

Maine Council on Aging Task Force on Healthy Aging in Communities Phase 1 Report

Summary

The Maine Council on Aging (MCOA) convened a multi-stakeholder Task Force of municipal officials and others in February 2019 with support from the Maine Municipal Association. The goals of the Task Force were to (1) identify strategies to grow, strengthen and support municipal efforts to ensure that older residents can age well in their homes and communities, and (2) create a plan to better integrate municipal efforts with regional and statewide systems that support healthy aging.

The Task Force met collectively 7 times, and worked in two subgroups over the summer months. After a period of learning, the Task Force focused on developing:

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

The group made excellent headway on this complex undertaking. They identified several credible sources of statewide, regional, and local data that could be used to educate and motivate a municipality to take action to meet the unmet needs of their older residents. Correspondingly, the group developed a process and initial survey instrument that would help a community understand the kinds of proven actions it could take. While it was an intention to also identify ways this information could be shared with other municipal leaders, Task Force members recommended piloting the data and actions with a smaller group of municipalities before sharing the information more broadly.

To that end, the MCOA is now developing a plan for 4-6 pilot municipal projects in 2020. These pilots would involve 4-6 small and large, rural and urban municipalities, working intensely with their partners and expert consultants in 2020 to develop scalable solutions. It has the potential to help build a sustainable and effective infrastructure that municipalities and their partners can use to develop, coordinate, and implement the programs and services needed to help older adults live healthy and engaged lives in their communities.

Background

The 2018 Blueprint for Action on Healthy Aging in Maine identifies that Maine needs to “build an integrated system of formal and informal supports and care that prioritizes low cost/high value interventions and that builds across all systems – volunteer community efforts, municipal services, social services, and health care.” Two key recommendations to help address this were:

1. ***Enhance community level supports and services*** which support healthy, engaged and secure aging in a multitude of ways (transportation, food, housing, socialization, civic engagement, etc.)
2. ***Reform of the formal long term services and supports system***, including coordination and integration of the medical, behavioral health, and long term services and supports systems.

A major focus in 2019 was convening a task force of municipal officials and others in Maine to see if municipalities could become focal points to help address the unmet needs of older adults in their communities. Municipalities are a trusted source of information for many older residents. When older residents can't find help elsewhere, they often end up in the town office seeking assistance.

Unfortunately, many town officials are unfamiliar with available services, and, even when they are, some services simply aren't available. When older people can't access the help they need, they are at greater risk of going without, and some will experience avoidable health problems and injuries, potentially resulting in increased utilization of emergency services and placing other strains on town resources. Even worse, when resources aren't available, some older residents will leave the community, draining the town of potential workers, volunteers, select members, and tax payers. Thus, municipal officials have a real stake in making sure older residents can get the help they need locally and remain vital, active community members.

With support from the Maine Municipal Association, the MCOA convened a task force of 20+ MCOA staff, MMA staff, municipal leaders, town councilors/select persons, citizens engaged in *aging in community* initiatives, state policy staff, emergency services, community based organizations and Council of Governments. This group worked together over 9 months to learn about existing systems that support healthy aging, identify gaps in data and services, understand roles, capabilities, and limitations, and make recommendations about the kinds of data that would spur action that would increase healthy aging.

Throughout this process, a common refrain from town officials was “we don't know what we don't know”, both about the unmet needs of older residents, and services available, or that could be available, to help meet those needs. Associated with this was a feeling among some municipal officials that others in their municipality felt it wasn't the town's business to worry about this, “that's the state's problem”. Thus, we focused attention on the role of the municipality in supporting volunteer initiatives, funding community based organizations, and using their clout to influence state policies that impact healthy aging. Ultimately, though, we identified core issues that the municipality itself should address because those impact both the municipal budget and the fabric of their communities.

For context, we identified the number of towns by size, and discussed approaches that might work for all municipalities in Maine:

| Municipality Size | Number | % | Population | % |
|--------------------------|---------------|----------|-------------------|----------|
| 20,000 + | 9 | 2% | 266,690 | 20% |
| 10,000-20,000 | 12 | 2% | 178,365 | 14% |
| 5,000-10,000 | 41 | 8% | 295,759 | 23% |
| 2,000-5,000 | 101 | 21% | 326,865 | 25% |
| 1,000- 2,000 | 108 | 22% | 153,709 | 12% |
| Less than 1,000 | 215 | 44% | 85,963 | 7% |
| Total | 486 | 100% | 1,307,351 | 100% |

After some basic education and good discussions among the members, it was decided to focus on three areas: data, actions, and education. Subgroups were formed.

