HEALTHY BROOKLINE VOLUME XII

AGING AT HOME:
A STUDY OF BROOKLINE'S 85 AND OLDER SENIORS

HIGHLIGHTS, EXECUTIVE SUMMARY, & RECOMMENDATIONS

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HIGHLIGHTS

Health

63% requested information and/or services and were referred to social workers at the Brookline Council on Aging.

People most frequently wanted information about and/or services for transportation problems (24%), housing concerns (28%) and socialization (31%).

Over half of the respondents (52%) were not disabled, meaning they had no difficulties carrying out the common activities of daily living on their own without assistance; 42% were frail; and 6% were severely disabled. Men and women were equally likely to be severely disabled, but women were more likely than men to be in the frail category.

The three most frequently mentioned health problems that limited activities were: walking, hearing, and arthritis, mentioned by 50% to 60%.

The three activities of daily living that caused the most difficulties were: housework, shopping for groceries, and laundry, mentioned by 23% to 27%.

On the whole, respondents had excellent access to the health care system; most had seen a medical professional for a check-up or illness during the past year. The severely disabled and those with financial problems were less likely than others to have seen a dentist during the past year.

A little over one-third had fallen during the past year, and half of those who had fallen sustained injuries. Among those who sustained injuries, half had fallen inside their home.

58% engaged in a physical activity, such as walking, yoga, or gardening for at least half an hour 3 times a week; they were less likely to have fallen during the past year.

Mental Health

On the whole, people were positive about their lives: 86% enjoyed life and 83% were happy. 91% were either “very” or “somewhat satisfied” with their lives.

15% were depressed: 20% of the women and 3% of the men. 68% of those who were depressed did not seek help for their emotional problems during the past year.

Housing

22% lived in single family homes; 44% lived in multiple family residences; and 34% lived in senior housing. People living in single family homes tended to be married and were less likely to be disabled.

Most had smoke detectors. Only 42% had personal emergency call systems; people in senior housing were more likely than others to have home safety adaptations.

Transportation
42% were still driving; 70% were driving almost every day; and 62% of those who drive limited their driving because of weather, distance, etc..

14% had transportation problems: the frail or severely disabled, those who were depressed, and those with financial problems were more likely than others to mention transportation problems.

A little over one-fifth lacked familiarity with the H.E.L.P Escort program which is run by the Brookline Council on Aging, and 15% lacked familiarity with Springwell's Busy Bee transportation service.

Social Connections/ Social Support
On the whole, people seemed well-connected socially. Three-quarters had family living nearby; 3/5 talked to family, friends, or neighbors almost everyday; and over 90% had a confidant, someone they could talk to about problems or important decisions.

A little over one-third had a computer which they used to keep in touch with family and friends.

54% had a formal or informal check-up system, whereby someone checks up on them or they check up on someone else on a regular basis.

There was a large discrepancy between communication with relatives/ friends/ neighbors and participation in activities outside the home; 71% spoke to relatives, friends, or neighbors either in person or on the telephone 3 times a week or more, while 31% participated in social activities outside their home 3 times a week or more.

8% were still working; almost all voted in the November 2008 election; 17% were involved in a formal volunteer activity with an organization. This understates the amount of volunteering that occurs since some were involved in informal volunteering or helping activities with friends, relatives, or neighbors.

Most (84%) thought the amount of communication they had with relatives, friends, or neighbors was "enough," irrespective of the frequency of communication; 16% thought it was "not enough." 30% said they were "often" lonely. The severely disabled, those with a hearing impairment and those who were depressed were more likely than others to say communication was "not enough" and that they were "often" lonely.

Finances
88% were able to meet their current expenses and denied any financial problems.
However, when asked about their most pressing concerns, 19% mentioned finances.

Recommendations

Access to Information
Communicate information more effectively not only to consumers but also to front-line professionals and employees who interact with seniors on a regular basis.

Social Engagement
Develop more opportunities for seniors to participate with others as community volunteers and/or in mutual-aid relationships within neighborhoods.

Provide more opportunities for seniors to participate in intellectual, social and cultural activities that provide greater intellectual stimulation and challenge.

Provide more opportunities for seniors to learn computer skills and enlist community volunteers with computer expertise to help seniors in their own homes with computer issues.

Publicize the importance of having check-up systems and provide opportunities for people to form their own buddy systems.

Transportation
Publicize alternative transportation options more widely.

Develop a centralized information source for information about transportation alternatives.

Train volunteers to help seniors fill out the various applications and forms that are needed when applying for transportation services.

Housing
Encourage the Brookline Town Meeting to revisit the issue of accessory dwelling units.

Continue to develop and publicize a list of companies offering routine home maintenance services.

Falls
Develop a volunteer program to assess environmental safety issues in the home to prevent falls.

Provide a clearinghouse of information about universal design and home modification.

Develop a protocol with Brookline Police and Fire Departments to notify BCOA if called to an elder's home more than once during the year because of falls.

Personal Emergency Response Systems
Front-line professionals and employees who provide services to seniors need to encourage them to have a personal emergency response system.

Physical Exercise
Publicize more widely the availability of home-based exercise offered by volunteers from Friendship Works.

Explore the possibility of holding exercise programs at different locations in the community (community rooms of apartment or condo buildings, local religious institutions, etc.).

Look into developing a post-hospital follow-up exercise program after in-home or rehabilitation center physical therapy has ended.

Hearing Loss
There is a need for more public education about hearing loss as well as the personal and home-based equipment that is available.

Agencies and professionals serving seniors should be on the alert for seniors with hearing impairment who do not use any devices to compensate for their hearing loss.

Depression
Medical and social service professionals need to be proactive in recognizing depression among the elderly and making recommendations for treatment.

Publicize the BCOA pharmacy consultation program as an additional resource (in addition to seeing their doctors) for seniors who have problems with their depression medication.

Look into some of the newer evidence-based programs that treat depression among seniors.

Publicize the availability of support groups for seniors who are sad and/or depressed.

Dental Care
Work with the Brookline Department of Public Health and the local dental schools to see if access to dental care can be improved for severely disabled and low income seniors.

Concerns about Health and Finances
Offer short-term support groups about end-of-life and aging concerns. Provide information and educational forums on financial issues and how to choose a financial planner.

Implementation of Research Results
Form an implementation committee to look over the recommendations; determine which have the highest priority and the greatest likelihood of success; develop plans to implement the recommendations.

Further Research
Further research needs to be conducted with public housing residents as well as residents who are non-English speakers.

EXECUTIVE SUMMARY

1. Introduction

The 85 and over population is the fastest growing population segment in the United States. Given this trend, communities need to better understand the socio-demographic, health, housing, transportation, social, and financial characteristics of this group to identify gaps in services and plan ahead for the future. Under the auspices of the Brookline Council on Aging and funded by a grant from the Brookline Community Foundation, an action-research study of this group was conducted. Administrative support was also given by the Brookline Department of Public Health and New England Survey Systems. The project had four goals: (1) describe the characteristics of the 85 and older population, (2) conduct a needs assessment study both to learn about unmet health and social service needs and to refer people with identified needs to social workers at the Brookline Council on Aging, (3) provide respondents with information about resources and services available in the local area, and (4) develop recommendations based on the data which could be used as a blueprint for further action.

2. Methods

An Advisory Committee composed of representatives from the various agencies and programs that serve Brookline seniors was formed to oversee the research project.
Respondents were randomly selected with the exception of Brookline public housing residents who were all invited to participate. Trained volunteers (20) used a structured questionnaire and collected data by in-person interviews or telephone calls. Data were collected from 223 respondents, yielding a 51% response rate. Only people who were 85 and older, who lived independently, who could speak and understand English, and who had no hearing or memory impairment were included in the study. Respondents were predominantly in the younger age 85-89 age group, female, well-educated, Jewish, and had lived in Brookline for more than 10 years. It is common that people who respond to surveys are likely to be in better physical and mental health and in better financial circumstances than people who refuse. Thus, it is likely that the sample has biases.

3. Health

<u>Health Profile</u>

- The health profile of this group was fairly positive. Almost 70 percent rated their health as “excellent,” “very good,” or “good;” less than one-third rated their health as “fair” or “poor.”
- One-third indicated their health problems did not limit their activities either inside or outside their homes; two-thirds indicated there were some activity limitations.
- The three most frequently mentioned health problems that limited activities were walking, hearing, and arthritis (50% to 60% mentioned these problems).

Activities of Daily Living

- Over half (52%) had no difficulties carrying out the common activities of daily living on their own without assistance.[1] The remainder, 48 percent, had difficulties; 42 percent were frail and 6 percent were severely disabled.[2]
- Level of disability increased along with age; 5 percent of those aged 85-89, 9 percent of those aged 90-94, and 33 percent of those aged 95 and over were severely disabled.
- There were no differences between men and women in the severely disabled category; more women than men tended to be in the frail category (47% vs. 29%) and more men than women were in the no disability category (62% vs. 47%).
- The three activities of daily living causing the most difficulties were: housework (27%), shopping for groceries (23%), and doing laundry (23%).
- Instead of finding a pattern of people having increased difficulty with self-care as they got older, the major differences occurred between the two younger age groups (those in the 85-89 and the 90-94 groups) and the 95 and older group.

