



**Maine Council on Aging
Municipal Data Across Sectors for Health (M-DASH) Project
South Portland Task Force on Healthy Aging
Developing a Dashboard of Unmet Needs of Older Adults**

June 22, 1-3 pm, Zoom
Meeting Notes

In Attendance: Chad MacLeod, Sue Henderson, Scott Morelli, Justin Barker, Ann Tucker, Theresa Goodman, Susan Lavigne, Jo Morrissey, James Moorhead, Mary Ellen Joyce, John Duncan, Barbara Skelton, Gabe Martinez, Greg Parent, Erin Curry, Jess Maurer, Patricia Oh, Ted Rooney, Ashley Mills.

This is our second meeting of a short-term project to develop a prototype municipal data dashboard to address the needs of older adults by a variety of stakeholders. We are only 2 months into the project and already have made great progress and have great data. We will flesh this out over the summer then meet again in September/October.

Part 2 of this project, which will be funded through a different mechanism, will begin after this process is completed. Part 2 will be looking at what to do about the gaps in supports and services we identify.

Data presentation & discussion:

- The data we've been able to get:
 - Preliminary data
 - Population: So Portland is a multigenerational city. Median age is 41.5 years. 21% of older population are veterans. We are working with a special population who are eligible for particular benefits that we need to educate/remind them.
 - Older people living near Cape Elizabeth have a higher income than those living in the East side
 - \$59,000 median income for all of So Portland, \$43,048 for adults aged 65+
 - Economic Security Index does not include extra expenses, i.e. going out to eat, buying presents, etc. A person living on average social security income would have to spend their income on property taxes alone. It's an expensive city to live in if you're living on SS alone.
 - TOA administered LIHEAP and
 - 164 household 181 residents 60+ received LIHEAP
 - 5 received Keep me warm
 - 5 Received CHIP
 - 27% of eligible homes received assistance
 - Home repair and home modifications:

- Nearly 40% 60+ live in homes that are over 30 years old and will need repairs and are not well insulated
 - 30%
 - 27% home maintenance
 - 24% home repair
 - 61% living in market rate rental housing are paying more than 30% of their income on rent
- 573 HUD-sponsored housing for older adults
- 480 are subsidized
- 98% of So Portland residents own a car
 - So Portland passed street bond to create a pedestrian-friendly community
 - Walk score measures the walking distance to different amenities (grocery store, park, etc.)
 - Points are given for 5 min walks, points drop down to almost none for walks at 30 min or more. Most errands require cars. Mill Cove with the highest scores still feel it is not easy to get to.
 - Transportation is still needed
- So Portland Transportation
 - 1.6% of older residents in So Po are using the bus on a regular basis. Bus system does offer reduced fare for older adults
 - 11.7% said that the bus system went where it wanted them to go. Note: there is generally a positive response bias to surveys
- Food Insecurities
 - Older people are reluctant to take advantage of food security systems
 - There are many more people that are eligible than are actually getting them
 - OADS data displayed showed high amount of folks accessing food in congregate dining – of course COVID has impacted this
- Falls
 - Nationally 60% have a fall
 - 1 in 4 results in serious injury
 - There is a tendency to under report difficulties
 - Calls to rescue: 57% were transported, the remainder weren't (Assessment, no need). All 461 calls indicate more information needed for evidence based falls prevention programming
- Wellness & Health
 - ¼ of So Portland residents live with one disability
 - Inadequate health insurance: have Medicare only, Employer insurance only, have to buy their own health insurance
 - Older people have been more difficult to reach to educate about COVID-related issues. There are a lot of fears related to COVID, 600% increase to calls to 211 from overall population
- Dementia/Caregiving

- Not everyone with dementia needs adult day services, but the data suggests a need for more services
 - Overall
 - Percentage of people living alone varies depending on neighborhood.
 - People at highest risk of loneliness live in northwest or eastern
 - Common barriers to socialization is that there is no one to go to them or that they found out about events too late (pre-COVID survey)
 - 90% of library volunteers are 65+
 - There is a lot of community interests in the community: we can give them a purpose
 - Social vulnerability Index: used to plan for disaster preparedness
 - There are many SDH factors that go into this: food insecurity, transportation, housing, socioeconomic status, etc.
 - Safety
 - Most things are currently on hold due to COVID, a couple programs still in play
 - Sand buckets to older residents
- Reflections
 - Municipalities: what data/information would help them understand where to direct their funding?
 - Scott Morelli: property tax burden for older adults on SS. That is why we set up an assistance program and adjusted age requirements. We've tried to promote this program but perhaps we do need to promote it more. Perhaps we should reduce the age to 62. The number of EMS calls for falls is good data. Pedestrian safety/friendly may look differently for folks. The large bond to do a number of improvements will be helpful.
 - John Duncan: Having been a city planner for a long time, the data we just saw was very good. Organized well, plan to use to discuss
 - Justin Barker: Walk Score to help target future projects or policies. So Po bus ridership percentage. 1.6% was interesting (low) – wondering if we have prior data to compare that against. This bus may not provide speed or frequency, but provides transportation for those who may not have any other option. Interested in how that compares to other areas
 - Barbara Skelton: AIP in housing – recurring issues – people trying to add on to homes and coming up against zoning issues. Also trying to add on a second story to accommodate additional family issues and run into zoning issues. Trying to deal with zoning issues and lot coverage.
 - We can't access #s to know how many homes have ramps, etc. The permits are too generic to know this. Can cross reference ADA involvement, but this is very few (2). A look-back of 5 years would be neat to
 - Council workshop held/needed to allow the unattached accessory dwelling units as long as they would not be used for short-term rentals

watch TV. For folks that are more tech-savvy, you could have Zoom events. Future communications is something to look at.

- Anything else you would want to see:
 - Council of Governments have a lot of data about comparing conditions with neighboring communities. MCOA has not been able to get to the right place/person to bring into the project.
 - Detailed data from healthcare providers and health plans. This is postponed due to COVID. With big payment changes that have occurred for ACOs and Medicare Savings. Where might they be open to investing in programs to help improve the health of the population and save money in the long-run.
 - All-claims/MHDO data. Children's oral health collaborative?
 - Fire Dept/EMS to do wellness checks and see if they have data on doing those types of responses.
 - From Erin: Through These Doors which is the Domestic Violence Advocate group. I let their Abuse in Later Life Advocate know about this group too. I'm happy to pass any stat request along to them as well! Another program with call-in programs might be something to share for folks going into homes.
 - Shalom House may have data
 - York County District Liaison has been working with a group in NY on Hoarding
 - Mental/Behavioral Health data – reach out to Maine Behavioral Healthcare and NAMI ME
 - Data from wellness checks – hoping to tap into the data from Maine Healthcare. There are HIPAA concerns here. Also, not all providers are doing AWW the same way, so not all data is comparable.
- Live-in family caregivers: extrapolating from multigenerational households – living with someone 65+ rather than someone living under 18. Spouses don't consider themselves caregivers.
- Moving forward, gather all data. Put together small groups around particular issues (falls, safety, isolations, etc.) to dig a little bit deeper into data sources that we think exist but people don't really think about. Over the next 2 months we'll be chasing down data and putting into data dashboard. Then come back together and discuss.