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INCREASING SERVICE AVAILABILITY TO SENIORS IN HOUSING

FINAL REPORT
GRANT #90-AM-0444
MARCH 1993



Developed with support from the U.S. Administration on Aging

BY

New Hampshire Housing Finance Authority
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Executive Director



**NEW HAMPSHIRE
HOUSING FINANCE AUTHORITY**

**THE FINAL REPORT ON AOA GRANT #90-AM-0444
INCREASING SERVICE AVAILABILITY TO SENIORS IN HOUSING**

**Prepared by Lynn Greenleaf, M.Ed., Project Director and
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION ON AGING

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PROJECT HIGHLIGHTS

The New Hampshire Housing Finance Authority successfully expanded their model of supportive services in senior housing developed for Section 8 senior housing complexes to include public housing. NHHFA chose six public housing authorities as pilot sites for the expansion. NHHFA also worked with a non-profit case management agency to develop a telephone consultation service designed to provide housing professionals with cost-effective access to a professional social worker.

The supportive services programs developed by the six public housing authorities participating in the AoA grant project assisted 731 residents in getting the services they needed to remain living independently. The types of services coordinated for residents included light and heavy household chores, transportation, meals, and personal care. Service coordinators also helped many residents apply for and receive entitlement benefits when they were eligible.

All of the pilot sites successfully implemented community-building programs, including social and recreational activities and informational programs. This type of program proved very important in impacting on the isolation of the senior residents and was an ideal milieu for empowering residents to make active choices in their lives.

Housing providers benefitted from the supportive services programs in three important ways. First, the program helps frail elderly stay in their apartments longer, thus decreasing apartment turnovers. Second, the program helps make the social structure of the housing complex more positive, limiting social problems that can take up a large proportion of the manager's time. Third, as word spreads throughout the community that the housing authority is committed to making the complex a better place to live, it becomes much easier to market vacant apartments.

The fact that all of the supportive services programs developed under this AoA grant have continued beyond the end of grant funds speaks highly of the benefits the housing authorities have experienced through implementing these programs. Continuation funds, however, have had to be scraped together from a variety of sources.

The telephone consultation service, Senior Care Connections, developed to provide social work expertise to housing professionals dealing with challenging resident situations enrolled eleven management companies with a total of 786 units of senior housing spread over 20 complexes. This represented approximately 25% of the potential market for this service.

The SCC program provided support to managers, increased managers skills and abilities to work with residents, family members, and service provider agencies, and prevented problems the manager was experiencing with residents from worsening.

The products of this AoA project include county-wide directories of services for seniors, program brochures, Public Service Announcements for television and radio, and articles for newspapers and newsletters.

EXECUTIVE SUMMARY

INTRODUCTION

Within the State of New Hampshire there are approximately 19,000 units of assisted rental housing supported by either project-based or tenant-based federal assistance. Rent assisted units serve approximately 14% of New Hampshire's renter population while serving approximately 41% of the State's elderly renters. Clearly, subsidized housing provides a majority of elderly renters with housing.

The needs of New Hampshire's elderly renter population represent a source of specialized rental market potential. A large portion of the elderly renter population is already receiving housing subsidies but a recent statewide housing analysis indicates that there are at least 9,000 elderly renters awaiting some form of rental assistance and an additional 32,000 elderly homeowners potentially qualifying and in need of housing assistance. As national predictions indicate, the fastest growing population is the 85 and older age group and we expect that New Hampshire will follow the nation. With that in mind, NHHFA has worked the state's Division of Elderly and Adult Services to continue to provide our elderly population with the needed services.

GOALS

The New Hampshire Housing Finance Authority established as its goal for the AoA supportive services program, the development of closer linkages between the state and local network of services and seniors living in publicly assisted housing. This project was viewed as a natural continuation of the Authority's Robert Wood Johnson Supportive Services Program developed for privately owned, subsidized housing properties; coordinating already existing and tenant selected services to seniors living in subsidized housing.

In addition to allowing seniors themselves to decide which services they wanted and helping them receive the identified services, NHHFA hoped to prolong their ability to live independently within the community. Some specific objectives outlined for the AoA project were as follows.

- a. Increased service delivery to seniors in housing.
- b. An increased understanding of the needs and wants of seniors in Federally subsidized housing.
- c. Effectiveness of telephone access to MSW assistance in assisting housing managers in dealing with challenging resident situations.

RESULTS

The primary focus of this AOA program included the following.

- a. To survey seniors living in public housing to determine demographics and service needs.
- b. To Assess/compare these survey results with the results from similar surveys administered to seniors living in privately owned, publicly subsidized complexes.
- c. To develop and distribute county-wide directories of available senior services, including eligibility criteria.
- d. To develop and provide area and statewide training on the needs of our seniors and the delivery of support services.
- e. To develop and implement a statewide, telephone liaison system.
- f. To provide seed monies to implement service coordination pilot programs within specific community housing sites.

The Authority completed each of the above listed activities with varied degrees of success. Below is a description of each activity and the degree of accomplishment.

Surveying Seniors to Determine Demographics and Needs

The New Hampshire Housing Finance Authority became increasingly aware of the need to provide the senior residents within our Section 8 subsidized housing complexes with services beyond those typically aligned with housing assistance. Annual site reviews and unit inspections showed that many of the residents needed help with the tasks of daily living beyond those being provided to them. Although family and friends offered a substantial amount of assistance, it was often not enough to meet the need.

Through the receipt of a Robert Wood Johnson three-year grant, NHHFA had surveyed approximately 50% of all residents living within NHHFA financed, Section 8 assisted complexes. Those interviews were conducted in the resident's unit and although participation was voluntary the residents' responses were overwhelmingly positive.

With the AOA grant, NHHFA was offered the opportunity to compare the needs and demographics of seniors living in public housing complexes to those of seniors living in privately owned, publicly subsidized housing. In addition, the AOA grant gave NHHFA the occasion to compare the changes of residents who had had the opportunity to age in place for approximately 10 more years. The Section 8 complexes involved in the RWJ grant were constructed during the period of 1979 through 1983 allowing originally admitted residents to age in place for approximately 10 years. The public housing complexes were constructed predominantly during

the 1960's allowing us the opportunity to observe a more aged in place population.

During the surveying, 503 residents were interviewed. Interviews were conducted in the resident's private unit and with the exception of an occasional language interpreter, interviews were conducted between NHHFA/LHA staff and resident.

Complexes included in our surveying ranged in size from 20 units to 100 units. They are located in 5 different counties throughout the state and included complexes in rural communities as well as complexes in communities located within PMSA's.

Types of Questions Asked During the Interview Process

- * Individual demographic questions
- * Perceived need for identified services by others within the complex
- * Identification of support services the respondent already receives, needs, and would be willing to receive
- * Identification of those most likely to assist the residents with services and the frequency with which services are provided.
- * Rank respondent's health with comparison to others within respondent's age group
- * Describe any housing related barriers to independent living

Results of Resident Market/Needs Assessment Surveys

The respondents were primarily female, single, and living alone.

- * 80% of the respondents were female
- * 85% of the respondents were single (either widowed, divorced, or never married)
- * 84% of the respondents were living alone

The majority of the respondents surveyed were 65 years of age or older.

- * 34% of respondents were 75+
- * 13% of respondents were 85+

The respondents were predominately very low income households.

- * 54% having annual gross incomes below \$7,500
- * 14% having annual gross incomes below \$5,000

The respondents indicated that they held a high perception of their own health as compared to others their age.

- * 77% having excellent or good health
- * 23% having fair or poor health

Comparison between those seniors living in privately owned, federally subsidized housing and those living in publicly owned housing were fairly insignificant. An average of 82% of those residents surveyed living in privately owned, federally subsidized housing were female, 85% were single (widowed, divorced, or never married) and 90% lived alone. Approximately 50% of the residents were over 75 years of age and incomes of residents showed that approximately 86% had annual incomes below \$10,000 and 20% had annual incomes below \$5,000. Self-perception of health revealed that 21% saw their health as excellent, 49% good, 24% fair and 6% as poor.

Identifying Needs of Housing Managers

At the same time as we began identifying the needs and wants of the residents living within subsidized housing, we began attempting to identify the needs of the housing managers. NHHFA was involved in providing monthly technical assistance training to service coordinators and included the recipients of AoA monies in that training. Training sessions included speakers from the various governmental units involved in providing services to seniors, speakers from the state's Division of Elderly and Adult Services, professionals involved with all types of services geared for the older adult and professionals from the field of medicine to help service coordinators understand phases of aging.

These training sessions not only allowed the attendees the opportunity to learn more about what, where, and how to access services for seniors, but also gave them an opportunity to begin a continuing process of networking and communicating with those in the service fields.

The specific objectives included were:

- * to develop community and property plans for the delivery of services to seniors living in all types of subsidized housing;
- * to develop efficiencies of scale for the provision of certain services to seniors by coordinating service delivery for a larger number of recipients;
- * to develop innovative ways to provide those services required and wanted by seniors;
- * to develop a link between federally-subsidized housing of all types and the elder services network to allow for easier, more direct access by seniors;
- * to develop ways to include community efforts to assist in the provision of services to seniors; and
- * to develop and implement a public education program to promote awareness of the needs and desires of our elderly population.

Managers and service coordinators found that support services are available within the community to residents of their housing complexes. They developed and utilized contacts with service providers to improve the delivery of services and they assisted many of their residents in completing applications for financial assistance. Many of the residents within both publicly and privately owned subsidized housing are receiving services with the help of their service coordinators.

Many of the housing management entities have discovered methods of providing those services not available or not affordable with the assistance of their newly formed service network contacts. Knowledge of and use of volunteers within the communities has increased, again, because of the service coordinators and service providers increased understanding of the target population and their needs.

Pilot Sites

Originally it was proposed that NHHFA offer grant funds to three local housing authorities unable to provide a formal supportive services program due to the lack of start-up funds. Proposals from the local housing authorities for pilot programs were reviewed by NHHFA for the following aspects: applicability to the goals of the grant; for their community-wide approach; for innovative methods of service coordination, service provision, or funding mechanisms; and for the ability of the community to fund the program at the end of the grant period. Through the success of the initially selected local housing authorities, NHHFA expanded the AoA project to include three additional local housing authorities to allow them to develop and implement supportive services programs.

All six of these pilot sites have developed a program which includes non-grant funds to allow their programs to continue. Ways in which each authority accomplished that were different: fees were charged to some residents for services; community funds were committed for on-going funding; a volunteer network was developed for continuation of services; residents earned volunteer service points by providing other residents with assistance and other federal program funds have been committed for specific, housing based services.

Statewide, Telephone Liaison Network

To assist housing managers and service coordinators in making the most of limited service dollars, NHHFA proposed a pilot program to develop and implement a statewide, telephone liaison between housing providers and the service provider network. This liaison was intended to assist housing professionals to locate and access needed services for their residents. It was also intended to help housing providers understand how their residents might be eligible for various services and what their potential cost would be. This service was also intended to facilitate the housing providers understanding of the needs of their senior residents as they age in place, how to work with the senior resident and his/her family, provide information on the elder service delivery system and teach managers and service coordinators how to make effective referrals for their residents.

One of the intended mechanisms to provide partial funding for this service was to develop and achieve subscription fees from the owners and managers of subsidized housing for the use of this service. This manner of intended financial longevity proved to be unrealistic as owners and managers did not indicate a willingness to pay for such a service. The not for profit entity involved in this program is still providing the telephone liaison to the eleven housing providers who indicated a willingness to pay for such a service and has proven to be useful for those owners.

General Public Education

To adequately provide for the growing needs of those senior residents living within subsidized housing everyone within the community needs to be informed and involved. The myth that residents living in federally subsidized housing have all their needs met still exists and that is simply not true.

The results of NHHFA's market/needs assessment survey of senior residents revealed that many did not know what services were available to them and/or they did not know how to access them. With the necessary information, many senior residents may not need any assistance to avail themselves of their required services.

One of the goals of this grant was to develop and distribute county-wide directories which list services available for elders in their own counties in addition to the name and communication access to the agency responsible for that service delivery. Also included in the directory was a descriptive narrative about when services might be useful to a senior and the specifics of required eligibility.

The publication of the county-wide directories proved to be a very successful way in which to educate the public as to what services were available and methods of access and eligibility. These directories were distributed to the senior residents themselves, service providers, housing providers, and family members of elders. They were also distributed to interested staff of the state's Division of Elderly and Adult Services and interested members of the state's legislative body.

Other types of educational material and methods to help achieve this goal included Public Service Announcements on television and radio, program brochures and pamphlets, articles in newspapers and newsletters, and community workshops.

DISSEMINATION ACTIVITIES

Information about the need for supportive services in senior housing and the pilot programs developed under the AoA grant was disseminated in a variety of ways. Following is an outline of the dissemination activities completed during the active phase of this project.

General

Public Service Announcements aired on television and radio during the spring of 1991.

Several articles were published in the NHHFA Supportive Services newsletters.

An article was published in the April 1991 issue of the New Hampshire Woman newspaper.

A program brochure was produced and distributed.

County-wide directories of services for seniors were produced and distributed.

Two conferences were sponsored by NHHFA on supportive services related topics.

An Advisory Committee was formed for the AoA project composed of representatives of agencies involved in providing support services or housing for seniors on a statewide basis.

A table was staffed at the senior May Day event sponsored by the New Hampshire Division of Elderly and Adult Services.

A collage was designed from pictures of residents participating in the supportive services programs and displayed at conferences and other events.

An article was published in the National Council on Aging's July, 1991 Newsletter.

The project director gave presentations to the following groups.

Staff of the State's Division of Elderly and Adult Services

Directors of the Retired Senior Volunteer Program at their annual meeting

The State Chapter 22 meeting (Chapter 22 mandates the coordination of services for seniors throughout the state)

The project director gave presentations at the following conferences.

The Granite State Managers Association's 1991 annual conference

The Massachusetts Housing Finance Authority's 1991 conference on supportive services

The American Society on Aging's 1992 annual meeting

The National Association of Area Agencies on Aging's 1992 annual conference

The 1992 National Conference on Rural Aging

The fall 1992 conference of the American Association for Homes of the Aging

Supportive Services Pilot Sites

Service coordinators met with residents individually to explain their programs.

Service coordinators met with established resident groups to explain their programs and to elicit participation.

Informational presentations were offered to residents at many of the pilot sites.

Resident market/needs assessments were administered and the results were distributed to residents, housing professionals, and service providers.

Brochures and flyers were produced and distributed to residents.

Bulletin boards were placed in many of the complexes' community rooms and elevators to keep residents informed about the program.

Newsletters developed by the service coordinators and residents were distributed.

Service coordinators gave presentations to community groups and service providers.

Announcements of program activities open to seniors living in the community were published in local newspapers.

Telephone Consultation Service(Senior Care Connections)

The project director and the SCC counselor met with HUD state office staff to explain the program.

Mailings were sent periodically to housing managers informing them about the program.

The SCC counselor met with managers personally to discuss the SCC program.

A brochure and educational packets were developed and distributed to housing professionals.

Several articles were published in NHHFA's Supportive Services newsletters, including a "Dear Marie" advice column.

An article was published in the October 1991 issue of the Granite State Managers Association's newsletter.

The SCC counselor produced a newsletter specifically for the SCC program.

The SCC counselor gave presentations at meetings and conferences of the following groups.

The Association of Executive Directors of Public Housing Authorities

The 1991 Granite State Manager's annual conference

The Tri-State Public Housing Association's annual conference

The New Hampshire Coalition of Geropsychiatric Clinicians' September 1991 meeting

Future Dissemination Activities

Many of the dissemination activities that occurred during the grant period will continue. The project director will continue to give presentations to state, regional, and national groups. NHHFA's Supportive Services Newsletter will continue to publish articles about the programs developed as a part of the AoA grant. Copies of the Final Report will be distributed to interested housing and service providers as well as national information clearing houses and national associations in the housing and aging fields.

Service coordinators will continue to provide information to local groups and seniors in the community. They will continue to publish and distribute their newsletters and publish announcements of events and programs in local newspapers. Service coordinators will continue to meet with residents individually to let them know about the program.

The Senior Care Connections counselor will continue to meet with management companies, publish articles, and give presentations to housing and community groups about the SCC program.

Products Produced Under the AoA Project

The following products were produced under the AoA grant and are available by writing the Lynn Greenleaf, Director of Supportive Services, New Hampshire Housing Finance Authority, P.O. Box 5087, Manchester, NH 03108 or calling 603/472-8623. Any charges for materials are noted next to the product.

Supportive Services Directory for Seniors (\$3.00 each, county(ies) must be specified)

Program Brochure (free, limited quantities)

Public Service Announcements (radio, free; television, \$5.00)

Final Report (free)

NHHFA Supportive Services Newsletters (free)

INTRODUCTION

Background

As the population of the United States continues to age, the demand for supportive services to assist people in their efforts to remain living in their homes as long as possible is increasing as well. This demand is placing an ever growing burden on the present service network. To address this demand, services need to be coordinated so that existing resources are utilized to their fullest extent, and at the same time, networks are established to bring new services to bear on the problem.

Over the next twenty years, the general population 65 years of age or older will increase from 32 million to an estimated 39 million and the general population 85 years of age or older will increase from 3 million to an estimated 7 million according to the U.S. Bureau of the Census projections.

The aging of New Hampshire residents shows a dramatic aging trend with the number of New Hampshire resident's 65 years of age or older increasing by an estimated 48% between 1985 and the year 2000 and the number of New Hampshire residents 85 years of age or older is projected to increase by 116% for the same period according to a study completed by the New Hampshire Office of State Planning.

There are approximately 13,000 residents living in 213 Federally-subsidized elderly housing complexes in New Hampshire. Many of the people living in these complexes have lived there since the complex was first built. In a sample of 32 Section 8 complexes in New Hampshire, 30 percent of the residents were 75 years of age or older and had lived in the complex for six or more years.

As the population ages, the supply of support services needs to increase as well if we are to meaningfully meet the important objective of preventing premature and unnecessary institutionalization of seniors. Zedlewski et.al., in a recent report by the Urban Institute, found that "using the criteria that an elderly person living in the community with 2 or more limitations in incidental activities of daily living (IADLs) or 1 or more limitations in activities of daily living (ADLs) needs some formal, in-home services, these projections show that the demand for these services will rise dramatically -- from 5.9 million elderly persons in 1990, to as many as 8.8 million elderly in 2010, and 14.7 million elderly in 2030." In addition, by 2030, 70 percent of those elders most at risk, persons unmarried and 85 years of age or older, will fall into the bottom half of the income distribution.

The aging in place of the senior residents of Federally- assisted housing complexes has received national attention as a growing problem in recent years. A report on the 1988 National Survey of Section 202 Housing for the Elderly and Handicapped, by the Subcommittee on Housing and Consumer Interests of the Select Committee on Aging, House of Representatives, provided information on the aging in place of residents in Section 202 housing. The average age of

residents occupying facilities prior to 1983 rose from 72 years in 1983 to just over 75 years in 1988, with residents of the oldest facilities, those occupied between 1959 and 1974, having an average age of 77 years. Managers reported that 15 percent of the residents in the oldest facilities were frail compared with 10 percent in the newer facilities.

Another nationwide study, Aging in Place: The Demographics and Service Needs of Elders in Urban Public Housing, found that over half of the residents had lived in the complexes surveyed six or more years showing a definite trend to age in place. Ninety-four percent of the managers surveyed reported the greatest management problem they had was the need for more services to support elder residents' health and safety. The managers estimated the percent of residents' need for specific services to be: (partial list taken from Table 4-6 of the report)

<u>Service</u>	<u>% Needing Service</u>
Transportation	34
Shopping	27
Cleaning or caring for unit	21
Preparing meals	14
Personal care	10

In addition, managers reported a major unmet need for over 50% of those residents needing assistance with transportation and homemaker/home health aide services.

Remaining in their own home is important to many seniors even while they recognize they will need assistance to do so. In the report, Understanding Senior Housing for the 1990's by AARP, 86 percent of the seniors sampled said they wanted to live in their present home and not move. Over half of those surveyed anticipate needing assistance with their tasks of daily living in the future.

The recommendations of all of the above reports included developing creative ways to meet the needs of those seniors wishing to age in place. This is especially challenging since those with the greatest need are also those with the least resources. Three reports specifically recommended investigating ways to provide supportive services in Federally-assisted housing as a cost effective way to meet the needs of a large segment of the aging population while at the same time taking into account the desire of seniors to maintain their independent lifestyles and remain in their own homes as long as possible.

A similar recommendation was made in a report for the New Hampshire State Committee on Aging. A recommendation was made for the government to address the increasing long term care needs of residents by encouraging the development of public/private partnerships to meet these needs, particularly in senior housing.

In a report prepared in 1990 by Applied Economic Research, Inc. for New Hampshire Housing Finance Authority on the housing needs of New Hampshire residents, it was estimated that 52 percent of the potential elderly market for deep subsidy rental housing (Section 8/Voucher)

needed congregate services in addition to basic housing. Forty-three percent of the below market (FmHA 515) and 53 percent of the market level annual potential of the elderly rental housing market needed congregate services in addition to basic housing. The total estimated annual need in New Hampshire for additional units of senior housing providing congregate services is 1740 units.

In 1988, the New Hampshire Housing Finance Authority began to address the growing support needs of residents in senior housing they financed as a part of a national demonstration project funded by the Robert Wood Johnson Foundation. Through this demonstration program, NHHFA allowed Section 8 owners to use residual receipts and operating budgets to pay for certain support services for residents.

A market/needs assessment survey was conducted at 32 of NHHFA-financed Section 8 senior housing complexes. The results of this survey clearly indicated a need and a desire for supportive services by senior residents. Seventy-seven percent of the residents, including spouses, reported needing assistance with one or more of their tasks of daily living. Of those residents 75 years of age or older, 81 percent required assistance with at least one task of daily living and 89 percent of the residents 85 years of age or older needed assistance with at least one task. Forty-seven percent of the residents reported needing assistance with more than one task of daily living on a regular basis.

The breakdown of the tasks with which residents reported needing assistance is as follows.

<u>Task</u>	<u>% Needing Assistance</u>
Heavy Household Chores (HHC)	57
Shopping	39
Service Coordination	24
Light Household Chores (LHC)	23
Transportation	33
Personal Care	17
Meal Preparation	13

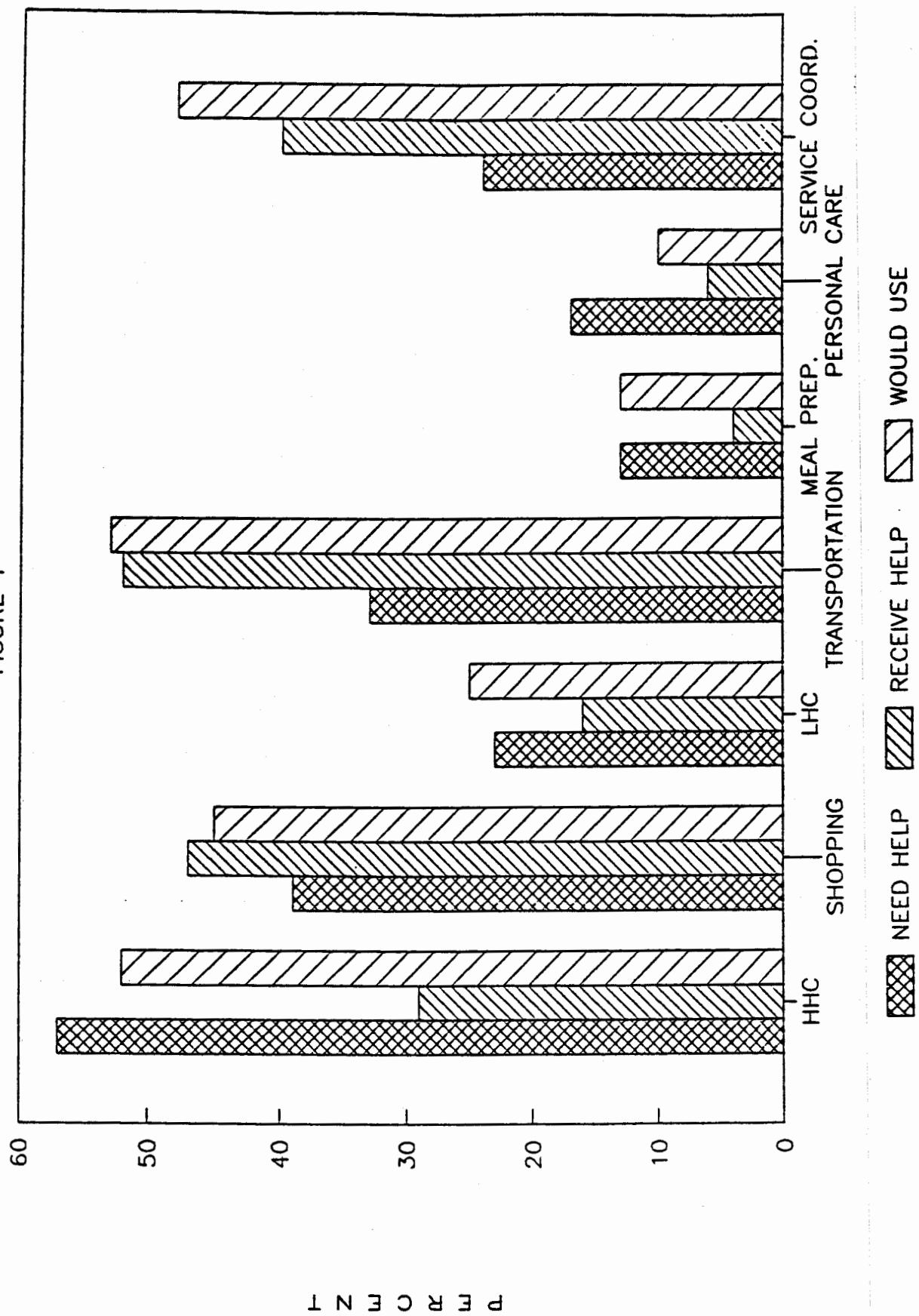
Figure 1 shows the percentages of residents needing assistance with an activity, currently receiving assistance with that activity, and interested in using a service to help them with that activity if a service were available.

It is important to note that while the percentage of unmet need appears to be low when the percent of residents needing assistance is compared with the percent of residents presently receiving assistance, the number of residents reporting that they would use a service if one were available signifies that the present system of service delivery is not meeting the residents need for many of the services.

For some services the percent of residents who said they would use a service is greater than the percent of residents reporting a need for assistance with that service. This is due to several

BREAKDOWN OF TASKS

FIGURE 1



factors. Some residents were reluctant to acknowledge a need for help, even when it was obvious to the interviewer that they would require some assistance. Some residents reported that while they were receiving some assistance in meeting their needs they felt that they were a burden to those providing the service, mostly friends and family, and that they were not always able to get help when they needed it. Others said that while they could still manage a task, they were having increasing difficulty doing so because of health limitations such as heart disease, arthritis, and poor vision, and would use a service instead if one were available. In addition a few residents wanted a service to help them even though they could perform the task themselves.

There appear to be several variables characteristic of residents of senior housing which make them more vulnerable to the gaps of service provision. One of these variables is the high percentage of females living alone. The majority (90%) of residents are females and live alone, whether widowed, divorced, or never married. This is much higher than the national average as estimated by the U.S. Bureau of Census Projections. Figure 2 compares the demographics of the New Hampshire senior residents surveyed and the national demographics of the senior population. Females living alone constitute the group of seniors most at risk for premature institutionalization according to recent statistics published by the Urban Institute.

Residents also had less family close by to assist them when they need help and have a significantly lower income than the national averages reported in the 1987-88 edition of *Aging America: Trends and Projections*. The residents of NHHFA-financed senior housing are low to very low income. Eighty-four percent of tenants had gross annual incomes below \$10,000 and 23 percent had incomes below \$5,000.

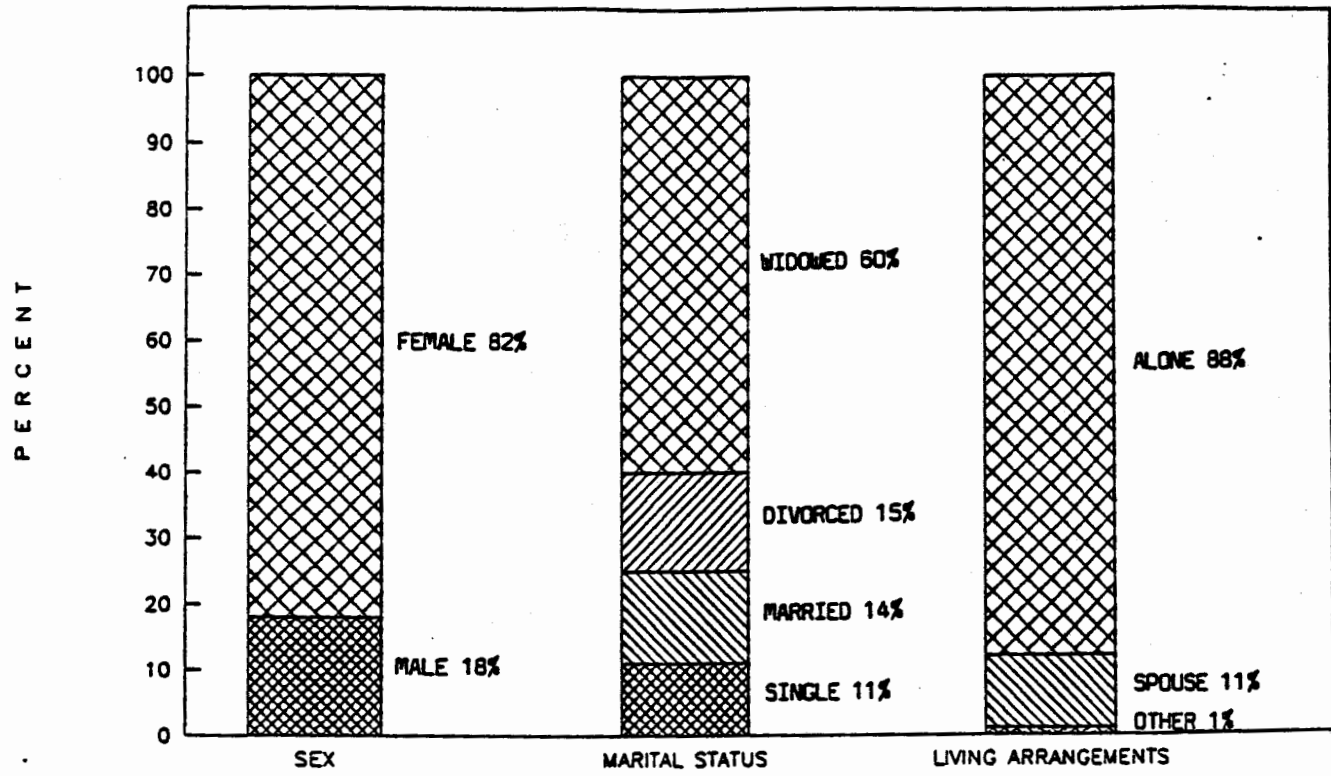
Family members provide senior residents with the most help in meeting their needs, however, 20 percent of the residents reported having no living children and 47 percent of the residents did not have any children living within one hour travel time from their complex. It is very difficult for seniors to depend on family to help them remain independent when they live so far away.

Many residents may be eligible for assistance from programs funded under the Older Americans Act of 1965 and the State entitlement programs. However, they are often unaware of the resources available. In a 1992 report, Needs Assessment Survey of New Hampshire's Elderly, 60 percent of the elderly did not know what services were available to help them remain independent, including services funded through the Older American's Act of 1965. Residents who are aware of the programs may be overwhelmed by the various eligibility requirements and application processes they need to go through to actually receive a service.

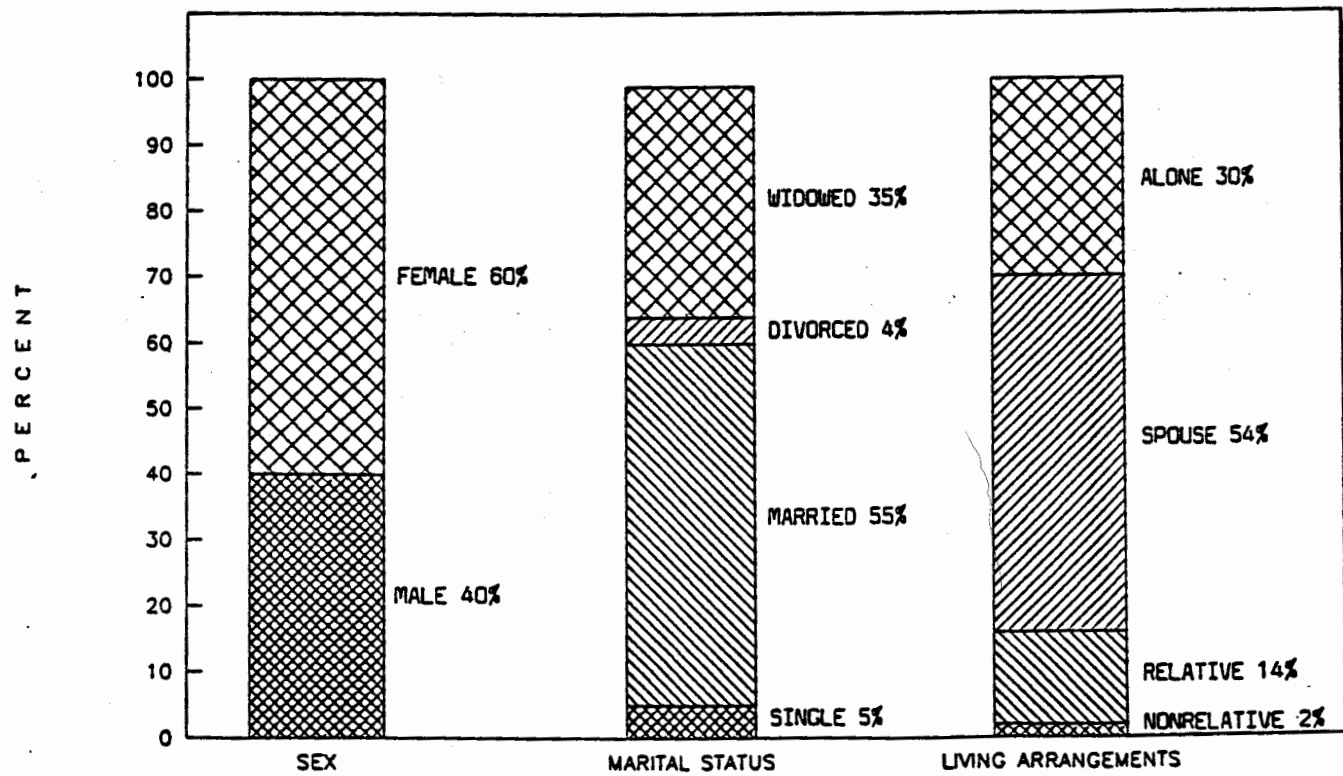
Most of the NHHFA-financed Section 8 New Construction complexes are privately owned by profit motivated entities. The residents of these complexes, however, are low to very low income and are financially eligible for many subsidized services. While many of the owners of these complexes have historically been reluctant to go beyond providing for the shelter needs of their residents, education about the aging in place and the growing needs of their residents has convinced many owners that supportive services needs to be an integral part of senior housing communities.

CONVERTED IN NEW HAMPSHIRE

FIGURE 2



NATIONAL POPULATION 65 AND OLDER



The Plan and Rationale for the AoA Project

With the success of the supportive services program in Section 8 senior housing complexes contributing to a solid foundation of information about senior resident's needs and increasing community support for the involvement of housing providers in addressing those needs, NHHFA decided to expand their support service program to include providers of public housing. The tasks to be accomplished in public housing were similar to those accomplished in Section 8 housing; to establish a consumer-driven supportive services program and to develop a funding base to allow the program to continue after the end of the grant.

We expected many of the public housing residents' support service needs to be similar to those of Section 8 residents, however, we thought that the aging in place phenomena might create an even greater need among these residents since public housing was built, on average, ten years earlier than the Section 8 housing complexes we had been working with. We also expected public housing to have a more difficult time finding continuation funding for their supportive service programs. The public housing complexes had much less in the way of development based funds than did the Section 8 complexes.

On the other hand, public housing had advantages that Section 8 complexes did not have. Public housing usually had more community space for programs than was available in Section 8 complexes. The management of public housing usually had a more established relationship with community service providers than did the Section 8 complex managers prior to the implementation of the supportive services program.

The objectives of the current project included the following:

1. To develop a Memorandum of Agreement between the New Hampshire Department of Health and Human Services and the New Hampshire Housing Finance Authority toward increased utilization of the resources available to both agencies to provide for increased supportive services to be delivered to residents of NHHFA-financed senior housing;
2. To develop community plans for service delivery to residents of senior housing resulting in mutual agreements between health and social service providers and the senior housing providers in their geographic areas to provide for increased coordination of services to individual residents, to allow for efficiencies of scale to reduce the cost of service provision wherever possible, and to develop innovative ways to finance and provide for supportive services to elder residents in need of these services;
3. To develop a link between the Federally-assisted housing providers in New Hampshire and the elder service network for the purpose of assisting housing providers in locating and accessing currently available services needed by their residents;
4. To develop and provide training and technical assistance to managers of senior housing and the housing network on ways to increase the availability of supportive services,

working with the elderly and their families, accessing community resources, and information gathering, and record keeping; and

5. To develop and implement a public education program to promote awareness of the needs of senior residents of Federally-assisted housing as they age in place, including, but not limited to, education targeted to seniors and their families.

To accomplish these objectives, NHHFA established a working group to address the statewide issues and chose three pilot sites to implement these objectives at the local level. Three additional pilot sites were added at the end of the first year due to the ability of the initial sites to implement effective programs at less cost than initially anticipated. A statewide social work telephone consultation service was also developed as a part of the overall project.

IMPLEMENTATION

Memorandum of Understanding

At the Federal level, the U.S. Department of Health and Human Services and the U.S. Department of Housing and Urban Development had signed a Memorandum of Understanding to encourage the development of systems that integrate housing, income assistance, health, and other support services. Developing a similar agreement to be signed by relevant State departments, service agencies, and housing providers seemed a logical method by which to promote the national objectives at the local level.

A working group of housing and service providers was established to develop a plan toward better integration of support service delivery for residents of senior housing. This group developed and promoted a Memorandum of Understanding (see Appendix A) between providers of housing and providers of services for seniors.

The goals of the MOU are to make the delivery of support services for residents of senior housing more effective and efficient and to develop cooperation between housing and service providers in meeting the basic needs of seniors in independent living situations.

Fifteen agencies signed the Memorandum of Understanding by the end of 1990. Participating agencies include the following.

- Area Agency for Developmental Services, Region VI
- Beno Management Company
- Crotched Mountain Community Care, Inc.
- Diocesan Bureau of Housing
- Farmers Home Administration, Vermont/New Hampshire Office
- Heritage Home Health
- Home Health and Hospice Care
- Home Health Care and Community Services, Inc.
- Laconia Housing Authority
- New Hampshire Division of Elderly and Adult Services
- New Hampshire Division of Public Health Services
- New Hampshire Hospital Association
- New Hampshire Housing Finance Authority
- New Hampshire Legal Assistance
- New Hampshire Public Transportation Bureau

Because the delivery of support services for seniors in New Hampshire was developed through community-based coalitions, the working group decided that a more specific MOU would not be feasible. It was determined that additional education was needed by housing providers about how support services were delivered in their areas as well as an overview of State and Federal programs for seniors including eligibility requirements for the programs. Service providers

needed additional education about the support service needs of residents of senior housing complexes and the role of the housing manager.

It is interesting to note that the working group went through a similar process in terms of self-education. Initially there were significant blocks to communication between housing and service providers. Housing providers shared experiences they had had with service providers where they felt residents had been "dumped" back into housing with insufficient support services, or where a resident was being inadequately maintained in their home which presented a danger to other residents.

Service providers, on the other hand, shared experiences where they felt the housing provider was making unreasonable rules, such as requiring that laundry be attended at all times, making it inefficient for the service provider to provide homemaker services. Service providers also thought that housing managers had much more involvement and responsibility for residents than they actually have prior to implementing a supportive services program.

The communication blocks decreased as housing and service providers learned more about each others' systems, how they worked, their limitations, and their primary focus. Several interesting points emerged.

1. To begin with, both groups speak a distinct "professional" language, often using the same words but giving them entirely different meanings. A prime example is the word "assisted". When housing managers say "a resident is assisted" they most commonly mean that the resident receives financial assistance for rent. When service providers make similar statements they usually mean that the resident is physically receiving assistance with an IADL (incidental activity of daily living) or an ADL (activity of daily living).
2. Common terms that both use for eligibility requirements, such as the Federal poverty guidelines vary greatly between Federal departments. It would help communication between the two groups to have common definitions for eligibility indicators.
3. The fact that the primary focus of housing providers is meeting the needs of the residential community as a whole while service providers focus on meeting the needs of the individual in their care which has been at the bottom of many misunderstandings between housing and service providers. Each has assumed, for the most part erroneously, that the other party knew what their focus was and why it had to be that way.
4. Housing providers also did not understand, for the most part, that service providers cannot require residents to use a service just because they need the assistance or that a resident can refuse a service, for example assistance with a bath or vacuuming, on a particular day regardless of what is on the care plan.

5. Service providers needed to gain a better understanding about the eviction process and how the housing and service provider needed to work together through the eviction process to benefit the resident.

Understanding the different roles they each play in helping seniors to maintain their independent lifestyles has helped housing and service providers to build partnerships in response to senior residents' need for support services.

Supportive Service Program Pilot Sites

Initially NHHFA had planned to choose three local housing authorities as pilot sites for the two year project. At the end of the first year it was clear that one of the pilot sites was not going to expand as quickly as they had hoped. Also the telephone consultation program was reduced because of low participation. This left funds available for other projects. Three additional local housing authorities were chosen for one year pilot programs for Year 2 of the grant.

Proposals from the local housing authorities for pilot programs were reviewed by NHHFA for the following aspects: applicability to the goals of the grant; for their community-wide approach; for innovative methods of service coordination, service provision, or funding mechanisms; and for the ability of the community to fund the program at the end of the grant period. Communities were selected based on the following criteria.

1. Interest of the local housing authority, other local housing providers, service providers, and local government as evidenced through letters of support specifying their commitment to developing a community plan.
2. The ability of the local housing authority and their commitment to carrying out the intent of this objective.
3. Geographical diversity of the communities to be selected.
4. Demonstrated ability of the local government, housing, and service providers in the community to work cooperatively and carry out the objectives in this proposal.
5. Ability of the community to provide a 25% match for grant funds to support a local staff person for the project.

The following sites were chosen to develop pilot supportive service programs.

Two year Pilot Programs

Claremont Housing Authority
Keene Housing Authority
Newmarket Housing Authority

One-year Pilot Programs

Dover Housing Authority
Laconia Housing Authority
Somersworth Housing Authority

Each housing authority was encouraged to design and develop their supportive service programs to best meet the needs of their residents. NHHFA provided technical assistance and oversight for the pilot sites, however the onus was on the housing authorities to develop programs that would serve their residents and be financially viable over the long run. Below are highlights from the implementation phase of each program followed by a compilation of the results from the resident surveys.

Somersworth Housing Authority used the results of a survey of a Section 8 senior housing complex they manage in combination with the results of a community-wide survey of seniors they had recently completed to design their program. All of the survey instruments are in Appendix B and survey results are in Appendix C.

Claremont Housing Authority

The Claremont Housing Authority serves a rural, western New Hampshire town with a population of 13,902. The housing authority is based on the first floor of the Marion Phillips Apartments, a multi-story building with 100 units. This is the only senior housing complex owned and/or managed by the Claremont Housing Authority.

Two other senior housing complexes are located in Claremont, a 79 unit Section 8 complex owned and managed by a for-profit entity and an 80 unit HUD 202 complex owned and managed by a not-for-profit entity. The HUD 202 complex offered a range of supportive services including congregate meals, an on-site case worker, and recreational activities. Of the three complexes in the area, the HUD 202 had a long waiting list, while the other complexes often had difficulty filling vacancies.

Because of the challenges they faced with residents aging in place and the difficulties they had in filling vacancies when there was a demonstrated need for senior housing in their community, the Claremont Housing Authority decided to increase the support services available to residents of their senior housing. They were confident that by taking these steps, they would become more competitive in the senior housing market in their area.

Through surveying their residents the housing authority clearly identified one problem that they were facing. The management had thought that the demise of the resident's association, which had taken a leadership role in the past in planning recreation and social activities for residents, was due to a lack of interest by residents in having these activities available.

They discovered, however, that over one-third of the residents living in the Marion Phillips Apartments were 80 years old or older and nearly 20 percent of the residents were less than 65 years old. In speaking with residents it became clear that interest was not a problem, rather the leadership of the residents' group had become quite old and frail and new, younger residents had not been successfully integrated.

To address these issues the Claremont Housing Authority hired a part-time service coordinator to assist their frail residents in getting the support services they needed to maintain their independence and to work with the residential community as a whole to implement programs that would make the Marion Phillips Apartments an attractive, friendly place to live.

An essential first step for the service coordinator was to assess the availability of support services in the community. Using a variety of resources including the county-wide directory of supportive services produced as a part of this grant, the coordinator compiled a list of 25 state and local resources and began personally contacting them to introduce the supportive services program and to see how they might best work together to meet the needs of the residents.

