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Minutes of the Commission Meeting Held on July 26, 2018 In the Stone Building 33 New York Avenue, Oak Bluffs, MA

IN ATTENDANCE

Commissioners: (P= Present; A= Appointed; E= Elected)

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| P Gail Barmakian (A-Oak Bluffs) | - Michael Kim (A-Governor; non-voting) |
| P Tripp Barnes (E-Tisbury) | P Joan Malkin (A-Chilmark) |
| P Leon Brathwaite (A-County) | P Katherine Newman (A-Aquinnah) |
| P Christina Brown (E-Edgartown) | - Ben Robinson (A-Tisbury) |
| - Peter Connell (A-Governor; non-voting) | - Doug Sederholm (E-West Tisbury) |
| P Robert Doyle (E-Chilmark) | P Linda Sibley (E-West Tisbury) |
| P Josh Goldstein (E-Tisbury) | P Ernie Thomas (A-West Tisbury) |
| P Fred Hancock (E-Oak Bluffs) | - Richard Toole (E-Oak Bluffs) |
| - James Joyce (A-Edgartown) | P James Vercruysse (E-Aquinnah) |

Staff: Adam Turner (Executive Director), Christine Flynn (Economic Development and Affordable Housing Planner), Dan Doyle (Regional Planner).

Chairman James Vercruysse called the meeting to order at 7:00 p.m. and reminded the Commissioners to submit their nomination papers for the fall election.

1. LONG TERM ELDER CARE DISCUSSION

Commissioners Present: G. Barmakian, T. Barnes, L. Brathwaite, C. Brown, R. Doyle, J. Goldstein, F. Hancock, J. Malkin, K. Newman, L. Sibley, E. Thomas, J. Vercruysse.

Presenters: Patty Moore, Peter Temple

1.1 Staff Presentation

Adam Turner presented the following:

- This is a planning meeting with the Healthy Aging Task Force. It is not a public hearing for next week hospital's DRI, so please ask your questions within that framework.
- The Council on Aging will present at another time.
- He reviewed the population by age group that was developed by the Donohue Institute.
- There is a lot of growth from age 55-85 from 2010 to 2015.
- The working age component is trending down.
- The future population trends show the permanent number of people on the Island by their age range.
- Population by age group shows that children are relatively flat, we are losing the working age range and the most growth on the Island is the elders.
 - **Linda Sibley** asked if in the diminishing working age group is it fewer people working here or they can't work here.
 - **Adam Turner** said he did not look at that but there is a work/housing issue. But you can still see there is a growth in the elder age range.

- Our projection is that the population by age is very similar to the State.
- 2015 population projections by age were shown for each town on the Island.
 - Percentage by Town over 80 and above:
 - Aquinnah 14%
 - Chilmark 20%
 - Edgartown 12%
 - Oak Bluffs 22%
 - Tisbury 15%
 - West Tisbury 11%
- We are growing in the over 65 to 80 category.
- A survey was done of 2,000 Island people over the age 65 and 43 % earn less than \$50,000 annually and 30 % live alone.
- Vulnerability factors include; older age, lower income, living alone, limited mobility, limited ability to work, limited ability to live independently, falls in the last year, no/not sure about availability of short term help and no/not sure about availability of long term help.
- 35% of residents over age 65 live alone in Tisbury.
- 1 in 3 persons island wide has fallen in the past year.
- Most people receive care on island for primary care and dentistry. The lack of geriatric dentistry on the Island is a huge issue.
- The survey asked how important it was for the respondents to stay on the Vineyard as they age:
 - 78% said it was very important.
 - 19% said it was somewhat important.
 - 3% said it was not important.
- The survey also asked about the extent to which respondents agreed with the following statements.
 - “The Vineyard is a great place for people to live as they are aging.”
 - 47% agree strongly.
 - 47% agree somewhat.
 - “The Vineyard community value the opinions and thought of older adults.”
 - 37% agree strongly.
 - 57% agree somewhat.
 - Most people really want to stay on the Island but it is getting harder to do so.
- Where respondents of the survey live and the housing type was reviewed.
 - Live on island 12 months/year 87%.
 - Live on island more than 6 months/year 13%.
 - Single family home 90%.
 - Own their residence 88%.
 - Most seniors own their home and there are few rental options.
- Most seniors do not want to move to a new home in the next year or two (88%).
- Only 11% of all survey respondents use the Senior Centers often, 39 % use them occasionally and 50% never use them. The use of the centers is up from past data.
- The Senior Centers are trying to do more than they did in the past. They are becoming more of a community center.
- Seniors require different types of transportation and Uber and other transportation options are increasing.
- The findings of the survey are:
 - 1 in 5 residents are over 65 and 1 in 20 are over 80.

