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# Exploration into Expanding the Burlington SASH (Seniors Aging Safely at Home) Program

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## Background

In 2009, the Cathedral Square Corporation partnered with community provider organizations\* to design a model for in-home services and support known as Seniors Aging Safely at Home (SASH). This comprehensive program, implemented at Heineberg Senior Housing in the New North End of Burlington, VT., combines health support, education, and social activities to create a safe and fulfilling environment for participants.

Cathedral Square plans to extend their SASH program to New North End (NNE) seniors residing in their own homes. However, the current and future needs of the NNE senior population (defined here as individuals age 50 and older) are not well known.



### PROJECT AIM

We have collaborated with Cathedral Square to better determine the needs of the NNE senior population and investigate how the SASH program compares to other aging community models already in existence. NORCs (Naturally Occurring Retirement Communities) and Villages are models growing in popularity across the nation, undoubtedly due to people's desire to age independently in their own home.

NORCs are communities in which the population has aged in place, resulting in a high proportion of seniors living in one



area. Neighborhoods with this dynamic have begun to organize programs which provide a variety of services to their seniors, including yard-work, educational workshops, social opportunities, and access to health care services. Village models are similar, but tend to be designed more intentionally as senior-supporting neighborhoods rather than arising naturally as the local population ages.

By looking into current community models and by investigating the needs of the NNE senior population, Cathedral Square will be further equipped to offer important services to those who are interested.

\*Cathedral Square partnered with Champlain Valley Agency on Aging (CVAA), the Visiting Nurse Association of Chittenden and Grand Isle Counties, and the Program for All-Inclusive Care for the Elderly (PACE).

## Methods

Data collection was divided among the following:

- Surveys distributed to Burlington's NNE residents ≥ age 50
- Personal interviews conducted with local health providers
- Personal interviews with senior community members.

### SURVEY DESIGN

- 41 questions
- Assessed demographics, current lifestyle, and desire/need for assistance
- Based on suggestions found at [www.norcblueprint.org](http://www.norcblueprint.org)
- Distributed in two ways:

#### 1) By hand

- 108 surveys total placed at a local pharmacy, recreation center, church, senior center (each with drop boxes for deposition of completed surveys), or distributed to voters on voting day.

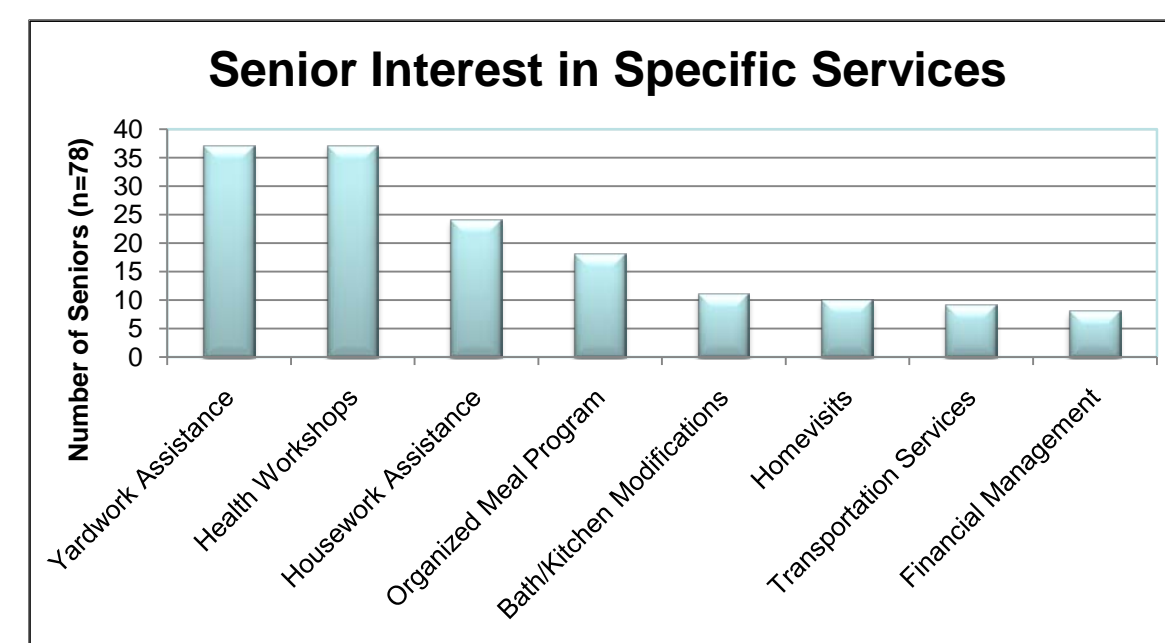
#### 2) By third party distribution

- 4 electronic surveys emailed by request
- 29 distributed to Meals on Wheels participants by staff
- 50 surveys distributed by an active community senior

### INTERVIEW DESIGN

Using the topics touched upon in the survey, we interviewed a local physician, the director of the Heineberg Senior Center, a nurse with the PACE organization, and a case manager with the CVAA. Each community provider was asked his/her view on what area seniors need in order to age safely at home. Selected senior community members were also interviewed.