The supportive services program was designed as a consumer-driven program and residents were encouraged to get involved in the development of activities and informational sessions. The first step in resident involvement was a market/needs assessment survey to find out what support services they needed or wanted. Within days of the service coordinator being introduced to the residents, she had handled nine requests for service coordination.

In addition to assisting residents individually to maintain their independence, the service coordinator developed an on-going series of informational presentations to provide the residents with the information they needed about benefit programs available to them now and to help them make informed decisions about their options in areas such as long-term care and financial planning.

The service coordinator also experimented with forms of resident empowerment. For example, the housing authority had always performed all of the yard work with little or no input from the residents. The coordinator encouraged the residents to form a garden club and the club soon took responsibility for choosing the flowers, planting them and keeping up the flower beds. The residents felt good about contributing something they could be proud of and they also had a greater feeling of "home" ownership of the complex.

Dover Housing Authority

The Dover Housing Authority joined the AoA grant project for the second year. They are located in a suburban city of 25,042 people in the southeastern corner of New Hampshire. They oversee eight senior housing complexes ranging in size from 6 to 84 units. There is only one senior housing complex in Dover that they do not manage, a 102 unit HUD 221(d)4 complex.

The Dover Housing Authority had developed many successful programs for their family housing complexes in recent years, however they were just beginning to address the challenges facing their senior residents. They felt that surveying the residents of their senior housing complexes was an essential step in developing a supportive services program that would truly meet the residents' needs. Residents living in all eight senior housing complexes were surveyed, with a total of 247 residents participating out of a potential 270.

To gain additional information about what residents wanted in a supportive services program and for purposes of introducing the program to residents, the service coordinator met with many residents, both individually and in groups.

The service coordinator actively recruited volunteers from a local university and various community groups to assist in administering the survey and to assist with programs and special projects as they developed. The coordinator established a relationship with parishioners of a local Episcopal church to provide help with chores, visits, and other resident needs on an on-call basis. This project has served 50 residents since its inception.

In addition, the service coordinator reached an agreement with the Senior Employment Program to have a worker placed with the supportive services program as an assistant. The SEP worker began by assisting 60 eligible residents in filling out applications for the Qualified Medicare Beneficiary Program.

Keene Housing Authority

Keene is a rural city with a population of 22,430 in southwestern New Hampshire. The Keene Housing Authority oversees two senior housing complexes, a 112 unit public housing complex and a 90 unit HUD 221(d)4 owned by a for-profit entity. They had recently had a study done on the need for congregate housing in the Keene area which demonstrated a need existed for support services among the senior population. There are two other senior housing complexes in Keene a 56 unit Section 8 and a 75 unit HUD 221(d)4, both owned and managed by a for-profit entity.

Keene already had a Tenant Relations Officer on staff who had worked with residents on an as-needed basis. They expanded this position to include working on the development of a congregate housing plan and hired a half-time service coordinator to work specifically with the residents of their two senior housing complexes. The housing authority set up a satellite office at the senior housing complex farthest from the main office and the service coordinator established regular office hours. In no time the coordinator was responding to three to five requests for assistance from residents each day.

The service coordinator also established monthly coffee hours at each complex to gather information about what residents wanted in a supportive services program and to provide an open forum for residents to bring issues to the service coordinator's attention. A volunteer at each complex assisted the coordinator by reminding residents of the meetings and encouraging attendance.

Developing volunteer services was also an important part of implementing the Keene Housing Authority's supportive services program. A branch of the University of New Hampshire is located in Keene and the service coordinator secured technical assistance from the faculty of the computer science department on a volunteer basis to provide advise on the resident survey

tabulation and analysis. They also provided training in dBase computer technology for the community volunteer doing the data entry.

The service coordinator established the supportive services program as a volunteer site for an RSVP volunteer and received two hours a week of general clerical support. The coordinator also enlisted the expertise of a retired architect on behalf of the Congregate Assessment Committee to assist in evaluating proposed sites for a congregate facility.

Resource files containing materials and information on support services and community resources were created and assembled for use by the Keene Housing Authority staff and residents. Materials were housed in the housing authority's satellite office and included everything from educational materials on Alzheimer's disease and current brochures gathered from social service agencies to quit smoking "survival packets" from the Better Breathing Program and application forms for individuals requesting financial assistance to obtain eye glasses through the Keene Lions Club.

Laconia Housing and Redevelopment Authority

Laconia is located in the Lakes Region of New Hampshire and has a population of 15,743. The Laconia Housing and Redevelopment Authority owns and manages a 100 unit senior housing complex near the center of town which also houses their administrative offices. In addition they manage a non-subsidized rental property which primarily houses seniors with Section 8 Existing rental assistance vouchers and certificates. There is one other senior housing complex in Laconia, a 75 unit Section 8 complex owned and managed by for-profit entities.

The Laconia Housing and Redevelopment Authority recognized the need for a supportive services program and had hired a part-time service coordinator for the Sunrise Tower Apartments two years before. They developed a very successful program which included congregate meals, a neighbor-to-neighbor peer assistance program, and a variety of educational programs. They wanted to expand this program to the Tavern, the complex they managed but did not own.

The AoA grant gave them the leverage they needed to convince the owners to let them set up a supportive services program for the complex with the commitment from the owners to financially support the program if it was successful. They developed a monthly congregate meal program on-site and recruited an intern to assist with service coordination for the residents and to develop social and informational programs.

The Laconia Housing and Redevelopment Authority did not survey residents of the Tavern Apartments about their need for support services prior to implementing their AoA project. They based the program at the Tavern on the successful model they had developed for the Sunrise Tower senior housing complex.

Through the implementation of their supportive services program they also determined a need existed for a wellness program for seniors. Several times during the previous two years, they

had received written and verbal requests from residents for a senior exercise program. These requests generally followed the monthly educational programs which featured physicians, pharmacists, physical therapists, and other senior exercise groups who spoke about the benefits of exercise and how exercise could reduce the need for expensive prescription medications and medical attention.

The monthly education seminars provided the residents with a vast amount of information pertaining to the aging process and how it affects them. They learned that exercise can slow the irreversible biological changes which occur over ones lifetime. In addition, 40 percent of the residents living in their public housing complex had physical handicaps. This led to the inclusion of a physical therapy program for those who could not participate in the regular exercise program.

Their goal in establishing the Senior Health Connection Program was to promote a healthy, sensible approach to exercise, health issues, and a positive personal attitude with a special emphasis on strengthening muscles, bones, and self-esteem. The program would also promote the facility's meal site, volunteer program, educational programs, health clinics, and social events, with the ultimate goal of encouraging more seniors to leave their apartments and homes and experience opportunities for change and socialization.

The program began with four exercise components: aerobic exercise; physical therapy; aqua aerobics; and senior dance. All of the programs were opened to seniors in the community as well as residents of the housing authority's complexes. Transportation was coordinated for residents of the other senior housing complexes in town.

Newmarket Housing Authority

Newmarket is a small southeastern New Hampshire town with a population of 7,157. The Newmarket Housing Authority owns and manages a 50 unit complex with 14 units of elderly housing, they manage a 25 unit complex with 12 elderly units, and they administer a Section 8 Existing rental assistance program with 45 elderly tenants. There is one senior housing complex in Newmarket, a 27 unit Section 8 facility owned and managed by a for-profit entity.

The Newmarket Housing Authority was the smallest housing authority to participate in this AoA grant project. They felt that hiring an additional staff person to provide service coordination for the residents was not the right option for them so they developed a contract with Lamprey Health Care, Inc., a local provider of health care, information and referral, and transportation for seniors in Newmarket and surrounding towns, to provide service coordination for their residents.

The Lamprey Health Care staff person responsible for their information and referral service set up regular hours at the complexes to provide service coordination for residents. This made a very good match and the coordinator was able to assist residents in getting the services they needed quickly and effectively.

An informational breakfast was held for residents to get their input into the supportive services program. This resulted in the development of social and recreational activities as well as informational programs. Additional marketing of the program was done by mailing flyers to residents of all the senior housing in Newmarket.

The service coordinator met many of the senior residents receiving rental assistance through the Section 8 Existing program by accompanying the housing authority staff during the annual recertification process for rental assistance. The service coordinator introduced the program and asked residents about support service needs. This approach was not highly successful because the residents were often quite anxious about the home inspection being done. In addition, residents may have been reluctant to tell the service coordinator that they needed help while the manager was there due to a fear that they would lose their rental assistance if they could not manage everything independently.

Somersworth Housing Authority

Somersworth is a suburb of a small city in eastern New Hampshire and has a population of 11,249. Somersworth Housing Authority owns and manages three senior housing complexes in Somersworth with a total of 133 units. They also manage the only other senior housing complex, a 26 unit Section 8 complex, which is owned by a for-profit entity.

Somersworth Housing Authority had begun providing service coordination to the Section 8 complex they managed as a part of NHHFA's Robert Wood Johnson Foundation demonstration program. Their positive experience with the RWJF program encouraged them to expand this service to their public housing residents even though they were concerned about their ability to fund the program in a long run.

In addition to having had a market/needs assessment survey done for residents of the Section 8 complex they manage, the Somersworth Housing Authority had recently surveyed 157 seniors in the community, including residents of senior housing. The survey included questions about the services they were currently receiving and whether they had any interest in increased services being provided. The results of the survey were very interesting and showed that there was a need for a supportive services program for seniors in the community at large as well as in housing. The following results were obtained from this survey.

84% were not currently receiving any social services.

87% were not currently receiving any recreational services.

81% were not currently receiving any nutritional services.

48% said they were in need of assistance with shopping, meeting friends, educational programs, and exercise programs.

76% of the respondents were living in assisted housing

80% favored the construction of a senior center.

69% said they needed increased information and referral services.

57% were lonely and isolated.

As a result of these surveys, the Somersworth Housing Authority expanded their supportive services program to include all of the senior housing complexes they managed. The service coordinator began meeting with groups of residents to develop a plan for the delivery of social services under this program. This resulted in a series of health and nutritional programs designed to meet the specific needs of the residents.

Resident Market/Needs Assessment Surveys

The following tables represent the findings from the surveys done for the AoA project. Not all housing authorities reported results for all categories. Generally results reported below are based on averaging the results from four complexes, a total of 503 respondents. In a few instances, however, data from only two authorities was available bringing the number of cases being used for averaging to a low of 328. It is important not to make generalizations from this data since survey participants were not selected randomly.

Information is not included at all for Laconia or Somersworth Housing Authorities since neither authority administered a resident survey as a part of their AoA project. Both authorities used information gathered formally and informally on existing support service programs as a basis for expansion of their programs under the AoA grant.

Demographics

Between 74% and 83% of the residents surveyed were female, between 79% and 92% of the residents were single, and between 79% and 91% of the residents lived alone. Over 99% of the residents surveyed were caucasian. About half of the residents were 75 years of age or older. The percent of residents 85 years of age or older varied greatly between complexes from 8% to 35%.

Roughly one-half of the residents had lived in their respective complexes six or more years and 10% had lived there more than 15 years. About one third of residents 75 years of age or older had lived in their complex six or more years. This is indicative of the "aging in place" phenomenon.

As would be expected in public housing, residents were very-low income. Between 12% and 19% of the residents surveyed had incomes below \$5,000 and between 51% and 58% had incomes below \$7,500.

Health

Residents were asked to rate their health compared to other people their age. Between 66% and 98% said they were either in excellent or in good health. Over 90% of the residents had a regular physician, however, as many as 27% of residents reported putting off needed health care in the past year. The most frequently reported reason for not getting health care when needed was lack of financial resources, the second most reported reason was lack of transportation. Between 46% and 73% of the residents said they would take advantage of health screening if it was offered at their complex.

Family and Friends

Family and friends are often counted on to provide a great deal of caretaking. Often this is not realistic because many younger family members have had to leave rural areas for work and no longer live close by and many older relatives and friends need assistance themselves. One pilot site reported only 1% of their residents did not have any living children, while another reported 21% of their residents did not have any living children. Only about 60% of the residents had children living within 15 minutes of their apartment.

Of the residents who were asked if their families would help them financially, approximately 23% said yes. Between 27% and 58% of the residents said their family or friends would help care for them in other ways.

Support Services

The number of residents already receiving support services at the start of the pilot program varied greatly from complex to complex as did the reported need for each service. Of interest is the number of residents who would use help if it were available. Many of the residents who are currently receiving help also reported that they would use help either because the service they were using was too expensive, was unreliable, or because they felt they were a burden to the caretaker.

Heavy Household Chores			
<u>Pilot Site</u>	<u>% Receiving Help</u>	<u>% In Need of Help</u>	<u>% Who Would Use Help</u>
Claremont	33%	49%	40%
Dover	33	61	45
Keene	9	31	34
Newmarket	0	80	80

Light Household Chores

<u>Pilot Site</u>	<u>% Receiving Help</u>	<u>% In Need of Help</u>	<u>% Who Would Use Help</u>
Claremont	22%	21%	16%
Dover	15	17	15
Keene	--	30	--
Newmarket	13	6	46

Shopping

<u>Pilot Site</u>	<u>% Receiving Help</u>	<u>% In Need of Help</u>	<u>% Who Would Use Help</u>
Claremont	40%	25%	38%
Dover	55	40	36
Keene	51	19	25
Newmarket	0	--	66

Transportation

<u>Pilot Site</u>	<u>% Receiving Help</u>	<u>% In Need of Help</u>	<u>% Who Would Use Help</u>
Claremont	60%	30%	63%
Dover	52	36	45
Keene	8	24	--
Newmarket	40	2	60

Meal Preparation

<u>Pilot Site</u>	<u>% Receiving Help</u>	<u>% In Need of Help</u>	<u>% Who Would Use Help</u>
Claremont	0%	5%	11%
Dover	6	10	13
Keene	12	19	--
Newmarket	20	--	53

Personal Care

<u>Pilot Site</u>	<u>% Receiving Help</u>	<u>% In Need of Help</u>	<u>% Who Would Use Help</u>
Claremont	6%	5%	11%
Dover	7	10	8
Keene	--	19	--
Newmarket	13	4	33

Personal Emergency Response Systems

<u>Pilot Site</u>	<u>% Receiving Help</u>	<u>% In Need of Help</u>	<u>% Who Would Use Help</u>
Claremont	2%	10%	48%
Dover	8	19	43
Keene	--	19	--
Newmarket	--	--	--

Service Coordination

<u>Pilot Site</u>	<u>% Receiving Help</u>	<u>% In Need of Help</u>	<u>% Who Would Use Help</u>
Claremont	48%	16%	51%
Dover	63	37	47
Keene	42	--	33
Newmarket	0	28	67

Recreational Activities

<u>Pilot Site</u>	<u>% Receiving Help</u>	<u>% In Need of Help</u>	<u>% Who Would Use Help</u>
Claremont	62%	--	--
Dover	43	23	16
Keene	--	--	32
Newmarket	--	--	80

Other Services

<u>Pilot Site</u>	<u>Reassurance Calls</u>	<u>Managing Finances</u>	<u>Filling Out Forms</u>
Claremont	32%	12%	9%
Dover	27	11	15
Keene	21	--	--
Newmarket	13	20	20

The Telephone Consultation Service Pilot Program

The concept of providing social work consultation via telephone developed out of NHHFA's work with their RWJF supportive services program. While the majority of NHHFA-financed elderly housing complexes had service coordinators available for residents, the service coordinators often had neither the experience nor the education in clinical social work to assess the most difficult situations they confronted with residents.

Due to the primarily small, geographically isolated, rural nature of many of the assisted housing complexes in New Hampshire, it was not economically efficient nor often feasible for social workers to be hired as service coordinators. In fact, based on our previous experience, we expected that only one percent of the residents living in complexes with a service coordination program would need the assistance of a social worker. For residents living in complexes with no service coordination, it was anticipated that the residents' unmet need for assistance would place a greater burden on managers resulting in increased calls to the social worker.

The premise for developing this program was to provide master's level social work support to assist with those resident situations where the service coordinator or manager was not sure where to turn. The social worker would be available by phone to guide the service coordinator or manager step by step through the problem resolution, providing appropriate referrals to community agencies when on-site social work or nursing assessments were deemed necessary.

NHHFA subcontracted with Crotched Mountain Community Care, Inc., a case management service, to develop and implement the telephone consultation service. They were currently providing similar services for the national Work/Family Elder Care Referral Service. They named their new program the Senior Care Connections Program.

Since a key determinant of success for this program was the establishment of a long-term funding base by the end of the two-year demonstration grant, various funding mechanisms were explored before the start-up of the program. It was decided to establish an annual subscription fee to be paid by the owner or manager of each participating complex. The annual fee was based on the number of housing units being served, not the amount of time the service was actually used.

We used this fee basis for two reasons. First, we felt that a fee for use basis might encourage managers to wait until a situation became critical before calling the service. We felt that managers would benefit the most from the service if they called when they first realized they could use assistance with a challenging situation. The second reason for using an annual fee was to determine the actual level of financial support we could expect to receive for this type service.

Manager Survey Results

An initial marketing survey was developed to assist Crotched Mountain Community Care, Inc. in developing an understanding of the challenges faced by housing managers in working with residents of senior housing. The survey included demographic questions about the managers and questions about their needs for training and the resident population they work with. A complete copy of the survey can be found in Appendix E.

From the 136 surveys mailed to managers throughout New Hampshire, 50 (37%) were completed. The majority of respondents were female (75%). Four percent were between 20 and 30 years old, 71% were between 31 and 50 years old, and 16% were 51 years of age or older. Nine percent did not indicate their age. The majority of managers worked full-time: 52% off-site, 31% on-site, and 10% worked both on-site and off-site.

Ninety-one percent had some type of education beyond high-school and 27% were college graduates. The majority had attended, at a minimum, several training sessions and 78% reported they found them helpful. When asked what they felt was the most important reason for attending a workshop, they gave the following responses.

<u>% of Respondents</u>	<u>Reason given</u>
47	The opportunity to gain information and learn new skills
27	A chance to problem-solve together
9	Networking

The types of formats respondents were interested in for further training included lecture, problem solving (24%), and open group exchange (27%), with 56% indicating a combination of all three types to be the most effective.

The respondents represented approximately 11,000 housing units in complexes ranging in size from as few as seven units to as many as 800 or more. The companies surveyed managed several different types of housing, including complexes for the elderly, families, and handicapped persons. People over 75 years of age resided in approximately 20% of the units. Of the elderly residents, the average age was 72 years.

The managers were asked to identify the three most significant direct service needs of their senior residents. The results are outlined below.

<u>% of Managers Prioritizing</u>	<u>Categories*</u>
73	Housecleaning
44	Financial Assistance with Medical Costs
42	Personal Care
36	Meal Preparation
33	Shopping
24	Mental Health
18	Nursing Care
9	Personal Emergency Response System

* Transportation was inadvertently left out of the category list. This service was identified in prior resident surveys as a significant service need.

When asked to indicate their need for further assistance with or information about handling issues that they might be dealing with on a day-to-day basis, managers responded as follows with over 50% of the managers indicating an interest in all of the topics listed.

<u>% of Managers Interested in Further Assistance</u>	<u>Issue</u>
73	Transferring residents who are no longer appropriate for independent living
57	Networking with service providers
52	Dealing with behaviors that are dysfunctional in your environment; i.e., dementia, alcohol/drug abuse, etc.
50	Mediating tenant disputes
50	Understanding the services available in the community
50	Choosing the right service
50	Advocating on behalf of tenants with service providers
50	Understanding entitlement and benefit programs
50	Working with resident's family members

Marketing the Senior Care Connections Program.

Crotched Mountain Community Care presented the results of the manager survey at a NHHFA conference in November, 1990 to an audience of housing professionals. They used this presentation to kick-off their marketing for their Senior Care Connections (SCC) Program. They offered to provide the telephone consultation service for free for three months with absolutely no obligation to give housing managers a chance to see what the program had to offer. They followed up with a mailing to all management companies providing information about the SCC Program and making the same three months free offer.

After consultation with housing professionals, the annual subscription fee was set at \$5.00 per unit of elderly housing to be served by the program with a cap of \$500.00 per management company. The incentives for housing managers to use the service were as follows.

1. The service provided housing managers with the expertise of a master's level social worker at a very reasonable cost.

2. Once the annual fee was paid, there was no limit to the amount of consultation time provided.
3. The consultation service was available to assist managers in working with residents when eviction appeared to be the only viable option.

NHHFA-financed properties and some of FmHA-financed properties had the added incentive of having the telephone consultation service approved as a legitimate operating expense. A proposal was submitted to the state HUD office to have the service approved as an operating expense for properties they oversaw. The proposal was denied due to a freeze on supportive services funding.

A significant amount of time was spent marketing the service and keeping the service visible to managers. A brochure was developed in May of 1991, along with stationary, a case example and material explaining the benefits of the service. This was an important step toward bringing a professional appearance to the service. This material was distributed through a mass mailing to housing professionals as well as handed-out at two statewide manager association conferences. An additional packet of information about available services in the community was developed and given to managers during marketing visits.

Two Granite State Managers Association Annual Conferences were attended and a presentation was given at the one held in May, 1991. A presentation was given at the Tri-State Housing Authority Conference in July of 1991. A table with information on SCC was available at the two 1991 conferences. Informal networking occurred in the 1992 conference, as all management companies in attendance were already familiar with the service.

The Senior Care Connections Program counselor attended the bi-monthly service coordinator technical assistance meetings to provide information and updates about the program, sometimes formally and sometimes informally. In addition, two management conferences sponsored by NHHFA were attended and the SCC counselor facilitated one of the small group discussions about the problems faced by managers of senior housing in integrating their younger disabled residents into their primarily senior resident population. The small groups had been broken down by geographic area and the one the SCC counselor facilitated spun off into a local group that met quarterly for continued education and networking.

Education

General

Public education was an important part of the AoA project. In order to provide for the growing needs of seniors as they age in place, everyone in the community needs to be informed and involved. Many people hold the mistaken belief that residents of senior housing have the majority of their support service needs met and are much better off than seniors living in the

community. This has often resulted in State and local service dollars being targeted away from seniors living in senior housing complexes.

NHHFA produced Public Service Announcements (PSA's) for television and radio to inform the general public about the aging in place of residents of senior housing. The PSA's received a lot of air play, especially on cable television stations.

A brochure was also developed to provide people with information about the supportive services program. The brochure was distributed at various professional conferences and to community groups.

The project director presented information about this project at national, regional, and state conferences and service coordinators gave presentations to groups in their communities. Two articles were published about the supportive services program, one in *New Hampshire Woman* and one in the *National Council on Aging* newsletter. Local newspapers carried stories of interest to their particular area.

NHHFA's supportive services program publishes a newsletter on their supportive services program quarterly and information was regularly provided in the newsletter about the various projects being developed under the AoA grant. Several of the housing authorities either had newsletters or developed them as a means of distributing information about the program to their residents and members of the community at large.

County directories of supportive services were published and distributed under this grant. Marketing of the directories was aimed at residents of senior housing, seniors in the community, and providers of services to seniors.

Manager and Service Coordinator Training

Shortly after the start of the AoA grant project, NHHFA sponsored a two-day seminar for housing providers. The presentations included an overview of regional and national developments in supportive services for senior housing, an introduction of the Senior Care Connections program, an overview of community services, dealing with difficult behaviors, Alzheimer's disease and related dementias, loneliness and depression, appropriate screening techniques for managers, and resident empowerment as an effective management tool.

Another conference was held during the second year of the grant. The title of this conference was *Mental and Physical Disabilities in Senior Housing: What Managers Need to Know*. Approximately 90 housing professionals and 50 service providers attended the conference. The morning presentation by Bruce Blaney, Senior Research Analyst at the Human Services Research Institute in Cambridge, Massachusetts, focused on the trend of deinstitutionalizing people with disabilities and how this impacts on senior housing, both the residents and the managers. Blaney discussed the impetus for this trend, the view from the disabled person's perspective, and the ramifications on the community as a whole.

The afternoon session consisted of regional breakout groups. Members of each group shared both positive and negative experiences they have had in working with people with disabilities in senior housing and brainstormed ways to address the problems identified. Group members learned a lot about how the housing, mental health, and physical disabilities service systems work.

Bi-monthly technical assistance meetings were held during the two year grant for service coordinators. The meetings provided education and networking opportunities for service coordinators throughout the state. This provided a forum for brainstorming creative solutions to problems and support for dealing with the challenges they all face.

Topics presented at the technical assistance meetings included the following.

- An overview of the physical changes which occur with age
- Assisting residents in dealing with loss and the grieving process
- Communication skills and working with groups
- Services available for people with disabilities
- Services available to help with difficult resident situations, including protective services, Alzheimer's disease support services, mental health emergency services, and intensive alcohol treatment services.
- Evaluating the impact of your supportive services program on meeting residents' needs
- Understanding the Medicare, Medigap, and Medicaid programs
- The benefits of physical and occupational therapy in helping residents to remain independent
- Services for people with head injuries
- Using humor when working with seniors

RESULTS AND FINDINGS

Service Coordination Pilot Programs

Resident Market/Needs Assessment Survey

The results from the resident market/needs assessment surveys were generally what we anticipated and paralleled many of the results obtained from the resident survey NHHFA administered as a part of the Robert Wood Johnson demonstration project. The following table shows the ranking of services from highest to lowest by resident's reported needs and desires for each service. It is interesting to note that except for shopping and transportation, what people needed ranked very closely with what they wanted.

<u>Ranking</u>	<u>Most Needed</u>	<u>Most Wanted</u>
1	Heavy Household Chores	Transportation
2	Shopping	Heavy Household Chores Service Coordination
3	Service Coordination	
4	Transportation	Personal Emergency Response System
5	Light Household Chores	Shopping
6	Personal Emergency Response System	Light Household Chores Meal Preparation
7	Meal Preparation	
8	Personal Care	Personal Care

Below we compare some of the survey results from both the AoA grant project and the RWJF project. It is important not to make generalizations from this information, however, since none of the surveys were based on random samples.

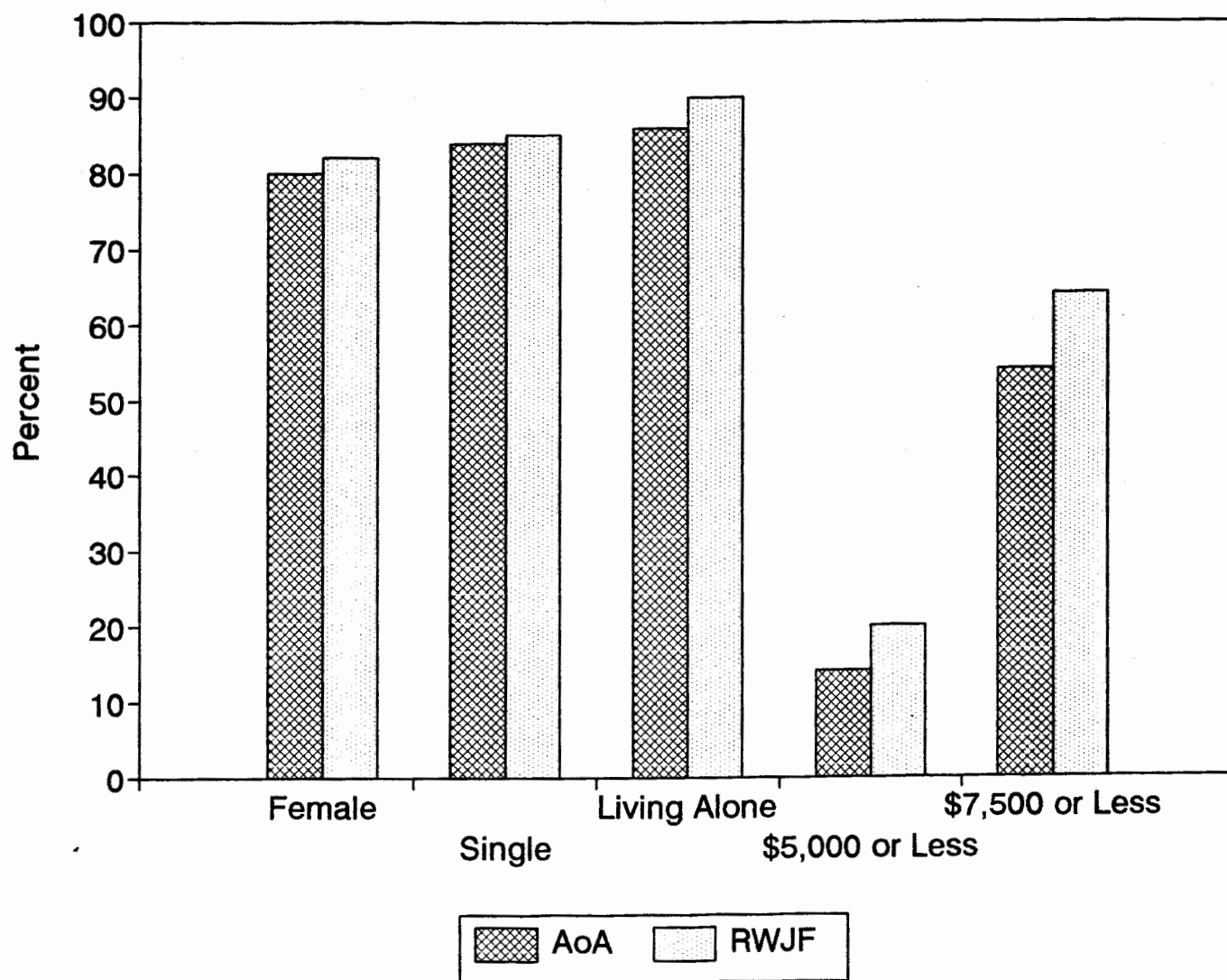
The total number of respondents to AoA surveys was 503, however not all respondents were asked all of the same questions due to the variations in the survey instruments used by each housing authority. The number of respondents to RWJF surveys was 1,126 and the same survey instrument was used for all of the surveys.

Percentages for female residents and single residents are virtually the same and the percentage for residents living alone were four percent lower for residents participating in the AoA project than for residents participating in the RWJF project. Residents in the AoA project also tended to have slightly higher incomes. See Figure 3.

For both the AoA and RWJF projects, roughly half of the residents had lived in senior housing for six or more years and about one-third of the residents were 75 years of age or older and had lived there six or more years. Few of the complexes in the RWJF project were ten years old, while the majority of the AoA complexes had been built more than fifteen years ago.

COMPARISON OF RESIDENT CHARACTERISTICS FROM AOA AND RWJF SURVEYS

FIGURE 3



Seventy-seven percent of residents in the AoA project said they were in excellent or good health, while only 70% of the residents in the RWJF project rated their health as good or excellent. Eighteen percent of the residents in the AoA project compared to 12% of the residents in the RWJF project said they had put off getting health care during the last year.

When it comes to being able to get care when they need it, 56% of the AoA residents, compared to 53% of the RWJF residents said they could get care from family or friends. However, only about a quarter of both groups thought their families could help them financially. The following table shows the difference in family proximity between the two groups.

	<u>AoA</u>	<u>RWJF</u>
No Living Children	11%	20%
Children Within 15 Minutes	59%	45%
Children Within One Hour	68%	56%

The support service needs of residents in both projects were very similar. The greatest disparity was in the areas of transportation and shopping where there was a 9% greater need reported by residents in the RWJF project. This group also reported receiving more assistance with transportation than their counterparts in the AoA project. This may be due to the more isolated locations of the Section 8 complexes. Residents in the AoA project consistently reported a greater willingness to use support services than did residents in the RWJF project.

Heavy Household Chores

<u>Project</u>	<u>% Receiving Help</u>	<u>% In Need of Help</u>	<u>% Who Would Use Service</u>
AoA	19	55	50
RWJ	28	60	45

Light Household Chores

<u>Project</u>	<u>% Receiving Help</u>	<u>% In Need of Help</u>	<u>% Who Would Use Service</u>
AoA	17	19	26
RWJ	15	21	21

Shopping

<u>Project</u>	<u>% Receiving Help</u>	<u>% In Need of Help</u>	<u>% Who Would Use Service</u>
AoA	37	28	41
RWJ	43	37	38

Transportation

<u>Project</u>	<u>% Receiving Help</u>	<u>% In Need of Help</u>	<u>% Who Would Use Service</u>
AoA	40	23	56
RWJ	51	32	49

Meal Preparation

<u>Project</u>	<u>% Receiving Help</u>	<u>% In Need of Help</u>	<u>% Who Would Use Service</u>
AoA	10	11	26
RWJ	11	13	10

Personal Care

<u>Project</u>	<u>% Receiving Help</u>	<u>% In Need of Help</u>	<u>% Who Would Use Service</u>
AoA	9	10	17
RWJ	11	13	10

Personal Emergency Response Systems

<u>Project</u>	<u>% Receiving Help</u>	<u>% In Need of Help</u>	<u>% Who Would Use Service</u>
AoA	5	16	46
RWJ	2	14	37

Service Coordination

<u>Project</u>	<u>% Receiving Help</u>	<u>% In Need of Help</u>	<u>% Who Would Use Service</u>
AoA	38	27	50
RWJ	42	23	44

Other Services

<u>Project</u>	<u>Reassurance Calls</u>	<u>Managing Finances</u>	<u>Filling Out Forms</u>
AoA	23%	14%	15%
RWJF	28	8	12

It is clear from the survey results that residents of senior housing in New Hampshire have a need for support services to enable them to remain living independently regardless of whether they live in public housing or in Section 8 housing.

Support Services Provided

A total of 731 residents received assistance through the AoA supportive services programs at the six pilot sites. The following table shows the breakdown of residents served by pilot site and type of housing subsidy.

<u>Pilot Site</u>	<u>Public Housing Complex</u>	<u>Other Federally-Assisted Housing Complex</u>	<u>Section 8 Existing Program Residents</u>	<u>Total</u>
Claremont	79	5	21	105
Dover	146	0	0	146
Keene	121	99	0	220
Laconia	58	15	5	
Newmarket	18	29	10	57
Somersworth	<u>119</u>	<u>6</u>	<u>0</u>	<u>125</u>
Total	483	139	31	653

The types of services coordinated for residents included light and heavy household chores, transportation, meals, and personal care. The following table shows the number of residents benefitting from the coordination of these services by service type.

<u>Support Service</u>	<u># of Residents Receiving Assistance</u>
Light/Heavy Household Chores	141
Transportation	246
Meals	59
Personal Care	41
Managing Finances or Filling Out Forms	152
Reassurance calls/visits	<u>248</u>
Total	887*

* Some residents received more than one service.

All of the pilot sites also implemented community-building programs, including social and recreational activities and informational programs. This type of program is very important in impacting on the isolation of senior residents and is an ideal milieu for empowering residents.

A sample of activities and topics included in these programs follows.

Social/Recreational Activities

Art Show	Meal Exchanges with Senior Groups
Bingo	Mt. Washington Cruise
Blind Club	Museum Trips
Boothbay Harbor Trip	Musical Entertainment and Therapy
Boston Red Sox Trip	New Hampshire's Senior May Day Trip
Breakfast Meetings (weekly)	Oil Painting Classes
Christmas Lights Tours	Open Houses
Cookouts/Picnics	Post Office Tour
County and Town Fairs	Potluck Dinners (Monthly or Holiday)
Craft Classes and Fairs	Recycling Programs
Doll Show	Saturday Night Movies
Exercise/Fitness Programs	School Chorus Concerts
Garden Club/Beautify America Program	Shopping Mall Trips
Health Fair Trips	State Park Trips
Library Program	Volunteer Recognition Parties

Informational/Educational Programs

Adult and Elderly Services	Hospice
Advanced Medical Directives/Living Wills	Medicare/Medigap Insurance
Aids Awareness	Mental Illness
Alcohol and Chemical Dependence	Nutrition and Microwave Cooking
Alcoholics Anonymous Meetings	Prescription Drugs
Alzheimer's Disease	Program Development and Assessment Meetings
Breast Cancer	Qualified Medicare Beneficiary Program
Brown Bag Clinics	Relaxation and Visualization
Diabetes	The Value of Exercise
Durable Power of Attorney	Transportation
Environmental Issues	Tuberculosis
Financial Planning and Empowerment	Vial of Life
Fire Department/Safety Issues	Volunteer Opportunities for Seniors
Health Care Benefits	World Issues and Geography
Health Issues (Monthly)	Your Town Officials

The oil painting class instituted by Newmarket Housing Authority is a good example of the impact an activity can have on the quality of life of senior residents. The service coordinator sent a press release about the supportive services program to the local newspapers requesting people to volunteer to share their talents and skills with the seniors. An oil painting instructor contacted the coordinator and agreed to provide 10 weeks of lessons, including all materials, for a weekly charge of \$3.00 for each participating resident.

All the seniors who attended each finished three paintings and at the end of the class they held an art show. They took such pride in their work that they also set up a display during Newmarket's Olde Home Weekend and named their group the Newmarket Supportive Services Senior Art Guild.

The service coordinator reports that this program has shown a remarkable impact on the seniors that participated. New friendships have been formed and the socialization has had a noticeable effect on their lives. They have really taken off with this program and many of them are now painting in their homes as well as attending classes. The relationships they have developed with each other and with the instructor has given them an obvious sense of pride in their own accomplishments as well as the accomplishments of their newfound friends.

Community Awareness Projects

One of the goals for each supportive services program was not only to develop a sense of community within their senior housing complex, but also to increase the connection between the residents and the community at large. This was done primarily through networking with other service providers and speaking to local community groups and having representatives from these groups come to meet and talk with the residents.

From this type of interaction several projects emerged. In one instance, the local Lions Club provided free glasses to several residents of the complex. The residents in turn held a drive to pick up old glasses frames to contribute to the Lions Club. Another example involved a resident needing assistance to move to a handicapped apartment. The local Rotary Club provided volunteer assistance with help from one of their member's furniture store. In the process, the resident learned about an on-going Rotary Club project to help people learn to read and she began volunteering to help someone else.

As was the case with the oil painting class, people in the community often volunteered when they knew there was a specific need to be met. This might be an on-going project, such as the art class, or a one time project. One-time projects included spring clean-ups by volunteers from police departments and church and youth groups; a free winter coat cleaning offered by a local dry cleaning company; the distribution of Thanksgiving baskets by a police department; free rides to events sponsored by the supportive services program donated by local bus companies; and many people, both individuals and groups, who volunteered to present educational programs or social activities for the residents. People in the community also donated items for the seniors to use. Examples include free tickets to a Red Sox game; free craft materials; food for picnics; and a microwave oven.

Each supportive services pilot program also developed a project specifically inviting seniors from the community to participate in an effort to better integrate their complex into the larger community. Claremont Housing Authority sponsored a Living Will Seminar which attracted 300 seniors. A local attorney paid for the printing of the Living Wills and a local bus company

provided free rides to everyone going to the seminar. After the seminar, the living wills were notarized and copied for anyone who wanted.

The service coordinator reported that this project increased peoples' awareness of the housing authority and gave their residents a sense of pride by providing a valuable service and in being a leader among seniors in Claremont. Many old friendships were renewed and residents developed a stronger connection with the larger community. An added benefit to the housing authority was the positive view potential senior residents had of the housing authority's staff, residents, and building.

The Keene Housing Authority worked with the Keene Sunrise Lions Club, the Monadnock Volunteer Center, and Home Health Care and Community Services to provide a Health Screening Day for seniors in Keene. The Lions Club provided a health van, the housing authority provided space, and the other two sponsors provided the volunteers. Health screenings were done for blood pressure, cholesterol, glaucoma, and hearing and dental problems by professional health care providers. A total of 45 seniors participated and the Lions Club decided to make the Health Screening Day one of their annual projects.

The small town atmosphere of Newmarket benefitted the residents of the Newmarket Housing Authority from the start. The housing authority offered many health related programs and clinics that were open to all seniors in the community through their subcontract with Lamprey Health Care for service coordination and they regularly had residents from other complexes and the community in attendance. Lamprey Health Care also provided transportation for the residents to pick up locations for social trips they sponsored for area seniors.

The Somersworth Housing Authority combined efforts with Care Pharmacy/Care Health Services to sponsor a Health and Safety Festival for local senior citizens. Booth space was offered by invitation only to community resources catering to health, safety, nutritional, and social concerns of seniors. Seniors were included in the planning and surprised the service coordinator by requesting that funeral home directors be invited to participate. The "health and safety" theme covered everything from getting healthy to staying healthy to dealing with death and dying. Over 125 seniors attended from Somersworth and surrounding communities. The festival was so successful, they are planning to make it an annual event.

The Dover Housing Authority had not completed a project specifically targeting seniors in the community as well as their own residents at the end of their one-year grant. In part this was due to the number of complexes in which the service coordinator needed to develop supportive services programs, and partly to the goal of the service coordinator to activate volunteers in the community to develop and provide many of the services.

Laconia Housing and Redevelopment Authority's Senior Health Connections Program was designed to involve seniors from other complexes and the community at large. To date, they had not been as successful as the other housing authorities in getting the transportation seniors need to attend their programs. The results of the Senior Health Connection Program implemented by

Laconia Housing and Redevelopment Authority are reported below. This information is for the first six months of the program.

<u>Type of Activity</u>	<u># of Residents Participating</u>
Aerobic Exercise	43
Physical Therapy	29
Aqua Aerobics	12
Senior Dance	10

Participation has been lower than expected and has dropped steadily through the summer months. The service coordinator and volunteers contacted program drop-outs by telephone to get feedback on the program and why they were no longer participating. Most of the residents contacted said they were still interested in participating in the exercise program but because summer was so short they wanted to enjoy the warm weather with family and friends.

They also got feedback on the instructors of the various activities. The personality of the instructor did seem to make a difference. Some people felt that the dance instructor's jokes were "off-color" and just not acceptable. The aerobic exercise class was very successful under the initial instructor, but when she left to return to school the class disbanded after about one month with another instructor.

This was evident in the physical therapy program as well. When the regular instructor had a substitute cover for his vacation, residents made it very clear they preferred their regular physical therapist because he did not push them as hard.

The service coordinator is taking steps to increase participation. She has developed a brochure about the program and has presented information about the program to many senior groups in the community.

Telephone Consultation Service

During the Senior Care Connections initial six-month free trial period, only 8 calls for assistance were received and no management companies had signed up. At this time marketing efforts were reviewed and stepped-up even more to include an aggressive schedule of calling and visiting managers. The schedule included the following.

1. Contact management agents of all federally-subsidized senior housing to arrange a marketing visit.
2. Contact site managers with active cases with Senior Care Connections every two weeks for follow-up.

3. Contact SCC member site managers without currently active cases once a month to ask about possible referrals.
4. Contact at least 15 site managers who are not members of SCC to market the program and to inquire about possible ways the SCC counselor might be of assistance.
5. Follow-up with management agents whose on-site managers have used the service to continue marketing the program.

In addition the free period was extended for another six months, until January, 1992 so the managers could try the service and experience the benefits while the new marketing plan was being implemented. It was after this new marketing plan was implemented that management companies who had been using the service during the free period, slowly began to sign on. By the end of the first year of the program, however, only two management companies had paid their annual subscription fee.

A focus group was held to help gain a better understanding of how the Senior Care Connections program was being viewed by housing management professionals, whether they perceived a need for such a program, and what factors came into play in determining whether they subscribed to this type of service. Eight housing professionals were invited and seven attended the focus group.

The feedback from participants in the focus group indicated that all but one did not perceive the service as offering them anything they needed. Of the six participants with service coordinators for their properties, five felt that their service coordinator should be able to find the information they needed for their residents. This was true even though some of their service coordinators had used the service and found it helpful.

The sixth felt that the service was helpful in the sense of training her service coordinators, however she expected that her service coordinators would be able to handle everything once they had more experience. The only participant without a service coordinator felt the service would not be of benefit to her because she had no one to carry out the recommendations of the SCC counselor.

Through further discussions with managers, the SCC counselor identified the following three barriers to management companies participating in the SCC program.

1. Tight financial restraints which make it impossible to sign up, especially if the property is budget based or are confronting other major expenses.
2. Having a service coordinator with an extensive background and knowledge of social services, or a manager who has worked extensively with supportive services and knows the social service system. The additional cost of hiring an outside agency to provide

information that a service coordinator or manger already knows, may not be justified to the management agent.

3. The belief system of the manager. Some mangers feel they can handle everything on their own without professional assistance. They do not want an outsider working with their residents, and in some cases may be unable/unwilling to acknowledge that some of their residents need assistance to live independently and that they have a role in identifying that need.

After evaluation of the first year of the Senior Care Connections Program, it was agreed that there simply was not the demand for the current level of staffing, and it was not reasonable to assume that the demand would grow dramatically over the next year. As a result of these findings, the SCC Program was cut by 50% for the second year of the grant.

During the second year of the grant, nine new management companies signed up, bringing the total number of SCC members to eleven. Between the eleven management companies, 20 complexes with a total of 786 units of senior housing were being served. This represented approximately 25% of the total SCC Program market. The fees generated for the SCC Program reached \$3,000 at the end of the second year.

The best strategy for marketing the SCC Program turned out to be meeting with the managers face-to-face to explain the service. Managers who actually signed up for the service knew right away that the service had something to offer them. In all of the cases, the manager had had a previous experience with a resident where consulting with a professional had positively impacted the outcome of the situation. Those who signed up for the service, for the most part, shared the following characteristics.

1. They were likely to recognize the importance of consulting with a professional when dealing with certain resident problems.
2. They provided, or were interested in providing, supportive services for their residents, however, if they had a service coordinator, they did not expect the coordinator to be able to handle all of the various problems the residents might have without outside assistance.
3. They had all had problems with residents in the past which they felt they were not able to handle adequately without professional assistance.

