary W Maher — Mechanic Falls Town Manager
7. Betsy Fitzgerald — Washington County Manager
8. Deborah Cabana — Gray Town Manager
9. Sharon Young — Gray Town Councilor
10. Sue Henderson — South Portland City Councilor
11. Chris Hall — Greater Portland Council of Governments
12. Joel Merry — Sagadahoc County Sheriff
13. Patricia Oh — Tri-State Learning Collaborative on Aging
14. Sheila Bourque — Raymond Age Friendly Initiative, Town Planning Bd
15. Jean Saunders — Age Friendly Saco
16. Dyan Walsh — Eastern Area Agency on Aging
17. Heidi LeBlanc — Penquis Community Action Program
18. Denise Lord — Maine Housing
19. Mary Ann Hayes — Maine DOT
20. Karen Mason — DHHS Office of Aging and Disability Services
21. Drexell White — MaineCDC, MidCoast Public Health Liaison
22. Anne Wright — MMA Director of Health Trust Services
23. Ted Rooney — MCOA – Facilitator
24. Emily Berrill — MCOA Intern

Interested Parties

- Jess Fay — Legislator, Raymond Age Friendly Initiative
- Ruta Kadonoff — Maine Health Access Foundation
- Laura Lee — Maine Community Foundation
- Maxine Beecher — South Portland City Councilor

Source	What it tells you	Questions/Comments
Full Population/Sampling		
US Census	Lots of demographic data on age, sex, housing, etc. that can be broken down for many municipalities	Really good resource. However, the smaller the area the less credible for small towns?
BRFSS- Behavioral Risk Factor Surveillance Survey	Questions on health status, functioning, mobility, activities of daily living, caregiving, etc.	Really good data but reported at county level. How relevant will towns find it?
Community Health Needs Assessment	Conducted by MaineCDC and major health systems. Uses mostly BRFSS as well as other data and conducts broad community awareness programs with their findings	Is it local enough? Can we align efforts on education/ dissemination?
Healthy Aging Data Reports (MA, NH, RI)	Chronic illness, health status, disability, service use (e.g. LTC), community variables (e.g. grandparents raising children), income, cost of living	May not be local enough to be useful. ?duplicates census & BRFSS
Maine Housing	Uses Census data to provide reports on housing, ownership, vacancy, affordability, etc.	Similar to census.
LifeTime Community surveys	Used by many communities. Administration varies by community and resources available.	How reliable is data? How much of the population does it reach?

Source	What it tells you	Questions/Comments
Population Subset		
CAP Agencies (Community Action Program)	Data from community needs assessments Data on home repair, heating assistance, weatherization, housing support, transportation, foster grandparents, etc.	Can develop reports from survey and services
AAA (Area Agency on Aging)	Has information on services delivered to communities: food, respite, evidence based programs, Pet food, info/assistance, etc.	? benchmark to state/US to identify community needs and programs
Law Enforcement	Varies a lot by municipality/county	Lots of variability
Fire	Varies by department around the state	Lots of variability
Rescue/EMS	Data on types of calls, what happened, and whether transported and to where.	Statewide database with very good data. Real resource.
OADS	Now collecting all AAA data on people they work with on ADLs/IADLs, living alone, nutritional risk, poverty, disability/frailty, etc.	Good resource in 1-2 years.
Health Care orgs	Community Health Surveys, health utilization data, often partnerships with public health	Understanding of communities' health needs. Potential partner.

