



Aging Agenda for *Houston-Harris County*

Moving Toward an Elder Friendly Future

Distribution of Individuals 60 and Over in Harris County (U.S. Census 2000)



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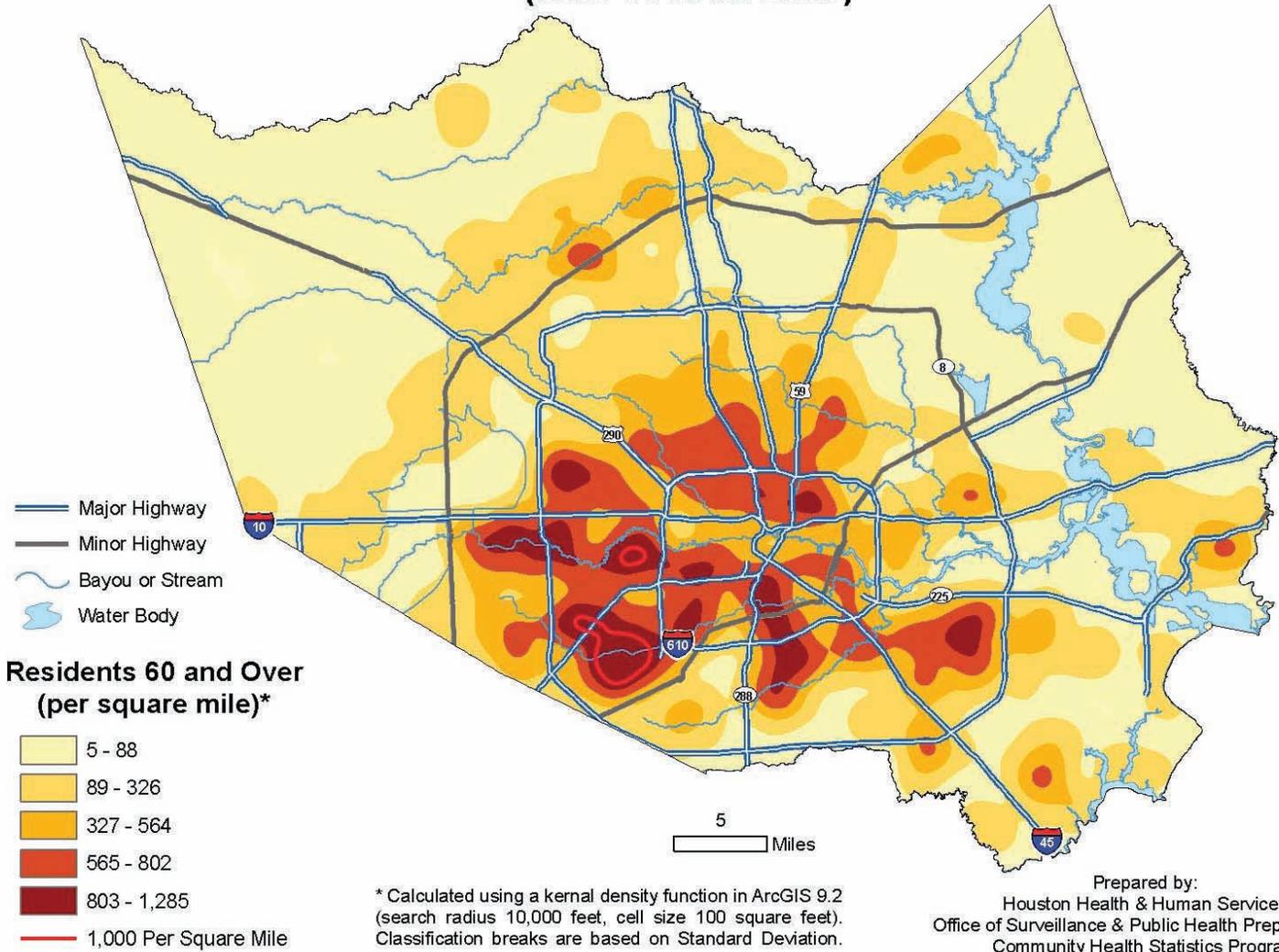
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Preface

We all have our visions of what retirement should be: a time for reflection, a change of pace, more time for family, to travel, or to contribute to community. Part of these visions come from what we observe in our own families or those of others, especially if they are healthy and have financial security: we watch how parents and grandparents spend their lives after their 65th birthdays, and we tend to think that is how it is for everyone.

