

Growing Older Living with Dignity

Wake County Aging Plan
2004-2008

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Executive Summary

Healthy communities must be concerned about the welfare of all of their residents, whatever their age or economic status. All of us are affected by the well-being of our neighbors, relatives, friends, and colleagues, and less directly but still significantly by the well-being of the other members of our community. While we may be reluctant to face the reality of our own inevitable aging, we are forced to confront the aging of our parents, our grandparents, our aunts and uncles, our neighbors and members of our faith communities. Before we encounter our own old age, many of us become caregivers to our older family members.

Wake County faces a significant challenge in the coming years, in the form of a rapidly growing senior population, many of whom are also economically disadvantaged. Population projections supplied by the Wake County Planning Office indicate that the over-55 population will increase 62% by 2010, and 161% by 2020, relative to year 2000 US Census data. We must prepare to deal with the needs of this population while we still have time.

In view of this challenge, the Wake County Human Services Board recognized that our county's leaders needed to join together in a collaborative and community based effort to plan for the needs of our quickly growing senior adult population. Consequently, the Human Services Board established an Aging Services Committee and charged it with the task of developing a county-wide Aging Services Plan. This committee included government, nonprofit, business and consumer representatives. This group researched the current status of services for seniors in Wake County, and assigned teams to develop recommendations in six issue areas found to be of greatest concern to our older citizens: health, personal care, safety, housing, transportation, and economic self-sufficiency.

These recommendations were designed to guide efforts to be made by Wake County governmental bodies, nonprofit agencies, private sector businesses, and the community as a whole, over the next three years, acknowledging that some goals will be ongoing over a longer period. Also, an effort was made to create recommendations that can be implemented within Wake County whenever possible, though some broader issues will require advocacy for systemic change at higher levels of government. This report details those findings.

In the area of Health, several areas of concern were identified. These included access to healthcare, prescription drugs, health promotion including physical activity and nutrition, and dementia care. Recommendations focused on increased efforts to educate the public about existing programs, as well as expanding access to care through new initiatives. A centerpiece of the committee's recommendations was the creation of a Senior Health Resource Unit which could provide information to the public on healthcare issues, coordinate community screenings, and promote fitness and nutrition programs. Significant increases in funding for prescription drug assistance programs were also seen as a critical priority.

In the domain of Personal Care, the issue team recognized the vital role played by family caregivers in providing the majority of care for our older citizens, but also acknowledged that it has become increasingly difficult for families to provide all necessary care. Major recommendations included increased funding for in-home care to assist seniors to remain in family settings, building a new adult day care center to meet anticipated demand for daytime care, and improving the quality of care in long-term care facilities for those who cannot remain at home.

The Safety team expressed concerns about consumer fraud targeting seniors, safety issues for seniors living alone, and disaster preparedness. Major recommendations included public education about consumer fraud, outreach efforts to promote safety and reduce isolation, and development of a system to identify and assist seniors and disabled citizens during natural disasters

Research into Housing issues targeted the need for a significant increase in senior rental housing availability, particularly for lower and middle-income seniors. For those seniors who own their homes, concern focused on helping them maintain the home in good repair. Recommendations included working with the private sector to encourage new construction of senior housing and reduce barriers to development of high-quality, moderately-priced housing. Continuation and expansion of programs that assist with home repair and maintenance was also emphasized.

Transportation is one of the issues most commonly cited by seniors as an area of unmet need. Seniors in Wake County encounter significant variation in transportation availability depending on where they live, and lack of transportation can mean lack of access to all the other resources our community has to offer. The Transportation team concluded that the most effective way to serve seniors was to strengthen the overall public transportation network in Wake County, which is open to all citizens. The Wake Coordinated Transportation Service (WCTS) provides a foundation which can be developed in the direction of a true universal access model. In addition, the team recommended strongly promoting volunteer transportation programs by providing additional funding and support.

Finally, the Economic Self-Sufficiency team examined the reality that a large fraction of our older adult population falls into a category whose income is too high for public benefit programs tied to the federal poverty level, yet too low to afford many of the necessities of life such as medical care, adequate housing, and good-quality long-term care. They identified financial assessment and education as important, especially for younger people who may still have time to plan for their retirement years. Education about insurance options, for both health and long-term care, was seen as another way to assist older adults to use limited resources effectively. The team also recommended strengthening programs to assist older adults who want or need to continue working.

Overall, the teams outlined an impressive range of services already being offered to the seniors in our community. A strong foundation is in place, with many public, nonprofit, and private-sector entities contributing to the structure. In some cases, expansion of existing services is all that will be needed, echoing the growth of the population. In other cases, innovative new programs will be required to meet the challenges of the coming years; often these will involve volunteers and public-private partnerships. Prevention efforts will be critical, using educational interventions earlier in the lifespan to promote personal responsibility and forestall or postpone physical and economic disability. The most troubling problem, which can neither be ignored nor completely solved, is the fact that a large fraction of our older adult population is simply unable to afford to pay for services that are essential for their health and well-being, and yet they cannot currently qualify for public assistance programs. We must find ways to address these needs in ways that are just and humane, but also economically viable for our community.

Following finalization of this plan, the formation of an ongoing public-private working group, the G.O.L.D. Coalition, is proposed. The Coalition will be responsible for monitoring and guiding the implementation of the plan over the next three years. The formation of the Coalition is a recognition of the fact that government cannot be expected to solve all problems and meet all needs, and that all members of the community must participate in finding solutions to coming challenges.

Introduction

Aging in North Carolina

According to the 2003-2007 North Carolina State Aging Plan, North Carolina “stands only a few years away from a significant demographic transition.” Currently, North Carolina is considered to be a relatively “young” state, ranking thirty-sixth among states in the percentage of the general population age 65+ (12%). However, projections indicate that 83 of the state’s 100 counties will see growth among citizens age 65+ outpacing growth for the general population from 2000–2010. Most of the “quickly aging” counties are located along the coast and in the mountains. These areas are popular retirement destinations and attract older adults who have vacationed there. Also, these areas have not traditionally offered sufficient jobs for younger adults, so many younger people have moved to more urban areas where they can find employment. By 2020, North Carolina’s population of adults age 65+ will have grown 71% from what it was in 2000, and by 2030, will have grown 129%. This projected growth is double what the state expects to see in the general population. Per the State Aging Plan, “by 2030, when the youngest of the baby boomers are 65, the state should have in excess of 2.2 million persons at least age 65, representing 17.8 percent of the total population.”

Aging in Wake County

Wake County expects to follow state trends regarding the aging of its citizens. According to the 2000 census information, Wake County had a low percentage of adults age 65+, relative to other NC counties -- 7.5% of the total population, or 46,766 people. This is a result of the large influx of younger people who have moved to this area from other parts of the state and the nation, compared to other counties where there has been a net movement of younger workers out of the county. The percentage of people 65+ is predicted to jump to 12% or 116,674 people by the year 2020, however. This represents the largest **numerical** growth for any county in North Carolina – an increase of nearly 150% relative to the year 2000 population.

According to the 2002 Community Assessment:

“Women will continue to outnumber men in the older age groups, but will account for a slightly decreasing percentage. In 1990, women made up about 61% of people age 65+. In 2000 they made up about 59%, and by 2020 it is projected that women will make up about 54% of people age 65+. This percentage change will be due to an age shift within the older population.

The population age 85 and older is currently small, but growing quickly. In 2000, Wake County had 5,072 people age 85+. By 2020, it is projected that Wake County will have 11,281 people age 85+. This group of the ‘oldest old’ will consist of the small generation born at the end of the Depression and during World War II, while the ‘young old’ (those newly entering the traditional retirement ages) will come from the baby boomers. At that time, the percentage of older adults who are in the high-risk ‘oldest old’ category will decline, only to begin growing again as the baby boomers reach the oldest ages toward the middle of this century. Because men are a larger proportion of the young old than the oldest old due to gender differences in death rates, a ‘younger’ group of elders will include more men.”

These statistics herald a dramatic change in the demands for a variety of social services in Wake County. Current resources are already strained by the senior population of today. How will we cope with a group of seniors that is more than twice as large, and represents a considerably higher proportion of the population? Failure to plan ahead will lead to either financial disaster, as more and more resources must

be devoted to services, or to human disaster, as critical needs go unmet. The effects will not be limited to the elderly -- younger citizens are heavily impacted by the strains of caring for aging parents, and caregiver stress can have significant effects on worker productivity.

These growing demands make it essential that Wake County plan and develop programs to meet the needs of the aging population. We cannot afford to wait until our human services system is overwhelmed by the tidal wave of aging baby boomers. An adequate continuum of care must be put in place to meet the needs of aging residents at all stages, from completely independent, to fully dependent on institutional care. See Figure 1.

Aging and Economic Reality

Two images come to mind when considering seniors' financial condition. One is the well-to-do retiree, living on a comfortable pension, with plenty of savings as backup, perhaps enjoying the benefits of leisure in a luxurious retirement community. The other is the poor widow, eking out an existence on a tiny Social Security check, eating one meal a day to get by, living in a tiny apartment or falling-down mobile home. In our society, both are true. As of the 2000 census, 10% of Wake County households led by people over 65 had incomes above \$100,000; on the other hand, over 12% of households had incomes below \$10,000, and an additional 17% had incomes between \$10,000 and \$19,999.

Wake County is fortunate to be one of the more affluent counties in North Carolina. In 2000, the median household income for all age groups was \$67,149. That figure was significantly lower for seniors – only \$38,960 for households led by an individual between 65 and 74, and \$30,026 for households led by someone over 75. Women living alone made up 22.5% of senior households (approximately 10000 households as reported by the 2000 census) – for these individuals, the median income was only \$18,750. Men living alone (a much smaller group) had a median income of \$22,735.

Two sets of standards are commonly used in assessing economic need, and are relevant to understanding the availability of services for economically disadvantaged seniors. First is the Federal Poverty Level, or FPL. This standard is used for many federal and state programs that provide economic assistance of various kinds. In 1999, the FPL for a one-person household was \$8350, and for a two-person household \$11,250. The 2000 census shows that 12.8% of senior households fell below the FPL in 1999. This is serious enough, yet these figures do not tell the whole story about economic strain in senior households. FPL figures apply to the entire continental US; they are not adjusted relative to the actual cost of living in different areas of the county. Furthermore, the original formula was developed in 1964 and was based on food costs; it does not take into account the relatively greater share of income that is consumed today for medical costs (especially prescription drugs) and housing. The bottom line is that those individuals who are below the FPL are by no means the only ones who are “poor” or “economically needy” in our community.

Another way of looking at economic need is to compare a person's income to the median income for the area where they live. This is the approach taken by HUD housing programs. Under the HUD definition, a “very low income” person is one whose income is less than 40% of the area median income – in 2003, this meant that anyone in Wake County with an income below \$24,950 was considered “very low income” and was thus eligible for subsidized/affordable housing. Comparison to median income provides a more realistic assessment, since it is more closely tied to local economic conditions.

It is critical to understand these standards when considering the adequacy of the programs we have available for our seniors. If eligibility is tied to the Federal Poverty Level, as it is with Medicaid and many other programs, then a significant fraction of truly needy older adults are left without services.