Data Definitions

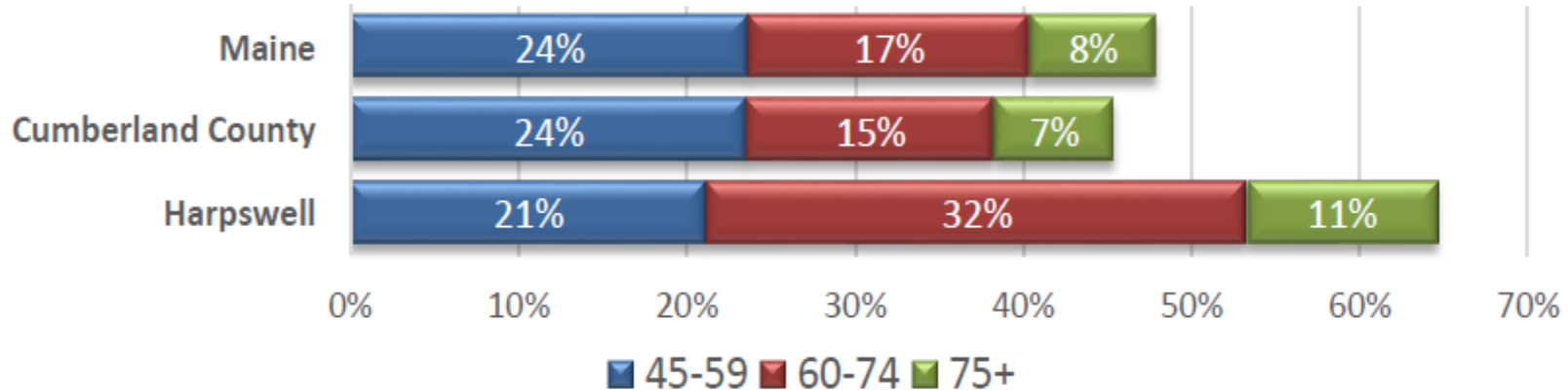"Hard" or "Objective" Data

- <u>Accuracy</u> of data reflecting the needs of whole community (e.g. valid, reliable, statistically significant, etc.)
  - Behavioral Risk Factor Survey (BRFSS)
- <u>Relevant</u> and meaningful to community members – e.g. may act on it
  - Age Friendly Survey

Comparisons to county and state can show local variation (Harpswell report)

- Harpswell dramatically older

Figure 2:
Percentage of population aged 45-59, 60-74 and aged 75+ Harpswell and comparison areas[7]

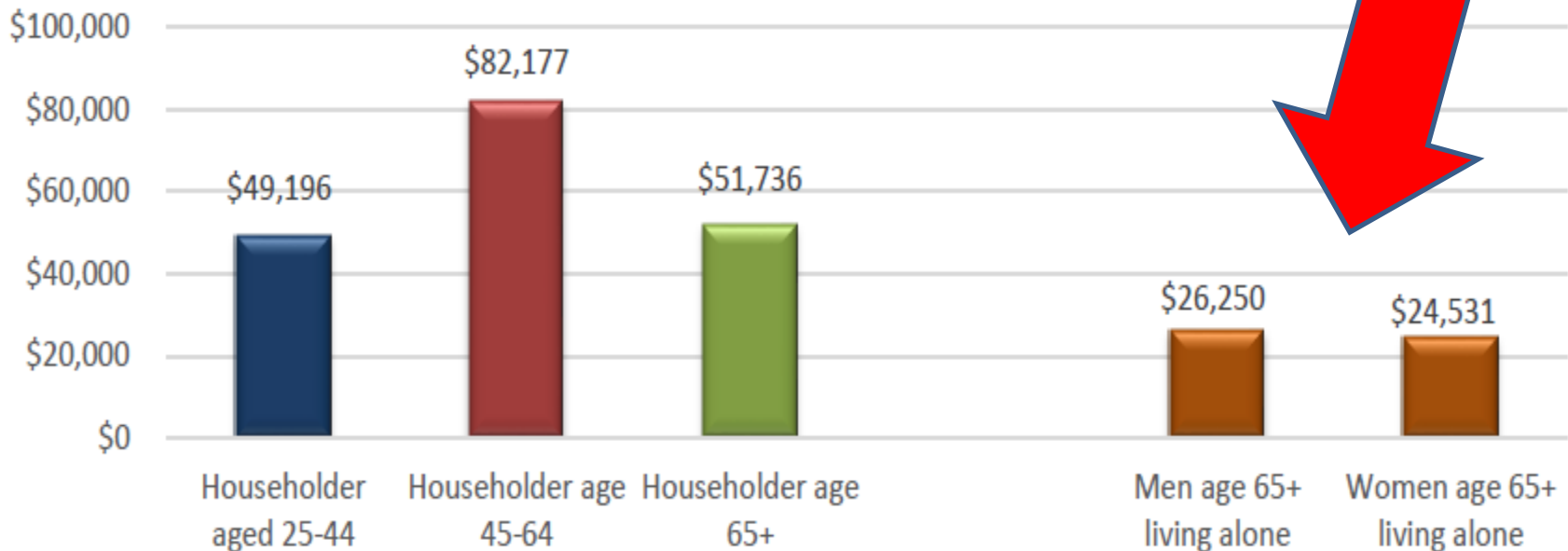| Area	45-59	60-74	75+
Maine	24%	17%	8%
Cumberland County	24%	15%	7%
Harpswell	21%	32%	11%

