Report for
The Texas Delegates
to the White House
Conference on Aging
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Introduction

Many Voices
Introduction
White House Conference on Aging

The White House Conference on Aging is a decennial event that informs the president and members of Congress on current and future issues affecting the aging population. The conference addresses policies, research and issues, and votes on resolutions to guide policy development. The White House Conferences are designed to advocate for new research and action for the aging population. The 2005 conference in particular is a special event since it will address the concerns created by the aging of the baby boom generation – people born between 1946 and 1964. Currently, baby boomers make up 28 percent of the Texas population.¹

The president and members of Congress appointed a 17-member policy committee, which has prepared an annotated agenda covering six main topics for delegates to address. The delegates were selected by state governors, members of Congress, and the WHCoA Policy Committee. The Policy Committee will refer to the Advisory Committee members for utilization of their knowledge and resources to direct the conference.² The president appointed the Advisory Committee on May 13, 2005.

Purpose and methodology

This Many Voices report has been prepared to inform Texas delegates and the WHCoA Policy Committee about aging-related issues in Texas. Other groups, including citizens concerned for their future, advocates in the field of aging, and local and state policy makers, may find the report useful. This report is a fact-based reference guide to inform interested parties about the issues affecting our growing population of aging Texans; it does not represent the formal position of any specific organization.

A primary source of information for this report is the “many voices” of the people of Texas. The Texas Department of Aging and Disability Services (DADS) established a Web site to collect issues from the citizens of Texas. In addition, DADS asked area agencies on aging to submit regional reports on priority issues. The issues included in this report were determined by the information collected. The content is based on information collected through the Web site, AAA reports, and four different conferences held on WHCoA topics between April and September, 2005:

• The Texas Capitol WHCoA Symposium on April 1, 2005
• Aging Texas WHCoA Videoconference on July 11, 2005
• The Texas Silver-Haired Legislature Solutions Forum on July 29, 2005
• The Corporation for National Community Service Solutions Forum on Sept. 30, 2005

Additional content resources include the Aging Texas Well: State of our State reports and the Aging Texas Well Indicators Survey report as well as other literature published on this issue.
Structure of report
The White House Conference on Aging Policy Committee has formulated six topics for consideration at the conference:

- Planning Along the Lifespan
- The Workplace of the Future
- Our Community
- Health and Long-Term Living
- Social Engagement
- Marketplace.

The first chapter of this report provides a general overview of demographic and socio-economic characteristics of older Texans according to these topic areas. Subsequent chapters discuss individual issues raised by Texans in each of these six topic areas. The discussion of each issue includes

- A quote highlighting the importance of the issue.
- A reference to applicable Declaration of Objectives from the Older Americans Act.
- An “issue description” that outlines input heard from Texans and provides a summary of other background material on the issue.
- A brief discussion of “suggested solutions” derived from the input received from Texans.

1. Texas Baby Boomers Survey, October 2000
2. www.whcoa.gov/about/policy/whcoa-charter.asp
Demographic and Socioeconomic Characteristics of Older Adults

Many Voices
Demographics and Socioeconomic Characteristics of Older Texans

Overview

This report primarily uses demographic data from the State Data Center and a Texas Department of Aging and Disability Services survey of older Texans living in the community. Unless otherwise noted, the survey is the source of Texas-specific data in this and subsequent chapters. Other data sources include the U.S. Census Bureau, reports by the Texas Department of Aging and Disability Services, and the Centers for Medicare and Medicaid Services. (Additional sources are cited throughout the report.) The analyses contain basic demographic data such as the relative size of the older adult population and gender composition, data on economic and social characteristics, and the health and health care of older Texans. This chapter reviews the demographic and socioeconomic characteristics of older Texans from the perspective of each of the White House Conference on Aging topic areas.

Texas has the fourth-largest population of older adults (3.1 million over age 60). This population is growing rapidly and becoming increasingly diverse. Between 2000 and 2010 the 85-plus population will grow by 2.3 percent and the 60-plus population by almost 30 percent. By 2040, older adults will compose almost one-quarter of the Texas population. Minority populations are growing faster than the Anglo population.

Planning Along the Lifespan

The financial condition of older Texans has improved in the last 40 years due to the growth in government entitlements, pensions, the stock market, and real estate values. However, an estimated 40 percent of older Texans have an annual income of less than $10,000. Fewer than a quarter have an annual income greater than $30,000. Thirteen percent of older Texans live in poverty. The biggest source of income among all older Texans is Social Security Retirement.

Ten percent of older Texans reported having difficulty managing their bills, specifically in organizing and preparing bills (not in having the financial resources to pay them).

Approximately 61 percent of older Texans report knowing where to go if they needed assistance with financial planning. Thirty-three percent of older Texans have discussed financial planning needs with a financial advisor. Some older Texans have taken steps to plan for their financial future by obtaining insurance policies or anticipating large expenses such as funeral costs.

Most older Texans have a will and nearly half have a document such as a health care power of attorney that would allow others to make health decisions on their behalf if they become incapacitated. If assistance is needed with any legal matter, more than 80 percent say they know where to go for help.

The Workplace of the Future

In Texas, older adults comprise seven percent of the workforce. About 15 percent of older Texans are employed. Ten percent of those who are not working are currently looking or planning to look for a job.

Most older Texans who are employed express satisfaction with their current employment status. Approximately 83 percent feel their current employment adequately uses their skills and capabilities. Sixty-five
percent report feeling they are paid at their corresponding skill level, and 68 percent of working older Texans report earning enough money from their primary job to meet basic financial needs.

While most older Texans have used or heard of job training or employment services, more than one-third report being unaware of such services.

Thirty-six percent of older informal caregivers in Texas are employed either full or part time. About 40 percent of caregivers in Texas have either had to leave their job, take a leave of absence or go from full-time to part-time to provide care to a relative or loved one. A comparable number of caregivers have had to make changes in their daily work schedules such as taking time off or adjusting their work hours to accommodate their caregiving responsibilities.

**Our Community**

Between 1990 and 2000, the 60-plus Texas population increased by an estimated 19 percent. This population will continue to grow rapidly as the first of the baby boomers become eligible for full Social Security benefits in 2011. In addition, a shift is expected in the racial/ethnic makeup of the older Texan population with a much larger percentage of Hispanics and a much smaller percentage of Anglos.

Baby boomers are defined as persons born between 1946 and 1964. The Texas baby boomer population totals more than 5.6 million, or about 28 percent of the total Texas population. Fifty-nine percent of the Texas baby boomer generation is white, 26 percent is Hispanic, 11 percent is black, and 4 percent is Native American, Asian, or Pacific Islander.

Texas baby boomers generally report positive attitudes toward retirement and their later life. In contrast to earlier generations, many baby boomers intend to remain in the workforce beyond the conventional retirement age. Most use conventional pension and savings vehicles to prepare financially for retirement, although many are not satisfied with sources of information about retirement planning. Accurate knowledge of public financing for long-term care (LTC) is limited. Many boomers wrongfully assumed that Medicare covered LTC nursing care. The nearly 20 percent of boomers with incomes under $30,000 a year were significantly more concerned about financial security and self-reliance in later life compared to those with higher incomes. The financially at-risk group of boomers is made up of disproportionately high numbers of ethnic and racial minorities, women, and people unable to work because of disability. These Texans may face formidable barriers to achieving financial self-reliance in later life.

Most the current older Texans feel that they have the supports and services they need to help them live independently in their community. Half stated they were aware of specific organizations in their community to assist with daily living needs. However, only four percent had ever attempted to obtain direct assistance from a support service that would help them live on their own in the community. Only a third have heard about Area Agency on Aging Programs.

One of the challenges to providing services to allow the elderly to age in place is that almost one fifth of older Texans live in rural counties. Moreover, the population living in rural counties tends to be older, which may be attributed to older adults aging in place, the outmigration of younger persons and the immigration of older adults from urban areas. As the rural population ages and more people retire, there may be fewer health care professionals in rural areas to provide care.
The Texas-Mexico border extends about 1,250 miles along the Rio Grande. The border region, particularly in colonias (unincorporated tracts of substandard housing in rural districts), lacks affordable housing, clean water, proper sewage removal, adequate sanitation, health insurance, and accessible utilities. In addition, there is a shortage of health, dental and mental health care providers, health facilities, preventive services, and health education.

Older Texans are culturally diverse. Nearly 20 percent are Hispanic, almost 10 percent are black and the most of the remaining are Anglo. Approximately one-fifth of older Texans speak a language other than English at home. The majority of these speak Spanish.

Among older Texans, women outnumber men. There are about 76 older men for every 100 women. Women tend to outlive men by about seven years. While 60 percent of older Texans are married, many more older men are married (77 percent) compared to older women (47 percent). Conversely, older women are more likely to be widowed than are older men (39 percent versus 10 percent, respectively). As Texans age, the differences in marital status among men and women remain. These numbers suggest that while most men will have a spouse to assist them if their health fails, most women may not.

Sixteen percent of older Texans currently provide care to a family member or friend over 60 or to a child 18 years of age or younger, or both. Ten percent of these caregivers provide care to someone who is 60 or older. Of those, most are providing care for a spouse or family member. Further, most of the care is provided inside the caregiver’s own home. Among Texas caregivers, approximately 16 percent report paying someone else to help care for their family member or friend. One-fifth of caregivers who pay for help report that the cost is unaffordable to them. Only five percent of Texas caregivers receive payments for the care they provide.

**Health and Long Term Living**

Nationally, older adults comprise 13 percent of the total population, yet account for approximately half of all days of hospital care and half of all physician hours.3

According to the Centers for Medicare and Medicaid Services, Texas has the fourth-largest number of aged Medicare enrollees in the United States.4 Older adults make up 90 percent of the Texas Medicare population.5

While older adults comprise 13 percent of the total Texas population, they account for almost 20 percent of the total Medicaid enrollment in Texas. Women account for 70 percent of the 60-plus Medicaid-enrolled population.6

Five percent of older Texans reported being unable to access health care when they needed it in the past year. The primary barrier was affordability. An estimated 60 percent of older Texans say they do not know who to contact for financial assistance or help paying for health care services if they need it. Approximately 64 percent report not knowing whom to contact for financial assistance or help paying for mental health services.

Almost half of all older Texans report a disability. Most older Texans have two or more chronic conditions; more than one-third have at least three chronic conditions.

The majority of older adults in Texas say they have received a routine checkup during the previous year.
A total of 93 percent report receiving a blood pressure screening, cholesterol, or other cardiovascular assessment within the past year. Sixty-nine percent of older Texans received a flu shot in the previous year. Approximately half reported receiving a pneumococcal vaccine.

Many older Texans exercise at least three times a week. However, most older Texans are overweight or obese. Further, the majority of older adults do not meet the recommendation for a healthy diet that includes at least five servings of fruit and vegetables a day.

As the number of older adults continues to grow, so will the need for physicians trained in geriatrics. Currently, there are only 9,000 geriatric physicians nationally. However, an estimated that 20,000 are needed to meet the needs of older adults today (five geriatricians per 100,000 population), and 36,000 will be needed to meet the needs of older adults in 2030. As of 2002, there were 358 certified geriatricians in Texas, that is, 3.9 geriatricians per 100,000 population.

**Social Engagement**

More than one-quarter of older Texans report that loneliness is a problem. About 60 percent report spending time with family, friends, or neighbors on a daily basis.

Nearly 60 percent of older Texans either currently participate in organized volunteer programs or have in the past. Most who are currently volunteering spend up to 10 hours a month in volunteer activities and programs. More than half have been volunteering for more than five years. Current volunteers learn of volunteer opportunities from friends, or seek activities to participate in organizations that they have a personal interest or connection with. For example, some may choose to volunteer and help others through specific organizations (e.g., Alzheimer’s Association) after personal experience (e.g., loved ones who have lived with the disease). Among those who no longer volunteer or never volunteered, personal health is the main detriment to volunteering (approximately 20 percent of both groups).

Almost three-quarters of older Texans report having a recreational interest or hobby. More than half of these participate in recreational activities at least once a week. Approximately 29 percent of older Texans report not knowing where to go if they want to participate in new or different recreational activities.

About 8 percent of Texans currently participate in education classes or formal programs. The majority of older Texans who participate in educational programs do so for personal growth or recreation.

Most older Texans say that a rich spiritual life is important to them. Most participate in spiritually satisfying activities at least weekly.

**Marketplace**

Texas has fewer health care workers per person than the nation as a whole. The average number of health care workers per 100,000 population is even lower in rural Texas than in metropolitan areas.

Eighty percent of older Texans live in a house owned by them or someone in the household. Thirteen percent rent, 2 percent occupy living space without payment of cash rent, and 4 percent live in institutional settings such as nursing facilities. Approximately 22 percent of elder Texas households spend more than 30 percent of their household income on housing costs including mortgage payments/rent, utilities and fuels, property taxes, and insurance.
Property taxes are a key source of financial burden on older adults. Texas communities have special homestead exemptions that ease the burden of property taxes. Current state law provides for the freezing of school taxes on the homesteads of Texans 65 and older and provides local options for freezing taxes of other jurisdictions. Seventy-nine percent of older Texans are aware of such property tax exemptions for people age 65 and older.

Approximately 14 percent of older Texans report that their home’s structural, heating and cooling, electrical or plumbing systems need substantial repair. Twenty-six percent of older Texans do not know where to go for help in making these type of home repairs.

Twelve percent of Texans age 60 and older report that their home’s doorways, hallways, kitchen, bathrooms, and closets need substantial modification to make it easier to get around inside. Thirty-nine percent of older Texans do not know where to go for help in making these type of home modifications.

Almost one-quarter of older Texans do not currently drive. For those who rely on alternative transportation services (e.g., rides with others, public transit systems), a common barrier is the amount of time it takes to travel between destinations. Approximately 14 percent of non-drivers report they have been unable to get a ride where they needed to go in a reasonable amount of time. If they need assistance in getting somewhere, about half of non-drivers report knowing where to go for help with transportation and mobility. For non-drivers, the cost of obtaining transportation services can be a primary barrier in getting where they need to go. About 20 percent of older Texans describe the cost of transportation as unaffordable.
1 Projections of the Population of Texas and Counties in Texas by Age, Sex, and Race/Ethnicity for 2000-2040. Population Growth Scenario 0.5. (2001). Prepared by the Population Estimates and Projections Program, Texas State Data Center; Department of Rural Sociology, Texas Agricultural Experiment Station; Texas A&M University System, and The Center for Demographic and Socioeconomic Research and Education, Department of Rural Sociology; Texas Agricultural Experimentation Station; Texas A&M University System in the Office of the State Demographer, State of Texas.

2 In 1997 the Texas Department on Aging (now the Texas Department of Aging and Disability Services) began an initiative called Aging Texas Well to help Texas prepare for a rapidly increasing older population. As part of this initiative, a survey for “successful aging” in Texas was developed. Responses are intended to provide insight into how well older Texans are doing (based on their own self-report) on key indicators of successful aging across the Aging Texas Well areas of focus (see www.agingtexaswell.org). In 2004, a telephone survey of older adults in Texas was conducted. A total of 1,110 older Texans living in the community completed the statewide survey.


5 Ibid.

6 The January 2002 Medicaid Enrollment data provides a “snapshot” of the Texas Medicaid recipients. It consists of data for people 60-plus who were certified for participation in the Medicaid program during January 2002.

7 Report from the Commission on Geriatrics Study for Medical School to the Texas Higher Education Coordinating Board, in accordance with Texas Education Code, Section 61.088, House Bill 2584 of the 77th Texas Legislature.


9 Ibid.
Planning Along the Lifespan
Social Security

“Social Security may be depleted within my lifetime.”
– Texas aging stakeholder, North Central Texas AAA

In the Older Americans Act of 1965 Congress declared that older adults have “the right to equal opportunity for an adequate income in retirement in accordance with the American standard of living.”¹

Issue description
The Social Security Act was signed into law by President Franklin Roosevelt on Aug. 14, 1935. In addition to several provisions for general welfare, the Act created a social insurance program designed to pay retired workers age 65 or older a continuing income after retirement. The program was not intended to fully fund retirement but rather, to provide a “social insurance” against poverty for older Americans. Since being signed into law, Social Security has provided many older Americans a guarantee of a secure retirement. However, in its 70-year history, this guarantee has been threatened as the fund has faced concerns regarding its financial solvency.

In the mid-1970s and again in the 1980s, the fund came alarmingly close to depleting its reserves, only to be saved by acts of Congress. Because of concerns about future solvency, Congress in the mid-1980s, under the direction of Alan Greenspan, came up with a solution that is estimated to keep the system solvent until about 2050. However, as an extremely large number of “baby boomers” near retirement, older Americans are once again facing serious concerns about the future financial solvency of Social Security.

