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Vietnamese American Civic Association  
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## 100,000 Voices On Growing Older in Boston

**For More Information or to Join**

**For more information about the  
Boston Partnership for Older Adults  
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# 100,000 Voices

## On Growing Older in Boston

Understanding the Experiences  
and Needs of Boston's Older Adults

THE BOSTON PARTNERSHIP *for* OLDER ADULTS

APRIL 2003

# Our Mission

**Promoting a system of quality services for older adults and their caregivers that is designed to foster their dignity, independence and choice through improved access, collaboration and education.**

## About the Partnership

Over 125 organizations, businesses, consumers, caregivers and other individuals currently comprise the Boston Partnership for Older Adults (BPOA). We are a coalition convened to:

- Develop a shared vision of the ideal care network for older adults.
- Create a four-year strategic plan to guide the Partnership in promoting its mission.
- Educate and motivate the public to respond to the growing needs of older adults and their caregivers.

With funding and support from Community Partnerships for Older Adults, a national program of the Robert Wood Johnson Foundation, the BPOA will facilitate and improve upon the work of existing networks and service providers to develop a consumer-focused and culturally competent, long-term care system for vulnerable older adults.

## Special Thanks

### *For their insight and professional guidance...*

The BPOA Data Development Subcommittee

BPOA Member Organizations

### *For providing initial financial support...*

Community Partnerships for Older Adults, a national program of the Robert Wood Johnson Foundation

Verizon

AT&T Wireless

Our Member Organizations (In-kind Contributions)

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# Executive Summary

**There are currently over 100,000 older adults (aged 55 and over) in the city of Boston. Projections suggest that this number could grow by as much as 46% over the next 20 years as the much-referenced baby boomers begin coming of "older" age. Many argue that the current service system for older adults is inadequate to support this growth, particularly in meeting the needs of our "oldest old" (aged 85 and over) population. Thus, the Boston Partnership for Older Adults (BPOA), which includes over 125 organizations and individuals throughout Boston, is working to enhance opportunities and services for our current older adults while strengthening the system to ensure its ability to meet the needs of this growing and changing population.**

## A Picture of Aging in Boston

Although Boston's older adults reflect much of the demographic diversity of the larger city population, there is one startling difference to consider:

- Nearly 20% of older adults in Boston live below the poverty line. This is almost twice the Massachusetts and National poverty rate for older adults. The prevalence of poverty in this group is growing at an alarming rate. Between 1990 and 2000, poverty rates among Boston's older adults rose from 15% to 18%, an increase that represented nearly 15% of the total poverty growth in Boston and the largest poverty rate increase of any age group.

## Issues, Concerns, Hopes and Visions

This report brings together over 40 sets of data and information on older adults in Boston to present the following conclusions:

- **Health and Health Care:** Nearly half of older adults in Boston rate their health status as fair or poor, nearly 60% are overweight or obese and half have high blood pressure. The leading causes of death for older adults in Boston are heart disease and cancer, which is similar to older adults nationwide. Many older adults in Boston cannot afford or do not have access to regular eye and dental care and between 10-30% cannot afford their prescription medications.
- **Caregiver Support:** Both younger caregivers providing care for older adults and older adults caring for grandchildren or children with disabilities report a lack of emotional and

financial support in their caregiving role. Many vulnerable older adults (34%) in Boston who rely on informal, non-paid caregiving feel that they may not have that support within the next year. Of those, 26% say that without that support they would have to "make do" or "do without." Despite the importance of informal caregiving, few resources exist to support this system, including respite care.

- **Mental Health:** Between 15-35% of older adults in Boston suffer from depression or often feel sad or anxious, and up to 17% misuse alcohol, prescription drugs or over-the-counter medications. Twenty percent of suicides nationwide involve older adults (65+). Although mental health and substance abuse treatment success rates are over 80%, there are almost no mental health services in Boston that target and are tailored to the needs of older adults, and there is very limited reimbursement for these services.
- **Housing and Homelessness:** Housing prices and rents in Boston are among the highest in the nation, and much of the housing stock is old and in need of constant and costly repair. Few older adults in Boston are able to afford increasing rents, very few are able to buy a home, and many older homeowners have to sell their homes prematurely because they are unable to afford needed repairs. Currently, 3,400 older adults in Boston live in public housing (both elderly and disabled housing and family housing) and the waiting list is approximately 1,000 persons long. There are only limited housing options in Boston for older adults with mental health issues. As of the year 2000, there were approximately 610 homeless older adults in Boston, which represented a 39% increase since 1993.

- **Transportation:** Transportation is one of the most important unmet needs reported by older adults in Boston. Despite some transportation options, many older adults report that the current system does not function well and results in missed appointments and frustration. Older adults also report not being able to access transportation for trips that are important to them such as medical appointments, grocery shopping, errands, and socializing, thereby increasing their level of isolation and its associated risks.

• **Long-Term Care - Home and Community:** Despite the fact that almost all older adults wish to continue to live in their own homes, many are unaware of or unable to access the services they need to do so. Between 11-17% of older adults in Boston have activities of daily living (ADL) and/or instrumental activities of daily living (IDAL) needs that are not being met. Despite the importance of these services, funding is shrinking and the amount allocated per home care client is often insufficient to provide the level of care that some older adults require. Also, waiting lists for some in-home services leave older adults without needed support. There is a shortage in skilled workers to meet the increasing demand for home and community based services.

- **Long-Term Care - Institution:** Massachusetts has a much higher and more costly utilization of nursing homes than the national average, and many older adults (45%) in nursing homes here have little or no ADL or cognitive impairments. Although assisted living facilities are successful in providing a positive housing option for older adults with limited impairments, the average cost of an assisted living facility in Massachusetts is \$3,500 per month, placing them out of reach for most of Boston's older adults. Sixteen percent of Boston's nursing homes have closed in the last two years.
- **Home and Community Safety:** Nearly 25% of older adults in Boston have fallen in the last 12 months. Also, many older adults here (18%) are in need of basic repairs to their home that will help them to continue to live in safety. There were 330 reported and addressed cases of abuse, neglect, and financial exploitation against older adults in Boston last year (as well as the other cases that we suspect go unreported and unaddressed).
- **Legal and Financial Assistance:** As many as 80% of older adults in Boston do not have a will, health care proxy, burial/cremation plan and/or durable power of attorney.

- **Opportunities for Connection:** Many vulnerable older adults in Boston are isolated and leave their homes only on a limited basis (39% less than four times per week) or not at all (roughly 10%). Further, nearly half of older adults in Boston express a wish for more social opportunities and to be more socially active. Another form of connection that older adults utilize is the media: 83% watch television daily, 66% listen to the radio and 60% read the newspaper.
- **Access, Information and Communication:** Many older adults in Boston are unaware of the services and resources available to them and many rely on informal and often poorly informed sources for information about services. The result is that many only adults in Boston go without needed services and/or are not taking full advantage of benefits that available to them. Further, lack of coordination in the area of information and referral causes confusion and increases the risk of service duplication.
- **Diversity and Cultural Competence:** As a diverse city and home to many new immigrants and refugees, Boston must take the culture, language and sexual orientation of its older adults into consideration when creating and offering services. Several studies suggest that Boston's older adults from minority populations, those unable to speak English, those without health insurance or an ability to pay for health care, and those who are Gay, Lesbian, Bisexual and Transgendered, have limited access to service providers that understand their background or speak their language.

## Moving Forward

The older adult population in Boston is expected to grow over the coming years. Current evidence suggests that not only will the older population become larger, it will also become more diverse, more frail (and in need of comprehensive services), and more driven by consumers who are better educated and more able to advocate for themselves. All of this is happening at a time when funding for supportive services is extremely limited and in many cases is being eliminated.

Over the coming year, the Boston Partnership for Older Adults will create a four-year strategic plan that will enhance and ensure the availability and accessibility of services for older adults in Boston. This system must be sufficiently flexible to effectively and efficiently meet the changing and growing needs of older adults and their caregivers.

# Introduction

**According to the 2000 United States Census over 100,000 older adults (aged 55 and older) call Boston home. Some projections (U.S. Census 2000, MISER) suggest that this number could grow by as much as 46% over the next 20 years as the much-referenced baby boomers come of “older” age.**

The coming years will also see an increasingly diverse older adult population, one that will include many more frail individuals in need of services and support, and one that is driven by a better educated population with the skills and tools to advocate on its own behalf - all this in a climate where budget cuts and program eliminations threaten the very foundations of the entire support system. The time is long overdue to pay attention to and understand the voices of this segment of our population – their hopes, their needs, their concerns, and their visions for a future that will ultimately affect us all.

Over 125 organizations and individuals have come together with a common vision: to make Boston an elder-friendly city. With the support of Boston Mayor Thomas M. Menino and Elder Affairs Commissioner Joyce Williams, the Boston Partnership for Older Adults (BPOA) represents one of the largest and most comprehensive initiatives ever undertaken to

enhance, expand, and improve services for older adults. Through funding from the Robert Wood Johnson Foundation, this Partnership is committed to promoting a system of quality services for older adults and their caregivers that is designed to foster their dignity, independence and choice through improved access, collaboration and education.

Boston Mayor Thomas M. Menino recently stated, “Never before have so many varied organizations, agencies or people come together for a single goal...to enhance the lives of Boston’s senior citizens. The benefits realized through their efforts will further establish Boston as the most livable city for senior citizens in the nation. The results of these collaborations will be felt for many years to come by the elderly, their caregivers and all who find themselves vulnerable and in need.”

# Purpose

This report, on the experiences of Boston's older adults, was created as the foundation for our much larger initiative to ensure that the needs of all older adults are met both now and in the future. BPOA Director, Brian Souza, recently stated, "Because no one organization alone could sufficiently address all the issues and needs raised in this report, this Partnership will use its collective strength and expertise to build and improve upon past efforts and develop new solutions to effectively and efficiently meet these challenges. Leveraging new data and information as well as political, community and financial support, we will work to enhance the system to

meet both current and future demand. We hope this report will also be used as a guide, by other individuals and organizations, to improve services and opportunities for older adults."

The information presented here is by no means complete. This is an attempt to bring together and summarize over 40 data sets, thousands of pages of information. As such, this report presents a snapshot of the experiences of older adults in Boston in 2003. If you find a particular area of interest, you are encouraged to go directly to the source for more information. All information used to create this report is referenced in the "Sources" section.

**Although the temptation was great to make recommendations from the issues and needs presented in the report, we have specifically chosen not to do so here. Over the coming months, the Boston Partnership for Older Adults will:**

- Further analyze the data and information contained here, continuing to add relevant data that become available
- Identify potentially conflicting and/or missing information and data
- Select several priority issue areas to focus on over the coming years
- Develop a four-year strategic plan, including short and long-term goals and action plans for each priority area
- Incorporate a detailed evaluation plan to ensure that the desired outcomes are being achieved
- Educate and motivate the Partnership and general public to take action
- Identify and nurture funders to support the work of the Partnership

# Methodology

**In producing this report, the BPOA has brought together existing data and information on the needs of Boston’s older adults and their ability to access services. Supporting this process is a new study conducted by Mathematica Policy Research, Inc. for Community Partnerships for Older Adults, a national program of the Robert Wood Johnson Foundation, that presents another picture of the experiences of Boston’s older adults. The remaining information was gathered from existing local, state and national data sources.**

The data contained here have been provided by federal, state and city government agencies, private, non-profit organizations, educational institutions, long-term care facilities, private corporations, research institutions, community groups, epidemiologists, and most importantly, directly from Boston’s older adults and their caregivers. The data were collected through a variety of means, including community-wide, door-to-door needs

assessments, random telephone surveys, research studies and focus groups.

Although this report draws on many sources of information, there are seven key studies that are referenced repeatedly. A brief overview of these studies follows with more detailed information on each study located in Appendix I.

- Survey of Older Adults, conducted by Mathematica Policy Research, Inc. and funded by Community Partnerships for Older Adults, a national program of the Robert Wood Johnson Foundation (referenced as “the Mathematica Study”): A random-digit dial telephone survey of 384 older adult (aged 50+) in Boston conducted in 2002.
- Seniors Count Phase I (Referenced as “Seniors Count”): A door-to-door needs assessment conducted in 1999-2000 of over 2,500 older adults (65+) who were living independently throughout Boston.
- The Senior Health Education and Access Project (Referenced as “the SHEA Project”): A needs assessment of over 1,000 older adults (60+) in the diverse Dorchester neighborhood of Boston conducted between 1998 and 2002.
- The Massachusetts Executive Office of Elder Affairs Needs Assessment of Older Adults (Referenced as “the EOEA Study”): A random mail-in needs assessment of 178 older adults (60+) in Boston conducted in 2001 to inform the Boston Area Agency on Aging’s Area Plan.
- The Boston Housing Authority Study of Older Adults in Family Housing (Referenced as “the BHA Study”): A survey of 219 older adults (62+) living in family housing managed by the Boston Housing Authority conducted in 2002.
- The Seeking Solutions/MultiSystems, Inc. Transportation Study (Referenced as “the Seeking Solutions Study”): A comprehensive assessment of medical transportation services for older adults in Boston conducted in 1999.
- The Medical Foundation/Tufts Health Plan Elder Health Needs Assessment (Referenced as “the Medical Foundation Study”): A series of seven focus groups with 61 older adults (60+) and service providers conducted in 1997.

# Using This Report

## This report includes the following main components:

- **Executive Summary:** key findings
- **Picture of Aging in Boston:** current demographics of Boston's older adults
- **Issues, Hopes, Concerns and Visions:** the main issues affecting older adults in Boston today, along with current services to address those needs (for ease of use, each section will be preceded by a brief summary of the information contained therein).
- **Moving Forward:** projections for changes in the older adult population in the coming years and what the BPOA is doing to respond.

# A Picture of Aging in Boston

According to the 2000 United States Census, 100,000 older adults (aged 55 and older) live in Boston. Of those, nearly 80,000 (14% of the total Boston population) are aged 60 and over and 11% are aged 85 and over, and fall into what is referred to as the “oldest old” category.

## Neighborhood Distribution of Older Adults

Boston is comprised of 16 distinct and diverse neighborhoods. Table 1.1 presents the total number of older and “oldest old” adults in each neighborhood and as a percentage of the total neighborhood population.

**Table 1.1 Boston’s Older Adults 60+ and as a Percentage of Total Neighborhood Population and Older Adults 85+ and as a Percentage of Older Adult (60+) Population**

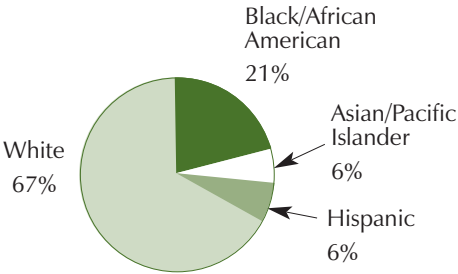
Neighborhood	Total Number of Older Adult Residents (60+)	As Percentage of Total Community Population	Total Number of “Oldest Old” Adult Residents (85+)	As Percentage of Older Adult (60+) Population
East Boston	5,798	15%	611	11%
Charlestown	2,183	14%	165	8%
South Boston	5,143	17%	513	10%
Central Boston**	5,156	21%	682	13%
Back Bay-Beacon Hill	3,245	12%	253	8%
South End	3,324	12%	242	7%
Fenway-Kenmore	2,000	6%	199	10%
Allston/Brighton	8,144	12%	1,039	13%
Jamaica Plain	5,096	13%	698	13%
Roxbury	6,725	12%	478	7%
Dorchester	10,943	12%	983	9%
Mattapan	4,047	11%	196	5%
Roslindale	5,432	16%	926	17%
West Roxbury	7,041	25%	1,002	14%
Hyde Park	5,294	17%	518	10%
Harbor Islands	53	8%	2	4%
Total	79,624	--	8,507	12%

\*based on 2000 United States Census.

\*\* includes West End, North End, Chinatown and Downtown.

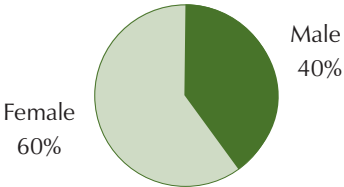
Boston’s older adults represent the diversity of the city’s total population. Based on the 2000 United States Census, Figures 1.1, 1.2 and 1.3 provide race, gender and age breakdowns for those aged 60 and over.

