TOWN OF MANCHESTER

HUMAN SERVICES DEPARTMENT

2019

NEEDS ASSESSMENT FOR SENIORS AGE 60+

Live Your Best Life!

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Part I. Executive Summary

Research is telling us there will be a rapid rise of the population 65 years of age and over. As predicted, the impact of that rapid rise is already starting to be felt across the United States and is impacting human services, health care and the work force. In Connecticut as the population ages, the needs of that population will change, placing a demand on local communities to meet those needs. "Between 2010 and 2040, Connecticut's age 65 and older population is on pace to increase by 57%" with the average life expectancy determined to be 80.8 years (Connecticut State Plan on Aging, October 1, 2017 – September 30, 2020).

According to the 2018 CERC Town Profile, the diverse population of Manchester at the end of 2016 was 58,073 and is expected to grow to 62,697 by the year 2020. The age distribution during years 2011-2016 shows 14,401 residents between the ages of 45-64 or 24 % of the population and 8094 residents age 65+ or 14% of the population. Not only is the population distribution aging, but that population is living longer with an average life expectancy in Connecticut of 80.8 years. With the projected spike in the number of seniors age 60+, towns and cities need to start preparing now for future demands.

With that information in mind, along with staff observations of changing needs within the senior population of Manchester, the Human Services Department undertook a needs assessment for seniors age 60+. This report is the culmination of months of work by Human Services Department staff, our volunteer consultant, community partners and seniors. Many ideas were generated from the process and are reflected in the report. However, key recommendations and action steps have been synthesized from the information gathered and are presented in Part II.

The process began in September 2018 with an internal analysis completed by the Director of Human Services and Human Services Division Heads who became the Core Team for the needs assessment. They identified four general sectors that affect the lives of seniors. They began focus groups with community provider partners to discuss those sectors. Next, the Core Team and consultant conducted facilitated survey sessions with seniors in a variety of settings across Manchester. Then, the Core Team and consultant conducted focus groups with seniors based on the outcomes of the surveys. Those focus groups were completed in late May 2019. Thanks to the work of the Core Team, consultant, community providers and seniors of Manchester, we have produced this report.

The report is intended to be a tool for town departments to jump start the planning process to address the issues identified through this Needs Assessment for Seniors Age 60+. Town departments will also need partnerships with community agencies that have expertise in particular senior services. Together they can help seniors in Manchester age in place with a good quality of life and promote our vision for them – **Live Your Best Life!**

Part II. Recommendations and Action Steps

The Human Services Department approaches service delivery from a Results Based Accountability perspective. Our goal is to improve the quality of life for Manchester citizens. To do that, we must ensure the effectiveness of our programs and services so that citizens will be better off after having used them. We also need the expertise of community partners to provide programs and services we do not offer.

Many recommendations were made by community partners and developed from input of seniors during the senior needs assessment process. All recommendations are reflected in the final report. The recommendations we are making here are the ones we feel the town, and Human Services in particular, can implement or have influence in implementing. We expect that the implementation of these recommendations will address some of the issues and trends we are seeing now and expect to see in the coming years. Other recommendations from the report may be phased in over the coming years.

Recommendations
The recommendations promote outreach, education and engagement of seniors. And, our focus is on the top three areas of concern identified by participating seniors:

- Promote and facilitate **housing** that is appropriate, affordable, accessible, easy to maintain, convenient to transportation, stores and services.
- Create and promote (evidence-based) **activities and learning opportunities.**
- Address **mental health** issues such as stress, anxiety, depression and loneliness.

Housing – Action Steps

1) Seniors want to remain in their homes for as long as possible. It is less expensive for them to do so and their overall health is better when they do. With the current trend of home care for the elderly, (see Appendix Hartford Courant article by J. Kovner), the town should promote retrofitting senior homes to assist seniors aging in place. For example, working with Rebuilding Together, the town could use Community Development Block Grant (CDBG) funding for a pilot program to retrofit seniors' homes. And, the town could also set aside funding for a matching program for lower middle class seniors who need to retrofit their homes but don't qualify for a CDBG funded program.
2) Working with the Planning and Economic Development Department and the Housing Commission, encourage developers to include a percentage of affordable retrofitted senior units as part of any new multi-family housing sites in town.
3) Take cues from programs like AARP Roadmap to Livability and Sustainable CT to address senior housing needs.

Activities and Learning Opportunities – Action Steps

1) It's important for seniors for their overall physical and mental health to stay active, to learn new things and to socialize with others. The primary place to do this for many of Manchester's seniors is the Senior Center where evidence based programs are offered. The Senior Center

building is at capacity so few additional classes or activities can be added; a larger building is needed. There is potential at the existing site to add onto and reconfigure the center to accommodate more programming. But, a new and/or expanded Senior Center would require a capital investment from the town. Planning for this should begin as soon as possible. A feasibility study would provide needed information for planning purposes.

2) For many seniors who are not connected to the Senior Center, the name "senior" center has conjured up feelings that the Center is "for old people." We heard this during the needs assessment process and have heard it when serving seniors through Senior, Adult & Family Services. The name is outdated and does not reflect the seniors of today. The center name should be changed to reflect the vibrant individuals aged 60+ who use it.
3) Several years ago, Human Services Administration worked with the Downtown Special Services District and town GIS to create an "accessibility map". The map shows the locations of handicapped-accessible street crossings, parking areas and disabled friendly businesses. The information is beneficial not only for seniors but also for younger disabled individuals as well as family members who are trying to navigate the downtown area. The map should be updated, re-posted on the town's website and marketed through a variety of town media.
4) Human Services should work with other providers to expand offerings of workshops to various locations in town to educate people about "Live Your Best Life!" The target audiences should not just be seniors aged 60+, but those approaching their 60's as well as children of seniors. Some of the workshops recommended during the needs assessment were:

- Health Topics
- Insurance Coverage
- State Programs
- Town Programs
- Legal Issues
- Scam Prevention
- Financial Education
- Social Security

Mental Health – Action Steps

1. Hire a full-time outreach worker, skilled in geriatric mental health issues, who concentrates on working with seniors in the community and identifying those seniors who are not connected to the Senior Center or other community services.
2. Design and launch a pilot program with the hospital and NAMI to assist with those seniors with mental health issues who are transitioning from hospital to home.
3. Support community programs that connect seniors with friendly visitors, for example private non-profits and faith-based programs that focus on providing that service.

Related Issue: Communication – Action Steps

Communication with seniors about available programs and services was an issue that emerged during the needs assessment process. Some seniors said they were not aware of particular programs or services despite the amount of advertising we already conduct.

1) We need to expand our use of all town media to continuously get the information out to seniors and their families. It was clear from our senior surveys and focus groups that there is still a population of seniors who are not connected to social media and email. So, print materials are still useful in marketing to them. And, we should make more use of Channel 16 to promote our programs and services. Getting information out through religious organizations is another possible avenue of marketing.