But we'd be wrong.

This *Aging Agenda* is an attempt to move beyond generalizations and extrapolate from facts beyond our own experience to an accurate view of the broader community. We all understand that the population is graying, but the City of Houston Department of Health and Human Services wanted to know from people with “boots on the ground” the issues our city’s elders face in the central domains of life.

To do that, the Houston Department of Health and Human Services brought together in-house experts on aging with local leaders from national organizations, regional representatives of state agencies, chief executive officers and others who work for Houston nonprofit organizations, and Texas Medical Center organizations. These volunteers and scores of people they recruited cleared time from their schedules, pushed other papers off their desks, and brought their expertise to work groups gathering and analyzing data. We hope that as a result of these efforts the *Aging Agenda* will be more a beginning than an end, because in the process of our research and reporting we found that there is much to be learned and much to be done.

To see what these groups want to happen in Houston, go to page 6 for recommendations that cut across all domains and the end of each chapter for domain specific recommendations.

Instead of *flight* from reality, there is the hope of going *to* a reality where understanding prompts engagement, foresight, planning, and—most of all—action.

These are visions we all can share.

Stephen L. Williams, M.Ed., M.P.A.

Director

*Houston Department of Health
and Human Services*



Acknowledgments

The community leaders who responded to the Houston Department of Health and Human Services' call for collaboration on the *Ageing Agenda* are the kind of people that make those who live here glad to call Houston home. They not only gave their time, they gave generously of their time; they not only contributed, they brought others with expertise to the effort; they not only cared about the people this report is meant to serve, they felt passionately about them.

Critical to the success of this endeavor were the leaders of each "domain," or area of concern. These leaders organized their groups of experts, chaired multiple monthly meetings, guided their groups in collecting data and organizing their reports, and then reviewed and reassessed their work through multiple drafts. Undertaking these important leadership roles were Jane Bavineau and Nancy Wilson, M.S.W., LMSW (Access to Quality Care), James Booker (Safety and Security), Diana Morales Taylor, C.P.A., M.B.A. (Spirituality, Culture, Recreation, and Lifelong Learning), Janice Paul, Ph.D. (Health and Well-Being), Marla Turner and Mari Okabayashi (Basic Needs, Housing, and Transportation and Mobility), and Marilyn Vargiu (Civic engagement/Volunteerism and Employment). Their contribution cannot be measured.

Helping them were the members of their groups (see their names and affiliations in the list of work group participants). An elite corps of specialists in aging, the approximately 125 group members came, for example, from local units of national organizations (AARP, the American Red Cross, YWCA), academic institutions (Baylor College of Medicine, Texas Southern University, Texas Woman's University, University of Houston, University of Texas Medical School at Houston, University of Texas School of Nursing at Houston), state and local government (Texas Department of Aging and Disability Services, Texas Department of Family and Protective Services, and various agencies of Harris County and the City of Houston) and local for-profit and not-for-profit agencies who meet many needs—provide direct services, train caregivers, put seniors to work, educate seniors, deliver daily meals, create senior housing options—and much, much more.

Janice Paul, Ph.D., a Senior Staff Analyst at the Houston Department of Health and Human Services, coordinated the work of the domain leaders. Other members of the department from Community Health Statistics, Office of Surveillance and Public Health Preparedness, including Sreevidya Mukkavilli, M.P.H., Mark Perry, M.P.H., and Monica Slentz, led by Deborah Banerjee, Ph.D., supported the effort with

statistical data. Nawita Hardy of the Area Agency on Aging provided thoughtful quotations from seniors in the community. Former Health and Human Services staff member, Rayanne Darenborough, provided notable guidance in initiating this process. Additional health department staff provided tremendous input and worked to make this document possible: Angela Akins, M.H.A.; Judy Harris, M.B.A.; Isaac Joyner, M.P.H.; Jolly Mathew, M.B.A.; and Sheila Savannah, M.A. Area Agency on Aging director Deborah Moore provided executive direction. To all of them is owed much gratitude.