**Figure 1.1 Race of Boston's Older Adults 60+**



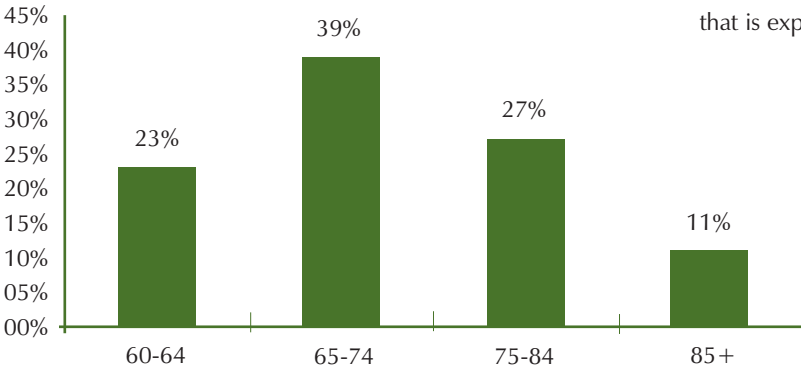
The majority of older adults in Boston are white (67%), followed by Black/African American (21%), Asian/Pacific Islander and Hispanic (both 6%), and Alaska Native/Native American (less than 1%).

**Figure 1.2 Gender of Boston's Older Adults 60+**



As one might expect, there are more older-adult women than men, with a 60-40 split. However, evidence suggests that this longstanding gap might become smaller over a time

**Figure 1.3 Age of Boston's Older Adults 60+**



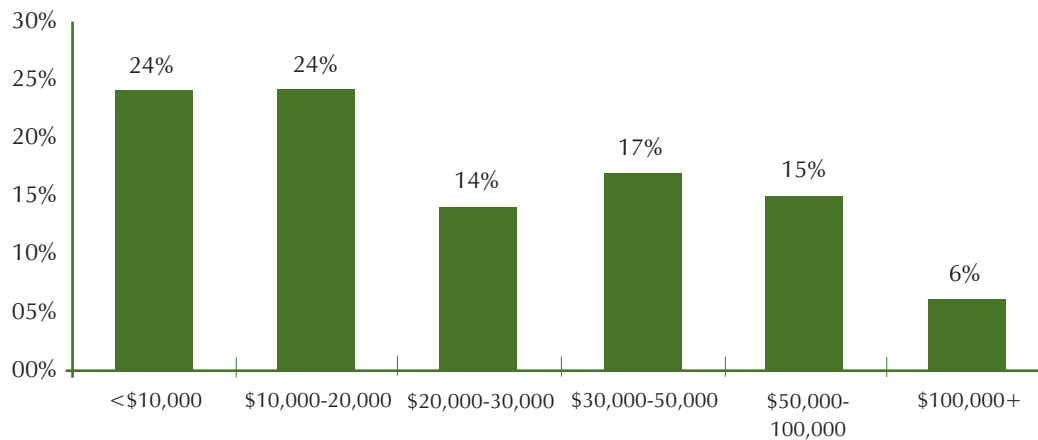
Well over half of older adults in Boston are between the ages of 60 and 74. Notable is the 11% of older adults that are aged 85 and over. This is an important number that is expected to grow over the coming years.

# Language

United States Census data suggest that 28% of older adults (65+) in Boston speak a language other than English and 20% speak English “less than very well.” Further, 13% of older adults in Boston live in “linguistically-isolated households,” where English is not spoken or not spoken “very well.” Several other studies have also tracked English speaking ability with differing results. The EOE Study (See Appendix 1 for a detailed description of this study) found that over 17% of older adults either do not speak English or speak it poorly. Another important consideration related to language, is literacy, specifically the ability to read and write in English. The SHEA Project (See Appendix 1 for a detailed description of this study), conducted in one of the city’s most diverse neighborhoods, found up to 50% of older adults reported not being able to read, write or speak English.

# Income and Poverty

**Figure 1.4 Annual Income of Boston’s Older Adults 65+ (Source: U.S. Census)**



The poverty rates and trends for older adults in Boston are startling. Over 18% of older adults (65+) in Boston live below the poverty line (for an older adult 65+ living alone, this is defined as one who earns less than \$8,980 per year). That is more than double the poverty rate for older adults in Massachusetts (9%) and nearly double the rate for older adults in the United States (10%). For many of Boston’s racial and ethnic minority commu-

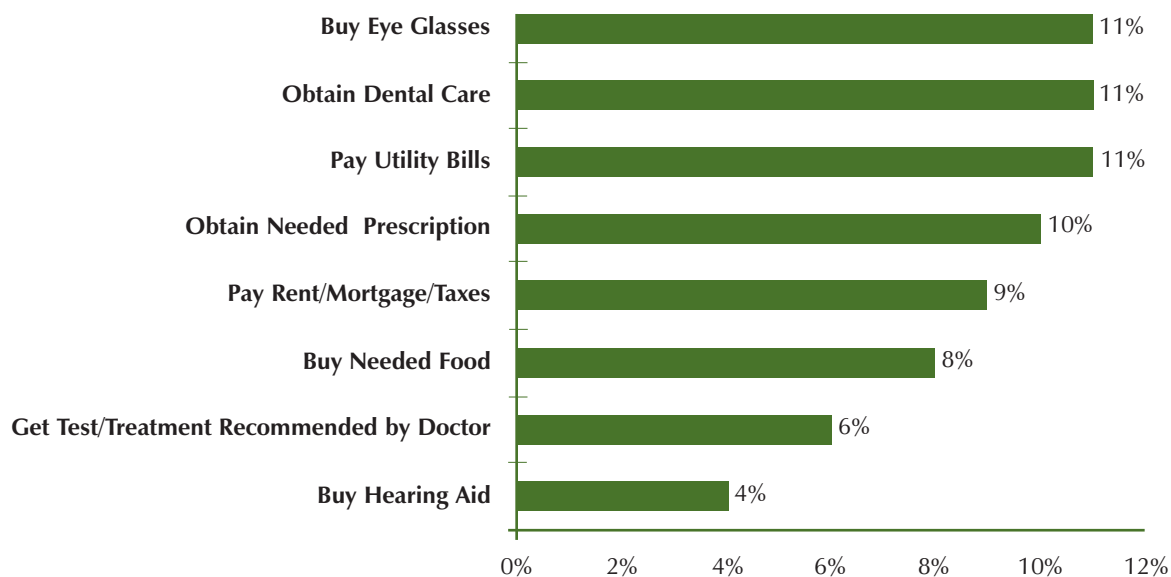
nities, the numbers are far worse. A full 25% of Asian American older adults in Boston are at or below the poverty level (Chan and Zahn, 2002). These poverty statistics are even more meaningful when you consider that the United States Bureau of Labor Statistics recently named Boston the major metropolitan area with the highest cost of living in the entire country.

Of even more concern is the rate at which poverty among Boston's older adults is increasing. In the decade between 1990 and 2000, the older adult population in Boston experienced the largest increase in poverty levels of any age group. In just ten years, poverty rates rose from 15% to 18%, an increase that represented nearly 15% of the total poverty growth in Boston.

The Mathematica Study (See Appendix I for a detailed description of this study) surveyed older adults, including a subsample described as "vulnerable older adults," those who meet one or

more of the following criteria: (1) being aged 75 or older, (2) being aged 60 or older and having a chronic illness or an impairment in functioning. In this survey, 40% of vulnerable older adults did not feel they would have enough money to care for themselves for the remainder of their lives, compared to 27% in the other sites that Mathematica surveyed (See Appendix I for a complete list of other sites surveyed). This study also found that 27% of vulnerable older adults surveyed were unable to fulfill an important need in the last 12 months, because they lacked funds. Figure 1.5 reveals the details of this finding:

**Figure 1.5 Percentage of Boston's Older Adults Unable to Meet the Following Needs Due to Lack of Funds** (Source: Mathematica Study)

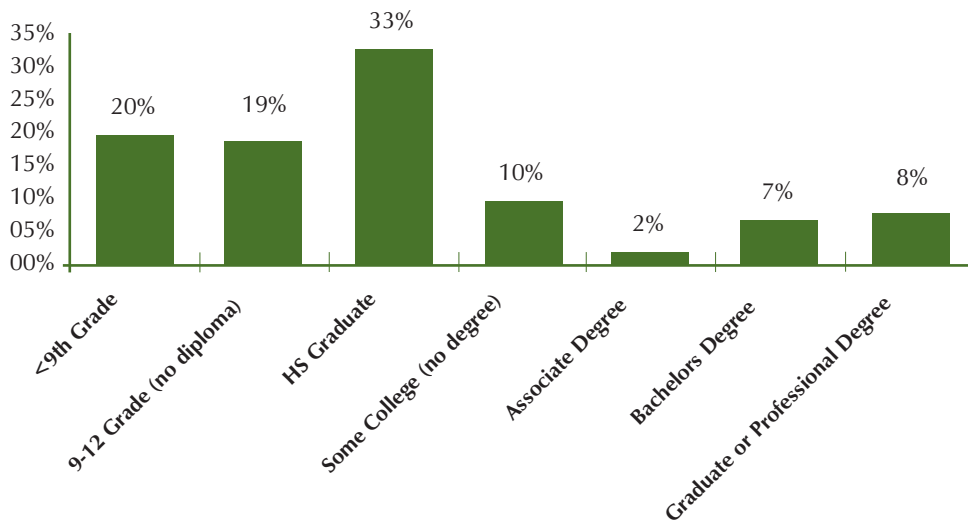


The SHEA Project revealed a similar finding with 29% of respondents lacking enough money to pay for food they need, 16% having trouble paying for prescription medications, and 13% being unable to pay for other health care costs.

# Level of Education

Figure 1.6 presents the education level of Boston’s older adult population. As the figure suggests, 39% of Boston’s older adults lack a high school diploma.

Figure 1.6 Breakdown of Education Level for Boston’s Older Adults 65+ (Source: U.S. Census)



# Sexual Orientation

Although no data exist to confirm the number of gay, lesbian, bisexual, and transgendered (GLBT) older adults in Boston, they likely comprise a sizable minority of older adults. Based on very limited information, it is estimated that there are between 1 and 2.8 million GLBT older adults in the United States (Cahill, South and Spade, 2000). And, as with the projections for the entire older adult population over the coming years, the GLBT older adult population is expected to grow to between 2 and 6 million by the

year 2030. As for Boston, we can only guess based on estimates that about 8% of the overall population is GLBT. That translates to about 6,300 GLBT older adults in Boston. Research has shown larger concentrations of GLBT people residing in urban environments, especially in the Northeast, suggesting that the number of GLBT older adults in Boston could be significantly higher. Because of societal taboos and an historical need to protect their identity, GLBT older adults are a particularly vulnerable population.

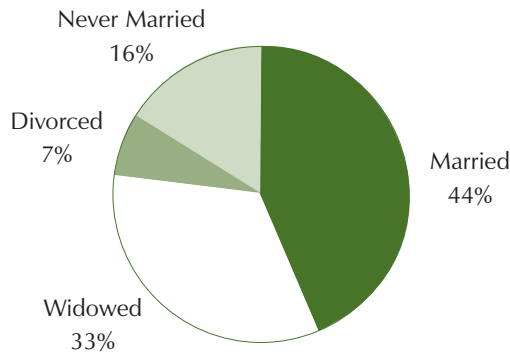
# Work Status

The 2000 United States Census reports that 19% of older adults in Boston (60+) are in the labor force. Of those, 7%, or nearly 1,000 older adults, are unemployed and looking for work. The remaining (81%) are out of the work force (most retired).

# Family Status/Relationship Status

Figure 1.7 presents the current marital status of Boston's older adults.

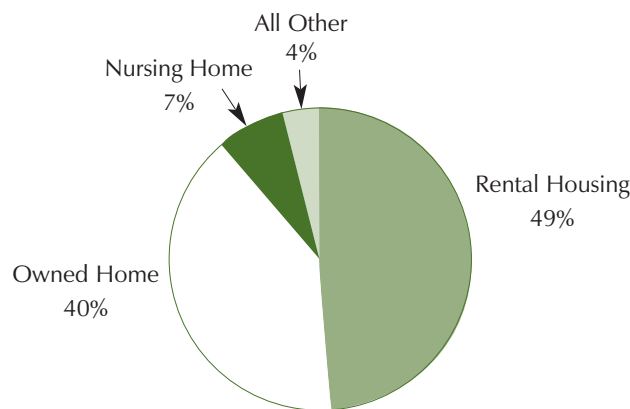
Figure 1.7 Marital Status of Boston's Older Adults 65+ (Source: U.S. Census).



# Living Situation – Type of Housing

Figure 1.8 presents a breakdown of the type of housing in which older adults in Boston are living.

Figure 1.8 Living Situation (Housing) of Boston's Older Adults 65+ (Source: U.S. Census).



Noteworthy from the Mathematica Study findings, which confirm United States Census data above, is the percentage of Boston older adults who were never married (18%), compared to the findings at the other 12 sites surveyed where only 5% of older adults were never married. Also important are the

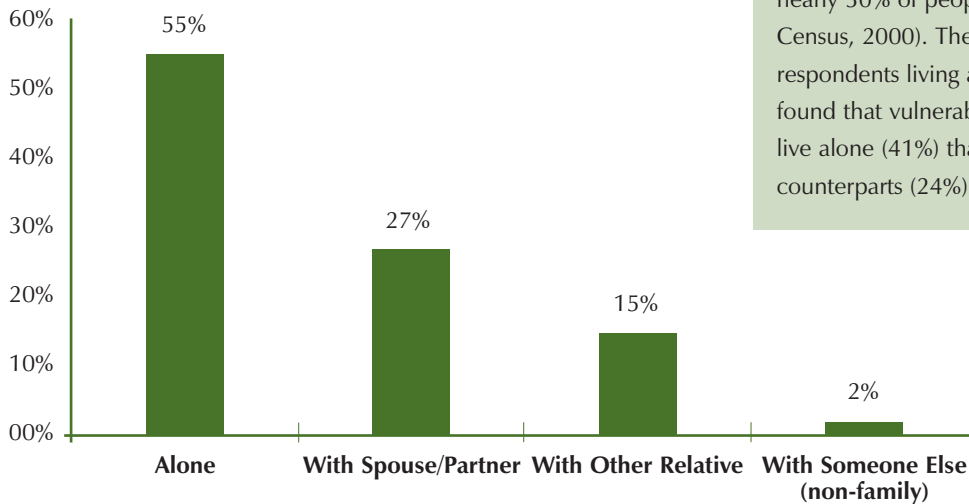
differences between the vulnerable and non-vulnerable older adults surveyed by Mathematica. Vulnerable older adults were less likely to be currently married (36% vs. 54%) and more likely to be widowed (37% vs. 8%) when compared to non-vulnerable older adults.

Not captured in these data is the prevalence of homelessness among the older adult population in Boston. A year 2000 census of homeless in Boston identified approximately 610 homeless older adults (Massachusetts Housing and Shelter Alliance, 2000). This will be discussed in greater detail in the “Housing” section.

## Living Situation – Alone or With Whom?

The 2000 United States Census reports that over half (55%) of older adults in Boston live alone. Figure 1.9 presents a percentage breakdown of the living situation of Boston’s older adults

Figure 1.9 Percentage Distribution of Boston’s Older Adults 65+ by Living Situation (Source: U.S. Census).



Other studies have revealed similar findings on the number of older adults living alone. In Massachusetts, nearly 30% of people aged 65 and over live alone (U.S. Census, 2000). The EOEI Study found 46% of Boston respondents living alone. The Mathematica Study also found that vulnerable older adults were more likely to live alone (41%) than their non-vulnerable counterparts (24%).