■ 45-59 ■ 60-74 ■ 75+

Need For Home Repair Program

Figure 5: Age of owner-occupied housing, by age of homeowner[25]
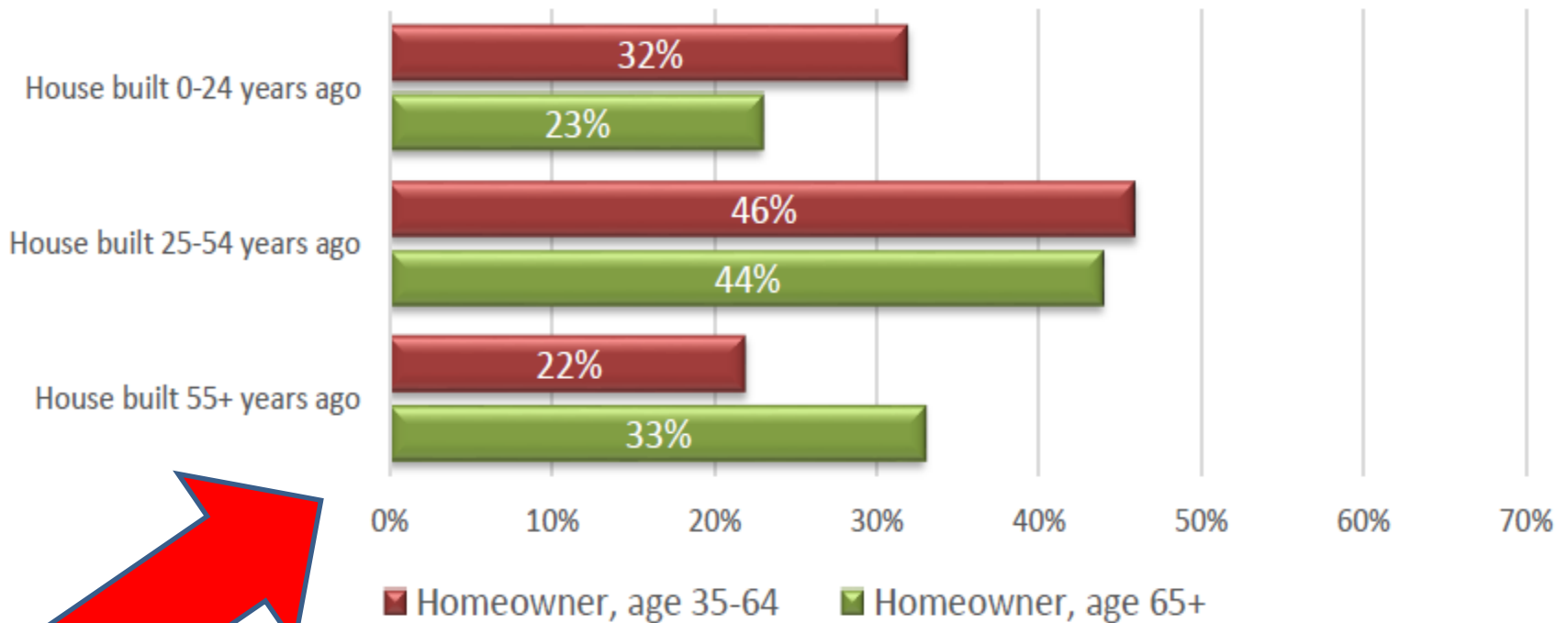
Living Alone and Poor

Figure 8: Median household income in Harpswell by age of householder[33]

300+ Individuals

Not Enough $ For Basic Needs

Figure 11: Economic security of Harpswell residents, aged 65+[42]

Legend:
- Above Elder Index — 61%
- More than FPL but less than Elder Index — 34%
- FPL or less — 5%

