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Senior Housing Needs Report on Portuguese- or Cabo Verdean Creole-speaking Senior Citizens and Family Members



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Massachusetts Alliance of Portuguese Speakers (“MAPS”)

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Overview

The Massachusetts Alliance of Portuguese Speakers (MAPS) engaged LDS Consulting Group, LLC (“LDS”) to work with them on a planning study to explore the needs for a senior housing facility with the linguistic and cultural capacity to serve Portuguese speakers. If built, this facility would be the first Portuguese-language focused senior housing option in New England. To help MAPS decide on the future development plans of such a facility, LDS reached out to members of the Portuguese-speaking community to obtain their opinions on the pressing senior housing needs for individual households and the community at large. In particular, LDS conducted six community forums and a senior housing survey, and interviewed staff. The work kicked off at the February 25, 2015 meeting of the MAPS Senior Living Advisory Committee meeting, the survey closed on May 22, 2015, and the results of the work are documented in this report, which was presented at an Advisory Committee meeting on June 16, 2015. We have also provided three case studies at the end of the report. Following the Advisory Committee’s June meeting, LDS has been working to complete its work with a business model for senior housing.

A summary of the Forum methodology and results are provided on page 4, and a summary of the survey methodology and survey results start on page 6.

They say it takes a village, and this study was no exception. LDS had support from many places within the MAPS community. First and foremost, the study would not have been accomplished without grant funding from the Theodore Edson Parker Foundation.

We also want to thank the MAPS Advisory Committee members for their time, thoughts and dedication to this matter with a special thanks to Lois Josimovich for her time, dedication and calming demeanor during a process that was new to her but one that she handled with grace and acumen.

Members of the Advisory Committee are as follows:

Staff

Advisory Board Chair, Mr. Paulo Pinto, MPA - MAPS Executive Director
Ms. Lois Josimovich, MAPS Director of Development & Communications
Ms. Beatriz Carvalho Maimone, LICSW, MAPS Director of Clinical & Support Svcs.
Ms. Julia Evora, MAPS Senior Center Coordinator

Community Representatives

Mr. Duarte Carvalho, CEO & President, Riverside Management, LLC
Mr. Paul Ferreira, President, Cambridge Printing Co.
Ms. Elsa Gomes-Bondlow, Director of Development, MIRA Coalition
Isabel Morais, MD, FACOG, Chair, Dept. of Obstetrics and Gynecology, St. Elizabeth’s Medical Center

Ms. Susan Pacheco, Executive Director, Cambridge Council on Aging
Mr. Luis Pedroso, President, Accutronics, Inc.
Ms. Osvalda Rodrigues, MA, (Retired former MAPS Program Director)
Mr. Manuel Rogers, Jr., Owner, Rogers Funeral Home & Cremation Services
Ms. Elisia Saab, c/o Advanced Polymers/Vention Medical
Helena Santos-Martins, MD, North Shore Physicians Group
Ms. Margaret C. Serpa, Retired Educator
Ms. Josefina Silva, Vice President-Business Banking Group, and Loan Officer, East Boston Savings Bank
Ms. Heloisa Souza, Executive Director, Brazilian Women's Group

MAPS Board Members

Ms. Elizabeth Chaves, MAPS Board Member
Ms. Mary Ann Lomba, MBA, MAPS Board Treasurer
Ms. Carmen Pacheco Medeiros, M.Ed., MAPS Board Member

In addition, a special thanks to Paul Ferreira and Cambridge Printing for their assistance on the survey mailings and making our product look so good!

Last but certainly not least, a big thank you to **MAPS staff** members not previously mentioned who also helped with the community forums, translating assistance and providing input about the needs of seniors:

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Natalia Fernandes
Maria Gomes Almeida
Tayling Conceição
Renan Leahy
Alessandra Lopes
Dulce Almeida Ferreira
Isidro Fagundes

Conclusions and Recommendations

The daytime forums were well attended with over 100 attendees, with the largest numbers in Lowell. In addition, 161 surveys were completed over the course of a one-month period, with the most responders living in the Cambridge/Somerville area. Therefore, participants were pretty equally spread out amongst MAPS' major service area. For the most part, the forums and surveys provided us with very similar information. There were many similarities among the three major service areas, Cambridge, Dorchester and Lowell; however, there were also some subtle differences.

Demographics

The daytime forums were attended by the elderly and the majority of survey responders were over the age of 65, with an average age of 70-79. Most were female and one-person households, but there were a fair amount of couples as well. Most are very, very low income at 30% of area median income or less than \$20,700 for a one person household. They also pay and are willing to pay rent at a below market rate. Therefore, participants are most concerned about being able to afford senior housing. The Cambridge/Somerville area and the Lowell area responders are primarily Portuguese speaking. The Dorchester area is primarily Cabo Verdean Creole speakers. The same holds true for the language that responders wish to have spoken at a senior housing facility; however Cambridge responders also expressed a desire for Cabo Verdean Creole-speaking staff.

Needs and concerns

Many have hearing, seeing, or ambulatory difficulties and need assistance with activities of daily living. They are concerned about safety and security as well as accessible living and transportation. This is also illustrated in the high number of doctor visits, approximately 6 a year.

Housing

Most responders own a home or are renters and have lived in their residence for more than five years. Most who live with someone live with a spouse. Few live with relatives except for in Dorchester. For English survey responders, the primary motives to move are (cheaper) costs, safety/security, location and a new building. For Portuguese survey responders, the primary motives are staff who speak their language, concerns about a medical emergency, safety/security, culturally appropriate meal/activities, and cost.

Participants prefer to stay close to where they currently live, and more than half are considering moving to a senior facility in the near term (1-3 years). Participants are spread out among their desire to live in a single level apartment, senior housing with supportive services and assisted living. They are also split between those wanting a one-unit home vs. a two-unit home. The most desired unit amenities are a shower stall, central air conditioning, grab-bars in the bathroom, an emergency pull-cord in the bathroom, and a bathtub. The most important

community amenities are an elevator, a community room, a fitness room, walking path, community garden and covered parking.

Most important to English survey responders are housekeeping, social activities and personal care needs. For Portuguese survey responders, important services are personal care needs, medication management and housekeeping. Portuguese food is the most desired cuisine type for all responders. This is followed by Cabo Verdean food (for English survey responders) and Brazilian food (for Portuguese survey responders).

Overall the comments by survey responders were very positive and encouraging to find a housing solution for MAPS aging population.

Recommendations and next steps

Regardless of creating some type of elderly housing, MAPS should work with area colleges and training programs to encourage Portuguese-speaking persons to enter the elder care field. In addition, most elder persons are going to need to compromise on their expectations as to the type of unit (i.e. smaller units) and will need to spend more than they are currently spending on housing. In addition, many have long-term care insurance, so this may be a means for paying for assisted living. However, it appears very clear that many persons may need additional financial support from family members and/or contributions from home equity. Otherwise, for the most part, other than a GAFC assisted living unit, they will not be able to afford a traditional assisted living unit and/or a rental housing unit with supportive services at the 60% of AMI level as further described below.

Based on the case studies and our knowledge of existing senior housing product in the market place and financing programs, there are three options that MAPS may want to consider pursuing:

- 1) Working with an existing senior housing provider to help them create a program within their facility to cater to the Portuguese-speaking population. This would be the most cost effective.
- 2) Building an age restricted housing facility with supportive services similar to what is being built at Sitkowski School.
- 3) Building a stand-alone Affordable Assisted Living similar to Whalers Cove. The reason for citing Whalers Cove and not Christopher House is that the use of historic tax credits brings the carrying costs down so that you can cater to a lower income population.

Next Steps

- 1) Survey additional facilities including Somerville VNA, Youville Place, Jewish Community Housing for the Elderly
- 2) Create a list of senior housing providers/potential partners for MAPS in main service areas
- 3) Create a budget including costs and benefits for:
 - a. Education and outreach for senior housing professionals

- b. Wing of existing AL facility
- c. Affordable senior housing with supportive service

LDS has identified a mill building owned by the Lowell Community Health Center that may lend itself to model 2 or 3 and when time permits, we should connect all parties.

Summary of Community Forums



For this study, LDS, along with support from MAPS staff, hosted a series of six community forums in three of MAPS' main service areas: Cambridge, Lowell and Dorchester. We held three 60-minute daytime forums, including one on Monday, April 27th in Dorchester with Cabo Verdean translators, one on Tuesday, April 28th in Lowell and one Wednesday April 29th in Cambridge, both with Portuguese translators. We also hosted three evening forums for English-speaking persons on Monday, May 4th in Lowell, Tuesday, May

5th in Dorchester and Wednesday May 6th in Cambridge.

LDS worked with MAPS to create a flyer for the forums (a copy of the flyer is attached as Exhibit 1) as well as provided a distribution list for faith-based organization and healthcare providers. In addition, LDS provided MAPS with a media list, which MAPS augmented with many other broadcast and print media from the community. Flyers were provided to persons attending MAPS 2016 Awards Gala in Boston in April, as well as via an e-mail blast to MAPS constituents, notices on MAPS' Website home page and senior webpage, and more flyers distributed by staff to area churches and health care providers. By and far, the efforts of staff of the Cape Verdean Adult Day Health Center, the Portuguese American Center and MAPS Cambridge, Dorchester and Lowell staff were the driving force in getting clients to participate in the daytime forums.

Each of the daytime forums was well attended with 26-45 attendees, and primarily by the elderly Portuguese-speaking population who regularly attend day programs. The forums provided LDS with some insight into attendees' wishes and needs with regard to current and future housing. Some of the most common wishes are to remain in or close to their current communities, and have linguistically appropriate staff, culturally appropriate meals, and activities that will keep people mobile and social. In addition, there was a lot of concern about accessible living and safety. Most people seemed interested in moving to a Portuguese-language specific facility "tomorrow".

However, there is a key barrier that may prevent most of them from moving into any senior facility, which is cost. Most of the people at the forums have very low incomes and may not be able to afford any type of senior housing unless it is at reduced rent and/or otherwise subsidized. In addition, it was very difficult to discuss income at the Lowell forum, as people there do not want to other people to know their business. Attendees also unanimously expressed that they would like to stay in their current location.

The evening forums were meant to cater more to the adult children of elderly Portuguese speakers, caretakers and other interested members of the community. These were poorly attended and it is unclear if this was due to late notice of the event, timing of the forums or something else. The last forum in Cambridge (May 6th) had no attendees. Nonetheless, we still gained some valuable insight from the people who attended these forums. Most notably, we learned that the most desirable place to consider building a senior facility for this population may be in the Cambridge/Somerville area. This is because many people who live in Lowell may consider moving to Cambridge or Somerville, but definitely not to Dorchester. Likewise, many who live in Dorchester would not fully object to moving to Cambridge or Somerville, while they would not even consider moving to Lowell.



One issue that was also identified during these forums was that the elderly who have assets that they could sell (e.g. homes) that may help with financing their costs in a senior facility might also be resistant to do so. Reasons for this include a desire to save their assets so that their children and family may inherit them; and that, for families with multiple children, there may be disagreement about whether or not assets should be sold (and if so, which ones). We also heard this in the Cambridge daytime forum. Otherwise, we heard comments that reinforce what we learned during the daytime forums (e.g. desire to stay in the same location, have social activities, have culturally appropriate meals, and staff who speak their language).

Survey Analysis

LDS created a housing needs assessment in the form of a survey that could be taken on line or completed on paper. The survey included 47 questions and was created in both English and Portuguese. The survey went live on line on Survey Monkey in both languages on April 24, 2015 and closed on May 22, 2015. MAPS advertised the survey through the flyers for their forums, on their website page for seniors, and by sending out two e-mails via their Constant Contact newsletter to constituents. They also promoted the surveys at their annual Awards Gala in April. MAPS/LDS mailed out approximately 985 surveys to households on their mailing list on April 24, 2015, with self-addressed return envelopes for completed surveys. By June 9, 2015, 161 mailed pieces (16%) had been returned as undeliverable. MAPS staff and senior center staff helped consumers complete surveys following the forums. There is no question that this was a complicated survey and, given the elderly target population, it took a lot of time to complete. LDS also placed drop boxes at various MAPS offices and Portuguese adult day programs. In addition, LDS provided definitions of various types of senior housing that MAPS placed on its website, a copy of which is attached as Exhibit 5.

For the paper copies of the survey that LDS received, we entered the responses into Survey Monkey based on the language of the survey. In total, 161 surveys were completed including 113 in English and 60 in Portuguese. Most questions were mandatory, however question 26, disability status, and questions 33, 34, 35 and 36 on income were not. The survey contained 47 questions and survey logic. Survey logic means that if you answered a question a particular way such as for household size, you would skip ahead to the income levels for your household size. Therefore, it was impossible for each responder to answer every question. In addition, some paper responders did not fully complete the survey. While there were some initial hiccups with the survey logic, we did get things sorted out quickly and the vast majority of surveys were complete.

For the ranking questions, each response was given a number value and then multiplied by the total number of responders for that answer and divided by the total number of responses for that question. The item with the most numbers received the highest ranking. For example, if there were five choices, the first choice would get five points, second four points, third three etc. The last question in the survey asked if for responders to provide contact information to hear from MAPS on senior housing matters. We provided a list of approximately 51 responders contact information to MAPS for this purpose.

Summary Survey Information

We have first set forth some general summary information from the survey, and then we will examine each section of the survey in detail. The following tables provide a summary of some general information for all survey responders followed by a summary table of all responders 65 years old and older. We used 65 and older as we believe that those 65 will be the future residents of a facility as they continue to age. This section is followed by an in-depth look at each the answers for each category. Some are drilled down to survey responders over 65, and some are separated out into particular geographic locations as explained in the next section.

The major sections of the survey are about demographics, housing, services and staffing, income and preferences.

Table 1 Summary Survey Information – All Responders

Question	English	Portuguese	Both
How many responses?	113	60	173
Median # of persons in a household	2	2	2
Median age of responder	61	75	67
Median # of hospital visits	4	4	4
# with Medicare	60	47	107
# with Medicaid	36	21	57
# with Long Term Care Insurance	20	39	59
Median One-person household income	Less than \$20,700	Less than \$20,700	Less than \$20,700
Median Two-person household income	\$39,400 - \$55,800	Less than \$23,650	\$23,650 - \$39,400
Median Three-person household income	\$44,350 - \$62,750	Less than \$26,600	\$44,350 - \$62,750
Median Four-person or more household income	\$49,250 - \$69,700	\$49,250 - \$69,700	\$49,250 - \$69,700
Current Amount Spent on Housing (Average)	\$1,166	\$606	\$953
How much would be willing to pay for:	-	-	-
Rent and Utilities (Average)	\$951	\$586	\$806
Rent, Utilities and Supportive Services (Average)	\$1,120	\$657	\$941
Assisted Living (Average)	\$1,216	\$901	\$1,088
# Considering moving in near future	41	22	63
# Considering moving to a senior housing facility	49	27	76

Table 2 Summary Survey Information – 65 + Responders

Language Responded in	English	Portuguese	Combined
How many responses?	45	44	89
Median # of persons in a household	2	2	2
Median age of responder	75	77	76
Median # of hospital visits	4	3.5	4
# with Medicare	35	39	74
# with Medicaid	19	18	37
# with Long Term Care Insurance	10	29	39
Median One-person household income	Less than \$20,700	Less than \$20,700	Less than \$20,700
Median Two-person household income	\$23,650 - \$39,400	Less than \$23,650	\$23,650 - \$39,400
Median Three-person household income	\$26,600 - \$44,350	\$26,600	\$26,600
Median Four-person or more household income	\$29,550 - \$49,250	N/A	\$29,550 - \$49,250
Current Amount Spent on Housing (Average)	\$898.93	\$541.41	\$711.33
How much would be willing to pay for:	-	-	-
Rent and Utilities (Average)	\$626.82	\$540.64	\$580.20
Rent, Utilities and Supportive Services (Average)	\$796.21	\$547.78	\$675.35
Assisted Living (Average)	\$1,045.20	\$535.94	\$774.66
# Considering moving in near future	18	14	32
# Considering moving to a senior housing facility	25	20	45

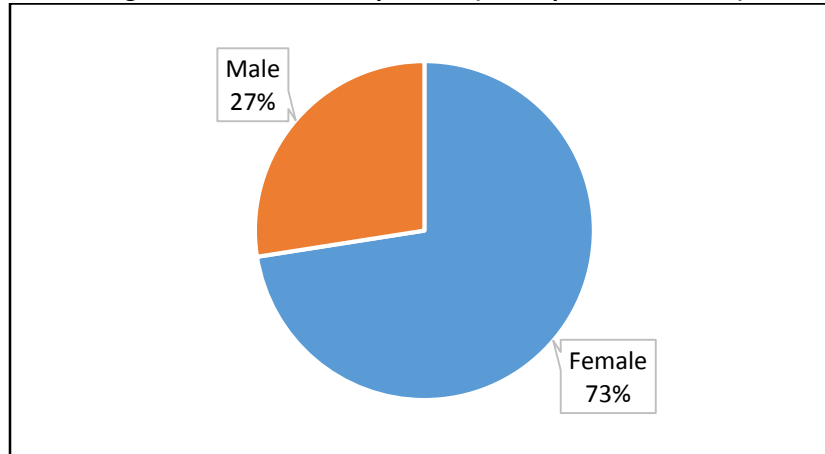
Demographic Profile of Responders

This next section sets forth summary information for each responder with respect to gender, location, age, and language.

Gender

The majority of responders for this survey were female, accounting for 73% of all responses. In addition, for responders 65+ years old, the proportion of female responders was also 73% compared to 27% male responders.

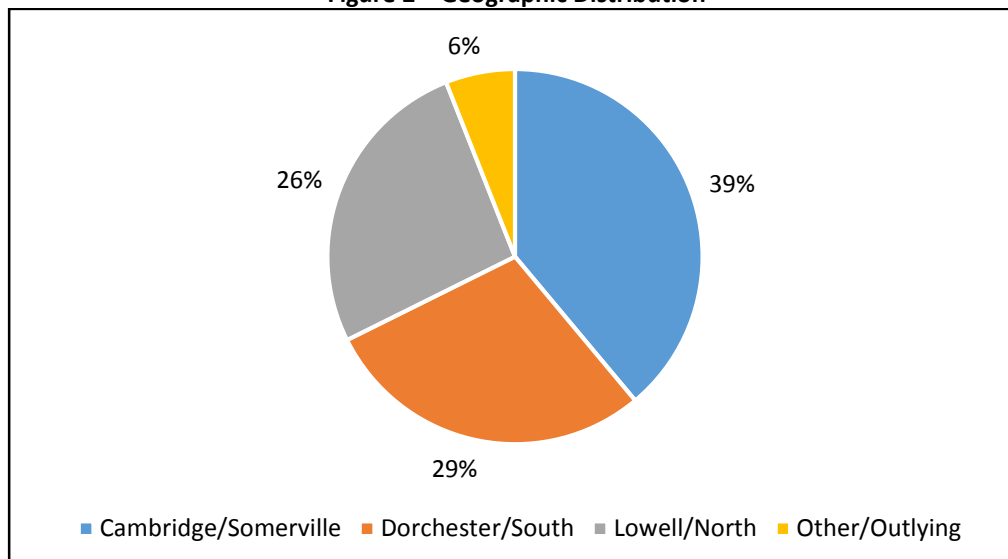
Figure 1 – Gender of Responders (all Responders and 65+)



Location

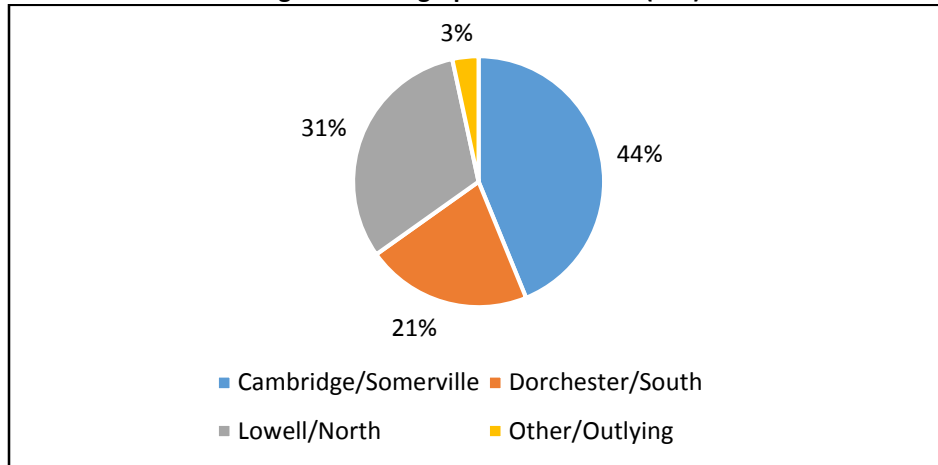
Question #3 in the survey asked “What city do you currently live in?” We used the answers from this question to determine the current geographic distribution of the responders of this survey. To simplify the presentation of this data, we organized the individual municipalities into larger geographic areas as follows: the Cambridge/Somerville area, the Dorchester/South area, the Lowell/North area, and the Other/Outlying area. Below is a figure showing the geographic distribution of the survey responders.

