VERMONT

DEPT. OF DISABILITIES, AGING & INDEPENDENT LIVING

STATE PLAN ON AGING ASSESSMENT 2017

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The Department of Disabilities, Aging and Independent Living's mission is to make Vermont the best state in which to grow old or to live with a disability – with dignity, respect, and independence.

CORE PRINCIPLES

DAIL is committed to fostering the development of a comprehensive and coordinated approach to the provision of community-based systems of services for older adults and people with disabilities. Our goal is to enhance the ability of these Vermonters to live as independently as possible, actively participating in and contributing to their communities. As we approach this work, we are guided by the following core principles:

- **Person-centered:** the individual is at the core of all plans and services.
- **Respect:** individuals, families, providers and staff are treated with respect.
- **Independence:** the individual's personal and economic independence are promoted.
- **Choice:** individuals will have options for services and supports.
- **Self-determination:** individuals direct their own lives.
- **Living well:** the individual's services and supports promote health and well-being.
- **Contributing to the community:** individuals are able to work, volunteer and participate in local communities.
- **Flexibility:** individual needs guide our actions.
- **Effective and efficient:** individuals' needs are met in a timely and cost-effective way.
- **Collaboration:** individuals benefit from our partnership with families, communities, providers, and other federal, state and local organizations.

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INTRODUCTION

This report summarizes findings from the 2017 DAIL statewide assessment of the needs of and resources for older adults in Vermont. Findings help understand the experience of aging in Vermont and contribute to the development of the next five-year state plan on aging.

METHODS

DATA COLLECTION

This mixed methods assessment utilized a convergent concurrent design. Data collection included 1) a survey of service providers, 2) a survey of older adults, 3) key stakeholder interviews and focus groups.

OLDER ADULT SURVEY

The older adult survey instrument was designed by the researcher, in conjunction with DAIL Division of Disabilities and Aging Services (DDAS) staff and AAA Directors. Two survey strategies were utilized to gather the perspectives of older adults throughout the state. First, a non-experimental survey was conducted. The survey was distributed electronically, via state and local aging-related websites, social media tools, and listservs. The survey was distributed for one month (9/1/17 – 10/1/17), with weekly social media posts to encourage completion. In addition, in an attempt to enhance representation of the older adult population across Vermont and include those who may not have internet access or be able to or interested in completing an online survey, paper surveys were distributed to a random sample of 100 older adult clients in DAIL's SAMS database. There were 433 older adult respondents, the vast majority of whom (98%) completed the survey online. Respondents represented all areas of the state, except for Essex County.

SERVICE PROVIDER SURVEY

The assessment utilized a non-experimental survey of service providers throughout the state. The service provider survey instrument was designed by the researcher, in conjunction with DAIL Division of Disabilities and Aging Services (DDAS) staff

and AAA Directors. Providers were recruited via purposive and snowball sampling. DAIL and each Area Agency on Aging (AAA) recommended local providers to receive the survey via email. The email survey invitation included a weblink to the survey for providers to share with colleagues. A survey weblink was also included on several provider websites and social media tools, such as facebook pages, and distributed via provider and partner lists at several agencies. The service provider and older adult surveys were distributed for one month (9/1/17 – 10/1/17), with weekly reminder emails and/or social media posts to encourage completion. There were 223 service provider respondents representing all areas of the state and a proportional distribution. Providers represent entities conducting programs that receive assistance under the Older Americans Act (OAA), those conducting other Federal programs for older individuals, as well as programs that serve a much broader community population, of which older adults and caregivers are included.

KEY STAKEHOLDER INTERVIEWS AND FOCUS GROUPS

Key stakeholder interviews and focus groups were conducted over the course of the assessment (9/1/17 – 12/29/17). Key stakeholders were identified using a combination of purposive and snowball sampling. Stakeholders were contacted by email and/or phone. Focus groups were conducted when it was determined that specific populations and/or perspectives were not adequately represented in survey or interview data; focus group participants were recruited using purposive sampling.

DATA ANALYSIS

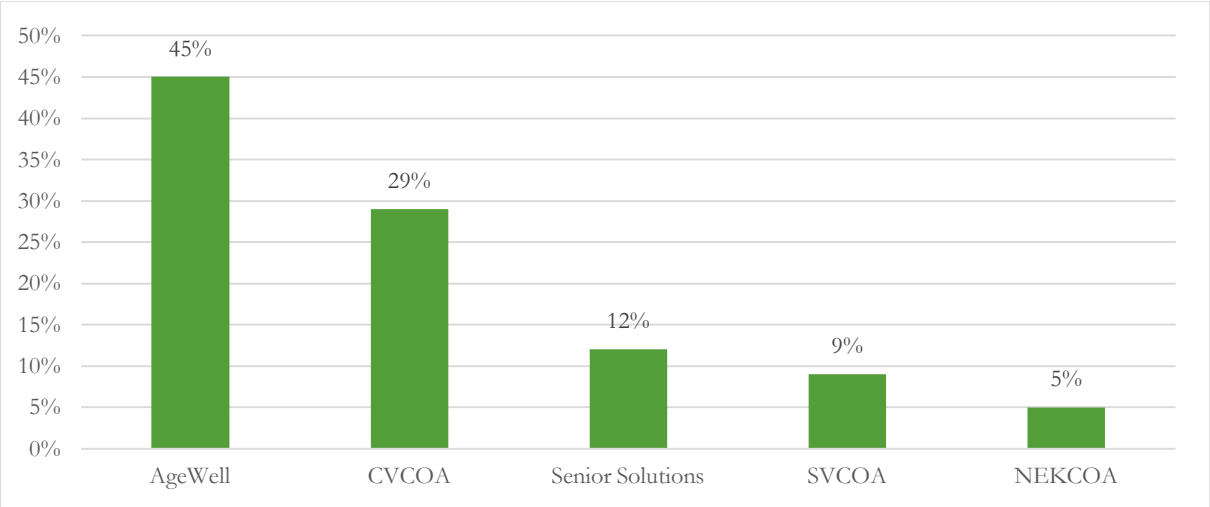
Quantitative survey data was analyzed using SPSS. Descriptive and inferential statistics are provided. Qualitative data from the interviews and focus groups was analyzed using content and thematic analysis.

PARTICIPANTS

OLDER ADULTS

There were 433 older adult participants, with an average age of 69 (range 56-95). Participants were from all counties of the state, with the exception of the least populous, Essex County. Participants also represented the five Area Agency on Aging areas, and were proportionally distributed.

FIGURE 1. OLDER ADULT PARTICIPANT DISTRIBUTION BY AAA AREA

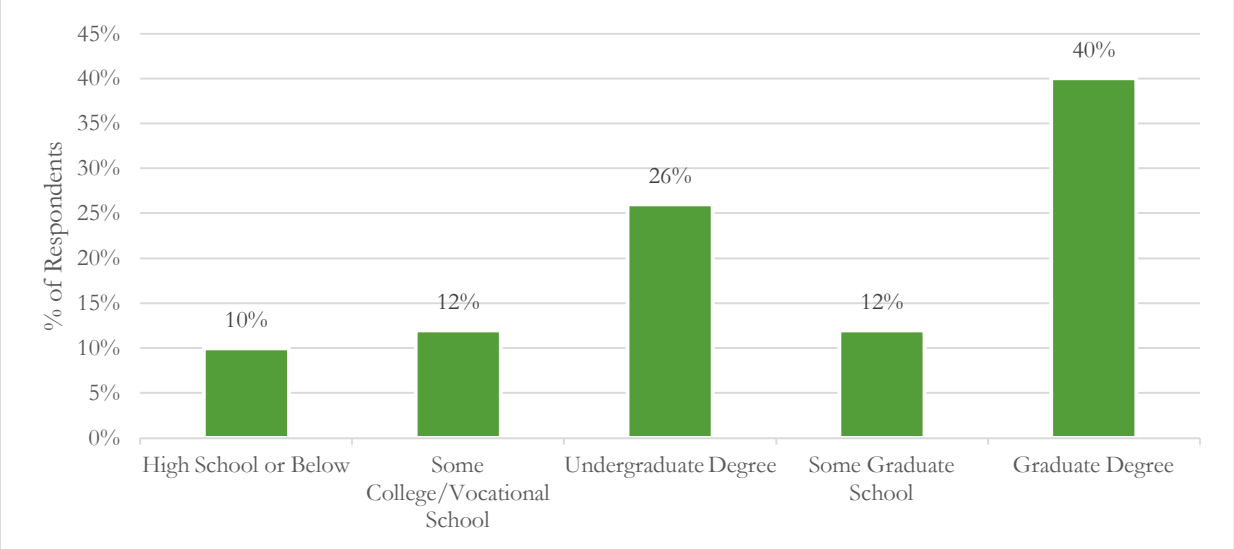


OLDER ADULT PARTICIPANT DEMOGRAPHICS

The vast majority of older adult respondents identified as non-Hispanic (99%), White (95%) and female (71%). In terms of marital status, the majority (55%) of respondents identified as married; the remainder identified as single (15%), divorced (13%), widowed (12%), or partnered (5%).

