

Dukes County Health Council
Healthy Aging Task Force

Summary

November 8, 2013

Community Leader Meeting

Overview: Thank you for attending the Healthy Aging Initiative's Community Leader meeting on November 8, 2013. Seventy two (72) people attended, representing 40 organizations that impact the quality of life of Island elders. The recommendations of the Rural Scholars,¹ as well as some additional ones from the Task Force were presented and discussed/reviewed by the group. The meeting was notable for its frank discussion of the issues, including such difficult ones as island wide or regional efforts. A number of new ideas/concepts were introduced and the interest and enthusiasm in working together to help elders was palpable. This became manifest at the high point of the meeting when over 50 people committed themselves to the initiative by forming 7 Work Groups, each to focus on a specific area of need.

These Work Groups, which operate under the direction of the Task Force's Coordinating Committee, will develop solutions and implement programs around the major issues/aspects of Healthy Aging. The Work Groups have already started meeting and will develop work plans for the next year. These will be presented at a community wide meeting in March of 2014.

This was a remarkable outpouring of effort and we thank everyone for their contribution to moving this initiative forward. A description of the charter of each Work Group and a list of its members is attached.

Introduction: Paddy Moore, Co-Chair of the Healthy Aging Task Force's Coordinating Committee, opened the meeting with a brief history of the Task Force and how it was created by the Dukes County Health Council to be responsible for dealing with the recommendations from the Rural Scholars. She also noted the DCHC's core mission is -- "to identify critical unmet needs and seek ways to address them" -- including to "support the development of plans and programs designed to increase the health care delivery capacity of our community," and to "foster and promote the organizational support and collaboration needed to develop an integrated primary care system for Martha's Vineyard."

Ann Bookman, PhD, Healthy Aging Expert and facilitator for the meeting, commented on how much had been achieved since she was here in June. She reviewed the goals/agenda for the day and since there wasn't time for everyone to introduce themselves, she read a list of the 32 organizations attending and remarked at its breadth (copy attached as Appendix I).

Population Forecasts: Peter Temple presented the draft population forecasts for Dukes County through 2060 and commented, "This is why we are all here today." Highlights of the forecasts include:

- The wave of baby boomers has already started to cause dramatic growth in our 65+ population and this will continue through 2030 when the growth rate slows:

¹ Video of the Scholars presentation can be seen, and their PowerPoint slides downloaded at www.mvdonors.org.

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- Between 2000 and 2010, the 65+ population grew 25% while total island population grew 10%;
- Between 2000 and 2030, the 65+ population will almost triple, from 2,153 people in 2000, to 6,308 in 2030, and grow more modestly to 7,980 by 2060.
- The 85+ population is of special concern because this is when elders become “frail” and need more support to, or can’t, live alone and are at great risk for chronic disease, falls and Alzheimer’s (43% of the population over 85 is expected to have Alzheimer’s or other forms of dementia). Dramatic growth in this category won’t start until 2030, but will be significant:
 - The 85+ population more than triples between 2010 and 2060, going from 391 in 2010 to 1,236 in 2060.
- These forecasts predict profound change in the complexion of the Vineyard. Today, 1 out of every 6 Islanders is over 65. In 2030, 1 in every 3 will be over 65. This is due not only to the increase in the elder population, but also to a projected decrease in our younger population.

These numbers raise several immediate points:

- There will be a tremendous need for facilities and staff to take care of those with Alzheimer’s/dementia;
- Can and will the new planned Center for Living be built with this future demand for supportive day care in mind?
- Can existing COA facilities and programs handle the expected increase?
- Town budgets will mushroom as more money is needed for COA’s, Center for Living, Emergency Services and affordable elder housing;
- Currently 50% of the Island’s population over 65 earns \$35,000 a year or less, so a significant portion of the growing elder population will have real financial difficulties and needs.
- With a declining younger population, how can the island develop the workforce needed to care for the booming elder population? How can we develop sufficient affordable housing to meet their housing needs?

After some worries from the group about the future lack of workforce and younger family members, the presentation moved on to the Scholars’ recommendations. Their top 3 priorities were addressed first: Transportation, Housing, and a central service (some kind of centralized information and referral process) to guide seniors, caregivers, and even providers through the maze of services.