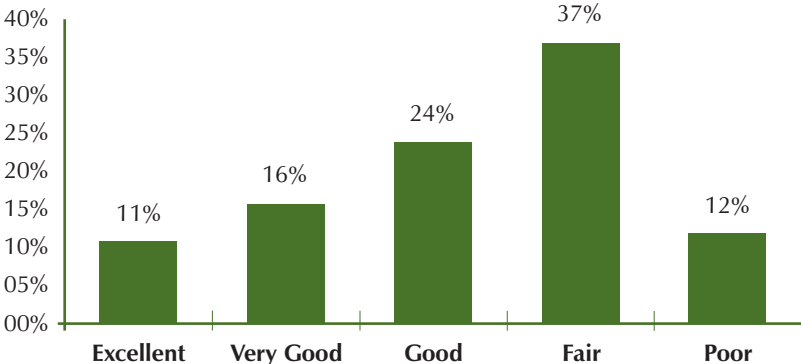
## Number of Children

It is widely recognized that caregiving responsibilities most often fall to adult children of older adults. Therefore, those without children are likely at a disadvantage without this form of support. Although the United States Census does not track the number of children a person has, the Mathematica Study found that a 25% of older adults in Boston do not have children, compared with 13% of older adults in other sites they surveyed.

# Self-Reported Health Status

Although the health status of older adults in Boston is discussed in greater detail in the “Health and Health Care” section, one snapshot is presented here. Several measures are used to determine the health status of an individual. One commonly-used measure of self-rated health is a scale on which individuals are asked to rate their own health as either poor, fair, good, very good, or excellent. Figure 1.10 presents the Mathematica Study findings on self-rated health status of older adults in Boston:

**Figure 1.10 Self-Rated Health Status of Boston’s Vulnerable Older Adults 65+**  
(Source: Mathematica Study)



As we can see from this figure, nearly 50% of Boston’s vulnerable older adults rate their health status as fair or poor, this compared to only 39% of older adults in the other sites surveyed who rated their health in this way. The EOEI Study revealed that 41% of Boston respondents (aged 60+) rated their health as fair or poor. The BHA Study (See Appendix I for a detailed description of this study) found 55% of respondents rating their health as fair or poor. Finally, Behavioral Health Risk Factors, measured by the Centers for Disease Control, show that 33% of older adults in Boston rate their health status as fair or poor.

In the Mathematica Study, 36% of respondents said that they expected to need help to live on their own before their 80th birthday and 50% expected to need help after their 80th birthday. Additionally, 78% stated that they expected that they would have to move from their home at some time because of physical or mental problems. Another measure of health status is disability. The 2000 United States Census found that 46% of older adults in Boston had at least one functional limitation (this includes sensory, physical, mental and self-care disabilities).

# Issues, Concerns, Hopes & Visions

This section includes the key issues affecting older adults in Boston today as well as the concerns, hopes and visions they have expressed for their community. The Mathematica Study found that 74% of older adults surveyed in Boston have lived here for over 20 years and 80% consider Boston a good or excellent place to live. The study also found that 41% of older adults surveyed in Boston believe that people like themselves have “a lot” of influence in making their community a better place to live and 34% believe their local officials take into account the interests and concerns of older people “quite a lot”.

Each of the following sections begins with a summary of the important findings in its topical area. This is followed by a detailed look at the key issues in that topical area as well as a summary of services and programs that currently exist to address each issue.

## Health & Health Care

The following health and health care issues have been identified by older adults, caregivers and providers in Boston and are discussed in more detail in this section:

- Some older adults in Boston are experiencing key health risk factors that place them at increased risk for disability and death.
- Some older adults in Boston have ADL/IADL needs that are not being met. Either there is insufficient capacity to meet this demand or there is inadequate dissemination of information on the availability of these services.
- Some Older adults in Boston do not have a primary health-care provider or do not visit their primary healthcare provider on a regular basis.
- Some Older adults in Boston are not having the regular preventive screenings and vaccinations that have been proven to increase the detection rates of various diseases and prevent acute infection. Either there is insufficient capacity to meet this demand or there is inadequate dissemination of information on the availability of these services.
- Health disparities exist between African American and white older adults with respect to breast cancer mortality, incidence of diabetes, prostate cancer and cardiovascular disease, and use of vaccinations/immunizations. African American older adults are more likely than White older adults to have prostate cancer, diabetes and cardiovascular disease and African American older adult women are more likely to die from breast cancer. African American older adults in Boston are also less likely to get important vaccinations and immunizations.
- Some older adults are not receiving vision, hearing and dental care and, in some cases, report not having enough money to receive this care or buy eye glasses and/or hearing aids. Coverage of these needed services through the Massachusetts Medicaid program has been eliminated. Either there is insufficient capacity to meet this demand or there is inadequate dissemination of information on the availability of these services.

- Some older adults in Boston experience persistent pain that is inadequately managed.
- Some older adults in Boston find it difficult to communicate with their health care providers and feel as if their health concerns are not being fully heard and addressed.
- Some older adults in Boston are not making full use of their health benefits or need assistance in understanding how to use their health benefits.
- Although hospitals have “free care” programs to meet the urgent health care needs of those without health coverage

or an ability to pay, this system does not cover all important services. Further, as other services and coverage are cut, this system, already at risk for cuts, will be further taxed.

- Some older adults in Boston do not have prescription drug coverage and have had to go without important medication because of an inability to pay for it.
- Despite the proven benefits of a healthy diet and exercise, some older adults in Boston report not being physically active and not having access to exercise/fitness opportunities.

## Defining the Issues

This section presents a series of issues that help to define an older adult’s experience of health and health care.

### Mortality

According to data presented by the Boston Public Health Commission, overall mortality rates among Boston’s older adults have remained relatively stable at about 5% over the last 10 years. The leading causes of death for Boston’s older adults (65+) continue to be heart disease and cancer followed by stroke, diabetes, COPD, Pneumonia/Influenza, Nephritis/Nephrosis, however leading causes of death vary somewhat by race.

### Morbidity

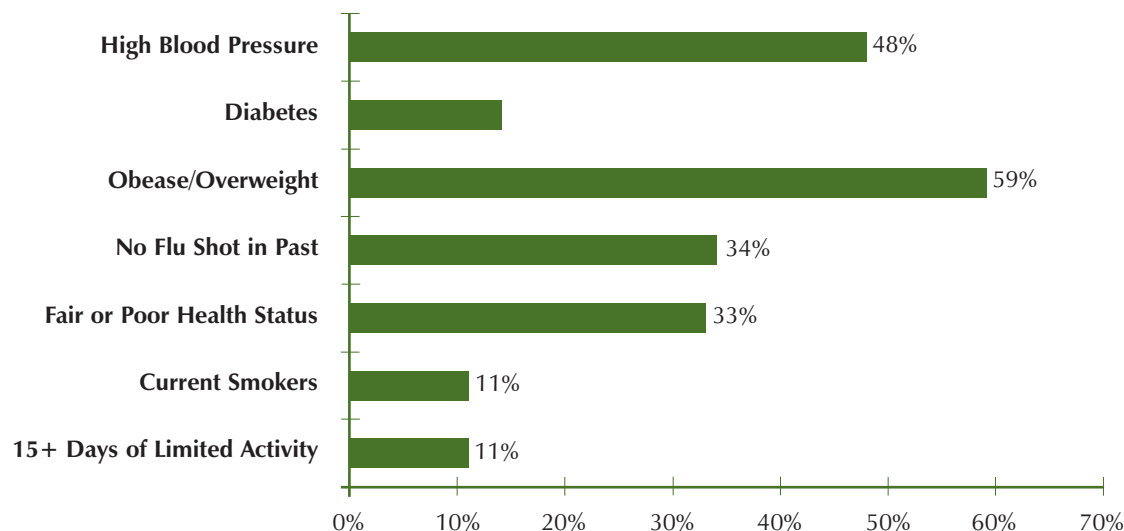
Approximately half of older adults (65+) report having a diagnosis of high blood pressure, 14% have diabetes, and 59% are overweight.

### Key Health Risk Factors

Key health risk factors are another measure of the overall health of a population. Figure 2.1 presents the prevalence of key health risk factors among older adults in Boston.

Figure 2.1 Percentage of Boston’s Older Adults 65+ With Key Health Risk Factors

(Source: Boston Public Health Commission).



Looking at a specific subset of the older adult population (those in family housing), the BHA Study found that 22% of older adults were at high risk with respect to health issues (i.e. Lived alone AND either (a) rated their health as poor, (b) reported memory problems, (c) reported ADL or IADL problems).

Common health conditions reported by vulnerable older adults in the Mathematica Study included hypertension (59%), arthritis (55%), diabetes (31%), heart attack/heart disease (32%), asthma (14%) and other lung disease (12%). Many of these diseases are affected by modifiable behaviors. In fact, as much as 70% of negative physical changes that can occur as one ages are “related to modifiable factors including smoking, poor nutrition, lack of physical activity, injuries from falls and the failure to use Medicare-covered preventive services” (Merck Institute on Health and Aging/The Gerontological Society of America, 2000).

### Hospital and Emergency Room Use

According to the Boston Public Health Commission, the rate of hospitalization for older adults (65+) in Boston averaged 36% (or 362 per 1,000 of population) for women and 38% (or 378 per 1,000 of population) for men in the year 2000. These numbers are in line with the national hospitalization rate of 36% for older adults (Eggers and Greenberg, 2000). Leading causes of hospitalization among older adults in Boston included heart failure and other heart problems, pneumonia, gastroenteritis, and COPD.

### Disability

Another indicator of health is determined by measuring one’s need for help with ADLs and IADLs. Several studies have yielded similar results for Boston. The Mathematica Study found that 18% of vulnerable older adults in Boston needed help with one or more ADLs and 33% need help with IADLs. According to Mathematica, these data suggest that 10,600 vulnerable adults in Boston need help with ADLs and 19,200 need help with IADLs. Currently, only 6,500 older adults in Boston are receiving home care services through the three Aging Services Access Points (ASAPs). The most common ADL needs were taking a bath/shower and dressing. The most common IADL needs were shopping or getting to doctor’s appointments and doing light housework.

Regarding unmet needs, 11% of Mathematica Study vulnerable respondents had ADL or IADL needs that were

not being met. This statistic differs from other Mathematica Study sites, where only 6% of vulnerable older adults had unmet ADL/IADL needs. Suggested reasons for this include an inability to find or afford help. Overall, functional limitations in Boston were more prevalent than in other sites surveyed by the Mathematica Study. Thirty-nine percent of vulnerable older adults in Boston were found to need ADL/IADL help while only 27% had the same need in other sites.

A similar finding was achieved by the SHEA Project, which found that 8% of respondents needed help with ADL needs and 14% needed help with an IADL. Also, the BHA Study found 40% of those surveyed currently receiving help with ADLs/IADLs and 5% needing help but not getting it.

### Primary Care

Primary and routine health care and regular preventive/health screenings are important components of personal health maintenance. To understand this for Boston’s older adults, we must first determine the number of older adults who either do not have a primary care provider or who have not visited their provider in the last year.

The SHEA Project found nearly 6% of participants were without a general doctor and about the same amount had not had a physical exam in the last year. The Mathematica Study found 20% of vulnerable older adults in Boston had not seen a doctor or health care professional in the past three months.

Further, related to preventive screenings, The SHEA Project found 22% of respondents had not had a mammogram, breast exam, pap smear, or prostate exam in the last year, almost 28% had not had a pneumonia vaccination in the last 10 years, and 24% had not had a flu shot in the last year. This is important given the finding that older adults who received flu shots had half the mortality rate of others who did not receive the vaccination (Nichol et al, 2003)

### Dental Health

Dental health is important for not only for healthy eating but for the positive self-esteem that is crucial to on-going socialization. Many argue that because of a lack of services and cuts in funding, the state of dental health care is deteriorating. For example, the elimination of dental health coverage for Medicaid patients leaves many without any access to dental care.

The SHEA project found over half (55%) of respondents had not visited a dentist in the previous year. The BHA Study revealed 17% of older adult participants had not seen a dentist in the last year and 54% reporting that they did not need to see a dentist. Seniors Count (See Appendix I for a detailed description of this study) found 8% of those surveyed in need of a referral for dental services.

A barrier to receiving this care is finding affordable services. The Mathematica Study found that 11% of older adults in Boston were unable to get dental care last year because they could not afford it.

### Eye Health/Vision and Ear Health/Hearing

Other areas of overall health very important to older adults are eye and ear health, including vision and hearing. An individual's vision greatly affects his/her ability to function independently. Vision loss, a common occurrence as one ages, can pose a critical safety risk and often affects one's ability to drive or get around outside, to read, to see things like knobs on the stove or numbers on the telephone. It can also be a warning sign and form of detection for other diseases such as diabetes.

The SHEA Project revealed that almost a quarter of respondents (24%) had difficulty seeing stove controls, or numbers on the clock or telephone. Despite this finding, 21% of all respondents said they had not had an eye exam in the last year.

Hearing Impairments can interfere with socialization, a critical factor for many older adults. The SHEA Project found that half (50%) of older adults surveyed had not had a hearing test in the last year and 16% reported difficulty hearing the doorbell, the phone ringing or voices on the telephone.

Many older adults express that the biggest barrier to obtaining these needed screenings and products is their inability to afford them. The EOEA Study found that nearly

30% of older adults surveyed reported that they could not afford eyeglasses, hearing aids, or other needed medical supplies. Further, the Mathematica Study found that 11% of Boston's older adults were unable to get eye glasses, and 4% were unable to get hearing aids in the last year due to lack of money.

### Pain Management

Another issue receiving a great deal of attention recently for persons of every age is pain management. Given the complex nature of assessing pain, patients and providers alike face major challenges in efforts to manage persistent pain. As a result, many go without adequate pain management measures. This is particularly the case with older adults. In the SHEA Project, 38% of participants reported that they often had physical pain that did not go away. The finding is consistent with research studies that show substantial underuse of pain medication, particularly among older women who have chronic and severe pain.

### Health Disparities

Much recent research has uncovered disparities in the incidence and experience of illness among various populations. Boston Public Health Commission data reveal that more African American older adult women in Boston die from breast cancer than White older adult women. There is also a higher incidence of prostate cancer among African American men. African American older adults are more likely to suffer from diabetes and cardiovascular disease than their white counterparts. A disparity also exists with respect to flu shots. While nearly 70% of White older adults reported having a flu shot in the past year, only 51% of African American older adults did. While the causes of these disparities are not completely understood, REACH 2010, a BPOA member coalition and initiative of the Boston Public Health Commission funded by the Centers for Disease Control (CDC), is working to eliminate them.



## Communication With Medical Providers

Another barrier to health care for older adults is difficulty in communicating with their doctors or health care providers. The Medical Foundation study (See Appendix I for a detailed description of this study) found that one of the most significant needs identified by both older adults and service providers was for better communication with medical providers. Primary concerns included that the length of time for visits was too short for older adults to adequately discuss their concerns with their providers and that the language and medical terminology used by providers can be confusing. As one study participant succinctly stated, “Give the older person time.”

These communication issues are exacerbated by the common feeling of many older adults that they are being disrespectful when they are assertive with medical providers. The result is that they often leave a visit confused or without their questions and concerns being adequately addressed. Although emphasis has been placed on working with older adults to feel more comfortable asserting themselves, including having questions prepared before medical visits, some have looked to the lack of emphasis on geriatrics in medical education as a potential barrier to progress in this area. This is evidenced by the fact that less than half of Medical Schools in the United States have geriatric programs (Merck Institute of Aging and Health/Gerontological Society of America, 2000).

## Health Insurance/Coverage

Although most older adults have health care coverage through some combination of Medicare, Medicaid, or a private insurer, the Mathematica Study found that 5% of vulnerable older adults in Boston lack health insurance. Overall, the study revealed that 48% of older adults in Boston feel that providing health coverage for the uninsured is very important. This becomes an important issue especially for older adult immigrants and refugees, of which Boston has many. Because of their immigration status, many are ineligible for traditional forms of coverage. Most hospi-

tals in Boston have “free care” programs that ensure health care for those without insurance, however, coverage is limited and the future of this safety net is uncertain.

## Prescription Drug Coverage

A current concern at the city, state and national level is prescription drug coverage. Although most insurers offer some form of coverage, many older adults either do not have prescription drug coverage, or lack adequate coverage to support the cost of increasing amounts of expensive medication. In Boston, the Mathematica Study found that 24% of vulnerable older adults lack prescription drug coverage, and 10% said they could not buy a prescription they needed at least once in the last 12 months. Similarly, the EOEA Study found that over 30% of older adults in Boston cannot afford their prescribed medications. Finally, the SHEA Project, found over 10% of those surveyed reported that at times they were not able get medications they needed because they were unable to pay for them. This issue is exacerbated by the recent decision by the Commonwealth to cut back on and perhaps eliminate a local prescription drug assistance program that helped reduce the economic burden of this issue on many older adults in Boston.