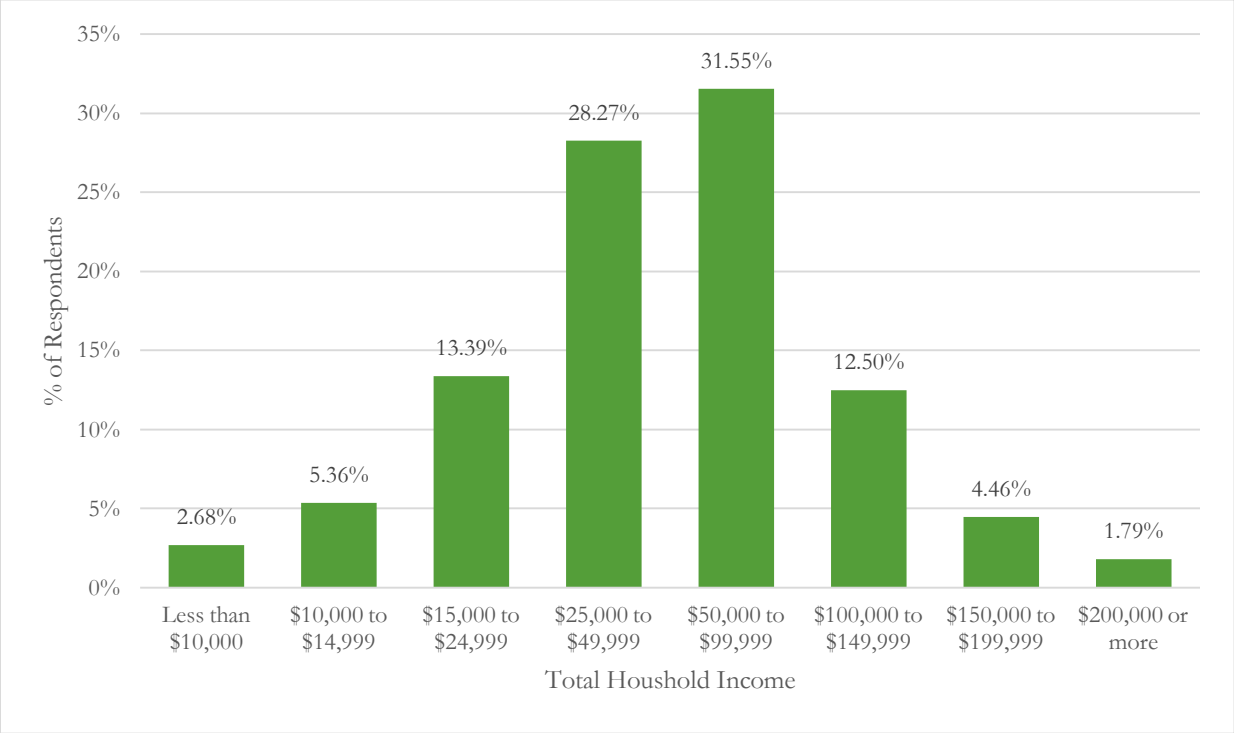
With regard to education, 78% of respondents reported having a college education or higher: 26% identify as a college graduate, 12% reported some graduate school, and 40% have a graduate degree. Less than 10% of respondents listed high school graduate (9%) or below (1%) as their highest level of education.

FIGURE 2. OLDER ADULT RESPONDENTS' EDUCATION LEVEL



The majority of respondents are retired (53%), however many commented that while they are primarily "retired" they are also working part-time or per diem. 35% reported working, either full-time (18%) or part-time (17%), and 2% specifically reported they are self-employed. Only 6% of respondents identified as having a disability.

FIGURE 3. OLDER ADULT PARTICIPANTS AVERAGE HOUSEHOLD INCOME



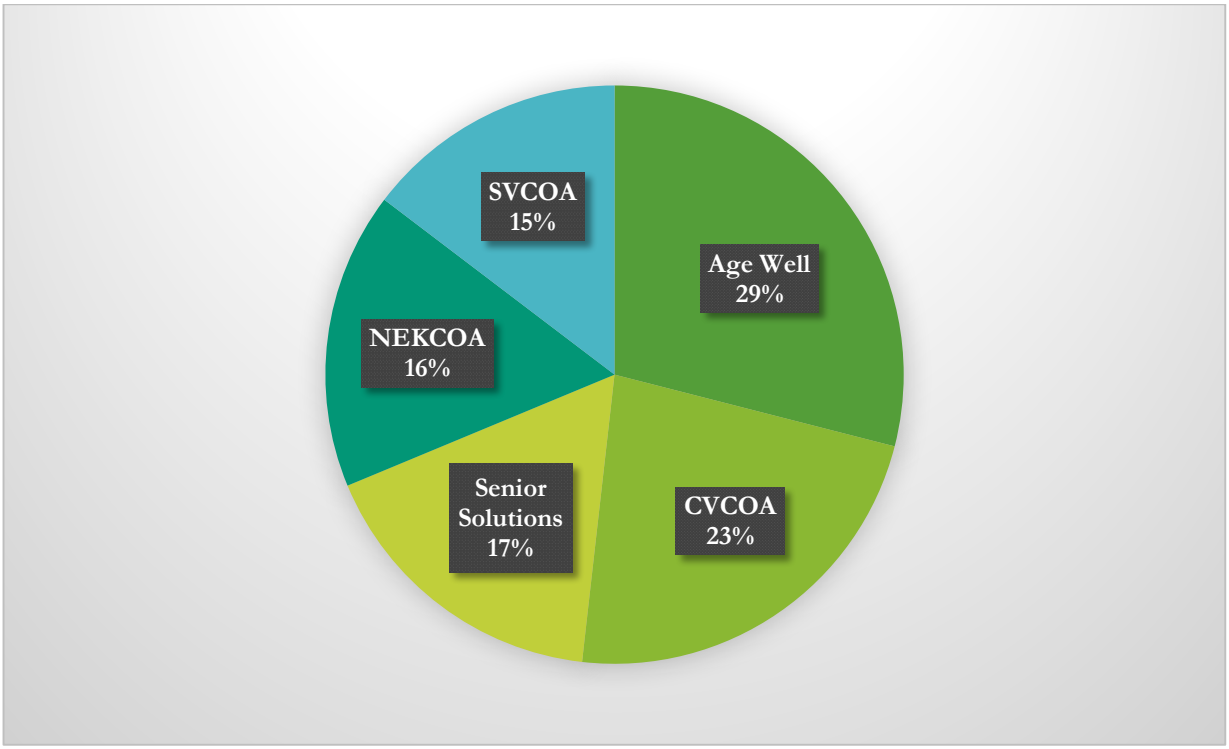
In terms of total household income, responses indicate a normal distribution, with most participants reporting either $50,000-$99,999 (32%) or $25,000-$49,999 (28%). Few participants report making less than $10,000/year (3%) or more than $200,000/year (2%). It is important to note that 22% of participants did not answer this question.

Respondents were asked to identify, based on their current income and savings, how easy or difficult it is to pay monthly living expenses. The majority reported it is either very easy (31%) or somewhat easy (24%). For 22% of respondents, paying monthly living expenses is "neither easy or difficult," however for 18% it is somewhat difficult and for 5% it is very difficult.

SERVICE PROVIDERS

There were 223 provider respondents representing all areas of the state and a proportional distribution. While the distribution is referred to in terms of AAA Areas, to be clear, providers represent a broad range of aging and health services and are not solely AAA staff or providers.

