



# Rural Health Scholars:

## Martha’s Vineyard Healthy Aging Initiative

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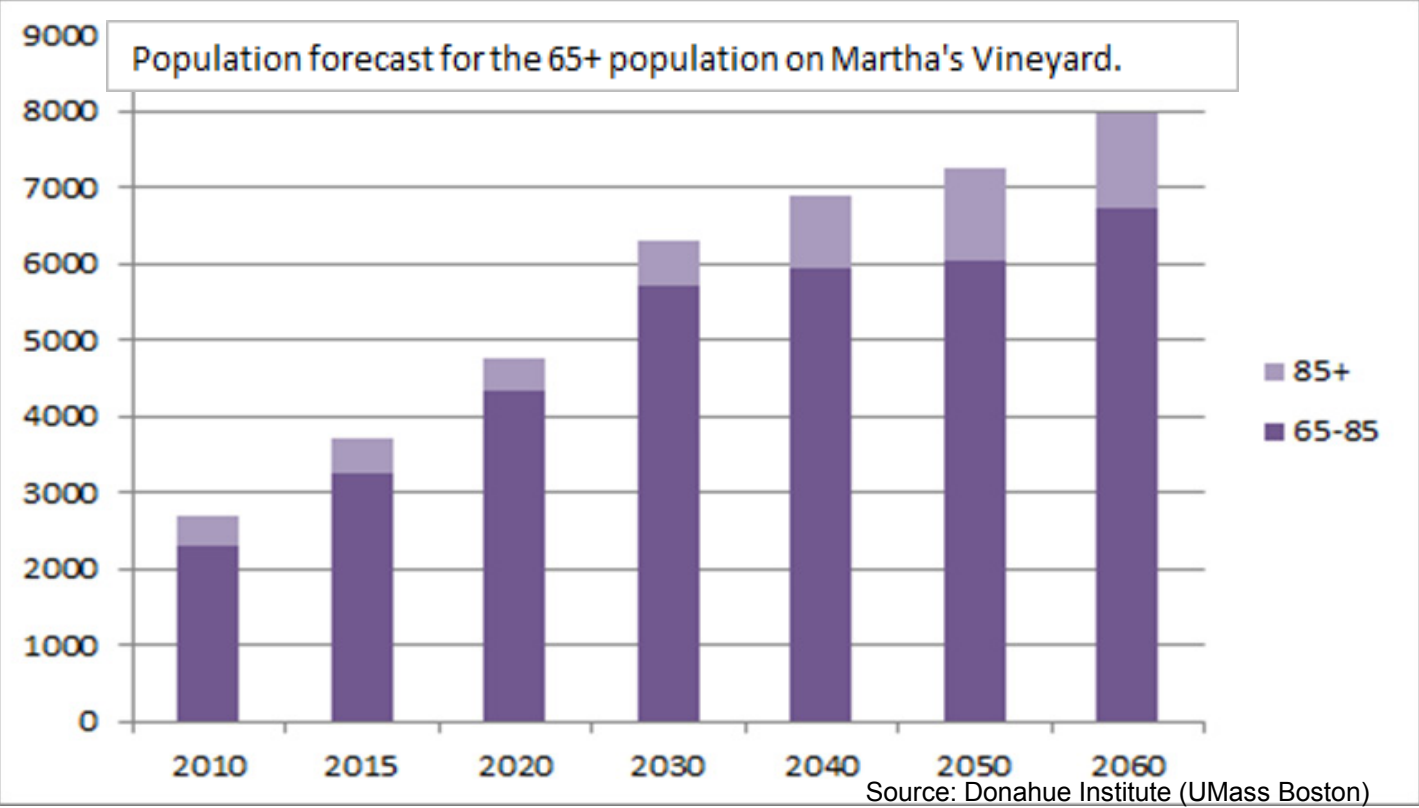
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### Population of Focus

- Year-round Martha’s Vineyard (MV) residents 65+; this group currently comprises 16% of the island population
- Draft projections predict that 32% of island population will be 65+ by 2030
- 85+ or older will increase dramatically around 2030
- Wampanoag Tribe members, Brazilian immigrants, and the African-American community make up large portion of year-round population



