Messiah Lifeways®
Senior Living Community
Needs Assessment

MESSIAH Lifeways®

Dauphin & Cumberland Counties 2019-2020

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I. Introduction

Messiah Lifeways is a nonprofit organization headquartered in Mechanicsburg, Pennsylvania that provides a network of services for adults 55 and older living in south central Pennsylvania. Our roots extend back to 1896, when the Brethren in Christ Church founded Messiah Home in Harrisburg, Pennsylvania to serve older adults. The close affiliation between Messiah Lifeways (and its affiliates) and the Brethren in Christ Church continues to the present time. Messiah Lifeways is a ministry that invites residents, clients, employees, volunteers, families, donors, external partners, and other friends to create an effective team that:

- Responsibly exercises prudent stewardship and operational excellence
- Enhances the lives of older adults with a spectrum of healthcare, housing, and community services that offers opportunities for spiritual, emotional, intellectual, physical, and social well-being
- Embraces Christ-like love as the model and vision for service

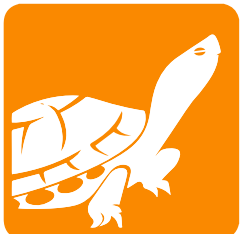
From the beginning, Messiah Lifeways has been committed to changing the conversation about aging and believes that older adults should not fear growing older, but should reimagine the journey of aging as a time of purpose and faith-filled living.

Messiah Lifeways Mission Statement:

We are a ministry that responsibly enhances the lives of older adults with Christ-like love.

In support of our mission, Messiah Lifeways decided to voluntarily conduct a Senior Living Community Needs Assessment (SLCNA) focused on the needs of adults age 65+ in south central Pennsylvania. The organization chose to do this for several reasons. First, Messiah Lifeways is continually interested in the health and well-being of older adults and is committed to being an engaged partner in the greater community. Much of the organization's longevity and heritage can be attributed to our vision and commitment to changing the conversation about aging, as well as exploring and implementing new ways to serve older adults in this region as their needs evolve. Additionally, we recognize that new barriers and challenges regularly occur during the journey of aging. Changes in social perspective, public funding, and legislation also have an effect on the services, resources, and the prioritization of needs of older adults. Therefore, we must keep pace with the evolving needs of older adults and their loved ones throughout our community.

Our Core Values

Act Courageously	Live Responsibly	Decide Collaboratively	Speak Kindly	Love Generously
				
"Behold the turtle: he makes progress only when he sticks his neck out." -James Bryant Contant	"Be the change you want to see in the world." -Mahatma Gandhi	"Alone we can do so little. Together we can do so much." -Helen Keller	"Kindness is the language which the deaf can hear and the blind can see." -Mark Twain	"My command is this: Love each other as I have loved you." -John 15:12

II. Overview of Messiah Lifeways

Messiah Lifeways offers two residential communities, Messiah Village and Mount Joy Country Homes. Messiah Village is a Continuing Care Retirement Community (CCRC) located in Mechanicsburg, Pennsylvania and includes:

- 208 independent living apartments and 152 cottages for individuals age 62+
- 183 personal care apartments (for a total licensed capacity of 238 residents)
- 184 licensed skilled nursing beds – of those beds, 31 are designated for short-term rehabilitation, and 53 beds are designated to serve residents with cognitive impairment.

Mount Joy Country Homes is an active adult community for those age 55+ located in Mount Joy, Pennsylvania, Lancaster County and features:

- 80 independent living cottages

Messiah Lifeways Community Support Services operates the following services:

- Messiah Lifeways At Home – non-medical home care services
- Messiah Lifeways Adult Day Services – offering a Mechanicsburg location and a Carlisle location
- Mechanicsburg Place: A Senior Center & More
- Messiah Lifeways Respite Care
- Messiah Lifeways Rehab

Other programs supported by Messiah Lifeways include Pathways Institute for Lifelong Learning® – an adult education program; Messiah Lifeways Wellness – offering warm water aquatics and fitness; and Messiah Lifeways Coaching – a complimentary service developed to assist individuals in understanding care options and retirement planning. These programs, along with Messiah Lifeways Community Support Services, are available to all older adults living in the greater community.

III. Methodology

Definition of a Community Needs Health Assessments (CHNA)

In March 2010, the Patient Protection and Affordable Care Act (PPACA) went into effect. Among the many changes related to PPACA, certain legislation mandated that all tax-exempt hospitals must conduct a Community Health Needs Assessment (CHNA) and develop an implementation plan to improve the health and well-being of the community members served by that hospital and/or health system. Currently, only nonprofit hospitals/health systems are required to perform community health needs assessments as mandated by the Internal Revenue Code 501(r)(3). A CHNA requires the following:

- ✓ It must be conducted every three years
- ✓ Demographic assessment identifying the community the hospital serves
- ✓ Qualitative research of perceived healthcare issues
- ✓ Quantitative analysis of actual health care issues
- ✓ Appraisal of current efforts to address the healthcare issues
- ✓ Formulation of an implementation plan
- ✓ Assessment must be made available for public viewing

Messiah Lifeways' Senior Living Community Needs Assessment (SLCNA)

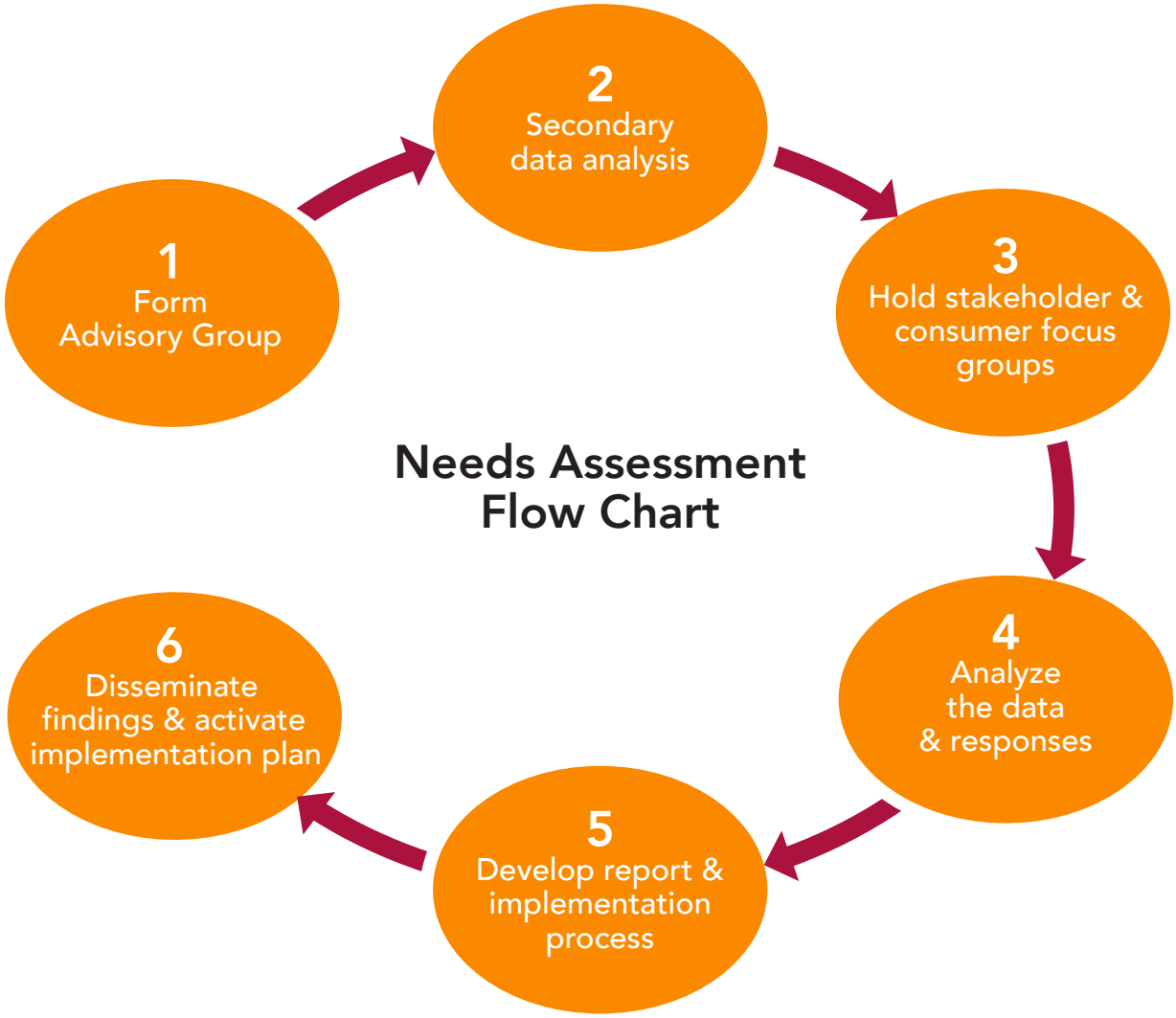
Messiah Lifeways, like other nonprofit healthcare and long-term care service providers, is not required by the Internal Revenue Service (IRS) to conduct a community health needs assessments and a subsequent implementation plan. However, Messiah Lifeways chose to conduct a process similar to a CHNA as a way to gain a more thorough understanding of the needs and to steer current and future strategic planning and **social accountability** efforts to better address these needs. It should be noted, that traditional CHNA methodologies do not focus on a specific age cohort and are intended to analyze trends throughout the population of a defined area. Due to our expertise in the senior population and access to resources specific to older adults, our SLCNA will focus on the senior demographic.