FIGURE 4. SERVICE PROVIDER DISTRIBUTION BY AAA AREA



FINDINGS

In this section findings from the older adult survey, service provider survey, key stakeholder interviews and focus groups are provided. Quantitative survey data and representative qualitative quotes from participants are shared in tandem. Quotes from participants are either included in the body of the text "*italicized and with quotation marks*" or are indented, italicized and formatted in the following manner:

> *Demographics are changing and with that…we need changes to the service system.*

A NOTE ABOUT REGIONAL VARIATIONS

It is important to note that findings revealed notable consistency across the state, in terms of both needs and resource challenges, as well as recommendations for improvement and future planning.

For the older adult survey, inferential statistics were conducted to compare the five areas on various outcomes and results are embedded throughout the older adult survey findings, highlighted as "Regional Variations."

Throughout the findings, programs and practices that seem to be uniquely successful in a certain area of the state are highlighted with a special "Spotlight On" textbox (see below).

SPOTLIGHT ON: COMMUNITY CARES GROUPS

Throughout Windham County, eight Community Cares Groups serve local residents by supporting those with health and other wellness needs through services, programs and resources provided directly or in collaboration with related local, regional and state organizations and agencies. The Cares Groups are volunteer citizen organizations that support neighbors helping neighbors. For an introduction to the Cares Groups of Windham County, watch this video or visit this site.

OLDER ADULTS

TOP CONCERNS

Respondents were asked to identify their top three areas of concern. The most commonly identified concerns, which were identified by a majority of respondents and most frequently listed as the #1 concern, were financial security (57%), health care (57%), and maintaining independence and dignity (55%).

FIGURE 5: OLDER ADULTS' TOP CONCERNS

HEALTH AND QUALITY OF LIFE

Respondents were asked how problematic various health and quality of life markers have been over the past year. The most frequently identified problems were health issues and having enough income/savings. Health issues were identified as a major problem by 17% of the respondents and a minor problem by an additional 58%. Having enough income/savings was identified as a major problem by 16% of respondents and a minor problem by an additional 32%. The vast majority of respondents reported no problems over the past year with activities such as having enough food to eat, having safe and secure housing, having adequate transportation, managing daily living, getting medical care, and managing finances. Comments about quality of life challenges centered largely around problems related to caregiving and lack of social support.

In terms of health, the majority of respondents report they are in good (29%) or very good (40%) health. The vast majority (81%) report they are either moderately (43%) or vigorously (38%) active, and most (69%) report they have not experienced a fall in the past year. Less than ¼ of respondents (23%) report any difficulty with performing daily activities such as cleaning the house, preparing meals, or shopping. Respondents report being largely moderately active (at least 3x/week) (43%) or vigorously active (at least 30 minutes, 3x/week) (38%); with the remaining 19% seldom active/sedentary. Compared to others their own age, 43% of respondents believe they are more active, 37% believe they are about as active, and 20% believe they are less active.

Respondents report engaging in a number of health and wellness activities in the past year. The vast majority have had their vision checked (71%) and their medications reviewed by a health care provider or pharmacist (74%). 38% of respondents indicate they have participated in an exercise program, such as tai chi, in their community. Specific fall prevention activities include making changes to their home to reduce risk of falling (20%), talking to a family member or friend about how to reduce risk of falling (11%), and talking to their health care provider about how to reduce risk of falling (9%). Comments indicate that many respondents exercise regularly, going to the gym or doing yoga, bicycling, or swimming independently.

With regard to nutrition, 91% of respondents have not worried whether their food would run out before they got more over the past year. This is sometimes a problem for 8% of respondents and often a problem for 2% of respondents. The majority of respondents (73%) report they don't have any challenges with food and nutrition. For those who do experience challenges in this area, the main reasons are affordability of the kinds of foods they want to eat (10%) and food preparation

(10%). Several respondents commented on the price of organic and health food, and that having food sensitivities (e.g., gluten free, dairy free) "*increases costs exponentially*."

KEMP QUALITY OF LIFE SCALE

Participants completed the Kemp Quality of Life (KQOL) scale to measure overall quality of life. This single-item, global scale has been used in studies of older adults and individuals with disabilities, and relates significantly to clinically relevant variables (Siebens et al., 2015). Participants were asked "*Taking everything in your life into account, please rate your overall quality of life*" and provided a rating on a seven-point scale; the anchoring terms were 'life is very distressing', 'life is so-so,' and 'life is great.'

The average KQOL score for the entire sample was 5.44 (SD = 1.17). Based on these results, participants were assigned to low, average and high QOL subgroups, where the average group consisted of those around the mean (5), the low group consisted of those with scores 1-4 (1 SD or more below the mean) and the high group consisted of those with scores 6-7 (1 SD or more above the mean).

There were no significant differences in quality of life based on age ($r = .026$, $p = .624$). There were differences based on self-reported health status ($F = 28.583$, $df = 4, 401$, $p = .000$) and functional capacity as indicated by level of difficulty performing daily activities ($F = 34.441$, $df = 3, 400$, $p = .000$). Based on the Bonferroni post-hoc results, significant differences exist between all health status categories aside from excellent and very good, and fair and poor, and between all levels of difficulty with activities of daily living except very difficult and difficult.

There were also significant differences in reported quality of life depending on whether the respondent experienced a fall in the past year ($t = -2.493$, $df = 399$, $p = .013$). Those who had fallen in the past year had an average KQOL score of 5.21 (SD = 1.21), while those who had not fallen in the past year had an average score of 5.26 (SD = 1.15).

Quality of life is also significantly related to concerns about whether one is going to be able to stay in their current home ($t = 3.864$, $df = 393$, $p = .000$). Those who are concerned about being able to stay in their current home have a significantly lower KQOL score (mean = 5.25, SD = 1.22) compared with those who are not concerned (mean = 5.70, SD = 1.05).

TABLE 1: SIGNIFICANT VARIATIONS IN QUALITY OF LIFE

	Mean KQOL Score (SD)					Test Statistic
Self-Reported Health Status	**Excellent**	**Very Good**	**Good**	**Fair**	**Poor**	F = 28.583*** E>G, F, P VG>G, F, P G>F, P
	5.99(.91)	5.79(.95)	5.17(1.08)	4.39(1.26)	3.78(1.79)	
Difficulty Performing Daily Activities	**Very Easy**	**Easy**	**Difficult**	**Very Difficult**		F = 34.441*** VE>E, D, VD E>D, VD
	5.98 (.94)	5.54 (.93)	4.53 (1.35)	4.45 (1.57)		
Fall in Past Year	**Yes**		**No**			t = 2.493*
	5.21 (1.21)		5.26 (1.15)			
Concerns About Staying at Home	**Yes**		**No**			t = 3.864***
	5.25 (1.22)		5.70 (1.05)			

*p<.05, **p<.01, ***p<.001 E = Excellent, VG = Very Good, G = Good, F = Fair, P = Poor
VE = Very Easy, E = Easy, D = Difficult, VD = Very Difficult

REGIONAL VARIATIONS

There were no significant differences in KQOL scores (F = 1.446, df = 4,367, p = .218) based on area of residence/AAA.

LONELINESS AND ISOLATION

Participants completed the UCLA Three-Item Loneliness Scale that has been found to gauge general feelings of loneliness quite well, display satisfactory reliability and both convergent and discriminant validity (Hughes et al., 2004) and is highly correlated with the R-UCLA Loneliness Scale (Russell et al., 1980).

Overall, the vast majority of respondents indicated that they hardly ever feel isolated from others (68%), left out (66%) or lacking companionship (61%). 25-30% of respondents report experiencing these markers of isolation "some of the time" and less than 10% report feeling isolated 'often.'

The items for this scale are coded 1 (hardly ever), 2 (some of the time), and 3 (often), and each person's responses are summed, with higher scores indicating greater loneliness. In past research, scores of 3-5 have indicated 'not lonely' while scores of 6-9 represent loneliness. Scores for the loneliness scale indicate that on average, survey respondents are not lonely (mean = 4, SD = 1.71). The majority of respondents (52%) had the lowest score (3), however 24% had scores of 6-9, indicating loneliness.

There were no significant differences in extent of loneliness based on age (r = -.024, p = .644). There were differences based on self-reported health status (F = 5.225, df = 4, 414, p = .000) and functional capacity as indicated by level of difficulty performing daily activities (F = 14.774, df =3, 414, p = .000). Based on the Bonferroni post-hoc results, significant differences exist between those in fair health and those in very good health, as well as those in fair health and those in excellent health; and between those who have a very easy time with daily activities compared with those who have an easy, difficult or very difficult time, as well as between those who have an easy versus difficult time.