Figure 1: Continuum of Care for Older Adults

The Continuum is a way of thinking about the progression that older adults may experience as they move from complete independence to greater needs for assistance. Locating an individual on the continuum may help in determining the kinds of services that may be appropriate.

- Maintaining Independence
 - Employment
 - Volunteer Work
 - Church or Other Faith Community Involvement
 - Leisure Activities
 - Senior Centers
 - Elderhostel
 - Continuing Education
- Partial Support Services
 - Congregate Meals
 - Medication Management
 - Transportation
 - Emergency Response Systems
 - Telephone Reassurance
 - Socialization for Isolated and Homebound
 - Home Modification
 - Support Groups
 - Subsidized Housing
 - Assisted Living
- Dependent Care Services(In-Home)
 - Companions
 - Home Health Aides
 - Nursing
 - Adult Day Centers
 - Care Management
 - Respite
 - Hospice
 - Home Delivered Meals
- Dependent Care Services (Financial and Protective)
 - Advance Directives: Living Wills and Healthcare Power of Attorney
 - Guardianship
 - Powers of Attorney
 - Estate Planning
 - Adult Protective Services
- 24 Hour Care
 - Full-time in-home care
 - Assisted Living
 - Nursing Home

This does not mean that their need is not extreme, and it certainly does not mean that they can pay for vital services out of pocket.

Why write an Aging Plan for Wake County?

The 2002 Wake County Community Assessment recognized that “While various agencies have attempted to respond to this increase in demand for services, there is no overall study of the problems associated with the growth in the senior population nor is there an overall strategic community plan to meet the needs of this group.” The plan described in this report attempts to address this deficiency.

The goal of the process was to “To develop an Aging Plan for Wake County that will decrease duplication of efforts, enable more effective use of resources, and minimize fragmentation for the senior consumer”. Particular emphasis was placed on developing cost-effective and coordinated strategies to meet the growing needs of our seniors and family caregivers; developing appropriate long-term care services, and creating a consumer-centered long-term care system.

Source Materials

The issues addressed in the Wake County Aging Plan were developed after a year of study by the Aging Committee. Several sources were used and then cross-checked to help identify the most important issues. The main sources of information included the Elder Readiness Environmental Scan, the 2002 Wake County Community Assessment Report, the 1999 Community Assessment of Wake County and finally the Aging Committee’s SWOT Analysis (Strengths, Weaknesses, Opportunities, and Threats) and complementary Critical Issues Analysis. Supplemental information on unmet needs was obtained from Resources for Seniors’ Information Department , which provides a comprehensive Information and Referral service for seniors, and keeps statistics on call topics and whether callers’ needs could be met with existing community resources.

Elder Readiness Environmental Scan

In March 2003, Wake County’s Elder Readiness Environmental Scan was completed by the planning committee. The Scan was modelled on the 2002 Elder Ready Communities Report Card prepared by the Florida Department of Elder Affairs for rural elders, well elders and frail elders. The Scan resulted in a 58-page document that attempted to identify the community’s current resources to assist in serving older adults. Information was gathered from a variety of sources from providers to government data. The Scan captured information in the following areas: general community central services and infrastructure, access to services, health and wellness, housing, transportation, quality of life, services, and support groups.

Another component of the Environmental Scan consisted of focus group interaction. During the same period in 2003, a total of 14 focus groups were held across Wake County. Their purpose was to help identify community concerns and resources in Wake County related to senior issues and to identify factors that affect the quality of life of seniors living in Wake County. Thirteen of the focus groups were conducted with seniors in ten different Wake County towns and one additional pilot group was made up of a mix of providers, caretakers, and citizens. Each of the participants was asked to respond to the same 15 questions. The results were collected and tabulated both by question and by community.

2002 Wake County Community Assessment

Wake County Human Services, along with community partners, conducted a community-wide assessment between April and December 2002. The assessment was developed to help the Wake County community identify health-related status, concerns and resources; report findings to citizens and

community agencies; and help develop a community-based action plan to address identified concerns. The Community Assessment report includes sections devoted to health in the aging population of Wake County and services for adults.

1999 Wake County Community Assessment

Prior to the 2002 Assessment, a community assessment of Wake County was conducted in 1999. The assessment was prepared through a partnership between Wake County Human Services and the United Way of Wake County. The goal of the study was to identify assets and needs in order to improve the quality of life in Wake County. Several members of the current Aging Planning Committee were actively involved on the 1999 Assessment process. Perspectives from citizens, businesses, religious community, civic organizations, students, parents, law enforcement, educators, and governmental organizations were represented. In addition to a critical review of current and relevant reports, data was also collected through a series of focus groups and randomized telephone surveys. An entire chapter of this assessment was devoted to aging issues in Wake County. Other sections also deal directly with issues identified by the current Aging Plan.

SWOT Analysis / Critical Issues Analysis

The SWOT Analysis (Strengths, Weaknesses, Opportunities, and Threats) and complementary Critical Issues Analysis was completed by the full Planning Committee during the period March 17 – April 21, 2003. The process reviewed the following critical issues: transportation, long-term care, senior activity centers, physical activity, information sources, prescription drugs, disaster preparedness, safety, meals / nutrition, legal services, affordable housing, access to grocery stores, substance abuse, the cost of living, abuse and neglect, consumer protection, caregiving, and healthcare.

Within each issue the group identified existing strengths, weaknesses, possible opportunities, and threats that may exist. Each critical issue was evaluated with respect to regarding timeliness, impact, feasibility, timeframes, and innovation. The eighteen critical issues were finally grouped into six core issues to be addressed with the Aging Plan. The core issues were:

- Health Care & Wellness
- Economic Self-sufficiency
- Personal Care
- Transportation
- Affordable Housing
- Safety

A team was assembled to review each area and make recommendations. These issue teams included a variety of community partners, representing governmental entities, nonprofits, and the private sector, with consumer involvement whenever possible. Teams were charged with assessing current resources, identifying needs, and making recommendations for action.

Issue teams were asked to consider services in light of:

- **Existence** (Are services available?)
- **Adequacy** (Are services in sufficient supply?)
- **Accessibility** (How obtainable are services to those most in need?)
- **Efficiency/Duplication** (How reasonable are service costs and are there possible ways to streamline services?)
- **Equity** (How available are services to those in need without bias?)
- **Effectiveness/Quality** (How successful are these services in addressing client's needs?)

In making recommendations, teams were asked to consider goals that are relevant to the quality of life for older adults in Wake County as a whole, including not only governmental bodies, but private for-profit businesses, nonprofit organizations, volunteers, and the community at large. Teams sought to describe the resources that we would like to see in Wake County, and then looked for specific ways to move toward those goals. Whenever possible, recommendations are focused on ways to enhance and strengthen existing services with the most efficient use of resources. In some cases, very specific strategies and timelines could be recommended; in others, more work remains to be done to explore the issue and find specific ways to address it. Acknowledging that many of the deficiencies observed are inherent in policy and funding choices that have been made at the federal and state levels, we have attempted to outline ways to begin to deal with these issues on a local level, even as advocacy efforts must attempt to influence policy higher up.

The issue teams reported their findings and recommendations to the larger committee, and those reports were carefully reviewed and integrated to form the basis of this plan. Where additional information became available after the team process, this has been integrated, and where important topics appear to have been omitted, additional recommendations have been added. Some sections have been rearranged to keep related topics together (e.g., nutrition recommendations, issued by the Personal Care team, appear in the Health section because they most closely relate to health promotion issues.) Personal vignettes that appear in each section are based on real callers to the Resources for Seniors Information Department, and were selected as illustrations of significant issues that arise repeatedly for Wake County's seniors and their families.

Health

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Miranda Strider-Allen, Senior Center Director, Resources for Seniors, Inc.

Alan Kronhaus, owner, Physicians Making Housecalls

Willie Mae Prescott, consumer

Key Issues

Access to Healthcare

A recurring theme throughout the process was that senior adults in Wake County are concerned about remaining independent as they age. A strong component of independence was the ability to access affordable health care.

“My mother is moving to the Raleigh area to live closer to me because of her health. I’ve called 25 doctors and none of them are accepting new Medicare patients. What can we do? Her health is fragile and she can’t get along without a primary physician.”

Wake County is fortunate in having high-quality healthcare resources available, with three hospital systems and numerous physicians in a variety of specialty areas. Nonetheless, a major concern expressed in senior focus groups and recognized by the Aging Services Committee was the lack of access to affordable healthcare. The key to this apparent paradox lies in the sources of funding for seniors’ care. Both

Medicare and Medicaid place strict limits on physician reimbursements for medical services, well below rates paid by private insurers; as a result, many physicians have either declined to see Medicare and/or Medicaid patients altogether, or have limited the number of these patients in their practice.

Consequently, seniors may have a very difficult time finding a physician who is open to new patients.

Wake County also has a significant group of seniors who are uninsured or underinsured. Although the median retirement age is 62, Medicare coverage does not begin until age 65. Thus, seniors who retire earlier may experience years during which they have no health coverage at all. Unless they are able to access coverage through a former employer, individual coverage may be nearly impossible to obtain at an affordable price, especially if there are pre-existing chronic medical conditions such as heart disease or diabetes.

“I retired at 62 for health reasons, but I’m too young to get Medicare. Private insurance would cost me over \$500 a month, which is half of what I get from Social Security. Right now I’m just hoping I don’t get sick.”

Even if they have Medicare, most seniors find it necessary to carry a “Medigap” policy -- a private insurance plan which covers the deductibles and coinsurance amounts that are not covered by Medicare. These supplemental plans can cost hundreds of dollars a month in some cases, making them out of reach

for many low- and moderate-income seniors. The Medicare-Aid program, an extension of Medicaid, pays deductibles and copays for a small group of seniors whose financial resources are just above Medicaid limits, but eligibility requirements are very restrictive.

Transportation issues also present barriers to care. “Great advances in healthcare mean little to those who can’t access them. The Medicare program’s restrictions on transportation expenses have resulted in reduced access to medical services and preventative care, increased use and expense of emergency room care and the unintended consequence of isolation for seniors on fixed incomes” (*Community Transportation Association of America Magazine, Volume 20, Number 6*).

Prescription Drugs

“I get \$1400 a month from Social Security, but my medications cost over \$900 a month. They say my income is too high for Medicaid, but if I pay for all those medications, I can’t pay for my mortgage, utilities, and food. I have to choose between medicine for my cholesterol or my high blood pressure or my arthritis. ”

Based on focus group results, an extremely pressing issue of concern for seniors is the cost of prescription medications. Medicare provides no prescription coverage at this time, and Medigap policies which include real coverage are usually prohibitively expensive. Medicare Reform legislation recently passed by the federal government promises some limited coverage, but full benefits will not begin until 2006.

Even then there will be significant gaps in coverage. In the meantime, many seniors face impossible choices between paying for medicines and paying for other basic needs such as food and shelter.