## Diet and Exercise

Much recent attention has been turned to the benefits of a healthy diet and exercise. Countless studies have confirmed that a diet moderate in fat and calories and regular exercise can help to reduce the risk of disease and improve functioning in older adults. Despite these encouraging findings, not all older adults are taking advantage of this health benefit. Over a third (36%) of participants in the SHEA Project reported not doing exercise regularly. Confirming that finding, the Mathematica Study also found that 36% of vulnerable older adults in Boston neither walk nor participate in some form of regular exercise. Similarly, the EOEA Study found that over 30% of older adults in Boston lacked opportunities to exercise and keep fit.

## *Current Services and Utilization*

The city of Boston is currently served by five major medical centers, 17 community health centers and several specialty clinics with expertise in areas such as cancer and diabetes. Often described as the “Medical Mecca” of the world, Boston also boasts several nationally-recognized medical schools.

All older adults in Boston have access to urgent care, even those without traditional coverage or an ability to pay. This occurs through the “free care” programs, mentioned above, available at most hospitals. However, limitations on coverage for certain procedures and prescription drugs leave many older adults without the complete medical services they require.

With regard to preventive health screenings and vaccinations, the Boston Council on Aging reaches close to 10,000 older adults each year with either health education, flu shot clinics, health fairs, blood pressure or hearing screenings. Likewise, many hospitals, community health centers, and senior centers offer hearing and eye screenings and flu shot clinics. However, as the data presented above suggest, the system is fragmented and many older adults do not understand the importance of these screenings and vaccinations, and therefore go without.

Little if any free dental care exists for homebound older adults. Through the Boston Commission on Affairs of the Elderly, the Tufts University School of Dental Medicine and other local dental schools offer limited dental screenings at older adult buildings, meal sites and other community locations. They also use dental students, under the supervision of an experienced dentist, to provide dental services to older adults at a reduced rate.

Exacerbating the limited availability of and access to these services is the recent decision to eliminate the coverage of eyeglasses, hearing aids, and dentures through the Massachusetts’ Medicaid program (MassHealth). Cuts to and the possible elimination of a prescription drug benefit program will also negatively impact many older adults in Boston.

Along with Medicare and MassHealth, there are five major HMOs located in Massachusetts: Tufts Health Plan,

Harvard Pilgrim Health Care, Blue Cross Blue Shield, Fallon, and Neighborhood Health Plan. Many offer supplemental plans for older adults to help cover what Medicare and Medicaid do not. However, many of these programs also continue to limit coverage and make access more difficult in an effort to contain costs.

One program working to help older adults make sense of their health coverage is the Serving the Health Information Needs of Elders (SHINE) Program which utilizes 450 trained volunteers across Massachusetts to provide one-on-one counseling to Medicare beneficiaries about the use of their benefits. Last year, SHINE counselors provided over 58,348 hours of service to 35,603 Medicare beneficiaries. SHINE also conducted over 1500 public presentations on these topics. The most common topics discussed include:

- What Medicare covers and does not cover
- How Medigap and Medicare HMO plans work with Medicare
- How to decide which supplemental coverage to buy
- How to apply for MassHealth or use free care programs
- How to file claims for reimbursement
- How to access care through Medicare HMOs
- How to exercise Medicare appeal rights in the managed care or fee-for-service systems
- Ways to explore other less expensive health insurance options

Despite this help, more needs to be done to help older adults make full use of their health benefits. The Mathematica Study found that 37% of older adults surveyed in Boston do not know whether Medicare covers home care services and half do not know whether Medicaid covers such care.

# Mental Health

The following mental health issues have been identified by older adults, caregivers and providers in Boston and are discussed in more detail in this section:

- Mental health issues, including depression and substance abuse (including medication abuse), have been historically overlooked and under researched.
- It is estimated that over 25% of older adults in Boston suffer from some form of untreated anxiety or depression.
- Inadequate services exist to address the higher rates of depression and other mental health issues in institutions.
- Suicide among older adults is rarely discussed and inadequately addressed.
- There is a need for more mental health services in Boston in which practitioners are knowledgeable about and sensitive to the mental health needs of older adults.
- There is a need for more services geared toward treating substance abuse in older adult populations.
- Those positioned to identify and initially diagnose mental health issues in older adults are not doing so, resulting in many instances of depression and substance abuse that go undiagnosed and untreated.
- There are not adequate mental health services available in Boston for older adults who speak languages other than English or who require services that are sensitive to the cultural, social and political experiences from which many of our immigrant and refugee older adults come.
- Some older adults cannot access needed mental health services because co-payments are too high and they cannot afford to pay.
- Too little has been done to reach out to older adults to educate them about mental health issues and to reduce the stigma associated with mental health issues, particularly in older adults.
- There is insufficient funding and reimbursement mechanisms to support mental health treatment for older adults in Boston.



## Defining the Issues

In summarizing the data and information collected on older adults in Boston and in conversations with providers from all disciplines, the single issue that surfaced over and over again was mental health, and specifically, the failure to acknowledge the importance of mental health issues in older adults and the lack of programs, services and resources to address these issues.

Older adults are just as, if not more, vulnerable to depression as younger people. Although certainly not the experience of everyone as they age, risk for depression increases as health and mental function decline, social supports are lost, and status changes as one retires or loses family. Estimates differ on the percentage of older adults suffering from depression. Some studies have shown that 15-25% of older adults in the United States suffer from depression (Massachusetts Coalition for Aging and Mental Health, 2001). The SHEA Project found 38% of participants reported feeling anxious and that their life is out of control. Additionally, 36% said that they often feel sad. Incidence of depression, particularly among older adults in institutions, is high. At least 25% of hospitalized older adults and 15-25% of nursing home residents are clinically depressed (Sevransky, 2002).

On the extreme end of undiagnosed and untreated depression is the rate at which older adults take their own lives. Suicide rates are staggeringly high among older adults. White males aged 85 and over are five times more likely to commit suicide than the national average. Adults aged 65 and older, although they represent only 12% of the total United States population, account for nearly 20% of suicides nationwide (Massachusetts Coalition for Aging and Mental Health, 2001).

Substance abuse also plays an important role in understanding mental health issues in older adults. Nationally, over 17% of older adults misuse alcohol, prescription medications, or over-the-counter drugs. In fact, in 1997, 21% of hospital admissions for adults 60 and over were directly related to the misuse of alcohol (ibid, 2001).

A compounding factor is the common failure of health care professionals to correctly diagnose and treat mental health issues in older adults. Older adults are more likely to be misdiagnosed or not diagnosed at all with regard to

depression and are less likely to receive treatment when diagnosed (Sevransky, 2001). The reasons presented for this failure include the fact that other cognitive issues associated with aging can mask the symptoms of depression, a difference in the symptoms expressed from depression between younger and older adults, and a misconception that mental health issues are a regular part of growing older. In recognition of the stigma associated with mental health issues, many advocates feel that outreach and pre-treatment are crucial.

The National Institutes of Health considers undiagnosed and untreated mental health and substance abuse issues among the leading risks contributing to premature institutionalization. And as one study participant eloquently stated, "The deterioration of the mind is often followed by the deterioration of the body."

Other barriers to receiving help are cost and language. Medicare requires a 50% co-payment for outpatient mental health treatment, something that many older adults cannot afford for the length of time required for adequate treatment. Also, as has been documented in other areas of this report, there is a strong need for mental health services that are offered in languages other than English (or with interpretation), and for services that take into consideration the cultural, social and often political background from which older adult clients are coming. Unfortunately, the existence of these types of services is severely limited.

Despite these alarming statistics, a large body of evidence suggests that mental health treatment in the form of counseling and psychopharmacological medications is effective with older adults. Treatment success rates are demonstrated to be over 80 percent (Massachusetts Coalition for Aging and Mental Health, 2001).

## *Current Services and Utilization*

**In Boston, mental health treatment services for older adults are insufficient and fragmented and are traditionally provided by a host of agencies from primary care providers and social service agencies, to specialized mental health organizations, and the Commonwealth of Massachusetts Department of Public Health.**

The primary care practices in local hospitals and community health centers are augmented with mental health treatment services. Similarly, Kit Clark Senior Services, a large provider of services for older adults in Boston, offers a comprehensive mental health and substance abuse treatment program for older adults. Here older adults can participate in individual counseling or group treatment, and can receive psychopharmacological medications and monitoring. Also, homebound older adults can receive treatment in their homes.

Kit Clark Senior Services also emphasizes outreach and pretreatment, conducting educational programs on depression at meal sites, senior centers, and congregate housing facilities throughout the city. Although it is certainly a

model that works and has demonstrated significant success, it has limited capacity and funding. As a result, Kit Clark Seniors Services program is unable to do the amount of long-term outreach needed to lower the barriers and stigma about mental health issues with the goal of connecting more older adults to treatment. To that end, efforts have also been made through the Boston Housing Authority and the Department of Mental Health to reach out to and train public housing staff on mental health issues. Also, a recent summit on mental health convened by the Boston Commission on Affairs of the Elderly sparked the creation of the Elder Mental Health Task Force to better understand and address many of the issues raised here.

# Housing

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The following housing issues have been identified by older adults, caregivers and providers in Boston and are discussed in more detail in this section:

- Housing prices and rents in Boston are among the highest in the nation, making it difficult for many older adults in Boston to live without subsidy.
- There are limited affordable housing options, such as assisted living facilities and supportive housing, for older adults in Boston.
- Some older adult homeowners in Boston are unaware of the housing options available to them, including public housing, elderly housing, assisted and supportive housing, and shared housing. This is complicated by the lack of a centralized source of information on housing options.
- Some older adults in Boston are not able to provide needed repairs to their home because they are unable to pay for repair services. Of those needing repairs, many feel that without these repairs they will not be able to remain in their home. Either there is insufficient capacity to meet this demand or there is inadequate dissemination of information on the availability of these services.
- Some older adults in Boston do not have a home.

## Defining the Issues

The issue of housing, specifically access to affordable public and private housing, plagues cities and towns around the country, and Boston is no exception.

### Housing Prices, Rents, and Availability

It has been widely documented that housing prices and rents in Boston are among the highest in the nation. Nearly half (45%) of all housing units in Boston are valued at \$200,000 and higher, whereas only 21% of housing units nationwide fall into that price category (Boston Redevelopment Authority, 2002). Further, 28% of homeowners in Boston pay \$1,500 or more per month for mortgage and selected owner costs compared to only 18% who pay a similar amount nationally. A national study conducted by the Joint Center for Housing Studies of Harvard University (2002) revealed that home prices in Boston are the third highest in the nation, with an average above \$300,000. For renters, the picture is not much brighter. The same study found that rents in Boston were the second highest in the nation below San Francisco. To afford the average rent in Boston, one must have an annual income of at least \$37,000 (fair market rent at 30% of annual income). Over 30% of renters in Boston pay over \$1,000 per month in rent compared to only 11% nationally (Boston Redevelopment Authority, 2002). Prohibitive prices combine with a dense urban environment to create a housing crunch, where affordable housing is almost nonexistent and options for older adults are limited.

### Assisted Living and Supportive Housing

Discussed in more detail in the “Long-Term Care: Institution Based” section, is the need for affordable assisted living and supportive housing. These housing options offer older adults not only a place to live, but wrap-around services that help to support them and maintain their ability to remain in the community. Although organizations like the Committee to End Elder Homelessness are pioneers in this area by bringing the idea of supportive housing into reality, the existence of these facilities is limited.

### Home Repair and Maintenance

Adding to the exorbitant cost and limited availability of housing in Boston is the fact that our housing stock is old and needs constant repair, making it challenging for many older adults to maintain their own homes. Along with the rich history of Boston and its historic neighborhoods, comes a housing stock that is significantly older than that in the rest of the United States. Over half (53%) of housing in Boston was built before 1940, compared to only 15% of housing units in the rest of United States (ibid, 2002). The cost of maintaining old structures forces many older adults in Boston into severe debt or to sell their homes. The Mathematica Study found that 18% of Boston older adults reported that their current residence needs significant repairs to improve their ability to live in it over the next five years. This also places older adults at increased risk to unscrupulous home improvement scams.



## Homelessness

A special census conducted in the year 2000 found 1,228 homeless older adults in the state of Massachusetts, about 610 of whom were located in the city of Boston. The majority of homeless older adults surveyed were male (84%), white (63%), and between the ages of 50 and 61 (79%) (Massachusetts Housing and Shelter Alliance, 2000). However, 21% were aged 62 and over. Nearly half had been homeless for six months or more and over half suffer from some impairments (often multiple). The most common impairments experienced by homeless older adults are physical disability, followed by mental illness and alcohol abuse. When factoring in public benefits such as Medicaid and Social Security Income (SSI), and for some, wages from employment, most homeless older adults

make far less than \$1,000 per month (Elder Shelter to Home Program, 2003). Many homeless individuals are veterans. Although we know that about 20% of older adults in Boston are veterans (U.S. Census, 2000), an exact count of the number of Boston's homeless older adult veterans is not yet available.

This census of homeless older adults, conducted every three years, shows that the rate of homelessness among older adults in Boston has grown by 39% between 1993 and the year 2000. Initial numbers from the 2002 count show this trend continuing. Trends also show a decrease in the number of homeless older adults with impairments, countering a stereotype that homeless individuals suffer from some addiction or physical or mental health impairment.

## *Current Services and Utilization*

There are currently 3,400 older adults living in public housing in Boston, and the waiting list contains an additional 1,000 people. To help address this issue, there are 36 housing buildings specifically for older adults and the disabled that are managed by the Boston Housing Authority.

Many older adults also live in family housing developments throughout the city. To be eligible for public housing, an older adult must be 60+ and have income at or below the poverty level. The poverty statistics for older adults in Boston reveal that over 14,000 older adults are eligible for public housing. Older adults represent 33% of the total population in public housing nationally, use more than one-half of Section Eight rental assistance, and live in more than 300,000 units of Section 202 housing.

Many older adults are not aware of the housing options available to them. The BHA Study reports that over half of participants had never heard of elderly-disabled housing. This is complicated by the lack of a central source of information on housing as well as an efficient mechanism to identify and apply for openings. One local initiative is trying to address this issue using technology. This solution

involves a web-based database of housing options that tracks openings and accepts applications. However, the success of this initiative is limited thus far.

Another new initiative is trying to make more housing available. It is recognized that many older adult homeowners who have rental units are not renting them because they are either unable to keep up with maintenance, don't want to deal with the hassle, or are afraid their units are not up to code. Efforts are underway to offer incentives to older adult who own rental property, including affordable assistance with management of the rental process and no-interest loans and grants to support needed repairs to bring rental units up to code.

Regarding home repair, there are several programs that offer support to eligible older adult homeowners in the form of reduced cost repairs. However, the Mathematica

Study found that two-thirds (56%) of older adults in Boston either do not know whether these services are available or believe that they are unavailable.

In Boston, there is only one day shelter and no overnight shelters that are specialized for older adults. There are currently 11 homeless shelters for individuals, 17 for fami-

lies, five for victims of domestic violence and one for adolescents. There are also a handful of innovative programs to help homeless older adults become and stay housed using a supportive housing model. There are currently no supportive housing options through the Massachusetts Department of Mental Health for Boston residents.

# Transportation

The following transportation issues have been identified by older adults, caregivers and providers in Boston and are discussed in more detail in this section:

- Transportation services and information are scattered.
- A quarter of older adults in Boston feel that the public transportation system needs to be improved to meet their needs. Not all public transportation stations and vehicles are handicapped accessible.
- Eligibility requirements for the various types of transportation are inconsistent.
- Program policies are not always consistent with older adults' need for and use of services.
- There is not enough service available to serve all the daily living needs of older adults in Boston. Current transportation services give priority to medical appointments (which are important), however, with limited capacity, most older adults are left without transportation for other important activities such as grocery shopping or socializing. As one study participant stated, " They won't take you anywhere for pleasure, only for pain."
- Individual organizations operate piecemeal transportation services that may not meet the needs of their clients and may not operate efficiently.
- There are disincentives for taxicab drivers to transport taxi coupon passengers because coupon passengers often do not tip.
- There are both real and perceived access barriers with the fixed-route public transportation system.
- Information about transportation is rarely, if ever, available in languages other than English.
- The cost of missed appointments (especially medical) due to transportation challenges is high.
- Frail older adults who require assistance with travel need escorts that they are not always getting.
- No single entity takes accountability for improving and coordinating the transportation system.
- In many cases, there is a lack of clear funding for transportation services. Many non-traditional transportation service providers, such as hospitals and social services agencies, provide transportation in a piecemeal fashion and without dedicated funds.