Figure 2 – Geographic Distribution



Most of our responders live in the Cambridge/Somerville area (39%) followed by the Dorchester/South area (29%) and the Lowell/North area (26%). Only 6% of responders live in an area that is not one of these three areas. The next figure shows the geographic distribution for responders over the age of 65. It also shows that the Cambridge/Somerville area makes up the single largest group of responders (44%), but instead of the Dorchester/South area making up the next largest group (as we saw with the overall responses), the Lowell/North area is next (31%) followed by the Dorchester/South area (21%). A key influencer to the number of responders was the efforts of MAPS and day center staff to assist clients in completing the survey.

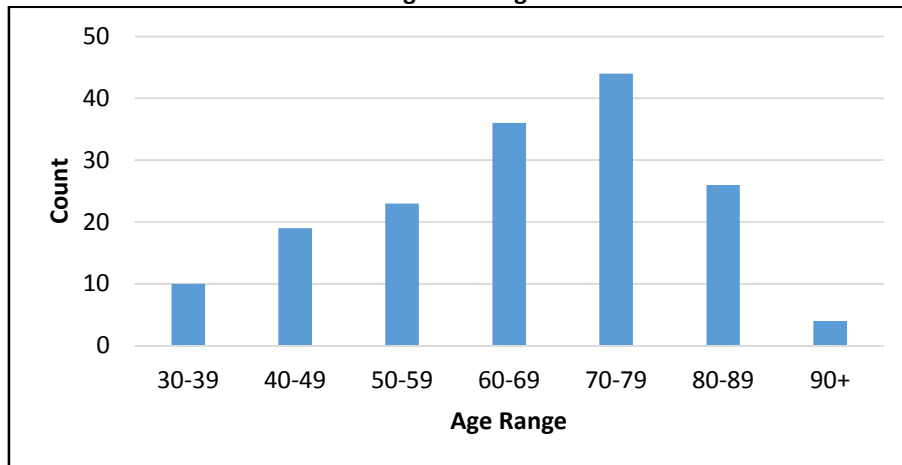
Figure 3 – Geographic Distribution (65+)



Age

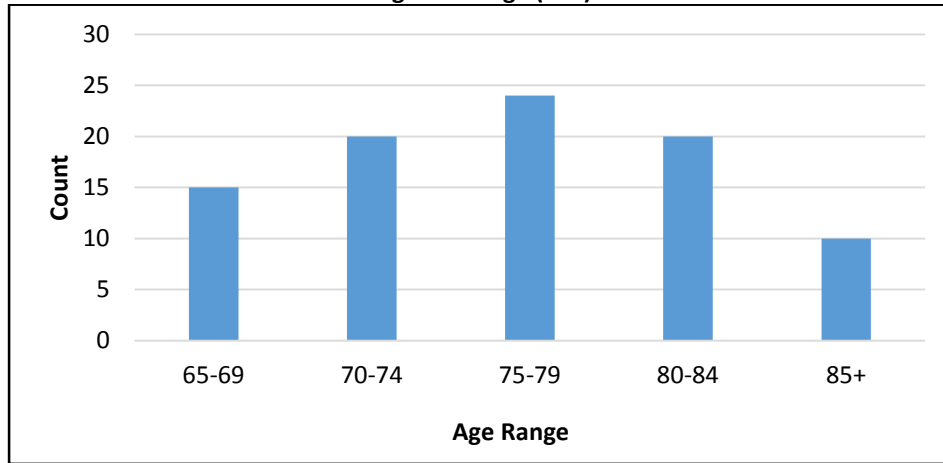
The figure below shows the age distribution for all of the responders to the survey. Since the target population for this survey was the elderly, most of the responders are older, with only a handful of responses from people under the age of 50. The following figure below shows a more focused look at the age distribution of the senior population (65+). As illustrated, there is a normal distribution amongst the 65+ population, centered on the 75- to 79-year-old population. This would be the target population for a senior rental facility with supportive services. An assisted living facility tends to have an older population with an average age of 84.

Figure 4 – Age



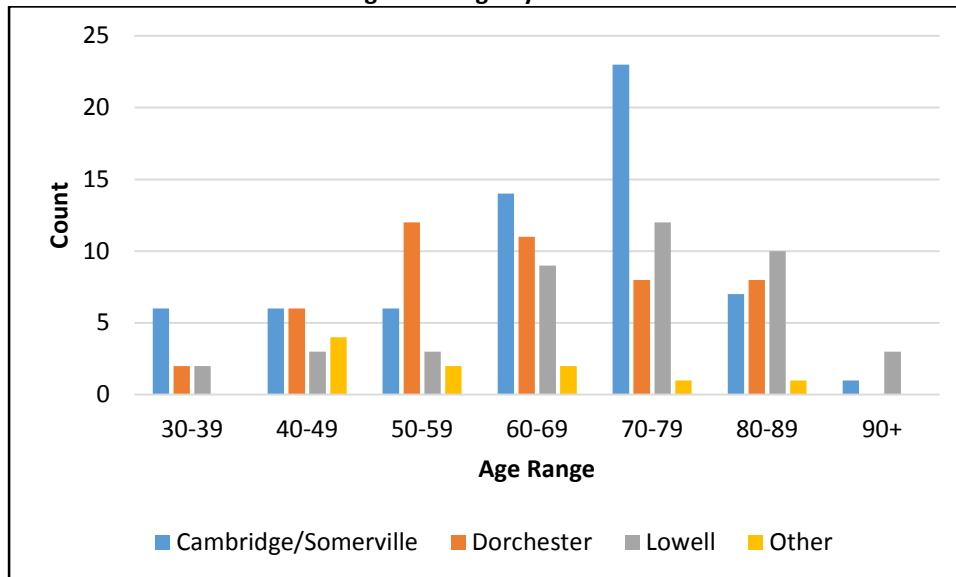
We note that 4 responders were age 90+, 26 were ages 80-89, 44 ages 70-79 and 36 ages 60-69. A total of 52 were under the age of 60.

Figure 5 – Age (65+)



In the following figure, the responder ages are presented by location. We can see here that responders from the Dorchester area tend to be younger than responders from the other two areas. In contrast, responders from Lowell tend to be a little older than the other areas.

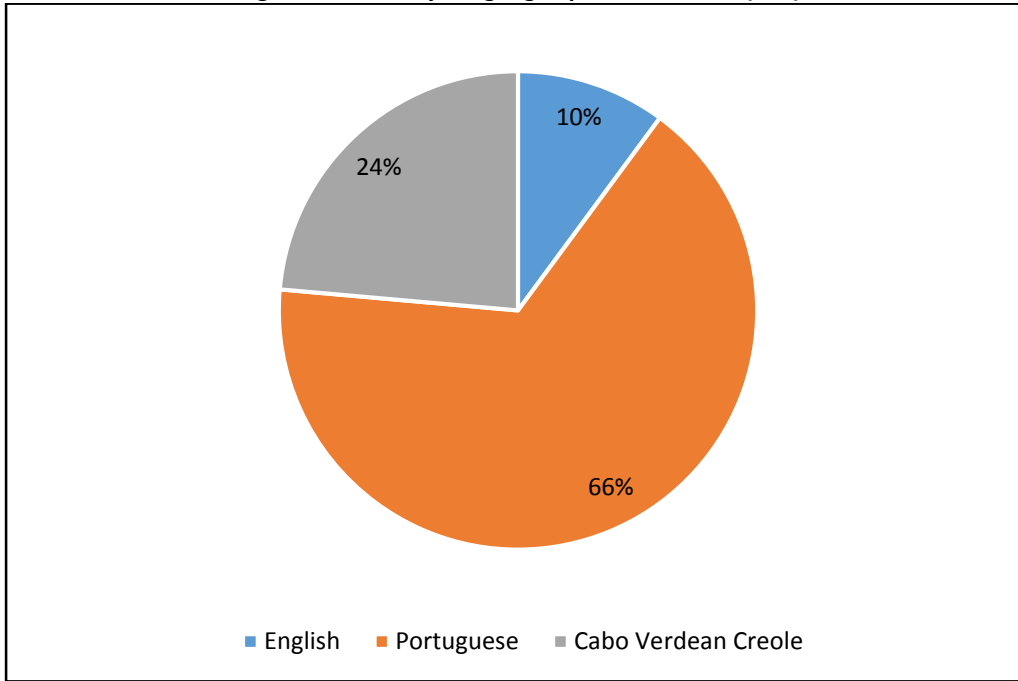
Figure 6 – Age by Location



Language

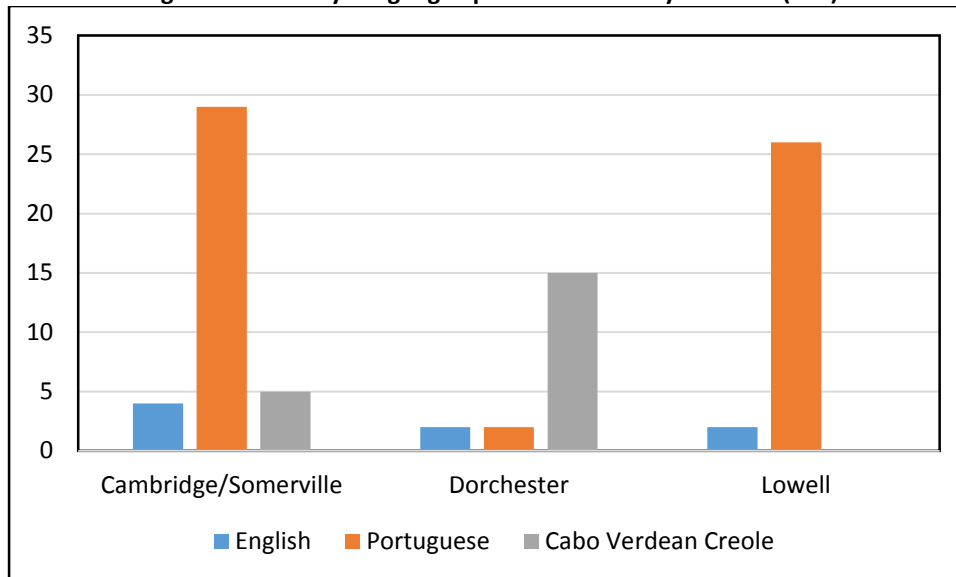
For responders 65+, the primary language used in the house is Portuguese (66%) followed by Cabo Verdean Creole (24%) and then English (10%).

Figure 7 – Primary Language Spoken at Home (65+)



The following figure shows the primary language for 65+-year-old responders by location. The Cambridge/Somerville area and the Lowell area responders are primarily Portuguese speaking. The Dorchester area responders were primarily Cabo Verdean Creole speakers.

Figure 8 – Primary Language Spoken at Home by Location (65+)



Housing

This next section asked questions related to responders current housing status, household size, relationship with other householders, length of time in the home and handicapped accessibility needs.

Present Housing Status

The majority of all responders are either the home owner of a house (36%) or the renter of an apartment (26%). This holds true for the 65+ population as well with 38% living as the home owner of a house and 24% living in a rental apartment. Overall, 41% of the 65-year-old and older responders are homeowners (3% live in owned condominiums), and only 6% live in a senior housing facility. A relatively small number of households, 15% for the over 65, were living with relatives. This was in contrast to attendees at the Dorchester forum, who indicated that many were living with relatives.

Figure 9 – Present Housing Status (All Responders)

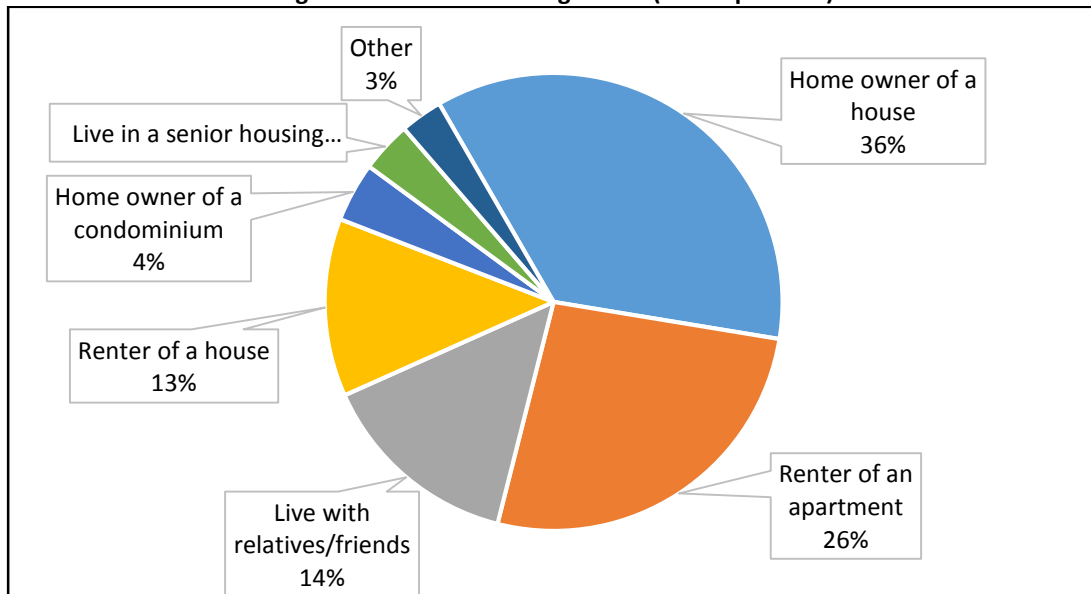
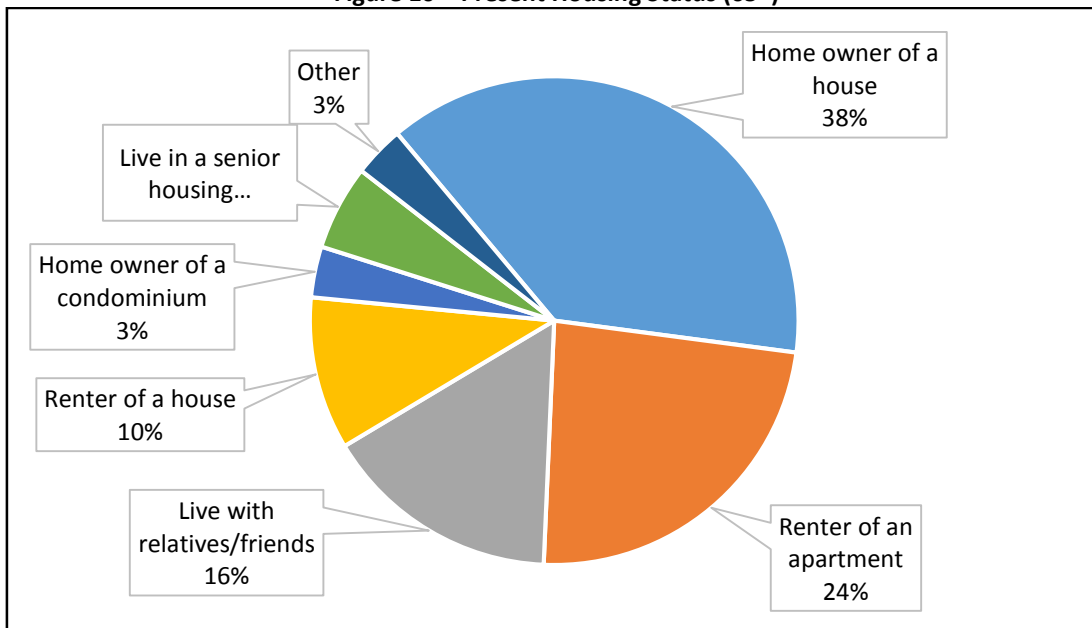


Figure 10 – Present Housing Status (65+)



Household Size

The majority of households, 53%, are one- or two-person households. There is an even larger majority of one- and two-person households for the 65+ population at 78% (43% of whom are living alone in a one-person household). This is most likely because older persons have lost a spouse. Therefore, they need to go elsewhere for social interaction like the community programs associated with MAPS. However, as one ages in place, living alone presents problems with mobility, transportation and overall ability to live independently.

Figure 11 – Household Size (All Responders)

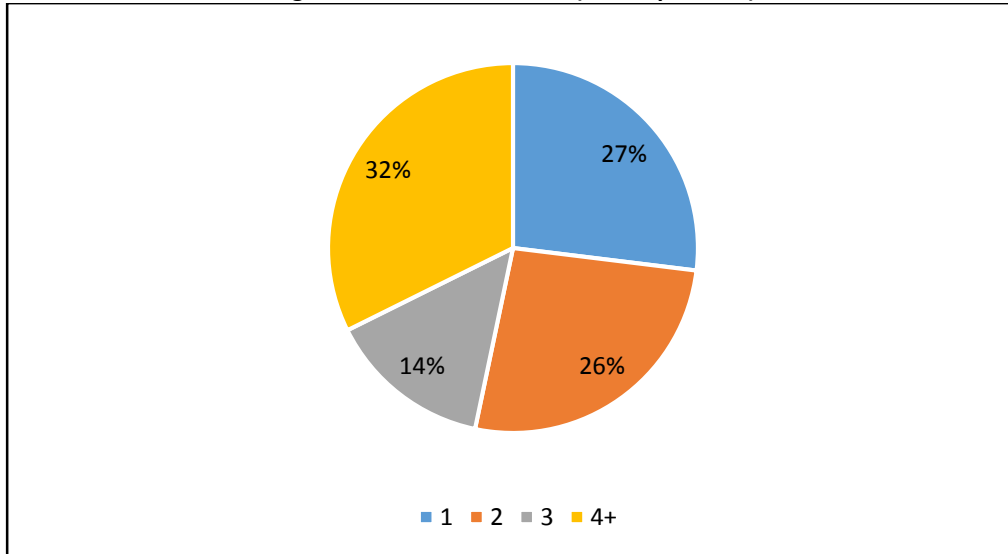
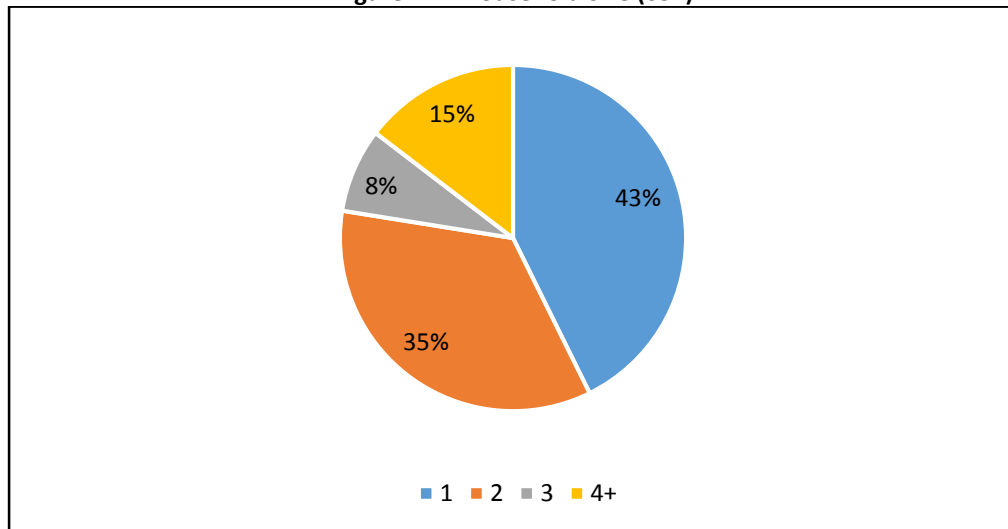


Figure 12 – Household Size (65+)

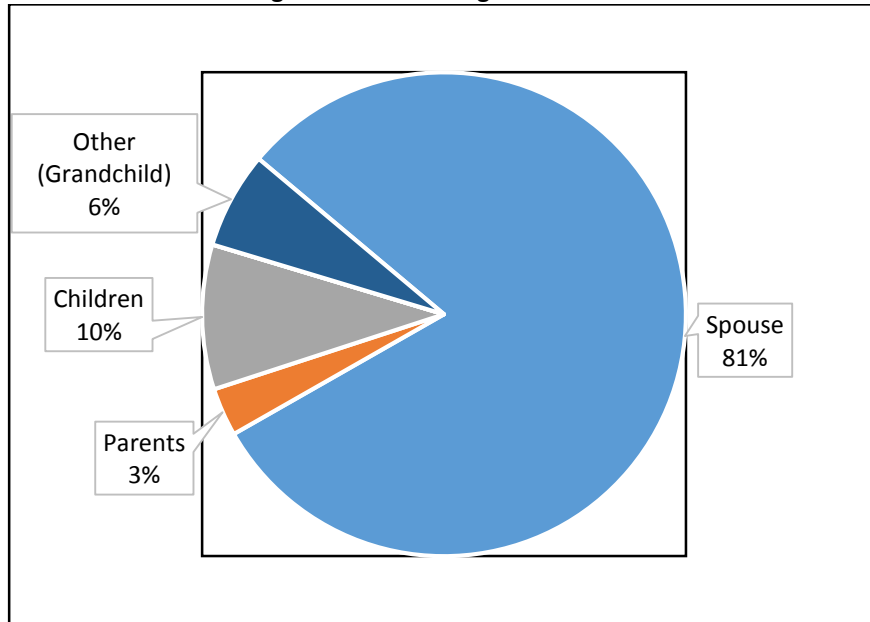


Household Relationships

For the 65+-year-old responders, 35% live with 1 other person, 8% live with 2 other people, and 15% live with 3 or more other people. Of responders 65+ who live with only 1 other person, 81% are living with a spouse and 16% with a child (or grandchild). Of those living with 2 other people, all but one is living with children (the other one is living with roommates). For those

living with 3 or more other people, 62% are living with children, and 31% are living with grandchildren or “other family.”