Social Accountability programs are a measure of an organization's commitment to its mission, its stakeholders, and the greater community, and demonstrates fulfillment of the requirements and expectations of tax-exempt organizations.

In early 2019, Messiah Lifeways formed an internal advisory group known as the "Social Accountability and Community Benefit Task Force." This interdisciplinary group of eight Messiah Lifeways team members **(See Appendix A)** brings expertise from a variety of departments including: Marketing, Enrichment Services, Donor and Volunteer Development, and Corporate Compliance and Risk Management.

One of the first tasks for this group was formulating a SLCNA, which is a fundamental part of social accountability and providing community benefit. In order to better serve, care, and advocate for older adults in new and different ways, we felt we needed to gather information about the needs in our community in a systematic way by conducting our own needs assessment.

In partnership with other area nonprofits, government agencies, and local organizations, Messiah Lifeways analyzed available secondary data and reached out to older adults and community leaders to hear directly about: perceived quality of life, health status, and potential unmet needs of the senior population. Following a similar process to a Community Health Needs Assessment, our Senior Living Community Needs Assessment included the following steps:



1. Formed an Advisory Group to focus on Social Accountability & Community Benefit efforts and initiate the needs assessment
2. Conducted Secondary Data Analysis
   a. Defined study area, demographics and community we serve
   b. Analyzed and interpreted secondary data from a variety of sources
   c. Gathered qualitative research of perceived and actual senior living need and issues
3. Compiled Primary Data
   a. Engaged older adults (consumers) & community leaders (stakeholders) in process with focus group discussions and questionnaire
4. Analyzed data and responses from each of the focus groups and appraised current efforts to address the perceived and actual needs and/or issues
5. Developed and produced a full report and facilitated a brainstorming session to prioritize need and prepare for next steps towards implementation via organizational strategic planning, partnerships and recommendation
6. Disseminated findings for public viewing and activated implementation plan and strategic initiatives

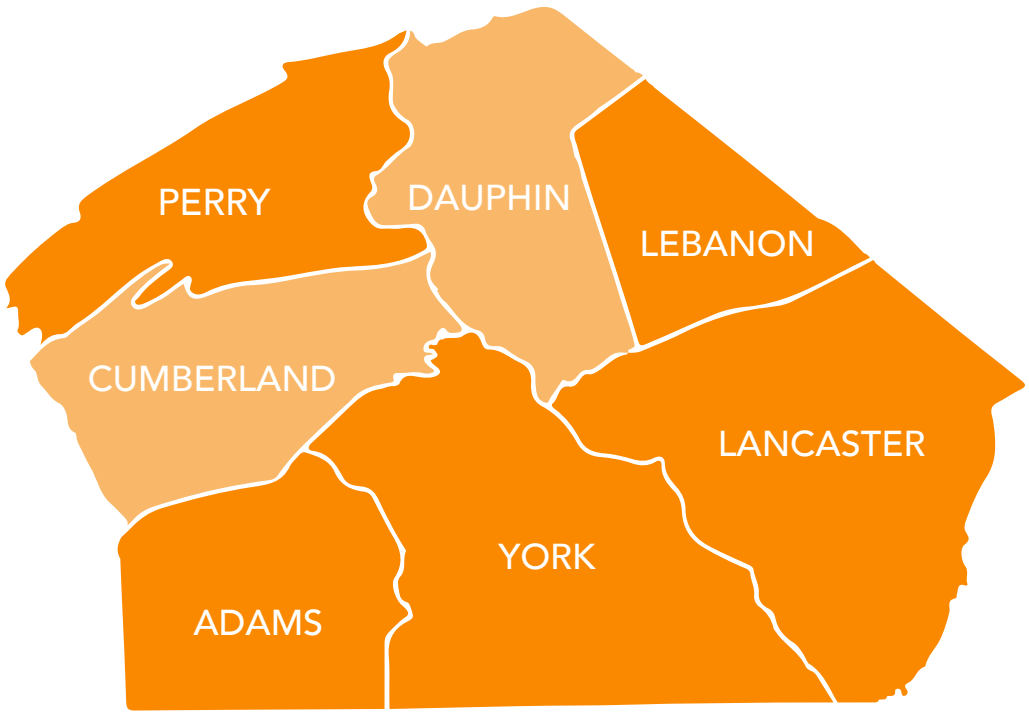
IV. Definition of Study Area

In fiscal year 2018-2019, Messiah Lifeways and its subsidiaries, Messiah Lifeways at Messiah Village, Messiah Lifeways Community Support Services, and Mount Joy Country Homes served over 2,700 unique residents, clients, and members throughout the south central Pennsylvania region. The heaviest concentration was in Cumberland County, followed by Dauphin, York, and Perry Counties respectively. Messiah Lifeways also serves approximately 130 residents at Mount Joy Country Homes in Lancaster County.

We defined the area of study for the SLCNA as Cumberland and Dauphin counties. This definition is based on the analysis of the geographic area where the majority of residents originated from, prior to entering Messiah Village. Furthermore, both counties encompass the largest number of individuals served through our community support services, enrichment opportunities, and the Coaching program.