- In 20 years almost 1 in 3 will be over 65.
- In 20 years 1 in 10 will be over 80.
- People want to live on island but it is becoming harder to do so.
- There are more people living alone.
- Costs for services are increasing; towns and others are working harder to provide services such as meals, nursing care and life care.
- Elders require primary care doctors and dental care. Increasing numbers are forced off island to receive the care they need.
- Transportation options are increasing.

1.2 Healthy Aging MV Presentation

Patty Moore presented the following:

- Previously we were the MV Healthy Aging Task Force and we are now called Healthy Aging MV.
- She thanked the MVC for the opportunity to present and the decision to embrace social planning.
- The MVC made the decision to focus initially on demographic changes in the elder population on the Island and the MVC analysis of the HA Senior Survey is invaluable.
- We are great believers in data driven decisions.
- She thanked the MVC's willingness to work with their organization and also to then partner with MVCS in a new relationship to build a strong community wide structure.
- We began as a task force in 2013 as a sub-committee of DCHC with a coordinating committee.
- In 2013 we asked Rural Scholar from UMass Medical School to look at the growth of the aging population.
- In 2015 we had a meeting to present findings and developed groups to work on various issues.
- Goals were gradually established:
 - Identify what elders need in the future and organize ways to provide.
 - Strengthen existing agencies to the greatest extent possible and not to compete for resources with programs.
 - Convene coalitions of individuals and organizations to get the work done.
 - Collaborate with State and National leaders to find the best practices, the best rural models and the best system approaches.
- In 2014 we launched the first comprehensive website and it was supported by the Towns to initiate My Senior Centers for the four Councils on Aging.
- In 2015 we conducted the Senior Survey.
- In 2016 we joined the World Health Organization and AARP healthy aging movement and formed the Oversight Committee which consists of the four Directors of the COAs, a selectmen from each Town, a representative from the MVC and the Hospital and representatives from the community.
- There are three primary roles of the Healthy Aging MV:
 - Strategist and Planner; lead elder needs community wide planning (includes building a common understanding, then guiding implementation of strategic priorities/activities).
 - Community Builder; engage stakeholders to increase partners involved in the work, facilitate partner's coordination/collaboration and align HAMV's efforts with others on the Island.
 - Advocate; to be useful for this population and build capacity so elders can advocate for themselves and build political will to make social, economic and political changes.
- The new structure of HAMV was reviewed.

- The MVC has agreed to provide data/research, conduct policy analysis, champion aging as an island wide issue and provides grant writing support.
- We have recently signed a three way Memorandum of Understanding with MVCS and they have agreed to manage back office functions (e.g. payroll and reporting), provide website and other communication support and support outreach efforts.
- For the first time we will have a full time staff person.

Peter Temple presented the following:

- He is the Executive Director of the Donor Collaborative and part of their effort is to create collaboration and partnerships on the Island.
- With the population data we also look at immigration and the Island has one of the largest numbers of immigrants in the State.
- We are living longer and as we get older we have more diseases and chronic illness and find we need long term care.
- 97% say that it is very or somewhat important to them to stay on the Vineyard as they age. But the Island becomes a harder place to live as you age. For those on low income it is especially hard.
- Loneliness can increase the risk of early death by 14% so elders need to get out of their homes and engage in the community.
- The Island transportation and infrastructure is not friendly to those who don't drive.
- Aging in the Community issues include:
 - Extreme loneliness can increase the risk of early death by 14%.
 - Elders need to stay involved/engaged in the community and take advantage of the wealth of Island programs.
 - Many homes are isolated/rural with transportation and pedestrian infrastructure ill-suited to non-drivers.
 - There is a shortage of specialists on Island so it is difficult and expensive for frail elders to get to necessary medical care.
 - There is a shortage of access to primary care physicians (15% off island).
 - There is a shortage of dental care access especially if on Medicaid (25% off island and 8% none).
 - The hospital has needed to move to a more patient centered, coordinated and comprehensive care model that is widely accepted off island. The hospital recently announced it will move toward the hospital home model to help reduce cost and improve efficiency.
 - Many elders depend on family caregivers. It is a tremendous burden (time, money and emotion) on family members. They need information on services, respite and expanded adult daycare.
 - Many don't have friends or family to care for them (56%).
 - There is a shortage of and a long wait list for affordable elder housing (IEH).
 - Houses are not designed for frail elders and therefore there is a risk of falls.
 - The housing stock is bigger and more expensive than the aging boomers can afford and there are no downsizing options. There is a need for affordable rental housing and elder housing in general.
 - The Island lacks many housing and care options that are available off island.
 - There is a shortage of assisted living on island (only 14 units of private pay).
 - There is no licensed Memory Care for those with moderate levels.
 - There is no affordable assisted living or Memory Care for those on Medicaid.