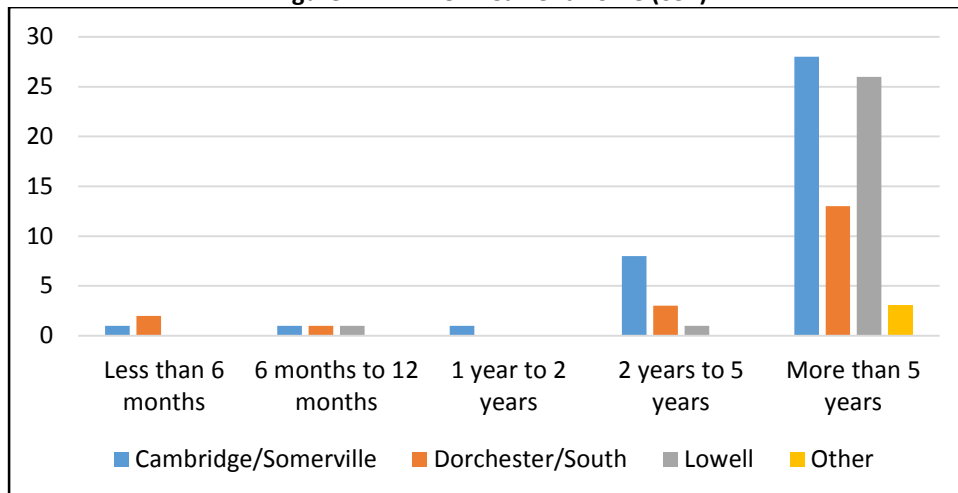
Figure 13 – 65+ Living with 1 Other



Amount of Time in Current Home

The majority of 65+-year-old responders have been living in their home for more than 5 years, and this holds true across all geographic areas. There were very few responders (regardless of location) who have been living in their home for less than 2 years.

Figure 14 – Time in Current Home (65+)

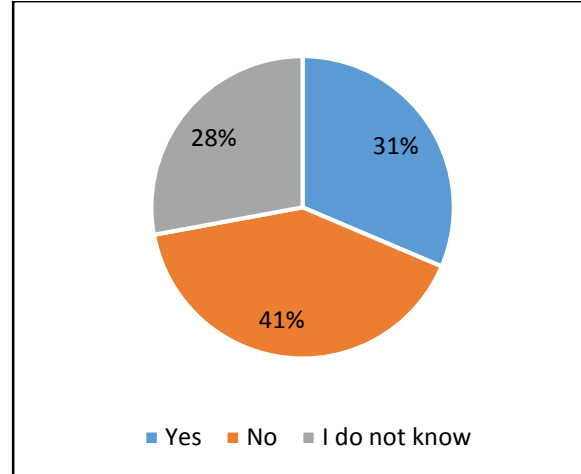


Handicapped Accessibility Needs

Of responders 65+, 31% or 27 persons reported that they need a handicapped accessible home, 41% reported that they do not need a handicapped accessible home, and 28% reported that they

do not know if they need a handicapped accessible home. An additional 14 persons under the age of 65 indicated that they needed an accessible home. Therefore, MAPS will need to consider the idea of offering both age restricted housing and younger disabled housing.

Figure 15 – Handicap Accessible Home Needs (65+)



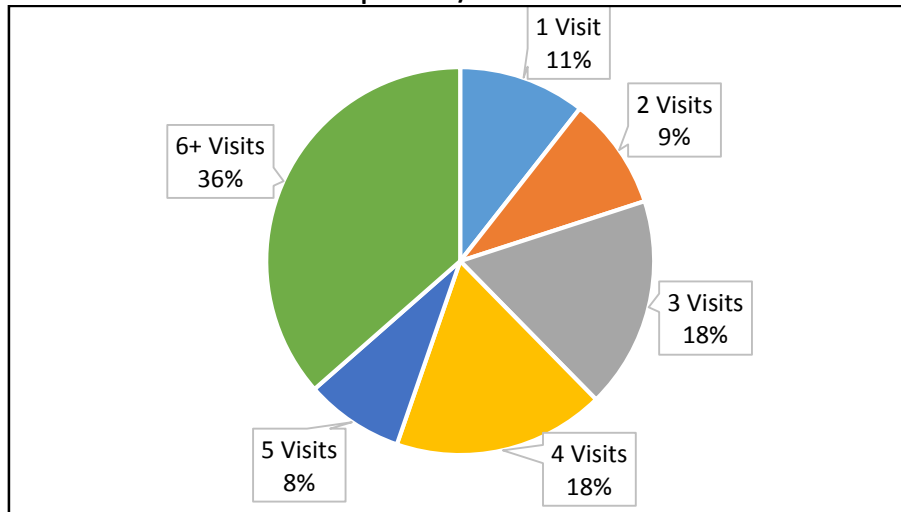
Service and Staffing Needs

This next section was designed to see how responders are doing today with regard to service needs. To understand service needs, we asked about visits to health care providers and locations of providers, disability status and need for transportation.

Hospital and Health Service Provider Visits

The figure below shows the number of visits to a hospital and/or health service provider in the last year for responders who are 65 and older. The most common response was 6 or more times (36%) and a majority of these people had gone 4 or more times (62%). It is not surprising that persons over the age of 65 visit doctors at a frequency of every two months.

Figure 16 – Number of Visits to the Hospital and/or Health Service Provider in the Last Year (65+)



Hospitals and Health Centers (65+)

Most responders go to a medical center close to where they live. The table below provides the names of hospitals and health services providers that 3 or more responders visit. The majority of Lowell area responders utilize Lowell General Hospital and Lowell Community Health Center. The majority of Cambridge Area responders visit Cambridge Health Alliance, Somerville and Cambridge Hospital. The majority of Dorchester area responders visit Beth Israel Hospital and Boston Medical Center.

Table 3

Most Commonly Reported Health Providers	
Hospital/Health Service Provider	Count
Lowell General Hospital	21
Cambridge Health Alliance	17
Beth Israel	8
Lowell Community Health Center	6
Somerville Hospital	6
Cambridge Hospital	5
Boston Medical Center	3
Bowdoin Street Health Center	3
East Cambridge Health Center	3
Harvard Vanguard	3
Mass General Hospital	3
Mount Auburn Hospital	3

Disability Status

The purpose of this question was to find out if respondents need accessible living or if they need assistance with activities of daily living. Single-level living can be accomplished by single-level apartments in an elevator building. Needing assistance with activities of daily living would signal a more service-enriched facility like supportive services or assisted living. Based on the responses below, it appears they need both. For this question, responders could pick more than one answer. There were 85 responders who are 65+ years old. Of this group, 53 answered the question because it was not a mandatory question. This means that at least 62% of these responders have at least one disability. Of those with at least one disability, 51% have a vision difficulty, 45% have a hearing difficulty, 40% have an ambulatory difficulty, and 34% have an independent living difficulty.

Table 4

Disability Status of Responders (65+)						
Disability	Cambridge/ Somerville	Dorchester	Lowell	Grand Total	Of those with at least 1 difficulty	Of all 65+
With a hearing difficulty	12	5	7	24	45%	28%
With a vision difficulty	16	4	7	27	51%	32%
With a cognitive difficulty	3	2	1	6	11%	7%
With an ambulatory difficulty	11	3	7	21	40%	25%
With a self-care difficulty	5	2	4	11	21%	13%
With an independent living difficulty	12	2	4	18	34%	21%

Transportation

The most common forms of transportation currently available to the 65+-year-old responders are private car (41%), family or friends who help drive (41%), and public transportation (36%). However, the most desired transportation option if living in a senior home would be a facility-provided van service (59%) followed by access to public transportation (45%) and ability to continue being able to use a private car (44%).

Figure 17 – Current Transportation Options (65+)

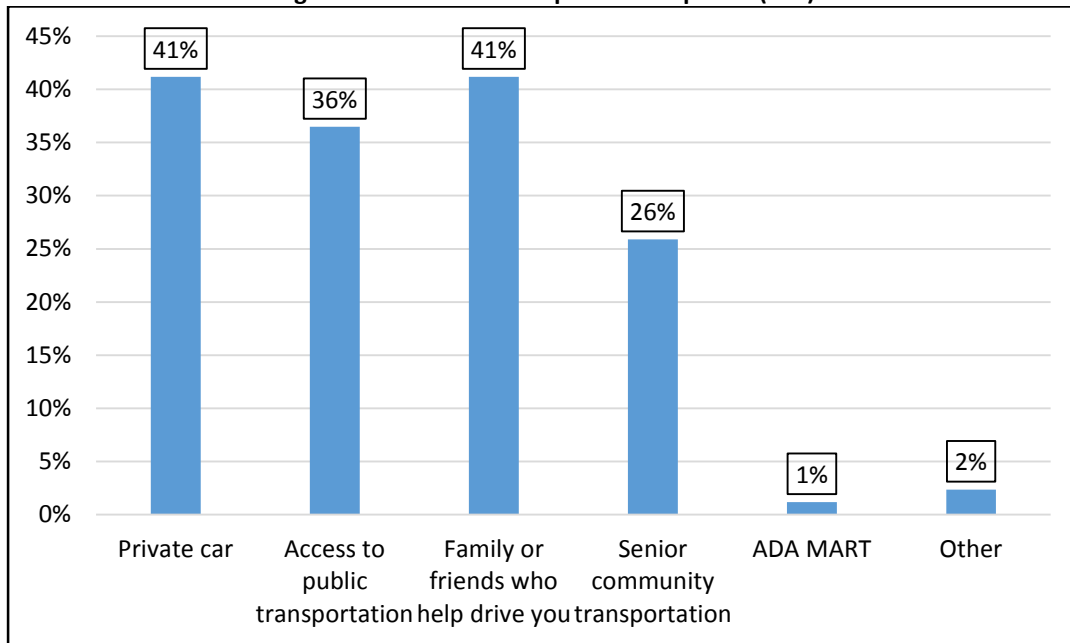
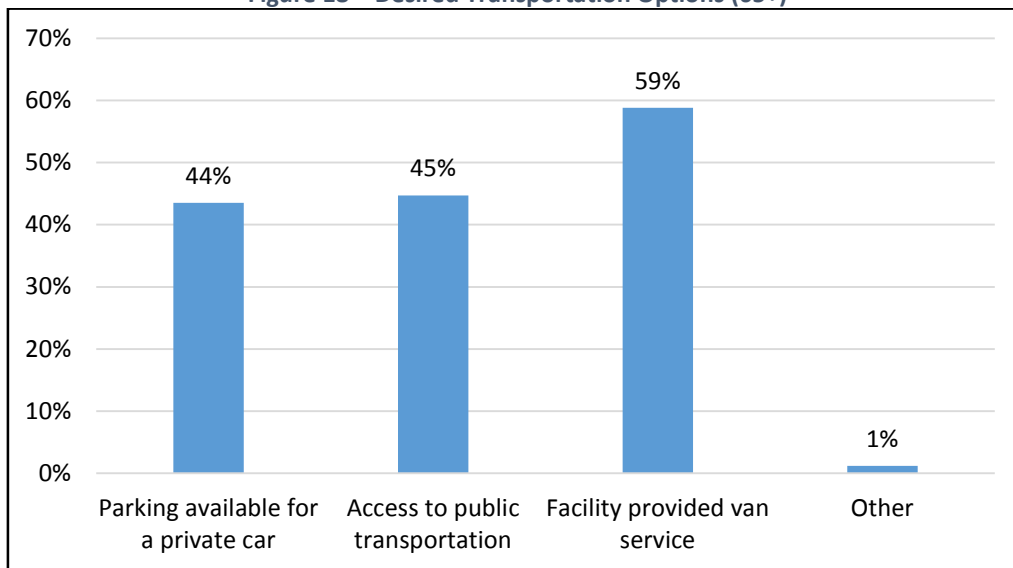


Figure 18 – Desired Transportation Options (65+)



Income Matters

This next section looks at household income, sources of income and housing costs. In particular, the income ranges we chose to use are based on the HUD's 2015 Income Limits for the Boston-Cambridge-Quincy, MA area. Although Lowell does not fall into this area, we had to keep the question response choices the same for collection and analysis purposes (albeit, Lowell's income limits are not much less than that of the Boston-Cambridge-Quincy area). Below is a chart showing the income limits we used to form our categories. AMI refers to area median income.

Table 5

2015 Income Limits - Boston-Cambridge-Quincy Area				
Income Limit	One-person Household	Two-person household	Three-person Household	Four-person Household
30% AMI	\$20,700	\$23,650	\$26,600	\$29,550
50% AMI	\$34,500	\$39,400	\$44,350	\$49,250
80% AMI	\$48,000	\$48,000	\$62,750	\$69,700

As mentioned previously, this question was optional. The following chart shows the median household income ranges by household size for households with responders 65+. For the 65+-year-old responders living alone, more than half have an income below 30% of AMI. Furthermore, regardless of household size, there are no households with median household income above 50% of AMI. This tells us that any new housing will need to cater to the very low-income population. This question does not explore assets. We know seniors do have household equity, but may be reluctant to spend it on senior housing.

Table 6

Median Household Income by Household Size (65+)		
Median One-person household income	Less than \$20,700	Below 30% AMI
Median Two-person household income	\$23,650 - \$39,400	Between 30% and 50% AMI
Median Three-person household income	\$26,600	30% AMI
Median Four-person or more household income	\$29,550 - \$49,250	Between 30% and 50% AMI

Because a majority of 65+ responders live alone or live with only one other person, we have broken down the one- and two-person household incomes by area in the following charts. For 65+ responders who live alone, a majority are living on annual incomes of less than \$20,700. Only four responders have an income over \$34,500 per year (over 50% of AMI).

Table 7

One-person household Income (65+)					
Income Range	Less than \$20,700	\$20,700 - \$34,500	\$34,500 - \$48,000	\$48,000 and over	Total
Cambridge/Somerville	19	1	1	2	23
Dorchester	8	2		1	11
Lowell	11	2			13
Other	1	1			2
Total	39	6	1	3	49

The single largest income group for two-person households (65+) is less than \$23,650 per year (less than 30% of AMI). However, a larger proportion of two-person households have an annual income above 30% of AMI than one-person households.

Table 8

Two-person household Income (65+)					
Income Range	Less than \$23,650	\$23,650 - \$39,400	\$39,400 - \$55,800	\$55,800 and over	Total
Cambridge/Somerville	3	2		4	9
Dorchester	4	1	2		7
Lowell	7	5			12
Other		1			1
Total	14	9	2	4	29

Sources of Income

This question allowed responders to choose one or more categories. The majority of responders 65+ and for each locational area had Social Security as one of their sources of income. This is followed by “other” and then work/job. For the “other” sources of income category, most did not specify. For those who did specify, the most common given answer was they had rental income. Only three households receive veteran’s benefits.

Table 9 – Sources of Income by Location (65+)

Location	# of Work/job	# of Social Security	# of Other
Cambridge/Somerville	6	26	13
Dorchester	3	13	5
Lowell	3	24	3
Other	1	3	
Total	13	66	21

Medicare, Medicaid and Health Insurance

Of 65+ responders, 90% have Medicare, 45% have Medicaid, and 48% have long-term health insurance. It was unclear if responders understood this question.

Housing Expenses

The data collected for these statistics were more difficult to quantify given that homeowners and those living with family/friends were often inclined to report that they spend nothing (or close to nothing) on their housing each month. Moreover, based upon many of the individual responses for the amount they would be willing to pay for “Rent and utilities,” “Rent, utilities and supportive services” and “Assisted living,” we believe that there was some confusion on the part of responders for what each entails (and the relative costs).

However, the results show that the average amount 65+-year-olds spend on housing per month is \$953. Furthermore, housing costs are significantly higher for English survey responders than Portuguese survey responders.

Table 10 – Average Amount Spent on Housing Per Month(65+)

English Responders	Portuguese Responders	Combined
\$1,165.81	\$605.72	\$ 952.68

For willingness to spend money on future housing costs in a senior facility, the averages are \$806 for just rent and utilities, \$941 for rent, utilities and supportive services, and \$1,088 for assisted living. The average rent number is more akin to a rent at the 60% of AMI level, which is typically funded by low-income housing tax credits. The assisted living amount is very low given that you are paying for housing, meals and services.

Table 11– Housing Costs (65+)

	English Responders	Portuguese Responders	Combined
Rent and utilities	\$950.68	\$586.47	\$ 805.64
Rent, utilities and supportive services	\$1,120.21	\$656.67	\$ 940.77
Assisted living	\$1,216.48	\$900.55	\$ 1,087.53

We then analyzed this information further to look at the responses by one- and two-person households, as that is the most likely target for senior housing. The first chart shows the average amount currently spent on housing for one- and two-person households, and the second chart shows how much one- and two-person households are willing to spend on housing costs. These numbers are significantly less than the average of all households.

Table 12 Average Amount Spent on Housing Per Month (65+)

	1-Person Households	2-Person Households
Current Amount Spent on Housing per Month	\$622.42	\$881.00

Table 13 Average Desired Limit for Housing (65+)

	1-Person Households	2-Person Households
Rent and utilities	\$494.03	\$789.86
Rent, utilities + supportive services	\$559.05	\$990.73
Assisted living	\$802.90	\$775.43

To put this into context with HUD’s definition of allowable rents at various income levels, the Boston and Lowell Area rent limits for one- and two-person households at as follows:

Table 14 – HUD Rent Limits by Income Level

AMI	Boston		Lowell	
	One	Two	One	Two
30%	\$ 554	\$ 665	\$ 540	\$ 648
50%	\$ 923	\$ 1,108	\$ 900	\$ 1,080
60%	\$1,108	\$ 1,330	\$ 1,080	\$ 1,296
80%	\$1,307	\$ 1,568	\$ 1,234	\$ 1,481

In addition, traditional assisted living costs \$4,000-\$7,000 a month. As noted in Exhibit 5, there is an affordable program for assisted living called Group Adult Foster Care (“GAFC”). Residents who are clinically eligible for GAFC may also be eligible for SSI-G. The base SSI payment, the supplement added by Section G plus the GAFC rate total approximately \$2,300 a month. It is important to note that in order to qualify for GAFC, an individual’s income needs to be at poverty level, approximately \$14,340 a year, and the individual must have assets of \$2,000 or less. This typically leaves residents with only \$75 a month in spending money. There are not a lot of group adult foster care units in the state, and many assisted living facilities do not accept residents with GAFC.