A total of 61 service requests and 46 follow-up contacts were made over the two-year grant program. Three of the eleven management companies who signed up employed service coordinators. Two of those three management companies used the service regularly, the other rarely used the service. The most active user was a complex with an on site manager who was interested in supportive services and active in a professional organization for managers. She managed 40 apartment units for a non-profit organization. The least active was a small complex with no manager on site.

From January of 1992 until September of 1992, 36 service requests were received from paid members. Of the 61 calls to SCC, 25 occurred during the free period. There was a total of 46 follow up calls, only two of which occurred during the free period. Most requests for assistance required an average of one or two follow-up calls before the problem was resolved. A few required more than three follow-up calls.

Assistance with mental health issues accounted for a majority of the service requests from participating management companies. Problems with depression and paranoid behavior were the most common mental health concern managers called about. Problems with a resident's behavior was also a common reason for calling. In one case, a resident was refusing to bathe. This resulted in complaints from other residents when the unbathed resident used the community room. Counseling on how to talk to the resident, and how to approach the family was provided to the manager resulting in a successful outcome. Mental health issues, especially when behavioral problems were involved, also accounted for the greatest number of follow-up calls.

Assistance with medical problems, or health related issues such as an illness, accounted for 14% of the calls to the SCC Program. Requests for assistance with financial problems accounted for 19% of all calls. Residents with alcohol or medication abuse problems accounted for 11% of all calls. These problems were often complicated by additional medical or mental health problems.

Calls which were related to suspected abuse or self neglect severe enough to require reporting to the Division of Elderly and Adult Services came to 11% of all calls. In such cases the manager was often not sure if he/she should be reporting the resident. Support was needed to assure them that they were doing the right thing.

One interesting note is that only two calls from managers were about younger persons with a disability who lived in senior housing. All but one of the mental health and alcohol problems the SCC Program received calls about involved elderly residents.

In an effort to educate managers on supportive services issues, and to increase visibility, four network meetings for service and housing providers in the Seacoast Area were organized by the SCC Program counselor. Four housing providers attended the meetings and four service providers regularly attended. Three speakers made presentations, one on Mental Health and the Elderly, another on Protective Services and the third on the Mentally Ill in Senior Housing. Although these meetings did not produce new members, one manager became more involved in service coordination, and may become a member of SCC in the future.

The monthly calls to SCC Program members who did not have active cases proved useful. Many members commented that they appreciated the calls and felt supported in their roles as managers.

A data base program for service listings was developed, and service data obtained from NHHFA was entered into the program. The data base was completed in September, 1991 and was subsequently used in providing appropriate referrals to participants of the Senior Care

Connections program. The data base has not performed as expected, however. It is slow and not very useful when trying to locate resources quickly. The entire program is being rewritten using Cobalt, which should speed up the time it takes to locate resources.

A follow-up Program Evaluation Survey was developed and completed in September, 1992. The survey measured the managers perception of how the service impacted them and their operations. Results of the survey indicated that the service did have a perceived impact upon managers who were members. Results are in Appendix E.

The managers felt they were supported by the service, that their skills and abilities were increased, and that there was at least some preventive work done with their residents. The following provides examples and support for the benefits managers received by using the SCC program.

Support - The program goal of offering support to members was achieved. Support can help alleviate a manager's feeling of being "alone with a resident's problem". Since many managers work alone on site, they rarely get an opportunity to discuss ways of handling residents' problems, or to work through feelings of grief over a long time resident's death.

For example, a manager called because she was feeling alone and having to deal with four resident deaths in one month. A key component of the consultation is encouraging the managers to express and acknowledge their feelings about their residents, and to recognize how their feelings effect the way they deal with residents. Increased feelings of being supported reduces isolation, which in any setting can reduce productivity and cause workers to "burn out" quickly.

Along with support, the survey also measured how reassuring it was to the manager to just know the service was available. This may indicate that just subscribing to the service reduces feelings of isolation.

Relief of Stress - It was interesting to note that the relief of stress was not scored as highly as the evaluation questions measuring support. This might have been a result of the fact that the manager was still the person who had to deal with the situation. Taking an active role rather than letting things continue as they had been can increase anxiety and stress during the initial stages of problem solving.

An example of this was a call from a manager who needed to deal with a resident with mental health problems who talked to herself and made loud noises at night, disturbing other residents. The manager was afraid of her and afraid to confront her so initially tried to ignore the problems the resident was causing, hoping she would stop. After the manager discussed her fears about the resident with the SCC counselor and the SCC counselor provided her with educational information on mental illness, the manager was finally able to take some constructive action.

First, she wrote her resident about the problem, then she finally met with her for a discussion. The resident was also unhappy with her neighbors, and was happy when a new apartment in

another building opened up, offering her more privacy. This solution could not have been reached if the manager had not explored her fears about the resident and confronted her feelings about mental illness. While stressful at first, the end result of having happier residents was much less stressful in the long term.

Skill and Abilities - Increasing participating managers' skills and abilities in working effectively with social service agencies and residents was another goal achieved by the program. An increase in problem solving skills for managers occurred naturally as a result of the way the service was designed. When a call was received, information was collected, the problem was identified, and possible causes explored. Several strategies for working with the resident were also explored which included reviewing the pros and cons to each approach.

This method of problem solving taught the manager to gather information and generate possible remedies in an organized manner. It reduced the helpless feelings that managers may feel when they have tried everything and do not know what to do next.

The managers' abilities to work with social service agencies was increased through educating managers on how the various state and community services are provided. One of the SCC counselor's findings from visiting managers was that very few managers knew they were required to report abuse and self-neglect to the Division of Elderly and Adult Services. In addition, many managers were not sure what services the Division of Elderly and Adult Services could provide.

During every marketing visit, including visits to current members, a copy of the New Hampshire law regarding the reporting of abuse and neglect was distributed and the functioning of the Division of Elderly and Adult Services was explained. Service coordinators, on the other hand, were much more familiar with reporting abuse and were knowledgeable about the Division of Elderly and Adult Services.

Working with Mental Health Centers was another area where managers experienced difficulties. Questions about the limits of the mental health centers and issues of confidentiality were frequently discussed. Managers were often frustrated by the lack of response from mental health centers when they called about one of their clients who was being disruptive.

Signed contracts initiated by the mental health caseworker involving the resident, manager and caseworker, was a way suggested by the SCC counselor to have a process in place to address a problem when it arose. If, for example, a problem arose where a resident was not maintaining his/her apartment in a safe and sanitary manner and refused to allow a housekeeper to assist, the manager could then call a meeting with the resident and the caseworker to discuss the problem, before it becomes a major issue or cause for eviction.

The reverse could also occur if the resident had a problem with his or her housing that the manager was not addressing. The resident could then call for a meeting. While such a contract cannot be required as a condition of occupancy, a case can be made by the manager for using

this approach. Utilizing such a contract may be the only way the manager can make "reasonable accommodation" for the mentally disabled resident to meet his/her lease obligations.

Managers had the most knowledge about visiting nurse services and homemaker services. Most were also able to direct residents to the appropriate agency for Medicaid, food stamps, and fuel assistance.

Prevention - Managers felt that the SCC program prevented resident situations from worsening. They did not appear to perceive the service as saving them time, however. Perhaps this is because in the short term, much time was spent on exploring remedies to the problem. Since the service scored well in preventing the situation from worsening, perhaps the savings of time was in the long run.

SUMMARY AND CONCLUSIONS

Supportive Service Pilot Programs

The supportive service pilot programs have been very successful. Residents and managers have both found the programs developed beneficial. For many residents the supportive services programs not only made it possible for them to remain living in their homes, it improved the quality of their lives as well.

Over 700 residents received assistance from a service coordinator during the course of the grant to help them remain living independently. Residents were primarily assisted in obtaining help with household chores, shopping, and transportation. The coordinators also helped many residents apply for and receive entitlement benefits when they were eligible.

Hundreds more benefitted from the informational programs and social and recreational activities developed as a part of the supportive services programs in an effort to decrease the isolation experienced by many senior residents and to increase the quality of their lives. The many benefits of providing seniors with these types of programs include resident empowerment, prevention of avoidable health related problems, and the opportunity for early intervention for residents with problems.

Housing professionals benefitted from the supportive services programs in many ways as well. John Day, Executive Director of the Claremont Housing Authority summed up the benefits of their supportive services program in the following way.

"In summary, this program has become a very positive management tool. It helps with three basic management goals. It helps frail elderly stay in their apartments longer, thus decreasing apartment turnover. It helps make the social structure of the project more positive, limiting social problems that can take up so much management time, often with little good to show for the time spent. As word spreads throughout the community that the Authority is committed to making the project a nicer place to live it helps with the marketing of the vacant apartments."

The fact that all of the supportive services programs developed under this AoA grant are continuing beyond the end of the grant funds speaks highly of the benefits the housing authorities experienced from the implementation of these programs. Continuation funds, however, have had to be scraped together from a variety of sources leaving the programs in financially tenuous positions.

Funds for the supportive services programs are presently coming from various sources including a local charitable foundation, Section 8 reserves, unrestricted housing authority funds, and in the case of the housing authority contracting for service coordination, from in-kind services provided by the contractor. In addition, service coordinators have become responsible for providing

service coordination to additional programs, such as the HOPE for Elderly Independence and Family Self-Sufficiency programs, to help spread the cost of the service coordinator.

The use of Senior Employment Programs funded by Title V, the Retired Senior Volunteer Program, and the Senior Companion Program have also been invaluable resources in making the service coordinator's time and efforts go farther. These senior workers and volunteers have provided assistance to the service coordinators in many ways. Some have worked directly with residents, helping them to apply for entitlement benefits or providing companionship. Others have provided office support such as typing and filing. They have also been positive peer role models for other seniors.

This type of funding is not very stable and makes the provision of support services haphazard at times because of the competing priorities service coordinators face when having to serve multiple programs without enough resources. Most housing authorities hope that HUD will also see the value in offering a supportive services program to residents of senior housing and will provide funds to allow them to include the program as a part of their regular operating expenses for the complex.

It is encouraging that HUD has made service coordination an allowable expense for HUD 202 properties and hopefully it is only a matter of time before HUD will approve something similar for public housing. Too many HUD officials, however, still believe the function of housing providers as strictly "bricks and mortar" and do not allow service coordination as an allowable operating expense.

Continued education of HUD officials and our representatives in congress is needed to assure that the benefits of supportive services programs in senior housing are recognized as an efficient and cost-effective way to provide services to those in need. Without these programs, residents will continue to be unnecessarily institutionalized, costing the public much more in the long run.

Telephone Consultation Service

The telephone consultation service, Senior Care Connections, has provided support to managers, has increased managers skills and abilities to work with residents, families, and social service agencies and has prevented situations with residents in senior housing from worsening.

The SCC Program found that the best candidates for enrollment in this service were management agents with on-site managers who were interested in supportive services, management agents who could not afford to hire a service coordinator, or a management agent whose service coordinator was in need of support from a professional social worker.

It is apparent from the types of management agents enrolling in the SCC Program that education about the benefits of utilizing a professional social worker is necessary before the SCC Program will be seen as a valuable tool by most managers. It was difficult for many managers to understand what the social work process could offer in assessing a difficult situation and

preventing problems from recurring, yet managers who had experienced a problem requiring professional social work intervention in the past understood that social work entails much more than "just common sense".

The service had difficulty becoming self supporting financially because the enrollment fee the housing providers would pay for the service was not high enough to cover the costs of providing the service. Since the SCC Program was successful in enrolling 25% of the available market, the service might be more successful in areas where a larger market of management agents of subsidized elderly housing exists.

The costs of providing the telephone consultation service do not increase proportionately with increases in enrollment due to fixed costs such as salaries remaining the same. In addition the initial costs of marketing a new program may decrease as housing providers become more familiar with the program.

Another way the provider of the telephone consultation service might be able to become financially viable is to combine the program with other services which require maintaining an MSW on staff. This would spread the set costs of the program over a larger service population. Crotched Mountain Community Care, Inc. is exploring such a plan. They are looking into the feasibility of expanding the Senior Care Connections Program to include service coordination for senior housing, particularly complexes funded through the Farmers Home Administration which currently do not provide support services.

The Senior Care Connections Program is continuing past the end of the grant with a slight increase in the enrollment fee. It is estimated that the telephone consultation will require an average of 10 hours per week to serve its current membership. The telephone consultation service is being combined with other services to justify maintaining an MSW on staff. Additional funding is being provided by the parent organization, the Crotched Mountain Foundation.

APPENDIX A
MEMORANDUM OF UNDERSTANDING

August 2, 1990

**MEMORANDUM OF UNDERSTANDING
BETWEEN NEW HAMPSHIRE SOCIAL SERVICE PROVIDERS
AND NEW HAMPSHIRE HOUSING PROVIDERS
PROVIDING SERVICES TO THE ELDERLY AND
INCAPACITATED ADULTS**

Introduction:

Currently, within the State of New Hampshire there are 141,859 residents over the age of 65. By the year 2000 it is projected that there will be 179,713 residents over the age of 65. Many of these individuals, as well as many incapacitated adults, are in need of supportive services and housing in order to live safely and independently.

However, the limitations on public funding and the lack of coordination between agencies in delivering supportive services presents the state's population with many barriers in accessing the needed services.

Thus, the goal of this memorandum of understanding is to provide an opportunity to housing and service providers in the State of New Hampshire to discuss and coordinate their respective programs in order to improve the access, and delivery of services to seniors and incapacitated adults.

Goals To Be Accomplished:

Therefore, the undersigned agency representatives agree to work in a cooperative effort in promoting the following goals:

1. To make the delivery of services and housing more accessible to our senior population in order to prevent premature institutionalization by increasing information and outreach efforts, staff availability and technical assistance needed by staff and clients alike.
2. To coordinate Federal, State, Local and private organizations in the provision and delivery of needed services so as to avoid duplication and utilize resources in the best possible way.
3. To improve effectiveness and efficiency in our current delivery system.

Objectives:

Since most agencies perform some or all of the following tasks, ^{see} have been very general in stating the objectives.

1. Agency directors shall give program staff full support in developing cooperative relationships which will enhance the delivery of services to seniors.
2. Program staff shall meet at the local level to provide information regarding their respective programs and develop a coordinated approach to the delivery of various and needed services, especially for serious or emergency cases.
3. Agency policy makers shall meet to discuss conflicting program requirement in an effort to make changes, where possible, which could alleviate the long and sometimes difficult process of receiving services.
4. Agencies shall develop priorities which will target populations most in need of services.
5. Agencies shall develop a local exchange of program information and policy changes which may affect clients. This could be accomplished in a newsletter fashion or some other means which is convenient and practical for those agencies involved.
6. Agency directors shall encourage staff to explore ways in which the delivery and access of services may be improved.

Executed by , a duly

authorized representative of Division of Elderly and Adult Services,

on October 17, 1990.

APPENDIX B
RESIDENT MARKET/NEEDS ASSESSMENT
SURVEY INSTRUMENTS

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Claremont and Dover Housing Authorities

1. Line Number: _____
2. Interviewer Number: _____
3. Completion: _____
4. State: _____
5. Development: _____
6. Respondent's Age:
 1. Under 75
 2. 75 or over

Apt. No.: _____

Name: _____

Attempts to interview:

	<u>Date</u>	<u>Completion (yes or no)</u>	<u>Reason if no</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

This survey was developed by Market Street Research for the Robert Wood Johnson Foundation's Supportive Services in Senior Housing Program.

Hello, may I speak with _____? (IF NOT HOME--When should I call back to speak with her/him)?

Hello, my name is _____ and I am working with New Hampshire Housing Finance Authority. NHHFA is interested in improving the services available to people in housing for the elderly. We are conducting a survey of people in your complex and in complexes like yours across the state in order to get your opinion on what services you might be interested in. This survey is completely confidential. Would this be a good time to talk to you? (IF NOT--When would be a more convenient time to talk to you?)

7. First, including yourself, how many adults currently live in your household?

- 0. No answer...not asked
- 1. One...GO TO 9
- 2. Two
- 3. Three

8. Do you live with:

- a. No answer...not asked
- b. Your spouse...GO TO 11
- c. Another related adult
- d. An unrelated adult

9. Are you:

- a. No answer...not asked
- b. Single
- c. Married*
- d. Divorced...Separated
- e. Widowed

*ASK IF A ONE ADULT HOUSEHOLD AND RESPONDENT IS MARRIED

10. Where is your spouse living?

- a. No answer...not asked
- b. In a nursing home
- c. In a hospital/other medical facility
- d. With adult child/other relative
- e. Other
- X. Don't know

ASK ALL TENANTS - NHHFA is considering offering more services to residents. The services would be designed to help people with the day to day tasks of everyday living.

11. What specific services for day to day living do you think would be most useful for people in your complex? (DON'T READ ANSWERS...CIRCLE ALL THAT APPLY)

- a. No answer...not asked
- b. Help with heavy household chores (washing windows, scrubbing floors)...GO TO 13
- c. Help with light household chores (dusting, washing dishes)...GO TO 13
- d. Help with meal preparation...GO TO 13
- e. Help with shopping...GO TO 13
- f. Help with transportation...GO TO 13
- g. Help with personal care (bathing, dressing)...GO TO 13
- h. Other (PLEASE SPECIFY)_____
- X. Don't know
- N. None GO TO 13

(ASK IF DID NOT MENTION ANY PERSONAL SERVICES) Some of the types of services that could be provided would help people with things like shopping, housekeeping, and transportation.

12. In your opinion, how much interest do the people living in your complex have for those types of services?

- 0. No answer...not asked
- 1. Great interest
- 3. Somewhat of an interest
- 4. Little or no interest
- X. Don't know

ASK ALL: Next, I would like you to think about yourself (and your spouse).

13. What specific services would you be interested in for yourself (and/or your spouse)? (DON'T READ ANSWERS...CIRCLE ALL THAT APPLY)

- a. No answer...not asked
- b. Help with heavy household chores (washing windows, scrubbing floors)
- c. Help with light household chores (dusting, washing dishes)
- d. Help with meal preparation
- e. Help with shopping
- f. Help with transportation
- g. Help with personal care (bathing, dressing)
- h. Other (PLEASE SPECIFY)_____
- X. Don't know
- N. None

Next, I'd like you to think about some specific services.
(SHOPPING)

14. Does someone help you one or more times a month with your shopping?

- 0. No answer...not asked
- 1. Yes
- 2. No...GO TO 20
- X. Don't know...GO TO 20

15. Who usually helps you with your shopping? (If more than one, ask: Who helps you most frequently?) CIRCLE ALL THAT APPLY

- a. No answer...not asked...GO TO 17
- b. Spouse...other household member...GO TO 17
- c. Adult child, other relative...GO TO 17
- d. Friend, neighbor...GO TO 17
- e. Building employee: Manager...GO TO 17
- f. Building employee: Other...GO TO 17
- g. Pays a person to do it...GO TO 17
- h. Pays an agency to do it
- i. Receives free help from an agency
- j. Other (PLEASE SPECIFY) _____
- X. Don't know...GO TO 17

16. Which agency helps you with your shopping?

17. How frequently does that person/agency help you with your shopping?

- 0. No answer...not asked
- 1. One or more times a week
- 2. Two or three times a month
- 3. Once a month
- 4. Less than once a month
- X. Don't know

18. Does that person/agency go out and do your shopping for you, drive you to and from shopping, or does he/she drive you and help you while you shop? (DON'T NEED TO READ ANSWERS)

- a. No answer...not asked
- b. Person does shopping for respondent
- c. Person drives...doesn't help shop
- d. Person drives...helps shop
- e. Varies...does combination
- X. Don't know

19. How satisfied are you with the help you receive with your shopping?

- 0. No answer...not asked
- 1. Very satisfied
- 2. Somewhat satisfied
- 3. Somewhat dissatisfied
- 4. Very dissatisfied
- X. Don't know

19a. How much do you pay for this service? _____

20. (If that person/agency is not available,) how difficult is it for you to get your shopping done?

- 0. No answer...not asked
- 1. Very difficult
- 2. Somewhat difficult
- 3. Not difficult
- X. Don't know

21. If there were a service that helped people in your complex with shopping, how likely do you think you would be to use that service?

- 0. No answer...not asked
- 1. Very likely
- 2. Somewhat likely
- 3. Somewhat unlikely...GO TO 26
- 4. Very unlikely...GO TO 26
- X. Don't know

22. Would you want someone to do your shopping for you, to drive you to and from shopping, or to drive you and help you with your shopping? (DON'T NEED TO READ ANSWERS)

- a. No answer...not asked
- b. Do shopping for me
- c. Drive to and from
- d. Drive and help with shopping
- e. Varies
- X. Don't know

23. How willing would you be to pay someone to help you with your shopping, if the fee were \$11.00 an hour?

- 0. No answer...not asked
- 1. Very willing...GO TO 25
- 2. Somewhat willing
- 3. Somewhat unwilling
- 4. Very unwilling
- X. Don't know

24. How willing would you be to pay someone to help you with your shopping, if the fee were \$4.00 an hour?

- 0. No answer...not asked
- 1. Very willing
- 2. Somewhat willing
- 3. Somewhat unwilling...GO TO 26
- 4. Very unwilling...GO TO 26
- X. Don't know

25. About how often would you want help with your shopping at that fee?

- 0. No answer...not asked
- 1. One or more times a week
- 2. Two or three times a month
- 3. Once a month
- 4. Less than once a month
- X. Don't know

(HEAVY HOUSEHOLD CHORES)

26. Does someone help you one or more times a month with heavy household chores, like washing windows, scrubbing floors, or moving furniture?

- 0. No answer...not asked
- 1. Yes
- 2. No...GO TO 31
- X. Don't know...GO TO 31

27. Who usually helps you with heavy household chores? (If more than one, ask: Who helps you most frequently?) CIRCLE ALL THAT APPLY

- a. No answer...not asked...GO TO 29
- b. Spouse...other household member...GO TO 29
- c. Adult child, other relative...GO TO 29
- d. Friend, neighbor...GO TO 29
- e. Building employee: Manager...GO TO 29
- f. Building employee: Other...GO TO 29
- g. Pays a person to do it...GO TO 29
- h. Pays an agency to do it
- i. Receives free help from an agency
- j. Other (PLEASE SPECIFY) _____
- X. Don't know...GO TO 29

28. Which agency helps you with heavy household chores?

29. How frequently does that person/agency help you with heavy household chores?

- 0. No answer...not asked
- 1. One or more times a week
- 2. Two or three times a month
- 3. Once a month
- 4. Once every two to three months
- 5. Once every four to six months
- 6. Less often than that
- X. Don't know

30. How satisfied are you with the help you receive with heavy household chores?

- 0. No answer...not asked
- 1. Very satisfied
- 2. Somewhat satisfied
- 3. Somewhat dissatisfied
- 4. Very dissatisfied
- X. Don't know

30a. How much do you pay for this service?_____

31. (If that person/agency is not available,) how difficult is it for you to get heavy household chores done?

- 0. No answer...not asked
- 1. Very difficult
- 2. Somewhat difficult
- 3. Not difficult
- X. Don't know

32. If there were a service that helped people in your complex with heavy household chores, how likely do you think you would be to use that service?

- 0. No answer...not asked
- 1. Very likely
- 2. Somewhat likely
- 3. Somewhat unlikely...GO TO 36
- 4. Very unlikely...GO TO 36
- X. Don't know

33. How willing would you be to pay someone to help you with heavy household chores, if the fee were \$17.00 an hour?

- 0. No answer...not asked
- 1. Very willing...GO TO 35
- 2. Somewhat willing
- 3. Somewhat unwilling
- 4. Very unwilling
- X. Don't know

34. How willing would you be to pay someone to help you with heavy household chores, if the fee were \$10.00 an hour?

- 0. No answer...not asked
- 1. Very willing
- 2. Somewhat willing
- 3. Somewhat unwilling...GO TO 36
- 4. Very unwilling...GO TO 36
- X. Don't know

35. About how often would you want help with heavy household chores at that fee?

- 0. No answer...not asked
- 1. One or more times a week
- 2. Two or three times a month
- 3. Once a month
- 4. Once every two to three months
- 5. Once every four to six months
- 6. Less often than that
- X.. Don't know

(LIGHT HOUSEHOLD CHORES)

36. Does someone help you one or more times a month with light household chores, like washing dishes or dusting furniture?

- 0. No answer...not asked
- 1. Yes
- 2. No...GO TO 41
- X. Don't know...GO TO 41

37. Who usually helps you with light household chores? (If more than one, ask: Who helps you most frequently?) CIRCLE ALL THAT APPLY

- a. No answer...not asked...GO TO 39
- b. Spouse...other household member...GO TO 39
- c. Adult child, other relative...GO TO 39
- d. Friend, neighbor...GO TO 39
- e. Building employee: Manager...GO TO 39
- f. Building employee: Other...GO TO 39
- g. Pays a person to do it...GO TO 39
- h. Pays an agency to do it
- i. Receives free help from an agency
- j. Other (PLEASE SPECIFY) _____
- X. Don't know...GO TO 39

38. Which agency helps you with light household chores?

39. How frequently does that person/agency help you with light household chores?

- 0. No answer...not asked
- 1. One or more times a week
- 2. Two or three times a month
- 3. Once a month
- 4. Once every two to three months
- 5. Once every four to six months
- 6. Less often than that
- X. Don't know

40. How satisfied are you with the help you receive with light household chores?

- 0. No answer...not asked
- 1. Very satisfied
- 2. Somewhat satisfied
- 3. Somewhat dissatisfied
- 4. Very dissatisfied
- X. Don't know

40a. How much do you pay for this service?_____

41. (If that person/agency is not available,) how difficult is it for you to do your light household chores ?

- 0. No answer...not asked
- 1. Very difficult
- 2. Somewhat difficult
- 3. Not difficult
- X. Don't know

42. If there were a service that helped people in your complex with light household chores, how likely do you think you would be to use that service?

- 0. No answer...not asked
- 1. Very likely
- 2. Somewhat likely
- 3. Somewhat unlikely...GO TO 46
- 4. Very unlikely...GO TO 46
- X. Don't know

43. How willing would you be to pay someone to help you with light household chores, if the fee were \$11.00 an hour?

- 0. No answer...not asked
- 1. Very willing...GO TO 45
- 2. Somewhat willing
- 3. Somewhat unwilling
- 4. Very unwilling
- X. Don't know

44. How willing would you be to pay someone to help you with light household chores, if the fee were \$4.00 an hour?

- 0. No answer...not asked
- 1. Very willing
- 2. Somewhat willing
- 3. Somewhat unwilling...GO TO 46
- 4. Very unwilling...GO TO 46
- X. Don't know

45. About how often would you want help with light household chores at that fee?

- 0. No answer...not asked
- 1. One or more times a week
- 2. Two or three times a month
- 3. Once a month
- 4. Once every two to three months
- 5. Once every four to six months
- 6. Less often than that
- X. Don't know

(MEAL PREPARATION)

46. Next, do you eat your meals in a group setting one or more times a month?

- 0. No answer...not asked
- 1. Yes
- 2. No
- X. Don't know

47. Do you receive any home-delivered meals, such as meals-on-wheels, one or more times a month?

- 0. No answer...not asked
- 1. Yes
- 2. No
- X. Don't know

ASK Q48 IF SAID YES TO EITHER Q 46 OR Q 47, OTHERWISE GO TO Q 49

48. How many meals per week do you eat at a group setting or have delivered? (ENTER NUMBER)

- 0. No answer...not asked
- 1. 1 to 5
- 2. 6 to 10
- 3. 11 to 15
- 4. 16 or more
- 5. Less than once a week
- X. Don't know

48a. How much do you pay per meal?_____

49. Does someone help you prepare meals in your home one or more times a month?

- 0. No answer...not asked
- 1. Yes
- 2. No...GO TO 54
- X. Don't know...GO TO 54

50. Who usually helps you prepare meals? (If more than one, ask: Who helps you most frequently?) CIRCLE ALL THAT APPLY

- a. No answer...not asked...GO TO 52
- b. Spouse...other household member...GO TO 52
- c. Adult child, other relative...GO TO 52
- d. Friend, neighbor...GO TO 52
- e. Building employee: Manager...GO TO 52
- f. Building employee: Other...GO TO 52
- g. Pays a person to do it...GO TO 52
- h. Pays an agency to do it
- i. Receives free help from an agency
- j. Other (PLEASE SPECIFY) _____
- X. Don't know...GO TO 52

51. Which agency helps you prepare meals?

52. How frequently does that person/agency help you prepare meals?

- 0. No answer...not asked
- 1. Six to seven days a week
- 2. Four to five days a week
- 3. One to three days a week
- 4. Two or three times a month
- 5. Once a month
- 6. Less than once a month
- X. Don't know

52a. How much do you pay for this service? _____

53. How satisfied are you with the help you receive in preparing meals?

- 0. No answer...not asked
- 1. Very satisfied
- 2. Somewhat satisfied
- 3. Somewhat dissatisfied
- 4. Very dissatisfied
- X. Don't know

54. (If that person/agency is not available,) how difficult is it for you to prepare meals?

- 0. No answer...not asked
- 1. Very difficult
- 2. Somewhat difficult
- 3. Not difficult
- X. Don't know

55. If there were a service that helped people in your complex prepare meals, how likely do you think you would be to use that service?

- 0. No answer...not asked
- 1. Very likely
- 2. Somewhat likely
- 3. Somewhat unlikely...GO TO 59
- 4. Very unlikely...GO TO 59
- X. Don't know

56. How willing would you be to pay someone to help you prepare meals, if the fee were \$11.00 an hour?

- 0. No answer...not asked
- 1. Very willing...GO TO 58
- 2. Somewhat willing
- 3. Somewhat unwilling
- 4. Very unwilling
- X. Don't know

57. How willing would you be to pay someone to help you with prepare meals, if the fee were \$4.00 an hour?

- 0. No answer...not asked
- 1. Very willing
- 2. Somewhat willing
- 3. Somewhat unwilling...GO TO 59
- 4. Very unwilling...GO TO 59
- X. Don't know

58. About how many meals per week would you want someone to help you prepare at that fee?

- 0. No answer...not asked
- 1. 1 to 5
- 2. 6 to 10
- 3. 11 to 15
- 4. 16 or more
- X. Don't know

(TRANSPORTATION)

59. Do you own a car?

- 0. No answer...not asked
- 1. Yes
- 2. No
- X. Don't know

60. Do you (or does your spouse) drive?
- a. No answer...not asked
 - b. Respondent drives
 - c. Spouse drives
 - d. Both drive
 - e. Respondent (and spouse) doesn't drive
 - X. Don't know
61. Do you use taxis or buses one or more times a month?
- 0. No answer...not asked
 - 1. Yes
 - 2. No
 - X. Don't know
62. Does someone help you with transportation one or more times a month?
- 0. No answer...not asked
 - 1. Yes
 - 2. No...GO TO 68
 - X. Don't know...GO TO 68
63. Who usually helps you with transportation? (If more than one, ask: Who helps you most frequently?) CIRCLE ALL THAT APPLY
- a. No answer...not asked...GO TO 65
 - b. Spouse...other household member...GO TO 65
 - c. Adult child, other relative...GO TO 65
 - d. Friend, neighbor...GO TO 65
 - e. Building employee: Manager...GO TO 65
 - f. Building employee: Other...GO TO 65
 - g. Pays a person to do it...GO TO 65
 - h. Pays an agency to do it
 - i. Receives free help from an agency
 - j. Other (PLEASE SPECIFY) _____
 - X. Don't know...GO TO 65
64. Which agency helps you with transportation?
65. How frequently do you use that person/agency for transportation?
- 0. No answer...not asked
 - 1. Six to seven days a week
 - 2. Four to five days a week
 - 3. One to three days a week
 - 4. Two or three times a month
 - 5. Once a month
 - 6. Less than once a month
 - X. Don't know

66. Does that person/agency help you with climbing stairs, carrying groceries and packages, ect.?

- 0. No answer...not asked
- 1. Yes
- 2. No
- X. Don't know

67. How satisfied are you with the person/agency that provides you with transportation?

- 0. No answer...not asked
- 1. Very satisfied
- 2. Somewhat satisfied
- 3. Somewhat dissatisfied
- 4. Very dissatisfied
- X. Don't know

67a. What do you pay per trip for transportation? _____

68. (If that person/agency is not available,) how difficult is it for you to find transportation?

- 0. No answer...not asked
- 1. Very difficult
- 2. Somewhat difficult
- 3. Not difficult
- X. Don't know

69. If there were a service that provided transportation to people in your complex, how likely would you be to use that service?

- 0. No answer...not asked
- 1. Very likely
- 2. Somewhat likely
- 3. Somewhat unlikely...GO TO 77
- 4. Very unlikely...GO TO 77
- X. Don't know

70. How willing would you be to pay someone for transportation, if the fee were \$10.00 a trip?

- 0. No answer...not asked
- 1. Very willing...GO TO 72
- 2. Somewhat willing
- 3. Somewhat unwilling
- 4. Very unwilling
- X. Don't know

71. How willing would you be to pay someone for transportation, if the fee were \$1.50 a trip?

- 0. No answer...not asked
- 1. Very willing
- 2. Somewhat willing
- 3. Somewhat unwilling...GO TO 77
- 4. Very unwilling...GO TO 77
- X. Don't know

72. How frequently would you use the transportation service at that fee?

- 0. No answer...not asked
- 1. Six to seven days a week
- 2. Four to five days a week
- 3. One to three days a week
- 4. Two or three times a month
- 5. Once a month
- 6. Less than once a month
- X. Don't know

73. Would you be interested in transportation only, or also in someone staying with you and helping you at your destination?

- a. No answer...not asked
- b. Transportation only...GO TO 77
- c. Staying and helping
- d. Varies
- X. Don't know

74. How willing would you be to pay someone to stay with you and help you on trips, if the fee were \$20.00 a trip?

- 0. No answer...not asked
- 1. Very willing...GO TO 76
- 2. Somewhat willing
- 3. Somewhat unwilling
- 4. Very unwilling
- X. Don't know

75. How willing would you be to pay someone to stay with you and help you on trips, if the fee were \$7.50 a trip?

- 0. No answer...not asked
- 1. Very willing
- 2. Somewhat willing
- 3. Somewhat unwilling...GO TO 77
- 4. Very unwilling...GO TO 77
- X. Don't know

76. How frequently would you have someone stay with you and help you on trips at that fee?

- 0. No answer...not asked
- 1. Six to seven days a week
- 2. Four to five days a week
- 3. One to three days a week
- 4. Two or three times a month
- 5. Once a month
- 6. Less than once a month
- X. Don't know

(PERSONAL CARE)

77. Does someone help you with personal care tasks like bathing and dressing one or more times a month?

- 0. No answer...not asked
- 1. Yes
- 2. No...GO TO 82
- X. Don't know...GO TO 82

78. Who usually helps you with personal care tasks? (If more than one, ask: Who helps you most frequently?) CIRCLE ALL THAT APPLY

- a. No answer...not asked...GO TO 80
- b. Spouse...other household member...GO TO 80
- c. Adult child, other relative...GO TO 80
- d. Friend, neighbor...GO TO 80
- e. Building employee: Manager...GO TO 80
- f. Building employee: Other...GO TO 80
- g. Pays a person to do it...GO TO 80
- h. Pays an agency to do it
- i. Receives free help from an agency
- j. Other (PLEASE SPECIFY) _____
- X. Don't know...GO TO 80

79. Which agency helps you with personal care tasks?

80. How frequently does that person/agency help you with personal care tasks?

- 0. No answer...not asked
- 1. Six to seven days a week
- 2. Four to five days a week
- 3. One to three days a week
- 4. Two or three times a month
- 5. Once a month
- 6. Less than once a month
- X. Don't know

81. How satisfied are you with the person/agency that helps you with personal care tasks?

- 0. No answer...not asked
- 1. Very satisfied
- 2. Somewhat satisfied
- 3. Somewhat dissatisfied
- 4. Very dissatisfied
- X. Don't know

81a. How much do you pay for this service? _____

82. (If that person/agency is not available,) how difficult is it for you to do tasks like bathing or dressing?

- 0. No answer...not asked
- 1. Very difficult
- 2. Somewhat difficult
- 3. Not difficult
- X. Don't know

83. If there were a service that helped people in your complex, with personal care tasks, how likely would you be to use that service?

- 0. No answer...not asked
- 1. Very likely
- 2. Somewhat likely
- 3. Somewhat unlikely...GO TO 87
- 4. Very unlikely...GO TO 87
- X. Don't know

84. How willing would you be to pay someone to help you with personal care tasks, if the fee were \$12.50 an hour?

- 0. No answer...not asked
- 1. Very willing...GO TO 86
- 2. Somewhat willing
- 3. Somewhat unwilling
- 4. Very unwilling
- X. Don't know

85. How willing would you be to pay someone to help you with personal care tasks, if the fee were \$6.25 an hour?

- 0. No answer...not asked
- 1. Very willing
- 2. Somewhat willing
- 3. Somewhat unwilling...GO TO 87
- 4. Very unwilling...GO TO 87
- X. Don't know

86. How frequently would you use help with personal care at that fee?

- 0. No answer...not asked
- 1. Six to seven days a week
- 2. Four to five days a week
- 3. One to three days a week
- 4. Two or three times a month
- 5. Once a month
- 6. Less than once a month
- X. Don't know

(PERSONAL EMERGENCY RESPONSE SYSTEM)

87. Do you use a Personal Emergency Response System? (ex: Lifeline)

- 0. No answer...not asked
- 1. Yes...GO TO 89
- 2. No
- X. Don't know

88. Who usually helps you when you have an emergency? (If more than one, ask: Who helps you most frequently?) CIRCLE ALL THAT APPLY

- a. No answer...not asked...GO TO 92
- b. Spouse...other household member...GO TO 92
- c. Adult child, other relative...GO TO 92
- d. Friend, neighbor...GO TO 92
- e. Building employee: Manager...GO TO 92
- f. Building employee: Other...GO TO 92
- g. Pays a person to do it...GO TO 92
- h. Pays an agency to do it
- i. Receives free help from an agency
- j. Other (PLEASE SPECIFY) _____
- X. Don't know...GO TO 92

89. Which agency provides you with your Personal Emergency Response System?

90. How frequently do you use your Personal Emergency Response System?

- 0. No answer...not asked
- 1. One or more times a week
- 2. Two or three times a month
- 3. Once a month
- 4. Once every two to three months
- 5. Once every four to six months
- 6. Less often than that
- X. Don't know

91. How satisfied are you with the person/agency that provides you with your Personal Emergency Response System?

- 0. No answer...not asked
- 1. Very satisfied
- 2. Somewhat satisfied
- 3. Somewhat dissatisfied
- 4. Very dissatisfied
- X. Don't know

91a. How much do you pay for this service? _____

92. (If that person/agency is not available,) how difficult is it for you to get help in an emergency?

- 0. No answer...not asked
- 1. Very difficult
- 2. Somewhat difficult
- 3. Not difficult
- X. Don't know

93. If there were a service that helped people in your complex with emergencies, how likely would you be to use that service?

- 0. No answer...not asked
- 1. Very likely
- 2. Somewhat likely
- 3. Somewhat unlikely...GO TO 96
- 4. Very unlikely...GO TO 96
- X. Don't know

94. How willing would you be to pay someone for a Personal Emergency Response System, if the fee were \$30.00 a month?

- 0. No answer...not asked
- 1. Very willing...GO TO 96
- 2. Somewhat willing
- 3. Somewhat unwilling
- 4. Very unwilling
- X. Don't know

95. How willing would you be to pay someone for a Personal Emergency Response System, if the fee were \$20.00 a month?

- 0. No answer...not asked
- 1. Very willing
- 2. Somewhat willing
- 3. Somewhat unwilling
- 4. Very unwilling
- X. Don't know

96. If there were someone who could call you on a regular basis to see if you were all right, would you use that service?

- 0. No answer...not asked
- 1. Yes
- 2. No...GO TO 98
- X. Don't know

97. How often would you want someone to call you?

- 0. No answer...not asked
- 1. Six to seven times a week
- 2. Four to five times a week
- 3. One to three times a week
- 4. Two or three times a month
- 5. Once a month
- 6. Less than once a month
- X. Don't know

98. Of the following items, which do you feel you need help with?
(READ b-d)

- a. No answer...not asked
- b. Reading letters
- c. Writing letters
- d. Managing finances and paying bills
- e. Insurance forms (including Medicare and Medicaid)
- N. None
- X. Don't know

(SOCIAL/RECREATIONAL)

99. Do you participate in social or recreational activities in your complex?

- 0. No answer...not asked
- 1. Yes...GO TO 102
- 2. No...GO TO 106
- 3. None available
- X. Don't know

100. Would you be interested in participating in social or recreational activities if they were held in your complex?

- 0. No answer...not asked
- 1. Yes
- 2. No...GO TO 108
- X. Don't know

101. How frequently would you participate in social or recreational activities if they were held in your complex?

- 0. No answer...not asked
- 1. One or more times a week...(GO TO 107)
- 2. Two or three times a month...(GO TO 107)
- 3. Once a month...(GO TO 107)
- 4. Once every two to three months...(GO TO 107)
- 5. Once every four to six months...(GO TO 107)
- 6. Less often than that...(GO TO 107)
- X. Don't know...(GO TO 107)

102. What types of activities do you participate in?

- a. No answer...not asked
- b. Games (cards, bingo, pool, ect.)
- c. Arts and crafts
- d. Coffees and teas
- e. Information and discussion groups
- f. Sing-alongs/musical entertainment/movies
- g. Exercise groups
- h. Other (Please list) _____
- X. Don't know

103. Who usually makes arrangements for these activities?

- a. No answer...not asked
- b. Tenant in complex (including yourself)
- c. Tenant organization
- d. Building employee: Manager
- e. Building employee: Other
- f. Other (PLEASE SPECIFY) _____
- X. Don't know

104. How frequently do you participate in these activities?

- 0. No answer...not asked
- 1. One or more times a week
- 2. Two or three times a month
- 3. Once a month
- 4. Once every two to three months
- 5. Once every four to six months
- 6. Less often than that
- X. Don't know

105. How satisfied are you with the social and recreational activities provided in your complex?

- 0. No answer...not asked
- 1. Very satisfied
- 2. Somewhat satisfied
- 3. Somewhat dissatisfied
- 4. Very dissatisfied
- X. Don't know

106. How difficult is it for you to be involved in these types of activities?

- 0. No answer...not asked
- 1. Very difficult
- 2. Somewhat difficult
- 3. Not difficult
- X. Don't know

107. What types of activities would you participate in if they were available in your complex? (In addition to those already offered.)

- a. No answer...not asked
- b. Games (cards, bingo, pool, ect.)
- c. Arts and crafts
- d. Coffees and teas
- e. Information and discussssion groups
- f. Sing-alongs/musical entertainment/movies
- g. Exercise groups
- h. Other (Please list) _____
- X. Don't know

(CASE MANAGEMENT)

We have talked about a number of services that could help people to manage by themselves.

108. If you were having a problem managing by yourself and you didn't know where to go for help, who would you ask?

- a. No answer...not asked
- b. Spouse other household member
- c. Adult child, other relative
- d. Friend, neighbor
- e. Building employee: Manager
- f. Building employee: Other
- g. Other (PLEASE SPECIFY) _____
- X. Don't know

109. When you have difficulty managing by yourself, does anyone assist you in finding the help you need?

- 0. No answer...not asked
- 1. Yes
- 2. No...GO TO 114
- X. Don't know...GO TO 114

110. Who usually assists you in finding help? (If more than one, ask: Who helps you most frequently?) CIRCLE ALL THAT APPLY

- a. No answer...not asked...GO TO 112
- b. Spouse...other household member...GO TO 112
- c. Adult child, other relative...GO TO 112
- d. Friend, neighbor...GO TO 112
- e. Building employee: Manager...GO TO 112
- f. Building employee: Other...GO TO 112
- g. Pays a person to do it...GO TO 112
- h. Pays an agency to do it
- i. Receives free help from an agency
- j. Other (PLEASE SPECIFY) _____
- X. Don't know...GO TO 112

111. Which agency assists you in finding help?

112. In the past year, how many times did that person/agency assist you in finding help?

- 0. No answer...not asked
- 1. On a regular basis throughout the year
- 2. Eight to eleven times
- 3. Five to seven times
- 4. One to four times
- 5. Less than one time
- X. Don't know

113. How satisfied are you with the person/agency that assists you in finding help?

- 0. No answer...not asked
- 1. Very satisfied
- 2. Somewhat satisfied
- 3. Somewhat dissatisfied
- 4. Very dissatisfied
- X. Don't know

113a. How much do you pay for this service?_____

114. (If that person/agency is not available,) how difficult is it for you to find help on your own?

- 0. No answer...not asked
- 1. Very difficult
- 2. Somewhat difficult
- 3. Not difficult
- X. Don't know

A service could be provided to people in your complex that would assist people in finding help managing by themselves, and would make sure that people were happy with the help they were getting.

115. If this service were available to people in your complex, how likely would you be to use that service?

- 0. No answer...not asked
- 1. Very likely
- 2. Somewhat likely
- 3. Somewhat unlikely...GO TO 121
- 4. Very unlikely...GO TO 121
- X. Don't know

116. Deleted

117. Deleted

118. How frequently would you use this service?

- 0. No answer...not asked
- 1. On a regular basis throughout the year
- 2. Eight to eleven times
- 3. Five to seven times
- 4. One to four times
- 5. Less than one time
- X. Don't know

119. Deleted

120. Deleted

121. We have talked about a number of services that could be available to people in your complex for a fee. If you were interested in one or more of these services but couldn't afford it, how likely is it that you could get financial help from your family?