Transportation: The Scholars’ recommendations for additional transportation services both on and off island were presented; they included:

- Expand Medivan services beyond Tuesday and have a bigger window for scheduling appointments to increase access to off Island specialist appointments.
- Grow Vineyard Village at Home’s Volunteer Driving Service to fill on-Island point-to-point service gaps. Increase the number of volunteers and increase funding for aid so low income elders can get needed transportation services.

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- Make adjustments to existing Hackney Laws. There are 13 taxi companies all subject to different rules; their licenses are governed by towns; current regulations for one-way trips are difficult for elders who have to make separate arrangements for a return trip.
- Find a way to transport veterans for services at VA Hospitals in Providence & Bedford.

The Task Force added 2 more recommendations:

- Explore expanding the LIFT service, in both hours and days;
- Support Biking & Pedestrian Initiatives.

The Task Force also presented two quite different models for consideration in addressing service gaps in affordable point-to-point transportation options.

- First was ITN (Independent Transportation Network).--a very successful national franchise that offers “Dignified transportation for seniors.” They provide 24/7, arm through arm, door to door service (which taxi’s don’t) at prices that are significantly less than cab fare. The drivers are all volunteers who get a mileage reimbursement AND, interestingly in a kind of pay it forward/reciprocity system, ride credits they can give to a loved one; save for their use when they can’t drive anymore; or donate to needy elders. This “bank” model seems to work very well and is most attractive to volunteers.

- The second model is the Cape Cod Regional Transit Authority’s DART (Dial-a-ride) program which offers door to door, by appointment, van service to all Cape residents and visitors for any purpose. It’s not 24/7 but only costs \$3/ride for adults and youth, and only \$1.50/ride for seniors and those with disabilities. Although affordable, it’s not very convenient since you need to be ready 90 minutes before appointment time.

The Task Force then announced that it was forming a Transportation Work Group to address transportation issues and these recommendations, and presented its charter (the charter and a list of people who joined the Work Group are attached).

In the ensuing discussion about transportation:

- Several organizations pointed out other transportation options that are currently available for qualifying elders both on and off Island;
- The importance of door to door service for frail elders was emphasized;
- The specialized needs of elders to get to and from the food pantries while safely carrying bags of food were identified as a concern possibly raising the option of a delivery service;
- The issue of liability insurance for volunteer drivers using their own cars was raised and has also been successfully addressed by several on-island services.
- Someone suggested that the busses are too big, the taxis are too small and we should right- size them for elders (Maxi-Taxi, Mini-Bus).

Housing: In terms of housing, the Scholars’ emphasized three major needs: the importance of, and the need for, more affordable elder housing; more affordable workforce housing; and the need to improve the affordability and livability of private housing for island elders. They referred

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to the recent MV Commission's Housing Needs Assessment which has recommendations and complete information on these needs. The Needs Assessment recommends that the primary focus be on rental units with an 80/20 split with owned units. They recommend a target of 50 new units of affordable housing a year with 40 being rental and 10 being owned. They also recommend that 20% (10 units) be for elder housing each year.

The MVC also made some specific recommendations for improving private housing:

- They encouraged the concept of Universal Design, which increases the “visit-ability” and livability of existing homes (and other buildings) for elders. Retrofitting existing housing stock could have a big impact at relatively low cost, and all new construction should meet UD guidelines.
- In response to the problem of “over-housing” (a person living in a home that is now much bigger and more expensive than needed) they suggested exploring cohabitation models and specifically a Philadelphia model that matches and screens prospective housemates.
- They recommended making zoning changes to allow granny/in-law apartments and multi-generational housing.

The Task Force pointed out that the island's Joint Affordable Housing Group (JAHG) is trying to put together an Island-wide plan for addressing the recommendations in the Needs Assessment; the big question is how should the Healthy Aging Task Force best work with the JAHG to see that Healthy Aging interests are being addressed. The Task Force also pointed out that the JAHG's interest in workforce housing only relates to affordable workforce housing based on income, and that some of the workforce housing needs for Healthy Aging includes workers who will earn above the affordable guidelines. At the moment, employers have to provide their own solutions This is an area for further problem solving.

The Task Force then announced that it was forming a Housing Work Group to address these issues and recommendations, and presented its charter (the charter and a list of people who joined the Work Group are attached).

