



Senior Needs Assessment



Valley Senior
Services Council
and the
Valley United Way



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 Valley Senior Services Council and the Valley United Way to help determine the top needs of older adults in Ansonia, Derby, Oxford, Seymour, and Shelton. This needs assessment is based on research with residents and with agencies that provide services to older adults, and a review of administrative data. The report identifies the major issues that were brought to light by discussions with residents and service providers and includes recent research that suggest promising practices in those areas.

POPULATION INFORMATION

- Nationally, the population of those 65 and older is expected to double over the next 25 years due mainly to increases in longevity and to the aging of the baby boomers. Currently, those age 65 and older comprise close to 13 percent of the population. It is estimated that by 2030, those 65 and older will comprise 20 percent of the population.
- In 2000, there were 13,680 residents in the Valley who were 65 years of age and older, representing 14.5 percent of the total population. This age group increased six percent between 1990 and 2000, higher than the 3.6 percent rate of growth at the state level.
- While the oldest age group, those 85 and older, accounts for less than two percent of the population in the Valley, the size of that age group grew 46 percent between 1990 and 2000. That is greater than the 37 percent increase at the state level. Oxford, Seymour, and Ansonia showed the most growth in this older age group.



Race

- In 2000, eight percent of the total population in these five Valley towns were members of racial and ethnic minorities. Minorities comprise close to four percent of the 65 and older population in these five Valley towns, an increase of about one percentage point since 1990.

Poverty

- Nationally, 9.9 percent of individuals 65 years of age and older live at or below the federal poverty level, while in the Valley 5.2 percent of those in that age group live at or below the poverty level.
- The poverty rate for women in this age group is higher than for men at 12.4 percent and 7.0 percent respectively. Close to 70 percent of those ages 65 and older living in poverty in the Valley are women.

EXECUTIVE SUMMARY

Calls to 2-1-1 and to the AASCC

- In the Valley, in 2006, there were over 8,500 requests for service received by Connecticut's 2-1-1 information and referral service. This service provides callers with information and crisis support 24 hours a day. Over 500 requests were from callers ages 65 and older. Older adults call most often for information on utility assistance, medical information, and medical transportation.
- The Agency on Aging of South Central Connecticut (AASCC) also provides telephone information and referral services. In 2006, AASCC provided information to 1,657 callers in the Valley. Most of those callers contact the AASCC through the CHOICES information and referral program. Over 1,200 calls made to the AASCC from older Valley residents were regarding insurance matters.

Top Calls

- Utility assistance
- Medical Information
- Medical Transportation

Source: 2-1-1

REVIEW OF PAST RESEARCH

Research has been done by several different entities over the past seven years that either focus on or include a review of issues concerning older adults in the Valley. The findings and recommendations of the following reports are briefly summarized in this report in order to shed light on issues that have arisen in the past which may or may not have been resolved. These reports include:

- *Addressing Needs and Opportunities in the Lower Naugatuck Valley: A Funding Strategy*, May 2000 (Mount Auburn Study)
- *Valley Eldercare Provider Response to the Mount Auburn Study*, February, 2001
- *Report of the Pilot Senior Center Needs Assessment Project in the Lower Naugatuck Valley Towns*, May 2003
- *Valley Needs and Opportunities Project: Report on Progress*, March 2005
- *Agency on Aging Needs Assessment*, 2005

PRIORITIES

During focus groups and interviews older adults and service providers focused on several areas of need for older adults:

Transportation

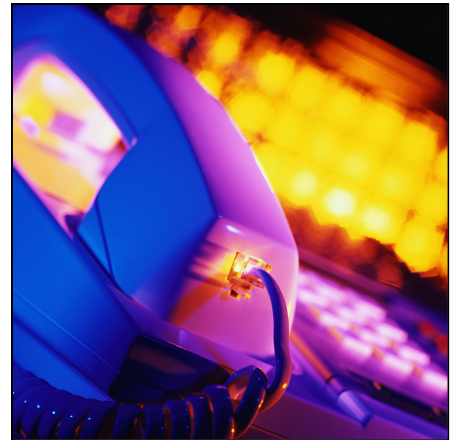
While there are various transportation services available to older adults in the Valley, there were several areas of need identified. Older adults and providers suggested that service is needed on evenings and weekends, that all services need to accommodate wheelchairs, that personal assistance needs to be available to assist passengers from their homes, and that the length of wait time for return trips needs to be shortened.



EXECUTIVE SUMMARY

Social Service Support

Service providers for older adults say that there is a lack of centralized social service support in each town. They also cite the lack of social service support at housing facilities. Providers stressed the need for a social services professional who could provide outreach and direct services to older adults in the Valley. Discussions with residents also focused on their need to understand where to find the resources. Older adults specifically concentrated on the help they need finding assistance for medical and insurance issues, in-home care, and household maintenance.



Housing

While older adults express a strong desire to remain in their homes as long as possible, many suggested there are challenges to fulfilling that desire. Older adults wanting to remain in their present housing often find it difficult to maintain their home or modify it to support changes in their physical mobility. They also say it can be challenging to find reliable and affordable assistance with household chores and yard work. Older adults also say if they do want to move to senior housing, there are long waiting lists. And they suggest that since much of the senior housing in the Valley consists of efficiency apartments, the units are often not adequate for their needs. The presence of young adult disabled residents in housing that had been dedicated to older adults was also mentioned as a safety concern for older adults.



Healthcare

For older adults there are many statistics that magnify the importance of disease prevention and early detection. Among them is that the cost of health care for someone over 65 is five times greater than it is for someone under 65, and that 95 percent of health costs for older adults are for chronic illnesses.¹ As the population of older adults continues to increase, the promotion of programs that support the health and well-being of older adults becomes more critical. Residents and providers discussed the need for continued health screenings and educational programs for older adults.



INTRODUCTION

In order to help identify the main concerns of the community related to the older adult population, the Valley Senior Services Council, along with the Valley United Way, 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) conducted a multi-faceted research project, which included focus groups with older residents, and focus groups and interviews with providers of services to this segment of the population. Past research that focused on the needs of older adults was also reviewed.



The focus groups with residents were meant to reveal areas of greatest concern to older adults. The interviews and the 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 top issues facing older adults in their community and gaps which exist in services for older adults.

The report begins with an overview of the main issues raised during the research. It continues with a review of population statistics, including the growth of this segment of the population, race and ethnicity, and poverty levels. It also reviews the service requests made by older adults to the United Way's 2-1-1 information and referral service, calls made to the Agency on Aging of South Central Connecticut, and research conducted in the Valley since 2000. The report then reviews the major issues that were brought to light by the discussions with residents and service providers in more depth.

The Appendix contains maps showing population and services in the Valley, detailed notes from the resident and provider focus groups and the provider interviews, demographic data, and a summary of current federal and state strategic plans on aging.

OVERVIEW

There were four main issues that residents and service providers highlighted during focus group and interview discussions:

- *Transportation* – While noting that there are a number of options available to seniors for medical and recreational transit, residents also noted a number of areas that are lacking. Older adults suggested that transit services are not currently offered in the evening and on weekends and that not all transit services can transport wheelchairs.
- *Social services* – Older residents and service providers alike expressed an urgent need for social service assistance. Providers say there is no longer social service support at the town level and there is a need for an outreach worker who can provide direct service to homebound older residents.

INTRODUCTION

- *Housing* – Older adults in many towns in Connecticut are experiencing housing challenges, and those in the Valley are no different. These challenges include the limited stock of small one-story homes suitable for downsizing, rising property taxes, long waiting lists for public housing, and the difficulty in maintaining or modifying existing homes. Older residents of public housing are also concerned about the impact younger disabled residents who live in public housing have on their living environment.
- *Healthcare* – Overall, interviews and focus groups suggest that the Valley provides older adults with adequate opportunities for health screenings and that this type of support for senior health is critical to maintain.

POPULATION

The population of those 65 and older is expected to double over the next 25 years in the U.S. mainly due to longer life spans and to the aging of the baby boomers. Life expectancy has increased from 47 years for those born in 1900 to 77 years for those born in 2001. The results will be an increase in the proportion of older adults from 12.6 percent of the population in 2000, to an estimated

20 percent of the population by 2030.² In raw numbers, that means while there were just over 31 million people age 65 and older in 2000, there will be around 71 million by 2030.

The population of those 65 and older is expected to double over the next 25 years in the U.S.

In 2000, there were 13,680 residents in the Valley who were 65 years of age and older, representing 14.5 percent of the total population (Table 1). Derby and Shelton have the highest percent of residents in this age group at around 15 percent, while Oxford has the lowest at nine percent. This age group increased six percent between 1990 and 2000, higher than the 3.6 percent rate of growth at the state level.

Nationally, statewide, and in the Valley, the largest population growth can be seen in the 85 and older age group. While that age group accounts for less than two percent of the Valley population, it grew 46 percent between 1990 and 2000 (Table 2). That is greater than the 37 percent increase at the state level. Oxford, Seymour, and Ansonia showed the most growth in this older age group.

Since women have a longer life expectancy than men, there are more women than men at these higher age levels. The ratio of males to females drops at every age group. For those ages 65 to 74 there are 82 men for every 100 women, for those ages 75 to 84 the ratio drops to 65 men for every 100 women, and at age 85 and older there are 41 men for every 100 women.

Table 1
Population and Percent of Total Population by Area – 2000

Age Group	Connecticut	Valley	Ansonia	Derby	Oxford	Seymour	Shelton
65-74	231,565 6.5%	6,549 6.9%	1,302 6.8%	915 7.0%	462 4.7%	1,071 6.9%	2,799 7.3%
75-84	174,345 4.4%	5,337 5.7%	1,201 5.1%	866 6.5%	308 3.1%	914 5.9%	2,048 5.4%
85 and older	64,273 1.5%	1,794 1.9%	368 1.9%	278 1.9%	87 0.9%	236 1.5%	825 2.2%
Total ages 65 and older	470,183 12.4%	13,680 14.5%	2,871 13.8%	2,059 15.4%	857 8.7%	2,221 14.3%	5,672 14.9%

Source: 2000 U.S. Census

Table 2
Population Growth 1990 to 2000

Age Group	Connecticut	Valley Total	Ansonia	Derby	Oxford	Seymour	Shelton
65-74	-9.6%	-12.8%	-29.8%	-31.1%	-0.2%	-18.7%	9.9%
75-84	22.2%	43.0%	22.5%	20.4%	57.1%	64.7%	59.6%
85 and older	36.8%	45.7%	54.6%	38.3%	112.2%	78.8%	33.3%
Total ages 65 and older	3.6%	6.0%	0.8%	1.67%	13.1%	8.2%	7.6%

Source: 2000 U.S. Census

RACE

In 2000, eight percent of the total population in these five Valley towns were members of racial and ethnic minorities. Ansonia has the highest concentration at fifteen percent and Oxford has the lowest at two percent. Ten percent of Derby's population and around five percent of Seymour's and Shelton's population are minorities.

Minorities comprise close to four percent of the 65 and older population in these five Valley towns, compared to three percent in 1990 (Table 3). Close to eight percent of Ansonia's 65 and older population is minority. A review of more recent education data on the minority populations in school systems provides insight into the growth of the minority populations in these towns since the 2000 census (Table 4). Detailed tables on race and ethnicity in the Valley can be found in Appendix E.