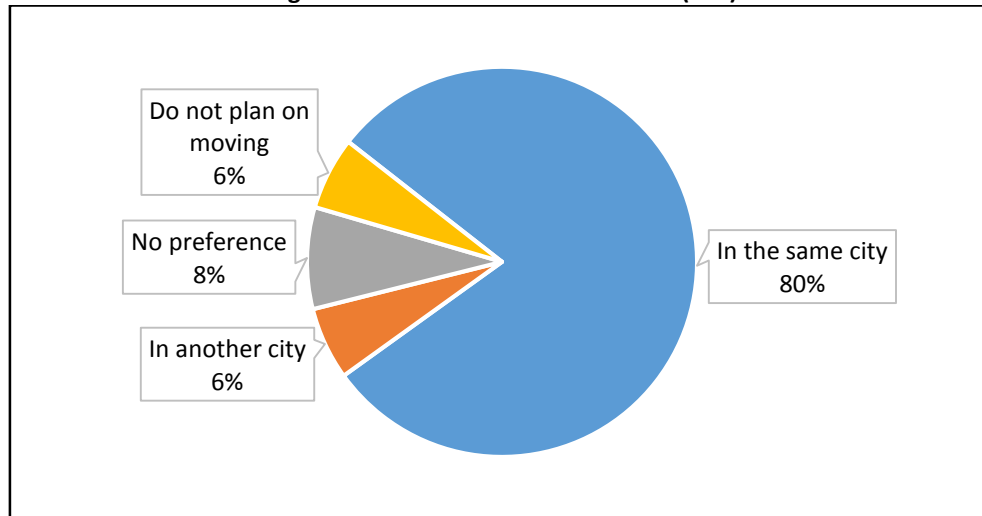
Ranked Preferences: Senior Housing Desires

In order to gauge more specifically the amenities and services that the Portuguese-speaking community desires for a future senior housing facility, we included eight preference questions including five questions that asked responders to rank the most important amenities/services. Due to the collection method for these types of questions, we have not combined the English- and Portuguese-language surveys.

Moving Preference

The majority of all responders want to live in the same city where they currently reside. For the 65+-year-old responders, 80% want to stay in the same city. A small percentage said they did not want to move.

Figure 19 – Desired Place to Move to (65+)



Even though most responders want to remain in the same place, a majority of responders 65+ are considering moving into a senior housing facility. Of those who are considering moving into a senior housing facility, 53% anticipate making such a move in the next three years and 23% in the next 3 to 6 years.

Figure 20 – Considering Moving to a Senior Housing Facility (65+)

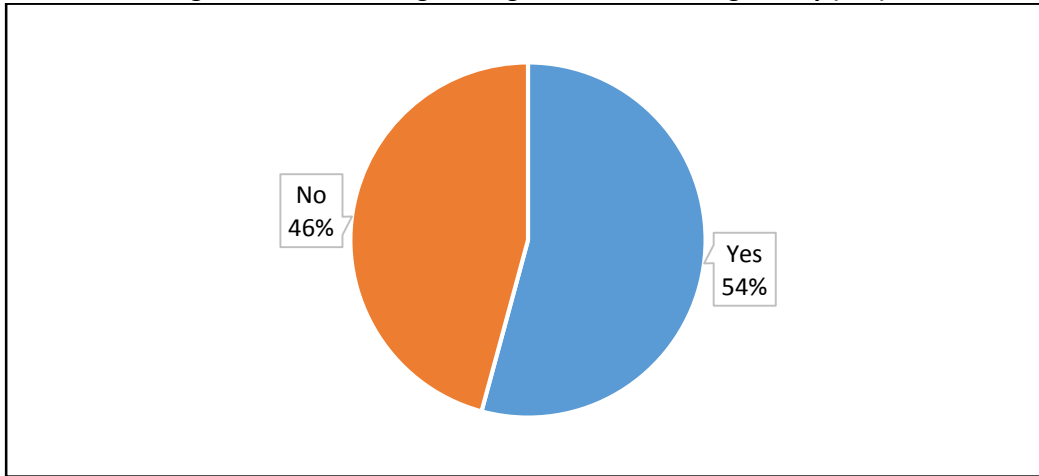
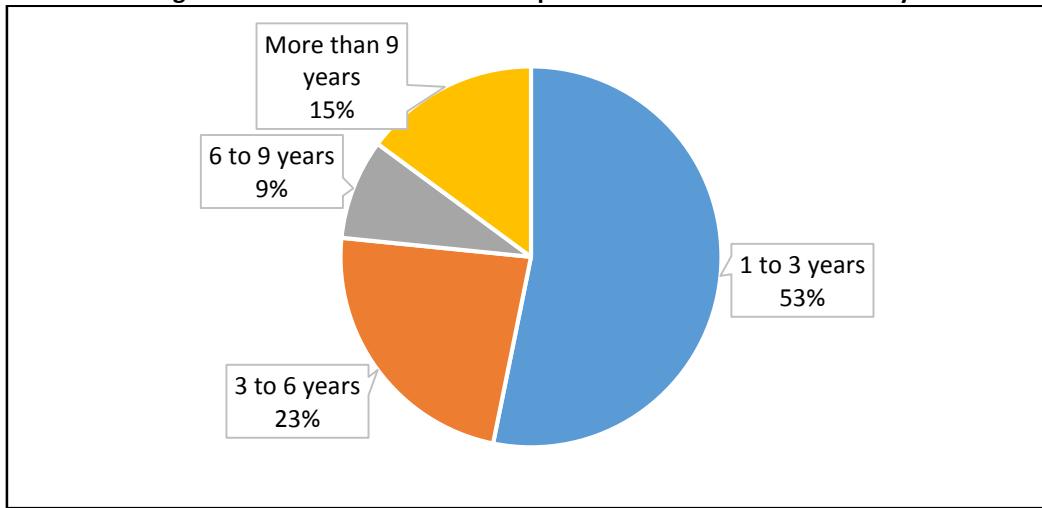


Figure 21 – Number of Years Anticipated to Move to a Senior Facility



Housing Preference

For the 86 responders 65+, most preferred senior housing with supportive services (37%), assisted living (28%) and single-level apartments (24%). This differs slightly from the 63 responders under the age of 65 who have a higher preference for senior housing with supportive services (41%) and single-level apartments (37%), but a much lower interest in assisted living (14%). No responders had a preference for a nursing home.

Table 15 – Housing Preference

Housing Preference	65+	%	Under 65	%
Single-level apartment	21	24%	23	37%
Senior housing with supportive services	32	37%	26	41%
Assisted living	24	28%	9	14%
Nursing home	0	0%	0	0%
Shared housing	3	3%	2	3%
Other	6	7%	3	5%

Unit Size Preference

For both the Cambridge/Somerville area and the Dorchester area, one-bedroom, one-bathroom units are the most desired unit size for 65+-year-old responders, followed by two-bedroom, one-bathroom units. Lowell area responders 65+ prefer two-bedroom, one-bathroom units. Lowell area responders 65+ prefer two-bedroom, one-bathroom units.

Table 16 – Unit Size Preference (65+)

Unit Size Preference (65+)					
Location	Cambridge/ Somerville	Dorchester	Lowell	Other areas	Total
One bedroom, one bathroom	23	10	4	0	37
Two bedrooms, one bathroom	10	8	18	3	39
Two bedrooms, two bathrooms	3	1	5	0	9
Other	1	0	0	0	1
Total	37	19	27	3	86

Preferred Household Amenities

Figures 25 and 26 show the preferred household amenities for English and Portuguese survey responders respectively. Although there are some deviations between the two, the most desired unit amenities are a shower stall, central air conditioning, grab-bars in the bathroom, an emergency pull-cord in the bathroom, and a bathtub.

Figure 22 – Preferred Household Amenities: English Survey Responders

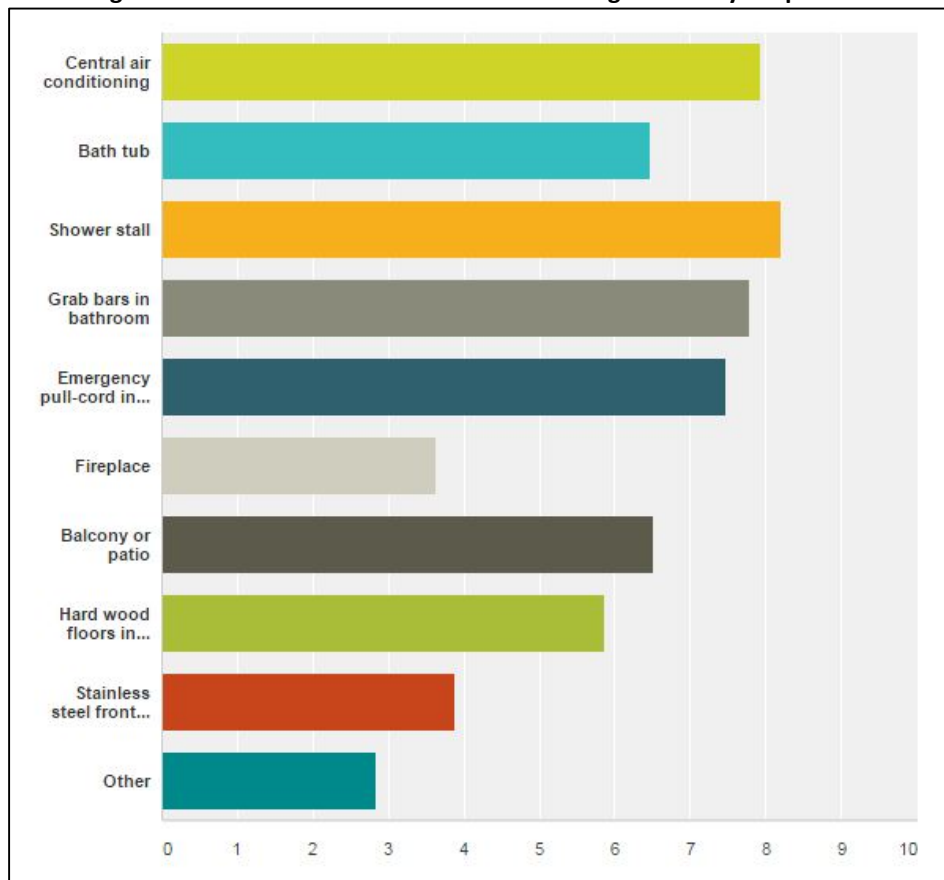
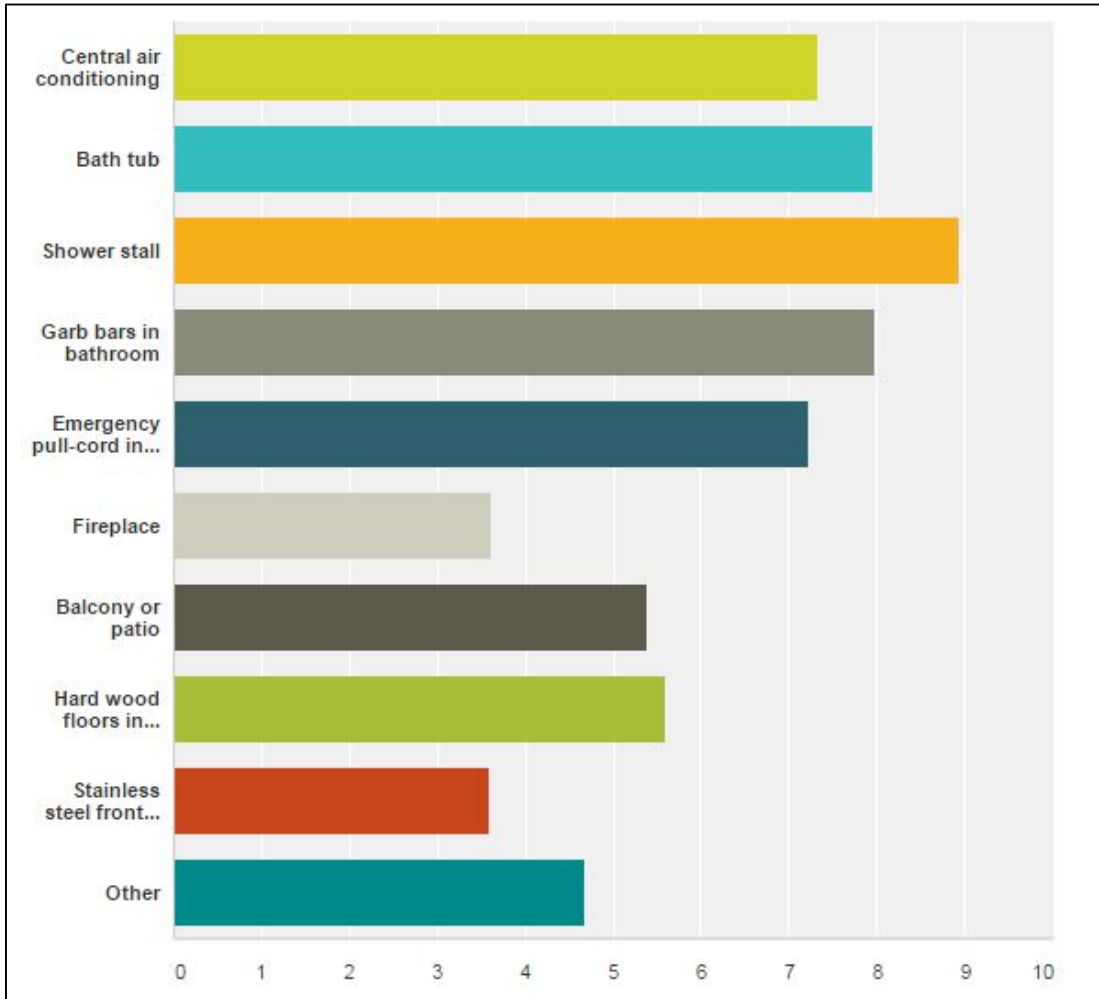


Figure 23 – Preferred Household Amenities: Portuguese Survey Responders



Preferred Community Amenities

Figures 27 and 28 show the preferred community amenities for English and Portuguese survey responders respectively. For both, having an elevator is the most important, followed by a community room. For English survey responders, the next most important community amenities are: a walking path, a fitness room, a community garden, extra storage and covered parking. For Portuguese survey responders, the next most important community amenities are: a fitness room, walking path, community garden and covered parking.

Figure 24 – Preferred Community Amenities: English Survey Responders

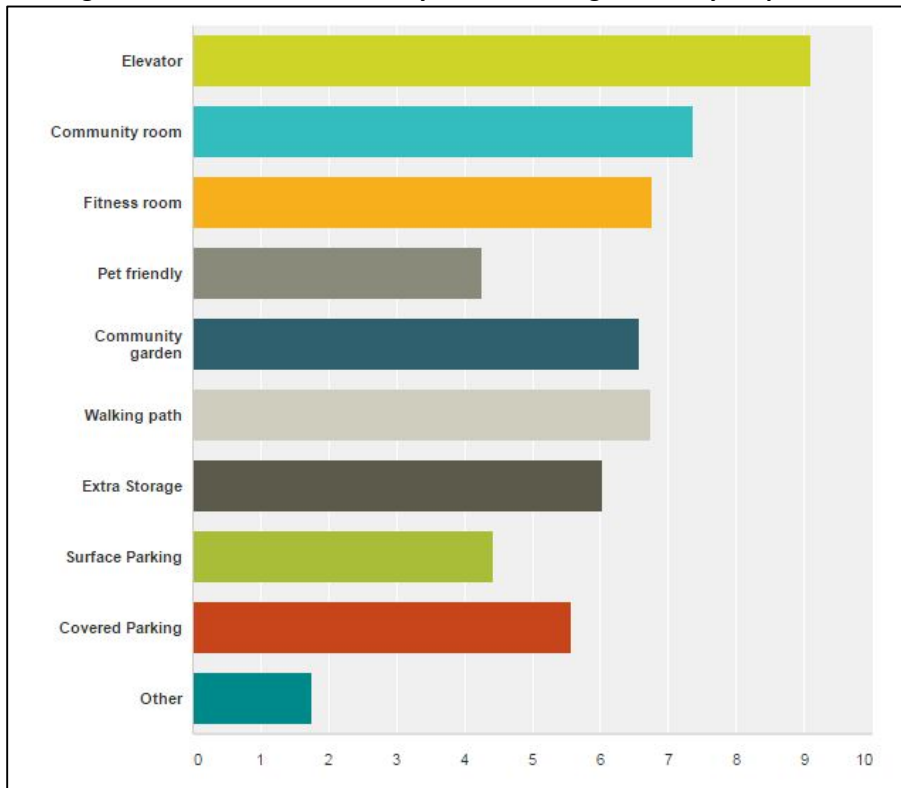
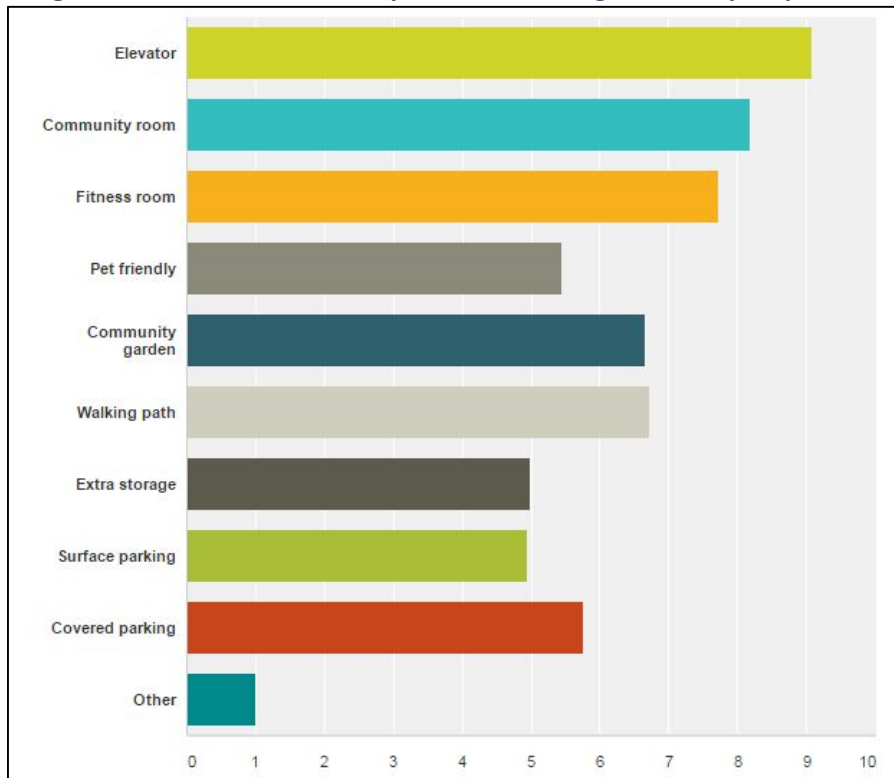


Figure 25 – Preferred Community Amenities: Portuguese Survey Responders



Preferred Services

The most desired service at a future senior housing facility is meal service. Following this for English survey responders are: housekeeping, social activities and personal care needs. For Portuguese survey responders, the next most important services are personal care needs, medication management and housekeeping.