As noted earlier, this study will focus on older adults over the age of 65 living in Dauphin and Cumberland counties. Also, data compiled within this report focuses on this study area and, while efforts were made to capture a broad range of variables and opinions, it is important to note that the focus group participants and survey respondents represent a convenience sample.

In future studies, the methodology and survey sampling strategy will be refined to ensure the respondents' attributes and size more closely mimics the gender, racial, and ethnicity profiles of the defined study area.



V. Secondary Data Profile: Demographics

The following chart presents the senior population data and the average annual compounded percentage change forecasted between 2017 and 2022 for defined study area of Dauphin and Cumberland County (ESRI, 2020). The age cohorts profiled below all show growth, with the largest growth in ages 75 to 79. The percentage change of the total population is minimal at less than 1%.

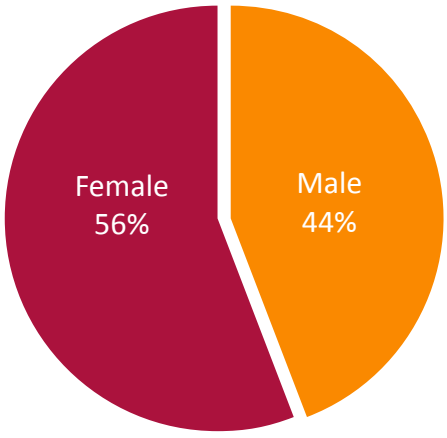
This analysis illustrates that the majority of the younger age cohorts and those in the working age population, do not keep pace with the growth of the senior population. These demographic trends indicate that the challenges attracting and retaining a sufficient workforce to support the increasing needs of the senior population will continue and worsen in future years.

2017 – 2022 Population Change for Senior Population within the Study Area Dauphin and Cumberland Counties			
	2017 (Estimated) Population	2022 (Projected) Population	Average Annual Compounded % Change 2017 – 2022
Total Population	530,235	550,437	0.7%
Age 65 to 69 Population	31,212	34,976	2.3%
Age 70 to 74 Population	22,617	29,183	5.2%
Age 75 to 79 Population	15,676	20,567	5.6%
Age 80 to 84 Population	11,656	13,144	2.4%
Age 85 plus Population	13,332	14,047	1.1%
Total 65 plus	*94,493*	*111,917*	*3.4%*

Source: U.S. Census Bureau, Census 2010 Summary File 1. Esri Forecasts for 2017 and 2022

Gender can be an influencer of health, and therefore a review of the distribution of gender for the population age 65+ is indicated in the chart below. In comparison, our combined convenience sample consisted of 79.3% female and 20.6% male.

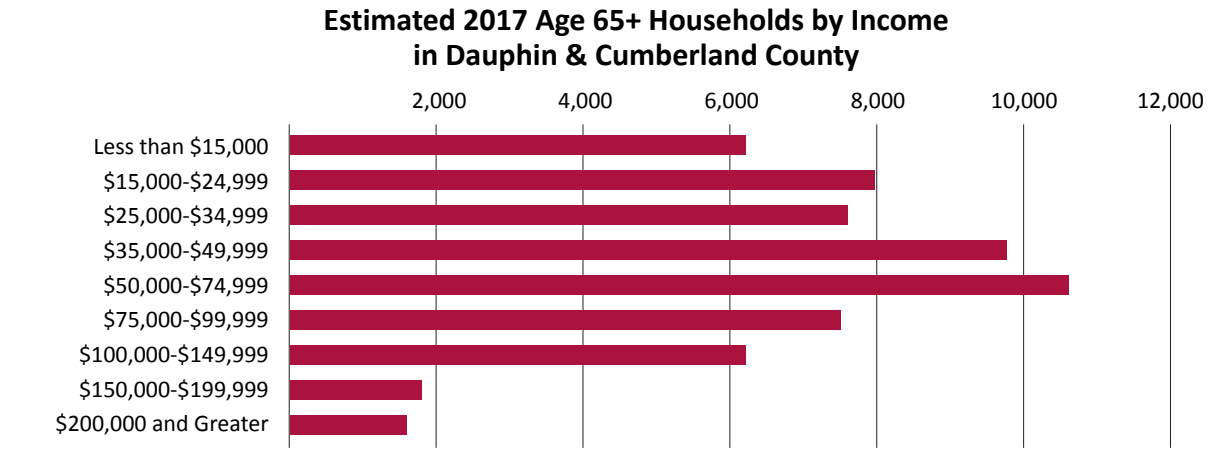
2017 Estimated Senior Population Age 65+ by Gender in Dauphin and Cumberland Counties



Source: U.S. Census Bureau, Census 2010 Summary File 1. Esri Forecasts for 2017 and 2022

An overview of income levels within the defined community areas are profiled due to the significant correlation between income and the ability to access resources to address a need, support a healthy lifestyle, and participate in preventative care. The Centers for Disease Control (CDC) states a "person's socioeconomic status (SES) affects his or her ability to get health care," therefore contributing to health disparity. For example, people with higher incomes and health insurance are more likely to get tests that can provide earlier detection and treatment of a diagnosis, such as cancer. Whereas, those with a lower SES may not get diagnosed or seek treatment until they start experiencing symptoms and are likely further into the disease process.

The median household income within the defined area for older adults aged 65-74 is $57,505 and $35,920 for those older than 75. (ESRI, 2017). The chart below provides a visual representation of the household income values for the age 65+ age cohort within the study area.

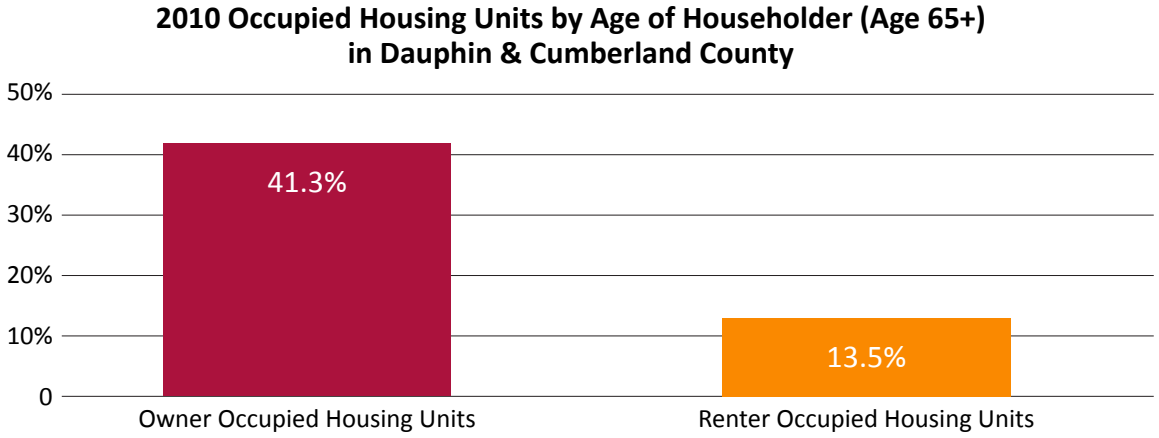


Source: U.S. Census Bureau, Census 2010 Summary File 1. Esri Forecasts for 2017 and 2022

The data indicates that approximately 36.7% of the households aged 65 and older within this area have an annual income of less than $35,000. These lower-income seniors may have challenges allocating dollars toward their necessary expenses, such as housing, food, transportation, and medical care.