Table 3
Percent Minority, 65 and Older
1990, 2000

	2000	1990
Connecticut	9.68%	6.75%
Valley	3.84%	3.08%
Ansonia	7.80%	6.77%
Derby	3.21%	2.89%
Oxford	2.45%	1.86%
Seymour	1.76%	0.65%
Shelton	3.09%	1.91%

Source: U.S. Census

Table 4
Percent Minority Student Enrollment

	2005-2006	2000-2001	1994-1995
Ansonia	41.0%	30.9%	25.5%
Derby	32.9%	23.1%	17.0%
Oxford	6.8%	3.9%	2.8%
Seymour	12.0%	8.9%	5.2%
Shelton	12.6%	9.4%	7.4%

Source: Connecticut State Department of Education

POVERTY

A review of poverty for each town shows that Derby and Ansonia have the highest percent of individuals living in poverty, while Derby, Ansonia, and Shelton have the highest percent of those ages 65 and older living in poverty (Table 5). The rate of poverty for those ages 65 and older in the Valley is lower than the national rate. Nationally, the poverty rate for individuals 65 years of age and older was 9.9 percent, while in the Valley it was 5.2 percent. The poverty rate for women in this age group is higher than for men, at 12.4 percent and 7.0 percent respectively. Close to 70 percent of those ages 65 and older living in poverty in the Valley are women.

Table 5
Individuals Living Below Poverty – 1999

	Valley	Ansonia	Derby	Oxford	Seymour	Shelton
Total number in poverty and percent of total population	4,395 (4.7%)	1,394 (7.6%)	1,014 (8.3%)	206 (2.1%)	573 (3.7%)	1,208 (3.2%)
Number of those ages 65 + in poverty and percent of population age 65+	655 (5.2%)	147 (5.3%)	146 (7.8%)	12 (1.4%)	74 (3.5%)	276 (5.5%)
Percent of those ages 65 and older in poverty who are women	68.8%	70.1%	74.0%	0.0%	77.0%	66.3%

Source U.S. Census

Calls to 2-1-1 and the AASCC

Connecticut's 2-1-1 and the Agency on Aging of South Central Connecticut (AASCC) provide information and referral services to callers. Connecticut's 2-1-1 offers information and crisis support 24 hours a day. In 2006, statewide, 2-1-1 provided service to 700,000 phone callers and 800,000 visits to the website. In the Valley in 2006, there were over 8,500 requests for service received (Table 6). Of these requests, 540 identified themselves as being age 65 or older. Older adults call most often for information on utility assistance, medical information, and medical transportation (Table 7).

Table 6
Number of Calls Made to 2-1-1 in 2006, 2004

	2006		2004	
	Service requests	Service requests by those ages 65 and older*	Service requests	Service requests by those ages 65 and older*
Ansonia	3,049	138	3,021	140
Derby	1,631	96	1,564	85
Oxford	402	34	442	22
Seymour	1,356	106	1,162	60
Shelton	2,156	166	1,982	202
Total Valley	8,594	540	8,171	509

Source: 2-1-1

* Not all callers reveal their age

Table 7
Top Ten 2-1-1 Service Requests
of Those 65+* in the Valley, 2006

Category	Number of Requests
Utility Assistance	51
Medicare Information/Counseling	20
Medical Transportation	19
Specialized Information and Referral	18
Adult Protective Services	16
Home Delivered Meals	15
In Home Assistance	15
Area Agencies on Aging	10
Disability Related Transportation	10
Food Stamps	10

Source: 2-1-1

* Not all callers reveal their age

The AASCC serves 20 cities and towns in the south central region of Connecticut including the five Valley towns. AASCC provides information and referral support through its CHOICES program and tracks the number of calls received and the purpose of the call. In 2006, AASCC provided information to 1,657 callers in the Valley. The top non-insurance related calls to the AASCC were for information on health issues, financial assistance and housing (Table 8). There were over 1,200 calls made to the AASCC from older Valley residents regarding insurance matters (Table 9).

Table 8
Top Ten Non-Insurance Related Calls to the AASCC
by Those Ages 65 and Older – 2006

Category	Number of Requests
Health Issues	145
Financial Assistance	141
Housing	95
In-home Assistance	59
Legal Issues	36
Transportation	27
Nutrition	23
Adult Day Care	18
Energy Assistance	14
Medical Equipment	13

Source: Agency on Aging of South Central Connecticut

Table 9
Top Insurance Related Calls to the AASCC
by Those Ages 65 and Older – 2006 by Town

Town	Medicare Part D	ConnPACE	Medicaid	Medigap	HMOs	Medicare Parts A&B	Total*
Ansonia	169	95	64	20	7	8	363
Derby	100	66	35	7	1	9	218
Oxford	70	52	11	4	3	5	145
Seymour	102	55	37	20	13	5	232
Shelton	549	277	67	124	35	17	1,069
Total	990	545	214	175	59	44	2,027

Source: Agency on Aging of South Central Connecticut

* Callers can request info on more than 1 topic

Strategic Plans for Older Adults

In light of the growth in population of the older age categories, it is prudent to review the response to this growth at the federal and state levels. The increase in the population of older Americans has required an increase in services to this age group. The U.S. Administration on Aging and Connecticut's Department of Social Services, Elderly Services Division have each devised strategic plans for supporting older adults. These plans show general agreement on the approach to enhancing the quality of life for older Americans. The federal plan focuses on:

- Empowering older people to make informed decisions about accessing health care and long-term care options
- Enabling seniors to remain in their homes with high quality of life for as long as possible
- Empowering older people to stay active and healthy
- Ensuring the rights of older people and preventing their abuse, neglect and exploitation

The Connecticut State Plan on Aging calls for:

- Identifying effective means of providing outreach and information to older adults and caregivers
- Maintaining and improving mental and physical health
- Assisting with issues around financial security
- Supporting and developing effective transportation

A listing of the specific goals of each plan can be found in Appendix F.



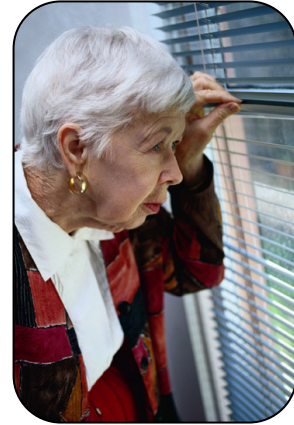
REVIEW OF PAST RESEARCH

Research has been conducted by several entities over the past seven years that either focus on or include a review of issues concerning older adults in the Valley. The following summary of these reports sheds light on issues that have arisen in the past and may or may not have been resolved. They are listed in chronological order:

May 2000 Addressing Needs and Opportunities in the Lower Naugatuck Valley: A Funding Strategy

This report, often referred to as the Mount Auburn Study, sought to clarify funding priorities, identify areas of overlap, highlight best practices in the region and identify the needs of the Lower Naugatuck Valley. Where older adults are concerned, the report found that:

- Although there is a good infrastructure of senior centers with sufficient resources, the senior center services are not coordinated.
- There is a significant population of shut-ins who are not being reached through current programs.
- There is a shortage of senior housing in the Valley.
- Transportation for seniors in the Valley is relatively strong.



February 2001 – Valley Eldercare Provider Response to the Mount Auburn Study

This study was conducted in response to the Mount Auburn Study. There was concern that the Mount Auburn Study gathered information from a limited group of senior service providers and only focused on younger healthier seniors. This study recommended the following:

- Form of a regional council of eldercare providers facilitated by the Community Foundation of New Haven.
- Enlist the Community Foundation to assist with grant writing and funding issues.
- Gather information from all eldercare providers in the area to get a clear understanding of the services available.
- Identify and connect with elderly shut-ins.
- Identify transportation needs.
- Facilitate discussions between mental health and housing officials.
- Make senior housing staffs aware of available funding for support services.
- Increase awareness of general services for the elderly and senior center resources.
- Identify all elder caregivers and work on collaboration.

REVIEW OF PAST RESEARCH

May 2003 Report of the Pilot Senior Center Needs Assessment Project in the Lower Naugatuck Valley Towns

This project was commissioned after the 2000 Mount Auburn Study found a lack of coordination and collaboration among the Valley senior centers. The Mount Auburn Study was a community-wide needs assessment. The purpose of this project was to conduct a needs assessment focused on the senior centers. Among the recommendations noted in the study were to:

- Create a regional human services position to serve those ages 60 and older.
- Expand transportation to senior centers.
- Partner with Valley Adult Education to bring course offerings to senior centers.
- Work with local volunteer agencies to expand programs/support for active and homebound seniors.
- Create a consortium of senior center directors.
- Have senior centers collaborate with Parks and Recreation Departments.
- Conduct research focused on serving the needs of men who belong to senior centers.
- Review the culture of each senior center.
- Explore the benefits of an advocacy role.

March 2005 – Valley Needs and Opportunities Project: Report on Progress

This report provides an update of the 2000 Mount Auburn Study. In 2004, the Valley Advisory Committee again hired Mount Auburn to review the strategic priorities for the region and identify future priorities for various issue areas. Among the future priorities identified where older adults are concerned are:

- To meet the needs of diverse sub-groups of seniors – including shut-ins, those over age 85, and racial and language minorities.
- To identify transportation needs for seniors.
- To continue collaboration and make better connections with housing authorities.

2005 – Agency on Aging Senior Needs Assessment

The Agency on Aging of South Central Connecticut conducted a survey of older adults and focus groups with older adults to ascertain concerns and needs of this segment of the population.

The major concerns identified were health and financial concerns, followed by concern for family members, and concern about transportation. The major needs identified concerned physical health, transportation, and chores (Table 10).

Table 10 Needs of Older Adults Percent that Very Much or Somewhat Need Help	
Physical Health	66%
Transportation	64%
Chores	63%
Paying medical costs	54%
Grocery shopping	51%

Source: Agency on Aging of South Central Connecticut

PRIORITIES - TRANSPORTATION

TRANSPORTATION

As the older segments of the population continue to grow larger, communities may face more demands for transportation services for the elderly. An expansion of the transportation options currently available was identified as a need by many of the residents and service providers who participated in the focus groups. Comments indicated that there is insufficient on-demand service and that the transportation options available do not always meet the needs of the frail elderly.

Research conducted with older adults in the Valley over the past seven years regarding available transportation services shows some conflicting results. A needs assessment study conducted in 2000 by Mount Auburn Associates indicated that there were adequate transportation options for older adults, yet subsequent needs assessments found, as did this current assessment, that the transportation needs of older adults are not being adequately met. A survey conducted by the Agency on Aging of South Central Connecticut also found that 64 percent of older adults in the Valley either “very much” or “somewhat” need help with transportation.

Currently there are several transportation options for older adults in the Valley:

- Valley Transit District provides on-demand bus service to older adults, the disabled, and general residents of Ansonia, Derby, Seymour, and Shelton. They offer curb-to-curb service.
- Local Senior Centers (Shelton, Seymour, Derby, Oxford) provide scheduled trips to shopping centers and on-demand trips to medical appointments.
- American Red Cross provides on-demand non-emergency medical transportation to Ansonia, Derby, Oxford, Seymour, and Shelton.
- Valley Interfaith Caregivers recruits volunteers to provide on-demand, non-emergency transportation service to older adults in Ansonia, Derby, Oxford, Seymour, and Shelton.
- Connecticut Transit provides fixed route service to Derby, Ansonia, and Seymour.

Specific Needs Identified

While there are several transportation options available for older adults throughout the Valley, interviews with service providers and focus groups with older adults identified some shortfalls in current services. Typical comments included:

- Valley Transit does not have service on evenings and weekends.
- Weekend transportation to church services is not offered.
- At least 24 hours notice is needed for local travel. Longer notice is needed to regional appointments.
- Not all transportation options, such as those offered by senior centers, are handicapped accessible.
- There are long wait times for return trips, which can be a deterrent for frail elderly.
- Most of the transportation service available provides curb-to-curb service. There is limited door-to-door service offered, which is needed for those traveling alone and in need of assistance from their front door to the bus.