Assistance with Activities of Daily Living

- Thirty-eight percent were receiving some assistance with activities of daily living.
- Among the disabled (includes the severely disabled and the frail), 79 percent were receiving some help.
- The percentage receiving help increased as the level of disability and age increased. Seventy-seven percent of the frail and 93 percent of the severely disabled were receiving help. Thirty-four percent of those 85-89, 43 percent of those 90-94 and 61 percent of those 95 and over were receiving help.

Falls

- A little over a third had fallen during the past year. Over half of those who had fallen were injured, and over half of them fell inside their homes.
- Fifty percent of all respondents used walking aids. People who had fallen were more likely to use walking aids than those who had not fallen (66% vs. 41%). The data do not indicate whether people were using walking aids at the time of their fall or whether they started using them after their fall.
- The use of walking aids increased as age increased.

Access to Health Care

- On the whole, respondents had excellent access to the health care system. Almost all had seen a medical professional (doctor, nurse practitioner, or physician's assistant) for a check-up or because of illness during the past year.
- Over 4/5 had a flu shot; over 4/5 had seen an ophthalmologist or optometrist; and approximately 3/4 had seen a dentist during the past year.
- The disabled and those with financial problems were somewhat less likely to have seen a dentist during the past year. Forty-three percent of the severely disabled and 66 percent of

[1] Activities involved in self-care (e.g., bathing, dressing, etc.) and activities required for independent living (e.g., shopping, housework, meal preparation, etc)..

[2] The frail had difficulty with at least two self-care activities and one or more activities required for independent living, and the severely disabled had difficulties with 3 or more self-care activities.
This categorization is based on the 2006 Urban Institute report by Johnson and Wiener entitled *A Profile of Frail Older Americans and Their Caregivers*.

the frail had seen a dentist during the past year. Sixty-two percent of those with financial problems and 78% of those without financial problems had seen a dentist during the past year.

Medications

- Most were taking medications on a regular basis; 8 people used no medications.
- Twenty-nine percent had concerns about their medications; individuals with higher levels of education were more likely than others to have concerns.
- The two most commonly mentioned concerns were: forgetting to take medications and worries about side effects or drug interactions.
- People who were depressed were more likely than others to worry about whether they were taking their medications correctly.

Meal Preparation and Nutrition Concerns

- Seventeen percent regularly had lunch or dinner in a group setting, such as a senior housing residence or the Brookline Senior Center (lunch only); 9 percent received Meals on Wheels.
- Age was related to eating meals in a group setting; as age increased the percentage of people having meals in a group setting increased (e.g., lunch at the Brookline Senior Center or meals at a senior residence).
- Disability was related to receiving Meals on Wheels.
- Thirty-seven percent had nutrition concerns. Having meals prepared by an outside source (eating meals in a group setting or receiving Meals on Wheels) was related to having some nutrition concerns.
- Losing weight without trying, gaining weight, and eating poorly because of decreased appetite were the most commonly-mentioned nutrition problems.
- The severely disabled and those with financial problems were more likely than others to have nutrition concerns.

Physical Activity

- Fifty-eight percent engaged in a physical activity, such as walking, yoga, or gardening for at least half an hour three times or more a week.
- People with no disability were more likely to engage in physical activity than people who were frail or severely disabled.
- Age and sex were unrelated to physical activity.
- Individuals who engaged in physical activity were less likely than others to have fallen during the past year (27% vs. 45%).

Activities of Daily Living (ADL) and Health Service Needs

- Eight percent of those who were not receiving assistance with activities of daily living said they needed help with ADLs.
- Eleven percent indicated a need for health information or services.
- People who were depressed or disabled were more likely than others to need information or services in relation to their ADLs or their health.

Most Pressing Concerns

- When asked about their most pressing concerns, 23 percent mentioned health. They had concerns about: specific health conditions, their general health (fear of health decline, etc.), becoming a burden on others, and the unpredictability of the future.

4. Mental Health

Mood

- On the whole, people were positive about their lives: 86 percent enjoyed life and 83 percent were happy. Even so, there were some negative feelings: 41 percent "often" felt sad, 30 percent "often" felt lonely, and 21 percent "often" felt everything was an effort.

Overall Satisfaction with Life

- Ninety-one percent were either "very" or "somewhat satisfied;" only 9 percent were "not very" or "not at all satisfied." The high percentage of elderly indicating satisfaction is confirmed by research about seniors.
- Seniors seem to view their lives through different lenses than younger people. For example, someone with inoperable cancer said *"I'm very satisfied with life in spite of my diagnosis."*

Depression

- Depression was assessed by using a scale employed by two nationally-known health studies.
- Fifteen percent were depressed. Depression was more frequent among women than among men; 20 percent of women compared to 3 percent of the men were depressed.
- People who considered their health was "fair" or "poor," who were frail or severely disabled, who had a hearing impairment that limited their activities, who lived alone, who lived in senior residences, or who had financial problems were more likely than others to be depressed.
- Those having difficulties with housework and shopping tended to feel more depressed than those who did not have difficulties with these tasks.

Use of Resources for Emotional Problems

- Fourteen percent sought help for emotional problems during the past year.
- People most frequently sought the help of psychiatrists, psychologists, social workers, and physicians.
- Thirty-two percent of people who were depressed sought help; thus, 68 percent of those who were depressed did not seek help.
- Sex and level of education were unrelated to seeking help. However, people living in senior housing residences were somewhat more likely to seek help than others, perhaps because these services were available on the premises of some senior residences.

5. Housing

General Housing Patterns

- The majority (78%) had lived in Brookline for more than 10 years; 15 percent had lived here for 5 years or less.
- Forty-five percent were home owners; 55 percent, renters.
- Home-owners were more likely to be men, to be in the younger 85-89 age group, and to be in better health than those who were renters.
- Twenty-two percent lived in single family homes; 44 percent lived in multiple family residences (2-3 family homes, apartments, and condos that were not senior housing); and 34 percent lived in senior housing residences.
- Twelve percent were thinking about moving: 26 percent of single family home owners, 13 percent who lived in multiple family residences, and 4% who lived in senior residences were thinking about moving.
- Fifty-eight percent lived alone. Among those living with others, most lived with their spouse.
- There were differences in patterns by housing type. Compared to those who lived in multiple family residences or single family homes, respondents in senior housing were more likely to be older, unmarried, frail, living alone, and living in Brookline for 10 years or less. Respondents in single family homes were more likely to be in the younger 85-89 age group, married, non-disabled, and living in Brookline for more than 10 years,

Home Safety Adaptations

- Almost all respondents had smoke detectors; three-quarters had basic home safety features like grab bars around toilet, a raised toilet seat, a seat in the shower or tub, etc.; three-quarters had carbon monoxide detectors.
- The presence of basic home safety features increased along with the level of disability.
- Forty-two percent had personal emergency call systems. These were more prevalent among women, people in the oldest 95 and older group, the severely disabled, and those living alone.
- Individuals living in senior residences were more likely than those living in other types of housing (multiple family residences or single family homes) to have personal emergency response systems and home safety features.

Housing-related Service Needs and Pressing Concerns

- Twenty-eight percent needed information or services related to their housing concerns.
- The three most frequently mentioned needs were for: information about housing alternatives, emergency response systems, and help with yard work and snow shoveling.
- Seventeen people had pressing concerns about housing: home maintenance and home safety adaptations, moving, building security, and feeling socially isolated in their living environment.

6. Transportation

Driving Patterns

- Forty-one percent of the respondents still drive.
- Among those who drive, 70 percent drive every day; 62 percent of those who drive engage in some type of self-regulation (not driving in bad weather, on highways, or long distances, etc.).
- Men, those who are in better health and have no disabilities, those with better mental health, and those living in single or multiple family non-senior residences are more likely than others to drive.
- People who are unmarried, who live alone, who live in single family or multiple family residences are more likely than others to drive every day.

Other Transportation Modes

- Aside from driving, family, friends, and neighbors provide the most frequent type of transportation.
- Public transportation was more frequently used by men, those without a disability, and those without a walking problem. The "Ride" was more frequently used by women and those living in senior residences.
- People lacked familiarity with certain transportation options; 22 percent lacked knowledge of the H.E.L.P escort program which is run by the Brookline Council on Aging, and 14 percent lacked knowledge about Springwell's Busy Bee transportation.

Transportation Problems

- Twelve percent had problems finding escorts and 6 percent mentioned other types of transportation problems. In all 14 percent had transportation problems.
- People who perceived their health to be "fair" or "poor," who were frail or severely disabled, and who were depressed were more likely than others to report transportation problems.

