

# **Portuguese Elders' Needs Assessment 2000**

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**Portuguese Area Studies  
Middlesex Community College**

*prepared for the*

**Massachusetts Alliance of Portuguese Speakers**

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# Elder Needs' Assessment Project 2000

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## Preface

This report is a Needs Assessment of Portuguese elders living in the Lowell area. Broken down into five sections, the assessment will assist MAPS and its committee members in determining how to better meet the needs of Portuguese elders. Rather than limiting this project to a survey, it was necessary to research a breadth of programs and services offered in the area, providing relevant data necessary for making recommendations. Contents include introduction and background, focus groups reports and analysis, area agency reports, survey results and concluding remarks. Additionally, the appendix provides a comprehensive contact list of area agencies, research on the aging population and the survey questionnaires. It is hoped that the content of this report will convince MAPS and committee members of the critical need to pursue the recommended action plan.



## Introduction and Background

The International Programs Department at Middlesex Community College (MCC) submitted a proposal to the Massachusetts Alliance of Portuguese Speakers (MAPS) in May 2000 for managing and implementing a Portuguese elder needs assessment in Lowell. The assessment was proposed to determine whether a Senior Center was required to meet the perceived needs of Portuguese elders. The mission for MCC's Portuguese Area Studies Director was to serve MAPS as an advocate of elder services and to foster the development of a comprehensive survey and analysis of Portuguese elders living in the Lowell area. The project encompassed participants from Lowell, Dracut and Tewksbury. Results from the analysis are to be used to decide if a Portuguese Senior Center is feasible and/or to determine how best to meet the needs of the Portuguese elder population.

To gather a breadth of information, three methods of research and data were obtained. The process included survey distribution, focus group discussions and personal interviews. Firstly, the surveys were two-fold: one survey targeted Portuguese elders above the age of 60 and a second survey targeted Portuguese speaking folks between the ages of 40-59. Several focus group discussions encompassed both working and non-working elders above the age of 60, as well as Portuguese individuals between the ages of 40 and 59. Lastly, interviews with directors, program managers and leaders at agencies serving seniors above the age of 60 were conducted to better understand existing services and programs.

Market research in the great Lowell area was also necessary to obtain a larger understanding of elder services and programs. This external market analysis was necessary for providing more conclusive remarks, recommendations and action plan. Much of this information was obtained through personal and telephone interviews. Additionally, some research on the aging population and quality of life was gathered to provide further insight.

The project was awarded in July and completed in December 2000. During the summer months, two college students were hired to assist the Project Director with the development of the survey and translation. The students also helped with approximately 15% distribution and retrieval of the completed survey. Portuguese volunteers in the community assisted with approximately 80% of distribution and retrieval of completed surveys. The Project Director took full responsibility to manage and coordinate all other activities, including focus groups, interviews, market research, administration, analysis, and written reports.

## **The Survey**

The design of the survey was simple, limiting the number of questions to approximately ten. Two surveys were created. The 60+ market survey was printed on yellow, while surveys for the 40-59 market were printed on white. Several meetings with members from MAPS and MCC's Portuguese Advisory Board were arranged to discuss the project and to review survey questions. Several revisions of the questions were made, based on input from committee meetings. The Project Director and two college students are responsible for producing the final version of the surveys.

The survey was printed in English on one side and Portuguese on the other. The students translated the survey into Portuguese, receiving input from MAPS and other Portuguese community members. Several discussions on how to phrase or word the questions were necessary for clarification, making certain each question was presented clearly and simply and directed toward a specific objective. There were some disagreements as to how to write certain words in Portuguese, based on different upbringings and Portuguese language exposure. This was good to hear the varying perspectives, meaning that language can be perceived in several ways. But it also facilitated the use of simple, descriptive language.

Printing the survey in two languages allowed us to obtain a number of responses to reflect the Portuguese-speaking population. The number of answers in English gives us an understanding of those familiar and comfortable with this language. It does not tell us these people are fluent in the English language. Nor do the responses in Portuguese indicate the number of those fluent in Portuguese.

Portuguese versus English speaking responses will be compared, assessing each question for obvious differences. These differences, or similarities, allow us to reach Portuguese elders with more effectiveness.

### *The 60+ Survey*

Half of the questions were directed at understanding the demographics and lifestyles of the target market, while remaining questions asked specific social and recreational interests. In the interest of the MAPS committee, several questions provided information on health related or assisted living requirements. It was important to also assess transportation in question seven, while language needs were determined through questions nine and ten, in addition to the survey being completed in English or Portuguese. One open-ended question was used to determine if there was one or two overwhelming responses to a type of assistance greatly needed (question eleven).

Questions asked participants how involved they were in the community, whether they volunteer or work. This allows us to understand what population is active in the community, but also helps determine what percentage potentially would need to be

encouraged to become active. Question seven, for example, asked persons about their chosen methods of transportation; however, it also offered a "do not travel much from the home" option. Under the assumption that many do not leave their home, we will better understand what percentage stays home.

Questions asking responders to check activities was placed on the survey to better understand some of the top program ideas for a potential senior center. Under the assumption that a Senior Center is desired, MAPS would need to develop social and recreational programming. The answers to these questions, numbers eight and nine, help MAPS to better prioritize activities that meet the interests of the Portuguese population.

### *The 40-59 Survey*

This survey was used to support the 60+ responses. It was important to keep questions relatively similar, so that the responses from the younger population and the older population could be compared. Questions on types of assistance, types of activities, types of organizations and types of services will further portray some of the actual needs of Portuguese elders above the age of sixty.

Question two was designed to understand where responders' parents lived. We assume that the responders did not necessarily have parents who completed the 60+ survey and therefore get a larger sample of opinion with regard to social and recreational activities desired. It is important to realize that responses from the 40-59 group do not necessarily reflect the desires of the 60+. However, if similarities appear across the board, we can assume the response reflects a priority, and attention should be given to this need.

Under the assumption that elders respond hesitantly to questions on types of assistance they receive, asking the younger population what assistance they receive helps to clarify the responses and determine any discrepancies. It is assumed the children of Portuguese elders view the situation differently and thus we will be able to compare responses from both surveys. Understanding the level of assistance received or not received, MAPS will be able to prioritize those needs and devise programming to meet those interests.

Questions four and five ask for the activities elders want. Once again, we will examine the interests of the younger Portuguese population as opposed to the elder population, determining top interests and helping MAPS prioritize Senior Center programs.

Because it was in the general opinion that Portuguese speaking elders do not necessarily understand what a Senior Center is, it was decided that those words would not go on the 60+ survey. However, asking the younger population what type of organization was preferred allowed us to determine that preference in question number seven, "What type of organization is needed to meet the social and recreational needs of Portuguese elders". Question number seven was also a lead-in question to number eight, hoping we would find a majority answer, "Senior Center". Results will prove or disprove this hypothesis.

## **The Focus Group and Personal Interviews**

Three focus groups were arranged with Portuguese seniors above the age of 60 and folks between the ages of 40-59. Four to eight persons were invited to attend the 1½ hour meeting to discuss Portuguese elder needs and the possibility of creating an organization to meet those needs. Two interviews with the 60+ group were originally made, but one was cancelled due to a medical emergency. When rescheduled, only one participant showed; thus turning it into a personal interview. Two focus groups with the 40-59 population were also arranged, one at MC and one at Advanced Polymers.

Questions asked of the elder population were less directed than the questions asked within the 40-59 groups. The purpose in this was to get elders to openly discuss the quality of programs they were currently involved in or not involved in. More direct questioning concerning Portuguese elders transpired, allowing in depth conversation on personal perspectives and issues. All groups were probed to respond if a Senior Center was appropriate.

The focus group discussions were primarily arranged to observe the group's interaction when members openly discussed needs and services for Portuguese elder population. Reaction to the possibility of a Senior Center was also important to observe. Questions were open-ended and participants were expected to provide further information based on personal experiences and emotions. By asking open-ended questions, the facilitator was able to gain valuable market information on specific needs and wants of elders and their children.

It is in the interest of the Project Director to see a pattern evolve from group to group. Common responses are noted and similarities in interests and needs are also considered to be valuable in determining any action plan. This will be discussed in the concluding remarks of this project. Some of the questions asked were as follows:

What are some of the barriers you see in your elder community?  
Tell me about your parents (or elders you know) and their needs.  
Do any of you volunteer? What do you do?  
What kind of organization is required to meet the needs of elders?  
How do you envision a Senior Center for Portuguese elders?  
How familiar are you with programs or services offered at MAPS?  
What do you know about other area elder agency services?  
How familiar are you with Lowell's public transportation program?  
Would your parents use public transportation if they knew about it?  
Can you tell me something about the new Senior Center Proposal in the City of Lowell?



## **Personal Interviews and Telephone Interviews**

Personal interviews with community leaders in the industry were desired because it provided the Project Director with flexibility to permit more in-depth conversation, allowing the participant to disclose many personal views and issues. The perceptions of those interviewed are powerful tools in understanding some hard realities that exist in our communities. Interviews also allowed the Project Director an opportunity to observe the reactions of the respondent.

Interviews were necessary to learn about all the possible elder programs, services, and agency responsibilities that would ultimately help MAPS comprehend their market. These meetings provided valuable market data to provide MAPS with information for planning, developing and collaborating. Interviews with the Lowell Council on Aging, Dracut Seniors Center, Community Teamwork and community members of the Portuguese Community bestowed a breadth of information.

Telephone interviews were also necessary to reach out to a number of agencies. SAGE, Merrimack Valley Elder Services, AHEC, nursing homes, home care service providers, employment services, the Lowell Housing Authority are some. As part of the external market analysis, it was not necessary to meet with every agency. More importantly, the Project Director needed to gain an understanding of elder agencies and services to consider program or collaborative possibilities for MAPS. Several conversations with different employees in the same agency were made to justify or understand different opinions. This also helped to verify information.



## **Focus Group – *Folks 60+***

**Lowell Council on Aging**  
**Portuguese Outreach**  
Sally Correa and Maria Reis  
Smith Baker Center  
400 Merrimack Street, Lowell 01854  
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A focus group discussion was held at the Smith Baker Center to discuss current activities and coordination of senior social and recreational events. Four people over the age of 60 attended the meeting to openly discuss social and recreational activities for elders of Portuguese descent currently administered at the Lowell Council on Aging. Portuguese Outreach Coordinators, Sally Correa and Maria Reis, were present.

The activities offered through the Portuguese Outreach Coordinators include long trips, local excursions, monthly social meetings, weekly health clinics, and an annual Christmas party. Currently, the activities for Portuguese elders are independent from existing activities at the center. Therefore, elders are mostly segregated from the mainstreamed environment. There is minimal mingling amongst elders of varying nationalities due to language and cultural barriers. Events and activities for Portuguese elders are not held at the Smith Baker Center.

Long and short trips are arranged and managed by Sally and Maria. Sally typically works directly with the Yankee Bus Company to arrange long trips and excursions. She will rent and drive the Council on Aging van for short trips typically only during summer months. Sally primarily promotes the excursion, receives funds from participants to cover costs and hires Yankee Bus to chaperone anywhere from 25-60 people on long excursions. Maria will assist in making more connections with Portuguese speaking seniors.

Portuguese seniors who have the money will participate in long trips. Not everyone can afford to go on long trips, costing more than \$100 at times. The cost issue is real, and many Portuguese elders do not participate in any excursions due to limited income. There is a general consensus that more Portuguese elders would participate if money became available to support trips. This year, Yankee Bus will take seniors to Daytona Beach for a week in March. In December, the group went to New York to see a holiday performance.

Monthly socials and weekly clinics are held at St. Anthony's church hall, accessible for many Portuguese speaking seniors. During monthly socials, Portuguese seniors join together to socialize, to play cards, to tell jokes and to eat lunch. People will bring food items, a social "Pot Luck" at times, and it will last two to four hours. Typically, there is a

volunteer speaker that addresses the audience on a subject of interest: citizenship, senior pharmacy, etc. These events are scheduled eight or nine times during the year and are typically held on a Wednesday. Arthur Ramalho, Director for the Council, has frequently donated side dishes, such as potato salad, to these events.

Seniors look forward to the weekly clinics held each Tuesday for approximately two hours at the church hall, during which time a nurse addresses elder concerns and speaks on a particular subject. Occasionally, a speaker will be invited to talk about programs such as MassHealth. Twice each year, a diabetic clinic is also held.

Sally and Maria also coordinate a Christmas party each year for Portuguese seniors. The location is typically at area restaurants or a Portuguese club. It is a paid for event, including dinner, entertainment and gifts. This year's event included \$400 cash giveaways, donated by a very generous and kind community leader. Sally has coordinated the Christmas party for several years and looks for someone to help take over future holiday parties.

The amount of volunteer work Sally accomplishes is wearing on her. She has not wholeheartedly pursued a replacement, but has asked a few people to help. No one has stepped forward. When asked what would happen if Sally moved to Florida, one woman cried and others showed signs of dependency on her. The general consensus was that the programs would end if Sally were not available to coordinate these events and activities. However, the momentum for programming coordinated by Sally still exists. She suggested expanding programs to include more movie trips and long excursions. This is dependent upon support she is able to get from others and if she is capable of adding more responsibility to her already burdened schedule.

People are also dependent on Maria Reis for many things outside social and recreational events. People rely on Maria for interpretation, medical appointments, prescription refills and transportation. She will receive calls at the Council on Aging and throughout the day at home, and she will often hear the phone ring in the middle of the night. Her Portuguese is very good and people have become comfortable with Maria and her willingness to offer help. She enjoys helping, but knows it's a problem that so many are dependent on her.

Both money and human resources are barriers. People are not very willing to pay \$40-\$50 to hire someone to take them to doctors appointments. Portuguese speaking seniors are comfortable with Maria or a family member. They are reluctant to having someone they do not know take them to doctors' appointments or help to refill prescriptions.

Sally and Maria tend to operate separately from any other program and service offered in the City of Lowell. They work hard and recruit typically from nearly the same 40-80 seniors. They are very successful and do a fabulous job in serving a portion of the Portuguese speaking population. More people like them are needed.

All of the seniors I spoke with at the Council on Aging had only some knowledge of the services offered at MAPS. They were very aware of the citizenship efforts made last year and they were somewhat aware of the new computers. Seniors were not very aware of the new part time case manager. There is a general perception that MAPS is unable to provide immediately help. They did not think the part time help was very practical. They wanted to be able to walk in and get immediate assistance. Visits to MAPS in the past were not that successful because seniors were unreceptive to scheduling appointments and therefore reluctant to return to MAPS for assistance. However, people did mention and greatly appreciate the transportation they received in the past from Osvalda Rodrigues and the past support of Fernanda Medina and Gladys Picanso when they were employed there. This inconsistent response may suggest MAPS has the potential for providing adequate support structures to serve the elder population.

The women at this informal meeting agreed an independent senior center for the Portuguese was needed. They would prefer an operation similar to the Chelmsford Senior Center or the MAPS Senior Center located in Cambridge. They all had limited knowledge of the MAPS Senior Center, but had the vision for a place to convene and socialize, including a kitchen to cook meals of course. They felt that paying for services should not be a factor.

The ideal center, if built, would encompass a full range of free services; from social and recreational to health related support structures. To motivate people, the group felt food, raffles, entertainment, cards and knitting groups would attract seniors. If a center were opened in a convenient location, e.g. Back Central Street, people would eventually get out for a visit and become comfortable enough to participate regularly.

When asked about the new Council on Aging proposal, they had little response. Transportation appeared to be the major barrier as well as language. When told about the transportation improvement project and trolley system in the downtown area, the Portuguese felt some would use the system, but others would not. The awareness of such service was not well promoted within the Portuguese speaking community. Generally, it did not seem probable that Portuguese speaking seniors would mingle with the English speaking population. The unknown possibility of events for Portuguese speaking seniors at the Council on Aging would take excellent coordination with the staff of the Council, and would take a lot of effort to motivate and encourage Portuguese seniors to attend.

The location of an independent center pointed to MAPS. It is apparent that MAPS has limited space, yet these people had no other suggestions (except that the place should have a kitchen and serve a hot lunch each day). Everyone wanted a place that was accessible and within walking distance.

## Focus Groups - *Folks 40-59*

### Qualitronics, Inc.

Maria Costa

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Three individuals came to Middlesex Community College after work to informally discuss the needs of Portuguese speaking elders residing in the greater Lowell area. These women have parents living in the area and were very concerned about meeting their health needs. Several others at the company did not have the comfort level to attend the focus group, but many of them filled out surveys.

The group believes the city has limited or no resources for Portuguese elders, and the group mentioned that Portuguese elders are unaware of elder services the city offers. They also believe that most Portuguese elders, especially those who do not speak English, do not know where to turn. If they have an idea where to turn, they may be intimidated because of paperwork or phone calling. It is agreed that both seniors and their children need to be educated on elder programs and services available, including programs offered at MAPS and area agencies.

The group is convinced a companion is needed to help Portuguese elders. They are typically shy and modest. Many will not ask for help, even from a neighbor. They may not speak much English. Translators are needed for doctor's appointments, prescription refills, shopping and other medical trips. Portuguese elders typically will call upon family members and close friends for assistance. But it is important to note that many seniors become dependent on one or two individuals for help. When a Portuguese speaking elder befriends someone, they may only feel comfortable calling on that person. Many will miss appointments if their children are too busy to take them. Many will not refill prescriptions because they are either costly, or because no one offered to take them to the pharmacy.

Participants believe this issue of dependency is changing however, because the next generation of people between the ages of 40 and 59 are not anything like their parents. They generally speak or understand English. They are active in work or community activities. They are not dependent on their families. Some have married others with a different nationality. Their children may only speak English.

It is agreed that Portuguese Speaking elders need social and recreational activities incorporated into their lives. One person mentioned how active and social her eighty year old father was, despite his disability. His attitude seems rare, having heard many opposing stories from people. The rehabilitation center provided added opportunity for him to socialize. Even when hospitalized and placed in a nursing home, this man looks

forward to activities such as wheel chair ball tossing. This is evidence that when given social opportunities, a person can thrive with happiness and desire for recreation. Participants believe that social and recreational activities are needed to improve the health status of elders, a key to the equation. Providing social and recreational opportunities to elders is agreed to be so very important.

The participants (very much sensitive to the health needs of their parents) are very much interested in an Adult Day Care, rather than a Senior Center. The Adult Day Care is viewed as a place where the children can drop off their elder parents every day for activities and health services. Many Portuguese seniors remain at the home alone while their children work and grandchildren attend school. Being alone at home does not provide for the socialization needed on a daily basis. Adult Day Cares would also incorporate medical assistance needed, perhaps with a nurse available to assist with basis inquiries, health tips and related needs.

It was mentioned that many children of Portuguese speaking elders moved out of Lowell to Dracut or Tewksbury, taking their elder parents with them. This further alienates elders from the back central community, where perhaps they had grown up and were free to walk to St. Anthony's church or a Portuguese club. It was agreed that this transition out of Back Central is a dramatic change for Portuguese speaking elders and affects their well being.

All of the participants want to see a Portuguese nursing home built. It is viewed that limited Portuguese speaking nurses are available at area nursing homes and visiting nurse associations. This appears to be the main barrier to making life at a nursing home successful. VNA's are good and helpful, but place financial burden on the families and they provide limited coverage. The hospitals, where many Portuguese speaking people work, are also good, but are not good for many needed long-term stays.

Limited resources add burden to the picture. Not many Portuguese speaking elders have the finances to cover individual medical assistance and individual health care services. Not many will go out of their way to ask for help. Insurance and Medicare seem to be one of the hardest obstacles. More education and awareness of insurance and medical support needs to be addressed.

**Advanced Polymers, Inc.**

Lisa Saab

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Attempt to coordinate a meeting at Middlesex Community College failed, so that a meeting was rescheduled on site in Salem, New Hampshire to meet with a group of

Portuguese speaking adults between the age of 40 and 59. There were more individuals at the meeting than originally planned. A total of ten females participated in discussion. A majority of the people in the room resided in Lowell. Several did not have parents residing in the area and many had parents in need of health related services. The group was generally quiet, due to size. A smaller group may have prompted more open conversation. Regardless, it was successful in obtaining views and perspective.

There were three main "talkers". The group did not volunteer information, but needed to be prompted with questions related to subjects such as communication barriers, senior center and day care center options, and habits.