Even seniors within higher income brackets who are on a fixed income, may encounter challenges paying for costs associated with unexpected medical events, prescription drugs, or residential care.

A common variable that is used to determine the economic health of an area is the proportion of home ownership in an area. Home ownership has many benefits. Owners are more likely to improve their homes and be involved in community affairs. In addition, home ownership provides tax benefits and tends to reduce crime in an area.



Source: U.S. Census Bureau, Census 2010 Summary File 1. Esri Forecasts for 2017 and 2022

VI. Secondary Data Profile: Health Status Indicators

Messiah Lifeways has conducted health indicator research of the service area using an online public health repository created by the Pennsylvania Department of Health, Division of Health Informatics known as the Enterprise Data Dissemination Informatics Exchange (EDDIE). EDDIE is an interactive health statistics tool developed to allow public health professionals to access data and statistics so that this data can inform policy and program decisions (PA DOH, 2019).

The data profiled below was collected through the Pennsylvania Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is a national telephone survey with a standardized methodology which is used to collect public health data through telephone surveys. Currently, 15 states participate in the BRFSS and report data to their local public health agencies (CDC, 2019). The information below was accessed through the EDDIE system and represented BRFSS data for individuals aged 65 and older within the specified county areas (as available).

Access to Health Care Services

Approximately three percent of the population over the age of 65 surveyed reported that they do not have a personal health care provider. The statistic is important because the absence of a health care provider indicates the lack of continuity of care, irregularly of annual exams, and potential for emergency room visits. Dauphin and Lebanon County areas were not reported due to an inadequate statistical sample size.

Pennsylvania BRFSS: Health Care Access/Coverage – Does not have a personal health care provider	
County Areas	**Percent**
Cumberland, Perry	3.0%
Dauphin, Lebanon	Not Reported

Consumption of Fruits and Vegetables

Data indicates a significant amount of the 65 plus population who report that they regularly consume fruits and vegetables. Access to fresh produce through area grocery stores, farmer's markets, and local farms/orchards promote this trend and are a positive health influence in the community.

Pennsylvania BRFSS: Fruits and Vegetables – Consume at least five servings of fruits and/or vegetables every day	
County Areas	**Percent**
Cumberland, Perry	30.0%
Dauphin, Lebanon	27.0%

Diabetes

Diabetes can have a harmful effect on most of the organ systems in the human body, and it is a frequent cause of end-stage renal disease, lower-extremity amputation, and a leading cause of blindness among working age adults. Diabetes also increases the risk for heart disease, neuropathy, and stroke.

Pennsylvania BRFSS: Diabetes – Ever told they have diabetes	
County Areas	**Percent**
Cumberland, Perry	27.0%
Dauphin, Lebanon	22.0%

Cardiovascular Disease

Cardiovascular disease is the underlying cause of death for one of every three deaths in the United States (American Heart Association, 2018). Cardiovascular disease includes coronary artery disease, which can cause heart attack, angina, heart failure, and abnormal heart rhythms. There are many modifiable risk factors for heart disease including tobacco smoking, obesity, poor diet, and a lack of exercise.

Pennsylvania BRFSS: Cardiovascular Disease – Ever told they had a heart attack	
County Areas	**Percent**
Cumberland, Perry	15.0%
Dauphin, Lebanon	7.0%

Cerebrovascular diseases, the condition that causes a stroke, ranks fifth among the leading causes of death in the United States (American Heart Association, 2018). Modifiable risk factors for stroke are high blood pressure, high cholesterol, and diabetes.

Pennsylvania BRFSS: Cardiovascular Disease – Ever told they had a stroke	
County Areas	**Percent**
Cumberland, Perry	10.0%
Dauphin, Lebanon	8.0%

VII. Primary Stakeholder Focus Group Feedback

Overview of Primary Stakeholder Focus Group

We reached out to nearly 40 nonprofit "Stakeholder Organizations" that interact with, serve, and/or care for the target group of age 65+ living in the south central Pennsylvania region, more specifically Cumberland, Dauphin, and York Counties. The following organizations who responded participated in one of two separate stakeholder focus groups.

- AARP Pennsylvania
- Cumberland County Aging & Community Services
- Geisinger Holy Spirit Hospital
- Geisinger Holy Spirit Medical Group
- Grantham BIC Church Primetimers Group
- LeadingAge PA
- Messiah College
- Partnership for Better Health
- Paxton Ministries
- Pennsylvania Home Care Association (PHA)
- Rabbit Transit
- St. Elizabeth Ann Seton Catholic Church
- The Foundation for Enhancing Communities (TFEC)
- Vision Resources
- YMCA

See appendix B for list of individual participants from the organizations listed above.

We held two separate Community Stakeholder focus group meetings in June 2019 to gain a better perspective of senior living and community health needs from organizations, providers, and agencies that work directly and or on behalf of seniors ages 65 and older. The collective dialogue from these sessions provided a broader sense of the needs, challenges, and opportunities the age and demographic cohort listed above.

Each focus group, moderated by Messiah Lifeways, allowed participants to share their frank and honest opinion on a series of questions listed below. Responses were recorded by means of audio recording and written dictation. Responses have been summarized in the bulleted list:

1. **What would you say are the biggest health problems for older adults age 65+ here in south central Pennsylvania?**
   - **Transportation** was noted as a significant challenge in the delivery of health care services. Situations that were discussed included the lack of available transportation in rural communities and the cost of ride-sharing options such as Uber and Lyft. Providers noted that many of their patients/residents who have appointments or surgeries do not have someone to escort them, which causes issues. Also, the timing of public transportation options are challenging for individuals with a mental health diagnosis or those on oxygen.

- The stakeholders noted that many seniors may find it challenging to coordinate their care among providers especially when seeing specialists and/or taking several medications. Providers do not offer **continuity of care** and may ask the same questions at each visit.
- **Affordable housing**, specifically housing options for seniors who are not eligible for subsidized housing, were discussed as a need. Overall, housing was discussed as an influencer in the health of an individual and access to other needs such as food and transportation.
- Care for individuals with **mental illness** and those with a criminal record is considered a challenge.
- Participants also noted that a health issue for seniors is **falls** and how medication can encourage falls—education is needed to prevent these occurrences.
- **Preventative health care and screenings** are needed within the county as well as transportation to support the utilization of these services.

2. What major health issues do you see among low income or underserved senior populations such as minority groups or people with disabilities?

- The group agreed there is a **lack of Supplemental Security Income (SSI) certified "beds"** available in this region for older adults and those with disabilities who need a personal care home, but lack the finances.
- Stakeholders expressed their concern for a lack of funding, treatment, and local options for those with **mental health issues** among these specific populations.
- In general, the group felt that human services **funding for older adults health care is secondary**. Other underserved groups mentioned included the visually impaired, LGBTQ, the Latino community, and Veterans.
- **Affordability of prescription drugs** with the lower income populations was included. Many do not take advantage of PACEnet, and there are no commercials to promote it and little public awareness of the program.
- A general **lack of knowledge and education** about what support services are available, as well as funding and eligibility, was shared. Furthermore, despite having the knowledge, accessing or signing up can be complicated, due to the technology gap or the application process being too complicated. It was noted that the application process for Medical Assistance eligibility is long and difficult. **Language barriers** can also complicate these issues.
- **Suburban sprawl means limited access to transportation** making it more difficult for consumers to get to medical appointments and or work, plus it limits social interaction. A **lack of transportation options** was mentioned again, because it could exacerbate existing health issues after missing doctor appointments or diagnostic testing.
- A sufficient and quality **workforce is and will continue to be a big challenge** to provide assistance and care to all groups, especially those with more limited income and access to support. Plus, it was mentioned that turnover rates within non-medical home care agencies are extremely high, and projected to only get worse.