In the ensuing discussion about Housing needs, barriers and solutions, certain points stood out:

- The tremendous need for affordable elder housing was emphasized (8 year wait list for disabled elder units). Right now, an expansion of Island Elderly Housing with shared federal funding has been stymied by infrastructure problems (sewers) and the lack of a regional plan to share costs between Towns.
- Universal Design was praised as a low cost way to create private elder housing stock.
- Home sharing/co-housing was emphasized not only because it addresses over-housing, but also because it can create affordable rental opportunities for both elders and members of the workforce (including live in homecare workers).
- “Granny Pods” (temporary housing facilities that families can put in their back yard, tailored for frail elders) were raised as a possible solution to the shortage of assisted living/nursing home facilities.
- The Island Housing Trust expressed its willingness to work with everyone on this and emphasized small scale solutions and collaboration to leverage our efforts if we want to make an impact.

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One-Stop Information and Referral Service: The Scholars were very impressed with the wealth of programs available for elders on island, but noted that not everyone was aware of what's available, so some people aren't getting the services they need. This is partly due to the wide array of services and providers with different funding sources and eligibility requirements. Even the experts find it challenging to navigate this maze! It's also caused by the general lack of communication across organizations, so one silo may not know what services another is now offering, and inter-agency patient referrals are not always tracked so there may be no way to know if needed services were received. The Scholars also noted that many Island elders have family caregivers/decision makers who live off-island and are not familiar with the resources and options available. To address this, the Scholars recommended establishing a One-Stop Information and Referral Service: an Island-wide starting point for seniors, caregivers and providers to navigate services. To succeed, they said this service must have:

- A modern, usable, regularly updated website for information;
- A single phone number to reach a human being (website alone won't do it);
- A separate neutral paid staff (not part of an existing service provider);
- Ability to handle disqualified or ineligible populations, and multi-lingual, multi-cultural clients.

The system should also eventually serve as a web-based interagency network for sharing information. It would serve as a single entry point for elders to register/apply for services and it would allow service providers to make and track referrals to each other. They suggested that this service should start as soon as possible with one person full-time, and after a year or two of operation add case managers for detailed guidance and referral. In the long term it could also add other services, such as becoming a "One-Stop" Transportation Scheduling service or a "One-Stop" Volunteer Recruiting & Scheduling service.

The Task Force announced that it had just submitted a \$5,000 Mini-Grant Application for CHI funding to enable HATF to do initial development of the system.

The Scholars pointed to two existing services as possible models.

- Vineyard HealthCare Access Program is a very popular, respected, Island wide referral service for a wide range of health care services and populations. It was started by the County and initially funded by grants, 80% of current funding comes from the 6 towns, and 20% from public & private grants, showing that the Towns will support island wide solutions that are proven to be needed and effective.

The second model was also multi-municipal: the Council on Aging of Southwestern Ohio (the Ohio model), which serves five counties with 250,000 people over 60 and has an excellent website and staffed phone lines. This COA is the equivalent of the Elder Services of Cape Cod and the Islands, Inc., a federally-designated Area Agency on Aging. They offer innovative programs that keep elders in their homes, instead of nursing homes that are funded through Medicaid, but they also provide these same services to 15,000 people who **don't** income qualify, but do not have enough income to afford in-home care themselves. They pay for this, and receive 40% of their funds, through a county wide property tax levy, which requires a public

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vote every 5 years and passes by a wide margin because people recognize the importance of the program.

The Task Force then announced that it was creating a Work Group called One-Stop MV, which would work on developing an Information and Referral Service for the Island that would make it easier for elders and others to navigate the multitude of services and providers. The service should build on existing referral capacity (e.g. Elder Services, Center for Living, COAs). They would also encourage all Island service providers and agencies to cooperate in supporting and maintaining this effort.

Ann Bookman pointed out that the One-Stop is an asset-based model that builds off services that are already present on the island. She started the group discussion by asking if people thought this service for elders, providers and families was a good idea.

The group discussion overwhelmingly confirmed that:

- Currently, finding the information is hard and confusing, even for service providers.
- An independent group and a centralized service would be “fabulous” and now is the time to do it: “we have to get our act together as the elder population increases.”
- We can build on several existing websites devoted to resources for elders and not rediscover the wheel.
- Improving inter-agency communications and coordinating case management would improve the quality and quantity of services for elders.

The group was reminded that not all frail elders are computer literate and that we will need to find ways to help this population know that the I and R service can be accessed by phone, as well as find ways to increase computer literacy in the elder group. There are several ways to do this, one of which may be a new easy-to-use computer specifically designed for elders called WOW.

