

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

Summary

The Maine Council on Aging convened a multi-stakeholder task force of municipal officials and others from February to October, 2019 with support from the Maine Municipal Association. The group met as a whole 7 times, with several subgroup meetings. 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
- Beginnings of an education program to help educate and motivate others to take action.

The group made good headway on this complex undertaking, and is developing a plan for 4-6 pilot community projects in 2020. These pilots would focus on working intensively with 4-6 interested different municipalities and their partners in 2020 to develop scalable solutions. This fall MCOA will be developing the plan and seeking funding for a 2020 launch that would coordinate with MCOA and other statewide efforts.

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 needs of older adults in their areas. When older residents in need can't get help from the state or other organizations, they often end up in the town office asking for help. With support from the Maine Municipal Association, 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 worked together over 9 months to develop recommendations.

A common refrain from town officials was “we don't know what we don't know”, both about the unmet needs of their 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”.

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:

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
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.

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, etc. who would be 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 Hays | Maine DOT |
| 20. Karen Mason | DHHS Office of Aging and Disability Services |
| 21. Anne Wright | MMA Director of Health Trust Services |
| 22. Ted Rooney | MCOA – Facilitator |
| 23. 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

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

Need For Home Repair Program

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

House built	Homeowner, age 35-64	Homeowner, age 65+
0-24 years ago	32%	23%
25-54 years ago	46%	44%
55+ years ago	22%	33%

Living Alone and Poor

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

Householder	Median Income
Householder aged 25-44	\$49,196
Householder age 45-64	\$82,177
Householder age 65+	\$51,736
Men age 65+ living alone	\$26,250
Women age 65+ living alone	\$24,531

300+ Individuals

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	

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
Harpwell 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
Harpwell	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
Harpwell	1,651	383	314

Dementia/Alzheimer's – 17%

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

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