## Defining the Issues

Often overlooked by those not familiar with services for older adults, transportation is one of the highest-ranked priority needs for older adults in Boston. Although the Mathematica Study found that 87% of vulnerable older adults are able to get the transportation they need, other local studies have revealed dramatically different findings.

In at least five independent and widespread needs assessments of older adults in Boston (the SHEA Project, the Medical Foundation Study, the EOE Study, the Area Agency on Aging Area Plan, and the BHA Study), transportation was found to be one of the top needs of older adults in the city. In the SHEA Project, over half (56%) of those surveyed reported not having a ride to places that are important. Also, 50% of older adults surveyed indicated that, along with transportation, they needed someone to escort them to medical appointments. Similarly, in the Medical Foundation Study, transportation was expressed as one of the greatest health needs. In a series of focus groups conducted by the Boston Commission on Affairs of the Elderly (for the Area Agency of Aging Area Plan) with older adult immigrants and refugees in the city, officials found that in each ethnic group, transportation was found to be the most frequently identified unmet need.

Despite the importance of having adequate transportation for medical appointments, grocery shopping, errands, and social activities, many older adults and service providers feel that Boston lacks adequate services to meet this important need.

The need for transportation assistance must also be understood in the larger context of mobility. Although there are some older adults who have never driven and therefore have always relied on informal and formal support to get

around, a larger portion of the population needing transportation assistance includes those who had driven at one point, but have stopped, often due to physical or neurological limitations that prevent them from being able to drive safely. The decision of when an older adult should stop driving is a challenging one and one on which significant writing has been done. Despite this, older drivers drive fewer miles but have more accidents and are more likely to suffer a fatality than younger drivers (Kulash, 2000).

A study done by the Gerontology Institute at the University of Massachusetts Boston found that despite these dangers, many older adults with limitations that may make driving more dangerous are not deciding or being encouraged to decide to stop driving. And, although medical providers are allowed and encouraged through an American Medical Association opinion to alert local state departments of motor vehicles of older patients who may have potentially dangerous driving limitations, many providers are not even familiar with this guideline and even fewer ever act on it. Further, law enforcement officers themselves have reported a tendency not to cite older drivers for traffic violations when it is appropriate.

Compounding this is the tendency of older adults themselves to ignore the signs of limitations that might limit their driving ability and the difficulty for family members to broach this sensitive topic with an older loved one.



All these factors conspire to create the issue of older adults driving beyond their ability. This and related issues have been addressed by a number of states through mandated testing of physical and neurological function at the time of license renewal as one ages. Massachusetts has no such regulations. One local hospital offers a limited program to educate and help older drivers make decisions about driving safely.

We are very fortunate in the area of transportation to have a number of in-depth and high-quality studies that have been conducted to evaluate transportation services for older adults on the city and state level. Taken together, these studies effectively summarize the services currently available, presenting how these services are utilized, and identifying issues for improvement. The findings of these studies are summarized in the following section.

## *Current Services and Utilization*

A 1999 study commissioned by Seeking Solutions (See Appendix I for a detailed description of this study), a Boston-based group of elder service leaders coming together to address health and social service access issues for older adults, found that medical transportation services for older adults in Boston are uncoordinated and fragmented.

The assessment found as many as 50 different organizations involved in the provision of medical transportation services to Boston's older adults with no single source of information and referral to guide consumers. This not only increases the likelihood of service duplication, it creates a system that is confusing for older adults, caregivers, and providers to understand and access. The current system is comprised primarily of the following entities, which are summarized in Table 2.1:

- Massachusetts Bay Transit Authority (MBTA)
- The RIDE (operated by the MBTA)
- Boston Commission on Affairs of the Elderly City of Boston Senior Shuttle
- Boston Commission on Affairs of the Elderly City of Boston Taxi Coupon Program
- Division of Medical Assistance/Medicaid – coordinated by Cape Ann Transportation (CATA)
- Cancer Crusade Health Rides Taxi Voucher Program
- Additional transportation services are provided through non-traditional transportation organizations, such as social service agencies and hospitals that contract with for-profit companies and public non-profit agencies.

In general, understanding how transportation services are currently utilized is challenging given that many organizations providing such services do not track their usage and of those that do, many do not collect adequate data to gain a comprehensive understanding of how their service is used. The following issues/challenges have been identified for each of the current forms of transportation for older adults in Boston.

**MBTA – Boston is fortunate to have an expansive and well-functioning fixed-route public transportation system. In fact, the Boston Transportation Department's Transportation Fact Book and Neighborhood Profile suggests that 57% of Boston's population live within a 10-minute walk of a rapid transit or commuter rail station. Older adults also benefit from reduced fares when using this system. At this point, the main challenge with the fixed-route public transportation system in Boston is the inaccessibility of most stations and many vehicles. However, this is changing with significant upgrades that are part of the Light Rail Accessibility Project. Despite this, there are perceptions among older adults about the inaccessibility and danger of using the fixed-route public transportation system. Overall, the Mathematica Study revealed that a quarter (27%) of older adults feel that improving public transportation system is "extremely important."**

**Table 2.1 Summary of Current Transportation Services for Older Adults in Boston**

Organization/Services	Types of Transportation Provided	Eligibility	Days/Hours of Operation	Cost	How Funded	Utilization
MBTA	Subway, Bus Commuter Rail, Ferry Service	None (although many stations and vehicles are not accessible)	Seven days per week 5:30 am- 1am	Reduced fares for older adults with pass	<ul style="list-style-type: none"> <li>Fares</li> <li>State</li> <li>Federal</li> </ul>	<ul style="list-style-type: none"> <li>Data not specific to older adults as it is not yet tracked by age</li> </ul>
MBTA- The RIDE	Curb-to-Curb Van and Car	<ul style="list-style-type: none"> <li>Disabled</li> <li>Must be registered with RIDE (schedule 1-14 days in advance)</li> </ul>	Seven days per week 6 am- 1am	\$1 within Boston (one-way)	<ul style="list-style-type: none"> <li>Fares</li> <li>State</li> <li>Federal</li> </ul>	<ul style="list-style-type: none"> <li>33,000 registered riders in Boston</li> <li>933,000 one-way trips per year</li> <li>Data not specific to older adults as it is not yet tracked by age</li> </ul>
City of Boston Senior Shuttle	Van	<ul style="list-style-type: none"> <li>60+</li> <li>Boston resident (schedule 2-3 days in advance)</li> </ul>	M-F 8am-7pm	Free	City of Boston- Commission on Affairs of the Elderly	<ul style="list-style-type: none"> <li>70,000 trips per year</li> <li>1%- persons with a wheelchair</li> <li>50% trips for medical appointments</li> <li>40% trips for shopping</li> <li>10% trips for recreational social purposes</li> </ul>
City of Boston Senior and Disabled Taxi Coupon Program	Taxicab (trips within Boston only)	<ul style="list-style-type: none"> <li>60+</li> <li>Person with disability</li> <li>Boston resident (can purchase two books with \$20 for \$10 per month)</li> </ul>	Seven days per week 24 hours per day	50% of total value	City of Boston- Commission on Affairs of the Elderly	<ul style="list-style-type: none"> <li>5,500- 7,500 registered people</li> <li>Average trip est. \$8 (person can purchase four one-way trips per month)</li> <li>total budget \$320,000</li> <li>40,000 trips annually</li> </ul>
Division of Medical Assistance/Medicaid (coordinated by Cape Ann Transportation)	Van and Car	On Medicaid (assigned by region; for eligible trips only)	M-F 8am-4pm (can get ride on all days at all times)	Free	State	<ul style="list-style-type: none"> <li>28,000 trips per year (includes Braintree, Milton, Quincy, and Weymouth)</li> <li>Data not specific to older adults as it is not yet tracked by age</li> </ul>
Cancer Crusade Health Rides Taxi Voucher Program	Van and Car	Undergoing cancer treatment (eligibility decided by hospital)	Seven days per week 24 hours per day	Free	<ul style="list-style-type: none"> <li>50% taxi cab industry</li> <li>50% from 10 hospitals</li> </ul>	<ul style="list-style-type: none"> <li>Total Budget \$150,000- \$200,000</li> <li>Does not officially target to older adults who have other transportation resources</li> </ul>
Social Services Agencies	Van and Car	Participating in programs of organization	During program hours	Varies	<ul style="list-style-type: none"> <li>Fees to passenger</li> <li>Billing to Medicaid</li> <li>Organization</li> </ul>	<ul style="list-style-type: none"> <li>Varies by organization</li> <li>In most cases transportation is provided for Adult Day Health programs</li> <li>No data currently available</li> </ul>
Hospitals/Other	Van, Car, Taxicab	<ul style="list-style-type: none"> <li>Patient</li> <li>Client</li> </ul>	During program hours	Varies	Funded by Organization	<ul style="list-style-type: none"> <li>Varies by organization</li> <li>No data currently available</li> </ul>

\*Table represents a summary of information contained in the MultiSystems, Inc. report for Seeking Solutions.



## **MBTA The RIDE**

According to the Seeking Solutions Study and reported statistics from the MBTA, the RIDE experienced a 5% denial rate in 1999. This translated into over 35,000 requests for transportation being denied due to capacity limitations. The MBTA has set an aggressive goal of reducing the denial rate to 1%, however budget constraints have prevented them from reaching that goal.

Additional concerns about the RIDE relate to how trips are scheduled. Primarily, the inability to confirm a requested trip until the evening before is confusing and inconvenient for older adults, caregivers, and other providers scheduling transportation on an older adult's behalf. This concern was echoed in the Medical Foundation Study.

## **City of Boston Senior Shuttle (operated by the Commission on Affairs of the Elderly)**

Although there is general satisfaction with this service, increasing demand and hours of operation are challenges. In response to this, the Senior Shuttle increased its hours to 8:00 a.m. – 7:00 p.m., Monday – Friday, to accommodate more trips per day and to be more convenient for older adults needing the service after traditional hours. Further, having to request trips 2-3 days in advance is also seen as a barrier in that it does not allow for flexibility when unexpected needs or opportunities arise for which transportation is needed.

## **City of Boston Senior and Disabled Taxi Coupon Program**

There are two reported concerns with this program. First, due to greater demand, the city of Boston has had to cut back this program such that each older adult can now only purchase three books of vouchers every month (previously, each older adult could purchase four books of coupons every month). Second, several report that taxicab drivers have a disincentive to provide coupon trips as coupon passengers do not usually tip. Also, there is a belief that, on occasion, drivers will take advantage of the fact that the bill is being paid by a third party and take a longer route to make extra money. To combat these concerns, a representative of the Hackney Division assigned to this program suggests that passengers not mention they are using a coupon until the end of the trip when it is time to pay.

## **Division of Medical Assistance/Medicaid (coordinated by Cape Ann Transportation)**

Because Cape Ann Transportation contracts with 22 transportation providers in Boston alone, coordination can be a challenge. Also, transportation through this service is available only for eligible types of trips, limiting its usefulness for those requiring transportation for non-eligible trips.

### **Cancer Crusade Health Rides Taxi Voucher Program**

This program experiences the same concerns expressed by the City of Boston Senior and Disabled Taxi Coupon Program mentioned above.

## **Social Service Agencies/Hospitals/Other**

As non-traditional providers of transportation services many of these organizations are doing so in a piecemeal, program-specific fashion. As a result, they often lack adequate and dedicated funding for this purpose. Similarly, because services are not provided throughout the organization for all programs, many older adults don't know these services exist or there is often confusion about accessing them.

Other surveys have added to the knowledge of the use of transportation services in Boston. In the EOEA Study, participants were asked what mode of transportation they used most often to get places. Nearly 40% of Boston respondents use public transportation and 53% rely of rides from family and friends. The Mathematica Study found that 23% of older adults using door-to-door transportation services found arranging for these services to be difficult with 20% being placed on a waiting list. A quarter rated current transportation services as fair or poor.

Several reports based on surveys of transportation services for older adults in Boston and Massachusetts have emphasized the need for a coordinated transportation system, and, at the front end, a centralized source of information and referral. Given that it is unlikely that any one entity will ever provide all transportation services for older adults in Boston in the near future, a single source of information, referral and data tracking would allow for easier access to the transportation system, would reduce the likelihood of duplication of services, would efficiently manage enrollment in and data collection on the usage of such services, and would ensure that the transportation needs of all older adults are being met.

# Caregiver Support

The following caregiver support issues have been identified by older adults, caregivers and providers in Boston and are discussed in more detail in this section:

- Caregivers are not receiving all the support they need for (1) respite care, (2) access to information about the elder care and public entitlement systems, (3) financial assistance and service subsidies, (4) one to one in-home assistance, and (5) emotional support.
- Older adults caring for adult children with developmental disabilities often do not have information about and access to appropriate services to support them in their role as caregiver.
- Older adults caring for grandchildren often do not have information about and access to appropriate services to support them in their role as caregiver of young children.
- The Family Medical Leave Act does not do enough to support and protect caregivers who are still in the workforce, and there is a need to quantify the cost of care for older adults to businesses to help make a case for improved protections.
- There is a lack of adequate respite services to support caregivers and a lack of funding to support these services.

## Defining the Issues

The following caregiver support issues have been identified by older adults, caregivers and providers in Boston and are discussed in more detail in this section:

Older adults find themselves on both sides of the caregiving equation. With age and increased frailty, many older adults receive support and care from a partner or spouse, child, other family member, or friend. On the other end of the spectrum, a growing number of older adults find themselves providing care for a spouse, sibling, adult child with disabilities or grandchild when a parent is no longer present. In all cases, older adults and caregiving are interconnected, and understanding that interconnection is crucial to sustaining and improving quality-of-life.

Alzheimer's disease and other forms of dementia and memory loss are key factors in the need for caregiver support. It is estimated that more than 10% of those over the age of 65 and nearly 50% of those aged 85 and over experience Alzheimer's disease or related dementias (U.S. Department of Transportation, Federal Highway Administration, 2001).

### Older Adults Receiving Care

Caregiving affects both the older adult receiving care and the caregiver (often a family member) providing the care. A focus group study conducted by the Massachusetts Family Caregiver Support Program found that the top five expressed needs of caregivers are: (1) respite care, (2) access to information about the elder care and public entitlement systems, (3) financial assistance and service subsidies, (4) one to one in-home assistance, and (5) emotional support.

A survey of 1,310 Massachusetts residents providing care for an older person revealed some interesting findings. In 76% of cases the caregiver was living with the person for whom they were providing care. More than half of respondents had been caregiving for four or more years, over 50% spent 40 or more hours a week providing care and 32% worked either part or full time along with caregiv-

ing. The study also found 90% of caregivers often feeling overwhelmed by the amount of time and energy that caregiving takes. The need for respite services, which would allow caregivers the opportunity for time away from caregiving, is clearly evident based on these data. However, limited funding does not allow for the regular availability of respite support.

Older adults in need of this support greatly rely on and value the care they receive. However, these informal caregiving networks can collapse, leaving an older adult to either find paid help or, if unable, go without needed assistance. In fact, The Mathematica Study revealed that of older adults in Boston who rely on informal, non-paid caregiving, nearly 34% felt that it was either “somewhat likely” or “not likely” that this support would be available to them in the next year, and that without that support 26% said they will have to “make do” or “go without” the help.

### Older Adults Providing Care

A Family Support Policy Brief of the National Center for Family Support identified another caregiver population often overlooked: older adult caregivers of adult children with developmental disabilities. Nationally, over 25% of caregivers of relatives with development disabilities are over the age of 60. The author presents several reasons why these caregivers, older adults themselves, do not receive the support they need:

- Lack of resources available in many communities.
- Lack of connection between older adult caregivers and the traditional support system.
- Lack of future planning for when an older adult caregiver

is not able to provide full care.

- Lack of clarity as to which system, developmental disability services or older adult services, should be providing support.
- Inadequate funding for these supportive services. In many cases these caregivers spend an average of 20% of their pretax annual income on expenses for their relative for which they are not reimbursed.