Carmel Dyer, M.D., Director of the Division of Geriatric Medicine at the University of Texas Medical School at Houston, and attorney Imogen Papadopoulos provided invaluable guidance when shaping the document into final form.

We also thank AARP for underwriting publishing costs.

To all of these contributors are owed many thanks for the energy they committed to this document but even more for the difference they make in Houston seniors' lives every day.

Many thanks, indeed.

Introduction

Aging Agenda: Moving Toward an Elder Friendly Future condenses the work of eight work groups (domains) brought together by the Houston Department of Health and Human Services to grapple with the issues that are of concern to the older adults of the nation's fourth largest city. Together these participants formed a formidable alliance for the health and well-being of Houston's seniors.

Harris County, one of the largest counties in the country and home to Houston, counted 252,895 adults age 65 years of age and older within its political boundaries in 2004 (Texas State Data Center, 2004). With the aging of the Baby Boomers and the influx of 1 million new households by 2025 (Houston-Galveston Area Council, 2003), this group is expected to grow dramatically, making factors affecting seniors all that more important. By 2030, national projections estimate that the population of those 65 years of age and older will make up almost 20% of the general population (Federal Interagency Forum on Aging-Related Statistics, 2008).

Though arguments may be made about when an individual becomes a "senior" — and in this report the age of those under consideration varies — there is no argument about the importance of this demographic segment or its

diversity. While some members of this group may be spending more of their leisure time in sedentary pursuits by choice or because of impaired mobility, a portion of this population is starting businesses or advising others about theirs, showing a committed assiduousness to volunteering, or taking up artistic endeavors that had been previously left behind but not forgotten. In Houston–Harris County, the differences are multiplied by the diverse racial and ethnic groups that call Houston home. Considering the different activity levels and cultures represented by seniors brought one work group to emphasize that seniors should not be classed by age but by interests.

Nonetheless, traction can be gained by considering those characteristics shared by certain members of this demographic group, whatever their age or culture. Among those issues are how to attain and maintain optimum health and well-being, how to ensure that those who are physically or financially vulnerable are protected and best served, and how to create an environment that ensures they stay "connected to a lifestyle in which they are capable of functioning, working, and contributing to society at large," as one group wrote. Securing that vision will require thoughtful endeavor, and bringing the ***Aging Agenda***

i o n

work groups together was considered a first step. In fact, many of the participants have had these considerations before them for most if not all of their careers.

Within this document, the reports of the work groups have been presented under the banners of passion, independence, freedom, and purpose. These represent values shared by seniors and their families as they navigate 21st-century life, discovering new strengths as well as new frailties with passing time. Despite their division, the elements of seniors' lives are linked, and as the work of the groups revealed, failure of one component can cause another to be out of reach.

Each report that follows carries its own set of recommendations for action, but here some of the commonalities should be noted. In part, participants recognized that what makes a city a good place for seniors is what makes a city a good place for other residents: safe streets, affordable housing, clean air, employment opportunities, cultural and spiritual enrichment, and the ability to move about safely, efficiently, and affordably. Groups celebrated Houston's diversity as a source of strength while recognizing such differences required attention: service providers, care attendants, and others could

benefit from understanding cultural values and respecting differences of seniors. Distinct needs of seniors require a responsive and responsible community. Groups recognized the large proportion of seniors who are financially strapped; the long waits for state in-home care services that stretch to years; the shadow depression can cast and the effect it can have across all parts of a senior's life; and the high physical, emotional, and financial costs of caregiving.

