

Senior Needs Assessment

Comprehensive Report

United Way of West Central Connecticut



Community Results Center
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The Community Results Center (CRC) is a department of the United Way of Connecticut that seeks to improve community life by providing research and analysis that informs local planning, measures community change, and increases citizen decision-making capacity.

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EXECUTIVE SUMMARY

The Community Results Center (CRC) of the United Way of Connecticut conducted a needs assessment for the United Way of West Central Connecticut (UWWCC) to help that organization determine how to best use its resources to impact the lives and health of people 55 years of age and older in Bristol, Burlington, Plainville, and Plymouth. This needs assessment is based on primary research with residents and with agencies that provide services to older adults. The CRC conducted focus groups with residents in each of the four towns, fielded a survey that was mailed to a sample of those residents ages 55 and older, interviewed service providers, and conducted a focus group with service providers.

This report includes a comprehensive look at the results of the research as well as individual reports on each segment of the research process. The intent of the research is to understand the needs of older adults, the services currently provided, and the gaps that may exist between the two.

The findings of the report include:

Population Information

- Nationally, residents ages 55 and older comprise just over a fifth of the population. In Connecticut, that percentage is close to a quarter. In the four towns served by the UWWCC there is greater variation. Plainville has the highest percentage of those 55 and older while Burlington has the lowest.
- Bristol and Plainville have the largest percentage of those in the two oldest age groups. Close to eight percent of the population in each of those towns is 75 years of age or older.
- Nationwide, it is the oldest age group, comprised of those 85 and older, that is showing the most rapid growth. That is also the case for Connecticut and three of the four towns in the UWWCC area. Only Plymouth showed slower growth in this age category than the nation or the state.
- Connecticut is projecting continued growth in the oldest age categories by 2010. State projections show the largest growth will continue to be in the age 85 and older category.

Priorities

- Service providers indicated a need for a formal process that would allow providers of senior services to meet on a regular basis to discuss the needs of the population they serve and the service gaps that exist.
- Residents emphasized the importance of a dedicated town director of senior services. The position is essential to provide recreation, health, and social service support to seniors. It is also needed to provide outreach support for homebound seniors.

- Providers frequently commented on the general reticence of the oldest members of this population to accept or seek help. This often leads to reluctance to ask for help and a resistance to take advantage of the help that is available to them. Providers suggest that this reality needs to be considered when programs are developed and marketed for this segment of the population.

General Needs Identified

Transportation and Affordable Housing

- Transportation and affordable housing were two issues that received the most discussion during focus groups with older residents. Concerns relating to transportation include the inability for some transport services to cross town borders, the lack of escort services on vehicles, and scheduling limitations. Concerns about affordable housing focused on the general shortage of one-story small homes in the area, and the inadequate number of senior housing apartments.

Health Care Issues

- The survey of residents identified several health care issues to be pressing needs of this population. These needs are help with the cost of health insurance and prescriptions, and access to health care specialists.
- There was general agreement among providers and residents that access to clinics offering various screenings and prophylactic care is critical. These clinics need to at least offer blood pressure screenings, ear wax irrigation, foot care and inoculations.

Outreach to Homebound Seniors

- Identifying and providing services to isolated seniors is a concern to providers and residents alike. All towns need to maintain a list of their homebound residents. It was also suggested by both residents and providers that senior centers need to place as much focus on outreach to these isolated seniors as they do to activities for those seniors who are more mobile.

Social Issues

- Providers and residents suggest the development and maintenance of social programs that involve intergenerational activities, activities that are culturally sensitive, those that tap into the talents of older adults, and those that move beyond the boundaries of the senior center.

Accessing Resources

- Providers and residents focused on two separate issues around accessing resources. Residents concentrated on not fully understanding what resources are available and how to find them. Providers focused on the need to help older adults use the resources available, and to advocate for themselves.

INTRODUCTION

With the goal of determining how to best use its resources to impact the lives and health of older adults within its four communities, the United Way of West Central Connecticut (UWWCC) embarked on an effort to assess the needs of this population. To assist with this effort, the United Way of Connecticut's Community Results Center (CRC) developed and carried out a multi-faceted research project. In order to paint the most complete picture of the concerns and needs of this population, the research engaged a variety of people and organizations. The project included focus groups with older residents in each of the four towns. It also included focus groups and interviews with those who provide a variety of services to older residents. Additionally, in order to reach a broader cross section of this population, a written survey was fielded to residents ages 55 and older.

This research method allows for a comparison between the perceptions of seniors and of those who provide them with services. Speaking to and surveying residents helped to reveal the issues foremost on their minds. Interviews and a focus group with service providers shed light on the services provided and uncovered the areas where needs are not being met.

The focus groups and interviews specifically asked participants to consider the following:

- What are the top issues facing older adults in your community?
- Are there any gaps in services for older adults?
- If anything could be changed in the services provided, what would that change be?

In addition, the UWWCC fielded a written survey to a random sample of those 55 years of age and older in those four towns. That survey asked residents to identify their major and minor needs. It also sought information on their current living arrangement, whether they are involved in caregiving, and whether they feel safe in their residence. The survey also gave residents the space to explain the concerns and the needs that they have.

This report provides a compilation of the results from the focus groups, interviews, and the survey. It also includes a summary of the current state, regional, and federal strategic plans focused on older adults, population data from the U.S. Census, and maps showing the concentrations of older residents, as well as the location of various senior housing and care options in this area.

The report begins with a review of population statistics, including the growth of this segment of the population. It continues with a summary of the federal, state, and regional strategies for enhancing the lives of older residents in order to provide broader perspective on where other organizations are placing their emphasis. It also reviews the service requests made by older adults to the United Way's 211 InfoLine. The report then outlines the major issues that were brought to light by the survey and by the discussions with residents and service providers.

The report also contains the following appendices that provide full details of the resident focus groups, the survey, the provider interviews and focus group, and information on the services the providers involved in this project offer.

- Appendix A – Maps showing population concentrations of older adults, the location of housing and medical services, the relationship between major thoroughfares and services.
- Appendix B – Resident Focus Group Report
- Appendix C – Survey Results
- Appendix D – Provider Report
- Appendix E – Summary of Federal, State, and Regional Strategic Plans

PERSPECTIVE

General Population Information on Older Adults

U.S. Census data show that the population of the United States is aging more rapidly than ever before. Nationwide, the oldest segment of the population is growing more rapidly than any other. This rapid growth is also being experienced in Connecticut and in the area served by the UWWCC. National, state and local census data show:

- Nationally, residents ages 55 and older comprise 21 percent of the U.S. resident population (Table 1). In Connecticut, that percentage is slightly larger at 22.7 percent. In the four towns served by the UWWCC, there is greater variation. Plainville has the highest percentage of those ages 55 and older at close to 25 percent, while Burlington has the lowest percentage at just under 17 percent. Bristol and Plainville have the largest percentage of those in the two oldest age groups. Close to eight percent of the population in each of those towns is 75 years of age or older.
- Nationwide, between 1990 and 2000, the oldest age group, comprised of those 85 and older, grew close to 38 percent (Table 2). That growth rate was mirrored in Connecticut as a whole. In the UWWCC's area, Plainville showed growth that was close to the national average while Bristol and Burlington showed a greater level of growth in this age group. Only Plymouth showed slower growth.
- On a statewide level, Connecticut is projecting continued growth in these oldest age categories by 2010 (Table 3). State projections show the largest growth will continue to be in the 85 and older age category.

Table 1
Percent of Population by Area

Age Group	United States	Connecticut	Bristol	Burlington	Plainville	Plymouth
55-64	8.6%	8.9%	8.8%	9.6%	9.7%	9.0%
65-74	6.5%	6.8%	7.3%	4.4%	7.5%	6.1%
75-84	4.4%	5.1%	5.6%	2.2%	5.8%	5.3%
85 and older	1.5%	1.9%	2.0%	0.7%	1.9%	1.3%
Total ages 55 and older	21.0%	22.7%	23.7%	16.9%	24.9%	21.7%

Source: 2000 U.S. Census

Table 2
Change in Population 1990 to 2000 by Area

Age Group	United States	Connecticut	Bristol	Burlington	Plainville	Plymouth
55-64	14.8%	4.5%	-3.6%	57.1%	0.1%	16.9%
65-74	1.6%	-9.6%	-9.9%	19.1%	-8.8%	-26.7%
75-84	22.9%	22.2%	28.2%	30.4%	36.5%	35.4%
85+	37.6%	36.8%	54.4%	273.3%	36.1%	16.3%
Total Population	13.1%	3.6%	-0.9%	16.6%	-0.4%	-1.6%

Source: 1990, 2000 U.S. Census

Table 3
Projected Population Growth for Ages 55 and Older
in Connecticut from 2000 to 2010

Growth Rate				
Year	Age 55+	Age 65+	Age 75+	Age 85+
2000 to 2010	19%	8%	7%	37%

Source: Decennial Census 1990-2000

Connecticut Office of Policy and Management, Services 95-1 September, 1995

Strategic Plans for Older Adults

In the light of the growth in population of the older age categories, it is prudent to review the response to this growth at the federal, state, and regional level. The increased growth of older Americans has required an increase in services to this population. The U.S. Administration on Aging, Connecticut's Department of Social Services, Elderly Services Division, and North Central Connecticut Area on Aging, have each devised strategic plans for supporting older adults. These plans show the general agreement on the approach to enhancing the quality of life for older Americans. The federal, state, and regional plans all call for initiatives that relate to assisting older adults when it comes to accessing health care. The plans also call for providing older adults with information about healthy aging. All three plans place an emphasis on supporting initiatives that help older adults stay in their homes with caregiving support. In addition, the state and regional plans call for an emphasis on improving transportation options for older adults. A listing of the specific goals of each plan can be found in Appendix F.

Calls to 211 InfoLine

A review of calls to the 211 InfoLine can lend further perspective on the issues that may be of concern to residents. Table 4 shows the number of service requests made in 2005 by all residents of the four towns in the UWWCC area compared with those calls made by those ages 55 and older. Tables 5 and 6 show the top ten issues on which residents sought information. Residents 55 years of age and older most often requested Information on utilities and heat, health supportive services, and individual and family support.

Table 4
Number of Service Requests Made to 211 in 2005

	Service requests	Percent calls of population*	Service requests by those ages 55 and older**	Percent calls of population ages 55 and older*
Bristol	7,570	12.60%	695	4.90%
Burlington	222	2.71%	25	1.80%
Plainville	1,884	10.87%	225	5.20%
Plymouth	711	6.11%	91	3.60%
Total	10,387	10.68%	1,036	4.62%

* Source: 2000 U.S. Census

** Not all callers reveal their age

Table 5
Top Ten Service Requests Made to 211 in 2005 to the UWWCC Area

Category	Number of Requests
Substance Abuse Services	1156
Utilities/Heat	936
Housing/Shelter	904
Outpatient Mental Health Care	762
Legal Services	749
Public Assistance Programs	657
Information Services	640
Health Supportive Services	442
Financial Assistance	416
Individual and Family Support Services	407

Table 6
Top Ten Service Requests Made to 211 in 2005 to the UWWCC Area by Those Ages 55 and Older*

Category	Number of Requests
Utilities/Heat	117
Health Supportive Services	90
Individual and Family Support Services	81
Housing/Shelter	70
Legal Services	67
Information Services	65
Financial Assistance	64
Substance Abuse Services	47
Outpatient Mental Health Care	43
Public Assistance Programs	38

* Not all callers reveal their age

PRIORITIES

INTRODUCTION

The discussions with residents and service providers brought to light a number of issues facing seniors. For the most part, there was a great deal of similarity in the issues that arose during these various discussions. The survey also validated the concerns mentioned during the focus groups and interviews. The major issues of concern that arose from this research and will be discussed more fully in this section are transportation, affordable housing, health care, outreach to homebound seniors, social issues, and accessing resources. For each of these issues, the comments by service providers and residents, and where applicable, the results from the survey will be shared.