Transportation Needs and Pressing Concerns

- Twenty-four percent had transportation needs. The two most frequently mentioned needs were: information about transportation alternatives and information about the application process for transportation services.
- People with transportation needs were more likely than others to be in poorer health, to be frail or severely disabled, and to have walking problems.
- Nineteen percent said transportation was a pressing concern. The concerns included: difficulty finding escorts, difficulty getting out in bad weather, lack of knowledge about transportation options, the cost of transportation services, problems with specific transportation modes, lack of flexibility of transportation (need 24 hr. notice), specific neighborhood-related problems, problems caused by disability, and difficulty finding transportation to specific locations.

7. Social Functioning

Behavioral Characteristics

- The majority of respondents were well-integrated socially.
- Three-quarters had family living nearby (defined as less than 30 minutes away).
- Three-fifths talked with family members, friends, or neighbors either in person or by telephone almost every day. (Frequency of communication was unrelated to any independent variables used in this analysis).
- Ninety-four percent had a confidant, someone to talk to about problems or important decisions; 90 percent mentioned a relative as a confidant; 6 percent reported that their only confidants were professionals or volunteers, rather than relatives, friends, or neighbors.
- Over half (54%) had some type of formal or informal check-up system. Thus, 46 percent had no check-up system.
- Level of disability was related to having a check-up system: 85 percent of the severely disabled, 60 percent of the frail, and 46 percent of those with no disability had a check-up system.
- Those who had frequent communication with people (spoke to people 3 times a week or more), and those who had a relative as a confidant were more likely than others to have check-up systems.
- Thirty-five percent had a computer which they used to keep in touch with family and friends. Men, those in better health, and those with a higher level of education were more likely than others to use computers.
- While communication with people on the telephone or in person tended to be quite frequent, social activity participation outside the home was less frequent. Seventy-one percent speak to relatives, friends or neighbors three times a week or more, while 31 percent participate in social activities outside their home three times a week or more.
- People who were socially active (participated in activities 3 times a week or more) tended to be unmarried, to have no disability, to have good mental health, and to drive.
- There was no relationship between frequency of communication and frequency of activity participation.
- Nineteen people (9%) had caretaking responsibilities; 10 were caring for their spouse in their home.

Selected Activities

- Twenty-two percent participated in Brookline Senior Center activities during the past month.
- Almost half receive the Brookline Senior Center newsletter.
- Eight percent (17 people) were still working.
- Nearly all (93%) voted in the November ’08 presidential election.
- Seventeen percent participated in formal volunteer activities for an organization; they tended to be in better physical and mental health and tended to have higher levels of education than those who did not volunteer. This percentage understates the amount of volunteering that takes place, since people do informal volunteering (e.g., helping neighbors, relatives, or friends).

Subjective Feelings

- The majority of people (84%) thought the amount of communication they had with relatives, friends, and neighbors was "enough," irrespective of their actual frequency of communication.
- People who were severely disabled, who had a hearing impairment, and who were depressed were more likely than others to say communication was "not enough."
- Thirty percent said they "often" felt lonely.
- People who "often" felt lonely tended to have certain demographic characteristics: (female, 95 and older, not presently married, lower levels of education, living in a senior residence); certain health and mental health characteristics (frail or severely disabled, depressed); and certain structural/ behavioral characteristics (no family nearby, no family member who was a confident, and did not use computers to stay in touch with people).

Socialization Needs and Pressing Concerns

- Thirty-one percent wanted to receive information about social activities such as Senior Center programs, volunteer activities, educational programs, or activities at places of worship and/or wanted to receive information about activities that would increase their social contact with others. Thirty-six percent wanted to receive a copy of the Senior Center newsletter.
- The most frequently-mentioned pressing social and family concerns were: lack of companionship, lack of opportunities to engage with others in social activities, and concerns about the health of other family members.

8. Finances

- Eighty-eight percent said they were able to meet their current expenses and had no financial problems, while 12 percent said they could barely meet their expenses.
- Among those citing financial problems, the 4 most frequently-mentioned problems were the cost of: health care/ health insurance/dental care, medications, heat, and home health aides, mentioned by 6-7 respondents.
- People with financial problems tended to be: 95 and over, unmarried, in "fair" or "poor" health, "often" lonely, depressed, and living in a senior residence.

Financial-Related Service Needs and Pressing Concerns

- People with financial problems were no more likely to indicate a need for information or services than people without financial problems.
- Eight people mentioned they would like to speak to someone about their financial problems.
- Nineteen percent (42 people) mentioned financial issues as their most pressing concern. The issues included: meeting basic needs (condo assessments, home repairs, property taxes, heating costs, cost of personal home care assistance, ambulance costs, medical bills, food bills); concerns about their ability to pay for anticipated future expenses; the need to economize even though they were just getting by; concerns about their need to receive financial help from children; worries about whether they will outlive their expenses; the need to speak to a financial planner; concerns about the economy; and concerns about their children's financial circumstances.

9. Referrals and Need for Services

- Almost two-thirds (63%) requested information and/or services and were referred to social workers at the BCOA.
- Between 24 and 31 percent indicated a need for information and/or services in the areas of socialization, housing, and transportation.
- The data as a whole (both responses to structured as well as open-ended questions) indicated that people were unaware of a number of programs and services and/or had difficulties reaching out for help.

RECOMMENDATIONS

This section presents recommendations based on the results of the survey and places these recommendations in context by summarizing the findings upon which they are based. These recommendations will be used as a blueprint for action that the Brookline Council on Aging (BCOA) can undertake in collaboration with other elder service providers to strengthen and expand services for Brookline's seniors.

1. INFORMATION ABOUT PROGRAMS AND SERVICES

Almost two-thirds of the respondents (63 percent) requested information and/or services. They were referred to social workers at the Brookline Council on Aging and were given a copy of the BCOA Elder Resource Guide, vol. 5, which contains detailed information about services and programs for Brookline seniors. Approximately one-quarter or more needed information and/or services in three areas: social activities and activities to increase contact with others, housing, and transportation. Fewer people indicated a need for information and/ or services in the areas of health, ADL (activities of daily living) or IADL (instrumental activities of daily living), and finances. Respondents who were severely disabled or frail and those who were depressed or had depressive symptoms were more likely to have a greater need for information and/or services than others.

Social Activities /Social Support	31 percent
Housing	28 percent
Transportation	24 percent
Health	11 percent
ADL or IADL	8 percent
Finances	4 percent

The fact that 63 percent needed information and/or services does not mean that these people were in a crisis situation and needed services immediately. A few had urgent needs, mainly for emotional issues, and they were promptly referred to BCOA social workers. Nor does it mean that Brookline is failing to provide the necessary support services to seniors who are living independently. It does mean, however, that accessibility to information is a problem area. In fact, there are so many access points to acquire information that it is quite overwhelming, and it can be difficult for people to know where to begin. Of course, it is also true that some people may not indicate a need for information or services because they may deny that they have problems or they may be unaware that there are resources which could be helpful. Thus, the number of people indicating a desire for information or services may actually understate the need.

Information about programs and services for Brookline's elderly is available from more than 10 separate sources: Springwell (designated by the state as the Aging Services Access Point [ASAP]); BCOA Elder Resource Guide, vol. 5; the BCOA Information and Referral Service; SHINE (a program that provides information about health insurance to seniors and disabled adults); Medicare; MassHealth; and Jewish Family and Children's Services. Also, the Brookline TAB newspaper publishes weekly information about activities and programs offered by the Brookline Council on Aging/Brookline Senior Center. Resource information is available from the Massachusetts Executive Office of Elder Affairs which has an Information and Resource

Unit (I & R); an interactive website www.800ageinfo.com; an electronic version of The Family Caregiver Handbook (assists family members in finding information and accessing services and gives advice about issues related to aging); and an online guide about planning for long-term care called Embrace Your Future. The BCOA also hosts a yearly program called the Newcomers Club which meets four times in the early fall and offers newcomers an opportunity to learn about Brookline -- the social, recreational, and cultural opportunities that are available to residents as well as the health and social service programs that offer services to seniors. Sometimes people who have lived in the area for a while also attend.

The survey findings indicate that many people are unaware of the programs and services that are available in the local community, and/or they may not know how to look for help, and/or where to start searching. This being said, many programs and services may not be fully utilized. Also people who see seniors on a regular basis, namely front-line professionals and employees, might be important referral agents; however, many may not be aware of services. Thus, a key problem is how to communicate this information in the most effective and efficient way both to seniors and to front-line professionals and employees (e.g., transportation providers and drivers; management and staff in multiple unit dwellings; members of the medical and allied medical professions; professionals or volunteers in religious, social, or community organizations; and employees in community businesses that serve many older adults).