A County Commissioner pointed to the success of the Healthcare Access Program and said the County is the natural place to house the One-Stop, but he recognized that the Towns are frequently resistant to some regional efforts.

The first” elephant-in-the-room had been sighted. Can the tensions between the Towns and the County be resolved? Can the towns and the county find ways to work together for the benefit of the elders who now live here and those who are to come in the next 30 years?

The ensuing discussion made it clear that there is no way we can address the needs of our growing elder population without collaboration and Island-wide/Regional solutions, so we have to work together and find ways to make it happen. This point was repeated in a number of different ways throughout the rest of the meeting.

CORE and the Supportive Day Program of the Center for Living: The Scholars pointed out that these are two excellent programs for seniors which will need considerable funding in the future, a large portion of which will probably need to come from the Towns.

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CORE is an in-home mental health counseling service, developed and run by Community Services and the Councils on Aging, currently funded by a temporary grant from the Hospital which will run out within two years. The program addresses the important need for outreach and elder mental health care, a key component of Healthy Aging, but even at current funding levels they are not able to meet demand. A substitute source of funds must be found in the near future.

The Center for Living runs the successful Supportive Day Program four days a week, moving between two sites. It provides social support for frail island elders in a safe setting, and provides a respite for family caregivers or gives them time to work. The Scholars called it “A Lifesaver.” The program doesn’t have a dedicated home and is seeking funds to:

- Create a single facility large enough to meet projected future needs;
- Expand to five or even six days a week;
- Expand staffing capability to be able to include people with Alzheimer’s and/or those with certain medical needs. (Such a “Health” model would require certified nurse assistants or nurses for medication management, bathroom assistance etc.).

Members of the Task Force pointed out the challenges the Towns will face if these and other programs start coming to them for funding. The Towns may have different priorities than the island as a whole, and if one Town doesn’t support a program, the program may die. The priorities really need to be set and funded through an integrated island-wide effort. The Task Force also said the need for a home for the Center For Living could provide an opportunity to create a hub of co-located intergenerational activities and services. It should be located with public transit access and could potentially serve other purposes for elders, such as an emergency shelter.

The Center for Living Board Chair said that they have designed their new home with the capability to expand as the population grows. She reiterated the importance of adding the “Health” model and said they would definitely be asking the Towns for additional resources.

Jacque Cage, Director of Elder Services, held up the Center for Living as an example of a regional organization that was created by the Towns through the collaboration of the Councils on Aging, and proof that we can work together if we try. To move forward together we need to look at the whole and make informed decisions.

Role of MV Councils on Aging: The Scholars felt very strongly that the four COAs should remain “locally agile” and continue to provide services to their individual communities. At the same time, because the needs of Island seniors are similar no matter which Town they live in, the Scholars recommended that the COAs develop a unified strategic plan. This means developing a common mission and coordinated planning, which the Scholars believe would result in improved efficiency, quality, and breadth of services.

Can the COAs maintain their town-based facilities and programs, but ALSO work together to meet the projected needs of Island Elders?

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The second elephant in the room had been raised. The individualism of the separate COAs is known and each is doing a good job of serving members in their towns. However, if they could come together in a collaborative effort to think about the exploding population of elders island-wide and the services that will be required to meet their needs in the future, the whole could be much greater than the sum of its parts.

This led to further discussion about the need to collaborate. Someone described it as finding a way to keep our individuality while working together on things we have in common. One COA Director recognized the need and benefits of centralized planning but asked if it would make more sense to create a new entity, with specialized skills, to do it for the COAs and the Center for Living? He noted they are wrapped up in their everyday operations and can't really do island wide planning "from the trenches."

Someone suggested that the COAs are not alone in their individualism. Many of the service organizations here have difficult histories and some view each other as competitors. If we don't address this we'll never be successful.

Ann Smith, Director of Featherstone and Chair of Arts Martha's Vineyard (the Island's arts & cultural collaborative) gave a rousing speech about not being afraid of collaboration. She said she was skeptical about the benefits of collaborating with competing Arts and Cultural organizations several years ago until she attended a meeting much like this one where the Donors Collaborative brought them all together to discuss how they could address common issues. She has been astonished at the camaraderie and mutually beneficial work they are doing now. Also, they aren't going to the Towns for money but instead are getting state and national grants because they are collaborating. "We have to get the elephant out of the room, focus on what's good for MV and the entire Island. Whooe!!"