In addition to these major topics three underlying issues came to light that have an affect on all of the others. The first relates to the need for communication between service providers, the second to the need for a dedicated town coordinator of senior services, and the third to transitional issues related to aging.

Coordinating Efforts

The focus group with service providers called attention to the need for more communication between agencies. In fact, the discussion enlightened a number of participants who were not aware of many of the services available by the other agencies at the table. The group suggested that there is no formal process that would allow senior service providers to meet on a regular basis. Creating this process, which might call for the establishment of a coalition of senior service providers, could ensure that all of the providers understand the role each agency plays, provide a forum to brainstorm solutions to various issues, and help agencies understand the availability and awarding of grants. It was suggested the United Way of West Central Connecticut could be the appropriate sponsoring body for that coalition.

A Dedicated Coordinator for Senior Services

Providers and residents alike suggested that the towns not currently served by a dedicated director of senior services are at a distinct disadvantage. This position, optimally held by a qualified social worker, would provide recreation, health, and social service support to seniors. The position would also develop outreach methods to ensure homebound seniors access the resources they need. One provider also mentioned that towns often resist seeking state and federal funding for some projects because of the paperwork, management and evaluation involved. A director of senior services could assist with these efforts and ensure towns are seeking available funding to fill current needs.

Transitioning to Aging

It may also be useful to consider some underlying realities that impact care for older adults. Providers often suggested that seniors may need help with transitioning into their older years.

Providers frequently commented on some issues that make it more difficult to serve the eldest members of this population. It was suggested that these oldest adults can be fierce in their efforts to maintain their independence. This often leads to a reluctance to ask for help and a resistance to take advantage of the help that is available to them. Service providers say this often causes some older adults to ignore interventions that could help them maintain their independence. Providers suggest that these realities need to be considered in many aspects of the development of programs that serve this segment of the population. Care must be taken in the language used to market programs as well as the interpersonal approaches used by service providers.

TRANSPORTATION

While it did not register as one of the highest major concerns in the survey, transportation was often the first item mentioned in interviews and focus groups as one of the biggest issues facing seniors. For the most part, seniors in these four towns are not served by public transportation. Access to transportation is better in some towns than others.

Available Services

- Burlington: Dial-a-Ride has two drivers. The service is focused on medical appointments and shopping.
- Plainville: Several services are available, including Dial-a-Ride, a shopping bus, and a bus to take seniors to church services on Sundays. The Dial-a-Ride service gives preference to medical appointments and will take residents across borders to nearby towns.
- Bristol: The Bristol Community Organization (BCO) offers Dial-a-Ride, however, the service is limited by town borders, 24-hour advanced notice is needed and there is no escort service available. The city also offers shopping assistance transportation once a week. Residents of the Mountain Laurel housing complex said they felt especially isolated by the limited transportation options available.
- Plymouth: A local nursing home makes its van available for transporting seniors to medical appointments and shopping.

Resident and Provider Comments

The following are the most common complaints from residents and providers about transportation:

- There is no door-to-door escort service to help seniors navigate stairs and carry packages.
- Transportation services often take an inordinate amount of time to transport seniors. A visit to a senior center for lunch may take most of the day since the bus picks up seniors in multiple locations.
- Transportation to out-of-town doctor appointments is difficult to arrange. Residents would like service to veteran facilities in West Haven and Newington, and to hospitals in Hartford, Waterbury, and New Haven.
- The North Central Area Agency on Aging (NCAAA) says towns are often unwilling to take on the insurance and liability issues involved for travel over town lines. They suggest using volunteer drivers. These drivers may need extra liability coverage but it is often available for a small fee. A town could also encourage the donation of cars to a transportation program. The cars could either be used or be sold with the money going to fund the program.

Survey Comments

Better transportation options to maintain optimum independence. Bus service from Bristol to out of state destinations. If not driving, visiting relatives becomes impossible.

Have trouble getting BCO bus when needed. Several times I was left stranded for doctor and therapy appointments. I have no one to give me a ride when needed.

— Bristol Respondents

AFFORDABLE HOUSING

There is consensus between both residents and providers on the need for more affordable housing options in these four towns. There are limited options for seniors seeking to downsize and/or reduce their property tax burden and remain in their town. There is a lack of one story housing, affordable apartments, assisted living facilities, and senior housing. Often the waiting list for senior housing is over two years. In Burlington, where the median home price is the highest (Table 7), seniors said their options are extremely limited since the focus in that town has been on providing large homes for younger families. Residents suggested that town zoning regulations need to be amended to allow housing additions to accommodate seniors.

Table 7
Housing Measures by Town

Housing Measures	Bristol	Burlington	Plainville	Plymouth
Median price of a home	\$168,000	\$287,500	\$160,000	\$165,000

Sources: CERC and the U.S. Census

Resident and Provider Comments

- Overall, 18 percent of residents say that affordable housing is a major or minor need. Those ages 55-64, those living alone, and Bristol residents were most likely to identify this as a need.
- In focus groups, older adults most often commented about the lack of one-story housing that would allow them to downsize, the lack of property tax relief for seniors, and the inability to find trustworthy and affordable help with basic home maintenance.
- Providers suggest expanding public housing facilities to include assisted living space to provide a continuum of care for residents who have increasing needs.
- Providers say towns need senior housing complexes that include small three room detached homes, senior housing apartments that include storage space as well as accommodations for emergency housing in the event someone loses their rental housing.

Survey Comments

Affordable Housing

There is a small elderly housing complex in Burlington. However, no programs to stay in own home and help with the cost of home improvements (housing rehabilitation grants – loans) that I am aware of in Burlington.

— Bristol Respondent

Looking to find a small ranch, but hard to find in this area.

— Plymouth Respondent

Help with Home maintenance

I live alone – fearful of hiring outside help, have been scammed by a company to waterproof my cellar. The better business office was no help.

— Bristol Respondent

HEALTH CARE ISSUES

In the survey, the four issues that were most often mentioned as major needs all dealt with health care (Table 8). Help with the cost of health insurance, help with the cost of prescriptions, access to health care specialists and dental health information were consistently mentioned as major needs across all four towns, various age groups, and various living arrangements.

Table 8
Health Care Needs

	Major Need	Minor Need
Help with cost of health insurance	25%	12%
Help with the cost of prescriptions	21%	14%
Access to health care specialist	19%	17%
Dental health information	14%	16%

Resident and Provider Comments

- Older residents focused mainly on the lack of cross town transportation to medical appointments, and on the need to expand VNA services. Plymouth residents said they would like the VNA to once again be located in town hall to give seniors easy access to inoculations, eye care, and foot care.
- Discussions with providers most often focused on the needs for more home health care providers and health screenings.
- Providers also discussed educating general practitioners and other physicians about depression in the elderly. Often those physicians are the only medical support an elderly person has. Providers also suggest integrating nurses into all senior centers.
- Providers say seniors and their caregivers also need education on behavioral changes associated with typical aging as well as changes associated with dementia, Alzheimer's, and other diseases common in the elderly.
- A program could be created that offers direction for seniors on advocating for their own health care. The program could include guidance in using the Internet as a resource for health care information.

Survey Comments

Help with cost of health insurance

Hearing aids are not covered by insurance – most seniors need hearing aids.

— Bristol Respondents

Help with the cost of prescriptions

Through January to June 2006 my wife and I have out of pocket expenses of \$4,450 for coverage, \$2,200 for insurance and \$2,250 for prescriptions

— Plymouth Respondent

Access to health care specialist

I would like Spanish speaking doctors. My daughter translates for me but it's not the same if I were to tell the doctor what I feel.

— Bristol Respondent

OUTREACH TO HOMEBOUND SENIORS

Identifying and providing services to isolated seniors is a major concern to providers and residents alike. Some, but not all, towns, maintain a list of their homebound residents. It may be easier for small towns to identify their homebound seniors and provide such services as regular phone calls, but the issue is more complicated for larger towns. Bristol has approximately 11,000 seniors and identifying the homebound would be a major undertaking. Plainville's senior center maintains a list of homebound seniors and has developed an extensive outreach program. It was suggested by both residents and providers that senior centers need to place as much focus on outreach to these isolated seniors as they do to activities for those seniors who are more mobile. Providers also discussed another hurdle to reaching out to isolated seniors. It was often mentioned that there is a characteristic reticence among many in this generation to ask for help. This is a generation that is used to going without.

Resident and Provider Comments

- Focus group participants in Burlington especially focused on the issue of isolation. They said that since Burlington is a very rural town, it is easy for seniors who do not drive to become isolated. They suggested there may be a need for a program that coordinates visits by volunteers to isolated seniors.
- In Plainville, residents said the senior center provides services to the homebound, but that more volunteers are needed. The senior center offers numerous homebound services that could provide a model for other towns. Their services include bringing books, china lunch service, art therapy, reminiscence therapy, and friendly visitors to the homebound.
- The survey shows the highest percentages of residents living alone live in Bristol, tend to be 85 years of age and older and tend to be female. Over half of female respondents live alone, while this is the case for less than a third of male respondents.
- Providers suggest that towns work with churches to identify the homebound since churches often maintain lists of homebound seniors. The question arose whether churches could share those lists with towns given privacy issues.
- Providers also suggest restarting a friendly visitor program that was coordinated by the Conference of Churches. This program provided a number of services to the homebound. It ended when the coordinator (at BCO) retired and a replacement could not be found. The program's success was attributed to effective training for volunteer visitors. Providers said the challenges to supporting visitor programs revolve around the need to conduct background checks, match volunteers with appropriate seniors, and provide for supervision and evaluation.

SOCIAL ISSUES

It is generally known that providing social and recreational activities for older adults is of the utmost importance to help maintain good health and well-being. Developing social and recreational programs can lead to intergenerational opportunities and can tap into the extensive talents of older adults. Residents of each town had general and specific ideas for maintaining a robust level of activities.

Resident and Provider Comments

- In Bristol, older residents suggested establishing a second senior center on the other side of town because the current senior center is close to Farmington.
- In Burlington, seniors would like the town to hire a part-time coordinator who can focus on senior activities and issues.
- In Plainville, residents suggested expanding the hours at the senior center to include evenings and weekend mornings, increase space at the senior center for an exercise room, luncheonette, and gift shop, and purchase more exercise equipment.
- Plymouth seniors said there is general dissatisfaction with the current senior center accommodations. They would like the soon-to-be vacant high school converted into a senior center. They would also like the town to hire a director of senior services to oversee their program.
- Residents also suggested identifying retirees who worked in various professional capacities (i.e., financial planning, insurance, tax preparation) who would be able to provide assistance to others.
- Providers suggested the need for activities that involve senior centers and those that move beyond the boundaries of a senior center. They also suggest engaging minorities in senior center activities. Providers said that often senior center programs are not culture friendly.
- Another provider suggested that creative solutions are going to be necessary for reaching baby boomers once they become older, since they may not be inclined to attend senior centers.
- Residents and providers alike say towns need to ensure there are exercise options available. Some towns do not currently have safe places where people can walk.

Survey Comments

Recreation Programs

More senior activities – not bus trips, but daily activities in town.

— Plainville Respondent

55 plus adults, especially when retired, need to live an active life. Communities need to include a variety of activities that promote social, proactive activities and interactions for its seniors. This encourages and supports a healthy person.

A local evening work-out program.