PRIORITIES - TRANSPORTATION

- More training is needed to help drivers understand the needs of the elderly.
- There are obstacles to recruiting volunteer drivers that need to be overcome. Among these obstacles are liability for parking tickets, increasing gas prices, and insurance liability.
- Valley Transit does not serve Oxford.

Efforts Currently Underway

There are several efforts currently being undertaken to address several of the aforementioned needs:

- Valley Transit is considering offering weekend service for medical appointments or church services, as well as summer service in the evening for various activities.
- Valley Transit is also planning to distribute brochures with information about their services at TEAM and the Kennedy Center to promote their services.
- Valley Interfaith Caregivers is planning a concerted effort to build a volunteer base of at least 20 volunteers for each of the five Valley towns. These volunteers would offer rides as well as other services such as light housekeeping, friendly visiting, and chores.

Review of Transportation Strategies for Older Adults Transit Services

There are several associations that provide analysis of senior transportation services and have established recommendations for providing such service. Among them is the Beverly Foundation which focuses on new ideas for senior transportation services. The Foundation developed the Five A's of Senior Friendly Transportation as a guideline for transportation operations:

- *Availability*: Transportation exists and is available when needed (e.g., transportation is at hand, evenings and/or weekends).
- *Accessibility*: Transportation can be reached and used (e.g., bus stairs can be negotiated; bus seats are high enough; van comes to the door; bus stop is reachable).
- *Acceptability*: Deals with standards relating to conditions such as cleanliness (e.g., the bus is not dirty); safety (e.g., bus stops are located in safe areas); and user-friendliness (e.g., transit operators are courteous and helpful).
- *Affordability*: Deals with costs (e.g., fees are affordable; fees are comparable to or less than driving a car; vouchers or coupons help defray out-of-pocket expenses).
- *Adaptability*: Transportation can be modified or adjusted to meet special needs (e.g., wheelchair can be accommodated; trip chaining is possible).



Source: Beverly Foundation.

PRIORITIES - TRANSPORTATION

The Eastern Maine Transportation Collaborative Health Services Initiative analyzed 27 models related to senior transportation systems for themes related to best practices. The models reviewed were mainly from nonprofit organizations from around the country providing transportation in rural and suburban areas. Most of the programs reviewed required screening and testing for all of the drivers. Most of the programs provided the following service:

- Escorts
- Services for any transportation need
- Services available anytime
- Door-to-door service
- Services for no fee or donation

Principles of Best Practices for Senior Transportation

The Eastern Maine Transportation Collaborative Health Services Initiative report further developed the following list of Principles of Best Practices for senior transportation³:

- ***There is no cookie-cutter approach to providing the best service.*** Each model has its own distinct mix of resources and challenges, and it was the way in which each model responded to these challenges and utilized resources that made it a best practice model.
- ***Flexible and accessible service is a must.*** Flexibility can be provided by giving riders increased options for scheduling. Accessibility means providing vehicles that older adults feel safe in, training drivers in the appropriate lifting and transferring methods where applicable, and providing escort assistance into appointments when possible.
- ***Drivers are an important component in providing safe and reliable transportation.*** As such, drivers should be appropriately screened and trained in a way that emphasizes safety as well as sensitivity to the needs of older adults.
- ***Services are best approached as a response to community-based needs.*** Each organization should assess and be aware of its relationship to community members as well as its public image. Developing a positive relationship with riders, community members, and potential partners is an essential step in carrying out best practice service.
- ***Volunteers are a vital part of the country's transportation for older adults.*** Volunteers provide the key link between neighborly service and meeting the demands of strapped budgets, yet volunteers are consistently identified as a scarce resource, difficult to recruit and maintain, especially in winter months.
- ***The best programs make a commitment to going beyond transportation services, narrowly defined.*** They make neighborly connections with those served and whenever possible provide individual or personal service to older adults.
- ***Successful models partner and evolve financially, looking beyond traditional sources of funding.*** This challenges transportation providers to step out of standard modes of operating to seek out new ways to raise funds. Partnering and collaborating with other organizations is a strong best practice principle in rural areas. In order to promote collaboration and partnership, organizations and providers need to overcome and adjust to the new demands that sharing resources brings, such as learning to meld policies and practices so that each partner can benefit.

PRIORITIES – SOCIAL SERVICE SUPPORT

SOCIAL SERVICE SUPPORT/ACCESSING RESOURCES

The need for social service support was apparent in discussions with residents and providers alike. The issues most often raised by providers concerned the lack of centralized social service support in each town, the lack of services available to isolated older adults, and the need to inform older adults of where to find services. Providers stressed the need for a social services professional who could provide outreach and direct services to older adults in the Valley. Discussions with residents focused on understanding where to find the resources they need. Older adults specifically concentrated on the help they need finding assistance for medical and insurance issues, in-home care, and household maintenance.

Specific Needs Identified

Two of the needs assessments conducted since 2000 recommended the establishment of a human resources position that would serve the Valley. Both the Valley Elder Care Provider Response to the Mount Auburn Study published in 2001 and the Report of the Pilot Senior Center Needs Assessment Project published in 2003 recommended that this be a position shared by all the towns. The recommendation came on the heels of the elimination of the social service position in these municipalities. The position would serve those ages 60 and older. This current needs assessment research found support for the creation of that position.

Providers suggested that the Valley towns have several major deficits with which a social service worker could assist:

- These towns do not have a social worker to provide direct services to older adults. Often questions at the town level are fielded by the senior center directors, who can give referrals but can not provide direct service to the residents.
- The outreach worker could provide services to homebound older adults. There is currently no formal mechanism for identifying isolated older adults. It was suggested that this position could focus on contacting those older adults who no longer attend senior center functions. The outreach worker can find out why the resident chose to “drop out” of senior activities and ascertain if further services are needed.
- There is no local Elderly Protective Services (EPS) office in the Valley. The closest EPS office is located in New Haven. This office could provide support for those older adults who may be experiencing abuse, neglect, or exploitation.

Providers also had several other recommendations for assisting older adults in finding the services they need. Providers suggested the following:

- The State of Connecticut should reinstitute training for municipal agents on aging.
- Awareness needs to be raised through advertising and marketing campaigns about the current information and referrals services available. These services are the CHOICES programs provided through the AASCC and the 2-1-1 information and referral service.

PRIORITIES – SOCIAL SERVICE SUPPORT

- There is a need for bilingual outreach workers, especially for those who speak Spanish. Providers say there are Hispanic elderly in the Valley who may be afraid to access services either due to language barriers or immigration status. The Hispanic elderly tend not to utilize senior centers.

Focus groups with residents revealed their level of familiarity with finding resources:

- One resident suggested that TEAM gets a wide range of calls but a poll showed that only 13 percent of respondents knew what TEAM was.
- Several residents suggested the need for a senior directory to identify services available.
- Several seniors also suggested that there be information published in a centralized way about activities at all the senior centers.

Review of Recent Research

Valley Elder Care Provider Response to the Mount Auburn Study published in 2001 suggested that the regional outreach worker would be responsible for connecting with elderly shut-ins. The Report of the Pilot Senior Center Needs Assessment Project published in 2003 suggested several other functions for that position. That report recommended that the regional human services position be shared in proportion to the percentage of people age 60 and older in each of the participating towns. The report suggests the following duties for that position:

- Provide guidance regarding entitlements and available community service

- Offer counseling on issues such as housing, insurance, and long-term care

- Coordinate educational seminars on elder issues

- Serve as a short term care manager for seniors and their families

- Serve as a liaison to the Valley Senior Services Council

- Make referrals to appropriate service providers

PRIORITIES - HOUSING

U.S. Census data strongly suggests that there is a tendency for older adults to remain in their existing homes and communities. The Census reports that, in a given year, five percent of those age 55 and older change residences, compared with 17 percent of the population under age 55. Comments from the focus group and interviews with senior service providers anecdotally mesh with the Census data. These providers indicate that many of the older adults in the Valley choose to “age in place” and prefer to stay in their home and, if that is not possible, to stay in their current town.

These desires often come with challenges for older adults who may find it increasingly difficult to physically and financially maintain their current residence. These difficulties include spending more than the recommended 30 percent of income on housing costs, living in overcrowded conditions, or living in a residence without complete kitchen or plumbing facilities. Table 11 shows the percent and number of renters and owners age 62 and older currently experiencing housing problems. In the Valley, Shelton has the highest percent of older renters, while Ansonia has the highest percent of older owners with housing problems.

Table 11
Renter and Owner Households, Age 62 and Older, with Housing Problems – 2000

	Renters		Owners	
	Percent of Households	Number of Households	Percent of Households	Number of Households
Connecticut	45.3%	37,348	29.1%	66,054
Ansonia	35.1%	263	36.8%	454
Derby	41.5%	159	30.6%	273
Oxford	--	--	22.0%	100
Seymour	43.4%	180	28.5%	305
Shelton	57.1%	282	27.3%	722

-- No cases

Source: U.S. Housing and Urban Development Comprehensive Housing Affordability Strategy

Specific Needs Identified

The issues raised during the interviews and the focus groups on housing are similar to issues raised in many of the cities and towns in Connecticut:

- Older adults seeking to downsize and move to smaller one-story homes face limited options in the housing market in the Valley.
- Older adults wanting to remain in their present housing often find it difficult to maintain their home or modify it to support changes in physical mobility.
- It is challenging to find reliable and affordable assistance with household chores and yard work.
- Increasing property taxes are a financial burden on those with a fixed income.

PRIORITIES - HOUSING

- Low income seniors have a challenge maintaining independence and staying at home, due to the high cost of in-home health care.
- Age restricted housing or public housing for older adults do not necessarily provide age appropriate services for those residents.
- Housing developments often do not have resident services coordinators to assist residents who may need support.
- Much of the senior housing in the Valley consists of efficiency apartments. Older adults in the focus groups said they need at least one bedroom units that contain some storage space.
- Participants suggest that the presence of young adult disabled residents in housing that had been dedicated to older adults has resulted in the loss of peace and quiet and their sense of safety.

Current Public Housing Options

All of the Valley towns have public housing complexes for older adults. A high percentage of those units are efficiencies. Most housing authorities in the area report long waiting lists for senior public housing units. Derby reports 105 people on the waiting list, and Ansonia is now calling people who have been on the list since 2004 and 2005. Table 12 lists the public housing developments for seniors in the Valley. These housing developments are also open to disabled residents over the age of 18. Seymour has also opened an affordable assisted living community at Smithfield Gardens.