The Social Security system currently takes in more than it spends. Without needed changes to the fund’s financial structure, this will no longer be the case by 2018.² Social Security has played a key role in reducing poverty rates among seniors — from more than 35 percent in 1960 to about 10 percent in 1997.³ For millions of Americans, Social Security is the sole or primary source of income in their retirement. It is estimated that about one-third of seniors have either failed to save or have been unable to save nearly enough to supplement their Social Security benefits, and rely on Social Security for more than 90 percent of their income.⁴

Recent studies conducted by regional AAAs suggest that “seniors are anxious about how they will maintain lifestyles” or even afford to live on their fixed incomes. They are living longer, facing rising medical needs associated with increased longevity, and are being told, “Social Security will be depleted within their lifetime.” Those who rely heavily on this resource as their sole or primary source of income are concerned about the solvency and sustainability of the fund with its current financial structure. The Social Security shortfall is estimated to equal 12 percent of projected outlays over the next 75 years.⁵

Seniors have also been concerned about the inadequacy of cost of living adjustments (COLA). These adjustments to beneficiary payouts are critical to helping seniors face inflation and rising health care costs. In October of 2004, Congress adopted a 2.7 percent COLA for 2005. However, many Social Security beneficiaries will see the COLA partially or completely eroded by increases to their Medicare Part B
premiums. Without COLAs, “inflation would have reduced beneficiaries’ income by more than one-fourth in just the last ten years,” further emphasizing the importance of adequate COLAs.6

Finally, some seniors expressed concerns about plans to overhaul the system to allow for private investment accounts. Some fear diversion of funds for this use could exacerbate projected shortfalls. Others expressed concern that most citizens are not adequately informed or prepared to manage investments.

Suggested solutions
To address concerns about Social Security for older Texans, aging stakeholders have made the following suggestions:

➤ **Raise the retirement age to 70**  In 1983, Congress passed legislation to gradually increase the age at which full benefits are paid from 65 to 67, to be phased in from 2000 to 2027. This would take into account the fact that people are living longer, and collecting more in benefits. Individuals would still be able to retire at age 62, albeit with benefits reduced a fraction of a percent for each month before full retirement age. This would narrow the projected financial gap by about 28 percent. However, while some have suggested raising the retirement age, we also heard from numerous older Texans who are strongly opposed to this idea, citing the inability of seniors to work at such an advanced age due to poor health.

➤ **Raise the taxable wage base to include 90 percent of earnings**  In 1983, Congress set the ceiling on taxable wages at a level that covered 90 percent of all cash wages and salaries. However, currently only about 85 percent of total wages nationwide are subject to Social Security payroll taxes. The maximum wage subject to Social Security payments in 2005 is $90,000. Raising that cap to $140,000, phased in over 10 years, would lower Social Security’s projected shortfall by 43 percent.

➤ **Diversify Social Security’s Trust Fund investments to increase the likelihood of higher returns**  Today, the Trust Fund may be invested only in special Treasury bonds that earn about 6 percent. Investing in a broad index fund, as most other pension systems do, could yield higher returns; and unlike private accounts, this approach would spread the risk and returns across a wider population while keeping administrative fees low. Such diversification could lower the expected shortfall by as much as 15 percent.

➤ **Raise taxation of benefits**  Because benefits are not “means tested,” Social Security benefits are paid to the even the wealthiest seniors. It has been suggested that a fair way to address this problem is not to deny benefits to the wealthy, but to increase the taxation of benefits, so that higher-income beneficiaries make a greater contribution to keeping the system solvent. This change would reduce the shortfall by about 10 percent.

➤ **Cover all state and local government employees**  Currently about 30 percent of all state and local government employees are not covered by Social Security. Many experts suggest that newly hired employees be brought into the system and share in its obligations and benefits. It is suggested that employers be given about five years to modify their employee benefit plans. This would close the projected financial gap by about 10 percent.

➤ **Address rising health care costs**  For many seniors, rising health care costs greatly reduce their ability to make ends meet. Older Texans claim these expenses diminish the value of their Social Security benefits and would like to see the following changes:

➢ Increase of benefits under Medicaid and Medicare
➢ Elimination of price gouging by pharmaceutical and insurance companies
➢ Implementation of universal health care accessible to everyone
Provide increased education on the importance of financial planning  Individuals rely too heavily on the notion that Social Security will provide for their retirement. With impending shortfalls, it is increasingly important that individuals be educated early on the principles of financial planning. Thus, stakeholders would like to see education plans that begin early, with school-age children being taught the importance of planning for the future.

Safeguard the Social Security fund  A large number of seniors have expressed concern about the diversion of Social Security funds to pay for other government programs. This is of particular concern because of the rising national debt. Seniors would like greater assurance that Social Security funds will not be used to fund other government activity, in order to ensure that funds will be available to pay out future benefits.

Personal Investment Accounts  Congress is considering a proposal to use surpluses that are projected between now and 2017 to create investment-based personal retirement accounts intended to supplement the current Social Security system. After 2017, continued investment in personal accounts would be voluntary. However, some seniors expressed concern over plans to privatize Social Security because of what they perceive as increased risk and uncertainty over increased costs associated with managing accounts.

4. ibid.
Financial Preparedness

“When I retire, I’m going to need the financial resources that will allow me not just to live, but to live in the lifestyle that I’m accustomed to.”
– Texas aging stakeholder, West Texas AAA

The Older Americans Act of 1965 declares that older adults have the right to equal opportunity for an adequate income in retirement in accordance with the American standard of living.¹

Issue description

The economic well-being of older Americans has improved considerably over the last century. Older Americans have come to rely on various sources of income for their economic security. However, despite the advances made in improving the lives of seniors, pockets of poverty and income disparities still exist. According to some Texas aging services providers, rising costs of basic necessities “make it increasingly difficult for many older Texans to live a healthy lifestyle or, in some cases, even make ends meet.”

There are several sources of public and private incomes that older adults rely on in retirement. Major sources include Social Security, income from saved assets, employer provided pensions, and employment earnings.² Public assistance programs such as Supplemental Security Income (SSI), veterans’ benefits, Temporary Assistance to Needy Families, food stamps, and unemployment insurance also help to supplement the incomes of seniors. In 2000, about 90 percent of all elderly households received Social Security benefits, 59 percent earned some income from saved assets, 41 percent drew pensions, and 22 percent earned income from jobs.³

Employer-provided pension plans have historically played an important role in allowing retirees to maintain their pre-retirement standard of living. However, 48 percent of retirees do not receive pension income.⁴ This is especially true among working women, with fewer than half of working women participating in pension plans. This is sometimes due to their working patterns or other family responsibilities that may lead them to work part-time or leave their jobs before they are fully vested. These individuals tend to have lower incomes, with nearly 21 percent of retired people without pensions earning incomes below the federal poverty level, compared with 3 percent for persons with pension incomes.⁵

The proportion of workers covered by pensions has not increased substantially since the 1970s. There is also increasing concern about the solvency of pension plans, with the U.S. General Accounting Office reporting that many of the top 100 pension plans in this country have liabilities that exceed their assets.⁶ Efforts by Congress to tighten pension funding rules are critical to ensuring that these pension plans will be able to fulfill their financial commitments to future retirees.

With many private and small employers shifting away from pension plans or decreasing benefits, there is an increasing emphasis on the importance of personal retirement savings accounts, such as 401(k)s. However, the rate of personal saving is at a historic low.⁷ Many households do not save in a systematic way, and personal saving rates have declined by nearly half since 1970.⁸ Government efforts to encourage more personal retirement saving have had only marginal effects. Preferential tax treatment for IRAs and 401(k)
accounts has encouraged saving in these vehicles, but this may not necessarily represent increased saving; contributions to these accounts are often merely shifted from other forms of saving. Furthermore, low-income families may find it especially difficult to save, and most public assistance programs penalize private saving by requiring low levels of financial assets in order to qualify.  

Because Americans are living longer, and personal and pension savings appear to be on the decline, a significant number of seniors rely on employment earnings to supplement other sources of income. The AARP 2002 Work and Career Study, based on a national survey of workers aged 45–74, found that 69 percent of respondents plan to work in some capacity during their retirement years. Recent declines in the stock market have also caused some older workers to postpone retirement and instead, opt to rejoin the labor force. Between March 2001 and August 2002, the labor force participation rate for workers aged 55 to 64 increased two percentage points. In contrast, labor force participation among younger workers declined during this same period. The magnitude of this rise in labor force participation during a period of recession and rising unemployment is unprecedented in post-war U.S. economic history.

Because of the volatility of the stock market and the economy in general, efforts to ensure that pension funds and other retirement funds are carefully managed will be vital to ensuring the financial well-being of older Americans. Trends that threaten to diminish retirement income from pensions and savings, such as excessive borrowing from these accounts or failure to save at all, must be discouraged. Educating Americans on the importance of planning and saving for their own retirement, as well as implementing policies that incentivize saving, must continue to be a priority for policymakers. And finally, Congress must strengthen pension-funding rules to ensure that private pension plans are adequately funded to fulfill their future financial obligations.

Suggested solutions
To help ensure that older Texans have an economically secure future with financial independence, the following suggestions have been made by aging stakeholders:

➤ **Improve financial education**  Several Texas AAAs report that Texans would like to see financial planning as part of the public education curriculum. Time is one of the most important factors in a successful savings plan. Teaching Texans at an early age the importance of saving for the future could play an important role in encouraging greater personal fiscal responsibility.

➤ **Provide more community resources for seniors**  The Bexar County AAA recommends using community groups and community education opportunities to provide financial planning information to the public. This is especially important for older Texans who may find themselves unexpectedly affected by the decline in the stock market, the insolvency of a private pension, or simply poor planning.

➤ **Strengthen pension funding**  Congress must strengthen pension-funding rules to ensure that private pension plans are adequately funded to fulfill their financial obligations.

➤ **Protect private pensions**  Texans would like to see Congress discourage the trend of underfunding of corporate pension plans. Suggested policy recommendations include

➤ Increase restrictions on accounting and actuarial methods used to mask funding shortfalls;
➤ Require corporations with underfunded plans to make annual cash contributions to the plans; and
➤ Improve transparency for private pensions by requiring clear and accurate reporting of plans’ financial status.

Texas Department of Aging and Disability Services
1 U.S. Federal Code, Chapter 42, Section 3001, Congressional Declaration of Objectives.
8 Ibid, 7.
9 Ibid, 47.
11 Ibid, 2.
12 Ibid.
Creating Aging Friendly Communities

“Americans are living longer, healthier lives, and as a result, this longevity revolution is changing the way we build our communities to support them.”

According to the Older Americans Act, “older adults should have a comprehensive array of community-based, long-term care services adequate to appropriately sustain older people in their communities and in their homes.”

Issue description

One of the most significant changes resulting from the aging of the baby boomer population is a change in the way communities are developed. Baby boomers are a demographic change agent in our society. Like most Americans, they expect to live longer, healthier lives, and enter “old age” at a time in which age 60, 65 or even 70 is not considered old. This new trend will have considerable influence on how communities are shaped to meet the needs of this new generation of older adults.

Aging stakeholders recognize the importance of planning for these changes. Parts of West Texas are already attuned to these changes because they are already experiencing the demographic dynamic in which older residents make up a high percentage of the population. The rest of the state will soon realize this change.

According to the West Texas area agencies on aging (AAAs), policy- and decision-makers must recognize the need to create “age-friendly communities” to meet the challenges presented by a rapidly growing older population. The process of creating age-friendly communities can include:

- **Identifying** key stakeholders and leaders in the community to create a vision for successful aging tailored to the specific needs of the community.

- **Assessing** the current community infrastructure in terms of strengths and weaknesses for providing for the needs of an aging population.

- **Taking action** to create a community that supports your vision for an age-friendly community.

Some communities, such as the city of Fort Worth, have already undertaken a “livable community” initiative. Other communities are undertaking efforts to build the social infrastructure to support an aging population. As part of their aging initiative, the National Governor’s Association has encouraged governors to promote “elder-friendly” communities. The Administration on Aging has provided grants to encourage and evaluate this movement.
Efforts to create age-friendly communities can include:

- Innovative home designs that allow older residents to remain independent as long as possible;
- Street signs with larger lettering brighter street lights and traffic lights that give pedestrians more time to clear crosswalks.
- Zoning regulations to allow "accessory apartments" attached to single-family houses. Older residents can remain in their homes and use rental income to help pay property taxes;
- Designing communities that allow seniors to walk or travel by wheelchair to nearby resources, such as grocery stores, libraries or public parks.

Younger seniors have different concerns than do older seniors, and this difference is becoming more pronounced as more people are living longer. Younger seniors focus more on issues of healthy aging and recreation, while older seniors focus more on issues of health and long-term care, finances and end of life. It can be difficult to design services for all age groups but, according to participants at a recent Fort Davis Aging Texas Well forum, this split is an important consideration in community planning.

Cultural diversity among aging populations should also be a consideration for community planners. The El Paso AAA, which provides services to a large Hispanic population, reports that seniors in that area are interested in opportunities to learn more about healthy lifestyle changes, or ways to rehabilitate from illness, that are compatible with their cultural identity. Many resented long-term care plans that are dependent on support services, preferring the opportunity to use support to rehabilitate them and restore their independence.

Texas is working to help communities meet their unique challenges through the Aging Texas Well, an initiative developed by Texas Department of Aging and Disability Services (DADS) to “ensure that Texans prepare for aging in all aspects of life and that state and local social infrastructure facilitates aging well throughout the lifespan.” The philosophy of Aging Texas Well is guided by three important principles:

- Individuals should take responsibility for aging well and communities should provide the supports to help them do so
- Aging wellness should be viewed from a holistic perspective
- A lifespan approach is vital to success

Executive Order RP 42, signed in April 2005, encourages local communities to undertake community assessments and develop action plans to better support an aging population.
Suggested solutions
To address the issue of aging-friendly communities for older Texans, aging stakeholders have made these recommendations

➤ **Update the Older Americans Act**  Revisions should include updating language to subdivide aging categories, and developing a new title for funding to promote aging-friendly communities.

➤ **Facilitate community planning**  With or without federal funds, communities should work to become more aging-friendly. The Aging Network, under the mandate of the Older Americans Act, is well positioned to assist in designing communities that meet the needs of an older population.

➤ **Develop public/private partnerships**  Partnerships between government, community leaders and private business to develop federally or community supported retirement centers will allow lower-income seniors to have the same retirement-center opportunities as higher-income seniors. Incentives should also be given to private industry to apply “social architecture” to new structures, e.g., walkways that support wheelchair movement to and from community resources such as grocery stores, libraries or public parks.

➤ **Increase public awareness on the importance of aging well**  The Rio Grande AAA suggests that “with the anticipation of baby boomers overwhelming the health and social service network, boomers should be educated on the importance of maintaining good health. The Administration on Aging should continue to provide funds for development of effective prevention programs, such as the DADS Texercize program.”

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3. www.governor.state.tx.us/divisions/press/exorders/rp42
The Workplace of the Future

Many Voices
The Workplace of the Future
Employment

“Older adults deserve workforce opportunities without age-biases or barriers.”
– Texas aging stakeholder, Harris County AAA

In the Older Americans Act, Congress has declared that older people are entitled to equal opportunity for employment and cannot be discriminated against because of their age. Congress has also declared that older people are entitled to equal access to education and training.¹

Issue description
As Americans are living longer and facing economic uncertainty in their later years, the number of older citizens in the workforce is rising. According to a recent survey of older Texans, nearly 22 percent of respondents age 60 and older are employed either full- or part-time. Of those not employed, more than 10 percent indicated that they are currently seeking or plan to seek employment.² The AARP 2002 Work and Career Study, based on a national survey of workers ages 45 to 74, found that 69 percent of respondents plan to work in some capacity during their retirement years.³

Older people continue working for a number of reasons. The Aging Texas Well Indicators Survey reports that nearly 40 percent of respondents cite financial necessity as the major factor in their decision to work. Nearly 25 percent consider “enjoyment of the work” as their main reason to continue working. While the reasons for working are in many respects much like those of other Americans, the Dallas County and Rio Grande AAAs both point out that older workers often continue working because it provides “structure to their lives, much-needed income, and a sense of connection with the community.”

Despite what the U.S. Department of Commerce characterizes as a “slowing” of the growth of the labor market, many older Americans find it increasingly difficult to find work. The Bureau of Labor Statistics projects that total labor force growth will slow from an average annual rate of 1.1 percent between 1990 and 2000 to an annual rate of 0.7 percent between 2000 and 2025.⁴ The decline is predicted to continue, dropping to 0.6 percent between 2040 and 2050.⁵ The projected decline in labor force growth could create shortages in skilled worker and managerial occupations, with adverse effects on productivity and economic growth.⁶ However, older low-income workers continue to report difficulty in finding employment that allows them to keep pace with the high cost of living.