- Windemere (a skilled nursing facility) is full and operates at a loss and is not sustainable and is an old model. Elders don't want an institutional setting. Other options are available off island. They are not private and four people share one bathroom.
- There is no independent elder living (market rate downsizing) which would also affect service options for the occupants.
- There is no continuing care facility.
- Long term care is expensive and we need to understand the data. Elder households 65+ and in good health were reviewed by income bracket/security index. Elder households less than the economic security index amounts may be forced to go without or make difficult choices among basic needs such as nutritious foods, prescription medication or adequate heating or cooling.
- 87% of our 65+ households are homeowners and 77% are couples.
- Income by age group was reviewed and the average age of a person in assisted living is 85 to 87.
- The data also shows that the 2015 median household income is \$69,385 for the Island but by the age of 85 the income is significantly down (\$25,085). 30% of elders 65+ earn less than \$25,000/year and 50% are living at or below the security index.
- Long term care provides services and support.
 - Continuum of care, a huge range of services for people with limited activities of daily living (ADL).
 - Amount and type of care needed changes as disabilities/chronic disease increase/develop and the number of limited ADLS increases.
 - Provided in the home or if needed in a facility.
 - Includes home nursing care, home health care and home making care. Does not include additional home services i.e. maintenance of the home and the need to figure out how to meet this need.
 - Provided by family/friends or paid caregivers.
 - Assisted living, Memory care and skilled nursing facilities are licensed to provide different levels of care.
 - Another level of skilled nursing is called rest home and it is a level four. It is a specialized group that has additional needs other than assisted living. This is what Wildflower Court was.
- Who will need long term care:
 - 70% of people who reach age 65 will need long term care. Elders currently average three years of care.
 - 43% of people over 85 will develop Alzheimer's or some form of dementia which average 6-8 years of care.
 - Elders today want more and better services, facilities and dignity.
 - They want to stay in their homes and community as long as possible.
- Long term care costs (2015 rates):
 - Assisted living \$6,500/mth and requires an income of \$92,000.
 - This is out of reach for more than 86% of Islanders who are 85+.
 - There is no affordable or Medicaid supported assisted living facility on the Island and due to the low reimbursement rate most assisted living won't accept any Medicaid residents or just a few.
 - Memory Care is specialized assisted living and is \$8,500 and is out of reach of even more elders (no Medicaid or just a few).
 - A skilled nursing facility is \$12,800/mth. But Medicaid makes a skilled nursing facility affordable for the vast majority of Islanders who need that level of care. Medicaid

reimbursement rate is below cost. The payer mix is important and is critical to the facilities profitability.

- Home Care is still expensive.
 - At \$30/hr. for a home health aide (CAN) for just 8 hours a day for 5 days per week costs \$62,400.
 - Would put over 86% of Vineyarders 85+ well below their economic security index (before taxes, workers comp etc.)
 - Many people will need 24/7 care at some point which is obviously prohibitively expensive.
 - Medicaid provides homecare for those under \$15,000 or if they qualify for the “Frail Elder Waiver” \$27,000. Up to 24/7 if required and available.
 - Community issue; how to help a large middle income group, many without family.

