

Rural Health Scholars Healthy Aging Initiative

Coordination, Communication, and Service

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Interviewed Organizations

Associate County Commissioner for the Elderly

Buddhist Center

Center for Living

Community Services

Community Support Groups

Councils on Aging

County Sheriff

County Commissioners

Donors Collaborative

Down-Island Selectmen

Elder Services

First Congregational Church, West Tisbury

Island Care Managers

Island Elderly Housing

Island Health Care

Health Service Advisory Committee, Wampanoag Tribe of Gayhead

MV Commission

MV Hospice and Hope Hospice

MV Hospital

St. Andrew's Church, Edgartown

Tad Crawford, Health Council Founding Member

Town Employees, Chilmark and Oak Bluffs

Town Police Chiefs, Emergency Medical Services,, Fire Department

Up-Island Selectmen

Veterans Services

Vineyard Committee on Hunger

Vineyard Health Care Access

Vineyard Housing Office

Vineyard Medical Services

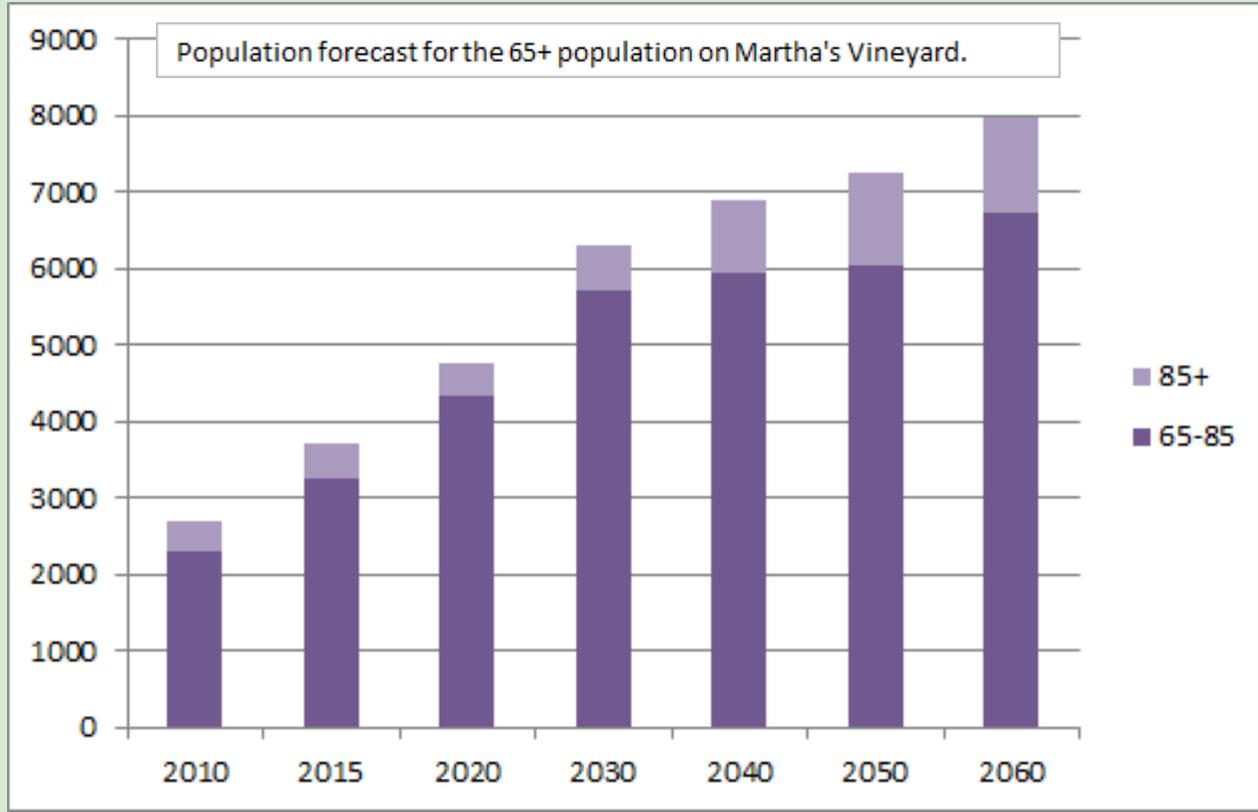
Vineyard Nursing Association

Vineyard Transit Authority

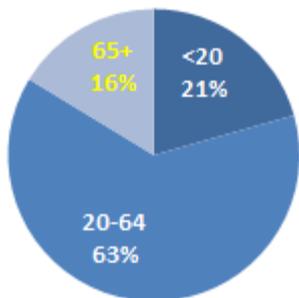
Vineyard Village at Home

Windemere Nursing and Rehabilitation Center

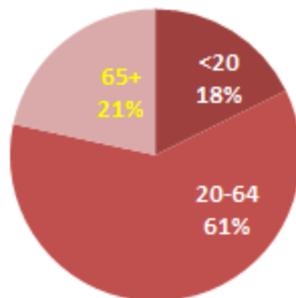
Growth of the MV Senior Population



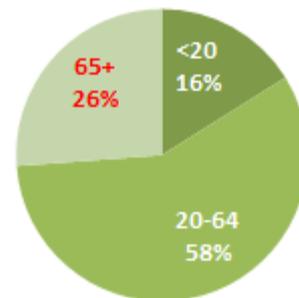
Census 2010



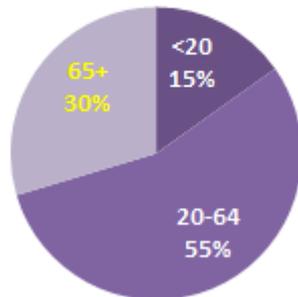
Projection 2015



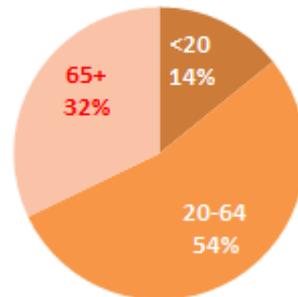
Projection 2020



Projection 2025



Projection 2030



Draft population forecasts from Donahue Institute

Strengths on Martha's Vineyard

- Wealth of diverse services
 - People move here for the services
- Strong community identity
- Many committed volunteers & professionals
- Population eager to “roll up shirt-sleeves”

Room for Improvement

- Wide array of different services
 - Local, state, federal, private services
 - Different eligibility requirements
 - Even experts find it challenging
- Communication across organizations
- Caregivers/decision-makers living off-island

Common Interview Themes

- Three major needs we heard
 - Central service to guide seniors, caregivers, providers
 - Transportation
 - Housing (senior & workforce)
- Suggestions, recommendations for the island