Health Promotion: Physical Activity and Nutrition

Healthcare includes not only access to doctors and medicines, but also access to services that promote health and prevent disease. Practicing a healthy lifestyle with regular physical activity, healthy eating, and avoiding tobacco can prevent much of the illness and disability associated with age and chronic disease. Physical inactivity can increase a person’s risk of heart disease, colon cancer, diabetes, and hypertension. In contrast, regular exercise is known to contribute to healthy bones, muscles, and joints; help relieve the pain of arthritis, and reduce symptoms of anxiety and depression. Only 25.5% of North Carolinians age 65 or over meet the recommended level of exercise (30 minutes of brisk walking five times per week. Individuals must take responsibility for making these kinds of lifestyle changes for the sake of future health and well-being.

Good nutrition is also critical. Many older adults have difficulty preparing adequate meals as they encounter increasing physical limitations. Furthermore, special dietary requirements can force changes in the eating habits of a lifetime, making it even more difficult for seniors to eat right. The maintenance of good nutritional health is essential to the prevention or delay of chronic disease and disease-related complications, and quality of life for older adults.

Several studies have linked poor nutrition to various health consequences such as diminished immune response, longer hospital stays and more frequent readmissions, impairment in physical and cognitive function, and increased severity of disability.

“My father can’t cook for himself anymore. He gets Meals on Wheels, but that’s only once a day and not at all on weekends. I’d hate to see him have to go into assisted living just because he can’t cook.”

Health Promotion: Influenza and Pneumonia Immunizations

Pneumococcal pneumonia, which is a bacterial infection, is a leading cause of preventable death among those age 65 and older. It is blamed for up to 45,000 deaths each year in the United States, and approximately 50 percent of these deaths can be prevented through the use of a pneumonia vaccine. One pneumonia vaccination protects most people for many years, however, a booster may be recommended for those at higher risk. Medicare pays for the pneumonia shot every five years.

Influenza is another major health risk for older people and those with weakened immune systems. Flu shots are recommended annually, because the predominant strains of the virus change from year to year. Medicare will pay for annual flu shots.

Dementia Care

One of the most vulnerable groups of seniors are those with dementing illnesses, which include Alzheimer's Disease, Parkinson's Disease, multi-infarct (stroke-related) dementia, and a number of other syndromes. Approximately 10% of the over-65 population, and 40-50% of the over-85 population suffer from dementia of some kind. The North Carolina Division on Aging estimated that there were 2,774 individuals living in Wake County in 2000 with mild, moderate, or severe cases of Alzheimer's disease. Since adults are living longer and longer, more and more individuals are expected to be diagnosed with Alzheimer's disease some time during their lives. Alzheimer's disease is the most common cause of severe progressive loss of recent memory and thinking ability in previously well middle age and older adults. These individuals present huge challenges to their families, caregivers, care facilities, and the community at large.

To live with damaged thinking and judgment is to live at risk. Individuals suffering from dementia cannot predict outcomes of their actions or evaluate risks. They can become lost, ill from exposure, dehydrated, malnourished or become easy prey for exploitation. They can be convinced to sign things they don't understand, buy things they don't need, give money away, and be sexually abused. They can succumb to self-neglect or die from neglect by others. They can choke on food and fall easily. An adult who suffers from Alzheimer's disease must be supervised constantly and evaluated for risk. Even in the best of circumstances, protection or anticipation of risk is not always possible.

Existing Resources and Challenges

Access to Care

As noted above, Wake County does have a large number of practicing physicians. Medicare's website (www.medicare.gov) provides a means to search by specialty and location for physicians who are signed up to accept Medicare payments. This database currently lists 17 physicians who specialize in geriatric medicine, 398 in internal medicine, and 230 in family or general practice. (Note: there may be overlap in these groups, as physicians can list more than one specialty.) The problem is that this database does not include information as to physician availability. Many of the doctors listed are not currently accepting new patients, leading to a frustrating experience for a consumer seeking a new doctor. There is no centralized local information source that tracks physician availability.

For seniors who are not yet Medicare-eligible and do not qualify for Medicaid, there are no available resources to assist with purchasing health insurance. These individuals must either spend a crippling fraction of their income on private coverage, or go without. Needless to say, if they do become ill, they face financial disaster and place great strain on public health resources. The Open Door Clinic in Raleigh, operated by Urban Ministries, does provide some healthcare services for these clients with no insurance, but availability is limited.

Prescription Drugs

For seniors who can meet the stringent eligibility requirements of Medicaid, up to 6 prescriptions per month are covered, with a modest copay. For those whose incomes exceed Medicaid guidelines, the only state-sponsored assistance is the NC Senior Care program, which is limited to a maximum benefit of \$600 per year and does not include all medications; also, at present this program is only funded through 2005. Some seniors who are veterans have access to prescription coverage through the VA; however, this benefit can be difficult to access and there are extensive wait lists. Some seniors have coverage through health insurance programs linked to their former employers; trends suggest that these benefits are vulnerable to reduction or disappearance as retirement benefits are being modified by many companies.

Resources for Seniors' MEDS program has been very successful in assisting low-income seniors to apply for free medications offered through pharmaceutical companies' Patient Assistance Programs. The program serves Wake County seniors who do not have any prescription coverage and have incomes less than or equal to 150% of the federal poverty level. In addition to prescription access, the program also provides medication evaluation and education services. During fiscal year 2003-04, the program is on track to provide approximately \$250,000 worth of free medication to Wake County seniors. Unfortunately, due to limited funding for staff, this program is able to address only a fraction of the demand, leaving hundreds of vulnerable seniors on waiting lists for assistance.

The FIGS (Filling in the Gaps) program, a nonprofit service funded by community contributions and administered through Wake County Human Services, provides essential one-time medication assistance, but cannot provide ongoing assistance for routine medications. Other sources of short-term assistance include samples obtained from physicians, and emergency funds provided by church or community groups. A variety of other small programs exist, but overall the need remains unmet for most seniors.

Health Promotion: Physical Activity

Seniors can participate in healthy exercise and physical activities in a number of environments such as neighborhood groups, church programs, YMCA, YWCA, City of Raleigh Senior Programs, hospital-based fitness classes and memberships in private fitness clubs. Wake County seniors are fortunate in that there are five full-service senior activity centers located in Raleigh, Garner, Wake Forest, Wendell, and Cary. At each of these Centers, numerous fitness, exercise, and health and wellness programs are offered daily at little or no cost to the senior. The survey and focus group results indicated that Senior Centers offer many types of activities designed to help senior adults remain healthy and active. Focus group participants reported that they enjoy those activities but note that the centers do not attract the younger and more active seniors.

The focus groups also agreed with survey results that senior centers are well distributed through the County; although group participants would like to have a senior center in every community. Holly Springs, Apex, and Fuquay-Varina have no senior centers, and Raleigh, despite its size and recent growth, still has only one for the entire city. One of the biggest barriers to the access and utilization of the physical activities and health and wellness programs, at the centers and elsewhere, is the lack of affordable transportation. Additional centers would bring programming closer to participants, making it more accessible to many.

Health Promotion: Nutrition

Providing meals to older adults in group settings and individual homes is the primary focus of the Elderly Nutrition Program in Wake County. Meals on Wheels of Wake County, Inc. has efficiently operated the large congregate and home delivered meals program in Wake County for thirty years.

The senior nutrition program serves hot nutritious meals to older adults, many of whom are at moderate to severe risk of malnutrition. In Wake County, 51% of clients receiving home-delivered meals are at high risk of malnutrition. These services are more than a meal and include related services including nutrition screening, education and counseling.

The eight congregate meals programs across Wake County offer older adults opportunities for social interaction, mental stimulation, and informal support. The home-delivered meals program allows volunteers who deliver meals an opportunity to check on the status of the homebound older adult and to help Meals on Wheels alert appropriate agencies if additional assistance is needed. Referrals are frequently made for transportation, in home aides, home modification, and food assistance programs such as food stamps.

Currently there is inadequate funding for the meals program to meet the needs of Wake County's seniors. Meals on Wheels provides one hot meal per day, five days per week, but many vulnerable older adults need more than this. In addition, home-delivered daily meals are not available in all areas of the county. In some areas, only frozen meals are available, while in other areas there is a waiting list for home-delivered meals due to the need for additional volunteers. Also, although volunteers have the opportunity to observe and make referrals for seniors who are in need, Meals on Wheels currently has no in-depth case management capability for those clients who need ongoing assistance.

On a positive note, Meals on Wheels and the InterFaith Food Shuttle are engaged in a collaboration that will result in a state of the art meal preparation site. This will enhance the congregate and home delivered meals programs, and make frozen meals, fresh produce, hot meals and shelf-stable meals available to more adults in Wake County.

Health Promotion: Influenza and Pneumonia Immunizations

Fewer than two-thirds of the nation's senior citizens are getting vaccinated against flu and pneumonia - well short of the government's goal of 90% by 2010, the U.S. Centers for Disease Control and Prevention (CDC) reports. In a 2001 survey of nearly 40,000 elderly people by the CDC, only about 65% said they had received a flu shot in the preceding year, and only 60% had ever received a shot against the most common form of bacterial pneumonia. According to the most recent data available (year 2000), Wake County had 47% influenza vaccination coverage for individuals over 65 years influenza vaccination coverage for individuals aged ≥ 65 .

Dementia Care

Wake County has some excellent local resources to assist patients and families who are dealing with dementia. The Eastern North Carolina Chapter of the Alzheimer's Association is located in Raleigh, and provides essential education and support services for patients and families. Specialized dementia evaluation is available from clinics at Duke and UNC-Chapel Hill, and professionals such as social workers and nurse practitioners offer assistance with behavior management and care issues. A number of the local long-term care facilities offer specialized dementia care units which seek to provide the added security and individualized programming needed to maintain quality of life for these patients.

Significant gaps in service still exist, however. Most Alzheimer's patients are cared for at home, or in long-term care settings that are not specialized for their needs. In many facility settings, they are housed with younger adults suffering from chronic mental illness; this is frequently problematic due to the very different needs and behaviors of these two groups. When behavioral crises arise, as they often do, dementia patients may simply be sedated or restrained, because the care providers are not sufficiently trained to do otherwise and there may not be a trained professional available to come to the home or care

facility. If the crisis becomes severe, the dementia patient may be transferred to a hospital setting for stabilization; unfortunately, Wake County lacks a geriatric care unit that can provide this specialized care. Such hospitalizations may also be very traumatic for both patient and family.

Goals

Wake County older adults will have improved access to affordable medical care, health insurance, prescription drug assistance, and health promotion programs. Patients and families dealing with dementia will have access to improved quality of care.

Strategies

Accessible and Affordable Healthcare

1. Explore ways to extend Medicare-Aid coverage to more low-income seniors
2. Explore the possibility of sponsoring an affordable Medigap program for those who cannot qualify for Medicaid or Medicare-Aid
3. Explore ways of offering at least minimal catastrophic health coverage to those between 62 and 65, and those disabled people who are not yet eligible for Medicare.
4. Create a Senior Health Resource Unit to provide information for consumers and health providers. This unit would collect and maintain a database of physicians who are accepting new Medicare/Medicaid patients, as well as maintaining information about other healthcare and health promotion resources such as screenings and physical activity programs. It could also provide information and education regarding advance directives.
5. Increase availability and accessibility of community health care by partnering with private-sector organizations to offer comprehensive screenings and education in locations such as pharmacies and senior centers. A Mobile Unit, including a physician, could provide these services at different locations throughout the county.
6. Increase public awareness of health care information resources, through advertising and public information campaigns.
7. Work with area transportation providers to address the issue of adequate transportation to healthcare resources.

