

# Community Planning Report

January, 2006

## ROWAN

**IMPROVED LIVING FOR  
OLDER AND DISABLED ADULTS**

 LIFE  
IMPROVEMENT  
FOR EVERYONE

# Acknowledgements

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# Message to the Community

Rowan County like many other communities in the United States faces an unprecedented growth in the number of older Americans age 65 and above. Population segments of individuals between the ages of 55 and 64, 65 and 75, 75 and 85, and 85 and above, will see the largest percentage of change of any of the other demographics. We are facing "The Age Wave".

Communities around the country are beginning to seriously consider what this change will mean to their communities. The Baby Boomers (individuals born between 1946 and 1964) have dictated changes in community infrastructures since they were born and it won't change as they grow older. This segment of the population will force changes in our communities from the types of services available, to the kind of housing built, to what our neighborhoods look like.

This report is a result of a dedicated group of individuals committed to preparing our community for this explosive growth and cultural change. In addressing the many issues facing not only our community but our country, this group made the early decision to choose issues at our local/community level that could be addressed through community collaborations. Bold action is required to respond to the present needs of both older adults and adults with disabilities.

**Our VISION is:**

*Rowan County will be a healthy, safe and kind community of opportunities for older adults and adults with disabilities.*

The **MISSION** as outlined in this report is :

*To seek to enrich the lives of older adults and adults with disabilities through community collaboration that will:*

- ♦ *Protect health, safety, and independence*
- ♦ *Promote creativity, wellness, and self-determination*
- ♦ *Identify and prioritize needs and resources*
- ♦ *Address needs with established and Innovative services/activities*
- ♦ *Deliver services in an efficient and cost effective manner.*

Successful change for our community cannot happen without responsible thinking and action from policy makers, planners, corporate leaders, advocates, professionals, caregivers, persons with disabilities, baby boomers, and older adults alike.

# Executive Summary

Rowan County is changing. This change is driven by several significant developments including lengthening life spans, reductions in birth rates, and the aging of baby boomers through the life span. These developments impact all people but uniquely those with disabilities.

To address our changing community; Rowan: Improved

Living for Older and Disabled Adults:

Life Improvement for Everyone

emerged to develop a strategic plan and a structure to begin implementing the identified strategies.



Two years of reviewing the data and issues, a community event was held to engage our citizens in reviewing strategies to become a community safe, healthy and kind for persons of age and disabilities. While this is only the beginning of moving our community to meet this vision, the first five priorities identified as implementation are:

## Key Recommendations from the Public Event:

### **Accessible and Affordable Medical Care:**

*Increase awareness of positive benefits of physical activity and how to achieve those benefits*

### **Accessibility of Information:**

*Pursue buy-in to 2-1-1 that incorporates single portal access of information of mental health and other human care services available to Rowan County Residents*

### **Advocacy:**

*Develop an interagency awareness about guardianship and alternatives to guardianships.*

### **Housing:**

*Improve access to information on housing options on placement choices for the public and professionals in the community*

### **Transportation:**

*Develop a more integrated City/County Transportation System.*

# CALL TO ACTION

**"There is no power greater than a community discovering what it cares about".**

Rowan County cares about its people. Over the last two years, this dedicated group of individuals have worked outside the traditional framework of planning. Our community must look at who we are and who we want to be in ten years. The changing demography is forcing us to look at ourselves to plan for these changes.

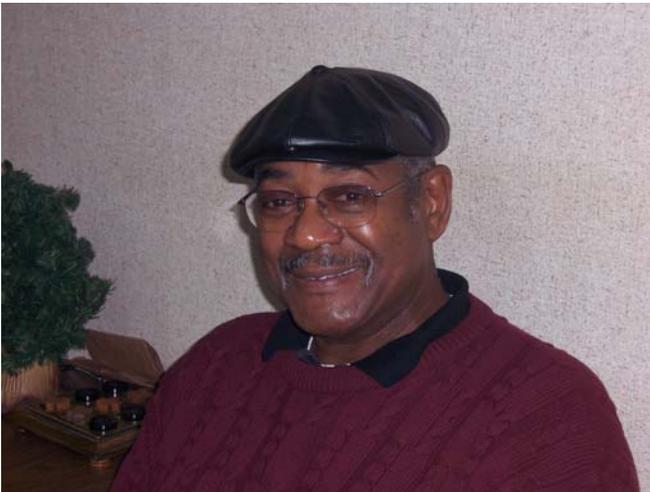
But what are the next steps? The next steps will require an even more radical variation from our traditional way of doing things. In 2001 the first Baby Boomers turned fifty-five years of age. Our community must come together outside our individual areas of interest.

There are a number of recommendations that have identified. Stakeholders, decision makers, consumers, and caregivers must work together to **MAKE CHANGE**. And while there are a number of changes identified in this report, these are only a few of the areas to be addressed. It is the intent of LIFE to establish Implementation Teams for the recommendations in this report, a work group to establish the next areas of evaluation, and Marketing Team to keep participants and the community aware of the successes of this venture. The intent of the initiative is that this report will become a “road map” for all community organizations in addressing older adult issues. This body of work can be used to apply for grants, provide background and can be incorporated into the work of other groups in addressing older adults needs.

Imagine that you will become sixty years of age in twenty years. What are the top 5 things you will want/need to stay health, happy, and connected to the world around you?



Keep imagining! Pick just one of those top 5 things and determine what you must do NOW to make that one thing happen. And more,  
“Working together — we can make change happen!”



# Background

*“ We weren't prepared for the 77 million baby boomers born from 1946 to 1964 - we did not have enough diapers, hospitals, houses, pediatricians, schools, books, teachers or anything else for all of these children. If we are not careful we will not be prepared for the retirement of these boomers.”*

**Ken Dychtwald  
Noted Gerontologist**

**Demographic Data:** The demographic data regarding persons aged fifty-five and older and those with disabilities is very compelling. The next 20-30 years will see a shift in the population like we have never seen before. Please refer to Appendix A for charts and graphs outlining some of the demographic issues that drive this need for change. Some of the primary points obtained from the data are:

- ◆ *There were 18,736 persons over age 65 in Rowan County in 1996.*
- ◆ *By the year 2020, the NC Data Center expects that number to increase to 27,821 or a 48.5% increase.*
- ◆ *By 2020, the 19 and under age group, the 20-39 age group, the 40-59 age group and the 60 plus age group will all be about 25%.*
- ◆ *13% of the current Rowan County population is disabled*
- ◆ *544 persons aged 18-64 have some type of Developmental Disability*
- ◆ *50% of persons 85 and older have Alzheimer's Disease*
- ◆ *134% growth in public long term care expenditures for 60 plus population between 1990 and 1997*
- ◆ *20% of Rowan County persons between age 55 and 64 do not own a car and 30% of Rowan County persons between age 65 and 74.*



## *Guiding Principles:*

### **GUIDING PRINCIPLE ONE: Aging in Place**

Aging in Place is a term that is gaining momentum around the country as the opportunity for an individual to grow older comfortably in their home with all the services, conveniences, policies, and programs. Research suggests to Age in Place, a community includes health care and housing options that meet the evolving needs of individuals as they move through the later stages of their lives; offering a range of services that can be applied under different circumstances; maintaining mixed generation communities to help maximize a person's capacity for self-help and his or her ability to contribute to the community; and the development of an infrastructure through which needed services can be coordinated and provided. The concept of Aging in Place is a fundamental part of the vision and mission of this project.

***“As a Baby Boomer, I am looking at options that will be available to me. I want to be able to stay in my community and have the resources I need to assist me.”***

### **GUIDING PRINCIPLE TWO: Life Improvement for Everyone**

North Carolina has embraced the idea of “Senior Friendly Communities”. The Rowan Project embraces both the older adult community and the community of adults with disabilities. Therefore, life improvement for everyone is more descriptive of our vision. A community that embraces Life Improvement for Everyone could include:



- a wide range of social and economic opportunities and supports are available for all citizens
- values contributions of both older adults and those with disabilities; considers the needs and interests of older adults and adults with disabilities in physical environment and community planning
- respects and supports older adults and adults with disabilities desire and efforts to live independently
- acknowledges the primary role that families, friends, and neighbors play in the lives of older adults and adults with disabilities, enhancing their capacity for caring. (N. C. Division of Aging and Adult Services)

“I want a busy, active lifestyle for as long as possible. I want to be a part of my community and be able to continue making contributions.”