Some of the industries most affected by labor shortages include educational services, health services, public administration, and some manufacturing. Older workers, many of whom have a great deal of professional experience, can play an important role in filling the gaps in the labor force. However, public policies and private practices often encourage them to retire early.⁷

Many older Americans report being the victims of overt and subtle discrimination. The Equal Employment Opportunity Commission reported a 25 percent increase in age discrimination complaints from 2000-2002. Negative work climates that devalue older employees often prompt older workers to lose self-
confidence and retire before they are ready. Myths about older workers and low productivity, absenteeism, and a greater likelihood of accidents, create barriers to employability.

Because of the important role they can have in the workforce, older Americans should be given every opportunity to remain productive members of the labor force. Education and job skills training are key to helping older Americans stay abreast of the latest technologies and gain the skills needed to adapt to a changing labor market. In economically distressed areas, such as the Texas-Mexico border region where many citizens have little formal education and lack skilled training, education and job training are critical to helping these individuals successfully enter and stay in the workforce.

Despite the demand for job training for older Americans, resources are limited. The Workforce Investment Act of 1998 repealed the Job Training Partnership Act programs, including the JTPA Section 204(d) set-aside program for older workers. As a potential labor shortage approaches, one option is to encourage people to work beyond traditional retirement ages. The Senior Community Service Employment Program (SCSEP) remains the only federally funded employment and training program for people age 55 and older. Eligibility is limited to those within 25 percent of the poverty level. SCSEP subsidizes part-time community service jobs for low-income seniors with poor employment prospects; however, current funding is limited relative to rising demand.

The National Association of State Units on Aging has identified several barriers to developing effective workforce services for older workers. These include lack of involvement by the older worker network in the Workforce Investment Act of 1998 (WIA) planning processes; computerized workforce centers that inhibit service to applicants who are not computer literate; and local workforce development boards not prioritizing older worker issues.

To compound the issue, usage rates of available job training and placement assistance are low. According to the Aging Texas Well Indicators Survey, only about 7 percent of Texans age 60 and older have used programs to increase their skill level or to obtain a new skill for employment; and only about 12 percent have used local job placement assistance. Thus, policy makers must focus on increasing the availability and accessibility of education and job skills training for older workers. Policy considerations should also include a closer examination of the reasons for these low usage rates in order to ensure that those who would benefit the most have the assistance they need.
Suggested solutions
To address the issue of employment for older Texans, aging stakeholders have made these suggestions:

➤ **Increase public awareness** The Harris County AAA suggests increasing “networking opportunities for older people, allowing them to learn more about technology and industry changes, and job opportunities.” These and other events could be also used to raise awareness among older Texans about the availability of job assistance services. Partnering with the private sector could allow employers to learn more about the benefits of hiring older workers, and allow job-training providers to learn more about specific job skills that are needed.

➤ **Increase stakeholder involvement in the planning process** To ensure that the needs of older workers are addressed, Local Workforce Development Boards should be encouraged to form workgroups and/or advisory boards to examine the workforce needs of older workers. This would allow stakeholders to be more involved in the Workforce Investment Act planning process and to have more input on local workforce policy and planning.

➤ **Expand job corps for older adults** The Rio Grande AAA recommends implementation of a “national senior job corps program.” Seniors could fill temporary jobs made available through federal subsidies and incentives for private employers.

➤ **Educate employers on the benefits of hiring older workers** The Bexar Region AAA recommends employers be educated on the benefits of:

➢ hiring, training, and retaining older workers;
➢ “nontraditional” employment, such as independent contractors (e.g., CPAs), on-call workers (e.g., substitute teachers), and workers provided by contract firms; and
➢ job designs that encourage older adults to stay in the workplace, such as compressed workweeks, job sharing, flextime, and telecommuting.

➤ **Increase funding for services for older workers** Policymakers should be encouraged to use federal funds for services that assist older workers. States should be encouraged to use discretionary WIA funds to create or fund existing programs that provide community-based education and job training. Funds could also be used to further the efforts of SCSEP grantees who provide innovative strategies for increasing job opportunities for older workers.
2. Aging Texas Well Indicators Survey.
8. Ibid.
Our Community

Many Voices
Our Community
Caregiving

“Informal caregivers are the backbone of the long-term care system.”
– Long-term care service provider

The Older Americans Act Declaration of Objectives states that older adults should have “opportunities for a comprehensive array of community-based long-term care services adequate to sustain people in their communities and in their homes, including support to family members and other persons providing voluntary care to older individuals needing long-term care services.”

Issue description
Caregivers provide support for individuals – often family members – who wish to live at home, but who may need assistance with everyday activities, such as bathing, dressing, meal preparation, shopping or transportation. Caregivers provide a variety of resources including time, money, and/or shared living space. According to a recent survey, “more than one-quarter of the adult population has provided some form of caregiving in the past year.” Because caregivers are often spouses, adult children or grandparents, older adults play a critical role in providing informal care. A 1997 report indicated 3.9 million children were living in homes maintained by their grandparents, an increase of 76 percent from 1970.

Whether caring for young grandchildren or an aging spouse or family member, caregiving can pose considerable challenges for older adults. Caregivers often bear substantial financial burdens. Many are employed; however the time spent providing care can often affect their ability to advance in their jobs or even maintain employment. Estimates show employees can lose as much as $660,000 in lost income, pensions, wages and Social Security over the course of their careers.

The effect of informal caregivers, including that of older adults, is considerable, and must be recognized by policy-makers and local decision-makers. Among people needing help with daily activities, 65 percent depend solely on family and friends, and an additional 30 percent supplement family care with services from paid providers. Only 5 percent rely exclusively on paid residential services, such as those provided by assisted living or nursing facilities. Consequently, informal caregiving, often provided by older adults, eases the demands on public services. In 1997, unpaid caregivers provided care worth an estimated $196 billion nationally.

Because of the increased financial demands of providing care, many older adults continue to work despite their caregiving responsibilities. For some, employment provides a break from the stress of caregiving. For others, it is an absolute necessity. Flexibility in the workplace is essential to many in order to maintain employment, yet only 23 percent of companies with 100 or more employees have programs in place to support caregivers. Sixty percent of caregivers make informal arrangements at work; however, many company policies do not explicitly allow or define these supports. Some workers, though, are reluctant to ask employers for the special caregiving accommodations they need for fear of limiting opportunities for
advancement or losing their jobs.

Lack of support services is also a major concern among caregivers, particularly in rural areas. Inadequate access to provider care, information, and other support services make it difficult for older adults to provide informal care in their homes. In many cases, caregivers in rural areas do not access services because they are unaware of programs, do not know they are eligible, do not accept services until there is a crisis, or find services too geographically distant. As a result, institutional admission rates for rural elders exceed those of urban communities.

Shortages of providers in rural areas are also barriers to developing support services for informal caregivers. For example, funding for short-term respite has been available to some Texas caregivers through the National Family Caregiver Support Program, yet AAAs have reported difficulty in finding qualified respite providers in their communities. However, strategies such as implementing respite voucher programs to allow more flexibility in payment to family and friends can help overcome these types of barriers.

The diversity of caregiving patterns across racial and ethnic groups also poses unique challenges in Texas. Services must be delivered in a culturally sensitive manner. Services that do not accommodate an individual's native language, varying cultural attitudes, and beliefs toward caregiving could cause minorities to delay or avoid using services. According to Texas AAAs, “every area of the state has a unique set of challenges requiring local solutions.”

Suggested solutions

In response to caregiving issues facing older Texans and their families, stakeholders have made these recommendations:

➤ **Improve access to information**  Caregivers report the need for better information about medical diagnoses for those for whom they provide care; and for more information on availability of support services in the community. Physicians can help meet these needs. AAAs are also a vital resource for caregivers. Policymakers should continue to fund and support AAAs to ensure caregivers get the support they need.

➤ **Increase funding for support services**  Aging stakeholders have suggested a variety of funding options to increase availability of support services, including:

➤ Provide lump-sum funding to caregivers to purchase supports and services as needed;
➤ Make Alzheimer’s disease a disability, allowing patients to qualify for disability assistance;
➤ Provide mileage reimbursement to address provider shortages, particularly in rural areas where support services providers must travel long distances; and
➤ Provide tuition reimbursement for Certified Nurse Assistant training.

➤ **Allow adult daycare to be reimbursed by Medicare**  Adult daycare is often cited as one of the most beneficial resources for caregivers, as it allows the care receiver to have a great many of their needs met, including social activity, physical activity, nutrition, and in some cases, medical care, while providing flexibility for caregivers. It is considerably less expensive than institutionalized care and can allow caregivers to provide care in their homes for much longer than would otherwise be possible. Making these services reimbursed by Medicare would make them more affordable and accessible.

➤ **Provide more training and support for caregivers**  Policymakers should continue to fund and support AAAs and community-based programs that provide training for caregivers. Increasing the availability and quality of medical and current research information should also be a priority. This should also include information and support services for diverse populations, such as non-English speaking populations.
Encourage employer flexibility  According to aging stakeholders, flextime is the most important support that the employers can offer. Employers must try creative approaches to ensure that caregivers - and company managers - have options such as this at their disposal. Policymakers should consider incentives, including tax breaks, to encourage employers to make options such as flextime available to caregivers.

3. Ibid.
7. Ibid.
Senior Centers

“Senior Centers aren’t just a place for ‘old people’ to go to play bingo.”
– Retired Texan

The Older Americans Act Declaration of Objectives states that “social assistance should be provided in a coordinated manner where services are available when needed, with emphasis on maintaining a continuum of care for older adults.”¹

**Issue description**

According to the Older Americans Act, senior centers are designated as community focal points for older adults. Centers typically provide nutrition, recreation, social and educational services, and comprehensive information and referral services; however, many centers are adding new programs to keep pace with changing consumer needs, such as fitness activities and computer training. There are nearly 15,000 centers across the country, which serve close to 10 million older adults annually. Many centers are supported by government and local non-profit organizations, while others receive funds from organizations such as the YMCA or United Way. Since 1965, the Older Americans Act has provided some funding support to more than 6,000 senior centers through service contracts for program activities.²

Senior centers have been viewed historically as a place for older adults to congregate for passive or leisure activities such as bingo, dominoes, card games, board games, and arts and crafts.³ In response to changing views on the importance of physical activity and social engagement at all stages of life, seniors centers are beginning to incorporate a wider variety of both active and passive activities such as exercise classes (e.g., t’ai chi, yoga), trips to outside venues (e.g., festivals, ballgames), oil painting classes, cook-offs, line dancing, foreign-language classes, computer classes, senior dances, balloon volleyball, and musical entertainment.⁴

Along with these changes comes an increased outreach and marketing towards seniors in an attempt to increase attendance and reduce social stigmas often associated with centers. To increase participation, some senior centers have also started to restructure their image with catchy names, such as “Senior Zone” in Wichita Falls.⁵ Trends such as this are designed to meet the needs of a clientele that is becoming increasingly diverse, and that expects more than just “a place for dependent ‘old people’ to do unappealing activities.”⁶ Instead they are places to socialize and participate in new, exciting activities that provide opportunity for both mental and physical stimulation.

As centers look to improve services and participation, many are seeking accreditation through the National Senior Center Accreditation Board. There are currently 102 nationally accredited senior centers that have met the self-assessment requirements, peer review process and review by the Board. Approximately 60 additional centers have started the application process. According to Dr. A. Eugene Smiley, past chair of the National Institute of Senior Centers, “accreditation is the official mark of excellence, portraying the senior center in a positive light in terms of being a viable, fundable, and qualified provider of services within the community.”⁷
Though centers typically serve diverse populations, some groups remain underserved. Data collected by The National Council on the Aging (NCOA) has shown that participation is increasing for the frail and elderly (over 85), and that participation among women and white elderly has remained high. However, rural centers do not typically serve more frail elders but are more likely to provide in-home services. Clients in rural areas are also more likely to be served by other community activities.

In Texas, the Rio Grande Region AAA reports “attendance to senior centers has been decreasing by attrition. The new generation of seniors has not found its way into the centers.” The Greater West Texas AAA reports that with the large increase in older adults, senior centers must “begin looking at activities that go far beyond the traditional senior center concept.”

Despite efforts by senior centers to attract participants, nationally less than 10 percent of older adults regularly participate in senior-center activities. Lack of funding often makes it difficult for some centers to provide services to meet the unique needs of the community. While many centers have met the trend of offering expanded services, others lack sufficient funding to expand beyond basic programs.

Suggested solutions
To help senior centers continue to meet the needs of diverse populations of older adults, stakeholders have suggested the following:

➤ Increase funding  Texas AAAs report a need for an increase in “funding to keep senior citizen centers operating.” Rising costs have made running the centers difficult. With increased funding, centers could offer a wider array of services and activities. An increase in services would compel more citizens to become involved with their local centers.

➤ Support diversity  An increase in the diversity of offerings would allow centers to appeal to underserved populations. In Texas, senior centers must consider new and innovative approaches to attract a growing minority population. Expanded offerings will help centers fulfill their mission of providing services and activities to a diverse populations of older adults.

➤ Increase community outreach  Lack of awareness has led to the low participation in many senior centers. Increased participation will not only help older adults by increasing social involvement, and mental and physical activity, but could also provide a considerable public health benefit. Centers can often be used to provide free health screenings and reasonably priced nutritious meals, and can be a good source of medical and health information for older adults.

➤ Support intergenerational activity  Senior centers can serve as the primary social activity centers for some communities. This is particularly important in rural areas where resources and services may otherwise be limited. Programs that focus on intergenerational activities also allow younger generations to interact with seniors in healthy and relaxed social settings and could help positively influence attitudes toward older adults and aging.


3. Texas Department of Aging and Disability Services, Aging Texas Well. [www.dads.state.tx.us/services/agingtexaswell/recreation/senior_centers.html](Accessed June 27, 2005).

4. Ibid.

5. Ibid.

6. Ibid.


8. Ibid.

Health and Long-term Living
Long-term Services and Supports

“How well we provide for the future of older Texans will depend on how well we address long-term care issues now.”
– Texas long-term services and supports provider

The Older Americans Act states that older adults deserve “retirement in health, honor, dignity — after years of contribution to the economy” and “freedom, independence, and the free exercise of individual initiative in planning and managing their own lives.”

Issue description
Long-term services and supports for older adults encompass a broad range of supportive medical, personal and social services needed by those who are unable to meet their basic living needs for an extended period. Long-term personal assistance can take many forms, including nursing home care, assisted living, home health care, informal caregiving, and adult day care.

Older Texans who require long-term services typically live in community settings with varying degrees of assistance to maintain their independence. However, many cannot move about, dress, bathe, eat, use a toilet, medicate and avoid incontinence. Services may also be needed to help older persons with household cleaning, preparing meals, shopping, paying bills, visiting the doctor, answering the phone and taking medications.

Most older adults who require long-term service and supports prefer and receive assistance in community-based settings. Nearly 78 percent of care is provided in the home or in a community-based setting. Approximately 25 percent of American households are directly or indirectly involved in providing services and supports. For most of these households - about 65 percent - the caregiver also holds a full-time job.

The nature of long-term service and supports is changing. Americans are living longer and experiencing fewer sudden deaths. Longer life spans mean more prolonged health problems requiring long-term assistance. The population of those over age 65 is increasing while the younger population is stagnating. This trend will continue to put pressure on aging services, including long-term services and supports. Yet at the same time, the supply of non-paid caregivers is shrinking.

A number of factors contribute to the reduction in the pool of available caregivers. Many of the traditional caregivers - women - are now working due to an increase in single parent households and increased income needs of dual-parent households. Families are having fewer children, further diminishing the future supply of caregivers. Family members often move away and are unable to provide assistance. Lack of traditional family caregivers is forcing more older Americans to spend out-of-pocket for the services of paid professionals.

The cost of a nursing home can range from $30,000 to $80,000 per year forcing many older adults to "spend-down" to a financial level that allows them to qualify for Medicaid. Home and community services
can range from $12,000 to $50,000 per year. Statistics show that after paying for one year of long-term services and supports, 72 percent of elderly Americans are impoverished. If there is a healthy spouse in the household, their standard of living is greatly reduced from the loss of assets.

Medicaid is the primary source of government funding for long-term services and supports. Medicare, the Social Services Block Grant (SSBG) program, state general revenue, and local dollars also provide funding. Private funding sources for long-term services and supports include out-of-pocket expenditures and insurance. However, most people are unaware that long-term care insurance is available, and believe that Medicare will cover their expenses. For those with private insurance, coverage can be minimal or insufficient. Few older Americans are able to afford comprehensive long-term protection, and the coverage they can afford provides only limited asset protection and is usually poorly designed to meet other goals, such as maximizing the likelihood of being able to remain at home or in a community setting.