Prescription Medications

- 1) Build upon existing MEDS program at Resources for Seniors, to substantially increase the number of individuals who can obtain medications through Patient Assistance Programs.
 - a) Increase staff to screen clients, process medication applications, and provide medication education
 - b) Recruit additional physician volunteers
 - c) Recruit volunteers to deliver medications
 - d) Increase public awareness of program through media, physician and pharmacist education, and direct outreach
- 2) Advocate for continued funding for the NC Senior Cares program.

Health Promotion: Physical Activity

- 1) Increase public awareness of existing physical activity programs. These activities could be carried out by the Health Resource Unit described above.
 - a) Develop a resource guide that lists all available physical activity programs in Wake County
 - b) Market existing programs through inserts in telephone or electricity bills
 - c) Educate physicians about available programs
- 2) Make physical activity programs more accessible to more seniors

- a) Develop or enhance programs offered through local churches, YMCA/YWCA, community recreation centers, etc.
- b) Provide more evening programs for working seniors.
- c) Use college interns and volunteers to extend program staff and offer more programs
- 3) Encourage greater participation in physical activity programs
 - a) Create an incentive program for seniors who participate
 - b) Implement creative programs like Senior Marathon to engage seniors' interest
- 4) Maintain and enhance existing senior centers and their health promotion programming.
- 5) Explore the possibility of developing additional senior centers in Raleigh and outlying communities.

Health Promotion: Nutrition

- 1) Maintain funding for Meals on Wheels' current level of service.
- 2) Work toward additional funding to allow provision of added services including:
 - a) Weekend and/or evening meals for high-risk clients
 - b) Enhanced follow-up and, where needed, full case management services

Health Promotion: Influenza and Pneumonia Immunizations

- 1) Increase rates of influenza and pneumococcal immunizations among seniors by:
 - a) Partnering with Project DIRECT, Community Initiatives, the medical community, and other community organization that serve seniors
 - b) Increasing provider knowledge of groups at risk for flu and those for whom flu vaccination is recommended.
 - c) Encouraging providers and patients to remind each other about flu and pneumonia vaccination

Dementia Care

- 1) Develop a mobile team for crisis intervention when senior and disabled adults are in need of behavioral intervention.
- 2) Develop capacity at local hospital for inpatient care to stabilize persons with dementia/Alzheimer's disease outside of mental health setting.
- 3) Separate persons with Alzheimer's disease from those with mental illness in care settings.
- 4) Staff and train social workers in gerontology to understand and meet the needs of dementia/Alzheimer's persons in their places of residence.

Personal Care

Contributors

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Key Issues

Many older adults will face the need for assistance with activities of daily living at some point in the aging process. In some cases, physical disability will necessitate help with tasks such as meal preparation and housekeeping, or personal care such as dressing. For others, memory loss or other cognitive disability may require that they have constant supervision and structure to ensure safety. When these disabilities occur, seniors are faced with difficult choices.

When possible, most seniors prefer to remain in their own homes and take care of their own needs. Their next preference is for family caregivers to provide assistance, and in fact the majority of care is still provided by family. While families may be willing, it has become increasingly difficult for family caregivers to meet the needs, as more women are working outside the home, and more families are dependent on having two incomes. Also, families are increasingly split geographically, so that caregiving must take place at a distance. When family members are not available or not able to provide the necessary care, individuals may seek out paid assistance in the home.

The least-favored and most-feared option, for most people, is institutional care in assisted living or nursing home settings. A relatively new option, which provides a middle ground between independent living and institutional settings, is the adult day care center where seniors and other disabled adults may receive daytime care in a group setting.

“On Monday, my mother is being released from the hospital after a minor stroke. The doctors tell us that it is not safe for her to live alone any more because of memory loss. My siblings and I all work full-time. We can take care of her at night, but she’ll be alone during the day. What can we do?”

Existing Resources and Challenges

Wake County has a variety of services available to people who need personal care beyond what can be provided by family caregivers. 48 agencies offer in-home services ranging from skilled therapies to personal care aides and homemakers. Ten adult day programs serve those who need care during the day in a group setting. 29 assisted living facilities, 27 family care homes, and 16 nursing homes accommodate those who need care in an institutional setting. As usual, the greatest variety, choice, and quality of care is available to those who have the financial resources to purchase care privately. This is a

situation where the services are present in the community, but are not accessible to many people because of cost.

In Home Care

There are two broad levels of in-home care needs among seniors. First in the continuum of care is the level at which the senior begins to have difficulty with tasks such as housecleaning, meal preparation, and grocery shopping, whether due to physical or mental limitations. Such “homemaker” or “companion” services are available from private agencies or individual workers at a cost of approximately \$10 -15 per hour. There is no public funding currently available to subsidize these specific services in the absence of higher-level care needs – because of limited resources, public funding for in-home care is currently prioritized for clients who also have personal care needs. Clients who cannot afford private duty services can seek volunteer assistance from the Center for Volunteer Caregiving, but there are not enough volunteers available to meet the need.

At the next level of care, the senior is having difficulty not only with the home-maintenance tasks described above, but also with personal care needs such as bathing and dressing. There are some publicly-subsidized programs to provide such care, but they are desperately inadequate.

If the senior qualifies for Medicaid, they are eligible for Personal Care Services (PCS) or the Community Alternatives Program for Disabled Adults (CAP/DA), depending on their level of care needs. These services allow seniors whose income is below the poverty level to receive the care they need.

However, if the senior's income is slightly higher, so that they do not qualify for Medicaid, their options are much more limited. Medicare provides very limited, short-term in-home care under very specific circumstances, but offers virtually no long-term in-home care. Funding from the Home and Community Care Block Grant (HCCBG) and from Wake County (Wake Independence at Home) provides services to a limited number of seniors on a voluntary cost-share basis. However, waiting lists for these services currently exceed **two years**, due to limited funding.

In practical terms, this means that many seniors have no option but to consider institutional placement, since their income, while too high for Medicaid, is not even close to sufficient to pay for services out of pocket. Current rates for private-duty in-home care from home care agencies are averaging \$15-17 per hour. For a senior with an income of \$1000 a month, purchasing care equivalent to that offered by the Medicaid PCS program (60 hours per month) would cost at least \$900 a month -- 90% of their total monthly income!

Adult Day Services

Adult day care was identified through the scan and critical issue analysis as a cost-effective component of the continuum of care, serving as an alternative to institutional care for a growing number of both older adults and adults with disabilities. Adult day services are able to accommodate adults age 18 and over, accommodate both cognitive and physical disabilities, offer a required staff to participant ratio of 1:6 for Day Health services, offer complete personalized care, including assistance with Activities of Daily Living such as toileting, ambulation, eating, etc., offer skilled nursing level care with an LPN or RN on staff, and offer respite and support to the family caregivers of their participants.

Day services are able to provide both social and health care options to participants and their families and are more cost-efficient than many other community-based programs and services. Private fees for

service range from \$35-\$55 per day depending upon the level of care, and a variety of public funding sources can also be accepted.

Wake County's aging population (age 55 and older) is projected to grow by 135% by the year 2020. From October 2002 until October 2003, the Total Life Centers, six certified adult day services sponsored by Resources For Seniors, Inc., have experienced an increase of 13% in average daily attendance. This was in addition to an 8.5% increase from FY 2001-2002. At the current rate of growth, the Total Life Centers will be at certified capacity by October of 2006. In order to continue serving the same percentage of Wake County residents, at least four additional adult day services must be built, each with a certified capacity of 50, to accommodate the expected growth of seniors in Wake County by 2020.

The recent changes in fire, building, and sanitation codes for Adult Day Services, which went into effect in 2002 and 2003, severely restrict opportunities for growth in the adult day service industry. Historically, adult day services in North Carolina were able to open a new service by sharing space in an existing local church or community building. With the new codes for fire and sanitation, an adult day service certified with the capacity to maintain growth percentages equal to Wake County's need (50) requires a sprinkler system and a commercial grade kitchen. Due to these two requirements, opening an adult day service in a local church is no longer feasible. The best option to serve the growing needs in Wake County would be a state-of-the-art purpose-built adult day center.

Long Term Care Facilities

Although many long-term care facilities provide high-quality care, concern about conditions in long-term care facilities underlies much of seniors' fear regarding placement. There is a need for greater public involvement and awareness of long-term care issues, and improvements in communication between facilities and residents and their families.

Funding for long-term care is another major problem. In the institutional setting, the state/county Special Assistance program helps low-income individuals pay for assisted living care. For those who do not qualify for Special Assistance, there is no financial help whatsoever available to pay for assisted living care. Since the income cut-off for Special Assistance (currently \$1127.50) is significantly lower than the private-pay cost of care in even the most modest facilities (\$1500-2000), there is a group of people whose only choices are to remain in community settings where they have insufficient care, or to try to qualify for a higher, nursing home level of care where they can receive Medicaid benefits. Unnecessary placements in nursing homes not only deprive seniors of the least-restrictive level of care, but are also an avoidable strain on public finances.

Personal Care Workforce

Quality of care is another serious concern. Much of the direct care in either home or institutional settings is provided by Certified Nursing Assistants (CNAs). These workers do the physically-demanding and often unpleasant work that is essential to providing direct care. Though critical to the quality of life of our seniors, their wages are low and they receive little recognition for the importance of their work. Not surprisingly, there is a high rate of turnover (greater than 100% per year in some settings) in these positions and a constant need for new workers. This turnover is a problem for both employers and care recipients.

“My mother lives in an assisted living facility. It's a nice place, and she enjoys the other residents and the activities that are offered. But the CNA's are constantly changing. Just when she gets comfortable with one, and they learn the ropes, they leave. This is really hard on her because she needs a lot of personal care and it's tough having strangers helping her with her bath and other personal things.”

Goals

Wake County's senior citizens will have access to high-quality care in settings appropriate to their needs. When possible, individuals will be offered assistance allowing them to remain in their homes, avoiding premature institutional placement. Sufficient resources for adult day care will provide a middle ground, supplementing the care provided by family caregivers. Increased public involvement in and awareness of the long-term care system will promote higher-quality care in institutional settings. In all settings, improved quality of care will be built on the foundation of personal care aides who are adequately compensated for their work and recognized for their importance.