- 0. No answer...not asked
- 1. Very likely
- 2. Somewhat likely
- 3. Somewhat unlikely
- 4. Very unlikely
- 5. (DON'T READ) Would not ask family
- X. Don't know

The following questions are for statistical purposes only, to help us to have a profile of the people who live in your complex.

122. Last week, how many times did you participate in activities in your complex, for example: games, arts and crafts, or discussion groups?

- 0. No answer...not asked
- 1. Did not participate at all
- 2. One or two times
- 3. Three or four times
- 4. Five or six times
- 5. Seven or more times
- X. Don't know

123. Last week, how many times did you leave the building to go somewhere, for example to go shopping, to do errands, to visit friends or relatives, or to go to an activity?

- 0. No answer...not asked
- 1. Did not go out at all
- 2. One or two times
- 3. Three or four times
- 4. Five or six times
- 5. Seven or more times
- X. Don't know

124. How many children do you have who are: (ENTER NUMBER IN EACH BLANK)

- _____ No answer...not asked
- _____ Within 15 minutes travel time
- _____ Between 15 minutes and 1 hour travel time
- _____ Between 1 hour and 4 hours travel time
- _____ More than 4 hours travel time
- _____ Does not have any living children...GO TO 128
- _____ Don't know

125. Do you keep in touch with your children by visiting, by writing, or by telephone?

- 0. No answer...not asked
- 1. Yes
- 2. No...GO TO 127
- X. Don't know

126. About how many times did you talk on the phone, exchange letters or visit with your children in the past month?

- 0. No answer...not asked
- 1. One or two times
- 2. Three or four times
- 3. Five or six times
- 4. Seven or more times
- X. Don't know

127. Would you like to see or talk to your children more often, less often or about the same as you do now? (DON'T NEED TO READ ANSWERS)

- 0. No answer...not asked
- 1. More often
- 2. About the same as now
- 3. Less often
- X. Don't know

128. How many close friends or relatives other than your children do you have who are: (ENTER NUMBER IN EACH BLANK)

- _____ No answer...not asked
- _____ Within 15 minutes travel time
- _____ Between 15 minutes and 1 hour travel time
- _____ Between 1 hour and 4 hours travel time
- _____ More than 4 hours travel time
- _____ Does not have any close friends or relatives...GO TO 133
- _____ Don't know

129. Do you keep in touch with them by visiting, by writing, or by telephone?

- 0. No answer...not asked
- 1. Yes
- 2. No...GO TO 132
- X. Don't know

130. About how many times did you talk on the phone, exchange letters or visit with your close friends or relatives besides your children in the past month?

- 0. No answer...not asked
- 1. One or two times
- 2. Three or four times
- 3. Five or six times
- 4. Seven or more times
- X. Don't know

131. Do any of those close friends or relatives live in this complex?

- 0. No answer...not asked
- 1. Yes
- 2. No
- X. Don't know

132. Would you like to see or talk to those close friends or relatives more often, less often, or about the same as you do now?
(DON'T NEED TO READ ANSWERS)

- 0. No answer...not asked
- 1. More often
- 2. About the same as now
- 3. Less often
- X. Don't know

133. If you wanted help because of a health, physical, or other problem, would any relatives or friends be able and willing to help care for you?

- 0. No answer...not asked
- 1. Yes
- 2. No
- 3. (DONT' READ) Wouldn't ask them
- X. Don't know

The next questions are about medical care.

134. In the past year, have you had to stay overnight in a hospital?

- 0. No answer...not asked
- 1. Yes
- 2. No
- X. Don't know

IF MARRIED

135. Has your spouse had to stay overnight in a hospital in the past year?

- 0. No answer...not asked
- 1. Yes
- 2. No
- X. Don't know

136. Do you have a regular doctor who provides you with most of your routine health care?

- 0. No answer...not asked
- 1. Yes
- 2. No
- X. Don't know

137. In the past year, have you seen a doctor for a checkup or medical problem?

- 0. No answer...not asked
- 1. Yes
- 2. No
- X. Don't know

IF MARRIED

138. Has your spouse seen a doctor in the past year?

- 0. No answer...not asked
- 1. Yes
- 2. No
- X. Don't know

139. In the past year have you (or your spouse) put off seeking medical care for any reason?

- 0. No answer...not asked
- 1. Yes
- 2. No
- X. Don't know

140. What are the major reasons you (or your spouse) put off medical care? (CIRCLE ALL THAT APPLY)

- a. No answer...not asked
- b. Financial reasons
- c. Lack of services to help them when they get home
- d. Don't know where to go for medical care
- e. Other (PLEASE SPECIFY) _____

141. Compared to other persons your age, how would you rate your health?

- 0. No answer...not asked
- 1. Excellent
- 2. Good
- 3. Fair
- 4. Poor
- X. Don't know

IF MARRIED

142. Compared to other persons your age, how would you rate your spouses health?

- 0. No answer...not asked
- 1. Excellent
- 2. Good
- 3. Fair
- 4. Poor
- X. Don't know

143. If health screenings were offered at your complex would you use this service?

- 0. No answer...not asked
- 1. Yes
- 2. No
- X. Don't know

144. Are you currently:

- a. No answer...not asked..GO TO 147 if married, or 150
- b. Employed full-time
- c. Employed part-time
- d. Unemployed and looking for work...GO TO 147 if married, or 150
- e. Retired...GO TO 147 if married, or 150
- f. Homemaker...GO TO 147 if married, or 150
- g. Student...GO TO 147 if married, or 150
- h. Disabled

145. What is your occupation or job title?

146. Do you work in this development, or do you have an outside job?

- a. No answer...not asked
- b. Works within development
- c. Has outside job
- d. Both

IF MARRIED

147. Is your spouse currently:

- a. No answer...not asked...GO TO 150
- b. Employed full-time
- c. Employed part-time
- d. Unemployed and looking for work...GO TO 150
- e. Retired...GO TO 150
- f. Homemaker...GO TO 150
- g. Student...GO TO 150
- h. Disabled

148. What is your spouses occupation or job title?

149. Does he or she work in this development, or does he or she have an outside job?

- a. No answer...not asked
- b. Works within development
- c. Has outside job
- d. Both

150. Are you between the ages of:

- 0. No answer...not asked
- 1. Under 60
- 2. 60 to 64
- 3. 65 to 69
- 4. 70 to 74
- 5. 75 to 79
- 6. 80 to 85
- 7. 86 and over

151. How many years have you lived in this complex?

- 0. No answer...not asked
- 1. Less than 1 year
- 2. 1 to 5 years
- 3. 6 to 10 years
- 4. 11 to 15 years
- 5. 16 years or more
- X. Don't know

The next questions are about whether you (and your spouse) would have difficulty or be physically unable because of a health or physical problem to do the following activities.

152. First, heavy household chores, like washing windows, scrubbing floors, or moving furniture? Would you say YOU are:

- 0. No answer...not asked
- 1. Able to do this without any help
- 2. Able to do this, but you need some help
- 3. Able to do this, but you need a lot of help
- 4. Not able to do this at all
- X. Don't know

IF MARRIED

153. Would you say your SPOUSE is:

- 0. No answer...not asked
- 1. Able to do this without any help
- 2. Able to do this, but you need some help
- 3. Able to do this, but you need a lot of help
- 4. Not able to do this at all
- X. Don't know

154. Next, lighter household chores, like cooking, laundry, or washing dishes? Would you say YOU are:

- 0. No answer...not asked
- 1. Able to do this without any help
- 2. Able to do this, but you need some help
- 3. Able to do this, but you need a lot of help
- 4. Not able to do this at all
- X. Don't know

IF MARRIED

155. Would you say your SPOUSE is;

- 0. No answer...not asked
- 1. Able to do this without any help
- 2. Able to do this, but you need some help
- 3. Able to do this, but you need a lot of help
- 4. Not able to do this at all
- X. Don't know

156. How about personal tasks like bathing, dressing, eating, and moving around the house? Would you say YOU are;

- 0. No answer...not asked
- 1. Able to do this without any help
- 2. Able to do this, but you need some help
- 3. Able to do this, but you need a lot of help
- 4. Not able to do this at all
- X. Don't know

IF MARRIED

157. Would you say your SPOUSE is;

- 0. No answer...not asked
- 1. Able to do this without any help
- 2. Able to do this, but you need some help
- 3. Able to do this, but you need a lot of help
- 4. Not able to do this at all
- X. Don't know

158. How about taking care of medications. Would you say YOU are:

- 0. No answer...not asked
- 1. Able to do this without any help
- 2. Able to do this, but you need some help
- 3. Able to do this, but you need a lot of help
- 4. Not able to do this at all
- X. Don't know

IF MARRIED

159. Would you say your SPOUSE is;

- 0. No answer...not asked
- 1. Able to do this without any help
- 2. Able to do this, but you need some help
- 3. Able to do this, but you need a lot of help
- 4. Not able to do this at all
- X. Don't know

160. Are there any barriers in your apartment which make it more difficult for you (or your spouse) to do your own household chores and personal care?

- 0. No answer...not asked...GO TO 162
- 1. Yes
- 2. No...GO TO 162
- X. Don't know...GO TO 162

161. In which rooms?

- a. Kitchen
- b. Bathroom
- c. Hallways
- d. Bedrooms
- e. Common areas

162. Which of the following categories best describes your annual household income for 1989, before taxes, including income from all sources?

- | | |
|--------------------------|-----------------------|
| 0. No answer...not asked | |
| <u>Annual Income</u> | <u>Monthly Income</u> |
| 1. Under \$5,000 | under \$417 |
| 2. \$5,001 to \$7,500 | \$418 to \$625 |
| 3. \$7,501 to \$10,000 | \$626 to \$833 |
| 4. \$10,001 to \$12,500 | \$834 to \$1042 |
| 5. \$12,501 to \$15,000 | \$1043 to \$1250 |
| 6. \$15,001 to \$20,000 | \$1251 to \$1667 |
| 7. Over \$20,001 | \$1668 and over |

163. Enter respondent's sex:

- a. No answer...not asked
- b. Male
- c. Female

164. Given a choice, would you prefer smoking to be allowed in all areas of the building, in designated areas only, or only in individual apartments? (DON'T NEED TO READ ANSWERS)

- a. No answer...not asked
- b. In all areas of building
- c. In designated areas only
- d. In apartments only
- e. No smoking at all
- X. Don't know

165. (DON'T READ) Describe racial background of interviewee.

- a. No answer...not asked
- b. White
- c. Black
- d. Other (PLEASE SPECIFY) _____
- X. Don't know

Keene Housing Authority

1a. Interviewer Code _____

2a. Site _____

(DO NOT READ)

1. Central Square Terrace _____
2. Harper Acres _____

3a. Respondent's Age:

(READ)

Are you between the ages of:

- | | |
|-------------|----------------|
| 1. Under 55 | 5. 70-74 |
| 2. 56-59 | 6. 75-79 |
| 3. 60-64 | 7. 80-85 |
| 4. 65-69 | 8. 86 and over |

4a. Apartment Number _____ Name _____

5a. Attempts to Interview _____

6a. Date 7a. Completion (yes or no) 8a. Reason, if no

1. _____
2. _____
3. _____

**KHA SURVEY 1991
(READ INITIAL DIALOG)**

Hello, my name is _____. I am working with the Keene Housing Authority. We are conducting a survey of residents in this complex. We expect the survey to take about an hour of your time and really appreciate your willingness to participate.

THIS SURVEY IS VOLUNTARY. ALL INFORMATION YOU GIVE IN ANSWER TO MY QUESTIONS WILL REMAIN CONFIDENTIAL TO PROTECT YOUR PRIVACY.

AFTER INTERVIEWER AND RESPONDENT ARE SEATED

**(READ THE FOLLOWING INSTRUCTIONS TO RESPONDENTS
IF A TWO PERSON HOUSEHOLD)**

I will ask only one of you to answer for the household.

(READ TO ALL RESPONDENTS)

In order to conduct as unbiased a survey as possible, the Keene Housing Authority has given me only your name(s). I HAVE NO OTHER INFORMATION ABOUT THIS COMPLEX. For this reason, your answers to some of the questions may be a repeat of information you have already given to the Keene Housing Authority.

1. First, including yourself, how many adults currently live in your household?
(READ LIST)

1. One (GO TO 3)
2. Two
3. Three or more

2. Do you live with ...
(READ LIST)

1. Your spouse (GO TO 5)
2. Your significant other
3. Another related adult
4. An unrelated adult

3. Are you ...
(READ LIST)

1. Single
2. Married
3. Divorced/Separated
4. Widowed

ASK IF ONE ADULT HOUSEHOLD AND RESPONDENT IS MARRIED:

**4. Where is your spouse living?
(READ LIST)**

1. In a nursing home
2. In a hospital/other medical facility
3. With adult child/other relative
4. Other (NOTE ANSWER IN SPACE PROVIDED)

(DO NOT READ)

5. Don't know

5. Do you know of any agencies that might help people in your complex with the day to day tasks of everyday living?

1. Yes (CONTINUE QUESTION)
2. No (GO TO 7)

(DO NOT READ 3-11. CIRCLE ONLY)

3. Home Health Care
4. Hospice
5. Monadnock Family & Mental Health Service
6. Salvation Army
7. Samaritans
8. Social Security
9. United Way
10. Welfare C/S
11. Women's Crises Service
12. Other (NOTE IN SPACE PROVIDED)

**6. How do would you contact these agencies and arrange for services?
(DO NOT READ LIST)**

1. Write
2. Telephone
3. Referral/Contact (NOTE NAME)
4. Other

7. (READ TO ALL RESPONDENTS)

The Keene Housing Authority is interested in improving services available to residents, especially services designed to help people with the day to day tasks of everyday living such as household chores, transportation, help with shopping and with errands, pick-up mail, or personal care.

What specific services do you think would be most useful for people in your complex?
(DO NOT READ LIST. CIRCLE ALL THAT APPLY.)

1. Light Household Chores (dusting, wash dishes, laundry, change bed, hang pictures)
2. Heavy Household Chores (washing windows, scrubbing floors, cleaning the oven, moving furniture)
3. Mail (pick-up/delivery to post office)
4. Meal Preparation (opening jar lids)
5. Medications (taking/administering)
6. Personal Care (bathing/dressing)
7. Shopping/errands
8. Transportation
9. Trash/Recycling
10. Written communication
11. Other (NOTE ANSWER IN SPACE PROVIDED)

(READ TO ALL RESPONDENTS)

We have just talked about the kinds of services needed by others. Now I would like you to think about yourself (and your household). I'd like you to think about some specific services.

SECTION 2
SHOPPING/ERRANDS

8. How difficult is it for you to do shopping/errands?
(READ LIST)
1. Not Difficult
 2. Somewhat difficult
 3. Very difficult
9. Does someone help you one or more times a month with your shopping or errands?
1. Yes
 2. No (GO TO 23)
10. Who usually helps you with your shopping or errands?
(READ LIST)
1. Spouse/other household member (GO TO 13)
 2. Adult child/other relative (GO TO 13)
 3. Friends/Neighbor (GO TO 13)
 4. Building Employee (GO TO 13)
 5. Receives free help from an agency (GO TO 11)
 6. Other (NOTE IN SPACE PROVIDED)
-
- (GO TO 12)
11. Which agency helps you with your shopping or errands?
(NOTE IN SPACE PROVIDED)
-
12. How did you find out about this agency/organization?
(READ LIST)
1. Another agency
 2. Brochure/Printed Material
 3. Family
 4. Friend
 5. Neighbor
 6. Newspaper
 7. WKBK Radio
 8. WKNE Radio
 9. Social Worker
 10. Direct Mail
 11. Other (NOTE IN SPACE PROVIDED)
-
13. How often does that person/agency help you with your shopping/errands?
(READ LIST)
1. One or more times a week
 2. Two or three times a month
 3. Once a month
 4. Less than once a month
14. Does that person/agency do your shopping/errands for you while you remain at home?
1. Yes
 2. No
 3. Sometimes
15. Does that person/agency drive you to and from shopping/errands?
1. Yes
 2. No
 3. Sometimes
16. Does that person/agency drive you and help you while you shop?
1. Yes
 2. No
 3. Sometimes

17. Are you satisfied with the help you receive with your shopping/errands?

1. Yes
2. No
3. If no, why not? (NOTE IN SPACE PROVIDED)

18. Is there anything that could improve this service?
(NOTE IN SPACE PROVIDED)

19. If that person/agency is NOT available, how difficult is it for you to get your shopping/errands done?
(READ LIST)

1. Not difficult
2. Somewhat difficult
3. Very difficult

20. Do you pay for this service currently?

1. Yes
2. No (GO TO 25)

21. If yes, how much?
(NOTE IN SPACE PROVIDED)

1. \$ _____ per day/trip
2. \$ _____ weekly
3. \$ _____ monthly
4. Don't know

22. How difficult is it for you to pay for this service?
(READ LIST)

1. Not difficult (GO TO 27)
2. Somewhat difficult (GO TO 27)
3. Very difficult (GO TO 26)

23. Would you want someone to do your shopping/errands for you?

1. Yes (CONTINUE TO 24)
2. No
3. If no, please explain _____

(GO TO 27)

24. About how often would you want someone to do your shopping/errands for you?
(READ LIST)

1. One or more times a week
2. Two or three times a month
3. Once a month

25. Would you be willing to pay someone to help you with shopping/errands?

1. Yes
2. No (GO TO 27)

26. How much, if anything, do you feel you would be willing to pay someone to help you with your shopping/errands?
(NOTE SPECIFIC AMOUNT)

1. \$ _____ per day/trip
2. \$ _____ weekly
3. \$ _____ monthly
4. Don't know

SECTION 3
LIGHT HOUSEHOLD CHORES

27. How difficult is it for you to do light household chores. like dusting or washing dishes?
(READ LIST)

1. Not difficult
2. Somewhat difficult
3. Very difficult

28. Does someone help you one or more times a month with light household chores?

1. Yes
2. No (GO TO 39)

29. Who usually/most often helps you with light household chores?
(READ LIST)

1. Spouse/other household member (GO to 32)
2. Adult child/other relative (GO TO 32)
3. Friend/Neighbor (GO TO 32)
4. Building Employee (GO TO 32)
5. Receives free help from agency
6. Other (NOTE IN SPACE PROVIDED)

(GO TO 31)

30. Which agency helps you with light household chores?
(NOTE IN SPACE PROVIDED)

31. How did you find out about this agency/organization?
(READ LIST)

1. Another agency
2. Brochure/Printed Material
3. Family
4. Friend
5. Neighbor
6. Newspaper
7. WKBK Radio
8. WKNE Radio
9. Social Worker
10. Direct Mail
11. Other (NOTE IN SPACE PROVIDED)

32. How often does that person/agency help you with light household chores?
(READ LIST)

1. One or more times a week
2. Two or three times a month
3. Once a month
4. Less than once a month
5. Seasonally

33. Are you satisfied with the help you receive with light household chores?
(READ LIST)

1. Yes
2. No
3. If no, why not (NOTE IN SPACE PROVIDED)

34. Is there anything that could improve this service? (NOTE IN SPACE PROVIDED)

35. If that person or agency is not available, how difficult is it for you to get light household chores done?
(READ LIST)

1. Not difficult
2. Somewhat difficult
3. Very difficult

36. Do you pay for this service currently?

1. Yes
2. No (GO TO 41)

37. If yes, how much? (NOTE IN SPACE PROVIDED)

1. \$ _____ per day
2. \$ _____ weekly
3. \$ _____ monthly
4. Don't know

38. How difficult is it for you to pay for this service?
(READ)

1. Not difficult (GO TO 43)
2. Somewhat difficult (GO TO 43)
3. Very difficult (GO TO 42)

39. Would you want someone to do light household chores for you?

1. Yes (CONTINUE TO 40)
2. No
3. If no, please explain (NOTE IN SPACE PROVIDED)

(GO TO 43)

40. How often would you want someone to help you with light household chores?
(READ LIST)

1. Once a week
2. Once a month
3. Two or three times a month
4. Once every two or three months
5. Once every six months
6. Don't know

41. Would you be willing to pay someone to do light household chores?

1. Yes
2. No (GO TO 43)

42. How much (if anything) would you be willing to pay someone to do light household chores?
(NOTE SPECIFIC AMOUNT IN SPACE PROVIDED)

1. \$ _____ per day
2. \$ _____ weekly
3. \$ _____ monthly

SECTION 4 HEAVY HOUSEHOLD CHORES

43. How difficult is it for you to do heavy household chores, like washing windows, scrubbing floors, cleaning oven, moving furniture or air conditioner?
(READ LIST)

1. Not difficult
2. Somewhat difficult
3. Very difficult

44. Does someone help you one or more times a month with heavy household chores?
(READ)

1. Yes
2. No (GO TO 55)

45. Who usually helps you with heavy household chores?
(READ LIST)

1. Spouse/other household member (GO TO 48)
 2. Adult child/other relative (GO TO 48)
 3. Friends/Neighbor (GO TO 48)
 4. Building Employee (GO TO 48)
 5. Receives free help from an agency
 6. Other (NOTE IN SPACE PROVIDED)
-
-

(GO TO 47)

46. Which agency helps you with heavy household chores?
(NOTE IN SPACE PROVIDED)

47. How did you find out about this agency/organization?
(READ LIST)

1. Another agency
 2. Brochure/Printed Material
 3. Family
 4. Friend
 5. Neighbor
 6. Newspaper
 7. WKBK Radio
 8. WKNE Radio
 9. Social Worker
 10. Direct Mail
 11. Other (NOTE IN SPACE PROVIDED)
-

48. How often does that person/agency help you with heavy chores?
(READ LIST)

1. One or more times a week
2. Two or three times a month
3. Once a month
4. Less than once a month
5. Seasonally

49. Are you satisfied with the help you receive with heavy chores?

1. Yes
 2. No
 3. If no, why not? (NOTE IN SPACE PROVIDED)
-
-

50. Is there anything that could improve this service?
(NOTE IN SPACE PROVIDED)

51. If that person or agency is NOT available, how difficult is it for you to get heavy chores done?
(READ LIST)

1. Not difficult
2. Somewhat difficult
3. Very difficult

52. Do you pay for this service currently?

1. Yes
2. No (GO TO 57)

53. If yes, how much?
(NOTE IN SPACE PROVIDED)

1. \$ _____ per day
2. \$ _____ weekly
3. \$ _____ monthly
4. Don't know.

54. How difficult is it for you to pay for this service?
(READ LIST)

1. Not difficult (GO TO 59)
2. Somewhat difficult (GO TO 59)
3. Very Difficult (GO TO 58)

55. Would you want someone to do heavy household chores for you?

1. Yes (CONTINUE TO 56)
2. No
3. If no, please explain _____

(GO TO 59)

56. How often would you want someone to do heavy household chores for you?
(READ LIST)

1. Once a week
2. Once a month
3. Two or three times a month
4. Once every two or three months
5. Once every six months
6. Don't know

57. Would you be willing to pay someone to do heavy household chores?

1. Yes
2. No (GO TO 59)

58. How much (if anything) would you be willing to pay someone to do heavy household chores?
(NOTE SPECIFIC AMOUNT)

1. \$ _____ per day
2. \$ _____ weekly
3. \$ _____ monthly
4. Don't know

SECTION 5 MEAL PREPARATION

59. Do you eat meals in a group setting one or more times a month?

1. Yes
2. No

60. Do you receive any home-delivered meals, such as Meals-On-Wheels, one or more times a month?

1. Yes
2. No (GO TO 63)
3. Don't know

61. How many meals per week do you eat at a group setting or have delivered?
(READ LIST)

1. 1 - 5
2. 6 - 10
3. 11 - 15
4. 16 or more
5. Less than once a week
6. Don't know

62. How much do you pay per meal? (NOTE IN SPACE PROVIDED)
\$ _____

63. How difficult is it for you to do meal preparation?
(READ LIST)

1. Not difficult
2. Somewhat difficult
3. Very difficult

64. Does someone help you prepare meals in your home one or more times a month?

1. Yes
2. No (GO TO 75)
3. Don't know (GO TO 75)

65. Who usually/most helps you prepare meals?
(READ LIST)

1. Spouse/Other household member (GO TO 68)
 2. Adult Child/Other Relative (GO TO 68)
 3. Friend/Neighbor (GO TO 68)
 4. Building Employee (GO TO 68)
 5. Receives free help from an agency
 6. Other (NOTE IN SPACE PROVIDED)
-
-

(GO TO 67)

66. Which agency helps you prepare meals?
(NOTE IN SPACE PROVIDED)

67. How did you find out about this agency/organization?
(READ LIST)

1. Another agency
 2. Brochure/Printed Material
 3. Family
 4. Friend
 5. Neighbor
 6. Newspaper
 7. WKBK Radio
 8. WKNE Radio
 9. Social Worker
 10. Direct Mail
 11. Other (NOTE IN SPACE PROVIDED)
-

68. How often does that person/agency help you prepare meals?
(READ LIST)

1. Six to seven days a week
2. Four to five days a week
3. One to three days per week
4. Two to three times per month
5. Once a month
6. Less than once a month
7. Don't know

69. Are you satisfied with the help you receive with meal preparation?

1. Yes
 2. No
 3. If no, why not? (NOTE IN SPACE PROVIDED)
-
-

70. Is there anything that could improve this service?
(NOTE IN SPACE PROVIDED)

71. If that person/agency is not available, how difficult is it for you to prepare meals?
(READ LIST)

1. Not difficult
2. Somewhat difficult
3. Very difficult

72. Do you pay for this service currently?

1. Yes
2. No (GO TO 76)
3. Don't know (GO TO 74)

73. If yes, how much?
(NOTE IN SPACE PROVIDED)

1. \$ _____ per meal
2. \$ _____ per day
3. \$ _____ per week
4. \$ _____ per month
5. Don't know

74. How difficult is it for you to pay for this service?
(READ LIST)

1. Not difficult (GO TO 78)
2. Somewhat difficult (GO TO 78)
3. Very difficult (GO TO 77)

75. Would you want someone to help with meal preparation?

1. Yes (CONTINUE TO 76)
2. No
3. If no, please explain _____

(GO TO 78)

76. Would you be willing to pay someone to help with meal preparation?

1. Yes
2. No (GO TO 78)

77. What, if anything, do you feel you would be willing to pay someone for meal preparation?
(NOTE SPECIFIC AMOUNT)

1. \$ _____ per meal
2. \$ _____ per day
3. \$ _____ per week
4. \$ _____ per month
5. Don't know

SECTION 6 TRANSPORTATION

78. Do you own a car?

1. Yes
2. No

79. Do you (or other household member) drive?
(DO NOT READ LIST. CIRCLE ANSWER ONLY)

1. Respondent drives
2. Spouse (or other household member)
3. Both drive

80. Do you use taxis or buses one or more times a month?

1. Yes
2. No
3. Don't know

81. Does someone help you with transportation one or more times a month?

1. Yes
2. No (GO TO 83)
3. Don't know

82. Who usually helps you with transportation?
(READ LIST)

1. Spouse/Other household member (GO TO 85)
2. Adult child/Other relative (GO TO 85)
3. Friend/Neighbor (GO TO 85)
4. Building Employee (GO TO 85)
5. Receives free help from an agency
6. Other (NOTE IN SPACE PROVIDED) _____

(GO TO 84)

83. Which agency/organization helps you with transportation?
(NOTE IN SPACE PROVIDED)

84. How did you find out about this service?
(READ LIST)

1. Another agency
 2. Brochure/Printed Material
 3. Family
 4. Friends
 5. Neighbor
 6. Newspaper
 7. WKNBK Radio
 8. WKNKE Radio
 9. Social Worker
 10. Direct Mail
 11. Other (NOTE IN SPACE PROVIDED)
-

85. How often do you use this service ?
(READ LIST)

1. Six to seven days a week
2. Four to five days a week
3. One to three days a week
4. Two or three times a month
5. Once a month
6. Less than once a month
7. Don't know

86. Does this person or agency help you with climbing stairs, carrying groceries and packages, opening car doors, etc.

1. Yes
2. No
3. Sometimes

87. Are you satisfied with the help you receive with transportation?

1. Yes
 2. No
 3. If no, why not? (NOTE IN SPACE PROVIDED)
-
-

88. Is there anything that could improve this service?
(NOTE IN SPACE PROVIDED) _____

89. If that person/agency is not available, how difficult is it to find transportation?
(READ LIST)

1. Not difficult
2. Somewhat difficult
3. Very difficult

90. Do you pay for this service currently?

1. Yes
2. No (GO TO 96)

91. If yes, how much?
(NOTE IN SPACE PROVIDED)

1. \$ _____ per trip
2. \$ _____ per day
3. \$ _____ per week
4. \$ _____ per month
5. Don't know

92. How difficult is it for you to pay for this service?
(READ LIST)

1. Not difficult (GO TO 98)
2. Somewhat difficult (GO TO 98)
3. Very difficult (GO TO 97)

93. Would you want someone to help provide transportation for you?

1. Yes (CONTINUE TO 94)
2. No
3. If No, please explain _____

(GO TO 98)

94. How often would you want someone to transport you?
(READ LIST)

1. Six to seven days a week
2. Four to five days
3. One to three days a week
4. Two or three times a month
5. Once a month
6. Less than once a month
7. Don't know

95. Would you be interested in transportation only, or also in staying with you and helping at your destination?
(READ LIST)

1. Transportation only
2. Stay and helping
3. Varies

96. Would you be willing to pay someone for transportation?

1. Yes
2. No (GO TO 98)

97. What, if anything, do you feel you would be willing to pay for transportation?
(NOTE SPECIFIC AMOUNTS)

1. \$ _____ per trip
2. \$ _____ per day
3. \$ _____ per week
4. \$ _____ per month
5. Don't know

SECTION 7 PERSONAL CARE

98. How difficult is it for you to manage personal care tasks like bathing, dressing and hair care?
(READ LIST)

1. Not difficult
2. Somewhat difficult
3. Very difficult

99. Does someone help you with personal care tasks one or more times a month?

1. Yes
2. No (GO TO 110)

100. Who usually/most frequently helps you with personal care tasks?
(READ LIST)

1. Spouse/Other household member (GO TO 103)
2. Adult child/Other relative (GO TO 103)
3. Friend/Neighbor (GO TO 103)
4. Building Employee (GO TO 103)
5. Receives free help from an agency
6. Other (NOTE IN SPACE PROVIDED) _____

(GO TO 102)

101. Which agency or organization helps you with personal care tasks?
(NOTE IN SPACE PROVIDED)

102. How did you find out about this service?
(READ LIST)

1. Another agency
 2. Brochure/Printed Material
 3. Family
 4. Friends
 5. Neighbor
 6. Newspaper
 7. WKBK Radio
 8. WKNE Radio
 9. Social Worker
 10. Direct Mail
 11. Other (NOTE IN SPACE PROVIDED)
-

103. How often do you use this service?
(READ LIST)

1. Six to seven days a week
2. Four or five days a week
3. One to two days a week
4. One or two times a month
5. Once a month
6. Less than once a month
7. Don't know

104. Are you satisfied with the help you receive?

1. Yes
 2. No
 3. If No, why not? (NOTE IN SPACE PROVIDED)
-
-

105. Is there anything that would improve this service?
(NOTE IN SPACE PROVIDED)

106. If that person/agency is NOT available, how difficult is it for you to manage your personal care?
(READ LIST)

1. Not difficult
2. Somewhat difficult
3. Very difficult

107. Do you pay for this service currently?

1. Yes
2. No (GO TO 112)

108. If yes, how much?
(NOTE IN SPACE PROVIDED)

1. \$ _____ per visit
2. \$ _____ per day
3. \$ _____ per week
4. \$ _____ per month
5. Don't know

109. How difficult is it for you to pay for this service?
(READ LIST)

1. Not difficult (GO TO 114)
2. Somewhat difficult (GO TO 114)
3. Very difficult (GO TO 113)

110. Would you want someone to help you with personal care tasks?

1. Yes (CONTINUE TO 111)
 2. No
 3. If No, please explain _____
-

(GO TO 114)

111. How often would you want someone to help with personal care tasks?
(READ LIST)

1. Six to seven days a week
2. Four to five days a week
3. One to three days a week
4. Two to three times a month
5. Once a month
6. Less than once a month
7. Don't know

112. Would you be willing to pay someone to help with personal care tasks?

1. Yes
2. No (GO TO 114)

113. What, if anything, do you feel you would be willing to pay someone for help with personal care tasks?
(NOTE SPECIFIC AMOUNTS)

1. \$ _____ per visit
2. \$ _____ per day
3. \$ _____ per week
4. \$ _____ per month
5. Don't know

SECTION 8 PERSONAL EMERGENCY

114. Who usually helps you with a NON-MEDICAL, NON-FIRE emergency, like lost keys, water leak, breach of security etc.?
(READ LIST)

1. Spouse/Other household member
2. Adult child/Other relative
3. Friend/Neighbor
4. Employee/Keene Housing Authority
5. Other (NOTE IN SPACE PROVIDED) _____

115. If that person/agency is not available, how difficult is it for you to get emergency help?
(READ LIST)

1. Not difficult
2. Somewhat difficult
3. Very difficult

116. Who do you contact in a MEDICAL emergency?
(READ LIST)

1. Spouse/Other household member
2. Adult child/Other relative
3. Friend/Neighbor
4. Employee/Keene Housing Authority
5. Doctor/Physician
6. Hospital
7. Ambulance Service
8. Other (NOTE IN SPACE PROVIDED) _____

117. If there was someone who could contact you, on regular basis, to see if you were alright, would this make you feel more secure?

1. Yes
2. No (GO TO 119)

118. How often would you want this person/agency to call you?
(READ LIST)

1. Six to seven times a week
2. Four or five times a week
3. One to three times a week
4. Two to three times a month
5. Once a month
6. Less than once a month
7. Don't know

119. Of the following items, which (if any) do you feel you need help with?
(READ LIST)

1. Reading letters/mail
 2. Writing letters
 3. Managing finances and paying bills
 4. Insurance forms
 5. Written material/notices from Keene Housing Authority
 6. Taking Medications
 7. Other (NOTE IN SPACE PROVIDED)
-
-

SECTION 9
SOCIAL/RECREATIONAL

120. Do you participate in social or recreational activities in your building/complex?

1. Yes (CONTINUE ON TO 121)
 2. No
 3. If No, why not (NOTE IN SPACE PROVIDED)
-
-

(GO TO 125)

121. How often do you participate in social or recreational activities in your building/complex?
(READ LIST)

1. One or more times a week
2. Two or three times a month
3. Once a month
4. Once every two or three months
5. Seasonally
6. Don't know

122. What types of activities do you participate in?
(READ LIST)

1. Exercise group
 2. Food related gatherings like coffees/teas
 3. Fund Raising activities like yard/rummage/bake sales
 4. Information/Discussion groups
 5. Organized group activities like Bingo/Handicrafts
 6. Political gatherings
 7. Resident Council
 8. Sing-a-longs & Musical Entertainment
 9. Special Events like First Night/Penny Social
 10. Other (NOTE IN SPACE PROVIDED)
-
-

123. Who usually makes arrangements for these activities?
(READ LIST)

1. Resident (including yourself)
 2. Resident organization
 3. Building Employee
 4. Keene Housing Authority
 5. Other (NOTE IN SPACE PROVIDED)
-
-

124. How satisfied are you with the social and recreational opportunities provided in your building /complex?
(READ LIST)

1. Dissatisfied
 2. Somewhat dissatisfied
 3. Satisfied
 4. Very satisfied
 5. If dissatisfied, why (NOTE IN SPACE PROVIDED)
-
-

125. How difficult is it for you to become involved with social and recreational activities in your building/complex?
(READ LIST)

1. Not difficult
 2. Somewhat difficult
 3. Difficult
 4. Very difficult
 5. If difficult, please explain (NOTE IN SPACE PROVIDED)
-
-

126. What OTHER types of activities would YOU participate in if they were available in your complex?
(NOTE IN SPACE PROVIDED)

127. What OTHER types of activities do you think people in your building/complex would participate in?
(NOTE IN SPACE PROVIDED)

SECTION 10 CASE MANAGEMENT

(READ)

We have talked about a number of services that could help people manage by themselves.

128. If you were having a problem managing by yourself and you didn't know where to go for help, who would you ask? (NOTE IN SPACE PROVIDED)

129. When you have difficulty managing by yourself, does anyone assist you in finding help?

1. Yes
2. No (GO TO 133)

130. Who usually assists you in finding help?
(READ LIST)

1. Spouse/Other household member (GO TO 132)
 2. Adult child/Other relative (GO TO 132)
 3. Friend/Neighbor (GO TO 132)
 4. Building Employee (GO TO 132)
 5. Social Worker (GO TO 132)
 6. Agency
 7. Other (NOTE IN SPACE PROVIDED)
-

(GO TO 132)

131. Which agency assists you in finding help?
(NOTE IN SPACE PROVIDED)

132. In the past year, how many times did that person/agency assist you in finding help?
(READ LIST)

1. On regular/continuing basis throughout the year
2. Eight to eleven times
3. Five to seven times
4. One to four times
5. Less than one time
6. Don't know

133. How difficult is it for you to find help on your own?
(READ LIST)

1. Not difficult
2. Somewhat difficult
3. Difficult
4. Very difficult

(READ)

A service could be provided to residents in your building/complex that would assist people in finding help managing by themselves.

134. If such a service were offered, how likely do you think you would be to use it?
(READ LIST)

1. Very likely
2. Somewhat likely
3. Somewhat unlikely
4. Very unlikely
5. Don't know

(READ)

THE FOLLOWING QUESTIONS ARE FOR STATISTICAL PURPOSES ONLY, to help us have a profile of the residents who live in your building.

135. Last week, how many times did you participate in activities in your building/complex?
(READ LIST)

1. Did not participate at all
2. One or two times
3. Three or four times
4. Five or six times
5. Seven or more times
6. Don't know

136. Last week, how many times did you leave the building/complex to attend to the business of daily living, for example shopping, errands, the doctor, the hairdresser etc.
(READ LIST)

1. Did not go out at all
2. One or two times
3. Three or four times
4. Five or six times
5. Seven or more times

137. Last week, how many times did you leave the building/complex to go somewhere for pleasure, such as to visit family or friends, the movies, etc.
(READ LIST)

1. Did not go out at all
2. One or two times
3. Three or four times
4. Five or six times
5. Seven or more times

SECTION 11 FAMILY/FRIENDS

138. How many children do you have who are within (CIRCLE ANSWER AND ENTER NUMBER GIVEN BY RESPONDENT IN SPACE PROVIDED)...
(READ LIST)

1. Within 15 minutes travel time _____
2. Between 15 minutes and one hour travel time _____
3. Between 1 hour and 4 hours travel time _____
4. More than 4 hours travel time _____
5. Does not have any living children (GO TO 142)
6. Don't know

139. Do you keep in touch with your children by visiting, by writing, or by telephone?

1. Yes
2. No (GO TO 142)

140. About how many times did you talk by phone, exchange letters or visit with your children in the past month?
(READ)

1. None at all
2. One or two times
3. Three or four times
4. five or six times
5. Seven or more times
6. Don't know

141. Would you like to see or talk to your children more often?
(DO NOT READ ANSWERS)

1. More often
2. About the same as now
3. Less often
4. Don't know

142. How many close friends or relatives (other than your children) do you have who are within (CIRCLE RESPONDENT ANSWER AND NOTE NUMBER IN SPACE PROVIDED)
(READ LIST)

1. Within 15 minutes travel time _____
2. Between 15 minutes and 1 hour travel time _____
3. Between 1 hour and 4 hours travel time _____
4. More than 4 hours travel time _____
5. Does not have any close friends or relatives (GO TO 147)
6. Don't know (GO TO 147)

143. Do you keep in touch with them by visiting, by writing, or by telephone?
(READ LIST)

1. Visiting
2. Writing
3. Telephone
4. Do not keep in touch (GO TO 147)

144. How many times did you talk on the phone, exchange letters or visit with your close friends or relatives (besides your children) in the past month?
(READ)

1. One or two times
2. Three or four times
3. Five or six times
4. Seven or more times
5. None

145. Do any of those close friends or relatives live in this building/complex?

1. Yes
2. No

146. Would you like to see or talk to those close friends or relatives more often?
(DO NOT READ LIST)

1. More often
2. About the same as now
3. Less often
4. Don't know

147. If you wanted help because of health, physical, or other problem, would any relative or friend be able and willing to care for you?
(DO NOT READ LIST)

1. Yes
2. No
3. Would not ask them
4. Don't know

SECTION 12

MEDICAL

(READ)

The next questions are about MEDICAL CARE

148. In the past year, have you had to stay overnight in a hospital?
(DO NOT READ)

1. Yes
2. No
3. Don't know

IF MARRIED ...

149. Has your spouse had to stay overnight in the hospital in the past year?
(DO NOT READ)

1. Yes
2. No
3. Don't know

150. Do you have a regular medical doctor who provides you with most of your routine health care?

1. Yes
2. No

151. In the past year, have you seen a doctor for a check-up or medical problem?

1. Yes
2. No
3. Don't know

IF MARRIED

152. Has your spouse seen a doctor in the past year?

1. Yes
2. No
3. Don't know

153. In the past year have you (or your spouse) put off seeking medical care for any reason?

1. Yes
2. No (GO TO 155)

154. What are the major reasons you (or your spouse) put off medical care? (CIRCLE ALL THAT APPLY)
(DO NOT READ)

1. Financial reasons
2. Lack of services to help them when they get home
3. Don't know where to go for medical care
4. Other (PLEASE SPECIFY IN SPACE PROVIDED)

155. Compared to other people your age, how would you rate your health?
(READ LIST)

1. Excellent
2. Good
3. Fair
4. Poor
5. Don't know

IF MARRIED

156. Compared to other persons your age, how would you rate your spouses health?
(READ LIST)

1. Excellent
2. Good
3. Fair
4. Poor
5. Don't know

157. Do you attend health screenings offered at your building/complex?

1. Yes
2. No
3. If no, why not? (NOTE IN SPACE PROVIDED)

158. Which of these health screenings have you attended in the past year:
(READ LIST)

1. Blood Pressure
2. Cholesterol
3. Diabetes
4. Eyesight
5. Flu Shot
6. Other (NOTE IN SPACE PROVIDED)

159. Do you take prescription medications on a regular basis?

1. Yes
2. No

160. Please note the number of medications or prescription drugs you currently take:

1. More than 1
2. 2-3
3. 4-5

SECTION 13 STATISTICAL

161. Are you currently:
(READ LIST)

1. Disabled (GO TO 164)
2. Employed full-time
3. Employed part-time
4. Homemaker (GO TO 164)
5. Retired (GO TO 164)
6. Student (GO TO 164)
7. Unemployed and looking for work

162. What is your occupation or job title?
(NOTE IN THE SPACE PROVIDED)

163. Do you work in this building/complex, or do you have an outside job?
(READ LIST)

1. Works in this building/complex
2. Works outside job
3. Both

IF MARRIED

164. Is your spouse currently:
(READ LIST)

1. Disabled (GO TO 167)
2. Employed full-time
3. Employed part-time
4. Homemaker (GO TO 167)
5. Retired (GO TO 167)
6. Student (GO TO 167)
7. Unemployed and looking for work (GO TO 167)

165. What is your spouses occupation or job title? (NOTE IN SPACE PROVIDED)

166. Does he/she work in this building/complex, or does he/she have an outside job?
(READ LIST)

1. Works in building/complex
2. Works outside job
3. Both

167. How many years have you lived in this building/complex?
(READ LIST)

1. Less than 1 year
2. 1 to 5 years
3. 6 to 10 years
4. 11 to 15 years
5. 16 years or more
6. Don't know

SECTION 14 HEALTH LIMITATIONS (READ)

The next few questions are about whether you (and your spouse) would have difficulty or be physically unable BECAUSE OF HEALTH or physical problem to do the following activities.

168. First, light household chores, like cooking, laundry, washing dishes, dusting, etc.
Would you say YOU are:
(READ LIST)

1. Able to do this without any help
2. Able to do this, but need some help
3. Able to do this, but need a lot of help
4. Not able to do this at all

IF MARRIED

169. Would you say your spouse is:
(READ LIST)

1. Able to do this without any help
2. Able to do this, but needs some help
3. Able to do this, but needs a lot of help
4. Not able to do this at all

170. Next, heavy household chores like washing windows, scrubbing floors, cleaning the oven, moving furniture or air conditioner. Would you say YOU are:
(READ LIST)

1. Able to do this without any help
2. Able to do this, but you need some help
3. Able to do this, but you need a lot of help
4. Not able to do this at all

IF MARRIED

171. Would you say your SPOUSE is:
(READ LIST)

1. Able to do this without any help
2. Able to do this, but needs some help
3. Able to do this, but needs a lot of help
4. Not able to do this at all

172. How about personal tasks like bathing, dressing, eating and moving around the house/apartment?
Would you say YOU are:
(READ LIST)

1. Able to do this without any help
2. Able to do this, but need some help
3. Able to do this, but need a lot of help
4. Not able to do this at all

IF MARRIED

173. Would you say your SPOUSE is:
(READ LIST)

1. Able to do this without any help
2. Able to do this, but needs some help
3. Able to do this, but needs a lot of help
4. Not able to do this at all

174. How about taking care of medications? Would you say YOU are:
(READ LIST)

1. Able to do this without any help
2. Able to do this, but need some help
3. Able to do this, but need a lot of help
4. Not able to do this at all

IF MARRIED

175. Would you say your SPOUSE is:
(READ LIST)

1. Able to do this without any help
2. Able to do this, but needs some help
3. Able to do this, but needs a lot of help
4. Not able to do this at all

**SECTION 15
MISCELLANEOUS**

176. Are there any barriers in your apartment which make it more difficult for you (your spouse) to do your own household chores and personal care?