— Plymouth Respondents

ACCESSING RESOURCES

Providers and residents focused on two separate issues around accessing resources. Residents concentrated on not fully understanding what resources are available and how to find them. Providers focused on the need to help older adults use the resources and to advocate for themselves. The survey showed this to be of most concern to those ages 85 and older, those living alone, and those living in Plymouth.

Resident and Provider Comments

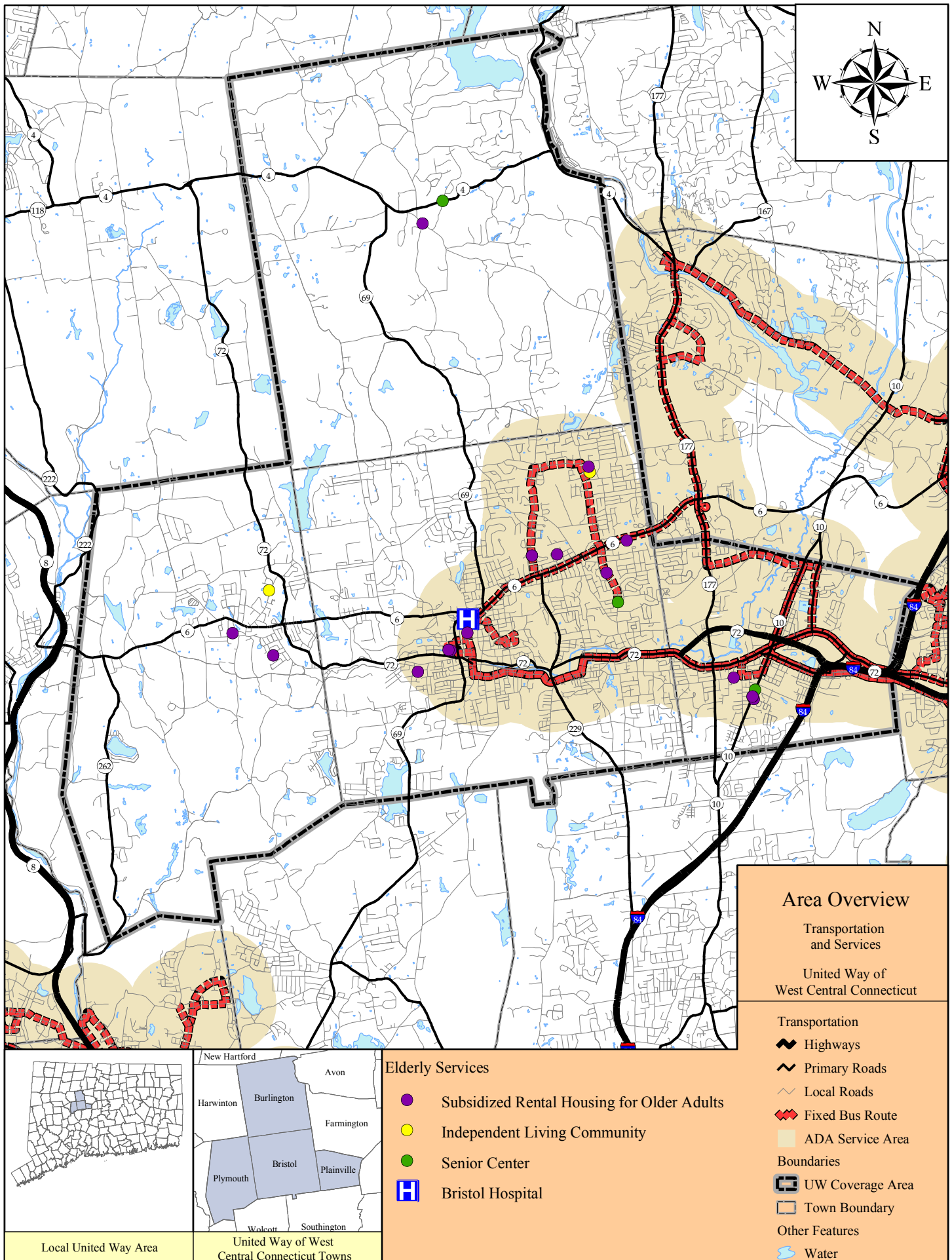
Residents offered specific suggestions for helping them locate resources:

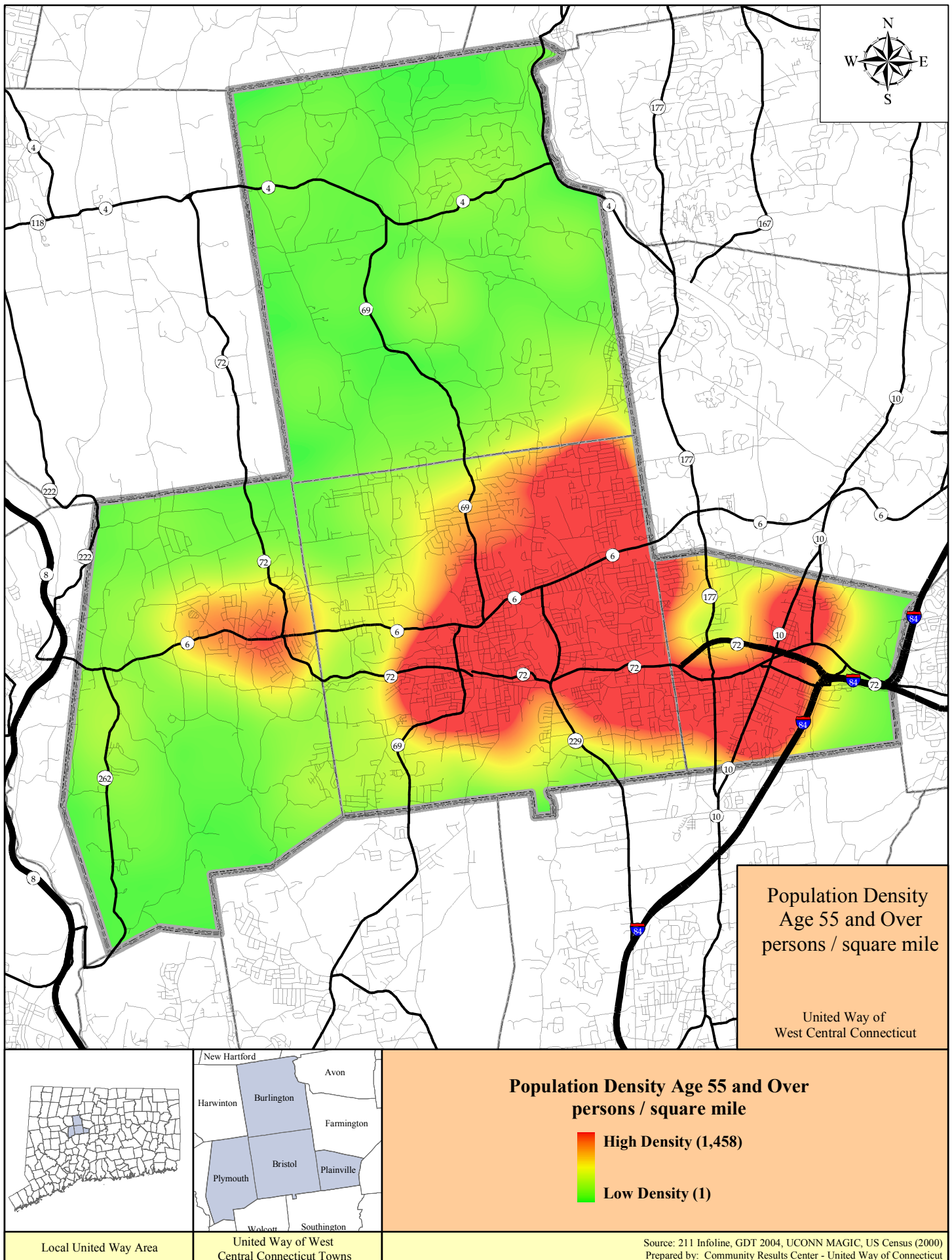
- Towns should at least have a paid director of senior services to act as the point person to help them find the resources they need.
- Residents are interested in general education sessions concerning senior issues such as Medicare Part D, nutrition, diabetes, and spend-down issues.
- Residents also suggested the towns create resource manuals focused on services available for seniors. These manuals might include a listing of doctors who make house calls, establishments that offer senior discounts, sources of support for medical and insurance issues.
- Providers concurred that all too often seniors do not know of all the resources available to them and are not always adept at utilizing them. For instance, while there are energy assistance programs available, often it is the visiting nurses who learn that seniors are receiving utility shut off notices and are not aware of programs available.
- Even when towns do create resource guides for seniors, providers say the difficulty is in the distribution of those guides. One town is holding workshops for professionals who have contact with seniors to help distribute the guides. It was suggested that any professionals, volunteers, or other service staff, with access to seniors could be natural conduits for distribution. One example is sending the guides out with those who deliver meals-on-wheels.
- Some older adults need help learning to advocate for themselves if, for instance, they have had limited experience in navigating agencies that deal with financial or household matters.
- Providers say that all housing projects should offer onsite resources. One senior housing development has a staff member who helps people with various issues such as applying for entitlements and opening mail. It was suggested that towns provide the equivalent of the mobile DMV office to assist seniors.