Suggested solutions
To address the issue of long-term services and supports for older Texans, aging stakeholders have made these:

➤ **Control insurance prices**  
Aging stakeholders report that insurance is often unaffordable and that consumers report sharp increases in premiums after enrollment. Policymakers should examine methods of controlling costs and ensuring that long-term care insurance rates are stable over time.

➤ **Adopt the Long-Term Care and Retirement Security Act**  
The bill, introduced in the House of Representatives by U.S. Reps. Nancy Johnson (R-CT) and Earl Pomeroy (D-ND) – and introduced in the U.S. Senate by Sens. Charles Grassley (R-IA) and Blanche Lincoln (D-AR) – would amend the Internal Revenue Act of 1986 to provide individuals a deduction for qualified long-term care insurance premiums.

➤ **Support efforts to address nursing shortage**  
Congress should consider creating a broad long-term care nursing workforce coordinating workgroup, consisting of national long-term care, nurse education, nursing, public workforce and other organizations to support development of national policies and programs that specifically address the long-term care nursing shortage.

➤ **Increase Medicare funding for long-term care**  
The Harris County AAA recommends Medicare fund “24-hour custodial care provided by home health agencies, for beneficiaries who are diagnosed as chronically ill and have advance directives indicating their choice not to continue acute care in hospitals.” This would result in “considerable savings on emergency room and intensive care units.”

➤ **Support expansion of the Program of All-Inclusive Care for the Elderly (PACE)**  
The expansion of integrated service delivery models, such as the Program of All-Inclusive Care for the Elderly (PACE), will help improve the quality of long-term care for older adults. Stakeholders suggest PACE provides better health outcomes than other traditional care and services arrangements for seniors with chronic care needs, and is an effective use of taxpayer dollars.
9. Ibid.
10. Ibid.
Physical Activity

“Safe physical activity is one of the cornerstones of healthy living.”
– Dr. Eduardo Sanchez, Commissioner, Texas Department of State Health Services

The Older Americans Act Declaration of Objectives states that older adults should have opportunities to achieve the “best possible physical health which science can make available without regard to economic status, and have immediate benefit from proven research knowledge which can sustain and improve health and happiness.”¹

**Issue description**

According to the U.S. Center for Disease Control and Prevention, poor diet and lack of exercise is one of the leading causes of death in this country. Research has shown that engaging in safe physical activity helps prevent disease, improves overall health, and significantly reduces the risk of coronary heart disease, hypertension, colon cancer, and diabetes mellitus.² The “frequency and trajectory of these chronic diseases are heavily influenced by lifestyle choices,”³ making it increasingly important that older Americans are educated on the importance of engaging in regular, safe physical activity.

Healthy lifestyle choices such as good nutrition and regular exercise not only reduce the risk of chronic illness and disease, but can also drastically improve quality of life for older Americans. Yet in Texas, 40 percent of older adults reported that they participated in no physical activity in the past six months.⁴ Reversing this trend could decrease the need for medications, doctor visits, and hospitalization among older Texans.

Education is a primary tool in the effort to increase physical activity among older adults. Information on the benefits of exercise is becoming more readily available. However, barriers to engaging in physical activity still remain for older adults. Aerobic capacity declines much more rapidly as individuals age. By age 70, individuals face a decline of up to 20 percent per decade.⁵ Other challenges older adults face include the effects of chronic conditions such as arthritis, effects of medications, limited mobility, or even depression.

Despite these challenges, it is important to recognize that exercise can significantly improve the conditions that create these barriers. Many seniors report difficulty in starting a regular exercise regime. For some, especially those who have been chronically sedentary, exercise can initially be difficult, uncomfortable, or even painful. However, overcoming these barriers should be a priority for policymakers and health practitioners. Research suggests that engaging in physical activity can improve physical strength as well as mental function, possibly slowing the development of Alzheimer’s-like changes in the brain;⁶ benefits that would greatly improve quality of life for older adults.

Efforts to increase opportunities for exercise are well underway. In Texas, the Rio Grande AAA recognizes that physical activity can “increase strength and balance to prevent injuries such as falls, improve mental health, and help maintain independent living, thus enhancing overall well-being,”⁷ and is working to edu-
cate baby boomers “on how to stay healthy and avoid needing services at all.” These efforts could go a long way towards preventing an older population from “overwhelming the health and social service network.” and allowing Texans to live longer, healthier lives.

Suggested solutions
Suggestions from aging stakeholders on how to increase opportunities for physical activity among older adults include:

➤ **Support community based efforts to promote physical activity**  
Local efforts to increase opportunities for physical activity are instrumental in encouraging exercise among older adults. The Rio Grande AAA suggests that decision-makers should be educated on the importance of choices that promote physical activity such as walking trails and “safe public space designs.” Communities should also be encouraged to identify the issues, interests, and the needs of older adults in their area so they can provide accessible, affordable, and appropriate activities and programs. This includes promoting inter-generational programs, designing activities based on participant ability levels, and offering a variety of recreational programs to match the interests of a diverse population.

➤ **Fitness centers for older adults**  
Many stakeholders expressed interest in fitness centers specifically for seniors, staffed with personnel with training on the specific physical needs of older adults. The Lower Rio Grande AAA and the Greater West Texas AAA also support “incentives such as tax breaks for health clubs that provide services to senior centers.”

➤ **Increase public awareness**  
Stakeholders have suggested an increase in public service announcements to increase awareness on the importance of good nutrition and regular physical activity. These efforts should target a wide audience, as education is important for individuals of all ages. Healthy lifestyle choices should be encouraged as early in life as possible; however, they may prove beneficial to anyone, regardless of age.

➤ **Increase support for educational campaigns**  
Efforts to increase education about the benefits of physical activity are instrumental in reaching older adults. In Texas, “Texercise” is a statewide fitness campaign to educate and involve older Texans, and their families, in physical activities and proper nutrition. It was created to raise awareness of how an active lifestyle and good nutrition can slow, and even reverse, the many negative effects of aging. Continued support for programs such as this should lead to broader public awareness about the many benefits of healthy lifestyle choices and the need to increase physical activity among older adults.
1 U.S. Federal Code, Title 42, Chapter 35, Section 3001, Congressional Declaration of Objectives.
3 Sanchez, M.D., M.P.H., Eduardo J., Texas Department of State Health Services Commissioner. "Aging Well in America: Healthy Long Term Living through Avoidance of Risk for Chronic Conditions." Austin, TX 2005.
4 Texas Department of Aging and Disability Services, Benchmark Survey of Older Texans, unreleased data (2004)
5 Jerome L. Fleg, Christopher H. Morrell, Angelo G. Bos, Larry J. Brant, Laura A. Talbot, Jeanette G. Wright, and Edward G. Lakatta. *Accelerated Longitudinal Decline of Aerobic Capacity in Healthy Older Adults* Circulation, July 2005
Disease management

“Disease management provides an opportunity to empower older Texans to prevent or learn to self-manage many chronic diseases.”
– Texas health-care specialist

According to the Older Americans Act, older Americans are entitled to “the best possible physical and mental health which science can make available and without regard to economic status.”

Issue description

As individuals age, they often find themselves at risk for, or diagnosed with, a chronic medical condition. With the older population rapidly growing in Texas, prevalence of chronic disease is also increasing. The expected dramatic growth in the older population makes it increasingly important to develop innovative and cost-effective methods to address chronic medical conditions among older adults.

The increased occurrence of chronic diseases has dramatically affected health-care costs and quality of life among older adults. In the Aging Texas Well Indicators Survey, more than 60 percent of those age 65 and over reported having two or more chronic conditions. More than 40 percent reported suffering from hypertension, while 55 percent had been diagnosed with arthritis/rheumatism. The survey also indicated a higher prevalence of disease among minority populations, with 45 percent of minority respondents rating their physical health as poor, compared to 24 percent for whites. For many of these individuals and their families, living with a chronic condition can be difficult and expensive, and can present complex challenges for the providers who care for them.

In order to control rising health care costs and improve health outcomes, many health-care organizations and insurers are exploring disease management (DM) programs. DM programs present an opportunity for older Texans to actively participate in the prevention and management of chronic diseases, and to reduce or postpone many of the risks associated with these diseases. These programs are designed to make a positive difference in how people feel and how well they live.

Disease management is a systematic approach to health care delivery that identifies current populations with, or those at risk for, chronic disease and provides them with evidence-based information, medical equipment, and personal support to follow their physician’s plan of care and practice healthy behaviors. Comprehensive DM systems usually include many of the following components:

• An emphasis on prevention of disease symptoms and complications using cost-effective and research-based (also called evidence-based) medical practice guidelines for specific illnesses;
• Training for each patient in preventive self-management skills;
• Continual evaluation of clinical, quality of life, and economic outcomes with the goal of improving overall patient health;
• Data on the current and projected status of selected outcomes with a “feedback loop” to service providers and care management personnel; and
• Support of the physician/patient relationship and a specific plan of care.
Disease management systems usually focus on the entire population of patients with the same chronic illness such as asthma, diabetes, or congestive heart failure. These patients are typically identified using analysis of current claims data, pharmacy data, and clinical diagnoses from existing or developed data sources.

Interventions include telephonic care management, home visits, one-on-one patient behavior and medication education, continuing education services for physicians, patient information mail-outs, and treatment updates to service providers. These interventions are implemented for all chronically ill patients to prevent for as long as possible costly hospitalization, acute care, and progression of the disease. By identifying patients who might otherwise need expensive, acute care, providers are able to consistently implement lower cost and proven interventions. Patients with the highest risk and costs receive the highest level of prevention and maintenance activities.

Common barriers to an effective disease-management program are a lack of physician buy-in, patient compliance, and information technology that support the robust data systems that are necessary to identify patients and track outcomes. However, efforts to target the best candidates for disease management can be helpful. Using a process called stratification, computer models can identify a small number of the highest risk patients in each chronic illness population who account for most system wide costs. Interventions with this subset can generate the largest effect on patients’ health and total medical costs.

In the Medicaid program, Texas has begun requiring managed-care providers to include disease management services to persons with certain chronic diseases. The programs primarily involve telephone support and monitoring of medications and care regimes. A program covering a short list of chronic conditions is already operating, and expansions are being considered.

Suggested solutions

➤ Improve patient and physician buy-in through federal, state, and local outreach and education about DM principles  Patients need to understand the importance of self-management techniques in managing chronic disease. DM programs can be developed and designed that are culturally sensitive, easy to understand, and allow the patient to feel an important part of their treatment team. Physicians and health care organizations are likely to be more supportive of DM as the focus in DM programs shifts to improvement in standardization of processes and measurement and demonstration of financial return on investment.

➤ Encourage participation in DM programs that are offered by state, federal and private health care organizations  The Center for Medicare and Medicaid Services (CMS) has used its “demonstration authority” and implemented 17 disease management demonstration projects in 15 sites across the nation. CMS intends to use the basic principles of disease management to evaluate these systems and avoid potential problems. The demonstration projects involve both large (up to 100,000 lives in managed care organizations) and small populations (end-stage renal disease with several hundred lives) of chronically ill patients.

1  U.S. Federal Code, Title 42, Chapter 35, Section 3001, Congressional Declaration of Objectives
2  Managed Care Magazine, “The Short, Unhappy Lives of Too Many DM Programs.” February 1999
Nutrition

“Good nutrition can make the difference between a vital, active lifestyle and disability or loss of independence.”
– Texas aging stakeholder, North Central Texas AAA

Congress acknowledged the significance of nutrition in older adults by declaring, in the Older Americans Act, that there should be “available comprehensive programs which include a full range of health, education, and supportive services to our older citizens who need them.”¹

Issue description

Good nutrition is an essential part of a healthy lifestyle. Research suggests that regular physical activity, along with a balanced and nutritious diet, can help reduce the risk of developing chronic disease and help control existing chronic disease while improving quality of life.² Eating well also provides energy needed for everyday living, and for older adults can make the difference between a vital, active lifestyle and disability or loss of independence.

The foundation of healthy eating includes consuming several servings of fruit and vegetables daily, and staying within recommended guidelines for daily consumption of sodium, fat and protein. Yet only a third of older adults meet those guidelines.³ A recent report, jointly released by the Centers for Disease Control and Prevention and the Merck Institute on Aging and Health, also shows that nearly 20 percent of older American are obese, or at least 30 pounds over their recommended weight.⁴ To maintain proper nutrition, national standards indicate that individuals should consume five to seven servings of fruit and vegetables a day. Survey results indicate that only five percent of older Texans meet this standard as shown in the following table.

<table>
<thead>
<tr>
<th>Servings of fruits and vegetables eaten daily</th>
<th>Percent of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>One</td>
<td>31%</td>
</tr>
<tr>
<td>Two</td>
<td>33%</td>
</tr>
<tr>
<td>Three</td>
<td>21.5%</td>
</tr>
<tr>
<td>Four</td>
<td>5.5%</td>
</tr>
<tr>
<td>Five</td>
<td>5%</td>
</tr>
<tr>
<td>Never eat fruits/vegetables</td>
<td>2%</td>
</tr>
</tbody>
</table>

Several factors are known to contribute to poor nutrition among older adults. Physical, social and economic factors can greatly influence diet. Lack of mobility or transportation, dental health, loss of a partner, reduced income and illness all affect food choices. Research suggests that economic factors may be one of the biggest reasons for poor nutrition. In a study conducted by the U.S. Department of Agriculture (USDA), nearly 79 percent from those who suffered from “food insufficiency” had an income below 130
percent of the poverty level - the cutoff for food stamp eligibility.\(^5\)

Hunger and food insecurity are among the most serious issues facing older Texans. Food insecurity occurs when healthy food is either unavailable or the ability to receive nutritious foods in a reasonable means is unknown or uncertain.\(^6\) A recent USDA study revealed that food insecurity most commonly occurs in multigenerational households with an older person as one of the residents.\(^7\) Research also shows that women, African Americans and Hispanics, those with less than 12 years of education, and people living in the South were also most at risk.\(^8\)

To combat hunger, the federal government provides food-stamp assistance to those who meet the low-income requirements. Nationally, “the program serves only about 30 percent of eligible elderly people.”\(^9\) Many older Texans also report that food-stamp assistance is insufficient to make ends meet. In Bexar County, the AAA reports that some “elderly low income Texans qualify for only $10 per month in food stamps.” Others report that the process of applying for and receiving services is too cumbersome and not worth the effort when benefits are so low.

Physical barriers can also lead to poor nutrition. Poor dental health can make chewing difficult, severely limiting food choices for some seniors. Inability to chew often prevents consumption of meats, which are good source of protein, and fresh vegetables. Older adults instead opt for canned fruits and vegetables or processed meats, which may have lower nutritional value. Seniors with limited mobility have difficulty shopping or preparing foods and must rely on family, friends, or community services for meal planning and preparation. If assistance is unavailable or sporadic, many older adults go without. Of the estimated five million seniors that experience food insecurity, about one-fifth report skipping meals because no food was available.\(^10\)

Despite all that is known about the importance of good nutrition, more research is needed to fully assess the affects of aging on nutritional needs. According to Dr. Ann W. Sorenson, Ph.D., health science administrator at the National Institute on Aging (NIA), “We don’t have a good handle on nutrient performance for older people.”\(^11\) The recently revised Recommended Daily Allowances (RDAs) do not distinguish among older adults of various ages - there is currently only one set of RDAs for all adults over age 50. According to Sorenson, “the Food and Academy of Sciences felt it did not have enough information to go further.” Nonetheless, most experts agree that the dietary needs of people in their 50s or 60s are different from those of people in their 70s and 80s.\(^12\)

Older people are typically at risk for malnutrition, and need to be educated on what is required for a healthy diet. With food intake often limited, more information for seniors on the importance of consuming high-nutrient foods will help address the problems of obesity and malnutrition. Better labeling of food will also help older adults avoid foods that may have hidden ingredients that can be detrimental or that can exacerbate chronic conditions such as diabetes. And to help curb hunger and food insufficiency among older adults, gaps in the federal assistance programs must identified and remedied to ensure that older adults receive the nutrition they need for good health.
**Suggested solutions**

To address the issues of maintaining proper nutrition for older adults, aging stakeholders have made these suggestions:

- **Continue research on nutritional needs**  
  Studies have shown that one nutritional guideline does not address the needs of all seniors. More research is required on the changing dietary needs of people throughout their lifespan.

- **Improve utilization of food stamps**  
  In Texas, the Texas Simplified Nutritional Assistance Program was established to simplify the process for SSI recipients applying for food stamps, and to provide a set amount of assistance. However, for many seniors with special dietary needs, food can often be more expensive. Assistance should be made available to all seniors in need, and should be sufficient to ensure that low-income seniors are able to meet their dietary needs.

- **Continue to support congregate meal and “Meals-on-Wheels” programs**  
  The Texas Department of Aging and Disability Services, in conjunction with AAAs, offers home-delivered meals that provide at least one meal five times a week to anyone over 60, and their spouse. Many older adults rely on these programs for their dietary needs. In rural areas, where resources are often scarce, policymakers should seek creative and innovative ways to increase volunteerism to ensure that the needs of rural seniors are met.