3. What do you feel should be done to improve the health of the seniors in the south central Pennsylvania community?

- A suggestion was offered to **provide more access to nutritious food** and encourage merchants to provide fresh foods to low income areas.
- Certain group members felt that some municipalities should have **more sidewalks for walkability or bikeability**; bike lanes, better lighting, paths, etc.
- **Increase the palliative care conversations** and talk with patients and families about advance directives and living wills within the community before a crisis situation.
- Stakeholders felt that tapping into meaningful ways to communicate to the "middle generation" (the adult child/sandwich generation) would benefit the older generation. Engage people to think about this prior to needing care; **be proactive in thinking about future needs**.
- Improve the education, promotion, and access to free programs and services that are underutilized; and **remove barriers and "red tape"** to tap into these services.
- **Funds need to be (re)allocated to the appropriate setting** – i.e. advocating for Medicaid coverage in Assisted Living.
- Stakeholders agreed, as industry leaders, **we must have a collective voice for seniors**, their needs and services, and what the impact is on seniors.
- Start as a society to **think early about future transportation needs**, not at the point of immediate need.

4. What do you think could encourage more community involvement, advocacy, and partnership around health issues?

- Stakeholders all agreed that we must **increase and improve education and advocacy efforts** for seniors in the marketplace and through legislation.
- Further **educate and gain the attention of the adult children** (and sandwich generation caregivers) on their roles and responsibilities to their parents and their future needs.
- It was suggested to offer seniors **technology training**, in particular to access healthcare portals and online resources.
- As industry providers, we need to **advocate and encourage organizations to partner** and/or collaborate to better serve older adults.
- Some stakeholders felt that insurance companies could **do a better job of educating** subscribers of the benefits and services available to them. Additionally, human service agencies and government programs could also **do a better job of educating and promoting** their services and programs. Older adults are entitled to a lot of great options, but they have no idea they exist or how to access them. Furthermore, we should be mindful of using jargon, assumptions of knowledge, and the technology gap with some older adults.
- The group recognized that they sometimes "trip over each other, duplicate efforts, or muddy the waters" for those we serve. **We must improve our communication across the industry** and avoid "siloed" efforts to create more effective partnerships and synergy.
- As stakeholders we must also **increase our knowledge base** of the available services, programs, and funding. In turn, we can do a better job educating the community, and referring, partnering, and collaborating with other providers. Create and/or improve programs that promote social and emotional connections.
- Trade/membership organizations can help **build camaraderie between providers**.

5. How can community organizations and leaders in south central Pennsylvania better collaborate to address shared goals around health issues, specifically Messiah Lifeways?

- We agreed that no one has all of the answers; **we must work together and build relationships** to move forward.
- As industry leaders, stakeholders must continue to **improve education, coaching, collaboration, and community efforts** by providing guidance, encouragement, preplanning, and ease of access to services. We must also build trust, secure buy in, and use grassroots efforts to reach vulnerable populations. We need to take an educational and advocacy approach; it cannot be a sales pitch to constituents.
- Collaborate with other providers to **provide a better alternative/platform/clearinghouse of resources**, such as the Aging Development Resource Center (ADRC). Use technology or build a chat room or listserv that people can share needs/resources.
- We must help **break the stigma** around "welfare services and programs." People are embarrassed or too prideful sometimes to access these services.
- We **must continue this ongoing conversation**. People get busy, forget, and move on.

VIII. Primary Consumer Focus Group Feedback and Data

Overview of Primary Consumer Focus Group

After the Stakeholder focus groups were completed, we then concentrated on consumer focus groups. We obtained a purchase list of names and addresses based on certain demographic and geographic criteria. The list was filtered to include individuals living in either Cumberland and Dauphin Counties.

Additional criteria included:

- **All households with one occupant between the age 66 - 100+**
- **Estimated income of $0 to $49,999**
- **Cumberland County Zip Codes: 17011, 17025, 17043, 17050, 17055**
- **Dauphin County Zip Codes: 17103, 17107, 17109, 17110, 17111, 17112**

Those from the purchase list received an invite via U.S mail. Invite flyers were also distributed to several local senior centers. It was also advertised in the Mechanicsburg Place: A Senior Center & More newsletter. The number of senior center member respondents was limited to a maximum of 8. This was done in order to help maintain a better balance of participants. All were invited to participate in the focus groups at one of the two locations: **Group A** was held at Mechanicsburg Place: A Senior Center & More located at 97 W. Portland St., Mechanicsburg, PA 17055. **Group B** was held at the GIANT® Community Room located at 2300 Linglestown Rd., Harrisburg, PA 17110. In an effort to obtain a wider demographic sampling of participants and to provide ease of access, we choose these two sites located approximately 15 miles apart, in neighboring Cumberland and Dauphin counties. Attendees were offered a $10 gift certificate for their participation.

Each focus group, moderated by Messiah Lifeways, allowed participants to share their frank and honest opinion on a series of questions listed below. Responses were recorded by means of audio recording and written dictation. Responses have been summarized in the bulleted list:

1. Have you had difficulty accessing health care services in the past year?

- Several participants voiced that they have had **trouble finding a new primary care physician** after their physician retired or switched to concierge medicine.
- **Getting an appointment with a specialist takes a long time**. Those mentioned in particular were dermatology, rheumatology, ENTs, and multiple sclerosis specialist.
- Some responded they've had **issues registering and getting appointments online**. Also mentioned was getting through to the doctor's office to get an appointment and go through all of the menus is sometimes difficult, due to hearing and, potentially, comprehension.
- **Transportation to doctor appointments** was mentioned as a challenge, along with the **lack of convenient and reliable choices for public transportation**. Some also mentioned concern or skepticism of ride share services like Uber and Lyft. Additionally, parking was a barrier, particularly in downtown Harrisburg.
- **Communication between hospitals and health systems is poor.** Medical records do not follow the patient, and doctors will not go to specific hospitals.
- Need an increase in social security to match the cost of living to **help cover the cost of medical care**.
- Someone stated **concierge medicine is too costly**.
- A respondent stated that use of their **emergency call systems are not consistent** – didn't work so they had to call 911.