The vision and mission of the Rowan Project are embraced in this model.

## *Planning Scope of Work, Structure and Process*

There are many dimensions to developing a community that promotes quality of life in senior years. At the same time, it hard to imagine any aspect of society that is not affected by our demographic shift. The NC Division of Aging and Adult Services developed the lists below identifies the components of a senior-friendly community and areas communities are considering in evaluating their readiness for an aging population in North Carolina.

- Health:** Adult immunization, Dental health, Hospitals, Leisure, Nutrition, Mental Health Medicare/Medicaid acceptance, Medication management, Preventive care, Primary care, Rehabilitation, Vision/hearing care, Wellness/fitness
- Economy:** Job training , Age discrimination, Financial planning, Health care cost, Health insurance, Income , Job opportunities, Job retooling, Senior-friendly businesses, Long-term care cost, Tax credits/ Exemptions
- Technology:** Internet access, Assistive/Adaptive devices, Distance-learning, Medical alert, Tele-medicine, Telephone/cell phone access

**Safety/Security:** Driver safety, Abuse/neglect, At-risk population, Domestic violence, Emergency response, Fire safety, Fraud/exploitation, Outreach

**Social/Cultural Involvement:** Volunteerism, Community sensitivity, Media, Intergenerational relations, Libraries, Lifelong learning, Spiritual growth, Racial/ethnic/Linguistic diversity, Cultural/social programs

**Services/Support:** Information & assistance (I&A), Caregiver Support, Drug assistance, End-of-life care, Grandparents-raising grandchildren, Legal services, Home- & community-based services, Long-term care facilities, Senior centers, Guardianship,

**Resource Planning/Stewardship:** Public benefits, Community needs assessments, Planning coordination, Program evaluation, Public and private funding sources, Taxes Representation in public affairs

The Senior Friendly Community components provided the framework for the issues considered in the process. A small group of key stakeholders in the community began meeting in October, 2003 and convened a larger group in the Spring of 2004 to identify the most important issues on which to begin work. The five areas chosen were: Advocacy, Transportation, Information, Housing, and Affordable Medical Care.

Work groups were established around the five primary areas and began work in the Fall of 2004. The groups used tools designed by the NC Division of Aging and Adult Services to evaluate services in the community in terms:

Existence  
Adequacy  
Accessibility  
Efficiency/Duplication  
Equity  
Quality/Effectiveness

In addition, work groups used a variety of research methods to gather data including: surveys, round table discussions, interviews, community focus groups, web searches, professional expertise, and analysis of existing data.

Each of the work groups submitted a report on their findings in June of 2005 and it is this work that forms the framework of this report.

October 28, 2005 a community wide event of approximately 100 stakeholders met to review the recommendations and strategies from the work groups. The participants further refined the strategies and prioritized the top issue in each issue area. Over 45 individuals volunteered to become active in implementation of the strategies of the Plan.



"I believe this effort will be one of the more important for our community over the next 25 years."

Bob Lippard  
United Way



# ISSUE: ACCESSIBLE AND

# AFFORDABLE MEDICAL CARE

The rapid growth in the aging population presents a number of health, social and economic challenges for individuals, families, and governments throughout the world. Two of the greatest challenges will be the fiscal shortfall in health and social security programs for older adults and the rising medical costs associated with chronic disability. Already one-third of total health care expenditures in the United States are for older adults age 65 and above. (Physical Activity Instruction of Older Adults by C. Jessie Jones & Debra J. Rose, 2005)

Numerous research studies have reported the many health- and performance-related benefits of engaging in regular physical activity, particularly for older adults. Many of the key health issues affecting older adults are lifestyle related (hypertension, heart failure, stroke, diabetes, injury from falls). In spite of this, few older adults engage in physical activity on a regular basis. The U.S. Department of Health & Human Services estimates that only 31% of those aged 65 to 74 participate in moderate physical activity on a regular basis. Moreover, only 15% of adults aged 75 and older are physically active.



Older adults in North Carolina rank 49<sup>th</sup> of our fifty states in the percentage involved in regular physical activity. (*Senior Citizens Voice*, NC Senior Citizens Association, Winter 2005) .

Recognizing the obvious need to promote more involvement in physical activity by older adults, many aging initiatives are emphasizing that more resources be directed in this area. Health promotion and disease prevention are priorities for greater North Carolina Legislative funding among a number of aging advocacy groups.

Our review concludes that Rowan County has good resources for older adults and disabled adults in terms of providing opportunities for social, leisure and recreational activities. It is noteworthy to recognize that the Senior Center is the only nationally accredited center in the state;

the County Recreation special division to with older & disabled Recreation Department- these services with

Rufty Holmes Senior Center was the first and currently only state and nationally accredited senior center in North Carolina.

Department has a work exclusively adults; the City ment supports special appropriate multiple branches

located throughout the county with senior discounts and staff assigned to older adult programming; the Senior Services Department provides geographically based nutrition sites with programming; and that several professional-level agencies exist to serve those adults with developmental disabilities. Agencies work together well within a specialized framework. There were really no issues of duplication discovered. No one agency serves everyone, and many clients receive services from more than one agency.

Clients who are participating in these services give good reviews about the quality of programs that are offered, and cite little concern

regarding access issues. Some attention may be needed toward serving the southern part of the county better, as well as a growing Hispanic population. There was also some concern expressed about the need for a day care program to serve developmentally disabled adults who cannot participate in Rowan Vocational Opportunity services, and a need to provide more programs for disabled adults in general.

Programs and services appear adequate for those older adults who have sought them out; however, a concern remains over the number of older adults who are not participating in wellness activities.

As the number of older adults in our community grows, and the availability and affordability of health care becomes more challenging, additional resources will need to be directed toward recruiting and accommodating more clients in these services.



**Strategy: Increase awareness of positive benefits of physical activity and how to achieve those benefits.**

**Strategy: Increase support for Health Promotion and Disease Prevention Services available in the county for both older and disabled adults**

**Strategy: Expand resources for dental care through legislative Advocacy**

**Strategy: Establish an after hours emergency clinic for dental services for older and disabled adults**

An additional area for consideration is Mental Health Services. The stigma for older adults is far greater many seek care from a medical doctor instead of an appropriate mental health professional. Even when an appropriate mental health professional is obtained, there are few that have training or experience in treating older adults. Older adults rarely question their doctor, they will stop taking medications if they perceive no immediate results, and with the confusion of the current health care environment, older adults may be receiving multiple medications from several different physicians. These type of issues lead to overmedication and drug interaction problems.

**Strategy: Expand professional and community education on symptoms, treatments & follow-up, medications (side effects, drug interactions), and available services for mental health, substance abuse, developmental disability, and dementia/cognitive impairment concerns for older and disabled adults.**

Within the disability community as in all segments of the population, these individuals are aging. In prior years individuals with disabilities faced a shorter lifespan. Now, with medical improvements, our community is facing an expansion of services for a population that has not

existed before. Individuals with disabilities can face a crisis situation at any time of day or night and in Rowan County, Rowan Memorial Hospital is the only alternative. There are long waiting lists for services and geriatric specialists are few.

**Strategy: Establish a geriatric behavioral unit in Rowan County**

**Strategy: Improve services for individuals with developmental Disabilities**

Communication barriers contribute significantly to the social isolation of older adults, and the ability to access human services in the community. Isolation leads to physical and mental deterioration, and the need for more acute services. Hearing loss is a key factor inhibiting normal communication abilities on the part of older adults. It is the third most prevalent chronic health condition among seniors, with one third of all persons over age 65 so challenged. One half of those over age 75 are affected. Accessibility to human services is compromised for those with hearing loss.