There were also significant differences in loneliness scores depending on whether the respondent experienced a fall in the past year (t = 2.005, df = 217.954, p = .046). Those who had fallen had an average loneliness score of 4.54 (SD = 1.86), while those who had not fallen had an average score of 4.16 (SD = 1.63). Loneliness is also significantly related to concerns about whether one is going to be able to stay in their current home (t = 2.099, df = 401.813, p = .036). Those who are concerned about being able to stay in their current home have significantly higher loneliness scores (mean = 4.4, SD = 1.79) compared with those who are not concerned (mean = 4.05, SD = 1.58).

TABLE 2: SIGNIFICANT VARIATIONS IN LONELINESS

	Mean Loneliness Score (SD)					Test Statistic
Self-Reported Health Status	**Excellent**	**Very Good**	**Good**	**Fair**	**Poor**	F = 5.225*** E<F; VG<F
	3.71(1.45)	4.14(1.58)	4.37(1.63)	5.02(2.17)	5.00(2.00)	
Difficulty Performing Daily Activities	**Very Easy**	**Easy**	**Difficult**	**Very Difficult**		F = 14.774*** VE<E, D, VD E<D
	3.67(1.32)	4.23(1.55)	5.14(2.13)	5.36(2.01)		
Fall in Past Year	**Yes**		**No**			t = 2.005*
	4.16(1.86)		4.16(1.63)			
Concerns About Staying at Home	**Yes**		**No**			t = 2.099***
	4.40(1.79)		4.05(1.58)			

*p<.05, **p<.01, ***p<.001 E = Excellent, VG = Very Good, G = Good, F = Fair, P = Poor
VE = Very Easy, E = Easy, D = Difficult, VD = Very Difficult

REGIONAL VARIATIONS

There were no significant differences in loneliness scores (F = .434, df = 4, 378, p = .784) based on area of residence/AAA.

HOUSING AND TRANSPORTATION

The vast majority (82%) of respondents own their own home and rate the condition of their home as excellent (49%) or good (43%). The remainder of respondents report renting (14%), living with friends, family or other shared living arrangement (4%), or in a long-term care facility (<1%).

The majority of respondents live with a spouse or partner (54%). 31% live alone and 9% live in a multigenerational home (with children and/or grandchildren. The remainder report living with other family members (2%), roommates/home-sharers (4%), or a paid live-in caregiver (<1%). It is important to note that when asked '*who else lives in your home with you'* 2% of respondents listed their cat and/or dog. The majority of respondents (77%) are satisfied (32%) or very satisfied (45%) with their current living arrangement.

Over half (56%) of respondents have concern concerned about being able to stay in their own home (49% are somewhat concerned and 7% are very concerned), while 44% are not at all concerned. When asked what is most important to help them stay at home, respondents most commonly identified '*being able to live independently'* (46%). Having affordable housing (13%) and being close to family and friends (6%) were also commonly noted. For some participants, taxes are also of concern, as indicated by comments such as: "*rising property taxes*" and "*paying the ever-increasing taxes and fees."*

> *Taxes will make me leave when I retire.*

In terms of transportation, the vast majority (93%) of respondents report that for most of their local trips, they drive. 17% report walking, 13% get a ride with someone, 8% ride a bike, and 6% take public transportation. Few respondents report using transportation that serve older people or persons with disabilities (2%), taxis or uber (1%).

The vast majority of respondents (73%) report that over the past year, they have never needed help getting or arranging transportation. 17% have rarely needed help, while 7% have needed help sometimes, 2% have needed help most of the time, and 1% have always needed help. Participants were asked to identify how easy or difficult it is for them to get various places, from medical appointments and grocery stores to places of worship, social events, and visits with family and friends. The types of trips most commonly identified as challenging or difficult were visits to family or friends (13%), or for entertainment and social events (9%). Respondents

comments indicate several specific transportation challenges such as "*no longer able to drive after dark,*" "*distance from my rural address*" and "*it can be challenging to get anywhere in winter*." There were also several comments that acknowledged that for respondents, transportation challenges may not be current, but "the problem is the future…when I do have needs they will not be able to be met." As one participant noted, "*still driving…this will change when I can no longer drive*."

Participants were asked to identify what, if anything, would help them get where they need to go. The most frequent comments and suggestions were related to improved public transportation (e.g., more frequent and extended bus routes, regular and reliable service), improved access to drivers (both volunteer and paid services), and improved sidewalks and walking/bike paths.

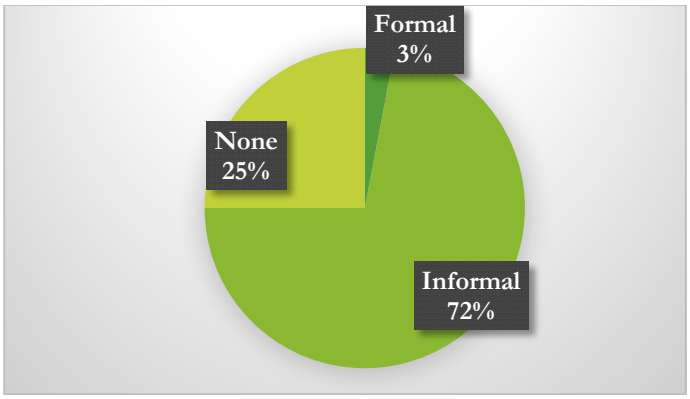
> *Vermont is sorely lacking in public transportation options. This will likely be the biggest impediment to getting old in place here.*

For some drivers, comments centered on keeping the roads maintained (particularly during winter), assistance with car repairs, car/ride share options, and use of electric or self-driving vehicles.

SUPPORTS AND SERVICES

The majority of survey respondents indicate they are willing to ask for and accept help from others (65%) and are aware of the services and resources available for older adults in the community (62%). The majority also report they have choices and options for health and long-term care in their community (53%), adequate access to health and long-term care services and supports (64%), and could get help for a mental health or substance use problem, if needed (74%).

FIGURE 6. TYPE OF SUPPORT



When asked who they rely on most for support, the vast majority (72%) of respondents identified informal supports, such as family or friends. A notable 25% of respondents indicated that they "*don't need support*" or "*don't rely on anyone*," while only 3% identified formal supports, such as community or government services.

Participants were asked what types of support they are receiving or are interesting in receiving related to instrumental activities of daily living (e.g., help with personal care, housekeeping, meal preparation, money management, etc.). The vast majority of respondents indicated that they did not need any help with living expenses (84%), managing money (89%), shopping (90%), preparing meals (92%), walking or getting around their home (96%), with medication(s) (96%), or with personal care (97%).

For those receiving assistance with activities of daily living and with a higher level of care needs, there are concerns that support is not available when they need it. As one participant asked: "*Why do they differentiate between day and night? They need same care at night*."

> *We have been provided a caregiver. But it is a very hard time for me to go to the bathroom at night. I need care at night. Sometimes I have to crawl and sometimes I get banged on a door or wall. I need a caregiver at night; it would be very helpful.*

The activities that respondents most commonly reported receiving or needing were 1) help with home maintenance and yardwork, 2), help with housekeeping, 3) help with home modifications, and 4) help with living expenses.

TABLE 3. HELP NEEDED AND RECEIVED

	Getting help from paid workers	Getting help from family/friends	Need more help than currently have
Help with home maintenance and yardwork	15%	8%	10%
Help with housekeeping	22%	15%	13%
Help with home modifications	13%	6%	9%
Help with living expenses	<1%	7%	9%

Additional comments in response to this question indicate that a number of survey respondents are caregivers for older parents (in their late 80s/early 90s) and that while respondents may not need support with activities of daily living for themselves, they are providing support for another older adult (usually parent) and are in need of support in providing that care. As one participant noted, "*I am a caretaker of elderly parents – need help for them and support for me as a caregiver*." Further, it is important to note that among survey respondents, comments indicate that financial and "money management" concerns for this population include concerns related to taxes and investment. One participant commented that they need help "*figuring out what to give up so I can pay taxes and fees*."

FORMAL SERVICE UTILIZATION

Participants were asked about their experience with and interest in a wide range of programs and services for older adults.

The most common programs and services that respondents report participating in include volunteering (50%), exercise programs (39%), senior center (32%) and educational opportunities (31%). Programs or services that respondents would like to participate in or would like to learn more about include educational opportunities (27%), exercise programs (22%) computer classes (20%), volunteering (19%), and senior center (15%).