The conversation began with language as a major barrier. It was slanted toward medical related needs, rather than social and recreational needs. Most agreed that nurses at area nursing homes and hospitals did not have the Portuguese skills to effectively communicate with elders; therefore, there is little interest to place elder parents in area nursing homes or hospitals. Nursing homes weren't viewed as responsible. The services provided in the home by family members and visiting nurses were the most preferred.

They all appeared to want a nursing home. It is agreed that a Portuguese nursing home would create a network for volunteerism, but little other information was revealed. People generally were more open to talking about a Senior Day Care Center, a place to try to get their parents and elders to participate in social and recreational activities.

Generally, men have traditionally gone to the Portuguese clubs for socialization and the women have traditionally stayed home. This habit would be difficult but not impossible to change. To motivate Portuguese speaking elders out of the house and into a center, one would have to get a friend or husband to take them, provide food and games of interest, and create a network of senior companions. A movie might also attract a crowd. Most agreed the Portuguese radio station was something constantly on in the home, making this a good vehicle to promote a Portuguese Center, Day Care Center, or special activity or event.

They complained that seniors were being left at home alone with no family to look after them and no companions to keep them company. Generally, people thought companionships would be good for the Portuguese seniors, but it was mentioned that *all* seniors might not want visitors since they were used to being alone. Some families have moved out of the back central area, taking their parents with them. This creates some common problems for elders, not able to walk downtown or to the Portuguese Club. Some Portuguese speaking elders want a place to go, but have been segregated once they moved out of the back central area. Many can not drive a car. It was mentioned that some families want to kick their elders out of their home, placing them "somewhere else".

The issue of dependency was raised again, and it was generally agreed that the next generation of seniors would not be anything like their parents. Their parents, of course, depend on their children for most everything, including shopping and doctors



appointments. Most folks in their 40s and 50s, even some in their 60s are very active in the community, depending less on their family members more today than ever.

It was generally agreed that lack of elder program information flowed to the Portuguese speaking community. Many were not aware of services offered at MAPS or services offered through area elder agencies. Bulletins at the church or Portuguese radio stations would be good media through which to communicate.

It was suggested that Saint Anthony's Church Hall and the Holy Ghost Park were two comfortable places to convene for senior meetings and/or meal gatherings. Holy Ghost Park has a kitchen and community members might be able to pay for operating costs, such as heat and lights. Finding members of the community to cook the meals is likely possible.

## Focus Group Analysis

### *40-59 Groups*

It is very clear from both 40-59 group meetings that there are several common areas of concern. Health-related support services are needed, as well as language interpretation. A center, be it a daycare or a social and recreational center, is needed to enhance the lifestyle of Portuguese elders. Interest in a Portuguese Nursing Home was also discussed. The issues of dependency and lack of knowledge related to available elder services were also mentioned. It is important to view each of these perspectives carefully, prioritize these interests and not jump to conclusions.

The issue of dependency is changing, due to society's influences and the demands placed on our families. Assimilation to the US culture and levels of community involvement becomes greater as Portuguese descendants are being raised in the US English schools and are participating in more and more recreational and social events in an English speaking community. But, this does help our current elder population. Questions need to be asked. Can we change habits that are currently imbedded in the lives of our Portuguese-speaking elders? Can we influence change? How do we truly motivate the elders who are not active in the community to become active? Is this really possible?

Both groups talked about the need for companions to improve the lives of Portuguese speaking elders currently not very active outside of the home. We assume that some elders within the community will welcome companions while some may not. Companionship programs have proven successful at Community Teamwork and ideas within our Portuguese community should be explored. Companions are also good communication vehicles, promoting community events and encouraging community involvement. They would help improve the quality of life of our seniors, expanding their world be it in Tewksbury, Dracut or Lowell and making it a warmer and friendly place.

The issue of language also needs to be addressed, since evidence throughout this assessment points to this problem. Barriers are often created in any society because of lack of communications, lack of cultural understanding, or inability to speak the majority language. Both groups grasp the need for interpreters and/or companions to assist Portuguese speaking elders with medical appointments, shopping, and socialization. Can we assume that a majority will learn English at this stage of the game?

It is not surprising that many do not understand existing programs and services available throughout Merrimack Valley. Language is probably the main barrier to this. Those that do not speak English would not easily obtain information about elder services and programs. If people do not speak English, how would they voice their needs to English speaking organizations? How would organizations know to reach out to the Portuguese speaking population if they don't speak Portuguese? Most agencies do not understand the needs of elders in our Portuguese communities, for they have never heard from them.

Although a nursing home was strongly suggested, it does not seem a likely possibility. This view stems from existing situations, but also from the past. Back many years, Gladys Picanso explored the possibility of building a nursing home adjacent to the church, but this idea was not pursued to its end. Gladys extraordinarily foresaw the need and it would have been a great thing. The many nursing homes in the area have tried to provide Portuguese speaking nurses, by employing some and placing them on rotating shifts to cover floors where Portuguese-speaking elders reside. Still, there has not been the service desired. This is true for all elders; service and resources have deteriorated in nursing homes and our country needs to address this critical area of concern. To build a Portuguese Nursing Home would take tremendous resources, political connections and a complete staff of Portuguese speaking employees.

Both groups felt a Senior Center or Adult Day Care Center was needed to meet the social and recreational needs of elders and to improve their lifestyle and well being. The improvement of life begins with social and recreational activities. Keeping our seniors happier and healthier will prolong a good life. How we do this will be discussed later in this report.

Importantly, health issues may need to be considered as part of this adult day care / senior center concept. Because many are concerned with nursing care and medical needs, it would be important to explore and prioritize medical assistance. Health related needs encompass everything from exercise programs and balanced meal plans to prescription refills and personal care.

### *60+ Groups*

It is apparent that those above the age of 60 who are involved in the community are happy and enjoy their lives. Being involved in the Lowell Council on Aging, in CTI, in employment or volunteerism is fulfilling, having discussed senior programs and recreational activities with many people involved in the community and employed at CTI and Lowell Council on Aging. It is apparent that the few who volunteer and work to better the social and recreational lives of folks above the age of sixty are truly burdened with the task of coordinating trips, weekly clinics, monthly socials and meals. But, they enjoy it! This social and recreational activity will need to continue, beyond the programming offered today. More people will be needed to better the lives of those elders not currently involved. How can we bring together the existing resources to better meet the social and recreational interests of the larger Portuguese population? How will MAPS reach out? How will the *community* reach out to the Portuguese population?



**Merrimack Valley Elder Services**

Roseanne DiStefano, Executive Director

Ann Proli, Associate Executive Director

Judy Post, Director of Planning and Community Programs

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Barbara Brandt Saret, Community Relations Director

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The Merrimack Valley Elder Services is the area agency on aging, providing services to twenty-three cities and towns. Conversations with several people working at the agency were conducted to better assess elder programs, funding mechanism, and support services. It is a general opinion that Elder Services does not get that involved in Lowell, and that the Lowell Council on Aging involves itself to a greater degree. There is an interest to become more involved in Lowell.

Merrimack Valley Elder Services once operated in satellite offices in the early 1970's. Locations included Lowell, Haverhill and Lawrence. These offices closed due to program and operational inconsistency, despite attempts to meet individual interests and needs. Economic constraints, including costs to operate individual facilities, added burden, and support services became costly and ineffective. Reopening a core agency in Lawrence in the late 1970's established Merrimack Valley Elder Services as a regional facility in which they could operate more efficiently.

Merrimack Valley Elders Services is required through the Elder Americans Act to oversee and monitor the needs of elders in the community, requiring a formal assessment be implemented every four years, with annual revisions made each summer. Elder Services is currently in the process of a four-year assessment and will write its Area Plan for the 2001-2004 period. The assessment will include a local based survey, written by Secretary Glickman's Office of Elders Affairs, and published in several languages, including English, Spanish, Mandarin, possibly Russian, but not Portuguese. Elder Services of Merrimack Valley will be responsible for randomly distributing this four-page survey to twenty-three communities. The assessment process also includes a focus group to be implemented in each of these communities. From each focus group discussion, a public hearing would be planned in each of the communities. Anyone interested in voicing his/her opinion on the needs of elders would be most welcomed.

A list of objectives are written based upon the results and Elder Services will use both federal funds to develop programming to meet these objectives. Approximately \$2 million is providing by our federal government to help defray program costs designed to

meet these written objectives. The agency plans to solicit additional resources from private foundations, corporations and collaboratives to meet more of the needs cited. Unfortunately, the money available does not cover every specified need and it will be necessary to prioritize these objectives.

Merrimack Valley Elders Services is interested in understanding the needs of Portuguese speaking elders and would like to better serve that population. They would like to obtain the results of this project to incorporate into their Needs Assessment currently underway in the Merrimack Valley. As part of their assessment project, the agency would like to have a person familiar with the needs of Portuguese elders participate in their focus group study in Lowell. This will occur sometime in February. Regardless, this project has promoted an awareness of the needs of Portuguese elders. Further communications with Elder Services will ensure attention is given to this population.

Title III federal funding is available for area agencies at Elder Services. It supports health clinics, nutrition programs, legal services, citizenship programs, and other partnerships and programs serving the elder population. Title III funding supports the popular Merrimack Valley Nutrition Program, providing Meal on Wheels and nutritional meal services. Merrimack Valley Elder Services puts out to bid to manage, to administer and to cater the program. Greater Lawrence Vocational Technical School has been awarded the grant. Lowell, Dracut and Tewksbury are active in receiving Title III support. Daily nutritional meals are also supported and served at the Middlesex Shelter, the Lowell Council on Aging, at the Tewksbury and Dracut Centers, and at the Salvation Army Golden Ear (SAGE). The Merrimack Valley Nutritional Program also funds a Spanish meal three times per week to eighty people at the Lawrence Council on Aging.

There is a great interest to support programs which serves ethnic meals to minority populations, but the need must be solicited. It has been suggested that the Portuguese population may wish to apply for a weekly meal program.

The Aging Services Access Point (ASAP) has implemented a cultural enrichment taskforce to address the needs of ethnic elders. It is an internal resolution branch of the agency that works to better understand diverse populations. It is agency rooted, rather than community rooted, having formed an internal committee to address employee needs as they work closely with various ethnic populations. Most employees have requested support for the Spanish population, but there is concern to reach out to other ethnic groups. In 1999, 10% of the referrals to the agency were from non-English speaking families, or approximately 80 in total were non-English referrals. Of this number, only 10 referrals were for Portuguese adults from the entire Merrimack Valley region.

Currently, the ASAP committee recognizes the need more interpreters to handle requests besides Spanish. Although they are not happy with the limited language capability in the agency, they are working to resolve this concern. They are currently brainstorming ways to obtain interpreter services in the community.

The agency also supports an Elder Network meeting each month, where elder service providers join together to form partnerships, to discuss elder needs, and to learn about other area agencies. The next meeting will be in Tewksbury on January 17<sup>th</sup> at the Pines Assisted Living at 2580 Main Street. To better serve the Portuguese speaking population in Lowell, the agency suggests having a representative from the Portuguese community attend the meeting. Barbara Brandt-Saret coordinates these meetings.

Merrimack Valley Elder Services also works hard on a Citizenship program, a grant funded program sponsored by the Office of Refugee and Immigration. Maureen Burke at ORI in Boston can be reached on 617-727-7888, extension 326 for more information.

Furthermore, a "Green Book" is published by Elder Services, and coordinated by Marge MacDonald. It is a fabulous resource guide to programs and services for older adults throughout the Merrimack Valley. It is published only in English. There is a section listing cultural resources, but MAPS is not included. Several copies have been provided to MAPS.

**Community Teamwork, Inc. (CTI)**  
Lynn Brown-Zovinis, Director Elder Programs  
167 Dutton Street, Lowell  
978-459-0551

A meeting was scheduled with employees of Elder Programs at CTI to better understand community services for elders within the City of Lowell. The program incorporates four successful programs outlined below. This information was taken from the enclosed CTI brochure.

1. The Foster Grandparent Program: Foster Grandparents are persons aged sixty or over who devote four hours of personal attention each day to children with special needs. The children are served in schools, day care and institutional settings. Foster Grandparents assist children in literacy, social, speech and other valuable developmental skills that augment the quality of life for children of all ages and backgrounds. Volunteers receive stipends of \$51 for a 20-hour work week. Other benefits include accident insurance, transportation, tax-free income, meals, paid vacations, holidays and sick pay.
2. The Senior Companion Program: Senior Companions are persons aged sixty years or older who provide one on one companionship and services for adults with special needs. People visiting may live in their own homes, nursing homes, or other institutions. Senior Companions assist with personal needs and daily activities. Volunteers receive stipends of \$51 for a 20-hour workweek. Other benefits include accident insurance, transportation, tax-free income, meals, paid vacations, holidays and sick pay.
3. The Retired & Senior Volunteer Program: the Retired and Senior Volunteer Program is the concentrated effort of a corps of volunteers who are drawing on a lifetime of various experiences in their communities. R&SVP finds meaningful volunteer stations that will make an impact on a critical local need. Volunteers are age 55 years or over. Sites include local police precincts, hospitals and schools. The volunteer is reimbursed for some of his/her out of pocket expenses that are incurred while in the process of volunteering, however this is a non-stipend program.
4. Food Stamp Outreach: This program is a result of the Massachusetts Childhood Relief Act in 1992. The program is designed to reach low-income people in the Commonwealth of Massachusetts, educate them about the Food Stamp Program and help them apply. The Food Stamp Outreach Program specifically targets hard to reach populations, such as the elderly and disabled, linguistic minorities, families who are no longer receiving Public Assistance due to Welfare Reform and working families who are struggling to make ends meet.

CTI Coordinates volunteer programs with and for the elderly. Community Programs have helped seniors maintain a sense of self-worth and renewed love of life. Over 200,000 volunteer hours each year is given. There are over five hundred volunteers, aged fifty-five and older, few of who are Portuguese.



There are approximately twenty Portuguese seniors out of five hundred individuals that participate and volunteer at CTI. Seniors helping seniors has proven to be a success, building self esteem and creating positive role models in the community. Although there is not a focus on any particular ethnic population, the diversity within the community, and the barriers of language and customs, are well understood at CTI. Lynn recognizes that seniors need "buddies" to navigate through the system, whether it be a family member or senior companion. Her program has been very successful.

In 1999, CTI recognized the need to tap into the Portuguese market. CTI met with MAPS to talk about CTI's elder programs, but little activity has been noticed since then, perhaps because of limited resources available to coordinate efforts between organizations. Food Stamp Program information has been available at MAPS for all members of the Portuguese community, but CTI feels the Portuguese community could learn more about CTI's elder programs, including fuel assistance and senior companion programs.

CTI is not funded to do outreach to the community, but they do as much as they can to serve the needs of elders. CTI would like to obtain the funding necessary to bring in case managers and outreach people. There is also an interest to open a one-stop walk in center for seniors, which supports various ethnic groups and provides material in several languages. Lynn has already tagged this office as "Senior Solutions", and recommends it be located downtown. As well, she recommends Merrimack Valley Elders services provide more case management in Lowell, which currently has over 16,000 seniors. There is a major concern for Lowell's future, especially when the elder population is predicted to triple.

The perception of a senior center for the elder population is changing. Importantly, the needs of elders are changing especially as the aging population lives longer, healthier lives. Lynn's vision of a new senior center, for example, should encompass golf teams, computer training, job outreach and travel. Additionally, the programs need to meet an morning schedule rather than late afternoon or evening.

Lynn is available to talk with and is very accepting and open to many possibilities to work with the Portuguese speaking population. She is interested in learning more about the specific needs of Portuguese speaking elders.

Lynn has also offered to recruit a volunteer to work at MAPS once each week to assist with local inquiries from the Portuguese elder community. This would help stimulate awareness of services available to all Portuguese seniors residing in the community. Possibilities exist to recruit more Portuguese-speaking volunteers through this initiative.

### *A meeting with a Senior Companion at CTI*

A meeting with Fred Machado, a Senior Volunteer at CTI, was also arranged. Although he is of Portuguese descent, his efforts have not necessarily focused on the Portuguese community. His volunteer work through CTI includes recruitment and companionship. He most recently became the area SHINE counselor, and received training through the Executive Office of Elder Affairs. As a trained volunteer, he provides free health insurance information and counseling to elders and their families. His cards have been placed at MAPS. He speaks limited Portuguese, but he feels confident in being able to communicate effectively with the Portuguese speaking community.

Fred uses a grass roots approach to recruit other seniors into CTI program, but has had limited success with involving Portuguese descendants. Those few who are involved were born in the USA and speak very little Portuguese.

We talked a bit about establishing a Senior Center or Senior Day Care Center for Portuguese Elders in Lowell. His perspective is not far from what others have said. Many people have mentioned there is somewhat of a need, but Fred added his perspective. A new Senior Center would have to be based upon the Chelmsford Senior Center, offering as many social and recreational services and programs. As agreed by many at the Lowell Council on Aging, a Center specifically designed for Portuguese elders would need to be comparable to the Chelmsford program, or even better than it in order to attract Portuguese Seniors. A small social place for playing cards, bingo and exercise might work, but the need to incorporate nutritional food programs would be more attractive to Portuguese elders, especially if offering entertainment. It would be important for the center to reach out into the homes of elders who are not active in the community. In order to do this, Fred thinks more volunteers are needed. However, he does not meet many active Portuguese that would be interested in volunteering their time.

Fred feels the new proposed senior center is not very appropriate for the Portuguese speaking population. He feels a nursing center and senior center combined would offer more enrichment to the Portuguese community. Regardless of this segregated effort to provide services to the Portuguese speaking population, Fred believes folks need to learn English. This effort could be initiated through a Portuguese elder center located conveniently in the back central area.

Interestingly, Fred initiated a Portuguese couple club long ago that dissolved after a short period of time. Not all people spoke Portuguese and Fred wanted everyone to try to learn the English language. Eventually, the group broke up.

Fred has been active in the church for many years. He doesn't see the church as able to provide the support the Portuguese community needs, because collections are not high enough to support special programming. Fred suggested looking for support through the Portuguese Clubs. One is expanding its facilities and he wonders what its role will be in the future. Currently, the clubs support sports, scholarships, Holy Ghost celebrations, etc.

**Lowell Council On Aging**  
Smith Baker Center  
400 Merrimack Street, Lowell 01854  
Arthur Ramalho, Director COA  
John Cox, City Manager  
978-970-4131 (Main Number)  
978-970-4136 (Portuguese Outreach)

The Council on Aging was established about twenty-five years ago. It is a city, state and federal funded program, including some of Merrimack Valley Elders Services' grant funded programs. The Council on Aging provides many social and recreational services to elders above the age of sixty. Summer picnics, exercise programs, meal programs, special events and gatherings have been part of the program mix for years. Newsletters are published to provide seniors with information on social security, resources, health tips, upcoming events and trips, etceteras.

Presently, the Council on Aging is hoping to construct a new building beginning as early as next year. The City of Lowell Planning and Development Department is working fervently to make this possible. Please refer to the section detailing information about the new Council on Aging facility.

The Council on Aging supports the interest to reach elders residing in the Portuguese communities in Lowell. They hired two Portuguese Outreach Coordinators three years ago, providing them an office with desk and phone. These Portuguese Outreach Coordinators, Sally Correa and Maria Reis, were hired on a part time basis by the Council on Aging to manage social and recreational activities for elders above the age of sixty. The women split work shifts, Monday through Friday, from nine until noon. Please refer to the section on Portuguese Outreach at the Council on Aging.

## **New Council on Aging Facility Proposal**

City Hall

Adam Baacke, Project Manager

Planning and Development Department

Lowell

978-446-7239

John Caitlin Associates Architects presented to the public on September 26, 2000 on the schematic design of the proposed New Senior Center for the City of Lowell at the Smith Baker Center. Caitlin Associates has established an excellent reputation for developing senior centers in the State of Massachusetts. Caitlin Associates proposed a 100,000 square foot facility. Originally, the site was proposed for land wedged between Middlesex, Jackson and Hamilton Streets in downtown Lowell, fairly close to the Back Central Street area. Recent development suggests the two-acre Old City Barns site on the corner of Broadway and Fletcher Streets, where the DPW once occupied over five years ago.

Those attending the presentation included City Manager John Cox, Project Manager Adam Baacke, Colin McNiece, Fred Simon (Aid for Senator Pangiotakos), Kevin Murphy and other state representatives and city council members. Audience members included seniors active at the Council on Aging, employees of the center, and representatives from city hall. A small group of Portuguese seniors attended, and two representatives from MAPS. Over 200 people attended in total.