2. Do you feel you have a good understanding of the services available to maintain your physical and mental health?

- Respondents shared **mostly positive feedback** to this question. Several offered tips and suggestions on obtaining information on available services, including:

  -Getting information online

  -Talking with your primary care physician

  -Contacting your local Area Agency on Aging

  -Contacting the Veteran's Administration

  -Materials available at local senior centers

  -Church groups

  -Online/neighborhood bulletin boards

  -Senior Pages in the back of the newspaper
- Some **specific challenges** shared, included:

  -Trouble finding a COPD/pulmonary support services

  -Counseling services for mental health

  -Finding affordable and trustworthy handyman services and housekeepers

3. What challenges do you face in trying to stay physically fit and eat healthier?

- Several group members mentioned **some insurances don't offer Silver Sneakers or similar programs**. Additionally, Silver Sneakers and Silver & Fit are not publicized enough to subscribers
- Many agreed that **grocery stores do not offer senior-friendly healthy foods** and that packaging is too large (not meant for seniors living alone)
- **Too few vegetarian options** when eating out in restaurants
- **Organic foods are much more expensive**
- **Portion control can be challenging**, specifically when you go out to eat
- Meals on wheels are nice, but **people don't want to eat the same thing over and over**

4. What would you say are the biggest health problems for older adults age 65+ here in south central Pennsylvania?

- Cancer
- Dental care for older adults
- Heart disease
- Joint replacements
- Lack of Gerontologist
- The synthesis of multiple medications
- Obesity
- Hypertension
- COPD
- Diabetes
- Memory loss
- Lack of social activities
- Transportation for health related needs/grocery shopping
- Depression and anxiety
- Lack of exercise



5. What do you feel should be done to improve the health and well-being of older adults in south central Pennsylvania?

- Provide free or low-cost dental care
- Improve transportation options getting to and from doctor appointments
- Doctor presentations on health topics, along with Q & A
- Lower-cost hearing aids and doctors that offer services
- Offer lower-cost vaccinations
- Messiah Lifeways should move or build a community on the East Shore
- Offer more affordable (low income) senior living
- Offer more affordable (middle income) senior living, between low income and high end
- Increase in-home services
- Offer more animal/pet interaction, which provide great comfort for loneliness
- Improve and increase socialization opportunities for older adults
- Combat loneliness
- Messiah Lifeways should offer affordable adult day services on the East Shore
- Improve the food quality of Meals on Wheels
- Control the cost of nursing care/long-term care
- Help older adults get a better handle/understanding of eligibility of services
- Encourage contractors to do small jobs to help seniors stay in their homes
- Promote more volunteerism to help offset some of the needs mentioned

Consumer Focus Group Data

In addition to the open dialogue and discussion group, additional data was collected to obtain more detail about the participants to help us understand and appreciate the individual circumstances of all attendees. **Group A (Mechanicsburg)** had 14 participants and yielded 13 completed questionnaires. **Group B (Harrisburg)** had 17 participates with 16 completed questionnaires.

The total number of participants was 31, total number of completed questionnaires was 29.

1. Which of the following best describes your race?	Groups A & B Combined
White/Caucasian	93.0%
Black/African American	6.9%
Asian or Pacific Islander	0%
Hispanic or Latino	0%
Other	0%

One of the main criteria for invited participants was a mass mailing to 2,665 households. Participant criteria included a household income of $0 to $49,999. In comparison, the U.S. Census Bureau (2018 QuickFacts Pennsylvania) states the median household income in Pennsylvania is $59,445. Furthermore, for easier access, zip codes less than 10 miles of where each focus group was held, were used as a second set of criteria. 2019 census data also shows the number of whites living in Cumberland County was 88.5% versus 71.9% in Dauphin County. Cumberland County zip codes accounted for 1,034 of the invited households and 1,631 in Dauphin County respectively. Subsequently, we invited more households to participate in Dauphin County in hopes of pooling a more diverse focus group. However, groups A and B yielded much less diversity than what we had hoped for, therefore each group functioned more as a convenience sampling.

2. What is your age range?	Group A	Group B	Groups A & B Combined
59 or younger	0%	0%	0%
60 to 69	23%	25%	24%
70 to 79	61.5%	43.7%	52.6%
80 to 89	15.3%	25%	20.1%
90+	0%	6.3%	3.1%

In addition to the average household income and select zip codes, age was another factor. The mailing targeted all households with at least one occupant between the age 66 to 100+. Though the assessment focused heavily on the needs of those 65+, we were open to having younger participants to gain perspective of those who have not actually retired or began to collect Medicare and/or Social Security. In future studies, we will consider asking more detailed age ranges and those on Medicare and those collecting Social Security.

3. Which best describes your living situation?	Groups A & B Combined
Live with spouse or domestic partner	36.5%
Live alone	49.5%
Live with a family member	10%
Live with unrelated individual(s)	3.8%

The nearly 50% of respondents "living alone" may correlate with their concerns with isolation, mental health (depression and anxiety), and transportation issues. Socialization, activity, and pet interaction were all mentioned as a need to improve the health and well-being of older adults in south central Pennsylvania.

4. Do you drive a car?	Groups A & B Combined
Yes	93.7%
No, no longer drive	6.2%
No, do not own a car	0%
Other	0%

Though almost all focus group members replied that they are still driving, there were still a wide array of responses regarding transportation concerns and challenges. Much of these responses appeared to be anecdotal, referring to a loved one or friend having difficulty with securing reliable, safe, and affordable transportation. They may also have been projecting these concerns knowing that their own ability to drive may be limited in the near future.

5. Do you have access to the Internet?	Groups A & B Combined
Yes	75.2%
No	24.7%

A majority of participants shared they have access to the internet; however, the question does not delve into how computer savvy they really are. For a quarter of the group, not having access to the internet could help explain why some responded they've had issues registering and getting appointments online. The more automation and technology becomes part of the health care and long-term care experience, the more important access will be to the internet. As suggested by the Stakeholder groups, technology tutoring and more user friendly portals and sites must be considered.

6. How often do you feel safe in your neighborhood?	Group A	Group B	Groups A & B Combined
Always	61.5%	93.7%	77.6%
Often	30.7%	6.2%	18.5%
Sometimes	7.6%	0%	3.8%
Rarely	0%	0%	0%
Never	0%	0%	0%

According to the Robert Wood Johnson Foundation 2014-2016 County Health Rankings (CHR), there were only an average of 86 reported violent crimes committed in Cumberland County as compared to 403 in Dauphin County (based on number of reported violent crime offenses per 100,000 population). Yet, nearly 93% of those living in Harrisburg/Dauphin County (Group B) rated "always" feeling safe in their neighborhood versus just 61% in Mechanicsburg Cumberland County (Group A). CHR also ranks Cumberland County 8 out of 67 for "quality of life" versus 60 out of 67 for Dauphin County.

7. In your opinion, do you live close enough to necessary resources such as a grocery store, pharmacy, bank, senior center, restaurants, etc.?	Groups A & B Combined
Yes	96.1%
No	3.8%

The convenience sampling drew primarily from suburban areas in each county, where the growth of retail and other local amenities is on the upswing. Further reaches of each county or the inclusion of Perry County (a more rural county) could be considered for the future.

8. Do you believe you have been a victim of fraud or abuse in recent years?	Groups A & B Combined
Yes	20.9%
No	79%

According to the U.S. Justice Department, the term "elder abuse" includes 6 subtypes of abuse: physical abuse, financial fraud, scams and exploitation, caregiver neglect and abandonment, psychological abuse, and sexual abuse. Elder abuse is a serious crime against some of our nation's most vulnerable citizens, affecting at least 10% of older Americans every year. The fact that over 20% (double the national average) of respondents from our two groups answered affirmatively to this question is alarming. Though not specifically cited, online and phone scams may also further explain some participants aversion or distrust of technology, particularly not choosing to have internet access.

