Meeting the Long-Term Care Challenge

A Strategic Plan for Addressing the Needs of Older Adults and Family Caregivers in Harris County

Edited by Jane Bavineau • Banghwa Lee Casado • Dianne M. Long • Nancy L. Wilson
Dear Friends,

I am honored to introduce this inaugural report of Care for Elders. Established in 2001 as a comprehensive private-public partnership, Care for Elders is working to improve the care and services provided to all current and future vulnerable older adults and family caregivers living within the 1,778 square miles and 41 different municipalities that Harris County comprises. This partnership is headquartered at Sheltering Arms Senior Services, where it receives significant support from the agency and many other key stakeholders in the local service delivery system for elders, including consumers, providers, funding organizations, academic institutions, media partners, and corporations.

Care for Elders’ partners recognize that to enable the growing number of vulnerable older adults to live full lives, we must plan for and implement community-wide approaches to long-term care and supportive services. Today, without adequate financing and care systems in place, elders in our metropolitan area are already struggling with reduced quality of life and premature disability, and their numbers are growing. Fortunately, The Robert Wood Johnson Foundation has made a national commitment to assist communities in addressing the challenges that are products of the growing size and diversity of the aging population and the lack of coherent public policy regarding long-term care.

With funding received through a competitive grant from The Robert Wood Johnson Foundation Community Partnerships for Older Adults Program, Care for Elders has recently completed a four-year strategic plan that includes various strategies for addressing the access, availability, affordability, and quality issues in this community’s long-term care system and services. This report outlines those strategies and synthesizes important understandings about the needs of Harris County older adults and their concerned families. We hope the distribution of this report to leaders and organizations throughout Harris County will stimulate individual and collective action toward improving the well-being of older residents of Harris County.

Although many organizations and individuals have committed funds and expertise to this work, far greater resources are needed over the next four years to fully implement Care for Elders’ strategic plan. As this goes to press, Care for Elders has received important funding commitments from The Robert Wood Johnson Foundation, the United Way of the Texas Gulf Coast, and The Brown Foundation. Please consider joining us in this important work as we strive to create a community that ensures aging residents have quality of life in their later years.

Sincerely,

Nancy L. Wilson
Chairperson, Care for Elders
Assistant Director, Huffington Center on Aging at Baylor College of Medicine
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Organizational Partners

- Advocate Legal Senior Center
- Alzheimer’s Association Houston and Southeast Texas Chapter
- American Red Cross Greater Houston Area Chapter
- Amerigroup Corporation
- Andrea Eisenstein & Associates
- Asian American Family Counseling Center
- Assist Care, Inc.
- Baylor College of Medicine Geriatrics Program at the Harris County Hospital District
- Catholic Charities
- Center for Faith and Health Initiatives
- The Center Serving Persons with Mental Retardation
- Chinese Community Center
- City of Bellaire Senior Adult Services Department
- City of Houston, Office of Council Member Gordon Quan
- Corporate HANDS
- The Council on Alcohol and Drugs Houston—Wellderly Program
- Diocese of Galveston-Houston/Office of Aging Ministry
- Evercare of Texas, LLC
- Gateway to Care
- Greater Houston Partnership
- HCR-ManorCare
- Harris County Area Agency on Aging
- Harris County Hospital District
- Harris County Social Services
- Heartland Health Care Center at Willowbrook
- The Heritage Retirement Community
- Hospice Preferred Choice
- Houston Area Parkinson Society
- Houston Association of Residential Care Homes (HARCH)
- Houston Chronicle
- Houston Citizens Chamber of Commerce
- Houston Community College Southwest
- Houston Endowment
- Houston Junior Forum
- Huffington Center on Aging at Baylor College of Medicine
- InnerWisdom, Inc.
- Interfaith CarePartners
- Interfaith Ministries of Greater Houston
- Jackson Care Management, LLC
- Jewish Community Center of Houston
- Jewish Family Service
- KHOU—Channel 11
- Macedonia Outreach Center
- Management Solutions for Healthcare
- Marriott Senior Living Services
- Memorial Hermann Healthcare System
- Mental Health Association of Greater Houston
- Mental Health Mental Retardation Authority of Harris County
- The Methodist Hospital
- National Hispanic Council on Aging/Houston Chapter
- Neighborhood Centers, Inc.
- OASIS
- Rives Carlberg
- Sheltering Arms Senior Services
- Silverado Senior Care at Cypresswood
- St. Luke’s Episcopal Health Charities
- St. Luke’s Episcopal Hospital
- Sommers and Associates
- Sugarland Health Care Center
- Texas Association of Homes and Services for the Aging
- Texas Consortium on Vital Aging at the University of Houston
- Texas Department of Human Services—Adopt a Nursing Home Program
- Texas Department of Human Services—Long Term Care Services
- Texas Department of Protective and Regulatory Services/Adult Protective Services
- Texas Home Health of America, L.P.
- Texas Inter-Faith Housing Corporation
- Texas Southern University—Center on Aging and Intergenerational Wellness
- Texas Woman’s University—Department of Health Care Administration
- Tomball Chamber of Commerce Health Awareness Committee
- The Seniors Place
- University of Houston Graduate School of Social Work/Gerontology Concentration
- United Way of the Texas Gulf Coast
- The University of Texas M.D. Anderson Cancer Center
- The University of Texas Health Science Center—Center on Aging
- The University of Texas School of Public Health—Center for Health Policy Studies
- Veteran’s Administration Medical Center
- Visiting Nurse Association of Houston
- Volunteer Houston
- Volunteer Interfaith Caregivers/SouthWest
- Wellness Center at Garden Terrace
- YWCA

Individual Partners

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- Fran Floersheimer
- Tina Hagen
- Cindy Jackson
- Ellen A. MacDonald
- Gary Nakamura
- Koyne D. Smith
- A. Lynn Snow
- Melinda Vanzant
The document you hold in your hand is filled with facts, figures, charts, and graphs, but it is more than a report: it is a story. It is a story about thousands of elderly neighbors, friends, and loved ones who are frail and in need. It is a story of children—now adults themselves—who are struggling on a daily basis to fulfill a promise they made long ago to keep a beloved parent at home. It is a story about preserving dignity, sustaining independence, and ensuring quality of life for vulnerable older people in our cities, towns, and neighborhoods.

This document is really about individuals—like Mrs. H, a 90-year-old retired teacher whose heart disease, arthritic knees, and severe vision impairment have made the prospect of remaining alone in her own home a day-to-day uncertainty. It’s about people like Mr. and Mrs. S who are coping with Alzheimer’s disease and whose adult children are worried about how much more their parents can endure and how they can balance their obligations as caregivers with responsibilities as employees and parents. And it is about people like Mr. G, an Asian immigrant who recently came to Houston to be closer to his daughter but has found himself alone and isolated, speaking a language few around him understand and wondering if he made the right decision.

Vulnerable older adults, well-intentioned but stressed family caregivers, cultural differences, language barriers, physical disabilities, and a passionate desire for independence are what this story and this report are about. Far from finished, the story’s end depends on how we as a community create an environment that addresses these issues and honors these wishes.

The challenges before us are many. As life expectancy improves and the number of older adults continues to increase, we must take a hard and critical look at the existing long-term care system and its effectiveness in ensuring safety and stability for frail elders. We must find ways to address its insufficiencies and its fragmentation and the myriad barriers that prevent easy access. We must better understand chronic disease, its impact, and the other factors that put so many at risk of needing outside help and assistance. Issues like the escalating costs and the complicated financing of long-term care must be addressed as well. Finally, service quality must be improved, and for that it is necessary to have a direct care workforce that is both highly trained and compassionate.

Care for Elders is proud to present this strategic plan, this four-year road map for improving long-term care and supportive services in Harris County. While its focus is on the concentrated work done by Care for Elders partners during the past year, it also reflects the thinking and problem solving that have been going on in the community for years. Surveys, focus groups, and countless hours in consumer and work group discussions have honed understanding of the local problems in long-term care. Nearly a thousand individuals have been part of the planning process and have contributed to the strategies and priorities proposed on the pages that follow.

Our goals are ambitious, but our commitment is unwavering. We know that knowledge and plans are worthless without action, and we are committed to action that will make a difference for individuals and families. We are ready to create a beautiful ending to this story. We welcome your involvement as we strive to make Harris County a community where older adults are understood, valued, respected, and given every opportunity to choose the setting and conditions in which they age.

Jane Bavineau
Project Director, Care for Elders
Vice President, Sheltering Arms Senior Services
Dramatic increases in the number of older adults over the next several decades are expected to make equally dramatic demands on the health and human service systems of American communities. As the three-generation extended American family expands to four or five generations, the age-related physical, mental, and cognitive impairments experienced by older adults are expected to prompt much higher demand for all types of long-term care and supportive services, including home and community-based care. By 2040, Harris County’s population of adults 65 years and older is expected to almost triple to 985,000.

To assess and characterize Harris County’s elderly population, to identify its systemic long-term care needs, to explore the community’s existing and potential resources, and to draft a long-term care strategic plan, Sheltering Arms Senior Services applied for and received one of 13 development grants awarded by The Robert Wood Johnson Foundation in 2002. With that support, Care for Elders, a consortium of organizations and individuals committed to elder advocacy, undertook a community-wide assessment and planning process involving its 90 partners, its 30-member consumer advisory council, 753 individuals in the community who gathered at 29 public meetings, and more than 800 respondents to two surveys. The data gathering yielded a demographic profile of the county’s population and the planning process produced a four-year strategic plan meant to address issues of access, availability, affordability, and quality in long-term care. Individual, organizational, and community elder preparedness was also closely examined.

Planners selected a broad spectrum of intervention strategies intended to remedy existing problems, improve coordination among providers, identify new revenue sources, expand best practices, and create new service delivery models. Key findings included the need for greater cultural competence among providers to improve consumer satisfaction with services and the need for attention to recruitment and retention issues specific to frontline, direct care employees. The plan also encompassed efforts to improve the well-being of care-providing family members who furnish most long-term care and face enormous sacrifices in employment, health status, and quality of life to assume elder care responsibilities.