Our collective goal for seniors is for them to be able to age in place with a good quality of life. The recommendations and action steps outlined in this report support that goal. And, programs and services provided by the town and community partners should be those that promote our vision for seniors which is - **Live your best life!**

Part III. Acknowledgements

The contributions of the following people, who provided their time and expertise throughout the needs assessment process and the production of this publication, are gratefully acknowledged:

***All Seniors 60+ who took the anonymous surveys and participated in the focus groups.**

Needs Assessment Core Team:
Chair - Mary Roche Cronin, M.A., J.D., Director of Human Services

Eileen Faust, Senior Center Director

Ed Paquette, Case Management Supervisor of Senior, Adult & Family Services

Jeffrey Catlett, Director of Health

Needs Assessment Provider Committees:

Basic Needs Committee – Ed Paquette, Chair

Shannon Baldassario	Director of Services	MACC Charities
Joshua Beaulieu	Battalion Chief	Manchester Fire, Rescue & EMS
Catherine Drouin	Clinic Nurse/Health Ed Coordinator	Manchester Health Department
Kitty Dudley	Social Worker	Manchester Senior, Adult & Family Services
Mary Ann Dunbar	Executive Director	A Caring Hand, LLC
Lynne Gustafson	Parish Nurse	Emanuel Lutheran Church
Margaret Haley	Social Worker	Manchester Senior, Adult & Family Services
Carol Holcomb	Team Leader	CT Community Care, Inc. (CCCI)
Kimberly Moreland	Social Worker	Crestfield Rehabilitation Center
Mary Ann Murray	Director: Resident Services	Manchester Housing Authority
Doreen Petrozza	Manager: Customer Service	Manchester Customer Service Department
Paul Scappaticci	Veteran's Counselor	Veterans of Foreign Wars (VFW)
Karen Stone	Grants Manager (NCAAA)	North Central Area Agency on Aging
Paul Sullivan	Volunteer	St. Vincent de Paul Society (St. James)

Health Committee – Jeffrey Catlett and Donna Powell, Co-Chairs

*Special acknowledgment to Donna Powell for her volunteer work with surveys, focus groups and reports.

*Donna Powell	Founder, Consultant	YCommunic8, LLC
David Skoczulek	Vice President	iCare Health Network
Kathy McGuire	Recreation Supervisor	Town of Manchester (TOM)
Jonathan Hauslaib	Director of Clinical Services	Journey Found
Barbara Womer	Community Health Educator	NCAAA
Melissa Osborne	Paramedic and Education Supervisor	Ambulance Service of Manchester
Joshua Beaulieu	Battalion Chief	Manchester Fire-Rescue-EMS
Mary Pelletier	VNA Director	Prospect ECHN
Mary Roche Cronin	Director of Human Services	Town of Manchester TOM)
Patti LaForest	Administrative Secretary	Health Department (TOM)
Cathy Drouin	Clinic Nurse	Health Department (TOM)
Kathleen Polhemus	Community Health Nurse	Health Department (TOM)

Mental Health Committee – Mary Roche Cronin, Chair

Joshua Beaulieu	Battalion Chief	Manchester Fire-Rescue-EMS
Mary Chahoud	RN	VNHSC
Lee Dittman	Social Worker	Senior, Adult & Family Services (SAFS)
Eileen Faust	Senior Center Director	Town of Manchester
Karen Fedorchak	Community Member	NAMI Manchester
Karen Hanley	Mobile Crisis Response Team	CHR
Jonathan Hauslaib	Director of Clinical Services	Journey Found
Saby Karuppiah, MD	Medical Doctor	Prospect ECHN
Tracy Newport	Administrator	Touchpoints at Manchester
Ed Roberts	Executive Director	Coordinated Regional Care Prospect ECHN
Mary Keenan		Prospect ECHN Ambulatory Behavioral Health

Financial Security Committee – Eileen Faust, Chair

Melissa Rankin	Senior Center Recreation Supervisor	Senior Center (TOM)
Joseph Camposeo	Town Clerk	Town of Manchester
Molly Devanney	Executive Director	Rebuilding Together
Kitty Dudley	Social Worker, assigned to Senior Center	SAFS (TOM)
Vincy Midozi	Assistant Assessor	Town of Manchester
Tom Robinson	Attorney	Falkenstein, Meggers, Paul & Robinson, PC
Caesar Rossitto	Financial Advisor	Ameriprise Finanacial
Carrie Stewart	Regional Manager	American Eagle Credit Union
Kathy Ruane	Independent Insurance Agent	

Part IV. Who We Are

The Town of Manchester, Connecticut

The Town of Manchester is an independent full-service town. The Town is a political subdivision of the State of Connecticut and is autonomous from a county, town or other political subdivision of the State of Connecticut. The Town was incorporated in 1823 and in 1947 adopted a Council-Manager form of Government. The legislative function is performed by the nine-member Board of Directors, which is elected biennially. The BOD formulates policies for the administration of the Town. The General Manager is appointed by the BOD to serve as the Town's Chief Executive Officer with appointive and removal authority over department directors and other employees of the Town. The General Manager is responsible for the implementation of policies established by the BOD. An elected nine member Board of Education appoints a Superintendent of Schools.

The Town is located in central Connecticut and is approximately 10 miles east of the City of Hartford, the State capital. The Town is bordered by the towns of East Hartford, South Windsor, Vernon, Bolton and Glastonbury. It is approximately 85 miles southwest of Boston and 115 miles northeast of New York City. The Town encompasses 27.2 square miles and has a population of approximately 58,241 (2010 census).

The Town provides a comprehensive range of municipal services including education, human services, public safety (including full-time paid fire and emergency medical rescue services), public works, recreation, library, landfill, water and sewer, cultural and historic activities, transportation, environmental and planning.

The Human Services Department of the town is undertaking this needs assessment with the assistance of community partners and resident seniors aged 60+. The results represent a snapshot of what the professionals see as the needs of seniors age 60+ and what the seniors age 60= see as important to them at this time.

Department Description

Manchester Human Services is a department of the Town of Manchester. It is comprised of four divisions: Administration, Health, Senior Center and Senior, Adult & Family Services. All divisions provide an array of programs and services.

<u>Administration</u>

Human Services Administration provides oversight of the department budget, over-all program planning and development as well as coordination and administration of health and human services programs in the Town of Manchester. Administrative oversight is provided for the Health Department, Senior Center and Senior, Adult & Family Services. Human Services Administration leads in planning and program initiatives that assess and impact the human service needs of the community and secures grants and other resources to implement new programs. It provides contract oversight for community agencies

receiving Town funds as well as contract oversight for some grant programs funded by both the state and federal government. Additionally, Human Services Administration represents the Town on community, regional and statewide human services planning and advisory groups. The Administration office is located in the Weiss Center at 479 Main Street.

Health

The Manchester Health Department addresses the health needs of Manchester residents and ensures that they have access to the preventative services required to remain healthy. It provides a wide range of information and services such as senior health screening clinics, public health education programs and environmental health inspections. The Health Department office is located in the Weiss Center at 479 Main Street.

Senior Center

The Manchester Senior Center promotes socialization, community involvement, independence and enrichment of the lives of older adults in Manchester. The center offers a comprehensive array of activities and services to meet the needs and interests of Manchester seniors, encourages healthy lifestyles and supports lifelong learning. A weekly lunch program is also provided. The facility is located at 549 Middle Turnpike East.

Senior, Adult & Family Services

Senior, Adult & Family Services (SAFS) works to improve the quality of life of Manchester residents and supports their independence by offering, information, referral, outreach, advocacy, assessment of needs and individual consultation on human services benefits and programs. SAFS is located in the Weiss Center at 479 Main Street.

Mission of the Town of Manchester Human Services Department

The Mission of the Manchester Human Services Department is to create a safe, healthy, thriving environment and, to enhance the quality of life for the Manchester community.