Figure 26 – Preferred Services: English Survey Responders

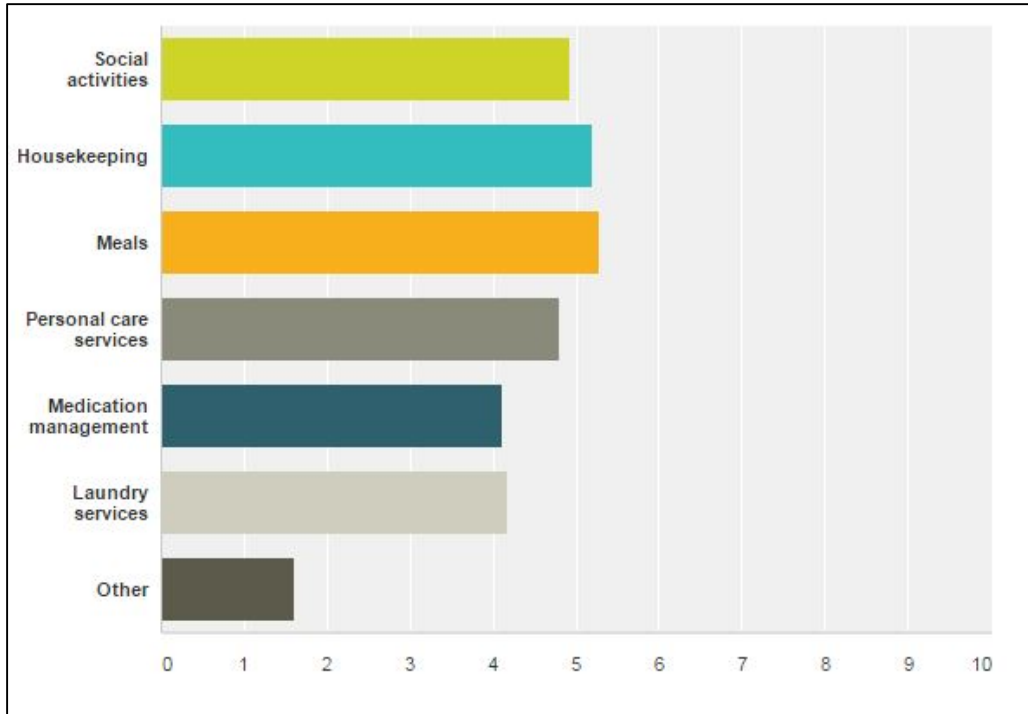
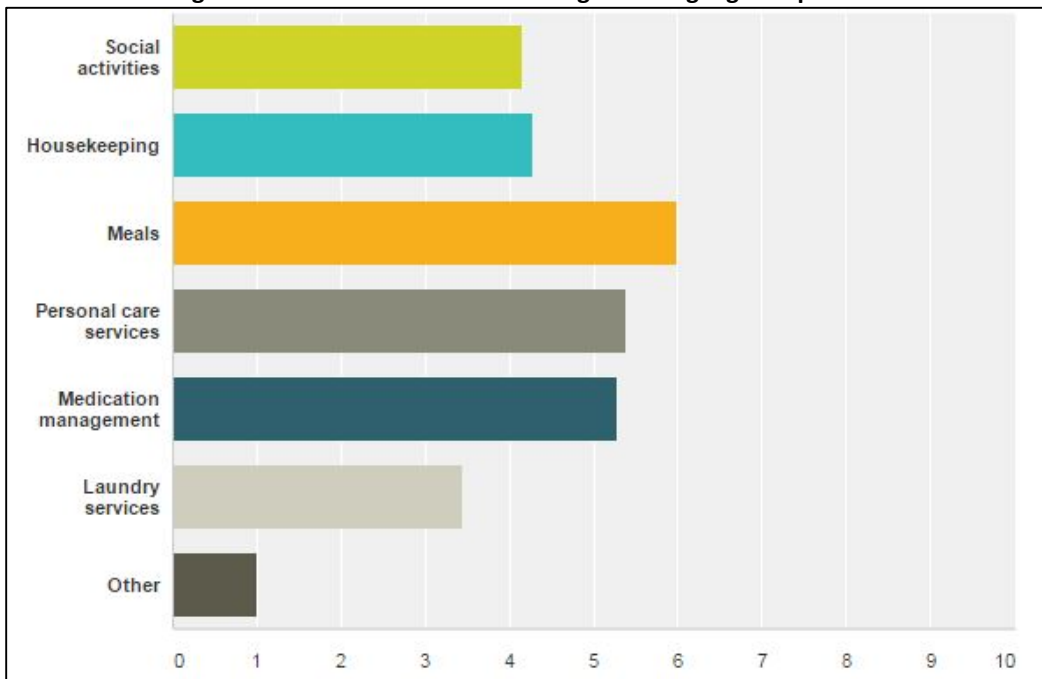


Figure 27 – Preferred Services: Portuguese Language Responders



Preferred Cuisine

For this question, responders where asked to rank the type of food that they would prefer to be served in a new home and the results are shown on the following two figures. Portuguese food is the most desired cuisine type for all responders. This is followed by Cabo Verdean food (for English survey responders) and Brazilian food (for Portuguese survey responders).

Figure 28 – Preferred Cuisine: English Survey Responders

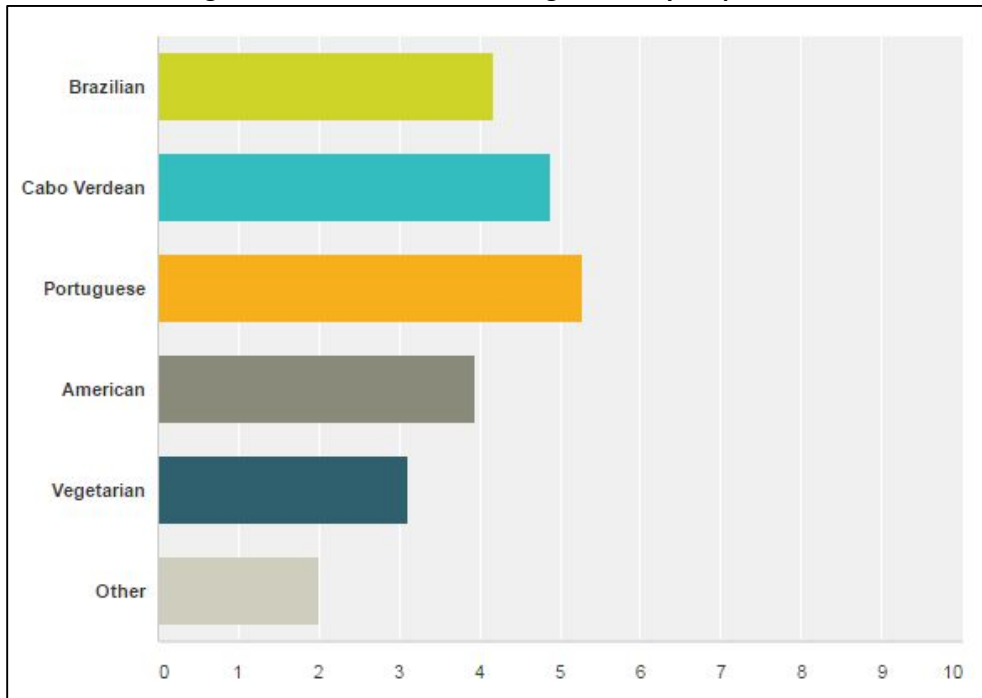
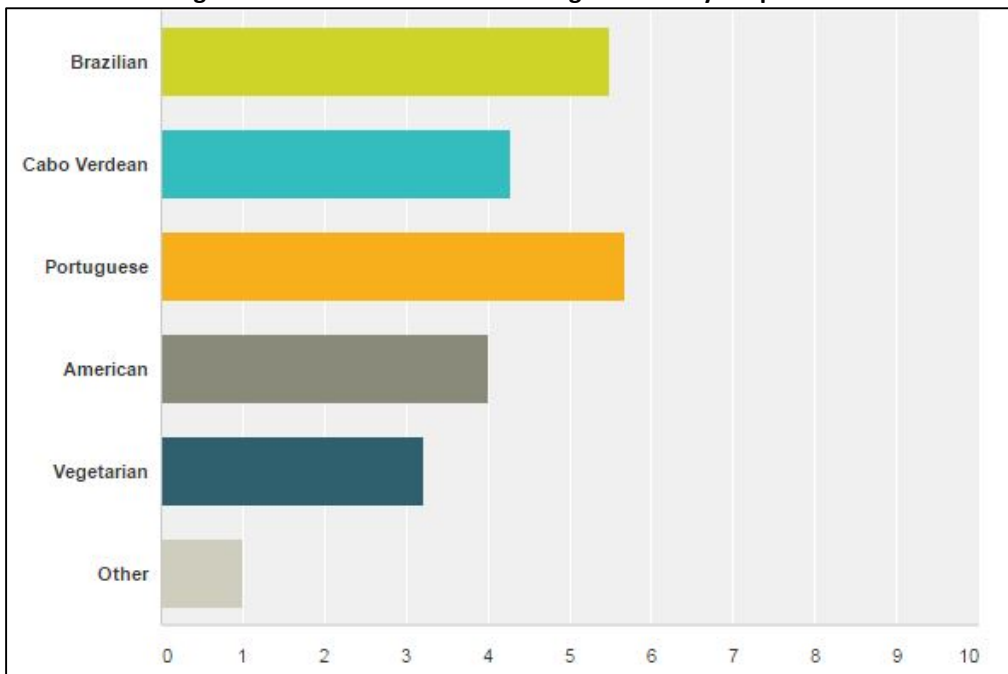


Figure 29 – Preferred Cuisine: Portuguese Survey Responders



Staff Language Preferences

Responders were able to mark multiple answers for this question (and as a result, percentages will add up to more than 100%). Overall, a majority of 65+-year-old responders responded that Portuguese (79%) is a desired language for staff at a future senior housing facility to speak. This is followed by Cabo Verdean Creole (32%) and English (14%). However, the distribution of these language desires is not evenly spread. For instance, Portuguese is the preferred language in the Cambridge/Somerville area (89%) and in Lowell (100%), but in the Dorchester area only 37% marked it as a desired language for staff. Moreover, Cabo Verdean Creole was only desired in the Dorchester area (74%) and to a lesser extent in the Cambridge/Somerville area (33%), but not desired by any responders in the Lowell area.

Table 17 – Desired Staff Language (65+)

Desired Staff Language (Responders 65+)									
Preferred Language(s)	Cambridge/Somerville		Dorchester		Lowell		Other	Total	
English	4	11%	4	21%	3	11%	1	12	14%
Portuguese	32	89%	7	37%	27	100%	1	67	79%
Cabo Verdean Creole	12	33%	14	74%	0	0%	1	27	32%
# of Responders	36		19		27		3	85	

Primary Motivations to Move into a Senior Housing Facility

This question on the survey asked responders to rank in order of importance what would motivate them to move into a senior housing facility. We have reported the responses in two charts, and there are subtle differences between the English survey responders and Portuguese survey responders. For English survey responders, the primary motives are (cheaper) costs, safety/security, location and a new building. For Portuguese survey responders, the primary motives are staff who speak their language, concerns over a medical emergency, safety/security, culturally appropriate meal/activities and cost.

Figure 30 – Primary Motivations to Move into Senior Housing: English Survey Responders

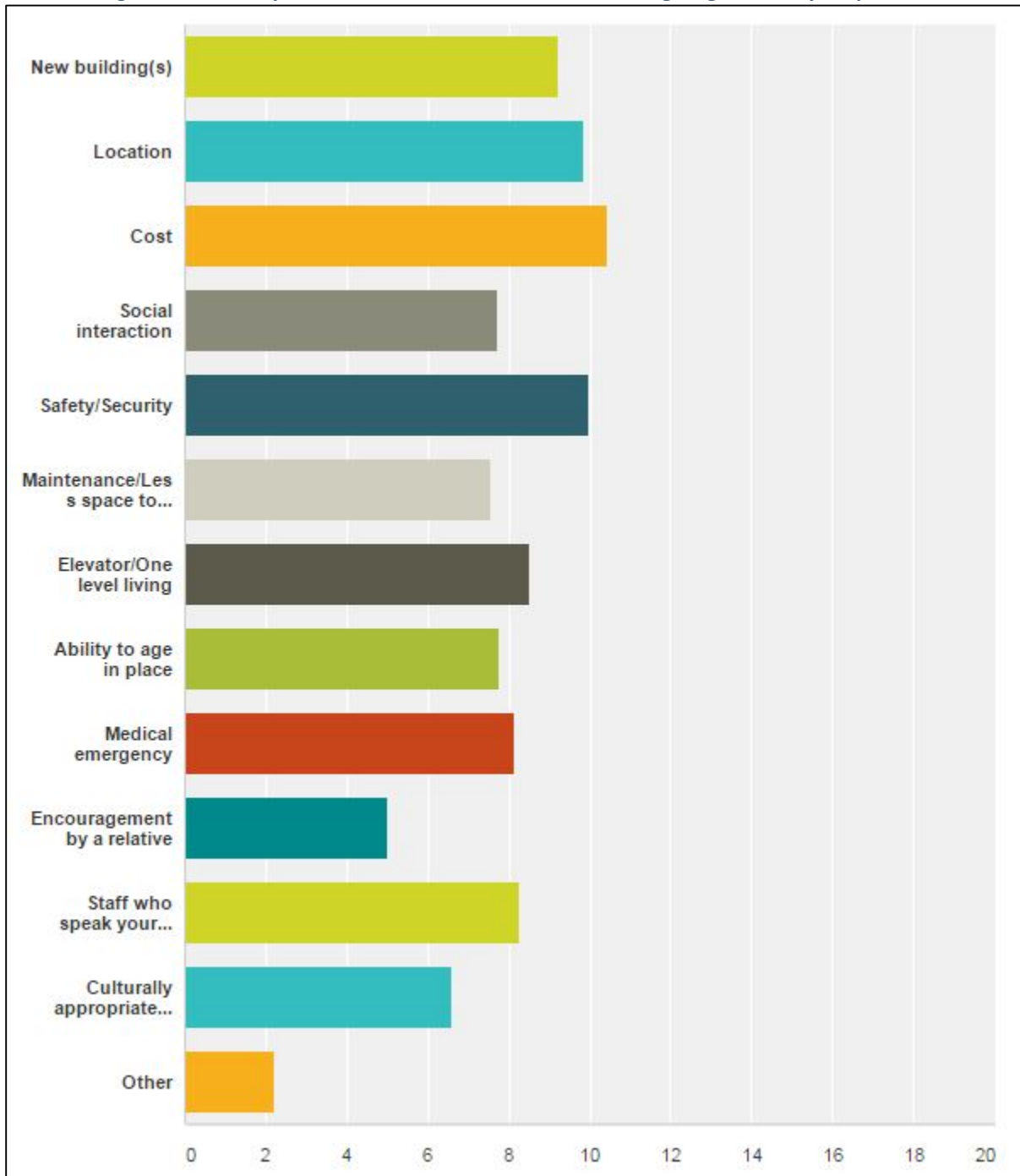
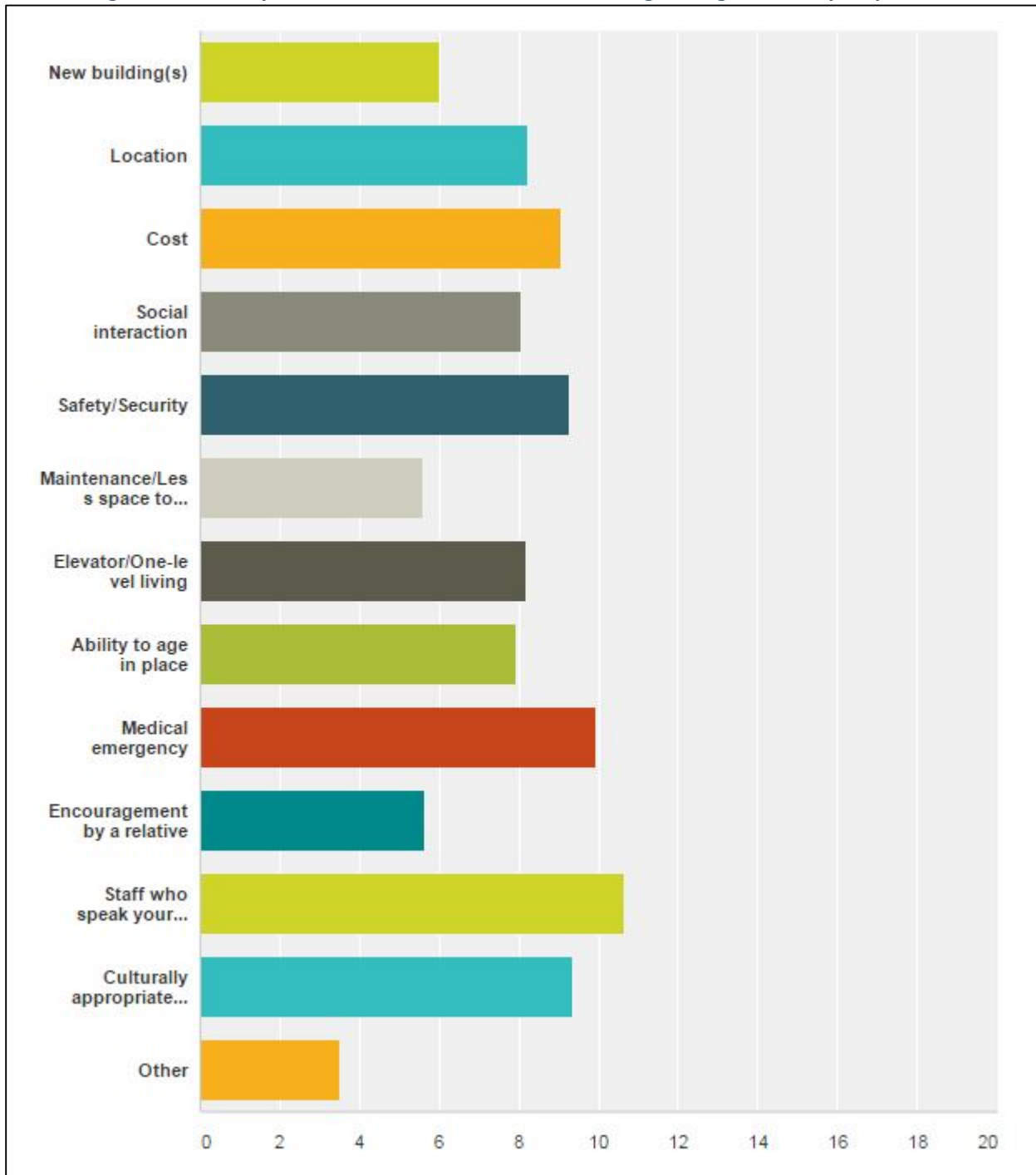


Figure 31 – Primary Motivations to Move into Senior Housing: Portuguese Survey Responders



Other Comments

We also asked survey responders to share any comments they had about the need for senior housing within the Portuguese-speaking community, and have provided below the responses:

- I acknowledge past (present) need but feel that going forward the need for "Portuguese-speaking" cultural housing will decrease. There has not been a flux of new immigration since the 70's from Azores + Portugal.
- It is important to have a senior facility for Portuguese-speaking elders.
- It will be of great help, and myself and most of my friends do not speak English.
- There is a long waiting list with Boston Housing.
- It's about time.
- Great idea - much needed!
- Would complement the services already at MAPS.
- Many of these questions show you do not understand needs of seniors or disabled. Just because people may not need somethings now, you have to anticipate that their mental & physical condition will deteriorate. Don't you know that grab bars are standard and emergency pull cords? Why ask obvious question? In time all seniors will need this. Not sure you understand the complex issues.
- There is a need for a facility that has linguistic and cultural capacity to serve our community.
- Wonderful Idea.
- Being able to share their feelings using the same language.
- Portuguese-speaking seniors mostly live alone and with considerable difficulties. Having a facility where they can interact with other individuals, especially speaking the same language, is a great motivation and helps those live more comfortable and healthy lives.
- I think it is a marvelous idea.
- Importance of communicating with someone who speaks the same language makes a huge difference when you are being cared for by others than your family. Can make the difference between being comfortable and apprehensive.
- I completed this survey based on my own personal information. My needs don't specifically require a Portuguese speaking facility. However, my mother, who only spoke Portuguese and was a volunteer at MAPS for many years, recently passed away at a nursing home where there were no Portuguese-speaking staff. A facility such as this is critical for the community and the need is now. It was heartbreaking to see my mother feeling so alone at the end of her life in a facility that did not meet her needs. I hope this project becomes a reality. Any work that come be done now to meet the needs of our aging parents would be a tremendous improvement. I fully support this project and will assist in any way.
- It would be a great thing for the non-English-speaking seniors. There is nothing like being able to speak your own language.
- E que a Comunidade Portuguesa nesta area tem uma boa representacao.
 - "That's because there is a large Portuguese community in this area"
- Eu acho excelente essa ajuda pra as pessoas idosas, espero que melhore cada vez mais as condicoes futuras.
 - "I think it is excellent for the elderly to find this type of assistance, and I hope thing only get better in the future."

- Traditional Portuguese activities.
- E bom ter essa opcao.
 - “It is a good thing to have this option.”
- Atividades de arte, atividade fisica, canto.
 - “Art activities, exercise, singing.”

Case Studies

Whalers Cove Assisted Living, New Bedford, MA

We spoke with Maureen Costa, the Executive Director of Whalers Cove in New Bedford, MA. The facility opened 11.5 years ago in 2004. It averages 115-128 (units? residents?) and is the adaptive re-use of a historic mill building. The project was financed with state and federal historic tax credits and state and federal low-income housing tax credits, home and other soft debt.

They cater to very low acuity residents, which means residents come in younger, have fewer ADL needs and stay longer, an average of 4.5 years, while a typical assisted living stay is 2.5 years. They typically require only supervision of 45 minutes a day and they have no dementia patients. They always have a wait list. The majority are on GAFC, which has an income limit of \$12,700 for one person and \$18,210 for two persons and an asset limit of \$2,000. The income for each unit is approximately \$2,300 including state funds and resident funds. Sometimes, if they have veterans' status, they are able to access veterans' aide and attendance funds, which adds an additional \$500-\$600 to use towards monthly costs.

Non-English-speaking residents make up approximately 40% of their population. All written materials, signage and computer boards are bilingual. This includes application materials, menus and activities schedules. Kale soup is served daily. Two of the complex's upper managers are bilingual and Ms. Costa tries to have bilingual staff on all shifts. She has a relationship with the local Madeira Club, which provides cultural activities once a month. She looks to local colleges to provide language training and staffing. Her advice is that these are very proud people; they need to be treated with respect and communicated with in their own language. Socializing is very important.