1.3 Green House Feasibility Study

Peter Temple presented the following:

- Five to six years ago we started looking at the Green House homes to see if they could work on the Vineyard.
- We hired a consulting firm to do the study and the study will help prove to the State that there is a demand.
- This was done independently from the hospital but they did help to provide us with cost data provided that we did not compete with them.
- Green House homes include.
 - Homes with 10-12 elders each.
 - They feel and look homelike.
 - They have private rooms with private bathrooms.
 - It is an innovative model of care, Shahbazim.
 - Residents decide on the meals and they are home cooked.
 - There are no drug carts.
 - They have self-directed teams.
 - It is an empowered staffing model.
- Green house research showed the following.
 - Residents and family satisfaction with improved quality of resident life, quality of care and family satisfaction.
 - Engagement and quality of care; higher direct care time and the research shows the average patient gets 1.72 hours/day of extra time, increased engagement with elders and improved care outcomes.
 - There is improved staff satisfaction and less job related stress.
- Photos of a Green House community in Rhode Island were reviewed; exterior and interior.
- There is a need on the Island for assisted living and the additional beds needed are 15-18 private pay beds and 8-9 Medicaid beds.
- There is a need on the Island for Memory Care; 11-13 private pay beds.
- We looked into building two 12 bedroom homes, one for assisted living and one for memory care. The net operating income is \$62,620/yr and the estimated development cost is \$8.5 million.
- Assisted Living and Memory Care Financial Analysis.
 - There are community implications.
 - Only 2 of 24 Medicaid residents for finances work.

- Would not support any debt so all capital would need to be raised from other sources.
 - Need to find free land and an operator/developer.
 - The Medicaid reimbursement rate is so low that private pay subsidizes only a small percentage of low income residents.
 - Need to find a way to lower cost of/subsidize of this level of care and probably need to do more at home care rather than at a facility for low and middle income elders.
- Skilled Nursing Market and Financial Analysis.
 - Market demand supports 72 beds.
 - Would need six 12 bedroom homes.
 - The payer mix equals 78% Medicaid, 19% Private Pay and 3% Medicare.
 - NOI is \$765,256.
 - Capital Costs are \$29.5 million, supports \$10.7 million in debt.
 - Community Implications.
 - Meets Medicaid/affordable need.
 - Need to find free land, \$18.8 million of capital.
 - Plan for expansion.
 - And there is a workforce housing issue.
 - 2015 Traveler mix for 72 beds.
 - NOI \$765,256.
 - Housing costs \$10,928/mth.
 - 2017 Traveler mix (60+% of those working at Windemere were Traveler workers and now it is almost 80%) for 72 beds.
 - NOI \$185,249.
 - Housing costs \$25,413/mth.
 - Community implications are if we are going to meet the community's elder care needs whether at Windemere or for people at home the Island needs sufficient affordable workforce housing.
- Possible Next Steps.
 - Navigator Elder Homes of New England have just started building Green House Homes on Cape Cod and Renee Lohman is very interested in helping us on the Vineyard.
 - We are positioned to partner with Windemere and the MV Hospital to provide solutions to expanding elder housing options on the Island and MV Hospital is very interested.
 - We are working with Navigator and doing additional research for assisted living and memory care and are investigating other models such as home based care (e.g. PACE). The good news is that there are some possibilities out there.
 - Long term care at home; new models of service are being looked at, we are researching models for subsidizing middle income home care and looking to create more housing options for low income elders who qualify for services (frail elder waiver and HUD or rental vouchers).
 - We should try to expand Island elderly housing and Aidylberg Village and Woodside Village are looking to do that.
 - Across the board we will work with the housing community and employers to address the workforce housing issue (for facilities and homecare) and create more affordable housing options for elders.
 - The biggest challenge is to find people with the skills and willingness to do these important but difficult jobs.

1.4 Commissioners' Questions

Katherine Newman said you were talking about the hospital developing more in home care but you said they needed more space can you clarify that. **Peter Temple** said you need to have a team to meet and work together. **Denise Schepici**, CEO of the MV Hospital said the space is needed for the setup at the hospital for the primary care model. We are accredited in our practice for team based care at the hospital.

There was a discussion about the Green House model.

- **Katherine Newman** asked if the new model is the Green House facility.
- **Peter Temple** said it is.
- **Linda Sibley** said with the Green House model would there be workforce housing within the facility. But regardless what are the zoning issues.
- **Peter Temple** said until the land is identified it is hard to state as it would be by each town's zoning.
- **James Vercruyse** said if it is not for profit does that mean tax exempt with regards to taxes.
- **Peter Temple** said it is but there could be agreements with the Towns.
- **Linda Sibley** said there would have to be zoning permissions for such a project.
- **Adam Turner** said permitting for all of this would have to be done and coordinated.
- **Robert Doyle** said where Vineyard Village at Home fits into this.
- **Peter Temple** said this is a paid model and it has been successful. They get a certain amount of transportation and home maintenance services but you pay for it. You would have to build this up. The last we spoke the Vineyard Village at Home program was at capacity and we need to find a way to expand and subsidize it or perhaps do this through the COAs. How do we develop a system to recruit people and find volunteers? And that is a cross Island issue for all programs
- **Patty Moore** said we looked at a time bank, you put in hours and then later take it out for yourself but it is extensive record keeping.