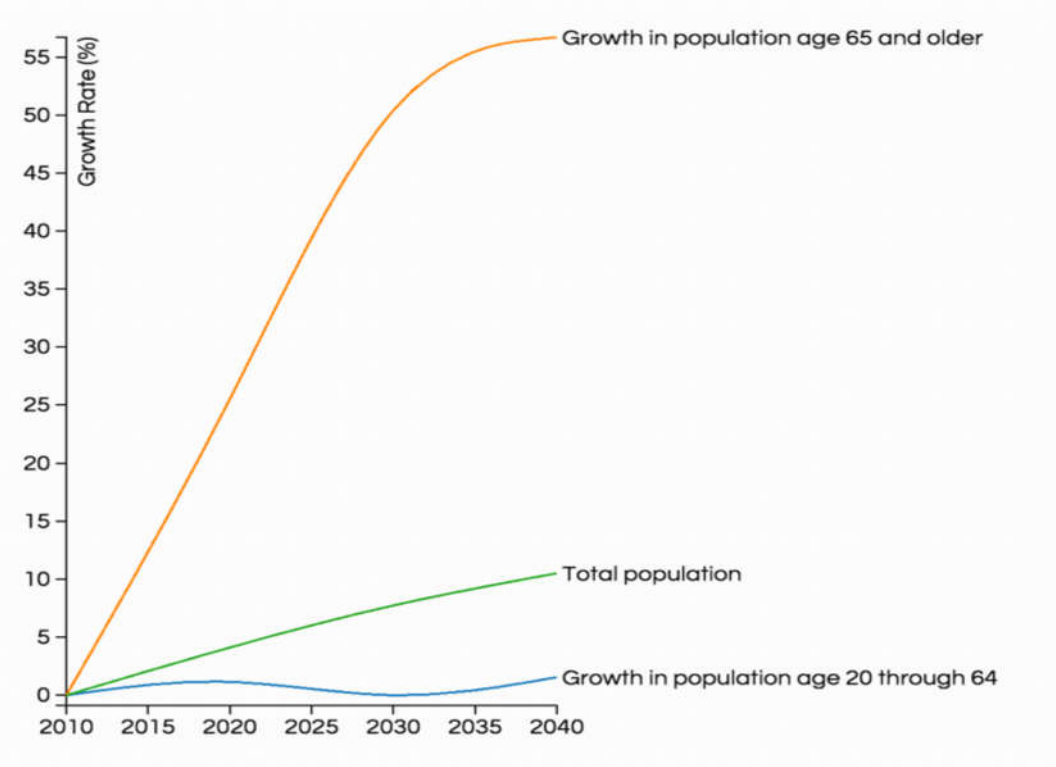
How We Accomplish Our Mission

We accomplish our mission through advocacy, education, protection of the public health, planning, communication, coordination and collaboration with community providers, evaluation, and direct services for residents of all ages.

Part V. Why Conduct a Needs Assessment for Seniors Age 60+?

What the Data Says

State-wide
Research is telling us that there will be a rapid rise of the aging population 65 years of age and over. As predicted, the impact of that rapid rise is already starting to be felt across the United States and is impacting human services, health care and the work force. As the population in Connecticut ages, the needs of that population will change, placing a demand on local communities to meet those needs. "Between 2010 and 2040, Connecticut's age 65 and older population is on pace to increase by 57%" with the average life expectancy determined to be 80.8 years (Connecticut State Plan on Aging, October 1, 2017 – September 30, 2020).



Reference: Study of Funding and Support for Home and Community-Based Care for Older Adults and Persons with Alzheimer's disease, January 1, 2015, Connecticut Legislative Commission on Aging

Manchester Profile
According to the 2018 CERC Town Profile, the diverse population of Manchester at the end of 2016 was at 58,073 and is expected to grow to 62,697 by the year 2020. The age distribution during years 2011-2016 shows 14,401 residents between the ages of 45-64 or 24 % of the population and 8094 residents age 65+ or 14% of the population.

Not only is the population distribution aging, but that population is living longer with an average life expectancy in Connecticut of 80.8 years. But, there are significant disparities in life expectancy between genders and racial and ethnic groups. Life expectancy is 89.1 years for Asian Americans; 82.1 years for Latinos, 81 years for whites and 77.8 years for African Americans (Connecticut Data Collaborative, Connecticut's Legislative Commission on Aging).

According to the 2018 CERC Town Profile (2012-2016) the race/ethnicity of Manchester residents is as follows:

White Alone, Non-Hispanic	33,431
Black Alone, Non-Hispanic	8,446
Hispanic (Any Race)	8,207
Asian	6,337
Other/Multi-Race	5,361
Native American	283

Data Points from Town Departments

Human Services

The Manchester Human Services Department staff members in all three divisions have observed changes in the number of seniors they serve and the types of issues faced by those seniors.

Senior, Adult & Family Services has seen an increase in the number of seniors served in several key areas:

- Year 2018 SAFS Senior/Disabled Transportation program – 71% of riders are over age 60.
- 2013-present, Hoarding cases SAFS has worked with – 65% are over age 60.
- 2017–present, Homeless cases SAFS has worked with – 40% are over age 50 (5% over age 60).
- 2018 Referrals from Manchester Fire Rescue EMS (MFRE) – 87% are aged 60 and over.

The Senior Center provides a variety of programs and services to seniors aged 60+. Some of the data collected from the center is as follows:

- FY 2018/19 the Senior Center had 1328 registered members.
- The Senior Center serves an average of 50 meals per day in the lunch program. Some seniors report that is their main meal each week day and some take home leftovers.
- 4719 seniors (duplicated number) used Senior Center transportation to get to and from the Senior Center for lunch and activities and/or to go grocery shopping and shopping for other goods because they no longer drive.

The Health Department provides programs for seniors each year, many of them at the Senior Center. The Heath Department Geriatric Clinic nurse is assigned to the center. Some of the data collected for FY 2018/19 is as follows:

- 27 workshops or programs with multiple sessions provided at the Senior Center on a variety of health topics.
- 357 assessments for seniors to determine if a referral to a medical provider is warranted.
- As a result of those assessments, 209 referrals were made to a medical provider's care.

Manchester Fire Rescue EMS (MFRE)
Of the number of referrals made by MFRE to SAFS, 87% are over age 60. Many of these individuals are so called "frequent flyers" that use MFRE services for non-emergency situations like lift assists (assisting those who fall and are unable to get up themselves) and mental health issues. They are also the individuals who are most likely not to have a primary care provider and who use the emergency departments of the hospitals for primary care. The benefit of MFRE making referrals to SAFS is that by plugging in social services, there may be opportunities to connect the individual with more appropriate medical services.

Data Points from Community Agencies

- Manchester Area Conference of Churches (MACC) Charities serves over 120 seniors per quarter in their food pantry.
- Manchester Housing Authority (MHA) maintains 434 total units - state and federal properties.
- 392 seniors age 62+ reside in MHA units; 37 of those seniors are considered "frail".
- FY 2018/19 the Resident Services Coordinator at MHA assisted 1119 unduplicated residents with a variety of issues; seniors 60+asked for the most assistance.
- Visiting Nurse and Health Services serve an average of 80 Manchester residents per month through town funding providing the majority with home care services. Those seniors either do not qualify for other programs or are on a waiting list to pay for those services.

With the projected spike in the number of seniors age 60+, towns and cities need to start preparing now for future demands. The Manchester Human Services Department has completed this needs assessment for seniors age 60+ to jumpstart the planning process. With input from senior-serving professionals and from seniors age 60+, we have identified current trends, projected future needs and have made recommendations to address those needs.

Part VI. Methodology and Respondent Demographics

How We Started

Human Services Department staff members who work with seniors on a daily basis have been observing trends within the 60+ population. Their colleagues in outside agencies have been echoing those observations. And, data on the local, state and national levels are supporting the validity of those observations. In discussing these trends, the HS Director and Division Heads determined that a proactive approach needed to be taken in order to identify issues and plan for future needs of seniors 60+. It was decided that a needs assessment would be a valuable tool in doing so. The needs assessment process would require gathering specific input both from professionals working with seniors and from seniors themselves.