- **Increase outreach and education**  
  Many older adults lack adequate education on what is required for a healthy diet. With fad diets and new studies constantly encouraging them to alter eating habits, seniors need better information from trusted sources on the importance of eating a healthy diet. Information on the effect of diet on chronic conditions could cause a greater number to alter their food intake to achieve a diet that allows them to live longer, healthier lives.

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1. U.S. Federal Code, Title 42, Chapter 35, Section 3003, Congressional Declaration of Additional Objectives.
3. Ibid.
10. Shafer, Lea. Rx.magazine. "Hidden Hunger: The golden years can be a time of suffering for many seniors." April 2, 2001
12. Ibid.
Mental Health

“Underdiagnosis and lack of treatment for mental illness can have serious consequences, especially with depression.”
– N. Osgood, author

The Older Americans Act Declaration of Objectives states that older adults should have opportunities to achieve the “best possible mental health which science can make available without regard to economic status, and have immediate benefit from proven research knowledge which can sustain and improve health and happiness.”

Issue description
Most older adults enjoy good mental health. However, an estimated 22 percent of older adults experience mental disorders that are not a part of normal aging. The highest rates of mental illness among older adults are found in those living in institutional settings. The effects of mental stress and mental illness can severely affect the physical health and daily functioning of older adults. While some experience mental illness throughout their adult lives, others experience mental disorders for the first time late in life, underscoring the importance of distinguishing between mental illness and the normal effects of aging, so that individuals can receive proper treatment.

The most common mental health disorders among the older population are anxiety disorders such as phobias and obsessive-compulsive disorder, severe cognitive impairment, including Alzheimer’s disease and other related dementias, and mood disorders such as depression. In the recent Aging Texas Well Indicators Survey, more than one-fourth of older Texans reported having a mental illness diagnosis, the most common being depression.

The importance of early detection and treatment of depression among older adults by health-care providers cannot be overstated. Underdiagnosis and lack of treatment can have serious consequences, especially with depression, which can be a key predictor of suicide in older adults. Suicide is rarely an impulsive act and can be prevented. Research shows that the majority of older adults who committed suicide visited a primary care physician shortly before the act — 20 percent on the same day, 40 percent within a week and 70 percent within a month. This research indicates that the individual was most likely experiencing depression during the time of their doctor visit, further emphasizing the need to encourage care providers to take a more active role in diagnosing and treating mental disorders such as depression.

While major depression is a serious illness in and of itself, it can accompany other serious illnesses such as cancer, heart disease or stroke. For example, about 25 percent of people with cancer also have depression. In instances where major depression co-occurs with another serious illness, untreated depression can slow recovery from or exacerbate other illnesses. Major depression can also affect the likelihood of living a healthy life because its negative effect on a person’s physical activity level, appetite, nutrition and overall health.
Alzheimer’s disease, the most common form of dementia, is also a great concern among older adults. Age is the greatest risk factor for the disease, with onset generally occurring at about age 60, and the risk of contracting the disease increasing with age. The symptoms affect an individual’s physical safety and can hinder the chance of living an active, healthy life. The Greater West Texas AAA points out that “patients with Alzheimer’s lose the ability to interact socially, and the family loses social connection due to the time spent with their family member [with Alzheimer’s].” Treatment at early or middle stages of the disease can ease its symptoms, making early detection critical in reducing the effect of the disease.  

One notable achievement in the field of geriatric health in recent decades is research that has helped differentiate mental disorders from “normal” aging, dispelling many myths previously held about the cognitive abilities of older adults. For example, studies show that when making decisions, older persons tend to sacrifice speed for increased accuracy, exhibit greater experience-based knowledge and judgment, and a generally improved ability to handle familiar tasks than do younger persons. Even when the aging process affects physical or cognitive competencies, older adults often are able to develop strategies for compensating.

Older adults are less likely than younger populations to use mental health services. Many older adults reject an association with the mental health system due to the social stigmas attached to mental illness. Their perceptions of mental illness are often shaped by fear and negative social meaning generated in an era of asylums, electroshock treatments, and institutionalization. Despite considerable progress in scientific understanding of mental illness, social stigmas remain, and are a major barrier to accessing mental health treatment.

Availability of services can also be a barrier to receiving mental health care for some older Texans, especially those in rural or suburban settings. Lack of transportation and a shortage of mental health services providers can make it difficult to access service for individuals in these areas. The Bexar County AAA indicates that there are “very limited mental health services” offered to older adults in their region. Studies also suggest that even in cases where adequate levels of services are in place, financial barriers can also prevent individuals from receiving mental health services. Many insurance policies do not cover mental health services, and Medicare does not completely cover mental health screening, diagnosis, community services, or medication, leaving consumers to cover many of the costs out-of-pocket.

Efforts to reduce the stigma associated with mental illness and increase education about mental health is critical to helping older adults live longer, healthier lives. Educating health professionals and the general public about mental health issues for older Texans is an important part of early detection and treatment. Recognizing symptoms and getting treatment early can help prevent conditions from becoming severe, and costly to treat, and can increase the odds of allowing the individual to receive the assistance needed to help restore and maintain good mental health.

In February 2001, President George W. Bush announced the New Freedom Initiative, which included the President’s New Freedom Commission on Mental Health to address the problems with the current mental health service delivery system. The goals of the commission are to ensure that Americans with mental illness do not fall through the cracks in a currently fragmented service delivery system, that lives are not lost, and that recovery is a realistic goal of treatment.
Suggested solutions
According to aging stakeholders, efforts to reduce the stigma associated with mental health problems and provide care to a greater number of older Texans should include:

➤ Increase education for older adults and medical practitioners Older adults should receive more education on the effect of aging on mental health, including what researchers consider the “normal” effects of aging. Individuals and family members should also be given the information they need to help recognize the warning signs of more serious conditions, such as Alzheimer’s. Outreach programs that promote awareness should also be designed to promote access to preventive and early intervention services for those at risk of cognitive impairment, depression and other mental health problems.

➤ Provide more support through Medicare Medicare should treat the issue of mental health in the same manner as physical health. Both play important roles in the quality of life for older Texans, and in many cases are considered interrelated, with one affecting the other. The North Central Texas AAA suggests “subsidizing regular comprehensive health examinations that evaluate both physical health and mental health.”

➤ Continue to support mental health research The AAA in Central Texas suggests that “Texas’ rich diversity, paired with its many excellent colleges and universities, would provide excellent settings for research on Alzheimer's disease.” They also suggest the development of “research centers to look at cultural barriers to disease identification, caregiver burden, and service utilization within the state’s rich cultural diversity.”

➤ Increase awareness among medical professionals Primary care physicians must be more aware of the mental health status of their older patients. Health care providers should be trained to implement general practice guidelines that can help them detect signs and symptoms and accurately diagnose mental illness in their older patients.

➤ Improve coordination of services Responsibility for improving mental health of older Texans crosses many disciplines including public health, aging, substance abuse, legal, and criminal justice. Efforts must be made to ensure that coalitions provide a forum for mental health and aging stakeholders to increase communication and networking, and to increase coordination across disciplines in developing public policies and practices that support good mental health among older Texans.
2. Texas Department on Aging. The State of Our State on Aging. December, 2002 (Mental Health, p.121)
3. Ibid.
Health Care Costs

“I have to take up to six medications a day, and I don’t know how I can afford to pay for them all.”
– Concerned citizen, West Texas AAA

The Older Americans Act Declaration of objectives, older adults have a right to “the best possible physical and mental health which science can make available and without regard to economic status.”¹

Issue description

The quality and quantity of health care services available to Americans have improved markedly over the past 40 years. Since the establishment of Medicare in 1965, seniors have been one of the only groups to have health care as an entitlement. However, many older Texans are becoming increasingly concerned about rising health care costs and their ability to pay out-of-pocket expenses on fixed incomes. Because of rising costs, particularly prescription drug costs, it is not uncommon for some seniors to be forced to decide between filling a prescription for heart medication and paying an electricity bill.

Prescription drugs one of the largest components of health care for older Americans. Over 85 percent of Medicare recipients use at least one prescription drug annually. Though older Americans make up 13 percent of the population, they account for 36 percent of prescription drug usage.² High out-of-pocket expenses for prescription drugs can make it difficult to meet expenses for other basic needs. A survey conducted by the AARP revealed that more than 50 percent of older Texans have had difficulty paying for prescription drugs in the last year.³

According to the Aging Texas Well Indicators Survey, nearly 75 percent of Texans age 60 and over were served by Medicare. However, a 2002 study showed that Medicare covered only 2 percent of drug expenses, and nearly 25 percent of senior Medicare beneficiaries had no prescription drug coverage.⁴ Annual spending per elderly person for prescription drugs in 2000 was $1,205 — up from $559 in 1992.⁵ By 2010, annual per person spending on drugs for the elderly is projected to reach $2,810 a year.⁶ In 2000, for those age 65 and over with some coverage, “women paid on average $731 out of pocket for prescribed medicine while men averaged $467 out of pocket.”⁷ Those without prescription drug coverage incurred considerably higher expenses.

To help cover prescription drug and other health care costs, many older Americans must carry some form of supplemental insurance. However, nearly one-third of Texas seniors still do not have any form of prescription drug coverage. These individuals reported out-of-pocket drug expenses twice as high as those with coverage, and one-third reported that they simply did not fill a prescription and/or skipped doses of their medication.⁸

The cost of nursing home care is also a major concern among older Texans. The average annual cost of nursing home care is over $40,000, forcing many older adults to “spend-down” to a financial level that allows them to qualify for Medicaid. Once an individual’s assets and personal funds are exhausted, Medicaid will begin paying for their nursing home stay. The Panhandle AAA reports that many older adults “forego
applying for Medicaid out of fear of losing their homes and assets.” State and federal law provide that an individual’s home cannot be seized if it is occupied, or if the individual is in a nursing home but may be released or returned to their home. If neither is the case, the home can be liquidated to pay for Medicaid services.9

A survey of older Texans found that 15 percent of those ages 60 and above with some type of health insurance also have Medicaid. Although Medicaid is the primary source of government funding for long-term care, Medicare, the Social Services Block Grant (SSBG) program, state general revenue, and local dollars also fund long-term care. Private funding sources include out-of-pocket expenditures and long-term care insurance. Private insurance typically funds a relatively small amount of total long-term care costs and is a viable option only for those with middle and upper incomes.10

Beginning January 2006, new Medicare prescription drug plans will be available to people with Medicare. The new plans will allow participants to choose among different options offered by insurance companies and other private providers. The plans will be required to provide a minimum level of coverage, but premiums and out-of-pocket expenses will vary depending on the coverage selected. Additional assistance will be available for very low-income seniors; however, it is expected that implementation will pose significant challenges for the Centers for Medicare & Medicaid Services, drug plans, and beneficiaries. Successful implementation will depend on whether new drug plans emerge throughout the country and provide beneficiaries with access to needed medications and a stable, affordable source of drug coverage over time, while controlling rising drug costs.11

Rising health care costs remain one of the biggest concerns among older Texans. Prescription drug prices continue to rise at rates that far out pace the rates of inflation or cost of living adjustments. Texans are facing higher out of pocket expenses for health care services, and the rising cost of long-term nursing care remains a major issue. New initiatives such as the Medicare prescription drug benefit address some of these problems; however, much remains to be done to help older adults deal with rising health care costs.

Suggested solutions

❖ Continue to improve access to less-expensive drugs  A study conducted in 2002 showed that Medicare could realize savings of up $14 billion a year by increasing its rate of generic drug usage to that of similar private sector plans.12 Ensuring that generic and other low-cost drugs are available through Medicare and state Medicaid plans could result in considerable savings to older Texans.

❖ Promote education on healthy lifestyles  Policymakers should continue to focus on initiatives that promote healthy life choices as a preventative measure against chronic illness. Education should be emphasized at all ages across the lifespan.

❖ Consolidate services to lower costs  Many older Texans report that the decentralized and fragmented nature of the health care delivery system makes it difficult to access needed care at a reasonable cost. Some older adults have multiple conditions that necessitate a well-coordinated care plan to ensure access to appropriate services. Research indicates that those with low education and low income remain less informed and are less likely to access services, creating a chronic gap for some. Thus, it is critical that policymakers consider reforms that will make it easier for seniors to access the health care services they need.
➤ Continue to promote Consumer Directed Services (CDS)  CDS options allow consumers to make personal decisions relating to the delivery of personal assistance and respite services within their current home and community-based program. Putting these decisions in the hands of the consumer allows them to ensure that limited funds are used on the most needed services.

➤ Recycle usable medical equipment  The Panhandle AAA has expressed concern about the disposal of personal medical equipment after the death of a patient. They would like to see these items donated or “passed along to others,” and have suggested the issuance of tax credits to promote this initiative.

1 U.S. Federal Code, Title 42, Chapter 35, Section 3001, Congressional Declaration of Objectives.
6 Ibid.
Dental Health

“Your teeth can last a lifetime. On the other hand, aging teeth and gums have special health-care needs.”
- American Journal of Public Health

The Older Americans Act states that older Americans have the right to the best possible physical and mental health that science can make available and without regard to economic status.”

**Issue description**

The importance of good dental health for older adults cannot be overstated. Good dental health is often closely linked with overall physical well-being. According to dentist James R. Orcutt, an examination of one’s oral health can provide a good indication of overall health. Research has also shown that people who have periodontal disease are nearly twice as likely to suffer from coronary artery disease as those who don’t, indicating a link between dental health and heart health. Poor dental health can also make eating painful and difficult for some older adults, resulting in poor nutrition and inactivity, and increasing risk of chronic illness and disease.

Regular preventive care is the most effective strategy for maintaining good dental health. However, for many older adults, the high cost of dental care is a major barrier to good dental health. Like most Americans, many seniors do not have dental coverage. For others, insurance is expensive and restrictive in what it covers. Medicare also does not provide coverage for routine dental visits and procedures, and less than half of state Medicaid plans offer non-emergency or full dental coverage. According to a recent study, only 60 percent of the nation’s baby boomers have dental insurance through their employers, and most will lose coverage when they retire, further adding to the number of older adults without coverage.

As Americans are living longer and healthier lives, they are also are more likely to keep their teeth for a lifetime. According to geriatric dentist Greg Folse, “Twelve years ago, 60 percent of my patients had lost all their teeth.” Now, 62 percent still have some teeth.” Folse also notes that of his patients who have teeth, 85 percent have moderate to severe gum disease and 60 percent have tooth decay. Years of decay take a toll on oral health and overall physical well-being. According to the American Dental Association, there is a need to combat the “dental-care-is-for-the-young syndrome” — a myth among older people that they don’t have to go to the dentist.

Older Americans with the poorest oral health are those who are economically disadvantaged, lack insurance and are members of racial and ethnic minorities. According to a Texas Risk Factor Report by the University of Texas Health Science Center at San Antonio, about 1.3 million older Texans avoided visiting the dentist in the past year because of cost. Being disabled, homebound, or institutionalized also increases the risk of poor oral health. According to Texas AAAs, lack of transportation is frequently cited as a reason why older Texans choose not to visit a dentist.
Maintaining dental health is vitally important to good physical health in older adults. Aging stakeholders agree that, because older patients can have special dental care needs, more should be done to better train dentists and dental students in geriatric oral health. Policymakers should also do more to ensure that dental insurance is available and affordable for all older Americans.

Suggested solutions
To address the issue of dental health among older adults, Texas aging stakeholders have made these recommendations:

➤ **Provide coverage through Medicare and Medicaid**  The Lower Rio Grande AAA suggests Medicare and Medicaid provide coverage “for preventive care and for dentures.” The savings realized through preventive care could offset the costs of the program. The process could be similar to the way Medicare covers eyeglasses every two years.

➤ **Increase public awareness**  Public awareness campaigns on the importance of good dental health could encourage preventative dental care among all age groups. Americans should be aware of the links between dental health and chronic disease and illness. Campaigns directly targeting seniors could help dispel the myth among older adults that dental care is only for the young.

➤ **Increase geriatric training for dental students**  By about 2030, about 20 percent of the population will be 65 years of age or older. More research needs to be done on the specific oral health needs of older adults, and dental students should have mandatory training on treating older patients.