One group member brought forward a quote from former First Lady Rosalyn Carter, for whom the Rosalyn Carter Institute for Caregiving was named: "There are only four kinds of people in the world—those who have been caregivers, those who currently are caregivers, those who will be caregivers, and those who will need caregivers." Many of us are unpaid caregivers, but the growth of the senior demographic segment is slated to outpace the growth of traditional caregiving workforce by four to one. Geographic separation of family members will also drive demand for paraprofessional caregiving, and building and training of that workforce, work group members advised, cannot be postponed. **On the following page is a list of cross cutting recommendations, or recommendations all domain workgroups felt were important to move the Aging Agenda forward.**



RECOMMENDATIONS

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- Educate the public, the media, service providers, and policy makers regarding unmet needs of older adults and how stakeholders can assist in resolving issues.
 - Policy makers must shoulder the responsibility of ensuring voices of their older constituencies are heard.
 - Human services, business and nonprofit communities must strengthen communication to enhance understanding among seniors, health care professionals, caregivers, and other senior service providers.
 - The community must embrace a balanced picture of aging that acknowledges both vitality and challenges.
- Upgrade senior-focused transportation and mobility within the city and across the greater metropolitan area, including all municipalities.
 - Improve walking safety at locations where accidents have occurred.
 - Address seniors' concerns about safety and public transportation.
- Expand collaborative approaches that ensure easily recognizable information and assistance portals, such as the 2-1-1 and 3-1-1 help lines, and improve needed services.
- Advance gerontological research conducted by universities, government, industry, and nonprofit agencies and foster cooperative research to build a store of reliable data.
- Diversify and increase funding for services, particularly in-home care, home-delivered meals, and home repair, to reduce the number of at-risk seniors on waiting lists.
- Expand understanding of mental health in older adults.
 - Catalog mental health features of chronic and gerontological disorders.
 - Better document requests for mental health screening and services.
 - Explore the capacity of existing resources to meet needs.
 - Advocate for improved policy and additional funding.
- Implement strategies to improve the retention, knowledge and skills of the frontline, direct care workforce, including mandates for preemployment training and increased wages
- Create culturally responsive supports for family caregivers, including workplace improvements, individual consultation and guidance, and respite or relief services to ensure the health and well-being of this vital source of care for older people.
- Charge elected officials with the task of developing senior-focused expertise within their staffs or identify liaisons within senior-focused organizations.
- Support efforts that promote coordination among nonprofit organizations, for-profit entities, and faith communities in addressing all issues in the *Aging Agenda*.



PART 1 *PASSION*

Health AND *Well-Being*



Vision

Ensure accessible and integrated medical and mental health services that improve the quality of life for seniors.

Summary

Health and well-being, especially with the prospect of extended longevity, is the desire of seniors, families, and the extended community. What “health and well being” means and how it is to be achieved are questions that perhaps must be answered individually but also have to be considered by the community. Houston’s consortium of senior-centered organizations, Care for Elders, recognizes seven characteristics of a community consciously seeking the physical and mental well-being of its seniors: (1) opportunities for seniors to participate in physical activities; (2) vaccination programs to protect against influenza and pneumonia; (3) cancer screening programs; (4) programs that educate seniors about achieving good health, maintaining it, and dealing with disease; (5) accessible health care; (6) screening and care for mental health problems; and (7) programs that support caregivers and their education (*Report Card Work Group, Care for Elders, 2007*).

A concern that may adversely impact health and well-being is the increasing number of physicians not accepting Medicare, the primary form of health insurance for people 65 and over. A 2008 Texas Medical Association survey found:

(1) nearly 33% of Texas physicians overall and 45% of internists and family medicine specialists report accepting fewer Medicare patients in the last three years, (2) more than 45% of Texas physicians report considering not allowing any new Medicare patients into their practices; and (3) only 4% of Texas physicians report accepting more patients on Medicare than previously (*Texas Medical Association, 2008*). While the Harris County Hospital District provides direct care to a small percentage of the county’s 65-and-over population, most Houston–Harris County elders seek care from private physicians and other practitioners; however, a quarter of Houston seniors reported in a survey that they hadn’t seen a physician in the last three years. This is a time in life when annual physical examinations are recommended and when early detection of serious disease can mean the difference between successful treatment and death. As physicians limit the number of Medicare patients they see, the more vulnerable seniors become to disease and diminished health and well-being.