The Human Services Department Director and three Division Heads became the Core Team for the needs assessment process. The Core team first agreed to identify "seniors" as those 60+ because that is the age for membership at the Manchester Senior Center. The Senior Center would become a prime source of data from the members. The Team felt that it was important to collect data from the younger seniors so as to have time to prepare for their particular needs after age 65. Of note is the fact that data collected on a statewide and federal basis is generally collected on seniors age 65+.

Four Sectors

The Core Team then identified four sectors that impact senior needs:

Basic needs – considering such things as: food, clothing, shelter /housing, personal safety. (SAFS data, Health Department data, Senior Center data on lunch program, MACC data from food pantry and community kitchen, housing info from Planning, rental costs, DSS data on use of food stamps, # of elder abuse cases in Manchester and the state, MHA housing data, boarding houses, sober houses, illegal housing situations, group homes housing elderly, appropriate housing with necessary modifications).

Health Prevention and Wellness – considering such things as : DSS data on Medicaid, hospital data on prevalent illnesses (Community Health Needs Assessment data), town programs/services – SAFS, Health, Senior Center, Library, LFR programs, Fire/EMT/Paramedic services and data, number of nursing homes, hospital, skilled nursing facilities, clinics, CHR data, MARC data, other non-profit data, addictions, hoarding, nutrition, chronic disease management.

Mental Health – considering such things as: emerging issues for these seniors as they age such as dementia, depression, anxiety, substance abuse disorders and reluctance to access treatment or lack of diagnosis of substance abuse disorder.

Financial Security – considering such things as: income levels, Social Security data, number of seniors working, town programs to subsidize or assist seniors, are they reaching who they should? Are the program criteria too restrictive? E.g. tax programs through Assessor's office, tax credit programs for

veterans and disabled citizens, Rebuilding Together and CDBG funded housing rehabilitation program through the Planning Department. And, also consider the significance of VITA and AARP tax preparation programs, fraud and scam awareness initiatives and SAFS and Senior Center data.

Once those sectors were identified, working committees were established to conduct an analysis of each sector. And, Core Team members were assigned as chairs for each committee. Core Team members began identifying community providers with expertise in each sector and then invited them to join the working committees.

Committee Process

Committee meetings began at the Senior Center in the fall of 2018. We were assisted by numerous community professionals (see Acknowledgements) who willingly gave of their time to meet and discuss issues within committee meetings. They acknowledged the importance of conducting this study because of the increase in demands for service that is already being seen and the anticipated demand that is expected to increase.

Ten to twelve community providers with a broad range of professional experience were invited to join each sector committee. We asked the providers to identify a member willing to co-chair their committees with Core Team Chairs however, only one committee, the Health Committee, had a volunteer, Donna Powell, willing to take on that role. The committees met several times and conducted a SWOC Analysis (Strengths, Weaknesses, Opportunities, Challenges). In the analysis they identified existing programs and services for the appropriate sectors and components above, identified trends and gaps in those programs and services, analyzed the information and made recommendations for improvements. It was clear that members of the committees shared many of the same issues and concerns. They also see the bigger picture in terms of senior needs. The results of the committee work can be found in Part VII. of this report.

Qualitative Research

With the help of our volunteer Donna Powell, Co-Chair of the Health Committee, who has extensive professional experience in consumer marketing, two qualitative research approaches were developed. First was an anonymous survey based upon the four sectors to determine what seniors felt was important to them. Second was the use of focus groups. A series of focus groups was held to obtain senior input on the survey results.

<u>Seniors 60+ Surveys</u>

The survey asked questions related to the four sectors: Health, Mental Health, Financial Security and Basic Needs. The survey was easy to read and to complete and used colorful icons for each sector. Core Team members and Ms. Powell constituted the survey team. The survey team held numerous sessions with seniors from December 2018 through April 2019. Sessions were held at various senior sites throughout Manchester. Some surveys were distributed to seniors who were unable to attend a structured session. A cross-section of seniors completed 123 in-person surveys from a variety of locations:

- Manchester Senior Center

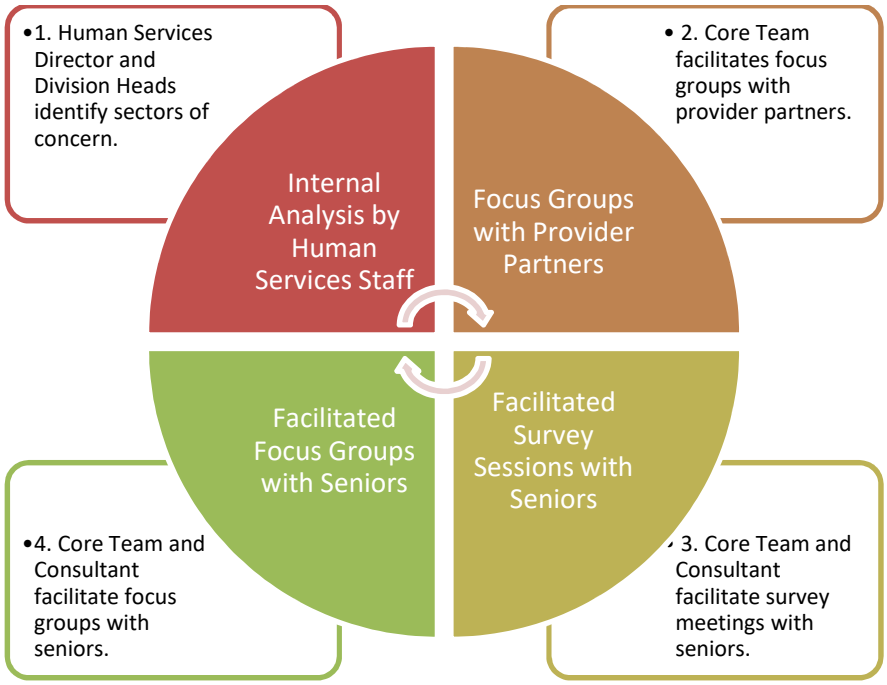
- Manchester Housing Authority – Bluefield Drive and Ada Lane
- Bennet Housing
- Krause Gardens
- Army Navy Club
- Squire Village

Overall, the seniors who participated in the survey sessions were very willing to talk about their experiences and their needs. They also asked questions about programs and services and gave us good feedback about issues with the programs and/or services they already use. Some seniors were not as knowledgeable about existing programs or services as others so the discussions were useful for sharing information as well as for completing surveys.

The surveys were designed by Donna Powell with input from the Core Team. The surveys asked seniors to choose their top three issues from the ones listed and the results were totaled as a means of ranking them in order of importance. The results of the surveys are discussed in Part VIII. Some seniors who were unable to participate during the in-person discussions mailed in their completed surveys.

<u>Seniors 60+ Focus Group(s)</u>
Four (4) focus groups were held at the Senior Center from May 21 to May 23, 2019. Some of the participants in the focus groups had participated by taking the surveys and expressed an interest in giving further input. Other participants were new to the needs assessment initiative. The framework for the focus group discussions was developed using the survey results. Those results were presented to the focus groups and the discussion centered on ideas to address the issues identified in the surveys.

Needs Assessment Process



Part VII. Process Results – Committees

What Committee Members Said

The professionals who gave so generously of their time and expertise to the needs assessment committee work brought a broad range of experience to the table. During discussions, it was clear that committee members shared many of the same concerns. They took a broader view of senior needs than the seniors themselves. Their view was from a systems perspective and how improvements in the systems could ultimately improve the lives of seniors. Details from the SWOC analysis can be found in the appendix of this report.