### Service Project Summary

- Goals:**
- Explore issues facing elderly populations on MV
  - Create recommendations for the Dukes County Health Council and other island organizations to promote healthy aging
- Progress:**
- Interviewed healthy aging stakeholders across the island
  - Assessed collaboration, coordination and accessibility of existing services; searched for gaps in services
- Outcome:**
- Presented recommendations on senior transportation, housing, medical care, and community support
  - Recommendations will be reviewed on November 8<sup>th</sup> by the Healthy Aging Task Force
  - Island media coverage in both papers, online

### Interprofessional Network

- Conducted 30+ interviews planned by the Martha’s Vineyard Donors Collaborative, including:
  - business owners
  - physicians, nurses, case managers, and healthcare administrators
  - social workers
  - housing and transportation experts
  - politicians and tribal elders
  - Community volunteers
  - seniors
  - Shadowed in rural health clinic (Island Health Care)
- Investigated how different organizations interacted with one another and the community

### Discussion

#### Current Service Gaps

##### Medical Services

###### Primary Care Shortage

- Long wait (months) to see primary care providers; ED used instead

###### Non-Hospital Clinics

- Several exist, but not well-advertised or well-known

###### Language barriers & Cultural Competency

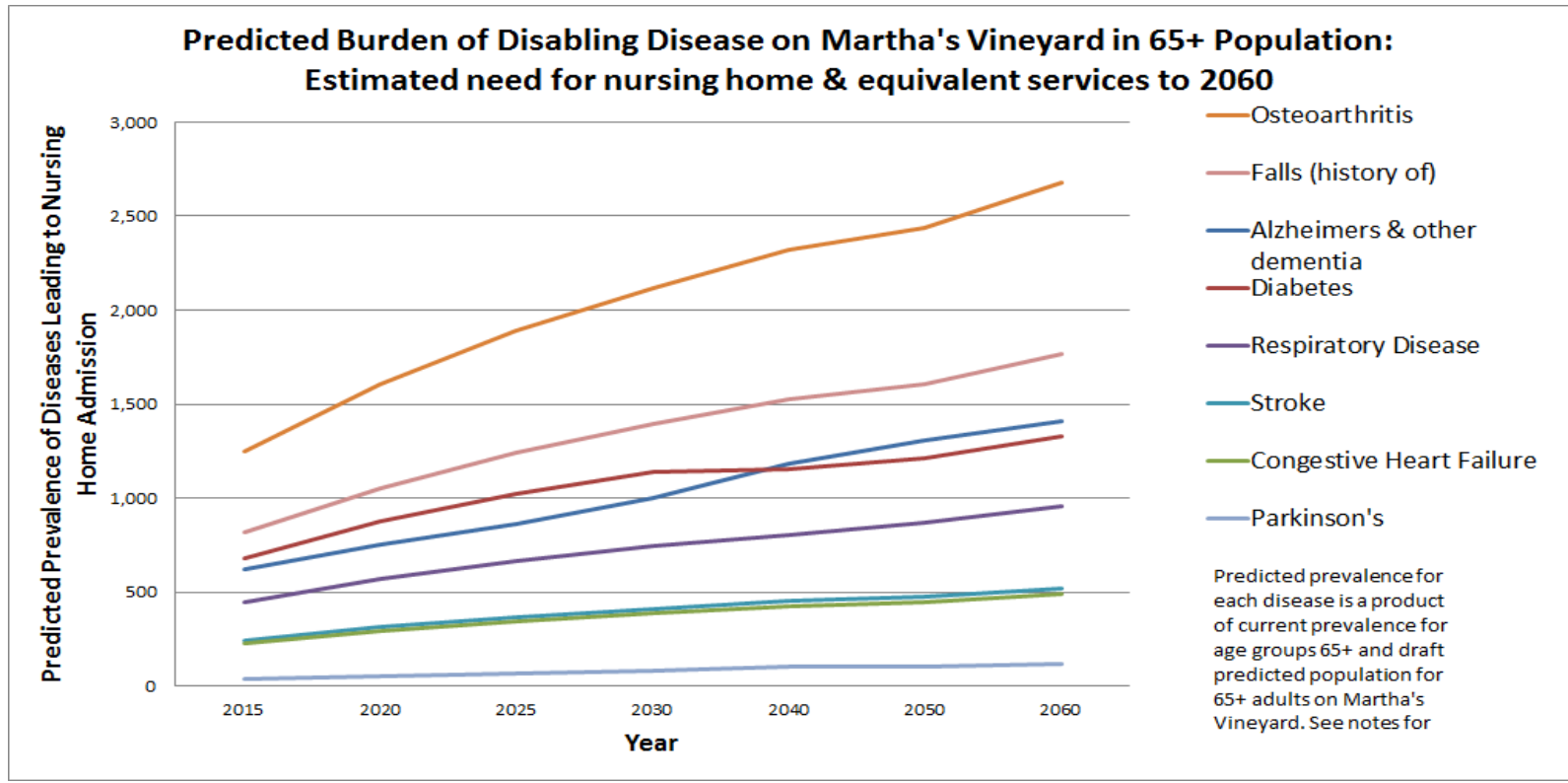
- No in-person interpreter services

###### Dental Care

- Only one provider accepts MassHealth, many are cash only; few handicapped-accessible clinics

###### Maintain CORE program

- Provides much-needed mental health services



#### Housing

- Affordable housing on MV is lacking
- Seniors want to stay in homes, but many homes are too large or poorly designed for disability
- Current zoning blocks multiunit housing
- Waitlists for affordable housing for seniors
- Current skilled nursing facilities are unaffordable for some
- Nursing home models are often viewed as undesirable

#### Transportation

- **Current Options for Travel On-island:**
  - Public buses and ‘Lift’ paratransit
  - Private membership personal transportation services
  - Affordable housing facility: door-to-door transportation Service gaps remain for those seniors unable to access bus routes or who do not qualify for the ‘Lift’ van, as well as those who cannot pay for private membership
- **Current Options for Medical Travel Off-island:**
  - Medical Taxi: transportation to medical services on Cape Cod
  - Medivan: transit to and from Boston, only Tuesdays