Table 12
Elderly Housing Complexes in the Valley

Ansonia

Monsignor Hynes Heights – 74 units, 56 one bedroom and 18 efficiencies

James O'Donnell – 40 units, 12 small bedroom and 28 large bedroom

John J. Stevens – 33 units, 15 small bedroom 18 large bedroom

Derby

Cicia Manor – 40 units, 12 one bedroom and 28 efficiencies

Hallock's Landing – 35 units, all one bedroom

Lakeview Apartments – 30 units, 20 one bedroom and 10 efficiencies

Stygar Terrace – 36 units, 16 one bedroom and 20 efficiencies

Oxford

Crestview Ridge – 34 units, all one bedroom

Seymour

Callahan House – 80 units, 26 one bedroom and 54 efficiencies

Norman Ray – 40 units, 8 one bedroom and 32 efficiencies

Smithfield Gardens subsidized assisted living – 56 units, all one bedroom

Shelton

Helen DeVeau – 40 units, 12 one bedroom, 28 efficiencies

The Ripton – 35 units, all one bedroom

Sinsabaugh I and II – 40 units each, all one bedroom

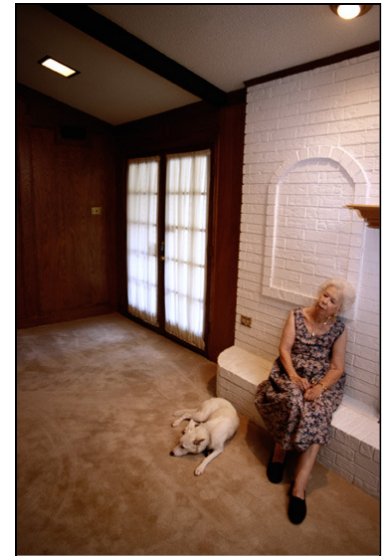
PRIORITIES - HOUSING

Review of Strategies and Research on Housing for Older Adults

One of the goals of the U.S. Administration on Aging (AoA) Strategic Plan is to enable older adults to remain in their homes with a high quality of life for as long as possible. This goal is being driven by the increasing demand for long-term care services and the high cost of nursing home care. The AoA is focusing on encouraging communities to provide older adults with less expensive home-based support options to reduce unnecessary placement in nursing homes.⁴

That goal requires support for older adults who are in need of in-home care and services, housing modifications, and property tax relief. A review of research conducted by the National Association of Areas on Aging and Partners for Livable Communities calls for the following responses to the housing challenges faced by older adults⁵:

- *Institute property tax relief programs for older homeowners* – local governments can either establish criteria for limiting property taxes on homes owned by older adults, limit or freeze increases in property assessment values, or provide grants to assist low-income households who cannot afford property taxes.
- *Institute home modification and repair programs* – local governments can expedite the permit process when residents need to make modifications like wheelchair ramps, provide funding for home modification and repair, assess homes for safety, maintain a database of contractors who are qualified to undertake modifications for the elderly, and support volunteer programs aimed at helping older adults modify or repair their homes.
- *Encourage universal design and visitability in new housing construction* – these designs can include elements such as wider doorways, lever faucets and door handles, zero step entry ways, and a bathroom and bedroom on the first floor. This would require a collaboration between local municipal officials, developers, advocates for older adults and the disabled, and homebuilders.
- *Build partnerships between housing and service providers* – create a mechanism for on-site services for older adults at housing complexes.



PRIORITIES – HEALTHCARE

As the population of older adults continues to increase, the promotion of programs that support the health and well-being of older adults becomes more critical. For older adults there are many statistics that magnify the importance of disease prevention and early detection.

Among them is that the cost of health care for someone over 65 is five times greater than it is for someone under 65, and that 95 percent of health costs for older adults are for chronic illnesses.⁶



Specific Needs Identified

Residents and providers discussed the need for continued health screenings for older adults. The Naugatuck Valley Health District (NVHD) serves the towns of Ansonia, Derby, Seymour, and Shelton, as well as Naugatuck and Beacon Falls (Oxford is served by the Pomperaug Health District). For older adults, NVHD offers flu shots at the senior centers and flu shots to the homebound. The District also offers blood pressure, cholesterol, and stroke screenings as well as mammograms. A challenge noted by staff serving this population is the reluctance of people to cross borders to attend health screenings or flu shots. This requires activities to be held in each town separately, which can stretch resources. Several providers said they have attempted to hold educational programs on health issues at the senior centers, but many older adults see the senior centers as places for recreation and travel and not education.

Recent Research

Screenings and preventive health services are critical since they can help older residents stay healthy and live independently longer. In 2002 in the United States, the top three causes of death of those age 65 and older were heart disease (32 percent), cancer (22 percent), and stroke (8 percent).⁷ According to the Centers for Disease Control (CDC), these leading causes of death are often preventable. The CDC points to three behaviors, smoking, poor diet, and physical inactivity, as root causes of 35 percent of U.S. deaths in 2000. Programs that encourage older adults to adopt healthier behaviors, while getting regular health screenings, may reduce a person's risk for many chronic diseases.

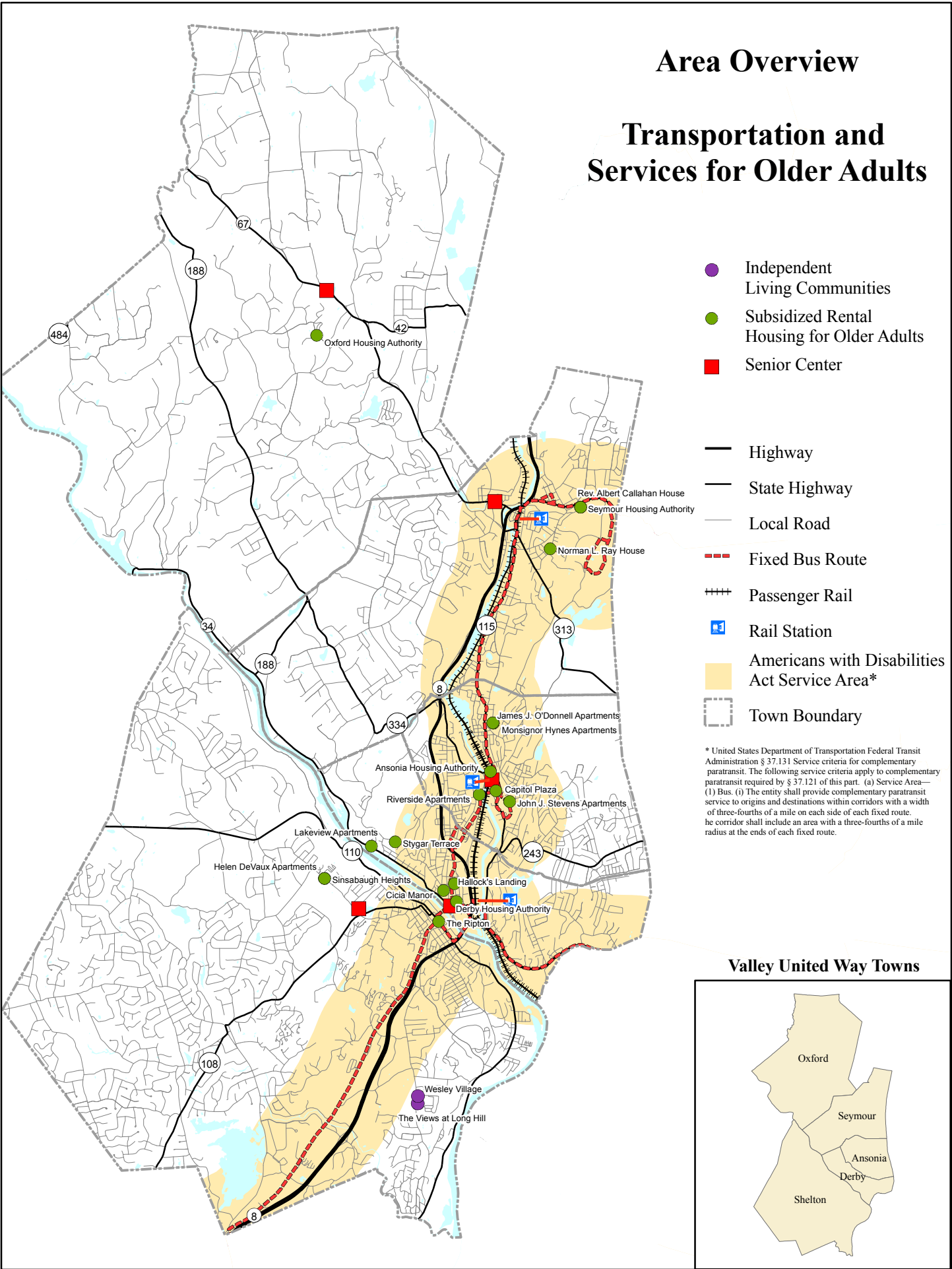
APPENDIX A– MAPS

Maps Reviewing Population and Services in the Valley

Map 1:	Area Overview Including Transportation and Services
Map 2:	Population Density Age 65 and Over in Relation to Services
Map 3:	Population Density Age 65 and Over
Map 4:	Population Density Age 75 and Over
Map 5:	Concentration of 65 and Over Living in Poverty
Map 6:	White Population Density Age 65 and Over
Map 7:	Black Population Density Age 65 and Over
Map 8:	Hispanic Population Density Age 65 and Over

Area Overview

Transportation and Services for Older Adults



Population Density Age 65 and Over and Services for Older Adults

Older Adult Services

- Independent Living Communities
- Subsidized Rental Housing for Older Adults
- Senior Centers
- + Assisted Living Facilities
- + Skilled Nursing Facilities

Population Density (65+)

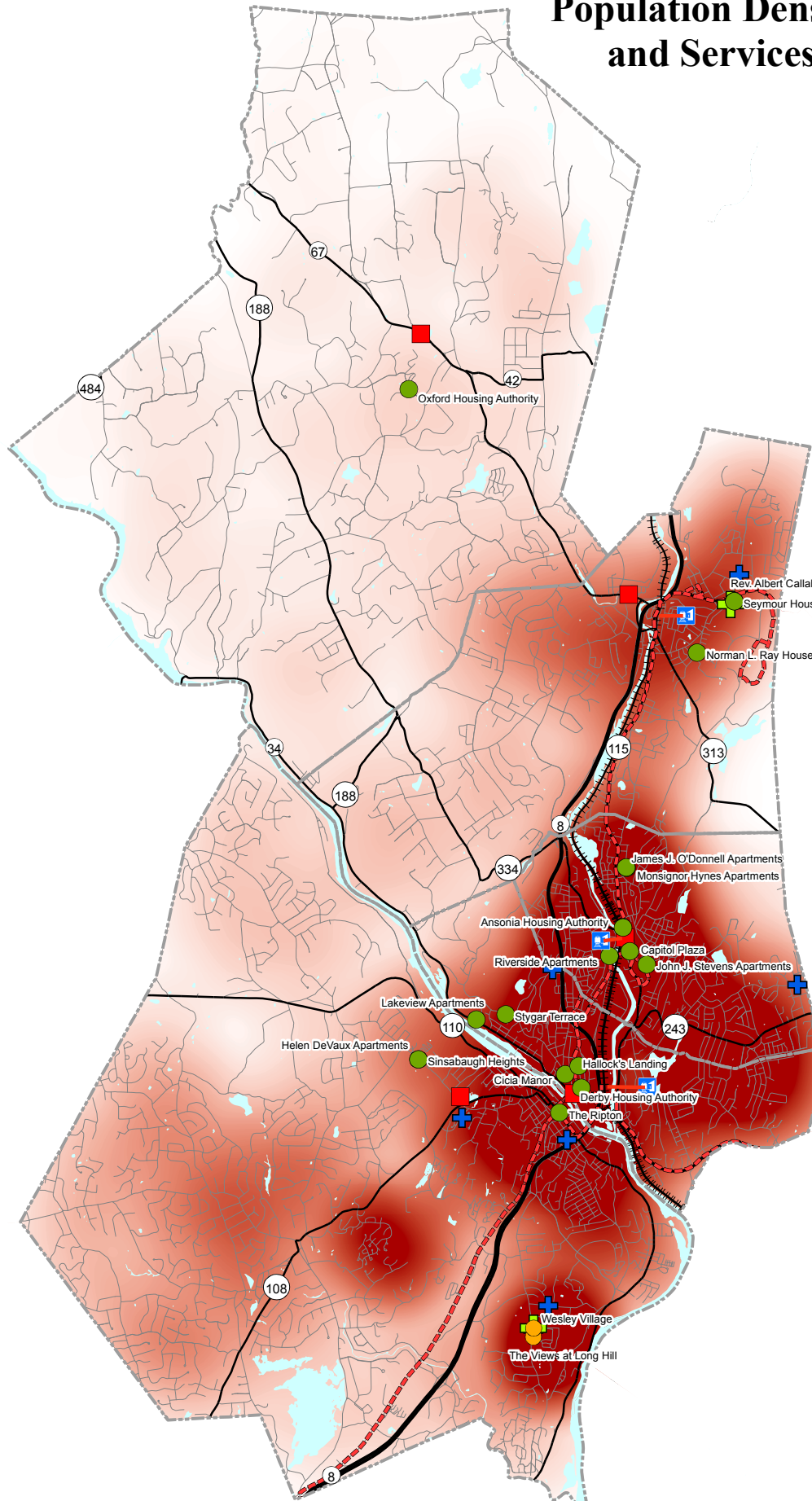
person / square mile

High Density (936)