SPOTLIGHT ON: SENIOR COMPANION PROGRAM

The Vermont Senior Companion Program is a statewide program that matches volunteers ages 55 and older with elders who need companionship and assistance. Senior Companions aim to keep people in their own homes as long as possible, prevent feelings of loneliness and isolation, and give time off to family caregivers. While helping to make the lives of others easier and more meaningful, volunteers find great rewards in giving back to their communities and making a difference in people's lives. For more information, visit this site.

The majority of respondents indicate they do not plan to participate in meals on wheels (86%), having a volunteer help them (85%), or computer classes (67%). Notably, 5-6% of respondents are not sure if one or more of the following services are available in their community: having a volunteer help them, a senior center or computer classes.

Respondent comments related to this question indicate that for many, such programs and activities are "*not applicable*" currently, but may be in the future: "*At age 64 I am still totally engaged with my career. Some of these will likely interest me as time goes on, but not at present.*" There may also be a perception among some that they are not 'eligible' for certain programs, as indicated by comments such as: "*Nothing for me because I don't have Medicaid*."

When asked, "*Where would you go if you had questions about services and resources available to you?,"* respondents most frequently identified their local Area Agency on Aging (37%) or the internet/online resources (15%). Less than 10% of respondents listed their local senior center (9%), 211 (7%), a health care provider (7%), or family and friends (7%). 11% of respondents listed other individuals or agencies, including their town clerk/town office, places of worship, and the phonebook, and 8% indicated they were unsure or didn't know where to go for information on resources and services.

REGIONAL VARIATIONS

Several New Americans expressed a need for more culturally appropriate services, largely in Northwestern Vermont due to the location of Vermont's Refugee Resettlement Program. Programs utilized were cited as essential, valuable supports, however there are significant needs, including translators and interpreters. For example, one participant noted, "*VNA needs to hire someone from community to help translate*" and another commented, "*adult day needs an interpreter*." Related, one participant expressed, "*if there is a language program it will be helpful to our senior citizens*." Participants also expressed a desire for opportunities for nostalgic connections to their culture and culturally appropriate food.

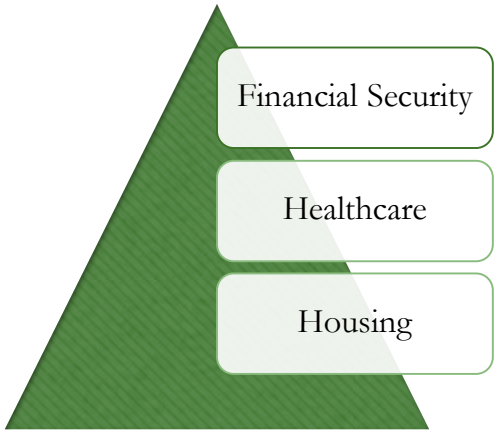
> *I think any recreation programs to make people more happy will be helpful. Like games, exercises, films, documentaries, relating to their culture traditions, beliefs. If traditional food is provided, I think it would be better.*

SERVICE PROVIDERS

TOP CONCERNS

Respondents were asked to identify what they perceive as the 'top concern' for Vermonters over 60, over the next five years. The most commonly identified concerns were housing (15%), healthcare (14%), and financial security (14%). The

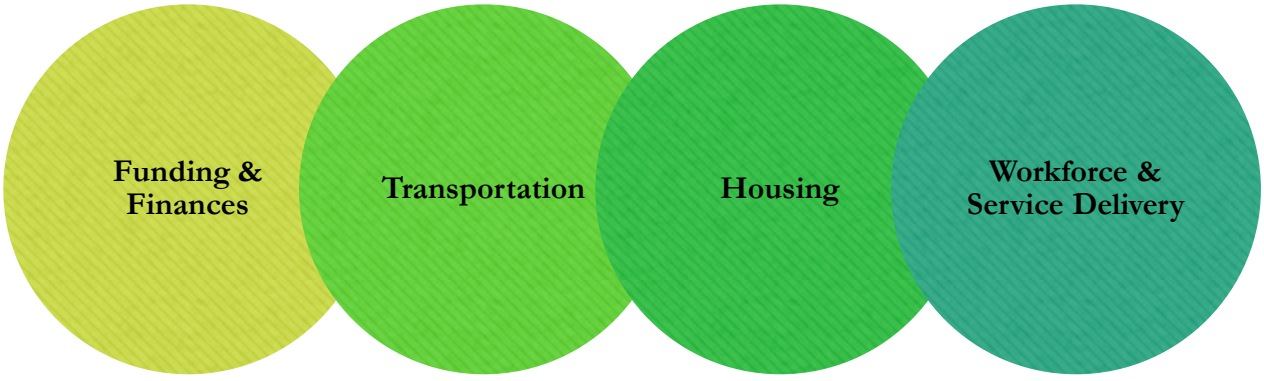
most frequently noted concerns, all identified as a top concern by approximately 10% of respondents, were transportation, long-term care and maintaining independence and dignity.



Respondents' selections illustrate the complex and interrelated nature of many concerns facing older adults across the state. respondents. Frequent selection of the 'other' option, as well as respondent comments, indicate that having to select a single 'top' concern is nearly impossible for many. For many "*all of the above*" choices listed were seen as concerns, or there was an indication of 'multiple top concerns,' while as some indicated, the 'top concern' depends on the person.

> *I honestly cannot choose just one…all kind of linked together.*

CHALLENGES IN MEETING THE NEEDS OF VERMONTERS 60+



The most commonly identified challenge to meeting the needs of older Vermonters was related to funding and finances. Providers repeatedly listed the singular word 'funding,' and many expanded descriptions to highlight the challenge of stagnant funding in a time of increasing need: "*As needs grow, funding is not keeping pace*." As one respondent noted, the challenge is "*too many to serve and not enough funds to support our mission*." For some, this is perceived as "*a lack of commitment by the state and legislature to adequately fund programs that serve older Vermonters*."

Funding & Finances

> *Threats to funding for all programs supporting seniors are of grave concern.*

Coexisting alongside insufficient funding for programs and services is a broad concern regarding the financial needs of many older adults across Vermont. A frequent concern was expressed, particularly in terms of Choices for Care and the Moderate Needs Program, that "*many people are just slightly over the allowable limits for benefits*." Programs "*don't have funding to help everyone*" and yet many are living without "*financial stability enough to pay heat, utilities, and obtain quality foods.*" Indeed, the challenge of "*meeting basic needs*" is a direct result of a lack of financial security and stability.

> *People living on fixed incomes are really struggling as the cost of living, especially housing, continues to increase.*

It is clear that transportation is a major challenge to meeting the needs of older adults across Vermont. **The most common specific resource identified as a challenge, respondents highlighted either the lack of transportation or of adequate options.** In many areas of the state, "*public transportation is limited*" and the "*walkability of our downtowns is often poor*." Further, limited access to transportation is linked to "*isolation*" and "*limited opportunity for engagement, socialization, and stimulation*."

Transportation

> *Transportation… is key to so many other necessities, especially in a rural state. The loss of independence as a result of forfeiture of one's driver's license impacts the ability to obtain food, access to healthcare, and join in social activities. Loneliness results in real detriment to both physical and mental health.*

A wide range of housing challenges were noted by providers. First and foremost was affordability, as "*there are very limited housing options, especially those in the lower income brackets.*" However, housing issues are multifaceted, presenting as poor housing stock, insufficient support for older homeowners, inadequate options for low-income renters, and limited options for those in need of long-term services and supports. As one provider articulated, challenges include: "*Not enough volunteers to support the complex needs of older home owners looking for minor repairs or projects to be completed…Not enough affordable housing for older adults. Not enough care facilities for those living with memory impairment or dementia diseases*."

Housing

> *Most aging Vermonters would prefer to remain in their own homes but face both cost and physical barriers to being able to do so (e.g., fuel heating assistance, the cost and physical work involved in maintain safe upkeep of premises, etc.)*

Providers highlight the inherent link between housing and long-term care, and that supports are essential to helping older adults stay at home as long as possible.

> *We are seeing more and more older adults that are either homeless or precariously housed, many of whom need some level of supportive housing in order to be healthy and safe.*

Several issues specifically related to nursing home placement were raised, such as "*nursing homes refusing admission to people with history of mental illness or aggressive behavior*" which results in some older adults remaining in the care of the Department of Corrections when they *"could be better served in a skilled nursing facility or long-term care facility*."