Key Indicators of Current Status and Challenges

- An organized health promotion activity is one that improves physical health. In Harris County during the last year, 82.7% of people 60 and older polled said they participated in one organized health promotion activity in one year. Among all Texas residents, that number was 67.2%.

- Of Harris County residents older than 60, 4.8% suffer from depression. In addition, during 2006, 10.8% of Harris County residents 60-plus reported their mental health state as “not good” for five or more days.
- Mortality rates for cancer among men and women of all races in Texas increases with age, particularly between ages of 50 and 70 (*Texas Cancer Registry, Cancer Epidemiology Surveillance Branch, Texas Department of State Health Services, 1995–2003*).
- Only 69% and 66% of people age 65 and over have been vaccinated for flu and pneumococcal disease, respectively, but the federal government’s goal is 90%. This is a concern because this age group is one of the most vulnerable to serious death and illness due to these diseases (www.medicinenet.com/script/mail/art.asp?articlekey=86608).

Promising Practices

Promising practices that ensure the health and well being of seniors include:

- Comprehensive health programs that address seniors’ mental, physical, social, and emotional well being
- Opportunities for medical and other professionals to learn about effective practices that address seniors’ health needs
- Organizational structures that reduce fragmentation of the health care system and enhance access to health services

Recommendations for Action

In order to achieve the vision for health and well-being, the following recommendations should be considered:

- Drive preventive health programs and existing evidenced based health, exercise, nutrition, and disease management programs and encourage seniors of all abilities to get involved.
- Promote yearly, comprehensive senior health workups from dentists and physicians that include the following: dental examinations, immunizations, screenings for physical impairments, cancer, depression, syndromes as dementia, , over prescription of drugs, or functional impairment that can lead to disability.
- Reduce fragmentation among health

specialties and care providers that encourage cooperative geriatric programs and effective medical homes.

- Bolster academic and training programs to prepare more physicians, nurse practitioners, and social workers in geriatrics

“
I have confidence in my doctors. I’ve been with my primary doctor for 19 years and feel comfortable with her. When I don’t understand something, she takes time to explain it until I do understand it.
”





PART 2 *INDEPENDENCE*

Access to *Quality Care*



Vision

Improve the competency, availability and scope of senior social services provided by compensated, uncompensated and family caregivers.

Ensuring quality care for older adults and family caregivers requires attention to a variety of critical and complex issues, particularly (1) improving access to needed services, (2) recruiting and retaining a well trained and stable direct care workforce, and (3) providing services and support for family caregivers. The three reports that follow describe each of these critical issues in detail.

Access to *Needed Services*

Overview

Older adults confront a variety of barriers when they attempt to access health and social services and supports. Some are caused by systemic issues, others by provider inadequacies, and others are a result of individual limitations and concerns. The system is fragmented and there are few formal linkages among service providers or between systems of care. Some providers and/or their staffs lack cultural sensitivity – essential in our increasingly diverse community. Consumers are largely unaware of many of the services and resources available to them or are prevented from accessing them by poor health, frailty, limited mobility, or lack of funds.

Some other older adults lack the care they need because they are unwilling to acknowledge that they need help.

In recent years, considerable effort has been made to address these issues. For example, in 2006, Care for Elders, a local partnership of more than 80 organizations, established an Access Network to improve service access, optimize system efficiency, and provide older adults and caregivers with an easy-to-remember phone number for community resource information (the United Way's 2-1-1 HELPLINE). The Access Network, which formally links ten elder service organizations, provides enhanced information and referral services, benefits counseling, and case management to those navigating the long-term care system.