1. Yes
2. No (GO TO 178)
3. Don't know (GO TO 178)

177. In which rooms?
(READ LIST)

- | | | |
|-----------------|------------|-------|
| 1. Bathroom | (DESCRIBE) | _____ |
| 2. Bedroom | (DESCRIBE) | _____ |
| 3. Common areas | (DESCRIBE) | _____ |
| 4. Hallways | (DESCRIBE) | _____ |
| 5. Kitchen | (DESCRIBE) | _____ |

178. Is your (combined) income :
(READ LIST)

ANNUAL INCOME

MONTHLY INCOME

- | | |
|-------------------------|------------------------|
| 1. Under \$5,000. | 8. under \$417. |
| 2. \$5,001. to 7,500. | 9. \$418. to 625. |
| 3. \$7,501. to 10,000. | 10. \$626. to 833 |
| 4. \$10,001. to 12,000. | 11. \$834. to 1,042. |
| 5. \$12,001. to 15,000. | 12. \$1,043. to 1,250. |
| 6. \$15,001. to 20,000. | 13. \$1,251. to 1,667. |
| 7. Over 20,001. | 14. \$1,668. and over |

183. Is there anything else you would like to say regarding services currently available?
(NOTE IN SPACE PROVIDED) _____

184. Is there anything else you would like to say regarding the quality of life in your building/complex?
(NOTE IN SPACE PROVIDED) _____

185. Is there anything you would like to say about the way the property is managed?
(NOTE IN SPACE PROVIDED) _____

(READ TO ALL)

On behalf of the Keene Housing Authority, I would like to thank you for your time and cooperation. Service coordinator, Ruth Parent, hopes to share results of the survey with participants once the study has been completed.

NEWMARKET HOUSING AUTHORITY

SUPPORT SERVICES SURVEY

THIS SURVEY IS VOLUNTARY. ALL INFORMATION YOU GIVE WILL REMAIN CONFIDENTIAL TO PROTECT YOUR PRIVACY.

1 Including yourself, how many adults live in your household?

2. Are you ... (circle one)

Single

Married

Divorced/Separated

Widowed

3 If married, where is your spouse living ? (circle one)

a. Great Hill Terrace/Section 8 Housing

b. Nursing Home

c. In a hospital or other medical facility

d. With adult child or other relative

e. Other

4. Please list names of adults in household (including yourself)

Name

Relationship

self

- a. Light household chores (dusting, washing dishes, laundry)
- b. Heavy household chores (washing windows, scrubbing floors)
- c. Meal Preparation
- d. Medications (taking/administering)
- e. Personal Care (bathing, dressing)
- f. Shopping/errands
- g. Transportation
- h. Other _____

6. Do you currently receive help with any of these services? (circle one)

YES
NO

If yes, which of these services do you receive?

_____	_____
_____	_____
_____	_____

If no, which of these services (if any) do you think you would like to receive?

_____	_____
_____	_____
_____	_____

7. Do you eat meals at the meal site one or more times a month? (circle one)

Yes
No

3. Do you receive home delivered meals, (Meals on Wheels) one or more times a month? (circle one)

Yes
No

9 If no, would you be interested in receiving this service? (circle one)

Yes
No

10. If you were having a problem managing by yourself and you didn't know where to go for help, who would you ask?

11. If a service could be provided that would assist people in finding help managing by themselves, how likely do you think you would be to use it? (circle one)

- a. Very likely
- b. Somewhat likely
- c. Somewhat unlikely
- d. Very unlikely
- e. Don't know

12. What type of activities do you think people in your complex would be interested in? (circle all that apply)

- a. Exercise group
- b. Food related gathering like coffees/teas/barbecues
- c. Fund raising activities like yard/bake sales
- d. Information/Discussion Groups
- e. Organized group activities like Bingo/Handicrafts
- f. Musical Entertainment
- g. Special Events
- h. Other _____

13. If these activities were offered, how likely would you be to participate? (circle one)

Very Likely
Likely
Not Likely

14. Do you own a car? (circle one)

YES
NO

15. If no, who usually helps you with your transportation needs? (circle all that apply)
- a. Adult Child
 - b. Other Relative
 - c. Friend/Neighbor
 - d. Agency (please list agency)

- e. Other _____

16. Who usually helps you with a NON-MEDICAL, NON-FIRE emergency? (circle all that apply)

- a. Adult Child
- b. Other Relative
- c. Friend/Neighbor
- d. Employee/Newmarket Housing Authority

- e. Other _____

17. Who do you contact in a MEDICAL emergency?

- a. Adult Child
- b. Other Relative
- c. Friend/Neighbor
- d. Employee/Newmarket Housing Authority

- e. Doctor

- f. Hospital

- g. Ambulance Service

- f. Other _____

1 . If there was someone who could contact you on a regular basis, to see if you were alright, would this make you feel more secure? (circle one)

YES
NO

If yes, how often would you like this person/agency to call you?

10. Of the following items, (if any) which do you feel you need help with? (circle all that apply)

- a. Reading letters/mail
- b. Writing letters
- c. Managing finances and paying bills
- d. Insurance forms
- e. Written materials from Newmarket Housing Authority
- f. Other _____

2 . Do you have a regular medical doctor who provides you with most of your routine health care? (circle one)

YES
NO

2 . In the past year have you or any other household member put of seeking medical care for any reason? (circle one)

YES
NO

2 . If yes, what was the major reason

- a. Financial reasons
- b. Don't know where to go for medical care
- c. Other _____

20. If Health Screenings were available at Great Hill Terrace, how likely would you be to attend? (circle one)

- a. Very Likely
- b. Likely
- c. Somewhat Likely
- d. Not Likely

24. Which of these Health Screenings would you like to see made available? (circle all that apply)
- a. Blood Pressure
 - b. Cholesterol
 - c. Diabetes
 - d. Eyesight
 - e. Dental
 - f. Other (specify) _____

25. How many children do you have who are within:

- a. Within 15 minutes travel time _____
- b. Between 15 minutes and 1 hour _____
- c. Between 1 hour and 4 hours _____
- d. More than 4 hours travel time _____
- e. Other _____

26. How many close friends or relatives (other than children) do you have who are within:

- a. Within 15 minutes travel time _____
- b. Between 15 minutes and 1 hour _____
- c. Between 1 hour and 4 hours _____
- d. More than 4 hours travel time _____
- e. Other _____

27. If you needed help because of health, physical, or other problems, would any relative or child or friend be able to and willing to care for you? (circle one)

- a. Yes
- b. No
- c. Would not ask them
- d. Don't know

28. Are there any barriers in your apartment which make it difficult for you or your spouse to do your own household chores and personal care? (circle one)

Yes
No

29. If yes please describe below

30. Additional Comments:

On behalf of the Newmarket Housing Authority and Lamprey Health Care, we would like to thank you in advance for your time and cooperation in filling out this survey. If you have any questions regarding this survey please contact Service Coordinator, Debbie Pelletier at 659-2424, Monday - Friday, 8 a.m. to 4 p.m.

APPENDIX C
RESIDENT MARKET/NEEDS ASSESSMENT
SURVEY RESULTS

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Claremont Housing Authority

SUMMARY OF NEEDS ASSESSMENT SURVEY

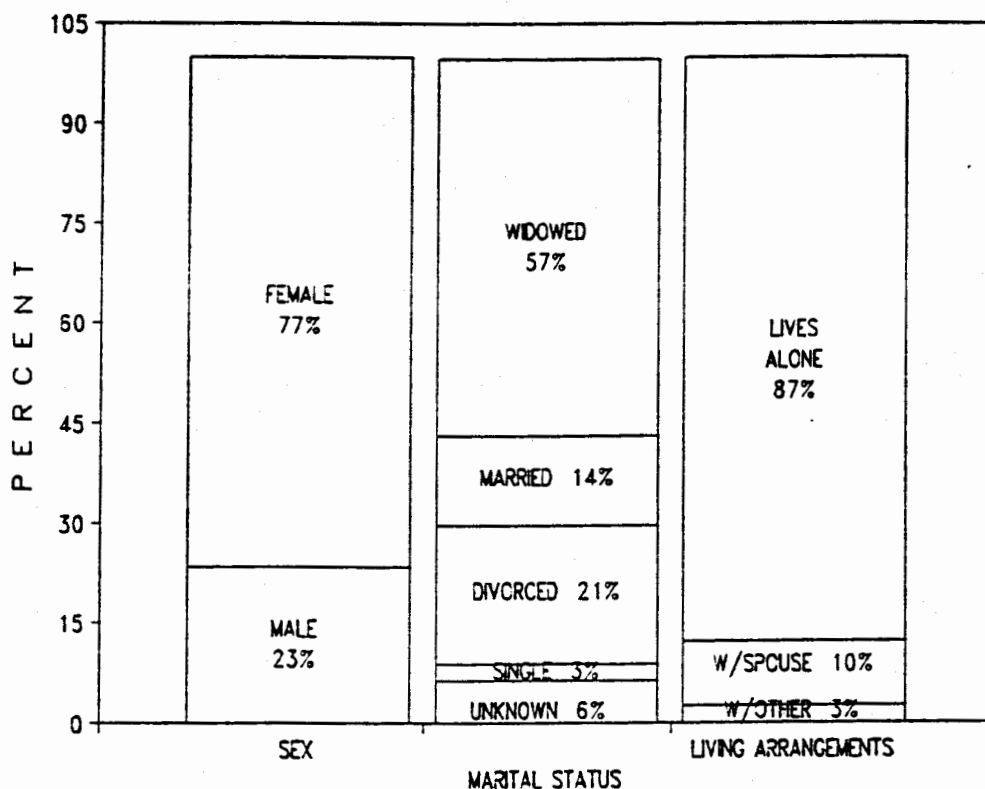
The Respondents

Interviews were completed for residents in 81 of the 100 units at the Marion Phillips Apartments. Of the balance, two units were vacant, one unit was an office, and residents in 2 units were out of town. Residents in the remaining 13 units were unable to be surveyed, the majority were never at home when attempts to survey were made.

All of the respondents were caucasian.

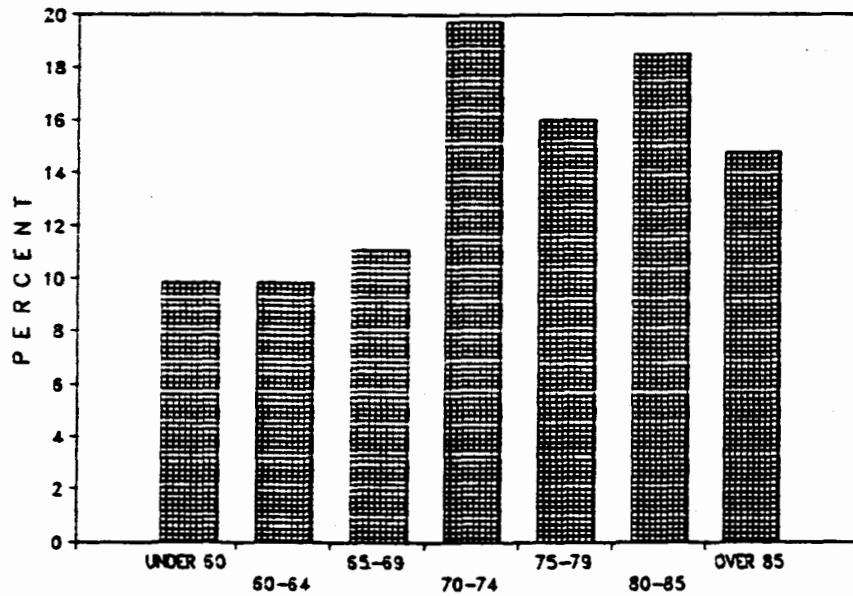
Seventy-seven percent of the respondents were female, 57 percent were widowed, and 88 percent were living alone. The graphs below show the breakdown for sex, marital status, and living arrangements.

DEMOGRAPHICS



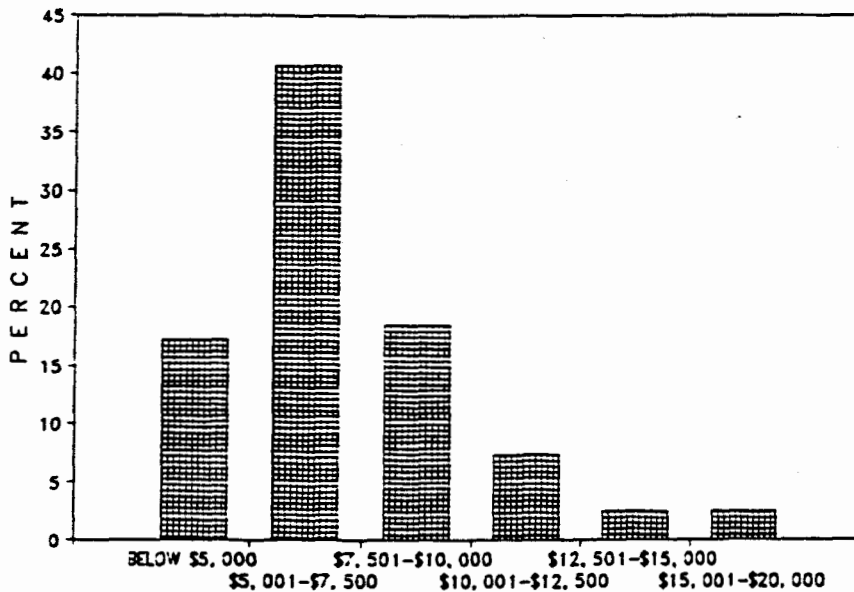
Forty-nine percent of residents were 75 years of age or older. The majority of residents (20%) were between the ages of 70 and 74 years old. Fifteen percent of the residents were 85 years old or older.

AGE OF TENANTS



As was expected, the incomes of the residents were very low. Fifty-eight percent of the residents had annual incomes below \$7,500 per year including 17 percent with annual incomes below \$5,000. Fourteen percent of the residents had incomes greater than \$10,000 per year.

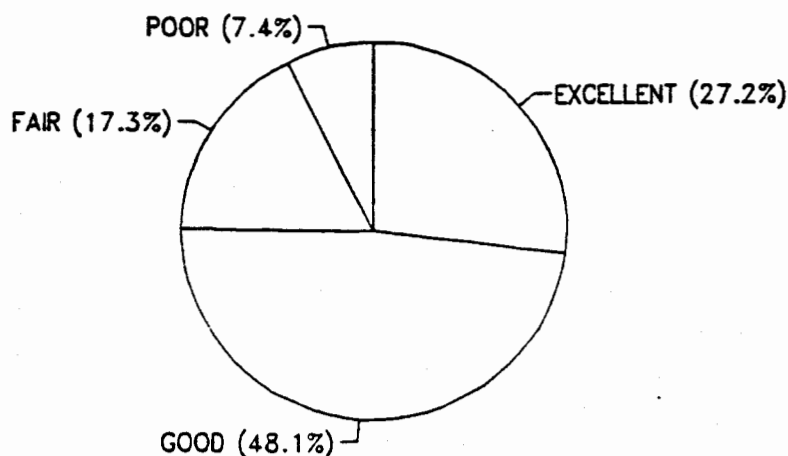
INCOME OF TENANTS



The majority of the residents (51%) had lived at the Marion Phillips Apartments more than six years including 17 percent who lived there sixteen years or more. Of all the residents at the Marion Phillips Apartments, 33 percent were 75 years old or older and had lived in the complex for six or more years. This is indicative of the "aging in place" phenomenon.

Forty-eight percent of residents reported being in good health and an additional 27 percent reported being in excellent health. Seven percent reported being in poor health. When asked whether they had stayed overnight in the hospital in the last year, 24 percent responded positively. Fifty-seven percent of residents reported needing assistance with one of more tasks of daily living.

SELF-PERCEPTION OF HEALTH



Nineteen percent of the residents said they had to put off medical care during the last year; 15 percent for financial reasons and 4 percent did not feel the need to go to their physician.

Their Families and Friends

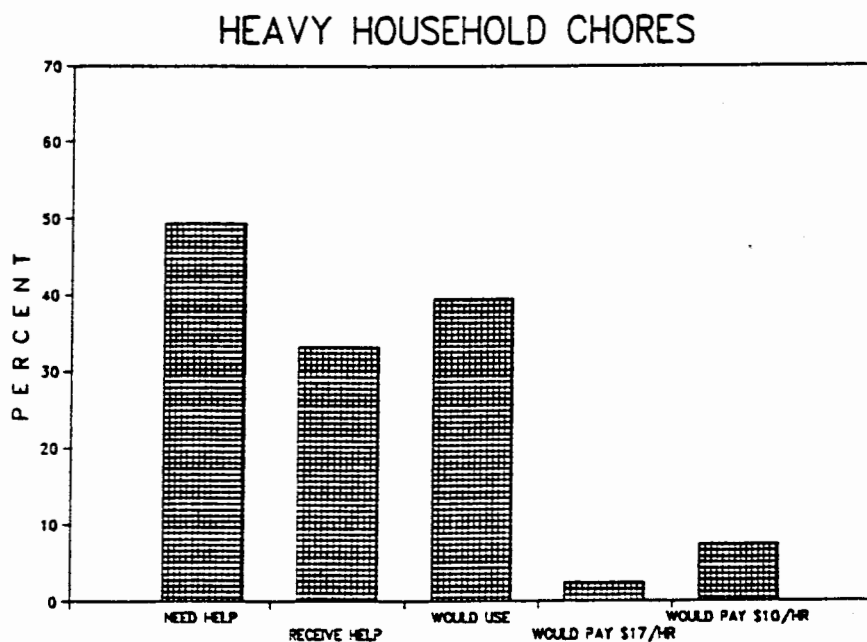
Eleven percent of the respondents reported having no living children. Of those residents who have living children, 42 percent have no children within 15 minutes travel time from their complex, 28 percent have no children within one hour travel time, and 16 percent have no children within 4 hours travel time.

Although the majority of residents reported having close friends or relatives other than their children, 5 percent said they did not have anyone else. Another 14 percent of the residents as a whole said they had only one other person. Only one percent of the residents reported they had no one: children, other relatives, or close friends.

When asked whether they had anyone who would be able or willing to help them should they need help, 26 percent said that their family would be likely to help them financially and 54 percent said that someone would probably be able to help take care of them in other ways. Most residents qualified this by saying that caretaking would be limited because their children worked and friends and other relatives were often elderly themselves. Sixteen percent of the residents would not ask their families for financial help and 5 percent also responded that they would not ask for other types of help.

Heavy Household Chores

Residents needed the most help when it came to managing their heavy household chores. Forty-nine percent reported needing at least some help and 20 percent of residents were not able to do heavy household chores at all.



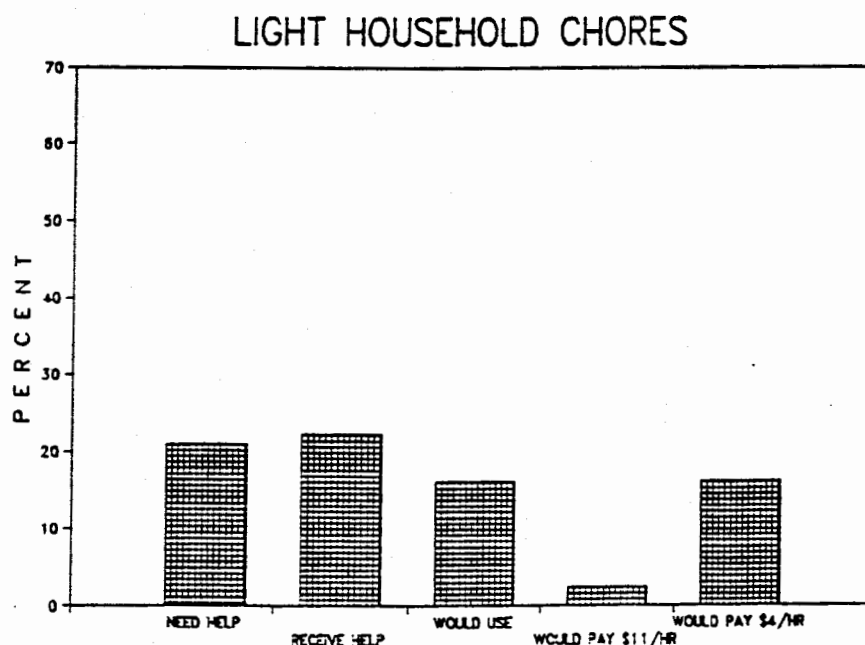
Thirty-three percent of the residents reported receiving help with heavy household chores. One percent of the residents said they pay someone to help them on an hourly basis. Seventeen percent

reported reliance on their friends and/or family for help. Another one percent of the residents receive help from a building employee. Connecticut Valley Home Care helps the remaining 14 percent either for a subsidized rate or for free.

When asked whether they would use a service to help with these chores, 40 percent responded positively. However, when asked if they would be willing to pay the high-market rate of \$17.00 per hour for this help only 2 percent of the residents responded positively. Seven percent of the residents responded that they would be willing to pay the low-market fee of \$10.00 per hour to have help with their heavy household chores.

Light Household Chores

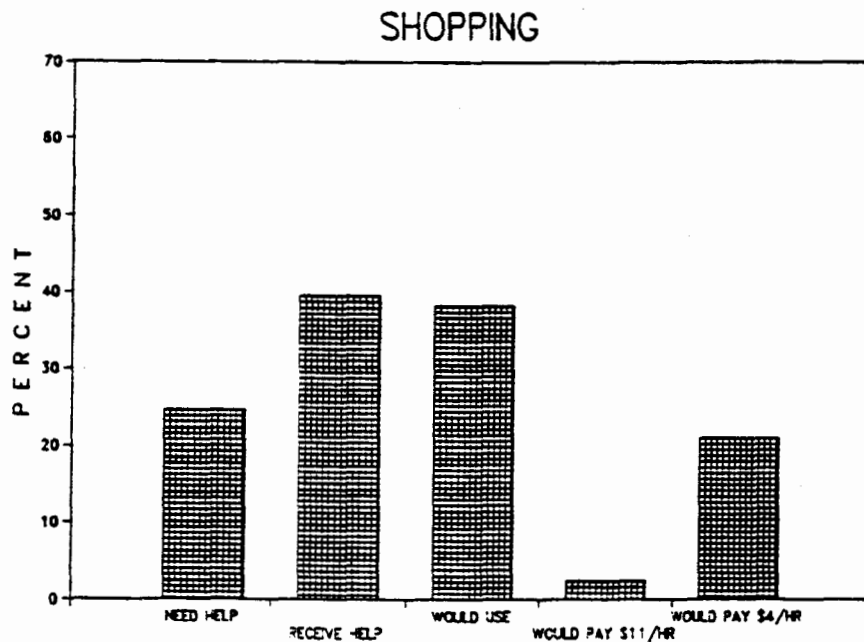
Twenty-one percent of residents responded that it was difficult for them to do light household chores and 3 percent said they could not do their light chores at all. Twenty-two percent of the residents receive help with this task: seven percent from their families or friends, one percent from a building employee, and 14 percent from Connecticut Valley Home Care.



When asked if they would use a service that helped with light household chores 16 percent responded positively. Only 2 percent of the residents said they would be somewhat willing to pay the high market rate of \$11.00 per hour for this help although all 16 percent said they would be willing to pay the low market rate of \$4.00 per hour.

Shopping

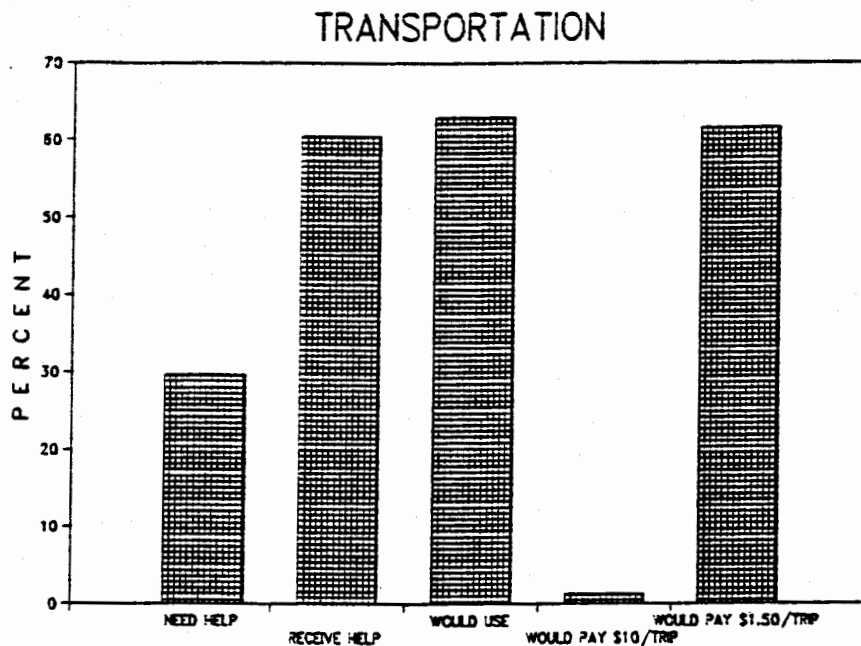
Twenty-five percent of the residents reported that shopping was difficult for them and 40 percent reported they presently receive help with their shopping. Of the residents at the Marion Phillips Apartments who receive assistance with their shopping, 32 percent receive assistance from family and friends, 6 percent receive assistance from an agency, and 2 percent from a building employee.



Thirty-eight percent of the residents responded positively to using a shopping service if it were available, stressing that it would need to be flexible enough to meet their different needs. Two percent of the residents were willing to pay the high-market rate of \$11.00 an hour for help with shopping and an additional 21 percent of the residents would be willing to pay the subsidized market rate of \$4.00 per hour for help.

Transportation

Thirty-five percent of the residents said they had cars and 25 percent said they use a bus or taxi one or more times a month. Thirty percent of the residents as a whole reported difficulty with getting needed transportation and 60 percent presently receive help with transportation: 55 percent from relatives, friends and/or neighbors and 5 percent from Connecticut Valley Home Care.



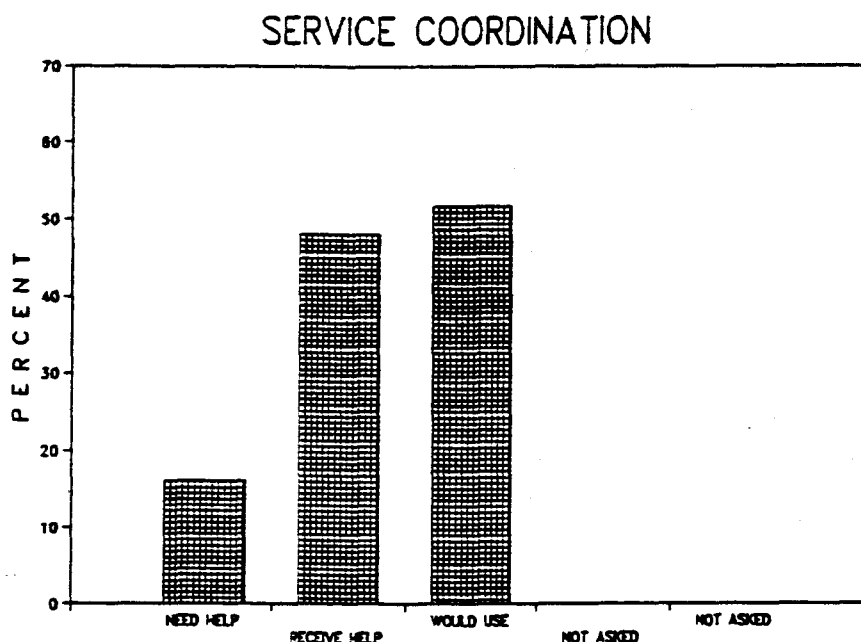
Sixty-three percent of the respondents said that they would be likely to use a transportation service if it were available including 39 percent of those residents who have cars. One percent of the residents said they would be willing to pay the high-market rate of \$10.00 a trip and the remaining 62 percent said they would be willing to pay the subsidized market rate of \$1.50 a trip for transportation.

Service Coordination

Sixteen percent of the residents as a whole reported having difficulty finding help when they needed it. When asked who they would seek out to help them find help, 47 percent of the residents said they would ask their family or friends where to turn for assistance. Another 30 percent reported they would ask a building employee, either manager or other, to assist them. Twelve percent did not know who they would ask to help them find help.

Forty-eight percent of the residents said someone assists them in finding help now. The majority of the residents (35%) ask their families and/or friends where to find help, 7 percent rely on building employees, and 6 percent use an agency to help them find help when they need it.

Interestingly, 51 percent of residents responded positively when asked if they would use a service which would help them find help when they needed it. This clearly demonstrates the desire of residents to enhance their current living situation and maintain their future independence through the use of a knowledgeable resource person.



Residents were not asked about paying either the high market rate of \$30.00 per hour or the lower rate of \$10.00 per hour for service coordination due to poor response to these questions on previous surveys.

Other Services

Some residents were interested in help with several other services and although the numbers of residents were relatively small consideration should be given to coordinating these services on an individual basis.

Ten percent of the residents reported that it would be difficult for them to get help in an emergency and 48 percent felt that they would use a Personal Emergency Response System (such as "Lifeline") if it were available, although the majority do not need one at present. Two percent of the residents at the Marion Phillips Apartments presently uses a Personal Emergency Response System.

Five percent of the residents responded that they had difficulty with personal care and six percent are currently receiving help with this activity. Eleven percent responded positively to using a service to assist with this task.

Forty-eight percent of the residents eat their meals at a congregate meal site and 19 percent receive home-delivered meals. None of the residents have anyone to prepare meals for them in their home. Although 5 percent of residents said that meal preparation was difficult for them, eleven percent said they would use a service to aid in meal preparation.

Thirty-two percent of the residents said that they would like to have a service where someone would call them on a regular basis to see if they were all right. Twelve percent of residents expressed a need for help in managing finances and paying bills, 9 percent for help in completing complicated forms (like insurance, medicare, and medicaid), 4 percent for help reading letters, and 2 percent for help writing letters.

Fifty-two percent of the residents responded positively when asked if they would participate in additional health screenings offered at the complex, many of these residents presently take part in the blood pressure checks available now.

Social/Recreational Needs

When interviewed about participation in social and recreational activities at the complex, 62 percent of the residents responded that they currently participate. All residents acknowledged that activities were available. Residents reported participation in the following activities:

<u>% participating</u>	<u>Type of activity</u>
62	Games (like cards or bingo)
44	Arts and crafts
43	Coffees and teas
37	Information/discussion groups
31	Exercise groups
21	Singalongs/musical entertainment
3	Other activities

Many residents volunteered suggestions for activities that they would like to have available. Some of the suggestions are listed below.

% interestedType of activity

35	Cooking, sewing, and crafts
32	Fitness
28	Singalongs/musical entertainment
19	Arts, reading & writing club, tenant newsletter
17	Information/discussion groups
10	Picnics

These suggestions were volunteered and residents did not have the opportunity to indicate interest in activities suggested by others. A focus group, resident committee, or short survey should be used to gather more input before specific activities are developed.

Dover Housing Authority - Survey Results

INTRODUCTION

In the fall of 1991 the Dover Housing Authority received a two year grant through the New Hampshire Housing Finance Authority's Administration on Aging grant to establish a Supportive Services Program for residents in low-income elderly housing. The purpose of the grant was to assist the Dover Housing Authority in developing and implementing a supportive services program for the residents of their senior housing complexes.

To assist in developing appropriate supportive services, residents at each complex were interviewed to find out what services they needed or desired. Residents were interviewed at 8 complexes ranging in size from 6 units to 84 units. A total of 265 residents, including 18 spouses, talked with trained interviewers and answered roughly 165 questions each.

The interviews were conducted in the resident's apartment and although participation was voluntary the residents response was overwhelmingly positive. A census survey was attempted for 270 units with residents from 247 units participating. At least three attempts were made to contact every resident unless it was known that they were away for an extended period of time. Of the 22 households not interviewed about half refused and the others were away for extended periods on vacation or hospitalized.

What follows is a compilation of the major results of the survey. Although there were variations between complexes in residents' responses to the survey questions, the ranking of services in order of resident need and desire for each service was fairly constant across all of the complexes. The material presented here represents the actual responses of the residents surveyed. Generalizations from this material should be made with caution due to the non-random nature of this sample.

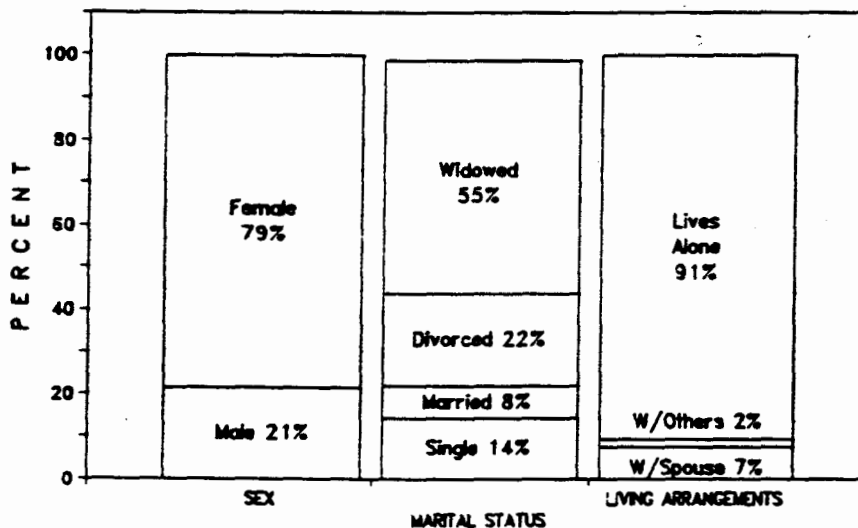
THE RESPONDENTS

Only one resident out of the 247 primary respondents was not caucasian. All residents did speak english and no interpreter was required. As expected, the respondents were primarily female, widowed, and were living alone: 51 percent of the respondents met all three criteria.

The demographics of the survey group are presented in Graph 1. Residents at these complexes ranged from being 71 to 100 percent female. Widowed residents comprised between 44 and 70 percent of the communities at the various complexes. Residents living alone ranged between 75 to 97 percent of the residents at each complex.

Graph 1

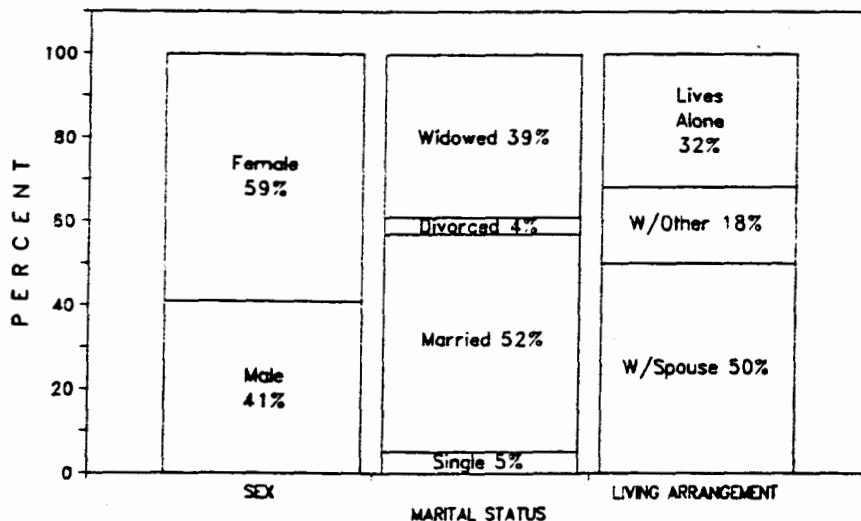
RESIDENTS SURVEYED IN DOVER
Demographics



It is interesting to contrast those figures with information about the national population. The following graphs were developed from figures published in the 1991 edition of "Aging in America: Trends and Projections" (See Graph 2). Because 14 percent of the surveyed population was under age 65 a direct comparison is not possible. However, the trend is for the categories of female, widowed, and living alone to increase with age rather than decrease.

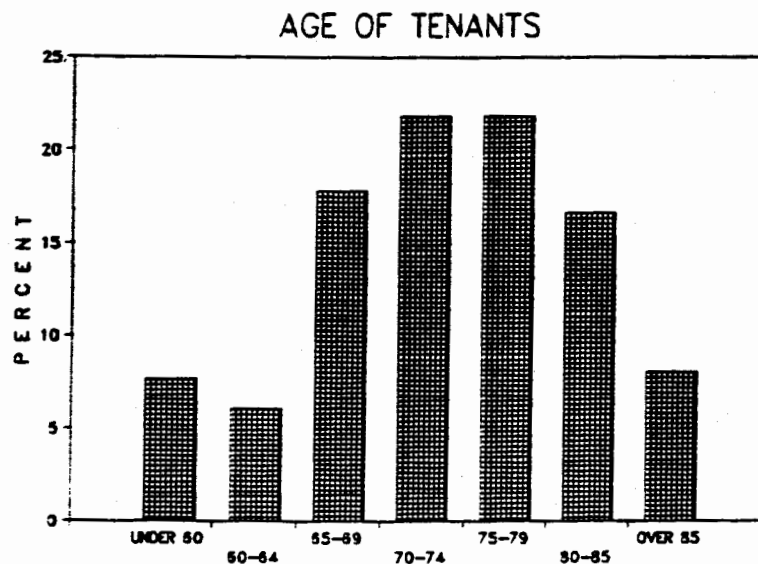
Graph 2

65 AND OLDER NATIONALLY
Demographics



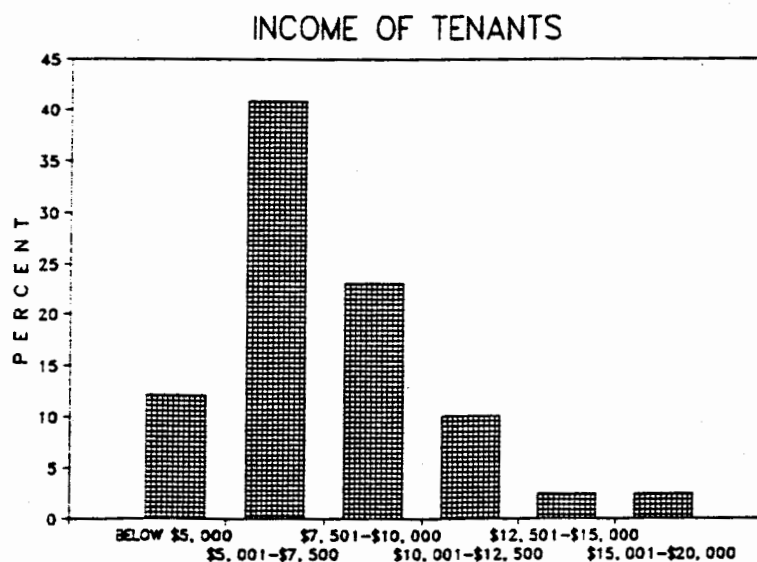
Almost half of the residents were age 75 or older when the complexes were averaged together. Individually, there was a large variation in the age distribution of the residents at various complexes. All but two complexes had residents under the age of 60 while four complexes had no residents older than 85. The 75 and older population ranged from a low of 25 percent to a high of 54 percent.

Graph 3



As was expected, the incomes of the residents were very low. Seventy-six percent of the residents in all complexes had annual incomes below \$10,000 and 12 percent of residents had annual incomes below \$5,000 a year. Complexes ranged from having no residents with incomes below \$5,000 a year to having 25 percent of their residents in this range.

Graph 4

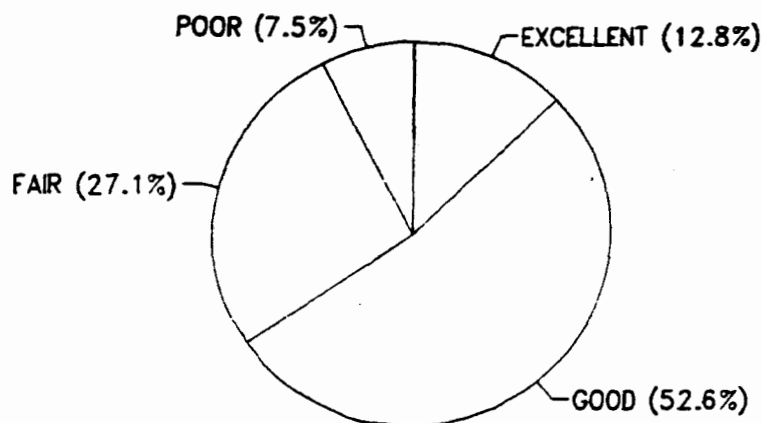


Slightly less than half of the residents had lived in the complexes six or more years. Nine percent had lived there for 16 or more years with most reporting they had moved in when the complex opened. Only 11 percent of residents had lived in the complexes less than one year. The remaining residents (40%) had lived in the complexes between one and five years. Across all complexes an average of 33 percent of all residents were both 75 years old or older and had lived at their respective complexes for six or more years. This is indicative of the "aging in place" phenomenon.

Thirteen percent of the residents, including spouses, reported being in excellent health and an additional 53 percent reported being in good health. Only 8 percent reported being in poor health (See Graph 5). It is interesting to note, however, that 74 percent of the residents reported needing assistance with one or more tasks of daily living.

Graph 5

SELF-PERCEPTION
OF HEALTH



It is important to keep in mind that this is the resident's own perception of their state of health in relation to their peers. The interviewers reported that a few residents appeared to be in better health than they reported and, as was more often the case, some residents reported being in better health than they appeared.

Thirty-one percent of the residents, including spouses, reported having stayed overnight in a hospital in the previous year and 88 percent said they had seen a doctor during the past year. Nine percent of the residents said they had to put off medical care during the last year; the majority (31%) because of financial reasons.

FAMILIES AND FRIENDS

Families have long been expected to provide care for their members as they age. It is interesting to look at the reality of family members being available to provide this care.

Twenty-one percent of the residents reported having no living children and another 15 percent reported having only one living child. Of those residents who have living children, 35 percent have no children within 15 minutes travel time from their complex, 13 percent have no children within one hour travel time from them, and 7 percent have no children living within four hours travel time from their complex.

Additionally, 6 percent of those residents who have living children reported that they do not keep in touch with their children. Another 9 percent said they spoke, wrote or visited their children only one or two times in the month preceding the interview. Fifteen percent of all residents felt they would like to see or talk to their children more often than they do now.

Although the majority of residents reported having close friends or relatives other than their children, 8 percent said they did not have anyone else and another 14 percent said they had only one other person.

Of those residents having other friends or relatives, 19 percent said none of these people lived within 15 minutes travel time from their complex. For 8 percent of the residents, none of these people lived within one hour away and for 4 percent they were at least four hours away.

Five percent of those residents having other friends or relatives reported that they do not keep in touch with them at all while 17 percent said they had visited, written, or phoned those friends or other relatives only once or twice in the month preceding the interview.

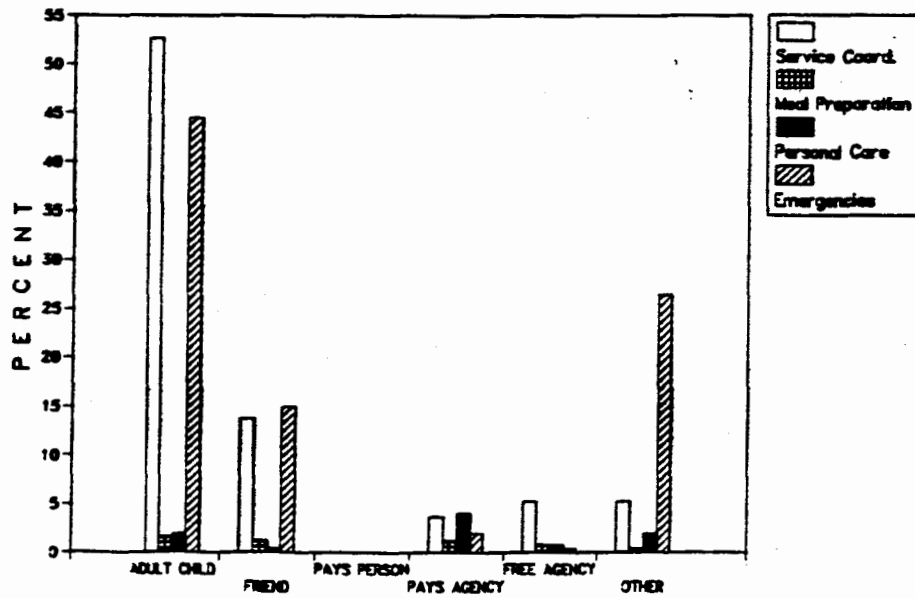
Just over one percent of the residents did not have anyone, whether it was a child, friend, or other relative. However, only 3 percent had no one within 15 minutes travel time and 1 percent had no one within an hour travel time. Two percent of the residents reported they had only one person (child, friend, or other relative).

When asked whether they had anyone who would be able or willing to help them should they need help, 21 percent said that their family would be likely to help them financially and 58 percent said that someone would probably be able to help take care of them. Most residents qualified this by saying that caretaking would be limited because their children worked and friends and other relatives were often elderly themselves. Thirteen percent of the residents would not ask their families for financial help while only 6 percent would not ask for other kinds of help.