Another form of caregiving involving older adults as the caregiver is kinship care. In this case, children are cared for by a family member who is not their parent (in many cases the caregiver is a grandparent or great grandparent). In a study conducted by the University of Massachusetts, Gerontology Institute, researchers tried to shed light on this type of care. Statewide, they found that 29,000 children, or over 2% of all children in the state, were being cared for by a grandparent. Nearly 30% of these caregivers were providing care for more than one child, 71% had been providing this care for three or more years, and 20% of these caregivers are disabled.

Further, the study found that half of these caregivers were still working, were either living in poverty or had incomes below the state median. A quarter also lived in either public or subsidized housing. And, although the 1993 Family Medical Leave Act provides some protection for caregivers who need to take time off work to care for an ill parent, because the time off is unpaid and limited to 12 weeks, it is not adequate option for low-income caregivers or those providing care over an extended period of time. In fact, one study (Holcomb, 2001) found that 78% of employees have needed to use the Family Medical Leave Act, but have been unable because they couldn't afford to.



## *Current Services and Utilization*

The Alzheimer's Association of Boston offers supportive services for caregivers, including a telephone helpline that receives roughly 450 calls annually from Boston residents.

In most cases (77%), calls come from family members providing care, 20% of calls come from providers and professionals and a very small percentage from Alzheimer's patients themselves. The majority of calls received are for general counseling and education as well as for information about and referral to support groups.

The Alzheimer's Association in cooperation with the United States Justice Department also offers a Safe Return Program through which Alzheimer's patients at risk of wandering are registered and wear an identification bracelet. In the event that they wander, they can be identified by law enforcement, and caregivers can be notified.

The Suffolk County Caregiver Alliance is a partnership between the Boston Commission of Affairs of the Elderly, Boston Senior Home Care, Central Boston Elder Services, Ethos, and Chelsea-Revere-Winthrop Home Care to provide culturally appropriate services for older adults and their caregivers. Along with providing a detailed assessment of needs, this program connects older adults and their caregivers to services such as meal-on-wheels, homemakers, home health aides, visiting nurses, adult day health programs, and case management.

# Long-Term Care: Home and Community Based

The following home and community based long-term care issues have been identified by older adults, caregivers and providers in Boston and are discussed in more detail in this section:

- Some older adults wish to remain in their own homes but are not able.
- Some older adults receiving informal, unpaid in-home assistance at this time are uncertain that the help will continue into the future. Of those, many say that without this informal support, they would have to "go without" or "make do" because they cannot afford to pay for services.
- Some older adults in Boston are in need of and eligible for in-home services but are not receiving those services. Waiting lists for some in-home services leave many without needed support. Either there is insufficient capacity to meet this demand or there is inadequate dissemination of information on the availability of these services.
- Funding for home and community-based services is shrinking and the amount of money allocated per home care client is not sufficient to provide the level of care that some older adults in Boston require.
- There is an insufficient pool of qualified workers to meet the increasing demand for home and community based services.

## *Defining the Issues*

Since the Supreme Court's landmark "Olmstead" Decision in June 1999, which affirmed the right of individuals with disabilities to live in their communities and mandated that state agencies keep individuals with disabilities in the community whenever possible, much attention has been refocused on community based services for older adults.

The desire to remain in one's home as long as is possible has been expressed repeatedly by older adults everywhere. The Mathematica Study found that 78% of Boston's older adults surveyed consider it "very important" that they continue living in their own homes.

Community and home-based services such as home-delivered meals (meals on wheels), visiting nurses, home-making, and personal care assistance allow older adults to remain in their homes, maintaining their dignity and independence. The Medical Foundation Study found that older adults not only value in-home services for the care that they provide, but also for the companionship of having someone come into the home and keep an inventory of the older adult's wellbeing.

Case management is critical to ensuring that older adults who require multiple services are receiving assistance in accessing and managing those services. The importance of

case management is also emphasized in the Medical Foundation Study as integral to helping older adults to live in the community for as long as possible.

Despite the importance of in-home and community based services and case management, the agencies providing these services are receiving less and less funding to do their work. The allocated amount for a home care client is inadequate to provide the kind of care and services that many older adults need to remain in their homes safely. This is further affected by waiting lists for home care services and home-deliver meals (meals on wheels) that leave older adults without needed support.

The increased demand and need for these services will expand the need for a skilled workforce to provide these services. Massachusetts is currently experiencing a shortage of workers in home health agencies, homemaking agencies, and nursing homes.



## Current Services and Utilization

Boston has three Home Care Corporations, referred to as Aging Services Access Points (ASAPs), each serving a different region of the city and each coordinating in-home care and case management for eligible older adults. Taken together, these three organizations provide services for 6,500 older adults throughout Boston.

Older Adults living in Boston have access to family-like supportive services designed to provide assistance with ADLs such as bathing, dressing, eating, walking and toileting. These services are a critical component of long-term care for older adult's needing support in the community. Older adult Bostonians have access to not only the core home care program, but also Enhanced Community Options (ECOP) serving over 400 older adults, the new Community Choices Program, which serves older adults considered to be at "imminent risk" for nursing home placement. Fifty older adults are currently participating in the Choices start-up program.

Through the Suffolk County Caregiver Alliance, all older adults and caregivers are eligible for a program, which is part of the Older American Act Family Caregiver Support Program funding in Boston and Suffolk county. The program provides older adults and their families with an assessment of the community options available to them, helps families plan for the needs of their relatives, provides training and education, and offers caregiver support groups. Approximately 462 families have been served by this program in 2002.

As the Area Agency on Aging, the Boston Commission on Affairs of the Elderly manages the federal Older Americans Act programs that include nutrition, senior centers, legal aid, transportation and other in-home health and community-based services. The meals program, for example, provides over 383,000 home delivered meals each year to older adults in Boston and over 280,000 meals at congregate sites around the city.

The Visiting Nurses Association of Boston, one of many home health agencies in Boston, provides in-home skilled nursing, home health aide, medical social worker, nutrition, occupational therapy, physical therapy, and speech therapy services. In the past year, they provided just under 200,000 visits in the following service categories:

• Home Health Aide	80,405
• Medical Social Worker	650
• Occupational Therapy	4,672
• Physical Therapy	28,584
• Skilled Nursing	82,549
• Speech Therapy	1,057

The Mathematica Study found that more older adults in Boston use visiting nurse services (30%) than in the other sites surveyed (16%). The study also found that 88% of older adults in Boston have never used personal assistance services.

As mentioned in the "Health and Health Care" section above, there is evidence that many older adults eligible for in-home services are not receiving them. Eleven percent of Mathematica Study respondents expressed that they have ADL or IADL needs that were not being met. The SHEA Project found 8% of respondents needing help with ADLs, and 14% needing help with IADLs. Also, the BHA Study found 5% of participants needing ADL/IADL help but not getting it. Finally, Seniors Count found that 17% of the older adults they surveyed were in need of home care services but were either not receiving them at all or were not using the services that would best help to address their needs.

Another option for older adults in Boston is the Program for All Inclusive Care for the Elderly (PACE) program. Older adults who are eligible for Medicare and Medicaid and are nursing-home eligible, receive coordinated health and social services that allow them to remain living independently in the community. However, this program, designed to provide high-quality care at reduced cost, is limited to only about 1150 enrollees in Massachusetts and in Boston is limited to only certain neighborhoods.

# Long-Term Care: Institution Based

The following institution based long-term care issues have been identified by older adults, caregivers and providers in Boston and are discussed in more detail in this section:

- The utilization of nursing homes in Massachusetts is unusually high with many older adults being institutionalized who do not have significant limitations.
- There is a clear lack of affordable assisted living options for older adults in Boston.
- Sixteen percent of nursing homes in Boston have closed in the last few years, limiting the number of available beds to support older adults in need of this support.

## *Defining the Issues*

Much has been written about institutional care for older adults, most often about the high cost associated with this type of care, the desire of most older adults to avoid it, and the push of most political leaders and budget analysts away from it to cut costs in caring for older adults.

In Massachusetts, despite decreases in the number of nursing home beds and in the length of stay over the last 10 years, expenditures on institutional long-term care have continued to rise.

### **Nursing Homes**

It is widely documented that nursing home utilization in Massachusetts differs from that in other states. According to Mass Home Care, “Massachusetts has a 65% greater rate of Medicaid nursing facility utilization than the national average.” Further, many Massachusetts nursing home residents have no or only mild impairment. According to the Center for Medicaid and Medicare Services (CMS) 38% of nursing home residents in Massachusetts have ZERO/NO Activity of Daily Living (ADL) Impairment. Add to that 8.5% of current nursing home residents who only have “very mild cognitive impairment,” and you have

nearly half (46%) of Massachusetts nursing home residents with relatively little cognitive impairment. Nationally, only 11% of those in nursing homes have no substantive limitations. These data suggest that Massachusetts could be doing a far better job keeping older adults in the community.

There is also considerable confusion on the part of older adults about nursing homes and how they are paid. The Mathematica Study found that 22% of vulnerable adults in Boston do not know how much it would cost per month to stay in a nursing home.

Another concern related to nursing homes is the rate at which they are closing. In the last two years, 8 of 51 licensed facilities in Boston have closed, leaving fewer beds to meet the demand and fewer options for older adults.

## Assisted Living Facilities

According to data compiled by the CenterPoint Foundation, a local organization working to increase access to affordable housing and assisted living facilities for older adults, the average age of older adults in public housing has increased and is now 80. Consequently, most public housing authorities are not able to meet the demands of older adults who become more frail and need more services. This often results in unnecessary institutionalization or older adults having to find another place to live with family/friends who can provide support.

There are currently over 150 assisted living facilities in Massachusetts providing over 9,000 units of housing.

However, at an average charge of \$3,500 or more per month, many fall far out of reach for most of our state's older adults. Given the income statistics and poverty levels among older adults in Boston discussed above, only a small percentage of older adults within the city could afford these costs. Although low-income older adults can use SSIG to help pay for assisted living, it is only if the facility accepts it. Add to that the finding of the Mathematica Study that 20% of older adults surveyed are not aware that assisted living facilities are available in the area and you have a valuable resource with very limited usability and value for older adults in Boston.



## Current Services and Utilization

As of November 2002, there were 43 long-term care facilities in the city of Boston including 28 skilled facilities, 2 chronic hospitals, 9 level IV facilities (rest homes) and 4 transitional care units. Taken together, these facilities offer a total of 4,463 beds.

Assisted living facility options in Boston proper are limited. According to the Massachusetts Assisted Living Facilities Association, there are currently 12 assisted living facilities

in the city of Boston. However, as mentioned above, the cost of living in these facilities puts many far out of reach of most of Boston's older adults.

# Home and Community Safety

The following home and community safety issues have been identified by older adults, caregivers and providers in Boston and are discussed in more detail in this section:

- Inadequate resources and programs exist to help older adults in Boston make needed safety repairs to their homes.
- Some older adults in Boston do not have the needed educational information and accommodations to help prevent falls in the home.
- Challenges, such as insufficient timing on cross-walk signals, make it difficult for older adult pedestrians to get around and increase the risk of accidents.
- Some older adults in Boston have fire hazards in their homes and lack working fire detection equipment.
- Given the stigma and hidden nature of abuse, neglect and financial exploitation, many cases go undiscovered. Also, in some reported cases where allegations are not substantiated, a case is not open and the older adult, who still may need assistance, may go without needed services and support.
- There is insufficient education about and training for professionals and the general public on how to identify potential cases of abuse, neglect or financial exploitation against older adults in Boston.

## *Defining the Issues*

### **Home Repair**

Not only are home repairs important from a home maintenance perspective but they can also, if left undone, cause significant safety risk. Seniors Count discovered 21% of older adults in Boston surveyed in need of home repairs, including the installation of grab bars in the bathroom. In a similar finding, the Mathematica Study found that 18% of Boston older adults report that their current residence needs significant repairs to improve their ability to live in it over the next five years.

### **Falls Prevention**

Another home safety issue is falling. The SHEA Project revealed that 37% of respondents had difficulty climbing stairs at home, and nearly a quarter (24%) had fallen in the last 12 months. The BHA Study found 65% of participants with no safety equipment in the bathroom. Further, 45% of these older adults were found living on the upper floor of a multi-story building with no elevator, 26% of whom had trouble handling stairs.

## Neighborhood Safety

The Mathematica Study found 46% of older adult respondents believe that making the community safer is “extremely important.”

## Pedestrian Safety and Physical Environment

A 1996 study of pedestrian traffic injury in the Chinatown neighborhood of Boston found a higher incidence of injury reports near older adult housing developments in that neighborhood. This study cites crosswalk times that are too short as a potential challenge for older adult pedestrians. Some additional concerns that older adults have expressed about their pedestrian mobility in the city include lighting, signage, pavement, ease of mobility, extreme heat and cold, and cobblestones.

## Fire Safety

Seniors Count identified nearly 20% of those surveyed who had some type of potential fire hazard in their home or

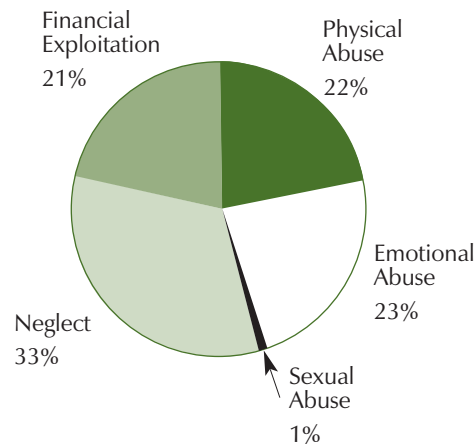
who needed smoke detectors installed or maintained, and the SHEA Project found that 6% of respondents did not have working smoke detectors in their home.

## Abuse, Neglect and Financial Exploitation Against Older Adults

Like other vulnerable populations, older adults can fall victim to physical, emotional and sexual abuse, neglect and financial exploitation. As a result, the Commonwealth of Massachusetts oversees a variety of programs to address these issues.

Figure 2.2 documents the incidence, by type of case, of abuse, neglect, and financial exploitation against older adults in Boston. Important to consider in interpreting this data is that it is widely accepted that many cases of abuse, neglect, and financial exploitation against older adults go unreported and unaddressed.

Figure 2.2 Documented Incidence of Abuse, Neglect, and Financial Exploitation Against Older Adults in Boston (Source: Ethos, based on 330 cases)



## *Current Services and Utilization*

Programs do exist to help older adult homeowners make needed repairs to their homes through offering them lower-cost assistance. However, these services are inadequate to meet the demand and many older adults are unaware of their existence.

To address the safety concerns identified through Seniors Count, the Boston Commission on Affairs of the Elderly in collaboration with the Boston Fire Department has launched a program to install free smoke detectors in the homes of those older adults who were identified as needing them during the Seniors Count survey. They have also developed a program to install grab bars in the homes of those older adults who are at risk of falling in the home.

Under the direction of the Executive Office of Elder Affairs, the Elder Protective Service Program, a state-wide system of 24 private, non-profit designated Protective Service Agencies (PSAs), and a 24/7 hotline, takes reports of alleged abuse, neglect and financial exploitation from people throughout the Commonwealth. The goal of the program is to prevent, remedy, or eliminate the effects of abuse on older adults. In Boston, this program is managed by Ethos, one of the city's three ASAPs.

As the table above suggests, between June 2001 and July 2002, the Elder Protective Service Program in Boston

received 527 reports of suspected abuse, neglect, or financial exploitation against older adults. Of the 527 reports received, 330 were substantiated and a case was opened. The Boston numbers represent 8% of the 6,200 reports of abuse, neglect and financial exploitation in the state and about 14% of the 2,200 instances where allegations were substantiated and a case opened.

The Elders at Risk program provides services to those aged 60 and over who, because of mental or physical impairments, substance abuse, or language or cultural barriers, are unable to remain safely in the community without assistance. This program received 283 reports and from those opened 197 cases between June 2001 and July 2002. In well over half the cases, the primary issues were housing, medical non-compliance and personal safety.

Integral to the function of these programs is each older adult's right to self-determination. As such, if an older adult refuses services, the program respects that decision. Last year, statewide, older adults refused service in 18% of cases.