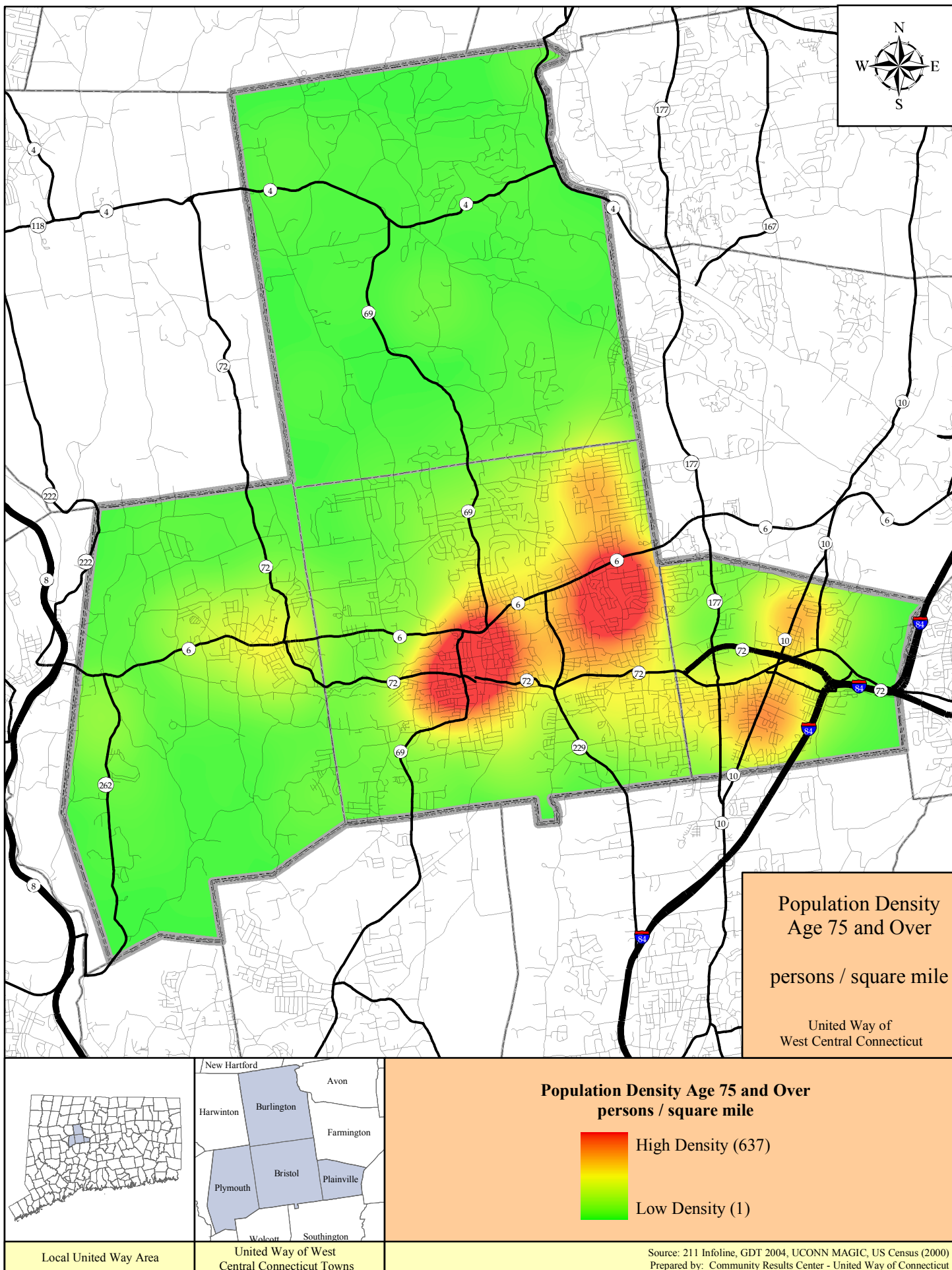
Appendix A

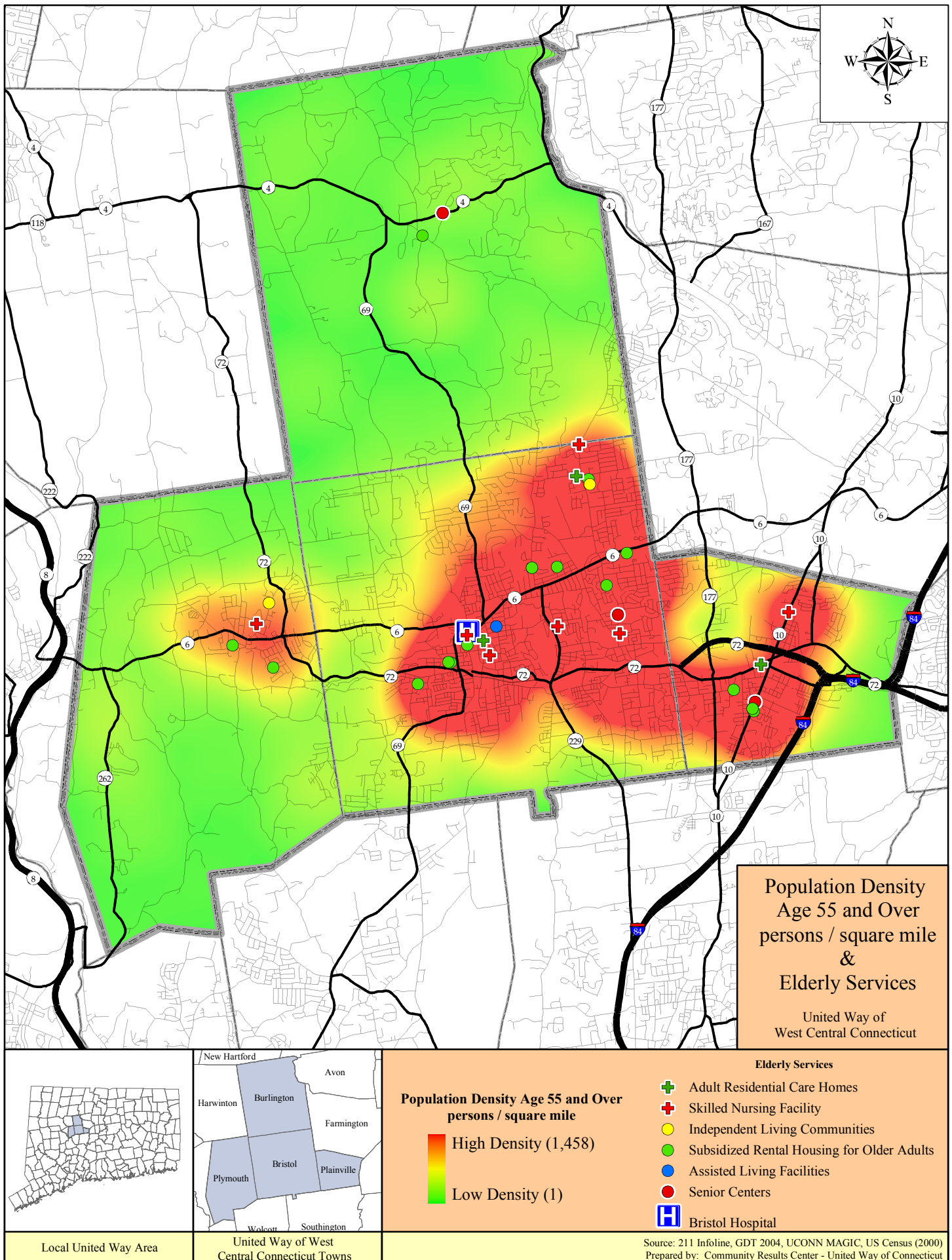
Maps Reviewing Population and Services in the UWWCC Area

- Map 1: Area Overview Including transportation and services in the United Way of West Central Connecticut area.**
- Map 2: Population Density Age 55 and Over**
- Map 3: Population Density Age 75 and Over**
- Map 4: Population Density Age 55 and Over in Relation to Services**









Appendix B

Resident Focus Group Report

INTRODUCTION

In order to gain resident perspective the United Way of Connecticut's Community Results Center (CRC) conducted focus groups with senior residents in each of the four towns. Results of those focus groups are reported by town. Included are the questions posed to residents.

BRISTOL SUMMARY

Participants

This focus group was attended by nine seniors; seven female and two male. Most are long time residents. Many were residents of Gaylord Towers.

1. What would you say are the most common areas of unmet needs that older adults in this community face?

The most commonly mentioned needs focused on transportation, and housing concerns.

Transportation

Participants agreed that transportation is a major issue. The city offers Shopping Assistance Transportation once a week. The Bristol Community Organization also offers transportation but residents need to call at least 24 hours in advance and they don't always offer help carrying parcels. Participants said additional transportation services are necessary because their homes are not in proximity to stores. There is no local grocery store and they are a distance from downtown Bristol. They agree that it is hard to get around if you do not have a car and that bus system is confusing and inconvenient. Residents of the Mountain Laurel housing complex said they felt especially isolated.

Housing Concerns

Participants who are residents of Gaylord Towers expressed safety concerns within the housing project. They report having a sense that the president of Gaylord Towers is not concerned with senior issues. There has been an increasing shift toward a younger population in the building and the older and younger tenants are not mixing well. There has been a problem with illegal drug use and vandalism. Seniors have a sense of isolation and intimidation.

2. Do you see any gaps in services for older adults? If so, what would you identify as the gaps? How do these gaps impact older adults?

- Some participants said they are unclear of what services the town offers to them and that education programs are needed for seniors.

- Participants are interested in general education sessions concerning senior issues such as Medicare Part D, nutrition, diabetes, and spend-down issues.

3. If you were able to change something in the services provided, what would that be?

- Participants suggested they would like regular access to transportation and education sessions on senior issues.
- Residents of Gaylord Towers also said they would like to understand tenant rights.
- Some of the participants also expressed frustration over the fact that the senior center is very close to Farmington. They suggested the need for another center on the other side of town.
- One participant suggested having access in the senior center to a movie screen for Friday night movies.

BURLINGTON SUMMARY

Participants

This focus group was attended by six seniors; four female and two male. Several of the participants were officers of the senior center or former town selectpeople. One of the town's Dial-a-Ride drivers also participated. The town's first selectman joined the group for a brief period.

Participants commented that Burlington is an affluent town with a relatively low percentage of people 65 years of age and older. They said Burlington doesn't have a lot of the problems that other communities have because they are an affluent community. Many people prefer to have their family take care of them. Few people use the senior center and they are not sure how to get more seniors to join.

1. What would you say are the most common areas of unmet needs that older adults in this community face?

The most commonly mentioned needs focused on transportation, affordable housing, information, and outreach.

Transportation

Participants said the town has a dial-a-ride service, but its focus is limited. The rides are primarily provided for doctor's appointments and for shopping. These seniors would like the town to provide transportation to the senior center. They feel participation in senior center events is limited because of transportation issues.

Affordable Housing

There was general agreement that seniors have limited housing options in the event they need to downsize. They said the current market is focused on providing large homes for younger families. This has left the town with a limited supply for affordable one story housing that would be appropriate for seniors who need to live in one story housing. These seniors also suggested that the tax burden for older residents needs to be lessened so they are not forced to leave their community. They also suggested that the town amend zoning regulations to allow housing additions to accommodate senior family members.

Information

Overall, the consensus is that the town needs a part-time paid coordinator that can focus on senior activities and issues. Participants suggested the town create a resource manual focused on services available for seniors. This manual might include a listing of doctors who make house calls, establishments that offer senior discounts, sources of support for medical and insurance issues. They would also like a program that offered direction for seniors on how to advocate for their own health care. This program might include guidance in using the Internet as a resource for health care information.

Outreach

Participants said that since Burlington is a very rural town, seniors who do not drive easily become isolated. They suggested there may be a need for a program that coordinates visits by volunteers to isolated seniors. They need help attracting people to the senior center. In addition, they would like to see volunteer opportunities developed for seniors to keep them active in the community.

2. Do you see any gaps in services for older adults? If so, what would you identify as the gaps? How do these gaps impact older adults?

- Participants said that since Burlington is seen as an affluent town, Meals-on-Wheels doesn't provide service to Burlington. They believe some residents could use this service.
- The United Way should insist on services going beyond the town line. One man couldn't get transportation for his dad to a nursing home in Simsbury. They split hairs on who will transport when communities overlap.
- Monitors for nursing homes – an ombudsman to keep pressure on nursing homes to take better care of patients.
- The senior housing project has only 24 units and there are not a lot of activities there. There is currently no available transportation to bring them to the senior center.
- Activities to help seniors be productive in town - as related to services. Give them volunteer jobs to do. Seniors want to feel useful.
- Local agencies providing light custodial care.

3. If you were able to change something in the services provided, what would that be?

- Residents said the visiting nurses do a great job but they may need additional funding to expand their services.
- Residents suggested there are retired seniors who worked for insurance companies and in professional capacities who could be tapped to provide help to other seniors.

PLAINVILLE SUMMARY

Participants

This focus group was attended by nine seniors; seven female and two male. All live in Plainville, 3 for less than 10 years, 2 for approximately 20 years, and 4 for more than 30 years, including 2 who lived there for over 60 years. Written comments were also submitted by a woman unable to attend the focus group.

1. What would you say are the most common areas of unmet needs that older adults in this community face?

Participants commented that Plainville does an overall good job for its seniors. However participants also identified several unmet needs including: one story housing, energy assistance, expanded hours at the senior center (evenings and weekend mornings), increased space at the senior center for an exercise room, luncheonette, and gift shop, and more exercise equipment.

2. Do you see any gaps in services for older adults? If so, what would you identify as the gaps? How do these gaps impact older adults?

Participants suggested there is more outreach needed for lonely seniors. The senior center currently keeps a list of homebound seniors for volunteers to call, but there is a need for more consistent contact and for a systematic way to maintain the accuracy and comprehensiveness of the list.

They also expressed a need to identify seniors who are at risk of depression, or any number of other issues, before situations worsen.

3. If you were able to change something in the services provided, what would that be?

Participants mentioned the need for helpers on senior center buses to assist seniors by carrying shopping bags.