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3. Ibid.
4. Ibid.
5. Ibid.
6. Ibid.
7. Ibid.
10. Ibid.
11. Ibid.
Provider Education

“Geriatric training should be mandatory in all Texas medical professional schools.”
– Texas aging stakeholder, Rio Grande AAA

The Older Americans Act Declaration of Objectives states that older adults should have opportunities to achieve the “best possible physical health which science can make available without regard to economic status” and “have immediate benefit from proven research knowledge which can sustain and improve health and happiness.”¹

Issue description

According to a recent American Geriatrics Society report, by 2030 there will be about one geriatrician — a physician specialized in the care of older adults — for every 7,665 older patients unless major steps are taken to recruit and train geriatricians.² With an estimated 75 million baby boomers expected to reach age 65 over the next 10 years, health care administrators expect to see a drastic shortage of trained geriatricians. There are about 1,000 geriatricians practicing today – far fewer than the expected 31,000 that will be needed by 2025.³

Providing quality health care for an aging population requires specific education in both how care for the elderly is different than care for younger individuals, and in how to provide that care.⁴ Geriatrics training allows health care providers to recognize special health characteristics of older adults and to distinguish effects of diseases from the normal physiological changes associated with aging. Without adequate training required to care for an older adult, physicians may misdiagnose or overlook illnesses, or wrongfully attribute an illness to the normal aging process.⁵ Because older adults receive health care from such a wide range of professionals, geriatrics training should be made available to all health care practitioners.

Shortages are occurring in a number of fields that provide geriatric care, including nursing, direct care personnel, social work, and physical therapy. It is difficult to know the number of geriatric health care professionals working in these fields because practitioners typically do not practice solely in the aging sector, but enrollment in health professional programs remains low.⁶

According to the Center for the Advancement of Health, more than 90 percent of nursing homes have too few nurses to properly care for older adults.⁷ Shortages among health care workers for older adults are often attributed in part to low pay, limited benefits, and poor working environments. The workforce is expected to continue to decline as workers retire, or leave the profession for high-paying, less stressful employment.⁸ Low Medicare reimbursement rates that fail to adequately compensate doctors for the extra time often spent with geriatric patients are often cited as a reason for a shortage among physicians.⁹

To address the shortage of health care professionals for older adults, efforts to increase geriatrics training among health care practitioners are under way. The Huffington Center on Aging at Baylor University offers elective courses to medical students to encourage work in the area of geriatrics. The Center also trains
fellows to become board-certified as geriatricians. The UT Center on Aging, through its affiliation with the School of Nursing, has a large gerontology program that trains geriatric nurse practitioners, long-term care administrators and other advanced practice nurses. The UT-Houston Medical School’s Department of Family Medicine and Community Practice has created a geriatric fellowship training program.

Despite efforts to increase geriatrics training, there is still a general lack of institutional and departmental support for aging curricula in some medical and other professional schools. Only three of the nation’s 145 medical schools, for example, have departments devoted to geriatrics, and only 14 require students to take a course in geriatrics. The University of North Texas Health Science Center is the state’s only school that requires a geriatric rotation. Seven of the eight Texas medical schools offer a geriatric rotation only as an elective. In contrast, pediatrics is a required portion of all medical school and nursing school training programs. It has become increasingly apparent that until medical professional schools mandate geriatric training, the shortage of professionals trained in the care of older patients will continue.

**Suggested solutions**

To address the shortage of health care professionals with adequate training in geriatrics, aging stakeholders have suggested:

➤ **Maintain funding for geriatrics training**  In recent months, Congress has considered funding levels for Title VII programs, including funding for all geriatric education programs. Maintaining funding for these programs would allow the Bureau of Health Professions to continue to provide much-needed geriatrics education training programs.11

➤ **Adopt the “Geriatricians Loan Forgiveness Act”**  Physicians who have an interest in pursuing geriatric fellowships are often discouraged because of their large education debt and the relatively low compensation after training. Congress should consider introduced legislation that would forgive $35,000 of education debt incurred by medical students for each year of advanced training required to obtain a certificate of added qualifications in geriatric medicine or psychiatry.

➤ **Reform Medicare reimbursement for geriatrics**  Medicare should provide reimbursement that adequately accounts for the way geriatrics is practiced. Suggested reforms include:
  ➤ Fund interdisciplinary geriatric health care teams to treat patients;
  ➤ Enhance Medicare reimbursement for physicians with fellowship training in geriatrics; and
  ➤ Develop and fund reimbursement codes that adequately fund care of frail elderly.

➤ **Increase geriatrics training for health care practitioners**  Recommendations to increase geriatrics training for health care practitioners include:
  ➤ Implement mandatory geriatric training in all Texas medical professional schools;
  ➤ Develop formal gerontologic and geriatric curricula for all medical students;
  ➤ Increase the amount of test material on the United States Medical Licensing Examination on specific skills and knowledge of geriatrics and gerontology;
  ➤ Designate geriatrics as a primary care discipline; and
  ➤ Increase training of nonacademic geriatricians for management and leadership roles in the community and in emerging health care networks that provide care to older adults.
4. Dr. Michele Saunders. Testimony for WHCOA Solutions Forum: “Geriatrics and Gerontology Education: A Solution for Quality Care,” Austin, Texas, Friday, July 29, 2005
7. Ibid
8. Ibid.
11. Dr. Michele Saunders. Testimony for WHCOA Solutions Forum: “Geriatrics and Gerontology Education: A Solution for Quality Care” Austin, Texas, Friday, July 29, 2005
Shortage of Health Care Workers

“There is a serious need to develop a well trained, trustworthy workforce to meet the needs of the elderly.”
– Texas aging stakeholder, Harris County AAA

According to the Older Americans Act, older adults should receive “full restoration services for those who require institutional care, and a comprehensive array of community-based, long-term care services adequate to appropriately sustain older people in their communities and in their homes, including support to family members and other persons providing voluntary care to older individuals needing long-term care services.”

Issue description
Recruiting and retaining adequate health-care staff is one of the many challenges Texas faces in meeting the needs of an aging population. As life expectancies continue to rise, Texas — along with the rest of the nation — will see a dramatic increase in its population of individuals over age 85, many of whom will at some point require long-term care. In order to keep pace with this demographic trend, Texas will need to ensure that it has a well-qualified long-term care workforce to meet the needs of this growing population.

The long-term care nursing shortage is a nationwide issue, but it is especially critical for Texas, which has a lower number of health-care workers per capita than the national average. The problem is even more acute in rural areas, where the average number of health care workers per 100,000 is even lower than in metropolitan areas. Finding ways to reverse these trends is one of the many issues facing policymakers and long-term services and supports providers.

Several factors contribute to the shortage, but the one most often cited is low wages. According to National Occupational Employment and Wage Data for 2004 (BLS, 2005), the average hourly wage for nursing assistants was $9.98, while home health aides earned an average hourly wage of $9.09. The work is considered difficult and stressful, particularly for those without adequate training. Workplace injury rates for direct-care workers are among the highest for all categories of service industry employees. It is estimated that about one-third of these professionals receive no health insurance or other benefits. In Texas, many providers report that, because of low Medicaid reimbursement levels, many of their employees earn close to minimum wage. Medicaid reimbursement rates for home care in Texas are among the lowest in the nation.

Long-term supports and services are generally provided either in nursing facilities or in home and community-based settings. The Texas Department of Aging and Disability Services provides funding for institutional care to about 68,000 people with physical disabilities, and community-based care to 138,000 others. Nursing aides perform the bulk of long-term service delivery. Aides generally receive low hourly wages and few benefits. Typically, direct-care workers are non-white women, unmarried with children.

When the costs to provide care exceed what the government is willing to pay, providers often struggle to
provide adequate care and may choose not to serve clients with certain types of coverage. When there is little competition for low-income labor in the economy, low reimbursement rates generally do not have much impact on the availability of personnel. However, when there is increase in competition for labor, as is now the case, providers have an exceedingly difficult time recruiting and retaining qualified staff.

As the older population continues to grow, Texas will need to seek alternative ways to meet the growing demand for workers. While Texas continues to rely on informal care giving, nearly one-third of caregivers who provide care in the home supplement this care with services from paid providers.9

To ensure that Texas is prepared for the increased demand for long-term care services, there must be an increased focus on funding and training for the professionals and para-professionals who provide this care. Millions of baby boomers are expected to reach retirement age in the coming years. Americans are also living longer, often with one or more chronic conditions. Thus, the need for an adequate workforce to provide care for this aging population has never been more critical.

**Suggested solutions**

To address the issue of the shortage health care workers in Texas, aging stakeholders have made these recommendations:

➤ **Provide financial incentives for long-term care workers**  
Policymakers must encourage and assist providers in developing incentives – better wages and benefits, career ladders, and worker empowerment – to attract, train, and retain qualified people for these jobs. Older Texans would like to see policymakers better support the efforts of provider agencies to improve the effectiveness and productivity of direct-care staff.

➤ **Provide better training for informal caregivers**  
Many caregivers report having difficulty in providing care in the home, and being unaware of where to turn for training and other useful information. Policymakers must continue to work with and support local organizations, such as AAAs, that provide these valuable resources to the public. Publicizing the availability of these resources must also be emphasized to ensure that these resources do not go underutilized.

➤ **Provide greater incentives for health care workers to practice geriatrics**  
AAAs from around the state have suggested increasing incentives for health care providers to work with the elderly. Providing tax breaks to physicians or student loan reimbursement for professionals that concentrate in geriatrics or practice in rural areas, could help bolster the workforce in the areas that it is needed most.

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3. Ibid.
5. Ibid.
6. Ibid
8. Wright, Bernadette. “Direct Care Workers in Long-Term Care.” AARP Public Policy Institute. May 2005
Protections

“Older Texans deserve protection against abuse and neglect to ensure personal safety and freedom.”
– Texas aging stakeholder, Panhandle AAA

The Older Americans Act states that older Americans have the right of “freedom, independence, and the free exercise of individual initiative in planning and managing their own lives, full participation in the planning and operation of community-based services and programs provided for their benefit, and protection against abuse, neglect, and exploitation.”

Issue description
To ensure personal safety and freedom, older adults deserve protection against abuse, neglect, and exploitation. Abuse of the elderly can take many different forms, including physical, psychological, and financial abuse. It is most often categorized under one of three different headings: domestic abuse, institutional abuse, and neglect. Domestic abuse is typically characterized as abuse or mistreatment by someone who has a relationship with the individual, such as a spouse, child, or caregiver. Institutional abuse is characterized as mistreatment that occurs in a residential facility, such as a nursing home. Neglect is the refusal or failure to fulfill obligations and duties in providing for the individual. Neglect often takes the form of self-neglect, in which the individual is unable to meet his or her own basic needs, most often due to poverty or mental impairment.

Because of underreporting, the occurrence of abuse can be hard to identify. The 1996 National Elder Abuse Study showed that almost half a million people 60 and over experienced abuse or neglect in a domestic setting. Of this total, only about 16 percent were reported to state protective and regulatory authorities. It is estimated that for every case of abuse that is reported, five cases go unreported.

Studies have shown that the oldest persons – those over 80 – are far more likely to be victims of all categories of abuse, except abandonment. Although individuals in this age group make up about 20 percent of the elderly population, they account for about 50 percent of reports of neglect, financial abuse, physical abuse, and psychological abuse. Women are also more likely to be victims, accounting for about 58 percent of the elderly population, and 76 percent of emotional abuse, 71 percent of physical abuse, 63 percent of financial abuse, and 60 percent of neglect. Men accounted for a disproportionate 60 percent of abandonment — a form of abuse by neglect. Studies also show that blacks were disproportionately represented, making up less than 10 percent of the elderly population while accounting for about 15 percent of all reported cases.

Nationally, the most common substantiated allegations of maltreatment of elders or adults are self-neglect (42 percent), physical abuse (20 percent), caregiver neglect (13 percent), financial exploitation, (10 percent), emotional/verbal abuse (8 percent), and sexual abuse (1 percent). In Texas, the most common types of substantiated maltreatment are self-neglect (78 percent), caregiver neglect (8 percent), emotional abuse (6 percent), physical abuse (3 percent) and financial exploitation (3 percent).
In the past decade, progress has been made toward understanding cases of elder abuse across the country. Studies show that in cases of physical, psychological, and financial abuse in the community, the perpetrators were more likely to have a history of psychopathology, and tended to be dependent on the victim for financial resources. In cases of neglect, the victim was more likely to be older, widowed, and cognitively and/or physically impaired, with few social contacts.

A recent study published in the Journal of the American Geriatric Society reveals relationship-level as a major risk factor in caregiver abuse. This finding supports the correlation between stress and abuse; taking care of people with whom one has a personal relationship is more difficult due to the breakdown of boundaries. It is easier to “act out” towards someone one knows in high-stress situations. The highest anxiety levels often occur between spouses; caring for a spouse can be very stressful due to the change in structure of the relationship that occurs when one person becomes dependent on the other.

Nursing home abuse and neglect is also a serious problem and is thought to go underreported. Findings of the National Academy of Sciences Panel to Review Risk and Prevalence of Elder Abuse and Neglect indicate that abuse in nursing facilities can be caused by stressful working conditions, shortage of workers, staff burnout, and inadequate staff training. According to stakeholders from the Harris County AAA, making geriatric training mandatory in all Texas residential facilities will provide better protection against abuse for the most vulnerable older adults. Geriatric training would help workers understand the needs and abilities of those for whom they provide care. Understanding the physical limitations of some older adults could result in more realistic expectations of patients, and could reduce worker frustration.

There is growing consensus that no single agency or discipline has all the resources and expertise necessary to effectively resolve cases of abuse, neglect, and exploitation. Elder abuse cases are often unique and may involve protective orders, mental health counseling, medical care, in-home care, legal assistance, financial advocacy, emergency shelter, guardianship and, in some cases, police intervention. Other community stakeholders concerned with elder abuse include the medical community, the mental health community, victims rights associations, advocate groups, legal experts, courts, and law enforcement.

Multi-disciplinary teams, which include representatives from each entity, can provide a forum for collective review of suspected cases and offer opportunities for service coordination, professional development, outreach, and advocacy on behalf of older adults. The importance and benefits of the team approach have received greater attention from federal, state, and local governments as evident in increased financial support, technical assistance, and statutory authority. Older Americans Act funds are increasingly used to support activities that promote this type of coordination.

**Suggested solutions**

To address the issue of abuse of the elderly, aging stakeholders have provided these recommendations:

- **Increase awareness of abuse**  
  Older adults, their families and their caregivers should be given more information on how to detect and identify abuse, and what to do about it. Caregivers should be given more information, including geriatrics training, to help them understand the needs and capabilities of older adults and how to deal with the stress of caregiving.
Many Voices: Health and Long-Term Living

➤**Adopt the Elder Justice Act**  The Bexar County AAA suggests Congress adopt the Elder Justice Act. The Act would create the Office of Elder Justice within the Administration on Aging to develop objectives, priorities, policies, and a long-term plan for elder justice programs and activities relating to the prevention, detection, training, treatment, evaluation, intervention, research, and improvement of the elder justice system in the United States.

➤**Increase community involvement**  The AAA in Central Texas suggests enlisting “service organizations and clubs” as well as “neighborhood work groups” to aid in establishing abuse awareness and prevention programs. Aging stakeholders in Harris County add that “community awareness needs to be increased to alert family, friends, church members, and neighbors to the signs of neglect and abuse.”

➤**Improve coordination between entities**  Elder abuse cases are unique and often involve many different stakeholders. Response to abuse cases can involve protective orders, mental health counseling, legal assistance, and in some cases law enforcement.¹⁸ A close working relationship among all entities involved is critical to ensure that cases are efficiently and thoroughly investigated and adequate outcomes are achieved.

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3. Ibid.
5. Ibid.
7. Ibid.
8. Ibid.
9. Ibid.
13. Ibid.
15. National Center on Elder Abuse, Nursing Home Abuse
Social Engagement
Volunteerism

“Senior volunteers are the backbone for many of the projects that are so important to our communities.”
– Texas aging stakeholder, Bexar County AAA

Volunteerism is supported by Congress’ declaration of objectives in the Older Americans Act, which states “older adults have the right to participate in and contribute to meaningful activity within the widest range of civic, cultural, education and training, and recreational opportunities” as well as “full participation in the planning and operation of community-based services and programs.”

Issue description
Volunteerism provides opportunities for older adults to participate in unpaid services and activities within a wide range of settings, and to provide a positive impact in their communities and in their own lives. Activities can take many forms, including formal (clubs, religious or non-religious organizations) or informal (driving a friend or neighbor to the store). Older Americans are enjoying longer lives that continue to be filled with rich and varied community and physical activities. Through volunteer opportunities, they can provide valuable assets to public, private, and non-profit organizations in their communities.

A study conducted by the Senior Research Group found that older people who volunteer experience greater feelings of satisfaction with their lives. Volunteer opportunities are typically available to all older adults, including those with disabilities or in poor health. These opportunities are proving vital to the physical and mental well-being of older citizens. The Aging Texas Well Indicators Survey reveals that the majority of older Texans believe “being involved in the community” is important, with more than 45 percent of older Texans considering community involvement to be “very important.” Volunteerism is one of the primary means of community involvement for many older Texans.