Graphs 6 and 7 show who does help when a resident needs it. The columns indicate the percent residents presently rely on the people in each category to help them with each of these tasks. Only those residents presently receiving help are represented in these percentages. Total percentages across tasks may be greater than 100 because some residents may be receiving help from more than one person.

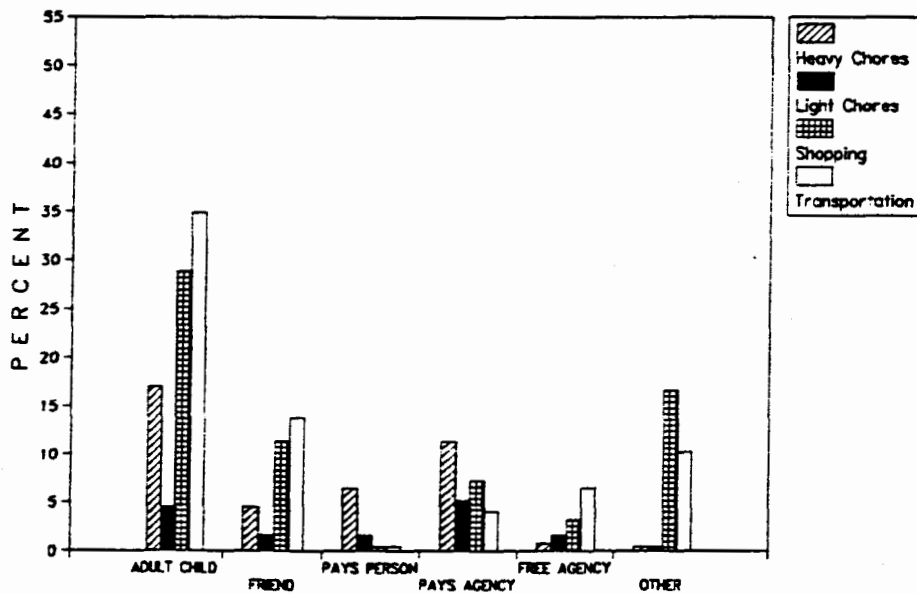
Graph 6

WHO HELPS WHEN IT IS NEEDED – PART ONE



Graph 7

WHO HELPS WHEN IT IS NEEDED – PART TWO



Adult children are relied upon more often than anyone else for assistance with transportation, shopping, and heavy household chores, as a resource to help residents find help when they need

it, and for assistance in times of emergency. They are also looked to as a source of prepared meals for the resident to reheat.

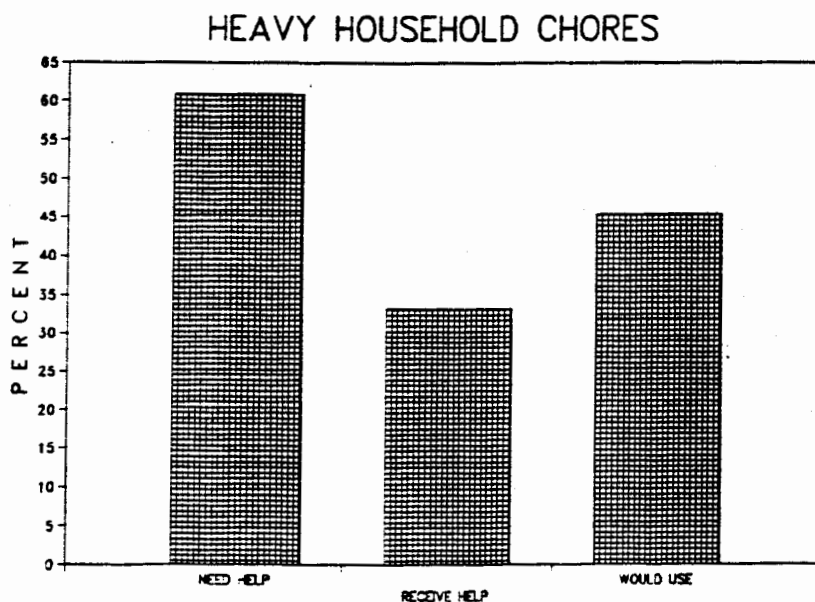
Residents turned to an agency most often for help with emergencies, shopping, and transportation. Friends and neighbors helped more with shopping, transportation, and emergencies than with any of the other tasks. They also gave each other information about available services. Heavy household chores such as window washing was the service residents most frequently paid for.

HEAVY HOUSEHOLD CHORES

Residents needed the most help managing their heavy household chores. Sixty-one percent of the residents, including spouses reported needing at least some help with these chores, while 27 percent reported that they could not manage their heavy household chores at all. Only 33 percent are presently receiving any help with these chores.

When asked whether they would use a service to help with these chores, 45 percent responded positively. Graph 8 combines these variables to give an overall picture of the residents responses to questions about heavy household chores.

Graph 8



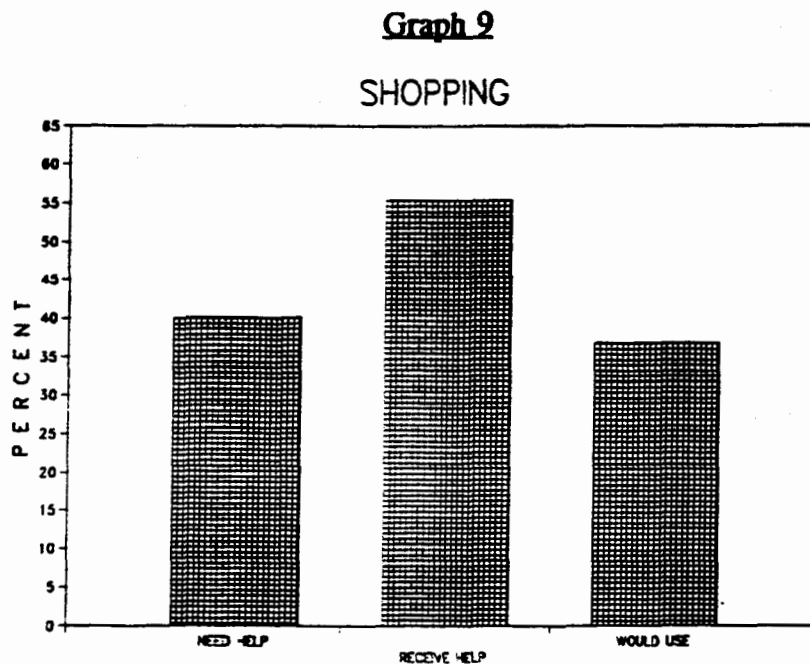
More than one half of the residents that said they needed help with heavy household chores were age 75 or older.

SHOPPING

Shopping was the second most difficult task for residents to manage independently. Forty percent of the residents reported having difficulty and 55 percent report receiving help with their shopping.

Over 36 percent of the residents said they would use a shopping service if it were available. Residents indicated that they would use a shopping service because they wanted to maintain their independence from family and not be a burden on their friends and neighbors. They were most interested in having a service available that could be more flexible in scheduling trips. Most residents said they needed help primarily with transportation to and from the store with a little assistance carrying packages.

Graph 9 combines these variables to give an overall picture of the residents responses to questions about shopping.



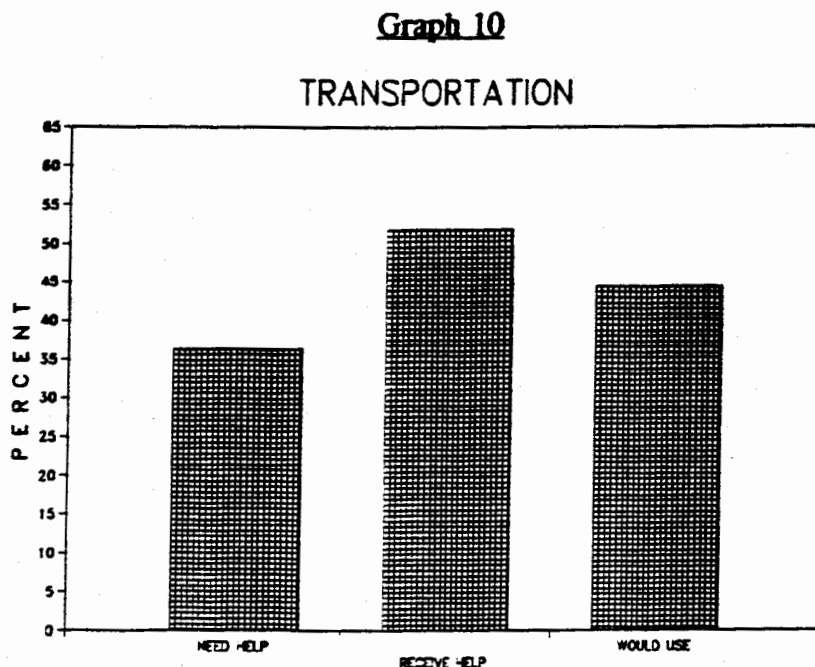
Fifty-five percent of the residents needing help with shopping were over age 75.

TRANSPORTATION

Thirty-six percent of residents as a whole reported having difficulty getting the transportation they need. While 41 percent said they had a car of their own and 52 percent said they receive help with transportation now, 45 percent of the residents said they would use a transportation service. This is inclusive of 21 percent of the residents who said they have a car of their own

and 67 percent of the 40 percent of residents who reported they use a bus or taxi one or more time a month.

Graph 10 combines these variables to give an overall picture of the residents responses to questions about transportation.



While many of the residents receive assistance with transportation, they felt a need for additional transportation. Some of the reasons they shared for wanting additional transportation included service not being available when they needed to go somewhere, especially if they could not plan the trip far enough in advance; scheduling of trips not being flexible enough to meet the variety of needs of different residents, some needed longer to shop, some couldn't stay so long without tiring; the lack of availability of transportation to meet social needs.

Fifty-six percent of the residents needing help with transportation were age 75 or older.

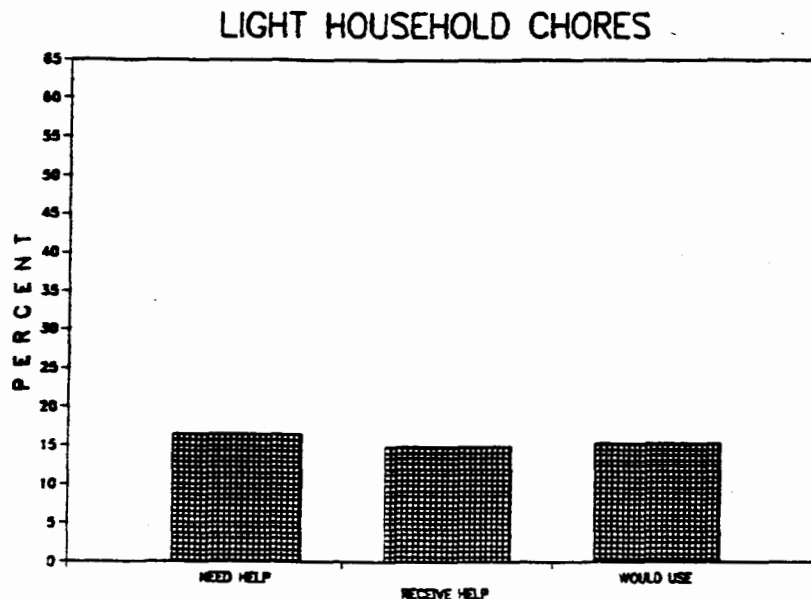
LIGHT HOUSEHOLD CHORES

Only 17 percent of residents as a whole said they needed help with light household chores with 4 percent reporting they could not manage these chores at all. Fifteen percent of the residents are presently receiving help with these chores.

When asked how likely they would be to use a service that helped with light household chores,

15 percent responded positively. Graph 11 combines these variables to give an overall picture of the residents responses to questions about light household chores.

Graph 11



Fifty-nine percent of the residents needing help with light household chores were age 75 or older.

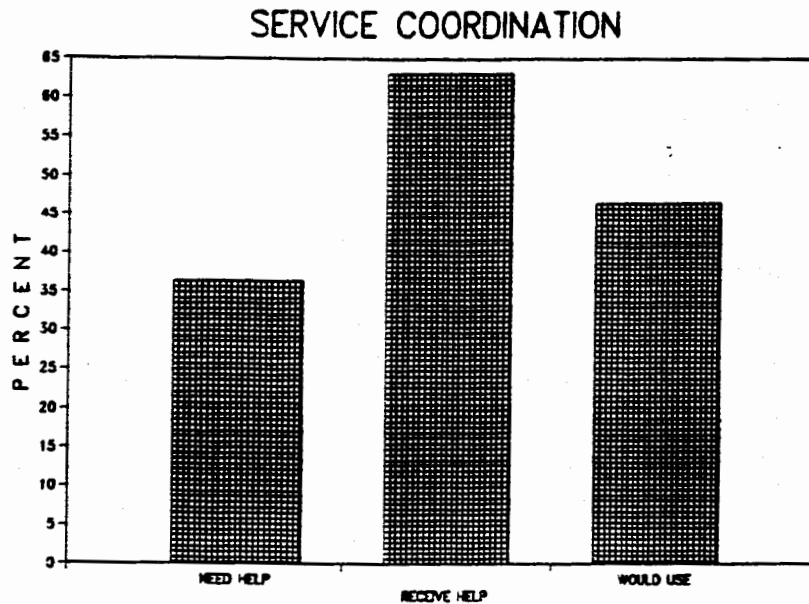
SERVICE COORDINATION

Thirty-seven percent of residents as a whole reported having difficulty finding help when they needed it and another 3 percent did not know how difficult it would be to find help on their own. When asked who they would seek out to help them find help most residents had someone in mind, however 8 percent did not know who they would ask to help them find help. Sixty-three percent of the residents said someone assists them in finding help now.

Interestingly, 47 percent of residents responded positively when asked if they would use a service which would help them find help when they needed it. This clearly demonstrates the desire of residents to enhance their current living situation and maintain their future independence through the use of a knowledgeable resource person. Many residents made comments referring to the importance of knowing and trusting the person they turn to for help.

Graph 12 combines these variables to give an overall picture of the residents responses to questions about service coordination.

Graph 12



OTHER SERVICES

Not enough of the residents in any complex were interested in or needed help with personal care, meal preparation, or emergencies to consider coordinating these services on a complex-wide basis. These are services that could be coordinated for individual residents on an as-needed basis by a service coordinator.

Ten percent of the residents reported needing help with meal preparation. Six percent receive Meals-on-Wheels and four percent have someone help them in their home. Forty-four percent of the residents reported eating at the congregate meal site at their complex and another 15 percent reported eating their meals in other group settings at least once a month. This included eating at outside congregate meal sites and potluck dinners at the complexes. When asked how likely they would be to use a service to help them prepare meals, 13 percent responded positively.

Only 10 percent of the residents reported needing help with personal care and 7 percent presently receive such help. Eight percent said they would be likely to use this type of service.

Eight percent of the residents presently use a Personal Emergency Response System (PERS) such as "Lifeline". Nineteen percent said that it was difficult to get help during emergencies and 43 percent felt they would use a service if one were available. It is unlikely that this number of residents would presently use or need a Personal Emergency Response System on a long term basis. This response demonstrates the residents concern with what would happen to them in an emergency and their questions about the immediacy of emergency assistance.

Twenty-seven percent of the residents also said they would like to have a service where someone would call them on a regular basis to see if they were all right. Fifteen percent of the residents expressed a need for help in completing complicated forms (insurance, medicare and medicaid) and 11 percent of the residents felt that they needed help managing finances and paying bills. Only 6 percent of the residents felt that they needed help writing letters and another 5 percent expressed a need for help in reading letters.

SOCIAL/RECREATIONAL NEEDS

Forty-three percent of the residents participate in social or recreational activities at the complex. Another 47 percent do not participate, although 16 percent would be interested if additional activities were offered. Only 6 percent responded that there were no activities in which to participate and less than 20 percent of these residents reported that they would participate if activities were available. Twenty-three percent of the residents as a whole said it was difficult for them to be involved in social and recreational activities.

The activities that residents reported participation in are listed below. Eighty percent of those residents who participate do so as frequently as once a month including 54 percent who participate one or more times a week.

<u>% Participation</u>	<u>Type of activity</u>
35	Games (like cards or bingo)
7	Arts and crafts
5	Coffees and teas
12	Information & discussion groups
3	Singalongs/musical entertainment/movies
1	Exercise groups
13	Parties and potlucks
1	Other activities

Forty-eight percent of the residents volunteered suggestions for activities that they would like to have available. These suggestions follow.

<u>% Interested</u>	<u>Type of activity</u>
22	Games (like cards or bingo)
17	Arts and crafts
11	Coffees and teas
11	Information & discussion groups
14	Singalongs/musical entertainment/movies
12	Exercise groups
5	Dinners/dancing/bowling
13	Other activities

These suggestions were volunteered and residents did not have the opportunity to indicate interest in activities suggested by others. A focus group, resident committee, or short survey should be used to gather more input before specific activities are developed.

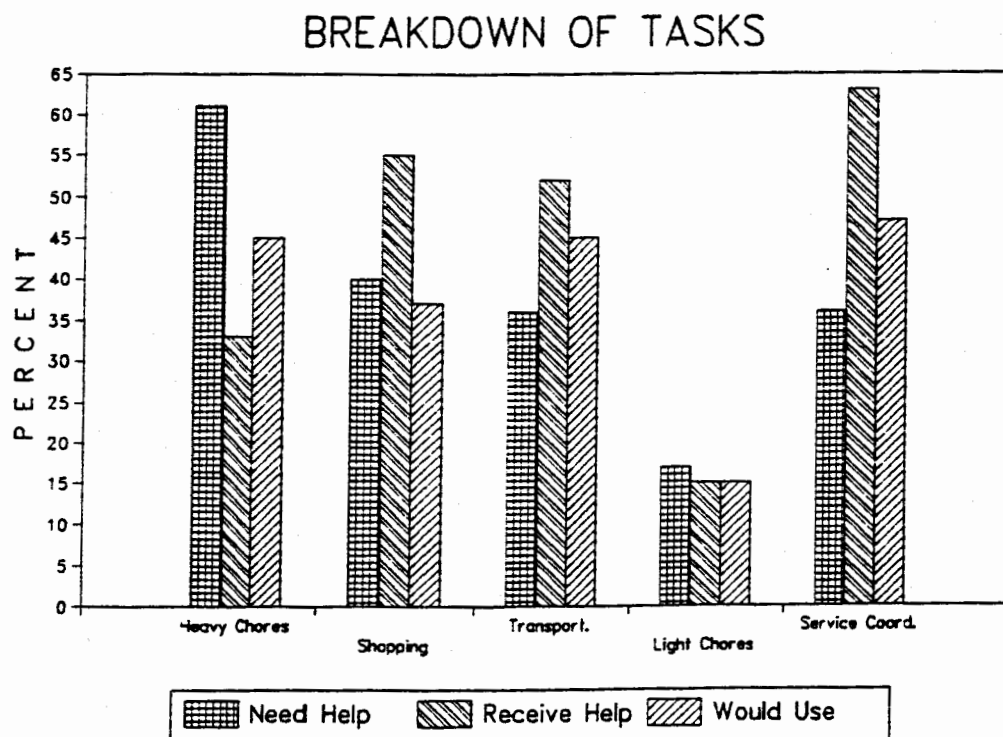
Interestingly, in the week preceding the interview 58 percent of all residents reported that they had not participated at all in activities in their complex and another 10 percent reported that they had not left the building to go somewhere such as to go shopping, do errands or visit friends or relatives, or go to an activity. Only 6 percent of all residents reported they had neither participated in activities at the complex or left the building to go somewhere during the same period of time.

SUMMARY

The results of this survey clearly indicate a need and a desire for supportive services by senior residents beyond what is presently available to them. Although family and friends offer a substantial amount of help, it is not enough to meet the needs of residents as they age.

Seventy-four percent of the residents, including spouses, reported needing assistance with one or more of the tasks of daily living. Of those residents 75+ years of age, 82 percent required assistance with at least one task of daily living and 92 percent of the residents 85+ years of age needed assistance. Forty-six percent of all residents reported needing assistance with more than one task of daily living.

Graph 13



Graph 13 shows the percentages of residents needing assistance with an activity, currently receiving assistance with that activity, and interested in using a service to help them with that activity if a service were available.

It is important to note that while the percentage of unmet need for most services appears to be low when the percent of residents needing assistance is compared with the percent of residents presently receiving assistance, the number of residents reporting that they would use a service if one were available signifies that the present system of service delivery is not meeting the residents need for many of the services.

RESIDENT SERVICES SURVEY

The following pages contain the results of the survey conducted by Support Services with 147 residents from both Central Square Terrace and Harper Acres. The primary purpose of the survey was identification of:

- 1) residents' knowledge of services presently available in the community;
- 2) approximate number of residents presently receiving services;
- 3) types of services residents presently need;
- 4) person or agency residents go to first to obtain services or information;
- 5) ways to improve service delivery.

Survey Narrative:

This summary shows the need residents have for services and their limited knowledge of the service network. Many participate in services without realizing it, for example, transportation and meals. Also evident were the feelings of independence and control our residents have/want over their lives.

Significant Percentages:

These pages list questions and identify answers with percentages of respondents from Central Square Terrace, Harper Acres and total respondents. It should be noted that 35% of the residents who participated in the survey are over the age of 80. The information listed in the **Participation** section was obtained by questions which required the residents to provide the answers. All other information was obtained by providing multiple choice answers for residents' selection.

SURVEY NARRATIVE

One quarter (25%) of the total respondent population is under 70 years in age. Three quarters (75%) of the respondent population are over 70 years in age.

Ten percent (10%) of respondents at Central Square Terrace are 86 or older, while almost twenty percent (20%) at Harper Acres are 86 or older. Some residents at Harper Acres have been there for better than twenty years. Central Square Terrace has only been in existence for a little over ten years. The potential for aging in place may well be the same at both sites. The question should be revisited in subsequent survey efforts.

Question 3:4: Are you single, married, divorced/separated, or widowed?

Half (50%) of the respondents at Central Square Terrace are widowed. Almost three quarters (73%) of respondents at Harper Acres are widowed. Here the difference in respondents age 86 or older may account for the differing ratio between the two sites.

Question 5: Do you know of any agencies that might help people in your complex with the day to day tasks of everyday living?

Only forty six percent (46%) of respondents had general or even limited knowledge of the existing service network

Question 5:3: What pieces of the service network are most familiar?

The Friendly Meals and Home Health Care were the pieces of the service network most familiar to respondents. Interestingly, although primary sites for the Friendly Meals - only 15% of the respondents at Central Square Terrace evidenced knowledge of the service while almost 70% of respondents at Harper Acres evidenced corresponding knowledge. Yet at the same time, 52% of respondents at Central Square Terrace said they eat meals in a non-family group setting and only 27% said they did at Harper Acres. No explanation was found for the seeming contradiction. Further, respondents at both sites thought Friendly Meals Program and Home Health Care were separate organizations illustrating that the majority of respondents not only lack knowledge of what services exist, but also how existing services work.

Knowledge of Hospice was almost non-existent at Central Square Terrace (1%) and only (12%) at Harper Acres.

Also interesting to note is that 91% of respondents who received help from the service network could not identify how they found out about the service.

Survey data will now allow Keene Housing Authority to give concrete feedback to these

organizations as well as to target others in order to effect better service coordination delivery.

Question 7: The Keene Housing Authority is interested in improving services available to residents, especially services designed to help people with the day to day tasks of everyday living such as household chores, transportation, help with shopping and with errands, pick-up mail, or personal care. What specific services do you think would be most useful for people in your complex?

Light Household Chores are somewhat difficult for a third (33%) of the respondents at Central Square Terrace; **30-40%** of respondents at both sites find **Heavy Household Chores** unmanageable and **26%** have trouble with **Shopping and Errands**.

In all cases, support from adult children and friends was listed as vital if not essential but only a third (31%) have such help available to them.

It should be noted for comparison with follow-up data, that at the present time only a third (34%) of the respondents thought they would take advantage of support services if they were available.

Questions 78-80:

Do you own a car?

Do you drive?

Do you use taxis or buses one or more times a month?

A third (31%) of respondents own a car and 40% utilize buses and taxis. They also receive transportation assistance 1 - 3 times a week.

PERSONAL CARE

100% of respondents showed little or no; interest in personal care service.

PERSONAL EMERGENCY/SECURITY

Non-Medical:

The overwhelming majority (79 - 90%) look to Keene Housing Authority for assistance.

Medical:

Evenly divided between first choice of contacting adult children or friends, and second choice of contacting doctor or physician directly.

SUPPORT SERVICES

20 - 30% of respondents would like to see a support call service available once a day to check on them. This and a person to monitor visitors to the building at Central Square Terrace in the evening were the primary areas of concern regarding security for respondents.

SOCIAL/RECREATIONAL

Several interesting pieces of data were discovered in these areas. 32% of respondents at Central Square Terrace would like food related activities as opposed to 5% at Harper Acres.

An average of 27% of respondents at both survey locations prefer organized activities. The majority of activities in which they participate(d) were organized by their respective resident councils. However, a surprisingly low number of respondents participate in the resident councils (10% CST and 5% Harper Acres). It was not clear if decreased participation was, at least in part, related to issues of mobility and ageing in place.

FAMILY/FRIENDS

Of those respondents who have adult children and friends, 70% keep in touch regularly by visiting and more often by telephone.

33% at Central Square Terrace and 39% at Harper Acres reported having close relatives or friends living in their building.

32% overall, had relatives or friends who would or could care for them if the need arose.

MEDICAL/HEALTH

91% of respondents have a regular physician; 85% were seen for a check-up or medical problem in the past year; one third (36%) attend health screenings; and 58% consider themselves in good or average health relative to their age and contemporaries.

65% of respondents at Central Square Terrace and 72% of respondents at Harper Acres are currently taking prescription medications. Of those, 20% at Central Square Terrace and 13% at Harper Acres take 4-5 different prescription medications.

TENURE

The majority of respondents (65%) have been in residence 1-5 years. 15% survive with

SURVEY NARRATIVE

page # 4

incomes under \$5,000.; 37% have incomes ranging from \$5,000. - \$7,500.. Only 10% fall between \$7,500. and \$10,000.

SERVICES COORDINATION SURVEY

SIGNIFICANT NUMBERS

	CENTRAL SQUARE TERRACE	HARPER ACRES	TOTAL
NUMBER OF RESPONDENTS:	69	78	147

Significant Percentages

RESPONDENT AGES

Q3a Are you between the ages of:

Under 55	17	1	8
55-69	28	17	22
70-74	29	25	27
80-85	20	20	20
86 and over	10	19	15

PARTICIPATION

77	70	73
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Q3:4 Are you:

Single			
Married			
Divorced			
Widowed	50	73	63

Q5 Do you know of any agencies that might help people in your complex with the day to day tasks of everyday living?

43	48	46
----	----	----

Q5:5 Services Identified:

Friendly Meals:	14	59	38
Home Health Care:	40	69	55
Hospice:	1	11	6

Q7 What specific services do you think would be most useful for people in your complex?

Light Household Chores:	34	30	30
Heavy Household Chores:	25	37	31
Shopping/Errands:	17	21	19
Transportation:	20	28	24

SERVICES COORDINATION SURVEY:

page # 2

CSTH.A.TOTAL**SHOPPING/ERRANDS**

Q8 How difficult is it for you to do shopping errands?

Somewhat difficult:	26	25	25
---------------------	----	----	----

Q9 Does someone help you one or more times a month with your shopping or errands?

YES

Adult Child/Other Relative:	31	35	33
Friends/Neighbor:	18	3	10
Home Health Care:	8	7	8

Q12 How did you find out about this agency/organization?

No answer or did not know:	91
----------------------------	----

Q13 How often does that person/agency help you with your shopping/errands?

Once or more a week:	37	28	32
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Q17 Are you satisfied with the help you receive with your shopping/errands?

Satisfied:	59	35	46
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LIGHT HOUSEHOLD CHORES

Q27 How difficult is it for you to do light household chores like dusting or washing dishes?

Somewhat difficult:	31	11	21
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HEAVY HOUSEHOLD CHORES

Q43 How difficult is it for you to do heavy household chores, like washing windows, scrubbing floors, cleaning oven, moving furniture or air conditioner?

Very difficult:	39	29	34
-----------------	----	----	----

Q45 Who usually helps you with heavy household chores?

Adult child/Other relative:	17	2	9
-----------------------------	----	---	---

MEAL PREPARATION

Q59 Do you eat meals in a non-family group setting one or more times a month?

SERVICES COORDINATION SURVEY:

page # 3

CST**H.A.****TOTAL**

52

26

38

Q60 Do you receive any home-delivered meals, such as Meals-On-Wheels, one or more times a month?

18

7

12

Q63 How difficult is it for you to do meal preparation?

Somewhat to very difficult:

27

12

19

TRANSPORTATION

Q78 Do you own a car?

YES:

29

33

31

Q80 Do you use taxis or buses one or more times a month?

YES:

39

39

39

Q82 Who usually helps you with transportation?

Adult child/other relative:

31

30

31

Friend/Neighbor:

20

16

18

Agency:

14

3

8

Q85 How often do you use this service:

One to three days a week:

27

30

29

PERSONAL CARE

Note: 100% non-responsive to questions.

PERSONAL EMERGENCY

Q114 Who usually helps you with a NON-MEDICAL, NON-FIRE emergency, like lost keys, water leak, breach of security, etc.?

Employee/KHA:

69

89

80

Q116 Who do you contact in a MEDICAL emergency?

Adult child/other relative:

37

33

35

Friend/Neighbor:

11

12

12

Doctor/Physician:

34

19

26

SERVICES COORDINATION SURVEY:

page # 4

CST**H.A.****TOTAL**

Q117 If there was someone who could contact you, on a regular basis, to see if you were alright, would this make you feel more secure?

YES:	29	15	21
------	----	----	----

Q118 How often would you want this person to call you?

Six to seven times a week:	17	7	12
----------------------------	----	---	----

SOCIAL/RECREATIONAL

Q120 Do you participate in social or recreational activities in your building complex?

YES:	46	35	40
------	----	----	----

Q121 How often do you participate in social or recreational activities in your building complex?

One or more times a week:	18	28	23
---------------------------	----	----	----

Q122 What types of activities do you participate in?

Food related:	31	5	17
Organized activity:	26	29	27
Resident Council:	10	5	7

Q123 Who usually makes arrangements for these activities?

Resident Organized:	23	21	22
---------------------	----	----	----

Q124 How satisfied are you with the social and recreational opportunities provided in your building complex?

Satisfied:	30	20	25
------------	----	----	----

CASE MANAGEMENT

Q128 If you were having a problem managing by yourself and you didn't know where to go for help, who would you ask?

Family:	50	62	57
---------	----	----	----

Q130 Who usually assists you in finding help?

Adult child/other relative:	42	42	42
-----------------------------	----	----	----

Q132 In the past year, how many times did that person/agency assist you in finding help?

SERVICES COORDINATION SURVEY:

page # 5

	<u>CST</u>	<u>H.A.</u>	<u>TOTAL</u>
On-going:	21	26	24
One to four times:	29	17	33

Q134 If a service could be provided to residents in your building/complex that would assist people in finding help managing by themselves, how likely do you think you would be to use it?

Very Likely:	36	32	33
Somewhat Unlikely:	44	56	51

STATISTICAL

Q136 Last week, how many times did you leave the building/complex to attend to the business of daily living, for example shopping, errands, the doctor, the hairdresser, etc.

One or two times:	34	34	34
-------------------	----	----	----

Q137 Last week, how many times did you leave the building/complex to go somewhere for pleasure, such as to visit family or friends, the movies, etc.?

Not at all:	34	24	29
One or two times:	27	24	25
three or four times:	20	25	23

FAMILY/FRIENDS

Q138 How many children do you have?

No living children:	11	14	12
---------------------	----	----	----

Q139 Do you keep in touch with your children by visiting, by writing, or by telephone:

YES:	70
------	----

Q140 About how many times did you talk by phone, exchange letters or visit with your children in the past month?

Seven or more times:	42	48	45
----------------------	----	----	----

Q143 Do you keep in touch with them by visiting, by writing, or by telephone?

Visiting:	52	53	53
Telephone:	71	76	74

Q145 Do any of those close friends or relatives live in the building/complex?

SERVICES COORDINATION SURVEY:

page # 6

	<u>CST</u>	<u>H.A.</u>	<u>TOTAL</u>
YES:	33	38	36

Q147 If you wanted help because of health, physical, or other problem, would any relative or friend be able and willing to care for you?

YES: 31

MEDICAL CARE/HEALTH

Q148 In the past year, have you had to stay overnight in a hospital?

YES: 24 16 20

Q150 Do you have a regular medical doctor who provides you with most of your routine health care?

YES: 88 92 90

Q151 In the past year, have you seen a doctor for a check-up or medical problem?

YES: 82 87 85

Q155 Compared to other people your age, how would you rate your health?

Excellent:	11	15	13
Good/Average:	53	61	57
Fair:	21	15	18

Q157 Do you attend health screenings offered at your building?

YES: 36 35 36

Q160 Please note the number of medications or prescription drugs you currently take:

One to three:	44	58	52
Four to five:	20	12	16

Q167 How many years have you lived in this building/complex?

Less than one year:	13
One to five years:	34
Six to ten years:	30
Eleven to fifteen years:	9
Sixteen or more years:	8

RESOURCES

SERVICES COORDINATION SURVEY:

page # 7

CST**H.A.****TOTAL**

Q178 Is your (combined) annual income:

Under \$5,000.00:			14
\$5,001.00 - \$7,500.00:			37
\$7,500.00 - \$10,000.00:			10

NON - QUANTIFIED DATA

Q183 Is there anything else you would like to say regarding services currently available?

No answer given:	52	56	54
Satisfied:	1	28	14
On-site Laundry:	4		

ISSUE: SECURITY:

Is security an issue at your development?	17	8	
---	----	---	--

Q184 Is there anything else you would like to say regarding the quality of life in your building/complex?

No answer given:	32	44	38
Satisfied:	35	32	33
Atmosphere of Community:			
Good:			5
Poor:			3

ISSUE: YOUNGER AND/OR DISABLED RESIDENTS:

All but one respondent felt age/diversity mix a serious negative factor.

Q185 Is there anything you would like to say about the way the property is managed?

No answer given:	31	40	35
Satisfied:	28	17	22

ISSUE: MAINTENANCE

Good:	4	9	6
Needs Improvement:	21	14	17

ISSUE: AGING IN PLACE

Loss of/or Reduced Mobility

SERVICES COORDINATION SURVEY:

page # 8

CST

H.A.

TOTAL

Examples:

Ability to access second floor apartments at Harper Acres.

Ability to walk to laundry facilities at Central Building at Harper Acres. -

Tangential Loss

Example:

Support Services Time lost or less than efficiently utilized if Home Health Aide must leave building/apartment to do laundry.

SURVEY CONCLUSION

PARTICIPATION

Central Square Terrace
Harper Acres

77%
70%

OBSERVATION

The results of this survey confirm much that Keene Housing Authority already knew. People in general do not seem to be aware of services that are available until they are needed. Our population is no different in this regard, although they may be closer to needing specific services. We need to educate family members as well as our own residents. Continuous communication, sharing of information and staying in touch with the needs of our population are clear means of promoting awareness of services. It should be noted that although many residents rely on family members for assistance, 30% of the respondents in this survey do not have family in the area to depend on. We need to provide support and watch out for the needs of those residents who do not have a support network in place.

Our survey indicated that 34% of respondents find heavy household chores difficult, however 51% would be unlikely to have assistance in their home. This was also confirmed in discussion with the Harper Acres Residents Council: who felt that their neighbors would prefer to maintain their independence by opting for more modern appliances (frost-free refrigerators or self-cleaning ovens) rather than have someone perform these type of chores.

Isolation appears to be a problem at both sites, although more so at Central Square Terrace. 35% of their residents do not even leave their apartment at least once a week. Accessibility to KHA, organized, on-site, activities and staying in touch with the needs of these residents are means of trying to determine where specific support/service is needed.

A significant number of residents take more than one prescription medication. The number of medications taken warrants attention to issue of prescription drug/substance abuse. The problem of alcohol abuse is compounded by the number of medications taken. This issue becomes difficult to address due cultural attitudes and general insensitivity to the problem.

It is encouraging to note that 91% of the residents have a regular physician, have regular check-ups and receive medical attention as needed. KHA should make efforts to be aware of the needs of the 9% who do not avail themselves of medical services.

Newmarket Housing Authority - Survey Results

1. What specific services do you think would be most useful for people in your complex.
(Circle all that apply)

46% Light household chores (dusting, washing, dishes, laundry)
80% Heavy household chores (washing windows, scrubbing floors)
53% Meal Preparation
33% Medications (taking, administering)
33% Personal Care (bathing, dressing)
66% Shopping, Errands
60% Transportation

2. Do you currently receive help with any of these services?

53% Yes
46% No

3. If yes, which services do you receive?

13% Light household chores
20% Meal Preparation
13% Medications
13% Personal Care
40% Transportation

4. If no, which of these (if any) do you think you would like to receive?

13% Heavy household chores
13% Shopping/Errands

*(Please note 74% did not want to receive any or additional services)

5. Do you eat meals at the meal site one or more times a month?

33% Yes
66% No

6. Do you receive home delivered meals one or more times a month?

1% Yes
93% No

7. If no, would you be interested in receiving this service?

60% No
40 % No answer

8. If you were having a problem managing by yourself and didn't know where to go for help, who would you ask?

*(Please note many respondents did not answer this question, of the ones that did the responses are below)

Health & Human Services
Don't Know
Don't Know
Daughter-in-law
Son

9. If a service could be provided that would assist people in finding help managing by themselves, how likely do you think you would be to use it?

67% Very Likely
26% Somewhat Likely

10. What type of activities do you think people in your complex would be interested in?

47% Exercise group
73% Food related gathering
40% Fund raising activities like yard/bake sales
73% Information/Discussion groups
47% Musical Entertainment
47% Special events

11. If these activities were offered how likely would you be to participate?

53% Very Likely
27% Likely
20% Not Likely

12. Do you own a car?

47% Yes
60% No

13. Who usually helps you with your transportation needs?

20% Adult Child
1% Other relative
33% Friend/Neighbor
33% Agency (Lamprey Health Care)

14. Who usually helps you with a non-medical, non-fire emergency?

53% Adult Child
27% Friend/Neighbor
33% Employee/Newmarket Housing

15. Who do you contact in a medical emergency?

40% Adult Child
27% Friend/Neighbor
80% Doctor
47% Hospital
1% Ambulance Service
1% Lamprey Health Care

16. If there was someone who could contact you on a regular basis, to see if you were alright, would this make you feel more secure?

13% Yes
73% No

17. Of the following items, (if any) which do you feel you need help with?

1% Reading letters/mail
1% Writing letters
20% Managing finances and paying bills
20% Insurance forms
13% Written materials from Newmarket Housing Authority
45% None

18. Do you have a regular medical doctor who provides you with most of your routine health care?

93% Yes
7% No

19. In the past year have you or any other household member put off seeking medical care for any reason?

27% Yes
27% No

20. If yes, what was the reason?

13% Financial reasons
14% No response

21. If Health Screening were available at Great Hill Terrace, how likely would you be to attend?

33% Very Likely
13% Likely
27% Somewhat Likely
27% Not Likely

22. Which of these Health Screening would you like to see made available?

53% Blood Pressure
1% Cholesterol
40% Diabetes
40% Eyesight
20% Dental

23. Do you have children that are within:

53% 15 minutes travel time
33% between 15 minutes and 1 hour
13% between 1 hour and 4 hours

24. How many close friends or relatives (other than children) who are within:

40% 15 minutes travel time
13% 15 minutes and 1 hour

25. If you needed help because of health, physical, or other problems, would any relative or child or friend be able to and willing to care for you?

27% Yes
20% No
27% Would not ask
13% Don't know

26. Are there any barriers in your apartment which make it difficult for you or your spouse to do your own household chores and personal care?

100% No

APPENDIX D

MATERIALS DEVELOPED BY THE

SUPPORTIVE SERVICES PROGRAMS

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**THE
SUPPORTIVE
SERVICES
PROGRAM**

D-1

NEWMARKET HOUSING AUTHORITY

"SUPPORTIVE SERVICES PROGRAM"

provided by

LAMPREY HEALTH CARE

IS HERE FOR YOU !!

and

SERVICE COORDINATOR: DEBBIE PELLETIER

OFFICE HOURS: BEGINNING AUGUST 15, 1991

EVERY THURSDAY MORNING FROM 8:30 A.M.- 11:30 A.M.

* Debbie can also be reached during the week at the Lamprey Health Care offices. The telephone number is 659-2424.

NEWMARKET HOUSING AUTHORITY



Lamprey Health Care

N.H. Housing Finance Authority



funded by:

The Supportive Services Program is a new service being offered to the seniors of Great Hill Terrace and Section 8 Housing. This program was introduced in response to many residents expressing the need for assistance and not knowing where to turn to find it.

Your Service Coordinator will be there to assist you in obtaining the services and benefits you may need to continue an independent lifestyle.

This program will be developed to address everyone's concerns and needs, from information and advocacy, educational programs and social/recreational activities. We look forward to your participation in developing this exciting new program and in making it a great success.

The SUPPORTIVE SERVICES COORDINATOR can provide information about and referral to numerous services:

- ◆ ADULT DAY CARE
- ◆ CLOTHING & FURNITURE ASSISTANCE
- ◆ CONSUMER ISSUES
- ◆ EMPLOYMENT
- ◆ EDUCATION OPPORTUNITIES
- ◆ FINANCIAL ASSISTANCE
- ◆ FOOD & NUTRITION SERVICES
- ◆ HEALTH & HOME CARE INFORMATION
- ◆ LEGAL SERVICES
- ◆ MENTAL HEALTH & EMOTIONAL SUPPORT
- ◆ TRANSPORTATION

AND MUCH MORE

The SUPPORTIVE SERVICES PROGRAM will provide:

- ◆ Information on support services and emergency help;
- ◆ Referrals to the appropriate agencies that will best fit your needs;
- ◆ Privided resources regarding health, education, recreational opportunities and other points of interest;
- ◆ Health Screenings and Preventive Education.

SUPPORTIVE SERVICES PROGRAM



Lamprey Health Care

A newsletter for Seniors
SPRING 1992



NEW HAMPSHIRE
HOUSING FINANCE AUTHORITY

Hello,

Welcome to the Spring edition of the Supportive Services Newsletter. I hope everyone had a happy and healthy winter season.

If you have any ideas or suggestions as to the kind of information you would like to see in this newsletter please don't hesitate to contact me at the Lamprey Health Care Offices, 659-2424.

If anyone has any favorite poems, quotations or recipes or would like to contribute an article I would love to be able to share them with all our readers.

Please send submissions to:

Debbie Pelletier
Lamprey Health Care
207 South Main Street
Newmarket, N.H. 03857



SPRING INTO HEALTH WITH EXERCISE

Spring is the time for many of us to resume a regular program of physical activity. Snow, ice, and cold may have prevented us from exercising our muscles, heart, and lungs in a healthy way. Many

of us may also be carrying those "few extra pounds" from holiday meals and more time spent in inactivity.

Regular exercise benefits the body in many ways. First, it exercises the heart, and in doing so can improve the circulation to the heart. This can help prevent heart disease such as heart attacks and sudden death.

Second, regular exercise improves circulation to other parts of the body such as the legs. This prevents cramping from poor circulation called "claudication" which sometimes progresses to an inability to walk.

Third, regular exercise lowers both blood pressure and cholesterol. When these are lower you have less chance of developing hardening of the arteries and the heart attacks and strokes it causes.

Fourth, regular exercise helps you control your weight, and by keeping your weight down you can help prevent diabetes, heart disease, and cancer, as well as lower your blood pressure.

But probably the most important reason is that regular exercise makes you feel better. Physical activity is a great way to relax. It has a beneficial role against anxiety and depression, and makes you feel more energetic. Exercise can not only add years to your life, it adds life to your years.

(cont'd. next page)

SPRING INTO HEALTH

(cont'd. from page 1)

So how does one start? It's important to start with **common sense**. This means that if you've been inactive, start slowly. It is also wise to get a doctor's check up and clearance for a fitness program before starting.

Your doctor might also have some recommendations about what type of activity would be most appropriate for you. Brisk walking, low impact aerobics and strength training are excellent. Start taking the stairs instead of the elevator or take advantage of the fitness programs at the local health club, Senior Center, or town recreation department. Most important, the time to begin is now - a great thing to do in Spring!

(Taken from "Spring Into Health With Exercise" by Paul Friedrichs, MD for Lamprey Health Cares HEALTH PULSE newsletter)

April is Cervical Cancer
Awareness Month

Wellness Clinic for Women

Lamprey Health Care along with Exeter Hospital has received a grant from the N.H. Division of Public Health Services, to provide free cervical and breast cancer screening to women in the community.

The screening will be performed by female physicians and nurse practitioners and will include Blood Pressure Check, Pelvic Exam, Breast Exam, PAP Test, Anti-Cancer Education and Breast Self Exam Training. Women who need Mammogram's will get help setting them up and paying for them.

All of the Women's Clinics will be held in the evening from 5:30 to 8:00. To set up an appointment you should call the Info-Center, 1-800-582-7214 from 9:00 am - 12:00 pm or 1:30 pm - 3:30 pm.