A written comment from someone unable to attend the group suggested forming a “read-to” group for the people who have a vision problem. This group would bring visually impaired people to the center for reading services. Volunteers could assist seniors who have difficulty reading their mail. Volunteers could also provide a group book reading service.

PLYMOUTH SUMMARY

Participants

This focus group was attended by nine seniors; five female and four male. Most are long-time residents. The participants included some officers of the senior center.

1. What would you say are the most common areas of unmet needs that older adults in this community face?

Participants focused mainly on transportation. Currently there is part-time access to a small van owned by Cook's Convalescent Home. The van is available by appointment only for doctor's visits and shopping. They would prefer access to regularly scheduled transportation that would offer transit to senior center and town hall events.

These seniors would also like to expand the offerings of their senior center. They would like to attract more members by offering activities such as painting, card games, hymn sings, karaoke, quilting, sewing, ceramics, and wood working. They would also like to have a space for aerobics.

Participants were also concerned about the lack of one story affordable housing for seniors.

2. Do you see any gaps in services for older adults? If so, what would you identify as the gaps? How do these gaps impact older adults?

Participants said they would like a director of senior services to oversee their program. They indicated that the town has a department of aging but they are not aware of the services provided by that office. They would like this director to coordinate senior center program, provide a general resource guide for seniors, and coordinate intergenerational activities for seniors with local schools.

They would also like to reestablish their relationship with the visiting nurses. They said when the VNA was located in town hall they had easy access to inoculations, eye care, and foot care. The VNA also regularly attended senior center meetings and often provided guest speakers.

Participants also mentioned that since they lost their local monthly newspaper, it has been harder to advertise senior center activities. They said the Bristol Press and Waterbury American do not provide much support.

3. If you were able to change something in the services provided, what would that be?

Participants said there is general dissatisfaction with the current senior center accommodations. The center is located in one room of the basement of town hall. There is inadequate space for regular activities or storage since the room is sometimes used by other groups. There was consensus that a larger dedicated space would help the senior center offer more activities and

would attract more seniors. One participant said it feels like seniors “are being pushed out by town hall” and that they have to “fight for domain.”

The town provides the senior center access to a larger meeting space which accommodates their semimonthly meeting; however those daytime meetings impinge on the availability of parking for town hall staff.

Participants agree that a solution to the space issue would be to convert the soon to be vacant high school into a senior center. That building would provide space for seniors on the ground floor as well as adequate parking. They would also like the VNA to be housed in that building.

APPENDIX C

Resident Survey Report

INTRODUCTION

With the assistance of the United Way of Connecticut's Community Results Center, the UWWCC fielded a brief written survey to a random sample of those 55 years of age and older in the four towns. The focus of this survey is to understand the housing, living arrangements and needs of this population.

In proportion with the populations of the towns, a total of 5,000 surveys were mailed to residents of Bristol, Burlington, Plainville, and Plymouth who are 55 and older. In addition, nurses from the VNA delivered surveys to their clients.

This appendix will review:

- Methodology
- Highlights of the data
- The demographics of the sample
- The major and minor needs identified by town, living arrangement, and housing
- Incidence of caregiving
- Issues related to safety
- Comments by the respondents

Methodology

Accudata America mailed a total of 5,000 surveys to a random sample of residents in Bristol, Burlington, Plainville, and Plymouth who are 55 years of age and older. The sample was drawn in proportion with the population of each town. The surveys were mailed on June 29, 2006 with a return date of July 7, 2006. In addition, members of the VNA distributed surveys to their clients who may not have been able to complete and/or mail the surveys without assistance. Eighteen surveys were received from the VNA. Table C-1 lists the sample mailed to each town and the corresponding response rates. Table C-2 indicates the gender make up of each of the town's samples.

Table C-1
Response Rate by Town

	Number of surveys mailed	Number of respondents	Response rate
Bristol	3000	191	6.3%
Burlington	450	27	6.0%
Plainville	1000	57	5.7%
Plymouth	550	37	6.7%
Total	5000	319*	6.4%

* 7 surveys had unknown town data

Table C-2
Gender of Respondents by Town

	Total	Bristol	Burlington	Plainville	Plymouth
Male	43%	41%	63%	46%	35%
Female	57%	59%	37%	54%	65%
N=312, 191, 27, 57, 37					

HIGHLIGHTS

- Burlington has the smallest percentage of those ages 55 and older in this four town region. Plainville has the largest percentage.
- The vast majority of these adults ages 55 and older live in housing that they own.
- Bristol has the highest percentage of those in this age category that live alone.
- Over 50 percent of older adults who live alone are female.
- Seventy percent of those ages 85 and older live alone.
- Help with the cost of health insurance, help with the cost of prescriptions, and access to healthcare specialists are the needs most often mentioned by older adults in all four towns and all age groups.
- Fifteen percent of these respondents provide caregiving. Nine percent provide caregiving to another adult. Respondents often indicated that the other adult was a parent.
- The vast majority of older adults feel safe where they currently live.

Section 1: General Demographics

- Respondents of the survey fall between the ages of 55 and 92. The median age of survey respondents is 69 (Table C-4).
- There is a limited sample of those ages 85 and older in Bristol, Plainville, and Plymouth. There are no respondents that fall into that age category in Burlington.

Table C-4
Age of Respondents by Town

Age	Total	Bristol	Burlington	Plainville	Plymouth
55-64	40%	36%	44%	47%	46%
65-74	30%	31%	37%	27%	24%
75-84	23%	24%	19%	21%	27%
85 and older	7%	9%	--	5%	3%
Total	100%	100%	100%	100%	100%
Median age	69	70	66	66	66
Minimum age	55	55	55	55	55
Maximum age	92	92	83	92	88
N=308, 188, 27, 56, 37					

-- No cases

Section 2: Housing and Living Arrangements

- The vast majority of these respondents live in housing that they own (Table C-5).

Table C-5
Housing by Town

	Total	Bristol	Burlington	Plainville	Plymouth
A house/condo that you own	80%	77%	100%	81%	81%
An apartment/condo that you rent	12%	15%	--	9%	11%
Senior housing	4%	4%	--	5%	5%
Assisted living	1%	1%	--	--	--
Other	3%	3%	--	5%	3%
Total	100%	100%	100%	100%	100%
N= 318, 191, 26, 57, 37					

--No Cases

- With the exception of Bristol, most respondents live with their spouse or partner (Table C-6).
- Burlington has the smallest percentage of resident living alone while Bristol has the largest.

Table C-6
Living Arrangements by Town

	Total	Bristol	Burlington	Plainville	Plymouth
With a spouse or partner	48%	40%	73%	57%	49%
Alone	40%	47%	19%	27%	40%
With adult children	6%	8%	4%	5%	3%
With adult children and spouse	3%	2%	4%	4%	5%
With another adult	2%	1	--	3%	3%
With adult child and another adult	1%	--	--	4%	--
With professional caregiver	+	1%	--	--	--
With Spouse and another adult	+	1%	--	--	--
Total	100%	100%	100%	100%	100%
N= 317, 191, 26, 56, 37					

+ Less than one half of one percent

-- No cases

- More men than women live in housing they own. A higher percentage of women live in senior housing (Table C-7).
- Over half of female respondents live alone, while this is the case for less than a third of male respondents (Table C-8).

**Table C-7
Housing by Gender**

	Male	Female
A house/condo that you own	85%	76%
An apartment/condo that you rent	11%	13%
Senior housing	1%	7%
Assisted living	--	1%
Other	3%	3%
Total	100%	100%
N=139, 179		

-- No cases

**Table C-8
Living Arrangement by Gender**

	Female	Male
Alone	54%	28%
With a spouse or partner	32%	68%
With adult children	8%	4%
With another adult	2%	2%
With adult children and spouse	2%	4%
With professional caregiver	1%	--
With adult child and another adult	1%	--
With Spouse and another adult	--	1%
Total	100%	100%
N=179, 138		

-- No cases

- Regardless of age, most residents live in housing that they own (Table C-9).

**Table C-9
Housing by Age**

	Ages 55-64	Ages 65-74	Ages 75-84	Age 85 and over
A house/condo that you own	81%	78%	84%	65%
An apartment/condo that you rent	14%	13%	8%	15%
Senior housing	3%	7	3%	5%
Assisted living	1%	--	--	5%
Other	1%	2%	5%	10%
Total	100%	100%	100%	100%
N=124, 95, 75, 20				

-- No cases

- Seventy percent of those ages 85 and older live alone (Table C-10).

Table C-10
Living Arrangement by Age

	Ages 55-64	Ages 65-74	Ages 75-84	Age 85 and over	Median age
With a spouse or partner	56%	50%	43%	5%	66
Alone	34%	41%	42%	70%	70
With adult children	6%	4%	7%	15%	73
With adult children and spouse	2%	2%	4%	5%	73
With another adult	1%	1%	4%	--	77
With adult child and another adult	2%	--	--	--	*
With Spouse and another adult	--	1%	--	--	*
With professional caregiver	--	--	--	5%	*
Total	100%	100%	100%	100%	69
N=124, 95, 73, 20					

* Sample too small for analysis of median

-- No cases

Section 3: Major and Minor Needs Identified by Those 55 and Older

- Issues surrounding health care such as help with the cost of health care and prescriptions, access to health care specialists, and information about dental health were most often mentioned as major needs by seniors (Table C-11).
- Most often mentioned as a minor need is help locating programs and resources and help with home maintenance.

Table C-11
Major and Minor Needs

	Major Need	Minor Need
Help with cost of health insurance	25%	12%
Help with the cost of prescriptions	21%	14%
Access to health care specialist	19%	17%
Dental health information	14%	16%
Help with home maintenance	13%	20%
Locating programs/resources	10%	25%
Affordable housing	10%	8%
Help with financial matters	10%	14%
Legal assistance	8%	15%
Transportation for shopping or recreation	7%	10%
Nutrition/food information	7%	17%
Home care services	7%	11%
Transportation for medical needs	7%	10%
Caregiver support	5%	8%
Counseling for depression, other	4%	9%
Adult day care services	3%	5%
N=319		

Section 3: Major Needs by Town

- There are few differences in the major needs mentioned by older adults in the various towns (Tables C-12 to C-16). Respondents in all towns listed help with the cost of health insurance as the first or second major need.
- Issues related to health care are prominent in all four towns.

Table C-12

Major Needs of Those 55 and Older by Town

	Bristol	Burlington	Plainville	Plymouth
Help with cost of health insurance	26%	22%	20%	29%
Help with the cost of prescriptions	23%	17%	18%	23%
Access to health care specialist	19%	9%	27%	16%
Dental health information	16%	5%	15%	10%
Help with home maintenance	14%	8%	12%	14%
Affordable housing	12%	5%	6%	7%
Help with financial matters	12%	--	10%	3%
Locating programs/resources	10%	4%	6%	15%
Transportation for shopping or recreation	9%	--	2%	7%
Nutrition/food information	7%	--	6%	7%
Legal assistance	7%	--	10%	10%
Transportation for medical needs	7%	4%	6%	10%
Home care services	6%	4%	13%	--
Counseling for depression, other	4%	--	2%	7%
Caregiver support	4%	--	10%	7%
Adult day care services	3%	4%	6%	3%

-- No cases

Table C-13

Top Ten Major Needs – Bristol

	Bristol
Help with cost of health insurance	26%
Help with the cost of prescriptions	23%
Access to health care specialist	19%
Dental health information	16%
Help with home maintenance	14%
Affordable housing	12%
Help with financial matters	12%
Locating programs/resources	10%
Transportation for shopping or recreation	9%
Nutrition/food information	7%

Table C-14
Top Ten Major Needs – Burlington

	Burlington
Help with cost of health insurance	22%
Help with the cost of prescriptions	17%
Access to health care specialist	9%
Help with home maintenance	8%
Dental health information	5%
Affordable housing	5%
Locating programs/resources	4%
Adult day care services	4%
Home care services	4%
Transportation for medical needs	4%

Table C-15
Top Ten Major Needs – Plainville

	Plainville
Access to health care specialist	27%
Help with cost of health insurance	20%
Help with the cost of prescriptions	18%
Dental health information	15%
Home care services	13%
Help with home maintenance	12%
Caregiver support	10%
Help with financial matters	10%
Legal assistance	10%
Locating programs/resources	6%

Table C-16
Top Ten Major Needs – Plymouth

	Plymouth
Help with cost of health insurance	29%
Help with the cost of prescriptions	23%
Access to health care specialist	16%
Locating programs/resources	15%
Help with home maintenance	14%
Dental health information	10%
Legal assistance	10%
Transportation for medical needs	10%
Counseling for depression, other	7%
Caregiver support	7%

Section 3: Major Needs by Age

- Major needs identified by residents vary by age group (Table C-17). The oldest age group identifies more items as major needs.