Recommendations

1.1 Establish a relationship with and communicate with representatives from a broad array of governmental, community, health, business, and religious institutions to:

- *Share ideas about services that are currently available.*
- *Train people to recognize signs when older people need assistance.*
- *Learn about the services that they may provide to seniors.*
- *Discuss gaps in services.*
- *Discuss how best to tailor communications with the senior population since survey results indicated that people are unaware of the many services that are available.*

1.2 Based on the above, design effective communication strategies for different groups and different issues and determine senior preferences for:

- *The contexts (Doctor's offices, residences, libraries, Senior Center, religious institutions, etc.)*
- *The channels (interpersonal, small group, large group, etc.)*
- *The formats (newspaper, newsletters, flyers, cable, advertising, etc.)*

1.3 Consider ways to streamline information to make information more easily accessible.

1.4 Increase the number of free newsletters that BCOA sends to all Brookline adults who are 60 years old and older.

The BCOA publishes a monthly newsletter which costs $10 a year for subscribers. Currently, the BCOA mails one free issue (the September issue) to all Brookline adults who are 60 years old and over. BCOA should consider mailing two free newsletters each year to Brookline residents.

1.5 Develop an interactive website that centralizes information about programs and services for Brookline seniors.

At this point in time, approximately one-third of Brookline seniors 85 and older may be computer literate. This will certainly change in the near future as the oldest of the baby boomers are now retiring.

1.6 Consider recruiting and training BCOA information and referral specialists for outreach, such as:

- *Drop-in hours at senior residences, the libraries, as well as the Brookline Senior Center so people can meet with information and referral specialists to inquire about needed programs and services*

- *Visits to the homes of newcomers to see how they are adapting to their new living situations and to see if they need individualized information about programs and services*

- *Telephone calls on a semi-regular basis to help connect people to resources since survey results showed that people do not know what is available*

- *Follow-up calls to ensure that seniors received the information they needed and were able to access services*

At present, trained volunteers as well as staff and social work interns handle calls coming in to the Information and Referral Service at the BCOA. There has been little opportunity, thus far, for outreach.

1.7 Consider writing a series of articles that address different topics and which can be targeted to different types of audiences:

- *A question and answer article in the Brookline Tab called "Ask the Senior Center" could not only tackle important and commonly-asked about issues, but it could also publicize the availability of the BCOA Information and Referral Service.*

- *Articles in church and temple bulletins or organizational newsletters (e.g., Rotary, Chamber of Commerce, etc.) could publicize programs and new initiatives.*

2. SOCIAL CONNECTIONS/ SOCIAL ENGAGEMENT

In many ways, the majority of respondents seemed well-connected socially (almost two-thirds communicated with family, friends, or neighbors almost every day, and 89 percent had a relative who was a confidant). However, almost one-third (30 percent) "often" felt lonely, and 31 percent said they would like information about social activities to provide intellectual stimulation and increase their social contact. In fact, among all the topics surveyed, social needs ranked the highest. In addition, when asked about their most pressing concerns, many mentioned lack of companionship.

Loneliness can occur at any age, but it is more likely to occur among the elderly as significant others have died, children have grown and moved out, occupational and social networks have weakened after retirement, mobility issues have arisen, and driving abilities have changed. The question is: What can be done to provide opportunities for engagement not only to somewhat assuage loneliness but also to permit people to strengthen their social networks and provide them with opportunities to develop meaningful relationships and feel valued and integrated into the community?

Recommendations

Many of the following recommendations are discussed more fully in other sections so they are only briefly mentioned here.

2.1 Develop neighborhood support systems through neighborhood associations and/ or the new electronic technology that can streamline the process.

A recent New York Times article, July 29, 2010, entitled "Technology for Monitoring Elderly Relatives" by Eric A. Taub mentioned a new website called Lotsa Helping Hands (lotsahelpinghands.com). People who participate in this communication network receive regular email alerts which are posted on an electronic calendar; individuals who read the alerts can volunteer. There can be reciprocity between seniors and younger people; seniors can help younger people and younger people can help seniors. Of course, seniors need to have computers and be comfortable going online to request assistance. Although one wonders about security and privacy issues, still, this is an interesting option. Lotsa Helping Hands is in the process of being piloted locally by Temple Israel in Boston.

2.2 Encourage senior volunteerism. (*Discussed in section 11.3.)*

Working with others on a shared activity which has social value is an excellent way to develop personal relationships. It can contribute to a sense of self-worth and a feeling of being part of something larger than oneself.

2.3 Investigate other intellectual offerings that might engage seniors who prefer more in-depth or challenging intellectual programs and continue to publicize existing options. (Discussed in section 11.4).

2.4 Develop a network of buddy systems for different activities: walking or exercise buddies, check-in buddies, book buddies, driving buddies, etc.). (Discussed in sections 11.3, 11.6. 11.8.)

2.5 Publicize the availability of respite programs so caretakers can participate in fulfilling activities outside their homes. (Discussed in section 11.7.)

2.6 Encourage seniors with certain impairments (hearing, depression, etc.) to participate in self-help groups. (Discussed in sections 11.14 and 11.15.)

2.7 Continue to encourage and support the creation of peer-led groups. For example, some seniors initiated the formation of a Senior Center Theater Club: seniors attend low-cost, local theatrical productions and are provided with transportation.

3 SENIOR VOLUNTEERISM/ COMMUNITY ENGAGEMENT

Seventeen percent of respondents participated in formal volunteer activities for an organization. This was a larger percentage than had been anticipated, and it probably underestimates the amount of volunteering that goes on since a number of people do informal volunteering (e.g., reading to a blind neighbor or spending time with a friend who was diagnosed with Alzheimer's).

Thirty percent of the respondents said they "often" felt lonely. Volunteering might help combat feelings of loneliness since working together with others toward a shared purpose is a good way to form meaningful social relationships. Moreover, Brookline seniors tend to be well-educated, and they might welcome the chance to use their skills and contribute to the community.

The Brookline Senior Center has a large pool of volunteers who assist with programs and activities. The Brookline Tab publishes weekly volunteer notices. The Department of Public Health has a volunteer program called the Medical Reserve Corps (MRC), and the Police Department has a volunteer program called Community Emergency Response Teams (CERT). The Brookline Community Foundation has a website that lists volunteer activities called "yourbrookline.org" and, in connection with the celebration of Brookline's 300th anniversary, the Brookline Community Foundation published a booklet called "Brookline Gives" that lists local organizations that make use of volunteers.

Although some volunteer activities might be familiar to people, there may be Brookline organizations (town departments, community service organizations, non-profit organizations, schools, day care centers) that have volunteer opportunities which are not well known. More seniors might volunteer if they were aware of the available opportunities; if the list of volunteer activities and assignments was centralized in a hard-copy publication and/or a website; and if there were volunteer coordinators who might help them find suitable activities. In addition, there may be a number of Brookline organizations that could benefit from the participation of seniors as volunteers but are unaware of the value these volunteers could bring to their organization.

<u>Recommendations</u>

3.1 Update the list of Brookline volunteer opportunities which were published in 2007 in "Brookline Gives.

3.2 Collaborate with the Brookline Community Foundation which has the <yourbrookline.org> website as well as with the Norfolk County RSVP (Retired Senior Volunteers Program), a nationwide volunteer program for people 55 and over.

3.3 Encourage and expand inter-generational volunteer activities, partnering with Brookline Schools. One survey respondent commented, *"I'd like to interact with younger people. I feel I have a lot to offer them."*

3.4 Integrate the volunteer opportunities onto an electronic database that is easily accessible to provide one-stop shopping and provide a hard-copy version also.

3.5 Have a Volunteer Fair where prospective volunteers can talk with representatives of organizations and groups that need volunteers.

3.6 Consider creating a position called Volunteer Coordinators (either paid or volunteer) to help match individuals to volunteer opportunities.

3.7 Develop a neighbor-to-neighbor volunteer program within neighborhoods. Match people on the basis of individual needs and interests. (Also discussed in 11.2.1)

For example, seniors might be available to babysit, watch people's homes while they are away on vacation and water their plants, amuse or read books to children while parents are home doing other work. Younger adults might help seniors with shopping, gardening, changing a light bulb, trouble-shooting computer problems, etc..

3.8 Continue to recruit, train, and support volunteers for BCOA programs.

4 SOCIAL AND INTELLECTUAL ACTIVITIES

When asked, "Are there some services or activities that are not currently available to Brookline residents that you think should be offered?" some people mentioned they would like more intellectually stimulating activities to be offered to seniors. They commented:

> *"More activities for higher functioning elders."*
>
> *"It would be better if suitable programs at the Senior Center could be offered for more than just one hour, perhaps half a day."*
>
> *"Activities with a higher educational level"*
>
> *"Want the Senior Center to hold more political/current events classes."*

Recommendations

4.1 Hold focus groups with seniors to see what types of programs they prefer.

In the past, the BCOA has mailed surveys to seniors to ask about preferred activities. Perhaps some focus groups would provide another type of information since ideas are often generated when people get together that might not be generated by filling out a questionnaire at home.

