

Supporting the Independence of Eastern Panhandle Seniors
“and in the end it’s not the years in your life. It’s the life in your years.” A. Lincoln
Report from the UWEP Community Solutions Council For Independent Seniors

Situation

“All ... individuals have to cope with the well recognized problems and illnesses associated with growing old ... treatable or relievable problems and illnesses are unrecognized and/or imperfectly addressed, and effective preventive measures are not implemented. But in addition, their care and well being, and indeed their quality of life, is frequently impaired by such issues as lack of nearby younger family members (or lack of any younger individuals to help - paid or unpaid), poor access to transportation, non-availability of many services ..., as well as a lack of knowledge of the potential for interventions, medical care and support services, and, underlying all, the poverty that so often accompanies rural living.” (WVU Center on Aging Report on Best Practices)

Challenges

(WVU Center on Aging Report from the 2000 Census)

Senior population increasing:

Similar to overall state statistics, the Eastern Panhandle population is growing older in absolute numbers and relative to the total population. During the decade of 1990-2000, the portion of the population 65 and older grew by a faster rate (3%) than any other segment in the population. Their percentage of the population is 15.3% almost 3% higher than the national average of 12.4%. By 2010, 16% of the population will be aged 65 or older. By 2030 this is projected to increase to 18.9%. West Virginia is projected to be one of only ten states to have more people 65 and older than under 18. The most dramatic increase was in the 85+ group which grew by 25%. The growth of the oldest of the old creates some significant health and long-term care challenges for our community.

More elderly women living longer increase demand on support services:

While the population under 65 is almost evenly split between men and women, the number of males declines rapidly after 65. Women comprise almost 60% of the population over 65 and three out of four are women in the 85+ group. There is a strong relationship between marital status and the need for health and human services. Those who are single seem to have a greater need for services.

Seniors have more poverty issues:

The vast majority (95.6%) of WV elders are living independently or with family members. Thirty-two per cent are living alone. Less than 5% are living in an institution such as a nursing home. The percentage (8.7%) of elders still in the labor force in WV is substantially lower than the national average 13.3%. Income decreases and thus poverty rates tend to increase with age. The rate of being poor is 3.7% higher for elders 75+ than elders 65 to 75. Many of the 75+ are described as near poverty or just one crisis away from dropping into poverty. More than 40% of those 75 and older have annual household incomes of less than \$15,000.

Self-care a major issue:

West Virginia elderly tend to be sicker than in most other states. The 2003 West Virginia Behavioral Risk Factor Report, a yearly assessment of risk factors in the state, cites West Virginia as ranking third highest nationally in the prevalence of obesity, first in the prevalence of hypertension and cardiovascular disease, first or second in diabetes and first in overall disability rate—more than one quarter of adults were disabled because of physical, mental or emotional problems. Among the six health related disabilities, self-care and physical disability have the greatest impact on elders living independently. The percentage of elders with self-care difficulty is 9.5% nationally and 12.4% in WV.

Active Seniors provide resources to the community:

Seniors have a lifetime of experience to share, and the desire to make a real difference in their world. They've managed households, been business owners and nurses, farmers and salespeople, artists and executives. Now they are ready to put their unique talents and expertise to work in their communities, and enrich their own lives in the process. 48% of seniors wish to do volunteer work which could be a considerable resource for aging services in the future. 48% plan to pursue the use of computers and the Internet and 47% plan to engage in activities for maintaining physical fitness. 25% plan to spend some of their leisure time taking adult education classes. These seniors are in need of opportunities and resources to maintain their healthy and independent lifestyles while contributing to the betterment of the community.

Council Findings

Impact of an increasing elder population:

This brings on a unique set of challenges that can easily overwhelm our community's health and human service network. Programs and services that engage seniors and enable them to remain active and independent for as long as possible can do much to lessen this impact. In fact, there are many programs in place that seniors are either not aware of or not accessing. Findings of the Community Solutions Council For Independent Seniors are:

Many programs underutilized:

- Lack of awareness of availability and eligibility by many seniors
- Lack of technical assistance to coordinate inspection, application and delivery of programs
- Failure to take advantage of diverse programs because of low trust in programs
- Unwilling or unable to recognize their need for particular programs
- Accepting such services viewed as a sign of weakness

Limited coordination in delivery of services/programs to seniors:

- No community-wide approach to addressing senior needs
- Limited coordination/collaboration between agencies delivering senior services
- No one-stop center for all seniors to learn of services/programs and eligibility
- No navigator or community case management to coordinate the delivery of services from a diverse group of senior community deliverers

Summary

Investment in developing a holistic collaborative community approach to Goals and Objectives stated below. This investment must be in addition to full funding of basic needs services while this community-wide approach is put in place and measured for results.

Goals/Objectives for Community-Wide Solutions

*** Healthy and independent seniors**

- Early health screening and education
- Referral to health care providers for follow up treatment
- Management of medications and nutritional supplements
- Access to affordable prescription medication and medical equipment
- Improvement of nutritional status
- Early intervention for depression, substance abuse, and/or prescription drug misuse
- Available and affordable fitness programs
- In home care and/or home health care available as needed

*** Active and engaged seniors**

- Promote involvement in personal enrichment programs
- Encourage volunteerism
- Promote seniors using talents and abilities for the betterment of the community

*** Seniors living in safe, livable and senior friendly homes**

- Home cleaning/maintenance supportive services readily available
- Eligible seniors taking advantage of weatherization programs
- Coordinated community approach to home repair programs

***Seniors being able to get where they need to go and when they need to**

- Affordable/accessible transportation available for those who need it

*** Seniors being aware of and taking advantage of programs and services**

- One-stop shopping for available social services/programs
- Community case management for senior services/programs

Potential Elements of Community-Wide Solutions

Parish Nurse Program
Adult Day Care
In-home Care (medical and non-medical)
Home Health Care
Home Maintenance/Repair/Weatherization Programs
Handicapped Adaptation Programs
Senior Transport
WV 211/Regional Resource Connection/Navigator/Community Case Management
Fitness Programs
Support Programs
Health Education Programs
Ambassadorship Programs (Mentoring)
Respite and Support Programs for Home Caregivers

Note: Although these programs in themselves provide some relief in meeting senior needs, investment in a holistic community wide solution built on collaboration and coordination in the delivery of these programs will have the greatest impact in addressing the ever increasing needs of our senior population.

Best Practices – Common Features of Community-Wide Solutions

“... four major features of best practices models emerge. New and innovative programs were developed to serve clear unmet needs. Programs brought together new fiscal packages and funding streams integrated to support the programs. New agency coalitions and partnerships emerged, which did not work together before, to shape the service delivery system of the program. Ongoing program evaluation was developed to assess the impact of the program on clients receiving services and benefits. The goal is local resource coordination by identifying and maximizing existing resources.” (WVU Center on Aging Report on Best Practices)