



## CITY OF CAMBRIDGE

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EXECUTIVE DEPARTMENT  
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TO: Block Grant Advisory Committee and  
Committee G-30

FROM: James L. Sullivan *JLS* DATE: March 17th, 1981  
City Manager

SUBJECT: First-Draft Recommendations for Elderly Services  
Block Grant Funds

Due to HUD restrictions, a limited range of human services can be funded through Block Grant in the coming year. Approximately 58 thousand dollars will be available for elderly programming, primarily to assure continuation of services.

Preliminary recommendations for allocations in elderly services are herewith transmitted for your review. As described in the following commentary, these recommendations have been developed from the G-30 committee's primary planning document Meeting the Needs of the Elderly - A Plan for Cambridge, June 1978, interpreted in the light of recent trends in the elderly service system. Recommended areas of concentration for funding are long-term care planning, nutrition access, housing placement assistance and transportation.

Comments on these recommendations are solicited. A public hearing will be held under the auspices of the Cambridge Council on Aging at 10:00 a.m. on April 13th at the Central Square Public Library, 2nd floor conference room. Individuals or groups wishing to testify are encouraged to contact Claire McDonough through the Council on Aging (51 Inman Street, Cambridge, MA 02139/498-9039) so that sufficient time can be allotted to all speakers. Written comments will also be considered if received by the Council on Aging before April 13th, 1981.

### 1) Long Term Care Planning

In 1978 the G-30 Committee judged the long-term care network in Cambridge inadequate to the needs of that 30% of the elderly population who would depend on it at some time in their lives. The indices of trouble have worsened: the Health Planning Council for Greater Boston reported in February 1981 that the area needed 400 more Level I and II nursing home beds and a 20 fold increase in spending for non-institutional services. Inappropriate

placements and difficulty in upgrading standards have been seen to result from the tight bed supply.

Roots of the problem include demographic and economic stresses as well as decisions at all levels of government bearing on regulation and reimbursements. In the past year two nursing homes closed in financial distress, and plans to expand Neville Manor were interrupted due to the difficulty of passing a bond issue in the wake of Proposition 2½. The LTC system in Cambridge, dependent on Medicaid payments, will be increasingly stressed by a governmental climate marked by restrictions in entitlement programs.

Efforts to counter these negative trends have been hampered by the City's lack, since 1979, of full-time professional staff working on long-term care issues. Community concern has often not been effectively mobilized in the absence of a local rallying point for organization, and changing public policy requires sustained effort at a high level of technical sophistication, which has been unavailable.

It is suggested that the employment of a full-time planner would exert the greatest possible leverage on this complex problem, and that \$13,000. of CDBG funds be allocated to that purpose, to be matched by an equivalent sum from the City's Department of Health and Hospitals.

## 2) Housing Placement Assistance

In meeting the Needs of the Elderly the G-30 Committee made provision of a sufficient supply of affordable housing of high priority goal; at this writing it is still a remote goal, despite incremental progress.

Housing costs continue to rise about 40% per year; fuel costs, rising at about 75% per year, have become more oppressive for many residents; as a result nearly all elderly persons in unsubsidized housing spend over 25% of their income on shelter costs, compared to 32% in 1978.

A worsening shortage of housing stock spurs price increases and makes relocation almost impossible for elderly renters. Waiting lists for public housing, although they may be lessened by the new residents - first rule, are over a year long; the ratio of public housing slots to needy elderly persons has decreased since the G-30 report, and federal action to cut housing budgets will further reduce it.

Housing represents a dense accumulation of crises in economics and public policy. Past experience of the G-30 Committee is that one effective low-cost intervention is a personal and energetic referral service which can compensate older people for their competitive disadvantages in locating housing. Such a service is provided by the SCEOC Elderly Housing Assistance Program, which has achieved a placement rate of 12% or \$38.00 per placement. It is recommended that this program be level

funded at \$18,000.00.

### 3) Nutrition Access

Older people have been shown to suffer from a high rate of nutritional deficits, which compound the other liabilities of age. Inadequate diet may result from physical difficulty in purchasing and preparing food, the cost of food, ignorance of nutritional principles, or insufficient social reinforcement for eating proper meals. Loss of competence in obtaining suitable food is a watershed event that frequently marks a person for institutionalization; difficulties in this area jeopardize a role basic to self-esteem, and are associated with the risk of social isolation.

Nutrition resources in Cambridge include congregate meals, provided to approximately 400 persons, and home-delivered meals, serving 120 clients; both are operated five days a week by the Somerville/Cambridge Home Care Corporation. (There is a waiting list of 50 persons for home delivered meals). Homemakers also furnish assistance with meals to their 200-odd clients in Cambridge. Altogether these programs serve 3% of the elderly population, and all pose a certain risk of infantilization to those clients who are capable of taking more responsibility for their own nutrition. A free shopping bus to Star Market, serving 190 persons, was discontinued in January 1981. Similar service to Stop & Shop continues.

In this context the Elder's Mobile Market - a van that stops weekly at eight locations, selling reasonably-priced groceries to about 550 clients in the past year - has provided a successful adjunct service, ameliorating some physical, economic and social barriers to proper nutrition, while encouraging the most active possible participation by each customer. Level funding of the program at \$15,000.00 is recommended.

### 4) Transportation

The G-30 Committee cited as a high priority developing transportation resources to provide for the "full service and activity needs of all elderly and handicapped persons". In its broad interpretation the goal has not been approached, although progress has been made toward organizing a unified approach to the problem.

The physical restrictions associated with old age, compounded by its economic restrictions, result in loss of mobility, which limits socialization and access to needed goods and services. In Cambridge, recent cut-backs in public transit and taxi fare increases have exacerbated these problems.

Specialized transportation in the Cambridge area has inadequate capacity to serve the identified need - 23% of elderly persons in Cambridge (3,910 persons) cannot use public transit without difficulty, and they generate a need for about 64,000 trips per year, twice the total number of trips provided. In addition, the special transportation system consists of 15 separate services in a discontinuous patchwork, which tends to baffle and discourage the elderly consumer.

The Elderly Transportation Office operated by the Cambridge Council on Aging, which provides both taxi and lift-van services, has attempted to co-ordinate local transportation services and target them more effectively. It is recommended that \$12,000. in Block Grant funds be allocated for services provided through this office.

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