Christopher Heights, Attleboro, MA

We had a brief conversation with Walter Ohanian of the Grantham Group regarding Christopher House in downtown Attleboro. The building was a stand-alone, purpose-built building. It has 57 studios, 8 alcove units and 16 one-bedroom units for a total of 81 units. There are 36 market-rate units, 15 moderate-income units, and 30 SSIG/GAFC units. When the property opened 15 years ago, they had a fair amount of Portuguese-speaking residents and therefore staffed the facility with Portuguese staff. Over time, the number of residents declined and there are currently no Portuguese speaking residents, so they have no Portuguese speaking staffed.

Sitkowski School, Webster, MA

The Sitkowski School Senior Housing, which is under construction, will convert the four-story, 85,000-square-foot decommissioned school property into 66 units of rental housing for seniors and a relocated Senior Center to serve a mixed-income senior population in the Town of

Webster. The project was financed with federal and state low-income housing tax credits, historic tax credits and other soft debt like HOME funds.

The Sitkowski School, which was originally constructed in 1903-1905, has unique architectural elements which make it eligible for designation as an historic structure on both the State and National Registers of Historic Places. The new senior housing project will include the complete renovation of the school building and changes to the street and sidewalk along Negus Street. The Sitkowski School is located in Census Tract 7543, which is a qualified census tract.

The 66 new apartments in the proposed project include 7 (11%) units of two-bedroom and 59 (89%) one-bedroom units. As currently proposed, eight units will target households age 62 and over earning at or below 30% of AMI and have Section 8 vouchers; five units will be self-pay for households at or below 50% of AMI and 53 units will be self-pay for households earning at or below 60% of AMI in the Worcester HMFA. Self-pay rents for the one-bedroom units are estimated to be \$658-\$798, and for the two bedroom units \$693-\$843 a month.

The following chart shows a breakdown of unit counts, sizes, and estimated rents:

Unit Type/Income Level	Square Ft.	Base Rent	Utility Allowance*	Gross Rent	# of Units
1 Bed - PB - S8	788	\$697	\$39	\$736	7
2 Bed - PB - S8	893	\$843	\$54	\$897	1
1 Bed - 50% AMI	788	\$658	\$39	\$697	4

In working with the Senior Center Committee, NOAH is proposing additional master plan improvements to the Civic Center parking through the re-creation of an urban street with sidewalk along Church St., landscaping and redesign of parking spaces to encourage pedestrian traffic. There are a total of 100 parking spaces in the Civic Center area under the master plan. The senior housing residents will have 49 parking spaces along Negus Street for their exclusive use, the Senior Center has 40 spaces, and the civic area has 11. There is additional public parking in lots across Negus Street and across Church Street. The access and egress to the residences are primarily from Negus Street. The Senior Center will have its own entrance along the western side of the building off of Church Street. In addition, a portion of the original school library located on the third floor will be restored for use as a small library and meeting spaces. The large windows will be replaced with energy efficient windows to their full height. The Town of Webster has received CDBG funds to prepare a path and parking area off Church Street for employee parking.

The exterior of the building is brick façade, which will be restored and re-pointed. The Sitkowski School renovation project aims to meet all Energy Star requirements for efficiency and sustainability and attain the LEED for homes-Silver rating.

Residential Units

The residential units will be generous in size due to their 12-foot ceilings and the unique layout of the classrooms and windows. One-bedroom apartments will contain approximately 523-810 square feet, and two-bedroom apartments will contain approximately 832-1,032 square feet. Unit layouts are designed efficiently and will allow for a variety of furniture placement to meet the individual needs of each resident and to allow for aging in place. The design for each unit will maximize the amount of natural light that can enter the apartment through the new replacement windows. Each apartment will contain a full kitchen equipped with Energy Star appliances. Four units will be fully handicapped accessible including a separate oven and cook top. Two other units will be for visually impaired residents. The remainder of the units will use a universal design with counters at 34" high, walk-in showers, 17" toilets and wide doors that can accommodate wheelchairs.

Common Area

The building will be entirely handicapped accessible. According to the plans, there will be a 450-square-foot community lounge/library with a small kitchenette. Each floor will have a common laundry room. Next to the laundry room will be a fully accessible bathroom. Two new passenger elevators (sized for emergency access use) will be installed along the corridor. Across from this area will be a central location for access to a trash room, with a trash chute, and an area to leave recyclables for staff to collect and bring to the service area. On the first floor adjacent to the entrance vestibule, space has been set aside for a small communal living room, central mailboxes, and administrative offices. Storage areas for residents' use will also be available on several of the floors. The service entrance of the senior housing is located on the north of the building running close to the west wall of Webster Town Hall, near the auditorium. A truck and garbage pickup area has been enlarged to allow better service for all of the buildings in this area. The service entrance will lead directly into the trash collection area of the senior housing and the kitchen area for the senior center.

The proposed site plan indicates multiple sidewalks with street and shade trees along Negus Street, Church Street, and close to the proposed building. All the paved area will be landscaped with benches, trees, and shrubs. In addition, the developer has proposed a small flower garden in the existing lawn area on the northeast side of the site to provide a space for outside activities for senior residents.

Senior Center Relocation and Expansion

The total new space will be 9,300 square feet compared to the existing center at 7,600 square feet and will have a separate entrance from the residential space in the building. The Webster Council on Aging serves seniors age 60 and older as well as adults in the community looking for assistance with Social Security and fuel assistance. Its mission is to provide support to seniors by being a resource of information on elder affairs, providing social activities and outreach services, and helping the senior population of Webster remain in their homes as long as safely possible. The Council oversees a wide range of programs and services for the senior citizens of Webster.

According to personnel at the senior center, lunchtime meals are the most utilized service. They serve 118 persons 3,000 meals in a given year. Social activities such as cards, bingo, exercise and line dancing are very popular. The third most utilized service is the provision of information.

The Senior Center will be run by the Council on Aging and will provide a variety of spaces for senior activities. The primary open space will be used for lunch and other meals as well as a gathering place for large events. A large kitchen facility will be used for meal service and small meal preparation. A large enclosed space will be flexible to provide an exercise room and craft room. Smaller meeting rooms have been arranged on the lower and upper floors for other group activities like cards, knitting and a TV lounge. There will be an exam room and a hairdressing room with shower and sink area for use by visiting doctors, dentists, and podiatrists. It can also be used if the center is needed for an emergency shelter. The upper level mezzanine will be open for a library, computer stations and small game tables. Other small offices can be used for occasional counseling on Social Security or fuel assistance programs. The Town has found additional space within the lower auditorium level and accessible to the Senior Center to add a dance floor and larger exercise and meeting space for senior groups or use by other town boards and committees.

Community Service Provider:

Tri Valley Inc. Senior Services is the local Aging Services Access Point and will partner with NOAH to provide supportive services at the new development. Its mission is to help seniors and others with long-term care needs remain in their own homes – safe, comfortable and independent – for as long as they are able and to support their caregivers as they face the challenges presented by the competing needs of family, work and self.

With 34 years of experience serving elders, disabled adults and caregivers, Tri Valley Senior Services is the hub of a network of support services that help keep people independent in their own homes and communities. The organization provides free information and referral, both locally and nationwide. Trained and experienced care managers arrange for a variety of services such as personal care assistance, grocery shopping, adult day programs and transportation to medical appointments.

Through its Resident Social Service Coordinator Program, Tri Valley Senior Services will provide:

- Case management and referral services
- Outreach and Advocacy with management, residents, and social service agencies to identify and address problems before they reach crisis proportion.
- Health, Education, Wellness and Prevention Services
- Safe Communities, an effort that will further identify strategies to increase safety, awareness, and a sense of community.

In addition, some of the other services they provide in the home are:

- Light housekeeping

- Laundry
- Shopping
- Meal preparation
- Home-delivered meals
- Money management assistance
- Transportation to medical appointments
- Personal care such as bathing
- Visitors and telephone reassurance
- Personal emergency response



Exhibit 1 Forum Flyer

LDS/MAPS Senior Housing Needs Forums



Are you a Portuguese- or Cabo Verdean Creole-speaking Senior Citizen, Family Member, or Service Provider with concerns or ideas about Housing and Services for Elders in our communities?

You are cordially invited to attend a Community Forum to discuss the most pressing needs for Elders in this area!

LDS Consulting Group, LLC has scheduled a series of **public forums** on behalf of the **Massachusetts Alliance of Portuguese Speakers (MAPS)**, to hear your questions and thoughts about **long-term housing and care** alternatives for seniors. Following the forums, those attending will be asked to **fill out a survey** on this subject. **Light refreshments** will be served.

All are welcome, and we invite you to spread the word!

There will be six sessions as follows:

Date	Time	Location	Language
04/27/15	1-2 pm	Cape Verdean Adult Day Health Ctr., 34 Hancock St., Dorchester	CV Creole
4/28/15	11 am-12 pm	Portuguese American Center, 59 Charles Street, Lowell	Portuguese
04/29/15	12-1:30 pm	MAPS, 1046 Cambridge St., Cambridge	Portuguese
05/04/15	5:30-7 pm	MAPS, 11 Mill St., Lowell	English
05/05/15	6-7:30 pm	MAPS, 1 Stoughton St., Dorchester	English
05/06/15	6:30-8 pm	MAPS, 1046 Cambridge St., Cambridge	English

Please visit MAPS website at: [http://bit.ly/Senior Housing Needs Assessment](http://bit.ly/Senior_Housing_Needs_Assessment) to:

- Learn more about the forums
- Access the survey online

To RSVP or ask questions about a forum, please contact:

Lowell Alessandra Lopes, alopes@maps-inc.org, 978-970-1250, Ext. 16

Dorchester Maria Gomes Almeida, mgomes@maps-inc.org, 617-825-5897, Ext. 10

Cambridge Isidro Fagundes, ifagundes@maps-inc.org, 617-864-7600, Ext. 10

Exhibit 2 Forum Write Ups

Dorchester: Recap of senior housing needs forum during the day of April 27th, 2015:

There were 26 people in attendance, 3 of whom were men. Most of these people were from Dorchester.

Age breakdown of group: The majority were over 70.

- Current Living Situation
 - 18 own their home
 - 8 rent
 - Some live in Section 8/public housing
 - Some live with children
 - Major issues are crowding and stairs
- Future housing:
 - They all want fitness and social activities including Zumba.
 - Housekeeping
 - Personal care services
 - Medication management
 - Laundry Services
 - All want senior community transportation
 - Three meals a day, Cabo Verdean (note 4 in attendance are diabetic)
- Disability Status:
 - Hearing: 3
 - Vision: 9
 - Ambulatory: 50%
- No veterans
- 50% have Medicare
- Most have Social Security
- Some are on SNAP (food stamps)
- Most earn less than \$10,000 a year
- All want to live close to relatives in Dorchester or Roxbury
- They would be willing to pay \$200-\$300 a month. Noted that they felt relatives would help pay rent.
- Motivation to move:
 - Close to Catholic Church
 - Location
 - Cost
 - Safety and Security number one
 - Staff who speak language and culturally appropriate meals number two
 - One level living
 - Less Maintenance

Observations from LDS / MAPS Dorchester 5.6.2015 Evening Forum.

- Only one member of the Dorchester MAPS office (Maria) was there and one community member (Josefina Silva) who also happens to be on the advisory committee for this project.
- As a result of this small turnout, the meeting only lasted until 6:30 and was more of a conversation with Josefina as opposed to a community forum.
- Josefina lives in Malden and cared for her mother (deceased) for 8 of the 20+ years that her mother lived with her in Malden. Because MAPS was the only Portuguese-speaking community in the area (and is not close to Malden), it was a difficult experience finding Portuguese-speaking resources for her mother (even though there is a sizable Portuguese-speaking community in Malden).
 - Essentially, having a place that her mother could stay and feel comfortable even for just a week at a time (when Josefina was on vacation), would have made things easier.
- One cultural/linguistic thing to note: Cabo Verdean Creole is different enough to make understanding Portuguese impossible for some. That means that at any facility that would also serve these people, there would also need to be staff who could speak that language.
- Preferences for what is important seemed to match what we have already heard at all the other forums and from initial surveys: desire for culturally appropriate events, activities, meals and language.
- In terms of location: everyone of course wants to stay put, but if they had to move, the idea of moving to Cambridge or Somerville is not so foreign given the large Portuguese and Brazilian presence there.
 - Idea of moving out of the urban heart of the Boston area (to Lowell or a northern suburb) is out of the question.

Recap of Cambridge senior housing needs forum during the day of April 29th, 2015:

There were 35 people in attendance, 3 of whom were men. Most of these people are from Cambridge and Somerville, with a few others coming from Chelsea, Roslindale, Medford and Stoneham.

- Age breakdown of group:
 - 60-65: 5
 - 66-70: 7
 - 71-75: 8
 - 76-80: 5
 - Over 81: 11-12
- Current Living Situation
 - 9 own their home
 - 20 rent, 10/12 in public housing/Section 8
 - 7 live with relatives
 - 6 are in senior housing in Cambridge
 - 1 is in a group home

- Future housing:
 - Ideally, most of these people would live together in a group home setting because they get along so well
 - They all want fitness and social activities
 - A few want pets and most want a community garden area
 - About half want parking
 - All want a religious aspect
 - All want single-level living
 - All want supportive services
 - 70% want assisted living
 - All want senior community transportation
- In terms of language: All want a Portuguese-speaking place and a few want Creole too.
- All want housekeeping, 3 meals a day, and help with laundry.
 - Desired meal choices are Portuguese, Brazilian and Cabo Verdean food
 - 12 of the people in attendance have diabetes
- Most recognize that while they do not need help with self-care yet, they will.
- Disability Status:
 - Hearing: 7
 - Vision: 12
 - Ambulatory: 20
- Motivators to move into a senior housing facility were:
 - Social interaction
 - Less maintenance
 - Concerns about a medical emergency
 - But everyone said that they would move into a Portuguese-speaking specific facility “tomorrow”
- No veterans
- 19 have Medicare, 15 have Medicaid (1 w/ Mass Health)
- No-one is working, 20 have Social Security (or SSI)
- The top concerns of a senior housing facility are cost and distance from where they currently are (in the Cambridge and Somerville area).
 - Everyone wants to stay in Cambridge and Somerville

Another point made during this forum was that those who own houses seemed reluctant to sell them to help finance their rent at a senior facility. This is most likely due to a desire to leave their homes for their children.

Here is a brief recap of the Lowell daytime community forum on April 28th, 2015:

- The group was large, with approximately 45 community members in attendance (13 of whom were men), however, only half of this group (mostly women) were actually engaged in the meeting.
 - Most of these people are from Lowell (and the rest are from places very close to Lowell like Dracut and Westford).

- Of the people participating in the meeting, most were in their late 70s or 80+. Look below for our quick counts:
 - 60 – 65: 3
 - 66-70: 3
 - 70-75: 6
 - 76-80: 9
 - 80+: 11
- Just by show of hands, it appears that a large contingent of the people at this forum were homeowners, while many also live with relatives:
 - Homeowners: 18
 - Renters: 8
 - Section 8/Housing Authority: 3
 - Living with relatives: 9
- Large majority have Medicare, and none of them are veterans (or have veteran benefits)
- The most pressing issue amongst this group was financial concerns regarding cost of living at any senior facility (e.g. it was mentioned that the senior facility in Tewksbury at \$2,000/month is too much)
- Monthly Incomes: (very reluctant to comment on this)
 - \$500-\$750: 8
 - \$750-\$1,000: 12
 - \$1,000+: 6
- In terms of disabilities:
 - Hearing: 5
 - Vision: 11
 - Ambulatory: 9
 - Self-care: 5
 - Diabetes: 9
- Senior Desires:
 - Everyone wants Portuguese food
 - Transportation from facility: 10
 - Services: 50%
 - Housekeeping: 1/3
 - Meals: 1/3
 - Personal care: 10
 - People generally still want to do their own laundry
 - Elevator: 1/3
 - Ability to age in place: All
 - Security
 - Activities: Bingo, rosary, exercise, card games, bowling, computer access
- Moreover, locational preference is that everyone wants to stay in the area and they emphasize that this is important to them.
 - All want to stay in Lowell because they have roots there.

- In terms of medical centers: everyone wants to stick to their current doctors and hospital.
 - Not many indicated that they go to Lowell Community Health Center

In general, people want to stay in Lowell, have social activities (which are culturally sensitive), have access to Portuguese meals and be in a safe place. Moreover, cost of living is a real barrier for these people to consider when moving into any senior facility, so anything built would have to take lower incomes into account. They are not willing to give up their homeownership equity to afford to move to a senior facility, as they want to leave their homes to their children.

Summary Conclusions from LDS / MAPS Lowell 5.4.2015 Evening Forum

- Small group (two people from MAPS, two people from community)
- Desire for culturally and linguistically sensitive facility (in terms of staff, food, activities)
- Would like the facility to have a garden, religious component and activities to stay active
- Would require easy access to transportation
 - Facility provided van and/ or
 - Easy access to appropriate public transportation
- Prefer to be in Lowell, but some would consider moving to Somerville/Cambridge area
- Confirmed very low-income population (very often only Social Security income, approx. \$12,000 a year, maybe less for some)
- We need to consider that there are often many children who would need to agree with each other on inheritance of house and use of parents' assets
- Adult children (while generally not wealthy) will all want to help aging parents

The information below is more detail from the forum that allowed us to draw the conclusions noted above:

There were two female staff members from MAPS (including Alessandra, who was at the last Lowell meeting) and then two women from the community. One of the community women was elderly but seemed to be in good health, and she said that she would be able to live on her own a little longer but would be happy to move into a Portuguese-speaking facility ASAP (according to staff, she is one of the few elderly members of the Portuguese speaking community in Lowell who has no family in Massachusetts to help her whatsoever). The other woman was middle aged with an aging mother (mother not in attendance) and also said that she and her mother would both want to live in a facility that caters to Portuguese speakers.

Most important things to everyone in attendance (including Alessandra) were culturally appropriate meals and activities, bilingual staff, activities that keep people active (like knitting, theater and exercise), and facility-provided transportation (or very easy access to transit and/or easy walking distance to all amenities). Other things that were brought to our attention that people would like are places to garden, some sort of religious component (like a small chapel/prayer space) and perhaps a small "store" that sells just a couple of knickknacks (to help people in the facility maintain some sense of independence).

In terms of location, all four of them agreed that most people would want to stay in the Lowell area (and many of them have their children and family in this area), however, it was also brought to our attention that many in the Portuguese-speaking community in the Lowell area and the area between Boston and Lowell had actually lived in Somerville/Cambridge before and moved north of the city (for cheaper real estate, to have a bigger house when they had children, etc.). As a result, some of the people in the community would not mind moving back into or near to Somerville area (but nobody could imagine moving to Dorchester).

In terms of income, it was apparent that we are dealing with a very low-income population (only Social Security, approximately \$12,000 or less a year, for some). Nobody in attendance owns their home and only Alessandra's parents own their home. Alessandra could not speak to whether she would recommend that her parents sell their home to live in a facility, because she is one of several children in her family and it would have to be a decision the whole family agreed upon. Nonetheless, they agreed that they would of course help support their aging parents in whatever ways they could.

Exhibit 3 English Survey

MAPS Senior Housing Needs Survey

Cover Letter and Introduction To Survey

April 23, 2015

Dear Portuguese-Speaking Community Member:

The Massachusetts Alliance of Portuguese Speakers (MAPS) has engaged LDS Consulting Group, LLC (“LDS”) to work with them on a planning study to explore the needs for a Portuguese language speaking senior housing facility.

If built, this facility would be the first Portuguese-language focused senior housing option in New England. To help MAPS decide on the future development plans of such a facility, LDS is reaching out to members of the Portuguese-language community to ascertain your opinion on the pressing senior housing needs for your household and your community at large.

The information you are providing in the attached survey will be kept confidential with LDS. Please complete only one survey per household. The survey should be completed to reflect the responses for the elderly person(s) who could potentially reside in a future senior housing facility. The information that we will include in our study will be the total responses from each household and reported in the aggregate. We will not share individual responses. The collective survey results will be presented at a public meeting at a date to be announced.

You can also access MAPS website at http://bit.ly/Senior_Housing_Needs_Assessment for more information. For a list of definitions to assist you in the completion of this survey go to <http://www.maps-inc.org/wp-content/uploads/2015/04/Senior-Housing-Definitions.pdf>. Or contact Lynne Sweet at LDS at 617-454-1144 with any questions.

- Se tem questões sobre o inquérito ou se quer pedir o inquérito em Português, contate, por favor, Renan Leahy no número 617-864-7600 (Ext. 30) ou pelo e-mail rl Leahy@maps-inc.org.

- Para aceder ao inquérito online em Português, use este link: MAPS PT Senior Housing Assessment for print.

Please complete the survey by May 22, 2015. If you are completing a print version, please mail to: LDS Consulting Group, LLC, 233 Needham Street, Newton, MA 02464.