500+ Harpswell Residents
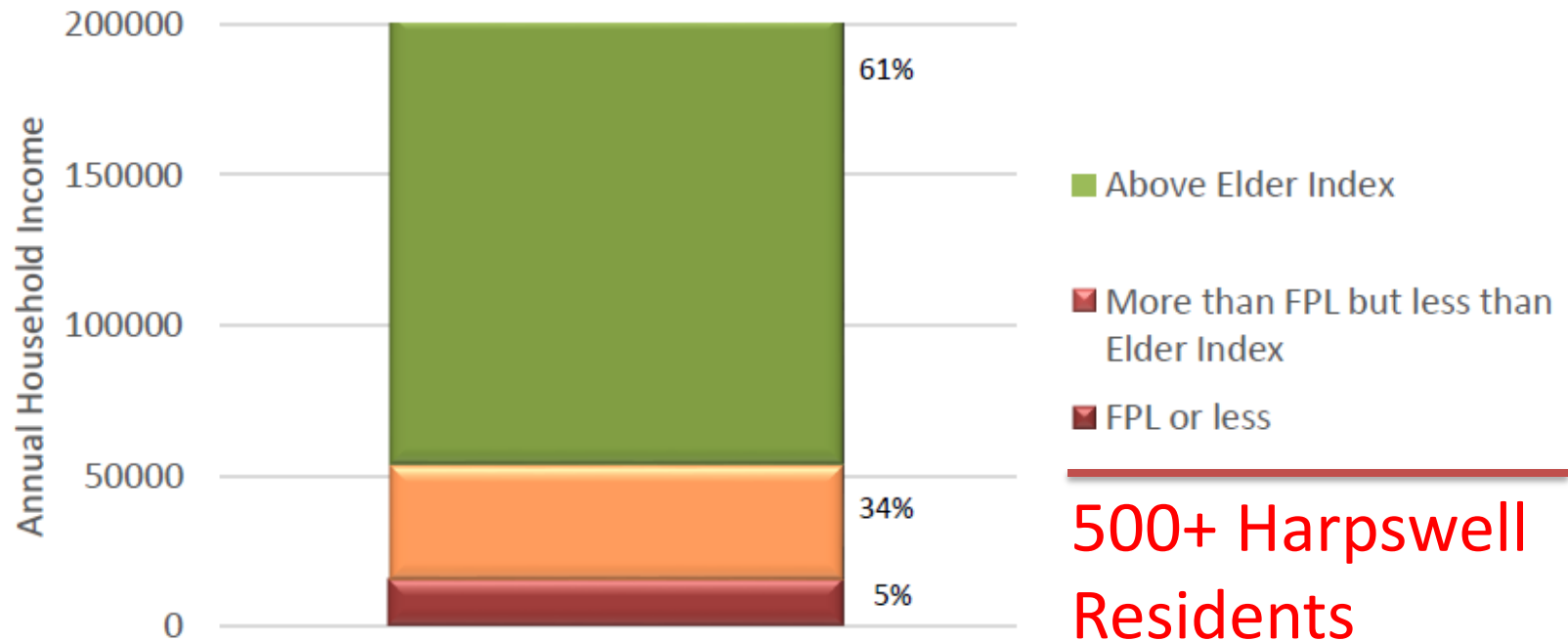
Older Adults Needing Assistance with Home Repair or Maintenance

	65-84 y.o.	85+
South Portland Survey (31% resp.)	33%	41%
Gray Est.	405	36
Whitefield Est.	122	13
Harpswell Est.	500	56

Harpswell Home Repair Stats

Town	Pop. 65+	Annual Homes	If Same ratio
Harpswell	1,651	38	
Gray	1,315		30
Whitefield	402		9

Falls in 65+ & Lack of Prevention

	65+ y.o.	NCOA Annual Falls 65+ 25%	65+ ED or Hospita-lized (MaineCDC)	Any Evidence Based Program (SMAAA)
Maine	211,080	52,770	17,383	
South Portland	3,408	852	279	50
Gray	1,315	329	108	2
Whitefield	402	101	33	
Harpswell	1,651	413	135	

Rescue Calls By Fire Dept.- Estimates

	Calls	If 58% for Age 61+	65+ ED or Hospita-lized (MaineCDC)
Maine	278,220	161,368	17,383
South Portland	3,450	2,001	279
Gray	596	346	108
Whitefield	64	37	33
Harpswell	218	126	135

Rescue Calls By S. Portland Fire Dept.- Actual - 2019

All EMS Calls Total		2,388	
Falls	Total	461	19%
	Maine Med	179	39%
	Mercy	67	15%
	Transfer to EMS	15	3%
No Transport		200	43%
	Assist-Public	104	52%
	Patient Evaluated, No Treatment/Transport Required	29	15%
	Patient Treated - Refused Transport	67	34%

Transportation

- 10% of 65+ live in households without vehicle access (per census)

	65+	# Without
South Portland	3,408	341
Gray	1,315	132
Whitefield	402	40
Harpswell	1,651	165

Food Insecurity - 3 Different Estimates
(Nat'l & Hlth Sys. Whole Pop. Applied to 65+)

	Total Pop	Nat-ional	Hlth System	Livable Survey
		16.4%	7.4%	1%
S. Portland	4,100	4,100	1,850	250
Gray	8,014	1,314	593	80
Whitefield	2,369	389	175	24

AAA Meals

	65+	Congre-gate Meals	% 65+	Meals on Wheels	% 65+
South Portland	3,408	168	4.9%	90	2.6%
Gray	1,315	8	0.6%	18	1.4%

Dementia/Alzheimer's – 17%

	%	Number
Maine	17%	35,884
South Portland	17%	579
Gray	17%	224
Whitefield	17%	68
Harpswell	17%	281

- Who is doing the care giving?

1 in 4 Are Caregivers for Family & Friends

	Total Population	# Caregivers	# in Savvy Caregiver Class
South Portland	25,002	6,251	57
Gray	8,014	2,004	15
Whitefield	2,369	592	