 - Based on interviews & research
 - Short-term and long-term goals

Seniors' One-Stop Referral Service

Coordinating and navigating complex problems for seniors, caregivers, and providers



Existing Models

- Local Model: Vineyard HealthCare Access Program
 - Island-wide, popular, respected
 - Serve wide range of needs, populations
- Ohio Model: Council on Aging of Southwestern Ohio
 - 5 counties with 250,000+ people >60
 - Excellent website; staffed phone line
 - Helps people stay in their homes & supports caregivers

Seniors' One-Stop Referral Service

- Vision: Island-wide starting point for navigating services
 - Seniors, caregivers, providers
- Absolute requirements for success
 - Modern, usable, regularly updated website
 - Single phone number to reach a human being
 - Position must be paid, neutral

Notes on Populations Served

- Seniors
 - Including typically disqualified or ineligible populations
 - Multi-lingual, multi-cultural clients
- Caregivers, on- and off-island
- Providers
 - Outreach: targets appropriate people, agencies for changes and news
 - Follow-up: “closing the loop” on referrals

Role of MV Councils on Aging

- Seniors' needs similar in every town
- MV Councils on Aging need unified strategic plan
 - One mission, one mission statement
 - Coordination will improve efficiency, quality, breadth
 - Reach “younger old”
- CoAs remain locally agile

Ohio Model Services, 2012

- **Transportation for medical appointments, senior center activities: 280,047 trips**
- **Calls for information about help for seniors: 29,322**
- Clients receiving in-home services: 20,459
- Hours of in-home care provided: 2.1 million
- Number of home-delivered meals: ~2 million to 10,000+ homebound older adults
- Events, presentations and informational meetings with COA stakeholders: 160+
- Advocacy meetings and client visits with elected officials: 112

Funding for Island-Wide Programs

- Ohio Model
 - Funded 40% by Medicaid, 40% by county tax levies, 20% other
 - Annual property tax levy: ~\$30/\$100,000 of property value
 - Counties vote every 5 years: ~65% vote in favor
- Vineyard HealthCare Access Program
 - Today: 80% of budget from 6 towns, 20% from public & private grants