The following is a list of dates of the Clinics that will be held at Lamprey Health Care in Newmarket:

Tuesday	April 14
Tuesday	April 28
Tuesday	May 12
Tuesday	May 19
Tuesday	June 2
Tuesday	June 9

Consumer Corner



(Information taken from "How to Write a Wrong" publication provided by the AARP in cooperation with the Federal Trade Commission)

BUYER BEWARE - ADVERTISING BY MAIL AND BY TELEPHONE

Direct mail and telephone marketing are multibillion dollar industries that employ thousands of people in printing, filling orders, trading lists and marketing. Most practitioners are

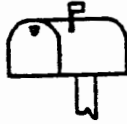
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CONSUMER

(cont'd. from page 2)

legitimate, but as in all human endeavors, there are some fast operators who never intended to give you full value for your money.



MAIL ORDER SALES

When reviewing a direct mail catalogue, read the copy carefully. Make sure the description fits the image portrayed. For example, an insurance company mailed out advertisements in envelopes that looked like they came straight from the federal government. Unsuspecting consumers thought they were receiving announcements about their Medicare, Social Security or veterans' benefits.

Similarly, a photograph in an ad or catalogue can be deceiving. Camera angles can distort the actual size of a product to make it look bigger than it really is or change its shape. Check the product description to make sure it fits the picture in the ad.

Avoid those ads that only list a post office box with no telephone number or street address. These are the firms which don't deliver and frequently can't be traced.

Whenever possible, order or pay by mail. Most mail order firms are legitimate. It may be easier to call an 800 number and place your order, charging it to your credit card, but you lose an important consumer protection rule. The

FTC's (Federal Trade Commission) Mail Order Rule requires a mail order house to notify you if your order cannot be shipped within 30 days of payment. If you order by telephone, this rule does not cover you. If you don't receive the goods, you might be able to stop payment through your credit card, under provisions of the Fair Credit Billing Act.

Remember, according to the Fair Credit Billing Act the seller must:

- * Notify you there will be a delay;
- * Tell you if the delay is going to be less than or more than 30 days;
- * Mail you your refund within seven business days; and
- * Take no more than one billing cycle to adjust your account if you paid by charge card. If adjustment takes longer, the Fair Credit Billing Act says you can stop payment on the disputed charge by notifying the credit card company in writing.

The Mail Order Rule does not apply to orders for:

- ♦ Film development;
- ♦ Seeds or growing plants;
- ♦ C.O.D. payments; or
- ♦ Magazine subscriptions after the first issue.

The rule also does not apply if you use an "800" number to place your order
(cont'd. next page)

MAIL ORDER (cont'd. from page 3)

and charge it directly to a credit card, or if you credit account is charged after the merchandise has been shipped.

Whose Stuff Is This Anyway?

Most of us have received things in the mail at some time or other that we never ordered. The law says, quite simply, unordered merchandise is yours to keep. You may legally consider it a gift, and you cannot be forced to pay for it or return it.

There are only two kinds of merchandise that can legally be sent to you through the mail without your consent.

They are:

Free samples clearly labeled as such; and

Goods mailed by charities seeking contributions, such as key rings or other small items.

You can keep these items, and it is illegal for any seller to try to force you to return anything you did not order. If the seller tries to bill you for something you didn't order ask the seller for proof that you placed the order.

If you are not satisfied, the law gives you the right to complain.

If You Have A Complaint

If you have a problem with a mail order company, make your complaint known. If you think the product doesn't live up to its sales claims, or if your purchase doesn't arrive when it should, or the item simply isn't what you ordered, complain.

First make the problem known to the seller. Also, send a copy of your letter to the U.S. Postal Service, Washington, D.C. 20260, and the Federal Trade Commission, Washington, D.C. 20580. It may help if you let the seller know you've contacted various agencies. Although the FTC does not intervene in private disputes between you and a mail order seller, it does investigate problems in which a pattern of violations is clear.

(Our thanks to the AARP for allowing the reprinting of the information)



A Thought For Spring

"Happiness is like a butterfly. The more you chase it, the more it will elude you. But if you turn your attention to other things, it comes and sits softly on your shoulder."

Nathaniel Hawthorne

(cont'd. next page)



SUPPORTIVE SERVICES NEWS

A meeting was held on February 27th at the Great Hill Terrace Community Building.

Dr Paul Friedrichs from Lamprey Health Care came to discuss the importance of having an Advance Directive. Copies of Durable Power of Attorney for Health Care and Living Wills were given to all those who attended. The importance of discussing your wishes with your agent before appointing them was also stressed.

Priscilla Shaw, Director of Community Services at Lamprey Health Care and Debbie Pelletier, Supportive Services Coordinator, were on hand to notarize the documents.

Debbie Pelletier will be available to notarize Living Wills and Advance Power of Attorney for Health Care. She can be reached at Great Hill Terrace on Thursdays from 8:30 a.m. to 11:30 a.m. or at the Lamprey Health Care Offices during the week from 8 a.m. to 4 p.m. Please remember that Advance Directives must be witnessed by two people in the presence of the notary.

Town Councilor, Priscilla Shaw met with the seniors at Great Hill Terrace on March 26. Priscilla was there to talk about the inner workings of our town government.

As many of you know, in January of 1991, Newmarket changed its form of town government from a five member Board of Selectmen to a seven member Town Council.

Priscilla answered questions and discussed the differences in the two forms of government and the benefits of having our Town Administrator, Frank Edmunds to run the daily operation of the town and oversee personnel.

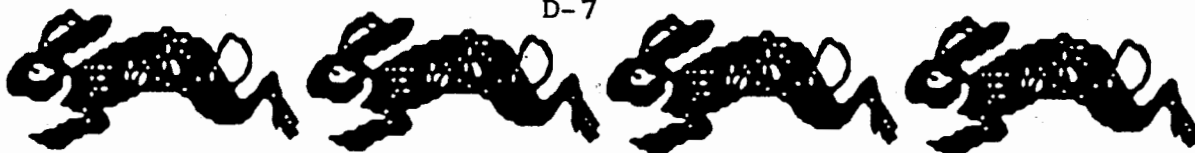
The meeting was quite informative and enjoyed by all.

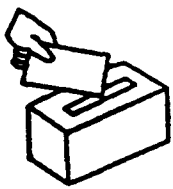
Oil Painting classes are ongoing and I believe we have discovered some hidden talents. Sharon DeGiovanni has been giving instruction since March 5 and they have completed their first project.

It is interesting to see each person's unique style and interpretation. We'll keep you posted as to the where and when of the gallery showing !

Upcoming meetings will include discussions on nutrition, women's health issues, medigap insurance and more. All meetings are held in the community building at Great Hill Terrace. We would love to see you all there for these most informative meetings.

(cont'd. next page)





Just A Reminder

Town voting is scheduled for May 12, 1992. The polls will be open from 8 a.m. - 7 p.m. You will be voting for:

Town Council
Budget Committee
Planning Board
Supervisors of the Checklist
Town Moderator
Town Treasurer
Trustee of the Trust Fund
School Board
School Clerk
School Treasurer

Town Business Meeting will be held on Thursday, May 14 beginning at 7 p.m. This meeting will be held in the High School Gym and you will be voting on the proposed budget.

MAY DAY HEALTH FAIR

MAY 27, 1992
DURHAM, N.H.

The Division of Elderly and Adult Services and the State Committee on Aging announced that Wednesday May 27, 1992 has been selected as the date for the 1992 Senior Citizens May Day. This major event will take place in the Snively Arena on the University of New Hampshire campus in Durham. The program for this special day includes:



D- 8

Vaughn Awards for 1992

Information Booths and Exhibits

70 + Non-Profit Agencies and Companies
Will be Represented

Entertainment - Shaw Brothers

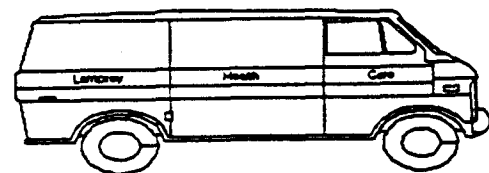
Box Lunches will be available at a cost of \$4.

Reservation will be required for Lunch

Also being planned is a HEALTH FAIR. Lamprey Health Care as well as numerous other Health Care Organization's will be on hand to provide free health-screenings such as cholesterol, blood pressure, etc. as well as other health promotion programs.

Transportation will be available if you would like to attend. If you are interested in going, please contact Debbie Pelletier at 659-2424 to reserve a seat on the bus.

TRANSPORTATION FOR SENIOR CITIZENS IN NEWMARKET



Lamprey Health Care

Senior Transportation Program

659-2424

Wednesday P.M. - Stratham/Exeter

Thursday P.M. - Newington Malls

Friday - Coast Route

Third Monday of Month - Day Trip

(cont'd. next page)

NEWMARKET RECREATION SENIOR ACTIVITIES

Lunch Bunch Trips

New Hampshire Winery

When: Wed., May 13
Time: Van leaves Town Hall
at 9:30 a.m.
Where: Henniker, NH
Cost: \$3 trans., \$3 admission
Lunch: Country Spirit

Strawbery Banke

When: Wed., June 10
Time: Van leaves Town Hall
at 9:45 a.m.
Where: Portsmouth, NH
Cost: \$3 trans., \$7 admin. fee
Lunch: Warren's Lobster House

New Hampshire Farm Museum

When: Wed., July 8
Time: Van leaves Town Hall at 9 a.m.
Where: Milton, NH
Cost: \$3 trans., \$4 admission
Lunch: Woodksy's Restaurant

Senior Activities

Newmarket Walkers Club

Meets every Mon., Wed., and Fri., for a walk through the streets of Newmarket. Seniors meet at the Town Hall at 8:30 a.m. and walk around town until 10 a.m. Cost is \$1 a week.

Monday Exercise Club

Meets every Mon., for a half hour of stretching and exercise designed to loosen all major muscle groups, using a chair for support. Exercises are followed by a speaker every third Monday. Classes are held at the Newmarket Senior Center. All seniors are welcome to attend.

Senior Trips

Seabrook Greyhound

When: Tue., June 2
Time: Van leaves Town Hall at 11:30 a.m.
Where: Seabrook
Cost: \$3 transp., plus program and seating

Boothbay Harbor Boat Cruise

When: Wed., June 24
Time: Van leaves Town Hall at 8 a.m.
Where Boothbay Harbor, ME
Cost: \$35 per person, includes transp., clambake & cruise

Additional Theater Trips offered by the Recreation Department Include:

Neal Simon's "Biloxi Blues" at the Hackmatack Repertory Theater in Dover

"Sound of Music" at Giordano's in Georgetown, MA

"Shear Madness" at the Charles Playhouse in Boston, MA

Other trips include:

"Boston Pops"

"Faneuil Hall, Boston"

Call the Newmarket Recreation Department at 659-5563 for dates, prices and any additional information you require.



Supportive Services Program

is provided by

Lamprey Health Care

&

Newmarket Housing Authority

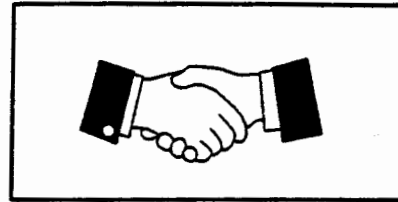
Finance & Housing Finance

Authority

D-10

The material included
in this newsletter
does not necessarily
reflect the opinions of
Lamprey Health Care
or N.H. Housing
Finance Authority

THE KEENE HOUSING AUTHORITY NEWSLETTER

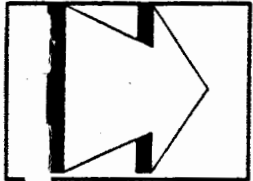


SUMMER 1991

SUPPORT SERVICES UPDATE

Free Health Screening

Service Coordinator, Ruth Parent has helped arrange an opportunity for residents of both Harper Acres and Central Square Terrace to receive free "wellness checks" on July 13, 1991. The State Lions Club Health Van, jointly sponsored locally by the Monadnock Volunteer Center, Home Health Care and



Community Services and the Keene Sunrise Lions Club will be located at the Harper Acres Community Room on Saturday, July 13, 1991 from 10:00 to 2:00. Tests include hearing, dental, blood pressure, cholesterol and glaucoma. Watch for a notice with more details. The van will return in the fall and be located at CST.

Ruth also recently announced the scheduling of **Monthly dessert and coffee hours.**

At Harper Acres the Residents Council suggested that afternoon porch meetings would attract more participants. Coffee hours there will begin on Monday, July 1st and be held on a rotating basis from 12:30 to 2:00 P.M. You will receive a special notice when the Coffee Hour will be held on your porch.

At Central Square Terrace, again following informal consultations with residents, the first Coffee Hour is scheduled to begin on Thursday, July 18 from 3:00 to 5:00 P.M. on the first floor. Save the date.

Coffee hours are designed to keep Ruth and KHA in touch with what residents feel is needed to help improve their quality of life and to help them remain independent.

RESIDENTS HANDBOOK IN PROCESS

When new people move into our apartments, there are so many details to consider that it is not possible to remember everything or to anticipate all the questions that will arise before they are really settled. The purpose of a Residents Handbook is to present basic information about the Housing Authority's procedures, services and policies so that new people can easily refresh their memory and begin to feel "at home" sooner.



Even residents of long standing sometimes are not clear on what our rules or procedures are. The handbook can also be a source of reference for them.

You can help us decide on what needs to be included in the book by thinking back to what you wish someone had told you when you moved in or by telling us what you or your neighbors are uncertain about now then filling in the form at the bottom of the page. Either mail or bring it to us at 105 Castle Street or at 6 Central Square. Thank you for your help and please be patient as we put the book together. It may take a few months.

KHA SUPPORTS UPWARD BOUND PROGRAM

Christi Capron, who will be a Junior at Springfield, (Vt.) High School this fall, has been with Upward Bound for 3 years. KHA is employing her part time in our Castle Street office until early in August. We welcome her help and her smiling face.

KEENE FAMILY YMCA COMMUNITY DAYS

During February vacation on Monday the 24th and on Thursday 27th, the first 12 grade school aged children to register through the KHA office may attend this day long program featuring crafts, gym time, swimming and supervised play. There is no charge for this program and transportation will be provided to the "Y" on Roxbury Street at around 3:45 A.M. and back home around 5:00 P.M. Interested parents should call 352-6161 to register as soon as possible.

On Monday children will make felt and dye it with natural dyes which they also make. Children who attend on Thursday will need warm clothes and boots to go animal tracking. They will also be making candles.

SURPLUS FOOD DISTRIBUTION ON FEBRUARY 24TH

At Harper Acres and at Central Square Terrace butter, peanut butter, canned corn and canned tomatoes will be distributed by resident volunteers in the usual ways. At Harper Acres the distribution will take place in the Community Room around 10:00 A.M. on a first come first served basis.

WE ARE LOOKING FOR SOME IDEAS

The Keene High School Honor Society, a group of around 30 young people, is looking for a service project involving senior citizens. We have an opportunity for the next several days to submit ideas for their consideration. Please contact Carolyn at the office if you think of something which they can do which does

not involve a major expense and which would be helpful to any of our residents.

FAMILY HOUSING COUNCIL TO HELP WITH SURVEY

The Housing Authority is in the initial stages of preparing an application for a new federal program called Family Self



D-12

NEWS NOTES



CENTRAL SQUARE TERRACE

Residents learned from Executive Director Curt Hiebert at a meeting on January 15th, that major modifications will be made to the area now occupied by the KHA office in order to convert it to space for residents' activities. Present plans also call for a small office to be located near the Roxbury Street entrance in the area now used for a lounge. Any CST resident willing to work with an ad hoc committee to advise management as the project takes shape should contact Bob Arnone or Carolyn Loos.

✳ Any CST residents wishing to conduct activities on the first floor can reserve the space by calling the office ahead of time. If the activity involves sales or the collection of money, you will be asked to fill out an application/permission form available at the office. This helps us ensure that all funds are used for the benefit of residents.

AT HARPER ACRES

Julia Ezrow Activities Financial Statement for 1991

Cash on hand 12-31-90 \$64.00

INCOME

Donation 100.00

From cards and bingo 884.00

Total \$1,048.00

EXPENSES

6-18-91 buffet for players 64.00

12-11-91 X-mas dinner party 603.00

Total \$667.00

Cash on hand 1-1-92

CCSB account \$200.00

Cash 181.00

Total \$381.00



This is the month the Residents Council at Harper Acres will hear a presentation on The View Of Life program which is designed to make important medical information available to emergency response personnel in a confidential way. Council members can then make other residen

CLAREMONT HOUSING AUTHORITY
243 BROAD STREET
CLAREMONT, NEW HAMPSHIRE 03743

STATEMENT OF POLICY
RESIDENT SERVICES COORDINATION
PROGRAM

I. GENERAL

The Claremont Housing Authority has entered into an agreement with the New Hampshire Housing Finance Authority to develop and implement a pilot services coordination program for elderly persons who are residents at the Marion L. Phillips Apartments, or, participants in one of the Section 8 Housing Assistance Programs. This program will be developed and implemented under the provisions of a grant from the US Department of Health and Human Services, Administration on Aging and is meant to assist housing managers in meeting the needs of our aging residents. The Claremont Housing Authority does not intend to compete with other agencies in the direct provision of services, but will coordinate the provision of services to our elderly residents by existing providers.

II. PROGRAM DEVELOPMENT

The Resident Services Coordinator will assist the Executive Director in the development of the Program.

- A. The Executive Director will have overall responsibility for all aspects of the program and will specifically be responsible for drafting a statement of policy for action by the Board of Commissioners and for the recommendation of any necessary changes thereto.
- B. The Resident Services Coordinator will:
 - 1. Perform an assessment of services available in the community.

2. *Survey current residents of the Marion L. Phillips Apartments to determine their needs.*

III. MARKETING

- A. *The program will be formally introduced by a written explanation delivered to each eligible household. This notice will include:*
 1. *A brief description of the need for services as determined from the Resident Survey.*
 2. *A description of the types of services available.*
 3. *An explanation concerning the difference between providing services and coordinating the provision of services by others.*
 4. *Information on how to contact the Resident Services Coordinator for assistance.*
- B. *Ongoing marketing will be made up of two (2) parts.*
 1. *The Resident Services Coordinator will become involved in existing social activities sponsored by the Marion L. Phillips Tenants Association and the Claremont Housing Authority.*
 2. *The Claremont Housing Authority will sponsor new social activities and a series of informational meetings for residents. These will be coordinated by the Resident Services Coordinator with the goal that each activity will eventually be run by the residents involved.*

IV. IMPLEMENTATION

1. *The coordination of services will be handled by the Resident Services Coordinator. Upon request for assistance, all residents will be referred to the Resident Services Coordinator for the following types of assistance:*
 - A. *Requests for supportive services, such as:*
 1. *Transportation*
 2. *Housekeeping*
 3. *Personal care*
 4. *Home Health Care*

5. *Mental Health Care*
6. *Personal emergency response systems*
7. *Adult Education*
8. *Meal preparation*
9. *Shopping*

B. Requests for information, such as:

1. *How to obtain financial assistance*
2. *Who to contact for help with specific problems*

C. Requests for someone to act as an intermediary between the resident and other agencies, such as:

1. *Social Security Administration*
2. *Veterans Administration*
3. *Division of Welfare*
4. *Medicare or other insurance*
5. *Nursing homes or hospitals*

RESIDENT ASSESSMENT FORM
SOMERSWORTH HOUSING AUTHORITY

NAME:
ADDRESS:
PHONE:

DOB:

HOBBIES, INTERESTS:

OCCUPATION BEFORE RETIREMENT:

ANY MEDICAL RESTRICTIONS:

SIGNIFICANT PERSON TO RESIDENT:

SPOUSE
CHILDREN
RELATIVES
FRIENDS
OTHER

HOW ARE MEALS PROVIDED:

COOK OWN
CONGREGATE MEALS
OTHER

SPIRITUAL FACTORS:

DESCRIBE CURRENT PROBLEMS:

HEALTH CARE COVERAGE:

PRIMARY PHYSICIAN:

PHYSICAL HEALTH:

EXCELLANT
GOOD
FAIR
POOR

CURRENT MEDICAL TREATMENTS/THERAPIES:



HEALTH STATUS: EXCELLANT GOOD FAIR POOR

VISUAL:

HEARING:

SPEECH:

DAILY LIVING ACTIVITIES:

BATHING:

DRESSING/UNDRESSING

EATING:

TOILET:

CONTINENCE:

IN/OUT/BED:

WALKING:

MEAL PLANNING:

HOUSEWORK:

LAUNDRY:

USE OF TELEPHONE:

TRAVEL & SHOPPING: (TRANSPORTATION NEEDS)

SUPPORT SYSTEM: (DOES ANYONE CHECK ON YOU REGULARLY:

EMERGENCY CONTACT:

HOW OFTEN DO YOU SEE RELATIVES, NEIGHBORS, AND FRIENDS:

CURRENT SOCIAL ACTIVITIES:

WHAT TYPES OF TRIPS WOULD YOU BE INTERESTED IN:

ARE YOU SATISFIED WITH CURRENT HOUSING AND SECURITY:

ASSESSMENT SUMMARY:

TO ALL RESIDENTS OF THE SOMERSWORTH HOUSING AUTHORITY

A INFORMATION AND REFERRAL AREA HAS BEEN ESTABLISHED
OUTSIDE MY OFFICE. I ENCOURAGE ALL OF YOU TO MAKE
USE OF THIS VALUABLE INFORMATION. ALL INFORMATION
IS FREE.

FOR THOSE OF YOU WHO WOULD LIKE INFORMATION DROPPED
OFF PLEASE LEAVE ME A NOTE IN MY MAIL BOX LOCATED
IN THE RECREATION ROOM OF PRESERVATION PARK
WASHINGTON ST. APTS.
CHARPENTIER APTS.

THE FOLLOWING INFORMATION IS AVAILABLE:

AGING AND YOUR EYES

ARTHRITIS ADVICE

CAN LIFE BE EXTENDED

CANCER FACTS FOR PEOPLE OVER 50

CRIME AND THE ELDERLY

DEALING WITH DIABETES

DIGESTIVE DO'S AND DON'TS

DON'T TAKE IT EASY--EXERCISE

FOOT CARE FOR OLDER PEOPLE

HEALTH QUACKERY

HEAT, COLD, AND BEING OLD

HIGH BLOOD PRESSURE

HINTS FOR SHOPPING, COOKING, AND ENJOYING MEALS

SKIN CARE AND AGING

SHOTS FOR SAFETY

PREVENTING FALLS AND FRACTURES

WHAT TO DO ABOUT FLU

WHO'S WHO IN HEALTH CARE

STROKE: PREVENTION AND TREATMENT

TAKING CARE OF YOUR TEETH AND MOUTH

URINARY INCONTINENCE

AIDS AND OLDER ADULTS

SAFETY BELT SENSE

PROSTATE PROBLEMS

OSTEOPOROSIS

SAFE USE OF

TRANQUILIZERS

SAFE USE OF MEDICINES

SENILITY: MYTH OR MADNESS

I'M HOPEING YOU ALL TAKE ADVANTAGE OF YOUR NEW INFORMATION
CENTER.

Sandi Kots

Supportive Services Coordinator

INFORMATION REQUEST FORM

TO ALL RESIDENTS:

IF YOU WOULD LIKE INFORMATION THAT IS NOT CURRENTLY
AVAILABLE IN THE INFORMATION CENTER PLEASE FILL OUT
THIS FORM AND DROP IN MY MAIL BOX. I WILL SEE THAT
YOU GET THE INFORMATION REQUESTED.

NAME:

ADDRESS:

APT. #

I WOULD LIKE SOME INFORMATION REGARDING:

Sandi Kots
Supportive Services Coordinator

Community Services

~~agency health promotion nurses
and will be open to all adults re-
gardless of the place of residence.~~

~~For further information, call
742-7921.~~

Health fest planned at Flanagan Center

SOMERSWORTH — A health and safety festival will be held at the Flanagan Community Center Friday, Feb. 21, from 10:30 a.m. to 3:30 p.m.

The festival is being presented in response to requests from the seniors of Somersworth for information on a variety of topics.

The festival will be presented in a trade show format, allowing participants to wander about the displays and exhibits.

Booth space has been offered by invitation only. The seniors have selected the topics they are interested in learning more about.

This first in an annual event is being held in conjunction with the Somersworth Housing Authority and Care Health Services, a division of Care Pharmacy Inc.

For more information, please contact William Hay at Care Health Services, 335-2685, or Robin McGlone with the Somersworth Housing Authority at 692-2864.



Calendar of Events

Sponsored by Bank of New Hampshire

Fitness Classes For Somersworth Seniors

Somersworth Seniors' fall fitness classes begin Monday, Sept. 28. Carol Taylor will lead folks through an hour of fitness fun with a focus on stretching, limbering and controlled exercise. This program is designed to accommodate various levels of ability by teaching folks how to modify exercises to fit them.

Classes are \$1 and will meet at 9 a.m. at the following locations: Mondays in the community room of Charpentier Apartments, Wednesdays at Fillion Terrace and Fridays in the community room of Preservation Park.

Participants are advised to consult a physician before beginning any exercise program.

Contact Belinda Campbell, supportive services coordinator, Somersworth Housing Authority, 692-2664 to sign up for classes. Everyone is welcome.

Group On Coping With Trauma Of Abuse Forms

Sexual Assault Support Services in Portsmouth is offering a six-week group to provide support and information to non-offending parents of sexually abused children in an effort to help them understand and cope with the trauma of sexual abuse.

For more information, call (603) 436-4107.

NHSPCA Volunteer Meeting

There will be a volunteer meeting Wednesday, Sept. 23 at 7 p.m. at the NHSPCA animal shelter located on Portsmouth Ave. in Stratham.

The shelter invites anyone 18 years old or over who is interested in helping this area's homeless animals to come to this informational meeting.

Volunteer positions are available for exercising dogs, working hands-on with animals at the shelter,

and helping with the many fund-raisers throughout the year. Call the shelter at 772-2921 for information and reservations.

Nottingham Food Pantry

Nottingham Food Pantry is accepting donations of fresh fruits and vegetables, and items which cannot be purchased with food stamps. These items, including paper products and personal hygiene supplies, may be dropped off at any of the local collection boxes.

Produce may be brought to the Nottingham Community Church on Saturday mornings from 8-9 a.m. Produce will be distributed the same day, along with fresh bread and baked goods.

The pantry is also in need of additional volunteers to help with special projects and food packaging. Help is needed on the second Tuesday of each month from 5-9 p.m. and the third Thursday from noon-3 p.m. For additional information call Mary at 942-8841 or Linda at 679-2312.



BankNote of the Month

"Before comparing prices, it's important to know how much house you can afford."

—Dave Torr, Regional President, Bank of New Hampshire 353 Central Avenue, Dover 742-2100

A good place to start is with 28% of your gross monthly income. This gives a general indication of how much you can afford to pay in monthly housing costs—i.e., the mortgage (principal and interest), taxes, and insurance. You'll also need to figure out how

much you'll have available for a down payment and closing costs. By analyzing these figures in advance, you'll have a good idea of the price range you should be looking in. Please call if you'd like help determining how much house you can afford.

ALLENSTOWN • BARRINGTON • BRISTOL • CONCORD • CONTOOCOOK • DOVER • EPSOM • HAMPTON • HILLSBORO • HOOKSETT
HUDSON • MANCHESTER • MERRIMACK • NASHUA • NEWMARKET • NORTHWOOD • PORTSMOUTH • SUNCOOK

Member FDIC



Somersworth Seniors tour Boothbay Harbor

SOMERSWORTH — Val Tanguay, recreation director, and Belinda Campbell, supportive services coordinator for Somersworth, accompanied 30 seniors from the community on a fun-filled day in Boothbay Harbor, Maine. Transportation was provided by Bruce Transportation Group, Inc. of Portsmouth.

A delicious breakfast of fruit salad, doughnuts and beverage, provided by Mr. and Mrs. Tanguay, was served on the scenic ride.

Upon arrival at the Boothbay Harbor Inn, most of the group boarded

the Island Lady for a narrated cruise of the harbor while a few preferred to enjoy the sights on land. After sightseeing the entire group feasted on chowder, steamers, lobster and corn topped off by blueberry cake.

The trip home was highlighted by the jokes of Bob Stickles, a spirited sing-along and a stop for frozen yogurt.

The Somersworth Seniors are planning more trips for the future. For more information contact Belinda Campbell at the Somersworth Housing Authority, 692-2864.

•Clubs•Clubs•Clubs•Clubs•Clubs•

any questions, contact Harriet Brown at 332-1742.

Somersworth Seniors

SOMERSWORTH — Somersworth Seniors are on the move. On Aug. 28 the group will begin with lunch at Newick's Loberster House in Dover. After lunch the group will go to Portsmouth where seafarers will board the Thomas Loughton for a cruise to the Isle of Shoals and "lundlubbers" will stroll historic Strawberry Banke. The cost for the bus and Strawberry Banke is \$11. The cost for the bus and cruise is \$4 for those age 80 and over, \$15 for everyone else. Each person will be responsible for their lunch costs.

The trip is sponsored by Somersworth Housing Authority. For more information, contact Belinda Campbell, 692-2864.

gate of Odiorne State Park, Route 1A, Rye, for a two-hour walk. Call 772-8674 for further information.

A pot luck supper is planned for 6 p.m. Saturday, Sept. 12, in Dover. Please call 749-0936 for arrangements and directions.

Interested members will be playing pool and/or billiards Tuesday, Sept. 15, at Buster's in Somersworth. Call 749-0936 so reservations for tables can be made.

Group members will also be meeting at 7 p.m. Friday, Sept. 18, at Molly Malone Restaurant, State Street, Portsmouth. Call 778-1480 by Thursday, Sept. 17, so reservations can be made.

Somersworth Seniors plan fall trips

SOMERSWORTH — Somersworth Seniors tour the Fuller Gardens today in North Hampton for a last look at the beauty of summer. Lunch will be at Yoken's.

Sept. 21 is Senior Day at the Rochester Fair. Cost is \$3.

On Sept. 23, the group heads to Wolfeboro for a cruise of Lake Winnepesaukee aboard the Mt. Washington. Cost is \$14 with meal or \$6.50 without the meal.

Oct. 6 is Senior Day at the Fryeburg Fair which means admission is free. Cost is \$8 for the trip.

Oct. 8, the group will go to the White Mountain Hotel and Resort for the delicious grand buffet luncheon followed by a visit to the popular Heritage Museum. Cost of the trip is \$28.

Sign-up for the trips is at the Somersworth Housing Authority. Deadline for the Lake Winnepesaukee cruise is Sept. 18. The deadline for White Mountain Hotel buffet is Sept. 21.

On all the trips one is welcome to join the group on the day of the trip, but should be advised that space is available on a first-come-first-serve basis.

Trips with fewer than 20 people signed up the day before the trip or

the day of the trip deadline will be canceled.

For further information, call Belinda Campbell, supportive services coordinator for the Somersworth Housing Authority, 632-2864.

Friends of S. Berwick Library begin season

SOUTH BERWICK, Maine — Friends of the Library will hold their first monthly meeting of the fall on Wednesday, Sept. 16, at 7 p.m. at the library. Current members, new members and anyone interested in supporting the library and its programs for children and adults are urged to attend.

"We serve coffee and refreshments and meet at the library every third Wednesday evening of the month from September to June," said Marie Wanamaker, the group's vice president.

"People don't have to attend every meeting. We welcome anyone who is interested in promoting the library and its activities."

Some of projects of the past year include Halloween pumpkin carving and storytime for families, an evening book discussion series for adults, children's story hour, a day care resources fair, a December gingerbread house workshop and story hour, children's visit with endangered turtles, a film discussion series, and book delivery to the homebound.

Fundraising efforts, including an election day bake sale, spring yard sale, used book sale and sale of newspaper, raised hundreds of dollars. The money supported such library needs as new telephones, repair of the fence, a gift book program for children and the building fund for library expansion.

Advertise In The Democrat

APPENDIX E

MATERIALS DEVELOPED FOR THE

TELEPHONE CONSULTATION SERVICE

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Dear:

Crotched Mountain Community Care has recently been awarded a contract by the New Hampshire Housing Finance Authority as a part of an Administration on Aging grant to develop a service to assist you as managers and service coordinators of senior housing in working with your more challenging residents.

The enclosed survey will assist us in developing an understanding of your work environment and the challenges you face. The survey is entirely confidential and individual answers will not be released for any purpose.

The information you provide us will enable us to develop a service to best meet your needs. Please feel free to add any additional comments.

Please return the survey to Crotched Mountain Community Care in the enclosed envelope by November 2, 1990. The results will be presented at the New Hampshire Housing Finance Authority's Supportive Services Program fall conference on November 14, 1990 in Nashua.

Thank you for your assistance.

Sincerely,

Nancy Morris, MSW
Program Director

Enclosure

**NEEDS ASSESSMENT: MANAGERS OF LOW-INCOME,
FEDERALLY SUBSIDIZED HOUSING FOR THE ELDERLY**

SECTION A: Manager Description

1. How old are you? _____
2. Your Sex? _____ Male _____ Female
3. What levels of education have you attained?

_____ 0-8 years
 _____ Completed some high school
 _____ High school graduate
 _____ Attended 2 year college (not completed)
 _____ 2 year college graduate
 _____ Some years of a 4 year college
 _____ 4 year college graduate
 _____ Some years of graduate school
 _____ Other (specify: _____)

4. What is your present position?

_____ Housing Administrator	_____ Housing Assistant
_____ Director of Occupancy	_____ Tenant Relations Assistant
_____ Senior Housing Manager	_____ Occupancy Assistant
_____ Housing Manager	_____ Community Service Coordinator
_____ Property Manager	_____ Other _____

4a. To whom do you report? _____

4b. Full time? _____

4c. Part time? _____

4d. On-site or off-site? _____

5. How many training opportunities have you had? _____

5a. How many have you participated in? _____

6. If you have had such training experiences, (item #5,) how helpful were they in enhancing your management skill in gaining access to needed services?

_____ Very helpful
 _____ Helpful
 _____ Not very helpful
 _____ Not at all helpful

7. Please explain your answer for #6.

7a. What did you enjoy the most?

7b. What did you enjoy the least?

SECTION B: TENANT/HOUSING DESCRIPTION.

1. How many housing units are you responsible for? _____ apts.
2. What is the average age of your residents? _____ yrs.
3. How many residents are over the age of 75? _____ tenants.
4. Type of housing project you manage?
(Note: If more than one, select one in which you spend more of your time.)

<input type="checkbox"/> Low income public housing <input type="checkbox"/> Section 202 <input type="checkbox"/> Section 8 new construction <input type="checkbox"/> Section 8 mod. rehab. <input type="checkbox"/> Section 8 existing	<input type="checkbox"/> Housing vouchers <input type="checkbox"/> 80 - 20 <input type="checkbox"/> Section 515 <input type="checkbox"/> Other _____
--	---

4a. Please describe the population mix.

SECTION C: TRAINING

1. Do you feel you have adequate opportunity to meet and network with your colleagues during the normal course of your job?

☐ Yes

☐ No
2. Do you think that workshops serve the purpose of colleague contact?

☐ No, not at all

☐ No, but they could if conducted differently

☐ To some extent

☐ Yes
3. What purpose(s) should workshops serve?

(Note: Check all that apply)

☐ A chance to problem-solve together.

☐ Networking

☐ An opportunity to gain information and learn new skills

☐ Other _____
- 3a. Which of the above do you feel is most important? (please *)
4. What type of training format do you personally find the most effective and useful?

☐ Lecture (majority of time spent listening to instructor)

☐ Problem-solving (majority of time in small groups with case studies)

☐ Open group exchange (Workshop leaders serve as group leaders in supportive exchange of ideas)

☐ Combination of the above

☐ Other (please specify): _____

5. In your opinion, what are the three (3) most significant service needs your frail seniors are experiencing?

- _____ Assistance with personal care
 - _____ Nursing care or monitoring
 - _____ Emergency response systems (lifeline)
 - _____ Meal preparation
 - _____ Shopping
 - _____ Housecleaning
 - _____ Financial assistance with cost of medications and/or medical care
 - _____ Mental health counselling/supports
 - _____ Other
-

6. The following is a list of issues that you may be dealing with on a day to day basis. Please indicate your level of interest or need for further assistance or information in handling these, with 5 being the most interested and 1 being the least interested.

	Most Interested				Least Interested
Mediating tenant disputes	5	4	3	2	1
Networking with service providers	5	4	3	2	1
Understanding the service available in the community	5	4	3	2	1
Choosing the right service	5	4	3	2	1
Advocating on behalf of tenants with service providers	5	4	3	2	1
Dealing with behaviors that are dysfunctional in your environment (i.e, dementia, alcohol/drug, abuse, etc.)	5	4	3	2	1
Understanding entitlement and benefit programs	5	4	3	2	1
Working with residents' family members	5	4	3	2	1
Transferring residents who are no longer appropriate for independent living	5	4	3	2	1
Other _____	5	4	3	2	1

Thank you very much for your participation and assistance.

Please return to: Crotched Mountain Community Care, Inc.
30 Maplewood Ave., Suite 212
Portsmouth, NH 03801



CROTCHED MOUNTAIN

COMMUNITY CARE, INC

February 1, 1992

Dear Manager/Owner:

Crotched Mountain Community Care, a leader in care management services for the elderly and disabled, is offering the ElderCare Support Service, a telephone consultation service for housing managers, owners, and service coordinators who work with the elderly in subsidized housing.

The purpose of this service is to assist managers with elderly residents whose situation may be difficult to manage or where a lack of knowledge about services or how to access them becomes an obstacle to maintaining the elderly resident in subsidized housing. ECSS is staffed by a professional masters level social worker who is experienced in working with the elderly and who has access to an up-to-date listing of local and statewide resources. Enclosed is a description of the Service for your reference.

The ElderCare Support Service is offering **THREE FREE MONTHS OF SERVICE** to housing staff **BEGINNING FEBRUARY 1st**. To take advantage of the three free months, or for more information, call Marie Wanamaker or Nancy Morris at 603-431-3042 or 1-800-339-3042 (NH only). After May 1st there will be a nominal fee to subscribe.

I look forward to hearing from you soon. Thank you for your time.

Sincerely,

Marie V. Wanamaker, MSW
ElderCare Support Service Counselor

mvw
encls.

E-5



CROTCHED MOUNTAIN

COMMUNITY CARE, INC.

ELDERCARE SUPPORT SERVICE

WHAT IS THE ELDERCARE SUPPORT SERVICE?

The ElderCare Support Service is a telephone consultation and referral service for managers, owners, and service coordinators of subsidized housing for the elderly. The purpose of this service is to assist housing staff throughout the state in working with residents whose situations may be difficult to manage or where a lack of knowledge about resources becomes an obstacle to maintaining the resident in subsidized housing. The ElderCare Support Service is funded by an Administration on Aging grant received by new Hampshire housing Finance Authority and contracted to Crotched Mountain Community Care. Crotched Mountain Community Care is a non-profit care management agency located at 30 Maplewood Ave., and a subsidiary of the Crotched Mountain Fountain located in Greenfield, New Hampshire.

HOW DOES ECSS WORK?

The ElderCare Support Service utilizes a masters degree social worker with knowledge of the aging process and with access to a statewide resource of information on programs and services for the elderly.

Housing staff members who call ECSS will be connected to the social worker who will: 1) assist the caller in defining the needs of the elderly resident; 2) provide telephone consultation and review available options; 3) provide a list of specific services and providers and how to access them; and 4) make follow-up calls to the staff member, remaining available until no further assistance from ECSS is required.

Initial ECSS consultation calls will be answered within 2 working days. Specific referral information and options will be given within 4 working days of initial contact with the ECSS counselor. A written letter listing referrals and consultation information will be sent out within 10 working days of the initial contact with the ECSS counselor. All efforts will be made to meet these time frames unless unexpected circumstances arise that prevent ECSS from doing so. Consultation may include information on the aging process and how it relates to the elder's functioning, the dynamics of working with family members, and how a specific situation may be prevented from becoming a crisis.

WHO IS ELIGIBLE TO USE ECSS?

Any manager, owner or service coordinator of elderly subsidized housing in the state of New Hampshire who has a current subscription to the ElderCare Support Service.

HOW CAN REFERRALS BE MADE TO ECSS?

Any staff member who is eligible to use ECSS can call (603)431-3042 or 1-800-339-3042 (N.H. only) between 8:00 AM and 4:30 PM Monday thru Friday, except holidays, and ask for the ElderCare Support Service. After hours, messages can be left on (603)431-3042; however it is best to call during business hours for the quickest response. For reasons of confidentiality, the actual name or address of residents should not be disclosed without the resident's expressed permission. First and last initials can be used to identify a specific resident.

WHAT IS THE COST OF THE ELDERCARE REFERRAL SERVICE?

ECSS is FREE from February 1 thru April 30. Beginning May 1st, there will be a nominal fee for the remainder of the two year grant period. Fees will be reevaluated at that time.

ECSS 001
2/1/91



CROTCHED MOUNTAIN

COMMUNITY CARE, INC.

May 6, 1991

Fay Semple
Beech Management Company, Inc.
255 Newtonville Avenue
Newton, MA 02158

Dear Ms. Semple:

I am pleased to announce that Senior Care Connections, the social work consultation and referral service for management companies sponsored by Crotched Mountain Community Care (CMCC), is extending its free trial period. We are extending this free period to ensure that all management companies have an opportunity to experience the benefits this service can offer.

Senior Care Connections grew out of CMCC's extensive experience with telephone consultation services and the elderly. Crotched Mountain Community Care is a non-profit community based organization whose specific role is to provide and promote services that assist people, in the face of advancing age or impaired health, to maintain as independent a lifestyle as possible.

I would like to meet with you personally to learn more about what type of social service problems you face in the management business and offer my assistance to you on any of the issues that you encounter with your residents. I know that your free time may be limited, but I would like to extend an invitation to you to stop by our display at the upcoming Granite State Manager's conference on May 15th. This may be a good opportunity for us to meet and get acquainted.

If you had not planned on attending the conference, I would be happy to visit with you in your office at your convenience, or if you prefer, I can send you a copy of our brochure for you to look over.

Thank you for your time. I look forward to meeting you in person.

Sincerely,

Marie V. Wanamaker

Marie V. Wanamaker, MSW
Senior Care Connections



August 26, 1991

Dear Colleague:

The Senior Care Connections Service you will read about in this packet was conceived by New Hampshire Housing Finance Authority to assist you in your daily operations. From the beginning, the idea has been to provide a service that is tailored to your needs, supports your management style, and that enhances you and your staff's strengths and skills.

Crotched Mountain Community Care is delighted to be subcontracting with NHHFA to draw from our highly acclaimed Care Management expertise to offer this supportive consultation service on a trial basis. During this trial period, our mission is:

to hear your concerns, to get to know your needs as you perceive them, to work with you and/or your staff on some real problem cases, to analyze feedback from you and your staff.

During the next four months, we are focusing on this mission. Some of you have already used the service and have given us valuable feedback. If the consultation service provided by Senior Care Connections, or some modification of the service, proves to be helpful to you, we will be looking for creative ways to continue the service beyond the grant period.

We hope you will encourage your staff to use the service during this demonstration period - it's free until January, 1992. The fee will then be \$5 per apartment unit per year not to exceed \$500. And if you sign up before November 1, 1991, you will receive an extra month's service free.

Sincerely,

A handwritten signature in cursive script that reads "David L. Siress".

David L. Siress, Vice President
Crotched Mountain Community Care, Inc.

A handwritten signature in cursive script that reads "Marie V. Wanamaker".

Marie V. Wanamaker, MSW
Senior Care Connections

P.S. We are considering opening up the consultation service to the families of your elderly tenants. Please call us for more information or to express your interest.



E-9

A service of Crotched Mountain Community Care, Inc.

30 MAPLEWOOD AVENUE SUITE 212 PORTSMOUTH, NEW HAMPSHIRE 03801 1-800-339-3042 (NH) 603-431-3042

A subsidiary of the Crotched Mountain Foundation

SENIOR CARE CONNECTIONS

Senior Care Connections is a telephone consultation and referral service for managers, owners, and service coordinators of subsidized housing for the elderly. The purpose of this service is to assist housing staff throughout the state in working with residents whose needs require constant attention from the management or whose situations may cause them to be evicted. The cost saving benefits of this service may include more efficient use of the manager's time through education on community resources and the aging process provided by SCC and reducing the need for expensive evictions. An additional benefit is the improvement of the quality of life of all the residents in the housing complex.

The service utilizes a masters level social worker who is knowledgeable about the elderly, and the particular problems they face in subsidized housing.

The service includes: problem identification, consultation, development of a plan of action, written referrals, and follow-up calls.

Senior Care Connections is a pilot program partially funded through a two year Federal Administration on Aging grant received by New Hampshire Housing Finance Authority and contracted to Crotched Mountain Community Care, a non-profit care management agency located at 30 Maplewood Ave., Suite 212, Portsmouth NH, a subsidiary of the Crotched Mountain Foundation.

SCC grew out of Crotched Mountain Community Care's experience with telephone consultation and the elderly, and the "Aging in Place" phenomenon.

For more information contact: Marie Wanamaker, MSW, at 603-431-3042 or in NH 1-800-339-3042

SENIOR CARE CONNECTIONS

" A SOCIAL WORK CONSULTATION AND REFERRAL SERVICE FOR MANAGERS OF SUBSIDIZED HOUSING FOR THE ELDERLY "

DEMONSTRATION CASE

CASE DESCRIPTION:

John, a manager of a subsidized housing complex for the elderly, called with his concerns about a resident in her 80's called "Helen."