  - Many seniors still find it difficult to schedule and attend off-island appointments, particularly veterans who need access to VA hospitals in Bedford, Providence

### Future Steps

#### Addressing Service Gaps

##### One-Stop Referral Service

**Vision:** Island-wide starting point for navigating services for seniors, caregivers, and providers

- Modern, usable, regularly updated website
- Single phone number to reach a human being
- Position must be paid, neutral
- Outreach & follow-up on referrals

**Local Model:** Vineyard HealthCare Access Program

**Ohio Model:** Council on Aging of Southwestern Ohio

##### Future Plans

- Immediate (1 year): One person full-time
- Near future (1-3 years): Case managers for detailed guidance

##### Potential Barriers: funding, buy-in

- Funding from all six towns



#### Additional Programs

##### Expand Supportive Day Program

- Provides social support for elders with dementia in safe, supervised setting; respite for caregivers
- Urgently needs a facility to provide safety, consistency, room for expansion to medical/social model

##### Create a Volunteer Stop-at-Home Program

- Provide one-hour stops at elders’ homes to check in, socialize; supported by existing island volunteer corps,

##### Rejuvenate Gatekeeper Program

- Trains community members to stay alert to changes in health and safety of elders in community
- With One-Stop, gives a number to call when there is concern about an elderly resident in unsafe/unhealthy situation.

##### Develop Single Mission for Island’s Councils on Aging

- Success will require unified mission among 4 Councils
- Coordination will improve efficiency, quality, and breadth

##### Recommendations Summary

###### Short Term (Urgent):

- Develop unified mission for Councils on Aging
- Establish Seniors’ One-Stop Referral Service
- Recruit geriatricians and mental health providers
- Expand dental care
- Fund CORE in-home counseling
- Find/build space for Supportive Day Program

###### Long-term :

- Develop language & cultural competency
- Improve housing options for seniors & workforce
- Build political environment to support growth of affordable housing
- Prepare for increased need for skilled nursing
- Explore clinician recruitment incentives
- Support independent living & family caretakers
- Establish Gatekeeper & Volunteer Stop-at-Home programs
- Expand transportation, especially off-island

### References

Unpublished data. Donahue Institute. UMass Boston. *MassCHIP*. (n.d.). Retrieved from <http://www.mass.gov/eohhs/researcher/community-health/masschip/>

### Acknowledgements

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