Plan for Seniors' One-Stop

- Plan for One-Stop
 - Immediate (1 year): One person full-time
 - Near future (1-3 years): case managers for detailed guidance
- Potential barriers
 - Funding
 - Buy-in from every community organization

Transportation

Crucial for helping people stay in their homes



Existing Services: On-Island

- Vineyard Transit Authority
 - Fixed route (the bus): provides 1:1 travel training
 - Paratransit route (“the Lift”)
- Vineyard Village at Home
 - Private membership organization (aid available)
 - Coordinates assistance with any task at home & in community
 - Volunteers drive members as needed, in private cars
- Blueberry Van, Island Elderly Housing
 - Transportation for any need, 3 times/week

Existing Services: Off-Island

- Medical Taxi, Center for Living
 - Transportation to medical services on Cape Cod
 - Grant provided by Elder Services, donations from users
- Medivan, VTA
 - Transportation to and from Boston
 - Offered on Tuesdays

Needed Services

- Expand Medivan services
 - Increase access to specialist appointments
- Grow Vineyard Village at Home
 - Increase volunteer base
 - Increase funding for aid
 - Increase awareness

Needed Services

- Adjustments to existing Hackney Laws
 - 13 taxi companies
 - Rules, licenses governed by towns: one-way trips
- Transportation of veterans for services at VA Hospitals in Providence & Bedford