**Strategy: Increase awareness of providers to hearing loss as a crucial factor in addressing older adult access to human services. Specifically, provide training and the use of assistive equipment for agencies Working with older and disabled adults**



# ISSUE: Accessibility of Information

One of the single most often heard comments from older adults is, "I don't know where to go for help." This presents a challenge to many communities and an issue that was of priority importance for Rowan County. In looking at this issue there are two key questions: Do we have a system in place that makes information available to the general public and do we have resources to assure that the public knows how to access the information?

Overall the agencies in Rowan County work well together and in most instances the information is available.

- However, there are some systems changes that could make collecting and maintaining information more efficient. A key efficiency that would benefit Rowan County is a common database maintained in a user-friendly software. A more uniform reporting process for changes in information would be essential.



The population of Rowan County is changing and these changes bring additional needed system changes to help consumers access information. As the number of non-English speaking individuals move into Rowan County, access to information must include bilingual services system-wide. In addition, the services needs to be 24 hours per day seven days a week to meet the needs of varied lifestyles within the county.

It is also important to assure that the services are actually meeting the needs of the public. There are several improvements needed in the current system. There needs to be regular distribution of surveys to obtain consumer feedback about the services provided. In addition, regular follow-up calls should be made to better determine if consumer needs were met and to identify unmet needs that may exist in the county. A significant system enhancement provided by agencies would be the inclusion of case management and one-on-one assistance for those individuals who, for whatever reason, cannot get the information they need or access needed services. Case management and one-on-one assistance can lead to advocacy on behalf of individuals and even systems change on behalf of groups of individuals when unmet needs and system gaps are identified.

**“It is so hard to find out what services are available and where to go for help.”**

- Another enhancement that will be of significant assistance to the baby-boomer general is Website services that could provide self-referral capability to consumers. This would greatly assist baby-boomers not only in accessing information for themselves but also for long-distance caregivers trying to access and arrange services for older parents or relatives.

In information provided by agency professionals it was commonly noted that older adults do not like to use automated call systems. It is partly a desire to talk with a “person” but it also becomes a significant issue for



those who may have a hearing disability and those who may be confused. A "real person" responding to calls for information could help identify "special needs" of older adults and could make appropriate judgements when a phone number could be provided for the caller or when the caller would need a professional to assist with additional calls to access specific services. There are many times that the needs of the individual are unique and may need a professional available to help "advocate" for needed services for the individual. A professional answering the initial call for information would provide significant benefits to older and disabled adults within the community.

**Strategy: Develop 2-1-1 services that increase information access to 365 days a year 24 hours a day and 7 days a week.**

**Strategy: Pursue buy-in to 2-1-1 that incorporates single portal access of information of mental health and other human care services available to Rowan residents.**

**Strategy: Improve access of information by increasing multilingual capabilities of Information and Referral services.**

**Strategy: Study disabled populations access to information to determine methods of information and barriers to access.**

**Strategy: Determine if advocacy should and can be integrated into information access system**

# ISSUE 3: ADVOCACY

Advocacy is defined as "the act of pleading the cause of another".

While advocacy is not always identified as a service provided for older or disabled adults, it is in fact, a very critical and important service for the more frail of these populations, especially impacting those with limited mental capacity, chronic/decompensating physical and mental disorders and limited family support.

Guardianship is one type of advocacy which is focused on an individual. Guardianship is a legal relationship in which someone (the guardian) is authorized by the clerk of superior court to be the substitute decision

maker for an incompetent adult (the ward). Incompetence is determined in a court proceeding and means an adult is unable to manage his own affairs, or is unable to make important decisions. They may need someone to deal with their financial affairs and/or make placement or medical decisions in their behalf.



In the study of Advocacy in Rowan County, Guardianship quickly emerged as the priority topic for changes. Here are some of the critical issues findings identified regarding guardianship:

- Low public awareness about guardianship and the process
- Lack of understanding of Powers of Attorney
- Need for connection of seniors and people with disabilities to the information (public access) regarding guardianship and alternatives to guardianship
- Lack of understanding about guardianship responsibilities by public citizen guardians

- Lack of awareness by public agency guardians of available state training on guardianship
- Lack of understanding by the general adult population of alternatives to guardianship and the importance of present planning for future needs
- Problems in finding appropriate guardians and representative payees
- Lack of public funding to support guardianship case management and representative payee case management

As a result of the needs identified, the following priorities are recommended:

**Strategy: Develop an interagency awareness about guardianship and alternatives to guardianships.**

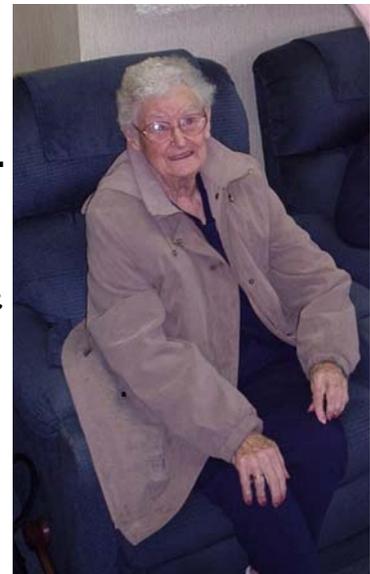
Agency case managers, staff and intake workers are in key positions to assist families and individuals when the need for guardianship or alternatives to guardianship emerges. It is crucial that these individuals be trained and educated about these issues. They must understand the importance of guardianship and available alternatives to guardianship. They need to have basic knowledge of what guardianship and alternatives are, how they are obtained, what their responsibilities are, when one alternative is preferable to another and the legal processes involved. This is the first step for information to be communicated to the general public. An interagency sharing of information would provide professionals the opportunity to discuss the complexities of the guardianship laws and share with each other ideas and resources to assist families and state training available to the staff of these agencies.

When there is no family and the older adult can no longer manage their own affairs, who is there to help?

For example, most people will NEED a suitable Power of Attorney at some point in their lives yet so few actually have one. Few understand the importance. It is also imperative that professionals understand both guardianship and alternatives to guardianship and have good decision-making skills about which alternative is best in each situation.. Mental Health, ARC, DSS, Senior Services and the Health Department need to be fully trained so that they may help educate the general public. Partnerships should be formed among these agencies to advance training for both themselves and the community. This partnership of agencies should seek funding sources to finance the promotion of education to the public and the support of guardianship and alternative services throughout the county.

**Strategy: View and/or distribute educational video about responsibilities of guardianship to all new guardians and potential guardians.**

Guardianship sounds like an easy solution but there is much to know if an individual is going to fulfill the role competently. What do you need to know? What is expected of you? How can I be a "good" guardian? What does the law require? This Video should be available to ALL new guardians at no charge. "Guardianship 101" is a need and this video would be great tool for potential guardians to re-view.



**Strategy: Education of the general public by the interagency partnership about the need for future planning and how to access guardianship or its alternatives.**

It is very difficult for many people to think ahead about what may happen in their lives. However, everyone needs to plan now for their own futures. There are alternatives and some options work best for some people and not for others. Many times it is a personal preference. Individuals and families need to become educated about guardianship and its alternatives and discuss their own preferred options. They need to know how to set up a guardianship or appropriate alternatives, what each alternative can and cannot do for them, and pitfalls to avoid. Pamphlets need to be written/obtained regarding this information and distributed by the interagency partnership and located in public buildings such as the Public Library. Each public agency listed above should provide presentations to their clientele. Presentations to various community groups need to be made by the interagency members of the partnered public agencies. These agencies should actively promote involvement from appropriate family members in being guardians, POAs and Representative Payees for their loved ones and support individuals who wish to plan for their future needs by asking family members to take on these duties in their behalf.

**Strategy: Advocate for legislative changes to support**

**both guardianship services and alternatives to guardianship like**

**Representative Payee.**

If our community is going to have quality professional assistance for individuals who can no longer manage their own affairs and have no family available to help, we must provide the resources for agencies to provide that service.