Priority strategies identified for implementation include:

- Establishing formal linkages between 211 and long-term care specialty organizations to provide comprehensive consultation, referral, access, and assistance services
- Developing a comprehensive, up-to-date database of Harris County senior resources
- Developing enhanced screening tools and a standard orientation program for staff providing hands-on, direct care to older adults
- Developing and implementing a volunteer program to expand critical services and provide help with accessing needed care
- Integrating new interventions and service delivery models into existing practices
- Implementing a government relations effort to educate elected officials and policy makers about the needs of older people
- Advocating for expansion of transportation services that accommodate frail elders
- Creating incentives that promote retention and recognition of frontline staff
- Developing a “take charge” educational campaign targeting older adults and caregivers to promote personal responsibility in planning for long-term care
- Implementing various community awareness campaigns to improve understanding of elder care issues
Other major initiatives for implementation include a community report card project to identify, track, and report Harris County’s status against various indicators of an elder-prepared community; a Care for Elders Web site to serve as a community resource for local demographic, trend, and needs information about older adults and caregivers; and a consumer advocacy program to engage older adults in the education of elected officials and policy makers about the needs of the elderly and family caregivers.

With its community-tested strategies and priorities laid out before it, Care for Elders is committed to serving the community. To date, funding commitments have been made by The Robert Wood Johnson Foundation, the United Way of the Texas Gulf Coast, and The Brown Foundation. Such commitments allow the partnership to begin implementing its plan and to serve as an incubator for new programs and service delivery models. The partnership will also serve as a coordinator for resource development and service integration and as a disseminator of information about Harris County’s long-term care needs, the system and caregivers in place to meet those needs, and the elderly whose autonomy and dignity it seeks to preserve.
A Profile of Harris County Elders and the Long-Term Care System
Introduction

American families and communities are facing fundamental changes because of demographic shifts altering the population. The proportion of the population 65 years of age and older is dramatically increasing, and families of the near future will more commonly include four or five generations instead of three. Accompanying increased longevity is the likelihood of age-related physical and mental impairments requiring ongoing assistance with daily living activities. To keep pace with the medical advances that extend life, families and the communities in which they live must work to ensure that as life expectancy is extended, life’s quality is not compromised. How well elders are able to match solutions to the challenges of diminished abilities and chronic illness largely controls that quality.

Formed in Houston in 2001, Care for Elders is a partnership of 81 organizations dedicated to improving care and services provided to older adults and family caregivers in Harris County. Committed to solving problems and planning collaboratively, this private-public partnership, with support from The Robert Wood Johnson Foundation, undertook creation of a strategic plan for long-term care in a county larger than the state of Rhode Island, more diverse than any other county in Texas, and dotted with 41 distinct municipalities, one of which is the nation’s fourth largest city.

These efforts, which included a survey conducted by a professional research firm and interviews with hundreds of community elders, produced a four-year plan for addressing the access, availability, affordability, and quality of the community’s long-term care system and services. What follows is a brief demographic profile of the community, including populations with heightened vulnerabilities; an assessment of long-term care services and other efforts to meet older adults’ needs; an overview of the most pressing local long-term care issues; and proposed solutions for a comprehensive county-wide response to the many long-term care challenges.
Numbers and Growth

The number of older adults in the United States is growing rapidly (Texas State Data Center, 2004):

• In the last decade, the number of Americans older than 65 years of age grew from 31 million to 35 million people, which is one-eighth (12.5%) of the nation’s population.

• By 2030 the same group is expected to represent 22% of the total U.S. population.

• By 2040, a segment of that population, those 85 years of age and older, will triple and account for 14 million people.

• By 2050, the number of persons who are 85 years of age or older will equal the number of persons who are 65 to 69 years of age, which means that many families will include two generations of older adults.

These increases owe thanks to important medical advances, public health efforts, and lifestyle changes that allow most Americans to survive to age 65. Today persons reaching age 65 have an average life expectancy of an additional 18.1 years: 19.4 years for women and 16.4 years for men.

In the last census, Harris County had 252,895 residents who were 65 years of age or older, representing 7.4% of the county’s population (Texas State Data Center, 2004). Table 1 compares the number, gender, and race and ethnicity of Harris County older adults with those in Texas and the United States.

Gender

In the segment of the population 65 years of age and older, women represent more than half (U.S. Census Bureau, 2002a):

• Women account for 59% of Harris County residents 65 years of age and older, and they represent 73% of those 85 years of age and older.

• The ratio of men to women steadily decreases with age, from 81:100 in the group 65–74 years of age to 38:100 in the group 85 years of age or older.

In addition:

• The number of Harris County residents older than 65 years of age increased 28%, and those 85 years old or older increased 52% in the last decade.

• By 2036, Houston’s 200th birthday, adults older than 65 years of age will number 865,000 and make up 16% of the population.

• By 2040, the number will rise to 985,000, almost three times the current number (Figure 1).
The elderly population of Harris County is expected to reach 985,000 by 2040, an increase of 290%. (Reprinted, by permission, from Beauregard & Gulf Coast Institute for Blueprint Houston, 2003.)
Race and Ethnicity

Harris County is a diverse community, with its percentages of African Americans, Hispanics, and Asians larger than those of the nation and its percentage of whites lower than that of the nation. Recently, growth among minority populations has been dramatic (U.S. Census Bureau, 2000b):

- In 2000, there were 33,959 adults of Hispanic origin over the age of 65 in the county, a 91.5% increase since 1990.
- In 2000, the number of Asians 65 years of age and older totaled 9,927, representing 3.9% of the county’s population that is 65 years of age and older and a 140.3% increase in the past decade.
- In 2000, approximately one of every seven adult residents of Harris County (14%) was born outside the United States.

Socioeconomic Status

Household income of Harris County older adults ranges widely.

- While 31% of those 65 to 74 years old and 41% of those 75 years old and older had household income below $20,000, 18% of those 65 to 74 years old and 13% of those 75 years old and older had income of $75,000 or more (Figure 2).
- Median household income of Harris County older adults in 1999 was $33,431 for householders 65 to 74 years old and $25,375 for householders 75 years old and older. In general, the older group had lower household income than their younger counterpart (U.S. Census, 2000a).

Geographic Distribution

As with any age group, older adults reside throughout Harris County, but there are indeed pockets within these 1,778 square miles that have a greater concentration of elders than others. As Figure 3 indicates, most older adults live within Beltway 8, with the highest numbers residing near or within the 610 Loop.

Given the diversity within the county and the percentage of various minority groups with significant and unique unmet needs, it is particularly important to note geographic areas with the highest concentrations of minority populations. Figure 4 confirms the diversity of the county’s older adults and offers valuable direction for any outreach activities or service targeting efforts that focus on reaching minority groups.

![Household Income of Harris County Adults 65+ in 1999 by Age](image)

The largest segment of older adults had the lowest income. (Source: Data from U.S. Census Bureau, 2000a.)
This map of the 65+ population of Harris County indicates increasing numbers of elders by increasingly dark areas. (Map courtesy of the Harris County Area Agency on Aging. Data from U.S. Census Bureau, 2000c.)

In this map, zip code areas are marked by the proportion of minority persons age 60 and older living in each. (Map courtesy of the Harris County Area Agency on Aging. Data from U.S. Census Bureau, 2000c.)
Some adults experience physical, mental, or developmental disabilities early in life and require on-going assistance with daily living activities throughout their lifetime. However, living longer is associated with an increased likelihood of similar needs, most often the result of chronic health conditions, cognitive difficulties, and age-related physical changes. Other key factors, such as economic status, living arrangement, and social support, determine whether an individual experiences “excess” disability due to inadequate support, insufficient resources, or both. Listed in Table 2 are the populations at greatest risk for needing long-term care services for themselves and those at greatest risk of needing long-term care and not having it. Family caregivers, particularly older spouses, are also at risk of needing long-term care services—most often to benefit a loved one directly—but the accompanying respite and support are critical to the caregiver as well.

### Table 2

<table>
<thead>
<tr>
<th>Those at Greatest Risk for Needing Long-Term Care Services</th>
<th>Those at Greatest Risk for Having Unmet Long-Term Care Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Individuals age 85 years and older</td>
<td>• Those living alone</td>
</tr>
<tr>
<td>• Those with multiple chronic health conditions</td>
<td>• Those with limited or no support systems</td>
</tr>
<tr>
<td>• Those with cognitive and/or multiple functional impairments</td>
<td>• Those living at or near poverty</td>
</tr>
<tr>
<td>• Women</td>
<td>• Women</td>
</tr>
<tr>
<td></td>
<td>• Minorities</td>
</tr>
</tbody>
</table>

### Health Conditions and Chronic Disease

Perhaps more than any other factor, poor health and the presence of chronic disease have an impact on an older person’s ability to manage daily affairs. Chronic conditions cause almost half of all disability of older Americans (Merck Institute of Aging and Health and the Gerontological Society of America, 2002) and also create emotional and financial burdens for individuals and their families. Although the prevalence of conditions varies somewhat by age, gender, and race, national data indicate the most common chronic conditions for the overall population over 70 years of age include arthritis, hypertension, heart disease, hearing impairments, cancer, diabetes, and stroke. At least 80% of older Americans have at least one chronic condition, and 52% of those age 65 and older have two or more such conditions (National Center for Chronic Disease Prevention and Health Promotion, 1999). National studies show that women older than 70 years of age are more likely than men of the same age to report having a chronic condition. These women are also more likely to have limitations on activity due to chronic conditions (National Center for Chronic Disease Prevention and Health Promotion, 2003). Furthermore, non-white older adults typically have higher rates of chronic illness and report more limitations due to chronic illness than do whites.
Based on findings from the local survey conducted for Care for Elders by Mathematica Policy Research, the most common chronic health condition of vulnerable older adults in Harris County is high blood pressure, which is reported by 57%. Also reported are arthritis (54%), heart-related disease (30%), diabetes (22%), stroke (14%), asthma and cancer (10% for each) (Black et al., 2003). It is important to note that for the purposes of the survey, Mathematica defined “vulnerable older adults” as individuals 75 years old and older or those 60 years of age and older who have at least one of the following conditions: (a) needs help with bathing; (b) uses a cane, walker, or wheelchair; (c) rates their health as fair or poor; (d) is afraid to be left alone for more than two hours; or (e) has a chronic illness.

**Cognition and Memory Disorders**

Chronic health conditions resulting in dementia, a progressive, degenerative disease of the brain that causes memory loss, impaired cognitive function, difficulty performing familiar tasks of everyday living, and changes in mood and personality, are also of serious concern. About 10% of people over 65 years of age show some cognitive and behavioral deficits from a dementing disorder, and the percentage increases with advancing age. The most common form of dementia is Alzheimer’s disease, which accounts for up to two-thirds of cases (Beers & Berkow, 2000). With prevalence estimated as high as 47% for those aged 85 and older, dementia is the leading cause of disability in the old-old (Fillit & Picariello, 1998).

