

SECTION NINE
EMERGING PRIORITY AREAS



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Preface

Although the aging of Oregon's population is apparent, policies often overlook the implications of continued expansion in the elderly population. Public institutions and private companies sometimes ignore the fact that their residents or customers are rapidly aging. Oregon has seen small increases in the number of companies beginning to market and advertise to an older population and to design products and services that meet the changing needs of an older population. But few institutions and companies have rethought thoroughly the ways in which they will deal with the aging population.¹³

The proportion of Oregonians 65 years of age and older is expected to rise steadily as we see baby boomers reaching retirement age. The State Plan Advisory Committee identified eleven (11) key issue areas to focus on, all of which demonstrate commitment to expansion of services and response to the expressed needs of older Oregonians during this rise in the aging population.

Listed below is a summation of each priority area in which goals, objectives and strategies were developed. The order in which these appear does not represent relative priority or significance over others.

Health Promotion, Disease Prevention and Health Care

Advanced age and poverty, separately and in combination, result in older Oregonians at greater risk for chronic illness. Twenty-four percent (24%) of adult Oregonians have a disability, and 70% have at least one chronic condition such as heart disease, diabetes, arthritis, cancer, or asthma. Obtaining needed health care and medications are often challenges to older adults due to the cost of care and access to services. Rural residents are more likely to be uninsured for longer periods, and reduced access to health care cause medical expenditures to be higher for the rural population. Medicare is a primary source of health insurance coverage and covers mostly acute care services. With beneficiaries required to pay part of the cost, it leaves about half of health spending to be covered by other sources.¹⁴ Transportation to needed health care is a challenge in both rural and urban areas, and the shortage of health care providers is an issue in rural areas. While many recently retired Oregonians start off financially secure, supported by a combination of savings, pensions, and social security, as their health deteriorates and assets erode, health care costs become an increasing burden and poverty rates increase.

Research continues to prove that health promotion and disease prevention contribute

significantly to quality of life, even at older ages. Currently, 60% of adult Oregonians are overweight & obese, and this percent is growing. While older adults do slightly better than the general public in eating fruits and vegetables, the majority of seniors are far from meeting national guidelines for good nutrition and daily physical activity. Community factors such as lack of safe walking areas, availability of healthy foods, and inadequate transportation services also impact the health of older adults.

Older Americans Act nutrition programs are being challenged to meet the changing needs and tastes of diverse ethnic populations and aging baby-boomers. While current older Oregonians may prefer traditional 'beef and potato' meals, the upcoming baby-boomers demonstrate diversified palates and interest in a greater variety of options for meal programs. There is also a continuing need to find ways to meet the basic food needs of the lowest-income elderly, including increasing enrollment of seniors in food stamp programs, and increasing support for the Senior Farmer's Market program which is currently only able to serve approximately 53% of eligible seniors.

While public health programs have traditionally focused on younger populations, there is growing awareness that public health and aging services need to collaborate to address preventive health and chronic disease management among older populations. Health promotion efforts are also increasingly recognizing the need to move beyond simple information distribution by engaging individuals in self-management and active participation in addressing their own health conditions.

Access to health services and medication continues to be a concern as healthcare costs rise and the state continues to face limited funding. Aging advocates and agencies will have an important role to play in assisting seniors in obtaining drug coverage under Medicare's new prescription program.

Transportation Services

Mobility and self-sufficiency are essential to physical and mental well being of older and disabled Oregonians. Transportation is a priority service under Title III of the Older Americans Act and provides necessary access to medical care, employment, shopping for daily essentials and the ability to participate in cultural, religious and recreational activities.

As the population of Oregon ages, the number of older drivers is expected to increase. Many older drivers are safe drivers. However, many will experience physical impairment such as delayed responsiveness, hearing loss, vision loss, and other cognitive factors which effect driving abilities. Action will be needed to provide safe, reliable and convenient alternative means of transportation for those for whom driving is no longer an option.

Responsiveness to transportation service needs, hours of transportation availability, geographical service areas, and costs of service are essential to maintaining independence, especially in rural areas. Seniors & People with Disabilities has partnered effectively with the Oregon Department of Transportation (ODOT) for many years to improve transportation options to older and disabled residents in rural and urban areas of Oregon. Grants are available through ODOT to assist communities in providing transportation via purchase and maintenance of vehicles.

Obstacles, Strategies, and Trade-offs Associated with Meeting Transportation-Disadvantaged Seniors' Mobility Needs, as Identified by Experts and Stakeholders

Obstacles	Strategies	Trade-offs
Seniors are not sufficiently encouraged to plan for driving alternatives	Facilitate a gradual transition from driver to nondriver	Can increase demand for services and, therefore, increase costs
Government policies do not always address seniors' varied needs	Improve alternatives and include seniors in transportation-planning process	Can be expensive and time-consuming
Funding constraints limit local agencies' ability to address needs	Increase funding and funding flexibility and improve coordination	Takes funds away from other uses, flexibility can decrease accountability, and coordination requires sustained effort

Source: GAO.