SWOC Analysis Results

Basic Needs Committee –

This committee identified the top five basic needs they see in the Manchester senior community and ranked them from most critical to least critical:

1 – Housing (affordable, accessible/easy upkeep and conveniently located to stores, healthcare, transportation and other services)
2 – Homecare Services
3 – Medical Care and Coverage (accessible, affordable, quality care)
4 – Financial Needs of Seniors
5 – Social Isolation

Health, Prevention and Wellness Committee –

Committee members agreed that seniors must be engaged to stay healthy. They identified seven areas of concern (areas are not ranked):

- Shortages of Appropriate Senior Housing
- Outreach Issues
- Communication Issues
- Systems Issues
- Individual Behaviors of Seniors
- Funding Needs
- Cultural Diversity Considerations

Mental Health Committee –

Committee members started by agreeing upon the definition of “mental health” as that used by the American Psychiatric Association (APA). The APA describes mental health as involving effective functioning in daily life which results in productivity in all areas, healthy relationships and the ability to adapt to change and cope with adversity. As might be expected, the committee members saw many of the same things occurring with seniors in the community. Primary concern focuses on the stigma that still exists for individuals who have mental illness. This becomes a barrier to accessing programs and services for fear of that stigma.

The Committee identified the following areas of concern regarding seniors with mental health needs (not ranked):

- Mental Health Systems Challenges
- Insurance/Benefits Shortfalls
- Shortages in Appropriate Housing
- Individual Responsibility Issues
- Family Caregiver Situations
- Inadequate Amount of Community Education
- Insufficient Resources
- Changing Age Related Needs

Financial Security Committee –
Committee members identified five key areas of concern (not ranked):

- Medical Expenses for those seniors who do not have insurance. These are the seniors who are not 65+ and eligible for Medicare or Medicaid.
- Lack of supplemental insurance.
- The need for employers to better educate seniors about retirement, e.g. exit counseling.
- Funeral expenses and all final expenses.
- The continuing challenge of how to get information to people who don't use our services already.

Part VIII. Process Results - Seniors

What Seniors Said

Survey Methodology At-a-Glance	• 123 in-person surveys conducted primarily from December 2018 through April 2019 • *"Tell us your Top 3 priorities for ways town can help"* • 93 females and 30 males participated (approx. 75%/25%) • Manchester residents age 60+ • 17 sessions at various locations • Actual number of "Top 3" responses totaled 399 due to some seniors selecting four rather than three answers

Prepared by Donna Powell, Consultant

Table 1

Rank	"Ways the town can help"	Chosen by respondents as a "Top 3" priority
1	Housing – *3 issues combined*	86
2	Different group activities for fun and exercise	74
3	Care for my emotional health – *4 issues combined*	54
4	Opportunities to learn new things	51
5	Information on existing programs and events	47
6	Care for my physical health	45
7	Budget and other money matters	32
8	Something else	10

Prepared by Donna Powell, Consultant

Results from Senior Focus Groups

Focus Group Methodology At-a-Glance	• 4 focus groups held at the Senior Center on May 21 and May 23, 2019 • "Top 3" outcomes of surveys were incorporated into facilitator's guide, along with related topics • 32 participants • Manchester residents age 60+ • 69% female, 31% male; 81% Caucasian, 13% African American, 6% Asian

Prepared by Donna Powell, Consultant

Four focus groups were held at the Senior Center from May 21 to May 23, 2019. Some of the participants in the focus groups had taken the surveys and expressed an interest in giving further input. Other participants were new to the needs assessment initiative. The framework for the focus group discussions was developed using the survey results. Those results were presented to the focus groups. And, the focus groups discussed ideas to address the issues identified in the surveys.

The majority of the focus group participants agreed with the Top 3 priorities other seniors had identified in the surveys (see Priorities below). Those priorities are the basis for our recommendations.

The other input collected by Donna Powell is as follows:

Priority #1. Housing that is affordable and convenient for seniors *was deemed to be in critically short supply, and many participants expressed concerns there are waiting lists at certain locations and closed waiting lists at others (no longer taking new names). As people age and the town's 60+ population grows, some said the tight supply of suitable housing will make it difficult to remain in Manchester. Financial worries are common for seniors "in the middle" – i.e., those who are ineligible for assistance programs because of higher income but unable to afford housing/services on their own. Physical accessibility and the absence of stairs are also major factors, with most seniors preferring or requiring single-floor dwellings. Participants are hopeful that town officials can begin working on ways to improve the housing situation for the future.*

Verbatim comments from senior focus groups regarding housing:

- *"I want to stay in Manchester – I have been on the waiting list for housing for two years."*
- *"Senior housing is full and the waiting list is closed."*
- *"I can't get on the waiting list."*
- *"I might want a one-floor home. I am looking at small houses – the housing payment might be cheaper than rent."*
- *"I don't know if every place is income based; some have no waiting list."*
- *"I am in the middle, in between low and high income. I can't afford the Arbors."*
- *"Senior Adult & Family Services does provide a housing list if asked."*
- *"I used to live in East Hartford but I have lived with family in Manchester since 2016. I'm lucky there are Dunkin Donuts and doctors around the corner."*
- *"Hartford has started programs for affordable assisted living, for example Smith Towers."*
- *"Housing should be able to accommodate limitations."*
- *"Lots of people move out of town because they can't do stairs – they shouldn't have to leave town."*
- *"There are "aging in place" initiatives in Greenwich and Danbury, [as examples of] towns now working to make housing more accessible."*
- *"I can't change my curtains and there is no help available."*
- *"A key part would be to arrange handyman services and help with things like transportation and healthcare."*
- *"Seniors want to be givers, not just takers."*

- *"It seems like they're not building anything [affordable or for seniors] anymore."*
- *"Older homes are more difficult to take care of and taxes are very steep … I can't afford it. I may need to look for alternative housing because we are on a fixed income. I don't want to leave Manchester. I would like to live as nicely as we have lived."*
- *"It is difficult to get minority elders to move into Manchester. It is either unaffordable or affordable in not a nice part of town. What can we do if people believe it is not a nice place to come to?"*
- *"A big concern is that an illness may make you unable to do your lawn work, rake leaves or shovel snow and the cost is high to have someone do it for you. There is a small list of workmen available from SAFS."*
- *"I know there are tax programs for homeowners and programs at the Senior Center to explain tax abatement programs."*
- *"Middle income seniors are in a tough spot. There is nothing in-between programs that assist lower income seniors and those who can afford what they need. Assisted Living is $7k per month. I think we should create Medicare Part E that helps seniors' in the middle' stay in their homes."*
- *"Downsizing is a big process.*
- *"… middle income seniors are being squeezed and have the fewest housing options."*
- *"Property tax credits have not kept up with tax increases."*
- *"Social Security COLAs are more than offset by tax increases."*
- *"I would like to find a senior apartment situation – handicapped-friendly, convenient and affordable. The suddenness of change is overpowering."*
- *"I would like a one level apartment."*
- *"We had a house that we couldn't get in to. We got a ramp from Rebuilding Together because our neighbor was no longer using it. Some people from our church carried it down the street to our house."*

Priority #2. Activities and learning opportunities *are greatly valued by these participants. Many praised the efforts of the town as a whole and specific staff to offer programs that benefit seniors both physically and socially. The Senior Center, Community Y, Recreation Department and Libraries all have loyal followings. People are generally very pleased with the quality, quantity, variety and affordability of available programs. The only shortfalls appear to be limited transportation options (e.g., no bus service after 4:00 p.m. weekdays) and no weekend hours for the Senior Center.*