Table C-17
Top Ten Major Needs – By Age

	Ages 55-64	Ages 65-74	Ages 75-84	Age 85 and over
Access to health care specialist	24%	10%	20%	29%
Adult day care services	6%	1%	--	7%
Affordable housing	16%	7%	2%	21%
Caregiver support	9%	1%	3%	14%
Counseling for depression, other	9%	2%	3%	--
Dental health information	19%	12%	6%	29%
Help with cost of health insurance	36%	20%	14%	29%
Help with financial matters	13%	3%	8%	25%
Help with home maintenance	18%	12%	5%	14%
Help with the cost of prescriptions	29%	15%	12%	35%
Home care services	7%	5%	5%	13%
Legal assistance	12%	5%	5%	6%
Locating programs/resources	17%	5%	2%	7%
Nutrition/food information	9%	5%	5%	7%
Transportation for medical needs	10%	2%	6%	15%
Transportation for shopping or recreation	7%	2%	6%	36%

-- No cases

Section 3: Major Needs by Living Arrangement

- Those living alone and those living with a spouse or a partner list the same three items as their top concerns (Table C-18).
- Not surprisingly, those living alone have more major needs than those living with a spouse or a partner.

Table C-18
Top Ten Major Needs – by Living Arrangement

	Live alone	Live with spouse/partner
Help with cost of health insurance	26%	21%
Access to health care specialist	23%	15%
Help with the cost of prescriptions	20%	19%
Help with home maintenance	20%	8%
Dental health information	17%	10%
Locating programs/resources	13%	8%
Affordable housing	12%	9%
Help with financial matters	12%	5%
Transportation for shopping or recreation	11%	2%
Nutrition/food information	9%	5%
Home care services	9%	4%
Transportation for medical needs	9%	5%
Legal assistance	8%	7%
Caregiver support	5%	5%
Counseling for depression, other	4%	4%
Adult day care services	4%	3%

Section 3: Major Needs by Gender

- Over a quarter of both men and women rated help with the cost of health insurance as a major concern (Table C-19.)
- While men and women rated the same items as major concerns, women tended to rate more items as major needs than did men.
- Women were more likely to rate help with home maintenance, locating resources and programs, affordable housing and help with financial matters as major concerns than were men.

Table C-19
Major Needs – By Gender

	Female	Male
Help with cost of health insurance	25%	26%
Help with the cost of prescriptions	21%	22%
Access to health care specialist	19%	19%
Dental health information	17%	11%
Help with home maintenance	17%	9%
Locating programs/resources	14%	4%
Affordable housing	12%	7%
Help with financial matters	12%	6%
Transportation for shopping or recreation	10%	3%
Legal assistance	9%	6%
Nutrition/food information	9%	3%
Home care services	9%	3%
Transportation for medical needs	7%	7%
Caregiver support	6%	5%
Counseling for depression, other	5%	3%
Adult day care services	5%	1%

Section 4: Caregiving

- Fifteen percent of these respondents provide caregiving. Nine percent provide caregiving to another adult. Respondents often indicated that the other adult was a parent (Table C-20).

Table C-20
Provide Caregiving?

No	85%
Yes, another adult	9%
Yes, a spouse or partner	5%
Yes, an adult child	+
Yes, other	1%
Total	100%
N=311	

+ Less than one half of one percent

Section 5: Safety

- Ninety-five percent of these respondents feel safe in their homes.
- While the number of those in the sample who do not feel safe is too small for extensive analysis, it does show the following:
 - The majority of those who do not feel safe are women
 - Those who do not feel safe are most likely to live in Bristol
 - Most of those who do not feel safe live alone

- Those who do not feel safe fall into all age categories
- Several respondents offered the following comments as to why they do not feel safe

Police force small – large area – no street lighting. Area of expensive homes equals lots of burglaries, speeding, and traffic.

— Burlington Respondent

Many break-ins in area where condo is located.

— Plainville Respondent

Nervous as crime is rising.

Depends on vandals, I have been robbed at home and at Stop and Shop. All my jewelry, all my memories are gone.

Doors are electric open but anyone can just walk in unchallenged.

I do not feel safe – I live in the back yard of some units on Davis Drive separated by a fence but these people run through the backyard and jump the fence also at times you see drug deals being made through the fence. I have complained to Bristol Housing Authority – nothing gets done.

Too much trouble in Bristol Housing.

Only been here since April – already had portable DVD player and DVDs stolen.

— Bristol Respondents

Section 6: In the Words of Older Adults

Respondents were asked for additional things that might assist the United Way in meeting their needs. For the most part, the items residents mention correspond with the categories in needs table.

Help with cost of health insurance

My wife has a lot of medical problems and runs out of coverage after about 6 months. Some of these prescriptions cost over 300 each.

I'm a 59 year old widow and I currently pay 100 percent of my health care, my employer does not contribute to my health insurance premium.

The cost of hearing aids and glasses plus dentures for seniors.

Hearing aids are not covered by insurance – most seniors need hearing aids.

— Bristol Respondents

Health insurance doesn't cover well. Too much money out of pocket, we all need better insurance

— Burlington Respondent

I along with many others need to find affordable health insurance coverage.

I pay for my own healthcare (private pay) and it is way too expensive.

— Plainville Respondent

*Health insurance is the most costly item for seniors.
Need affordable health insurance for every American.*

— Plymouth Respondent

Help with the cost of prescriptions

My only concern is affordable health care and prescriptions. I take four maintenance drugs a day and wonder what will happen when my job is ended.

— Bristol Respondent

I am on a prescription maintenance free [program] through one of the pharmaceutical companies but I had to go through way too much paper work to get approved. I have high deductibles.

— Plainville Respondent

Through January to June 2006 my wife and I have out of pocket expenses of \$4,450 for coverage, \$2,200 for insurance and \$2,250 for prescriptions.

— Plymouth Respondent

Access to health care specialist

I would like Spanish speaking doctors. My daughter translates for me but it's not the same if I were to tell the doctor what I feel.

— Bristol Respondent

Need recommendations regarding good primary care physician and dentist.

— Plainville Respondent

I would like help to find a doctor that would do all of my health care needs and the doctor would take Medicare and Medicaid.

— Plymouth Respondent

Dental health information

I have no dental health plan in my retirement package and find most of them too expensive to secure.

— Bristol Respondents

Help with Home Maintenance

Maintenance of the home

It's hard to find someone to mow, shovel and do minor jobs for a decent price.

As we get older, yard work and maintenance are an increasing burden, leaves on lawn and roof for example. Help with this is expensive and so are property taxes.

I live alone – fearful of hiring outside help, have been scammed by a company to waterproof my cellar. The better business office was no help.

It's also difficult finding reliable and honest repairmen.

— Bristol Respondents

*Because of disability need help with maintenance, lawn mowing, painting etc up keep
Also need information regarding reputable persons to do any type of home
maintenance.*

— Plainville Respondents

*There are seniors who live in my housing complex who could use assistance in home
maintenances and homecare services.*

Is there financial help for home maintenance in Plymouth?

Help in securing trustworthy, reliable help in home and yard maintenance.

— Plymouth Respondents

Locating programs/resources

Web site to access information.

— Bristol Respondents

Affordable Housing

*There is a small elderly housing complex in Burlington. However, no programs to stay
in own home and help with the cost of home improvements (housing rehabilitation
grants – loans) that I am aware of in Burlington.*

*I would like to put my home on the market for sale and go into a senior housing
complex. When I call the housing authority I cannot get any information, I don't know if I
would be eligible.*

*Taxes keep going up but our pensions and social security don't. Pretty soon it will be
impossible to keep your own home.*

How best to deal with increasing energy and property costs.

— Bristol Respondents

More senior housing that's more affordable.

— Plainville Respondent

Looking to find a small ranch. But hard to find in this area.

— Plymouth Respondent

Help with financial matters

*At present I feel I am doing okay, but in a few more years my savings will be gone for
house repairs and taxes.*

Less taxes to pay.

Lower the price of home heating oil and gasoline

*When you are on a fixed income its hard to meet all these raises in house taxes, light
bill, insurance, need I go on. Where does it end?*

*My chief worry is the effect of constantly rising costs of taxes, utilities, health care,
insurance, etc in relation to fixed income for most retirees/ my largest expense is the
real estate tax*

*I live on pension and social security. Barely get by and have to pay taxes with credit
card.*

City taxes are too high for older people to maintain them and stay in their home.

— Bristol Respondents

Help with energy and fuel costs with more reasonable income guidelines.

— Plainville Respondent

I do not have dire needs right now but my savings is gone and I can't meet my monthly expenses with out my savings account. I need some advice or help.

— Plymouth Respondent

Transportation for shopping or recreation

I feel it is important to maintain the transportation dial-a-ride for the town of Plymouth because I do not drive.

— Bristol Respondent

Transportation to shopping areas outside of Bristol e.g. West Farms Mall, Brass City Danbury, Big E.

Better transportation options to maintain optimum independence. Bus service from Bristol to out of state destination, if not driving, visiting relatives becomes impossible.

— Plymouth Respondents

Transportation for medical needs

Wheel chair service needs 1 week notice for transport – makes life very difficult where I live.

Have trouble getting BCO bus when needed. When I do get, several times I was left stranded for doctor and therapy appointments. I have no one to give me a ride when needed.

Paraplegic – I live at Mountain Laurel Apartments – transport is difficult, If I have an urgent appointment – I have to give a weeks notice for pick up.

— Bristol Respondents

Medical needs are in Waterbury.

— Burlington Respondent

Most of the medical problems are taken care of by veterans' facilities in Newington and West Haven.

— Plainville Respondent

Recreation Programs

More senior activities – not bus trips, but daily activities in town.

— Plainville Respondent

55 plus adults especially when retired need to live an active life. Communities need to include a variety of activities that promote social, proactive activities and interactions for its seniors. This encourages and supports a healthy person.

Local evening work-out program.

— Plymouth Respondents

Accessibility

All stores should be compelled to have riding scooters for their customers with walking problems – like Wal-Mart does – they would get more business.

— Plainville Respondent



June 5, 2006

The United Way of West Central Connecticut, together with community partners, is conducting a community needs assessment. This survey will help the United Way determine how to best use its resources to impact the lives and health of people 55 years of age and older in Bristol, Burlington, Plainville and Plymouth.

You can help us by answering this survey about the needs you may have in your community. All answers and comments will be confidential. Please return the survey in the envelope provided by June 23, 2006.

Thank you for your cooperation and enjoy your summer.