4.2 Investigate the types of activities offered by Brookline Adult and Community Education (BACE) that seniors frequent and see if some can be held during the day.

The survey did not provide information about the types of activities that might be desired. However, one respondent indicated that BACE offers too many classes at night. Therefore, a starting point might be to see whether some adult education classes that are frequented by Brookline seniors might be held during the day. If BACE has statistics about the age distribution of people taking adult education classes, this data might help to determine the types of classes

that would be of interest to an older population and perhaps some could be offered during the day.

4.3 Consider exploring other venues (e.g., community rooms in churches and synagogues, apartments/condos, and town departments) for senior activities for people who are not interested in attending a traditional senior center and for people who do not live near the Coolidge Corner/Senior Center area. For example, South Brookline might be a good location to hold programs.

4.4 Promote other educational and cultural opportunities:

- *BCOA could partner with the Boston University Evergreen Program or the Osher Programs which are offered at Tufts, University of Massachusetts, and Brandeis.*

- *Consider creating one-day learning adventure programs that would explore the many educational and cultural assets of the metropolitan Boston area. This could be modeled after the Elderhostel Program.*

5 COMPUTER USAGE

Thirty-five percent of the respondents had a computer which they used to keep in touch with family and friends. People who used computers were more likely to be males, to be better educated, and to be in better physical and mental health than those who did not use computers. It is predicted that computer usage will become more prevalent over time as more of the baby boomer generation move into their senior years. When this generation comes of age, it is probable that sex, education, and health will no longer be factors influencing computer usage and that the vast majority of seniors will use computers.

Computer literacy can help enhance social engagement and reduce social isolation since people can use email or Facebook to communicate with relatives and friends and use Skype or similar programs to make video calls. Computer usage presents individuals with the opportunity to order groceries, medications, clothing, books, and gifts online. People can also pay bills, conduct banking transactions, sign up for online interactive classes, participate in Webinars, and watch movies, etc.. All these activities are particularly helpful for seniors whose ability to engage in social activities outside the home may be limited because of health, mobility issues, and access to transportation.

In their study of *Chronic Disease and the Internet*, the Pew Research Center found that people with chronic diseases are less likely to have internet access, but those who do are able to access information that helps them with personal issues as well as health problems (http://pewinternet.org/Reports/2010/Chrinic-Disease.aspx).

Lack of technological expertise as well as cost is barriers to the use of computers among the elderly. Aside from the expense of purchasing a computer, experts must be called upon to set up the computer and troubleshoot problems; home-based computer experts have high fees.

The BCOA offers special computer programs for seniors, and there are people on hand at the Computer Lab during non-class times to answer questions. Brookline Adult and Community Education also offers many computer classes.

Recommendations

5.1 Encourage computer usage among seniors by holding educational programs to address the benefits of computer usage as well as Computer Fairs where seniors are invited to test out various computers.

5.2 Continue to publicize and promote special computer classes for seniors.

5.3 Encourage people to stop by the Senior Center and visit the Computer Lab to try out various programs.

5.4 Offer individualized computer training at the Computer Lab for people who do not want to sign up for a series of classes, but only want limited assistance with a specific program.

5.5 Enlist the aid of high school students or other community residents as volunteers who can offer individualized home-based assistance (e.g., help set up computers, teach fundamentals, and trouble-shoot problems, etc.).

5.6 Although computer literacy for most seniors is the goal, we need to be sensitive to the fact that many of today's elders are not comfortable with technology and, therefore, we need to provide special outreach to this group by mail and/or telephone calls to keep them involved in community activities.

6 CHECK-UP SYSTEMS

Fifty-four percent of the respondents had a formal or informal check-up system whereby someone checks up on them or they check up on someone else on a regular basis. People who were disabled, who communicated with relatives/friends/neighbors 3 times a week or more, or who had relatives as confidants (people they could talk to about important problems or decisions) were more likely than others to have a check-up system. People living alone were no more likely than others to have a check-up system.

Recommendations

6.1 Health and social service professionals should encourage seniors to have a formal or informal telephone check-up system.
In particular, this should be encouraged for those who live alone and for those who are not in close, regular contact with people.

6.2 Explore the possibility of helping people set up their own peer-to-peer buddy system.

The Brookline Senior Center could provide people with the opportunity to be matched up with others based on similar characteristics, such as age, sex, geographic area, interests, etc.

6.3 Provide educational programs about existing computerized check-up systems and keep people informed about the new technologies as they arise.

6.4 Publicize the Telephone Reassurance Program (R.U.OK), a free computerized telephone reassurance service that is run out of the Norfolk County Sheriff's Department.

The questionnaire did not ask respondents about the Telephone Reassurance Program so we do not know how many respondents are registered for this program.

A newer R.U.OK system called CARE (www.callingcare.com) is now available which uses technical products that can detect differences between an answering machine and a line-answered call. Thus, CARE members do not have to turn off their answering machines if they subscribe to this service. People can sign up by calling the BCOA.

7 CARETAKING

Nineteen respondents were caring for people who were unable to care for themselves. Twelve were caring for someone in their own home, and among this group, 10 were caring for a spouse. Although not statistically significant, less than half of the caretakers participated in activities outside their home more than once a week. In contrast, more than two-thirds who were not caretakers participated in activities outside their home more than once a week. Only 3 caretakers were interested in talking with someone about services that are available to help people who are caring for others. There seem to be two issues:

- Caretakers may be reluctant to ask for help for themselves. They think they should be able to do it all. For example, an interviewer commented:

  "Respondent is the caretaker for her husband who is in the final stages of inoperable cancer and has dementia. She receives help from a home health aide and from hospice. Although she is often overwhelmed with his care, she is ambivalent about expressing a need for help for herself. She was finally able to say it would be wonderful if someone could help her with yard work."

- Caretakers may lack knowledge about the resources that are available. Another quote from an interviewer:

  "Respondent's wife has Alzheimer's and requires full-time care and supervision. He could use respite time for himself. He wondered whether there were volunteer caretakers available for a few hours a week."

<u>Recommendations</u>

7.1 Information about services for caregivers needs wider distribution.

The BCOA Elder Resource Guide, vol. 5, has information about organizations that provide respite services both in the home and in an outside facility.

7.2 Publicize and promote awareness of the services BCOA can provide to caregivers.

BCOA administers a program called H.E.L.P. (Home and Escort Linkage Program) which can provide caretakers with respite care. To combat the reluctance of caregivers to utilize outside help, the BCOA currently has a special grant-funded program that provides 12 hours of free respite care. This offers caregivers the opportunity to test this service and see if they are comfortable using it.

7.3. Advocate and solicit grantors for continued funding of the above respite program that BCOA administers.

7.4 Educate and sensitize the caregiver's health network about the availability of and importance of respite and support group services for caregivers.

Caregivers and their loved ones are tied into a health care network composed of physicians and, in some cases, home health aides and hospice workers. These professionals need to educate caregivers about the importance of caring for themselves and avoiding burnout by socializing, exercising, and engaging in activities that are rewarding.

7.5 Publicize and promote awareness of support groups in the community for caregivers. (Examples: There are caregiver support groups in the community for Alzheimer's disease, dementia, and Parkinson's disease, etc.).

8. TRANSPORTATION

Transportation was one of the three areas where people had the greatest need for information. This is not surprising since there are many different types of transportation services that are available, aside from the regular MBTA (which is best suited for those who have no or minimal disabilities) and regular taxis. These different options include: Brookline Senior Center Van, Brookline Elder Taxi System (BETS), the MBTA Ride, Springwell's Busy Bee transport, and Partners Health Care shuttles. There are also a small number of medical escort options (H.E.L.P – sponsored by BCOA; Friendship Works -- formerly Match-up Interfaith Volunteers; and Springwell); and some private van options. It is a complicated system and people may not know what is available or even how to begin searching. Each service has different financial eligibility requirements. There are specific times of the day when appointments must be made. Some of these services are "fixed" route services; few are demand-responsive providing personalized service; and, for most of these options, people need to schedule rides one or two days in advance.

Forty-two percent were still driving and many had imposed restrictions on their own driving because they were not comfortable driving at night, in bad weather, or for long distances; 58 percent were not driving.

Survey data indicated that communication with relatives, friends, and neighbors was much more frequent than activity participation. Judging how complicated the transportation system is and how few opportunities there are for transportation to friends homes or restaurants or other places which are not accessible by public transportation and not on established routes, it is easy to understand the reasons for this discrepancy.

Recommendations

8.1 Provide centralized electronic information about the different transportation services.

8.2 Have one brochure that clearly describes all the transportation options in chart form.

8.3 Publicize some of the available options more widely.

For example, 22 percent of the survey respondents were not familiar with the BCOA H.E.L.P Program (Brookline's Home and Escort Linkage Program) which, for an affordable rate, can provide escort service. Fifteen percent were unfamiliar with Springwell's Busy Bee transportation option which offers transportation to medical appointments. Also, people were unaware of BCOA's Library Connection Program which provides volunteers who deliver and return library books for people whose disability makes it difficult for them to leave their home.