Someone said the best working collaborations usually have sources of funding for planning at the regional level and focus on projects/programs that lend themselves to regional solutions, while leaving the local town-based services intact where they are working well. The Youth Task Force was mentioned as a successful model that came together as a coalition and found state and federal funds to keep it going. What is the model for the Healthy Aging task Force?

Peter Temple responded that the Youth Task Force (YTF) was the primary model for the Healthy Aging Task Force and acknowledged the importance of funding for a paid staff to the YTF's success. Peter said that he was essentially the Healthy Aging staff for the time being and is being paid by the Donors Collaborative to do it. The Collaborative will continue this support for awhile, but the Healthy Aging Task Force will only succeed if we can find other funding sources and a staff.

Instead of creating another Work Group to examine the role of the Councils on Aging at this time, the Task Force suggested this might be a good topic for the One-Stop MV Work Group to consider once the Referral Service's operating and administrative structure had been decided and is operating. In the future, the Task Force suggested expanding the exploration of shared

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missions and planning between the COAs, to include the Center for Living and Elder Services and potentially others such as VNA and Community Services.

Prevention and Community Engagement & Caregiver Support: The Task Force then announced the formation of two more Work Groups to address areas that are important to Healthy Aging but were not addressed by the Rural Scholars. Healthy Aging is very broad and they had to limit the Scholars focus given the amount of time they had to study it here.

Prevention and Community Engagement addresses two main aspects of Healthy Aging. The many activities in the arts, films and theatre, churches, exercise, yoga, massage, nutrition and other complementary health activities, adult education and civic engagement & volunteerism are major contributors to the health and behavioral health of aging Vineyarders – preventing isolation and depression, as well as physical disease. It's important to recognize, support, and expand these programs as key components of an aging-friendly island.

Caregiver Support has been identified as a major concern here and the Task Force needs to identify resources and ways to help family caregivers deal with all aspects of Healthy Aging and dying with dignity. Some people may also want to explore the needs of “professional” caregivers – those providing such services as home health, homemaker, etc. Initially, the focus of this group is intended to be on the needs of family caregivers who are not being compensated, and who carry the burden of doing much of the care giving themselves, while also managing and coordinating the services of providers.

The charters for these two groups and the lists of people who signed up are attached.

Issues & Projects for the Coordinating Committee: Some of the Scholars' recommendations were not assigned to a Work Group but will instead be addressed by the Coordinating Committee because they cut across all the Work Group topics and require careful coordination in order to prevent duplication and/or confusion of roles, or already have organizations/people addressing them. These include:

1. Volunteers will play a big role in providing necessary services on an affordable basis to our growing elder population. HATF will explore an Island -wide volunteer recruiting and scheduling service (See Cape Cod Volunteer Website for possible model).
2. Cultural Competency: The Coordinating Committee will work with all the Work Groups to develop ways to integrate cultural competency and reduce outcome disparities in health and human service delivery.
3. Community Education and Development of Grass Roots Support for the Healthy Aging Initiative through public outreach and education.
4. CORE (Counseling, Outreach and Recovery): The HATF will work with the COAs and MVCS to identify and obtain sustainable funding for this important service.
5. Center For Living and the Supportive Day Program: The HATF will also work directly with the Center for Living, Dukes County, and other supporters to obtain sustainable funding for this program at a scale adequate to meet projected future needs.

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Aging In Community: In response to the increased need for assisted living facilities and the desire of elders to live longer at home and/or in more homelike, less institutional nursing home or Alzheimer's facilities, the Scholars recommended we look at the Greenhouse Project, which has been described as "Transforming the Culture of Long-Term Care." These small scale long term care facilities:

- Have 10-12 private rooms with private baths and lift capability built in;
- Have more privacy and are much more homelike than institutional nursing homes;
- Are designed to work on a for-profit model, as people are willing to pay a premium to be in them, but financially can operate so that 80% of the residents are funded through Medicare and Medicaid;
- Rely on an innovative staffing model that reduces cost but increases direct care time;
- Use a national franchise model that is customized to work in a variety of markets, one that makes staff training and low -cost financing available through long-term grants from the RWJ Foundation.

The Task Force also identified some other models for study.