Strategies

Home Care

- 1) Substantially increase county funding for in-home care, while requiring at least 75% of services to be provided on a mandatory cost-share basis. Each recipient would be required to contribute according to their income in order to receive services.
- 2) Provide increased financial and institutional support for volunteer services that assist clients with "homemaker" level care. The Center for Volunteer Caregiving is an existing program that could benefit from additional support.
- 3) Work with the Senior Employment Program (Title V) to develop a program to match healthy seniors who want to work, with other seniors who need light-duty in-home "homemaker" or "companion" assistance.
- 4) Advocate for expansion of the Special Assistance In Home Care demonstration project, to include seniors with incomes up to 150% of poverty level.
- 5) Support continuation and expansion of the CAP/DA program, and advocate for more rational Medicaid deductible rules, to allow more individuals to use the program as an alternative to more expensive nursing home care.

Adult Day Care

- 1) Support and promote adult day care services as a viable alternative to institutional care and supplement to in-home care.
- 2) Maintain and if possible increase county funding to assist lower and middle income clients with the cost of adult day services.
- 3) Build a comprehensive, multipurpose adult day care center with the capacity of serving both seniors and younger disabled adults (MR/DD). This center would provide 50 additional adult day care slots.

Long Term Care Facilities

- 1) Establish an ongoing workgroup of staff, advocates, and service providers to define, address, and make recommendations related to long term care issues.
- 2) Develop and implement an annual County Commissioner-endorsed event to recognize best practices in nursing homes and assisted living facilities in Wake County.
- 3) Establish an annual dialogue between county commissioners and representatives from the county's Nursing Home and Assisted Living Community Advisory Committees.
- 4) Promote increased membership on the Community Advisory Committees.
- 5) Increase volunteer opportunities in long term care settings including nursing home, assisted living and home and community based care.
- 6) Promote and provide technical assistance to family councils in long term care facilities.
- 7) Continue to provide and expand promotion of web-based consumer information about long term care facilities in Wake County.

- 8) Develop and promote a model family orientation package to be used after admission of a resident in a long term care facility.
- 9) Explore ways to provide financial assistance for those individuals who need assisted living care but do not qualify for Special Assistance.

Personal Care Workforce

- 1) Increase available workforce of qualified, certified nursing assistants (CNA) and personal care aides (PCA).
 - a) Assess workforce needs of hospitals, home health agencies, assisted living, nursing homes, and hospice.
 - b) Assess current training capacity for CNAs and PCAs
 - c) Seek ways to increase training capacity to meet workforce needs
- 2) Improve retention of CNAs and PCAs
 - a) Promote recognition of top aides by trainers, employers, and county government
 - b) Advocate and promote a living wage for all long term care and home health personnel.
 - c) Provide increased continuing education opportunities for aides.

Safety

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Key Issues

Consumer Protection

Senior adults represent 30% of all scam victims. They are often targeted because of their likeliness to have cash on hand, their vulnerability to high-pressure sales tactics and willingness to help those in

“I just found out that my mother’s bank account has been emptied. A man showed up at her door one day offering to do some work on her house. He kept expanding the work he said needed to be done, and kept demanding more money to buy materials. Now he has disappeared and Mom’s money has gone with him.”

need. Women age 70+, who live alone, are specifically targeted for scam operations. Most at risk are women whose husbands traditionally handled household bills, repairs and other business. Unfortunately, the concept of victimization is new to many seniors who grew up in an era where doors were not locked and preying on vulnerable citizens was shameful. The reality of being scammed is difficult for senior adults to accept. Victims are often ashamed for not recognizing the scam, and,

consequently, do not tell anyone it. The result is that the crime goes unreported. The loss of money, life savings, or home, can be devastating to an older person who has no means to replace their losses.

Safety at Home

Seniors, especially those who are disabled, often become isolated in their homes due to lack of mobility or lack of transportation. Isolation puts them at risk for illness, accidental injury, depression, abuse, exploitation, and crime.

“Dad lives alone and has no close neighbors. He has a heart condition and he has fallen a couple of times. I travel a lot for my job, and I’m terrified that something will happen to him when I’m away. He could lie there for days before someone found him.”

Elder Abuse

Abuse and neglect of elderly and dependent adults is a growing concern nationally and in our local community. Elder abuse is often a crime. The abuser can be a family member, a friend, caregiver or others. Abuse and neglect can come in many forms:

Abuse—is the willful infliction of physical pain, injury, mental anguish, unreasonable confinement or willful deprivation by a caregiver of services that are necessary to maintain the disabled adult’s mental or physical health.

Self Neglect—is the inability of a disabled adult living alone to care for his/her basic needs in order to maintain mental and physical health.

Caretaker Neglect—is the failure of the caretaker to provide services necessary to maintain the physical or mental health of the disabled adult.

Exploitation—is the illegal or improper use of the disabled adult or his resources for another’s profit or advantage.

Abusers are often individuals who are experiencing overwhelming stress such as financial problems, drug abuse, alcoholism, or chronic mental and medical problems. Many times, abusers are dependent on their victims for financial support. Typical victims of abuse are elderly adults who require special assistance to remain in the home. The abuser generally lives with the victim and is a loved caregiver or relative.

Disaster Preparedness

Natural disasters such as hurricanes and ice storms are near-annual occurrences in our community, and we need to be prepared to respond to them appropriately. Many older and disabled adults suffer even more than other members of the community when a disaster strikes, because of lack of mobility, physical limitations, health conditions, and economic insecurity. A minor problem, such as a branch that falls across a driveway, may be an inconvenience for a younger person, but a serious, even life-threatening situation for someone who is physically limited. Loss of electricity can be a calamity for someone relying on an oxygen generator.

“During the ice storm last year, my power was out for three days. People said I should go to a shelter, but I’m confined to bed most of the time and I knew they couldn’t take care of me at the regular shelters. I just stayed in bed under the blankets, but if it had gone on much longer I would have been in trouble. What can I do next time?”

Existing Resources and Challenges

Consumer Protection

According to the NC Division of Aging website, “The North Carolina Senior Consumer Fraud Task Force was established in 1998 by the Office of the Attorney General, the North Carolina Division of Aging and AARP to fight consumer fraud that targets seniors in our State. Federal, state and local law enforcement, consumer networks, crime prevention agencies and the state’s aging network have formed an alliance to take action against consumer fraud.” The task force provides e-mail alerts to members of the aging services network and the media, to educate the public about possible scams and other consumer fraud.

The Consumer Protection division of the Attorney General’s office is also available to assist consumers who have complaints about possible fraud, identity theft, or other issues. There is an ongoing need to educate the public, and particularly vulnerable elderly, about such threats.

Safety at Home

The Wake County Sheriff’s Department has recently started a program called Citizen Well Check, which provides an automated daily check-in phone call, with provisions for a live follow-up if there is an indication of a problem. The Center for Volunteer Caregiving, in cooperation with Resources for Seniors, provides Friendly Visitors and Telecare volunteers to visit or call isolated elderly or disabled individuals. Hopeline provides a similar telephone reassurance service with volunteers. These programs are limited largely by public awareness and by the availability of volunteers.

A number of companies offer Personal Emergency Response Systems, which use a pendant-mounted “panic button” that a senior can use to initiate a call for help in the case of a fall or other accident that prevents them from getting to the phone. These systems can provide an extra safety net for a senior who lives alone or is home alone all day. Prices range from \$30-35 per month, with initial installation charges from \$15-60. However, Medicare and Medicaid do not cover these devices and even this relatively modest expense can be prohibitive for very low income seniors. WakeMed sponsors the Wakelink program through its Home Care division, and is able to provide some limited assistance for indigent clients; however the need is much greater than the available funds.

Wake County Human Services’ Adult Protective Services division receives and investigates reports of abuse or neglect of adults. However, their mandate limits their intervention to situations in which abuse or neglect has already occurred. This leaves many vulnerable elderly at risk.

Disaster Preparedness

According to the Environmental Readiness Scan, Wake County falls short when it comes to providing disaster shelters for adults with special needs. While the county has the capacity to open 5 shelters for the general population in various schools during events such as hurricanes, ice storms, floods, chemical spills, nuclear power plant accidents etc., it has no identified shelter sites for adults with special care needs. Since the county experiences weather-related emergencies almost annually, it is imperative that we address this void in community preparedness. Currently, during emergency events, many senior adults contact the Wake County Emergency Operations Center asking for assistance in obtaining medical supplies, medications, portable generators to operate medical equipment, etc. These needs are met on an individual basis whenever possible. If a senior adult with special needs must evacuate his/her residence and relocate, however, there is currently nowhere for the adult to go other than a local hospital. During emergency events, hospital resources need to be reserved for true medical emergencies.

In addition, Wake County does not currently maintain a registry of senior adults with special care needs. The benefit of such a registry would be in the help it would provide in locating sites for special needs shelters, and in identifying specific individuals most vulnerable and at-risk during emergency situations.

The Community Emergency Response Team (CERT) program helps train people to be better prepared to respond to emergency situations in their communities. When emergencies happen, CERT members can give critical support to first responders, provide immediate assistance to victims, and organize spontaneous volunteers at a disaster site. CERT members can also help with non-emergency projects that help improve the safety of the community. CERT training includes disaster preparedness, disaster fire suppression, basic disaster medical operations, and light search and rescue operations. Further development of this resource could be very beneficial to the well-being of our senior population.

Goals

Seniors will have protection from consumer fraud/scams directed at a vulnerable population. Residents of Wake County will have higher awareness of consumer fraud, to enable them to be watchful for exploitation of seniors and other vulnerable groups.

Seniors will have access to programs aimed at reducing their social isolation. Seniors and disabled adults will be able to feel safe and free from abuse and exploitation in their place of residence.

In the event of natural or other disasters, disabled seniors and other vulnerable groups will have access to a special needs shelter that can accommodate their needs better than standard emergency shelters. Seniors will also be better informed and prepared to safely shelter at home.

Strategies

Consumer Protection

- 1) Support the Senior Consumer Fraud Task Force, and enhance the existing information and referral system to increase availability of information about current scams and consumer fraud.
- 2) Educate the public as a whole about how to detect and prevent consumer fraud.
- 3) Investigate the feasibility of financial institutions monitoring seniors' bank accounts and notifying appropriate persons (e.g., family members) when large sums of money are withdrawn.
- 4) Support and encourage the use of existing legal aid resources, including legal services and education.

Safety at Home

- 1) Support, publicize, and increase participation in the Citizens Well Check Program.
- 2) Work with churches and existing neighborhood groups to enhance community watch or "buddy system" programs that can watch out for vulnerable individuals.
- 3) Support volunteer programs such as the Center for Volunteer Caregiving which provide volunteers to relieve social isolation and assist with transportation to social activities.
- 4) Provide a source of public or donated funding for personal emergency response systems to allow isolated low-income seniors to call for help. Since the per-person costs are relatively low, this might be effectively done through an "adopt-a-senior" program.

Disaster Preparedness

- 1) Support the development of a special needs shelter
- 2) Design and seek funding for a "shelter kit" which would help seniors to safely shelter at home during a natural disaster, if they were unable to get to a group shelter.
- 3) Support and increase participation in CERT
- 4) Develop an aging distribution system to support CERT. This system would identify and register individuals who may need help during natural disasters and agencies or volunteers who can provide assistance.
- 5) Organize a system to use Human Services staff, Meals on Wheels volunteers, churches, and other volunteer organizations to provide assistance during a disaster situation.