Given the number of persons age 65 and older in Harris County, between 26,000 and 33,000 local elders would be expected to be affected by dementia.

**Other Mental Disorders**

Rarely do chronic mental illnesses such as schizophrenia or manic-depressive disorder, or chronic alcohol and drug problems, in themselves, create a long-term care need (Kane, Kane, & Ladd, 1998). However, individuals with these disorders often face unique challenges as they age and acquire other chronic health problems; many face special difficulties because of problematic behavior, alienation of family members, income limitations, or a combination of these factors.

Prevalence of mental disorders in older adults is significantly underreported (Lebowitz et al., 1997); however, depression is the most common and the most underdiagnosed (Fillit & Picariello, 1998). Estimates of the percentage of older adults experiencing late-life depression vary widely, but in general, the lowest rates—up to about 10%—are found among elderly persons living independently in the community. Depression is estimated to affect about 60% of nursing home residents (Geriatric Psychiatry Alliance, 1998).

In addition, the prevalence of depression increases with the presence and severity of medical problems and disability, affecting approximately 25% of those with such chronic illnesses as heart disease, stroke, cancer, cardiopulmonary disorder, arthritis, Alzheimer’s disease, and Parkinson’s disease. Potentially a chronic disorder, depression left undiagnosed and untreated can lead to dysfunction, excess disability in the medically ill, and increased risk of premature death, including suicide.

**Developmental Disabilities**

Adults with intellectual and related developmental disabilities are living longer, and their numbers are increasing in proportion to the general older adult population. The average life expectancy for these individuals is 67 years for women and 63 years for men. There are unique age-related changes that this population experiences as it grows older, affected by the nature and severity of their impairment, by coexisting medical conditions, and by the onset of secondary conditions arising from the interaction of the aging process with their disability (Factor, 2003).

Of significant concern about those with developmental disabilities is that many of them live with aging parents, and these caregivers fear that their loved one may outlive them and their support. As with most caregivers of older adults, families’ greatest concerns are about preserving independence, maintaining health and functional abilities, and ensuring their loved one’s access to needed services and opportunity to age in place, that is, to remain uninstitutionalized.
Functional Capacity

The most common result of chronic disease is impairment in the ability to manage daily living tasks, most often referred to as ADLs (activities of daily living) and IADLs (instrumental activities of daily living). Table 3 lists the specific tasks and abilities often affected by chronic illness.

The national data in Figure 5 illustrate that the older an individual becomes, the more likely he or she is to experience functional limitations. In addition, the data indicate that in every age group, a larger percentage of black men and women report functional limitations than do white men and women.

In Harris County in 2000, 43.5% of adults 65 years old and older reported some type of disability, and of them more than half reported having two or more types of disability (Figure 6) (National Center for Health Statistics, 2003). Of those, more than one in three needed help with some type of functional limitation (at least one ADL or IADL). Approximately 39,700 older adults in Harris County have at least one type of ADL limitation, and nearly 63,400 have at least one IADL limitation (Black et al., 2003).

### Table 3

<table>
<thead>
<tr>
<th>Activities of Daily Living</th>
<th>Instrumental Activities of Daily Living</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Eating</td>
<td>• Shopping</td>
</tr>
<tr>
<td>• Getting in or out of bed or a chair</td>
<td>• Preparing meals</td>
</tr>
<tr>
<td>• Getting to the toilet</td>
<td>• Housekeeping</td>
</tr>
<tr>
<td>• Dressing</td>
<td>• Using transportation</td>
</tr>
<tr>
<td>• Bathing</td>
<td>• Handling finances</td>
</tr>
<tr>
<td>• Walking/getting around</td>
<td>• Taking medication</td>
</tr>
<tr>
<td></td>
<td>• Using the telephone</td>
</tr>
</tbody>
</table>


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![Figure 5](image1.png)

The percentage of older adults, by sex, race, and age, needing help with activities of daily living (ADLs) increases with age. (Source: Data from U.S. Census Bureau, 2000c.)

![Figure 6](image2.png)

In Harris County, an estimated 105,163 older adults have functional limitations, and of these, more than half have two or more disabilities. Disabilities reported in the census include sensory disabilities (e.g., blindness, deafness), physical disabilities (e.g., those that prevent or impair walking or climbing), mental disabilities (difficulty with learning, remembering, or concentrating), self-care disabilities (e.g., difficulty with in-home activities like bathing), and disabilities that interfere with going outside the home. (Note: The total number of the five types of disability (sensory, physical, mental, self-care, and go-outside home) does not add up to the total number of older adults with a disability because older adults with multiple disabilities are counted for each disability status.) (Source: Data from National Center for Health Statistics, 2003.)
As this figure indicates, women are particularly at risk of living in poverty as older adults. (Source: Data from U.S. Census Bureau, 2002c).

**Economic Status and Poverty**

Living on a fixed income, primarily from Social Security, challenges elders’ ability to meet basic needs. Too often, older adults are forced to make choices between the necessities—whether to buy food, pay utility bills, or purchase medications (U.S. Census Bureau, 2002c):

- In 1999, more than 12% of Harris County adults 65 years old and older had income below 100% of the federal poverty level, meaning an annual income of $8,240 or less ($687 per month).
- Poverty was more prevalent among women and slightly higher for those 75 years and older than for those 65–74 years of age (Figure 7).
- The Census data also indicate that a significant percentage—17%, or 41,836 Harris County older adults—were considered “near poor” in 1999 (having income within 125% of the poverty level, or $10,300 or lower annually) (U.S. Census Bureau, 2000c).

Poverty was most prevalent among African-American older adults (24.2%), followed by Asian (20.2%), Hispanic (18.4%), and white elders (7.5%) (Figure 8) (U.S. Bureau of the Census, 2000c). Poverty was also an issue for those with a disability (Figure 9). About 16% of Harris County adults 65 years old and older with at least one disability had income below the poverty level in 1999, indicating greater financial difficulties among those who were most in need. The number of older women living in poverty with at least one disability was more than double that of men similarly classified.

Of those 65 years and older, women with a disability were twice as likely as a man with a disability to be living in poverty. (Source: Data from U.S. Census Bureau, 2000c.)
Living Situation

Living alone is considered one of the greatest risk factors for increased vulnerability and unmet long-term care needs among older adults. Twenty-five percent (64,063) of Harris County adults 65 years old and older were living alone in 1999. The frequency with which older women were living alone was almost four times that of their male counterparts. In addition, 20% of adults 65 years old and older who were living alone were living below poverty level in 1999. Not surprisingly, poverty was more prevalent among women (21%) than among men (16%) in this age group (Figure 10).

Diversity

In addition to the characteristics identified above which contribute to defining long-term care needs of individuals, there are many factors unrelated to an individual’s need for long-term care that should be considered in individual and community planning. For example, an individual’s culture, sexual preference, or lifelong experience with obtaining assistance must also be taken into account. In Harris County, these issues have been highlighted in the Care for Elders planning efforts.

Sexual Diversity

Demographic characteristics of the gay, lesbian, bisexual, and transgender (GLBT) community are difficult to obtain because the Census Bureau does not ask people about their sexual orientation. However, new research suggests that 4% of the population is GLBT, and 10% of those are over age 65 (Gates & Ost, 2004). Since the population of Harris County is 3.4 million, this would result in an estimated GLBT population of 136,000 with approximately 13,600 individuals over the age of 65.

Little research has been conducted on caregiving concerns and long-term care needs among the GLBT population. In 1999, Fredriksen examined the family care responsibilities among lesbians and gay men and found that 32% of the subjects were providing caregiving assistance (Fredriksen, 1999). Lesbians, compared with gay men, were significantly more likely to be caring for children and elderly people, whereas gay men were more likely to be assisting working-age adults with an illness or disability.

Figure 10

Women 65 years of age and older who were living alone were almost four times more likely than men to be living in poverty. (Source: Data from U.S. Census Bureau, 2000c.)
The areas of concern for aging GLBT individuals are primarily the same as those for most aging adults—loneliness, health, and income (Quam & Whitford, 1992). However, significant losses through death and disability of friends, partners, and others who could potentially provide caregiving support create additional concerns for individuals in this group as they face the need for long-term care. Other issues unique to the GLBT community relate to fear of rejection by adult children and grandchildren and the prejudice and homophobia of health care providers. Absent for these individuals are the economic safety nets available to other families whose relationships are recognized by the legal, tax, and employment systems.

**Racial and Ethnic Diversity**

Within Harris County the increasing diversity of the older adult population is closely tied to the large number of individuals who have come from other parts of the world, including significant numbers of Asian and Hispanic older adults. Almost nine-tenths of all Asian adults living in Harris County today are first-generation immigrants. More than two-thirds (69%) of them grew up in their countries of origin and came to this country as adults. More than half (53%) of all Hispanics in Harris County grew up in their countries of origin. More than 70% of all Hispanics and more than 95% of all Asians report that both of their parents were foreign-born (Klineberg, 2002). Many of the older immigrants are non-English speaking and highly dependent on others for information or assistance with communication. In the last U.S. Census, 18,367 (7%) of Harris County residents over 65 reported speaking a language other than English and being able to speak English either poorly or not at all (U.S. Census Bureau, 2000b). Nationwide, foreign-born elders are more likely to live with family, which can sometimes mean isolation or added caregiver stress. Furthermore, differences in culture, religion, and family values highlight the importance of expanding the cultural capabilities of professionals, paraprofessionals, and volunteers involved in meeting long-term care needs (U.S. Census Bureau, 2002b).
Family Caregivers

Elder care has long been a family affair: 80% of all care provided to older adults in the United States is provided by family members. In 1999, nearly one of every four households (24 million families) was providing care for elderly relatives, and it is projected that there will be 34 million caregiver households by 2007 (National Alliance for Caregiving & American Association of Retired Persons, 1997). As willing as so many families are to assume this major responsibility, caregiving is often physically, emotionally, and financially burdensome. In addition, the pool of family caregivers is dwindling. In 1990 there were 11 potential family caregivers for each person needing care, but in 2050 there will only be four caregivers per person (National Alliance for Caregiving & American Association of Retired Persons, 1997).

Who is the family caregiver? In a 1997 publication supported by the American Association of Retired Persons and the National Alliance of Caregivers, the typical caregiver was represented as a 46-year-old female baby boomer who works full-time, cares for and lives near her 77-year-old mother who has a chronic illness, and provides an average of 18 hours per week of caregiving activities. The average annual income for this typical caregiver was $35,000 (National Council on the Aging, 2002). For many, an occasional break or respite from this responsibility is all that’s required, but for caregivers who must also work, care for young children, or both, much more can be needed.