Low Density (0)

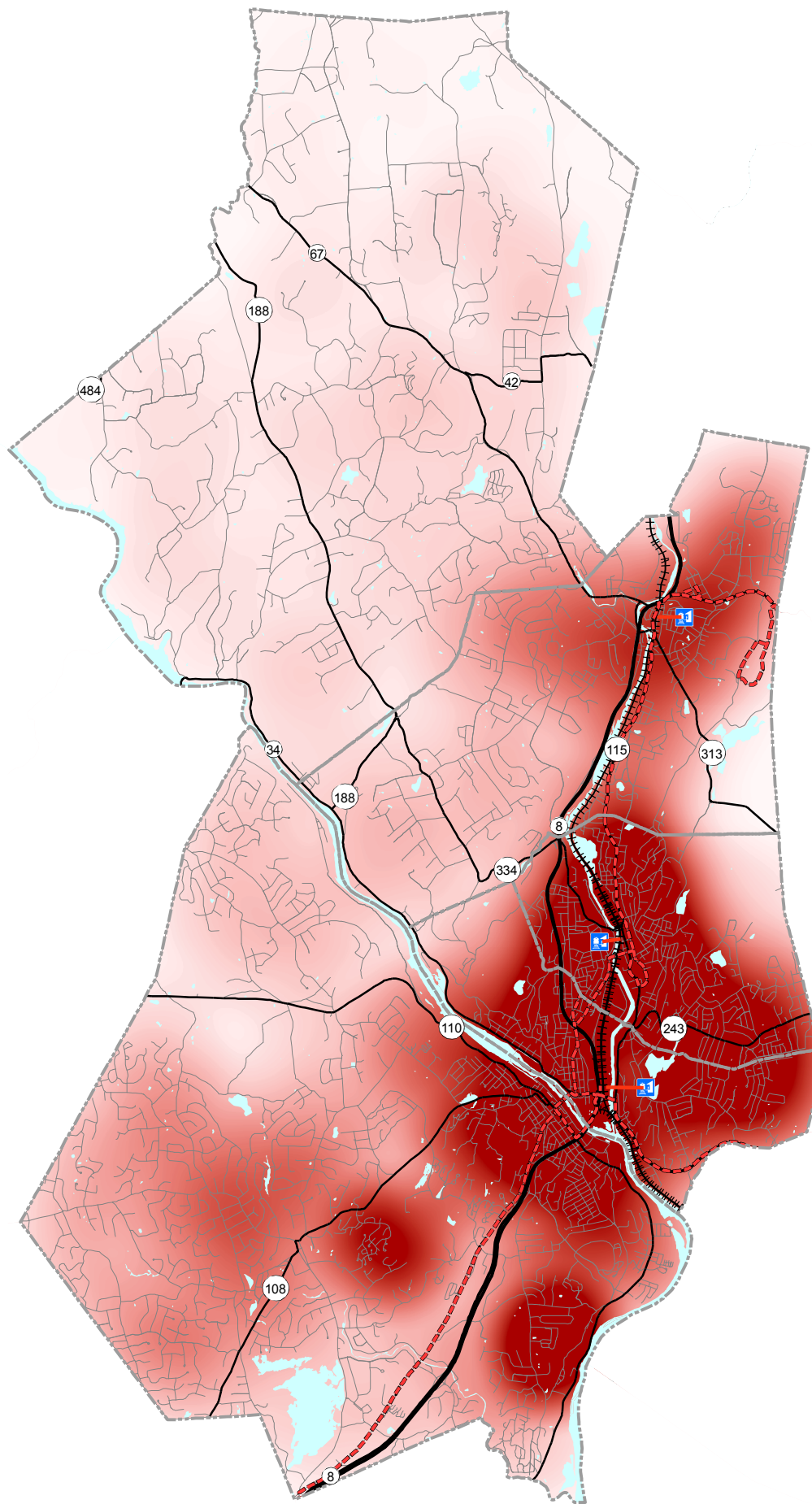
- Highway
- State Highway
- Local Road
- - - Fixed Bus Route
- + + + + Passenger Rail
- + 1 Rail Station
- Town Boundary

Valley United Way Towns

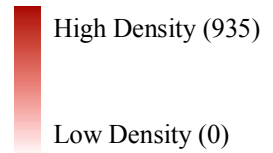


Population Density Age 65 and Over

(persons / square mile)

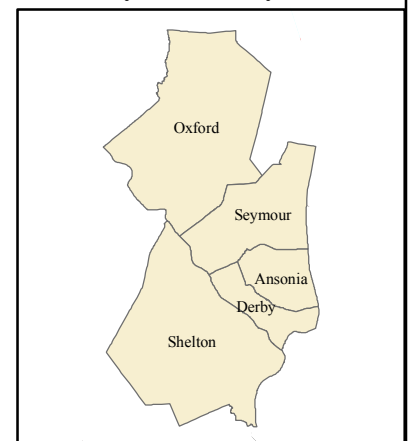


Population Density (65+)



- Highway
- State Highway
- Local Road
- Fixed Bus Route
- Passenger Rail
- Rail Station
- Town Boundary

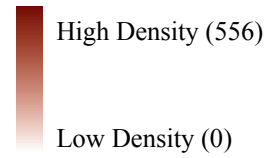
Valley United Way Towns



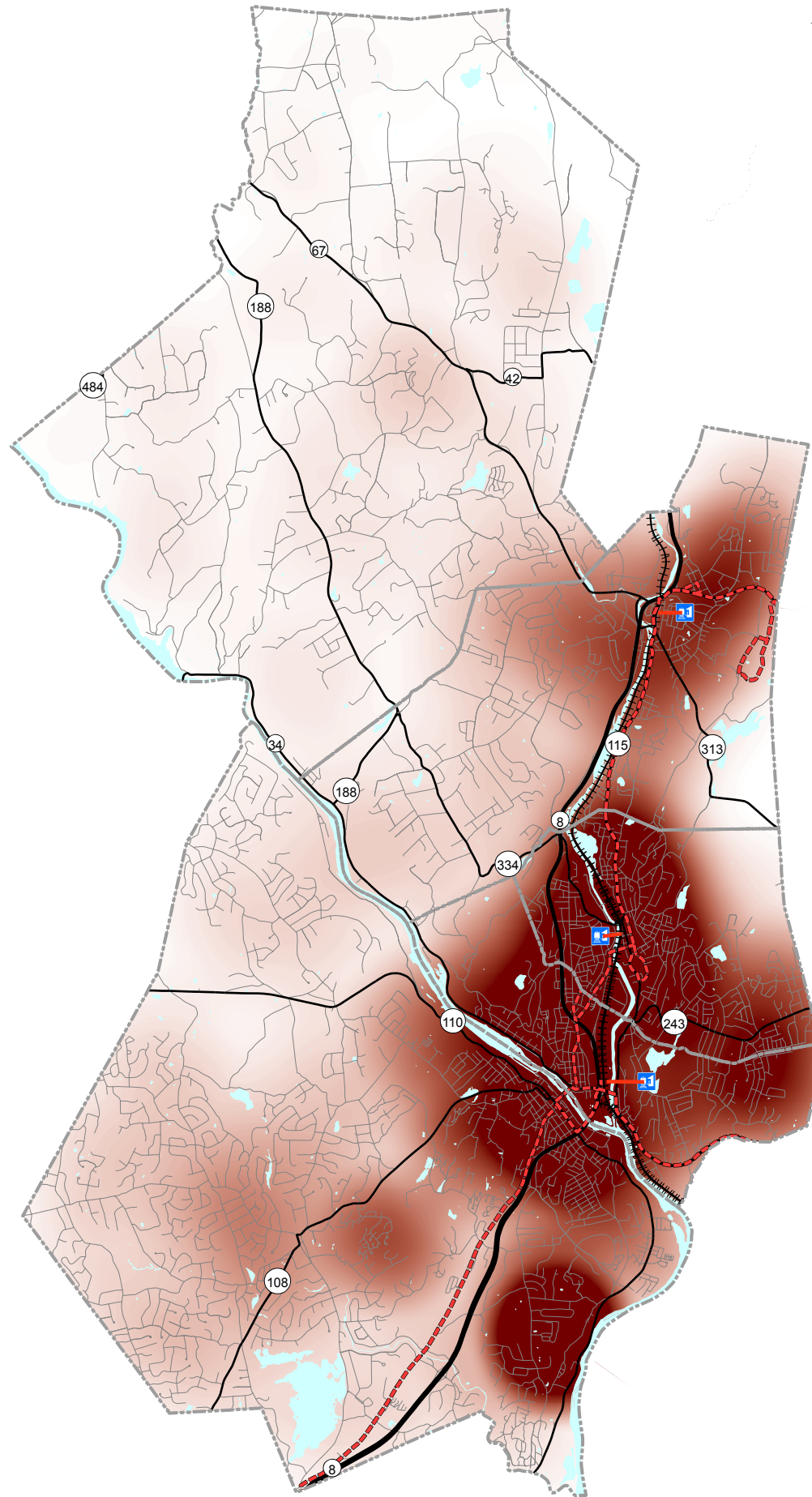
Population Density Age 75 and Over

(persons / square mile)

Population Density (75+)



- Highway
- State Highway
- Local Road
- - - Fixed Bus Route
- + + + Passenger Rail
- Rail Station
- Town Boundary