Guardianship and payee services costs money. However, this expense is generally covered through county funding or without funding. The number of residents aging in Rowan and the state needing guardianship services will continue to grow as the older and disabled population increases. Since guardianship is regulated in state and federal law, both state and federal government should be active players in financial support to the public agencies that provide for these residents' care. Requests should be made by agencies, and by our community leadership to ask our legislators to sponsor a bill to provide specific financial support for guardianship case management to the agencies involved in serving as guardians or to agencies providing representative payee services.



# ISSUE 5: HOUSING

Older adults and disabled adults are a growing part of the community and they have special needs to be addressed. One of those specific needs is related to affordable housing options and home improvements that may allow those individuals to stay in their own homes longer. One of the greatest challenges that people face is having access to housing and being able to afford to pay for it.

Housing is something that is needed for all individuals and effects your everyday life. Whether it is the actual existence of housing options in your particular county or are those housing placements affordable and safe for you. Having the necessary home improvements from your home to better be able to keep you in a place where you may have lived 50 + years is also an issue. Providing funding to build ramps to homes, replace roofs, add minor modifications or even put air conditioning in your home are all concerns that may arise, but allow the individual to independent in their own homes longer.

84.5% of persons over age 65 in Rowan own their own home.



Our review of the housing options for Rowan County concludes that the existence of Housing in general is quite good. However, it is not the same for all areas of Rowan County and some have very long waiting lists for placement while others have many open units. There are also three Housing Authorities for Rowan including the Rowan County Housing Authority, City of Salisbury Housing Authority and East Spencer Housing Authority. Part of the overall piece that is missing for clarity is the disconnect between the housing authorities for overall effectiveness of the placement process and the purging of old waiting lists, people who may already be placed elsewhere. Currently Section 8 vouchers are on hold and no new applications are being taken for the waiting lists.



The Home Improvement area for Rowan County residents who would like to stay placed in their homes with services but cannot due to the inaccessibility of their home now that medical needs have arised is very underserved. A couple different agencies like CDC and DSS and local church programs like Stephen's ministry help a small percentage of people with minor modi-

fications to their homes and it seems to be on a first come first serve basis, besides the need of the individual. There is no good way to track those not being served with home improvements because data is not in place.

**Strategy: To improve access to information on housing options and placement choices for the public and professionals in the community.**

Ideas to accomplish this were to have a "one stop shop" or to have one place such as I & R or some agency that was the portal of information. This would decrease the duplication of services through the three entities that currently do this process. Develop a comprehensive guide for all housing options in the county.

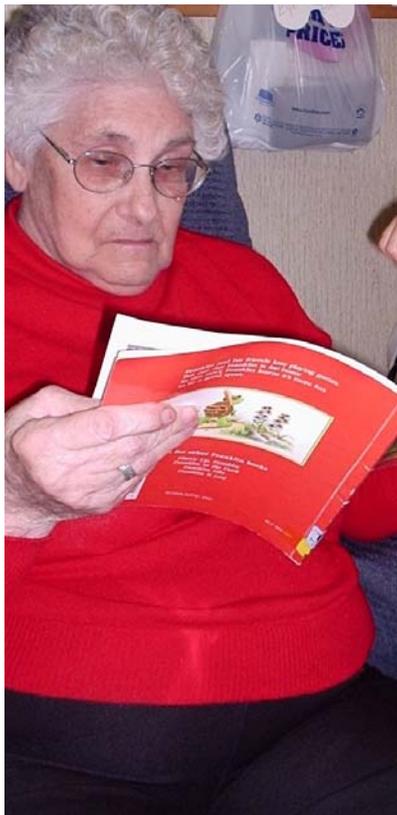
**Strategy: To improve training for staff on older adults and disabled adults needs and on understanding those special needs that people have whether it is physical, mental, or social disabilities.**

Agencies involved could have Quarterly meetings to develop better communication through the meetings and start working together on similar projects that effect them all.

**Strategy: To increase resources available to older adults and disabled adults for home improvements and repairs.**

"It is so hard now to maintain my home. It is difficult to find trustworthy people to do repairs. I have a large yard and I love to get out in my yard. But I can't do a lot at one time and it is really too difficult for me to mow and do the heavy trimming. You can't always find someone to do that at a reasonable costs anymore. I don't want to have to move to an assisted living I may not have a choice."

An agency is needed to fill the role of coordinating all housing and is part of the initial screening and referral process before placement may need to be an option. By purging the Housing Authority lists you may see some duplication that can be avoided and also keep people at home longer making the waiting lists shorter for all to access services better.



# ISSUE: TRANSPORTATION

Transportation is a lifetime need that profoundly affects the quality of life for all age groups. It is vital for accessing health care, for employment, general shopping, conducting personal business, and maintaining social and family contacts. Having a variety of transportation options preserves independence and enhances the feeling of having control over our destiny. It is also apparent that public transportation options must be reliable, affordable, easy to use, and flexible to accommodate seniors and disabled residents of our county.



**Strategy: Promote older/  
disabled drivers' safety through improved roadway environ-  
ments and incentives to participate in driver safety programs.**

Rowan/Salisbury has made progress to improve roadway signage, improved lighting, better markings on the pavement, but senior advocates could strengthen the effort especially in smaller towns and rural areas of the county. The Senior Center has an occasional AARP Safe Driving Class but there is minimum promotion and minimum participation.

**Strategy: Enhance all mobility options related to public transpor-  
tation, like walking and bicycling and specialized transportation  
for individuals with varied functional capabilities and preferences.**

**Strategy: Seek consumer input in examining operating policies days/hours of operation, routing and frequency of service to ensure greater passenger accessibility and user friendliness.**

**Strategy: Promote the City and County transit services as a viable option to the rising costs of operating a personal vehicle.**

When transportation does not work, other things—our economy-- our healthcare system-- and our civic culture---cannot work at their best. Reliable transportation is both a prerequisite for a healthy economy and often the

**“I don’t have a car right now and it is hard to get to services.”**

first step toward independence and opportunity for people with low incomes, older adults, and people with disabilities. (Federal Register; March 9, 2005; FTA Technical Assistance bulletin. )



# Recommendations from Steering Committee

## Accessible and Affordable Medical Care

**Strategy: Increase awareness of positive benefits of physical activity and how to achieve those benefits.**

**Strategy: Increase support for Health Promotion and Disease Prevention Services available in the county for both older and disabled adults**

**Strategy: Expand resources for dental care through legislative advocacy**

**Strategy: Establish an after hours emergency clinic for dental services for older and disabled adults**

**Strategy: Expand professional and community education on symptoms, treatments & follow-up, medications (side effects, drug interactions), and available services for mental health, substance abuse, developmental disability, and dementia/cognitive impairment concerns for older and disabled adults.**

**Strategy: Establish a geriatric behavioral unit in Rowan County**

**Strategy: Improve services for individuals with development disability**

**Strategy: Increase awareness of providers to hearing loss as a crucial factor in addressing older adult access to human services. Specifically, provide training and the use of assistive equipment for agencies working with older and disabled adults**

## Accessibility of Information

**Strategy: Develop 2-1-1 services that increase information access to 365 days a year 24 hours a day and 7 days a week.**

**Strategy: Pursue buy-in to 2-1-1 that incorporates single portal access of information of mental health and other human care services available to Rowan residents.**

**Strategy: Improve access of information by increasing multi-lingual capabilities of Information and Referral services.**

**Strategy: Study disabled populations access to information to determine methods of information and barriers to access.**

**Strategy: Determine if advocacy should and can be integrated into information access system.**

## Advocacy

**Strategy: Develop an interagency awareness about guardianship and Powers of Attorney**

**Strategy: View and/or distribute educational video about responsibilities of guardianship to all new guardians.**

**Strategy: Educate the general public about the need for future planning and how to access guardianship alternatives.**

**Strategy: Advocate for legislative changes to support guardianship services.**

## Housing

**Strategy:** To improve access to information on housing options and placement choices for the public and professionals in the community.