Verbatim comments from senior focus groups regarding activities and learning opportunities -

- *"Yes I rely on the exercise programs. I come every week and I have come a long way." (Physical health)*
- *"I have seen it help [when people attend] Bingo, Men's Group, Wii Bowling.*
- *"I love the $10 rec pass for the Y. In good weather I walk outside but I walk on the treadmill when the weather is bad."*
- *"We need more brain activities; don't just focus on fun and fitness. Bring in cultural, history events."*

- *"Space is an issue at the Senior Center."*
- *"I would like to see younger people interested as well."*
- *"It would be nice to have a centralized directory and calendar that includes Senior Center,*
- *MCC, Recreation Department, Library, etc."*
- *"I love the activities – the town does a lot."*
- *"Too many news sources, too many calendars. The Senior Center newsletter is not easily navigable. One Manchester calendar would be great." (Unaware of town calendar link at the bottom of Manchester Matters)*
- *"Channel 16 needs programming geared towards seniors and information about senior activities because neighbors don't talk."*
- *"Senior Center is not open at night and on the weekends, especially long weekends."*
- *"The town has beautiful parks."*
- *"I would like to see more trees. More than a third of the town's trees are gone, leading to bad air quality."*
- *"In addition to fun and exercise, what about learning – active brain learning"*
- *"I don't think there are enough [educational] classes."*
- ***"**We need to learn; we need to keep our bodies and our minds moving."*
- *"Friendship Circle welcomes everyone for crafts, snack and conversation. Even if you don't craft you are welcome."*
- *"We need some truly basic beginner classes to teach seniors how to use computers."*
- *"I would like to see diversity, more numbers of cultural diversity … cultures vary but people are the same."*
- *"Great town; I have lived here 40 years. Regardless of individualities and habits something must be done with cultural diversity."*
- *"This town covers a lot of stuff."*
- *"Evening and weekend programming … Why does a day have to end at 4:00 p.m. for a senior?"*
- *"Activities are just the beginning." (i.e., need accommodation and transportation)*
- *When I have questions regarding services like getting around, I ask my neighbors. I asked someone at church who helped with snow removal. Ask other seniors."*
- *"I think we need to have cards to spread around information on activities."*
- *"Applications for services and programs are hard to understand. I tried on my own and it was hard. The social worker did it in ten minutes."*

***Priority #3. Mental health issues such as stress, anxiety, depression and loneliness** are affecting many seniors but in different ways at different times. Participants want informal support during life transitions such as retirement, caregiving, loss of a loved one, living alone, financial worries, and similar periods where they have a difficult time adjusting. As noted above, town services are invaluable in giving older adults a sense of purpose and worth. Some people suggested grief support, housing transition/downsizing workshops, self-care and personal enrichment tips, buddy-system phone groups, and other low- and no-cost additions to the town's ongoing services. Helping people prepare for the challenges of aging in advance could be another strategy for town officials to consider along with creative solutions that support "aging in place."*

Verbatim comments from senior focus groups regarding mental health issues -

- *"I deal with depression by staying busy."*
- *"But what about down the road when I can't get out and socialize?"*
- *"No one knows if I get up in the morning because I live alone."*
- *"The Senior Center's social worker is phenomenal."*
- *"We need a social worker full time at the Senior Center."*
- *"I lost my wife three years ago. My family is good but they don't understand … I'm lonely and [want] connections and discussion of emotions with peers."*
- *"Sometimes reminiscences will allow people to help each other." (Grief support group)*
- *"The Golden Years? If you ask me, these are the Throw-away Years."*
- *"Loss, caregiving, death – when you are no longer caregiving, you have lost your job, your purpose. Why do I get out of bed? Caregivers need to be re-directed."*
- *"There is no time frame [ending] on grief – I feel like an idiot."*
- *"We have stress and sometimes one event can amplify it."*
- *"Sometimes you just need someone to listen … a sounding board."*
- *"We need a sympathetic ear, not therapy."*
- *"People need to know their neighbors and do things for each other – it is important to have a purpose."*
- *"Older adults may not attend 'programs' because their issues are too hard to talk about."*
- *"We should have more bereavement services/groups at the Senor Center" and use "Manchester Matters to get this information out." "I never thought that growing old could be so stressful."*
- *"No idea, it's like being lost in the woods."*
- *"Everybody handles [these issues] differently but once you open up, it's okay."*
- *"When I joined the Senior Center I had symptoms of a mental health issue. I wasn't working, things had changed but I learned it is not the end of the world. I think for something like the death of a spouse, if you fall apart you can come here and things are better."*
- *"We do need support. I took a belly dancing class here and we went out after class for lunch or coffee once a month. It was like a support group. We felt free to talk about our lives."*
- *"There are diverse backgrounds here. I see many [retired] teachers who understand the importance of activity to stay physically and mentally healthy."*
- *"Non-profits are not doing enough … and should collaborate more [with State and Town providers]."*
- *"It was so nice that the Senior Center did something at Christmas. Some people don't have family to share their holidays. MACC gave everyone gifts, personal items and a gift card to Payless. It meant a lot to people."*
- *"It's a job to navigate the system as you age."*
- *"The transition from work to retirement is a wide gap. You can feel useless with no purpose, routine or structure. You need exit guidance."*
- *"You need to make peace with what you have lost. Coping with that is painful."*

Additional Input from Focus Groups

Communication

In addition to discussions of the above priorities, the groups provided valuable insights on how seniors stay informed and aware of town services available to them:

- *The town's Manchester Matters email newsletter is widely read and relied upon. However, not everyone is comfortable with technology so there is a continued need for printed/written materials at multiple locations.*
- *Seniors who are familiar with the Customer Service center at Town Hall praised its effectiveness and responsiveness, yet the majority of participants had never heard of this significant resource.*
- *Several people said they feel confused and overwhelmed when they need help and attempt to navigate town services on their own. These individuals felt that one main repository for town services and events listings would make things easier, although they admitted they weren't using what the town already provides (Human Services Directory, town calendar, senior newsletter, etc.).*
- *Another request was for the town to improve communications with "hard to reach" seniors to ensure they aren't overlooked.*

Seniors View of the Future

Lastly, as expected, some focus group members were optimistic about what the future holds for them personally and some were not. Staying safe and connected to people who care about them, feeling a part of the community and having access to health resources were cited as things that make life worth living.

Verbatim comments from senior focus groups for question – "Where do you see yourself ten years from now?"