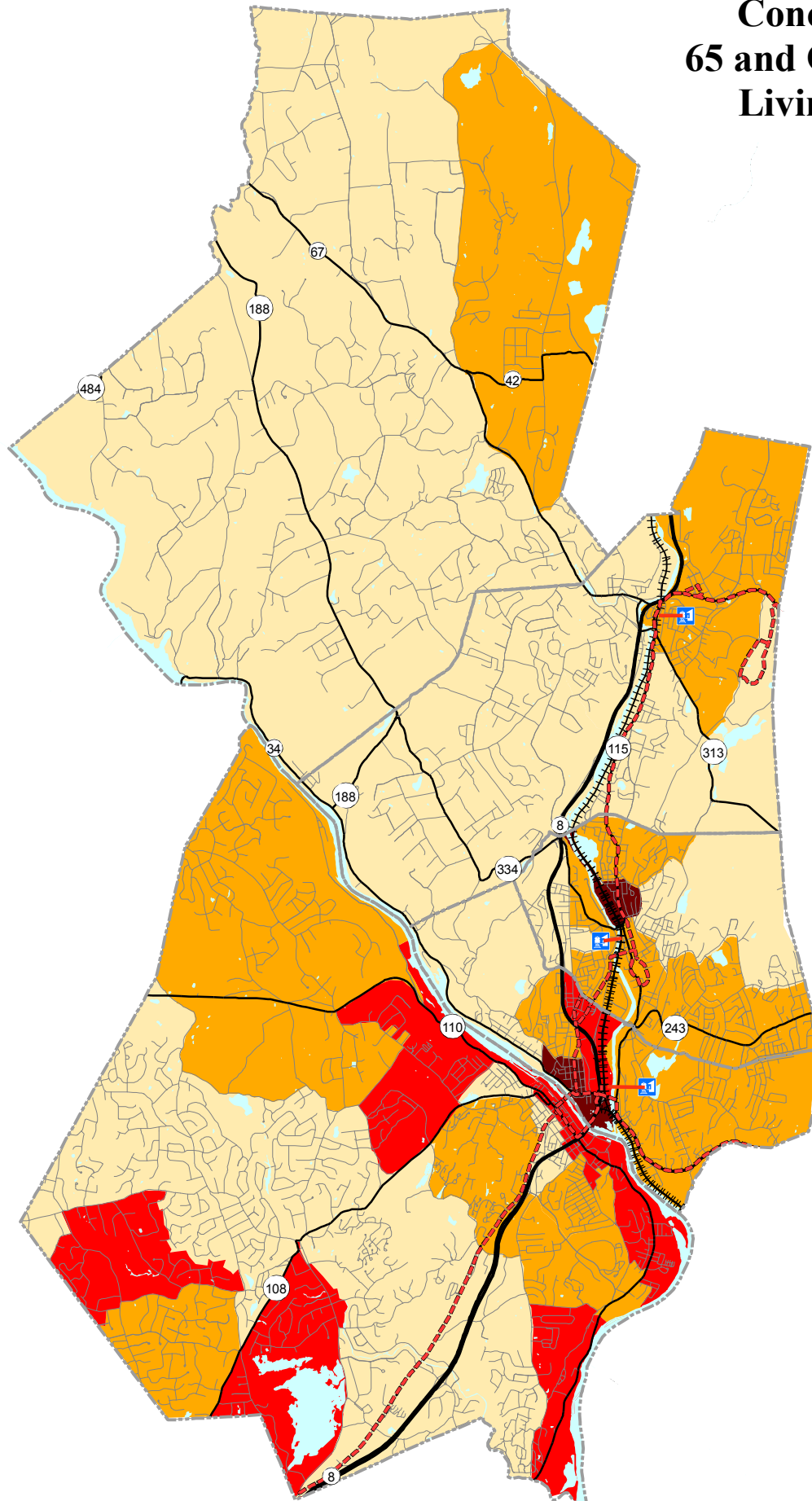
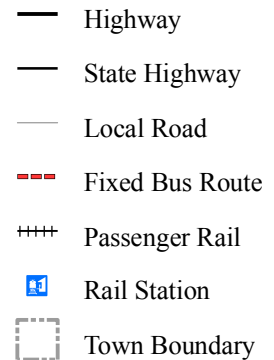
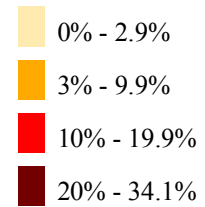


Valley United Way Towns



Concentration of 65 and Over Population Living in Poverty

Percent of 65 and Over
Population Living in Poverty

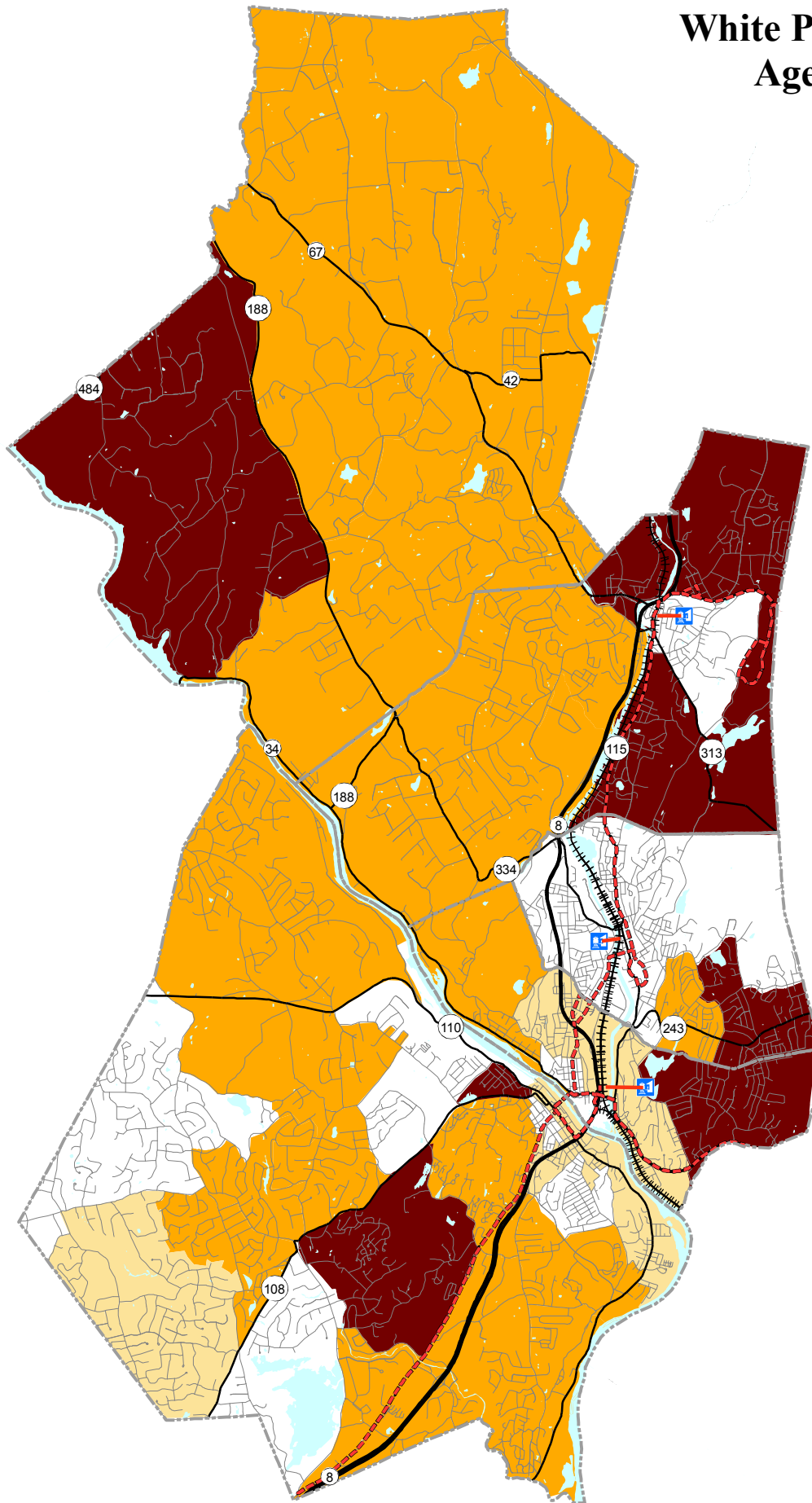
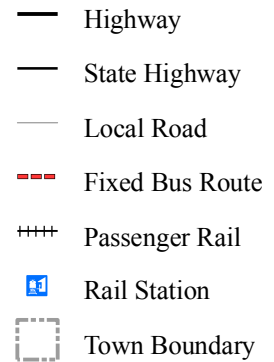
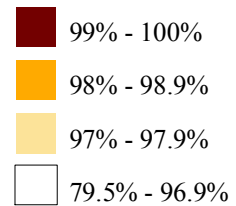


Valley United Way Towns

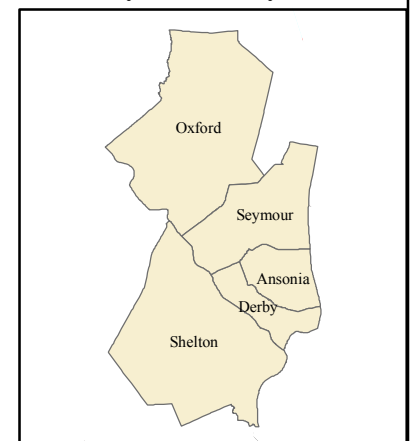


White Population Density Age 65 and Over

Percent of Population
65 and Over and White

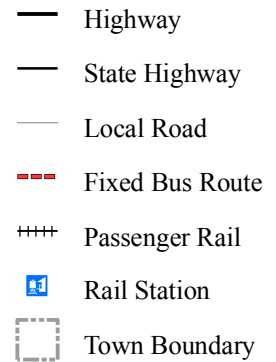
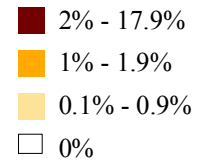