- *SCOs (Senior Care Options)* are an innovative MA Medicare- Medicaid program. They are similar to an HMO that provides an integrated and complete package of health care and social services for low-income seniors. The goal is to help seniors stay healthy, in control of their lives, and out of nursing homes. A team of professionals develops individualized care plans for members who get services from the defined network of professionals, including a primary care doctor, nurses, specialists, and a geriatric support coordinator.

- *The Maine Model*, created by a Maine nursing home Medical Director, is a community-supported small -scale/rural very cost -effective SCO type service.

The Scholars recommended two other programs to help elders stay safely and healthily in their homes:

- The *Volunteer Stop-at-Home* program would have volunteers provide a weekly hour of socializing and check in on homebound elders. This could be integrated with existing programs at the COAs or elsewhere and also tap into existing volunteer pools (e.g. churches, high school). One of the COAs said staff wants to provide more friendly visits to homebound elders but it's a challenge for them to orchestrate; a centralized volunteer model would be a big help.

- The *Gatekeeper Program* -- which started 20 years ago on island but has lost momentum recently – could be revived. The program educates people (clergy, police, EMTs, electricians, business owners, etc.) to identify signs that elders are in trouble or need help. The original program was hampered by the lack of an agreed-upon agency to respond to that information. The suggestion is that a revived Gatekeeper program could develop such an agreed-upon responder – possibly part of the One-Stop in the future -- notifying the designated agency about elders in unsafe/unhealthy living situations, and the One-Stop would refer the information to the service provider most appropriate to respond.

The HATF has combined these two programs with the Greenhouse project, SCO's and Maine Model to create an **Aging in Community Work Group** to explore ways to allow Islanders to live at home or in the community as long as possible when requiring assisted living, long-term

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care, Alzheimer's care, and end-of-life care. The charter of this group and the list of people who signed up to work on it are attached.

The November 8th meeting attendees asked a number of questions about the Greenhouse Project and whether it could be an affordable alternative for low income Islanders. While that still needs to be determined, the Task Force pointed out that it can be 80% Medicare/Medicaid patients on a for profit basis, so the hope would be that on a nonprofit basis and with private gifts, low-cost land, or free land from the County, Towns, Tribe or through the Island Housing Trust, it could be made affordable.

One of the COAs said it wants to provide more friendly visits to homebound elders but it's a challenge for them to orchestrate, but a centralized volunteer model would be a big help.

Challenges in Healthcare, Mental Health and Human Service Delivery: The Scholars identified a number of service gaps and shortages in the delivery of various health and human services on island. These included:

- Primary care shortage
 - Long waits (months) to see primary care providers
 - Use of the MVH Emergency Department as an expensive backup
 - Non-hospital clinics and services may exist, not all well-advertised
- Language barriers and frequent absence of cultural competenc means we need to increase recruitment of (and from) island minority groups.
- Shortage of specialists on-island (we are lucky to have one geriatrician on the island, given that there are only 7,000 nationally) means that either through arrangements with MGH or other ways, specialists will be needed for the growing elder issues such as Ophthalmology, Endocrinology and Podiatry.
- Limited access to dental care, in several ways:
 - No Portuguese-speaking dentistry is currently available, though the hospital dentist office uses volunteer Portuguese interpreters as needed;
 - Only one dentist office is accessible to disabled;
 - Not all dentists accept Medicaid or Medicare coverage, and some require that Tribal patients get reimbursements from the tribe, rather than accepting reimbursement directly.
- Mental Health and Substance Abuse Shortages: Despite the new federal requirements for “parity” in the coverage of behavioral health and physical health insurance coverage, service shortages in this area can be acute and waiting lists are often long. There is an historic difficulty in attracting highly trained professionals, in part because reimbursement levels limit salaries, and shortages of affordable housing prove difficult. Recommendations to address these issues include the development of new clinical models that focus on teams, new staffing models, new modes of delivery and the exploration of tele-therapy to better utilize off-island resources.
- Insurance Coverage: Not all elderly will have access to Medicare due to our underground economy and people not contributing into the system.

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The Task Force announced it was forming a Work Group to address these shortages, explore sharing of specialists and other strategies (loan payback programs), encourage workforce development and training, and explore new models of healthcare delivery (accountable or patient centered care.) The charter for this Work Group and a list of people who joined it are attached. The ensuing discussion identified some other service gaps as well as ideas for filling them, but the challenge of attracting more caregivers is a big one. The hospital has recently started using tele-conferencing with specialists at Mass General for certain treatments where there is no local specialist.