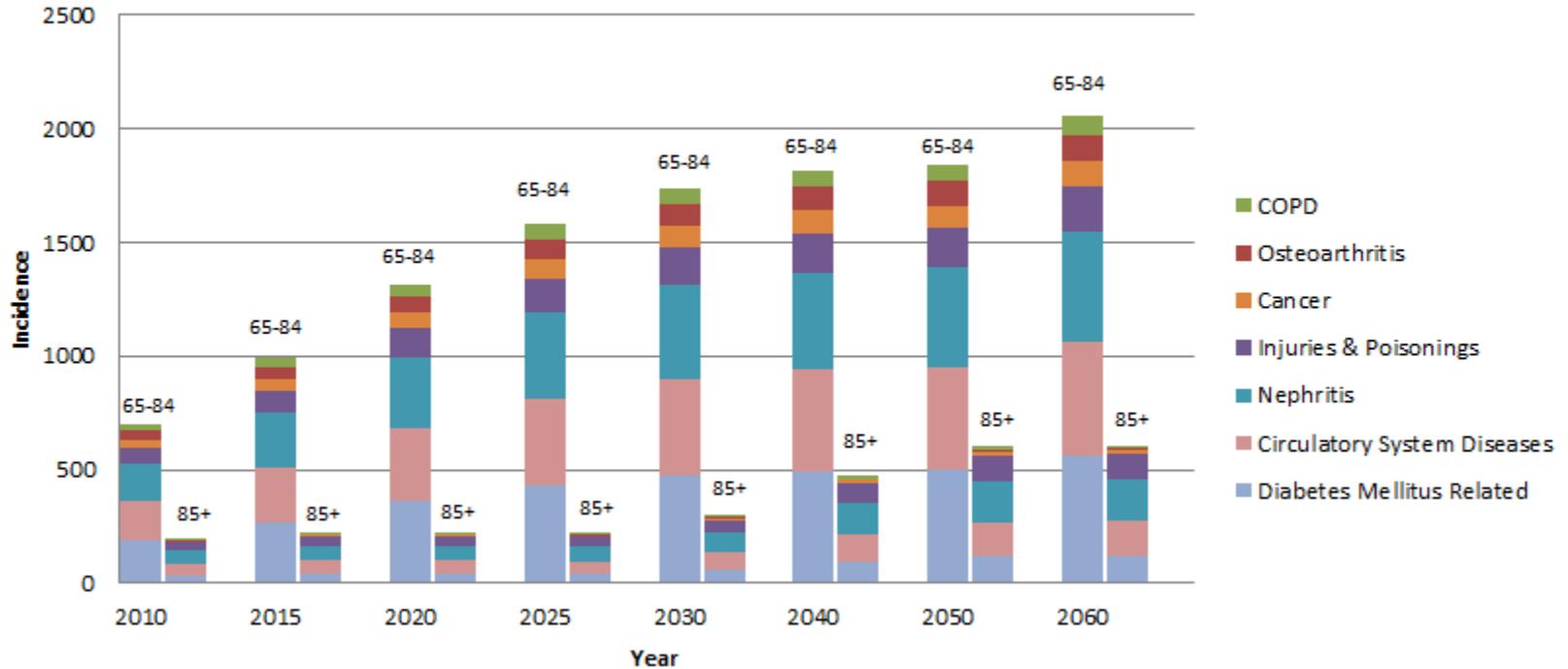
Medical Care on Martha's Vineyard

Primary Care, Dentistry, Mental Health



Future Growing Needs

Incidence of Disease in the 65+ Martha's Vineyard Resident



Primary Care Requirements

- Primary care shortage
 - Long wait (months) to see primary care providers
 - Emergency Department as backup
- Non-hospital clinics
 - Island Health Clinic (rural health clinic)
 - Vineyard Medical Services (walk-in and primary care appointments)
 - Other clinics and services may exist, not all well-advertised
- Language barriers & cultural competency
 - Increase recruitment of/from island minority groups

Additional Needed Care

- Only 1 geriatrician on the island
- Other specialties needed for growing disease burden
 - Ophthalmology
 - Endocrinology
 - Podiatry
- Not all elderly will have access to Medicare

Dental Care

- Limited access to dental care
 - No Portuguese-speaking dentistry available
 - Only 1 office accessible to disabled
- Some island providers do not accept:
 - Tribe reimbursements (directly)
 - Medicare, Medicaid
 - Insurance

Mental Health

- MV Community Services: Entry point for mental health services for all ages
 - Rely on highly trained professionals
 - High cost of service, especially personnel
 - Tied to housing and cost of living
- CORE Program: In-home mental health counseling
 - Temporary grant funded by Martha's Vineyard Hospital
 - Grant will run out within two years

Hospice Care

- Hope Hospice and MV Hospice
 - Goal: more referrals
 - Need community & clinician education on hospice benefits-->paradigm shift
 - Alzheimer's/Dementia and Parkinson's patients also need support

Improving Housing Options for Seniors & the Workforce

Affordable Housing for a Healthy Island



Island Elderly Housing

Current Housing Options for Seniors

- Public & subsidized housing
- Private: their own homes or family homes
- Assisted living facility
- Skilled nursing facility (SNF)