8.4 Consider holding a public information session about driving alternatives.

Making the transition from driving to non-driving is a very emotional decision. It is made even worse when one does not know about possible transportation alternatives.

8.5 Enlist the aid of volunteers to help elders apply for services as well as to help them fill out the forms.

8.6 Explore the possibility of having neighborhood driving buddies.

Some people who still drive might volunteer to be a driving buddy for others in their neighborhood who no longer drive. Neighborhood meetings might provide the opportunity for people to make these types of connections and/or people could register for this program through the BCOA.

8.7 Explore new low-cost transportation programs.

Consider having an agency such as BCOA or a transportation service sponsor TRIP (Transportation Reimbursement and Information Program), a new model for providing individualized transportation at a low cost to older adults who no longer drive. People who sign up for TRIP recruit their own drivers (e.g., relatives, friends or neighbors). Through mutual agreement, rides are arranged between passengers and their drivers. Reimbursement for mileage is given to the riders who then give it to their drivers.
The sponsoring program must purchase special software to manage and administer the service as well as hire a manager. (<www.healthmattersinsf.org>)

8.8 Keep informed of new technology that offers the opportunity for demand-responsive transportation.

Given the advanced technology that is now available for scheduling and that will be more widely available as time goes on, transportation companies may someday be able to offer same-day scheduling.

8.9 Provide counseling and educational forums for elders and their family members which can help people make informed decisions about when to stop driving..

9. SUPPORT FOR THOSE WISHING TO CONTINUE TO LIVING INDEPENDENTLY

Our survey did not ask those who were considering a move whether a move was something they really desired rather than something that was necessary because the demands of their living environment (housekeeping, home repairs, home maintenance, and yard work) were becoming overly burdensome. A number of respondents, whether or not they were considering a move, mentioned having problems with home repairs, yard work, and snow shoveling.

Recommendations:

9.1 The Brookline Council on Aging's Elder Resource Guide, vol. 5, lists some home repair/handyman services. The BCOA should continue to update this list.

9.2 The development of a neighbor-to-neighbor mutual aid system (discussed elsewhere) might be very helpful.

10. HOUSING ALTERNATIVES: A SINGLE FAMILY HOME, A CONDO, AN APARTMENT, OR A SENIOR LIVING COMMUNITY

Forty-five percent of the respondents were home owners; 22 percent lived in single-family homes. When asked whether they needed information or services, 13 percent indicated an interest in housing alternatives (assisted living, senior housing, etc.), and 12 percent mentioned they were thinking about moving from their current residence. Approximately one-quarter (26 percent) of those living in single family residences were considering moving compared to 13 percent in multiple family residences, and 4 percent in senior residences. If people wish to continue to live independently in their own communities, and reports say that most do, many are unaware of the available options as well as the pros and cons of each of these options.

Recommendations:

10.1 Continue to offer educational forums which discuss the various options available, such as moving from a single family home to an apartment, a condo, or a senior living community.

10.2 Continue to offer individual counseling for those having difficulties weighing the various options.

11. HOUSING ALTERNATIVES: ACCESSORY DWELLING UNITS

Since many people generally wish to stay in their own homes or, at least, in their own community, there is a need for a wide a variety of living options. Brookline has single family homes, condos and apartments, apartments designated for the elderly, assisted living residences, and nursing homes, but Brookline does not have accessory dwelling units, a residential option that other communities have adopted quite successfully and that AARP recommends.

An accessory dwelling unit is a separate unit inside a single family house that has a separate entrance, bathroom, and cooking facilities. Older adults might live in an accessory dwelling unit in a child's home. Also, a full or part-time caretaker might live in a unit in the home of an older adult who is capable of self-care but requires some assistance. This person could help with daily activities, home maintenance, and provide companionship.

Recommendation

11.1 Encourage Brookline's Town Meeting to explore the issue of accessory dwelling units again.

An accessory dwelling unit warrant article was brought before the Brookline Town Meeting in May 2009. Although the article placed restrictions on the types of homes which might be eligible, and, thus, limited the number of homes that might fall into this category, the article failed to pass. The issue is complex and cannot be discussed here in depth, but this type of living option should be considered for the future and should be revisited by Town Meeting.

12 HOUSING ALTERNATIVES: INFORMATION ABOUT PUBLIC HOUSING AVAILABILITY

12.1 Consider ways to increase awareness in the community about the availability of apartments in Brookline's senior housing developments.

The open-ended comments revealed that a number of residents were concerned about outliving their finances. It is likely that there may be resources available about which residents are unaware. For example, in regard to housing, there are approximately 450 senior public housing units. Brookline residents get preference and there is a relatively short waiting period after filing an application for an apartment (presently 6 months or less).

13. FALLS

Thirty-five percent of the respondents reported that they had fallen during the past year and half of them were injured. Among this group, 49 percent fell inside their home; 42 percent fell outside; and 9 percent fell in both places. Falls were related to disability status with more falls occurring among the severely disabled and the frail than among those with no disabilities. As people aged, the location of falls occurred more commonly inside the home.

Sixty-six percent of those who had fallen used walking aids, and 33 percent did not. We do not know whether people started using a walking aid after a fall or whether they were using a walking aid at the time of the fall.

There are many reasons why people fall. They include:

- Incorrect use of assistive devices
- Medical conditions (arthritis, foot problems)
- Impaired vision or improperly fitted eyeglasses
- Improper clothing or shoes
- Poor lighting (inside and/or outside the home)

- Side effects of medication
- Difficulties with balance
- Environmental issues inside the home (stairs, scatter rugs, improperly placed furniture, extension cords, etc.)
- Environmental issues outside the home (stairs, snow or ice, uneven sidewalks, etc.)
- Walking in an unfamiliar environment

Recommendations

The following recommendations address a few of the above conditions that may lead to falls:

13.1 Encourage people to visit podiatrists to assess shoe suitability.

Many seniors may be wearing improperly fitted shoes or shoes that do not offer enough support. People should be encouraged to visit podiatrists so podiatrists can assess the suitability of the shoes they are wearing and determine whether orthotics might be needed. (Note: Medicare covers the cost of podiatry services and special shoes for people who are diabetics.)

13.2 Assess environmental issues in the home and suggest modifications and safety features.

- Retired health professionals, such as physical therapists, occupational therapists, and nurses, might volunteer to come to a person's home to conduct safety checks.

- Physical therapists, occupational therapists, or nurses could train volunteers to go into homes to conduct safety checks. Brookline has a Medical Reserve Corp (MRC) and a Community Emergency Response Team (CERT). Brookline might start a Safety Corps of volunteers, modeled after the above volunteer groups, who would conduct home safety checks.

- Jewish Family and Children's Services Aging at Home Grant included a pilot program to assess home safety issues which could be replicated town-wide.

13.3 Provide information that can assist elders who wish to adapt their living space to meet their current and future needs.

- Develop a clearinghouse of information about universal design and home modifications.

- Develop a database of qualified contractors who know how to adapt living spaces to meet the needs of people who have disabilities or physical limitations.

- Offer educational forums which provide information about:
  --hiring a contractor and writing a contract
  --low-interest or no-interest loans that are available for home modification.

13.4 Work with the Brookline Police and Fire Departments to develop a protocol for notifying the BCOA if they have been called to an elder's home more than once during the year because of a fall.

Currently, BCOA is notified if firefighters or police officers think there is a problem.

13.5 Seniors need to be informed about and encouraged to use a "fall alert" personal emergency call system which alerts a service if a person has fallen. (See discussion below about emergency response systems).

14. PERSONAL EMERGENCY RESPONSE SYSTEMS

Forty-two percent of the respondents had personal emergency response systems. Those who are considered most vulnerable (people 95+, the severely disabled, and those living alone) were more likely than others to have these systems. Still, 58 percent of those 85 and over did not have a personal emergency response system, and 9 percent indicated they wanted information about this.

Emergency response systems often have two components – an activator (either a necklace pendant or a wristband) and a communicator or console (a speaker connected to a telephone). If a person becomes ill or has an accident in their home, s/he can press a button on the activator which sends a signal to the communicator. There are also special "fall alert" necklace pendants that can detect if a person has fallen and place an automatic call for help if a fall is detected and the person is unable to push the button. In addition, there are passive monitoring systems (motion detectors) that can detect falls as well as unusual movement patterns or lack of motion. The latter system can alert neighbors, family members, and, as a last resort, call 911 if the person cannot be reached by telephone.

These monitoring systems improve safety, increase independence, and prolong aging in place. However, it might not always be easy to convince an older person to invest in this type of system due to: cost, denial that there is a need, distrust of technology, the fear of false alarms, the risk of equipment failure, and the fear of the invasion of privacy.