The purpose of the project coordinated at the City of Lowell's Planning and Development Department was to complete a program review of the existing facility and determine the needs of the Council on Aging. The goal was to determine what kind of building would best meet those needs.

The proposed facility would provide interior and exterior space, including an enclosed private garden area, a patio, parking for two hundred (as opposed to the nine spaces currently provided), an 800 s.f. lounge, a small reception area, a library and a host of other rooms. These include space for classrooms, social services, administration and support, storage, computer room, media center, and the potential for expansion. The atmosphere is residential.

Approximately \$6 million is needed to complete this project, but is not currently available. The City of Lowell would bond \$4 million in 2004 and \$2 million in 2005. In the interest to begin the project sooner, the City of Lowell has decided to issue a Request for Proposal to private developers interested in constructing the new facility, leasing it back to the City of Lowell in 2004. The City of Lowell will be reviewing proposals the beginning of the new year.

The RFP will go out the end of December 2000, with the interest to have a developer purchase the two acre site at the corner of Broadway and Fletcher, and to develop 14,000 s.f. of commercial retail space and a 20,000-30,000 s.f. senior center facility, similar to the one that was proposed. The commercial site would likely offer retail and commercial services marketed to the senior population.

Fund raising through the Friends of the Council on Aging committee has begun, raising \$39,000 in the last year. This money would most likely be used for interior furnishings and supplies. A meeting to discuss a fund raising campaign for construction was scheduled on December 10<sup>th</sup>.

The Acre Renewal Plan was approved by the State last March 2000, and pertains to the large area stretching from Broadway Street to the Pawtucket River. The Acre Renewal Plan acknowledges public and private actions to rebuild and rehabilitate properties in the acre. The City of Lowell will acquire several buildings and vacant properties with the intent to rehabilitate them, some being sold to developers for reconstruction. A new middle school would also be proposed. Part of this revitalization project includes the site where the senior center will be built.

It is interesting to note that discussion with some people suggests improvement to the existing Smith Baker facility and establishment of satellite offices around the community to better serve various ethnic groups, providing better access and expanded programming to meet the local needs. Opposition to this view calls for an inability to provide a breadth of programming at all sites, thus weakening the effectiveness of the Council on Aging's operations. Its purpose to remain centralized provides possibilities for strengthening programming to meet the needs of all elders residing in the area.

The Smith Baker Center is an historic building and expansion and revitalization of this facility has limited potential. It will not likely become handicapped accessible, it would be difficult to make into a state of the art facility, and it would be difficult to develop ample parking. Worcester has built a brand new senior center and feels strongly that having had dispersed senior center services before, it prefers its new centralized facility. Contact Sona Hargrove, Senior Center Coordinator, in Worcester at 508-799-1232 for more information on their new Council on Aging facility.

**Dracut Senior Center**  
Claire Hamilton, Director  
951 Mammouth Road, Dracut  
978-957-2611

Claire was certain that a few Portuguese folks had participated in the past. Those that were active spoke English. She recalls approximately ten people in the past decade that had joined in at activities offered at the Dracut Senior Center. Knitting, crafts, and music were three top activities she recalls.

Motivating seniors of Portuguese descent out of the home and into a senior center may be a slow process. Claire believes that a case manager is needed to go to the homes and chaperone elders to events. She recognizes the need to hire more caseworkers to do outreach work, but she is also limited financially to do this.

The top areas of need in Claire's opinion are prescription drugs, doctor's appointments and housework. This is not far from the results of our survey. Once you take care of those needs, Claire believes senior center activities are the next possibility. Greeters would be needed to transition Portuguese elders and to make them feel comfortable.

**Tewksbury Drop In Center**  
Linda Brabandt, director  
175 Chandler Street, Tewksbury  
978-640-4480

Unfortunately, little information was obtained from this center. Although several surveys were distributed, none were completed. It is in the director's opinion that some Portuguese seniors have participated in the past, however, they do not participate regularly. She recalls two families in most recent years that had come to her center.

**Salvation Army Golden Era  
S.A.G.E.**

Betty Bamford, Director  
Salvation Army  
150 Appleton Street  
Lowell 01852  
978-458-3396

A Methodist minister founded the Salvation Army back in the early 1600s. As a church, they have grown worldwide and have served indigent populations around the world. SAGE was established in early 1982 with seed money from the City of Lowell to serve the needs of elders in our community. They have grown stronger in its nineteen years of operation, receiving yearly grant money from the Project Bread, Merrimack Valley Nutrition Program, community development block grants and other federal funds.

Conversation with Betty Bamford disclosed information on the elder program offered at SAGE. Four basic programs are available to seniors above the age of sixty. They are hot lunches, activities programs, day trips, and exercise programs. Many participating seniors use public transportation to get to SAGE.

The hot lunch program is offered every day, Monday through Friday. There is a \$1.25 donation, but it is not required. This balanced, nutritional meal is served on the premises and cooked in their own kitchen. Volunteers and Salvation Army staff help to prepare and serve the meals. They feed an average of seventy-five people each day. The program is sponsored in part by the Merrimack Valley Nutrition Program; a Title III funded program.

The activities program includes bingo, crafts, shuffleboard, and other popular activities. Educational programs in such topics as memory retention and sleep workshops may also be offered. Depending on the activity, SAGE will attract anywhere from 6 to 35 people.

Day trips for shopping, dinning and performances are coordinated a few times each month to local places. The travel is paid for, but seniors will pay \$2 for gas and will pay for their own meals and incidentals. SAGE owns their own bus, holding up to twenty-four people, and uses it for these short trips and excursions.

Exercise programs are planned twice each week. Typically, six to ten people join these sessions.

It is believed that a few seniors from the Portuguese American Clubs in town have become involved with SAGE. Betty Bamford has known many Portuguese speaking elders who have gone to SAGE in the past. She thinks only a couple are currently active.

**Middlesex Community College**  
Dorothy O'Connell, Director of Health Services  
33 Kearney Square  
Lowell, MA 01852  
978-656-3236

May is "Elder Safety Month". Last year, Middlesex Community College hosted a one day Elder Affairs trade show in May 2000, with over forty-four tables presenting. Encouraged by Representative Thomas Golden and other community leaders, the one day elder fair helps build awareness of elder services and programs available in our community. A committee has been organized to repeat this one-day event again in May 2001. Judy Post, Lynn Brown, Dorothy O'Connell, Kate Parish, Thomas Golden and others share the responsibility to coordinate this special event. It will be held at MCC.

The objective of this fair is to provide a one-stop shop for seniors. All vendors serving the elder population are welcome to set up a booth. Assisted living, home health care, area agencies, and others involved in elders programs will attend. In the past, relatively few from ethnic populations attended. This year, flyers have been sent to all churches and agencies, in the hope of reaching a more diverse population. During the event in 2001, a survey will be conducted to assess what services people are receiving.



**Lowell Housing Authority**

Lorette Underwood, Resident Service Coordinator  
350 Moody Street, Lowell 01853  
978-937-3500, x159

The Lowell Housing Authority supervises seven senior complexes located throughout the city. The seven complexes are as follows.

Achambault Towers, 657 Merrimack Street  
Father Norton, 117 and 137 High Street  
Bishop Markholm Village, South Street and Gorham Street locations  
North Common Village, Adam Street, Suffolk Street and Market Street locations  
Francis Gatehouse, Broadway Street locations  
Faulkner Street Housing, Faulkner Street  
George Flanagan Housing, Chelmsford Street

A Residence Opportunities Social Services grant was awarded to Lowell Housing Authority to improve services for elders residing within the seven senior complexes. This HUD grant, supported in partnership by LHA and Merrimack Valley Elder Services, supports the following social services.

1. *Meal Program* at three of the locations, providing lunch on every Monday, Wednesday and Friday for \$1.50. (Title III funded)
2. A *Beauty Salon* will be purchased with grant money and volunteer student hair-dressers from the Lowell Academy will provide services at a satellite location.
3. An *Exercise Program*, including massage therapy, will be implemented.
4. *Social and Recreational events* will be planned, including specialized class instruction on various topics of interest.
5. Improved *Referral System* to Merrimack Valley Elder Services for medical and homemaker services.

The Housing Authority does not differentiate or identify ethnic backgrounds of their elder residents. Accordingly, all residents speak English. When asked what three main things the City of Lowell could generally do to better reach ethnic minority elder groups, they responded with the following:

1. Improve communications by retaining an interpreter and by translating flyers into key minority languages.
2. Providing better van/bus services to seniors get them physically out of the house.
3. Building a cultural awareness program that better presents cultural differences within the community.

Minority groups are not necessarily identified within the housing authority program, but it was mentioned that some efforts have been made by proactive seniors residing in Archambault Towers involving a group of elders who successfully coordinated a bible study group and who sought to provided language interpreters.

### **Lowell Regional Transit Authority (LRTA)**

Robert Kennedy, Director  
145 Thorndike Street, Lowell  
978-459-0164

Phone interviews were conducted with LRTA to assess existing transportation services, changes and improvements in the system. The goal of the discussion was to better understand bus services for senior citizens and the Greater Lowell community, and to determine its affects on Portuguese communities.

The existing Gallagher Transportation Terminal is located on Hale and Thorndike Streets, near South Common. It will be expanded, adding new office and administration space, storage areas and service areas. The existing center is the finest and will be truly a model for our nation. The remodeling will allow for adding buses in the future. Buses are currently housed in Tewksbury on Clarke Road. In moving the buses to Gallagher Terminal, more frequent bus stops within LRTA routes are expected. It is hoped that the expansion will occur within the next two years. Expanded space also allows for future improvements.

Currently, Grey Hound, Peter Pan and Vermont Transit buses stop at the Gallagher Terminal, offering trips to New York, Manchester, Worcester, Boston and Logan Airport. Bus companies also provide daily trips to Foxwoods and twenty-one round trips between the Fleet Center and Lowell. LRTA does not handle charter business.

The Downtown Transit Center is located on the block between John Street and Bridge Street. This location services the MBTA, offering frequent commuter rail service into Boston, stopping in N.Billerica, Wilmington, Mishawum, Winchester Center, Wedgemere, W. Medford and North Station. Senior rates cost \$15 for unlimited use each month. Individual fares vary depending on stop location.

### **Services LRTA Offers:**

#### **LRTA**

Lowell Regional Transit Authority is stationed at the Gallagher Center on Hale Street. LRTA has four employees and works with two-hundred and fifty other employees that provide services with Peter Pan and other bus companies. LRTA employs thirty-five fixed route buses and operates in eight communities, including Dracut, Tyngsborough, Tewksbury, Chelmsford and Lowell. Two new routes were added this year: one going south to Billerica, Burlington, Sun Micro, Mall and Lahey and the other going east on Route 133 to North Tewksbury, Raytheon and I.R.S.

LRTA promotes a Flag Stop Policy, allowing anyone to wave a bus to stop for a pick up or drop off. The buses are handicapped accessible and provide accommodations such as air conditioning and comfort. They run from 6:00am until 6:30pm on Monday through Friday and 7:30am-5:30pm on Saturday. Generally, bus stops are found every two blocks and are scheduled every half-hour. Fees for Senior Citizens, sixty years or older, vary from \$ .15 to \$ .60, depending on service.

The buses and shuttles reach Lowell's downtown area and stop at Back Central Street, Lawrence Street and Crosby Street communities, where many Portuguese speaking residents live.

### Road Runner

Road Runner is a one day advanced notice transportation service offered to individuals at least sixty years of age and anyone that is disabled. There are twenty-three wheelchair accessible buses that serve eleven communities, including Lowell. It is the only curb-to-curb service of it's kind in the Commonwealth, offering transportation to any location within the community, be it a store or a pharmacy.

All of the towns subscribe to LRTA's Road Runner service for a fee, different for every town because each town requires or requests different levels of service. The Council on Aging in Lowell uses Road Runner frequently for medical trips, providing door to door trips into Boston or Lahey. The Dracut Senior Center supports medical trips on three days per week.

Most senior center services, including the Lowell Council on Aging, Tewksbury and Dracut Senior Centers use LRTA's popular Road Runner services. Many facilities have their own mini-vans and transportation vehicles that can not possibly accommodate all requests. Services with Road Runner fill in the gaps. Lowell's Road Runner charges a flat one-way .50 in-town fare. Medical trips to Boston cost \$1.00 and out of town trips cost .80 each way. In Dracut, the one-way cost to Boston is \$2 and around town fares cost .80 each way.

Road Runner is currently the most unique service in the state of Massachusetts. It is anticipated that it will eventually stop operating. High costs contribute to the discussion of reducing the number of contracts over time.

Medical trips to Boston hospitals, Lahey Clinic and Bedford VA are only available to eligible residents (60+ or disabled) of Billerica, Chelmsford, Dracut, Lowell, Tewksbury and Westford. The Commonwealth's paratransit program for disabled persons, those unable to access fixed-route services, may only support medical trips in the future.

Road Runner also provides a L.I.F.E. Program, offering service for residents of LRTA service area nursing homes. This unique Road Runner service offers transportation for trips and special events through the activities department at nursing homes throughout the area. Costs for special one-day group trips vary depending on distance traveled and number of participants.

### Trolley Service

New trolleys are scheduled to be up and running soon! Three brand new trolleys were unveiled on October 17<sup>th</sup> at Gallagher Terminal. The trolleys are modern, sophisticated and use natural gas. They run on wheels and resemble the original trolley design.

This expanded service will link the Gallagher Terminal to every major point in the city, including historic sites and senior housing complexes. The trolleys will run in Lowell where the existing downtown shuttles are, leaving every six to eight minutes from Gallagher. According to Kennedy, large buses will eventually stop running in the downtown area. Trolleys will replace downtown shuttles as Gallagher expands. Shuttle buses will become fixed route buses. The trolley service is free.

### Transportation Management Services (TMA)

This service promotes car-pooling and vans pooling to work. Some vans are used. Greater Lowell Transportation contracts these buses on business basis. Businesses contract with TMA for services specific to individual needs.

### Access to Jobs Program

This van service provides daily trips to and from work at no charge for those people coming off welfare. A van picks up persons from their home and brings them to work each day, providing a door to door service.

**Department of Public Health**

Argeo Paul Cellucci, Governor

Howard K. Koh, MD, MPD Commissioner

250 Washington Street, Boston, MA 02108-4619

617-624-6000 / [www.state.ma.us/dph/](http://www.state.ma.us/dph/)

The Department of Public Health encompasses Community Health Network Areas (CHNA) which discuss health-related issues in the community. CHNA #10 represents Lowell and it meets every other month at Middlesex Community College. Generally, it is rare that elder issues arise at these meetings and it is typically weighted with people serving issues the State has prioritized, such as the health issues serving children, families and the Spanish community. However, advocates of the elder population have solicited concerns for better serving our elder population, hoping that the DPH would better recognize elder needs and provide elder health related topics at CHNA meetings.

The DPH also reports on area nursing homes throughout the state. A Nursing Home Report Card can be found by going to their website. It lists facility name, complaints, enforcement, nursing, etc. Other related health management information is also available. Email other requests to [pdh.info@state.ma.us](mailto:pdh.info@state.ma.us) for more specific information.

**Area Health Education Consortium (AHEC)**

Pat Merisola, Program Director

34 Haverhill Street, Lawrence, MA 01841

978-685-4860

AHEC is a national program, with six regional AHEC offices in Massachusetts. They offer an abundance of programming, including an interpreter-training program for health care professionals. They work with the Massachusetts Medical Interpreters Association for certification. The training program prepares bi-lingual healthcare providers with health related training needed to become competent service coordinators. A 54-hour comprehensive training program will begin with an introductory course on ethics and confidentiality. The training also covers topics such as medical terminology, HIV, death and dying, and pediatrics. The training is done in English for bi-lingual people and helps them to recognize their limitations. Last March, AHEC ran a program for bi-lingual health care providers at All Saint Memorial Hospital.

Pat Merisola, Program Director, is also the co-chair of the cultural competence subcommittee, which meets monthly to discuss ways to provide more awareness of culture within the healthcare field. Presently, a priority for the committee is to provide physicians with more training in culture, to better prepare them to work in our diverse communities and create awareness of cultural differences.

See enclosed brochure for more information on AHEC.



# Survey Results: 60+

Sheet1

## Total surveys:

In Portuguese  
In English

88  
46  
42

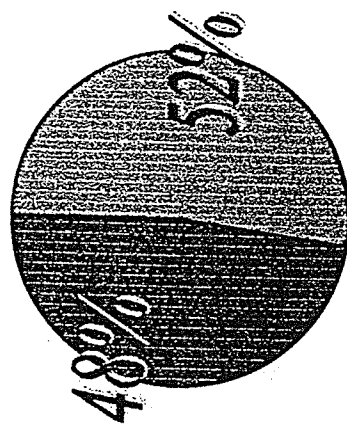
## 1. What is my gender?

### Total

In Portuguese  
In English

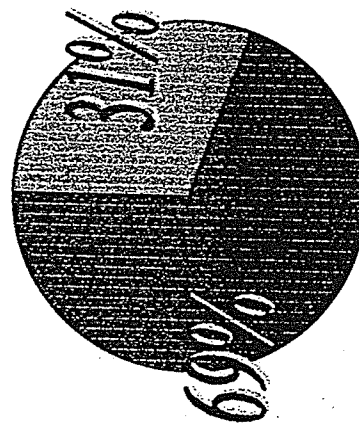
Male	Female
27	61
18	28
9	33

## Portuguese vs. English Responses



In Portuguese  
In English

## Male/Female Responses



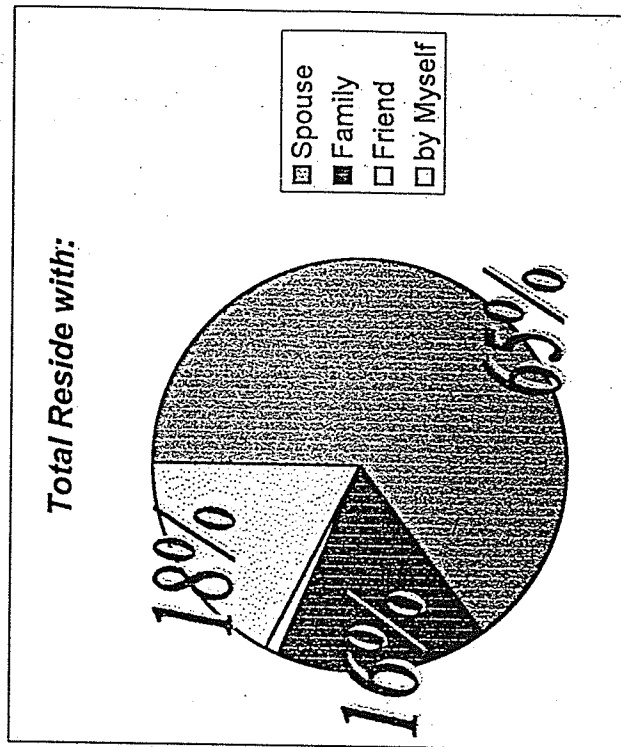
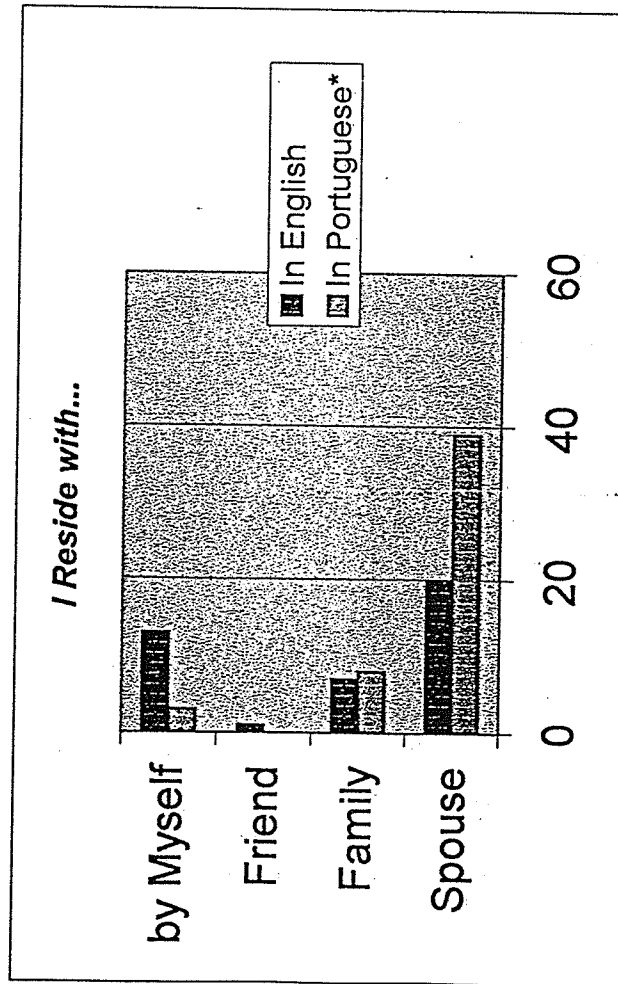
Male  
Female

