

HHS Master Plan Advisory Committee Senior Services Study Group

Senior Services Overarching Goal: *Keeping Seniors Healthy, Active and Involved*

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The Senior Services Study Group – comprised of five members of the full Housing and Human Services Master Plan Advisory Committee – met on July 1, July 29 and August 17 to discuss the roles and responsibilities of the Division of Senior Services (DSS). Aided by notes from a Division brainstorming session held on June 23 that centered around projected needs of seniors in the coming decades and trends in service delivery, the study group examined demographic trends and projections and listings of services available in Boulder provided by the county, the non-profit sector and the City.

The work of the study group over the summer was to:

- Adopt a framework of goals for the community with regard to seniors. What are the main goals needed throughout the community to achieve the overarching goal of keeping seniors healthy, active and involved?
- Develop measurable objectives – or community indicators – that could assess progress on attaining each of the identified goals. Are there existing or planned data collection mechanisms that would be useful?
- Scan existing programming for seniors provided by the City, Boulder County and the non-profit sector and their fit into the goals framework developed by the study group.
- Determine gaps in the current system. What programs are missing whose existence could help achieve identified goals or objectives? What new programming will be necessary to meet changing needs in the next 10 years?
- Suggest programs, services or policy directions that the City could undertake to fill any gaps in the array of available, needed services.

Considerations

Ideally, policy development should be made after analyzing a complete set of relevant data and projections for the future. In practice, however, the constraints of time and resources limit the amount of information available in the decision making process. Of necessity, the study group completed its work with less than complete data, particularly in regard to projections for the future. For example, the following elements would be helpful in determining future needs of Boulder's older population:

- Historically, people tend to “age in place;” that is, as people age, they are less likely to move to new locations than they are earlier in life. Is this in fact occurring in Boulder, or are property taxes in Boulder driving people living on fixed incomes elsewhere while more affluent seniors move to Boulder to retire? If so, does this affect future service needs?
- The study group expects that many of the oldest baby boomers currently in the city (those in their late 50s) will remain as Boulder residents throughout the coming decade. It would be useful to know more about this population: income levels; family status; health.
- Similarly, for those already in their senior years, current family status is especially important. Do they have children also living in Boulder who will be able to help care for them as they age and become more frail? What impact will this have on City programs to assist family members?
- To what extent will future members of Boulder's elderly population have less access to pension income? This could place a greater burden in City services, especially in the areas of food, housing, financial decision making and day care programs.
- Conventional wisdom says that many elderly persons – especially widows – live in the same homes in which they raised families and that, now, are “too big” for their needs. To what extent are such individuals amenable to considering other, alternative, housing arrangements, such as shared or co-op housing?
- The study group's assumption is that many seniors will be moving to Boulder to retire in the coming years and that they, as a group, are more affluent than those already here. Is this assumption warranted?
- The limit of 30% of income spent on housing is traditional as a benchmark in determining “housing burden.” Is this benchmark appropriate for seniors living on fixed incomes whose health costs are higher than a younger population's?
- Perhaps the largest unknown factor that complicates projecting future needs for seniors is uncertainty about the future of Medicare.

As stated above, limited resources do not allow for the development of answers to these important questions. The study group must rely on a combination of available information and the collective knowledge of its members in its analysis and decision making.

The Framework: Community Goals and Objectives

To build a framework for analyzing both seniors' needs and strategies to meet those needs, the study group reviewed and adapted research conducted by the Visiting Nurse Service of New York. Taking the DSS overarching goal as a foundation, four major sub-goals were defined for the community:

- *Basic Needs* – provides appropriate and affordable housing; promotes safety at home and in the neighborhood; assures that no one goes hungry;
- *Independence* – mobilizes resources to facilitate living at home; provides accessible transportation; supports family and other caregivers; provides useful information about available services;
- *Physical and Mental Health and Well-Being* – promotes healthy behaviors; supports community activities that enhance well-being; provides ready access to preventive health services; provides access to medical, dental and mental health care; and
- *Social and Civic Engagement* – fosters meaningful connections with family, neighbors and friends; promotes active engagement in community life; provides opportunities for meaningful paid and volunteer work; makes aging issues a community-wide priority.

It should be noted that these goals are for the community at large, to which not only City of Boulder programming contributes, but also that of Boulder County, the private for-profit and non-profit sectors, the faith community, neighborhood groups and, ultimately, community families and individuals.

Having agreed on this framework, the study group considered objectives (community indicators) that could be measured periodically to assess levels of success in attaining these goals over time. Ideally, a mechanism to measure progress on a set of appropriate indicators would already be in place and additional scarce resources would not have to be used.

The group identified 20 objectives across the four goal areas (see Table 1). Data that can be used to measure 11 of these objectives will be collected by Boulder County through its participation in the state-wide effort, *Strengths and Needs Assessment for Older Adults*, beginning this year. An additional two indicators can be measured with data collected annually by the City; while measurements for one objective would be limited to the decennial collection of Census data. Possibly, two can be approximated through data collected by the City in the future with little additional cost. Even though the remaining four objectives cannot now be measured or picked up in the future with little cost, the study group felt it important to retain them as placemakers of programming necessary to achieve the established goals.