Unfortunately, there is a growing body of evidence that implicates caregiving as a risk factor for health because chronic stress can evoke psychological and physiological distress that affects cognitive, cardiovascular, immune, and endocrine functions (Kiecolt-Glaser, & Glaser, 1999). Caregiving is also a significant risk factor for the development of depressive symptoms and disorders, which in turn, can intensify a variety of health threats. Older spousal caregivers are particularly vulnerable and have mortality risks that are 63% higher than those not involved in caregiving (Schulz & Beach, 1999).

Working Caregivers

Research is also finding that not only do caregivers sacrifice health, but they also sacrifice income. Over 60% of caregivers work full- or part-time, with the majority (70%) working full-time. In 2002, it was estimated that 42% of the nation’s workforce provided some form of elder care (National Council on Aging, 2003). Caregivers who interrupt their lives for caregiving activities suffer a negative impact on their Social Security ($25,494), pension ($67,202), and wages ($566,443), for an estimated loss of $659,139 over their working life (Neal & Wagoner, 2001).

Caregiving costs employers, too. The annual cost to U.S. employers in terms of lost productivity of caregiver employees who work full-time, live near the care recipient, and perform personal care tasks is $11.4 billion. If those who work part-time and/or who are long-distance caregivers are included, costs to employers increase to $29 billion annually (Neal & Wagoner, 2001).
Support Systems

In addition to support received through families, friends, and other informal systems, many functionally impaired older adults obtain assistance from community organizations and agencies. While limited and often with a waiting list, services such as home care, congregate and home-delivered meals, transportation, and adult day care are provided to thousands of community-dwelling older adults each year. (A comprehensive list of the types of long-term care and supportive services available in Harris County is included in Appendix A of this document.)

Information about utilization of local formal and informal support systems is limited to the recent Mathematica survey that indicated that 91% of Harris County vulnerable older adults rely on an informal network of family and friends when help is needed (Black et al., 2003). Troubling, however, is the significant percentage of individuals surveyed who indicated they had no one they could call in an emergency: 25% of Hispanics and 15% of both white and African-American respondents indicated such lack of support. The survey further revealed that one in three older adults with functional limitations residing in the county have at least one paid assistant helping them with their ADL or IADL needs.
Long-Term Care Financing and Efforts to Meet the Needs of Older Adults and Caregivers

As reviewed previously, several dimensions of the current and projected landscape point to an increased demand for long-term care. With the growing number and diversity of the population, greater expectations being placed on families, corporations being confronted with elder care–related costs, and service providers already at capacity, the message is clear—the need for long-term care is growing, it is not a time-limited trend, and nearly every community sector will feel its impact. It is therefore imperative that the current system on which elders, caregivers, and other stakeholders must depend to meet long-term care needs be examined and evaluated.

While improving access to care and ensuring quality within the provider network are of serious concern, neither is more critical than controlling the already high, escalating costs of treating chronic disease and providing long-term care services. Who pays for long-term care, in which settings is it most cost effective, and how can families and communities ensure that adequate resources are available to meet this growing need are some of the critical questions. Costly now, it is alarming to think that as the population requiring long-term care grows, expenditures for services are expected to triple from $115 billion to nearly $346 billion annually by 2040 (Wunderlich & Kohler, 2001).

Historically, long-term care has meant nursing home or institutional care, and the public financing mechanisms for it have been directed accordingly. However, long-term care is more than that—it is care that “encompasses a wide array of medical, social, personal assistance, supportive, and specialized housing services needed by individuals who have lost some capacity for self-care because of a chronic illness or disabling condition” (Feder et al., 2001). More and more, consumers are demanding that long-term care be made available in the home or a community-based setting. Unfortunately, two-thirds of long-term care spending still goes for nursing home care (Feder et al., 2001). Consequently, one of the biggest systemic challenges is to realign financing with cost-effective alternatives that honor consumer demand and preference.

Medicaid, jointly funded by federal and state governments, is the nation’s largest source of financing for long-term care (Figure 11), though its benefits are limited to individuals with low income and few assets. In 2001, Medicaid accounted for 44% of national long-term care spending (Centers for Medicare and Medicaid Services, 2003). Individuals and families paying out-of-pocket for care represent the second largest payer for long-term care. Medicare and private health insurance provide limited coverage for nursing home and home health care, and a small but increasing number of people have private long-term care insurance that helps defray costs.
The response of federal lawmakers to high costs and low consumer satisfaction in the face of national budget deficits has been to place increasing pressure on states and local communities to address long-term care financing issues. Unfortunately, states face their own fiscal crises. While Texas is often applauded for attempting to expand home- and community-based long-term care options through various waiver and pilot programs, the state still relies almost exclusively on Medicaid to fund these initiatives while simultaneously directing the majority of its Medicaid dollars to institutional care (Figure 12).

In addition, demand for these waiver services far exceeds availability, resulting in waiting or “interest” lists that commonly delay needed help for a year or more.

Texas also uses federal Social Services Block Grants (Title XX) ($123.3 million) and funding from the Older Americans Act ($102.3 million) annually to purchase long-term care and supportive services needed by its frail older adult and disabled residents. Administered by local offices of the Texas Department of Aging and Disability Services and Area Agencies on Aging, these funds allow a wide array of home- and community-based care to be offered to local elders and family caregivers. Caregivers also benefit from the newly created National Family Caregiver Support Program (part of the Older Americans Act) with its focus on caregiver education, health promotion, and respite services. However, insufficient remains the key descriptor of these resources, and for the most part, they are funneled from the federal government and passed through the state to local communities with very few, if any, state dollars added to expand services.

**Figure 11**

National spending for long-term care totaled $172.6 billion in 2001, and public payers paid the greatest proportion of the bill. (Source: Data from Centers for Medicare and Medicaid, 2003.)

**Figure 12**

Texas’ $2.4 billion in Medicaid funding in 2002 was spent predominantly on nursing home care ($1.8 billion).
In Harris County, neither the county itself nor the cities within it offer significant independent funding for long-term care and supportive services for older adults; however, private sector resources, primarily coming from the United Way of the Texas Gulf Coast and local private foundations, do provide critical financing for some senior services, including home-delivered and congregate meals, senior centers, home care, case management, adult day care, and transportation.

Figure 13 indicates major funding sources for Harris County long-term care and supportive services.

Regardless of payer, regardless of whether care is provided at home, in the community, or in an institution, and regardless of the funding mechanism through which services are made available—long-term care is expensive. In Harris County, the average cost of nursing home care is about $45,000 per year (Wright Abshire, 2002). Assisted living costs range from $1,600 to $5,000 per month and must be paid out-of-pocket. Home care can be significantly less expensive, with costs from $15 per hour, but even these services can range up to $125 per hour, making costs astronomical if needed with any significant frequency or for any significant duration. The national Alzheimer's Association reports that paid help at home costs families an average of $12,500 per year and the average lifetime cost for care of a person with Alzheimer's disease is about $174,000 (Alzheimer's Association, 2003).

The financing challenges in long-term care often seem daunting, but they are not insurmountable. Best practices from other countries, other states, and other cities can be a guide. Locally, what resources do exist must be better integrated, and commitments must be made to find new funding.
Defining and Understanding the Problems Faced Locally by Older Adults

With support from The Robert Wood Johnson Foundation and its Community Partnerships for Older Adults Program to initiate county-wide strategic planning for long-term care, Care for Elders made every effort to engage as many key stakeholders as possible in its planning process. (See Figure 14 for an overview of the strategic plan, which follows.) Through the efforts of many, data were gathered from primary stakeholders—the county’s older adults—in formal surveys and community-based meetings. The partnership structure and data-gathering methods allowed professionals and community leaders to actively participate as well. The following provides a brief summary of the critical elements of Care for Elders’ planning process.

Care for Elders—Organization and Structure

- Eighty-one organizations and nine individual partners (see list of partners that precedes the Preface) are members of Care for Elders. Partnership representation includes public sector providers, public and private sector funding agencies, health care systems, academic institutions, planning groups, advocacy and special interest groups, corporations, the media, and long-term care and supportive services providers.
- Sheltering Arms Senior Services, a Houston nonprofit agency that has been serving community elders for more than 100 years, acts as the lead agency and fiscal agent for the partnership.
- One hundred eighty individuals from partner organizations contributed to seven different work groups during the planning process.
- An independent executive committee of 24 professional and community leaders provide oversight and leadership. (See Appendix B for a list of the Executive Committee members.)
- A 30-member consumer advisory council, with representation from all major ethnic and socioeconomic groups, ensured Care for Elders had ready input from older adults and caregivers. (See Appendix C for a list of the Consumer Advisory Council members.)

Gathering Data Through Research

- Mathematica Policy Research, a nationally recognized research firm commissioned by The Robert Wood Johnson Foundation, conducted a telephone survey of 455 Harris County residents older than 50 years of age. Results became the foundation for partnership strategy development and understanding of racial, ethnic, gender, and socioeconomic differences in service awareness, utilization, and satisfaction. (See Appendix D for more information about the methods and limitations of the Mathematica survey.)
- An additional survey was undertaken to ensure representation from population groups underrepresented by Mathematica’s efforts (i.e., Asian and Hispanic elders, working caregivers). This community survey produced written responses from 416 people. (See Appendix D for more information about the methods and limitations of the community survey.)
- Conventional research produced findings used to supplement both the Mathematica Survey and the community survey.
This logic model identifies the resources secured to date for implementation of the strategic plan and the outcomes and results expected from implementing the specified interventions.
Gathering Data Through Stakeholder Meetings

- In 29 meetings conducted primarily in those geographic areas with the highest number of older adults, 753 individuals, including 553 consumers and 200 providers, provided input and recommendations about long-term care priorities. Figure 15 indicates the zip code areas where stakeholders who participated in the meetings resided.

- Representation at these meetings encompassed 75% (49/65) of Harris County zip code areas with at least 399 adults who are more than 65 years of age, 85% (22/26) of zip code areas with 648–1,000 adults more than 65 years of age, and 100% (13/13) of zip code areas with 1,001–1,914 adults more than 65 years of age.