Data Subgroup:

We reviewed other state healthy aging data reports, but discovered that these contain far too much data that municipalities will never use to make decisions. Our focus became only that data that would be meaningful to municipal officials. It quickly became apparent that there was no central resource of data to utilize. As we talked with various individuals and organizations, we realized there were basically two types of data available: Full Population/Sampling and Population Subsets.

| Source | What it tells you | Questions/Comments |
|---|---|--|
| <u>Full Population/Sampling</u> | | |
| 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 |
|--|--|--|
| <u>Population Subset</u> | | |
| 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. |

The group was able to develop some templates of how combining various data sources might be useful. (See Appendix B).

Actions

The Action subgroup developed an approach a municipality could take to help address unmet needs. The theme is “don’t go it alone” as there are a number of willing partners to help. However, they differ by municipality.

First the group identified the different partners who can help address unmet needs of older adults:

- Friends and Family
- Community Volunteers: Lifelong Communities
- Municipal Officials: Town Managers, Clerks, Codes Enforcement Officers, Planners, SelectPersons/ Councilors, etc.
- State Agencies: Office of Aging and Disability Services, MaineCare. MaineHousing, Department of Transportation, etc.
- Formal/Informal Partners: Area Agencies on Aging, Community Action Programs, Food Banks, Health Care Organizations, etc.

Then the group developed a simple guide for municipalities to understand how they can better support healthy aging. The guide would include some simple checklists or surveys the community can use to identify the resources that are currently available to assist older people in their community and gaps in

services. The guide would then connect them to actions they could take, modeled on initiatives that are already working here in Maine. (see Appendix C)

Education

Through its work together, the group began to explore how good ideas spread, and looked at Everett Roger's work on diffusion of innovation. It was felt that "innovators" and "early adopters" were already on board, being able to see what data already exists and understand the need to act. However, the early majority, although interested, really needs to see some hard data to be convinced. Whereas, the late majority probably won't get on board without seeing fairly well developed actions. (i.e. reference the work on tobacco cessation, seat belt use, etc.).

It was felt that developing a mix of good data and stories on unmet needs of specific municipalities, combined with simple guides for action that different municipalities could follow, was a way to build support for programs. While it is felt we don't need 490 different approaches, we do need more than one!

Next Steps

With support from the Maine Municipal Association, we are conducting a planning process in Fall 2019 to develop a proposal to work with 4-6 municipalities around Maine in 2020 to

- further develop data dashboards for each municipality to help identify unmet needs of older adults in those municipalities
- further develop processes for implementing actions in those municipalities to help address the unmet needs and
- explore the most effective methods for educating/motivating/incenting others to take action.

In phase 1, we learned a lot about how to approach these but just scratched the surface. By working more intensively with a small number of municipalities we feel we can develop these components further with the goal of scaling efforts to more of the 490 municipalities in Maine in future years.

In selecting municipalities, we will look for municipalities with municipal leaders, local non-profits, health care organizations, lifelong communities, and other partners who are willing to work together to develop scalable solutions that can be spread to other communities in Maine. (i.e. the "early adopters") This is difficult work that has not been done before, so we will look for a team of dedicated individuals and organizations to make this work.

This Municipal Task Force is one part of the recommendations of the MCOA Blueprint on Healthy Aging in Maine developed at the 2018 Wisdom Summit. By working together over 2020, and linking up with other MCOA, Maine Municipal Association, and other partner efforts, we hope to help make sure that as we age we are able to live healthy, active, secure, and engaged lives while helping our municipalities maintain active and vibrant communities.

Appendix A: Task Force Members and Interested Parties

- | | |
|---------------------------|---|
| 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 |

Appendix B: Sample Data Reports

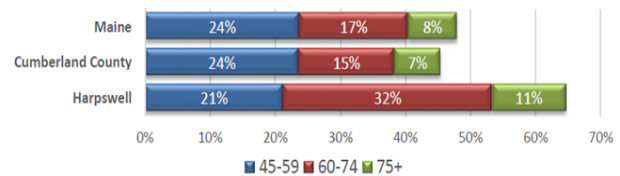
Harpswell, Gray, Whitefield, and South Portland were used as examples as the task force included members from those towns. The following data should be viewed as estimates and examples, and the type of data that could be accurately compiled in the next phase.

| Maine | 2016 | 2026 | 2036 | % Change |
|------------|---------|---------|-------|----------|
| 20-64 y.o. | 785,152 | 734,644 | | |
| 65+ y.o. | 257,499 | 351,880 | | 2016-26 |
| Ratio | 3.0 | 2.1 | | -31.5% |
| | | | | 2016-36 |
| Gray | 8,068 | 8,346 | 8,535 | 5.8% |
| Whitefield | 2,278 | 2,148 | 2,027 | -11.0% |
| Harpswell | 4,878 | 4,993 | 5,040 | 3.3% |