Sincerely,

Cary Dupont
President & CPO
United Way of West Central Connecticut

► Your answers to these questions are confidential ◀

1. In which town do you live?

☐ Bristol

☐ Burlington

☐ Plainville

☐ Plymouth

2. The following is a list of needs that YOU may have. Please indicate whether each item is a major need, a minor need, or is not a need for you, by placing a number from the list below on the line by each need. Use the space provided below for any further explanation.

1. MAJOR need

2. MINOR need

3. This is not a need for me

☐ Access to a healthcare specialist

☐ Nutrition/food information

☐ Help with the cost of health insurance

☐ Help with the cost of
prescriptions

☐ Dental health information

☐ Affordable housing

☐ Counseling (for depression, other)

☐ Home care services

☐ Locating programs/resources

☐ Help with financial matters

☐ Caregiver support

☐ Help with home maintenance

☐ Adult day care services

☐ Legal assistance

☐ Transportation for shopping or
recreation

☐ Transportation for medical
needs

☐ Other (please specify) _____

Please provide any further explanation for any of the items above.

3. What is your living arrangement? Do you live: *(Place a mark in the box for your answer.)*
- | | |
|--|--|
| <input type="checkbox"/> Alone | <input type="checkbox"/> With a spouse or partner |
| <input type="checkbox"/> With adult children | <input type="checkbox"/> With another adult (not spouse/partner) |
| <input type="checkbox"/> With a professional caregiver | <input type="checkbox"/> Other |
4. Do you provide caregiving for an older or disabled adult? *(Place a mark in the box for your answer.)*
- | | |
|---|--|
| <input type="checkbox"/> No | |
| <input type="checkbox"/> Yes, a spouse or partner | <input type="checkbox"/> Yes, another adult (not spouse/partner) |
| <input type="checkbox"/> Yes, an adult child | <input type="checkbox"/> Yes, other |
5. Do you live in: *(Place a mark in the box for your answer.)*
- | | |
|---|--|
| <input type="checkbox"/> Senior housing | <input type="checkbox"/> Assisted living |
| <input type="checkbox"/> A house/condo that you own | <input type="checkbox"/> Apartment/condo that you rent |
| <input type="checkbox"/> Other | |
6. Do you feel safe where you live?
(1) Yes (2) No
7. What is your age?
8. What is your gender? ☐ Male ☐ Female
9. If there is anything else you feel would help us understand how to meet your needs, please share them here.

THANK YOU!

Please return the survey in the envelope provided.

001

Interested in exploring new volunteer, continuing education, or recreation opportunities?

Worried about your health, finances or housing?

Need some assistance as you face a crisis?

2-1-1 InfoLine is here for you.

2-1-1 specialists have the answers to many of your questions about services and programs. If not, they know where to find them.

Whether you are looking for information on government programs, community services, support groups, or educational opportunities, help is only a phone call away.

DIAL 2-1-1 from anywhere in Connecticut, and a specialist will assist you.

APPENDIX D

Provider Report

INTRODUCTION

The United Way of Connecticut's Community Results Center (CRC) conducted focus groups with providers of senior services as well as individual interviews with providers. Below is the analysis of the interviews and the focus group conducted with providers of services to senior citizens. The providers were asked to consider what they see as the major issues facing senior citizens and to identify the gaps between what services seniors need and what services they have access to.

PARTICIPANTS

The CRC conducted interviews with representatives of the following agencies:

- Bristol Community Organization
- Bristol Hospital Counseling Center
- Burlington Parks and Recreation & Senior Services
- Connecticut Community Care
- Immaculate Conception Church
- Judge of Probate - Bristol
- Komanetsky Estates
- North Central Area Agency on Aging
- Plainville Community Food Pantry
- Plainville Senior Center
- Plymouth VNA

The CRC conducted a focus group attended by representatives of the following agencies:

- Bristol Community Organization
- Bristol Hospital Hospice/ Homecare
- Bristol Hospital Social Services
- Bristol Senior Center
- CW Resources
- Plainville Housing Authority
- Saints Cyril and Methodius Orthodox Church
- VNA of Central Connecticut
- Wheeler Clinic

Question 1. What are the top three issues facing seniors in your community, and why?

The providers of senior services in these four towns discussed issues that fell into several broad categories: basic needs including transportation, housing, food and financial issues; social issues; and health care needs.

BASIC NEEDS

1. Transportation

Transportation was often mentioned as one of the biggest issues facing seniors. For the most part, seniors in these four towns are not served by public transportation. Access to transportation is better in some towns than others.

- In Burlington, dial-a-ride has two drivers. The service is focused on medical appointments and shopping.
- Plainville offers seniors a dial-a-ride service, a shopping bus, and a bus to take seniors to church services on Sundays. The dial-a-ride service gives preference to medical appointments and will transport across borders to nearby towns. The Red Cross provides some transportation services, but they need more volunteer drivers.
- In Bristol, the Bristol Community Organization (BCO) offers dial-a-ride, however, the service is limited by town borders.
- In Plymouth, a local nursing home makes its van available for transporting seniors to medical appointments and shopping.

While there are some transportation services in place, the most common complaint by seniors and providers alike is that there is no door-to-door escort service to help seniors navigate stairs and carry packages. Also, transportation services often take an inordinate amount of time to transport seniors. Seniors are often left waiting for hours for a bus to arrive. A visit to a senior center for lunch may take most of the day since the bus picks up seniors in multiple locations.

The North Central Area Agency on Aging (NCAAA) says that often where transportation is concerned, the policies in a town can interfere with delivery of a service. A town may be unwilling to take on insurance and liability issues that develop if travel over town lines is involved. The NCAAA suggests tapping volunteer drivers. These drivers may need extra liability coverage but it is often available for a small fee. A town could also encourage the donation of cars to a transportation program. The cars could either be used or be sold with the money going to fund the program.

2. Affordable Housing

There is also consensus on the critical need for more affordable housing options in these four towns. For seniors wishing to downsize and/or reduce their property tax burden, and remain in

their town there are limited options. There is a lack of one story housing, affordable apartments, assisted living facilities, and senior housing. Often the waiting list for senior housing is over two years.

3. Food

The main comments regarding meals for seniors were focused on Burlington. Burlington is the only town in this four town region that is not currently serviced by the CW Resources Meals-on-Wheels program.

4. Financial Issues

Providers also talked about the need to help seniors navigate through financial issues. One provider discussed that some towns establish conservator programs to help seniors with multiple financial issues. The provider suggested that while attorneys usually run such programs, they are not always the most appropriate choice to be conservators. The provider suggested that attorneys are not often in touch with the social service needs of a client, which would be important in the case of seniors. Attorneys tend to just focus on financial issues. This provider was suggesting that the conservator needs to act as a case manager.

SOCIAL/AGING ISSUES

1. Outreach to Homebound Seniors

Identifying and providing services to isolated seniors is a major concern to providers. Some, but not all towns maintain a list of their homebound residents. It may be easier for small towns to identify their homebound seniors and provide such services as regular phone calls, but the issue is more complicated for larger towns. Bristol has approximately 11,000 seniors and identifying the homebound would be a major undertaking. Plainville's senior center maintains a list of homebound seniors and has developed an extensive outreach program. It was suggested that senior centers need to place as much focus on outreach to these isolated seniors as they do to activities for those seniors who are more mobile.

One suggestion was for towns to work with churches to identify the homebound. Churches often have up-to-date lists of homebound seniors. The question arose of whether churches could share those lists with towns given privacy issues.

Providers also discussed another hurdle to reaching out to isolated seniors. It was often mentioned that there is a characteristic reticence among many in this generation to ask for help. This is a generation that is used to going without.

2. Accessing Resources

Providers indicated that there are two issues around accessing the resources that are available to senior citizens. The first is helping seniors to know what resources are available to them, and the second is to help those who have trouble advocating for themselves.

All too often, these providers find that seniors do not know of all the resources available to them. One example given was of visiting nurses who learn that seniors are receiving utility shut off notices even though there are energy assistance programs available.

Even when towns do create resource guides for seniors, the difficulty is in the distribution of those guides. One town is holding workshops for professionals who have contact with seniors to help then distribute the guides. It was suggested that any professionals, volunteers, or other service staff, with access to seniors could be natural conduits for distribution. One example is sending the guides out with those who deliver meals-on-wheels.

The challenge, however, is to get seniors to use those resources. One provider suggested that there are those adept at advocating for themselves and those who are not. It was mentioned that some widows who had limited experience in dealing with financial matters during their marriages or have had limited experience navigating various agencies, often do not have the confidence to initiate contact with agencies they may need assistance from.

Providers suggested that seniors in housing projects are lucky because they often have onsite resources. One senior housing development has a staff member who helps people with various issues such as applying for entitlements and opening mail. But it was mentioned that not every housing authority has such a person. It was suggested that towns provide the equivalent of the mobile DMV office to assist seniors.

3. Transition Issues Associated with Aging

One provider suggested that some seniors need help accepting the reality of aging. There is a need to assist people find some peace around aging so that they are able to plan for their future by speaking to their heirs, creating a will, and downsizing their physical holdings. New Britain general has a center for healthy aging and senior health programs that address some of these issues.

HEALTH CARE ISSUES

1. Health Aides

Providers agree that one of the most valuable resources seniors can tap in order to remain at home as long as possible are home health care aides and homemakers. There was also consensus that there is a shortage of this type of support in this area. There is often high turnover in these fields since the pay for home makers and health care aides is often low and does not

include benefits. Providers suggest a keen need for affordable, reliable, culturally sensitive help. There is also a need for financial assistance to obtain these services at a reasonable cost.

2. Health Needs

There was general agreement that access to clinics offering various screenings and prophylactic care is of the utmost importance. These clinics need to provide such offerings as blood pressure screenings, ear wax irrigation, foot care and inoculations. One provider also suggested that towns pay special attention to dental health and provide clinics that offer dental screenings. This is essential since dental health has a strong impact on other health issues and is not covered by Medicare. Infections in the mouth are particularly dangerous for seniors not only because they interfere with the ability to eat, but because these infections are known to manifest in permanent damage to the heart valve. While there is a dental clinic serving Bristol and Plymouth, these services are not currently available to those in Burlington and Plainville.

Question 2. From your experience in working with the elderly population, do you see service delivery gaps in your community?

1. Coordinated Services

Providers discussed the lack of a formal process that would allow senior service providers to meet on a regular basis. Creating this process, that would perhaps call for the establishment of a coalition of senior service providers could: ensure that all of the providers understand the role each agency plays; provide a forum to brainstorm on solutions to various issues; and help agencies understand the availability and awarding of grants. It was suggested the United Way of West Central Connecticut could be the appropriate sponsoring body of that coalition.

Providers also stressed the need for each town to have a director of senior services. This position should be held by a qualified social worker.

Most of the gaps mentioned by providers revolve around the need for outreach to homebound seniors and the difficulty in accessing resources.

One provider also mentioned that towns often resist seeking state and federal funding for some projects because this involves a lot of paperwork, management and evaluation.

2. Accessing Resources

It was suggested that towns need to ensure that there is a published guide to the resources available for senior citizens. It was also suggested that this guide could be distributed by towns with their annual reports.

3. Basic Needs

Many of the gaps in services dealt with basic needs. Among them are transportation, and food:

- Access to regularly scheduled transportation that includes escort assistance.
- Transportation to medical specialists in New Haven.
- Meals on wheels or congregate meals for those in Burlington.
- A list of drugstores and food stores that deliver.
- Adult daycare facilities
- Opportunities for social activities that do not involve the senior centers, for those not attracted to these centers.
- Affordable housing options.