Trip Barnes said in 2035 there will be 18,000 people in the older age range but he believes it will be more. The summer people will retire here also and they are not counted in the data. Longhill was a wonderful place (his Mom was there). The work for development of the green model could be funneled in a different direction since \$8.5 million seems to be a pie in the sky. We are at a stage now that with families and children it won't work. But Healthy Aging MV is a wonderful thing and he thanked Patty Moore.

Peter Temple said six new couples retired to Aquinnah and 12 new people are a lot for Aquinnah. He agrees with Trip Barnes that the numbers of the aging population will be higher and we don't know much about the Brazilian population and that also needs to be looked at.

Katherine Newman said you talked about Travelers as one of the solutions for workers and it that going forward as well. **Peter Temple** said it is the solution now but it is not sustainable for the future.

Leon Brathwaite asked if they looked at the model where family or a couple could move in with the senior. **Peter Temple** said most towns now have accessory apartment bylaws and home sharing is a program we are looking at next. There are insurance and liability questions for that so we are looking at this as to how to adapt to the Vineyard. Co-housing is a private pay program.

Adam Turner said he felt this presentation was needed. It is an issue that we will see more of. Renee Lohman is the CEO from Navigator Elder Homes of New England and we are lucky we have a developer working with us who understands the Green House model. He thanked Patty Moore for her leadership and energy. We are now in a better position to have a discussion with the hospital on where they are going.

370 James Vercruyse, Chairman, thanked everyone for the presentation this evening.

371 **2. NEW BUSINESS**

372 Commissioners Present: G. Barmakian, T. Barnes, L. Brathwaite, C. Brown, R. Doyle, J. Goldstein,
373 F. Hancock, J. Malkin, K. Newman, L. Sibley, E. Thomas, J. Vercruyse.

374 **2.1 Executive Director's Report**

375 Adam Turner said the meeting schedule is August 2, 2018 is for the Hospital and it being held at the Oak
376 Bluffs Fire Station meeting room. The following meeting will be on August 23, 2018.

377 **2.2 Commissioner's Discussion**

378 Linda Sibley said the question was raised on whether the projections for the population on the Vineyard
379 are realistic. Not every community faces a retiring seasonal population. We often have data from the
380 Federal and State that does not apply to us on the Island. Can we look at ways to remedy that?

381 Leon Brathwaite said when he was working with Peter Temple he had each of the Town Clerks send him
382 the street listing and he was able to have better data.

383 Adam Turner said the numbers we showed even if conservative are pretty bad. We have the street lists
384 so perhaps can use that data.

385 Gail Barmakian asked if we looked at the numbers from ten years ago to look at the accuracy of the
386 data.

387 Fred Hancock said the Donohue Institute numbers are actuarial facts to project how many people will
388 potentially retire here and how can you determine that.

389 Adam Turner said the Donohue Institute numbers are the previous trend and it is used to look forward.
390 So you are right, these projections need to be looked at every five years.

391 Dan Doyle said next month staff is having discussions with the Donohue Institute staff to see how data
392 can be better and the permanent traffic counters will get us better data.

393 Christine Flynn said she and BU have been working with Donohue UMass and the State is becoming
394 more aware of the challenges to quantify accurate projections for the Island and they are starting to
395 accommodate that into the model as well. By providing the Street List data pushes them to look at our
396 numbers and hopefully make the changes that are needed. We are collecting more local data to back
397 those numbers.

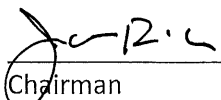
398 The meeting was adjourned at 8:45 p.m.

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400 **DOCUMENTS REFERRED TO DURING THE MEETING**

- 401 • Population Analysis Dated 7/26/2018
402 • Healthy Aging Martha's Vineyard presentation, July 26, 2018

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406 Chairman

11.15.2018

Date

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409 Clerk-Treasurer

15 NOV 2018

Date