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

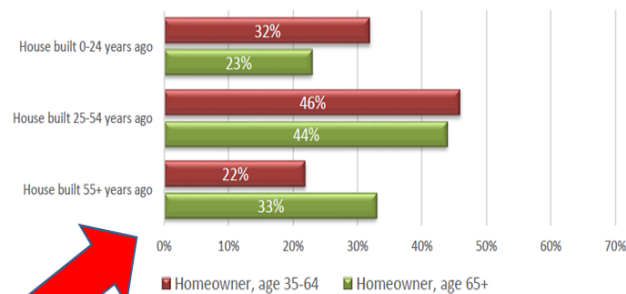
- Harpswell dramatically older

Figure 2: Percentage of population aged 45-59, 60-74 and aged 75+ Harpswell and comparison areas⁷



Need For Home Repair Program

Figure 5: Age of owner-occupied housing, by age of homeowner²⁵

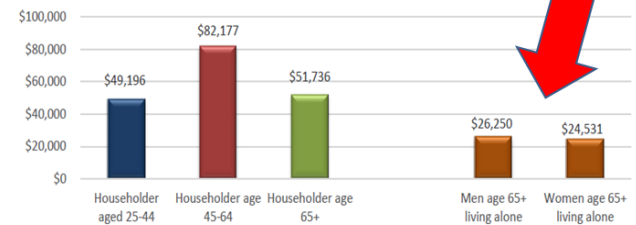


Falls in 65+ & Lack of Prevention

| | 65+ y.o. | NCOA Annual Falls 65+ 25% | 65+ ED or Hospitalized (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 | |

Living Alone and Poor

Figure 8: Median household income in Harpswell by age of householder³³



300+ Individuals

Rescue Calls By Fire Dept.

| | Calls | If 58% for Age 61+ | 65+ ED or Hospitalized (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 |

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 |

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 |

Chronic Illness & Disability (MaineCDC)

| | 65+ y.o. | 3+ Chronic Illnesses 23% | Ambulatory Disability 19% |
|----------------|----------|-----------------------------|------------------------------|
| Maine | 211,080 | 58,258 | 40,105 |
| South Portland | 3,408 | 791 | 648 |
| Gray | 1,315 | 305 | 250 |
| Whitefield | 402 | 93 | 76 |
| Harpswell | 1,651 | 383 | 314 |

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?

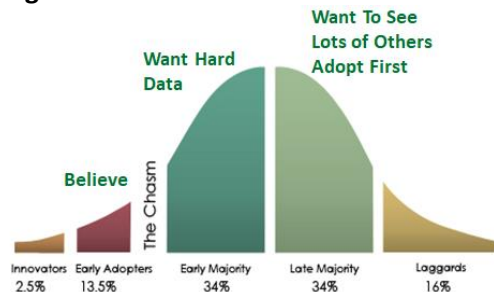
Food Insecurity - 3 Different Estimates (Nat'l & Hlth Sys. Whole Pop. Applied to 65+)

| | 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% |

Rogers Diffusion of Innovation



WHO Age-Friendly Themes



Appendix C: Guide for Municipalities on Implementing Actions

Overall recommendation: Create a simple guide for municipalities to understand how they can better support healthy aging. The guide should include some simple checklists or surveys the community can use to identify the resources that are currently available for to assist older people in their community and gaps in services. The guide would then connect them to actions they could take, modeled on initiatives that are already working here in Maine. For example:

Guide for Municipalities on Supporting Healthy Aging in Community

Overview

Every town in Maine has different resources available to assist residents with various needs. As we age, our needs may change. As a trusted source of information and resources, residents often reach out to town officials for information and assistance in connecting to services they need. Sometimes information, a service or a resource is readily available, and sometimes it isn't. This guide is intended to help Maine municipalities understand how to engage their staff, community organizations and state agencies in meeting the needs of older residents and growing the community-level supports available to them.

Key Staff to Involve in the Conversation

- General assistance
- Public Safety (Fire, rescue and law enforcement)
- Town clerk
- Recreation
- Planning
- Code Enforcement/Health Officer

Core Actions Every Town Should Take

- Ensure front-line staff understand all resources **available in your community to meet the core needs of older adults living in your community** (use survey instrument to determine what those are)
- Make sure information about core services are available to residents by town website, periodic town publications, and through front-line staff referral

Note: first referral for general information on aging services and long term supports and services is always to the local area agency on aging serving your community.