9. There are appropriate, affordable housing options available in the area to meet my needs.	Group A	Group B	Groups A & B Combined
Strongly agree	30.7%	25%	27.8%
Agree	15.7%	31.2%	23.3%
Neither agree or disagree	30.7%	37.5%	34.1%
Disagree	7.6%	6.2%	6.9%
Strongly disagree	15.3%	0%	7.6%

Over half of the group agreed or strongly agreed there is a need for more affordable housing in this region, heavily outweighing those who disagreed and disagreed strongly. It's uncertain if the affirmative reactions are based on perception or personal experience. As an organization, Messiah Lifeways, particularly Messiah Lifeways Coaching, regularly fields inquiries looking for low income and affordable housing, plus market rate moderately priced rental options for seniors. The individual group breakdown was shown to provide some contrast in which group A from Mechanicsburg felt more strongly about not having enough options in Cumberland County. In the future, we may want to make the question more general and not specific to "my needs." As it's stated, affordable housing may not be a need of these particular participants.

10. Do you feel your town(ship) is an age-friendly community?	Group A	Group B	Groups A & B Combined
Yes	53.8%	75%	64.4%
No	30.7%	18.7%	24.7%
No answer/Don't know	15.3%	6.2%	10.8%

The individual group breakdown shows that 30.7% of the group in Mechanicsburg feels their town(ship) is not age-friendly. This is unfortunate, but offers inspiration and opportunity to make some positive changes, especially since these participants are in closer proximity to Messiah Lifeways.

11. Are you limited in any way with daily activities because of physical, mental, or emotional problems?	Group A	Group B	Groups A & B Combined
Yes	46.1%	6.2%	26.2%
No	53.8%	93.7%	73.8%

Both groups were shown to demonstrate that despite the age make up of both groups being relatively similar (refer to question #2), the number of respondents who replied they are limited with daily activities in Group A in Mechanicsburg was significantly higher.

12. Do you currently have any health problems that require you to use special equipment, such as a cane, walker, wheelchair, a special bed, or a special telephone?	Group A	Group B	Groups A & B Combined
Yes	46.1%	12.5%	29.3%
No	53.8%	87.5%	70.6%

Much like question #11, the number of respondents who replied affirmatively in Group A Mechanicsburg was much higher than the group from Harrisburg.

13. Do you have difficulty identifying, determining eligibility, and accessing local services and benefits for older adults?	Groups A & B Combined
Strongly agree	3.8%
Agree	17%
Neither agree or disagree	48.7%
Disagree	15.6%
Strongly disagree	14.6%

Approximately 21% of the combined answers stated affirmatively they had difficulty identifying, determining eligibility, and accessing local services and benefits. This number feels low. In contrast, the Stakeholder groups regularly cited the need for better outreach, education, and communication to empower consumers (see section VII #5). It's also possible that the 79%, who neither agreed nor disagreed, disagreed, or strongly disagreed, haven't yet experienced these difficulties, but will as they age and possibly need more care and services. Lack of awareness "not knowing, what you don't know," may also play a factor in these responses. Additionally, the need for more affordable dental care, vaccinations, and hearing aids were mentioned as a way to improve the health and well-being of older adults in south central Pennsylvania.

14. Has there been a time in the past year when you needed to see a doctor, but could not because of cost?	Groups A & B Combined
Yes	3.8%
No	96.1%

Fortunately, this number was very low, which equated to 1 participant.

15. Has there been a time in the past year when you needed a prescription, but could not get it because of cost?	Groups A & B Combined
Yes	6.9%
No	93%

Fortunately, this number was also relatively low, limited to 2 participants. Although, more affordable prescriptions were shared as a need in the focus group. We can surmise that despite getting their necessary medications, the increasing costs still plague most respondents.

16. On average, how far do you generally need to travel for your medical care?	Groups A & B Combined
10 miles or less	57.4%
11-20 miles	31.7%
21-30 miles	6.9%
More than 30 miles	3.8%

Nearly 43% of respondents stated they have to travel 11 or more miles to receive medical care. Understandably, we can see the desire for more reliable, safe, and affordable transportation.

17. Have you been admitted to the hospital in the past 12 months?	Groups A & B Combined
Yes	20.1%
No	79.8%

18. If you answered “yes” to question 17, were you readmitted to the hospital within 30 days of the original discharge?	Groups A & B Combined
Yes	3.1%
No	96.8%

19. Do you receive regular care or assistance from a friend or family member because of any physical or emotional limitations?	Groups A & B Combined
Yes	10.8%
No	89.1%

Enterprise Data Dissemination Informatics Exchange (EDDIE), the 2014 states that caregivers expecting to provide care or assistance to a friend or family member who has a health problem or disability in the next 2 years averages 11% statewide and 9% in south central Pennsylvania.

20. During the past 12 months, have you experienced confusion or memory loss that is happening more often or getting worse?	Groups A & B Combined
Yes	10%
No	89.9%

According to Enterprise Data Dissemination Informatics Exchange (EDDIE), the 2014 average for those age 65+ experiencing confusion or memory loss that is happening more often or is getting worse over the past year is 11% statewide and 8% in south central Pennsylvania.

IX. Summary of Findings

Identified Need: Access to Care/Transportation

Access to care was a common theme throughout the key stakeholder and consumer focus groups. The participants discussed many options within the community to support a healthy lifestyle and promote proactive medical care; however, participants felt that the service providers and network was uncoordinated and providers were operating independently. The secondary data profile did not indicate a significant number of individuals within Cumberland/Perry counties that did not report having a primary healthcare provider (3.0%); however, several consumers reported that their primary care physicians have transitioned to only offering concierge services.

Transportation was also discussed by both the stakeholder and consumer focus groups as a significant barrier to living a healthy lifestyle. Situations that were discussed included the lack of available transportation in rural communities and the cost and the reliability/safety of ride-sharing options such as Uber and Lyft. Providers noted that many of their patients/residents who have appointments or surgeries do not have someone to escort them which may cause issues with follow up and compliance. Also, the timing of public transportation options are challenging for individuals with mental health diagnosis or those on oxygen.

Identified Need: Care Coordination

The stakeholders felt that many seniors find it challenging to coordinate their care among providers, especially when seeing specialists and/or taking multiple medications, and providers may sometimes lack the ability to provide continuity of care. The consumer groups felt communication between hospitals and/or health systems is poor within the region. And the stakeholder groups felt the “hand offs” were particularly disjointed, noting that these providers do not communicate with each other. Some quotes included, “medical records do not follow the patient” and “doctors will not go to specific hospitals.” Additionally, the consensus felt getting an appointment with a specialist, such as a dermatologist, rheumatologist, ENTs, and others was challenging.

Formalizing coordination between hospitals, health care providers, and social service agencies was suggested to promote communication and collaboration.

Some of the observations/recommendations from the stakeholders include:

- Industry providers need to advocate and encourage organizations to partner and/or collaborate to better serve older adults.
- Sometimes [providers] “trip over each other, duplicate efforts, or muddy the waters” for those we serve. We must improve our communication across the industry and avoid “siloed” efforts to create more effective partnerships and synergy.
- Furthermore, as stakeholders we must also increase our knowledge base of the available services, programs, and funding. In turn, we can do a better job educating the community, and referring, partnering, and collaborating with other providers.
- Lastly, trade/membership organizations can help build camaraderie between providers to stoke communication and collaboration.