<u>Recommendations</u>

14.1 Publicize more widely that Springwell has personal emergency response systems for income eligible seniors.

14.2 Health and social service professionals who provide services to seniors should encourage seniors to have personal emergency response systems in their homes.

14.3 Educational programs should be held to: (1) educate people about the benefits of personal emergency response systems, (2) alleviate concerns they may have about these systems, and (3) present information about the various types of systems that are available.

14.4 Technology in this field is always changing. The BCOA can take a leadership role in being aware of and publicizing new technologies.

A number of companies offer remote monitoring systems, and the BCOA Elder Resource Guide, vol. 5, has a list of companies that carry these systems. This information can be updated on a regular basis and published in the BCOA newsletters. Also, the BCOA Information and Referral Service can provide updated information.

15. PHYSICAL EXERCISE

Fifty-eight percent said they engaged in physical activity such as walking, yoga, or gardening for at least half an hour three times a week or more. The survey question was not specific enough to give us the information needed to assess the adequacy of the activity in which people were engaged. However, our data indicated that those who engaged in physical activity were less likely to have fallen during the year. Thus, exercise needs to be encouraged for all. The 2008 national physical guidelines of the Department of Health and Human Services mention the importance not only of strength training and aerobic exercise, but also the importance of balance exercises. Their research shows that falls can be reduced by participating in regular physical exercise programs that include balance exercise in addition to muscle strengthening and aerobic conditioning (www.health.gov/paguidelines/guidelines/chapter5.aspx).

Many seniors are reluctant to join a health club thinking that health clubs are only for younger, more physically fit people, and they may be embarrassed by the level of their physical conditioning. Also, the cost of some exercise programs may be prohibitive.

Recommendations

15.1 Publicize more widely the availability of home-based exercise offered by FriendshipWorks.

For people not comfortable attending a class or whose health or disability prevents them from attending a class outside their home, FriendshipWorks (formerly called Match-up Interfaith Volunteers) has a Strong for Life Program where a trained volunteer comes to a person's home to assist him/her with exercises designed to improve strength and balance. We need to see how well-utilized the program is by Brookline residents and how we might better publicize it so that more people can take advantage of this opportunity.

15.2 Explore the creation of other low-cost home-based and residence-based exercise programs (e.g.. some could, take place in the community room of a multiple unit residence).

15.3 Publicize more widely the availability of exercise classes in the local community that cater to older adults. Fees for these programs vary.

These include:

- Brookline Adult and Community Education (BACE) offers exercise classes for older adults, and a number of BACE exercise classes are held at the Brookline Senior Center.
- BCOA sponsors special classes held at the Brookline Senior Center, such as the Matter of Balance class which focuses on the prevention of falls.
- The Brookline Recreation Department offers exercise and aquatic classes for older adults.
- The Rogerson Communities Fitness First Program, offered at the Brookline Senior Center, has a customized fitness program which uses Nautilus equipment.
- The Jewish Community Center in Newton has a gym and instructors who specialize in designing fitness programs for the elderly.
- Center Communities at 100 Center St. has its own gym which is open to non-residents.
- Hebrew Rehabilitation Center's day program has an exercise component.

15.4 Explore and promote the creation of other exercise programs. For example, Brookline Tai Chi received a Tufts Foundation grant to offer Tai Chi classes for seniors.

15.5 Publicize more widely the opportunity to join local walking groups and help support the creation of other walking group programs.

- The Brookline Senior Center has a Solemates Walking Group.
- FriendshipWorks has a Walking Buddies Program.
- Last year the Brookline Commission for Women held a program which discussed the benefits of exercise and encouraged the formation of neighborhood walking groups.

15.6 Explore the idea of having an Exercise Day Fair to connect people with resources.

Invite the organizations and groups that provide exercise for seniors. This would provide seniors with the opportunity to see all the possibilities that are available and to talk with program representatives. Neighborhood walking groups could also be organized at this event.

15.7 Publicize the availability of a home-based exercise program for seniors published by The National Institute on Aging entitled, "Your Everyday Guide" which is available in hard copy (Pub. # 09-4258, Jan. '09) and online at <www.nia.nih.gov/HealthInformation/Publications/Exercise Guide/>.

15.8 Look into developing a post-hospital follow-up program after home-based physical therapy has ended.

Following orthopedic surgery, people are either sent to a rehabilitation center where they work with physical therapists or they are discharged to their home and a physical therapist visits them for a specified period of time. After discharge from a rehabilitation center or after the specified physical therapy home visits have ended, people are left on their own to continue with their exercises. Some seniors might need a check-in service to keep up their motivation to continue with their exercise:

- A volunteer check-in program could be instituted to see how people are doing with their required exercise regimen.

- Occupational and physical therapy students from the local universities could be used as volunteers to encourage seniors to continue with their post-hospital exercise regimen.

16. HEARING IMPAIRMENT

When asked about major health problems that limited activities inside or outside the home, the second most frequently-mentioned health problem was hearing, mentioned by 49 percent of the respondents (the first most frequently mentioned problem was walking, mentioned by 61 percent). Hearing problems can affect personal safety, the ability to function independently, the ability to understand information, and the ability to interact socially with family and friends. People with a hearing impairment may avoid social occasions because they cannot tune out background noise in public settings.

The survey did not include questions about whether or not respondents had seen an MD, an audiologist, or a hearing aid specialist for their problem. Nor did it ask whether respondents were wearing hearing aids or had other assistive devices to compensate for their hearing loss. So we lack information that might help determine the level and type of services that might be needed by this group. However, the survey did indicate that those with hearing problems were:

- More likely than others to have difficulties using the telephone,
- More likely than others to have transportation problems,
- More likely than others to report that their social contact was "not enough."
- Slightly more likely than others to be depressed, and
- When asked whether there were any services that are not currently offered to Brookline residents that should be offered, one person mentioned the need for lip-reading classes.

However, there were no differences with regard to:

- Frequency of communication with relatives, friends, and neighbors,
- Whether people "often" felt lonely, and
- Frequency of activity participation

In spite of the fact that important information is lacking and the data present somewhat contradictory results about how well people manage with their hearing deficit, studies have shown that many hearing impaired are not receiving appropriate treatment or using devices that could be beneficial. Indeed, some people are not aware of the extent or seriousness of their hearing loss; they deny it; or they believe nothing can be done to help them. There are also strong negative attitudes about becoming hard of hearing. People often do not want to call attention to their hearing deficit by using hearing aids because it is a sign of aging or for cosmetic reasons. In addition, some people may have hearing aids but may not be using them because they were improperly fitted; they do not know how to adjust the hearing aid; or they have difficulty acclimating themselves to using it.

Having difficulty using the telephone is a potentially serious problem since people with severe hearing problems cannot talk with family and friends, arrange medical appointments, or get help in case of an emergency.

Recommendations[3]

16.1 There is a need for more public education about hearing loss and the treatments, devices, and services that can help. Technology in this field is growing rapidly (internet chatting, email, voice recognition systems using hand-held computers, fax machines, etc.)

16.2 People with hearing deficits should be encouraged to consider hearing aids as well as telephone amplifiers. (By law, all corded telephones are compatible with hearing aids.)

16.3 People need to be informed that equipment (hearing aids, telephone amplifiers, and signaling devices) may be available which is low-cost or free.

[3] For a detailed coverage of resources available for the hearing impaired see, Karen Rockow. 1997-2008. *The Savvy Consumer's Guide to Hearing Loss.* Developed under a contract from the Massachusetts Commission for the Deaf and Hard of Hearing.

For example, amplified phones, TTYs (text telephones), and signaling devices can be provided by the Massachusetts Equipment Distribution Program. Hear Now is an organization that also provides hearing aids to eligible people.

16.4 Classes in lip or speech reading should be offered since these can be beneficial for people with partial hearing loss.

Although some people may think the elderly are not able or willing to learn the speech reading technique, this skill should not be discounted since there may be some who might benefit.

16.5 Encourage people with a hearing deficit as well as their family members to participate in self-help or support programs..

Sharing feelings might help people overcome their sense of embarrassment as well as learn about coping strategies that have been successfully used by others. Support and self-help groups are available, such as the Boston Association for the Late-Deafened Adult (ALDA).

16.6 There is a need for more activism among agencies and professionals who have contact with the elderly. They need to be on the alert for those with a hearing impairment who do not use any hearing aids, telephone amplifiers, or signaling devices.

17. DEPRESSION

Studies have indicated that depression is one of the most common mental health problems of the elderly. In this study, 15 percent were depressed: 20 percent of the women compared with 3 percent of the men were depressed. People who were depressed tended to be disabled (either frail or severely disabled) and to report that their health was “fair” or “poor.” Thirty-two percent of the depressed reported that they reached out for help for their emotional problems, and, strikingly, 68 percent did not reach out.