**Strategy:** To improve training for staff on older adults and disabled adults needs and on understanding those special needs that people have whether it is physical, mental, or social disabilities.

**Strategy:** To increase resources available to older adults and disabled adults for home improvements and repairs.

## Transportation

**Strategy:** Promote older/disabled drivers' safety through improved roadway environments and incentives to participate in driver safety programs.

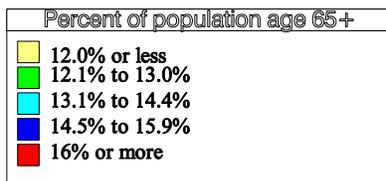
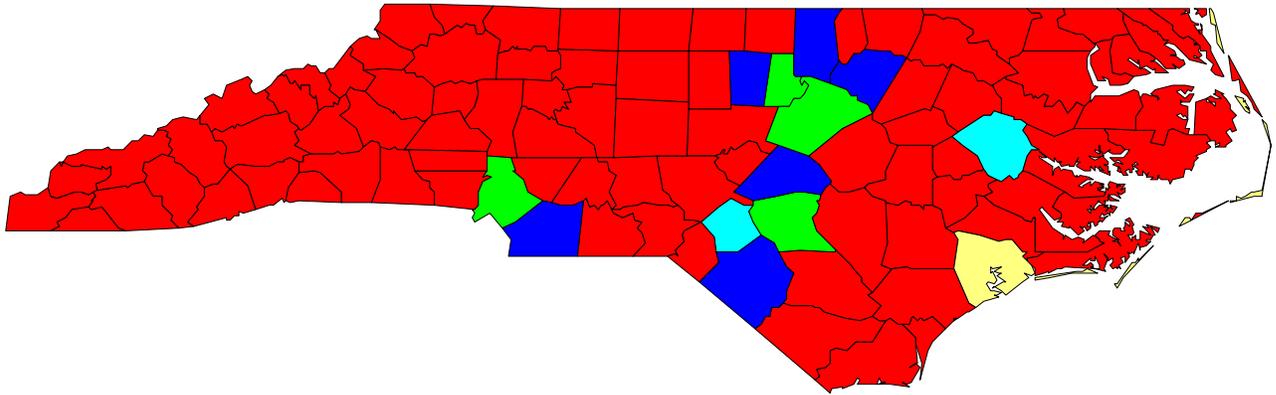
**Strategy:** Enhance all mobility options related to public transportation, like walking and bicycling and specialized transportation for individuals with varied functional capabilities and preferences.

**Strategy:** Seek consumer input in examining operating policies, days/hours of operation, routing and frequency of service to ensure greater passenger accessibility and user friendliness.

**Strategy:** Promote the City and County transit services as a viable option to the rising costs of operating a personal vehicle.

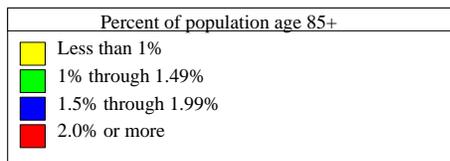
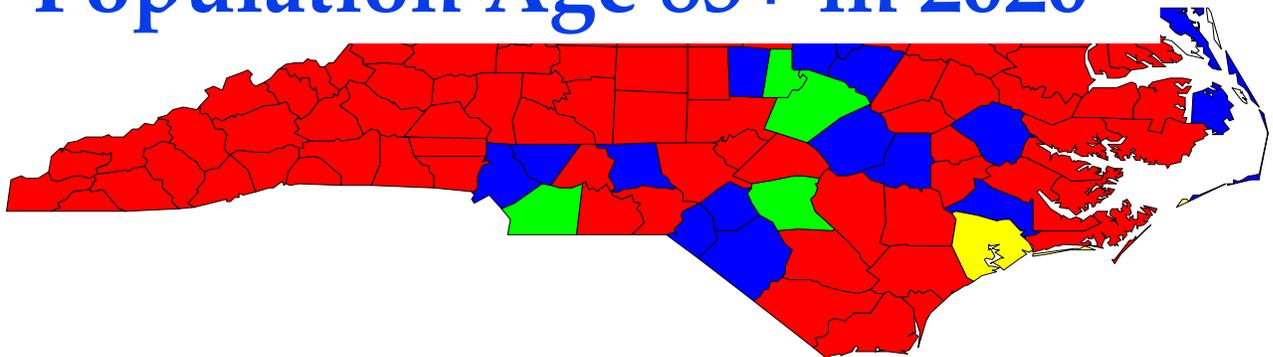
# APPENDIX

# Population Age 65+ in 2020



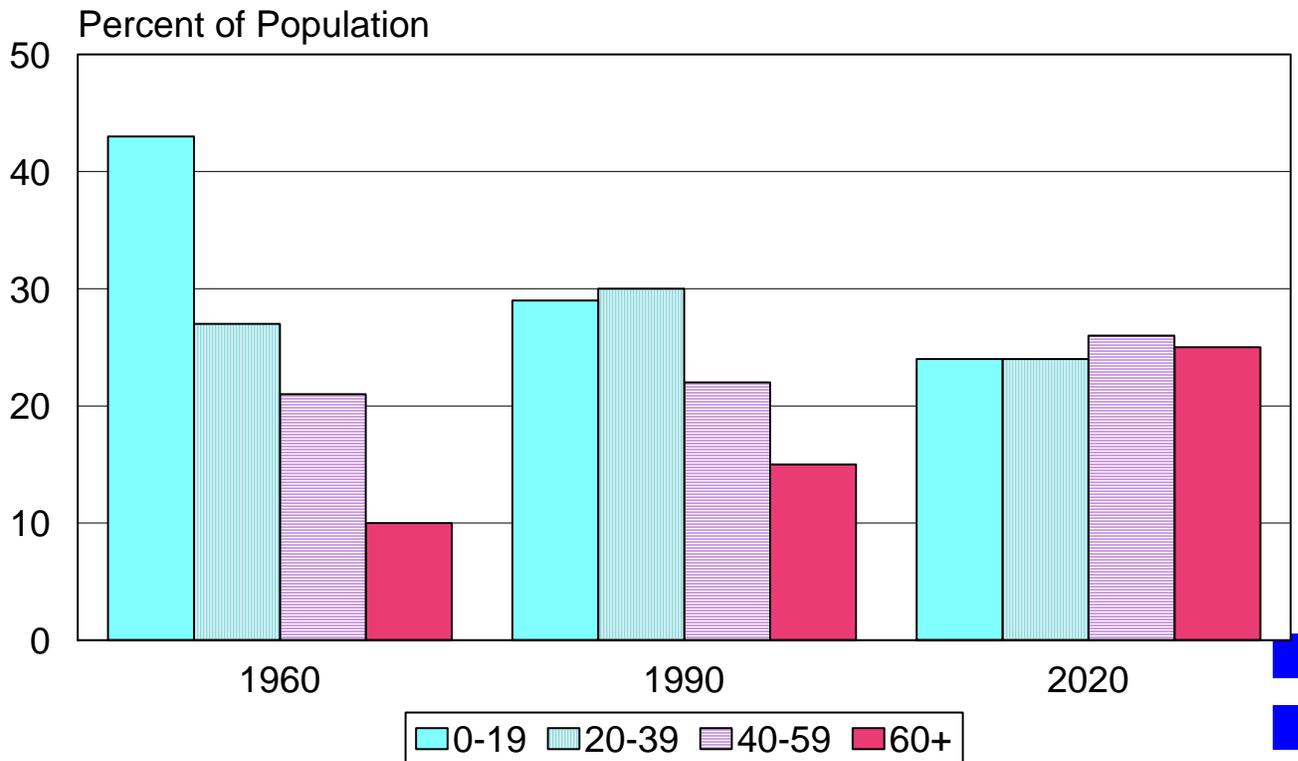
Red-colored counties have 16 or more persons age 65 or older per 100 residents.

