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

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

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Background
In 2009, the Cathedral Square Corporation partnered with community provider organizations* to design a model for in-home services and support known as Seniors Aging Safely at Home (SASH). This comprehensive program, implemented at Heavenly Senior Housing in the New North End of Burlington, VT, combines health support, education, and social activities to create a safe and fulfilling environment for participants. Cathedral Square plans to extend their SASH program to New North End (NNE) seniors residing in their own homes. However, the current and future needs of the NNE senior population (defined here as individuals age 50 and older) are not well known.

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

NORCs are communities in which the population has aged in place, resulting in a high proportion of seniors living in one area. Neighborhoods with this dynamic have begun to organize programs which provide a variety of services to seniors, including yard-work, educational workshops, social opportunities, and access to health care services. Village models are similar, but tend to be designed more intentionally as senior-supporting neighborhoods rather than arising naturally as the local population ages. By looking into current community models and by investigating the needs of the NNE senior population, Cathedral Square will be further equipped to offer important services to those who are interested.

Methods
Data collection was divided among the following:
- Survey distributed to Burlington’s NNE residents ≥ age 50
- Personal interviews conducted with local health providers
- Personal interviews with senior community members

SURVEY DESIGN
- 41 questions
- Assembled demographics, current lifestyle, and desire/need for assistance
- Based on suggestions found at www.norcblueprint.org

Interviewed in two ways:
1) By hand:
- 108 surveys fully completed at a local pharmacy, recreation center, church, senior center (each with drop boxes for completion of completed surveys), or distributed to voters on voting day
2) By third party distribution:
- 4 electronic surveys emailed by request
- 29 distributed to Meals on Wheels participants
- 50 surveys distributed by an active community senior

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

Results

Senior Interest in Specific Services

<table>
<thead>
<tr>
<th>Service</th>
<th>NNE Frequency (%)</th>
<th>Community Frequency (%)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adequate Exercise options</td>
<td>70 (92%)</td>
<td>78 (94%)</td>
<td>0.15</td>
</tr>
<tr>
<td>Adequate post-hospital care</td>
<td>60 (80%)</td>
<td>70 (87%)</td>
<td>0.25</td>
</tr>
<tr>
<td>Adequate help with shopping</td>
<td>5 (6%)</td>
<td>12 (15%)</td>
<td>0.01</td>
</tr>
<tr>
<td>Adequate help with yard-work</td>
<td>10 (13%)</td>
<td>17 (21%)</td>
<td>0.11</td>
</tr>
<tr>
<td>Adequate help with meal prep</td>
<td>6 (8%)</td>
<td>8 (10%)</td>
<td>0.26</td>
</tr>
<tr>
<td>Adequate support in close prox.</td>
<td>71 (91%)</td>
<td>81 (97%)</td>
<td>0.12</td>
</tr>
<tr>
<td>Interest in Workshops</td>
<td>30 (41%)</td>
<td>45 (55%)</td>
<td>0.25</td>
</tr>
<tr>
<td>Expect Future Challenges</td>
<td>29 (41%)</td>
<td>35 (42%)</td>
<td>0.39</td>
</tr>
<tr>
<td>Need help with shopping</td>
<td>9 (12%)</td>
<td>11 (14%)</td>
<td>0.57</td>
</tr>
<tr>
<td>Need help with yard-work</td>
<td>7 (10%)</td>
<td>9 (12%)</td>
<td>0.65</td>
</tr>
</tbody>
</table>

Survey Question: Do you have a 1) by hand, 2) via email, 3) at a local pharmacy, 4) by phone, 5) in-person, 6) by mail, 7) through a drop box? The p-values were calculated using Chi-square.

**Chi-Square Tests Done:** Proximity of Support and Interest in SASH had no association ($X^2 = 4.61, DF = 7, p > 0.7$)

Discussion

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

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

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

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