Housing

Contributors

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Key Issues

According to the 2003-2007 North Carolina Aging Services Plan, 31% of our state's homeowners are age 60 and older; yet, among older homeowners, over 76,000 reported incomes for 1999 that were below poverty level. Among renters age 65 and over, 53% or almost 48,000 spent more than 30 percent of their household income on rent according to 2000 Census information. Furthermore, almost 5,000 North Carolina homeowners and renters age 65 and over lack complete plumbing facilities in their homes.

The 1998-1999 Community Assessment Report for Wake County found that: "Wake County's housing costs are among the nation's highest. A serious shortage of affordable housing exists for people with very low incomes. A significant number of people in Wake County must pay a disproportionate percentage of their income for housing, leaving little for food, utilities, transportation, medical care, and clothing. Many people live on the edge: a single financial crisis – perhaps an illness or losing a job – often leads directly to eviction and homelessness." The 2002 Community Assessment reported little improvement. "Rents and home prices are rising significantly faster than income in Wake County. Between 1990 and 1998 incomes have risen 34% while home prices have risen 52% and rents have risen 57%. If these trends continue, the relative affordability of housing in Wake County will continue to decline." This statement has even more impact when you consider that incomes for people over 65 have increased even less than those of the general public.

"My husband and I owned a lovely home, but since his death I can't afford to make the mortgage payments without his income. I only get \$1100 a month and our payment is \$600. What can I do so I don't lose my home?"

Seniors own their own homes in greater proportions than the population overall -- the homeownership rate for people over 65 in Wake County is 81% compared to 66% for the total population. However, many senior adults who own their own homes struggle to make needed home repairs and modifications because they are on fixed incomes. Consequently, repairs are either not made or must wait for extended periods of time until community service agencies can provide assistance. Property taxes may also be a burden for many senior homeowners since their property values have increased dramatically while their incomes have not.

One of the fifteen Focus Group questions posed to senior adults as part of the Elder Readiness Environmental Scan asked what they would like to change to make their communities more senior friendly. The second most frequent response seniors gave was "affordable senior housing".

Housing for seniors not only needs to be affordable – it also must be located in such a way as to allow access to available services. It has been noted that “... even in urban areas, many older people do not live close to existing bus lines, and thus are ineligible by reason of geography for any special services that exist” (*The Mobility Needs of Older Americans*, The Brookings Institution Center on Urban and Metropolitan Policy). This problem is even more acute in the smaller towns and unincorporated areas of Wake County, where public transportation is either limited or nonexistent.

Existing Resources and Challenges

Wake County is fortunate in having a number of subsidized and affordable rental housing complexes specifically for senior adults, located in Raleigh, Wake Forest, Fuquay-Varina, Holly Springs, Wendell, Garner, Apex, Zebulon and Cary. Subsidized units are those where rent is based on the senior’s income and is limited to no more than 30% of adjusted income; government subsidy makes up the difference.

“Affordable” units have rents which may be somewhat below market rates but which are not adjusted based on the renter’s income; these rents range from about \$400-600 a month for one-bedroom apartments at the present time. Both subsidized and affordable apartments require that the tenant’s income is below established limits; these limits are typically 40-60% of county median income. While there are approximately 1300 units of subsidized housing and 924 units of affordable housing for seniors, demand still exceeds supply, as shown by the fact that many complexes report that they have wait lists for openings. Wait lists of six months to as long as two years are typical. With the anticipated growth of the senior population, this problem can be expected to increase unless a significant number of new units is built.

“My mother’s income is only \$650 a month – there’s no way she can afford \$550 a month to rent an apartment. But waiting lists for subsidized apartments are months long.”

Based on the projected growth of elderly and assuming one to two persons per household, we estimate that the total need for affordable rental units is as follows:

- *An additional 1,468 units by 2010 (or an average of 147 new units/year);*
- *An additional 2,262 units by 2020 (or an average of 226 new units/year)*

This translates to a total number of 3,730 additional affordable rental units between now and 2020. The need for additional affordable units is greatest for elderly persons with very low incomes (less than \$20,000/year). This translates to rental units costing less than \$500/month, including utilities (e.g., rents less than \$375/month; utilities less than \$125/month).

Section 8 Housing Choice vouchers allow eligible low-income seniors to access a wider variety of housing options; unfortunately, the demand for these vouchers far outstrips supply and wait lists are 3-4 years at present. Wake County Housing Authority has recently stopped even accepting new applications for the wait list.

Seniors with higher monthly incomes, or significant assets, have additional housing options. Independent living rental retirement communities provide apartment or cottage living with supportive services such as meals in a common dining room, housekeeping, laundry and linen service, activities, and transportation. This type of housing can provide a transitional phase between fully independent living and assisted living. Unfortunately, there is no equivalent resource for seniors of more modest means, and no public assistance to help with costs. The subsidized and affordable apartments discussed

above all require that the tenant is fully independent and able to prepare meals, clean the apartment, access public or private transportation, etc.

For seniors who own their homes, maintaining the home in good repair can be a major challenge due to physical limitations and financial constraints. Wake County's seniors can receive assistance with minor home repairs related to health and safety through Resources for Senior's Housing and Home Improvement Department. These repairs are provided on a sliding-scale basis, with the homeowner paying a percentage of the cost depending on their income. Volunteer programs can also assist with painting and other minor repairs. For more major repairs, loan and grant programs are available through the City of Raleigh, Wake County, and the USDA.

Weatherization and heating unit repair/replacement are available through the Weatherization Assistance program administered by the NC Office of Economic Opportunity and currently carried out by the Johnston-Lee-Harnett Community Action Program. Clients accessing this program must have incomes below 150% of federal poverty level, making it unavailable to a number of low-to-moderate income senior households.

Additional areas of unmet need, according to Resources for Seniors Information Department, include assistance with yard work, tree removal, and clean-up of storm debris. Low-income seniors must rely on family, neighbors, and other volunteer resources for these tasks.

Seniors who own their own homes and have significant equity accumulated may be able to use reverse mortgages to allow them to access their home value while they remain in the home. These specialized loans, designed for "house-rich, cash-poor" individuals over the age of 62, can provide either monthly income or a line of credit that can be used for any purpose. Mandatory, third-party counseling is provided to ensure that homeowners understand the program adequately and have considered all other available options before committing to a reverse mortgage. This counseling is available from Resources for Seniors. Several major lenders actively market reverse mortgages in Wake County.

Low-income senior homeowners can benefit from the state's property tax exemption program. For eligible seniors, property taxes are reduced by up to 50%. However, this benefit is only given to those who apply, and many homeowners are not aware of this program.

Goals

Wake County seniors will have access to high-quality affordable housing throughout the county. Senior homeowners will be assisted to remain in their homes, with programs that help with home repairs and modifications.

Strategies

Homeowners

- 1) Increase public awareness of existing programs that assist with home repairs and upkeep.
- 2) Increase funding for existing programs that assist with home repairs and upkeep.
- 3) Publicize the property tax exemption program through an insert in all property tax bills.
- 4) Bring program administration for the Wake County Weatherization Assistance Program and the Heating Appliance Repair and Replacement Programs funds back to an agency physically located in Wake County.
- 5) Work with the Center for Volunteer Caregiving to increase availability of volunteer assistance with yardwork and home maintenance needs.

- 6) Explore the creation of innovative programs for seniors who are “overhoused” (single person living in a 3-4 bedroom house) and having difficulty meeting expenses. One possibility would be a shared housing program where homeowners could be matched with people seeking housing.
- 7) Promote balanced, objective public information on the uses of reverse mortgages.

Renters

- 1) Expand rental housing opportunities for the elderly, with emphasis on building new units of affordable housing to meet anticipated demand due to population growth.
 - a) Explore and catalogue available financing for development of additional units of senior housing. Make this information readily available to community partners who would like to invest in senior housing.
 - b) Advocate for increased funding for Section 8 Housing Choice vouchers.
- 2) Examine developmental/planning/regulatory initiatives to increase housing affordability and type. The Wake County Growth Management Strategies, adopted in 2002, list the following that can help the development of affordable housing for elderly.
 - a) Infill Development
 - i) Adopt downtown/area plans
 - ii) Remove zoning impediments to infill development (e.g., “granny flats”)
 - iii) Adopt standards for desirable infill developments
 - iv) Public investment
 - b) Adopt regulations and incentives to create more diverse communities
 - i) Adopt mixed-use development regulations and incentives
 - ii) Adopt inclusionary housing ordinances and fair share agreements;
 - iii) Adopt affordable housing incentives.
- 3) Promote public understanding of available housing options.
 - a) Create a simple guide to housing options including cost and qualification issues
 - b) Provide education on housing options
- 4) Establish innovative partnerships and programs that diminish income barriers to quality housing at all levels.
 - a) Determine interest level of business community in Wake County
 - b) Convene steering committee consisting of interested business partners and key community agencies.

Transportation

Contributors

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Key Issues

According to an American Association of Retired Persons research brief, “transportation is an essential part of the community infrastructure that individuals need to gain access to the goods, services, and social contacts that support their day-to-day existence and quality of life.” Transportation equates to mobility, independence, self-sufficiency, accessibility and safety. Transportation enables many senior adults to live independently and to stay connected with family, friends, and community resources.

The 2002 Wake County Community Assessment identified the need for expanded public transportation as the number one economic issue for community residents. Transportation is of particular concern to citizens who cannot afford their own cars or who do not drive because of disability. Many of these individuals lack sufficient access to the opportunities our communities have to offer, because there is no reasonable transportation alternative available to them. Of particular concern is the lack of transportation in the smaller townships of Zebulon, Wendell, Wake Forest, Garner, Apex, Holly Springs and Fuquay-Varina. Even in Raleigh, affordable senior housing locations are not always served by public transportation.

“Dad has been getting more and more erratic in his driving – two accidents in the last 6 months. We’d really prefer that he stop altogether, but how will he get to the store, doctors’ appointments, and so on without his car?”

When Focus Group participants were asked about services needed to maintain independence, quality of life, and a senior friendly environment, transportation emerged as one of the top five responses to all of those questions. When seniors were asked to evaluate how well public transportation connects them to community resources, the overwhelming majority of seniors responded that transportation either does not exist or exists in such limited capacity that community resources are still difficult to access.

“I’d be grateful for any help with transportation, but where I live there’s no bus service. What will I do when I can’t drive anymore? I can’t afford to take a cab everywhere!

The North Carolina Statewide Needs Assessment Study, NCDOT 1996, found that 77% of statewide unmet transportation needs are held by elderly or disabled persons. The study projected a need for 385,416 senior trips annually

in Wake County. Resources for Seniors reports that transportation ranks highest on a list of unmet needs, based on consumer requests on the Information and Assistance line.

Existing Resources and Challenges

Seniors in Wake County have widely varying access to public transportation, depending on where they live. The most comprehensive system is found in Cary, and the most limited options are in Garner and Apex and the more rural parts of the county.

General Purpose Public Transportation

Cary: The C-Tran system offers a model for senior-friendly transportation services. Subsidized by the town of Cary, it provides transportation to all Cary residents, within the city limits of Cary for any purpose, and outside of Cary for medical and employment destinations. Prices are reasonable and service is door-to-door.