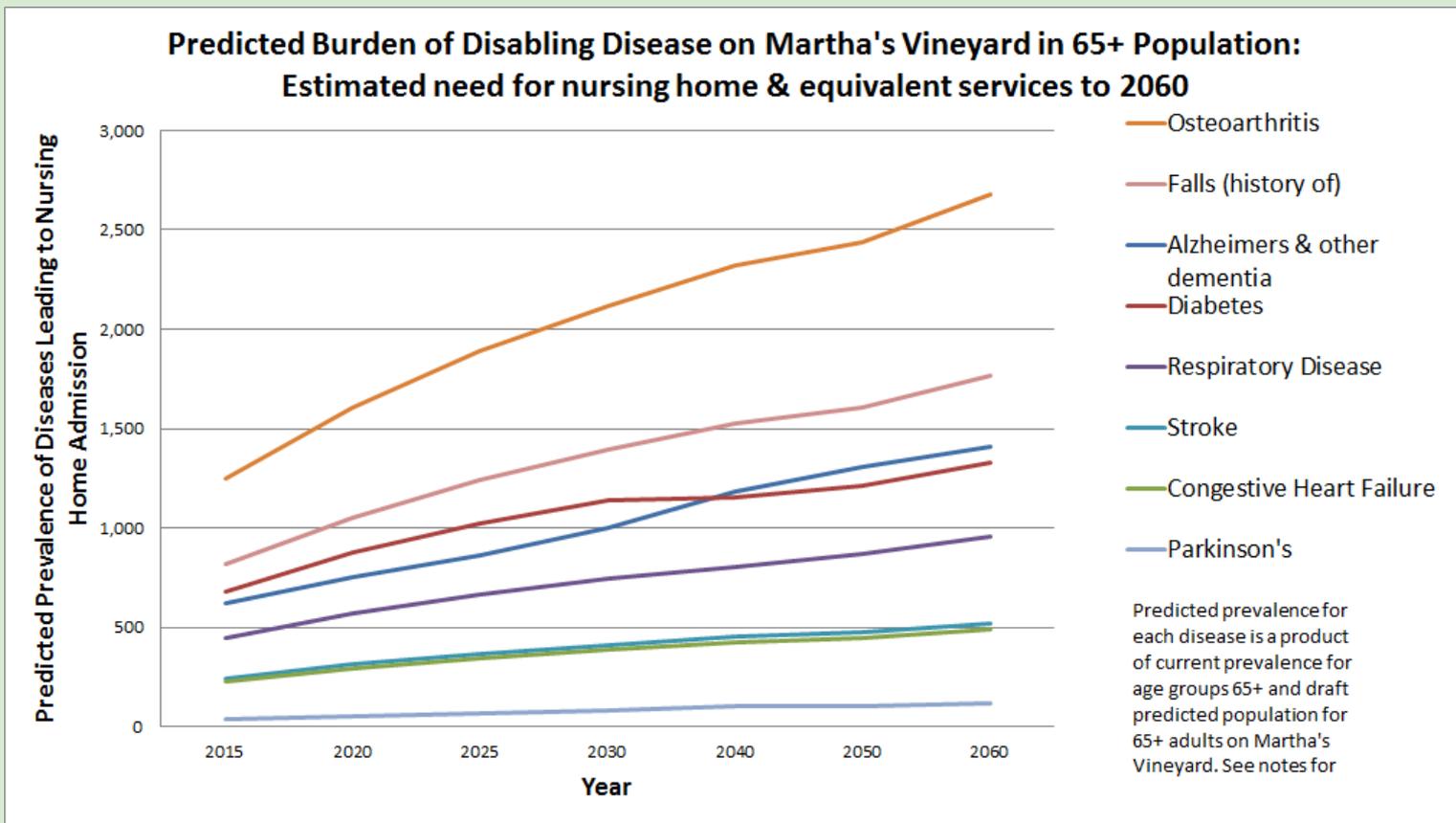
Expanding Affordable Housing

- Publicly supported (HUD)
 - Island Elderly Housing
 - Currently 2-year waiting list
 - Room to expand, only with support from towns
 - Tribal Housing Authority
- Island Housing Assessment has thorough information