The discussion turned to new models of healthcare delivery and how Dr. Don Berwick has said the Vineyard is an ideal place to develop a patient-centered care system. *That's when the third elephant was identified. The Martha's Vineyard Hospital is a key – indeed, critical— component of our health and human services system.* It is a fundamental part of how we live here on the Vineyard, and has worked hard to expand services and meet our needs. However, service gaps – particularly in primary and dental care – remain. *Any plans we make for the future need to be made in conjunction with, and with the support of, the hospital if they are to be successful.* We need to engage MVH and its parent organization, Partners Healthcare, in a discussion about projected plans to meet our demographic future. What's the best way to initiate and manage such a dialogue?

Ann's Summary of Morning Discussion: After lunch, Ann Bookman covered what she saw as the highlights of the morning discussion:

1. The Numbers—Peter presented are enormous, have tremendous importance, everyone feels it and it is important work.
2. Impact; Need to Benchmark—Everyone who is here wants to have an impact. For the purposes of feeling satisfied you are making a difference and for being able to get grant funding, I suggest you benchmark where you are, document as you go and figure out how you are going to measure your effects. Start collecting that data right away.
3. New Models—My comments are not meant to denigrate what is going on, but given the thorny problems, you can use new models to cultivate a spirit of innovation and create new momentum.
4. Cooperation/Collaboration—Working together was discussed a lot and is important. We encourage coordination of care. Focus on that and don't worry about what it means to your job or does for your competition.
5. A Promising Future—I am optimistic over the passion you display, amazing skills, and desire to make a difference.

Work Groups: Paddy briefly described the organizational structure of the Task Force and how it works under the umbrella of the Dukes County Health Council. The Work Groups will do the bulk of the Task Force's work under the direction of a small Coordinating Committee. Each Work group will have a Convener (or Co-Conveners) who will schedule meetings, make sure they are posted per the open meeting law, and see that minutes are taken, and approved and shared through the HATF website. A Convener from each of the Work Groups will also be members of the Coordinating Committee, for the purpose of assuring two-way communication and coordination of work group activities.

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Paddy closed by saying, “We’re all in this together. We’re not here to supplant anything but to build on what is here and hopefully improve and strengthen our systems for the future. .” She then invited people to sign up and meet for a few minutes with their groups.

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APPENDIX I

List of Organizations for Nov. 8

ACE-MV
Chilmark Board of Health
Dukes County Commissioners (several)
Dukes County Elder Affairs
Dukes County Health Council (several people)
Dukes County Manager
Dukes County Regional Housing Authority
Dukes County Sheriff
Edgartown, Oak Bluffs, & Up Island COA
Elder Services
Featherstone
Hope Hospice
Horizons Geriatric Care Management
Island Clergy
Island Food Pantry
Island Housing Trust
Joint Affordable Housing Group
MV Center for Living (including several Board members)
MV Commission
MV Committee on Hunger
MV Community Services (including several Board members)
MV Hospice
MV Hospital
Mass In Motion - MV
Steamship Authority
Vineyard Transit Authority
Vineyard Nursing Association
Wampanoag Tribe Health Committee
Windemere
Selectmen from Oak Bluffs, West Tisbury & Tisbury
Veterans Services
YMCA of MV

Healthy Aging Task Force Workgroups

AGING IN COMMUNITY

Explore ways to support Islanders to live at home or in the community as long as possible – including independent homes, assisted living, long-term care, Alzheimer’s programs, and end-of-life care

- Explore Greenhouse model, including possible local partners and multiple sites
- Explore other assisted living/stay at home with care programs (such as Ohio model, SCOs, Maine model, etc. as well as expansion of Vineyard Village at Home model
- Explore greater use of volunteers such as the volunteer “Stop at Home” and the Gatekeeper program
- Explore uses of technology to support medical treatment and enabling people to live safely at home

Karen Achille
Polly Brown
Gary Cogley
Sandie Corr-Dolby
Diane Durawa
Victoria Haeselbarth
Mary Holmes
Nancy Langman
Mike Loberg
June Manning
Tom Hallahan, Co-Convener

Healthy Aging Task Force Workgroups

CAREGIVER SUPPORT

- Identify dimensions for caregiver needs on MV – especially among isolated elderly individuals and families
- Explore range of helpful programs, including new use of volunteers, utilizing national models and recommendations from AARP
- Document and explore possibilities of existing volunteer support through such programs as Vineyard Village at Home, Hospice, Elder Services, and the COAs