Helen moved into the complex several years ago and began to have incidents where she accused her neighbors of stealing from her. Helen would confront her neighbors in the hall or knock on their door at night to tell them to keep out of her apartment. Her neighbors, who were once friends, became angry with Helen and stopped socializing with her. Helen became isolated from the other residents in the building and soon trusted no one.

Neighbors began complaining to John about how crazy Helen was, and that he had better do something. He tried to speak with Helen, but she told him to go away. John wrote her son several times about Helen's behavior and recommended they call a social service agency for help. There was no response. He began documenting Helen's behavior and his attempts to contact the family. John did not feel Helen was in danger enough for protective services to be called. She was taking care of herself, paying her rent on time, and she never threatened anyone. Helen began to make comments about how tired she was of staying up at night to keep people out. John then called Senior Care Connections for help.

SENIOR CARE CONNECTIONS

DEMONSTRATION CASE

THE CONSULTATION: When John called, he was frustrated with Helen's family's lack of response to his letters. He felt pressured by the residents in the complex to do something, but was met with resistance from Helen when he tried to talk to her. Much of his time was spent calming down complaining residents, and thinking about what to do. This interfered with some of his regular duties. He had a resident like this before and knew the situation would only worsen forcing a time consuming and costly eviction.

The Senior Care Connections counselor listened to what John had to say. The counselor gathered more information about Helen's situation. She asked specific questions about Helen's behavior and about the history of the family's involvement with Helen. The counselor assessed the situation and developed a plan of action with John.

PLAN OF ACTION: The Senior Care Connections Counselor discussed with John how best to approach Helen about accepting professional help. The counselor also discussed the dynamics of getting the family involved. A plan of how to approach Helen and her family was developed, followed by a written list and information on the appropriate agencies to contact.

FOLLOW-UP: The Senior Care Connections counselor kept in constant touch with John, monitoring the situation until Helen was successfully involved with the appropriate agency.

SENIOR CARE CONNECTIONS

DEMONSTRATION CASE

RESULTS: Helen agreed that she needed help to deal with her problems. She agreed to meet with a case manager to work on alleviating some of her fears. Soon after the case manager's involvement, the family called expressing their wish to help. They realized Helen needed help, but were afraid to discuss it with John, for fear it would cause Helen to be evicted. After diagnoses and treatment, Helen, her case manager and the family are working to relocate Helen to a setting which will be better suited to her particular illness. An eviction was avoided, and though there still are some problems with other residents, John knows there is someone else other than himself to work with Helen. He no longer spends hours of his management time thinking about what to do with Helen.

NOTE: THIS DEMONSTRATION CASE WAS BASED ON AN ACTUAL CALL FROM A HOUSING MANAGER TO SENIOR CARE CONNECTIONS. THE NAMES OF THE RESIDENT AND MANAGER HAVE BEEN CHANGED TO PROTECT CONFIDENTIALITY.

NAMES OF RESIDENTS ARE NEVER TO BE DISCLOSED TO SENIOR CARE CONNECTIONS UNLESS THE RESIDENT GIVES EXPRESSED PERMISSION FOR THE MANAGER TO DO SO.

Senior Care C O N N E C T I O N S

Senior Care Connections is a telephone consultation and referral service designed to solve problems involving elderly residents in subsidized housing. We assist housing owners, managers, and service coordinators in working with residents whose situations may be difficult to manage. Where a lack of resources poses an obstacle to maintaining a resident in housing, we locate the services or information needed.

What Kinds of Problems Do We Address?

- Perhaps you've had a situation where you had to evict a tenant, and you wondered what could have been done to prevent it—
- Or you've been worried about a disturbing change in the behavior of one of your residents, someone without family, and not known whom to talk to about your concerns—
- Or perhaps you've contacted the family of a resident and explained your concerns, only to have them look to you for answers—
- Or you've been put in the position of acting as a social worker and wished you could get advice from a social work professional, someone who knew you and your situation—
- These and similar kinds of problems involved in managing housing for the elderly have the effect of absorbing a great deal of the manager's time. In the service process of Senior Care Connections, a manager can find a social work professional with time-saving advice.

Services of Senior Care Connections

Problems can arise from medical emergencies on the part of an elderly resident, psychological crises, financial difficulties (perhaps involving impending eviction), interactions with federal, state, or local support agencies, or simply from a lack of communication. When you call Senior Care Connections, you'll be speaking with a trained and experienced counselor, a master's level social worker familiar with all of these problem areas. In a proven and orderly five-stage process, the Senior Care Connections counselor will:

- 1) Work with you to **define the problem**, with regard to both the elder's needs and those of your own organization.
- 2) Provide **telephone consultation** and review available options. The consultation provides you with practical information on the aging process and how it relates to the specific problem at hand. We'll help you explore how best to involve family members, and discuss ways of preventing the situation from reaching the crisis stage.
- 3) Develop a **plan of action** to meet the demands of the situation, and monitor how it's working.
- 4) Compile for you a written **list of referrals** to specific resources and services, and information on how to access them.
- 5) Make periodic **follow-up calls** until the situation is satisfactorily resolved.

Initial calls for consultation are answered promptly, with specific referral information and options provided in a timely, responsive manner. We strive to build an ongoing rapport with our clients, to understand their businesses, and to become familiar with the features of their properties. Our clients can expect personalized responses to all queries and problems.

Benefits to Subscribers

In addition to improvements in the quality of life of residents, and smoother tenant relations, our clients can also realize benefits in the area of cost savings. Senior Care Connections can reduce the need for expensive evictions, and promote efficient use of managers' time—by providing timely answers, by steering managers directly to appropriate resources and agencies, by providing education on the aging process and practical responses to difficulties associated with it.

Subscribing to Senior Care Connections

Subscriptions are open to any owner, manager, or service coordinator of elderly subsidized housing in the state of New Hampshire. If you are interested in subscribing, or have any questions about our services, please call or write:

Senior Care Connections

Crotched Mountain Community Care, Inc.
30 Maplewood Avenue, Suite 212
Portsmouth, NH 03801

In New Hampshire, call toll-free 1-800-339-3042.
(From out of state, call 603-431-3042)

Clients subscribe to Senior Care Connections on a yearly basis, through an annual membership contract. Fees are based on the number of units of elderly housing a subscriber owns or manages.



About Crotched Mountain Community Care

Crotched Mountain Community Care, Inc. (CMCC) is a care-management subsidiary of the Crotched Mountain Foundation, a nonprofit organization dedicated, for over fifty years, to helping those with special needs. The specific role of CMCC is to provide and promote services that assist people, in the face of advancing age or impaired health, to retain a measure of independence and

self-determination, and to continue to be part of their chosen communities. CMCC helps elderly citizens to maintain and improve their quality of life, primarily by arranging access to essential support services.

Senior Care Connections was established through a Federal Administration on Aging grant received by the New Hampshire Housing Finance Authority and contracted to Crooked Mountain Community Care, Inc., on the basis of CMCC's extensive experience in recognizing and serving the needs of the elderly.

What Housing Managers Say About Senior Care Connections

"I found it very helpful to consult with the Senior Care Connections counselor when I was trying to determine what management technique would best help a distressed resident."

—Barbara Silverstone

Property Manager
JCM Management Co.

"What I like best is that the service is personalized. The Senior Care Connections counselor knows me and my management company. She understands how difficult it is to be a manager and also understands the residents' problems, too. It's nice to have someone who's objective take a fresh look at a situation."

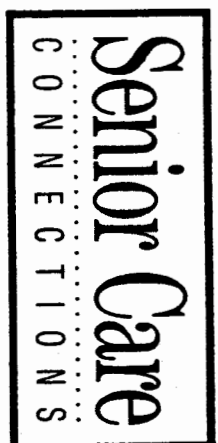
—Housing Manager

"I found Senior Care Connections to be very helpful. The information was right on target and I especially appreciated the way the counselor got back to me to see if I had been successful."

—Service Coordinator



Crooked Mountain Community Care, Inc.
30 Maplewood Avenue, Suite 212
Portsmouth, NH 03801



*A Resource for
Managers of
Subsidized Elderly Housing*





603-472-8623
1-800-439-7247 (NH ONLY)
TDD: 603-472-2089
FAX: 603-472-8501

**NEW HAMPSHIRE
HOUSING FINANCE AUTHORITY**

**FOCUS GROUP
FOR
SENIOR CARE CONNECTIONS**

The purpose of this focus group is to help us gain a better understanding of how Senior Care Connections is viewed by housing management professionals; your perceived need for such a program; and the factors that come into play in determining whether to subscribe to this type of service.

During the focus group we will not be giving you information about the program. We will be asking for your ideas to help us refine the program to best meet the needs of housing managers. David Siress and Marie Wannamaker will be happy to schedule an appointment with you to answer your questions about the program.

There are no right or wrong answers to the questions we will pose. We are sincerely interested in whatever you have to say about Senior Care Connections.



603-472-8623
1-800-439-7247 (NH ONLY)
TDD: 603-472-2089
FAX: 603-472-8501

**NEW HAMPSHIRE
HOUSING FINANCE AUTHORITY**

FOCUS QUESTIONS

1. What is your present understanding of the Senior Care Connections program?
(Write answers on flip-chart)
2. Have you used the service? What was your motivation to call? What did the service do for you?
- * Handout case scenarios.
3. What do you see as the potential value of this service to you? To other housing managers?
4. The fee for this service has been set at \$5.00/unit/year up too a maximum of \$500. Do you think this is a reasonable fee? Why or why not? If unreasonable, what would be a fair fee?
5. If you were considering subscribing to this service in the next couple of weeks, what factors would you be considering?
6. What questions about Senior Care Connections would you like us to address?

CONSULTATION SCENARIOS

Read through these scenarios quickly. Do any of these residents sound familiar? These are real situations which managers and service coordinators have consulted Senior Care Connections about.

- 1. A 78 year old woman has been complaining about water dripping. She thinks her neighbors are doing it on purpose. She says that Nazis are calling her and playing Jewish music over the phone. She has been confronting her neighbors in the halls and has called police and told them that her neighbors are tormenting her. Her daughter has been involved, but situation remains unresolved. Manager wants to know how to best approach resident and family with problem.**
- 2. The service coordinator suspects that a daughter of a resident is stealing the resident's Social Security checks. The Division of Elderly and Adult Services is already involved with the resident. The service coordinator wonders if she should investigate her concerns further on her own.**
- 3. A woman in her 90's applied for housing. She may not qualify, but the manager is concerned about the woman because she complained that her family was stealing from her. Who should the manager call? How involved should she get?**
- 4. A chronic alcoholic man with some permanent brain damage and mental health problems is keeping his apartment in an unacceptable condition. A mental health worker is involved with the resident, though problems with apartment maintenance continue. What should the manager do next?**



GALLOP POLL

of the Main Problems of Everyday Life

For People Over 55

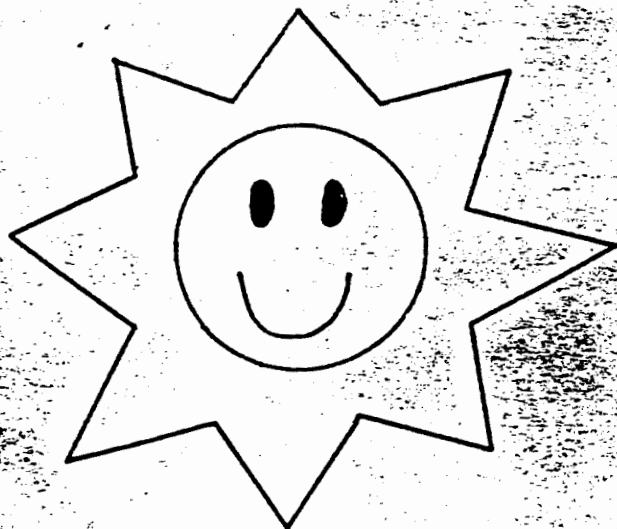
1. Opening medicine packages
2. Reading product labels
3. Reaching high things
4. Fastening buttons, snaps, or zippers
5. Vacuuming and dusting
6. Going up and down stairs
7. Cleaning bathtubs and sinks
8. Washing and waxing floors
9. Putting on clothes over one's head
10. Putting on socks, shoes, or stockings
11. Carrying purchases home
12. Using tools
13. Being helpless if something happened at home, since no one would know
14. Using the shower or tub
15. Tying shoelaces, bows, neckties
16. Moving around the house without slipping or falling

Senior Care CONNECTIONS

Senior Care Connections is the new name for the social work consultation and referral service for management companies sponsored by Crotched Mountain Community Care. The name Senior Care Connections more accurately describes what the service does and will be registered with the state.

Along with the new name we are also happy to announce that Senior Care Connections is extending its free trial period to ensure that all management companies get a chance to use the service and experience its benefits. To date we have had several managers call requesting consultation and referral services. Barbara Silverstone and JCM management has graciously allowed us to use their name on our brochure regarding a case we worked with them on. Many Thanks to both Barbara and Rita Frost.

With Senior Care Connections's growth comes a great deal of excitement. Our brochure will be available soon and we will be happy to send you one or meet with you to explain our service. The free trial period is still in effect so now is the best time to call about residents you may be concerned about. Contact MARIE WANNAMAKER at 603-431-3042 or in NH, 1-800-339-3042 for free service.



Summer is almost here! Have you thought about planning one of these activities for your seniors?

- picnics
- trips to the beach
- bar-b-que's
- trips to the lake
- pool parties
- trips to the mountains

Mark Your Calendars



GSMA Christmas Cocktail Bash is scheduled for Friday, December 13, 1991 at The High Five Restaurant on Canal Street in Manchester, NH. Specific details will be mailed in November.

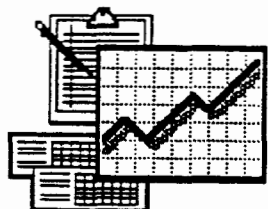
Thanks For The Memories

Over the years I have had the opportunity to watch GSMA grow as a professional organization. Although the organization has a structure with a board and committees, it is the membership which has driven this growth and commitment. The Executive Board and committee members volunteered incredible amounts of time to work for GSMA. But it was the membership's participation and enthusiasm which kept us motivated. (It certainly wasn't the pay!)

I would like to thank the Executive Board and committee members for all that they have done during the last two years. It was truly a pleasure and a privilege to work with some of the most experienced, professional housing managers in the state. It was such a pleasure that I have agreed to work on the education committee -- at least until my newest family member arrives in October!

I wish the new Board great success in the years ahead and hope that GSMA continues to grow and be committed to the highest housing management standards.

--Kathy Naczas, Executive Director LHA



Treasurer's Report

(Cash Basis)

January 1-June 30, 1991

Balance 1/1	9,704.50
Income 1/1-6/30	<u>10,003.50</u>
	19,708.00
Expenses 1/1-6/30	<11,487.98>
Ending Balance 6/30	<u>\$8,220.02</u>

Senior Care Connections

One of your elderly tenants begins to forget to pay the rent or sometimes pays it twice. Her apartment is not as well kept as it was in the past. Some tenants complain that she wanders the halls at night disturbing them. There is no contact with the family or any agencies.

You want to contact the family, but what do you offer as a suggestion? What if the family is unresponsive? Who can you call to discuss your concerns and receive professional advice on how best to approach the family and your tenants?

Senior Care Connections is here to answer those questions. Senior Care Connections is a social work telephone consultation and referral service which puts you in touch with a masters level social worker experienced in working with the elderly in subsidized housing. The service is backed by an up to date comprehensive data base, listing services for the elderly throughout the state. The service includes development of a plan of action, a list of appropriate services for the elder, information on how best to access those services, followed by a written summary and follow-up call.

Senior Care Connections is a pilot program developed by Crotched Mountain Community Care in association with New Hampshire Housing Finance Authority, and funded through an Administration on Aging grant. CMCC recognized through its contacts with housing managers for the elderly, that sometimes managers share the burden of planning for an elderly resident when a family member is unable to do so. One resident's problems can consume a great amount of a manager's time. Senior Care Connection is designed to help develop a planned approach to the problem and locate the needed services, saving the manager time and money.

For more information, please call Marie Wanamaker in New Hampshire 1 (800) 339-3042, or (603) 431-3042.

Just A Reminder . . .

1992 Seminar Topics

January:

Informed Resident/Applicant Screening

March:

Liability Issues and Property Managers



IS THERE A DOCTOR IN THE HOUSE?

One common concern I often hear from managers of housing for seniors is that their residents do not always receive the level of attention from their doctors that they seem to require. A manager may notice a resident having balance problems, or one who appears over-medicated yet that resident is under a doctor's care. The manager may suggest that the resident speak with their doctor about their condition. Many times those residents report back to their managers that their doctor said they are fine, yet the problems still appear. What does it seem that doctors ignore their elderly patients?

There may be many reasons why a doctor is seemingly unresponsive to an elderly person's needs. First, it is important that the physician receive accurate information regarding any and all symptoms their patient may be experiencing. A patient may report to the doctor that they feel "a little dizzy getting up" when in fact that patient has fallen several times and doesn't remember the actual fall. It is also important that all medications being taken by a patient be reported to all physicians. This includes over-the-counter medications such as antihistamines, ibuprofen, which under certain circumstances can result in a dangerous situation. Alcohol when mixed with medications even in small amounts can also be dangerous and this needs to be reported.

Putting all this information to the physician can be a challenge, especially if a patient has waited a long time or feels rushed during the exam. Keeping a written log of everything a patient wants to report to the doctor is essential. Having a family member or friend report their observations can also make a difference, especially if the patient is having difficulty remembering all that happens. Still, if an elderly

patient's needs are not being addressed, they may have to change physicians even if the physician has been caring for the family for years. Most major hospitals have physician referral services and the NH Medical Society in Concord also offers a free physician referral service.

If you have a question you would like answered, or if you find yourself asking "Is there a Doctor in the house" please call Marie Wanamaker of Senior Care Connections at 1-800-339-3042 for more personalized, technical assistance.

A LITTLE MIXED UP

...from the Bagdad Bugler

*Just a line to say I'm living,
That I'm not among the dead;
Though I'm getting more forgetful,
And "mixed-up" in the head.*

*I've got used to my arthritis,
To my dentures I'm resigned.
I can manage my bifocals,
But, Oh God, I miss my mind!*

*For sometimes I can't remember
When I stand at the foot of the stair
If I must go up for something
Or, I've just come down from there!*

*And, before the refrigerator, so often
My poor mind is filled with doubt...
Have I just put food away
Or have I come to take some out?*

*And there are times when it is dark
With my nightcap on my head...
I don't know if I'm retiring
Or just getting out of bed!*

*So, if it's my turn to write you,
There's no need to getting sore...
I may think that I've written
And don't want to be a bore!*

*So remember I do LOVE YOU
And I wish that you were near,
But now it's nearly mail time
So I must say, "Goodbye Dear."*

*There I stood beside the mailbox
With a face so very red,
Instead of mailing you my letter,
I opened it instead!!*

(See what's in store for us?)

Specialized Alzheimer's Care Management

CMCC and Tri-County CAP have been leaders in the NORTH COUNTRY ALZHEIMER'S PARTNERSHIP the last four years. Via a complex partnership including Division of Elderly & Adult Services, Department of Mental Health, New Hampshire Charitable Trust, six local home health agencies, Tri-county CAP, CMCC, and initial NIMH funding, this project has established a model for effectively dealing with rural Alzheimer's disease. The heart of the program, Care Management for Alzheimer's patients and their families, has been operated under the auspices of CMCC with much support from all other partners. The success of the program comes from working directly with the family and the care providers to tailor services to the specialized needs of each patient as well as educating the family to effectively use those services.

Despite heroic attempts to secure continuing funding, the program is now in process of closing due to lack of funds. CMCC is assertively trying to secure foundation funding for a three year demonstration for replicating this model in three sites around the state. Our proposal adds two new partners, Dartmouth Medical School, and UNH Center for Health Promotion and Research. The goal of this bold proposal is to secure private partnership funding for Care Management for Alzheimer's patients and families in most of the state. The North Country Alzheimer's Partnership has proven that a Care Management system can pull together current, scarce, support services into a specialized package to meet most of the patient and family needs. We welcome support in our effort to address this tragic disease with a new approach.



Senior Care Connections

With an initial Administration on Aging grant through New Hampshire Housing Finance Authority, CMCC started Senior Care Connections last year to provide masters level social service support to managers and service coordinators in subsidized housing for the elderly.

A new awareness is rising that many residents of elderly housing, both private and public, are getting older and living longer in their place of residence. The phrase "aging in place" has been coined to refer to a new impetus for providing support services to these aging residents. Prior to this new movement, managers of subsidized

housing were most commonly "bricks and mortar" people, with little focus placed on their residents remaining independent.

Senior Care Connections provides early intervention/follow up assistance, both by phone and on site, to managers and service coordinators (who are usually part-time paraprofessionals). Our intervention services are designed specifically to assist those residents who are at risk of losing their independence. The Crotched Mountain Foundation is proud to help subsidize this innovative program.

National Case Management Partnership

CMCC just recently signed an exclusive provider contract for New Hampshire with the National Case Management Partnership. This program will focus on providing case management services for long term health insurance carriers and their subscribers. The services will be (a) thorough assessment of applicants for policies, (b) thorough assessment when a claim is filed, (c) care plan development for claimants, and (d) ongoing Case Management for claimants in some cases. The long term potential for this service making a positive impact on long term health insurance is enormous.

"We can't always do what we used to do. Our minds can but our bodies can't. I thank God every day for this blessing; I am in my own house and able to do what I can and be independent."

—a care management client

Crotched Mountain Community Care, Inc.

Senior Care CONNECTIONS

A Service of Crofted Mountain Community Care, Inc.

The Jury Is In: Senior Care Connections Delivers Quality and Results at Reasonable Cost

Senior Care Connections' recent Program Evaluation Survey, designed to measure the impact the service had on management companies' operations, has been completed and tabulated. Senior Care Connections is pleased to announce that the survey demonstrated the service delivers both quality and results at a reasonable cost.

Senior Care Connections scored very high in prevention measures, with 73% of the respondents reporting that the service assisted them in preventing a situation with a resident from worsening. In addition, 46% reported that the service assisted them in preventing a situation from leading to an eviction.

Considering the cost involved in one eviction alone, Senior Care Connections is a very affordable tool for managers of housing for the elderly and handicapped.

A resident may be neglecting his/her apartment and refuse services. Questions most frequently asked by managers are:

- What are the alternatives to eviction?
- What is the best way to approach the resident to produce the greatest chance for success?
- If the family ignores the problem, what are the next steps?

Service Assists Managers In Problem Solving Techniques

The Program Evaluation Survey also measured skill increases with 73% of managers reporting that the service significantly increased their ability to problem solve with residents. The service increased their ability to work with social service agencies, which is now a crucial part of managing subsidized housing. Without the knowledge of how an agency functions, a manager can get lost in red tape and bureaucracy, wasting time and

money. Not knowing, for instance, what information is important to relate when making a protective service report, can make the difference between a worker being sent out immediately to investigate, or the manager having to wait again for more incidents to report.

"Money well spent" — Linda Dattilio, Manager
Moseley-Fucci Associates

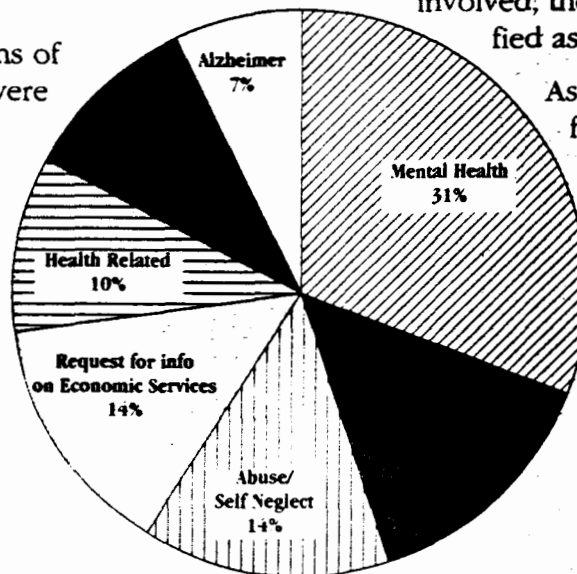
*"I am very pleased – I feel supported
in my role as a concerned property manager."*

Ethel Moore, Manager
Maple Manor Apts., Newport, NH

Mental Health Issues With Residents Tops List

A study of the type of calls Senior Care Connections receives from managers uncovered some interesting results. Assistance with mental health issues accounted for 31% of the calls.

During the first seven months of 1992, service request calls were classified into several different categories. They were classified according to what was identified as the underlying cause of the problem.



A manager may be having a problem with a resident who shows some paranoid characteristics. This type of call was identified as a mental health issue, although if alcohol was involved, the call would have been classified as an alcohol problem.

Assisting the manager in identifying the true cause of the problem is a crucial part of the consultation process and determines what plan of action has the best chance for success.

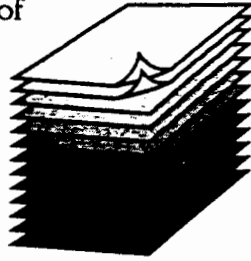
Phone Calls: January, 1992 - July, 1992

"At first, I was reluctant to sign on, but now I'm glad I did. Senior Care Connections has assisted my managers with some difficult resident situations. It's reassuring to know I'm in touch with a professional, offering insight, information and a plan of action, all by just picking up the phone!"

Rita Frost, Vice President
JCM Management Company, Inc

Managers Seek Assistance With 504 Regs.

The survey generated a great deal of interest in the 504 regulations and their impact on managers. The 504 regulations have become a growing concern of management, since management is responsible for making reasonable accommodation to disabled



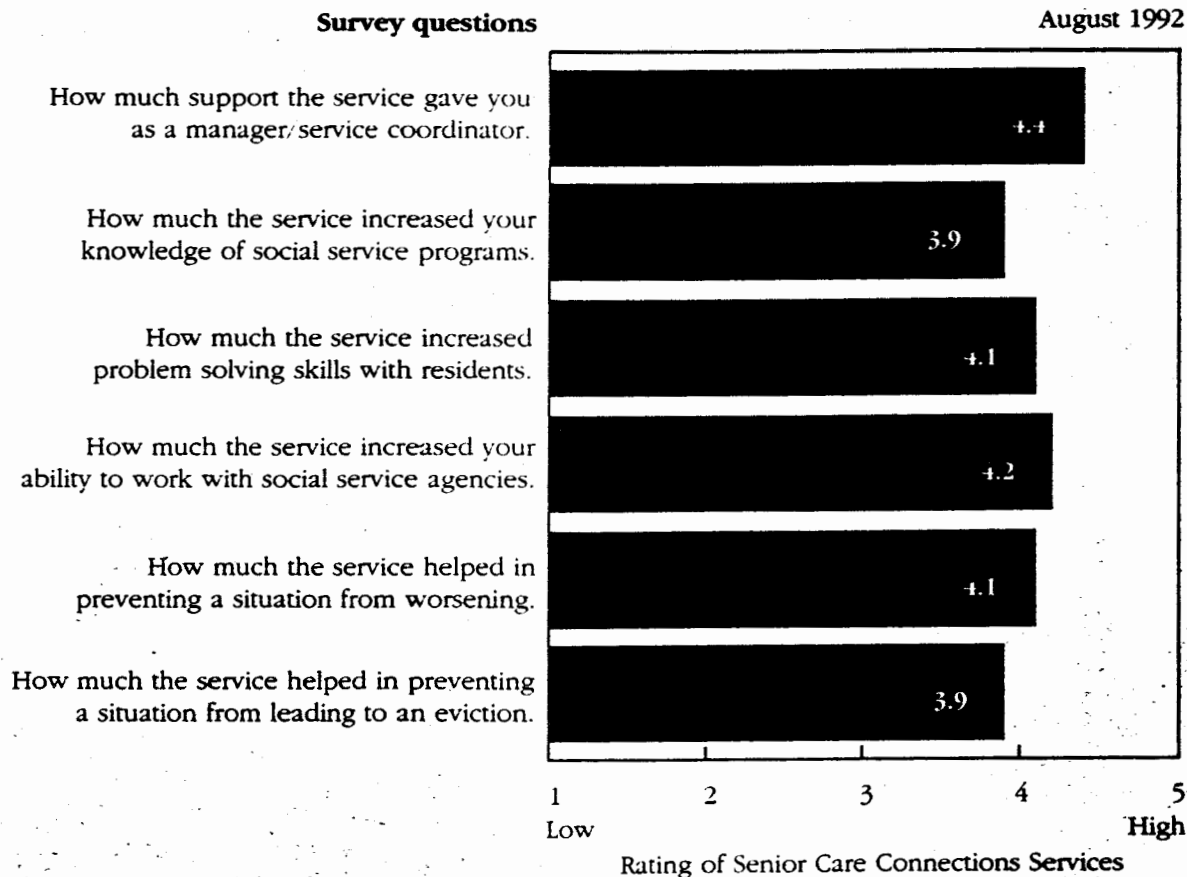
residents. Assisting managers in locating resources the disabled resident is entitled to, is an area in which Senior Care Connections is expanding in order to provide more comprehensive services.

Service Scored Well in Quality Assurance Survey

Senior Care Connections currently provides telephone consultation to fourteen properties representing over seven hundred apartment units across New Hampshire. A recent quality assurance survey found that

our members rated the quality of our service with an overall 4.5 out of 5. As always we are looking for ways to improve the service and increase our effectiveness and member satisfaction.

Program Evaluation Survey Results





With an initial Administration on Aging grant through New Hampshire Housing Finance Authority, Crotched Mountain Community Care started

Senior Care Connections to provide masters level social service support to managers and service coordinators in subsidized housing for the elderly.

Crotched Mountain Community Care, Inc. is a care-management subsidiary of the Crotched Mountain Foundation, a nonprofit organization, dedicated for over fifty years, to helping those with special needs. The specific role of CMCC is to provide and promote services that assist people, in the face of advancing age or impaired health, to retain a measure of independence and self-determination, and to continue to be a part of their chosen communities.

Senior Care CONNECTIONS

For information about membership, or to find out if Senior Care Connections can

assist you with a resident, please contact Marie Wanamaker, at 1-800-339-3042 or outside NH 603-431-3042.

Other Programs of CMCC:

Foster Grandparent Program
650 Elm Street, Suite 410
Manchester, NH 03101
603-668-1990

Care Management
30 Maplewood Ave., Suite 212
Portsmouth, NH 03801
603-431-3042

Senior Care CONNECTIONS

Crotched Mountain Community Care, Inc.
30 Maplewood Avenue, Suite 212
Portsmouth, NH 03801



MEMBERSHIP AGREEMENT

1. This recognizes that the following company/complex(es) are members (the "member") of SENIOR CARE CONNECTIONS ("SCC"), a program of Crotched Mountain Community Care, Inc.:
2. Under this Membership Agreement:
Beginning date of Membership _____ Last date of Membership _____
3. The fee arrangements are as follows:
4. SCC and Member understand and agree to the following:
 - a) This membership entitles the Member to the telephone consultation service of Senior Care Connections.
 - b) The membership and fee is for the specified period in (2) above (the "Membership Period") regardless of usage.
 - c) Unless specified differently in (3) above, SCC will notify the Member only once of any fee due.
 - d) The fee specified above is due upon execution of this agreement; any subsequent fees are due as specified above; and fees are to be paid in advance of service delivery.
 - e) SCC will provide the specified service to the Member for the full duration of the Membership Period, provided all fees are paid as stipulated in this agreement.
 - f) If for any reason the Member wishes to terminate membership in SCC, or if for any reason SCC is unable to provide the specified service, upon request, fees paid will be reimbursed on a prorated basis for any remaining portion of the Membership Period; a calendar month will be the basis for prorating.

MEMBER

DATE

SCC

DATE



A service of Crotched Mountain Community Care, Inc.

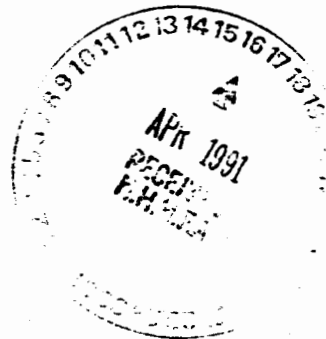
30 MARLEWOOD AVENUE SUITE 212 PORTSMOUTH, NEW HAMPSHIRE 03801 1-800-339-3042 (NH) 603-431-3042

A subsidiary of *Crotched Mountain Foundation*



CROTCHED MOUNTAIN

COMMUNITY CARE, INC.



Dear

Thank you for calling the ElderCare Support Service.

I am enclosing the list of referrals we discussed over the phone. The listing of these referrals does not imply a recommendation and you should always check references and licenses. I have also included any other relevant information you should need to know.

If you have contact with a provider whose operations do not seem proper or ethical, please let me know so that I can document it in my records and direct you to the correct regulating agency for investigation, when appropriate.

If you have any questions, or require additional information, please feel free to call me. Office hours are 8:00 AM - 4:30 PM Monday - Friday except holidays. If I am not available, please leave a message and I will get back to you as soon as possible. My number is listed below.

I look forward to working with you again.

Sincerely,

Marie V Wanamaker, MSW

ElderCare Support Service Counselor

Telephone: 603-431-3042 or in NH 1-800-339-3042

Complex Name: _____

Management Company: _____

Case Number: _____

CLIENT _____ TITLE _____
MANAGEMENT COMPANY _____
COMPLEX NAME _____ PHONE _____
ADDRESS _____

REASON FOR REFERRAL/INQUIRY _____

ACTION TAKEN

FINAL DISPOSITION

E-29

ELDERCARE SUPPORT SERVICES INTAKE FORM

Intake Information

Date: APR 1991

Service User: _____ Case # _____
 Address: _____
 Telephone: _____ Owner Manager Service Coord.
 Management Company: _____

End User Information: AGE: _____ Sex: _____
 Complex: _____ Living alone: _____
 Total Income: _____ SS: _____ VA: _____ Other: _____
 Medicare Y or N A A&B Medicaid Y or N, Applied _____ Other: _____

Health: Good _____ Fair _____ Poor _____ Unknown _____
 Vision: _____ Hearing: _____ Continent? _____
 Balance: _____
 Hospitalizations: _____
 Medications: _____

ADL Skills: Able to Transfer? _____ Walk without help? _____
 Go Outside without help? _____ Able to dress? _____
 Able to feed self? _____ Able to bath? _____

IADL Skills: Able to shop? _____ Light Housework? _____
 Able to do laundry? _____ Plan & prepare Meals? _____
 Able to manage Money? _____
 Able to use public Transp.? _____

Memory: _____ Judgement: _____
Behavior/Emotion: _____
Physical Environment: _____

Supports: Family? _____ Other? _____

Current Services: _____

PRESENTING PROBLEM: _____

mw 3/91

Notes:

E-31

CROTCHED MOUNTAIN FOUNDATION

CMCC Senior Care Connections
Quality Assurance - Management Agency Questionnaire

Summary of 9 responses out of 16 mailed on 5/26/92

Outstanding	5
Very Good	4
Average	3
Fair	2
Unsatisfactory	1

QUESTION		# of RESPONSES	AVERAGE SCORE
1.	Rate the timeliness of the response to your initial call.	9	4.55
2.	Rate how well the counselor assisted you in defining the problem.	9	4.67
3.	Rate the value of the information/suggestions you received.	9	4.22
4.	Rate how well the counselor assisted you in developing a plan of action.	8	4.50
5.	Rate the quality of communications and follow-up.	9	4.56
OVERALL AVERAGE		9	4.50

Comments:

We've actually had the need to use very infrequently - we are happy to know that assistance is available if needed however.

No complaints - money well spent.

I am very pleased - I feel supported in my role as a concerned property manager. Marie Wanamaker has done an outstanding job of listening & suggesting.

Marie Wanamaker has always been very prompt in returning phone calls. She's handled the situations in a very professional manner.

Information requested not totally applicable to the service requested by us. We need several sources of a product we are interested in. The information was sent to us in a timely manner and included brochures and price lists.

Marie Wanamaker was a great help to me. The only problem encountered was info she gave wasn't always the same with Manchester Elderly Services.

Doc. 161

SENIOR CARE CONNECTIONS PROGRAM EVALUATION SURVEY RESULTS
September 21, 1992

Eleven surveys returned out of sixteen sent out, representing a sixty nine percent return rate. Managers were given one reminder call to return surveys. Those managers who rated the service 4 or higher were also measured in terms of percentage.

Greatest Amount - 5, Least Amount - 1

	# of RESPONSES	AVG. SCORE	4 or MORE
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Section 1 SUPPORT - OVERALL 4.1, 70%

1. Rate how much support the service gave you in your role as a manager/service coordinator.	11	4.4	73%
2. Rate how much the service helped in relieving stress associated with your position.	11	3.7	64%
3. Rate how much reassurance having the service gave you.	11	4.1	73%

Section 2 KNOWLEDGE - OVERALL 3.1, 46%

1. Rate how much the service increased your knowledge of social service programs.	10	3.9	73%
2. Rate how much the service helped increase your understanding of the elderly, physically handicapped or mentally handicapped.	9	3.0	36%
3. Rate how much the service helped define your role as a manager/or service coordinator.	9	3.7	46%
4. Rate how much the service assisted you in working with the 504 regulations.	9	2.7	27%

Section 3 SKILLS\ABILITIES - OVERALL 4.0, 70%

1. How much did the service help increase your problem solving skills with residents?	11	4.1	73%
2. How much did the service increase your ability to deal with difficult behaviors, i.e. alcohol, dementia, medication abuse?	10	3.6	64%
3. How much did the service increase your ability to work with social service agencies?	10	4.2	73%

Section 4 PREVENTION - OVERALL 3.8, 52%

1. How much did the service help you in preventing a situation from worsening?	10	4.1	73%
2. How much did the service help in preventing a situation from leading to eviction?	7	3.9	46%
3. How much time do you think the service saved you in working with a resident?	7	3.3	36%

Section 5

1. Would making the service available to family members of residents, for an additional fee, be valuable to you? <u>Comments:</u> Not to us, but possibility to families. No, not with present population. Yes, if funding available. No.	9	3.4	45%
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<u>OVERALL PROGRAM AVERAGES</u>	9.6	3.8
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MEMBERS' COMMENTS:

In all fairness we have only had occasion to use the service twice.

Anticipated use of service for 504.

We haven't used the services much up to now, but will continue to support it as I may need your help in the future.

Crotched Mountain- Senior Care was such a help when dealing with some unusual circumstances- thanks for being there to help!

MEMBERS SERVICE REQUESTS

TABLE II
JANUARY, 1992 - SEPTEMBER, 1992

Reason for call	Percentage of calls
Mental Health.....	33%
Alcohol/Med. Abuse	11%
Developmental Disability.....	6%
Medical Problem	14%
Abuse/Neglect.....	11%
Alzheimer/Dementia.....	6%
Economic Assistance.....	19%

APPENDIX F
MATERIALS DEVELOPED BY NHHFA
FOR THE AOA PROJECT

TABLE OF CONTENTS

	<u>Page</u>
List of Advisory Committee Members	F-1
Quarterly Service Coordination Report	F-2
Article on Service Coordination	F-4

* See the Project Briefs included in this report for information on other materials developed by NHHFA and how to order copies.

AOA ADVISORY COMMITTEE

The purpose of establishing an advisory committee under the AoA grant for Supportive Services in Senior Housing is to develop a plan to work toward further integration of support services and Federally assisted housing for seniors.

The advisory committee is composed of representatives of agencies involved in providing support services or housing on a statewide basis.

Committee Members:

Jim Barry - Housing and Urban Development

Tyler Brown or Virginia Vidavar - Home Health Care and Community Services, Inc.

Dick Chevrefils - New Hampshire Division of Elderly and Adult Services

Judy Cleveland - Retired Senior Volunteer Program

Marion Dolan - Heritage Home Health

Lee Harvey - American Association of Retired Persons

Curt Hiebert - New Hampshire Association of Housing Authorities

Michael Hill - New Hampshire Hospital Association

Claira Monier - New Hampshire Housing Finance Authority

Christopher Morgan - NH Public Transportation Bureau

Bernice Murray - Farmers Home Administration

Eleanor Robinson - New Hampshire Division of Public Health Services

David Siress - Crotched Mountain Community Care, Inc.

NEW HAMPSHIRE HOUSING FINANCE AUTHORITY
QUARTERLY SERVICE COORDINATION REPORT

Development(s): _____ Quarter Dates: _____

Service Coordinator: _____ # of SC hours per week: _____

Services to Individuals

	<u># of residents served</u>	<u># of hours/units</u>	<u># of SC hours</u>
Coordination of:			
Homemaker/Chore	_____	_____	_____
Transportation	_____	_____	_____
Meals	_____	_____	_____
Personal Care	_____	_____	_____
Financial Assist	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total unduplicated count:	_____	_____	_____

Services for Residential Community

<u>Type of Activity</u>	<u># of Activities</u>	<u>SC Time Spent</u>
Social/Recreational Activities	_____	_____
Health Related Programs/Events	_____	_____
Educational Programs/Events	_____	_____
_____	_____	_____
_____	_____	_____

OVER

Networking/Brokering

Type of Community Agency (Check all those you worked with during this quarter.)

<input type="checkbox"/> Home Care/VNA	<input type="checkbox"/> Disabilities Services	<input type="checkbox"/> Mental Health Provider
<input type="checkbox"/> Hospital	<input type="checkbox"/> Churches	_____
<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Volunteer Groups	_____
<input type="checkbox"/> Sheltered Care	<input type="checkbox"/> Division of Human Services	_____

Total # of SC hours: _____

Marketing Activities (Check all that apply for this quarter.)

<input type="checkbox"/> Newsletter	<input type="checkbox"/> Public Speaking	<input type="checkbox"/> Newspaper Article
<input type="checkbox"/> Program Calendar	<input type="checkbox"/> Special Event (List)	_____
<input type="checkbox"/> Flyers	_____	_____

Total # of SC hours: _____

Program Administration (travel, training, recordkeeping, etc.) - Total # of SC hours: _____

Successes - Brief summary of the high points of this quarter. Use additional pages if necessary.

Problems Encountered - Brief summary of problems and resolution or current status. Use additional pages as necessary.

Caring for Our ELDERLY

SELF-RELIANT SENIORS

SERVICE COORDINATORS, MAKING A DIFFERENCE

BY LYNN GREENLEAF

Over the last two years, the recognition of service coordination as an important service for residents of senior housing complexes has grown throughout the assisted-housing industry.

Recent research involving 20 senior complexes in New Hampshire, done by the New Hampshire Housing Finance Authority, showed that almost 80 percent of residents surveyed need help with at least one task of daily living. Tasks in which assistance is needed include housekeeping, transportation, shopping and personal care.

When residents of senior housing complexes are not able to get their basic needs met, problems can arise, not only for the resident, but also for family, friends and complex managers.

For example, Eve had lived in the same senior housing complex for over eight years. She was 69 when she first moved there and became ac-

retary of the tenant association. Over the past two years, however, Eve slowly disappeared from the social life at the complex, rarely coming out of her apartment and not letting anyone come in to visit.

No one seemed to know what had happened to Eve. Family, although concerned, lived too far away to visit regularly and were unaware of the dramatic change. Friends, discouraged after having their invitations continually refused, had stopped calling. The manager was not aware anything was wrong until his annual inspections revealed that Eve was no longer able to handle her household chores.

Luckily for Eve, a service coordinator had recently been hired at the housing complex and was able to assist her in finding help. The coordinator talked with Eve about her growing medical problems and Eve's fear that she would no

Continued to

COORDINATORS

longer be able to stay in her apartment. The coordinator gave Eve the names of local homemaker agencies and helped her contact them and arrange for help. The coordinator also followed up on a regular basis to make sure Eve was receiving the help she needed. With this major concern taken care of, Eve was able to enjoy her friends and become involved in the community again.

In addition to assisting individuals in meeting their personal needs, coordinators address the social and recreational needs of the senior community, mobilizing residents to become involved in activities. Coordinators are also a vital link in connecting the residential community to the larger community. Through networking, the coordinator locates services for residents and finds outlets for the many talents of the seniors.

A few of the many benefits of providing service coordination to residents of senior housing include decreased feelings of isolation, increased self-esteem, avoidance of premature institutionalization, and an increase in the safety of residents as their need for assistance is more quickly recognized and addressed.

All of these factors have been found to have a positive effect on physical and mental well-

Continued from page 14



Beth Morrison (rt.), service coordinator, helps senior housing residents identify community resources.

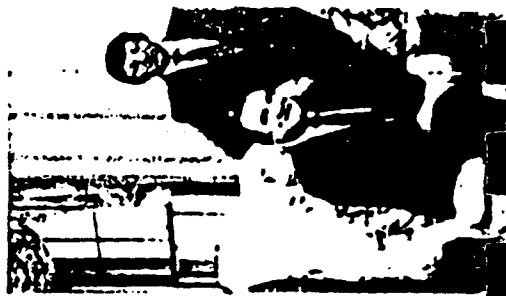
being. In fact, a recent study done at the University of Missouri-Columbia School of Medicine found that regardless of health problems, people who have formal social networks are more likely to remain independent and survive longer.


Service coordination programs are consumer-driven and empower senior residents to make their own choices and take care of themselves. The focus is on assuring basic physical needs are met and attending to emotional factors affecting the seniors' quality of life.

Lynn Greenleaf is director of Supportive Services for N.H. Housing Finance Authority, Bedford, N.H.



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