## Results



| Survey Question (n=78)                                | Response (% of total respondents) |
|---|-----------------------------------|
| Male  | 20 (26%)                          |
| Female  | 58 (74%)                          |
| Mean Age (SD)   | 74.12 (9.3)                       |
| Mean Age Male (SD)                                    | 74.05 (8.45)                      |
| Mean Age Female (SD)                                  | 74.14 (9.64)                      |
| Years in Community (SD)                               | 34.68 (21.85)                     |
| Support in Close Proximity                            | 71 (91%)                          |
| Fine to Excellent Health                              | 55 (70%)                          |
| Willing to Pay for SASH <sup>a</sup>                  | 48 (70%)                          |
| Support in proximity & interest in SASH <sup>b*</sup> | 36 (54%)                          |
| No proximate support & interest in SASH <sup>c*</sup> | 3 (43%)                           |
| Expect Future Challenges <sup>d</sup>                 | 29 (41%)                          |
| Attended Workshops                                    | 33 (42%)                          |
| Interest in Workshops <sup>e</sup>                    | 30 (41%)                          |
| Need Help Managing Medicine <sup>f</sup>              | 5 (6%)                            |
| Adequate post-hospital care <sup>g</sup>              | 60 (80%)                          |
| Need help with meal preparation                       | 6 (8%)                            |
| Need help with shopping                               | 9 (12%)                           |
| Adequate Exercise options                             | 70 (92%)                          |

a: n=69; b: n=67; c: n=7; d: n=70; e: n=74; f: n=77; g: n=75  
 \*Chi-Square Tests Done: Proximity of Support and Interest in SASH had no association ( $\chi^2 = 0.3$ , DF = 1, p > 0.5); Age and Interest in SASH had no association ( $\chi^2 = 4.61$ , DF = 7, p > 0.7)

### Highlights from Community Provider Interviews

| Agency   | Role with Agency | Comments Regarding Seniors' Needs   |
|--|------------------|---|
| CVAA (Champlain Valley Agency on Aging)              | Case Manager     | <ul style="list-style-type: none"> <li>• It's a challenge for seniors to learn about the various services;</li> <li>• overall big barriers: transportation, housework, medication management</li> </ul>   |
| PACE (Program for All-Inclusive Care of the Elderly) | In-take Nurse    | <ul style="list-style-type: none"> <li>• seniors don't like to be singled out from their neighbors in receiving services</li> <li>• she feels many of them "just give up" and accept how things are</li> </ul>  |
| Heineberg Senior Center                              | Center Director  | <ul style="list-style-type: none"> <li>• transportation concerns</li> <li>• not knowing what services are available</li> <li>• even if they afford a house they can't afford to <i>keep up</i> their house</li> <li>• lack of access to good nutrition</li> <li>• the shift for people to participate in their own health care is confusing to many seniors</li> </ul>                                    |
| Appletree Bay Medical Center                         | Physician        | <ul style="list-style-type: none"> <li>• many seniors need a case manager for efficiency/thorough evaluations of needs and the use of multi-disciplinary care</li> <li>• it's important to work with existing service providers/organizations</li> <li>• the largest obstacle is COST</li> <li>• family members should take on a more active role to help offset the need for outside services</li> </ul> |

## Discussion

Many NORC and Village models throughout the nation have been successful in creating senior-centered communities. It is important to note that these communities are not solely designed for seniors who require a lot of help in order to remain in their homes—they also provide "concierge" services (grocery shopping, transportation, yard-work, etc.) to those seniors who are more independent. According to current literature, many seniors emphasize that access to reliable, consistent resources for home maintenance is paramount to their ability to continue to live in their own homes. Our survey results confer a similar interest in these "concierge" services over more intensive health-related services.

Similar to the community providers' perspectives, our survey results indicate that some seniors (but not all) anticipate future challenges. Also, most seniors (70%) reported their health as "fine to excellent". To what degree this % represents the *actual* health status of the seniors is unclear. Research has shown that many older adults perceive their needs to be less than what they really are. If overall the surveyed group views itself as relatively healthy, it may be more difficult for them to anticipate future needs and appreciate how a community based SASH program could truly benefit them. This was substantiated by responses such as "[this is] not necessary at this time" or "[I am] not old enough yet."

### Study Limitations

- The survey did not clearly capture seniors' *projected* concerns due to the wording of the questions
- Our analysis lacked seniors most isolated from the community
- The method of survey distribution was not consistent among all sites
- Time constraints limited the number of community members that we could contact

### CONCLUSION

Our survey data and interviews support the establishment of a community based SASH program for seniors in the New North End. Among those interested are seniors of a wide range of age, health status, and social support. Allowing this population to safely and happily age in their own homes will require coordinated effort among a variety of organizations.

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