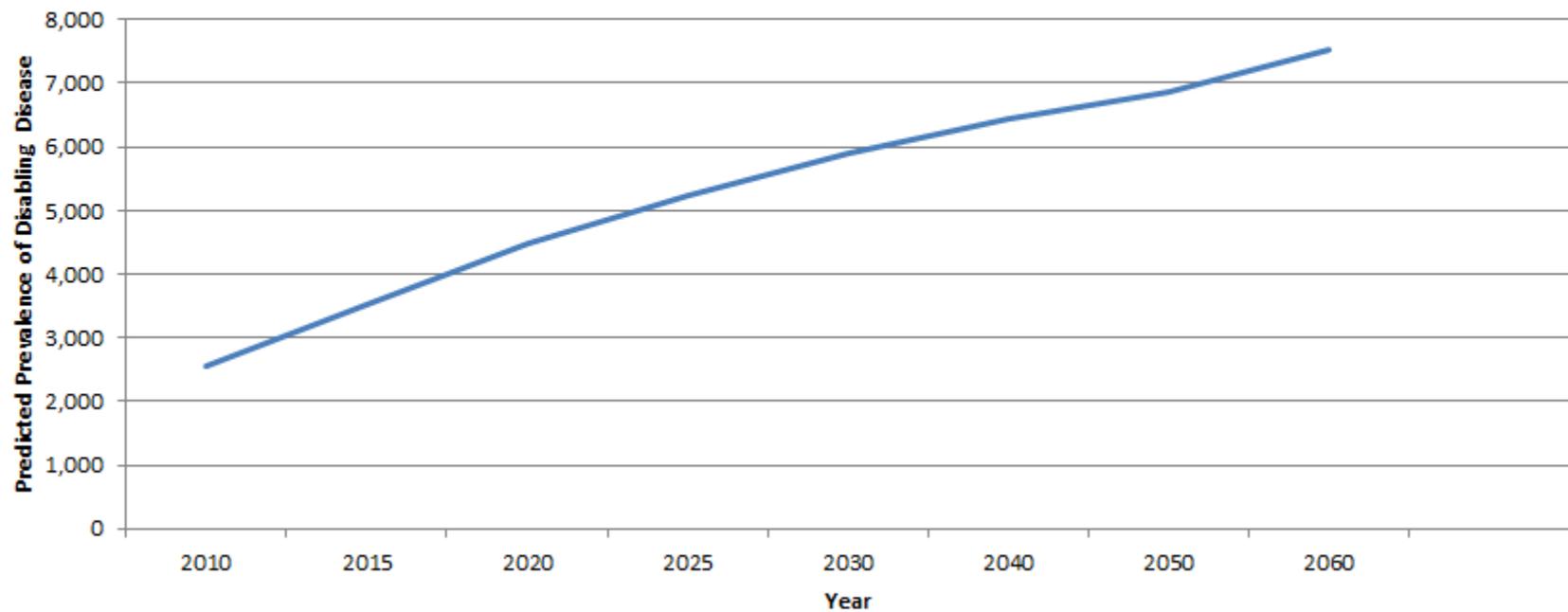
Improving Private Housing

- Universal Design
 - Visit-ability, livability
- Over-housing and Cohabitation models
 - Downsizing challenges on MV
 - Large homes can be adapted for cohabitation
- Zoning and multi-generational housing

Anticipating Need for Nursing Home & Equivalents



**Total Predicted Disabling Disease Burden in 65+ population:
including dementia, diabetes, CHF, respiratory disease, stroke,
osteoarthritis, Parkinson's**



Anticipating Need for Nursing Home & Equivalents

- Increased need for skilled nursing
- Consideration of new models that are more appealing to seniors
 - The Green House model

Workforce Housing

- Affordable housing remains a barrier to attracting skilled workers
- Martha's Vineyard Housing Needs Assessment
 - Expand year-round rental support programs
 - Ideal: 150 new affordable units/year. Current: 30/year
 - Zoning & regulatory changes for smarter property use
- If you do not build it, they will not come

Social Isolation and Community Support

Keeping independent elders a part of the community



Center for Living in MV Times

Staying at Home

- Many elderly residents prefer to remain at home
 - Can lead to social isolation
 - Puts a strain on caregivers
 - Places residents at risk

Supportive Day Program

- Run by the Center for Living
 - 4 days a week, 9am – 3pm
- Social support for Islanders in a safe setting
- Respite for caregivers
- Cost: \$40/day unless qualify for aid from Elder Services

Expand Day Program

- Create single home
 - Two locations- difficult for staff, clients and caregivers
 - Safety and privacy issues in current buildings
 - Locations already being considered
- Current need is large
 - 22 families enrolled, 14 on waiting list
- Eventually expand to five days per week
- Consider transition to medical/social model
 - CNA's and nurses for medication

Staff transporting equipment



Volunteer Stop-at-Home

- Envision 1-hour stops at elders' homes
 - Socializing
 - Checking-in
- Integrate this service into an existing program
 - E.g. Councils on Aging
- Tap into volunteer pool
 - National Honor Society at Regional High School
 - Recent retirees
 - Church members

Rejuvenate Gatekeeper Program

- Original program started 20 years ago, has lost momentum recently
- Engages clergy, police, EMTs, electricians, business owners, etc.
- Make a call to One-Stop about elderly resident in unsafe/unhealthy living situation
- Requires island-wide education of the program

Recommendations



Long-Term Recommendations

- Island-wide strategic planning
 - Develop strategies for **language & cultural competency**
- Housing options for seniors & workforce
 - **Build political environment** to supports growth of affordable housing
 - **Prepare** for increased need for skilled nursing facilities
- Medical Care (primary care, mental health, dental health)
 - Explore **incentives to recruit clinicians**--loan forgiveness/repayment
- Support for independent living & non-professional caretakers
 - Establish **Gatekeeper & Volunteer Stop-at-Home** programs
 - **Expand transportation** options & access, especially off-island
 - Ensure Center for Living can **expand Supportive Day Program**

Urgent Recommendations

- Island-wide strategic planning
 - **Develop unified mission** for Councils on Aging
 - **Establish Seniors' One-Stop Referral Service**
- Medical Care
 - **Recruit geriatricians, psych providers**
 - **Expand dental care** options, esp low income & Portuguese-speaking
 - **Fund CORE** (in-home counseling)
- Support for independent living & caretakers
 - **Find/build space** for Center for Living's Supportive Day Program