Workforce issues are primarily related to a lack of access to quality support staff and a dearth of health care providers, particularly those trained in aging/geriatrics. Across the continuum of care, from personal care assistants to geriatricians, there are not enough providers available to meet the need. Providers frequently noted the insufficient number of personal care attendants available to meet the demand, expressing concern that this negatively impacts independence and options for 'aging in place,' putting people at risk of requiring a higher level of care earlier than they might otherwise.

Workforce and Service Delivery

There is such a small and shrinking pool of health care workers that it causes me a great deal of concern. Nurses and caregivers are in short supply and the number of people who need care is growing tremendously. As folks become more frail, who is going to take care of them whether in the home or in a different setting?

It is important to highlight that workforce issues pertain not only to physical healthcare needs, but mental health as well. There is widespread concern that mental health care coverage and access are inadequate and unable to meet the needs of older adults. Providers note the importance of the Eldercare Clinician program, but highlight that funding has been insufficient and/or highly restrictive.

We now have an aging population that is struggling w/ mental illness and there are not many supports out there for them nor the training to help local agencies support them better.

SPOTLIGHT ON: HOME-BASED SUBSTANCE ABUSE TREATMENT

In Southwestern Vermont, Rutland Mental Health and the Evergreen Program received a grant from ADAP to hire a LADC to work with older adults on their substance use issues in a community-based setting. The LADC collaborates with the area Eldercare Clinician to assist other, non-Medicaid eligible, older clients in need of mental health treatment. The LADC is co-located at Evergreen and SVCOA, and is available to collaborate and problem-solve complex situations with AAA staff. Based on existing research on the effectiveness of home-based treatment success and prior pilot projects, initial anecdotal reports indicate this pilot project has been quite successful, so look for future data from ADAP.

Another important facet of workforce issues is related to impacts on providers. While providers often expressed respect for both their clientele and their fellow providers, there was a frequent sentiment that there is a pervasive lack of knowledge and information among service providers, duplication of services and inadequate care coordination. Overall, the workforce issues expressed highlight a concern that both individual providers and the system itself are overburdened.

It is difficult to choose just one challenge. On a daily basis, I feel extraordinarily overwhelmed by the great need of the folks I work with. It has presented a huge

> *toll on my own health and wellness. I simply do not have the time to connect everyone with the level of care that is needed. The people I work with have a lot of pride – they do not want just anyone coming in to help. Our local home health team is also 200% stretched. Often my clients do not get the help they need until they have reached the point of multiple hospitalizations in one year. I make $17.00/hour, and reside in low-income housing myself. I am doing care coordination, bandage dressing, advocacy, property management, medication reminders, appointment reminders, wellness checks, all manner of paperwork & referral from housing to legal to food stamps & insurance – for nearly 100 low-income people.*

UNIQUE CHALLENGES IN RURAL AREAS

The vast majority of respondents (65%) identified transportation a unique challenge to serving older adults in rural areas.

> *Reliable and cost-effective transportation services. Our area is very rural; getting to and from appointments and activities is a huge struggle for a lot of people.*

Further, many respondents noted that transportation issues are exacerbated by inclement weather; winter weather, environmental conditions and temperatures can impact older adults' ability to get out as well as providers' ability to get to older adults living in more remote areas.

> *Bus service available but most rural residents live great distance from stops. Stops are not protected from weather so most people cannot get to a stop or bear the cold, rain or snow in their bodies as they wait for a bus.*

Often linked to transportation challenges, isolation was noted by 19% of respondents as a particular challenge/concern. Several providers highlighted connections between isolation, loneliness and depression.

> *While isolation and aging do not in and of themselves cause depression they certainly contribute to it. As people age, they need ongoing purpose and direction in addition to meaningful social connections.*

SPOTLIGHT ON: C.I.D.E.R.

C.I.D.E.R. stands for Champlain Islanders Developing Essential Resources, Inc. C.I.D.E.R.'s mission is to develop and foster resources that enable the people of Grand Isle County to live in their community with dignity. In partnership with the Franklin-Grand Isle County United Way, C.I.D.E.R. provides direct services and collaborates with other individuals and groups to meet the needs of the community, with particular attention to elders and persons with disabilities. One of their primary and most well-known programs is their community-based transportation program. With funding from several sources, including a VTrans grant, billable services (Medicaid), rider donations and fundraising, there is no set charge for C.I.D.E.R. transportation. For more information, visit this site.

While not commonly noted, pride and independence are perhaps worth noting as potential 'unique' challenges in serving rural Vermonters. As one respondent articulated, there can be a "*fierce independent nature of older, rural-living Vermonters*." Unfortunately, as a result, "*some are only discovered when they're finally desperate or in crisis mode."* Providers have also observed that many older Vermonters are "*reluctant to participate if it is perceived as a service for someone needier*."

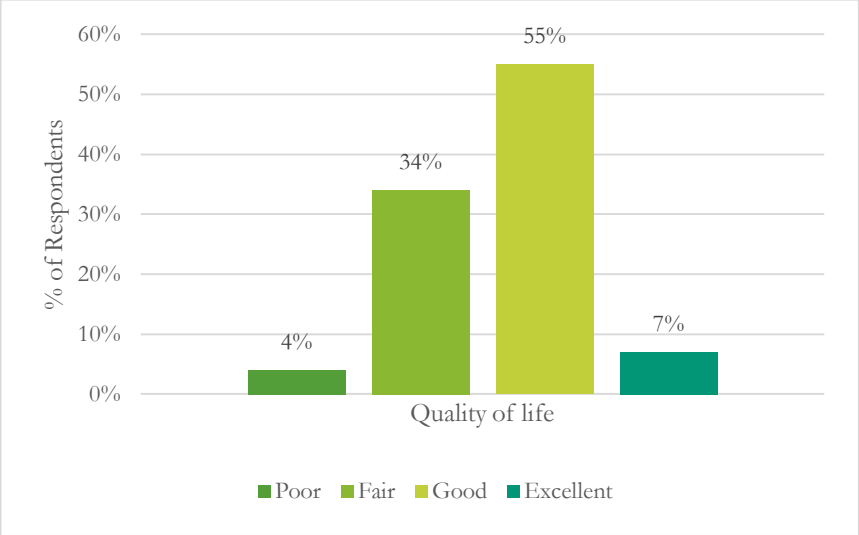
SERVING OLDER ADULTS

Providers were asked to rate their level of agreement with a range of statements related to community and community care. Overall, respondents expressed a positive view of Vermont and their local communities as "age-friendly." The majority (66%) either agree (55%) or strongly agree (11%) that services provided in Vermont promote healthy aging and independent living. Related, 57% of providers agree (42%) or strongly agree (15%) that the community/communities that their organization serves is/are "aging friendly."

65% of providers either agree (48%) or strongly agree (17%) that the community/communities that their organization serves has a process to ensure people over 60 are connected with the appropriate services and supports. While nearly half (47%) of participants either agree (42%) or strongly agree (5%) that "the process for accessing information about resources and services for those 60+ is 'working well,' another 28% neither agreed nor disagreed with this statement.

The majority of providers (62%) rate the quality of their area of the state as a "good" (55%) or "excellent" (7%) place to live for older adults. As illustrated below, 34% rate their area of the state as "fair," while the remaining 4% rate their area as poor in terms of quality of life for people over 60.

FIGURE 7. QUALITY OF LIFE FOR OLDER ADULTS



Several providers expressed serious concerns about the lack of services available for those older adults who do not qualify for Medicaid. As previously indicated, while the Choices for Care program seems effective for those with high needs, many providers highlighted a need for expanded coverage to support those with moderate needs earlier on. This population of older adults is perceived as "underserved" and at "high-risk" of requiring a higher level of care than they would if prevention and early intervention services were available. Further, due to program eligibility criteria, there is a service gap for those who would benefit from services but do not quality, and for whom there may be no private-pay services available (e.g., private geriatric case management).

> *The AAAs do a great job, but their case management is focused on Medicaid recipients…people outside of Medicaid population are not getting case management.*

Despite perceptions of communities as "age-friendly" and the presence of processes for accessing information and connecting people to services, providers held a less positive view in terms of access to necessary services and care options. Half of providers disagree (39%) or strongly disagree (11%) that there is adequate access to community-based long-term care services and supports. Over 50% of providers

disagree (46%) or strongly disagree (5%) that older adults have easy access to well-coordinated services. Similarly, nearly half (49%) disagree (40%) or strongly disagree (9%) that there is adequate flexibility and choice in care options for older Vermonters.