# Legal and Financial Assistance

The following legal and financial issues have been identified by older adults, caregivers and providers in Boston and are discussed in more detail in this section:

- Some older adults in Boston who are unable to manage their own financial and personal affairs are at risk for financial exploitation and need legal protection.
- Some older adults in Boston do not have important future planning documents like wills, health care proxies, or durable powers of attorney.
- Few, if any affordable resources exist to help older adults understand the importance of future planning or to help older adults complete this planning.
- Some older adults in Boston need help beginning or getting through the citizenship process. Either there is insufficient capacity to help older adult immigrants and refugees through the citizenship process or there is inadequate dissemination of information on the availability of these services.
- Despite its benefits, almost no older adults in Boston have long-term care insurance and many do not even know it exists.
- Some older adults in Boston need help managing their finances and keeping track of bills. Either there is insufficient capacity to meet this demand or there is inadequate dissemination of information on the availability of these services.
- Some older adults in Boston fall victim to a variety of home improvement and telemarketing scams.

## Defining the Issues

### Conservatorship/Guardianship

Older adults who do not have the capacity, often due to mental illness, mental retardation, or inability to communicate, to manage their own financial and personal affairs are at increased risk for financial exploitation. And, in cases where an appropriate family member or friend is not able to fulfill this function, there is a need for an outside party to step in and offer assistance. The Commonwealth of Massachusetts directs programs (described below) to offer such assistance.

### Future Planning

Contrary to what many might think, as we age, the need

for future planning remains a top priority. Focusing on the often difficult topics of wills, health care proxies, and durable powers of attorney is crucial to ensure that one's wishes are followed in the event that one is unable to make decisions for oneself. However, despite the importance of these issues, many adults and older adults do not make the necessary plans in these areas. Evidence of this was found through the SHEA Project where a staggering 81% of older adults surveyed did not have a will, nearly 60% were without a burial/cremation plan, 54% without a designated health care proxy and 60% without a durable power of attorney.

## *Current Services and Utilization*

The Commonwealth of Massachusetts, Executive Office of Elder Affairs contracts with several private agencies to offer a Conservatorship/Guardianship Program.

This program involves the court appointment of a person to manage either financial affairs or both financial and personal affairs for an older adult who does not have a family member or friend who can serve in this capacity.

Despite the overwhelming need for future planning assistance among older adults, the SHEA Project found very few affordable community resources available to either educate older adults about these topics or to assist them in completing these important future plans.

Regarding citizenship, many communities, including Boston, have programs to assist immigrants and refugees in the citizenship process. In Boston we have the Office of New Bostonians, the Massachusetts Immigrant and Refugee Association, the Vietnamese American Civic Association, and Kit Clark Senior Services, all providing citizenship programs.

The Commonwealth of Massachusetts, Executive Office of Elder Affairs in collaboration with the American Association of Retired Persons (AARP) and the Massachusetts Home Care Association, offers a money management program,

that since 1991 has helped over 3,800 older adults who have difficulty managing their finances. To do this, they utilize trained volunteers to provide representative payee and bill paying services. In Boston, these programs are administered by Ethos and Hale Barnard Services.

The Massachusetts Attorney General maintains a toll-free, statewide hotline, which receives approximately 650 calls a month on older adult issues. In addition to the many calls on consumer, prescription drug, and insurance issues, a significant number of the callers call to report telemarketing, lottery, charity, and home improvement scams. Incidents of financial scams should be reported to the Attorney General's elder hotline. Not every complaint can be investigated or prosecuted and even when prosecuted, there is no guaranty that the victims will recover their money. This is especially problematic for older adults, who may be living on a limited income and are usually in no position to recoup the money lost. Nevertheless, it is important that law enforcement know as much as possible about such scams.



# Opportunities for Connection

(Social, Volunteer, Work, Educational)

The following isolation and socialization issues have been identified by older adults, caregivers and providers in Boston and are discussed in more detail in this section:

- Some older adults in Boston are socially isolated, leaving their homes rarely, if ever, and having little communication and connection with other people.
- Some older adults in Boston want to have more social opportunities. Either there is insufficient capacity to meet this demand or there is inadequate dissemination of information on the availability of these services.
- Some older adults in Boston are active participants in the paid work force. National evidence suggests that these older adults are experiencing age discrimination on the job.
- Those with Alzheimer's and other forms of dementia want volunteer opportunities designed for individuals with memory loss, that offer the support that would be needed for this population to volunteer safely. Few of these opportunities exist.
- Some older adults in Boston rely on media for information and connection to the outside world. Only a limited number of older adult-specific programming exists to reach and address the needs of this audience. There is limited use of the internet among older adults in Boston.

## *Defining the Issues*

The Commonwealth of Massachusetts, Executive Office of Elder Affairs contracts with several private agencies to offer a Conservatorship/Guardianship Program.

### **Social Isolation**

To understand the issue of connection, we must first talk about its opposite, isolation. As adults age, lose family and friends, become more frail and begin to experience limited mobility and sensory impairments, the risk of isolation grows. Without connections at home and in one's community and as getting around becomes more difficult, many older adults find themselves staying at home.

The Mathematica Study found that, of the vulnerable older adults in Boston surveyed, 39% reported only leaving their

home fewer than 4 times per week, most often due to health conditions, and a staggering 10% do not leave their home at all. Further, this study found 15% of older adults surveyed do not have anyone on whom they can call in the event of an emergency. Also, in the BHA Study, 4% of those surveyed reported never speaking with any friends or family members. Finally, the 2000 United States Census found that 24% of older adults in Boston have a disability that makes going outside the home difficult or impossible. Much research has been done that connects isolation with

a variety of medical and social issues associated with aging. The Medical Foundation Study also found that many older adults feel that isolation is at the root of many older adults' issues. As one provider who participated in this study emphasized, "No needs will be met until an elder is no longer isolated."

### Social Opportunities

Following naturally the issue of social isolation is the desire of many older adults to have more social opportunities. The SHEA Project found 54% of older adults wanting more opportunities to socialize. The Mathematica Study found that 42% of older adults surveyed would like to be participating in more social activities. As one might expect, the study found that despite no difference in their desire to be more social, vulnerable older adults were less likely to participate in social activities.

### Work and Volunteer Opportunities

Although retirement and relaxation are often associated with old age, many older adults either choose to or must, because of financial reasons, continue working into their later years. The desire to feel productive and give back to society is shared by most older adults. As mentioned above, the 2002 United States Census reports that 19% of older adults in Boston (60+) are in the labor force. Of those, 7%, or nearly 1,000 older adults, are unemployed and looking for work. The remaining (81%) are out of the work force (most retired).

Looking ahead, a survey of 1,500 Baby Boomers, conducted by the American Association of Retired Persons (AARP) found that nearly 70% of those surveyed reported expecting never to retire completely. Information released by the Bureau of Labor Statistics projects that the number of American workers over the age of 55, now at 13%, will rise to 20% by 2015. This is happening at the same time when the number of workers between the ages of 25 and 34 is steadily declining. As evidence that the mindset and expectations of the older work force is changing, the federal Equal Employment Opportunity Commission reported a 24% increase in the number of age discrimination complaints in 2002.

Many older adults who are not working in the paid work force are generously giving hours of service as volunteers. The BHA Study found 20% of study participants doing volunteer work and an additional 65% who are "likely" or "somewhat likely" to volunteer to make their housing development a better place to live.

### Outreach/Education/Media

Although not person-to-person contact, another form of connection important to people of all ages is the media, including television, radio, print publications and the Internet. The Mathematica Study found that 83% of Boston's older adults and 91% of vulnerable older adults surveyed watch television every day. Figure 2.3 summarizes the daily use of media among Boston's older adults.

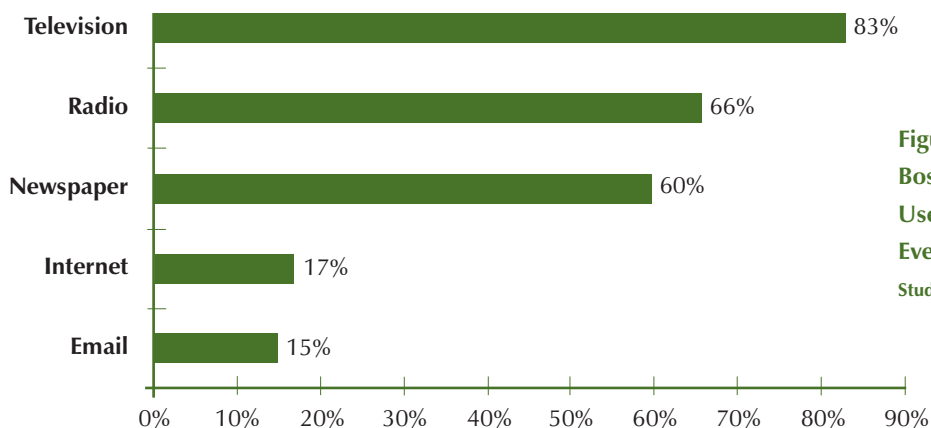


Figure 2.3 Percentage of Boston's Older Adults Who Use Various Types of Media Every Day (Source: Mathematica Study)

## *Current Services and Utilization*

In an attempt to address the issues of isolation among older adults and to provide more social opportunities, many local older adult-focused organizations offer a variety of on-going and special events.

The Boston Commission on Affairs of the Elderly hosts/sponsors a number of social, cultural and educational events for older adults throughout Boston. In an effort to reach out to diverse and geographically-dispersed populations, the events are scattered throughout the city. Last year, nearly 15,000 older adults participated in one or more of these 36 events. The City also sponsors several annual wellness/fitness events including Mayor Menino's Annual Health and Fitness Walk and the Greater Boston Senior Games. Together these events reached over 1,000 older adults with a message of health and fitness.

Senior centers are another important source of connection for many older adults and there are over 35 located throughout the 16 neighborhoods of Boston. Many offer meals and scheduled activities like craft and fitness classes as well as special events throughout the year. The Mathematica Study found that 13% of older adults have used the services of a senior center in Boston. Likewise, there are over 30 congregate meal/nutrition sites in the city where older adults can get a free or subsidized meal and share time with others.

Also important to acknowledge are the many church-based programs for older adults in Boston. Many churches offer formal programs for older adults, including educational workshops, exercise classes, and various other social activities. In some cases, older adults receive assistance from their church with transportation to medical appointments, as well as with house cleaning and meal preparation. Finally, many churches serve the important role of maintaining regular contact and connection with older adults in their community.

The volunteer opportunities for older adults in Boston are limitless. The Boston Commission on Affairs of the Elderly manages a significant number of volunteers (most of

whom are older adults) to support a number of programs. For example, in the Retired and Senior Volunteer Program (RSVP), over 500 older adults gave nearly 154,000 hours of service last year. Not only does this provide needed support for city programs, it offers older adults throughout the city opportunities to work, stay active, socialize, and give back to their communities. Museums, cultural institutions, community centers, children/youth programs, and more, offer older adults in Boston many volunteer options. There even exists an organization, MATCH-UP Interfaith Volunteers, which works to match older adult volunteers with opportunities.

Another volunteer issue that has been raised is the need for supported volunteer opportunities. Those with Alzheimer's and other forms of dementia have expressed a strong desire for a chance to give back to the community. However, there are few volunteer opportunities designed for individuals with memory loss, that offer the support that would be needed for this population to volunteer safely.

Along with the mainstream newspapers, radio and television stations in Boston, a limited number of organizations offer older adult-specific publications and programs. The Boston Commission of Affairs of the Elderly produces Boston Seniority, a 10 issue-per-year newsletter with a circulation 197,000. The Commission also produces two cable television shows and one radio show for older adults, all called Seniors Count. Last year, they produced 58 television programs that aired 304 times and 50 radio shows that aired 100 times.

Libraries are another important source of connection and socialization for older adults. There are currently 28 branch libraries throughout the neighborhoods of Boston.

# Access, Information and Communication

The following access, information and communication issues have been identified by older adults, caregivers and providers in Boston and are discussed in more detail in this section:

- The lack of centralized information and referral for most services in Boston results increased likelihood of duplicated services and causes confusion that limits access.
- Despite the existence of many services to support Boston's older adults and their caregivers, many older adults are unaware of the services that exist.
- Many older adults are not taking full advantage of the government benefits that are available to them.
- Despite the existence of high-quality information and referral resources in Boston, many older adults rely on unqualified and often poorly informed sources for information about services.

## Defining the Issues

### Access to Information, Referral, Benefits and Services

**Over and over again, in almost every study, needs assessment, and survey we have reviewed, the need for a centralized, consistent and easily accessible source of information and referral has been expressed. Even when one has some familiarity with the system, the challenge remains for older adults or caregivers to match their own needs with the services available to determine which are most appropriate. The following studies/surveys have addressed this issue:**

- In the area of transportation, the need for centralized information and referral was emphasized as a need and recommendation in both city and state-wide transportation studies.
- The Medical Foundation Study revealed many older adults feel that information about services does not get out as well as it should.

- The BHA Study found low utilization of benefits like SSI and food stamps. Despite the poor economic profile of study participants, only about 40% were on SSI or SSDI and less than 15% were using food stamps.
- Seniors Count found nearly half (46%) of older adults assessed were eligible and in need of government benefits but were not receiving them.
- Seniors Count also found that older adults in Boston are not taking advantage of tax benefits available to them. They identified over 17% of older adults surveyed were not receiving the tax benefits that are due them.
- The Mathematica Study found that some older adults in Boston surveyed are unfamiliar with some of the basic services available to them.

**Another startling finding of the Mathematica Study is the number of older adults in Boston who did not think certain services existed in the community or who were unaware of their existence. Figure 2.4 summarizes this finding:**

Another startling finding of the Mathematica Study is the number of older adults in Boston who did not think certain services existed in the community or who were unaware of their existence. Figure 2.4 summarizes this finding:

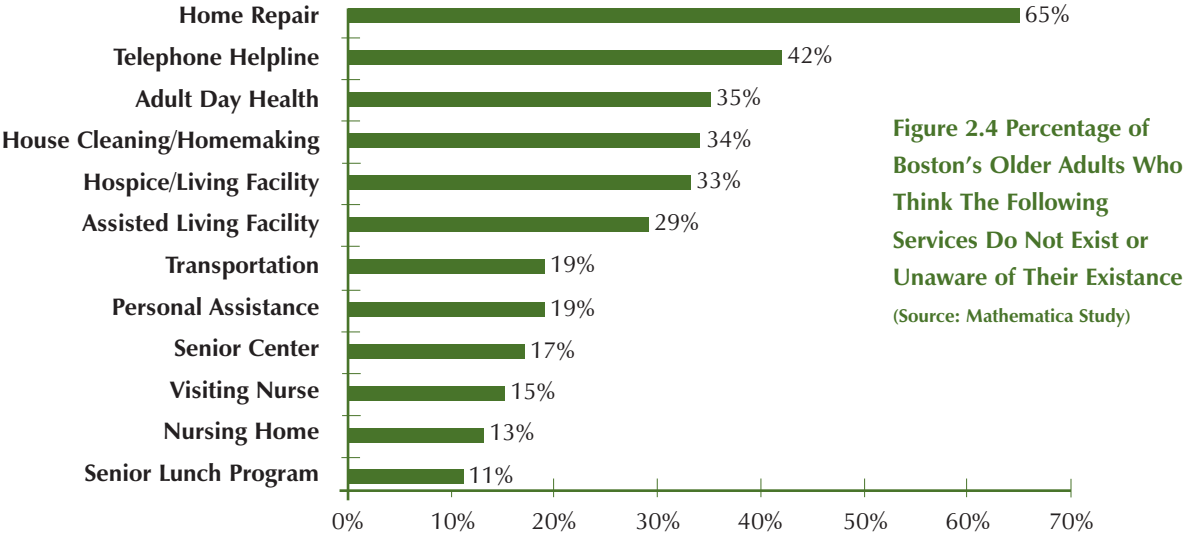


Figure 2.4 Percentage of Boston's Older Adults Who Think The Following Services Do Not Exist or Unaware of Their Existence (Source: Mathematica Study)

Further, The Mathematica Study found that older adults in Boston turn to a variety sources for information about services. Figure 2.5 summarizes this finding:

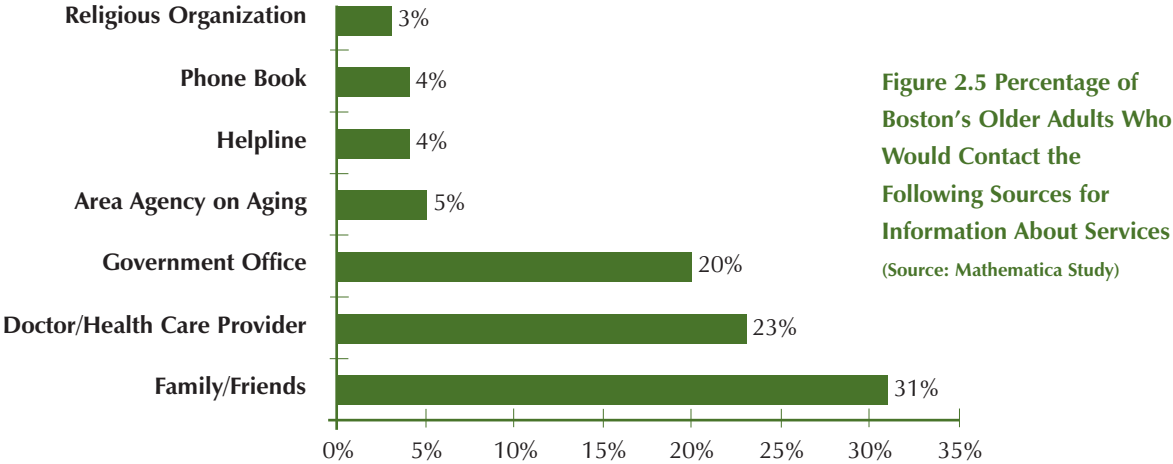


Figure 2.5 Percentage of Boston's Older Adults Who Would Contact the Following Sources for Information About Services (Source: Mathematica Study)

Important to note in interpreting this table is that in Boston, the Area Agency on Aging is housed within a government office. Therefore, some of those respondents indicating government office might be referring to the Area Agency on Aging. Also, interesting is that only 4% would consult the phone book compared to 13% at other sites surveyed by the Mathematica Study. Overall, the Mathematica Study revealed that 38% of older adults in Boston surveyed believe that the community needs to do a lot more to address the needs of frail older adults.