# Survey Results: 60+

reside with:

	Spouse	Family	Friend	by Myself
all	59	15	1	16
Portuguese*	39	8	0	3
English	20	7	1	13

checked family and spouse





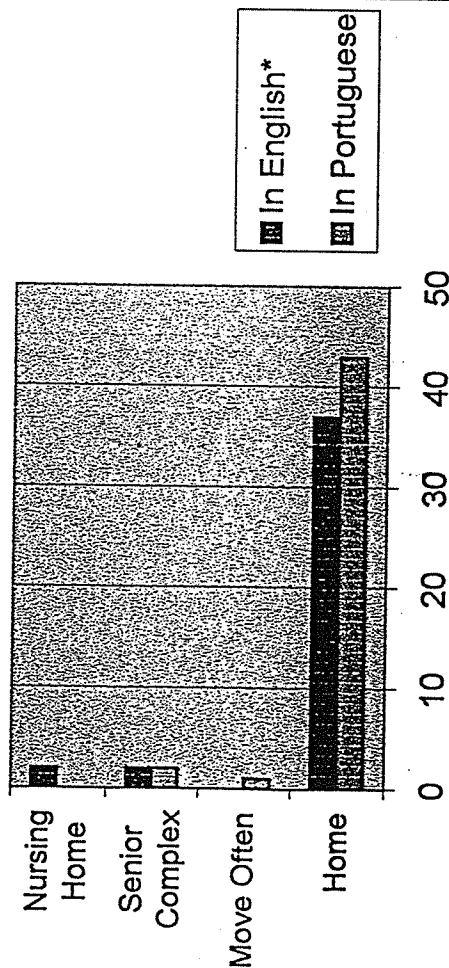
# Survey Results: 60+

I currently live in:

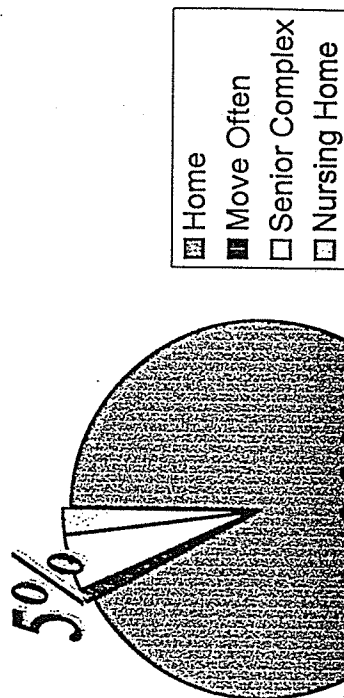
	Home	Move Often	Senior Complex	Nursing Home
total	80	1	4	2
Portuguese	43	1	2	0
English*	37	0	2	2

did not respond to this question

I currently live...



Total currently live...



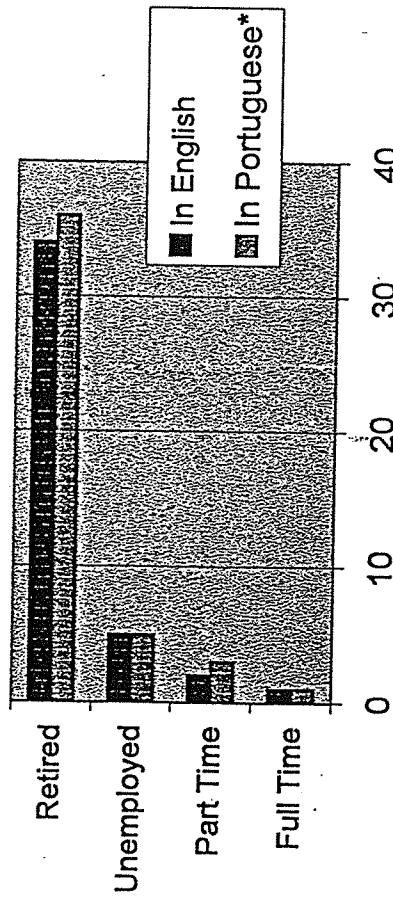
# Survey Results: 60+

## Employment Status

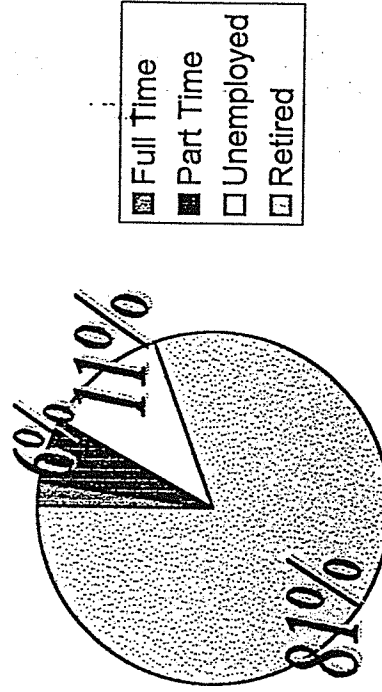
	Full Time	Part Time	Unemployed	Retired
<i>total</i>	2	5	10	70
Portuguese*	1	3	5	36
English	1	2	5	34

3 did not answer  
 All unemployed answered retired  
 All part time also answered retired

## Employment Status



## Total Employment Status



# Survey Results: 60+

Spend Time with...

	Family	Peers at Work	Community	Alone
al	52	5	19	27
Portuguese*	28	2	1	16
English**	24	3	18	11

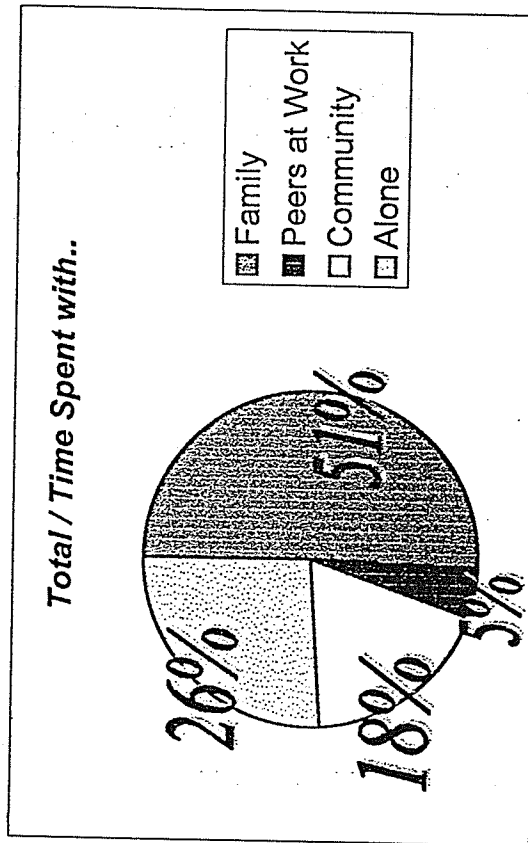
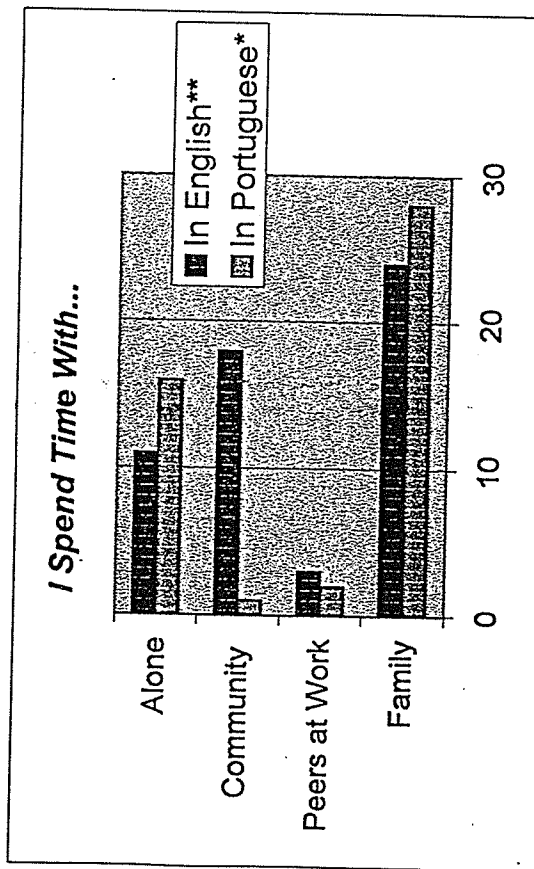
did not respond

Alone also answered Family

Peers also answered Family

Community also answered Family

Alone also answered Family



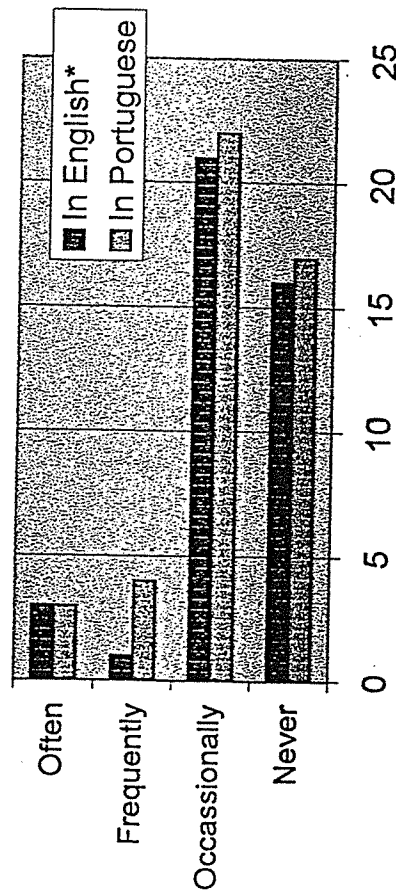
# urvey Results: 60+

Outside church, I volunteer:

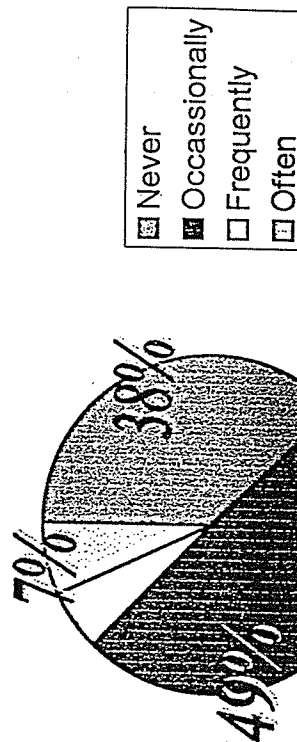
	Never	Occasionally	Frequently	Often
total	33	43	5	6
Portuguese	17	22	4	3
English*	16	21	1	3

did not reply

Outside church, I volunteer..



Total Volunteer Effort

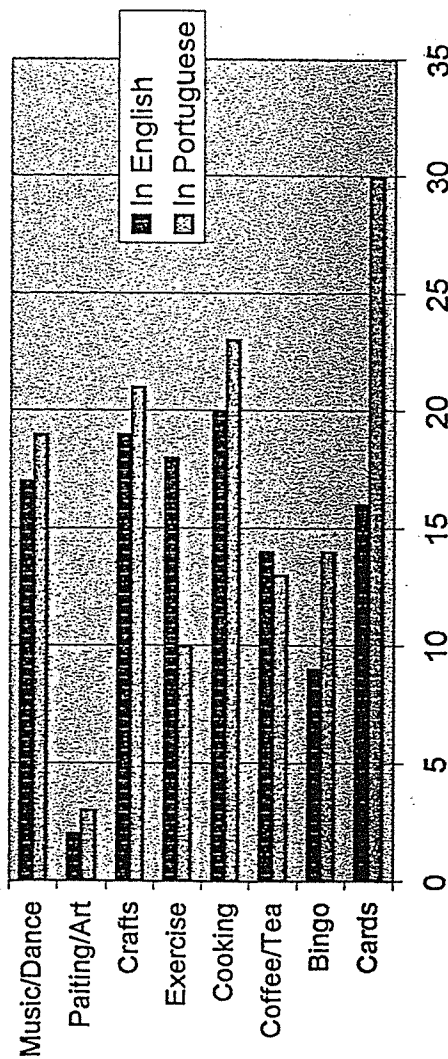


## Survey Results: 60+

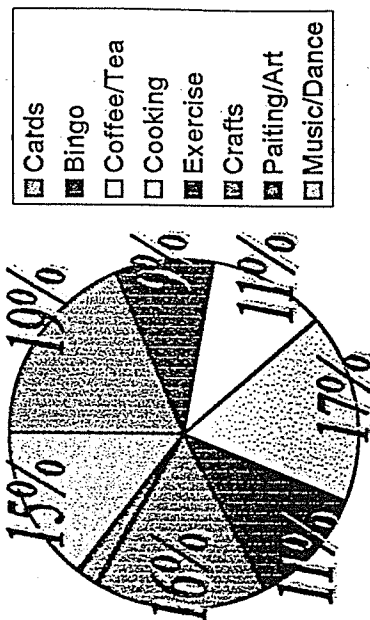
Activities Most Interested In:

	Cards	Bingo	Coffee/Tea	Cooking	Exercise	Crafts	Paiting/Art	Music/Dance
all	46	23	27	43	28	40	5	36
Portuguese	30	14	13	23	10	21	3	19
English	16	9	14	20	18	19	2	17

Activities Most Interested In...



Total for Activities Interested In...



e: Several responders answered more than 3 choices, while some only answered one or two.

## Survey Results: 60+

11. What type of assistance do elders greatly need?

	English Responses	Portuguese Responses	Total
Transportation	3		
Transportation to Dr	1	1	4
Need to talk more English	1	1	2
Portuguese doctor	1	1	2
Translation	6	3	4
Assisted Living	1	3	9
Interpreter	1	4	5
Help/Support (Social, Emotional)		2	3
Social Activities	3	6	6
After Medicare	1	3	6
Medical Assistance		2	1
Rips	2		2
Portuguese Center	1	4	2
Senior Center	5	5	5
Nursing Home	1		10
Sitting Nurse	2	4	5
Companion			2
Meals	1	2	2
Portuguese Hospital		1	3
			1

Were you assisted with this survey?

	English	Portuguese	Total
Yes	17	16	33
No	25	30	55

**Survey Results: 40-59**

**Total surveys:** 27

In English 8

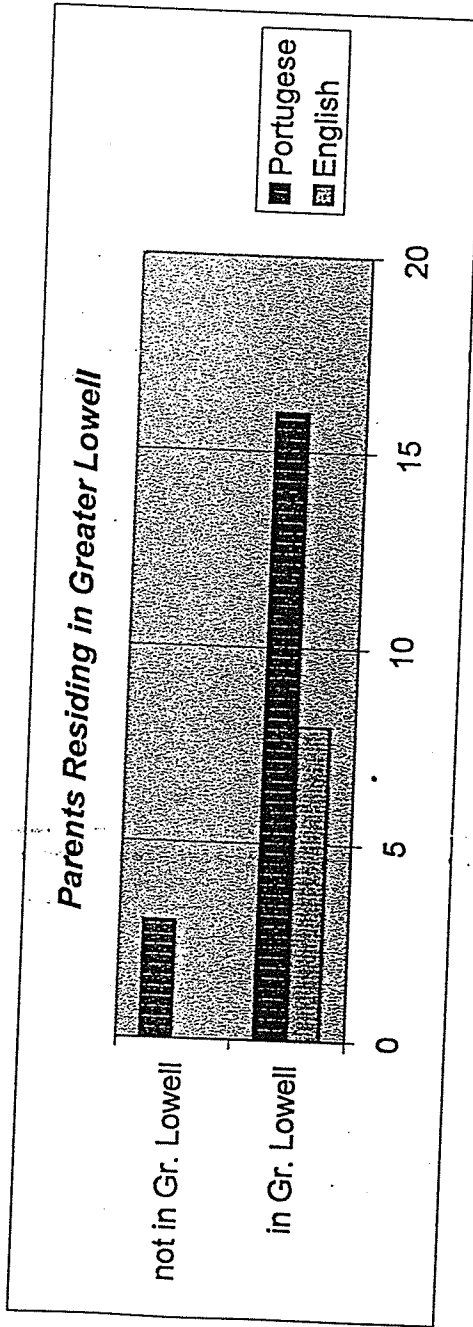
In Portuguese 19

**Responses to Questions:**

**1. Number of those with Portuguese parents residing in Lowell**

Yes 24  
No 3

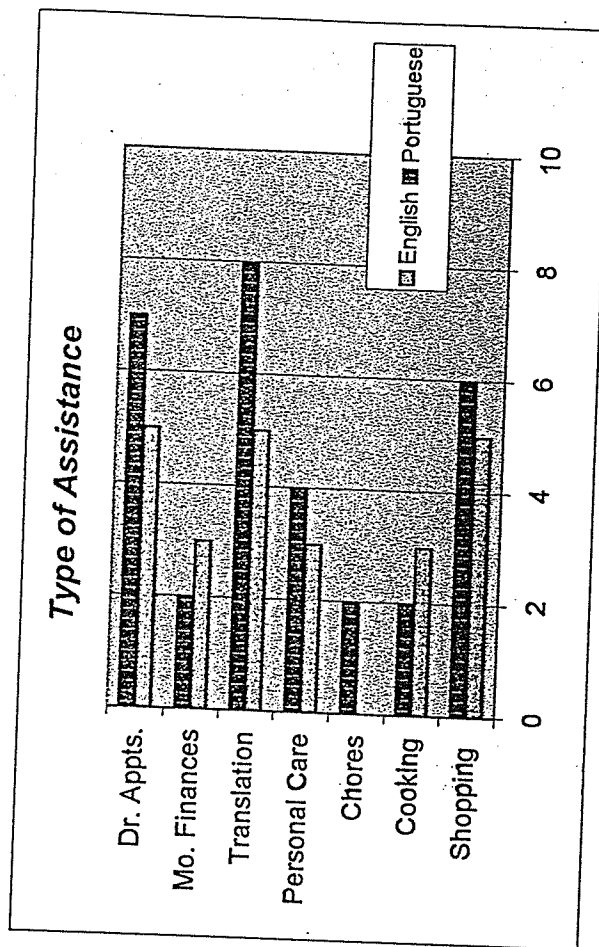
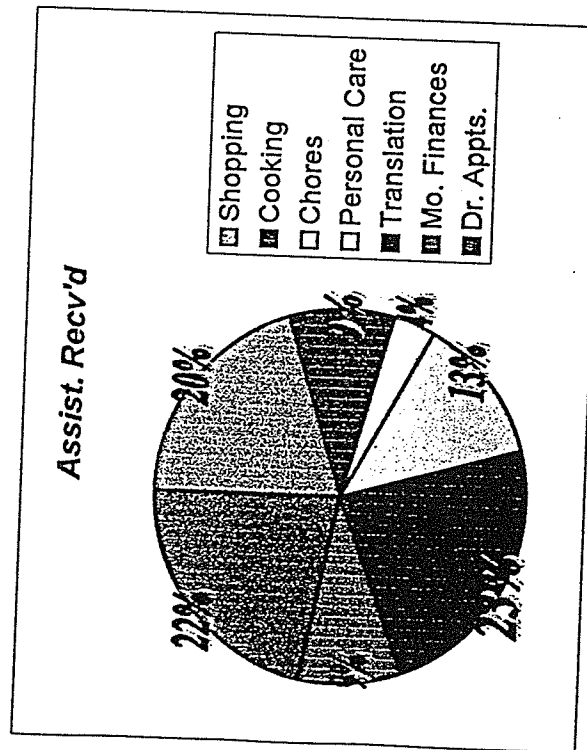
	Parent living in Gr. Lowell	Parents not in Gr. Lowell
English	8	0
Portuguese	16	3