Raleigh: Capital Area Transit System (CAT) currently provides 18 fixed bus routes in Raleigh, 7 fixed CAT connector routes, and 1 demand responsive service zone. Seniors may purchase bus passes at a discounted rate. For those who are unable to use the buses to reach their destination, and who have given up their driver's license, CAT offers Accessible Raleigh Transportation (ART), which provides door-to-door cab services on a subsidized basis (roughly half-price). A more limited ART program provides additional subsidy but has more restrictive eligibility criteria. The main limitation of the ART system is that of cost – even half-price cab fare is far beyond the means of many older Raleigh residents. In addition, the service is limited to destinations within the Raleigh city limits.

Rural Wake County: Seniors in some parts of the county may use the county-subsidized TRACS system, designed to bring public transportation to the more outlying areas of the county. Similar to the Cary C-Tran program, this system provides door-to-door transportation at a reasonable cost, to destinations within the service area. It can be used for any purpose. However, it is limited to two days a week, and the service areas do not include all parts of the county. In particular, most Apex and Garner residents, and many northwest Wake residents, remain unserved by this system, due to restrictions imposed by the funding source.

Limited Purpose Transportation Services

Wake Coordinated Transportation Service (WCTS):

Administered by Wake County, this system coordinates transportation services for a number of different agencies and programs, including the following senior-specific programs. WCTS contracts with transportation vendors, and provides centralized scheduling through its Transportation Service Center. The transportation services provided are paid for through a variety of sources and agencies.

Resources for Seniors Medical Transportation Program: This program provides transportation to medical appointments only, for seniors and disabled individuals who live in the more rural areas of the county (outside Raleigh and Cary), and who have no other means of transportation. Cost is reasonable, and the service is door-to-door, with handicap-accessible vehicles available. Due to limited funding, usage is currently limited to approximately two round-trips per month per client. Destinations must be within Wake County.

This service is funded as part of the Elderly and Disabled Transportation Assistance Program (EDTAP). The *North Carolina Statewide Needs Assessment Study, NCDOT 1996* recommended increasing the annual statewide EDTAP funding from \$3M to \$12.9M to cover the relative share of un-served non-program related transportation needs statewide. The statewide allocation was increased to \$5M and remains at that level for fiscal year 2005. Additionally, Wake County does not receive an allocation of these EDTAP funds for the seniors living in our incorporated areas.

Medicaid Transportation: Administered by Wake County, as part of the Medicaid system, this program provides free, door-to-door transportation, to medical appointments only, for people who have full Medicaid coverage.

Nutrition Transportation: Administered by Resources for Seniors, this program provides transportation to Meals on Wheels-sponsored group meal sites for the noon meal. It is available to Wake County residents over the age of 60 who live within 5 miles of one of the established sites.

Nutrition-related Transportation: Administered by Resources for Seniors, this program provides scheduled grocery-shopping trips on a twice-monthly basis to seniors living in a number of subsidized/affordable senior apartment complexes, mostly in Raleigh.

Private Transportation Resources

A number of companies offer door-to-door transportation services, ranging from traditional taxi companies to services offering a personal escort to medical appointments or other destinations. These are valuable resources, but they are cost-prohibitive for many older adults.

Volunteer Transportation

A great deal, probably the majority, of seniors' transportation assistance is provided on a volunteer basis, whether by family members, friends, neighbors, church members, or other community groups. The primary organized volunteer group offering transportation to the general senior population is The Center for Volunteer Caregiving. The Center presently employs one part time transportation coordinator who works with 500 volunteers and produces 3000 round trips annually.

Goals

Seniors in all parts of Wake County will have access to affordable general purpose transportation to enable them to get to medical appointments, shopping, senior centers, physical activity programs and social activities.

Strategies

Universal Access Design

First, it was recognized that the lack of mobility and access to the opportunities our communities have to offer is a growing problem not just for seniors, but for many others. In addition to the elderly, the lack of public transportation resources disproportionately affects the low-income and disabled members of our community. Therefore, the committee recommended lending support to the development of a Universal Access Design model for Wake Coordinated Transportation Service (WCTS). This means advocating for and working to build a system that serves all of those in need of mobility, rather than being designed to be exclusive for one population. Moving the WCTS towards a Universal Access Design would allow the WCTS to meet more transportation needs while minimizing increases in overhead.

Specific strategies to move WCTS in this direction include:

1. Enhance the WCTS' capacity to provide trips for multiple purposes
 - a) Use new technologies to provide more efficient dispatching, scheduling, and trip-sharing.
 - b) Seek additional funding for the TRACS programs, to allow service on more days in the areas covered by these programs.

- c) Advocate for a change in the state’s EDTAP funding allocation so that the WCTS could serve seniors living in incorporated and urban areas without reducing the per-capita funding available for those living in rural areas of the county. The resultant additional operating funds would allow the WCTS to provide more seniors with services.
 - d) Advocate that the state fully fund the EDTAP program at the levels identified in the 1996 Statewide Needs Assessment Study, and advocate for an update of that study to take account of more recent demographic changes. Again, this would increase available funds.
 - e) Advocate to the Governing Board of the Triangle Transit Authority (TTA) that the TTA coordinate their efforts to plan transportation services closely with the WCTS. The WCTS recognizes opportunities to partner with the TTA to reach more of the transportation-disadvantaged across Wake County. The TTA is able to acquire funding from all of the residents of Wake County, and working with WCTS would assure that more of those residents are served.
- 2) Continue the movement of the WCTS towards a “brokered” service design in which multiple vendors contract to provide transportation services under the WCTS umbrella. Brokering services takes advantage of the resources already available in our communities and reduces the need for grant funding for county-owned vehicles.
 - 3) Improve the WCTS transportation service center’s ability to manage an increased volume of telephone requests for services. This process is already underway.
 - a) Monitor call volumes and service quality
 - b) Increase staffing as needed to maintain a high level of customer service.

Volunteer Transportation Resources

To address seniors’ needs in a more immediate and direct manner, the committee also recommended developing enhanced volunteer transportation resources. An adequate volunteer transportation network would complement the WCTS program and take advantage of the existing resources in our community without incurring much of the operating costs associated with contracting with private vendors. The WCTS could broker services with a volunteer transportation network by referring trip requests as appropriate.

Since The Center for Volunteer Caregiving is an existing volunteer network successfully providing transportation in Wake County, it is recommended that this program be enhanced and supported by Wake County. Specific strategies include:

- 1) Increase staffing to recruit, train and coordinate transportation volunteers
- 2) Explore the creation of a pooled insurance program that would serve to protect volunteers from personal liability under their vehicle insurance.
- 3) Explore the possibility of leveraging reduced rates for auto maintenance among local businesses, as an incentive for volunteers.
- 4) Take advantage of opportunities to seek grant funding and coordinate volunteers from the private sector. Many businesses seek to be good community partners and have volunteer programs available to assist those in need. Once such model is the IBM “On-Demand Community” initiative.
- 5) Explore the potential of modeling self-sustaining volunteer programs, such as the Independent Transportation Network (ITN, Inc.) that now operates in Portland, Maine, and soon to be operational in Richmond, Virginia. In this model, volunteers are able to “bank” credits based on the time that they volunteer and access these credits later when they are in need themselves.

Economic Self-Sufficiency

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Key Issues

The need for economic self-sufficiency underlies many of the concerns addressed previously. Older adults worry that they won't be able to pay for health care, buy medications, pay their rent, access good-quality in-home and long-term care, get transportation to the grocery store, and so on. In many cases, they worry with very good reason, since their incomes have increased far less quickly than the costs of healthcare, housing, and so on. Social Security benefits average only about \$900 a month, and annual increases in recent years have barely kept pace with the increases in Medicare premiums that are deducted from Social Security checks.

Even for those who have earned good incomes throughout their working lives, retirement can present unexpected challenges. Many Wake County seniors saw their dreams of comfortable retirement slip away in the last few years due to stock market losses. Funds which were supposed to last for many years can quickly disappear in the face of high costs for long-term care and healthcare. Seniors faced with the task of investing their last major resource – often the proceeds from the sale of their home – confront a bewildering array of options and a lack of unbiased assistance. Long-term care insurance offers an option that was not available in the past, but policies vary and available coverage is constantly changing as this market evolves.

“My mother is selling her home in Wilmington and moving to Raleigh to live nearer me. She needs advice about how to use the proceeds of her home sale. Would it be better to buy another house, or to invest the money and rent a house or apartment? Her monthly income is only \$650 – could she be eligible for any public assistance for things like her medications? How would the money from the house affect her ability to get help? Who can we go to for answers to questions like these?”

Due to economic challenges, many seniors are choosing to continue working past 65, or return to the labor market to supplement their Social Security benefits. Yet employment for older adults can be difficult to find, with some employers reluctant to take on an older worker or to invest in training. Even if blatant age-discrimination is not present, seniors are often at a disadvantage because they may lack the technology skills and confidence to compete in today's tight employment market.

Facing the harsh reality of limited, fixed incomes and rising costs, many seniors turn to governmental agencies seeking assistance. Then these people, most of whom have worked throughout their lives and have never asked for a handout, face the bitter truth that government-subsidized assistance is only available to those even poorer than they are. Unable to buy their medication, unable to pay for home care, unable to afford assisted living care, they are told that their income is “too high” for them ever to

qualify for assistance – and yet they have no hope of being able to pay for these services out of pocket. The system is, in many cases, all or nothing – significant benefits available to those in the very lowest income categories, and nothing at all for those whose income is just a little higher.

Existing Resources and Challenges

Financial Assistance

Many programs exist to provide a basic level of support to those who are in the very lowest income categories – Supplemental Security Income provides cash benefits for those whose income is below \$552/month, while Medicaid, Food Stamps, the Low Income Energy Assistance Program and others serve those with incomes up to about \$750 a month. The problem is that these income levels do not begin to approach what is needed to provide a basic, decent standard of living. And if an individual's income is even \$1 too high, there may be no benefits at all, or benefits so reduced as to be near-meaningless. As a result, there is a large group of our senior population who will never qualify for public assistance, and yet will never be able to manage the costs that they face on a daily basis. Our system fails these people utterly.

Financial Planning and Insurance

For those who do have resources, there is no shortage of estate planning attorneys, financial planners, and other investment professionals who are eager to assist them in selecting investments, purchasing long-term care insurance, and arranging their estates. Yet even here there is a perceived lack of objective information from someone who has no vested interest in the outcome. Where can a person of modest means go to receive this kind of help? How can people learn the skills they need to manage their money for financial independence?

Consumer credit counseling services exist in Wake County, and part of their function is to provide budget counseling and education about the appropriate use of credit. However, in practice, at most agencies the focus appears to be placed on debt management programs that consolidate credit card payments. This is due in part to limited funding for other financial education services. Triangle Family Services offers a financial literacy education program, targeting teens as well as adults.