## *Current Services and Utilization*

Boston ElderInfo, a hotline for assessment, information and referral on services in Boston for older adults answers and addresses roughly 10,000 calls per year from older adults, family caregivers, and other service providers. In a recent analysis of the calls received and assessments conducted over the last year, the top requests were for information about and referrals to home care services, followed by requests for adult day care and nursing home screenings, general information, access to food (primarily meals on wheels), and information about housing and transportation.

ABCD and the Boston Public Health Commission have created a valuable web-based and print service, called BostonResourceNet.org, which provides detailed information on services available for older adults in and around Boston.

Similarly, the Boston Commission on Affairs of the Elderly provides about 27,500 units of information and referral service to Boston older adults each year.

Despite the availability of these resources, the Mathematica Study found that only 4% of older adults in Boston surveyed used a telephone helpline.

# Diversity and Cultural Competence

The following diversity and cultural competence issues have been identified by older adults, caregivers and providers in Boston and are discussed in more detail in this section:

- Certain racial/ethnic groups of older adults in Boston are at higher risk for certain diseases and in many cases are less likely to get needed screenings.
- Many non-English-speaking older adults in Boston are unable to access needed information or services because materials are not available in their language or an interpreter is not available or provided.
- GLBT older adults in Boston are less likely to use services from traditional providers, have very limited access to informal supports, have difficulty communicating with medical providers about their sexual orientation, and must rely more on costly legal protections to achieve only some of the protections upon which their heterosexual counterparts rely.

## *Defining the Issues*

Understanding the role of culture in the identification and interpretation of needs among older adults is crucial. All efforts undertaken in meeting the needs of Boston's diverse older adult population must be culturally responsive.

This includes taking into consideration the higher risk that many cultures experience for prevalence of certain

diseases and disorders. For instance Asian American older adult women are at higher risk for osteoporosis and less

likely to obtain preventive health screenings such as mammograms or pap smears. Identifying and addressing these disparities is critical to improving services for all older adults.

The Medical Foundation Study found that cultural sensitivity was one of the top identified needs on the part of both older adults and older adult service providers. This includes the need to provide information in languages other than English and to offer interpretation services in all cases when it is needed. Despite this expressed and well-documented need, the SHEA Project uncovered 32% of participants not being able to get the services they need at times due to unavailability of translators.

In the area of cultural competence and diversity, another often overlooked and little understood population is Gay, Lesbian, Bisexual and Transgender (GLBT) older adults. In fact, in a survey conducted on GLBT aging issues in 1994 only 21% of lesbians over the age of 60 say that if they became ill, they would turn to an aging service provider, and over 70% of GLBT older adults are “tentative” about using Area Agencies on Aging (AAA). On the service provision side, the study found nearly half of AAAs admitting that openly gay older adults would not be welcome at senior centers and only 4% of AAAs offer any kind of affirmative outreach to GLBT older adults.

Many GLBT older adults find themselves without the informal supports that heterosexual older adults often rely on. A 1999 study found that nearly 70% of GLBT older adults cannot name a person who could provide them care if they needed it.

On a local level, JSI Research and Training Institute conducted a series of focus groups on understanding and

addressing the needs of GLBT older adults in the Boston area. On every level, these older adults shared many of the same joys and concerns of growing older as their heterosexual counterparts, however, there were some noteworthy differences. High on this list were relationships and communication with health care providers. The level of discomfort some might feel in discussing sexuality is compounded when it relates to GLBT people and again to older adults. As a result, this topic is often ignored in discussions with medical providers, leaving many GLBT older adults with important questions unanswered. Many in these focus groups felt that although it is the responsibility of the health care provider to be open, the patient, in this case a GLBT older adult, must disclose his or her sexual orientation in order for a productive relationship to be formed.

Another important concern for GLBT older adults relates to legal, financial, and future planning. GLBT people must take extra, costly steps, to obtain only some of the legal protections, especially when in a committed relationship, that come easily to their heterosexual counterparts. Documents like wills, health care proxies, and durable powers of attorney offer some protection but leave many at financial and emotional risk. As a result, GLBT older adults are more likely to be economically vulnerable as they do not have the economic safety nets such as marriage protections, tax breaks and incentives, and recognized family structures that the legal system recognizes.

Finally, many GLBT older adults expressed a fear of institutional settings. They related experiences of close friends who experienced homophobia and isolation in these environments.

## *Current Services and Utilization*

Boston is fortunate to have many strong community-based organizations and advocacy groups working to ensure that the voices of various cultural populations, including GLBT

people, are heard. These organizations include those focused on housing, health care, social services, socialization, and advocacy.

# Moving Forward

## Trends and Projections for the Older Adult Population

### Increase in Numbers

The population of older adults in the United States is projected to grow from 36 million to 70 million by 2030. At that point, one in five Americans will be over the age of 65. In Massachusetts, the population of adults aged 65 and over is projected to increase by 46% (to 1,252,000) over the next 25 years. Although we don't have similar projections for Boston, the assumption is that the number of older adults in Boston will increase dramatically over the coming years.

### Increase in Complexity/Frailty

Between 1990 and 2000 the number of older adults aged 85 and older in Massachusetts grew by nearly 27 percent. In the United States, the growth rate over the same period was nearly 40 percent. Although the growth in the aged 85 and over population in Boston was only 3% during the same time period, this is an important number to watch because it is historically this population that is the most frail and requires the most support to remain in the community.

### Increase in Diversity

The Commonwealth of Massachusetts and the city of Boston are becoming increasingly diverse. Currently, in Massachusetts only about 5% of the older adult population is considered minority. However in Boston about 33% of the older adults are from minority populations. And, over half of the general (all ages) Boston population is non-white, shattering the traditional definitions of "minority" groups. The same diversification will continue to occur over the coming decades, with the most notable increases in the Hispanic and Asian-American communities.

### Increased Duration of Work Life

A survey of 1,500 Baby Boomers, conducted by the American Association of Retired Persons (AARP) found that nearly 70% of those surveyed reported expecting never to retire completely.

And, of those who expected to continue working indefinitely, 76% said that a flexible work schedule would be "absolutely essential."

### Consumer-Driven/Focused

Along with being healthier and wealthier than the previous generation of older adults, this next generation will also expect much more from the system and be more vocal about their expectations. As an example of this, the Joint Center for Housing Studies of Harvard University conducted a survey on what Baby Boomers will want in housing. They found that most want one-level homes near amenities like shopping and restaurants, with maintenance included.

### Decreased Funding

In Massachusetts, expenditures for long-term care services are expected to grow by as much as 45% over the next 20 years (Bruce and Schulman-Green, 2000). Medicaid expenditures are expected to increase by as much as 72% during the same time period. Despite these trends, funding for services for older adults is being cut and in some cases eliminated.

Although the 2004 budget is still incomplete and the total impact on services for older adults is unknown, the projected picture is grim. The following are current actions/proposals being considered:

- A 23% cut in funding for Councils on Aging.
- The elimination of the Prescription Advantage Program that helps low-income older adults afford needed medications.
- A 4% cut in funding the Aging Services Access Points (ASAPs) that coordinate in-home services and pay for services for older adults in Boston.
- The elimination of the Massachusetts Executive Office of Elder Affairs as an independent secretariat. It will be folded under the Executive Office of Health and Human Services.

- The elimination of coverage for eyeglasses, hearing aids and dentures through Massachusetts' Medicaid program (MassHealth).
- Other dramatic proposed reforms to Medicaid and Public Health.
- A decrease in adult day health reimbursement.
- An increase in co-payments for medical appointments and medications.
- Elimination of the congregate housing program.

### **Next Steps for the BPOA**

Now what? Over the coming months, the Boston Partnership for Older Adults will use the information contained in this report to create two additional products:

- A series of detailed maps that plot the current services available for older adults in Boston by community and service type.
- A comprehensive four-year strategic plan for improving and enhancing services for older adults in the city of Boston.

In creating this plan, we will draw on the issues, concerns, hopes and visions expressed by the members of our Partnership and by older adults and caregivers throughout the city of Boston. We will also evaluate current services and programs to ensure that they are meeting defined needs and are doing so efficiently and effectively. We recognize that additional data collection may be needed to ensure that the changes and enhancements we propose are meeting the real needs of our older adults. And finally, we will incorporate ways to measure our success in every action we take.

Our plan and actions may include controversial questions that must be answered, the creation of modified and new services, and organizations working together across turf boundaries, in many cases for the first time, for the purposes of reducing overlap, redundancy, and inefficiencies. As such, we will need political and community support, we will need financial support, and we will need creativity and a willingness to look beyond current ways of being toward new ideas of how best to provide services and meet the needs of all older adults in Boston.

# Appendix I

## About the Key Studies Used in this Report

The following is more information on the seven key studies that are referenced repeatedly throughout this report:

### **The Massachusetts Executive Office of Elder Affairs Needs Assessment of Older Adults**

The Massachusetts Executive Office of Elder Affairs conducted a needs assessment of 178 older adults (60+) in Boston in 1997 and 2001 to inform the Boston Area Agency on Aging Area Plan. Data from this study are presented throughout this report and referenced as the “the EOEA Study.” Potential limitations of this study to consider include: Small sample size, in English only, required respondent to mail in responses.

### **Survey of Older Adults, conducted by Mathematica Policy Research, Inc. and funded by the Robert Wood Johnson Foundation**

In 2002, Community Partnerships for Older Adults, a national program of the Robert Wood Johnson Foundation, working with Mathematica, Inc., conducted studies in each of the 13 communities, including Boston, funded through their Community Partnerships for Older Adults initiative. Using a random-digit dialing technique, they conducted roughly 400 telephone interviews (384 in Boston) with older adults in each community. The data collected in these studies were analyzed and summarized by Mathematica, Inc. into a series of reports and tables presented to each community. In these reports, each community was presented with the findings specific for their community and a comparison to the aggregate of the other 12 communities. The other 12 communities include South Fulton/Fulton County, Georgia; Broome County, New York; Chittenden/Grand Isle Counties, Vermont; El Paso County, Texas; Houston/Harris County, Texas, Maui Island, Hawaii; Milwaukee County, Wisconsin, Riverside County, California; St. Clair County, Michigan; San Francisco, California; Columbia/Union Counties, Arkansas; and Upper Peninsula, Michigan. Data from the Boston study are presented

throughout this report and referenced the “the Mathematica Study.” Where useful, we also present the comparison of Boston’s data to that of the aggregate of the other 12 communities. This is referenced as “compared to X% at other sites.” Potential limitations of this study to consider are: Small sample size, survey conducted by phone only, included adults 50 – 60 years of age in definition of older adults, and survey conducted in English and Spanish only.

### **The Boston Housing Authority Study of Older Adults in Family Housing**

In 2002, the University of Massachusetts Boston’s Center for Survey Research conducted a study for the Boston Housing Authority (BHA) to determine the experiences and needs of older adults living in family housing managed by the BHA. Interviews were conducted in English and Spanish at 10 housing sites in Boston. Data from this study are presented throughout this report and referenced as the “the BHA Study.” Potential limitations of this study to consider include: Small sample size, reflects the experience of only a specific sub-population of Boston’s older adults who are living in family housing.

### **The Senior Health Education and Access Project**

The Senior Health Education and Access (SHEA) Project, a program of Kit Clark Senior Services with funding from Secure Horizons, Tufts Health Plan for Seniors, involved a comprehensive 70-question needs assessment conducted with over 1,000 older adults living in and around the very diverse Dorchester neighborhood of Boston between 1998 and 2002. The assessment measured several self-reported areas of an older adult’s health and access to services. The assessment, conducted in

five languages, was administered by a team of trained case managers, outreach workers, community health workers and senior center staff members. Data from this needs assessment are presented throughout this report and referenced as “The SHEA Project.” Some of the data included is based on an analysis conducted on a sample of 600+ older adults and some is based on the findings of 1000+ older adults. Potential limitations of this study to consider include: Represents only one neighborhood of Boston, is weighted toward a group of older adults who are poorer and more often do not speak English.

### **Seniors Count – Phase I**

Seniors Count is an initiative of the Boston Commission on Affairs of the Elderly to identify, reach out to, assess, and connect to services, vulnerable and isolated older adults throughout Boston. The initiative uses hundreds of trained volunteers to reach older adults door-to-door, to conduct an in-depth assessment, and to offer services and referrals for older adults based on the needs identified. Assessments have been conducted with 2,533 older adults in 1999-2000. Data from this study are presented throughout this report and referenced as “Seniors Count.” Potential limitations of this study to consider include: Older adults had to be at home and let volunteers into home to participate.

### **The Medical Foundation/Tufts Health Plan Elder Health Needs Assessment**

In 1997, The Medical Foundation conducted a needs assessment on the health needs of older adults in Boston for Tufts Health Plan. In this study, they conducted seven focus groups with 61 older adults and older adult providers in Boston. Data from this study are presented throughout this report and referenced as the “the Medical Foundation Study.” Potential limitations of this study to consider include: Small sample size, not random sample.

### **The Seeking Solutions/MultiSystems, Inc. Transportation Study**

In 1999, Seeking Solutions commissioned MultiSystems, Inc. to conduct a study of the need for and use of medical transportation services among older adults in Boston. Researchers interviewed leaders of key organizations providing transportation services and collected and analyzed existing utilization data to better understand how these services were being used. Data from this study are presented throughout this report and referenced as the “the Seeking Solutions Study.” Potential limitations of this study to consider include: The limited existence of utilization data on which to base conclusions.

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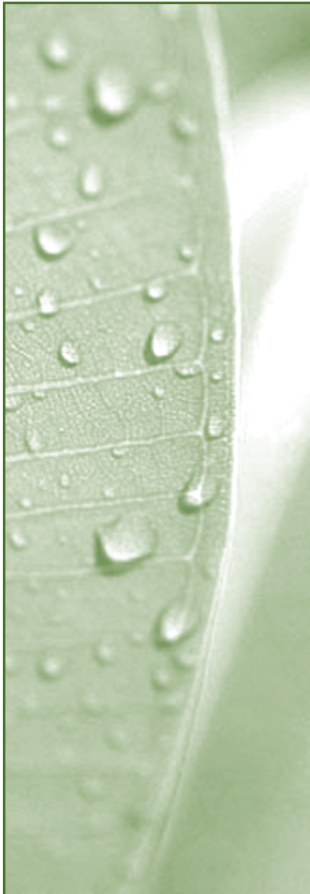
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