Volunteerism among older Texans also provides a valuable resource for the communities in which they live. According to a recent survey, almost 44 percent of all people 55 and older volunteer at least once a year; more than 36 percent reported that they had volunteered within the past month. These older volunteers give on average 4.4 hours per week to the causes they support. The 26.4 million senior volunteers gave approximately 5.6 billion hours of their time — a value of $77.2 billion — to nonprofit organizations and other causes in this country.

Volunteering is also one of the many ways in which older adults maintain their physical and mental well-being. Taking part in activities in their communities allows older adults the physical interaction and mental stimulation that is important to their health. Without these opportunities, many older individuals would suffer from social isolation and inactivity — which are so often associated with loneliness and depression — as well as with physical ailments.
Finding ways to increase opportunities for volunteerism among older Texans is important to improving the lives of older adults and to taking advantage of the vital resources that these volunteers provide. At least 18 percent of older Texans never leave their homes or leave their home only once a week. Further, 26 percent of older Texans report that they are lonely. Though there may be opportunities for these individuals to be more involved, more can be done to encourage participation or to facilitate it in cases in which the person wishes to participate without leaving home.

Volunteerism plays an important role in the quality of life for individuals and for their communities. It provides seniors with enhanced sense of purpose, social interaction, and personal growth. Continuing to provide new and innovative ways for older adults to volunteer their time is essential to the communities that rely on these efforts, and to helping older adults live healthy and productive lives.

**Suggested solutions**

To help ensure that older Texans continue to have access to volunteer opportunities, the following recommendations from aging stakeholders should be considered:

- **Change benefits and increase program flexibility** Programs such as Americorps, which is open to people of all ages, report that less than 3 percent of their volunteers are over age 60. Providing incentives such as enhanced prescription drug benefits could increase volunteerism among older Americans.

- **Improve access for volunteers who are physically impaired** Older adults with mobility limitations who don't volunteer might be more inclined to do so if they had access to transportation assistance or home volunteering options.

- **Increase awareness** More can be done at all levels of government to increase awareness of the benefits of volunteerism and of the opportunities available. Public service announcements could be used to promote programs such as:

  - Senior Corps, which provides grants to community service organizations that “tap the rich experience, skills, and talents of the 55+ population;”
  - Retired and Senior Volunteer Program (RSVP); or
  - Foster Grandparents.

- **Create more opportunities** Texas AAAs have emphasized the importance of “intergenerational volunteer opportunities that create incentives for both young and old to participate.” Promoting intergenerational interaction would help reduce “generational differences” among these populations, reducing what the Panhandle AAA calls “the stigma of aging or disabilities.”

- **Encourage partnerships** Encourage partnerships among community organizations that serve older adults, such as AAAs, and other community organizations or non-profits that would greatly benefit from volunteers, and would provide opportunities for older citizens.
1 U.S. Federal Code, Title 42, Chapter 35, Section 3001, Congressional Declaration of Objectives.
Social Isolation

“Staying ‘connected’ and socially involved are important parts of a healthy lifestyle.”
– Texas aging stakeholder, Lower Rio Grande AAA

Social interaction is supported by Congress’ declaration of objectives in the Older Americans Act (OAA), which states that older adults have the right to “participate in and contribute to meaningful activity with the widest range of civic, cultural, education and training, and recreational opportunities.”

Issue description

Social interaction is a critical factor for older adults in maintaining a healthy lifestyle. Older adults who engage in social activities are more likely to remain mentally and physically stimulated, and are able to maintain better overall health and quality of life. Yet while most seniors are able to stay physically active and socially engaged, there remains a subset of older adults who may be socially isolated, often as a result of factors beyond their control.

Research suggests “social interaction and lack of community involvement are strongly associated with poor physical and mental health.” Providing adequate support and opportunities for social interaction are top priorities for many Texas area agencies on aging (AAAs). However, older adults often encounter obstacles such as physical and psychological impairments, limited income, or institutionalization, which may severely limit their opportunities for social interaction. Illness, loss of a loved one, limited mobility, or rural isolation are commonly reported reasons for lack of social engagement among seniors.

According to an Aging Texas Well survey of older Texans, 29 percent reported that poor physical health kept them from daily activities such as work or recreation for at least one day in the last month. Thirty-five percent of older Texans are widowed. Seventeen percent live in rural counties. Isolation can many times lead to loneliness and depression, which can “further limit physical activity and social contact, forming a vicious cycle.”

Despite these findings, there are many sources of social support that older adults can turn to in times of need. Research suggests that daily contact with a family member, friend or neighbor can make a significant difference in a person’s ability to continue living a healthy and independent life. Aging Texas Well survey results indicate that more than 25 percent of older Texans consider loneliness a major or minor problem. Six to seven percent of older Texans indicate they do not have weekly contact, either by talking or spending time with others. Three percent report not leaving their home in a typical week. The majority of older Texans are satisfied with their interactions with family and friends, but 15 percent indicate they are only somewhat satisfied or very dissatisfied.

In cases where the individual is unable to have regular contact with family or friends, social support systems such as in-home services, volunteer programs, or congregate meals can be the last line of defense against social isolation. Continued support and expansion of these community-based programs should be a priority among policymakers and advocates for older adults.
For those whose social networks are limited by loss of mobility, finding networks of support through online communities can be a viable alternative. Online activity among seniors continues to rise, with an estimated 70 percent of seniors having accessed the Internet.\(^8\) Demographic information indicates that most computer and Internet users are typically “well educated” or have moderate-to-high incomes. Efforts to expand access and usage to a broader spectrum of older adults could prove beneficial to those who are unable to engage in social activity.

**Suggested solutions**

To ensure that older adults have the best opportunities for social interaction in their communities, stakeholders have suggested the following:

- **Promote volunteerism**  
  Volunteerism provides older adults opportunities to participate in a range of activities within many different settings in their communities. It promotes positive feelings, builds self-confidence, and allows seniors the opportunity to be socially engaged while helping others and making a difference in their communities. Continued support of programs such as the Corporation for National and Community Service will provide opportunities for seniors to remain socially involved and avoid the pitfalls of social isolation.

- **Increase community-based support**  
  Community-based support is one of the leading resources in the prevention of social isolation among older adults. Texas AAAs report the need for more resources, including volunteers, to provide services to seniors. Volunteers need training in crisis prevention for older adults. In areas where services are most limited, faith-based organizations should be encouraged to provide social support programs such as telephone reassurance or visitor programs.\(^9\)

- **Provide funding for education and training**  
  Continuing education and life-long learning opportunities allow older adults to remain connected through programs such as Elderhostels, college courses, or participation in activities offered at public libraries. Innovative uses of information technology can be important tools in counteracting the effects of isolation and distance, especially for individuals that have become immobile. Job training can allow older adults to enter or remain in the workforce, which may increase their opportunities for social engagement.

- **Recognize diversity among the older population**  
  The growing diversity of the older population, particularly in Texas, makes it increasingly important to recognize cultural differences throughout the population. Language barriers or perceived cultural insensitivity can become barriers to social engagement, particularly for non-English speaking seniors who may be wary or suspicious of “outsiders.” Persons with a physical disability, such as hearing loss, may also find their opportunities for social activity limited. Ensuring that social programs and services designed to increase social interaction are available for diverse populations will help increase social activity among all seniors.

- **Support the use of technology**  
  The Internet can be a useful tool in allowing older adults to remain connected with social networks. Efforts to raise awareness and computer literacy, while providing education to protect against abuse and fraud, can play a key role in the efforts to increase social engagement among seniors. Funding to provide computer equipment for local libraries, senior centers, and independent learning centers should be a priority. Corporations should also be encouraged to donate resources to aid in increasing computer literacy and online access for older adults.
1 U.S. Federal Code, Chapter 42, Section 3001, Congressional Declaration of Objectives.
4 Ibid.
5 Texas Demographics: A Profile of Older Adults in Texas. June 2004. Office of Aging Policy and Information.
Spirituality

“Spirituality can serve as a bridge between feelings of hopelessness and a renewed sense of hope and meaning.”
– Dr. Viktor Frankl

Congress states in the Older Americans Act that older Americans should have the right to “participate in and contribute to meaningful activity within the widest range of civic, cultural, education and training and recreational opportunities” and “freedom, independence, and the free exercise of individual initiative in planning and managing their own lives.”¹

Issue description

People of all ages seek to find meaning in their lives. For older adults, spirituality, whether expressed through religious or other practices, can help facilitate successful aging. Spirituality for older adults can serve as a bridge between feelings of hopelessness and a renewed sense of hope and meaning.² It can provide a system of supports for coping with adverse circumstances, or with everyday life. Faith and support from an individual’s religious and spiritual community can help give them a greater sense of control and satisfaction with their lives and death.³

Spirituality is a critical part of American society, especially for older adults. According to the Aging Texas Well Indicators Survey, 82 percent of older Texans report having a rich spiritual life is very important, and 78 percent indicate that they participate in spiritual activities on a daily or weekly basis.⁴ These life priorities are most notably reflected in the large number of Americans affiliated with religious groups. Results from the American Religious Identification Survey indicate that 42 percent of those 50-62 and 47 percent of older adults 65-plus regard themselves as religious compared to 27 percent of people 18-34.⁵

Religious activities can also play an important role in social engagement for older adults, especially among ethnic populations. The Rio Grande AAA, which represents a large Hispanic population, reports, “Many isolated seniors are most likely to leave their home to attend spiritual support services.” This enables seniors who would most likely have been homebound to interact with others in a social environment, thus enhancing their quality of life.

Until recently, religion was largely ignored by social scientists in gerontology. However, recent research has found repeated encouraging connections between spiritual and religious convictions and positive health benefits. Faith, prayer, and being part of a spiritual community have been linked to successful aging.⁶ Research has found that spiritual and religious participation may play a bigger role in the healing process than previously believed by the medical community.⁷

According to Texas AAAs, caregivers have voiced concern that “emotional and psychological issues are sometimes overlooked” by people providing care. Research related to physical health indicates that older adults who remain spiritually engaged (e.g., attend religious services, or practice prayer or meditation) experience improved mental and physical health.⁸ Spiritual engagement can ease depression and anxi-
ety, which may aggravate coronary artery disease, hypertension, stroke, and psychosomatic disorders. A hopeful, positive attitude about the future can also help persons who have physical problems and disabilities remain motivated to recover.

A spiritual belief system can also ease the fears and anxieties associated with dying. Research suggests that spirituality and religion can help not only to ease fears, but also to give an individual a greater sense of control at death. It can ease the anxiety of feeling isolated at the end of life, and can help give an individual a greater sense of satisfaction about the meaning and value of their lives.

Suggested solutions
To address issues of spirituality for older Texans, aging stakeholders have made these recommendations:

➤ Continue to support the use of faith-based organizations Faith-based organizations are important in meeting the needs of older individuals, and their importance is likely to increase as the aging population continues to grow. Religious denominations and spiritually oriented organizations represent viable sources of health promotion and prevention opportunities to various population groups. Parish nurses, for example, provide both adequate health and spiritual care needed by patients. Access to funding for these organizations helps provide needed services to older adults.

➤ Promote cooperation between faith-based programs and health care programs It is important that policymakers support program funding that allows faith-based organizations to create and/or enhance existing links to health care programs (e.g., parish nurses, clergy in hospitals). As links are created or enhanced, outreach methods often employed by faith-based organizations can be effective in targeting sub groups of older adults that are isolated due to mobility limitations, geographic location, or language.

➤ Encourage health care providers to adopt a holistic approach to care Research suggests that people benefit from care that addresses all aspects of humanity – body, mind, and spirit. Introducing spirituality into care does not change the way medicine is practiced, but rather how it is “viewed.” Policymakers should continue to support research, and efforts to raise awareness of, the links between spirituality and health in order to find new ways to improve quality of care for many older adults.

1 U.S. Federal Code, Title 42, Chapter 35, Section 3001, Congressional Declaration of Objectives.
4 Texas Department of Aging and Disability Services, Benchmark Survey of Older Texans, Unreleased data (2004).
5 Kosmin, Mayer, and Keysar
9 Ibid.
11 Ibid.
13 Ibid.
Continuing Education

“Education is a continuous lifelong process.”
– Texas Department of Aging and Disability Services, State of Our State on Aging

Congress has declared that older people are entitled to “participate in and contribute to meaningful activity within the widest range of civic, cultural, education and training, and recreational opportunities.”

Issue description
Learning is a continual lifelong process that plays a key role in keeping mentally active, acquiring new job skills and in personal enrichment. For many older Texans, continuing education is key to helping them stay active and connected in their communities. Learning opportunities provide a chance for seniors to socialize, increase knowledge, and stay informed. For others, education is essential to allowing them to maintain or gain employment. Keeping up with rapidly changing technology and industry practices can mean the difference between being employed or out of work for some older adults.

Research has shown that the ability to learn and retain new information can continue throughout life. Research also demonstrates a correlation between education and health, longevity and economic status. With Americans living longer, continuing education has become an increasingly important part of a healthy lifestyle. Older adults are recognizing the importance of staying mentally, as well as physically, active. In a recent Aging Texas Well Indicators survey, more than 50 percent of older Texans reported “personal growth” as their reason for seeking higher education.

Policymakers recognize the positive effect education can have for older adults and more educational opportunities are being made available. In Texas, state law allows state-supported institutions of higher learning to offer courses to older adults for free or at reduced rates. Implementation of this policy is left to individual institutions. However, since policies can vary by institution, awareness and usage of these programs may not be high. For the 2003-04 school year, only 4,281 older adults had either audited or enrolled in Texas public universities under the reduced rate or free tuition programs.

There are many other education options for older adults. Public school districts, junior colleges, universities, and other community based organizations that receive funds through the Adult Education and Family Literacy program provide basic secondary education programs to all adults; however, they may not meet many of the specific needs of older adults. Many seniors are working longer or embarking on new careers, making the need for job-related education especially important for older adults.

Other educational opportunities include Elderhostels, which, in conjunction with universities and other organizations nationwide, offer travel packages and liberal arts study in friendly and supportive environments. Institutes for Learning in Retirement also offer educational opportunities in conjunction with Texas universities. Senior centers and public libraries provide opportunities for job training, personal enrichment, and networking that are important parts of continuing education.

The Internet is also a useful educational tool for seniors. Older adults can access online courses, training modules, and other tools that are a part of the lifelong learning process. However, many older adults lack
training on use of computers. SeniorNet, a nonprofit organization, offers educational programs designed to support and encourage the use of computers and communication technologies for older adults.\(^8\)

**Suggested solutions**

To improve and increase lifelong educational opportunities for seniors, aging stakeholders have made these suggestions:

➤ **Increase awareness of opportunities** Use of college-based programs is low, as noted above. Policymakers should increase efforts to make older adults aware of educational opportunities at institutions of higher learning.

➤ **Increase funding for community-based programs** During economic downturns, community-based services are often the first to be cut. Policymakers should recognize the importance of services offered by libraries and other community programs. Funding should be increased to ensure that these programs remain available and that program offerings can be expanded.

➤ **Increase job training availability** As older adults look to enter or remain in the workforce, job training is becoming increasingly critical. Institutions that can best provide this training, such as community colleges or universities, must receive the funding and direction necessary to ensure they are able to meet this demand. Class offerings and schedules should include consideration for educational or job training requirements for older adults in the community.

➤ **Recognize the unique needs of older adults** Programs that offer educational opportunities for seniors should recognize the importance of accommodating the unique needs of older adults. Buildings and pathways should be accessible for those with mobility impairments. Classrooms should be able to accommodate those with impaired hearing or vision. Instructors should consider teaching techniques that accommodate different learning styles of older adults, such as reliance on recognition techniques instead of traditional recall methods, or the need for self-paced learning.

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1 U.S. Federal Code, Chapter 42, Section 3001, Congressional Declaration of Objectives.
3 Ibid.
4 Ibid.
5 Ibid.
7 Texas Education Code. Chapter 29, Subchapter H. Adult and Community Education Programs.
Marketplace
Housing

“The adequacy of one’s housing and living conditions is closely linked to quality of life.”
– Texas aging stakeholder, Panhandle AAA

In the Older Americans Act, Congress has declared that older people are entitled to equal opportunity to obtain and maintain their independence.¹

Issue description
For many older adults, finding adequate, accessible, and affordable housing can be a challenge. In order to meet these requirements, housing must be a safe and comfortable dwelling where a person can maintain independence; have amenities that can be accessed by persons with disabilities; and have costs, including utilities, that are no more than 30 percent of gross income. Housing that is adequate, accessible, and affordable can help older adults age in place while preserving their dignity and independence.

The need for assistance with adequate housing is greatest among older Texans that lack both sufficient income and assets. Nearly 35 percent of this population live in severely deprived dwellings that pose a threat to their safety and well-being.² Older Texans are frequently unable to repair or update their own homes, and as a result, it can sometimes be easier to move them to an institutional setting, where they typically have less independence and lower quality of life.