Identify Resources that Can Address Core Needs of Older Residents

Recommendation: Create a survey municipalities can use to identify their key referral sources and gaps in services. For instance:

- Which Area Agency on Aging serves your community? Link to their website on the town website and refer people to their number. Make sure key staff understand that this is always the first referral if there isn't a specific local referral).
- Do you have a volunteer transportation program that serves older people in your community? Are there fee-for-service on-demand transportation options for people who cannot drive?

- Does your local food pantry have a mobile food pantry option? Are their regular community lunches or other meal opportunities available to older residents? Does your grocery store allow for virtual shopping (like Hannaford To Go)?
- Is there a friendly visitor program that serves older people in your community? (Senior Companion or SEARCH or volunteer?)
- Is there a volunteer home repair program that serves older people in our community?
- Is there a community paramedicine program that serves older people in your community?
- Does your community have a parish nurse or community nurse who can make home visits to older residents?
- Are there any adult respite or caregiver support services available in your community?
- Does your community offer any healthy aging programming, like Tai Chi for Better Health or Matter of Balance?
- Does your community have any property tax relief options for older residents?
- Do your fire, rescue and law enforcement professionals proactively address health and safety issues they witness?
- Is there any heating assistance available to older residents beyond LiHEAP?
- Others?

Addressing Core Needs of Older Residents

Many older residents will never have to rely on a town or state agency for support. Their family and friends will step in to meet their needs or the person will navigate to the services they need and be able to pay out of pocket for them. However, some older residents will not be able to afford the help they need and will not qualify for help. For these people, it's important that they can access free, low-cost or volunteer assistance if it's available.

If, after assessing the needs of residents and current services available, your municipality finds there are unmet needs they'd like to address, it's important for them to connect to models in other municipalities that are working.

Recommendation: For each core survey area, develop an interactive guide to available resources to meet an unmet need.

We want to find out about:

- Volunteer transportation programs
- Home repair initiatives and options
- Community Paramedicine programs
- Friendly Visitor Programs
- Food Resources/Community Meals Programs
- Property Tax Relief Options
- Evidence-based Healthy Aging Programs
- Adult Respite & Caregiver Supports
- Community Nursing
- Fire, rescue and law enforcement initiatives that support healthy aging
- Others?

Special Housing Considerations

Older people will often come to a point where their current housing no longer meets their physical needs or financial circumstances. Instead of having older people slowly leave your community one-by-one as they need to find alternative housing, your town could pro-actively make it easier for them to remain in your community, which is better for them if your community is home to their social networks and supports. Complete this survey to assess your current land use policies to determine if they could be tweaked to help people stay in your community.

Recommendation: Create a special survey that prompts municipalities to consider whether there are alternative housing options available to older residents (correspondingly, provide additional information on opportunities through MaineHousing or best practices if they want more information):

- Do you currently have any affordable senior housing projects in your municipality? If so, what is the current waitlist to access housing?
- Does your municipality have an accessory dwelling unit ordinance? If so, does it meet...
- Do you have limitations on the number of unrelated residents living in a single family home?
- Do you encourage universal design of new structures?
- Others?

Accessible Public Spaces Considerations

Ensuring that your public spaces are ADA compliant is important, but just being ADA compliant doesn't mean that a public space is user-friendly for older residents. Older residents may need extra railings installed on inclines/declines, places to sit and rest along the way and parking for events that doesn't involve crossing roads. There are many tools available to you to assess how user-friendly to older residents your public buildings and spaces are. (work with people to develop resources)

Don't Go It Alone & Don't Let Others Either

It is NOT up to a municipality to solve all of the issues addressed in this survey, nor is it someone else's responsibility. It's critical to form partnerships to engage in this work. Sometimes a municipality will start the work and lead it with others helping, often times a volunteer group may start the work, but need your help. Either way, don't go it alone and be a good partner. Here are trusted community partners who can help in the work:

- Library
- Community Centers
- Churches
- Land Trusts
- Business Groups
- Community social service agencies
- Etc

Building Alliances with Health Care

We all have an interest in making sure we can all live healthy lives at home, but health care and municipalities have unique stakes in getting it right and they often have aligned goals for health and well-being. Increasingly, health care partners are interested in collaborating with community leaders to support healthy aging. Here are some entities to engage in a conversation about mutual goals and how you can begin collaborating to meet them:

- Local hospital
- Federally Qualified Health Center
- Public Health Nurse
- Health Systems and plans that serve your population
- Larger primary care practices