Figure 15

Care for Elders’ Stakeholder Participants by Zip Code Area

Stakeholders came to participate in the Care for Elders’ planning sessions from across the county. (Map courtesy of the Harris County Area Agency on Aging.)
Care for Elders’ Strategic Plan
Access to Needed Services: Problems, Goal, and Proposed Solutions

Defining the Problems

Although a spectrum of long-term care and supportive services exist in Harris County, access remains a problem for many older adults and family caregivers. This finding has been confirmed by consumers through recent community needs assessments, community planning forums, and various consumer and provider surveys as well as by such agencies and groups as the Texas Health and Human Services Commission, the Region Six Long-Term Care Access Collaborative, and the Harris County Transportation Coordinating Council.

Older adults and caregivers attempting to access long-term care and supportive services confront a host of barriers caused by systemic issues, provider inadequacies, and their own personal limitations and concerns (Table 4).

Systemic Issues

In Harris County, no single, well-known, trusted, and authoritative source for long-term care resource information exists, and no comprehensive, up-to-date database of services is available. No single point of entry into the system awaits elders, and when an individual is able to find an agency that can provide a needed service, there is no automatic connection to other providers who can address other needs. Furthermore, confidentiality and legal concerns prevent agencies from sharing client information, a necessary protection, but one that sustains system fragmentation and creates considerable consumer frustration.

Complicated processes characterize access to the long-term care system. Application forms, which are often lengthy and hard to understand, are agency specific, require providing the same information repeatedly, and often demand travel from agency to agency. Eligibility criteria vary widely, and the proof of eligibility required is frequently difficult to obtain. Agency personnel too often expect older adults and their caregivers to make their requests in the jargon of the field, leaving those seeking help believing they do not know the “right” words to say or the “right” services to ask for. Finally, elders must persistently follow up on applications and services to ensure their forms—and their needs—do not get lost in the bureaucracy.

### Table 4

<table>
<thead>
<tr>
<th>Systemic Issues</th>
<th>Provider Issues</th>
<th>Consumer Issues</th>
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</thead>
<tbody>
<tr>
<td>• Fragmentation</td>
<td>• Lack of culturally sensitive staff</td>
<td>• Lack of awareness about services available</td>
</tr>
<tr>
<td>• No single point of entry</td>
<td>• Lack of competent staff</td>
<td>• Lack of awareness about whom to call for information</td>
</tr>
<tr>
<td>• No established single phone number to call for resource information</td>
<td>• Poor customer service</td>
<td>• Poor health, frailty, and limited mobility</td>
</tr>
<tr>
<td>• No comprehensive database of services available</td>
<td>• Unable to provide the comprehensive services needed</td>
<td>• Inability to acknowledge need for help</td>
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<tr>
<td>• No formal links between service providers</td>
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<tr>
<td>• Complicated and burdensome application processes</td>
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Provider Issues
Lack of bilingual staff, lack of cultural sensitivity, poor customer service, and uninformed and poorly trained staff are some of the most commonly reported provider issues that create access barriers to long-term care services. Some of the more startling comments of elders and caregivers about staff they have encountered when seeking help are that they are rude, unfriendly, uninformed, and fail to spend sufficient time explaining service options and how to access what is available.

Consumer Issues
Lack of awareness about long-term care services and an inability to proficiently navigate the fragmented, complicated system are common reasons older adults cannot access needed care. About 20% of Harris County older adults participating in the Mathematica survey did not know where to turn for information about resources and services available. One in five did not know whom to call for personal care or housing assistance, and many did not know whether the community had a telephone help line (38%), door-to-door transportation assistance (30%), or housekeeping services (37%). Further, among those who reported knowing whom they would ask for such information, most indicated that they would turn to their family and friends (42%) or their doctor (23%), not traditional community referral sources (Black et al., 2003).

Frail and vulnerable older adults in particular have problems accessing services due to poor health, limited mobility, and isolation. Poor vision makes reading applications difficult and often impossible; hands crippled by arthritis cannot fill out forms; and frailty, often coupled with a lack of stamina, renders many older adults unable to stand in long lines to apply for help. In brief, many requirements overstep physical capabilities.

Finally, some older adults raise their own barriers to service access by denying their need for help or failing to apply for it, assuming they are not eligible perhaps because of income level or legal status. Such reluctance may spring from fear or pride, previous negative experiences with the system, or a struggle to retain as much independence as possible. Language and cultural barriers as well as limited technological proficiency further compound these problems for a significant number of Harris County elders.
The Goal and Proposed Solutions

In light of the current fragmented and complex state of the long-term care system, Care for Elders’ goal is to improve access to needed services (Table 5). To do this over the course of the next four years, the partnership will implement a variety of strategies.

Elder Care Access Network

A network that creates formal links between the existing dial-up 211 social service help line and various long-term care specialty organizations will be established and publicized. The 211 service, housed within and managed by the United Way of the Texas Gulf Coast, will provide a single, easy-to-remember telephone number to call to begin the process of understanding available long-term care service options. Partners linked to 211 as part of the network will have advanced knowledge and expertise about various high-risk senior populations, and they will provide comprehensive telephone consultation and referral services as well as in-person case management services to the extent required by each caller to ensure needed help is attained.

Table 5: Improving Access: Stakeholder and Care for Elders’ Priorities

<table>
<thead>
<tr>
<th>Stakeholder Priorities</th>
<th>Care for Elders’ Priorities</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Provide help or solutions for such tasks as completing forms or standing in line</td>
<td>• Create network for accessing long-term care</td>
</tr>
<tr>
<td>• Establish and promote one phone number for information about resources and consultation about options</td>
<td>• Link 211 services to elder care specialty organizations</td>
</tr>
<tr>
<td>• Expand services that link elders to needed services</td>
<td>• Establish comprehensive consultation and referral services</td>
</tr>
<tr>
<td>• Develop a computerized community resource database of senior services</td>
<td>• Provide case management</td>
</tr>
<tr>
<td>• Ensure providers can meet language needs of callers</td>
<td>• Supply and train field specialists who can provide concrete help with access processes</td>
</tr>
<tr>
<td></td>
<td>• Create computerized comprehensive database of resources</td>
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Field Specialists

Volunteer and paraprofessional field specialists will be prepared as part of the network to provide hands-on help to vulnerable older adults with such tasks as completing service applications, gathering required eligibility documents, and standing in line. Field specialists will also monitor network clients for emerging needs and provide important feedback to case managers and others involved in the person’s care.

Resource and Client Databases

Technology will be utilized whenever possible to advance the partnership’s goals. By consolidating, enhancing, and expanding existing databases, Care for Elders will create a comprehensive, up-to-date database of the long-term care and supportive services available to older adults and caregivers in Harris County. In addition, the partnership will initiate the very long process of establishing protocols that will allow client information to be shared among providers working together to meet the needs of each elder served by the network.
Defining the Problems

Throughout the Care for Elders’ planning process, consumers, providers, and others focused on improving service availability were concerned about inadequate transportation services, ensuring sufficient help for older adults with functional limitations, the affordability of available services, and the geographic disparities of the services available within the county.

Inadequate Transportation Services

Four of the top 10 priority strategies for the partnership established in the stakeholder meeting process were related to access issues. In addition to those discussed above, the limited availability of demand-responsive transportation services that accommodate frail older persons was of significant concern.

In a 2002 study conducted by Multisystems for the Harris County Transportation Coordinating Council, the need for transportation services able to accommodate frail elders and others with disabilities who might need assistance was found to exceed the supply by 56%, or 2.6 million trips per year. Findings from the Mathematica and Care for Elders community surveys revealed that approximately 17% of vulnerable older adults in Harris County have problems with transportation. Forty-two percent of those interviewed in the community survey process indicated that they were not able to leave home as often as they would like, specifically because of a lack of transportation.

Transportation problems were the most pronounced among minority older adults and those with functional limitations. Thirty-three percent of African-Americans and 22% of Hispanics who were considered vulnerable in the Mathematica survey reported limited availability of transportation or difficulties with it. The Care for Elders’ community survey also found that Asian older adults were twice as likely as other racial or ethnic groups to report having difficulties with transportation. In regard to functional limitations, 34% of vulnerable older adults with IADL limitations and 45% of those with ADL limitations expressed similar mobility problems.
**Functional Needs**

Long-term care services, whether provided in the home, at a community center, or in an institution, are first and foremost intended to address an individual’s functional limitations and physical disabilities. Although Harris County has as many as 3,000 programs and services for seniors, gaps in such services still allow some basic needs of elders to go unmet.

- About 39,700 (16%) of vulnerable older adults in Harris County have at least one type of ADL limitation and require assistance with bathing, dressing and grooming, toileting, and/or ambulation. Of these, about 26% do not receive enough help with these basic needs (Figure 16).

- About 63,400 (26%) vulnerable older adults in Harris County have at least one type of limitation in their ability to manage IADLs, meaning help is needed with meal preparation, housekeeping, managing medications, and/or other home management tasks. More than one-third of them, an estimated 23,000, have unmet IADL needs (Figure 17).

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**Figure 16**
Of those elders who need help daily with ADLs, 26% need additional help. (Source: Data from Black et al., 2003.)

**Figure 17**
Of those elders who need help with IADLs, 35% do not have sufficient help. (Source: Data from Black et al., 2003.)
Minority needs outpace needs of whites:
• Thirty-three percent of African-American and 22% of Hispanic vulnerable older adults need help with at least one ADL; in contrast, 14% of their white counterparts reported a similar need.

• Forty-seven percent of African-American and 44% of Hispanic vulnerable older adults need help with at least one IADL, but only 25% of whites have a similar need.

Income and socioeconomic status are also related to elders’ ability to address their functional needs (Figure 18): 10% of those with less than $20,000 in annual income have at least one ADL unmet need, and 16% have IADL limitations not being adequately addressed.

Compounding the problem, those with an annual income of less than $20,000 are at greater risk (49%) of poorer health than those with incomes over $20,000 annually (17%).

Affordability
A host of services exist in Harris County to assist older adults in addressing their ADL and IADL needs, ranging from home care to adult day care to residential and institutional care. Unfortunately, few of these options are subsidized or are offered on a sliding fee scale, and they can, consequently, be very costly. About 40% of all older adults in Harris County have an annual income of less than $20,000, with about half of them earning less than $10,000 per year. In addition, striking income disparities were apparent between different ethnic groups, with African-American (72%) and Hispanic (71%) older adults being much more likely than their white (40%) counterparts to have an annual income of less than $20,000 (Black et al., 2003).