Valley United Way Towns

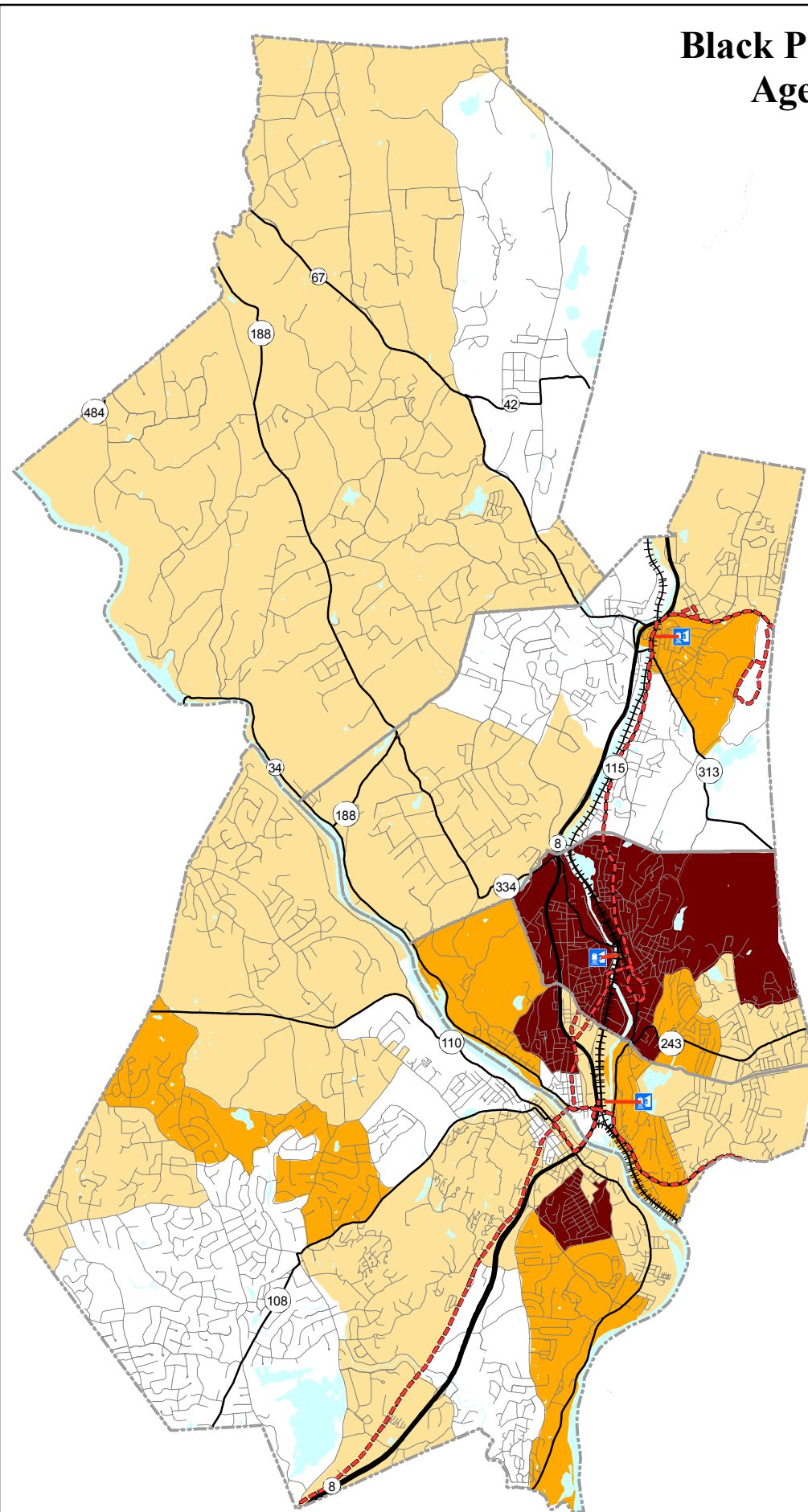


Black Population Density Age 65 and Over

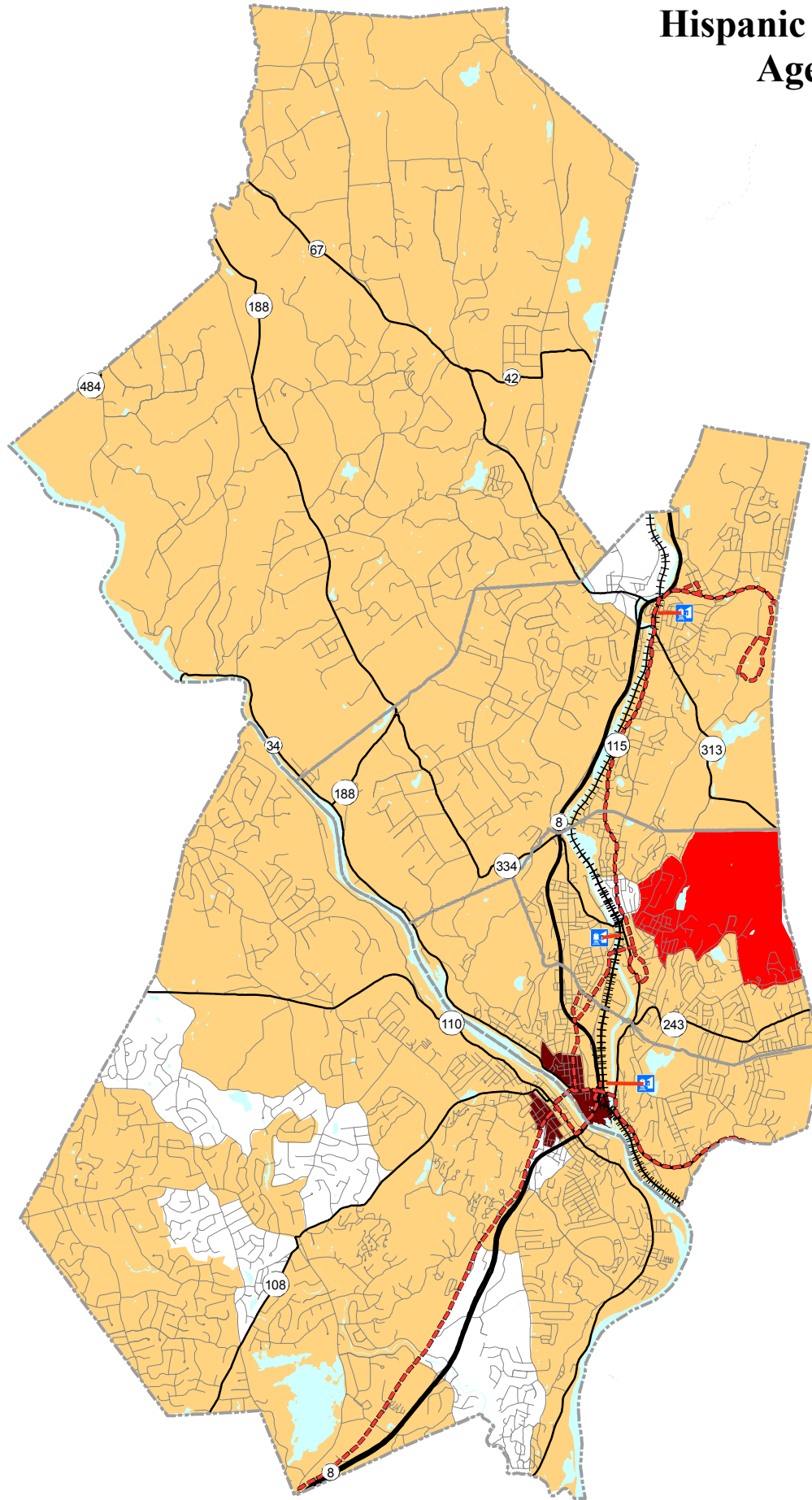
Percent of Population
65 and Over and Black



Valley United Way Towns



Hispanic Population Density Age 65 and Over



Percent of Population
65 and Over and Hispanic

0%

0.1% - 2.9%

3% - 3.9%

4% - 5.7%

— Highway

— State Highway

— Local Road

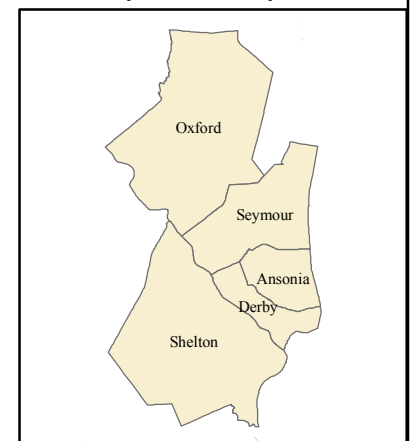
- - - Fixed Bus Route

++++ Passenger Rail

 Rail Station

 Town Boundary

Valley United Way Towns



APPENDIX B– RESIDENT FOCUS GROUPS

Seymour Focus Group – Seymour Public Housing

Participants

This focus group was attended by nine seniors; five female and four male. All live in Seymour. Comments included the following:

Senior Center

- Participants suggested that activities and services need to be provided for older adults who are more frail and have mobility or health needs.
- It was suggested that there needs to be improved communication about senior center activities. Participants suggested that the senior center publish a bulletin similar to one published by the Oxford Senior Center.

Transportation

- Participants indicated that the Valley Transit District offers good door-to-door services, but that there are limited transportation options for getting to church services, and the senior center buses do not all accommodate wheel chairs.

Housing

- Participants suggested that the inclusion of young adult disabled residents in housing that had been occupied only by older adults is challenging and has resulted in the loss of peace and quiet and a sense of safety. Participants said that the recent hiring of a housing authority police officer with the help of a Katherine Matthies grant has helped provide some safety.
- Participants expressed concern that young disabled residents have social service needs that are not being met and that older adults cannot help them with.
- Participants also suggested the need for more entertainment, a pool, a gym, and a recreation coordinator at the housing complex.

Derby Focus Group – TEAM

Participants

This focus group was attended by three female seniors who live in Derby, and a service provider to the homebound.

Senior Center

- It was suggested that the town needs a larger senior center facility with more convenient parking. Participants commented that the current parking garage prevents some older adults from attending the senior center because it is seen as unsafe.
- Participants offered ideas for additional senior center activities and services

including: Internet access, book group discussions, music, a weight room, and activities geared toward younger seniors.

- It was suggested that the senior center needs more space so that more than one activity could be held at a time.
- Participants said they would also like access to an area pool.

APPENDIX B– RESIDENT FOCUS GROUPS (cont.)

Housing

- Participants suggested that there is a lack of affordable housing that would allow older adults to downsize. Participants commented on the long wait for public housing and the challenge of housing young disabled with older adults in public housing.

Accessing Resources

- There was limited knowledge within the group about the 2-1-1 information and referral service. Participants suggested that TEAM is seen as the place to call for help but cited a poll that indicated only 13% of respondents knew about TEAM. Participants suggested publishing a directory of the services available for older adults.

Health Screenings

- Participants said that Griffin Hospital provides some health services at the senior center, such as blood pressure screenings and health seminars.
- Participants lamented that the screenings are not available to those who are not able to get to the senior center.



Shelton Focus Group – Crosby Commons

Participants

This focus group was attended by nine seniors; six female and three male. All live in Shelton.

Senior Center

- Participants suggested that the senior center has great programs and is well attended but more people need to know about the center and have access to it.
- Participants said the center should provide more help to isolated seniors.

Transportation

- Participants suggested there are several options for transportation, but not all transportation options are handicapped accessible. Participants said bus drivers also need to be trained to be more sensitive to the needs of older adult passengers.

Housing

- Participants suggested that there is a five year wait for senior housing and a need for more senior housing.
- It was suggested that low income seniors have a challenge maintaining independence, due to the high cost of home health care.

Safety

- There was concern about the safety of parking at a housing complex where the parking lot is located under the building. It was observed that teenagers tend to congregate in that garage.

APPENDIX B– RESIDENT FOCUS GROUPS (cont.)

Accessing Resources

- Participants said they get most of their information at the senior center and the Agency on Agency.
- Participants suggested that more volunteers are needed to get resource information to seniors and to act as advocates for seniors. They said seniors need advocates to help explain various benefits and programs to them.
- It was suggested that baby boomers who are ready to retire and will have the time to volunteer and give back to the community need to be recruited as volunteers for older adults.

Social service assistance from town

- Participants said that most of the Valley towns no longer have social service staff to assist residents, and this is a great need especially for older adults.
- The social service staff would also be needed to help identify the town's shut ins.

APPENDIX C– PROVIDER FOCUS GROUP

Participants

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

- Agency on Aging of South Central Connecticut
 - Birmingham Group Health Services
 - Derby Senior Center
 - Griffin Hospital
 - Shelton Senior Center
 - TEAM Inc.
 - United Methodist Homes
 - Visiting Nurse Services
-

The following are comments from the focus group:

Senior Centers

- Participants said that all five of the senior centers are marginally staffed, often with only one person.
 - Participants said senior centers need to market to and provide services to both older seniors and younger seniors since the needs of both groups can be very different.
-

Transportation

- It was suggested that volunteers are needed to help seniors to doctors' appointments. It was also suggested that the current process for setting up a ride is not conducive to emergency situations.
 - It was noted that most housing authorities do not have handicapped accessible vans.
 - One provider said that there is sometimes a long wait for the return trip home, which can be a deterrent for frail elderly.
 - Providers also said that despite problems, transportation in the Valley is still more organized than in other nearby towns.
 - Providers said seniors sometimes expect a transportation system to be a replacement for cars and that transit systems cannot meet those expectations.
-

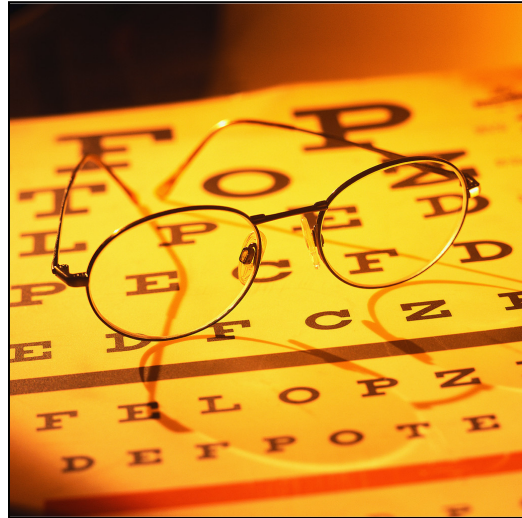
Housing

- Participants talked about the lack of smaller one story homes in the Valley that would enable older adults to downsize. They said many seniors, therefore, have to remain in their homes and are often asset rich but low in income.
- It was said that senior housing complexes in these towns have long waiting lists. Providers also said that the housing complexes tend to have studio apartments which older residents often find too small to be suitable.

APPENDIX C– PROVIDER FOCUS GROUP (cont.)