Identified Need: Affordable Housing/Goods & Services

Though both groups agreed, the key stakeholder focus groups, more so than the consumer focus groups, identified affordable housing as an immediate need. Specifically, low income housing, middle market, and rental options for seniors who are not eligible for subsidized housing, were mentioned. Separately, the key stakeholders also identified the immediate and overwhelming need for more Supplemental Security Income (SSI) certified "beds" within personal care homes in this region. The individual group breakdown for the consumer groups was shown to provide some contrast in which Group A from Mechanicsburg felt more strongly about not having enough options in Cumberland County. As an organization, Messiah Lifeways' experience confirms this discovery. Messiah Lifeways Coaching regularly fields inquiries looking for low income and affordable housing plus market rate moderately priced rental options for seniors.

Another need identified was the affordability and funding for a variety of health care services and goods. Many felt that government healthcare funding for older adults was secondary, along with those that need mental health treatment. Housing was also discussed as an influencer in the health of an individual and access to other needs such as food and public transportation. Affordability of prescription drugs with the lower income populations was included. Many do not take advantage of PACEnet, and there are no commercials to promote it and little public awareness of the program. A suggestion was offered to provide more access to nutritious food and encourage merchants to provide fresh foods to low income areas. Funds need to be (re)allocated to the appropriate setting – i.e. advocating for Medicaid coverage in Assisted Living including:

- Provide free or low cost dental
- Lower cost hearing aids and doctors that offer services
- Control the cost of nursing homes/long-term care
- Offer lower cost vaccinations

Identified Need: Consumer & Family Education

A surprisingly small amount (~21%) of the combined consumer groups "agreed or strongly agreed" they had difficulty identifying, determining eligibility, and accessing local services and benefits. In contrast, the stakeholder groups regularly cited the need for better outreach, education, and communication to empower consumers. It's also possible the 79% who neither agreed nor disagreed, disagreed, or strongly disagreed, haven't yet experienced these difficulties, but will as they age and possibly need more care and services. We believe a lack of awareness (not knowing, what you don't know) may also play a factor in these responses.

The stakeholder groups expressed that a general lack of knowledge and education about what support services are available, as well as funding and eligibility, truly is a challenge for many local seniors. The stakeholders also added that despite having the knowledge, accessing or signing up was sometimes considered complicated, due to the technology gap or the application process being too complicated. Language barriers were also mentioned as an additional complication.

The technology gap was identified as a barrier to education, comprehension, and subsequently an inability to access online tools, reference material, and patient portals. Some responded they've had issues registering and getting appointments online. Also mentioned, "Getting through to the doctor's office to get an appointment," and "going through all of the voice menus is sometimes difficult," due to hearing and potentially technology comprehension.

Some of the observations/recommendations from the stakeholders include:

- Human service agencies and government programs could do a better job of educating and promoting their services and programs, especially for free programs and services that are underutilized; plus work to remove barriers and "red tape" to tap into these services.
- We must increase and improve education and advocacy efforts for seniors in the marketplace and through legislation.
- We must tap into meaningful ways to communicate to the "middle generation" (the adult child & the sandwich generation) and gaining their attention would benefit the older generation. Find ways to encourage them think proactively about future needs and care.
- Increase the palliative care conversations and talk with patients and families about advance directives and living wills within the community before a crisis situation.
- Some stakeholders felt that insurance companies could do a better job of educating subscribers of the benefits and services available to them.
- Industry leaders/stakeholders must continue to improve education, coaching, collaboration, and community efforts by providing guidance, encouragement, preplanning, and ease of access to services.
- Build trust, secure buy in, and use grassroots efforts to reach vulnerable populations.
- Take an educational and advocacy approach; it cannot be a sales pitch to constituents.
- Collaborate with other providers to provide a better alternative/platform/clearinghouse of resources, such as the Aging Development Resource Center (ADRC).
- Offer seniors technology training, in particular to access healthcare portals and online resources. Then subsequently utilize technology and build a chat room or listserv that people can share needs/resources.
- Be mindful of using jargon, assumptions of knowledge, and the technology gap with some older adults.
- Recommended that doctors should do more free health-related presentations/talks, along with Q & A.

Identified Need: Workforce Challenges

When asked, "What major health issues do you see among low income or underserved senior populations such as minority groups or people with disabilities?" workforce challenges stood out for the key stakeholders group. Long-term care providers are much more aware of the forecast for the future caregiver disparity than the general public is. It did not even register on the consumer groups' radar.

Stakeholders voiced that a sufficient and quality workforce is and will continue to be a big challenge to provide assistance and care to all groups, especially those with more limited income and access to support. Furthermore, extremely high turnover rates within non-medical home care agencies were mentioned. This issue is projected to only get worse. No clear cut resolutions were offered in any sessions.

Identified Need: Behavioral Health Services

Both the Stakeholder and Consumer groups expressed their concern for a lack of funding, treatment, and local inpatient and outpatient options for those with mental health issues, particularly among low income or underserved senior populations such as minority groups or people with disabilities.

X. Conclusions

The Senior Living Community Needs Assessment was finalized January 14, 2020. The Messiah Lifeways Board of Directors and executive team gathered to review the research findings and prioritize the key issues for adoption and inclusion in the Implementation Plan. The objectives of the discussion were to:

- Initiate discussions around key health issues and prioritize based on select criteria
- Brainstorm goals and objectives to guide Messiah Lifeways' Implementation Plan
- Examine Messiah Lifeways' role in addressing community needs and priorities

For our next phase in the process, we recalled all stakeholder participants to take part in an implementation planning session. We wanted to reconnect with the stakeholders to discuss current efforts and ideas, and to explore opportunities to help work more collaboratively and efficiently. Furthermore, it highlights one of the key findings from this study which is that like-minded organizations often have similar goals and initiatives, but if we can improve our efforts to communicate, collaborate, and take action, we can improve the chances of making a true difference for those we look to serve.

Appendix A

Messiah Lifeways Social Accountability & Community Benefit Task Force "Advisory Group"

Name	Title
Alicia Titus	Vice President for Mission Advancement
Matthew Gallardo	Director of Community Engagement & Coaching
Rachel Pease	Senior Director of Development
Kelly Haag	Development Manager
Kelly Martin	Senior Director of Marketing
Kerry Hoke	Senior Director of Enrichment Services
Katie Andreano	Marketing Communications Specialist
Doug Oberholser	Corporate Compliance and Risk Manager

Appendix B

Community Stakeholders (listed alphabetically by organization)

Organization	Name
AARP	David Kalinoski
Cumberland County Aging & Community Services	Sandy Guererri
Geisinger Holy Spirit Hospital	Donna Hoak
Geisinger Holy Spirit Medical Group	Erin Arizmendi
Geisinger Holy Spirit Medical Group	Karen Howenstine
Grantham BIC Church Primetimers Group	Anita Hair
LeadingAge PA	Luanne Reese
Messiah College	Karin Bisbee
Partnership for Better Health	Carol Thornton
Paxton Ministries	Jodie Smiley
Pennsylvania Home Care Association (PHA)	Jennifer Haggerty
Rabbit Transit	Sherry Welsh
St. Elizabeth Ann Seton Catholic Church	Donna Nebistinsky
The Foundation for Enhancing Communities (TFEC)	Jennifer Strechay
Vision Resources	Danette Blank
YMCA	Rose Turner

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MESSIAH Lifeways®

Our Mission Statement:

We are a ministry that responsibly enhances the lives of older adults with Christ-like love.