## Survey Results: 40-59

### 3. What Assistance Do Your Parents Receive?

English	Shopping	Cooking	Chores	Personal Care	Translation	Mo. Finances	Dr. Appts.
Portuguese	5	3	0	3	5	3	5
	6	2	2	4	8	2	7
Assist. Recv'd	Shopping	Cooking	Chores	Personal Care	Translation	Mo. Finances	Dr. Appts.
	11	5	2	7	13	5	12



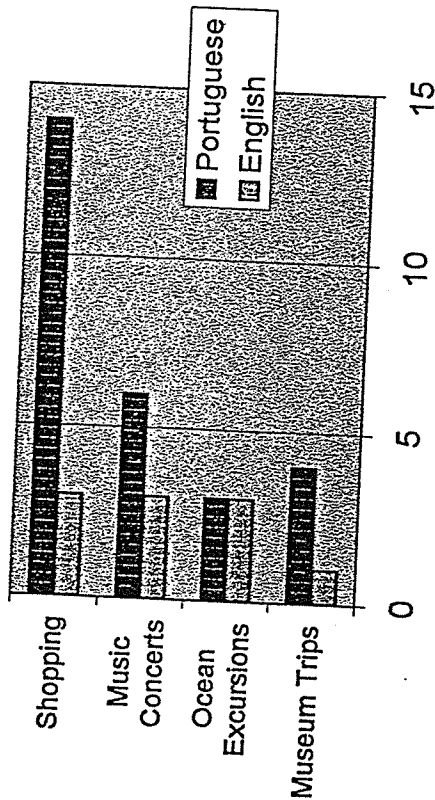


# Survey Results: 40-59

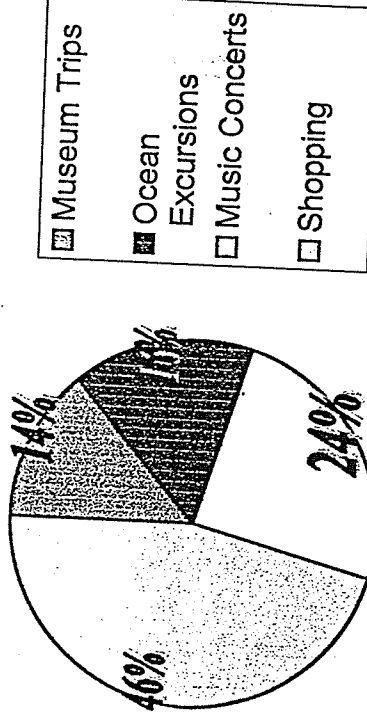
## 5. A) Activity, B) Presentation, C) Classes

A) Activity	Museum Trips	Ocean Excursions	Music Concerts	Shopping
English	1	3	3	3
Portuguese	4	3	6	14
A) Activity	Museum Trips	Ocean Excursions	Music Concerts	Shopping
Total:	5	6	9	17

**Top Activities/Excursions**



**Total Top Activities/Excursions**



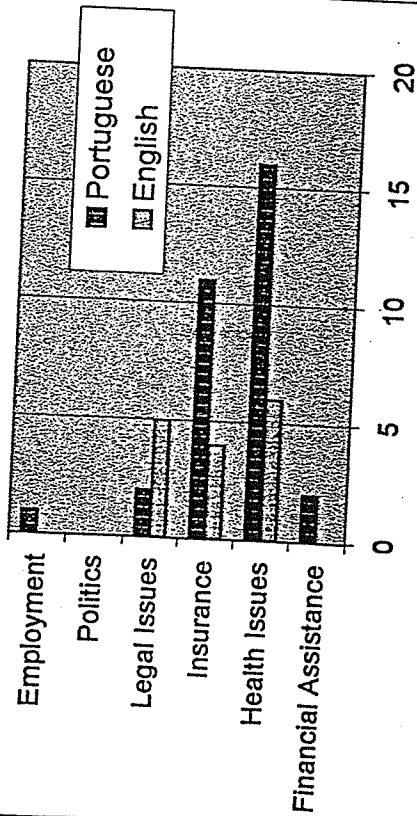
## Survey Results: 40-59

### 5. A) Activity, B) Presentation, C) Classes

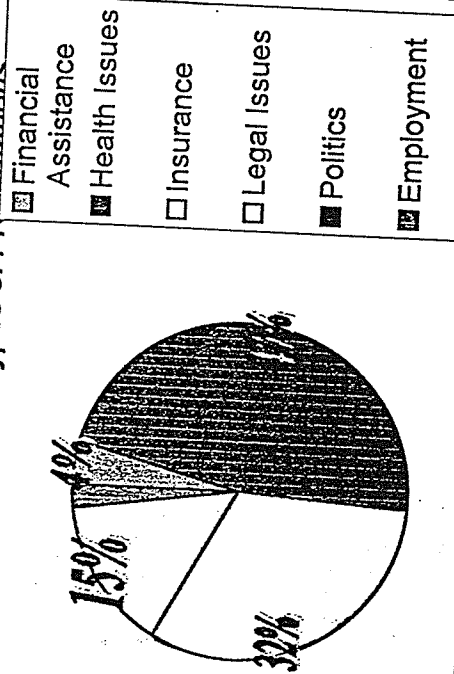
B) Presentation	Financial Assistance	Health Issues	Insurance
English	0	6	4
Portuguese	2	16	11
B) Presentation	Financial Assistance	Health Issues	Insurance
Total:	2	22	15

Legal Issues	5	Politics	0	Employment	0
Legal Issues	2	Politics	0	Employment	1
Legal Issues	7	Politics	0	Employment	1

Interest In Types of Presentations



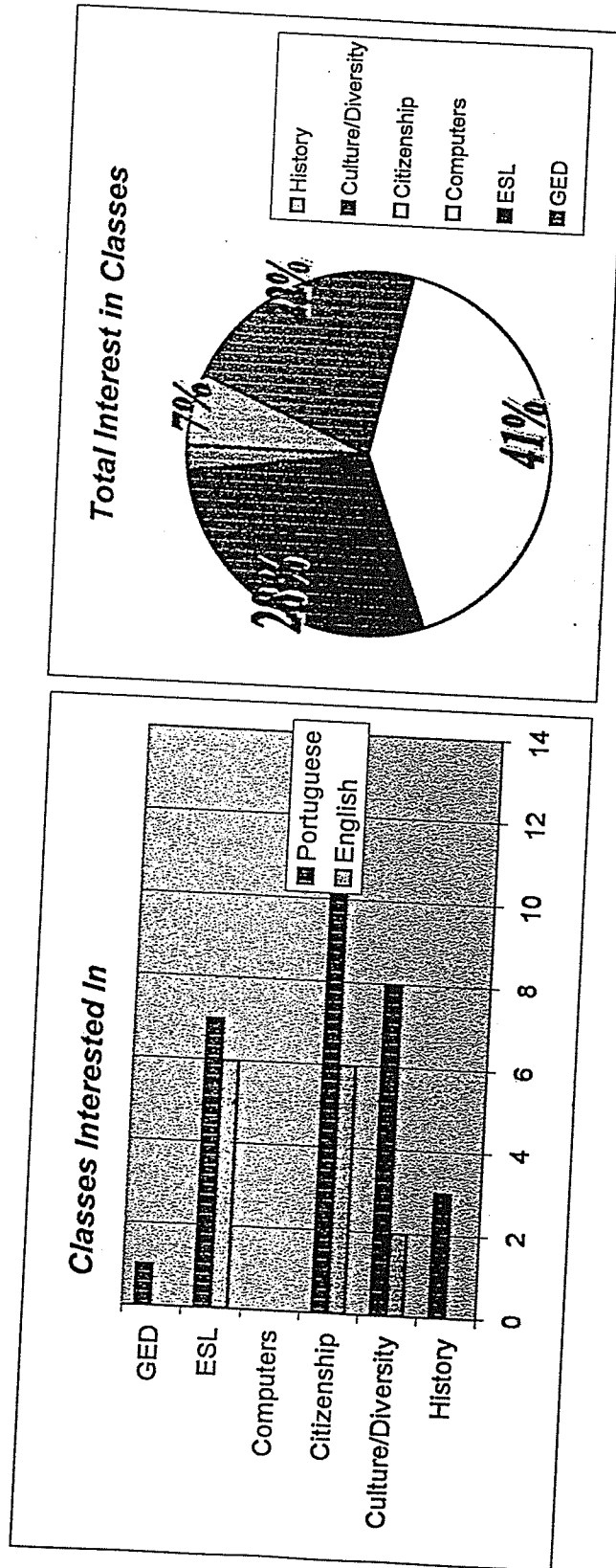
Total Interest in Types of Presentations



## Survey Results: 40-59

### 5. A) Activity, B) Presentation, C) Classes

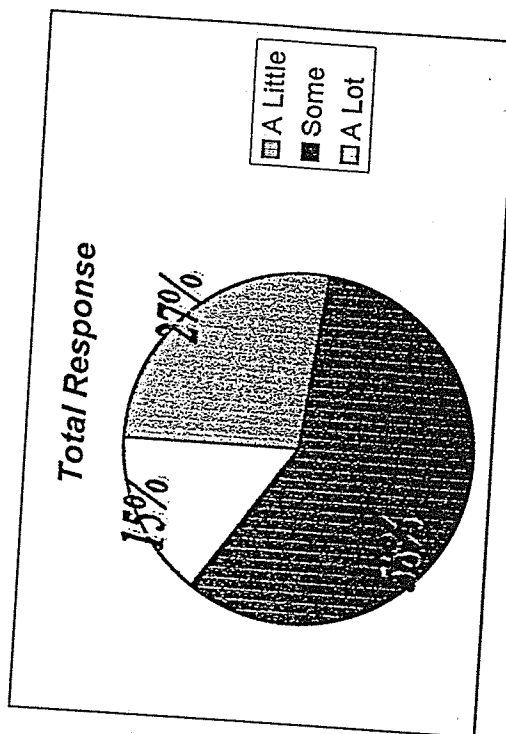
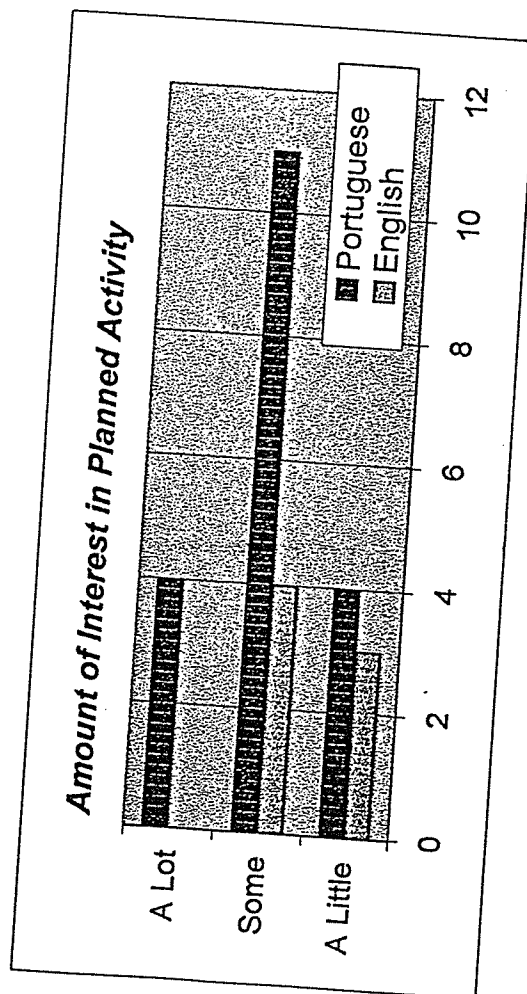
C) Classes	History	Culture/Diversity	Citizenship	Computers	ESL	GED
English	0	2	6	0	6	0
Portuguese	3	8	13	0	7	1
C) Classes	History	Culture/Diversity	Citizenship	Computers	ESL	GED
Total:	3	10	19	0	13	1



## Survey Results: 40-59

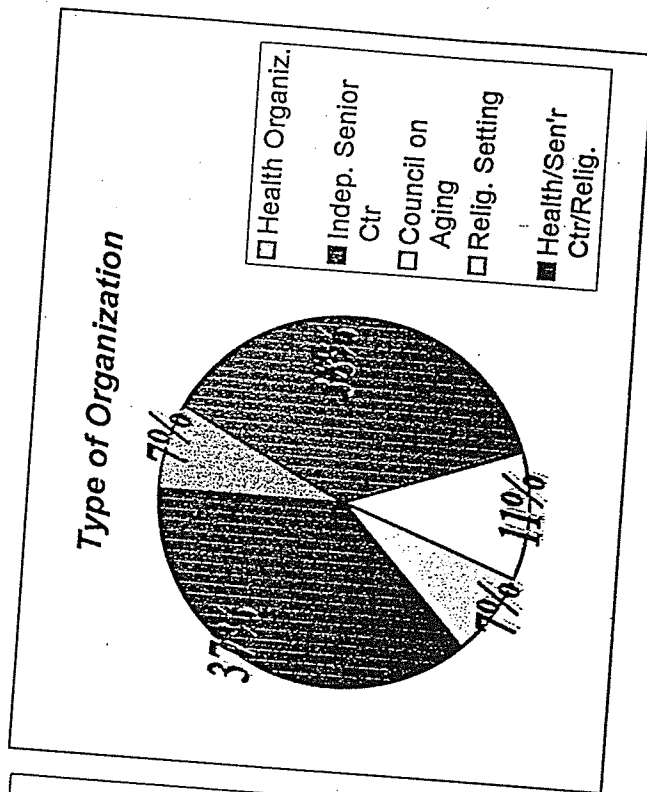
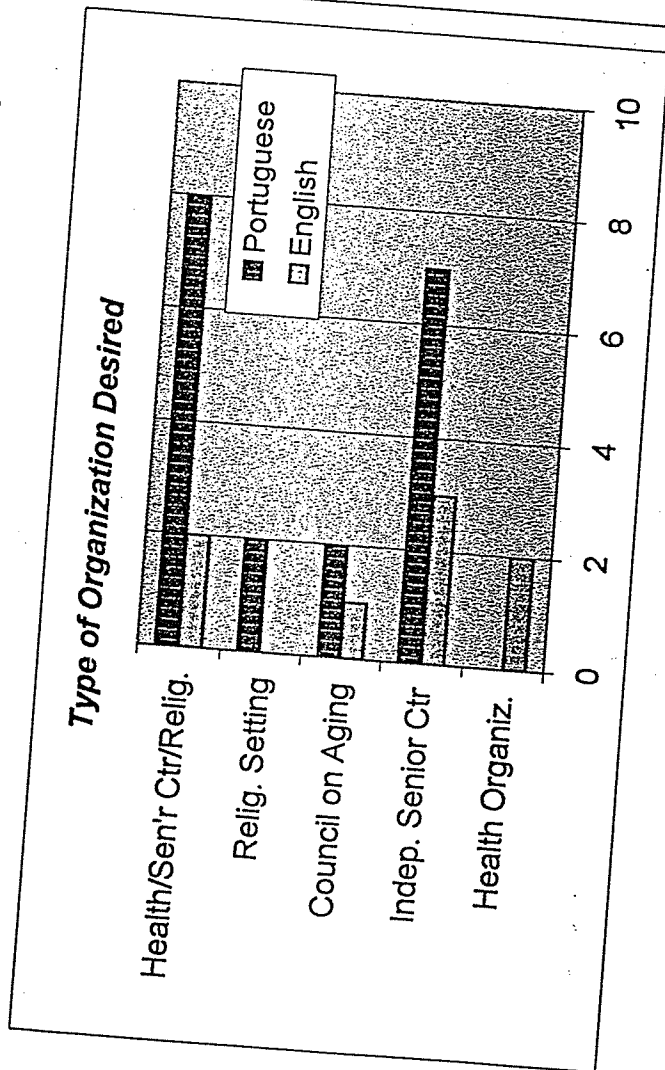
### 6. Level Of Interest in Planned Activities

	A Little	Some	A Lot
English	7	15	4
Portuguese	3	4	0
	4	11	4



7. What type of organization would you like to see?

	Health Organiz.	Indep. Senior Ctr	Council on Aging	Relig. Setting	Health/Sen'r Ctr/Relig.
English	2	10	3	2	10
Portuguese	2	3	1	0	2
	0	7	2	2	8



## Survey Result Analysis

### *60+ Survey*

A total of 88 surveys were completed by individuals age sixty or older. A good sample of both sexes was obtained, with 31% of responses filled out by male. Survey results found 48% of the responses completed in English, with all remaining surveys completed in Portuguese. All questions are looked at to determine discrepancies between English and Portuguese responses.

A majority 65% live with their spouse, while only 18% reside alone. More English responses indicate they live alone, while the majority Portuguese live with their spouse. An equal amount of Portuguese and English responses live with other family members (16%). Nearly none live with a friend.

Most elders above the age of sixty live in their own home (92%). While no responses in Portuguese are found to live in nursing homes, only one English responder tends to move often. Very few live in a senior housing complex (5%), and even fewer live in nursing homes. It is important to note that distribution did not target nursing homes. Individual research and focus groups provide more information as to why nursing homes are not a choice for many Portuguese.

Over 80% of the sample market are retired, with only 11% considering themselves unemployed. All unemployed and part time workers consider themselves retired too. Only 6% are volunteers and fewer are employed full time. Nine of the total number of responses did not answer this question.

Most responses indicate time is mostly spent with family members (51% total) and a quarter of the responses spend most of their time alone (26%). Not surprisingly, more English responses (nearly 18%) indicate their time is spent with community members, outside of church. The number of Portuguese responses who spend more of their time with family or home alone is greater than the English response, although both segments have nearly the same number of responses. A near equal amount of English and Portuguese responses spend time with peers from work, consistent with the number of responses of full and part time workers.

Interestingly, most responses are either 'never' or 'occasional' with regard to volunteer work outside of church. Few 'frequently' or 'often' volunteer. The overwhelming 'occasional' response of 49% superceded the 'often' response of 7%. While 38% of the responses say they never volunteer, the majority of all responses (62%) volunteer to some degree.

Few people use public transportation, while most (32%) rely on family members and friends for transportation and 22% walk. Surprisingly, 24% drive, while 13% do not

travel much from the home. More English responses indicate they walk, and a majority of Portuguese responses say they do not travel much from the home.

Activities Portuguese elders are interested in are spread across the board. The top three activities people most interested in are cards (19%), cooking (17%) and crafts (16%), with music and dance a close fourth (14%). Coffee/tea gatherings and exercise are not as popular, but finished the next best (11% each). Only 9% are interested in bingo. Very few have an interest in painting and art activities.

There is generally interest in all the excursions, ocean and fishing excursions being the least favorite at 15%. Music Concerts are the most favorite (30%), with shopping and museum trips following close behind (27% and 28%). There were nine surveys on which many checked more than three responses. These are included in the sample in order to give a majority interest. Only four surveys were left blank, indicating no interest in any of these events.

People are most interested in presentations that are health related (41%). Secondly, 27% are interested in insurance and 17% are interested in legal issues. There are more Portuguese responses in total, preferring presentations on health and insurance to legal issues. It may be assumed that more English speaking responders have more access to information than Portuguese, with only three of the Portuguese responses versus eight English responses left blank.

The top two courses people are interested in are ESL and culture/diversity classes (27% and 23%). Most Portuguese responses favor ESL classes, while more English responses prefer computer classes (15%). An equal amount of English and Portuguese responses want citizenship classes (18%). People had some interest in classes on history and computers (14% and 15%). Very few want the GED.

Overwhelmingly, people currently receive assistance with doctor's appointments and translation (24% and 29%). These two main areas of need appear to be required more by the Portuguese speaking population than English speaking. English responses desire more assistance with house chores and shopping. Only 12% of the total number of responses imply they needed *no* assistance.

What type of assistance do elders greatly need? A cross section of responses indicate many needs, but the top needs appear to be a Senior Center and translation, followed closely by social activities and emotional/spiritual support and assistance. More English speaking request the need for translation and more Portuguese speaking request social and emotional support. An equal amount of English and Portuguese responses want more social activities and a senior center, totaling fifteen. Another fourteen people want to add social activities, trips or types of social support to their lives. Only five responses of the eighty-eight clearly indicated they want a nursing home.