Research has shown that late-onset depression is not a normal part of aging. More importantly, it is a treatable illness. There are a number of treatments for late-life depression that have been shown to be effective, such as psychotherapy, antidepressant medications, electroconvulsive therapy (ECT), and cognitive behavioral therapy. Depression is not always easy to recognize and, therefore, it can go unnoticed by doctors and other health or social service professionals. However, untreated depression can increase the severity of other diseases and lead to disability or even suicide.

There is a stigma attached to depression and to reaching out for help, and this stigma is stronger among the elderly than among younger people. The stigma can keep seniors from acknowledging to themselves as well as to others that they are depressed. Depression can be masked by feelings of being very tired or by other physical complaints, and individuals may feel there is no hope. In addition, they may be unwilling to ask for help because they are reluctant to take medications due to possible side effects or because of the cost.

The survey indicated that people who were depressed were more likely than others to worry about whether they were taking their medications correctly. Concerns about the proper dosage or timing of medications can be a serious problem since missing doses or taking more or less of the

medication can compromise treatment effectiveness. Sometimes patients may stop taking a new medication because they think it is not working, when, in reality, it may take 4 to 12 weeks before one can tell whether a medication or medications have had the desired effect.

Recommendations

17.1 Since survey results indicated that most people saw their physicians or other medical professionals during the year for check-ups or for illnesses, doctors and other health providers can be educated to be "first responders" in recognizing depression in older people.

This is easier said than done since medical appointments are often quite brief, focused on the problem at hand, and, thus, little time is allowed for other types of conversation.

17.2 Offer educational programs for older adults as well as caregivers to combat the stigma of depression and reaching out for help.

17.3 BCOA in conjunction with the Brookline Mental Health Center should continue to offer self- help groups which are appropriate for seniors who are suffering from depression.

Self-help groups provide many benefits. People can see that others have these feelings which might help them to feel less ashamed about their condition and be more willing to reach out for help.

17.4 BCOA should continue to work with the Massachusetts Association of Older Americans (MAOA) which has been focusing on the importance of mental health treatment for elders for over 20 years.

MAOA holds 4 or 5 conferences on mental health prevention and treatment each year.

17.5 BCOA should publicize and promote their pharmacy consultation program so that people can inquire about their medications.

People who are depressed and taking medications need to feel empowered about being advocates for themselves and asking questions about their medications. Since passivity may be a byproduct of depression, having this type of program available in the BCOA setting may be helpful.

17.6 Look into the various evidence-based programs that are available to combat depression and improve the mental health of seniors.

A May 2008 CDC Conference on Mental Health included a presentation entitled "Effective Programs to Treat Depression in Older Adults" [4] which gave examples of three evidence-based mental health programs that had been successfully used in communities: these were: (1) PEARLS (Program to Encourage Active Rewarding Lives for Seniors), (2) IMPACT (Improving

[4] http://www.cdc.gov/aging/pdf/mental_health_brief_2.pdf. Retrieved 8/21/10.

Mood-Promoting Access to Collaborative Treatment), and (3) Healthy IDEAS (Identifying Depression, Empowering Activities for Seniors).

18. DENTAL CARE

Survey results indicate that people who were disabled (severely disabled and frail) were less likely to see a dentist during the past year than people who were not disabled (43 percent and 66 percent vs. 90 percent). People who had financial problems were also less likely to see a dentist during the past year than those who did not have financial problems (62 percent vs. 78 percent). Also, people with financial problems were more likely than others to say that tooth and mouth problems made it hard for them to eat (19 percent vs. 2 percent). Thus, disabled and low income people access dental care less regularly.

Research has shown that people with poor oral health are more likely to have cardiovascular disease, diabetes, and pneumonia. Thus, the consequences of poor dental health are far-reaching. Medicare does not cover basic oral health needs, and MassHealth makes it difficult for people to qualify for dental care if they have assets beyond $2,000 (for individuals) or $3,000 (for couples).

Recommendations

18.1 There is a need for more information about the reasons for this pattern.

Although the main reason appears to be cost, is this the only reason? Is transportation a problem? Do people think that seeing a dentist regularly is not worth the time, effort, and cost at this stage of their lives? Have they had a lifelong pattern of avoiding dentists?

18.2 Once more is known, continue to work with the Brookline Department of Public Health and local university dental schools to see if this issue can be addressed.

Information about lower cost dental school clinics is available in the Brookline Council on Aging Elder Resource Guide, vol. 5.

18.3 Keep abreast of actions being taken by the state government- sponsored working group on oral health.

In 2009, the Massachusetts Department of Public Health, Office of Oral Health did an oral health assessment of seniors 60 and over who lived either in long-term care facilities or received meals at state-subsidized meal sites. The results of this study, recently published in July 2010,[5] indicated that these seniors had poor dental health and needed improved access to dental care. The study recommended that a special working group be formed to address this problem. Among other actions suggested in this report, the working group is being encouraged to promote the training of doctors and nurses to perform oral health screenings during routine annual exams.

[5] Massachusetts Department of Public Health, Office of Oral Health . July 2010. The Commonwealth's High-Risk Senior Population: Results and Recommendations from a 2009 Statewide Oral Health Assessment.

19 MAJOR CONCERNS: QUESTIONS ABOUT HEALTH AND FINANCES

At the end of the survey, interviewers asked an open-ended question which elicited additional information from Brookline seniors. The question was, "*At present what are your most pressing concerns?"* The most pressing concerns related to health, mentioned by 23 percent, and finances, mentioned by 19 percent.

In addition to seniors mentioning specific health complaints, they had general concerns about their ability to remain healthy and their ability to care for themselves. People said such things as, *"I'm on a precarious plateau and I fear falling off the plateau"* and "*My eyesight is going. I am almost blind. I'm not sure what will happen when I can't see at all."* There were also concerns about not being a burden on others and the unpredictability of the future. People made comments like *"End of life care. I'd like to speak to someone about that," "Where will we end up?"* and *"I fear the unknown."*

Finances were a big concern not only from people with present financial problems, but from those who were able to handle their everyday finances. People were very concerned about outliving their finances, remarking, "*Will my money last for my lifetime*?" and *"I'm worried about the future…. that my money will run out."* These are not unrealistic concerns, but people rarely talk about them with family and friends.

Recommendations:

19.1 Continue to offer educational forums on advanced directives, healthcare proxies, and end-of-life planning.

19.2 Consider offering short-term support groups on end-of-life and aging concerns.

19.3 Provide information and educational forums on financial issues and how to choose a financial planner.

19.4 Offer ongoing direct assistance to help seniors apply for benefits.

20. IMPLEMENTATION OF RESEARCH RESULTS

This project was originally conceptualized as a study which utilized an action-research methodology. Not only did we wish to collect data about Brookline's 85+ residents, but we also wanted to refer seniors who had health and/or social service needs to the Brookline Council on Aging. In addition, we did not want this project to end with the publication of a research report; we wanted to develop a set of recommendations that would provide a blueprint for action steps that service providers could use to strengthen the service delivery system and that would improve the quality of life of Brookline seniors.

Recommendations

20.1 Form an implementation committee whose functions are to:
(1) Study and provide feedback about the recommendations,
(2) Prioritize and determine which recommendations are the most important and the most feasible and divide them into short- and long-term recommendations,
(3) Offer suggestions about the most effective strategies that can be used to implement the recommendations, and
(4) Monitor the implementation performance in the relevant areas.

20.2 The committee's composition should include people who represent the professions and organizations that provide services to the elderly as well as at least three representatives from the senior population who are members of the Board of the Brookline Council on Aging.

20.3 The committee should appoint someone who can lead, coordinate, and monitor the ongoing implementation efforts.

21. FURTHER RESEARCH

All respondents were randomly selected with the exception of public housing residents. Since we wanted a strong representation of public housing respondents, we attempted to contact 100% of those who were 85 or over to arrange for an interview. Only 14 public housing interviews were completed out of the eligible sample of 32, yielding a 44% response rate, slightly lower than the 51% response rate of the non- public housing residents.[6]

21.1 *Further research needs to be conducted with public housing residents to assess their needs. In addition, a different type of research methodology should be implemented with this group to obtain a higher response rate.*

21.2 Further research also needs to be conducted with residents who are non-English speakers to assess their needs. In particular, the interviews need to be translated into Chinese and Russian, and Chinese and Russian interviewers need to be trained to conduct these interviews.

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[6] 80 public housing residents were on the original list.
Introductory letters to 15 residents were returned (residents had moved or were deceased).
Remainder = 65
33 respondents were excluded from the eligible sample for the following reasons:
2 said they were not 85
12 had language barriers
2 were ill
9 had no telephone or telephone was disconnected
7 were unable to be reached after 5 telephone calls
1 was mentally confused
32 were in the eligible sample after subtracting the 33 non-respondents.
14 interviews were completed
16 refusals
2 were contacted; reasons for non-response are unknown
14/32 = 44% response rate