Key findings from the Mathematica survey that confirm concerns about the affordability of needed services in Harris County include:
• Approximately 76,200 elders face difficulty in paying for basic living or medical needs, including food, utilities, prescription drugs, and/or physician-recommended treatments.
• African-American and Hispanic older adults are twice as likely as the white population to experience being unable to pay for at least one of their basic expenses.
• About half of the older adult population reports an inability to afford $100 per week for personal care, with minority groups, those in poor health, and those with functional limitations being twice as likely to face such financial difficulties (Figure 19).
• More than 75% of those with fair or poor health, 70% of those with ADL limitations, and 66% of those with IADL limitations do not believe they could afford $100 a week for assistance with personal care. However, only 41% of those with excellent or good health, 55% of those with no ADL limitations, and 55% of those with no IADL limitations believe they could not.
• About 44% of vulnerable elders reported difficulty in complying with doctors’ orders, and not having enough money was the reason cited most often (70%).
• Of those older adults who said they were not receiving enough help at home, 60% indicated that being unable to afford it was the main reason.

Geographic Disparities Within the County
Consumers and providers alike were very vocal during the Care for Elders’ planning process about the extreme variation in service availability throughout Harris County. While understanding and quantifying these disparities is clearly an area in need of further study, there are services, such as public transportation, that are not available in the outlying areas of the county at all. Not only does this create barriers for older adults attempting to travel to the services they need, it also creates logistical challenges for many providers in taking service to those in outlying areas. In addition, service providers may indicate that they serve the entire county, but in reality, many say they are unable to find sufficient staff in outlying areas to ensure county-wide coverage.

Despite the need for confirmatory data, there is solid anecdotal evidence that elders residing in outlying county areas have fewer care options available to them than their counterparts living nearer the city’s center. Whether in truth or simply perception, strong feelings persist throughout the community that living outside the Beltway severely limits service options.
Final Considerations
About Availability

Ideally, a community resource inventory would exist for Harris County long-term care and supportive services that would allow quantification of the supply of the services available. It could then be matched to requests for services as well as waiting lists to more accurately reflect the community’s greatest unmet service needs and gaps in service. Unfortunately, efforts to perform such a match have been thwarted by inconsistent record keeping among providers, varying measures used to report service capacity, and changing definitions of waiting lists. Nonetheless, the community’s current level of available services is insufficient to meet current demand. Waiting lists for many critical services do exist, particularly for subsidized in-home care, home-delivered meals, and transportation; subsidized housing that combines services is virtually nonexistent in Harris County; and more than half (59%) of the caregivers interviewed in the community surveys indicated that they need more respite/relief from their caregiving responsibilities. Finally, affordability is as important as availability in determining true unmet needs.

An estimated 80% of African-American and 80% of Hispanic elders are unable to pay $100 per week for assistance with personal care, while only about 40% of whites are unable to pay. Those with fair or poor health and those with ADL or IADL limitations were more likely than their counterparts without limitations to be unable to afford $100 per week for assistance with personal care. (Source: Data from Black et al., 2003.)
The Goal and Proposed Solutions

The goal of the partnership is to improve the availability of affordable services that address the priority needs of vulnerable older adults and caregivers (Table 6). Toward that end, the partnership will strive to do the following:

• Expand or enhance assistance provided to older adults in accessing needed services, including elder-responsive transportation services
• Ensure that needs for assistance with such basic ADLs as bathing, dressing, and toileting are met
• Reduce the geographic disparity of services available within the county

As with so many things, a part of the solution is resource expansion—the need for more personal resources, more program funding, and greater investments in human capital. Limited personal finances and fixed annual incomes will always be factors for many older adults as they attempt to meet needs. Likewise, the fiscal challenges facing various sectors within the community are realities that cannot be underestimated as new resources are sought; however, opportunities do exist.

Table 6
Availability: Stakeholder and Care for Elders’ Priorities

<table>
<thead>
<tr>
<th>Stakeholder Priorities</th>
<th>Care for Elders’ Priorities</th>
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<tbody>
<tr>
<td>• Expand transportation services</td>
<td>• Pursue private sector funding</td>
</tr>
<tr>
<td>• Expand services so that they are available throughout the county</td>
<td>• Pursue public sector funding</td>
</tr>
<tr>
<td>• Ensure elected officials understand the problems face by older adults and family caregivers</td>
<td>• Expand the volunteer network</td>
</tr>
<tr>
<td>• Expand services that make homes more safe and secure</td>
<td>• Develop integrated service delivery models</td>
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<td></td>
<td>• Initiate a consumer advocacy program</td>
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Public Sector Funding

At the federal level, national attention through the Administration on Aging is currently focused on two initiatives that offer funding opportunities for the partnership: (a) development of aging and disability resource centers that provide comprehensive access and assistance services to older adults and family caregivers and (b) implementation of evidenced-based disease self-management programs that emphasize health promotion and expand critical services by integrating proven interventions into existing service delivery methods.

A focus of the public sector in Texas is also on improving access to long-term care and supportive services. Pilot projects exploring new single-point-of-entry models are currently being conducted in two Texas cities with the intent that resources will be made available to other communities to implement one of these best practice methods. New models for coordinating and expanding elder-friendly transportation services are being investigated at the state and county levels as well.
Private Sector Funding

In the private sector, foundations, especially The Robert Wood Johnson Foundation, clearly recognize the need to address the issues of a growing older-adult population. The Robert Wood Johnson Foundation has committed $750,000 over the course of the next four years to support implementation of Care for Elders’ strategic plan. In addition, interest and support from local foundations, such as The Brown Foundation and Houston Endowment, hold great promise for further resources to implement the partnership’s plan. The United Way of the Texas Gulf Coast has acknowledged the need as well. “Sustaining seniors’ independence” is now one of the organization’s funding priorities, and a financial commitment to Care for Elders has already been made.

Volunteer Involvement

Care for Elders will also capitalize on the community’s volunteer spirit to address service availability concerns. A volunteer network will be created for centralized recruitment and support of volunteers so that not only will more volunteers be available to assist older adults, but also multiple agencies will be freed from having to create the infrastructure needed to develop and manage their own volunteer programs. Volunteers will be key in addressing the priority need for hands-on help with access.

Integration With Existing Service Delivery Systems

Services will also be expanded by implementing strategies that result in needed services being delivered within the context of what organizations are already doing. For example, one of Care for Elders’ priority strategies integrates an established depression intervention into existing case management services, thus improving the availability of critically needed mental health services and strengthening linkages between social services and health care.

Advocacy

Finally, the partnership will seek to educate elected officials and policy makers about elder care issues. A consumer advocacy program that will utilize older adults and family caregivers who have had personal experience with the long-term care system will be developed to join forces with other local and state advocacy groups to promote elder-responsive laws and public policies, including a redirection of current resources to consumer interests of high priority.
Quality of Care: Problems, Goal, and Proposed Solutions

Defining the Problems

Improving quality in long-term care and supportive services was by far the highest priority for consumers and providers who participated in the Care for Elders planning process. While concerns were expressed about everything from automated phone systems to inadequately trained staff at provider agencies, the greatest problems identified were related to the caliber of the hands-on workforce providing direct care to vulnerable older adults in the community. Consumers were quick to point out that quality also includes compassionate care as well as reliable service, offered with enough flexibility to meet individual families’ needs. Minority, non–English speaking older adults are concerned about service providers’ frequent inability to accommodate language and cultural differences.

Direct Care Workforce Issues

Consumers, providers, and workers have distinct perspectives on direct care workforce issues as indicated in Table 7. Consumers are particularly concerned about the level of screening conducted by service providers when hiring home care assistants, nurse’s aides, and other direct care workers. Few have confidence that elders would be protected from these workers should they pose a physical or emotional threat. Stories of tardy and undependable workers are countless.

Concerns about the level of training workers receive to prepare them for working with a frail older population were expressed as well. There is significant variation in the methods and content utilized by local providers to meet what are relatively flexible state licensing requirements regarding orientation and training. In addition, special skills are required to address the unique needs of older adults with dementia and/or severe physical disabilities, also requiring an investment in workers’ training.

Table 7

<table>
<thead>
<tr>
<th>Quality of Care: Consumer, Provider, and Worker Concerns</th>
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<tbody>
<tr>
<td><strong>Consumer Concerns</strong></td>
</tr>
<tr>
<td>• Inadequate screening of workers</td>
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<tr>
<td>• Inadequate training of workers</td>
</tr>
<tr>
<td>• Trustworthiness of workers</td>
</tr>
<tr>
<td>• Service reliability</td>
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<tr>
<td><strong>Provider Concerns</strong></td>
</tr>
<tr>
<td>• Continuous recruitment of new staff</td>
</tr>
<tr>
<td>• Retention of dedicated and qualified staff</td>
</tr>
<tr>
<td>• High worker turnover rates</td>
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<tr>
<td>• Low reimbursement rates</td>
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<tr>
<td><strong>Worker Concerns</strong></td>
</tr>
<tr>
<td>• Low wages</td>
</tr>
<tr>
<td>• Limited benefits</td>
</tr>
<tr>
<td>• Little opportunity for advancement</td>
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<td>• Demanding work conditions with little recognition</td>
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</table>
Providers are equally frustrated by workforce issues. Worker recruitment and retention are prevailing problems that directly affect quality of care. The American Health Care Association reported that the annual turnover rates of certified nursing assistants (in facilities) averaged 76.1% nationally and a whopping 105.2% in Texas (American Health Care Association, 2002b). High turnover disrupts care as well as the relationship between the caregiver and care receiver. In addition, staff turnover and competition for workers force service providers to utilize limited funds and management resources for advertising, hiring incentives, training, and orientation activities. Providers spend an estimated $2,341 to replace a single direct care worker (Paraprofessional Health Care Institute, 2002).

Other provider concerns include low reimbursement rates from some third-party payers (particularly Medicaid), often reported as barely sufficient to cover the direct costs of the worker and clearly insufficient to compensate agencies for supervisory and related administrative costs. Cumbersome billing procedures and reimbursement delays further compound the problems faced by direct care service providers.

Finally, workers themselves express dissatisfaction with many aspects of their jobs—poor work environments, high caseloads, and a lack of appreciation or recognition are common complaints. But more than these, low wages, limited (if any) benefits, minimal training, and no opportunity for advancement are the primary reasons for low job satisfaction. It is easy to see why. According to a 2002 report from the American Association of Retired Person’s Public Policy Institute, Texas has 31 personal and home care aides for every 1,000 adults over 65 years of age, ranking first in the country; however, the state ranked 51st in the nation for the median hourly wage of these workers and 50th for the median hourly wage paid to home health aides (Table 8). Workers in Houston fare slightly better than others in the state, averaging $6.36 per hour, an amount 5% less than the hourly wage of a child care worker and 8% less than a hotel maid (Texas Workforce Commission, 2002).