SPOTLIGHT ON: COMMUNITY CONNECTIONS

The Community Health Workers of Community Connections connect people to the right people at the right services. Based out of Northeastern Vermont Regional Hospital, Community Connections is a free information and referral. The Community Health Workers provide support for people with chronic conditions by reinforcing treatment plans from primary care physicians or other health care professionals. They can assist with finding safe, affordable ways to be physically active, finding and preparing healthy foods, and with stress reduction techniques. For more information and contact details, visit this site.

PROGRAMS AND SERVICES: WHAT IS WORKING

Providers note a number of programs and services across the state that are "working well." The most commonly identified programs include SASH, the Area Agencies on Aging, and Meals on Wheels/Congregate Meal Sites. Adult Day Centers, Senior Centers, and Exercise Programs were also frequently identified, as categories or by specific name. Choices for Care and the Moderate Needs Program were listed often, but frequently with a comment or qualifier that these programs work well "*when accessible*" or "*when eligible*." One provider noted, "*Choices for Care high and highest needs is a fantastic program -- people are blown away with flexibility, team, options."*

FIGURE 8: EFFECTIVE PROGRAMS AND SERVICES

Other programs that were noted less frequently included 3squares, Fuel Assistance, Senior Companion Program, SSTA/Public Transportation, and primary care physicians and medical homes.

> *The programs I have found to be most important in servicing this population have been adult day activity groups, meals on wheels, senior companions and home health…Programs related to the support and promotion of the senior to remain at his/ her home as is usually the desire. Independence along with purposeful activities and social connections are important ingredients to successful aging.*

Several provider comments noted that many of these programs are working well despite understaffing and underfunding. Some concern was raised related to a lack of coordination, duplication of services, and that there are too many referral sources but not enough providers actually providing the services needed (e.g., home care).

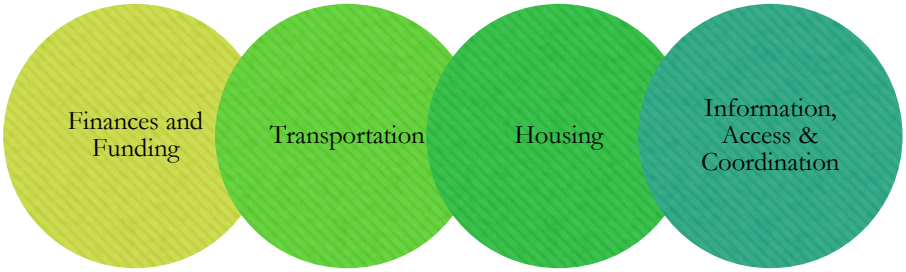
> *There are umpteen agencies but no overarching bridge. For all of the services that VT provides, providers don't collaborate. Collaboration seems to be foreign.*

CONCLUSION

RECOMMENDATIONS

Both older adults and service providers were asked to make recommendations for improvements to programs and services for people 60+. Recommendations were directly linked to the major concerns, challenges, and needs noted by participants. There were four major themes in terms of principal recommendations from both older adults and service providers. A summary of recommendations from each group of participants is provided, followed by a discussion about areas of convergence and considerations for statewide and area planning.

FIGURE 9: PRINCIPAL RECOMMENDATIONS



OLDER ADULTS

Despite a common sentiment that "*Vermont does it better than most states*," older adult participants provided their recommendations for one major improvement Vermont could make to programs and services for people 60 and older. The most common suggestions were related to improving transportation options, mentioned by 25% of respondents. Many just listed the word 'transportation' or 'better transportation,' but others made more specific comments and suggestions such as:

Transportation

- *The number one problem for seniors in this state is transportation.*
- *More availability of transportation for those who can't drive. In the Champlain Islands, where I live, CIDER provides excellent transportation for seniors. This should be a model for the rest of the state.*

Nearly 17% of respondents recommended improved health care coverage and access, such as '*protect Medicare*,' '*single payer health care*,' and '*health care for people before getting Medicare*.' 14% of respondents recommended affordable housing and assistance with home modifications, as represented by comments such as:

Housing and Home Modifications

- *More help for people over 60 like fuel expenses and help getting their homes ready for winter*
- *More affordable choices for active elders who need to downsize and want smaller, independent housing close to services*
- *More options for affordable housing. The wait list for…housing is frightening. Commercial housing is expensive and not well adapted for old people. For low-income old people, the options are very few and far between.*

The need for outreach and information about available programs and services was recommended by 11% of respondents. Comments suggested that many people believe "*there is more available than most people realize*," so "*getting the word out better*" is important. Related were recommendations for improved access to programs, with suggestions largely centered around streamlining the application process and expanding eligibility, such as: "*Less paperwork in order to get help. It can be daunting and too confusing. Simplify it. One central resource center instead of so many individual programs*. Specific recommendations included:

Outreach & Information, Program Access, and Coordination

- *More outreach to people who are isolated in their homes*
- *Develop a yearly mailing to people over 60 to inform them of what services and programs are available and how to access them.*
- *Make all of the programs available to people 60+ regardless of income. There is a strong negative stigma in using government programs…the thought is that these programs are for poor people. Middle class people shy away from programs and activities.*
- *Coordination of services so they are easy to understand and access. Reducing red tape to apply. One application, then an evaluation of the services that could help.*

Other common recommendations were related to tax reform (9%) and improved access to programs and services (9%). In terms of taxes, several respondents noted the burden of property taxes and taxation on social security benefits. One participant noted, "*if all the taxes were less, I could afford to get what I needed on my own*," and another claimed, "*the tax in this state kills the elderly more than the weather does*." Specific recommendations related to tax reform included:

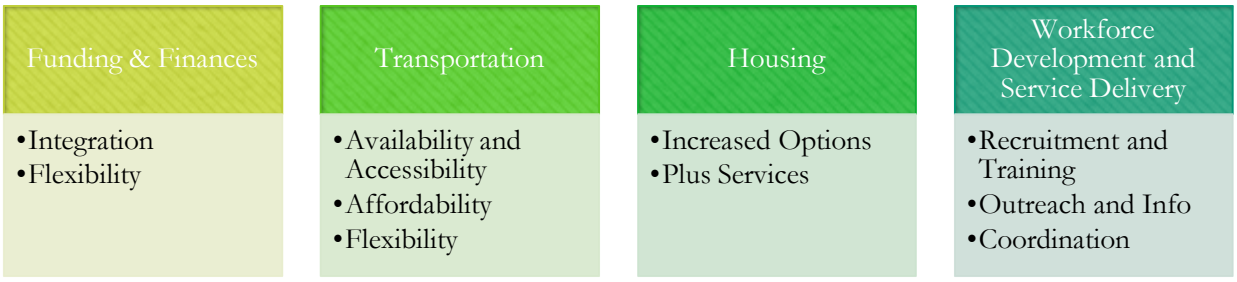
Finances and Tax Reform

- *Making Vermont affordable for seniors. I will definitely be moving out of state when I retire…to a more tax friendly state…such a shame after spending my whole life in Vermont.*
- *Modify the entire tax structure – education funding is a mess, income taxes and taxing pensions is something many states DO NOT do.*
- *Except social security and IRA distributions from taxes and do not count them in the household income for the education tax. Better yet, exempt people over 65 from the education tax.*

SERVICE PROVIDERS

Participants were asked "If Vermont could make one major improvement to programs and services for people 60+, what would you recommend?" Service provider responses largely mirrored the previously identified challenges to serving older adults, falling into broad categories related to 1) funding and finances, 2) transportation, 3) housing, and 4) workforce development.

FIGURE 10: SERVICE PROVIDER RECOMMENDATIONS



Finances and Funding

In terms of funding, recommendations centered on improved integration and increased flexibility. Providers perceive a need to maintain essential services that maximize independence and help people "age-in-place."

> *Supporting and extending programs which provide the companionship which allays the multitude of negative effects of social isolation; likewise, programs that provide the financial and physical support that allows seniors to remain in their own homes (Senior Companion Program, RSVP, LIHEAP).*

Due to the finite resources divided up among providers, flexibility is viewed by many providers as the key to creative, innovative solutions and to reinforcing the State's person-centered approach to care. Providers indicated that loosening restrictions on funding could help target services to best meet the needs of older adults. As one provider asked, "*what would it look like if it was all flex-funded*?"