# Population Age 85+ in 2020

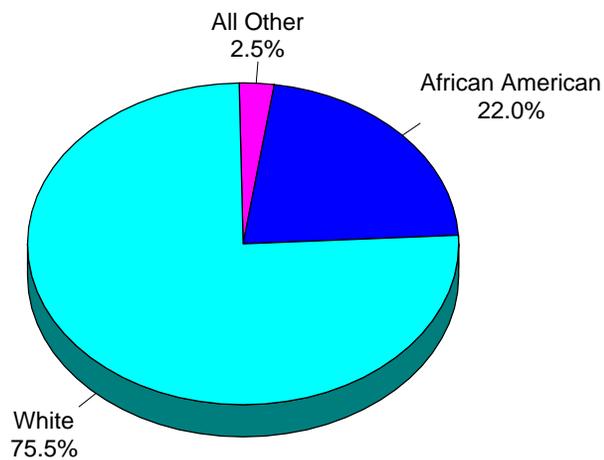


Red-colored counties have 2 or more persons age 85 or older per 100 residents.

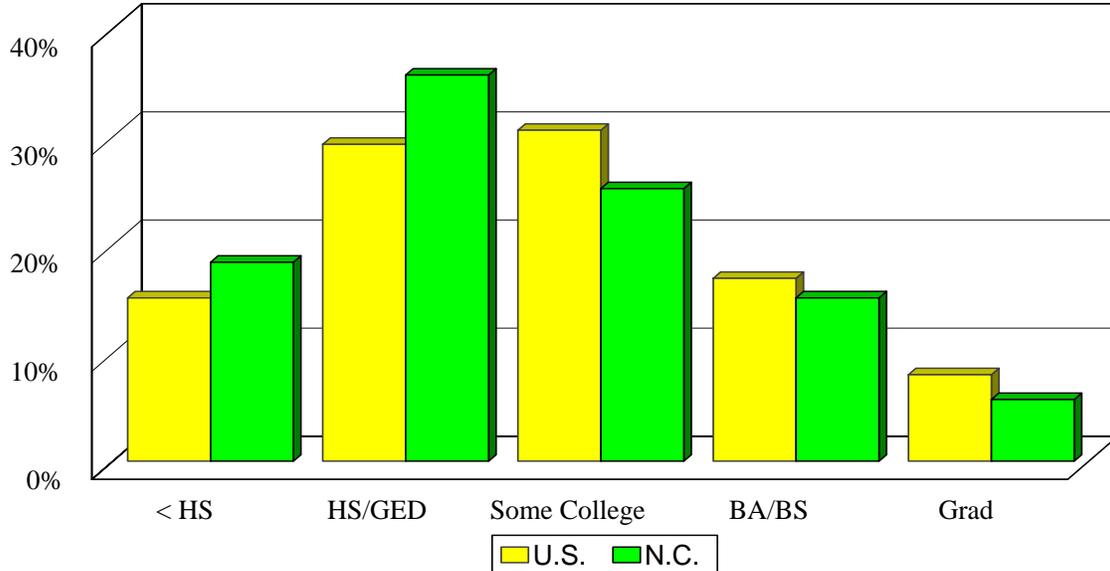
# North Carolina: In the Middle of a Major Population Shift



## Race and Ethnicity: N C Boomers

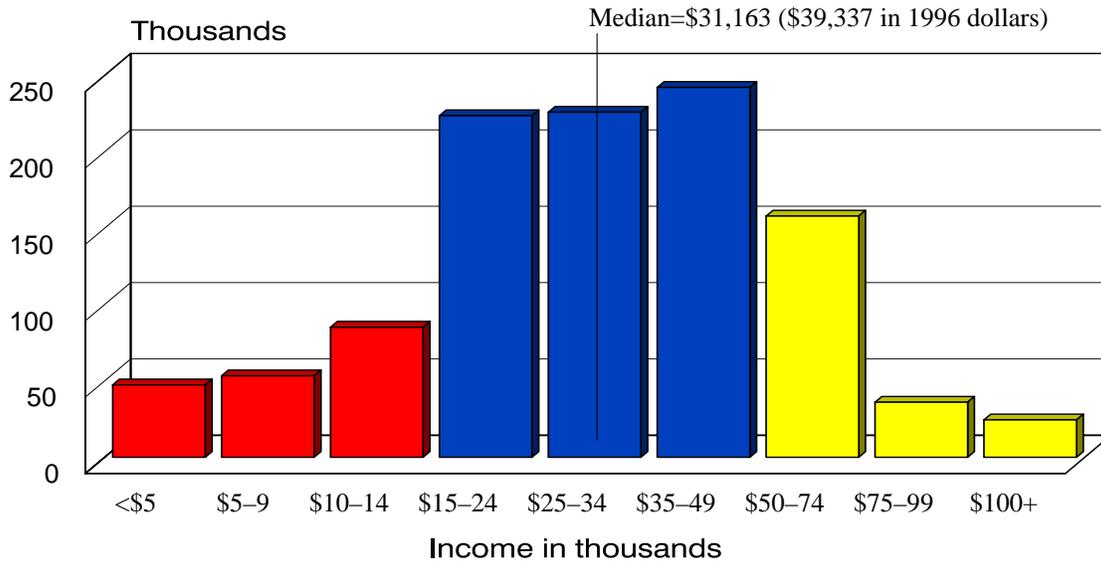


# NC Boomers' Educational Attainment Compared to US Boomers



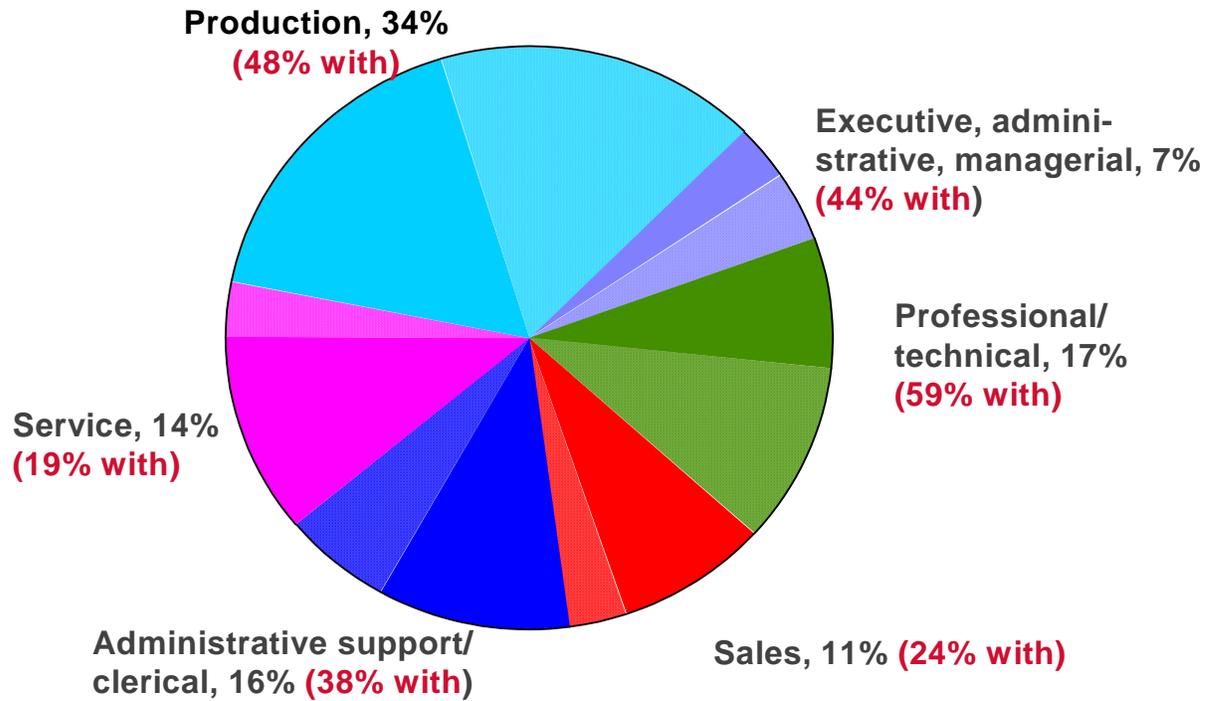
Age groups 25 to 34 in 1990 approximate younger Boomers and the same age group in 1980 approximate older Boomers