Most responders, 55 of the 88 total, did not need help filling out the survey.

sixty plus category were not overwhelming, ESL and culture classes are. Obviously, the younger population views a need for educating elders in citizenship.

Most folks between forty and fifty-nine do not feel planned activities are of interest to *a lot* of folks over sixty. More people think only *some* would enjoy planned activities. We asked this question to get a feel for how many potentially prefer planned versus unplanned activities. The idea of having less planned events versus planned events needs to be discussed and as we explore the possibility of a Senior/Day Care Center.

The majority of responses from question seven indicate an independent senior center or a combination of health and senior center organization as the most desirable type of organization. This reflects responses from the focus group studies as well; indicating the desire for recreational activities combined with health related support structures.

In the following question however, fifteen people between the ages of forty and fifty-nine believe a Portuguese nursing home is greatly needed. Fourteen people believe a day care center is needed, while eleven request a health service agency.

The entire sample believes elders over the age of sixty would use services of a newly established organization if transportation and language were not a barrier.





## Closing the Gaps

Observing young and old individuals, learning about existing elder programs, understanding the coordination of social and recreational events for Portuguese elders, speaking with city officials and the transportation authority, and discovering the interests of our elder population has brought together many ideas and considerations. More importantly, it has brought light to the importance of community involvement, education, collaboration and shared resources. Meeting the needs of the Portuguese elder population is not a task that should be self-contained within MAPS, within the church or within any individual organization. Meeting the needs of elders is a global concern. It is a concern that many of us share and take responsibility. The recommendation for meeting the needs of Portuguese elders is a multi-task plan, with many levels and steps that take a commitment of organizations, people and community resources.

Closing the gaps with all this reported information might probably be perceived in many ways. The following recommendations take into consideration personal experiences on the project and allow for discussion. Action steps are prioritized and based not only on these recommendations, but also on the constraints and limitations of available staff at MAPS and in the community. The follow presents several ideas to MAPS and its committee members.

### Recommendations

#### *Language*

Segregation in our communities due to language exists not only with the Portuguese, but also with the Cambodian and Spanish populations. Agencies are now working to close some of these gaps by seeking ways to enriching their staff, seeking collaboration from area organizations and hiring language interpreters that are needed. It would be important for MAPS to explore how these agencies are employing qualified language interpreters and how they are educating their staff culturally. Are there employment opportunities for some Portuguese elders?

Many survey responses indicated a need for assistance with language interpretation. Focus groups also had a majority concern for elders who did not speak English. Although many folks over the age of sixty are interested in ESL classes, we can not neglect the Portuguese speaking population who will never learn English. Language interpreters are greatly needed in Lowell to assist with a multitude of elder services, be it companionship programs, visits to hospitals or home health assistance. MAPS should seek ways to build a volunteer network in which they would potentially discover ready-made interpreters to serve some of the general needs of Portuguese-speaking elders.

### Action Plan

1. Develop subcommittee of four community leaders to spearhead the development and implementation of task oriented steps to meet the needs of Portuguese elders.
2. Attend January 17<sup>th</sup> Elder Service Network meeting to publicize this report and make mention of priority needs of the Portuguese community.
3. Send copies of this report to all area agencies, including Merrimack Valley Elder Services, Community Teamwork, Lowell Council on Aging, representative Thomas Golden and Salvation Army. Include cultural information!
4. Meet with key leaders at CTI and Merrimack Valley Elder Services serving the elder population to discuss collaboration and further publicize the needs of Portuguese elders.
5. Meet with Sally and Maria at the Lowell Council on Aging. Involve the Director in all conversations. Discuss possible programs for involving more of the Portuguese population in social and recreational activities. Discuss the new center and its proposed ethnic programming.
6. Plan to attend the *May Senior Day Conference* at Middlesex Community College to publicize the needs of Portuguese elders and to seek out collaborating agencies.
7. Publish a comprehensive directory of elder services and programs offered in the area and make it available to the Portuguese population of all ages.
8. Have subcommittee members develop a plan for creating a volunteer network.
9. Write grant for meal program offered through Elders Services, making sure there are available community volunteers and/or staff at MAPS who can coordinate and manage this weekly or monthly program.
10. Consider grant possibilities through the Department of Public Health to develop a health related day care/senior center. Explore local opportunities for location and other means of support.



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Maria Reis, PT council on Aging Portuguese Outreach Coordinator	978-970-4136 work
Rose Ormonde, assistant to Maria Santos	978-692-3107, x 827 work Balas, Alphens & Santos  978-458-9990 home 777 Central Street Lowell, MA 01852
Gladys Picanso, former MAPS employee/VP Holy Ghost	978-454-3531 home 952 Bridge Street Lowell, MA 01850
Mr. Joao Ferreira	
Mr. Fred Machado, Shine Counselor, CTI Volunteer	978-459-0551 work (T/TH) CTI, 167 Dutton Street Lowell, MA 01852

### OTHER CONTACTS IN THE COMMUNITY:

Mr. Manuel Thomas, his wife Maria works at Adv. Polymers	978-458-1892
Alieto Porto, QA Manager, Advanced Polymers	603-898-8962
Grace Leo, god mother to Lisa Saab	978-458-2625
Filomena Mello, hairdresser...shop across from church	978-452-0434
Maria LaBao, Branch Manager - Enterprise Bank	978-452-
Danny Braga, Holy Ghost committee	
Geranamo Lopes, connected to Clubs:	Port. Am. Civic League Port. American Center
Rosemary Michatu, school teacher and Holy Ghost committee member	
Virginia Vega, VNA Home Health Aid and Portuguese Interpreter	

**Contents of this Section Include Organizations and Establishments of the Lowell area:**

Area Nursing Homes

Cancer Centers

Companion Programs

Chore Services

Councils On Aging/Senior Centers

Elder Services

Employment Services

Food Assistance

Fuel Assistance

Health Insurance

Home Health Care Services

Hospitals

Housing Options for Elders

Nutrition and Food Programs

Transportation Services

Other Contacts in the State of Massachusetts

**AREA NURSING HOMES**

*The Atrium at Drum Hill*

2 Technology Drive, Chelmsford 01824  
978-934-0000

Battles Rest Home

236 Fairmount Street, Lowell 01852  
978-453-2531

D'Youville Senior Care, Inc.

981 Varnum Street, Lowell 01854  
978-454-5681

*Fairhaven Nursing Home*

476 Varnum Avenue, Lowell 01854  
978-458-3388

*Heritage Nursing Care Center*

841 Merrimack Street, Lowell 01854  
978-459-0546

Horn Home

98 Smith Street, Lowell 01851  
978-452-9571

*Mediplex Skilled Nursing & Rehabilitation Center of Lowell*

19 Varnum Avenue, Lowell  
978-454-5644

Merrimack River Valley Home

520 Fletcher Street, Lowell 01854  
978-452-6071

*Northwood Nursing & Rehabilitation Center*

1010 Varnum Avenue, Lowell 01854  
978-458-8773



**AREA NURSING HOMES**

*(Continued)*

*Palm Manor Nursing Home*

40 Parkhurst Road, Chelmsford 01824  
978-256-3151

*Sunbridge Care Center / Glenwood*

557 Varnum Avenue, Lowell 01854  
978-454-5444

*Sunny Acres Nursing Home*

254 Billerica Road, Chelmsford 01824  
978-256-0231

*Town and Country Nursing Home Corporation*

259 Baldwin Street, Lowell 01851  
978- 454-5438

*Wentworth Nursing Care Center*

500 Wentworth Avenue, Lowell 01852  
978-458-1271

*Willow Manor Healthcare and Rehabilitation Center*

30 Princeton Boulevard, Lowell 01851  
978-454-8086

## **CANCER CENTERS**

### **American Cancer Society**

Mass Division, Inc.  
66 Y Concord Street, Wilmington 01887  
978-454-0900, 978-988-3600

### **Lowell General**

The Cancer Center  
295 Varnum Street, Lowell 01854  
978-937-6000

### **Saints Memorial Medical Center**

Oncology Health Services  
1 Hospital Drive, Lowell 01852  
978-458-1411 x4590

## **COMPANION PROGRAMS**

### **Community Teamwork, Inc.**

Lynn Brown-Zounes, Director Elder Programs  
167 Dutton Street, Lowell 01952  
978-459-0551

## **CHORE SERVICES**

### **Commonwealth Nursing Services and Home Care**

175 Cabot Street, 5<sup>th</sup> Floor, Lowell 01854  
978-459-7771

### **Family Services of Greater Lowell**

Handi-Helpers  
97 Central Street, Lowell 01852  
978-937-3003

## **COUNCIL ON AGING – SENIOR CENTERS**

### Chelmsford Council on Aging

Martin Walsh, Director  
75 Groton Street, No. Chelmsford 01863  
978-251-0533

### Dracut Council On Aging/The Club

Claire Hamilton, Director  
951 Mammoth Road, Dracut 01826  
978-957-2611

### Lowell Council On Aging

Arthur Ranalho, Managing Director  
Sally Correa and Maria Reis, Portuguese Outreach Coordinators  
Smith Baker Center  
400 Merrimack Street, Lowell 01854  
978-970-4131, 978-970-4136

### Tewksbury Senior Citizen Drop in Center

Linda Brabant, Director  
Carol Hazel, Secretary  
175 Chandler Street, Tewksbury 01876  
978-640-4480

## **ELDER SERVICES –**

### Merrimack Valley Elder Services

Judy Post, Director of Community Planning  
Ann Proli, Associate Executive Director ASAP  
Rosanne DiStefano, Executive Director ASAP  
360 Merrimack Street, Building 5  
Lawrence 01843  
978-683-7747  
800-892-0890 (MA)

## **EMPLOYMENT SERVICES**

Community Teamwork, Inc.

Elder Programs/Foster Grandparents Program  
167 Dutton Street, Lowell 01854  
978-459-0551

Excel Health Services

170 Main Street, Tewksbury 01824  
978-851-0205

## **FOOD ASSISTANCE**

Community Teamwork, Inc.

Elder Programs  
167 Dutton Street, Lowell 01854  
978-459-0551

Food Pantries of Merrimack Valley

Catholic Charities  
St. Joseph's High School  
760 Merrimack Street, Lowell 0854  
978-454-9946

MACOM Food Share, Inc.

Mobile Food Pantry for Elders and Disabled  
100 Chelmsford Street, Lowell 01853  
978-442-5000

Merrimack Valley Food Bank

735 Broadway, Lowell 01851  
978-454-7272

Open Pantries

200 Central Street, Lowell 01852  
978-453-6693

## **FUEL ASSISTANCE**

Community Teamwork, Inc.

Elder Programs  
167 Dutton Street, Lowell 01854  
978-459-0551

## **HEALTH CENTERS**

Lowell Community Health Center

Lowell General Hospital  
585 Merrimack Street, Lowell 01854  
978-937-9700

## **HEALTH INSURANCE**

Health Benefits Counseling

Fred Machato, SHINE Coordinator  
Community Teamwork, Inc.  
167 Dutton Street, Lowell 01854  
978-459-0551, ext 332 (T/TH)

Resource and Referral Center

Merrimack Valley Elder Services  
978-683-7747

Medicaid

MassHealth Enrollment Center  
367 East Street, Tewksbury 01876  
978-262-9100  
888-665-9993  
800-841-2900 (Customer Services)

Medigap Insurance

Resource and Referral Center  
Elder Services of Merrimack Valley  
978-683-7747

Hotline  
800-638-6833

## **HOME HEALTH CARE SERVICES**

### **Dawnland Health Services**

718 Merrimack Avenue, Dracut  
978-970-1990, 970-5338

### **Excel Home Care**

170 Main Street, Tewksbury 01824  
978-863-0099

### **Family Service of Greater Lowell – Home Health Care**

97 Central Street, Lowell  
978-937-3003

### **HealthSouth Home Health Services**

220 Pawtucket Avenue, Lowell  
978-458-4357

### **Lowell Registry for Private Duty Nurses & Aides**

45 Harland Avenue, Lowell  
978-453-7707

### **Staff Builders Home Health Care**

175 Cabot Street, Lowell 01853  
978-458-4357  
800-698-1535

### **Visiting Nurse Association and Hospice of Greater Lowell**

150 Middlesex Street, Lowell 01851  
978-459-9343

## **HOSPITALS**

### Lowell General Hospital

295 Varnum Street, Lowell 01854  
978-937-6000

### St Joseph' Health Care Center

220 Pawtucket Street, Lowell 01854  
978-453-1761

### Saints Memorial Medical Center

St. John's Campus  
1 Hospital Drive, Lowell 01852  
978-458-1411

## **HOUSING OPTIONS FOR ELDERS**

Lowell Housing Authority  
Residence Opportunities Social Services Grant  
Lorette Underwood and Kimberly Ames, Coordinators  
350 Moody Street, PO Box 60, Lowell 01853  
978-937-3500, ext. 159

## **NUTRITION AND FOOD PROGRAMS/ MEALS ON WHEELS**

Lowell Council on Aging  
Smith Baker Center  
400 Merrimack Street, Lowell 01854  
978-970-4131

Merrimack Valley Elder Services  
Judy Post, Director of Community Planning  
360 Merrimack Street, Build 5, Lawrence 01843  
978-683-7747

SAGE  
Salvation Army  
150 Appleton Street, Lowell 01852  
978-458-3396

Saint Michael's Church  
543 Bridge Street, Lowell 01850  
978-458-9652

## **TRANSPORTATION SERVICES**

### **Council on Aging**

Smith Baker Center  
400 Merrimack Street, Lowell 01854  
978-970-4131

### **Drive People Happy Program**

Merrimack Valley Elder Services  
360 Merrimack Street, Building 5, Lawrence 01843  
978-683-7747  
800-892-0890 (MA)

### **Lowell Regional Transit Authority;**

Road Runner, Trolley and Bus Services  
Bob Kennedy, Director  
145 Thorndike Street, Lowell 01852  
978-459-0164



## OTHER STATE AND FEDERAL CONTACTS

### **Mass Executive Offices of Elder Affairs:**

Secretary Lillian Glickman  
One Ashburton Place, 5<sup>th</sup> Floor  
Boston, MA 02108  
[www.state.ma.us/elder](http://www.state.ma.us/elder)

Barbara Roberts, Administrative Assistant  
617-727-7750 tel.  
617-727-9368 fax.

Tom Chung, Research and Statistics  
617-222-7456 tel.

Notes: data not broken down by ethnic group...  
broken down by city

### **Administration on Aging (AOA):**

330 Independence Avenue, SW  
Washington, DC 20201  
800-677-1116 Elder Locator  
202-619-7501 AOA's National Aging Information Center  
202-401-4541 Office of the Assistant Secretary for Aging  
[aoa.dhhs.gov](http://aoa.dhhs.gov)

### **Other Referrals:**

Roberta Rosenberg, Chair *Multi-Cultural Coalition on Aging*  
Marcy Freeman, Assistant  
617-363-8654 tel.

Notes: focuses on Boston

*Elder Health*  
Ruth Grabel  
617-624-5411

Referred to Office of Refugee & Immigrants Health

*DPH Prevention Centers*  
[state.ma.us](http://state.ma.us)

*Mass Institute for Social & Economic Research*  
State Data Center  
413-545-3460 (UMass/Amherst)



**Massachusetts Office of Elder Affairs**

**Elder Census Report**

*Population Projections*

	<u>1980</u>	<u>1990</u>	<u>2000</u>	<u>2010</u>
<u>Tewksbury</u>	2,839	3,636	4,478	5,871
<u>Dracut</u>	2,657	3,667	4,330	5,388
<u>Lowell</u>	16,610	16,297	16,192	17,664

Data completed by UMass, Institute for Social and Economic Research

# Massachusetts Aging Trends

The Research Unit  
Executive Office of Elder Affairs

## 1. Proportion of the 65+ Population

For the whole 20th Century, the proportion of the elderly (65+) population in Massachusetts was larger than that in the country as a whole. New projections show a reverse pattern in the beginning of Century 21.

In the country as a whole, the ratio of the 65+ to the total population was about 1:20 in the turn of the century. It has climbed to 1:10 in the 1970s and 1:8 in 1990. By the time the first wave of baby boomers reaches 65, in 2010, the ratio will become 1:7.5.

In Massachusetts, the ratio of the 65+ to the total population reached 1:20 earlier. It has become 1:10 in 1950, 1:7.5 in 1990, and will drop back to 1:8 in 2010.

**Table 1: Proportion of the 65+ Population in Massachusetts and the U.S.**

	1920	1930	1940	1950	1960	1970	1980	1990	2000	2010
U.S.	4.7%	5.4	6.8	8.1	9.2	9.8	11.3	12.5	12.8	13.3
MA	5.4%	6.4	8.5	10.0	11.1	11.2	12.7	13.5	12.7	12.6

### Sources:

For Massachusetts figures before 1990, see General Population Characteristics, Massachusetts, 1980 Population, PC80-1-B23, p.39. MA figures since 1990 are processed by the Research Unit, Executive Office of Elder Affairs, based on the data released by the Massachusetts Institute for Social & Economic Research (MISER) on Aug. 2, 1999.

For U.S. figures before 1990, see America in Transition: An Aging Society, CPR P23-138. For U.S. figures since 1990, see [www.aoa.dhhs.gov/aoa/stats/AgePop2050.html](http://www.aoa.dhhs.gov/aoa/stats/AgePop2050.html).

## 2. Proportion of the 85+ Population

The proportion of the "oldest old" (85+) population in Massachusetts compared to that of the country as a whole displays a similar pattern like that of the 65+ segment. The differences lie in a much larger proportion of the 85+ in the state in the 20th Century, and a continuous but slower growth in proportion in the beginning of the 21st Century.

In the U.S., the 85+ to general population ratio leveled at 1:500 in the early decades of the century, doubled to 1:250 in 1950. The ratio became 1:200 in 1960 and doubled again to 1:100 in 1980. The trend has continued to 1:83 in 1990, 1:63 in 2000, and will turn 1:50 in 2010.

Massachusetts had the same proportion of the 85+ population as the country in 1920, but reached a ratio of 1:200 a decade earlier and 1:100 in the early 1970s. This ratio was 1:67 in 1990, and will be 1:59 in the 2010.

**Table 2: Proportion of the 85+ Population in Massachusetts and the U.S.**

	1920	1930	1940	1950	1960	1970	1980	1990	2000	2010
U.S.	0.2%	0.2	0.3	0.4	0.5	0.7	1.0	1.2	1.6	2.0
MA	0.2%	0.3	n.a.	0.5	0.7	0.9	1.3	1.5	1.6	1.7

For U.S. figures before 1990, see Gregory Spencer, Projections of the Population of the United States, by Age, Sex, and Race, 1983 to 2080, CPR P25-952, May 1984. For 1990 U.S. figures, see Statistical Abstract 1995, #15, and for 2000 to 2050 U.S. figures, see #17.

For Massachusetts figures before 1990, see General Population Characteristics, Massachusetts, 1980 Population, PC80-1-B23, p.39. For MA figures since 1990, see Alice Rarig, Projections of the Population, Massachusetts Cities and Towns 1990 to 2010, MISER, 1194, p.A-1.

### 3. Future Age-Structure of the Massachusetts Elderly

Both the peak (the 80+) and the base (55-64) of the elderly population pyramid in Massachusetts are getting wider. The cohort that immediately supplies the elderly population (the 55-64 group) has remained 8.6% from 1990 to 2000, but will suddenly take off to 12.3% in 2010.

The dynamics of the 80+ segment, however, is very different. In 1990, 3.3% of the Massachusetts population aged 80 or over. By 2000, the proportion of 80+ has expanded to 3.5% and will stay at 3.5% in 2010.

In terms of numbers, in 1990 there were 196,600 elders aged 80+. By 2000 it will increase by one-ninth to 218,500. By 2010 it will increase by almost one-fifth to 234,600. Soon after 2010, as more and more baby boomers turning 65, the number and proportion of elders will grow even faster.

**Table 3: Future Age-Structure of the Massachusetts Elderly**

	1990	2000	2010
<b>Total Population</b>	6,016,425	6,340,843	6,690,740
<b>55-59</b>	4.2%	4.9%	6.6%
<b>60-64</b>	4.4%	3.7%	5.7%
<b>65-69</b>	4.2%	3.4%	4.0%
<b>70-74</b>	3.4%	3.3%	2.8%
<b>75-79</b>	2.7%	2.8%	2.3%
<b>80-84</b>	1.8%	1.9%	1.8%
<b>85+</b>	1.5%	1.6%	1.7%

### 4. Race Composition of Massachusetts Elderly Population

While less racially diversified than the country as a whole, Massachusetts will see more minorities. The proportion of the White Non-Hispanics in the 65+ population is shrinking, but will still account for over 90% of the elderly population in 2010.

