

VERMONT STATE PLAN ON AGING ASSESSMENT

DEPARTMENT OF DISABILITIES, AGING, AND INDEPENDENT LIVING

EXECUTIVE SUMMARY

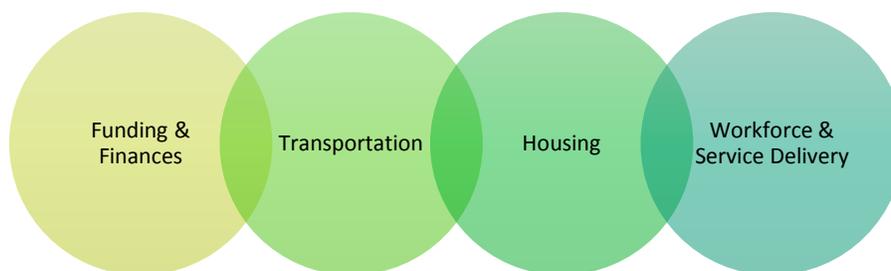
This mixed methods assessment utilized a convergent concurrent design. There were 433 older adult and 223 provider survey respondents, in addition to key stakeholder interviews and a focus group with New Americans. **Participants represented the five Area Agency on Aging areas, and were proportionally distributed.** All data was collected between September – December 2017. **Findings reveal notable consistency across the state, in terms of both needs and resource challenges, as well as recommendations for improvement and future planning.**

Throughout the state, there is a sense that the services that exist are generally of high quality, and the providers are caring and committed.

Overall, both providers and community members perceive Vermont, and their community in particular, as “aging-friendly,” providing services that promote health aging and independent living, and a “good” quality of life for older adults.

Despite its history of leadership in providing health and LTSS, there were several clear, common themes regarding major issues of concern for an aging Vermont.

CONCERNS AND CHALLENGES



- ❖ **Among providers, the most commonly identified challenge to meeting the needs of older Vermonters was related to funding and finances.** This is often related to concerns that there are “too many to serve and not enough funds to support our mission” or that “many people are just slightly over the allowable limits for benefits.”

- ❖ **Both older adult and service provider respondents highlighted either the lack of adequate transportation options as a core challenge to aging well in Vermont.** In many areas of the state, “*public transportation is limited*” and the “*walkability of our downtowns is often poor.*” Further, limited access to transportation is linked to “*isolation*” and “*limited opportunity for engagement, socialization, and stimulation.*”
- ❖ **A wide range of housing challenges were noted by providers.** First and foremost was affordability, as “*there are very limited housing options, especially those in the lower income brackets.*” However, housing issues are multifaceted, presenting as poor housing stock, insufficient support for older homeowners, inadequate options for low-income renters, and limited options for those in need of long-term services and supports
- ❖ **Workforce and service delivery issues are primarily related to a lack of access to quality support staff and a dearth of health care providers, particularly those trained in aging/geriatrics, and limited coordination among providers of health and aging services.** Across the continuum of care, from personal care assistants to geriatricians, there are not enough providers available to meet the need.

RECOMMENDATIONS

First and foremost, **addressing the transportation barriers throughout the state is essential in terms of increasing opportunities for older adults to access health and social services in the community and to reduce isolation.** As this involves increasing public transportation options, expanding services for seniors and persons with disabilities, and attending to road conditions, transportation needs to be a priority not just for DAIL, but for the entire state. A number of other challenges, including isolation, social support and health care, could be positively impacted via improvements to the transportation infrastructure. More flexibility is needed to reduce isolation by facilitating “*engagement with people and communities.*”

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

Both older adult and service provider participants expressed serious concern regarding financial security, and a need to **address the financial solvency and future of human service organizations and the economic well-being of older adults across the state.** Limited resources are clearly challenging organizational capacities and individual opportunities. Moving forward, essential considerations include possibilities for flexibility in service delivery at the local level, enhanced care coordination to minimize duplication and maximize efficiency, and support for interprofessional and interagency collaboration. Flexibility is viewed by many providers as the key to creative, innovative solutions, targeting services to best meet needs, and reinforcing the State’s person-centered approach to care.

Fundamental to addressing both resource limitations and service needs is workforce development, care coordination and collaboration. Workforce related recommendations focused on recruitment, particularly for qualified health and mental health care providers (e.g., PCPs, nurses, social workers, dementia care specialists), and training, to enhance the quality of direct care staff. Workforce development will require extensive interagency and university/college-community partnerships, with attention toward the recruitment and retention of a wide range of caregivers and health care providers. Finding ways to encourage, support, and facilitate such partnerships will be essential. Similarly, interagency and interprofessional collaboration is fundamental to the health and well-being of aging Vermonters. In some geographic and service areas, there appears to be significant efforts and success at care coordination and collaboration. However, respondent comments indicate this is quite varied and perhaps state-level leadership and/or utilization of promising frameworks could be successful.

Last, there remains continued concern regarding service access and a need for a single point of entry. Assessment data points to a need for providing older adults, people with disabilities, families and caregivers, as well as service providers, with *information and education about how to access and coordinate available services and supports.* There may be a related need to address potential barriers to service access, including a strong sense of pride and independence among older adults across the State. As one respondent articulated, there can be a “*fierce independent nature of older, rural-living Vermonters.*” Unfortunately, as a result, “*some are only discovered when they’re finally desperate or in crisis mode.*” Many providers have also observed that many older Vermonters are “*reluctant to participate if it is perceived as a service for someone in need.*” Combating the stigma associated with utilization of formal supports and services could be essential in the effort to maximize choice and independence.

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

Despite a common sentiment that “*Vermont does it better than most states,*” there are a few clear areas ripe for strategic planning. It will be beneficial to consider assessment findings and recommendations in terms of potential options for targeting within universalism (Skocpol, 1991) so that the State can target the needs of high-need, vulnerable populations while tending to the needs of all aging adults in an effort to maximize independence and enhance capacity for aging well in Vermont.

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