# NC Boomers' Household Income in 1989

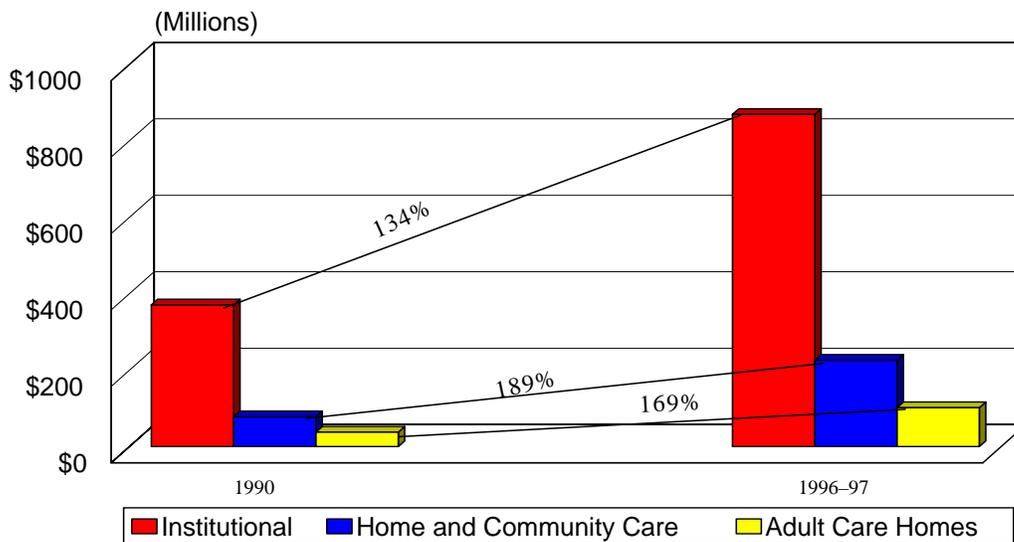


Age groups 25 to 44 in 1990 approximate Boomers

# NC Boomers' Current Work and Pensions by Occupation in 1993 (US)



## Growth in Public LTC Expenditures for Persons 60+ by Category between 1990 and 1996-97 in NC

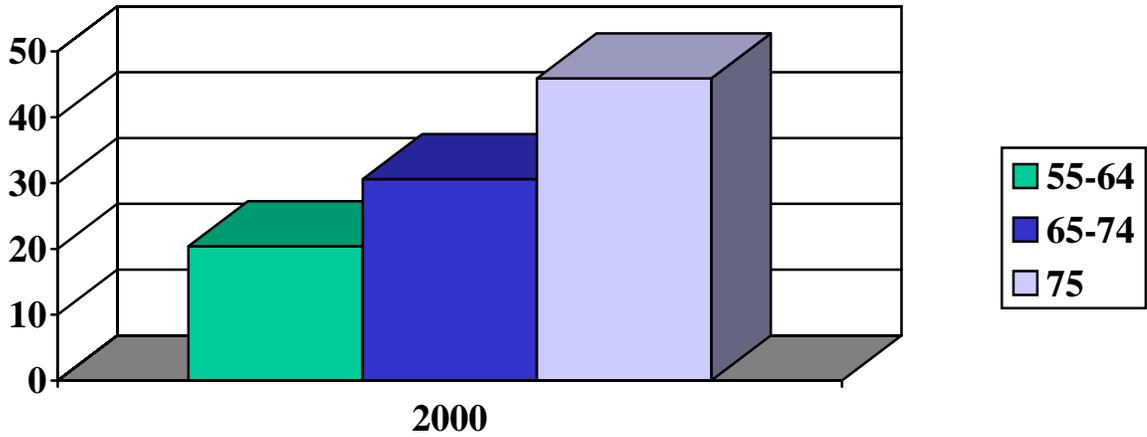


# ADVOCACY

<b>Courts &amp; Federal Agencies with Guardianship/Payee Responsibilities</b>	
<b>Incapacitated Older Adults</b>	<b>Number Unknown</b>
<b>Social Security Administration</b>	717,923
<b>Courts</b>	Unknown
<b>VA</b>	46,449
<b>OPM</b>	5,161

# TRANSPORTATION

## Percent of Rowan County 55+ Population Without A Car



Age Groups	Total Pop	Without Car	Numbers of Persons 55 plus Without A Car
55+	30140	5823	
55-64	11927	1419	
65-74	9330	1651	
75+	8883	2753	

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# Rowan group looking at aging population concerns

**KATHY CHAFFIN**

*Salisbury Post*

With the oldest baby boomers retiring this decade, Rowan service providers say now is the time to plan for the growing population of senior citizens and disabled-adults.

Almost 80 people attended a Rowan LIFE community forum at the Ruffy-Holmes Senior Center Friday addressing ways to do it. The group, which is short for Life Improvement For Everyone, was organized by the Centralina Area Agency on Aging and the Rowan County United Way to assess the needs of senior citizens and disabled adults and evaluate and act upon the results.

Ruffy-Holmes Director Rick Eldridge, in opening the forum, said the group began assessing the needs two years ago. A total of 25 agencies have been involved, he said, as well as clients and community volunteers.

Gayla Woody, administrator for the Centralina Area Agency on Aging, said the people involved in the study are trying to prepare for an unprecedented number of older adults.

The two principles of the study, she said, were "Aging in Place" and "Communities for a Lifetime."

The Aging in Place principle involved identifying and evaluating services and resources, such as in-home care and transportation, that allow seniors and disabled adults to remain in their homes.

The Communities for a Lifetime principle looked at creating a community that is accessible not only to seniors and disabled adults, but residents of all ages. Examples of that are sidewalks wide enough for wheelchairs and baby strollers, Woody said, and better street signage.

On a trip to Florida, she said she noticed that the street signs were not only bigger, but that they were backlit for easy viewing by all ages.

"That's senior friendly," she said, "but folks, let me tell you, that's a community for a lifetime."



Since the initial steering committee met two years ago, Woody said the group has convened all parties, inventoried current services to see what is available, evaluated their effectiveness and focused on five key issues.

The key issues, according to Woody, are accessibility of information, transportation, accessible affordable medical care, advocacy and housing. Five committees were set up to assess each of the issues and make recommendations.

As part of Friday's forum, attendees split up into five groups to evaluate and prioritize the recommendations.

When it comes to accessibility of information, the No. 1 priority identified was to "pursue buy-in to 2-1-1 that incorporates single portal access of information of mental health and other human care services available to Rowan residents," reported Bob Lippard of the Rowan County United Way.

According to the committee's assessment, Lippard said 97 percent of Rowan households with residents 65 and older have access to a telephone and could utilize the 24-hour phone information service.

Though Rowan Information and Referral is a resource for senior citizens and disabled adults, Lippard said five problems were identified. One is that it does not provide telephone service at night and on weekends.

Other problems include the fact that the agency does not have anyone to interpret for Spanish-speaking residents and that it does not address the quality of services.

Another problem, he said, is that crises can cause spikes in demand so that the staff is unable to handle them all. Lippard said more agencies are aware of the Rowan Information and Referral than individuals.

Clyde Fahnstock of Senior Services reported that his group had recommended consolidating the city and county transportation services as its No. 1 priority.

Other recommendations in order of their priority are as follows: improve communication with one place to call with transportation requests; environmental improvements such as sidewalks and signage; and driver safety improvements.

Helen Leak of Piedmont Behavioral Healthcare reported on the recommendations of the accessible affordable medical care group.

The first priority identified by the group, she said, is to increase awareness of the positive benefits of physical activity and how to achieve those benefits.

The second priority is to establish an after-hours emergency clinic for dental services for seniors and disabled adults; and the third is more Alzheimer's care units, good ones with high quality of care, and adequate funding.