We thank you in advance for your cooperation and participation in this very important matter.

Sincerely,

LDS Consulting Group, LLC

Lynne D. Sweet, Managing Member

Household Information

The purpose of this section is to understand the relationship of the person completing the survey and the person they are filling it out for, as well as general location and demographic information.

MAPS Senior Housing Needs Survey

***1. Are you filling this form out on behalf of someone else? Answer "No" if you are filling this out for yourself.**

- Yes
- No

Household Information

Household Definition: A household includes all the persons who occupy a housing unit. A housing unit is a house, an apartment, a mobile home, a group of rooms, or a single room that is occupied as separate living quarters. Separate living quarters are those in which the occupants live and eat separately from any other persons in the building and which have direct access from the outside of the building or through a common hall.

***2. If yes, could you explain the nature of your relationship with the person for whom you are filling this form out? The survey should be completed from this point to reflect the responses for the elderly person(s) who could potentially reside in a future senior housing facility.**

- Spouse
- Child
- Sibling
- Caretaker
- Other (please specify)

Household Information

***3. What city do you currently live in?**

***4. In what year(s) were you born? The year born should be for the elder who is completing the survey or being helped to complete it. For example, if you are a family member and/or a caregiver, provide the age for the elder, not for yourself. If there is more than one elder in the household, choose "other" and enter the 4-digit birth year for each of those elders, for example 1940.**

Other (please specify if age not shown; or if there are multiple elders in household, please write birth year for each of these people)

MAPS Senior Housing Needs Survey

*5. What is your gender?

- Female
- Male
- Other (please specify if more than one person in household)

Language Status

*6. What language do you mainly speak at home?

- English
- Portuguese
- Cabo Verdean Creole
- Other

Other (please specify)

*7. What languages do you speak fluently?

- English
- Portuguese
- Cabo Verdean Creole
- Spanish
- Other

Other (please specify)

Current Housing Situation

This section is for the purpose of understanding your current housing situation.

MAPS Senior Housing Needs Survey

*8. Where do you reside full time?

- Town/City listed above
- A different location

A different location (please specify city and state)

*9. What is your present housing status at your Full Time Home?

- Home owner of a house
- Home owner of a condominium
- Renter of a house
- Renter of an apartment
- Live with relatives/friends
- Live in a senior housing facility
- Other

Other (please specify)

*10. How many other people live with you in your housing unit? (i.e. do not count other people unrelated in your building if you are living in a multi-unit building like senior housing, nursing home etc.)

- Live alone
- 1 other
- 2 others
- 3 or more others

MAPS Senior Housing Needs Survey

*11. What is the relationship that you have with the people you live with?

- Live alone
- Spouse
- Parents
- Children
- Siblings
- Friends
- Roommates
- Other

Other (please specify)

Current Housing Situation

*12. Considering that you live with family/friends, what type of housing do you share with them?

- House
- Condominium
- Apartment
- Other

Other (please specify)

Current Housing Situation

*13. Which senior housing facility do you live in?

Current Housing Situation

MAPS Senior Housing Needs Survey

*14. How long have you resided at your current location?

- Less than 6 months
- 6 months to 12 months
- 1 year to 2 years
- 2 years to 5 years
- More than 5 years

Housing Needs

This section will ask you to provide information on what type of housing unit you may be looking for including the unit amenities and community amenities.

*15. What type of unit would you prefer to live in if you moved? Please refer to MAPS website for definitions of senior housing options

- Single-level apartment
- Senior housing with supportive services
- Assisted living
- Nursing home
- Shared housing
- Other

Other (please specify)

*16. What type of housing unit do you prefer?

- One bedroom, one bathroom
- Two bedrooms, one bathroom
- Two bedrooms, two bathrooms
- Other

Other (please specify)

MAPS Senior Housing Needs Survey

***17. Please rank, with one (1) being the most important, all household amenities that you prefer in a future home (keep in mind the associated cost that comes with each of these options).**

<input type="text"/>	Central air conditioning	<input type="checkbox"/>	N/A
<input type="text"/>	Bath tub	<input type="checkbox"/>	N/A
<input type="text"/>	Shower stall	<input type="checkbox"/>	N/A
<input type="text"/>	Grab bars in bathroom	<input type="checkbox"/>	N/A
<input type="text"/>	Emergency pull-cord in bathroom	<input type="checkbox"/>	N/A
<input type="text"/>	Fireplace	<input type="checkbox"/>	N/A
<input type="text"/>	Balcony or patio	<input type="checkbox"/>	N/A
<input type="text"/>	Hard wood floors in common area, carpet in the bedrooms	<input type="checkbox"/>	N/A
<input type="text"/>	Stainless steel front appliances	<input type="checkbox"/>	N/A
<input type="text"/>	Other	<input type="checkbox"/>	N/A

***18. Please rank, with one (1) being the most important and nine (9) being the least important, all community amenities that you would prefer at a future home (keep in mind the associated cost that comes with each of these options).**

<input type="text"/>	Elevator	<input type="checkbox"/>	N/A
<input type="text"/>	Community room	<input type="checkbox"/>	N/A
<input type="text"/>	Fitness room	<input type="checkbox"/>	N/A
<input type="text"/>	Pet friendly	<input type="checkbox"/>	N/A
<input type="text"/>	Community garden	<input type="checkbox"/>	N/A
<input type="text"/>	Walking path	<input type="checkbox"/>	N/A
<input type="text"/>	Extra Storage	<input type="checkbox"/>	N/A
<input type="text"/>	Surface Parking	<input type="checkbox"/>	N/A
<input type="text"/>	Covered Parking	<input type="checkbox"/>	N/A
<input type="text"/>	Other	<input type="checkbox"/>	N/A

MAPS Senior Housing Needs Survey

*19. Do you need a handicap accessible home?

- Yes
- No
- I do not know

Service Needs

This section examines what type of supportive services may be needed as well as disability needs.

*20. What community is your current hospital and/or major health service provider located in?

*21. Name of hospital and health service provider?

*22. How many times did you visit your hospital or health service provider in the last year?

- 1
- 2
- 3
- 4
- 5
- 6 or more

*23. If you were to move to a senior home, what language(s) would you want the majority of the staff to speak?

- English
- Portuguese
- Cabo Verdean Creole
- Other

Other (please specify)

MAPS Senior Housing Needs Survey

***24. Please rank, with one (1) being the most important, all services that you prefer to have at a senior home. Please keep in mind that there are costs associated with each service.**

<input type="text"/>	Social activities	<input type="checkbox"/> N/A
<input type="text"/>	Housekeeping	<input type="checkbox"/> N/A
<input type="text"/>	Meals	<input type="checkbox"/> N/A
<input type="text"/>	Personal care services	<input type="checkbox"/> N/A
<input type="text"/>	Medication management	<input type="checkbox"/> N/A
<input type="text"/>	Laundry services	<input type="checkbox"/> N/A
<input type="text"/>	Other	<input type="checkbox"/> N/A

***25. If food were served at the facility, please rank, with one (1) being the highest, your preferred cuisine.**

<input type="text"/>	Brazilian	<input type="checkbox"/> N/A
<input type="text"/>	Cabo Verdean	<input type="checkbox"/> N/A
<input type="text"/>	Portuguese	<input type="checkbox"/> N/A
<input type="text"/>	American	<input type="checkbox"/> N/A
<input type="text"/>	Vegetarian	<input type="checkbox"/> N/A
<input type="text"/>	Other	<input type="checkbox"/> N/A

26. Disability Status (please check all that apply)

- With a hearing difficulty
- With a vision difficulty
- With a cognitive difficulty
- With an ambulatory difficulty
- With a self-care difficulty
- With an independent living difficulty

Transportation

MAPS Senior Housing Needs Survey

*27. What transportation options do you have currently? (Check all that apply)

- Private car
- Access to public transportation
- Family or friends who help drive you
- Senior community transportation
- ADA MART
- Other (please specify)

*28. What transportation options would you want available if you lived at a senior home?

- Parking available for a private car ("I want to drive")
- Access to public transportation
- Facility provided van service
- Other (please specify)

Income

This section is designed to determine what type of financial resources the elder resident has that will be available to pay for housing and services.

Income Definition: Total income is the sum of wage or salary income, net rental income, social security income, public assistance or welfare income, retirement or disability income, and all other income.

*29. Do you have Medicare?

- Yes
- No

*30. Do you have Medicaid?

- Yes
- No

*31. Do you have Long Term Care Insurance?

- Yes
- No

MAPS Senior Housing Needs Survey

***32. Are you a veteran and/or are you entitled to veterans' benefits?**

- Yes
- No

33. If you are a one-person household, what is your approximate average annual household income?

- Less than \$20,700
- \$20,700 - \$34,500
- \$34,500 - \$48,000
- \$48,000 and over

34. If you are a two-person household, what is your approximate average annual household income?

- Less than \$23,650
- \$23,650 - \$39,400
- \$39,400 - \$55,800
- \$55,800 and over

35. If you are a three-person household, what is your approximate average annual household income?

- Less than \$26,600
- \$26,600 - \$44,350
- \$44,350 - \$62,750
- \$62,750 and over

36. If you are a four-person or more household, what is your approximate average annual household income?

- Less than \$29,550
- \$29,550 - \$49,250
- \$49,250 - \$69,700
- \$69,700 and over

MAPS Senior Housing Needs Survey

*37. What are your sources of income? (check all that apply)

- Work/job
- Social Security
- Other

Other (please specify)

*38. How much do you currently spend on housing per month?

Amount (in US Dollars)
spent on housing in a
month:

*39. How much would you be willing to spend on housing per month?

On rent and utilities?
On rent, utilities and
supportive services
On assisted living?

Location Preferences

This sections explores where you might want to live, what would motivate you to move and when you might want to move to a senior housing residence.

*40. If you were to move from your current residence, where would you want to live?

- In the same city (where you are now)
- In another city (closer to family)
- No preference
- Do not plan on moving

If in another city, where?

MAPS Senior Housing Needs Survey

***41. Please rank, with one (1) being the most important, which items would motivate you to move to a senior housing development.**

<input type="text"/>	New building(s)	<input type="checkbox"/>	N/A
<input type="text"/>	Location	<input type="checkbox"/>	N/A
<input type="text"/>	Cost	<input type="checkbox"/>	N/A
<input type="text"/>	Social interaction	<input type="checkbox"/>	N/A
<input type="text"/>	Safety/Security	<input type="checkbox"/>	N/A
<input type="text"/>	Maintenance/Less space to maintain	<input type="checkbox"/>	N/A
<input type="text"/>	Elevator/One level living	<input type="checkbox"/>	N/A
<input type="text"/>	Ability to age in place	<input type="checkbox"/>	N/A
<input type="text"/>	Medical emergency	<input type="checkbox"/>	N/A
<input type="text"/>	Encouragement by a relative	<input type="checkbox"/>	N/A
<input type="text"/>	Staff who speak your language	<input type="checkbox"/>	N/A
<input type="text"/>	Culturally appropriate meals/activities	<input type="checkbox"/>	N/A
<input type="text"/>	Other	<input type="checkbox"/>	N/A

***42. Are you considering moving in the near future?**

- Yes
- No

***43. Are you considering moving to a senior housing facility?**

- Yes
- No

Location Preferences

MAPS Senior Housing Needs Survey

***44. If you are considering to move to a senior housing facility, in how many years do you anticipate such a move?**

- 1 to 3 years
- 3 to 6 years
- 6 to 9 years
- More than 9 years

Additional Information

45. Do you know anyone else within the Portuguese-speaking community who might want to move into a senior housing facility soon?

- Yes
- No

46. Is there any information you would like to share about the need for senior housing within the Portuguese-speaking community?

47. Are you interested in learning more about a future senior development for the Portuguese-speaking community? If so, please write in your name and mailing address and/or e-mail address. Note: This information will be kept separate from the survey results.

Thank you for completing this survey! Your participation will help us with the future decision making for this senior housing project.

Exhibit 4 Portuguese Survey

Pesquisa sobre Necessidade de Casa de Repouso da MAPS

Carta de Apresentação e Introdução à Pesquisa

23 de abril de 2015

Caro Membro da Comunidade de Língua Portuguesa:

A Massachusetts Alliance of Portuguese Speakers (MAPS) se juntou ao LDS Consulting Group, LLC (“LDS”) para trabalhar com eles num estudo de planejamento para investigar a necessidade de uma casa de repouso para idosos de língua portuguesa.

Se for construída, essa casa será a primeira do tipo voltada para idosos de língua portuguesa na Nova Inglaterra. Para ajudar a MAPS a decidir sobre a futura construção dessa unidade, a LDS está entrando em contato com membros da comunidade de língua portuguesa para pedir a sua opinião sobre a necessidade de uma casa de repouso para alguém em sua família ou em sua comunidade.

As suas respostas à pesquisa anexa serão mantidas confidencialmente pela LDS. Por favor, preencha apenas um questionário por domicílio. A pesquisa deverá ser respondida de forma a refletir as repostas de uma(s) pessoa(s) idosa(s) que poderia (m) vir a morar numa casa de repouso. As informações a serem inseridas no estudo serão baseadas no total de respostas, e apresentadas em conjunto. Nós não compartilharemos respostas individuais. Os resultados da pesquisa coletiva serão apresentados em uma audiência pública em data a ser determinada.

Se você tem dúvidas sobre esta pesquisa, ou se gostaria de receber o questionário em inglês, entre em contato com Lois Josimovich pelo telefone 617 864 7600 (ramal 20) ou pelo email lj Josimovich@maps-inc.org.

Você também pode acessar a página do projeto no site da MAPS, http://bit.ly/Senior_Housing_Needs_Assessment, para mais informações e para uma lista de definições para lhe ajudar a responder este questionário, acesse <http://www.maps-inc.org/wp-content/uploads/2015/04/Senior-Housing-Definitions.pdf>. Por favor, envie o questionário respondido até 22 de maio de 2015. Se você estiver preenchendo um questionário impresso, envie-o para: LDS.Consulting.Group,.LLC, 233 Needham Street, Newton, MA 02464.

Desde já, nós agradecemos a sua ajuda e participação nesta questão tão importante.
Atenciosamente,
LDS Consulting Group, LLC
Lynne D. Sweet, Gerente

Pesquisa sobre Necessidade de Casa de Repouso da MAPS

Informações sobre os Moradores

O objetivo desta sessão é compreender a relação da pessoa respondendo o questionário com a pessoa em nome de quem ela está respondendo, bem como obter informações gerais demográficas e sobre sua localização.

*** 1. Você está preenchendo este formulário em nome de outra pessoa? Responda "Não" se estiver respondendo por si mesmo(a) .**

- Sim
- Não

Informações sobre os Moradores

Definição de Domicílio: Um domicílio inclui todas as pessoas que ocupam uma residência. Uma residência é uma casa, um apartamento, uma casa móvel, um grupo de quartos, ou um ambiente único que é ocupado como partes separadas de moradias. Partes separadas de moradia são aquelas em que os ocupantes moram e se alimentam separadamente das outras pessoas que vivem no prédio, e que possuem acesso direto ao lado de fora do prédio por meio de um corredor comum.

*** 2. Se sim, você poderia explicar a natureza da sua relação em nome da qual você está preenchendo este formulário? A pesquisa deve ser respondida a partir disso para refletir as respostas do(s) idoso(s) que poderiam potencialmente viver numa futura casa de repouso.**

- Cônjuge
- Filho(a)
- Irmã(o)
- Cuidador(a)
- Outro (por favor, especifique)

Informações sobre os Moradores

*** 3. Em que cidade você mora atualmente?**

Pesquisa sobre Necessidade de Casa de Repouso da MAPS

***4. Em que ano (s) nasceu? Deve indicar o ano de nascimento do/a idoso/a que está a completar este inquérito. Por exemplo, se você é um familiar ou prestador de cuidados, indique a idade do idoso, e não a sua. Se houver mais de um idoso no domicílio, selecione “outro” e insira o ano de nascimento de cada um dos idosos, por exemplo, 1940.**

***5. Qual é o seu sexo ?**

- Feminino
- Masculino
- Outro (por favor, especifique se houver mais de um idosos na residência)

Idioma

***6. Qual o principal idioma falado em sua casa?**

- Inglês
- Português
- Criolo de Cabo Verde
- Outro

Outro (por favor, especifique)

***7. Que línguas você fala fluentemente?**

- Inglês
- Português
- Criolo de Cabo Verde
- Espanhol
- Outro

Outro (por favor, especifique)

Situação Atual de Moradia

Pesquisa sobre Necessidade de Casa de Repouso da MAPS

Esta seção é para compreender a sua atual situação de moradia.

*8. Onde é a sua residência permanente ?

- Na cidade ou município indicado acima
- Em outro lugar

Em outro lugar (por favor, especifique a cidade e o estado)

*9. Qual é a sua atual situação em relação à sua moradia permanente?

- Proprietário(a) de uma casa
- Proprietário(a) de um apartamento
- Inquilino em uma casa
- Inquilino em um apartamento
- Moro com parentes ou amigos
- Moro numa casa de repouso
- Outro

Outro (por favor, especifique)

*10. Quantas pessoas além de você vivem no seu domicílio? (não conte as outras pessoas que moram em outra unidade no mesmo prédio, se você morar num edifício, casa de repouso, etc.)

- Moro sozinho(a)
- 1 pessoa
- 2 pessoas
- 3 ou mais pessoas

Pesquisa sobre Necessidade de Casa de Repouso da MAPS

* 11. Qual é a sua relação com as pessoas que moram com você?

- Moro sozinho(a)
- Cônjuge
- Pais
- Filhos
- Irmãos
- Amigos
- Roommates
- Outros

Outro (por favor, indique)

Situação Atual de Moradia

* 12. Considerando que você more que parentes ou amigos, que tipo de moradia você divide com eles?

- Casa
- Condomínio
- Apartamento
- Outro

Outro (por favor, especifique)

Situação Atual de Moradia

* 13. Em que casa de repouso você mora?

Situação Atual de Moradia

Pesquisa sobre Necessidade de Casa de Repouso da MAPS

✳ 14. Há quanto tempo você mora no seu atual endereço?

- Há menos de 6 meses
- Entre 6 e 12 meses
- Entre 1 e 2 anos
- Entre 2 e 5 anos
- Há mais de 5 anos

Necessidades de Habitação

Esta seção irá lhe pedir que dê informações sobre que tipo de moradia você procura, inclusive sobre os equipamentos e serviços oferecidos na residência e na comunidade.

✳ 15. Em que tipo de residência você preferiria morar se se mudasse ? Por favor, confira no site da MAPS as definições para casa de repouso.

- Apartamento em um pavimento
- Casa de repouso com serviços de apoio
- Moradia assistida
- Casa de Enfermagem
- Moradia compartilhada
- Outro

Outro (por favor, especifique)

✳ 16. Que tipo de moradia você preferiria?

- Um quarto e um banheiro
- Dois quartos e um banheiro
- Dois quartos e dois banheiros
- Outro

Outro (por favor, especifique)

Pesquisa sobre Necessidade de Casa de Repouso da MAPS

***17. Indique sua preferência, sendo 1 o mais importante, todos os equipamentos que você gostaria de ter em sua futura casa (tenha em mente os custos de cada uma dessas opções).**

<input type="checkbox"/> <input type="checkbox"/>	Ar condicionado central	<input type="checkbox"/> N/A
<input type="checkbox"/> <input type="checkbox"/>	Banheira	<input type="checkbox"/> N/A
<input type="checkbox"/> <input type="checkbox"/>	Chuveiro	<input type="checkbox"/> N/A
<input type="checkbox"/> <input type="checkbox"/>	Barras de apoio no banheiro	<input type="checkbox"/> N/A
<input type="checkbox"/> <input type="checkbox"/>	Cordão de emergência no banheiro	<input type="checkbox"/> N/A
<input type="checkbox"/> <input type="checkbox"/>	Lareira	<input type="checkbox"/> N/A
<input type="checkbox"/> <input type="checkbox"/>	Varanda ou pátio	<input type="checkbox"/> N/A
<input type="checkbox"/> <input type="checkbox"/>	Piso de madeira nas áreas comuns, carpete nos quartos	<input type="checkbox"/> N/A
<input type="checkbox"/> <input type="checkbox"/>	Eletrodomésticos de aço inoxidável	<input type="checkbox"/> N/A
<input type="checkbox"/> <input type="checkbox"/>	Outros	<input type="checkbox"/> N/A

***18. Indique sua preferência, sendo 1 o mais importante e 9 o menos importante, todos os equipamentos e serviços que você gostaria de ter na comunidade ao redor da sua futura casa (lembre-se dos custos de cada uma dessas opções).**

<input type="checkbox"/> <input type="checkbox"/>	Elevador	<input type="checkbox"/> N/A
<input type="checkbox"/> <input type="checkbox"/>	Sala comunitária	<input type="checkbox"/> N/A
<input type="checkbox"/> <input type="checkbox"/>	Sala de ginástica	<input type="checkbox"/> N/A
<input type="checkbox"/> <input type="checkbox"/>	Aceita animais	<input type="checkbox"/> N/A
<input type="checkbox"/> <input type="checkbox"/>	Jardim comunitário	<input type="checkbox"/> N/A
<input type="checkbox"/> <input type="checkbox"/>	Passeio público	<input type="checkbox"/> N/A
<input type="checkbox"/> <input type="checkbox"/>	Espaço extra de armazenamento	<input type="checkbox"/> N/A
<input type="checkbox"/> <input type="checkbox"/>	Estacionamento térreo	<input type="checkbox"/> N/A
<input type="checkbox"/> <input type="checkbox"/>	Estacionamento coberto	<input type="checkbox"/> N/A
<input type="checkbox"/> <input type="checkbox"/>	Outro	<input type="checkbox"/> N/A

Pesquisa sobre Necessidade de Casa de Repouso da MAPS

*** 19. Você precisa de uma casa acessível a pessoas com dificuldades de locomoção?**

- Sim
- Não
- Não sei

Serviços Necessários

Esta sessão é sobre os tipos de serviços de apoio necessários, bem como os devidos a necessidades especiais.