4. Health Care

There are instances when home care is warranted for seniors not eligible to receive such care:

- Often patients receiving services from the VNA reach a point where they no longer meet guidelines for home care but still need assistance. In the past UConn nursing students were tapped to check on people who are not eligible for VNA visits to see if they are taking medication or are eating.
- There may be a large number of people who need a home visit once a week, but there is no way for them to access such care unless they can afford it.

Question 3. Is there any agency that is working in this area already or is the service non-existent?

1. Friendly Visitors

Providers focused on a friendly visitor program that was coordinated by the Conference of Churches. This program was very well run and provided a number of services to the homebound. The program ended when the coordinator (at BCO) retired and a replacement could not be found. The program had been successful due in part to a required two day training workshop for volunteer visitors. However, while friendly visitor programs would help to meet the needs of homebound seniors, they can be challenging to maintain. The challenge comes in training the volunteers and conducting background checks, matching the volunteers with the appropriate seniors, and providing some process for supervision and evaluation.

2. Plainville Senior Center

The Plainville senior center provides services to the homebound, but they could use more volunteers. They bring books, china lunch service, art therapy, reminiscent therapy, and friendly visitors.

4. Adult Day Care

Jefferson House in East Hartford and a few centers in Hartford and Waterbury provide adult day care.

5. Senior Safety

Calls are often received from neighbors concerned about a senior's safety. The Department of Social Services, Protective Services for Elders is utilized.

6. Money Management

AARP has a volunteer matching pilot program in Waterbury dealing with money management issues.

7. Dental Screening

There is a dental screening program in Bristol, Plymouth and New Britain.

Question 4. Has your agency found it difficult to engage seniors in its services or activities? What are the barriers to engaging seniors?

1. Resistance to Services

In general, providers suggested that it is often difficult to engage seniors or to encourage them to seek services because they are often dealing with many emotional issues such as downsizing, transition, depression. Providers say this makes finding and accepting services difficult for seniors.

Several specific issues arose with regard to seniors participating in some programs including:

- Reluctance of seniors to participate in the state's Homemaker program since it requires seniors that own a home to allow the state to place a lien on their property. Some seniors refuse to participate because of this requirement.
- Resistance to seeking in-home help because of their common view that the use of services brings them closer to removal from their home and placement in institutional care. But by not utilizing in-home services, their safety becomes an issue, and they may have to be moved from their home sooner than if they had accepted in-home help. There is a reluctance to spend what money they have on in-home services.
- Engaging minorities in senior center activities. There's a low percentage of minorities in these towns but they are not involved. Senior center programs are not culture friendly. Towns need to find a representative in the community that represents a minority. There is currently one Hispanic meal site in New Britain at South Church.

Question 5. If your agency is unable to provide the necessary services to an elderly client, what is the process that is used to help them?

1. Referral Options

Most agencies will try and connect seniors with appropriate service agencies. But they often have to wait for seniors to come to them. Other specific actions agencies take include:

- Referral to the day program at the Wheeler Clinic for those who have psychiatric needs.
- Referral to Protective Services for the Elderly within the Department of Social Services to assess a senior's level of safety. If deemed unsafe an action to appoint a conservator is filed. A social worker has been hired part-time by the Bristol Probate Office to work with client's social service needs.
- Connecticut Community Care refers those who do not meet the eligibility requirements to Care Management Associates, a private home care service.
- Komanetsky Estates often refers tenants to agencies such as the VNA, CCI, and Interim.
- Plainville Community Food Pantry often refers clients to many agencies including the BCO, and legal services.
- Plymouth VNA often connects clients to social services.

Question 6. If there were two things you could positively impact as it relates to seniors in your community, what would it be?

1. Transportation

Providers most often mention improving transportation options for seniors. This would involve increasing access to dial-a-ride service and providing seniors with escort services. The limited transportation options currently provided act as a deterrent for seniors to participate in many events. Two examples given involved people who do not go to senior lunch programs because it takes all day to get there and back. Since the bus makes multiple stops, some seniors have to leave early to get to lunch and then have to wait for the 3:00 bus to return home. This often means seniors are waiting for hours to get back home after lunch. Providers also mentioned that many people using dial-a-ride for transportation to medical appointments are already sick and need direct transportation options. Providers also mention the need for:

- Transportation to health specialists in New Haven.
- Cross town transportation for all towns.

2. Housing

In terms of improving housing options for seniors, providers mentioned the need for:

- Expanding the town's public housing facility to include an assisted living facility to provide a continuity of care for residents who become unable to stay in public housing due to increasing needs.
- Senior housing complexes that would perhaps provide small 3 room detached homes.
- Senior housing apartments that include storage space.
- Property tax relief for seniors on a fixed income.
- Emergency housing in the event people lose their rental housing and have no place to go.
- Group homes. There are many group homes for the disabled but not for seniors.

3. Increased Awareness and Education on Elder Issues

Providers focused on the things that could help provide seniors with more stability in their lives.

The issues centered on recognition of issues the elderly face. Those issues include:

- Educating general practitioners and other physicians about depression in the elderly. Often those physicians are the only medical support an elderly person has.
- Integrating nurses into all senior centers.
- Counseling for seniors and their caregivers about the aging process with a focus on behavioral changes associated with typical aging as well as changes associated with dementia, Alzheimer's, and other diseases common in the elderly.
- Providing seniors with a money management program.
- Identifying homebound, isolated people who may be depressed.
- Teaching seniors about good nutrition.

4. Helping Seniors Access Resources

Many providers spoke about the difficulty some members of this generation have in navigating various institutions and accessing the resources they need. An example is getting stuck in an unfriendly interactive voice response system. One suggestion was to encourage any service provider to provide information either in writing or on the telephone in clear, accessible, and non-threatening language.

Other issues involved helping seniors become more aware of available resources and encouraging seniors to use them:

- Help seniors to accept in-home services.
- Educate seniors and the general public about the Connecticut Home Care Program for Elders.
- Create volunteer opportunities for seniors.

- Create intergenerational programs with high schools, colleges and elementary schools.
- Increase senior services staff to better assist seniors seeking services and to develop communication, outreach efforts.
- Get the community involved – have people take responsibility for neighbors.

5. Creative Solutions

Providers discussed the tendency for some seniors to be so independent that they are reluctant to ask for help. One provider offered an example of a creative solution one town is using to help provide seniors who need help with meals with a restaurant option. This town has instituted a restaurant voucher program. Participating restaurants have a separate menu for seniors who have a voucher. This way the seniors get assistance with meals but they get to eat in a restaurant and not in a senior center or community café. There is no stigma attached.

Another provider suggested that creative solutions are going to be necessary for reaching baby boomers once they become older, since they may not be inclined to attend senior centers.

Towns need to ensure there are exercise options available for seniors. Some towns do not currently have safe places where seniors can walk.

Question 7. Is there anything else you'd like to add that would help us to understand the issues and service gaps facing seniors in your community?

Participants suggested that workshops focused on preparing seniors for retirement would be helpful. The workshops could involve family members and would cover things such as replacing work with a meaningful activity and what issues to expect to arise upon retirement.

Appointing a third party as conservator can help to preserve the relationship between the senior and their child or at least to minimize damage during the initial phase of transition from independent living.

One provider suggested that a need from the Court's perspective would be a volunteer program that would train senior citizens to assist other seniors who have greater needs.

Towns need to build relationships with area religious institutions. Churches have natural networks that could be valuable for towns.

Appendix E

Summary of Federal, State and Regional Strategic Plans on Aging

The Federal Administration on Aging

The United States Administration on Aging (AoA) has a vision for older people that is “based on the American value that dignity is inherent to all individuals in our democratic society, and the belief that older people should have the opportunity to fully participate in all aspects of society and community life, be able to maintain their health and independence, and remain in their own homes and communities for as long as possible.” The AoA has established five strategic priorities that will help focus its efforts. These priorities are outlined in the AoA’s Strategic Action Plan that was released in 2002 and covers a five year period from 2003 through 2008.¹ Their five strategies focus on plans to:

1. Make it easier for older people to access an integrated array of health and social supports

The AoA intends to strengthen its capacity to provide information to older individuals that can help them access health and social supports, and educate the public about the importance of improving older people’s access to an integrated array of health and social supports.

2. Help older people to stay active and healthy

The AoA intends to strengthen its capacity to provide information to older people that can help them stay active and healthy, and educate the public about the importance of healthy lifestyle choices, and about health promotion and disease prevention programs that can benefit people as they age.

3. Support families in their efforts to care for their loved ones at home and in the community

The AoA intends to strengthen its capacity to provide information to families that will help them in their caregiving roles, and educate the public on family caregiving and the importance of supporting family caregivers.

4. Ensure the rights of older people and prevent their abuse, neglect and exploitation

Strengthen AoA’s capacity to provide information to older consumers on elder rights and consumer protection issues and programs, and educate the public on the importance of such programs.

¹ U.S. Administration on Aging Strategic Action Plan Fiscal Year 2003-2008, Administration on Aging, November, 2002.

5. *Promote effective and responsive management*

Enhance communication throughout AoA and use employee performance plans to facilitate the contribution of all employees to meeting our goals.

State Plan on Aging

A statewide needs assessment and feedback from older adults in Connecticut are the basis for the state's plan on aging. The aim to improve the quality of life of older adults will lead the state to focus greater emphasis on:

1. *Caregiver assistance and the encouragement of home care and other alternatives to institutional care.*
2. *Healthy Aging, improving health, disease prevention and delay of the need for long-term care.*
3. *Life planning and the assistance to help people organize resources they will need for an economically secure retirement.*
4. *Expansion of service linkage and coordination within elderly housing.*
5. *Advocacy efforts to increase the coordination of transportation services for older adults and the disabled and to explore the feasibility of innovative transportation programs.*

North Central Area Agency on Aging Plan Summary

The North Central Area Agency on Aging (NCAAA) provides planning and management of funding and advocacy for services to older persons and their caregivers in the 38-town North Central Connecticut region. The agency's mission is to enhance the quality of life for older adults in the region by ensuring that they have access to quality and cost effective services.

The NCAAA has established the following goals through 2009:

1. *Assure access to services with reduced barriers, specifically targeting services to older adults "most in need". This includes plans to:*
 - Support and advocate for the development of effective transportation service systems that meet the special needs of older adults in the north Central Connecticut region.
 - Develop and implement innovative solutions that eliminate obstacles and increase access to services for those older adults most in need, including the growing population of minority older adults.

- Improve outreach efforts to “hard to reach” elderly populations such as homebound older adults and support programs that reach and serve “at risk” and isolated elders using innovative and effective approaches.
- Support organizations/networks in an effort to respond to and address issues related to the rights, abuse, exploitation, and neglect of older adults in the North Central region.

2. *Enhance, support, advocate for, and provide guidance on health, long-term care, and community-based services.*

- Enhance current programs and develop innovative approaches that address health, nutritional, long-term care and community based service needs of older persons in North Central Connecticut.
- Improve the knowledge of and access to health, long-term care, community-based services for older adults and their caregivers through a series of outreach efforts designed to both educate the public broadly and provide one-on-one assistance to the individuals who require it.
- Develop partnerships with organizations that promote intergenerational cooperation and sharing.
- Provide leadership for the “Aging Network” to respond to issues facing older persons as changes in health and long-term care delivery systems occur.
- Participate in the development of partnerships with local research organizations that address the concerns of older adults.

3. *Provide education, empowerment, and social support to caregivers.*

- Provide counseling, guidance, support, and instruction to caregivers in an individual or group setting.
- Provide assistance for caregiver support groups and training for caregivers.
- Provide respite care for caregivers.
- Provide supplemental or “gap-filling” services for caregivers.
- Provide advocacy and support for grandparents/relatives raising grandchildren.
- Partner with agencies that provide assistance to older adults with mental retardation of developmental disabilities and the caregivers.