In addition to the Access Network, the Harris County Community Access Collaborative has implemented an extensive network of system navigators, known as *promodoras*, who are trained to assist elders and others in accessing needed health care services.

Of course, even the best service delivery system is valueless if services are unavailable or unaffordable. In Houston–Harris County, there are significant service gaps in in-home respite, companion, and accompaniment services, case management, home-delivered meals, financial assistance with utilities, medications, and basic



needs, dental care, home repair and modifications, and transportation.

In addition, there are serious gaps in residential and facility-based care, for those with challenging illnesses such as Parkinson's disease. Equally concerning are the low reimbursement rates facilities receive through Medicaid and other public sources, which are insufficient to ensure quality care.

Key Indicators of Current Status and Challenges

The following offer an insight into current issues:

- Currently, 6,590 individuals from Harris County and the surrounding area wait on the Region 6 "interest list" for In-home Family Support Program services from the Texas Department of Aging and Disability Services. Although this number changes

daily, the wait time can be as long as six years.

- An older adult on the waiting list for home delivered meals will wait an average of three to six months, depending upon location in the county, before receiving delivery of prepared meals.
- Older adults calling 2-1-1 in 2007 presented more than 2,000 different needs to call specialists, for an average of two to three needs per caller.
- The most frequent needs of older adults with multiple, complex issues included financial assistance to address basic needs (28% of needs), case management (12%), and major home repair (5%).
- The hourly cost for home care in Harris County ranges from \$14 to \$18 per hour, while 70% of older adults needing help with activities of daily living indicated in the 2003 Mathematica Policy Research survey that they could not afford as much as \$100 per week for personal care assistance.

Promising Practices

A promising practice for access to needed services include:

- Innovative funding and revenue sources.
- Coordination between organizations.
- Individualized assistance for older adults and caregivers in accessing needed services.
- Comprehensive community resource information available to consumers.

Recommendations for Action

In order to enhance access to needed services, the workgroup recommends the following:

- Increase funding for needed services.
 - Close service gaps and reduce waiting lists for home and community based services such as home care, home delivered meals, home repair and supportive housing.
 - Expand flexible funding resources to address individual consumer needs when existing community resources are not available.
- Expand education and training.
- Train consumers and providers about self-management of chronic disease to promote optimum health and prevent excess disability.
- Enhance and expand programs and services.
- Expand efforts that directly assist older adults in accessing needed services and ensure continuity of care.
- Create a Web-based, multi-audience community resource database of local programs and services.
- Establish a shared intake/eligibility form for use by multiple providers and across settings.

Quality AND THE Direct Care Workforce Vision

Older adults in Houston-Harris County receive frontline, direct care from workers who are well-trained, fairly compensated, and valued for the services they provide.

Overview

Defining quality in long-term care is a challenge because its meaning is so varied. However, older adults and family caregivers tend to describe quality in the context of the workforce attending to their needs.

There is grave concern about the supply and caliber of the frontline paraprofessionals on whom elders rely for their most personal and urgent needs. Personal care assistants and attendants do not have easy jobs: their work is physically, mentally, and emotionally demanding. Wages are low and career advancement opportunities are slim. In fact, direct long-term care workers have lower pay and lower prestige than any other U.S. health care workers (Gibson & Redfoot, 2007). Attendants' wages are less than those earned by housekeepers, maids, and fast-food workers. In 2006, the average hourly wage for personal and home care aides in the Gulf Coast region was \$6.51, compared to \$8.74 nationally (Texas Workforce Commission, 2008).

Direct care workers typically are not offered health insurance or other benefits by their agencies, or they are self-employed in private homes and benefits are not an option. In fact, they lack coverage at a rate 50% higher than the general population (Paraprofessional Healthcare Institute, 2007). Research confirms that turnover and job dissatisfaction are clearly linked to poor pay and benefits (Institute for the Future of Aging Services, 2007).

Direct care workers who provide home care often work in unsafe environments. Many clients reside in high crime neighborhoods, and the homes themselves are often in disrepair. Workers perform their duties in relative isolation with minimal support or recognition.