The number of older people who need transportation provided by others can also be expected to increase as the population ages. Driving may not be an option for the frail elderly and individuals unable to drive may need alternatives to private automobile transportation. For older people with low incomes, the cost of owning and operating a car may not be feasible. The need for more affordable, reliable transportation options, including services to accommodate people with disabilities, will increase.

Planning for transportation and housing must be closely related, because the availability of transportation can have a major impact on whether certain living arrangements are practical. Another important consideration is the need to transport caregivers. With a shortage of providers, it is particularly important that caregivers be able to reach the people who need them.

Long Term Care and Community Based Housing

Affordable, accessible and safe housing will remain a priority. AAA's report a frequent comment made by older Oregonians during assessment is the personal security of living within your own home rather than entering an assisted living facility or nursing home .

Concern over affordable housing increases as the reports of elderly households paying more

than half of their monthly income for shelter, some choosing a lower-cost alternative of living in sub-standard housing in need of modification or repair. During past years, a considerable amount of new housing has included homes with three or more bedrooms. In 2000, an Oregon survey revealed 40 percent of single-person households were elderly persons (about 30 percent were elderly women and 10 percent were elderly men).¹⁵ In many areas of Oregon, particularly small towns and rural areas, the elderly will be the predominant age group living alone.

Oregon continues to be a leader in developing community-based care and alternative housing. As reflected in the goals, objectives and strategies of this state plan, development of home repair and modification programs for older Oregonians continues to be a focus.

Mental Health Issues

Mental illness knows no boundaries, it affects all segments of our older population, regardless of race, socio-economic status, or geographical location. Many afflicted do not seek medical treatment. Older adults are often under-diagnosed and under-treated for mental illnesses. Factors contributing to non-treatment include feelings of shame connected with being identified as having a mental illness, the lack of mental health providers versed in the unique needs of older adults, and inadequate transportation.

The State Unit on Aging, working in partnership with aging networks and State Health and Human Service programs continues to promote development and implementation of mental health, alcohol and drug dependency treatment and suicide prevention counseling.

Support of Family Caregivers

The National Family Caregiver Support Program (NFCSP), established in 2000, provides necessary support services such as counseling, skills training, information and referral and respite to provide relief to thousands of Oregonians who serve as the primary caregiver for aging friends or relatives and grandparents raising grandchildren.

The National Family Caregivers Association (NFCA) report on Family Caregiving reports Oregon had 336,491 caregivers in 2003. It is expected that the 2004 figures, that have not yet been released, will increase by two percent. NFCA also reports the majority of caregivers provide unpaid assistance for one to four years and 20 percent provide care for five years or longer. Nearly 23 percent of caregivers are wives, 13 percent are husbands, 29 percent are adult daughters and nine percent are adult sons. The remaining 26 percent are siblings, grandchildren, other relatives and friends or neighbors.

Providing support that strengthens the families' caregiver role, the Native American Caregiver Support Program (NACSP), established under Title VI, Part C, assists American Indian, Alaska Native and Native Hawaiian families caring for older relatives with chronic illness or disability and grandparents caring for grandchildren. In FY 2003, formula grants were made available to 177 Indian Tribal Organizations to develop and operate family caregiver support programs.¹⁶ Six Oregon Tribes currently receive these funds.

In February 2005, the State Unit on Aging partnered with the Oregon Indian Tribes to present *Native Caring . . . A Conference to Learn, Connect and Share*, targeted at Native America Caregivers and those caring for Native Americans. Between 250 and 300 attended with participants representing all nine tribes of Oregon, the Nez Perce of Idaho, three tribes from Washington State and the Urban Indian tribes of the Portland Metro area.

Tribal Relations

Over the past 30 years, a significant shift in governmental relations has occurred with a marked reduction in Federal government and Tribal interaction and a much greater connection between state government and Indian communities. One important factor in the accelerated shift was the advent of the Oregon Health Plan (OHP) in 1994. The Tribes are looking to the SUA to assist in the development of Family Caregiver Support Program standards and sharing of caregiver information.

The Department of Human Services (DHS) is committed to a positive working relationship with the nine Indian Tribes in Oregon: Coquille Indian Tribe; Confederated Tribes of Coos, Lower Umpqua and Siuslaw Indians; Cow Creek Band of Umpqua Tribes of Indians; Confederated Tribes of Grand Ronde; The Klamath Tribe; The Siletz Indian Tribe; Confederated Tribes of the Umatilla Indian Reservation; The Confederated Tribes of the Warm Springs Reservation of Oregon; and Burns Paiute Tribe.