Cindy Kincaid of the Area Agency on Aging reported that the advocacy group had recommended developing an interagency awareness about guardianship and powers of attorney as its No. 1 priority.

The other recommendations, in order of priority, are: to educate the general public about the need for future planning and how to access guardianship alternatives; to continue to look at gaps, not just guardianship; and advocate for legislative changes to support guardianship services.

Jay Laurens of Rowan Homes reported on the housing group's recommendation. The first priority, he said, is to improve access to information on housing options and placement choices for the public and professionals in the community.

There are housing programs and funds for housing in place, Laurens said, but people need to know what they are.

The second priority identified by the group, he said, is to improve training for staff on housing needs of older adults and disabled adults needs and on understanding those special needs.

Laurens said the group also recommended increasing resources available older adults and disabled adults for home improvements and repairs a third priority.

The recommendations of all five groups will be compiled in a report being put together by Woody.

*Contact Kathy Chaffin*

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kchaffin@salisburypost.com

Coming Sunday: *Citizens and service providers discuss ways to provide accessible affordable Medicare.*

## Facts on aging

- According to the 2000 census, 29,905 residents or 16.5 percent of Rowan County's population will be 65 or older by 2025.
- 27.7 percent of the county's workforce is between the ages of 45 and 59. As these baby boomers retire, employers may face a challenge filling the needs of the workforce.
- 31 percent of Rowan householders age 75 and older do not own a car, which is why public transportation is such an important issue.
- 64.5 percent of the county's homeowners are age 65 and older. Older homeowners may need more support with home maintenance.
- North Carolinians who are 60 years of age today can expect to live an additional 20.8 years. In some ways, aging becomes a "women's issue" because in the 85-plus age group, 74 percent will be women, and 76.5 percent will be unmarried.
- Women over age 75 will be twice as likely to live in poverty as men of the same age.
- North Carolina ranked third in the nation between 1995 and 2000 in the number of older adults moving into the state.
- 45.7 percent of the state's non-institutionalized population age 65 and over report one or more disabilities.
- North Carolina's minority older adults show a higher poverty rate and lower life expectancy.
- The largest increase among the state's homeless between 2001 and 2002 were among those 55 and older. While the total population of homeless reported by shelters increased by 5 percent during this period, the older homeless grew by 71 percent.

*Statistics provided by the Centralina Council of Governments Area Agency on Aging.*

# Health a key issue for aging

In looking at the issue of accessible affordable medical care, Tracey Castor said she often asks the question, "How do you eat an elephant?"

"One bite at a time," she told the 80 people at Friday's community forum on improved living for older and disabled adults.

It's the same way with assessing and evaluating the broad range of medical services for the older and disabled populations.

Castor, a senior director at Rowan Regional Medical Center, headed up the group looking at medical care as part of a study started two years ago by Rowan Life Improvement For Everyone.

Rowan LIFE was organized by the Centralina Area Agency on Aging to help the county prepare for an unprecedented rise in the senior population as the baby boomers age.

In assessing and evaluating medical services for senior citizens and disabled adults, Castor said her group divided them into sub groups that addressed dental care; durable medical equipment; in-home aid service; mental health; services for the deaf and hard of hearing; and social, leisure and recreational opportunities, as well as health and wellness.

There are so many medical services issues, she said, that the group couldn't address them all. For example, Castor said services for the blind and sight impaired were not addressed along with nursing home care.

Ann Medlin brought up yet another issue, saying that 25 of the employees at Rowan Vocational Opportunities are 65 or older. "There's no retirement for people with developmental disabilities," she said.

The vocational workshop employs adults with developmental and/or physical disabilities and mental illness.

Part of the problem is that group homes sometimes require residents to be in a day program. Medlin said there needs to be a day program more appropriate for aging people with developmental disabilities and a way to fund it.

Carol Kirker brought up the need for more programs for Alzheimer's patients. A former nurse, Kirker is now a caretaker for her mother, who has been diagnosed with the disease.

When she needs some time away, Kirker said it's very difficult to find short-term respite care for her mother. And what is available is very expensive, she said.

In looking at programs and residential facilities for people with Alzheimer's disease, Kirker said it's important to look for high quality "instead of warehousing them away."

Mary Ann Johnson of Lutheran Services for the Aging said the Lutheran Home at Trinity Oaks will open a unit for Alzheimer's patients in the spring of 2006. It will be the only nursing home level Alzheimer's residential program in the area.

“I think the only other one closed several months ago,” she said.

Barbara Garwood of Abundant Living Adult Day Care brought up the need for a network support for caregivers of senior citizens and disabled adults. Respite programs, for example, are essential so caregivers can have some time off.

“You’ve got to have a break if you’re going to keep going,” Garwood said.

The 18 people in the medical services group which included service providers, caretakers, senior citizens and disabled adults — prioritized the recommendations made by Castor’s group, adding some of their own. Their top three recommendations were;

- Increase awareness of positive benefits of physical activity and how to achieve those benefits.
- More Alzheimer’s care units — good ones with high quality and the funding to maintain them.
- Establish an after-hours emergency clinic for dental services for older and disabled adults.

Castor thanked the group members for their input.

“This is a moving, breathing thing we’re doing here,” she said. “We’re learning and reaching out to each other.”

The recommendations discussed at Friday’s forum will be included in a report to be completed by Gayla Woody, administrator for the Centralina Area Agency on Aging.

*Contact Kathy Chaffin at 704-797-4249 or [kchaffin@salisburypost.com](mailto:kchaffin@salisburypost.com).*

## Community Planning Event

Rowan County older adults, disabled adults, and agency staff members and volunteers who work with these populations, are invited to participate in a community planning forum on Friday, October 28 at Ruddy-Holmes Senior Center.

At the event, representatives from Rowan LIFE — Life Improvement For Everyone — will present data collected from a community assessment of older adult and disabled adult needs, and will seek input into developing strategies to address these needs. Citizens will be encouraged to become stakeholders in addressing the shortfalls identified to make Rowan County a more senior/disabled-friendly community.

The Rowan LIFE group is comprised of agency and community volunteers that began working in early 2004 as the Rowan Planning Initiative for Older Adults & Disabled Adults. The group was organized by the Centralina Area Agency on Aging and the Rowan County United Way, and developed a vision of making Rowan County “a healthy, safe and kind community of opportunities for older adults and adults with disabilities.” A mission of seeking to enrich the lives of older adults and adults with disabilities through community collaboration was established to: 1) protect health, safety and independence; 2) promote creativity, wellness, and self-determination; 3) identify and prioritize needs and resources; 4) address needs with established and innovative services/activities; and 5) deliver services in an efficient and cost effective manner.

The initiative has received the support of the Rowan County Commission, and so far has involved over twenty-five agencies and organizations in the community that work with older adults and disabled adults. Rowan County, like many other communities in the United States, faces an unprecedented growth in the number of older citizens aged 65 and above. This age group will experience the largest percentage of growth of all age segments as “baby boomers” mature over the next few years. “Boomers” (those born between 1946 and 1964) have dictated changes in community infrastructure since they were born, and the future will provide challenges for cities, counties, and states across the nation to address their needs.

The forum on October 28 will begin with registration at 9AM. After a welcome by Ronnie Smith of the Rowan County United Way Board, those in attendance will review background information on the planning initiative. Leaders in five primary issue groups (accessible medical services, transportation, information services, housing & advocacy) will then present their findings based on assessment tools developed by the NC Division of Aging & Adult Services.

Those present will break out into five groups to further analyze these needs, and to provide input into developing a framework for enacting long-term solutions. Attendees will be asked to consider volunteering to work with task forces to further study and develop solutions for the identified community needs.

The event is scheduled to conclude by noon. Persons interested in attending are asked to pre-register with the Senior Center at 704-633-7862, or [frontdesk@ruffyholmes.org](mailto:frontdesk@ruffyholmes.org), by October 26 so that an adequate number of materials can be prepared. There is no cost to participate, and the forum is  
Open to the public