- *"Right where I am now."*
- *"We need to prepare for the future."*
- *"We need a bigger Senior Center."*
- *"I think about downsizing. I started 20 years ago and don't keep anything I don't use."*
- *"I have a bad heart and my goal is to reach 100."*
- *"Still working; I want to work and I think about it all the time."*
- *"Living with my children."*
- *"I hope to be in my own place and I hope for a better next ten years."*
- *"I hope to be healthy and travel and have friends around."*
- *"I want to stay where I am. I'm a grateful person – I have issues but I handle them. My grandchildren call all the time to stay connected."*
- *"I go with the flow."*
- *"In a container next to my son, but not a suicide."*
- *"Probably dead."*
- *"Doing the same things I'm doing now but that requires me to stay three moves ahead."*
- *"Among the same set of people, including my wife. I'm 80 years old and blessed. I have lived an accomplished life."*

- *"With my husband. I wonder about it and I hope to have good health. I may convert my house into one floor with no stairs or buy another one-floor house in Manchester. I hope to have friends and continue Zumba."*
- *"I hope to be with friends and family. I try not to stress out about health and other things; sometimes it works out."*
- *"Enjoying every day, having meaning and purpose every day."*
- *"Dead."*
- *"Living in Manchester and coming to the Senior Center."*
- *"More writing and the Memoir class. Maybe other hobbies but also doing the doing the same things like reading, talking and connecting."*
- *"Continuing to volunteer as a foreign language teacher."*
- *"Maybe in an apartment or staying where we are. I would like great-grandchildren."*
- *"I couldn't handle being in a senior complex."*
- *"I don't know – the time goes slow."*

Part IX. Appendix

SWOC Analysis Details from Committees

Basic Needs Committee:

Housing

- Encourage the Town to take steps to attract more senior housing developers.
    - Develop policies to make this type of development more attractive to developers.
- Encourage the Town to transform unused properties they may own to be transformed into affordable senior housing where possible.
- Promote home share models, both senior-only and intergenerational.

Homecare

- Education about healthcare as people age is critical. Health educators and social service providers should try to reach people at younger ages and encourage them to plan for healthcare and in-home support services needs when they are older. Conduct outreach to younger people through employers, fitness centers, libraries, school PTOs, etc. rather than forums at the Senior Center or AARP presentations.
- Educate older adults about what living in the community actually entails as one grows older. The NCOA-funded Aging Mastery Program offers an excellent curriculum, especially around advance planning.
- Continue to disseminate information about social services through first responders for residents who are struggling to maintain their homes.
- Unfortunately, a significant number of older adults refuse services saying that they can handle things.
- Educate younger adults about Long Term Care policies and Health Savings Accounts for the retirement years.
- Caregiver training, education and support (respite, support groups, financial assistance for medical equipment)
- Educate people about using social media platforms, especially FB, to request assistance with home-related tasks such as raking, snow blowing, lawn care, housekeeping, personal care, etc.
- Research if there is a need for adult daycare services in Manchester.
    - Determine if surrounding adult daycare centers are at capacity.

Social Isolation

- Research a Friendly Visitor program. Faith communities may be well-positioned to assist with this. Karen Stone recommended OAA funding through NCAAA to assist with some of the costs of such a program, i.e. background checks.
- Utilize scouts, youth groups and students who need community service hours to visit with or assist older adults.
- Utilize retired crafts and trades people (Seniors Helping Seniors) to perform simple tasks around the houses of frail elders. OAA funding through NCAAA may be used to purchase supplies.
- Encourage the Town to create a more visible advertising and online presence in terms of resource listings.

- Offer more transportation to community events including Market Nights.
- Online communities and Meetups may offer opportunities for engagement and socialization.

Transportation

- Research Uber/Lyft as possible transportation resources (with possible town-funding as an option).
- Take advantage of public transportation training through NCRMHB for able-bodied older adults who do not drive.

Health Committee:

Committee members recognized that Manchester offers a wide array of programs and services. A continuing theme of communication between agencies arose during discussions. There is a need for agencies to communicate so that duplication of services does not occur. Agencies are not aware of what each other is offering for programs/services.

- Work with partner agencies to reduce fragmentation within the healthcare system.
- Work with partner agencies to learn about what each has to offer so as to eliminate duplication of services.
- Identify available funding sources for new programs/services or to sustain existing ones.
- Identify doctors who accept a broader range of medical payer sources.
- Create a workgroup of partner agencies to identify seniors who are not connected to medical services.
- Enlist willing senior volunteers to bring a culturally appropriate message to other seniors about programs/services.
- Work with senior volunteers and partner agencies to get information to the children of seniors.
- Advocate for more services and housing for seniors moving into town, especially those with health needs.
- Rebrand the Senior Center name to be reflective of today's active seniors.

Mental Health Committee:

- The Town should hire a full-time "Senior Outreach Worker" to identify seniors in the community who are not engaged in mental health programs or services, as well as other needed programs or services, and help the seniors make those connections.
- More education is needed for the public about existing programs and services. There is frustration among providers about reaching all of those who need the information and how to engage them when they are resistant to help.
- Work with community partners to provide and promote public education concerning mental health of seniors using a variety of media.
- Work with community partners to offer clinics on a variety of topics such as: Insurance coverage, e.g. Medicare and Medicaid, State programs, Town programs, Legal Assistance, including expungement of records.

- Advocate for improvement of services for those with behavioral health challenges.
- Improve communication and coordination of services between agencies serving seniors with behavioral health challenges.
- Support the Community of Care Team (CCT) concept ongoing at MMH.
- Providers should have release forms available at the point of contact with the senior so that no time is lost in engaging that senior in services. MFRE uses this approach now. An electronic version might also be helpful.
- Find ways to assist/support seniors who are caregivers, e.g. clinics on relevant topics.
- Establish a peer support program for seniors to help other seniors, e.g. Friendly Visitors/callers program.
- Endorse education for all medical staff regarding behavioral health issues for seniors.
- Work with the Chamber of Commerce to identify job opportunities for seniors, especially veterans.
- Advocate for a Mobile Integrated Healthcare System which is a holistic systems approach.
- Advocate for "Doc in a box" telehealth program with secure video for behavioral health patients.
- Advocate for expansion of care coordination (non-medical staff) and care managers (nurses).
- Advocate for more Connecticut Home Care Program (CHCP) for elders and disabled aged 65+.

Financial Security:

Strengths

- Various real estate property tax abatement programs
- Local hospital, urgent care, emergency services (EMS)
- Community Development Block Grants
- Excellent local services (recreation and social services)
- Employment Opportunities (large retail base)
- MACC Services – strong and diverse religious communities
- Pensions/Social Security/Medicare

Weaknesses

- Cost of final expenses (funerals)
- Senior Center space/staffing limits
- Lack of transportation / alternatives to driving
- Barriers to technology use / understanding of health insurance
- Lack of financial education / access to financial planning services
- CT economy forces people to move to other states
- Lack of understanding of needs specific to older adults – shortage of well-trained caregivers and oversight agencies
- Levels of chronic disease, obesity, social isolation – lack of prevention programs
- Age discrimination in hiring
- Property Tax
- Dense Housing
- Large number of renters seeking affordable housing

- Unaffordable rents
- Shortage of subsidized housing for seniors
- Difficult family dynamics
- Housing stock is not appropriate for seniors (lots of 2 floor houses).

Opportunities

- Improve communication with and education of residents regarding available public services.
- Raise awareness of older adult issues and needs.
- Pursue livable Community initiatives.
- Work with community partners to develop a successful "Aging in Place" model.

Challenges

- Keeping up with demands
- Stigma of Senior Center – it's for old people
- Getting information to those who need it.
- Limited Incomes
- Lack of understanding of insurances/coverage.
- No time to catch up on savings
- Challenge to reduce expenses
- Need to develop and implement a vision and determine the cost involved

Supportive Data from Other Sources

Basic Needs:
Housing
Fannie Mae
According to a Housing Insights article from fanniemae.com, "projections indicate that the number of older adults exiting homeownership will accelerate during the next two decades as the bulky Boomer generation advances into elderly age groups where homeownership attrition rises sharply. The number of older owner-occupants who exit homeownership between 2026 and 2036 is projected to total between 13.1 million and 14.6 million, an increase of at least 42 percent over the number of older homeowners who exited during the last ten years. The coming acceleration of older adults departing homeownership adds urgency to industry and public policy efforts to facilitate a smooth handoff of housing assets from older to younger generations."