The proportion of minorities will expand, especially that of Hispanics and Asian Americans. But in combination, minorities will account for one-ninth of the overall 65+ population. The proportion of elderly in every minority group is also smaller than that in the White Non-Hispanic population.

**Table 4: Race Composition of Massachusetts**

	1990	2000	2010
<b>Total 65+ Population</b>	815,005	802,603	844,549
<b>White Non-Hispanic</b>	95.8%	93.9%	91.4%
<b>Black Non-Hispanic</b>	2.2%	2.4%	2.8%
<b>Asian/Other Non-Hispanics</b>	0.8%	1.5%	2.3%
<b>Hispanics</b>	1.3%	2.2%	3.4%

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## **President Signs Older Americans Act Amendments of 2000 into Law**

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On November 13, 2000, President Clinton signed into law legislation to reauthorize the Older Americans Act. The amended Act, last reauthorized in 1992, will provide essential home and community-based services to millions of older Americans across the United States. In addition, for the first time ever, it will provide critical and much needed support to families who are caring for their loved ones who are ill or who have disabilities.

The legislation approved by Congress in late October contains the Administration's proposed National Family Caregiver Support Program, part of President Clinton's long term care package introduced in January of 1999. This program will provide support and respite care to hundreds of thousands of family members who are struggling to care for their older relatives at home. Services to be provided to caregivers include information and assistance, training, counseling and support as well as respite care for caregivers who are often juggling work and other family responsibilities.

Congress approved the legislation after reaching a bipartisan compromise on many important issues which had been under discussion over the past five years since the Act's most recent authorization expired. Among those issues are the administration of the Senior Community Service Employment Program administered by the Department of Labor; language that would ensure the targeting of services to those in the greatest need; the inclusion of cost sharing practices for limited, costly services; and the revision of funding formulas to states who receive funds from the Administration on Aging.

In heralding the passage of the Act, Assistant Secretary for Aging Jeanette C. Takamura said, "This is an historic occasion for older persons and their families. The reauthorization of the Older Americans Act will help us to reach out to caregivers across the United States as well as to ensure that all older Americans can reach the ultimate goal — a life of activity and dignity." She also expressed her thanks to all who worked to reauthorize the Act.

Since 1965, the Older Americans Act has provided important services to older Americans including meals, transportation, legal services, information and assistance, employment and volunteer opportunities, health promotion, and protection from abuse in institutions and in the community.

Note: A copy of the statement by the President on the signing of the Older Americans Act Amendments of 2000 is available on the AoA web at: <http://www.aoa.gov/pr/Pr2000/WH-OAA-11-14-2000.html>

## Profile of Older Americans: 2000

www.aoa.gov/pr/Pr2000

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### *The Older Population*

The older population, persons 65 years or older, numbered 34.5 million in 1999. They represented 12.7% of the U.S. population, about one in every eight Americans. The number of older Americans increased by 3.3 million or 10.6% since 1990, compared to an increase of 9.1% for the under-65 population.

In 1999, there were 20.2 million older women and 14.3 million older men, or a sex ratio of 141 women for every 100 men. The sex ratio increased with age, ranging from 118 for the 65-69 group to a high of 237 for persons 85 and over.

Since 1900, the percentage of Americans 65+ has more than tripled (4.1% in 1900 to 12.7% in 1999), and the number has increased eleven times (from 3.1 million to 34.5 million).

The older population itself is getting older. In 1999 the 65-74 age group (18.2 million) was eight times larger than in 1900, but the 75-84 group (12.1 million) was 16 times larger and the 85+ group (4.2 million) was 34 times larger.

In 1998, persons reaching age 65 had an average life expectancy of an additional 17.8 years (19.2 years for females and 16.0 years for males).

A child born in 1998 could expect to live 76.7 years, about 29 years longer than a child born in 1900. The major part of this increase occurred because of reduced death rates for children and young adults. Life expectancy at age 65 increased by only 2.4 years between 1900 and 1960, but has increased by 3.5 years since 1960.

Almost 2.0 million persons celebrated their 65th birthday in 1999 (5,422 per day). In the same year, about 1.8 million persons 65 or older died, resulting in a net increase of approximately 200,000 (558 per day).

(Data for this section were compiled primarily from Internet releases of the U.S. Bureau of the Census and the National Center for Health Statistics).

<Picture: Bar Chart Showing the growth of the 65+ population as: 1900: 3.1 million; 1920: 4.9 million; 1940: 9 million; 1960: 16.7 million; 1980: 25.7 million; 1998: 34.4 million; 2000: 34.8 million; 2010: 39.7 million; 2020: 53.7 million; 2030: 70.3 million>

Note: Increments in years are uneven. Based on data from the U.S. Bureau of the Census

### *Future Growth*

The older population will continue to grow significantly in the future (see Figure 1). This growth slowed somewhat during the 1990's because of the relatively small number of babies born during



the Great Depression of the 1930's. But the older population will burgeon between the years 2010 and 2030 when the "baby boom" generation reaches age 65.

By 2030, there will be about 70 million older persons, more than twice their number in 1999. People 65+ will represent almost 13% of the population in the year 2000 but are expected to grow to be 20% of the population by 2030.

Minority populations are projected to represent 25.4% of the elderly population in 2030, up from 16.1% in 1999. Between 1999 and 2030, the white\*\* population 65+ is projected to increase by 81% compared with 219% for older minorities, including Hispanics (328%), African-Americans\*\* (131%), American Indians, Eskimos, and Aleuts\*\* (147%), and Asians and Pacific Islanders\*\* (285%).

### *Marital Status*

In 1999, older men were much more likely to be married as older women--77% of men, 43% of women (Figure 2). Almost half of all older women in 1999 were widows (45%). There were over four times as many widows (8.4 million) as widowers (1.9 million).

Divorced and separated older persons represented only 8% of all older persons in 1999. However, their numbers (2.2 million) have increased significantly since 1990, when approximately 1.5 million of the older population were divorced or separated.

Based on data from the U.S. Bureau of the Census. See: "The Older Population in the United States: March 1999, Current Population Reports, P20-532

### *Living Arrangements*

The majority (67%) of older non-institutionalized persons lived in a family setting in 1998. Approximately 10.8 million or 80% of older men, and 10.7 million or 58% of older women, lived in families (Figure 3). The proportion living in a family setting decreased with age. Only 45% of those 85+ years old lived in family setting. About 13% of older persons (7% of men, 17% of women) were not living with a spouse but were living with children, siblings, or other relatives. An additional 3% of men and 2% of women, or 718,000 older persons, lived with non-relatives.

About 31% (9.9 million) of all non-institutionalized older persons in 1998 lived alone (7.6 million women, 2.3 million men). They represented 41% of older women and 17% of older men. Living alone correlates with advanced age. Among women aged 85 and over, for example, three of every five lived outside a family setting.

While a small number (1.47 million) and percentage (4.3%) of the 65+ population lived in nursing homes in 1997, the percentage increases dramatically with age, ranging from 1.1% for persons 65-74 years to 4.5% for persons 75-84 years and 19.0% for persons 85+.

(Based on data from the National Center for Health Statistics. See "An Overview of Nursing Home Facilities: Data from the 1997 National Nursing Home Survey," Advance Data No.311, March 1, 2000).

### *Racial and Ethnic Composition*

In 1999, 16.1% of persons 65+ were minorities, 8.1% were African-Americans,\*\* 2.3% were Asian or Pacific Islander,\*\* and less than 1% were American Indian or Native Alaskan.\*\* Persons of Hispanic origin (who may be of any race) represented 5.3% of the older population.

Only 7.2% of minority race and Hispanic populations were 65+ in 1999 (8.4% of African-Americans, 7.6% of Asians and Pacific Islanders, 7.3% of American Indians and Native Alaskans, 5.9% of Hispanics), compared with 14.8% of whites.

(Data for this section were compiled from Internet releases of the U.S. Bureau of the Census).

### *Geographic Distribution*

In 1999, about half (52%) of persons 65+ lived in nine states. California had over 3.6 million; Florida 2.7 million; New York 2.4 million; Texas 2.0 million; and Pennsylvania 1.9 million. Ohio, Illinois, Michigan, and New Jersey each had well over 1 million (Figure 4).

Person 65+ constituted 14.0% or more of the total population in 10 states in 1999 (Figure 4): Florida (18.1%); Pennsylvania (15.8%); Rhode Island (15.6%); West Virginia (15.1%); Iowa (14.9%); North Dakota (14.6%); South Dakota (14.4); Connecticut (14.3%); Arkansas (14.2%); and Maine (14.0).

In twelve states, the 65+ population increased by 17.0% or more between 1990 and 1999 (Figure 5): Nevada (61%); Alaska (55%); Arizona (31%); Hawaii (30%); Colorado, Utah and New Mexico (23%); Delaware (21%); South Carolina and North Carolina (19%); Wyoming (18%); and Texas (17%).

The ten jurisdictions with the highest poverty rates for elderly over the period 1997-1999 were: Mississippi (19.1%); Louisiana (17.1%); the District of Columbia (16.5); Arkansas (15.8%); West Virginia (15.1); New Mexico (14.8%); Texas (14.4%); Alabama (13.3%); New York (13.2%); and North Carolina (12.7%).

Persons 65+ were slightly less likely to live in metropolitan areas in 1999 than younger persons (77% of the elderly, 81% of persons under 65). About 50% of older persons lived in the suburbs, 27% lived in central cities, and 23% lived in non-metropolitan areas.

The elderly are less likely to change residence than other age groups. In 1998 only 4.6% of persons 65+ had moved since 1997 (compared to 17.5% of persons under 65). A large majority of those elderly (78%) had moved to another home in the same state.

(Data for this section and for Figure 4 were compiled primarily from Internet releases of the U.S. Bureau of the Census).

Figure 5: Percentage Increase in Population 65+ -- 1990 to 1999<Picture: map of percent increase of the 65 plus population by state from 1990 to 1999. See data in figure 6.>Based on Data from the U.S. Bureau of the Census  
See: <http://www.census.gov>

Figure 6: *The 65+ Population by State: 1999*

State	# Persons	% of All Ages	% Increase 1990-99	% Below Poverty
Alabama	567,952	13.0%	8.9%	13.3%
Alaska	34,750	5.6%	54.7%	6.4%
Arizona	628,633	13.2%	30.8%	8.1%
Arkansas	361,342	14.2%	3.4%	15.8%
California	3,647,532	11.0%	16.3%	8.4%
Colorado	407,773	10.1%	23.2%	5.5%
Connecticut	468,576	14.3%	5.2%	7.0%
Delaware	98,135	13.0%	21.4%	7.4%
Dist. of Columb.	72,102	13.9%	-6.4%	16.5%
Florida	2,741,849	18.1%	15.5%	9.3%
Georgia	761,143	9.8%	16.3%	10.5%
Hawaii	161,889	13.7%	29.5%	7.5%
Idaho	142,029	11.3%	16.8%	9.1%
Illinois	1,496,177	12.3%	4.3%	9.7%
Indiana	743,020	12.5%	6.6%	7.4%
Iowa	428,487	14.9%	0.5%	6.0%
Kansas	354,079	13.3%	3.3%	8.2%
Kentucky	493,154	12.5%	5.7%	12.6%
Louisiana	501,458	11.5%	7.0%	17.1%
Maine	175,357	14.0%	7.3%	11.7%
Maryland	596,961	11.5%	15.3%	11.0%
Massachusetts	859,731	13.9%	5.2%	10.1%
Michigan	1,223,560	12.4%	10.3%	8.4%
Minnesota	585,394	12.3%	6.9%	9.9%
Mississippi	335,492	12.1%	4.9%	19.1%
Missouri	745,684	13.6%	3.9%	9.8%
Montana	117,239	13.3%	10.0%	8.4%
Nebraska	228,286	13.7%	2.3%	11.7%
Nevada	207,412	11.5%	60.6%	8.9%
New Hampshire	144,585	12.0%	15.5%	8.9%
New Jersey	1,108,257	13.6%	7.6%	8.6%
New Mexico	199,974	11.5%	22.5%	14.8%
New York	2,429,632	13.4%	3.6%	13.2%
North Carolina	954,866	12.5%	18.5%	12.7%
North Dakota	92,383	14.6%	1.4%	12.0%
Ohio	1,501,136	13.3%	6.5%	8.1%
Oklahoma	448,698	13.4%	5.7%	11.0%
Oregon	435,099	13.1%	10.9%	8.5%
Pennsylvania	1,898,936	15.8%	3.8%	7.9%
Rhode Island	154,348	15.6%	2.7%	10.5%
South Carolina	473,371	12.2%	19.3%	12.3%
South Dakota	105,442	14.4%	3.0%	11.3%
Tennessee	680,954	12.4%	10.0%	10.8%
Texas	2,016,497	10.1%	17.3%	14.4%
Utah	185,603	8.7%	23.1%	5.1%
Vermont	72,916	12.3%	10.3%	7.6%
Virginia	774,885	11.3%	16.4%	11.3%

State	# Persons	% of All Ages	% Increase 1990-99	%Below Poverty
Washington	657,312	11.4%	14.0%	8.6%
West Virginia	272,896	15.1%	1.6%	15.1%
Wisconsin	691,409	13.2%	6.0%	6.5%
Wyoming	55,630	11.6%	17.6%	10.7%
<b>US TOTAL:</b>	<b>34,540,025</b>	<b>12.7%</b>	<b>10.6%</b>	<b>10.2%</b>

Source: Population Estimates Program, Population Division, U.S. Bureau of the Census, Washington, DC 20233 See: <http://www.census.gov/population/estimates/state/st-99-08.txt>\*\*\*  
Based on Current Population Surveys. Table compiled by the U.S. Administration on Aging

### *Income*

The median income of older persons in 1999 was \$19,079 for males and \$10,943 for females. Real median income (after adjusting for inflation) grew more for men (+2.8%) than for women (+1.9%) since 1998.

Households containing families headed by persons 65+ reported a median income in 1999 of \$33,148 (\$33,795 for Whites, \$25,992 for African-Americans, and \$23,634 for Hispanics). About one of every nine (11.5%) family households with an elderly head had incomes less than \$15,000 and 46.9% had incomes of \$35,000 or more (Figure 7).

### *Family households with head 65+*

Under \$10,000	4%
\$10,000 - \$14,999	7%
\$15,000 - \$24,999	23%
\$25,000 - \$34,999	19%
\$35,000 - \$49,999	18%
\$50,000 - \$74,999	14%
\$75,000 and over	15%

\$33,148 median for 11.6 million family households 65+

*Persons 65+ Reporting Income*

Under \$5,000	8%
\$5,000 - \$9,999	26%
\$10,000 - \$14,999	21%
\$15,000 - \$24,999	22%
\$25,000 - \$34,999	10%
\$35,000 - \$49,999	6%
\$50,000 and over:	7%

\$14,425 median for 32.0 million persons 65+ reporting income

Based on data from Current Population Reports, "Consumer Income," P60-209, issued September, 2000, by the U.S. Bureau of the Census

For all older persons reporting income in 1999 (32.0 million), 34% reported less than \$10,000. Only 23% reported \$25,000 or more. The median income reported was \$14,425.

The major sources of income as reported by the Social Security Administration for older persons in 1998 were Social Security (reported by 90% of older persons), income from assets (reported by 62%), public and private pensions (reported by 44%), and earnings (reported by 21%).

In 1998, Social Security benefits accounted for 38% of the aggregate income of the older population. The bulk of the remainder consisted of earnings (21%), assets (20%), pensions (18%).

*Poverty*

About 3.2 million elderly persons were below the poverty\*\*\* level in 1999. The poverty rate for persons 65+ dropped to a historic low of 9.7%. Another 2.0 million or 6.1% of the elderly were classified as "near-poor" (income between the poverty level and 125% of this level).

One of every twelve (8.3%) elderly Whites was poor in 1999, compared to 22.7% of elderly African-Americans and 20.4% of elderly Hispanics. Higher than average poverty rates for older persons correlated with living in central cities (11.7%), in rural areas (11.7%), in the South (11.7%).

Older women had a higher poverty rate (11.8%) than older men (6.9%) in 1999. Older persons living alone or with nonrelatives were much more likely to be poor (20.2%) than were older persons living with families (5.2%). The highest poverty rates (58.8%) were experienced by older Hispanic women who lived alone.

(Based on data from Current Population Reports, "Poverty in the United States: 1999," P60-210, Issued September, 2000 by the U.S. Bureau of the Census).

### *Housing*

Of the 20.9 million households headed by older persons in 1997, 79% were owners and 21% were renters. The median family income of older homeowners was \$20,280. The median family income of older renters was \$10,867.

About 50% of homes owned by older persons in 1997 were built prior to 1960 (33% for younger owners) and 6% had physical problems.

In 1997, 37% of older homeowners spent more than one-fourth of their income on housing costs, compared to 30% of homeowners under age 65.

In 1997, the median value of homes owned by older persons was \$89,294, compared to a median home value of \$98,815 for all homeowners. About 77% of older homeowners in 1997 owned their homes free and clear.

(Based on data from the "American Housing Survey for the United States-1997," H150/95 RU.)

### *Employment*

In 1999, 4.0 million (12 %) Americans age 65 and over were in the labor force (working or actively seeking work), including 2.3 million men (16.9%) and 1.7 million women (8.9%). They constituted 2.9% of the U.S. labor force. About 3.1% were unemployed.

Labor force participation of men 65+ decreased steadily from 2 of 3 in 1900 to 15.8% in 1985, and has stayed at 16%-17% since then. The participation rate for women 65+ rose slightly from 1 of 12 in 1900 to 10.8% in 1956, fell to 7.3% in 1985, and has been around 8%-9% since 1988.

About 860,000 or 21% of workers over 65 in 1999 were self-employed, compared to 7% for younger workers. Over two-thirds of them (70%) were men.

(See the Bureau of Labor Statistics web-site: <http://stats.bls.gov.cpsatab.htm>, Tables 3,8,15, 31).

### *Education*

The educational level of the older population is increasing. Between 1970 and 1999, the percentage who had completed high school rose from 28% to 68%. About 15% in 1999 had a bachelor's degree or more.

The percentage who had completed high school varied considerably by race and ethnic origin among older persons in 1999: 73% of Whites, 68% of Asians and Pacific Islanders, 45% of African-Americans, and 32% of Hispanics.

(See Current Population Reports, "Educational Attainment in the United States: March 1999," P20-528).

### *Health and Health Care*

In 1996, 27.0% of older persons assessed their health as fair or poor (compared to 9.2% for all persons). There was little difference between the sexes on this measure, but older African-Americans (41.6%) and older Hispanics (35.1%) were much more likely to rate their health as fair or poor than were older Whites (26%).

Limitations on activities because of chronic conditions increase with age. In 1997, among those 65-74 years old, 30.0 percent reported a limitation caused by a chronic condition. In contrast, over half (50.2%) of those 75 years and over reported they were limited by chronic conditions.

Shifting the focus to disability, in 1994-95 more than half of the older population (52.5%) reported having at least one disability. One-third had at least one severe disability. Over 4.4 million (14%) had difficulty in carrying out activities of daily living (ADLs) and 6.5 million (21%) reported difficulties with instrumental activities of daily living (IADLs). The percentages with disabilities increase sharply with age (Figure 8). Disability takes a much heavier toll on the very old. Almost three-fourths (71.5%) of those age 80+ report at least one disability. Better than half (53.5%) had one or more severe disabilities. The percentage of those age 80+ having difficulty with ADLs (27.5%) and with IADLs (40.4%) is about double that of the 65+ population in total. [ADLs include bathing, dressing, eating, and getting around the house. IADLs include preparing meals, shopping, managing money, using the telephone, doing housework, and taking medication].

Most older persons have at least one chronic condition and many have multiple conditions. The most frequently occurring conditions per 100 elderly in 1996 were: arthritis (49), hypertension (36), hearing impairments (30), heart disease (27), cataracts (17), orthopedic impairments (18), sinusitis (12), and diabetes (10).