In May of 1996, Governor Kitzhaber signed Executive Order 96-30 State/Tribal Government-to-Government Relations which ensured Tribes could access OHP benefits and coverage.¹⁷

Strengthened Services and Access in Rural Areas

OAA allocations are based on each area agency's share of Oregon's total square mileage. The land area formula is used in allocating Title III B, Title III E, and Title VII funds. All Type A Area Agencies on Aging & Disabilities are located in rural counties of the state. DHS provides access to State Unit on Aging administrative funds to the Type A AAAs for the purpose of enhanced training opportunities.

Employment Opportunities

For many older Oregonians, employment is an important way to stay engaged in their communities; for others, it is an economic necessity for income and pension and health insurance.

Equal Employment Opportunity Commission reports that age bias holds the highest level of complaints received. Complaints typically concern hiring, firing, repeated verbal abuse, and demotion.¹⁸ Discrimination is also evident in terms of opportunities for training. A national survey of employers in the US found that companies were less likely to spend funds on skills and other enhancement trainings for employees age 50 and over.¹⁹

Through seven Older Americans Act Title V contractors, Oregon offers opportunities for older Oregonians 55 years of age and older to fulfill needs for vocational training, and support part-time employment opportunities.

Fraud, Abuse, Neglect and Exploitation

Abuse, neglect and exploitation are common occurrences in the lives of many of today's older adults. This problem may intensify as the baby boomer generation ages. No Oregon law comprehensively addresses elder abuse and neglect from prevention to intervention through prosecution. All seventeen Oregon Area Agency on Aging & Disabilities offices have committed to protecting older adults against abuse, exploitation and neglect.

Oregon continues to promote education and response training to reinforce and broaden capacities of aging networks to respond to self-neglect, as well as detect and respond to financial, physical, and mental abuse. Strategies include promotion of educational training in gerontology and geriatrics in the health and social service professions.

Improved Access to Legal Services

In 2003 AARP reported that eighty-four percent of all elder abuse goes unreported. Additionally, AARP Elderwatch consumer law hotline in Colorado reported 1,017 substantiated cases of elder fraud in 2003. The Oregon Attorney General's office in 2004 reported that perpetrators of financial fraud target seniors nine times in ten. A study conducted in 2004 by Utah Division of Aging and Adult Services revealed that 86 percent of Utah seniors had at least one legal problem in the last three years. In the late 1990s, legal aid programs reported decreases in the number of cases private attorneys were willing to accept pro bono.²⁰ Approximately 11 percent of Legal Services Corporation funded legal aid program clients are

aged 60 or older.

The highest needs for legal assistance for low- and moderate-income Oregonians concern housing, public services, family, employment, and consumer cases. Another area of high need is elder abuse. Yet, lower-income Oregonians of all ages obtain legal assistance for problems less than 20 percent of the time.²¹

Oregon's Senior Health Insurance Benefits Assistance program reports that with their assistance approval for payment in more than 50 percent of Medicare claims initially denied is reversed.²²

Oregon's 17 area agencies range dramatically in size. Most of them offer a minimum 3 percent of their budgets to legal assistance. For the smallest AAAs, the amount allocated may be less than \$500 annually. The Center for Social Gerontology reports that the low level of funding set aside for legal assistance nationally has resulted over time in less of the "impact" work that would most effectively benefit elders.²³

Aging & Disability Resource Centers (ADRC)

The Department of Human Services (DHS), Seniors and People with Disabilities has been a leader in this area, competitively contracting with many progressive Oregon Area Agencies on Aging & Disabilities offices who have served older Oregonians in the capacity of an ADRC. DHS continues to promote among the Area Agency on Aging & Disabilities "one-stop shopping" offices which minimize confusion and support older Oregonians' choices and informed decision-making. These single-point of entry offices provide long-term support services, information and assistance, counseling and access on all long term care matters, assuring services rendered by the agency are accessible and seamless for the service recipient. Integration of services is a key mechanism by which this overarching goal is accomplished. DHS understands that stakeholders, both service recipients and service providers, benefit from integration and goals and development of goals, objectives, and strategies for Oregon's Older Americans Act State Plan continue around this philosophy.

In addition to one-stop field offices, DHS has contracted with Trilogy Integrated Resources to develop an Oregon "Network of Care" website containing statewide social service information, referral information to social service agencies, disease prevention, health promotion and medical information in seven (7) languages – English, Spanish, Japanese, Mandarin, Cantonese, Korean, and Russian. The one-stop information/communication/advocacy site appeals to four categories of users – consumer, caregiver, community-based agencies providing care, and governmental organizations. The website will be accessible beginning 2006.

Management Responsiveness

Notwithstanding baby boomer demographic forecasts, few Oregon communities have embarked on the task of preparing to address the increasingly higher numbers of older Oregonians.

The AAA's will achieve increased opportunities for community services and the growing number of older Oregonians with the State Unit on Agings' development of program standards, measurable performance objectives related to program visibility, efficiency of operation, and responsiveness to the aging populations' community needs. Oversight tools and continued training in competitive contracting, and increased fundraising efforts will aid in the expansion of number of older Oregonians served, particularly in rural areas.