"Given that homeownership retention rates for older adults have been either relatively stable or gradually rising, why do losses of older homeowners increase by so much in our projections? The reason is that the number of older homeowners "at risk" of attrition due to advancing age will increase sharply as the large Baby Boom generation moves full-force into the 65-and-older age group where homeowner retention rates drop substantially. In 2006, when the oldest Baby Boomers were only age 60, the 65-74 year-old age group contained 9.3 million homeowners. By 2016, when the oldest Boomers had reached age 70, the number of homeowners aged 65-74 had swollen to 13.6 million, thereby putting many more older homeowners at risk of exiting homeownership over the next ten years. By 2026, when the

youngest Boomers will be age 62 and the oldest age 80, the number of owner-occupants aged 65-74 is projected to jump again to about 16.4 million, putting an even greater number of older owners on the precipice of aging-related homeownership attrition."

The article recognizes that Baby Boomers prefer to "age in place" and makes two recommendations:

- Provide home improvement financing options that help Baby Boomers adapt their current homes to the demands of aging, thereby extending the timeline over which they depart homeownership.
- Facilitate the development of community-based services to support successful aging in place.

Health, Prevention and Wellness:

Eastern Connecticut Health Network (ECHN)

ECHN recently published their 2019 Community Health Needs Assessment Report. The report "is designed to provide local-level data about health and health-related needs within the ECHN Network" which includes Manchester. They quote the Centers for Disease Control and Prevention saying that social determinants of health are "the complex, integrated, and overlapping social structures and economic systems that are responsible for most health inequities." Relevant social determinants include, but are in no way limited to, age, income, race, ethnicity, town, presence of children at home, and neighborhood quality."

In addressing the "Neighborhood-Level Life Expectancy" the data indicates that "areas of central Manchester have life expectancies that are between 75 and 78 years", which is significantly lower than the statewide average" of 80.3 years.

Hartford Courant

According to a Hartford Courant article by Josh Kovner on August 22, 2019, "…there are at least 3,000 empty nursing-home beds in Connecticut and the trend is toward in-home care. Nearly 70 nursing homes have closed on their own here since 1995, with 15 shutting their doors since 2016 alone, records show." "The state's population of people age 65 and older will grow by nearly 60 percent by 2040. The Census Bureau reported in 2016 that Connecticut had about 575,000 people age 65 or older, about 16 percent of the state population."

Mental Health:

Connecticut Department of Mental Health and Addiction Services (DMHAS)

According to the 2018 report covering July 1, 2017 through June 30, 2018, DMHAS served a total of 105,540 clients in Connecticut. Of those, 50,554 received substance abuse services, 48,039 received mental health services and 6,947 received services for both mental health and substance abuse.

Of the total above, 2,856 clients who were domiciled in Manchester received DMHAS services; 664 received mental health services, 2,041 received substance abuse services and 151 received both mental health and substance abuse services. Although those numbers are not broken out by age and town of domicile together, the chart and commentary below indicates the state trends. Of note, for purposes of this report, are the last two bullet points below.

Table 8: Age

Age	SA		MH		Both		Statewide Total	
	N	%	N	%	N	%	N	%
18-25	7,368	14.6%	5,544	11.5%	594	8.6%	13,506	12.8%
26-34	14,775	29.2%	7,988	16.6%	1,731	24.9%	24,494	23.2%
35-44	11,236	22.2%	7,880	16.4%	1,627	23.4%	20,743	19.7%
45-54	9,001	17.8%	10,339	21.5%	1,700	24.5%	21,040	19.9%
55-64	5,773	11.4%	10,820	22.5%	1,141	16.4%	17,734	16.8%
65+	1,410	2.8%	4,945	10.3%	154	2.2%	6,509	6.2%
missing/unknown/errors	991	2.0%	523	1.1%	-	0.0%	1,514	1.4%
Total	50,554	100.0%	48,039	100.0%	6,947	100.0%	105,540	100.0%

- Average age of DMHAS clients is 42.3 years (± 14.4)
- Average age of clients receiving MH services is 45.8 years (±15.4)
- Average age of clients receiving SA services is 38.9 years (±12.8)
- Average age of clients receiving both MH and SA services is 41.9 Years (±12.2)
- Younger clients (up to age 44) were more likely to receive Substance Abuse services, while older clients (45 and over) were more likely to receive Mental Health services.
- Among clients receiving mental health services, the largest age group was 55 to 64 years, while most frequent age group for Substance Abuse clients was the 26 to 34 age range.
- Of clients receiving treatment, few were 65 years or older with the majority of them in Mental Health services. As with other demographics, the age trend patterns have remained steady over the last six years.

As the chart indicates, the largest state-wide group of clients receiving mental health services was within the age range of 55 to 64 years. Presumably, some of the 2,856 Manchester domiciled clients were within that age range and will need more services as they continue to age. The commentary also suggests that few clients were 65 years of age or older with the majority of those receiving mental health services. An explanation for what seems to be a low number of 65+ clients comes from the National Alliance on Mental Illness (NAMI 2009) which noted that "…mental health conditions in older adults are often under-identified by healthcare professionals and older adults themselves because older adults are more likely to report physical ailments than mental health concerns (NAMI, 2009)."

National Alliance on Mental Health (NAMI)

Individuals living with serious mental illness face an increased risk of having chronic medical conditions (Colton, C.W. & Manderscheid, R.W. (2006). Congruencies in Increased Mortality Rates, Years of Potential Life Lost, and Causes of Death Among Public Mental Health Clients in Eight States. *Preventing Chronic Disease: Public Health Research, Practice and Policy*, *3*(2), 1–14. Retrieved January 16, 2015, from http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1563985/).

Adults in the U.S. living with serious mental illness die on average 25 years earlier than others, largely due to treatable medical conditions (National Association of State Mental Health Program Directors Council. (2006). *Morbidity and Mortality in People with Serious Mental Illness.* Alexandria, VA: Parks, J., et al. Retrieved January 16, 2015 from http://www.nasmhpd.org/docs/publications/MDCdocs/Mortality%20and%20Morbidity%20Final%20Report%208.18.08.pdf).

The World Health Organization

In 2016, The World Health Organization (WHO) reported that 15 percent of adults aged 60 and over suffers from a mental or behavioral health condition. "Mental health has an impact on physical health and vice versa...older adults with physical health conditions such as heart disease have higher rates of depression [and]...untreated depression in an older person with heart disease can negatively affect the outcome of the physical disease." The combination of demands for mental health service as well as primary care and medical specializations for those individuals aged 60+ will further strain the health care systems.

Financial Security:

The Federal Reserve

The Federal Reserve conducted a survey about retirement with Americans aged 18 and older. The Report on the Economic Well-Being of U.S. Households in 2018 - May 2019 produced some of the following results:

- "One-quarter of the non-retired indicated they have no retirement savings or pension whatsoever. Of the non-retired age 60 and older, 13 percent have no retirement savings or pension."
- "Additionally, retirement savings differ by race and ethnicity. Blacks and Hispanics are more likely than whites to have no retirement savings, and are less likely to view their retirement savings as on track."
- "In addition, 4 in 10 retirees before age 62—and 3 in 10 between ages 62 and 64—say poor health contributed to their retirement. Among blacks and Hispanics who retired early (before age 65), health concerns are a more common factor than among white early retirees. Conversely, whites who retired early are more likely to have retired, at least in part, because they wanted to do other things than work."
- "…women, on average, express less comfort making retirement investment decisions and exhibit somewhat lower levels of financial literacy. Some evidence suggests that one driver of this gender difference may relate to different levels of experience with financial decisions."