<table>
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<tr>
<th>Home- and Community-Based Resources—United States and Texas, 2000</th>
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<tr>
<td><strong>Home- and Community-Based Resources</strong></td>
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<tr>
<td>Personal and home care aides</td>
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<tr>
<td>Number per 1,000 persons age 65+ years</td>
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<tr>
<td>Median hourly wage</td>
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<tr>
<td>Home health aides</td>
</tr>
<tr>
<td>Number per 1,000 persons age 65+ years</td>
</tr>
<tr>
<td>Median hourly wage</td>
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</tbody>
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Source: Data from Gregory & Gibson (2002).
Cultural Sensitivity and Competence

In issues of cultural sensitivity and competence, a key factor in assessing quality care, accommodating language preferences is the foremost concern. With more than 40 subgroups of Asians represented in Harris County, this is an increasing challenge. In addition, concern was expressed about providers’ understanding and ability to accommodate such culturally specific practices as greeting and personal care customs.

Cross-cultural understanding is also important for effective recruitment and training of health and social services providers. Local workforce trends indicate that almost two-thirds (62%) of Harris County’s young adults today are African American and Hispanic, and they will constitute the bulk of the city’s workforce in the 21st century (Klineberg, 2002). A predominantly white older adult population being served by an increasingly diverse and non–English speaking workforce will surely have implications for both the training provided to workers as well as the service orientation provided to clients and consumers.

The Goal and Proposed Solutions

The goal is to improve service quality by resolving direct care workforce recruitment and retention issues and enhancing cultural competence among service providers. Long-term solutions to quality and workforce issues will be costly, and they won’t be realized quickly. However, there was consensus among the Care for Elders partners that these issues create great opportunity for provider collaboration that could mutually benefit organizations, workers, and consumers of long-term care services. As with other implementation priorities, a network—a direct care provider network—will be established to promote coordination among providers and address worker recruitment and retention challenges.

Improving Recruitment

Public Relations Campaign. Ensuring an adequate supply of direct care employees in long-term care is a complex issue. Promoting the rewards of this important work and creating an image of it as a career path, not just a job, will help develop a bigger applicant pool. Care for Elders intends to undertake a public relations campaign to achieve this objective. In addition, by successfully improving worker retention, continuous recruitment efforts should not be necessary.
Improving Retention

Orientation. Partnership members who examined workforce issues concur that efforts to ensure worker retention start immediately when an individual is hired. Therefore, the initial focus of Care for Elders will be on developing a comprehensive orientation program for direct care workers that will be utilized by partners within the direct care provider network. Topics that range from the very practical, such as safe body mechanics, to the very complex, such as dementia care, will be included.

Training and Support. Later initiatives are to include the development of similarly comprehensive on-going training and educational programs for direct care employees of network partners. Extensive efforts will be directed toward ensuring that all training encompasses cultural sensitivity and diversity issues.

Over time, efforts to provide problem-solving expertise and the support needed to ensure high job satisfaction for workers will be incorporated into network practices. Support groups and educational forums that allow workers to confer with each other and consult with professionals about challenging client cases will be conducted.

Screening. The need for improved initial screening of workers will be addressed as well. Currently, state licensing standards set minimum requirements for screening, and to exceed this minimum can cost as much as $20 more per worker screened. Pilot efforts to demonstrate the benefits of enhanced screening, including lower turnover rates, will be conducted early in the implementation of the partnership’s strategic plan.

Recognition. Strategies to ensure recognition of frontline workers are critical components of the Care for Elders’ plan. Certificates to acknowledge completed orientation and training will be provided, and gift certificates for practical, work-related items will be awarded to deserving workers. Scholarships to allow workers to attend training sessions and conferences will serve as additional recognition tools.

Wage Supplementation. Perhaps the most costly strategy, but clearly one of the most important, is wage supplementation. It will be piloted among network partners to evaluate the impact of increased compensation on worker retention.

Supervisors. The need for adequately trained and competent supervisors of direct care employees has also been recognized as critical to the success of any effort to improve worker retention. Training that focuses on effective interviewing and hiring, supervisory coaching skills, and other related topics will be conducted. Opportunities for supervisors from various agencies to meet regularly and discuss worker issues will also be made available.
Defining the Problems

While there is clearly a great deal that needs to be done immediately to improve access, availability, affordability, and quality in long-term care and supportive services, Care for Elders is also committed to preparing to meet the needs of the future. Preparedness is important at the personal level, organizational, and community level.

Personal Preparedness

Requiring long-term care has been identified as a normal risk of growing old (Wiener et al., 1994). Likewise, providing assistance to older family members has also been identified as an expected task (Wiener et al., 1994). As noted earlier, individuals and families currently invest substantial economic, physical, and emotional resources in purchasing or providing long-term care. A recent large national study of adults of all ages confirmed that a majority of those in the baby boom generation and those currently older than 65 years of age believe that the quality of their later years will be determined by the decisions and choices they make for themselves, not by genetics alone or by the decisions of others (National Council on the Aging, 2000). Furthermore, a majority of older adults are taking some action to prepare for later life, such as modifying health habits, developing leisure interests, or trying to build up savings. Despite these beliefs, both national and local studies have established that individuals lack knowledge about preparing for a healthy old age, including what options and financial plans they could consider.

In Harris County:

- Older adults lack awareness of local long-term care service options and do not know whom to call for such information. In addition, they lack knowledge about the costs of long-term care, and many have very limited understanding of its financing options, such as long-term care insurance.
- Fifteen percent to 16% of Harris County’s older adults do not know the cost of in-home or nursing home care. In fact, 60% to 90% of the respondents in the Mathematica survey estimated nursing home care costs at $2,500 or less per month; typically these costs range from $2,800 to $4,500 per month.
- One-third of local elders have never heard of long-term care insurance, and this lack of knowledge was much more prevalent among minorities: 53% of African-American and 68% of Hispanic elders have never heard of long-term care insurance, compared with 18% of their white counterparts (Figure 20). While overall, 13% of Harris County older adults have long-term care insurance, having it is much less common among African-American (5%) and Hispanic (2%) elders.

Long-term care insurance can cost from $1,600 to $6,000 annually (depending on the person’s age and health status when purchased), and such costs prevent many local, particularly minority, older adults from being able to purchase it. Consequently, Medicaid funded or otherwise subsidized care becomes the only option for many. Given the insufficiencies of those systems, personal preparedness for long-term care must include improved understanding of disease prevention and other factors that can, in general, minimize the need for long-term care.
Organizational Preparedness

Service providers must also look ahead and begin planning for not only the growth in the older adult population, but also for the overall growing diversity of Harris County. While service delivery must become more responsive to the unique needs of various minority and special population groups, having an increasingly diverse workforce must be considered in organizational planning efforts as well.

The future consumer or client of long-term care services also presents a new dynamic for organizational preparedness. Strong anecdotal evidence indicates that baby boomers will be more demanding and have far greater expectations for accommodation than the current older adult population. Flexibility, responsiveness, and meeting consumer expectations will be key for organizations preparing for the future in long-term care.

Community Preparedness

A considerable amount of work has been done in the United States, particularly by the Center for Home Care Policy and Research at Visiting Nurse Services of New York, to help local communities understand what it means to be an “elder-prepared” or “elder-ready” community. Called the AdvantAge Initiative, the program focuses on four key areas where communities can make a difference in the lives of older adults, including:

- Meeting basic needs for housing and security
- Maintaining physical and mental health
- Guarding independence for the frail, disabled, and homebound
- Ensuring opportunities for social and civic engagement

Of particular importance in any of these initiatives is the need to track outcomes, or the results and benefits of the efforts. For example, more than knowing the number of individuals a project may have served, it is critical to know whether that project actually extended the amount of time a person could live independently in the community or whether it improved someone’s health status.

While local agencies that fund long-term care and supportive services increasingly require individual service providers to track program outcomes, virtually no work has been done to identify and quantify community indicators of well-being for the local older adult population. Such concrete information and data are essential for influencing decisions of business and community leaders, elected officials, and policy makers who can most directly influence Harris County’s elder preparedness.

**Figure 20**

Awareness of long-term care insurance in Harris County is lowest among Hispanics, 68% of whom told Mathematica surveyors that they had never heard of long-term care insurance. Of the groups studied, whites are more likely than others to have purchased long-term care insurance, but no more than 16% of any group had purchased it. (Source: Data from Black et al., 2003.)
The Goal and Proposed Solutions

Care for Elders’ primary preparedness goal is to improve personal, organizational, and community readiness for the growing number of vulnerable older adults.

Awareness Campaigns

Every effort to improve preparedness, whether at the individual, organizational, or community level, must include information sharing and education that results in improved awareness and understanding of the issues. Broad-scale community awareness campaigns that enhance understanding of the needs of older adults and give greater attention to long-term care issues are very much a part of Care for Elders’ strategic plan. Educational campaigns that target specific audiences with specific information, such as 211 flyers that are distributed to homebound elders by drivers who deliver meals, will be implemented as well.

As presented previously, family members, friends, and physicians are key sources of information for older adults. Combining this knowledge with the following results from the Mathematica survey (Figure 21) provides valuable information for community awareness and educational efforts:

- Nearly all (99%) older adults watch television every day or at least weekly.
- Forty-four percent of older adults read the newspaper daily and 31% do so at least weekly.
- Seventy-five percent of older adults listen to the radio every day or at least weekly.

![Daily or Weekly Use of Media Sources by Race/Ethnicity](image)

**Figure 21**

Harris County elders were more likely to have used television than any other media, including newspapers, radio, e-mail, or the Internet. Newspaper use was significantly \( (p \leq .01) \) below that of television use, as was use of the Internet and e-mail \( (both \ p \leq .001) \). (Source: Data from Black et al., 2003.)
It is important to note that more than one-third of Harris County older adults are using the Internet and e-mail, but most of these users are white. Almost half of white older adults use the Internet at least weekly, whereas 77% of African-American and 83% of Hispanic older adults report having never used the Internet.

Other key findings related to Internet use include:

- Men use the Internet more than women.
- Individuals who are 50 to 64 years of age use it more often than those 65 years of age and older.
- Adults with annual incomes of $20,000 and higher use it more often than those with annual incomes below this amount.

In the community surveys conducted by Care for Elders, 65% of Asian respondents indicated that they rely most on local neighborhood newspapers for community information, providing a great resource for educating and informing members of this community about long-term care issues. Television was the second primary media source used, followed by the Houston Chronicle, the county’s single metropolitan daily, and the Internet.