*** 20. Em que região fica o hospital ou centro de saúde onde você costuma se consultar?**

*** 21. Qual o nome do hospital ou centro de saúde?**

*** 22. Quantas vezes você foi ao hospital ou centro de saúde no último ano?**

- 1
- 2
- 3
- 4
- 5
- 6 ou mais

*** 23. Se você fosse morar numa casa de repouso, que idioma (s) você gostaria que a maioria dos funcionários falasse?**

- Inglês
- Português
- Criolo de Cabo Verde
- Outro

Outro (por favor, especifique)

Pesquisa sobre Necessidade de Casa de Repouso da MAPS

***24. Por favor classifique, sendo 1 o mais importante, todos os serviços que você gostaria de receber na casa de repouso . Lembre-se dos custos associados a cada serviço.**

<input type="checkbox"/> <input type="text"/>	Atividades sociais	<input type="checkbox"/> N/A
<input type="checkbox"/> <input type="text"/>	Faxina	<input type="checkbox"/> N/A
<input type="checkbox"/> <input type="text"/>	Refeições	<input type="checkbox"/> N/A
<input type="checkbox"/> <input type="text"/>	Serviços de cuidados pessoais	<input type="checkbox"/> N/A
<input type="checkbox"/> <input type="text"/>	Administração de medicamentos	<input type="checkbox"/> N/A
<input type="checkbox"/> <input type="text"/>	Serviços de lavanderia	<input type="checkbox"/> N/A
<input type="checkbox"/> <input type="text"/>	Outro	<input type="checkbox"/> N/A

***25. Se forem servidas refeições, classifique, por favor, sendo 1 o mais importante, a sua culinária preferida.**

<input type="checkbox"/> <input type="text"/>	Brasileira	<input type="checkbox"/> N/A
<input type="checkbox"/> <input type="text"/>	Cabo Verdiana	<input type="checkbox"/> N/A
<input type="checkbox"/> <input type="text"/>	Portuguesa	<input type="checkbox"/> N/A
<input type="checkbox"/> <input type="text"/>	Americana	<input type="checkbox"/> N/A
<input type="checkbox"/> <input type="text"/>	Vegetariana	<input type="checkbox"/> N/A
<input type="checkbox"/> <input type="text"/>	Outra	<input type="checkbox"/> N/A

26. Necessidades especiais (marque todos os que se adequem a você)

- Problemas auditivos
- Problemas de visão
- Problemas de cognição
- Dificuldade de locomoção
- Dificuldade com cuidados pessoais
- Dificuldade de levar uma vida independente

Transporte

Pesquisa sobre Necessidade de Casa de Repouso da MAPS

*27. Que opções de transporte você possui atualmente ? (Marque todas as adequadas)

- Carro próprio
- Acesso a transporte público
- Parentes ou amigos que dirigem para você
- Transporte público para a terceira idade
- ADA MART
- Outro (especifique, por favor)

*28. Que opções de transporte você gostaria de ter se morasse numa casa de repouso?

- Estacionamento para um carro particular ("Eu quero dirigir")
- Acesso a transporte público
- Serviço de van oferecido pela casa de repouso
- Outro (por favor, especifique)

Renda

Esta seção é para determinar que tipo de recursos financeiros o(a) idoso(a) dispõe para pagar pela moradia e serviços

Definição de Renda: A renda total é a soma dos salários, valores líquidos recebidos por aluguéis, pagamento recebido do seguro social, pagamento recebido por benefícios sociais, aposentadoria ou qualquer outra fonte de renda.

*29. Você tem Medicare?

- Sim
- Não

*30. Você tem Medicaid?

- Sim
- Não

***31. Você tem seguro de saúde de longo prazo?**

- Sim
- Não

***32. Você é veterano de guerra ou tem direito a benefícios de veterano?**

- Sim
- Não

33. Se você mora só, qual a sua média salarial anual?

- Menos de \$20,700
- \$20,700 - \$34,500
- \$34,500 - \$48,000
- \$48,000 ou mais

34. Se você mora com mais uma pessoa, qual a média salarial anual conjunta?

- Menos de \$23,650
- \$23,650 - \$39,400
- \$39,400 - \$55,800
- \$55,800 ou mais

35. Se você mora com outras duas pessoas , qual a média salarial anual conjunta?

- Menos de \$26,600
- \$26,600 - \$44,350
- \$44,350 - \$62,750
- \$62,750 ou mais

36. Se você mora com outras três pessoas , qual a média salarial anual conjunta?

- Menos de \$29,550
- \$29,550 - \$49,250
- \$49,250 - \$69,700
- \$69,700 ou mais

Pesquisa sobre Necessidade de Casa de Repouso da MAPS

* 37. Quais são suas fontes de renda? (marque todas as adequadas)

- Trabalho/emprego
- Seguro Social
- Outro

Outro (por favor, especifique)

* 38. Quanto você gasta com moradia por mês?

Quantia (em
dólares) gasta
com moradia em
um mês:

* 39. Quanto você poderia gastar com moradia por mês?

No aluguel e
contas?

No aluguel,
contas e
serviços de
apoio

Em residência
assistida?

Locais Preferidos

Esta seção discute onde você gostaria de morar, o que lhe motivaria a se mudar, e quando você gostaria de sem udar para uma casa de repouso.

* 40. Se você fosse se mudar de onde mora atualmente, onde gostaria de morar?

- Na mesma cidade (onde mora agora)
- Em outra cidade
- Não tenho preferência
- Não tenho planos de mudança

Se em outra cidade, onde?

Pesquisa sobre Necessidade de Casa de Repouso da MAPS

***41. Classifique, sendo 1 o mais importante, o que lhe motivaria a se mudar para uma casa de repouso.**

<input type="checkbox"/> Prédio(s) novo(s)	<input type="checkbox"/> N/A
<input type="checkbox"/> Localização	<input type="checkbox"/> N/A
<input type="checkbox"/> Custo	<input type="checkbox"/> N/A
<input type="checkbox"/> Interação social	<input type="checkbox"/> N/A
<input type="checkbox"/> Segurança	<input type="checkbox"/> N/A
<input type="checkbox"/> Manutenção/Espaço menor para cuidar	<input type="checkbox"/> N/A
<input type="checkbox"/> Elevador/moradia em um pavimento	<input type="checkbox"/> N/A
<input type="checkbox"/> Possibilidade de envelhecer no lugar	<input type="checkbox"/> N/A
<input type="checkbox"/> Emergência médica	<input type="checkbox"/> N/A
<input type="checkbox"/> Estímulo de parentes	<input type="checkbox"/> N/A
<input type="checkbox"/> Funcionários que falam a minha língua	<input type="checkbox"/> N/A
<input type="checkbox"/> Atividades e refeições culturalmente adequadas	<input type="checkbox"/> N/A
<input type="checkbox"/> Outro	<input type="checkbox"/> N/A

***42. Você pensa em se mudar num futuro próximo ?**

- Sim
- Não

***43. Você pensa em se mudar para uma casa de repouso?**

- Sim
- Não

Locais Preferidos

Pesquisa sobre Necessidade de Casa de Repouso da MAPS

***44. Se você pensa em se mudar para uma casa de repouso , dentro de quantos anos você pensa em fazê-lo ?**

- 1 a 3 anos
- 3 a 6 anos
- 6 a 9 anos
- Mais de 9 anos

Informações Adicionais

45. Você conhece mais alguém na comunidade de língua portuguesa que possa querer morar numa casa de repouso em breve?

- Sim
- Não

46. Há alguma informação que você queria compartilhar sobre a necessidade de uma casa de repouso para a comunidade de língua portuguesa?

47. Você gostaria de saber mais sobre um futuro projeto para a comunidade de língua portuguesa? Se sim, escreva o seu nome e endereço ou email. Atenção: essa informação será guardada separadamente dos resultados da pesquisa.

Obrigado por completar a pesquisa! Sua participação irá nos ajudar com decisões futuras sobre este projeto de casa de repouso.

Exhibit 5 Housing Definitions

Independent Senior Housing

Generally, independent or retirement living is housing or apartments set-aside specifically for individuals over the age of 55 and is not licensed by the Commonwealth of Massachusetts. Residents are permitted to occupy living units by entering into rental contracts for fixed periods of time. Living units are usually apartments that can vary in size. While these communities are not required to be licensed, they must comply with local building ordinances and safety codes in terms of the design, construction and safety features of the building. Although residents are typically independent, some of them may use supportive services to help maintain their independence.

Housing Authorities

Housing authorities provide subsidized housing for seniors. We have provided a brief description of the housing authority programs available to seniors:

State Public Senior Housing

State public housing falls under Chapter 667 of the Massachusetts General Laws. State-aided public housing generally refers to projects built with 100% State funding (i.e., construction grants or by payments to the local housing authority to cover debt service). There are some units where HUD has effectively paid for construction through annual payments to cover debt service and some operating costs through the Section 8 programs. Developments are restricted to households with a member age 62 or older and up to 13.5% of the units in a development are available to individuals with disabilities at any age. Admission to State public housing is limited to households with net incomes below 80% of area median income. In reality, tenant incomes tend to be far lower than the maximum allowed. There are no asset limits and no citizenship or residency requirements. The rent a tenant pays is based on household income and whether the costs of any basic utilities (electricity, heat, cooking fuel) are included in the rent. Currently tenants pay:

- 30% of net income for rent if their rent includes any (though not necessarily all) of the basic utilities;
- 25% of net income for rent if local housing authorities pay for none of the basic utilities (i.e. tenants pay their electric, heat and cooking fuels directly).

Deficits occur because rents are set at a percentage of tenant income and thus do not always cover operating costs. The Massachusetts Department of Housing and Community Development (DHCD) currently provides operating subsidies for State public housing and also provides funds for service coordinators to assist tenants (DHCD).

Federal Public Senior Housing

Federal public housing refers to public housing built with 100% federal (HUD) funds. These projects are subject to federal regulations and receive annual operating subsidies from HUD as well as modernization funds for capital and management improvements as projects age. Under current law, 75%-85% of new openings must go to households earning less than 50% of median income, with the balance limited to households earning no more than 80% of median. The tenant pays 30% of adjusted income for rent.

Section 8 Mobile Voucher Program

The Section 8 Mobile Voucher program is a federal program that assists very low-income families, the elderly and the disabled afford decent, safe, and sanitary housing in the private market. The participant is free to choose any housing that meets the requirements of the program and is not limited to units located in subsidized housing projects. The tenant pays 30% of adjusted income for rent.

Adult Day Health

Adult day health centers are planned programs that offer a variety of services to elderly persons and others with functional and/or cognitive impairments who are unable to remain at home unattended during the course of the work day. The services are designed to keep elderly individuals in the community for as long as possible, thereby postponing or preventing institutionalization. Services can include some or all of the following: supervision, health monitoring, meals, transportation, recreational activities and therapy. Medicare does not pay for adult day services however MassHealth (Medicaid) covers adult day health services and dementia day programs. Individuals may also be eligible for subsidies through their local Aging Services Access Point (ASAP). The Executive Office of Elder Affairs (EOEA) has set standards for dementia and social day programs. Typically persons who attend adult day health programs may be good candidates for special care assisted living.

Residential Care Homes/Rest Homes

Residential Care Homes (RCHs), formerly known as “homes for the aged”, in Massachusetts are licensed by the Department of Health and Human Services. Residents of RCHs may have some health, social, and personal care needs, but they do not require the extensive care a nursing home provides. Most residents, however, require some assistance with Activities of Daily Living (ADLs), supervision of medications and/or protective oversight. Although they may use assistive devices, residents must be ambulatory and have some degree of independence, but they are not able to live on their own. Residents must be able to evacuate the home unassisted in case of an emergency.

Physically, they differ from assisted living facilities since they provide a room rather than an apartment, and bathrooms may be private or shared. The monthly rate depends on the home and type of accommodation chosen. Some residents use government assistance to help pay for their care. They provide residents with a communal environment. In fact, the majority of rest homes were formerly single-family homes that have been renovated.

They are required to provide three meals per day, housekeeping and laundry services, personal care, recreational activities, 24-hour supervision, and emergency call systems. Menus for meals must meet requirements set by the Department of Public Health. Staff is not required to provide nursing services; however, some homes have nurses on staff. Staff members can supervise medications that residents self-administer and may help residents schedule their physician appointments.

Assisted Living Facilities

Since 1995 assisted living residences in Massachusetts have been regulated by Massachusetts General Laws Chapter 19D. Each facility is certified by the Executive Office of Elder Affairs prior to opening, and

recertified every other year. Assisted living is a special combination of housing, personalized supportive services and care designed to respond to the individual needs of those requiring help in activities of daily living, but not requiring the skilled medical care provided in a hospital or skilled nursing facility. Residences combine apartment-like living with a variety of supportive services, including three meals a day in a common dining room, housekeeping services, transportation, 24-hour security, on-site staff to respond to emergencies, emergency call systems, medication management, personal laundry services, social and recreational programs and **assistance with ADLs such as eating, bathing, dressing, toileting and mobilizing, and instrumental activities of daily living (IADLs) such as shopping and laundry.**

Assisted living residences monitor the well-being of their residents and can help coordinate health services by licensed outside agencies or providers, however, they do not provide skilled nursing services directly. The physical layout of assisted living residences includes studio, one- and two-bedroom apartments units with entry doors, private bathrooms and kitchenettes. As much as fifty percent of the facility is used for common areas including lobby/reception area, administrative offices, food service, dining room, activity areas, beauty salons/barbershops, cafes/bakeries, resident laundry, central laundry, storage spaces, maintenance area, loading/trash area, mechanical rooms, employee lounge and lockers, areas for linens and cleaning supplies and ancillary uses. Units are typically furnished with residents' belongings and furniture. Residents entering an assisted living residence sign an annual residency contract which is similar to a lease and agree to pay a monthly fee or rent that includes the cost of housing, meals and services and other amenities. Assisted living is considered to be need driven. The typical customer for an assisted living facility is a one person household that has experienced some type of crisis, either an illness or the loss of a spouse. They are no longer able to live totally independently and may need help with cooking, cleaning and/or bathing or toileting. The average assisted living customer is early to mid-80's, female and stays 24 months.

Affordable Assisted Living

It is very hard to provide affordable assisted living due to the cost of creating a building which brings high carrying costs often in the form of a mortgage, as well as ongoing operating costs to pay for personnel and the cost of running a building. Therefore, in order to provide affordable assisted living one will need to have a low cost of entry (i.e. low building cost) and some type of operating subsidy to help residents afford rent. The following are funding mechanisms that can be used to assist low income residents in affording assisted living:

PACE: Seniors with an annual income up to approximately 40% of AMI or \$24,000 a year are eligible for PACE.

GAFC: GAFC is a Massachusetts program that reimburses a provider for providing personal care services, 24-hour access to assistance, nursing and social work oversight to Medicaid-eligible individuals. The Department of Public Welfare, Division of Medical Assistance, in response to two major trends, created this program in 1991. The first was a change in nursing home admissions clinical criteria. The second was an emerging need for Medicaid to fund assistance with activities of daily living for frail individuals in the community who no longer qualified for nursing home placement. The program was modeled after the Adult Foster Care

program in which an individual with at least one medical diagnosis and a need for assistance with daily personal care would move into the home of a care giving family. The GAFC program allows individuals requiring such care to continue to age in a place by offering services in a managed housing environment, while maintaining their independence, dignity and autonomy. GAFC services have evolved into Medicaid's assisted living services package. Providers of GAFC include certified home health agencies, licensed hospitals, home care corporations, assisted living facilities, community agencies, and housing organizations that are able to meet the program requirements. The reimbursement methodology includes two components. There is a daily rate per participant for personal care, and a monthly program administration rate per participant. The average rate is comprised of the caregiver rate and the administrative rate. Residents who are clinically eligible for GAFC may also be eligible for SSI-G. The base SSI payment, the supplement added by Section G plus the GAFC rate total approximately \$2,300 a month. It is important to note that in order to qualify for GAFC an individuals' income needs to be at poverty level, approximately \$14,340 a year, and have assets of \$2,000 or less. This typically leaves residents with only \$75 a month in spending money.

Skilled Nursing Facilities

Nursing homes provide both short term and long-term care to elders who need medical care. Services typically include 24 hour nursing care, rehabilitative care (i.e. physical, occupational and speech therapy) and personal care. They traditionally provide a room with or without a private bath but no kitchen facility. Coverage for nursing home care is available under both the federal Medicare program and the state and federal Medicaid program, called MassHealth. To be eligible for MassHealth benefits, an individual must have at least one nursing need and two additional nursing or activity of daily living needs.

Studies have shown that some skilled nursing residents are actually better suited for an assisted living facility. This tends to happen when there are no alternatives (i.e. assisted living facilities) in the area.

Continuing Care Retirement Communities or CCRC's

Sometimes referred to as life care communities; provide living accommodations and a wide variety of services, including long-term health and nursing services. Various levels of care, such as independent living, assistance with daily activities, and nursing services are usually provided on the communities' campuses. Residents may move from one level of care to another as their needs change. Each resident is required to be able to live independently upon admission. Every resident is required to pay a substantial, lump-sum entrance fee and monthly fees in exchange for lifetime housing and health-related services. These fees vary depending on the community, the type of living unit chosen, and whether an individual or a couple is to occupy the unit. CCRC's have differing policies regarding the availability and terms of entrance-fee refunds.

Housing units can be apartments in high-rise or low-rise buildings, townhouses, garden apartments, cottages, or freestanding homes. Units can range in size from studios to three-bedrooms. Residents are not generally entitled to have equity in their units, but adhere to certain statutory requirement. The way CCRC's differ is in what they promise to deliver, and what you pay for service. There are three different types of CCRC's.

- **Life Care Communities/Extensive Care Contract:** Under an extensive care contract, sometimes referred to as life care contract, a resident typically pays an upfront fee and an ongoing monthly fee in exchange for the right to lifetime occupancy of an independent living unit and certain services and amenities. Residents who require a higher level of care such as assisted living or skilled nursing may transfer to that level of care and continue to pay the same monthly fee plus the cost for additional meals. Most Extensive Care Contract communities are owned by a not-for-profit corporation and were built in the 1980's and early 1990's. Very few are being built today due to the actuarial nature of this product. Many of the residents in these communities are highly educated and understand that they are making an investment in their future. In most instances, residents receive 90% of their entrance fee back and don't have to worry about high nursing home costs. Some facilities allow long term care insurance to reduce entry fees.
- **Modified Contract:** A resident typically pays an upfront fee and an ongoing monthly service-fee for the right to stay in an independent apartment and receive certain amenities. When a resident needs to move to a higher level of care, the facility may pay for this higher level of care for a certain period of time, or provide a discount for these services.
- **Fee-For-Service Contract/A la Carte CCRC's:** This requires an entry fee, but does not include any discounted health care or assisted living services, therefore you pay as you go from one level of care to the next. Typically residents receive priority admission to the higher levels of care on the campus. Residents pay one monthly fee to live in an independent apartment, a higher monthly fee to live in assisted living, and an even higher fee to live in the skilled nursing facility. The difference in monthly fees could be from \$2,000-\$6,000. Therefore, although a resident is entitled to a refundable entry fee, facilities can spend your entrance fee in order to pay monthly service fees as you move to a higher level of care.