In the health insurance arena, the Seniors Health Insurance Information Program, sponsored by the NC Department of Insurance, fills much of the need, with a volunteer-driven program that provides objective, comparative information about Medigap policies. Education regarding long-term care insurance is also beginning to be available, though it is less well-developed, partly because that industry is changing more rapidly and is less regulated.

Employment

For seniors who are seeking employment, one program that can help is the Senior Employment Program, funded through the federal Older Americans Act, Title V. This program is targeted toward very low income individuals who have been out of the workforce and need to acquire job skills to become competitive in the labor market. It provides subsidized part-time employment opportunities and training, with the objective of transition to full competitive employment within a limited period of time. However, it offers no assistance to seniors who are seeking higher-level employment or already have job skills. Other programs include the JobLink center which offers assistance with job-seeking skills and technology

“I’m 69 and in good health. My Social Security income is not enough for me to live on, and I would like to work, but I’m having a lot of trouble finding a job. It seems that employers don’t want to hire older workers.”

resources; and the Employment Security Commission. Neither of these programs offer any services targeted specifically to the employment needs of older adults.

Goals

Wake County residents of all ages will have access to help to effectively plan for their long term financial independence. In addition, seniors will have access to senior-specific assistance and support in the employment process, through enhancements in existing programs and initiation of new services where needed. Senior/disabled adults will understand their insurance coverage needs, and the products and benefits available to them.

Strategies

Financial Counseling

- 1) Establish a service where financial assessment/counseling services are provided without regard to ability to pay. This would involve assessment of the individual/couple's financial situation and a plan for the future and would not involve selling products or services.
 - a) Prepare a business plan that would focus on revenue sources to fund this service, with the goal of it being financially viable within 3 to 5 years.
 - b) Implement a marketing and public awareness plan to consistently advertise the availability of this service throughout Wake County.

Insurance

- 1) Enhance resources for information and counseling, working with the existing SHIIP system and coordinating with the financial assessment/counseling program above.
- 2) Design a coordinated effort to educate community about benefits, coverage needs and products and services available. Targeted unreached groups should include:
 - a) Caregivers
 - b) Current employees planning for retirement.
 - c) Rural seniors
 - d) Financially independent adults
 - e) Public agencies/school systems.
 - f) Non or limited English speaking populations.
- 3) Seek opportunities to partner with organizations already engaged in advocacy efforts in order to effect changes in accessibility of medical care, funding of long term care, etc.

Employment

- 1) Promote public awareness of existing programs (Job Link, Wake Tech, etc.) and benefits of hiring older workers
- 2) Work within the existing Job Link program to enhance services for seniors
 - a) Modify Job Link Online to match employers interested in older workers with job hunters
 - b) Develop workshops and classes targeted toward older adults, to address skill and confidence deficits.
 - c) Recruit volunteers to work one-on-one with seniors at JobLink to help them learn to use computers and internet resources.
- 3) Hold Senior Job Fairs to bring employers and potential employees together

Conclusions

There is a growing recognition that immediate action is needed to prepare for the coming increase in our aging population. Our current generation of senior citizens wants affordable, high-quality, consumer-driven services that will enable them to maintain their quality of life as they age, and the coming baby-boom generation of seniors will certainly want no less.

Several common themes emerge from the recommendations offered by the issue teams. First, it is clear that the issues under consideration affect not only seniors, but also younger disabled people, family caregivers, anyone who has an older relative, friend, or neighbor, and indeed all of us who are on our way to becoming seniors. (And who among us is not??) Many services provided to seniors can also benefit the younger members of the community; health promotion and transportation services are obvious examples. Second, it is apparent that we must begin to address these issues earlier, not just when people turn 65. In many cases, education and planning earlier in life could prevent some of the problems faced by older adults.

Public Awareness and Education

It is clear that, in some cases, the problem is not lack of services, but lack of knowledge. In some areas, services exist, but lack of public awareness limits their utilization. Even among the “insiders” represented on the issue teams, it was clear that there was initially a lack of awareness of a number of programs that are currently in place. Much more work is clearly needed to educate both seniors and the general public about what services are available and how those services can be obtained. Seniors need to know how to find appropriate housing, where to go for physical activity programs, what the options are for home health care, how to get a break on their property taxes, etc.

Ironically, one place where public awareness appears to be needed most is with regard to information/referral programs themselves. Repeatedly, team members expressed the desire for a centralized information source where seniors could go to receive information and education about resources in the community. A strong foundation for this resource actually already exists, in the form of the Older Americans Act-funded Information and Assistance program at Resources for Seniors, which maintains a comprehensive resource database and produces both printed and web-based service information. Raising public awareness about this service should be an early priority in implementing the plan. Further enhancements, such as the Health Resource Unit envisioned in the Health team’s recommendations, and the financial education component of the Economic Self-Sufficiency team’s plan, could broaden and deepen the scope of the program and lead to the creation of a truly one-stop resource center.

Planning and Prevention

In some cases, a more extensive process of education is necessary – not just showing people where to find tools, but teaching them how to use those tools. Examples here include financial planning for independence in retirement, and health promotion including diet and exercise. These are areas where the work must take place long before the individual turns 65, to produce benefits in later years. We must do more to encourage individuals to think ahead and take personal responsibility for the choices they are making and the results these choices will bring for their future. Creative cooperation with many other programs and agencies outside of the “seniors-only” arena, as well as schools and businesses, will be critical in making headway on these goals.

Economic Needs

Information and education are vital, but our work must go beyond these areas if we are to meet the needs confronting us in the coming decades. We can provide information, but if we do not back it up with concrete resources that are available in sufficient supply, it will not be enough. The bottom line is money. As is true in our society at large, there is ample evidence of economic inequality in our senior population. While some seniors have ample retirement funds and substantial assets, many others rely solely on a meager Social Security benefit, with no savings to fall back on when unexpected expenses arise.

This leads to a situation in which there are ample resources available for the few who can afford them, some for those who are extremely poor, and little or nothing for those in between. This is true in healthcare, in long-term care, in housing, etc. Somehow, our society must find ways to address the needs of this large group of people, who in their working lives made up the backbone of our community.

Strengthening Support for Existing Programs

For the most part, this plan does not envision creating sweeping and expensive new programs. In many cases, the issue teams noted that programs are already in place to partially meet the needs of seniors. One of the most efficient ways to increase availability of services is to enhance existing resources, by providing additional funding, re-orienting priorities, or seeking volunteers to extend staff. Instances where teams identified successful existing programs that could use additional support in order to more effectively meet needs included prescription drug assistance (MEDS program), in-home care (Wake Independence at Home program), transportation (WCTS), nutrition (Meals on Wheels), and volunteer services (Center for Volunteer Caregiving).

Volunteer Programs

The magnitude of the challenges our community is facing in the coming decades means that government resources will certainly not be sufficient to meet the needs of our seniors. There is no doubt that the community as a whole must become involved and work together in order to find creative solutions. This means a dramatic increase in volunteer involvement will be necessary. The issue teams envisioned volunteer participation as a possible source of services in a number of areas including transportation, in-home assistance, and disaster preparedness.

Public-Private Partnerships

Another way of extending public resources is to form partnerships with private enterprises that have an interest in the outcomes. For instance, the demand for new senior housing will certainly be filled by private corporations, whether for-profit or non-profit. However, government assistance will be needed to make this possible, by providing tax incentives, rent subsidies, and zoning allowances. In another example, both the long-term care industry and the public sector have an interest in increasing the supply of high-quality healthcare personnel; there are a variety of ways in which they can work together to make this possible.

Advocacy at Higher Levels of Government

Many of the systems that affect Wake County's older adults are controlled at the level of state or federal government and thus cannot be directly changed at the local level. Nonetheless, it is imperative that we advocate for changes in these systems where they affect our residents. Therefore a number of the recommendations made by the teams involve advocacy. Examples include advocating for modification of Medicaid eligibility and deductible rules, for extension of the NC Senior Care prescription drug program, for increased EDTAP funding for transportation, and so on.

On the Horizon

We recognize that recommendations put forth in this Plan will impact needs that currently exist, but do not speak to all issues that will significantly affect our county's senior adults over time. We are cognizant of some of these looming issues but expect that others will also surface. Within the next decade, the Aging Services Plan will probably incorporate and address recommendations to impact the following challenges that will emerge: 1) unique needs of an aging Latino population, 2) questionable availability of social security benefits and private pensions for baby boomers, 3) fiscal, social and emotional impact of increased longevity due to improvements in medical care, 4) effects of governmental changes to existing Medicare and Medicaid programs.

As other issues become apparent, they, too, will be examined and addressed as part of the county's ongoing commitment to assure that our community is a safe, healthy and friendly place for senior adults and their families to live.

The G*O*L*D Coalition

The changes advocated in this report are recommendations for Wake County as a whole – for our citizens, churches, community groups, businesses, and nonprofit organizations – not just for our government. Certainly, governmental entities will play an enormous and essential role in addressing these issues, but we must, as a community, take responsibility for our collective quality of life, not just assume that “government will take care of it.”

For this reason, we propose an ongoing process in which a coalition can be formed, bringing together individual citizens along with representatives of the business and nonprofit communities, in cooperation with our human service system. This coalition would be charged with the responsibility of amplifying, implementing, and monitoring the progress of the recommendations made in this report. We acknowledge that this plan is simply a rough sketch of what might be; their job will be to draw the detailed blueprints and serve as general contractors. Beginning with the plan as a foundation, the coalition will create action plans and specific timelines for implementation of the plan's proposals, in cooperation with community partners and citizens. Part of their charge will be to keep the Wake County community informed about both the successes and the setbacks they encounter.

Coalition Responsibilities

1. Identify **funding**, when practical, for implementation of the Plan's recommendations;
2. Serve as **advocates** for the older adult and disabled community
3. Serve as advisors for the **allocation of funds** from the Home and Community Care Block Grant
4. Provide an opportunity for easy **feedback** from the older adult and disabled community
5. Amplify, implement, and **monitor progress** of recommendations included in the Plan;
6. Create **action plans** and **individual timelines** for implementation of plan components
7. Review, monitor, or assess **outcomes** of a particular program or program plan;
8. Cooperate with community partners and citizens and provide a means for **involving people** who are willing to give very critical assistance, but have limited time;
9. Provide **technical expertise** as a resource to Wake County by obtaining input from service providers, older consumers and their families, and providing consensus on various issues that may come before them.
10. **Gather input** from or serve as liaison with relevant constituencies;
11. Build a corps of **outside, experienced experts** whose interest and support are important;

12. Provide an independent, unbiased **sounding board**.
13. **Inform Wake County** and the community of successes and setbacks in the implementation of the Aging Plan.

Next Steps

Before implementation of any plan can begin, we will need to put the plan out to the community for comment. We hope to disseminate it as widely as possible, through community forums, distribution to organizations and businesses, and general media coverage. We will want to know what we have left out, what others see that we have not, so that we can incorporate as many perspectives as possible in the final plan. In the process, we also hope to find concerned members of our Wake County community who want to work with the GOLD Coalition, to help assure that the plan becomes more than just words on paper. We hope that the plan itself will become an avenue for some of the increased public awareness that will be necessary if our community is to meet the challenges of the coming years.

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