**Consumer Education for Older Adults and Caregivers**

To improve personal preparedness and problem solving related to long-term care, Care for Elders will develop a “Take Charge” campaign that emphasizes the options and opportunities for improving quality of life and well-being during older adulthood. Envisioned in multiple formats and delivered in a variety of methods, information will be disseminated about physical health, emotional and spiritual well-being, financial issues, opportunities for social engagement, services, and other factors known to enhance successful aging.

**Need, Demographic, and Trend Information for Organizations**

Serving as a resource for all audiences, but particularly for organizations providing long-term care and supportive services, Care for Elders will develop and launch a Web site to provide important local information about older adults, caregivers, and various elder care issues. Comprehensive reports from surveys conducted by the partnership will be posted. Harris County and other local demographic, need, and trend information will also be available to help organizations plan for the future needs of older adults and caregivers.

**A Report Card for the Community**

To advance Harris County’s preparedness for the anticipated growth and changes in the older adult population, Care for Elders will implement a community report card to offer baseline and change information about the community’s elder readiness. With leadership from the Huffington Center on Aging at Baylor College of Medicine and Texas Woman’s University Department of Health Care Administration, the partnership will identify and track various indicators of an elder-prepared community as they relate to Harris County. While intended primarily to educate and influence policy development and resource allocations by key community decision makers, the report card will also serve as an evaluation tool for the partnership’s work.
Care for Elders’ Future Roles and Commitments
Many of the challenges Harris County faces, as well as the solutions proposed by Care for Elders, are not unique or new. However, what will make a difference now is the commitment partners have to implementation of this plan they have worked so tirelessly to create. The partnership’s function as a forum for joint planning and community problem solving is a trust the plan outlined in this document has attempted to honor; the charge from the community to improve access, availability, affordability, and quality in long-term care is one that partners view simultaneously as a daunting challenge and an exciting opportunity.

Looking ahead, and in support of its mission, Care for Elders will:

• Serve the community as an incubator for programs and service delivery models that address priority needs, expand critical services, and promote systems change to improve access to needed care, services, and support

• Provide a mechanism for coordinated resource development—both human and financial—in support of community priorities

• Disseminate information about local needs, solutions, demographics, and trends related to older adults and family caregivers

• Evaluate the effectiveness of the partnership’s strategies as well as the community’s readiness for the growing number of older people

Significant change in the prospects for long-term care will require a continued partnership between the public, private, and voluntary sectors, one that promotes integration of both service delivery and the resources that each possesses. Care for Elders’ partners have joined together in a sincere spirit of cooperation to produce this strategic plan and will gladly join forces with other coalitions and senior advocates to ensure that the needs of older adults and their family caregivers are understood and their voices heard. Working together, these partners who share the vision of Harris County as an elder-prepared and elder-friendly community can make it become a reality.
Institution-Based Care
- Nursing homes
- Rehabilitation
- Respite
- Long-term acute care hospitals
- Hospice
- State schools for those with developmental disabilities

Community-Based Programs
- Adult day care
- Senior centers
- Consumer self-help and support groups
- Health promotion and disease prevention programs

Home Care
- Personal care assistance (help with bathing, dressing, etc.)
- Home health/visiting nurse/PT/OT/ST/MSW/DME
- Home management (help with meal preparation, cleaning, etc.)
- Physician/dental/podiatry services
- Hospice
- Home-delivered meals

Housing
- Personal care homes
- Assisted living facilities
- Subsidized and Section 8 housing

Home Modifications and/or Repair
- Installation of grab bars, wheelchair ramps, etc.
- Repair of health/safety hazards

Mental Health Services
- Mental health and mental retardation services
- Counseling/treatment interventions
- Identification and linkage

Protective Services
- Adult protective services
- Legal services

Financial and Direct Assistance Services
- Rental assistance
- Utility payments
- Medications
- Food, clothing, etc.

Linkage and Monitoring Services
- Information and referral/assistance
- Case management
- Benefits counseling
- Telephone/friendly visiting
- Electronic/emergency response systems/medication reminders
- Transportation

Caregiver Support
- Respite
- Training/education
- Support groups
Appendix B
Care for Elders’ Executive Committee

Individuals providing leadership, time, and expertise through participation on the Care for Elders’ Executive Committee

Angela Blanchard
Neighborhood Centers, Inc.

James Booker
Adult Protective Services

Rogene Gee Calvert
Office of Council Member Gordon Quan

Li-Mei Chen
University of Houston, Graduate School of Social Work

Lynda Collins
The Methodist Hospital

Peter Diaz
KHOU-TV Channel 11

Lanette Gonzales
Sheltering Arms Senior Services

Charlene Hunter James
Harris County Area Agency on Aging

Chi-Mei Lin
Chinese Community Center

Ellen A. MacDonald
Community Volunteer

Joycelyn Marek
*Houston Chronicle*

Patricia Marshall
Long Term Care Services
Texas Department of Human Services

Anne Martin
Houston Area Parkinson Society

Jan McLaughlin
Texas Department of Protective and Regulatory Services

Carrie Moffitt
Volunteer Houston

Kelley Moseley
Texas Woman’s University

Dori Shannon-Navarro
City of Bellaire
Senior Adult Services Department

Linda O’Black
United Way of the Texas Gulf Coast

Robert Phillips
Sheltering Arms Senior Services

Chris Pollet
Neighborhood Centers, Inc.

Rose Ramirez
Houston Chapter, National Hispanic Council on Aging

Koyne D. Smith
Law Offices of Koyne Smith

Maxine Hammonds Smith
Texas Southern University

Janina Sodus
Long Term Care Services
Texas Department of Human Services

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Sommers & Associates

Ron Sunderland
Interfaith CarePartners

Marla Turner
Jewish Community Center

Pam Washington
Harris County Area Agency on Aging

Nancy L. Wilson
Huffington Center on Aging at Baylor College of Medicine

Jerry Wische
Jewish Community Center

Anita Woods
Huffington Center on Aging at Baylor College of Medicine
Appendix C
Care for Elders’ Consumer Advisory Council

Individuals serving on the Consumer Advisory Council and providing input to inform the partnership’s work based on first-hand experience with the long-term care system:

Dorothy Bremer  Gary Nakamura
Lillie Brooks   Raul and Natalia Navarro
Margo Childs    Eddie and Angie Ortiz
Beth Ehlig      David Parker
Joe Gor         Pat Patton
Lullelia Harrison Glenna Pierpont
Jerroldyn Hedges Tony and Ernestine Rico
Daria Lawrence  Joe Rosel
Anne Lindabury  Cordelia Tennarse
Patsy Marburger Alice Vara
Teresa Martinez  Hazel Walker
Vincent and Margarita Moreno Mollie Washington
Mary Mozell     Julia Washington
Appendix D
Care for Elders’ Surveys—Methodology and Limitations

Mathematica Policy Research Survey

Methodology

The Mathematica Policy Research (MPR) survey was conducted by telephone, using a random digit–dialing method. Spanish bilingual interviewers were used with Hispanic adults when needed. A total of 455 Harris County adults over age 50 were included in the survey, including 191 vulnerable older adults (42% of the total sample) and 264 nonvulnerable adults, including 26 decision makers (58% of the total sample). The survey used the following inclusion criteria for each population type:

Vulnerable • Age 75 or older, or age 60 or older and had at least one of the following:
  - Needed help with bathing
  - Used a cane, walker, or wheelchair
  - Rated health as fair or poor
  - Was afraid to be alone for more than two hours
  - Had a chronic illness

Nonvulnerable • All others age 50 or older without any of the above

Decision maker • Individuals age 50 or older who make decisions for a vulnerable person; depending on the question asked, decision makers provided answers for themselves or about a vulnerable older adult for whom they were making decisions

Limitations

Although the survey results provide valuable information for developing an effective strategic plan for long-term care in Harris County, the survey has several limitations:

• Because of the survey methodology (telephone interview), the survey may have not reached certain segments of the population, such as those who did not have a working telephone. Telephone surveys also encounter difficulties in reaching community residents due to the increasing use of Caller ID and automated answering systems that allow households to screen calls.

• Because the survey included a limited number of minority individuals, it has limitations in providing information on the needs of ethnic minority groups, especially non–English speaking respondents.

• Because the purpose of the survey was to give a descriptive overview of the survey results, it does not provide information based on inferential, multivariate statistical analysis. Therefore, the findings on statistically significant differences are limited to descriptive relationships between two variables.
Community Survey

Methodology

Modeled after the MPR survey, three survey instruments were developed to secure additional information from special populations underrepresented in the MPR survey. Section A was developed for vulnerable populations, section B for caregivers, and section C for nonvulnerable populations. The survey used the following inclusion criteria for each section:

Vulnerable/Section A
- Individuals over 75 years old
- Individuals over 60 years old who had a chronic health condition and/or used a walker, cane, or wheelchair to get around

Caregivers/Section B
- Caregivers of older adults or individuals who were making decisions about getting help at home or about living arrangements for an individual over 50

Nonvulnerable/Section C
- Individuals over 50 years old who were not making decisions about the care of someone else over 50 and did not have a chronic health condition or use a cane, walker, or wheelchair to get around

In order to reach specific target populations, the survey used a convenience sampling method to collect data. The staffs of several government and community agencies administered the survey. Many surveys were conducted at senior/congregate centers. Other methods used in conducting the survey include: self-administration, group administration, personal interview, and telephone interview.

To include individuals who were not proficient in English, the survey was conducted in Spanish and several Asian languages, including Chinese, Vietnamese, and Korean. The survey with non–English speaking individuals, however, was conducted differently with Spanish-speaking and Asian language–speaking individuals. For the Spanish-speaking individuals, a Spanish version of each questionnaire was used for the survey, while the survey with the Asian language–speaking individuals was conducted by bilingual interviewers.

Limitations

Findings from the community survey have limitations, including:

- The use of convenience sampling methods prevent the results from being interpreted as representative of all Harris County older adults.

- The survey procedure used poses various threats to the validity of the survey. Using different administration methods may carry some risks for the external validity of the survey because people often respond to a question differently depending on the way it is asked.

- Although most of the questions in the community survey were taken directly from the MPR survey questionnaire, many of these questions were asked differently, either in words used or options for answers, creating risk for the internal validity of the answers. This threat is potentially significant for the findings from the Asian respondents because the surveys with Asian respondents were verbally translated by different bilingual individuals each time.
References


The following individuals have made invaluable contributions to the development of this document. Without their expertise and commitment, it would not have been produced:

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