Older people accounted for 36% of all hospital stays and 49% of all days of care in hospitals in 1997. The average length of a hospital stay was 6.8 days for older people, compared to only 5.5 days for people under 65. The average length of stay for older people has decreased 5.3 days since 1964. Older persons averaged more contacts with doctors in 1997 than did persons under 65 (11.7 contacts vs. 4.9 contacts).

In 1998, older consumers averaged \$2,936 in out-of-pocket health care expenditures, a 33% increase since 1990. In contrast, those under age 65 spent considerably less, averaging \$1,638 in out-of-pocket costs, up 27% since 1990. Older Americans spent 12% of their total expenditures on health, three times the proportion spent by younger consumers. Health costs incurred on average by older consumers in 1998 consisted of \$1528 (52%) for insurance, \$670 (22%) for drugs, \$596 (20%) for medical services, and \$142 (5%) for medical supplies.

#### *Footnotes:*

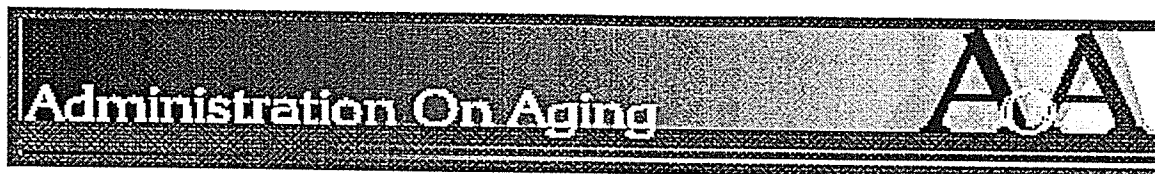
\*Principal sources of data for the Profile are the U.S. Bureau of the Census, the National Center of Health Statistics, and the Bureau of Labor Statistics.

\*\*Excludes persons of Hispanic origin. \*\*\*Calculated on the basis of the official poverty definitions for the years 1997-1999

A Profile of Older Americans: 2000 was prepared by the Administration on Aging (AoA), U.S. Department of Health and Human Services.







## The ADMINISTRATION ON AGING and the OLDER AMERICANS ACT

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### AGING IN AMERICA

Today, thanks to the strides made in our health care and standard of living, 43 million, or one in six, Americans have celebrated their 60th birthday. Improved health and programs, such as Social Security, Medicare and pension plans, have made it possible for most Americans to enjoy almost 14 years of retirement with a degree of economic security that few older people had at the turn of the century-years that offer the opportunity for leisure activities, second careers, and volunteer service. Nevertheless, many older Americans are at risk of losing their independence, including:

- The 3 million Americans who are 85 or older,
- Those living alone without a caregiver,
- Members of minority groups,
- Older persons with physical or mental impairments,
- Low-income older persons, and
- Those who are abused, neglected, or exploited.

Of the 9 million Americans over age 65 who live alone, two million say they have no one to turn to if they need help. Lack of a caregiver is a serious problem for those older persons who have chronic conditions and limitations on their ability to care for themselves and their homes. Their problems are often compounded by increased medical costs due to poor health and the need for more supportive services.

Unfortunately, those who are most vulnerable are also most likely to live alone and to have limited incomes. Eighty percent of those living alone are women and nearly half of persons aged 85 or older live alone. Older women, the very old, and minority elderly, have, on average, the lowest incomes among the older population which severely limits their ability to purchase the health care, goods, services, and housing options which could help them to remain independent.

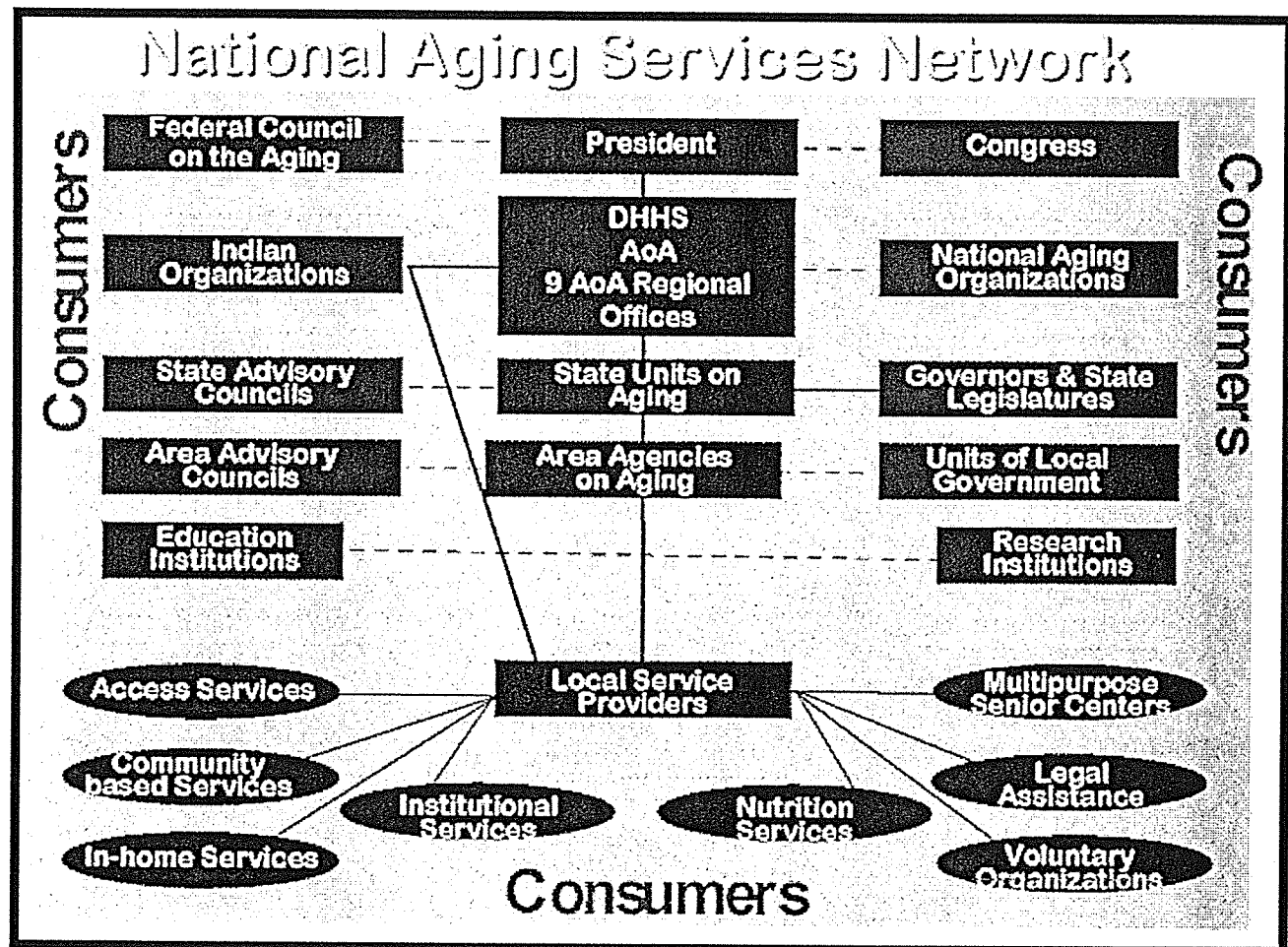
### THE OLDER AMERICANS ACT AND THE ADMINISTRATION ON AGING

In response to the growing number of older people and their diverse needs, the Older Americans Act of 1965 as Amended calls for a range of programs that offer services and opportunities for older Americans, especially those at risk of losing their independence. The Act established the Administration on Aging (AoA), an agency of the U.S. Department of Health and Human Services, which is headed by the Assistant Secretary for Aging in the Department.

AoA is the Federal focal point and advocate agency for older persons and their concerns. In this role, AoA works to heighten awareness among other Federal agencies, organizations, groups, and the public about the valuable contributions that older Americans make to the Nation and alerts them to the needs of vulnerable older people. Through information and referral and outreach efforts at the community level, AoA seeks to educate older people and their caregivers about the benefits and services available to help them.

AoA works closely with its nationwide network of Regional offices and State and Area Agencies on Aging to plan, coordinate, and develop community-level systems of services that meet the unique needs of individual older persons and their caregivers. The Administration on Aging collaborates with Federal agencies, national organizations, and representatives of business to ensure that, whenever possible, their programs and resources are targeted to the elderly and coordinated with those of the network on aging.

AoA administers key programs at the Federal level mandated under various titles of the Older Americans Act. These programs help vulnerable older persons to remain in their own homes by providing supportive services. Other programs offer opportunities for older Americans to enhance their health and to be active contributors to their families, communities, and the Nation through employment and volunteer programs.



## STATE AND COMMUNITY PROGRAMS

Several Titles of the Act provide for supportive in-home and community-based services. Title III supports a range of services including nutrition, transportation, senior center, health promotion, and homemaker services. Title VII places emphasis on elder rights programs, including the nursing home ombudsman program, legal services, outreach, public benefit and insurance counseling and elder abuse prevention efforts. AoA awards funds for Titles III and VII to the 57 STATE AGENCIES ON AGING (sometimes referred to as State UNITS on Aging) which are located in every State and Territory. Under Title VI, AoA also awards funds to 216 tribes and native organizations to meet the needs of older American Indians, Aleuts, Eskimos, and Hawaiians. The grantees provide services in

keeping with the unique cultural heritage of these native Americans.

Program funding is allocated to each State Agency on Aging, based on the number of older persons in the State, to plan, develop, and coordinate systems of supportive in-home and community-based services. Most States are divided into Planning and Service Areas (PSAs) so that programs can be effectively developed and targeted to meet the unique needs of the elderly residing in that area. Nationwide some 660 AREA AGENCIES ON AGING (AAA) receive funds from their respective State Agencies on Aging to plan, develop, coordinate and arrange for services in each PSA. In rural areas, an AAA may serve the needs of elderly people living in a number of counties, while other AAA's may serve the elderly living in a single city.

AAA's contract with public or private groups to provide services. There are some 27,000 service provider agencies nationwide. In some cases, the AAA may act as the service provider, if no local contractor is available. Supportive services fall under several categories, including.

- Access Services-such as information and referral, outreach, case management, escort and transportation;
- In-Home Services-which include chore, homemaker, personal care, home-delivered meals, and home repair and rehabilitation,
- Community Services-including senior center, congregate meal, day care, nursing home ombudsman, elder abuse prevention, legal, employment counseling and referral, health promotion, and fitness programs.
- Caregiver Services-such as respite, counseling, and education programs.

Older persons, their caregivers, or anyone concerned about the welfare of an older person can contact their Area Agency on Aging for information and referral to services and benefits in their community. AAAs are usually listed in the Yellow Pages under the city or county government headings. A nationwide toll free hotline also provides information about assistance for older individuals anywhere in the Nation. The number is: 1 800 677- 1116. When calling, please provide the older persons's address as well as their zip code number.

## **RESEARCH, DEMONSTRATION TRAINING AND RESOURCE CENTER PROGRAMS**

In addition to service programs, the Administration on Aging, under Title IV of the Act, awards funds to support research, demonstration, and training programs. Research projects collect information about the status and needs of various subgroups of elderly which is used to plan services and opportunities that will assist them. Demonstration projects test new program initiatives that better serve the elderly, especially those who are vulnerable.

Some successful demonstration projects have laid the groundwork for ongoing nationwide programs under the Older Americans Act. Examples include the national Nutrition Program for the Elderly which provides congregate and home-delivered meals to older people; the nationwide network of Area Agencies on Aging; and the elder abuse prevention program.

Under Title IV, AoA also has provided funds to educational institutions to develop curricula and training programs for professionals and paraprofessionals in the field of aging. Programs, for example, has provided training to paraprofessionals in legal counseling and to homemaker-home health aides who provide supportive services to the frail elderly. Other programs trained members of minority groups in leadership, management and direct service provider roles to enhance the delivery of services to elderly minority individuals.

In the recent past, AoA has awarded funds under Title IV of the Act to support National Resource Centers for Long Term Care. These centers conduct research, disseminate information and provide training and technical assistance to improve national, State and local systems for providing home and

community based long term care. Emphasis is on ethical issues and case management, the increasing diversity of America's elderly, improving community infrastructures to better meet the needs of long-term care consumers, and improving the availability of long-term care services for the rural elderly.

## AGING IN THE FUTURE

In the future, America's older population will grow and change rapidly. By the year 2030, those 60 and older will more than double to 85 million, while those 85+ will triple to 8 million. At the same time, the number of minority elderly will increase far more rapidly than the general population. While the number of older white Americans will increase by 97 percent, elderly black Americans will increase by 265 percent, and Hispanic Americans by 530 percent. The minority elderly tend to have shorter life expectancies and more serious health problems at younger ages than do white Americans. They are also sometimes less able to advocate for themselves because of cultural, language, or educational barriers. As a group, they, like older women, have limited incomes due to histories of work that offered low wages and few pension benefits.

While a great deal of progress has been made in establishing community-based service systems, many communities do not yet have the range of programs needed, and some report that they have waiting lists for services. Meeting the needs of older Americans goes far beyond the efforts of government. It requires the talents and commitment of active older people and a range of groups and organizations. AoA is working to expand the involvement of agencies and organizations representing government, business, labor, and the voluntary, religious, and civic communities that have not worked with the elderly. By encouraging groups to adopt an agenda and assist their local affiliates in developing a variety of approaches that help vulnerable older persons, AoA seeks to increase the array of services and the number of at-risk elderly who can be helped in each community.

The aging of America presents many challenges, but it also offers many opportunities. Older Americans represent a great reservoir of talent, experience, and knowledge which can and is being used to better their communities and the Nation. AoA is working to tap the rich resource of older Americans. Through intergenerational programming, older persons are serving in preschool, school, and after school programs as tutors, mentors, role models, and surrogate grandparents. They are assisting families by working with Head Start children and their parents, as counselors to troubled youth, and by providing respite care for handicapped children. AoA's Older Americans Act Eldercare Volunteer Corps uses the talents of a half million volunteers, many of them older persons, to assist in service programs supported under the Act. These volunteers work at the community level to enhance the independence of the elderly.

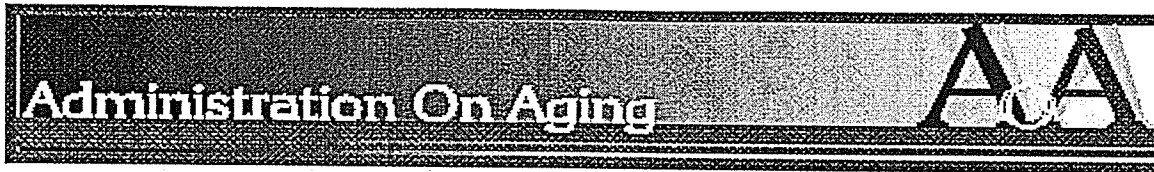
Through these and the many other programs supported by AoA, the mandate of the Older Americans Act-to ensure the dignity and independence of older Americans in their own homes and the opportunity to contribute to their communities and our Nations coming closer to being fully realized for present and future generations.

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Hypertext conversion by [Saadia Greenberg](#), last updated November 4, 1997



## **TITLE VII--VULNERABLE ELDER RIGHTS PROTECTION ACTIVITIES**

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Title VII, the Vulnerable Elder Rights Protection Title, was created by the 1992 Amendments to the Older Americans Act. It addresses the need for strong advocacy to protect and enhance the basic rights and benefits of vulnerable older people. Through Title VII, Congress refocused the Older Americans Act's original advocacy mission and empowered State Agencies on Aging to "provide firm leadership...to assure that the rights of older individuals...[are] protected." Congress also recognized that while conditions for older persons have improved markedly since 1965, there are many vulnerable elderly who suffer serious deprivation, are denied their basic rights and benefits, and need vigorous advocacy on their behalf. Title VII encourages State Agencies to concentrate their advocacy efforts on issues affecting those who are the most socially and economically vulnerable.

Title VII has a dual focus. It brings together and strengthens four existing advocacy programs --the Long-Term Care Ombudsman Program; Programs for the Prevention of Abuse, Neglect and Exploitation; State Elder Rights and Legal Assistance Development Programs; and Insurance/Benefits Outreach, Counseling and Assistance Programs -- and calls for their coordination and linkage within each State. In addition, Title VII calls on State Agencies to take a holistic approach to elder rights advocacy by coordinating the four programs and fostering collaboration among programs and other advocates in each State to address - at a systems level - issues of the highest priority for the most vulnerable elders.

Combining State advocacy programs under a single title has fostered increased collaboration among advocates within a State--and between States--to assist individual older people and their families and representatives, while preserving and strengthening the mission and function of each program.

### **The Long-Term Care Ombudsman Program**

The Long-Term Care Ombudsman Program assists residents of long-term care facilities and their family and friends to voice concerns regarding conditions that affect the quality of their care. The program also promotes policies and practices to improve the quality of life in nursing and board and care homes and other adult care facilities.

Working through hundreds of grassroots programs, ombudsmen and ombudsman volunteers monitor both private and publicly-subsidized care. They educate consumers and providers about residents' rights and good care practices, including alternatives to chemical and physical restraints that limit individual freedom, leading to physical and emotional deterioration. The data in some States demonstrate that ombudsman can help to reduce the level of deficiencies in the facility. The ombudsman's role in preventing neglect and even abuse of residents is one of their most important roles.

For FY 1995, the latest year for which state program data is compiled, the state information totaled:

- 913 paid staff;
- 6,421 certified volunteers;

- 565 local or regional ombudsman programs;
- 162,338 individuals who filed complaints;
- 218,455 complaints filed; and
- 74 percent of these complaints resolved.

The program was funded at a level of \$40.9 million (65 percent federal funds and 35 percent state and local funds).

AoA provides active leadership and support to State long-term care ombudsman programs, and promotes increased collaboration between the ombudsman and State adult protective services programs. AoA supports the National Long-Term Care Ombudsman Resource Center which provides training and technical assistance for state ombudsmen.

### **Prevention of Elder Abuse, Neglect, and Exploitation Programs**

The goals of the Prevention of Elder Abuse, Neglect, and Exploitation Programs are to:

- develop and strengthen activities to prevent and treat elder abuse, neglect, and exploitation;
- use a comprehensive approach to identify and assist older individuals subject to abuse, neglect, and exploitation; and
- coordinate with other State and local programs and services to protect vulnerable adults, particularly older individuals.

Since Fiscal Year 1991, the State Elder Abuse Prevention Program has used its funds to strengthen prevention and treatment programs through statewide and local professional and public education initiatives. Following passage of the 1992 Older Americans Act Amendments, States increased use of Title III funds to support activities promoting coordination among programs (e.g., multidisciplinary teams, interagency working groups, and coalitions).

AoA provides leadership for State elder abuse prevention programs. AoA activities have emphasized: (1) professional awareness of the need for coordination among service systems to prevent elder abuse and combat crimes against the elderly; (2) professional awareness outside the aging network of the potential of Older Americans Act programs to prevent elder abuse and combat crime against the elderly; and (3) public awareness of the seriousness of crimes against the elderly.

AoA has assisted the American Medical Association in developing its "Diagnostic and Treatment Guidelines on Elder Abuse and Neglect," which the AMA has distributed nationwide to physicians. AoA also has worked with the American Bar Association Commission on Legal Problems to develop recommendations for state courts handling elder abuse cases. In addition, the Administration on Aging has worked with the Police Executive Research Forum, the Justice Department, and the American Association of Retired Persons to improve the law enforcement community's response to the problems of crimes against the elderly and elder abuse.

These programs have also been supported by awarding Title IV funds to establish the National Center on Elder Abuse. The Center has supported State elder abuse prevention programs by providing a national information clearinghouse at the University of Delaware, conducting short term studies, and providing training and technical assistance activities. The Center is conducting the first phase of an elder abuse incidence study, supported jointly by AoA and the Administration for Children and Families. Information from this study will enable program administrators to design programs to meet prevention and treatment needs as part of an elder abuse program and an elder rights advocacy strategy.

### **The State Outreach, Counseling, and Assistance Program**

The State Outreach, Counseling, and Assistance Program for Insurance and Public Benefits was funded for the first time in FY 1994. States implement the program in a variety of ways in response to the needs found within their States, and coordinate their activities with related counseling and outreach programs. Different States emphasize areas such as pensions, outreach to those eligible for SSI and Food Stamps, and expansion of health insurance counseling and assistance efforts.

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*Hypertext by Saadia Greenberg, last updated January 9, 1998*