With Table 1 serving as a framework, programs administered by Boulder County, the non-profit sector and the City were categorized corresponding to the four goals areas (see Tables 2, 3 and 4). (Enumeration and categorization of programs and services offered by the private sector (e.g.,

private health care and mental health treatment; restaurants; taxis, health clubs, retirement communities) were not considered due to the enormity of such a listing and limited staff resources.

Gaps and Needs

Despite an excellent array of services available to seniors in Boulder, the changing demographics of the community as it ages will increase demand for existing services and will in all likelihood create demand for new and different ways to address problems. This trend will begin in the coming 10 years, but will be heightened in the following decade as the bulk of the baby boomer generation passes 65 years of age.

The study group anticipates that the coming seniors, as a group, will be healthier and more affluent than their parents. Many of services and programming needed for the future will be provided by the private sector for more affluent seniors. As the baby boomers age, the private sector will adapt to meeting the needs of seniors in creating additional housing options, food delivery, health services and recreational opportunities. However, in terms of numbers, the needs of the less affluent new seniors will also grow.

The study group identified the following needs and possible programming for the next ten years:

Basic Services

- Expansion of programming that delivers nutritious meals to seniors' homes at a reasonable cost.
- Community Food Share (CFS) does an outstanding job both collecting food from the community and distributing it to agencies serving those in need. Many seniors who need and could use CFS food are not receiving it because of pride, denial or other factors. Perhaps CFS could be encouraged to take their traveling food center (truck) to areas of higher elderly occupation and charge a nominal fee for foodstuffs for the weekend. Longmont has a food disbursement program at Columbine where elders receive a bag of groceries, five days per week. Perhaps these two ideas could be combined.
- A growing crime that disproportionately affects seniors is identity theft, as well as other scams. Anti-scam education programming will need to be increased to help alleviate this problem.
- With a growing number of seniors, abuse against the elderly will also, unfortunately, increase, both from family caregivers in need of respite and professionals overburdened with caseload. Boulder County Adult Protection Services may need additional resources to both prevent abuse cases from occurring and to deal with cases once they have happened.

- If there is a growing acceptance among elders for sharing housing, a local non-profit or DSS could be encouraged to act as a broker for seniors to find others for potential shared living arrangements.

Independence

- The Boulder public transportation system is very good; the problem is that many seniors are not accustomed to public transportation and are more comfortable in personal cars. This becomes increasingly dangerous as reaction times slow as a person ages.
- Alternative transportation options will need to be developed for seniors: Special Transit does not work well for most trips needed by seniors, as scheduling has to be done too far in advance, though pricing is not problematic.
- Taxis could be subsidized in some way to make their availability more affordable to seniors.
- The need for in-home care will grow as Boulder's elderly population ages. There is already a serious shortage of experience people who provide this care, due to low pay and retention problems.

Physical and Mental Health and Well Being

Health insurance and access to health care are dual aspects of a continuing national crisis whose solutions are to be found only at the federal and state levels through comprehensive Medicare redesign or the development of national health insurance covering all US residents. The City shares a responsibility with the county and private giving to help those who have difficulty accessing the health services they need, but local funds are limited and local government and private giving cannot afford to place too great a percentage of their resources shoring up a system whose shortcomings and deficiencies are national.

Some particular issues facing Boulder's seniors include:

- Instability from year to year in physicians taking *new* patients on Medicare due to low reimbursement rates or other factors.
- Lack of physicians specializing in geriatrics, despite coming generation turning 65.
- Affordability of prescription drugs.

Social and Civic Engagement

- Churches and service clubs are in serious declining membership. As membership continues to dwindle there will be a growing need to develop social relationships for elders to reduce isolation and increase civic engagement.
- Could perhaps churches be used for elderly day care to a greater extent?

- With regard to day care, for many, the problem is not lack of day care options; what currently exists is underused. Location, transportation, pride and denial are the main issues that keep seniors from this needed service.
- To decrease isolation, telephone assurance programs could be expanded.

Policy Issues

Beyond programs and services, the study group examined instances where existing policy could be altered – or new policy instituted – to benefit or increase options for Boulder’s senior population. These include:

- Encouragement to Boulder County to treat Boulder and the other urban communities (e.g., Longmont, Louisville and Lafayette) as it does the rural areas of the county with respect to the delivery of services for seniors. For example, the county Area Agency on Agency provides funding for resource and referral services to seniors in the rural areas but not to those who live within the four urban communities; however, the overwhelming number of seniors and family members receiving such services live within the four urban communities. Boulder and the three other urban communities should enter into discussion with the county regarding respective roles in the provision and funding of services to all of the county's seniors.
- To increase housing options for seniors, zoning requirements and other policies could be examined to make “mother in-law apartments,” cooperative housing and home sharing easier. For example, occupancy rules limit the number of non-related people living together; perhaps exceptions could be made either by age or for owner-occupied housing.
- Timing of walk lights at intersections could be lengthened to more adequately allow for crossing of elderly and disabled pedestrians.
- Mandatory reporting of elder abuse is not currently required. This policy needs to be re-examined at the state level.