Interviewer: Do you feel that in-home assistants are adequately trained?

Senior: Some are adequately trained, but the majority is not. Many are of poor quality.

Mentoring, coaching, the use of teams, and collective involvement in decision-making are uncommon in most long-term care settings. Aides say the primary reasons for job dissatisfaction are managers who don't respect their knowledge and skills, poor supervision of their work, and a feeling that they are powerless to change their work environment (Bowers et al., 2003; Kimball & O'Neill, 2002).

The effect of these factors is that there is a shortage of competent personnel to manage, supervise, and provide long-term care services in facility-based and home care settings. The instability of today's long-term workforce has contributed to compromised safety, quality of care, and quality of life for consumers. At the same time, having to continuously recruit and train new personnel and use higher cost tempo-

rary contract staff has forced providers to raise their charges substantially.

The Texas Workforce Commission projects that the number of attendant jobs in the Gulf Coast region will jump from 20,898 in 2004 to 33,438 in 2014. There are nearly 500 job openings for home care attendants here annually because of replacement and approximately 1250 openings because of growth. There is fierce competition for employees among Harris County's hundreds of agencies and facilities. Specific challenges exist in finding male workers, bilingual individuals, and those willing to work in the outlying areas of the county.

It is estimated that the elder population in Texas will increase 150% by 2030, while the traditional caregiving workforce will grow by only 34% (Paraprofessional Healthcare Institute, 2006). Between 2000 and 2040, the number of Texans over 65 who need long-term care services is projected to double (House Testimony by Adelaide Horn, Commissioner of the Texas Department of Aging and Disability Services, January 24, 2008). The number of adults 65 and older is projected to grow to 16% of the Harris County population in less than 30 years. This massive demographic shift demands that workforce issues be addressed now.

Key Indicators of Current Status and Challenges

- In 2006, there were 19,960 personal attendants employed in Houston–Sugar Land–Baytown, accounting for 16% of all

- attendants employed in Texas.
- Statewide, there are approximately 2,901 attendant openings per year due to replacement and 6,000 openings per year due to growth.
- In May 2006, the hourly mean wage for attendants employed in Houston–Sugar Land–Baytown was \$6.49 compared to the state average of \$6.51 and a national average of \$8.74.

Promising Practices

A promising practice for quality and the direct care workforce includes:

- A “one-stop” center for community-wide recruitment, training, and job placement for direct care workers
- Comprehensive pre-service orientation and on-going training for workers
- Mentoring or apprenticeship opportunities
- Career advancement and wage increase opportunities for frontline employees
- Positive working relationships between direct care and supervisory staff

Recommendations for Action

In order to improve the quality of the direct care workforce, the workgroup recommends the following:

- Mandate preemployment training for unlicensed direct care workers
- Develop and conduct supervisory staff training to enhance management and communication skills

- Advocate for higher reimbursement rates for service providers that are restricted to increasing worker wages
- Centralize the recruitment, screening, training and supportive services provided to direct care workers from multiple organizations and enhance management and communication skills among these workers
- Improve training, wages, benefits, and career advancement opportunities for frontline, direct care workers

Services AND Supports FOR *Family Caregivers*

Vision

Family and other informal caregivers lead full and productive lives, providing quality care to their loved ones without sacrificing their own well-being or financial security.

Overview

Informal caregivers, especially spouses and adult children, are the first line of support and care for persons of all ages with disabilities. In fact, family members, 25% of whom are older than 65 themselves, provide between 75% and 80% of long-term care and community-based support for older adults. Family caregivers, especially vulnerable older spouses, suffer well-documented physical and mental health consequences from their role, including depression, greater risk of developing cardiovascu-

lar disease, and other chronic health conditions. They even have increased risk of mortality compared with noncaregivers with similar health and risk factors.

Approximately one in four Harris County households has at least one caregiver meeting the needs of a local or long-distance older loved one. Of adults who receive care at home, 80% rely exclusively on unpaid, informal help from family and friends. The informal caregiver in Texas provides an average of 21 hours of support per week.