> *A great program that exists but needs to be completely overhauled is Moderate Needs…. There is such a need for basic homemaking/ shopping/ meal prep -- the need is exponential. That's just people currently in need and eligible. Funding is a challenge…not enough to go around but also not managed well…could serve more people more efficiently.*

Transportation

Provision of expanded transportation options is essential to helping older adults throughout the state "*stay connected*." In addition to ensuring that people are able to get to medical appointments, more flexibility is needed to reduce isolation by facilitating "*engagement with people and communities*."

> *There is more to life than going to the doctor.*

Housing

Housing recommendations centered on increasing options along the housing continuum (from smaller, accessible units and affordable rental housing to dementia care facilities), providing more onsite services within or connected to housing (e.g., supportive housing models), and supporting older adults who wish to remain at home.

> *I think the biggest needs are related to independent living in homes. VT is not an easy place to live and older adults need assistance in maintaining and paying for housing.*

There were also multiple suggestions for shared housing as a way to simultaneously meet housing and social support/engagement needs. One participant recommended "*expanded support for home sharing to include the resources necessary to expand the current organizations into additional towns/counties; this could also include a feasibility study for areas not currently served*."

> *Matching people who need housing with older adults/multi-generational housing initiatives. This would enhance relationships between older adults and other generations. Older adults can provide companionship (at the very least) to younger people/families. Younger people/families can provide help with transportation, housing maintenance, health care, etc.*

SPOTLIGHT ON: HOME SHARE NOW

Home Share Now matches people with a room to share with those wanting affordable housing, securing housing for all by way of mutually beneficial relationships. Last year, the average home sharing rent was $323/month and 97% of participants expressed a better quality of life. Under the umbrella of CVCOA, Home Share of Central Vermont started in 2003. Initial funding came from a Vermont Community Development Program (VCDP) block grant. A director and volunteer model was established, much like that of the successful HomeShare Vermont, a Chittenden County program founded as "Project Home" in 1982. In 2010, Home Share Central Vermont became Home Share Now, which means forward-looking optimism combined with solid home sharing experience and a strong capacity to take on housing, environmental, economic, and social faced by the community.

Workforce Development and Service Delivery

Workforce related recommendations focused on recruitment, particularly for qualified health and mental health care providers (e.g., PCPs, nurses, social workers, dementia care specialists), and training, to enhance the quality of direct care staff.

> *Better training standards are needed to be required by the State of Vermont in the realm of elder care/vulnerable populations, i.e. Communicating with those with Dementia (ADRD)*

Other common recommendations were related to service delivery in terms of 1) outreach and access to information, 2) increased or enhanced options in specific areas, and 3) coordination.

Outreach and information recommendations included a call to enhance the point of entry for information about programs and services for older adults. Several respondents noted that people are not aware of what is available and information needs to be more readily available.

> *In order to understand and sign up for critical benefits, access to information and assistance as provided by AAAs is…. a necessity.*

Communication was raised as essential to informing the public and maximizing provider efforts. One provider suggested improved training of 211 staff, indicating "*they know the Medicaid services but there is no 'keeper of information' for other folks, even if fee-for-service aspect*."

While it was acknowledged that older adults need information about existing services, there was also concern raised that enhanced service options are needed, particularly in the areas of cognitive and mental health. Whether in terms of existing or new services, providers frequently noted coordination as an area for improvement. Many providers spoke of a need to "*streamline*" information and referrals, as well as application processes. This improvement could help to reduce duplication of efforts and redirect some of the referral resources to direct services. Related, one provider noted the need for a framework of service provision that "*focuses on the people served, not providers*."

> *We have a great opportunity in our small state to positively impact and reach the lives of older adults. Vermont should be a great place to retire!*

CONSIDERATIONS AND IMPLICATIONS

ASSESSMENT AND PLANNING CONSIDERATIONS

As participant recommendations for improvements are considered, it is important to note some potential factors influencing the level of convergence or divergence in suggestions.

While literature is lacking on controlled empirical studies examining potential differential effects of administrative method (e.g., online vs. print), Touvier and colleagues (2010) found that the quality of information provided by a web-based questionnaire was equal to, or better than, that of the paper version, in a study of nutrition among persons 49-75. However, according to the Pew Research Center

(2017), "people with lower incomes, less education, living in rural areas or age 65 and older are underrepresented among internet users and those with high-speed internet access." In an attempt to increase the representativeness of the older adult sample, we employed the strategy of selecting a random sample for mail/paper distribution. Although the survey for older adults was distributed both electronically and by mail/print, the vast majority of respondents participated online.

The older adult sample in this assessment is a relatively young-old, healthy and well –educated group. The service provider sample includes those at the state and local level who serve the aging population of Vermont, many of whom target or see an over-representation of older adults who are older, lower income, and more likely to experience chronic illness and greater health care needs. As a result, there are few key areas of divergence between the two samples. Some of the common areas of concern and recommendation noted by service providers are less frequently noted by the older adult sample, such as funding and finance concerns and workforce issues. This discrepancy provides valuable insights and can serve as a strength rather than a study limitation. Service providers offer a perspective that highlights the concerns for the most vulnerable, highest-need older adults in the state. These concerns and recommendations are fundamental to the well-being of older adults served currently, as well as in the future. The older adult sample provides information on those older adults (often young-old) who are perhaps not yet in need of the formal programs and services represented by the service provider sample. Their perspectives can help inform prevention and wellness strategies to extend health and well-being in an effort to reduce duration and intensity of need for resource intensive aging-related services in the future.

It will be beneficial to consider assessment findings and recommendations in terms of potential options for targeting within universalism (Skocpol, 1991) so that the State can target the needs of high-need, vulnerable populations while tending to the needs of all aging adults in an effort to maximize independence and enhance capacity for aging well in Vermont.

IMPLICATIONS AND CONCLUSIONS

Overall, both providers and community members perceive Vermont, and their community in particular, as "aging-friendly," providing services that promote health aging and independent living, and a "good" quality of life for older adults. Throughout the state, there is a sense that the services that exist are generally of high quality, and the providers are caring and committed. Indeed, nationwide, Vermont was one of four states to win a 2017 Pacesetter Prize for improvements in Long-Term Services and Supports (LTSS) (Scan Foundation, 2017).

Despite its history of leadership in providing health and LTSS, there were several clear, common themes regarding major issues of concern for an aging Vermont. First and foremost, ***addressing the transportation barriers throughout the state is essential in terms of increasing opportunities for older adults to access health and social services in the community and to reduce isolation.*** As this involves increasing public transportation options, expanding services for seniors and persons with disabilities, and attending to road conditions, transportation needs to be a priority not just for DAIL, but for the entire state. In addition to strengthening collaborations with the Vermont Agency of Transportation (VTrans) and local transportation providers, it is recommended that VTrans prioritize the concerns of an aging Vermont. A number of other challenges, including isolation, social support and health care, could be positively impacted via improvements to the transportation infrastructure.

While study data indicates a number of large-scale changes to the housing continuum would be beneficial, there are two primary recommendations for ***utilizing existing and/or minimal resources to help people live at home/in the community and maximize the independence of aging Vermonters***. One is related to supports for home modification and home maintenance programs. It is clear that relatively simple supports can be significant in terms of maintaining or extending one's capacity for remaining at home. In addition, home sharing options could be expanded across the state to meet housing and financial needs of many older adults.

Both older adult and service provider participants expressed serious concern regarding financial security, and a need to ***address the financial solvency and future of human service organizations and the economic well-being of older adults across the state.*** Limited resources are clearly challenging organizational capacities and individual opportunities. Moving forward, essential considerations include possibilities for flexibility in service delivery at the local level, enhanced care coordination to minimize duplication and maximize efficiency, and support for interprofessional and interagency collaboration.

Fundamental to addressing both resource limitations and service needs is workforce development, care coordination and collaboration. Workforce development will require extensive interagency and university/college-community partnerships, with attention toward the recruitment and retention of a wide range of caregivers and health care providers. Finding ways to encourage, support, and facilitate such partnerships will be essential. Similarly, interagency and interprofessional collaboration is fundamental to the health and well-being of aging

Vermonters. In some geographic and service areas, there appears to be significant efforts and success at care coordination and collaboration. However, respondent comments indicate this is quite varied and perhaps state-level leadership and/or utilization of promising frameworks could be successful.

Last, there remains continued concern regarding service access and a need for a single point of entry. Assessment data points to a need for providing older adults, people with disabilities, families and caregivers, as well as service providers, with ***information and education about how to access and coordinate available services and supports.***

> *If we could build systems that encourage and build community, everyone would benefit. The AAAs need to have the capacity to engage more with other services providers to create comprehensive solutions.*