Mary Beth Daniels
Ellen McCabe
Roberta Raimon
Beth Toomey
Terre Young
Inez Janger, Convener

Healthy Aging Task Force Workgroups

CHALLENGES IN HEALTH CARE, MENTAL HEALTH, AND HUMAN SERVICE DELIVERY

- Work with existing organizations to address the identified service gaps
- Explore sharing specialists and other new institutional strategies such as incentive recruitment programs (i.e. loan payback programs)
- Encourage workforce development and training for the professional and caregiver workforce, especially on an inter-agency shared basis
- Explore new models of health care delivery

Trudy Carter
Lois Craine
Julie Fay
Joy Ganapol
Charlie Hodge
Edward McGonagle
Susan Mercier
Kathleen Samways
Sheila Shapiro
Grace Sullivan
Dedie Wieler
Cindy Doyle, Co-Convener
Paddy Moore, Co-Convener

Healthy Aging Task Force Workgroups

HOUSING

Workforce and Affordable Elder Housing

- Work to include Universal Design concepts in town zoning and building rules and regulations
- Develop programs to retrofit homes
- Work with/support efforts to expand workforce affordable housing in order to maintain an intergenerational community and service providers
- Explore co-housing and other intergenerational models
- Assess zoning limitations on “grandparent attachments” and multi-family units to permit changes
- Build political environment to support necessary changes
- Support efforts to expand affordable elder housing to meet projected increased demand

Cathlin Baker
Mary Beth Daniels
Christine Flynn
Esther Hopkins
Gerald Jones
Philippe Jordi
Marina Lent
Kathleen Samways
David Vigneault
Ann Wallace
Leon Brathwaite, Co-Convener

Healthy Aging Task Force Workgroups

ONE-STOP M.V.

Information and Referral Service for the Island – making it easier for elders and others to navigate multitude of services and providers

- Map and build on existing referral capacity of Elder Services, Center for Living, COAs, and other providers information capacity
- Encourage all island service provider agencies to cooperate in supporting and maintaining this effort
- Explore potential shared missions and planning activities among COAs, Elder Services, Center for Living and other Island service providers such as MVCS
- Explore feasibility of new or adapted organizational capacity for administrative and fiscal expansion

Harvey Beth
Joyce Bowker
Betty Burton
Jacque Cage
Shelley Carter
Trudy Carter
Sandie Corr-Dolby
Tad Crawford
Diane Durawa
Julie Fay
Armen Hanjian
Tristan Israel
Diane Jetmund
James Klingensmith
Melinda Loberg
June Manning
Noreen Mavro Flanders
Patsy McCornack
Paul Mohair
Jill Robie
Kathleen Samways
Bea Phear, Co-Convener
Rise Terney, Co-Convener

Healthy Aging Task Force Workgroups

PREVENTION AND COMMUNITY ENGAGEMENT

The many activities in the arts, films and theatre, churches, exercise, yoga, massage, nutrition and other complementary health activities, adult education and social activism are major contributors to the health and behavioral health of aging Vineyarders – preventing isolation and depression, as well as physical disease. It's important to recognize, support, and expand these programs as key components of an aging-friendly island.

- Expand community awareness about the many opportunities for engagement
- Expand community education about other prevention strategies such as healthy nutrition, prevention of falls, and volunteer opportunities that keep young elders active
- Identify gaps in preventative care and develop new programs to address them

Carol Kenney
Wiet Bacheller
Betty Burton
Marc Daniels
Ann DuCharme
Marcia Denine
Judy Miller
Nevette Previd
Martina Thornton
Ann Smith, Co-Convener

Healthy Aging Task Force Workgroups

TRANSPORTATION

- Explore expansion of existing services such as Lift, VVAH and other volunteer services
- Explore new models of on-island and off-island options and access such as Cape Cod Dial-a-Ride, ITN, etc.
- Explore adjusting town Hackney regulations to permit cross-town-boundary pick-ups
- Explore expansion of off-island transportation options such as Medivan Days, Cfl Medical trips to Cape, and Veterans trips to Providence and Bedford

Leon Brathwaite
Lois Craine
JoAnn Murphy
Beth Toomey
Leslie Clapp, Convener