Discussions about housing for older adults typically involve three separate components: adequacy, accessibility, and affordability.

Adequacy
Adequate housing is an important factor in quality of life. While older adults want to remain in their own homes, many homes do not have the features that promote safety and comfort. Home-repair assistance for older adults is a major concern among aging stakeholders. A recent study conducted by the Texas Department of Housing and Community Affairs (TDHCA), found that 83 percent of respondents considered “housing that is substandard or in need of rehabilitation” to be a major issue for older adults.³

According to Department of Housing and Urban Development (HUD), almost 1.5 million elderly households lack basic elements such as complete plumbing or a reliable source of heat.⁴ Nearly 35 percent of this population live in severely deprived dwellings that pose a threat to their safety and well-being.⁵ The most significant deprivation in the state is along the Texas-Mexico border, in areas known as colonias, where polluted water supplies, inadequate sewage facilities, and lack of infrastructure are not uncommon.⁶ However, inadequate housing conditions exist throughout the state. In a recent TDHCA study, nearly 70 percent of respondents reported a major or moderate need for assistance with repair and/or rehabilitation of existing renter- or owner-occupied housing.⁷
Accessibility

Accessibility of housing can depend upon the nature and extent of a person’s disability. An accessible home should allow an individual to do what he or she needs and wants to do as independently as possible. For some, access can be improved by simply adding grab bars and a tub seat in the bathroom. For wheelchair users, access may require adding ramps to entrances, widening doorways, lowering counters, adding lever or loop-style hardware to doors and drawers, and modifying storage areas.⁸

People with visual or hearing disabilities have different access needs than do people with mobility disabilities.⁹ People with hearing disabilities may require visual adaptations for items such as the telephone ringer, the doorbell, and smoke alarms. People who are blind may require physical marking of changes in floor level and stair edges or Braille markings on appliances and controls. Others may be accommodated with large-print markings and displays, contrasting colors to distinguish changes in floor levels or transitions from one area to another.¹⁰

Affordability

Housing affordability is also a major concern for older adults. In nearly every market in the nation, reasonably affording a modest two-bedroom while earning the equivalent of today’s minimum wage can be extremely difficult.¹¹ This is especially troubling for older adults who live on low fixed incomes or have few assets. Lack of affordable housing forces many older adults to spend a high percentage of their discretionary income on shelter, placing rent in competition with other essentials, such as food or health care.¹² According to the AAA in Greater West Texas, “inflation and rising costs of living are resulting in a reduced standard of living for seniors.”

The Department of Housing and Urban Development (HUD) reports that approximately 1.7 million older adults have incomes of less than $10,000, few assets, and spend more than half of their monthly income on housing costs.¹³ A recent Texas Benchmark Survey found that 55 percent of Texans ages 60 and older spend more than one-third of their income on housing costs (e.g., mortgage/rent, housing insurance, utilities, taxes, association fees).¹⁴ Utility costs also pose a heavy burden for low-income seniors, typically representing 13 to 44 percent of annual gross incomes and accounting for nearly one-fourth of total housing costs.¹⁵ With home energy costs on the rise, the situation is not expected to improve in the near future.

In Texas, the burden of updating homes to improve accessibility and making needed home repairs typically falls to the individual. However, due to physical limitations and lack of funds, older Texans are less likely to make accessibility improvements or repairs themselves. Repairs are often left to family, friends or contractors. Because home repairs can be costly and unaffordable for some, they are often neglected, increasing the likelihood of becoming progressively worse.
Suggested solutions

To address the issue of housing for older Texans, aging stakeholders have made these recommendations:

➤ **Increase coordination among community-based housing programs**  While at least 15 separate programs in Texas offer aid for housing needs, coordination and collaboration need to be improved for the programs to be more effective.16

➤ **Increase awareness of housing assistance programs**  The Rio Grande Region AAA suggests that older Texans need to be made aware of the programs and services available to them. Aging stakeholders report a need “to increase awareness not only about what is available, but on how to access assistance programs.” For instance, the aging population of Texas could be most helped by programs that may aid in paying utility bills, making home modifications, and attaining support services.

➤ **Increase funding for housing assistance**  Programs to assist older adults with housing repairs must have adequate funding to prepare for expected increases in clientele. Efforts to increase awareness should result in increased usage among older adults, making it important that funding is available for those who seek services.

➤ **Promote proper insulation and home weatherization**  Programs such as the Weatherization Assistance Program, funded by the U.S. Department of Energy and DHHS, provides energy conservation education, and funds the installation of weatherization measures. Priority is given to the elderly, persons with disabilities, and households with children under age six. Weatherization includes modifications, such as installing proper insulation, which can be made to a home to reduce energy waste, and lower monthly home energy costs.

➤ **Ensure compliance with housing laws**  Stakeholders would like policymakers to promote efforts to ensure compliance with existing housing laws pertaining to accessibility features in multi- and single-family housing. Communities should be educated on accessibility requirements and should encourage enforcement of applicable laws. Texas AAAs have also stressed the importance of “re-fitting” houses for older Texans, and suggest HUD officials and builders “consider the re-design of homes and apartments to meet the needs of the elderly and disabled.”

1 U.S. Federal Code, Title 42, Chapter 35, Section 3001, Congressional Declaration of Objectives.
2 Texas Department of Aging and Disability Services, Benchmark Survey of Older Texans, unreleased data (2004).
3 Texas Department of Housing and Community Affairs, Housing Resource Center, 2001 Community Needs Survey, 9.
4 Texas Department of Aging and Disability Services, Benchmark Survey of Older Texans, unreleased data (2004).
5 Texas Department of Aging and Disability Services, Benchmark Survey of Older Texans, unreleased data (2004).
6 Federal Reserve Bank of Dallas, Texas Colonias: A Thumbnail Sketch of the Conditions, Issues, Challenges, and Opportunities (Dallas, TX: Federal Reserve Bank of Dallas, 1996).
7 Texas Department of Housing and Community Affairs, Housing Resource Center, 2001 Community Needs Survey, 10.
9 Ibid.
10 Ibid.
12 Ibid.
14 Texas Department of Aging and Disability Services, Benchmark Survey of Older Texans, unreleased data (2004).
15 Texas Department of Housing and Community Affairs, 2004 State of Texas Low Income Housing Plan and Annual Report (Austin, TX: Texas Department of Housing and Community Affairs, 2004), 30.
16 State of Texas Senior Housing Assessment: Key Informant Survey; University of North Texas, August 2003
Transportation

“Transportation is one of the most pressing issues facing older Texans today.”
– Texas aging stakeholder, Bexar County AAA

As stated in the Older Americans Act, older adults should have “efficient community services, including access to low-cost transportation, which provide choice in supported living arrangements and social assistance in a coordinated manner, which are readily available when needed, with emphasis on maintaining a continuum of care for vulnerable older adults.”¹

Issue description

Access to safe, convenient and affordable transportation is important to the overall well-being of older adults. Transportation is consistently listed as a top concern of older adults, their caregivers, friends and service providers. Older Americans rely on adequate transportation to maintain their access to employment, goods and services, medical care, and social contacts – all of which are crucial to allowing them to live healthy and fulfilling lives. Without transportation, many older adults have limited access to some of the most basic needs such as food, medical care, or even human contact, reducing their quality of life.

Among older adults, lack of transportation is a primary barrier to obtaining goods and services. Despite efforts to enhance public transportation systems to meet consumer needs, usage rates among older adults remain low. Community surveys in Texas reveal that only 6 percent of transit users are over age 65.² Using transit services is especially difficult for seniors in Texas, where only about half of households in urban communities are located within one mile of a transit stop. The problem is even greater in rural areas, where only about 12 percent of households are located within an accessible distance.¹ Without convenient transportation options, many older adults who are otherwise incapable of meeting their basic needs often end up in institutionalized care.

The ideal form of transportation for many older adults is one that provides the greatest independence, safety, and convenience. Individuals over age 65 comprise the fastest-growing segment of the driving population, both in total number of drivers and total number of miles driven annually.⁴ Driving continues to be the transportation of choice among older adults. Compared with drivers, elderly non-drivers make 15 percent fewer doctor visits, 59 percent fewer trips for shopping and dining and 65 percent fewer trips for social, family and religious activities.⁵ Estimates indicate that, by 2024, one in four drivers will be over the age of 65.⁶ One survey reports that an estimated 75 percent of those over age 75 continue to drive, while an additional 18 percent report that they most frequently rely on being driven by others.⁷

Driving-related research on mobility and transportation issues for older adults has focused substantially on functional decline, which can adversely affect safety on the road. Studies have uncovered important evidence linking “certain visual, cognitive, and physical impairments to adverse outcomes such as crashes.”⁸ As a result of these studies, functional assessment tools have been developed to help identify these high-risk individuals. Research also suggests that “education and rehabilitation among high risk individuals can improve performance.” Thus, public policy focused on identifying at-risk individuals who would
benefit from education and rehabilitation services, could help them improve performance and stay on the road as long as it is safe to do so.”9

Because older adults rely so heavily on automobiles, finding ways to improve safety is critical. Efforts to improve safety have included increasing the size and reflectivity of road signs, which can help drivers recognize their surroundings and respond quickly to changing road conditions. However, further research on methods to improve driving safety for this rapidly growing population should continue to be a priority for state and federal policymakers.

Increased transportation costs are also having a great effect on seniors. Gas prices are soaring, and are having the greatest effect on those with fixed or limited incomes, such as seniors. Volunteers and community organizations that provide transportation are also affected, resulting in even further strain on resources available to seniors. Cab fares are often beyond the means of older adults on limited incomes, forcing many to rely on public transportation that has proven to be inadequate. The end result is that many of these individuals simply disengage from the community.

With usage of public transit so low among older adults, state and federal transportation initiatives should increase focus on studying the reasons for low usage rates, and on developing alternative means of serving the “transportation disadvantaged.” Assessment tools that identify patterns and usage among older adults, as part of a comprehensive analysis of transportation among seniors, could go a long way toward filling unmet consumer need.10

Because transportation is vital to providing seniors access to the resources so critical to maintaining a healthy lifestyle, policymakers and community leaders must continue to work to improve the transportation infrastructure. Increased access to transportation, particularly in rural areas, is a growing need in this country. The Rio Grande AAA reports “transportation services are among the most commonly requested services recorded in their area.” In a state as geographically diverse as Texas, where rural isolation and suburban sprawl often stand between older adults and needed services, adequate transportation infrastructure is vital to helping seniors stay independent and connected in their communities.

Suggested solutions

Texas AAAs and other aging stakeholders responded to our request for solutions and recommendations on how to improve the transportation infrastructure for older Texans. Suggestions provided include:

➤ **Adopt the ‘Five A’s of senior friendly transportation.**11 Communities should ensure that transportation infrastructure provides:
  ➢ Availability – transportation exists, and is available when needed
  ➢ Accessibility – transportation can be reached and used
  ➢ Acceptability – transportation is clean, safe, dependable, and user-friendly
  ➢ Affordability – transportation is within the means of all older adults
  ➢ Adaptability – transportation can be modified or adapted to meet special needs

➤ **Increase funding for AAAs** AAAs report that transportation is consistently among the most requested services. In 2003, Texas AAAs reported providing 1,068,028 one-way trips for 15,146 people. An additional 205,676 eligible trips were paid for with local funds.12 These figures, however, represent a small portion of actual need for transportation services. Rural areas continue to be some of the most underserved communities, most often due to lack of resources.
➤ **Educate seniors on the availability of services**  A national survey reveals that many older people are not aware of community-based transportation services in their area. According to the Greater West Texas AAA, educating seniors on available transportation options will help increase mobility and access to services among older Texans. It may also reduce reliance on driving which can be costly, and dangerous as individuals’ driving skills decline with age.

➤ **Provide screening, education, and rehabilitation for at-risk drivers**  State licensing offices should use screening and assessment tools to identify conditions that have been empirically linked to negative outcomes such as traffic violations and crashes. Education and rehabilitation services from certified driving rehabilitation specialists should be offered at all state licensing offices where at-risk drivers are identified. Insurance companies should reimburse the costs of these services.

➤ **Conduct thorough assessment of transportation needs and services**  Policymakers should study the reasons for low public transit usage rates among older adults and ways to address the issue. Analysis of this problem should be conducted through a concerted effort among experts in the field, in order “to take a comprehensive look across the system and formulate policies needed to improve efficiencies while remaining responsive to a diverse and changing population.”

➤ **View transportation as an ‘Instrumental Activity of Daily Living’ (IADL)**  Policymakers should recognize that transportation is more than just a means to an end, but rather it should be seen as the end itself. Transportation is a vital part of our relationship with community, our freedom, and our independence.

➤ **Encourage volunteerism**  Volunteer drivers play an important role in helping older adult obtain services in their communities. Suggestions for increasing volunteerism include:

- Easing restrictions and liabilities for volunteers to allow volunteers “to provide limited transportation for services such as grocery shopping or buying medications”; and

- Providing tax incentives to encourage business to make monetary donations, or to allow employees to volunteer on company time to transport seniors.

➤ **Monitor fuel prices**  Congress should examine policies that affect the price of gas.

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2. Gadbois, G. and S. Handy. Community Transportation in Texas. Prepared for the Community Transportation Collaborate by the University of Texas at Austin. (Austin, TX, December 1998).
3. AARP, Public Policy Institute. Transportation: The Older Person’s Interest. Fact Sheet Number 44R. (Washington, DC)
9. Ibid.
10. Ibid.
11. The 5 As of senior friendly transportation were developed by the Beverly Foundation in 2000
14. Ibid.
Fraud

“Fraud perpetrated against seniors must be stopped. What little they have is too often taken from them through scams and other illegal practices.”
– Texas aging stakeholder, Harris County AAA

The Older Americans Act states that older adults should have “freedom, independence... and protection from abuse, neglect, and exploitation.”

Issue description
According of the FBI, older Americans are one of the primary targets of fraud in this country. An estimated five million seniors are the victims of some form of financial exploitation each year. With so many of these crimes unreported, it is difficult to estimate the financial impact of crimes against the elderly; however, telemarketing fraud alone, across all age groups, costs the nation about $40 billion annually.

There are several reasons why older adults are more likely to be victimized than other members of the general population:
- They are more likely to have sizeable nest eggs, own their own home, or have good credit that con artists can tap into;
- They are of a generation of citizens that tends to be more polite and trusting of others;
- They are less likely to report incidents of fraud, either because they are ashamed or they do not know whom to contact; and
- In some cases, they are “poor witnesses” because of their failing memory.

Texas ranks among the top five fraud victimization locations for the United States and Canada. A survey of older Texans shows identity theft to be a major concern among seniors. In 2002, the AARP conducted a study among 2,000 of its members age 50 and older; it revealed that 24 percent of those surveyed were victims of credit card fraud, while 40 percent reported being victims of consumer fraud.

The list of fraudulent schemes is endless and constantly growing. The Texas Attorney General’s Office warns seniors about scams ranging from “Free Wheelchair Scam” to “Phony lotteries and sweepstakes.” The FBI estimates that there are 14,000 illegal telephone sales operations bilking consumers in the United States every day. Crimes against the elderly occur in disproportionate numbers, resulting in seniors being bilked out of billions of dollars annually. According to the U.S. Department of Justice, people age 60 and over account for over 35 percent of all telemarketing fraud.

With the number of elderly in this country expected to nearly double by 2030, crimes against seniors can only be expected to increase. Implementing measures to curb crimes against the elderly should be a top priority for policymakers.
Suggested solutions
These solutions and proposals were suggested by aging stakeholders to prevent fraud against the elderly:

➤ **Educate seniors on avoiding fraud**  The Greater West Texas AAA suggests educating older adults on how to be “savvy about exploitation from telemarketers, family members, and other unscrupulous people and businesses.” They also suggest toughening federal and state laws aimed at fraudulent telemarketers.

➤ **Public Service Announcements**  Aging stakeholders would like to see more public service announcements by local organizations, such as the Better Business Bureau (BBB), to inform citizens about potential fraud and the BBB’s role in prevention.

➤ **Law enforcement should be proactive**  AAAs would like to see more proactive law enforcement campaigns, such as the Texas Attorney General’s “bank teller training,” which teaches front-line financial workers how to recognize financial exploitation of older adults.

➤ **Encourage reporting of crime**  Many seniors fail to report fraud because they are ashamed about being victimized, they believe it is too late to act, or they do not know where to report the crime. These barriers must be eliminated. Seniors should know the importance of reporting the crime and information about where and how to report the crime should be more readily publicized.

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   Also see Attorney General of Virginia. “Elder Fraud Statistics.” [www.oag.state.va.us/Protecting/Triad/fraudstats.htm](http://www.oag.state.va.us/Protecting/Triad/fraudstats.htm).
7. Ibid.