Access to health care

- Participants said older adults often struggle with being able to afford dental care, foot care and vision care, since Medicaid either does not provide coverage or provides limited reimbursement.
- It was noted that there are not enough physicians and dentists who take Medicare or Medicaid now, while there used to be a big list of doctors who provided free or low cost care.
- It was noted that senior centers provide some health screenings and that the Valley Health Department offers screenings from their office and flu shots at the senior centers.



Isolated seniors

- Participants indicated that there are limited efforts in place to identify isolated older adults. They said the focus is often on those seniors who are able to go to the senior centers. They also said that there is no outreach staff or coordinated effort to find those who might be homebound and need services.
- Participants said It is only when seniors do not come to the senior centers for a while that someone will check on them.
- It was noted that churches may know who their isolated parishioners are but they may not be able to share information.
- It was also noted that a challenge with identifying isolated seniors is that seniors often do not want to be identified as being in need.

Social Service Support

- Participants said that the towns no longer have social service support staff.
- It was suggested that social service support is critical for each town, especially for providing assistance to older residents.
- Participants said that the social service support that used to be part of each town often helped seniors coordinate their health care and acted as case managers. Providers said that when that support was no longer provided, an organization called Elder Options offered a fee-based advocacy service for seniors, but the fees acted as a deterrent, and the organization went out of business.

In-home services

- It was suggested that there are many agencies in the Valley that provide home health care, and home maker services but those services are not covered by Medicare.

APPENDIX C– PROVIDER FOCUS GROUP (cont.)

Utility Assistance

- All participants agreed that paying for electricity is a major issue. Many in senior housing pay their own electricity, while others pay electricity plus heat. Providers noted that there are a large number of calls for help with utilities.

Accessing Resources

- Participants said that older adults rely on the senior centers, the Agency on Aging, and TEAM for information. Participants said that older adults do not necessarily recognize 2-1-1 as a resource.
- It was also noted that most public housing complexes in the Valley do not have resident service coordinators who could help older adults access the resources they need.
- Providers said that older adults who participate in senior center activities are more informed about available services and how to access information. They said the challenge is helping isolated residents understand the resources available.

Diversity

- Providers said there is need for the support of those who speak Spanish and eastern European languages
- It was noted that in Ansonia there is a large Hispanic population which is located in one specific area and that there are limited services available to that population.

Strengths and Challenges

Strengths	Challenges
<ul style="list-style-type: none">▪ Providers noted that the Valley Health District communicates well with all towns.▪ They also said that the Valley contains small towns where many service providers and residents know each other.	<ul style="list-style-type: none">▪ Providers indicated that there is a lack of communication between the senior centers.▪ It was noted that sometimes residents do not want to cross the border into other Valley towns. They said that in some ways the Valley is united, but in other ways residents can be territorial.

APPENDIX D– PROVIDER INTERVIEW SUMMARY

The CRC conducted interviews with representatives of the following agencies:

- Agency on Aging of South Central Connecticut
- Derby Senior Center
- Naugatuck Valley Health District
- Naugatuck Valley Project Latino/Hispanic Resource Center
- Oxford Senior Center
- Seymour Housing Authority
- Seymour Senior Center
- TEAM, Inc.
- Valley Interfaith Caregivers
- Valley Transit District

The following are comments from those interviews.

Social Service Support

- There is a need for a social service worker who can serve all five towns. When the State stopped general assistance, towns lost their social workers. This outreach person could serve each senior center and provide social work help. The position could also provide case management for isolated seniors.
- A previous attempt to hire an outreach person through a grant to work one day a week in each senior center, was not approved. It was noted that it would be difficult to solve all the problems with one person.
- The State of Connecticut used to have mandatory training for municipal agents on aging and the State needs to reinstitute that training.
- There is a need for an elderly protective service department. There is no one to call if someone is at risk. In the event of an emergency a call is placed to elderly protective services in New Haven.
- People need to be more aware of the Connecticut 2-1-1 and the AASCC information and referral services.
- Hispanic elderly, who may be illegal aliens, are often afraid to reach out for services. They do not ask for help and do not attend the senior centers. There is a need for more outreach workers who speak Spanish.

Transportation

- There is a need for a regional transit service that goes out of town.
- Volunteer services cannot provide enough transportation support.
- Saturday hours are needed for medical appointments or church services.
- Evening transportation is needed one or two nights for bingo or summer activities.
- A formal escort program is needed. Most services are curb-to-curb.
- Valley Transit District service is needed in Oxford.

APPENDIX D– PROVIDER INTERVIEW SUMMARY (cont.)

Isolated Older Adults

- There is no formal system to identify isolated elders. Only those who receive meals-on-wheels and those who stop going to the senior centers are known.
- There are no services offered to isolated seniors. There are only services for those who can go to the senior center.
- A program is needed to help lonely homebound people who fear being in groups.
- An advertisement could be placed on Comcast with a number for isolated seniors to call.

Senior Center Issues

- The Valley needs to have one senior center, because there are too many duplicated services and too much infrastructure to support.
- All senior centers need to offer meals at lunch.
- Not all senior centers participate in the Valley Senior Services Council.
- Senior centers should offer services to the disabled, including transportation services.

Housing

- Some elderly housing projects are over 30 years old and were set up as efficiency apartments. Newer housing developments have separate bedrooms. Older projects need to be revamped to include larger units.
- Senior housing is now open to younger disabled. There is no case management provided for the younger disabled. Elders do not need to be subjected to this mix of younger disabled. Help is needed from the Department of Health and Addiction Services.
- There is not enough senior housing. There are long waiting lists. People are aging in place and are stuck in their homes in a very rural area.
- Recreation, transportation, and social service support are needed in senior housing.

Health Care

- It was suggested that Griffin Hospital send a mammography van to towns.
- Valley Health District does screening to check carotid arteries, blood pressure and cholesterol.
- Seniors who suffer from depression, need to be identified.

Financial Assistance

- Assistance is needed for taxes and bill paying.
- More financial assistance is needed for in-home care services.



APPENDIX D– PROVIDER INTERVIEW SUMMARY (cont.)

Volunteers

- Volunteer are needed to drive, do friendly visiting, telephone reassurance, help with shopping, errands, and chores, and light housekeeping.
- There are 91 volunteers in the CHOICES program that do health insurance counseling and eligibility screening. Volunteers work four hours a week and help seniors and the disabled apply for benefit programs.
- There is a need for companions to accompany people to doctor's appointments.
- Volunteers need to be recruited through corporations and churches. Teachers can be recruited for summer work.

Adult Day Care

- Some seniors should be in adult day care as opposed to a senior center. There are few adult care options in the Valley. Almost Family provided adult day care in Shelton but has since moved.

Advocates

- Seniors need advocates, There is a need to train volunteers to keep an eye out for any problems for people who need more help than a volunteer can give.

Strengths and Weaknesses of the Valley

- Somewhat unique to the Valley is how segregated it is. You can go to a town and point to the different ethnic groups which do not mix.
- There is often a need to cater to each town separately. Traditionally, if a program is run in one town, the other towns will not participate. When there was a shortage of flu vaccine, three sites were used because people would not cross borders.

APPENDIX E– ADMINISTRATIVE DATA

Table E-1
Population by Area and Race/Ethnicity – Age 65 and Older – 2000

Race/Ethnicity	Ansonia	Derby	Oxford	Seymour	Shelton	Valley
Total Population 65+	2,871	2,059	857	2,221	5,672	13,680
White	2,683	2,014	845	2,192	5,550	13,284
Black	3	19	3	9	32	66
Hispanic	36	21	9	10	53	129
Asian	13	6	4	7	32	62
American Indian/ Alaska Native	7	2	0	2	10	21
Other	8	7	1	2	4	22
Two or more races	17	11	4	9	41	82

Source: 2000 U.S. Census

Table E-2
Population by Area and Race/Ethnicity – Age 65 and Older – 1990

Race/Ethnicity	Ansonia	Derby	Oxford	Seymour	Shelton	Valley
Total Population 65+	3,073	2,249	700	2,004	4,448	12,474
White	2,892	2,219	693	1,996	4,044	11,844
Black	161	21	0	5	25	212
Hispanic	27	35	6	5	41	114
Asian	4	3	1	2	9	19
American Indian/ Alaska Native	9	2	4	1	4	20
Other	7	4	2	0	6	19

Source: 2000 U.S. Census

Table E-3
Population by Area and Race/Ethnicity – Age 85 and Older – 2000

Race/Ethnicity	Ansonia	Derby	Oxford	Seymour	Shelton	Valley
Total Population 85+	368	278	87	236	825	1,794
White	348	274	87	235	810	1,754
Black	15	2	0	1	8	26
Hispanic	6	2	0	0	2	10
Asian	0	1	0	0	0	1
Other	4	1	0	0	0	5
Two or more races	1	0	0	0	4	5

Source: 2000 U.S. Census

APPENDIX E– ADMINISTRATIVE DATA (cont.)

Table E-4
Population by Area and Race/Ethnicity – Age 85 and Older – 1990

Race/Ethnicity	Ansonia	Derby	Oxford	Seymour	Shelton	Valley
Total Population 85+	599	453	99	321	1,108	2,580
White	222	198	41	131	613	1,205
Black	14	3	0	1	5	23
Hispanic	0	1	0	0	3	4
Asian	1	0	0	0	0	1
American Indian/ Alaska Native	1	0	0	0	0	1
Other	0	0	0	0	1	1

Source: 2000 U.S. Census

Table E-5
Median Home Value – 2000

Connecticut	\$166,900
Ansonia	\$140,000
Derby	\$136,600
Oxford	\$207,800
Seymour	\$157,700
Shelton	\$217,300

Source: U.S. Census

Summary of Federal and State 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 2007 and covers a five year period from 2007 through 2012.⁸ Their five strategies focus on plans to:

1. *Empower older people, their families, and other consumers to make informed decisions about and be able to easily access, existing health and long-term care options*

The AoA will continue to implement and support programs that empower individuals to take ownership of their health and long-term care options, and help them easily access information in order to make informed decisions.

2. *Enable seniors to remain in their homes with high quality of life for as long as possible through the provision of home and community-based services, including support for family caregivers*

The AoA intends to reduce the demand for nursing home care by providing support for home and community-based services.

3. *Empower older people to stay active and healthy through Older Americans Act services and the new prevention benefits under Medicare*

Given that at least 80 percent of adults age 65 and older suffer from one or more chronic conditions, the AoA intends to advance initiatives that use evidence-based prevention programs to improve the mental and physical health of older adults.

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

AoA will look for further opportunities to strengthen elder justice strategic planning and direction for programs, activities, and research related to elder abuse awareness and prevention.

5. *Maintain effective and responsive management*

Continue to review and refine management practices throughout AoA to ensure the agency has effective and efficient administrative and management practices.

APPENDIX F– FEDERAL & STATE STRATEGIC PLANS (cont.)

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.*

¹ Centers for Disease Control, *The State of Aging and Health in America 2007*, 2007

² Ibid.

³ Maine Health Access Foundation, *The Eastern Main Transportation Collaborative Health Services Initiative Needs Assessment Research Final Report*, November 18, 2005.

⁴ U.S. Administration on Aging, *Strategic Action Plan 2007-2012*, April 2007.

⁵ National Association of Area Agencies on Aging and Partners for Livable Communities, *A Blueprint for Action: Developing a Livable Community for All Ages*, May 2007.

⁶ Centers for Disease Control, *The State of Aging and Health in America 2007*, 2007

⁷ Ibid.

⁸ U.S. Administration on Aging *Strategic Action Plan Fiscal Year 2003-2008*, Administration on Aging, November, 2002.