About 60% of caregivers are also employed outside of the caregiving situation. Informal caregivers experience both short- and long-term economic losses due to lack of paid leave for family responsibilities, lack of workplace flexibility, and decreased benefits that are tied to wages. Middle-aged women who assume caregiving roles for their aging parents are two





and one-half times more likely than noncaregivers to end up living in poverty and five times more likely to receive public income assistance when they are older themselves.

Caregivers who are absent from work or who must address caregiving responsibilities during their workday contribute to \$24 billion in lost productivity annually in Texas. For the City of Houston, for example, that figure is estimated to be \$772,000 per year.

The needs of caregivers are not routinely assessed in current workplace, health, and social service settings. In addition, there is no collaboration or identified leadership toward creating systematic improvements in the quality or ad-

equacy of caregivers' assessment and support. Local institutions are expanding the number of health and social service professionals with adequate geriatric expertise; however, reimbursement barriers and societal ageism keep supply well below the growing demand. Corporate response to elder care issues through employee assistance is limited, and companies with 50 or more employees are required to comply with only one federal policy supporting caregiving—the Federal Medical Leave Act, allowing for up to 12 weeks of unpaid leave to care for a seriously ill parent, spouse or child while protecting job security. No other

state or local policies require or encourage employer action.

Several organizations and providers are working to reach, inform, assist and educate family caregivers about benefits and services. The National Family Caregiver Support Program of the Older American's Act brings approximately \$1.1 million in funding to Houston–Harris County annually. It supports information, assistance, individual counseling, support groups and training, respite, and supplemental services. Early efforts to expand print and Web-based information for caregivers are under way through several local groups or coalitions, including the Area Agency on Aging, Care for Elders, and the Senior Guidance Directory.

Although these efforts represent important steps to addressing caregiver needs they are incomplete and insufficient. For example, Houston–Harris County lacks comprehensive telephone capacity with trained staff to provide individualized family assessment, assistance, and support for caregiving situations and needs. There is no comprehensive, accessible central source of information for caregivers of different economic and cultural backgrounds. Finally, there have been limited efforts to expand public awareness of family caregiving as a role for which to plan.

Over the next 50 years, there will be fewer adult children to provide care. Mobility of families and the significant percentage of women in the workforce will further decrease availability. The U.S. policy direction toward more home- and community-based care as an alternative to institutional care depends greatly on family caregiving.

Key Indicators of Current Status and Challenges

Local data are limited; however, important benchmarks include:

- Percentage of caregivers who know where to call if they need help arranging care. In Texas, in 2006, 31.1% of caregivers surveyed had no idea where to call, and only 1.1%, compared with 2.0% nationally, knew they could call the Area Agency on Aging. These data are based on responses from the Behavioral Risk Factor Surveillance System survey question:

“Who would you call to arrange short or long-term care in the home for an elderly relative or friend who was no longer able to care for themselves?” The BRFSS is administered by the Centers for Disease Control and Prevention. In 2000, this question was added to the state-by-state and national survey regarding caregivers of older adults who were 60 years of age or older.

- Working caregivers who have some level of dependent care benefits supporting leave, flexible hours, or support. Data are not currently available but could be ascertained by survey.
- Number/percentage of health and human services routinely assessing presence of a caregiver and their level of need as part of intake or discharge. Data are not currently available but could be ascertained by survey.

Promising Practices

A promising practice for services and supports for caregivers includes:

- Workplace benefits, such as paid time off, flexible spending accounts for elder care, discounts for respite services, massage therapy, health club discounts, online training and health forums, hardship leave and financial planning and pre-retirement seminars for working caregivers
- Access to a no-cost telephone hotline that provides confidential support, counseling, and customized resources and referrals by a nurse or social worker
- Caregiver resource centers that provide a

comprehensive registry of caregiver support programs, emotional, support and consultation on care planning

Recommendations for Action

In order to enhance service and supports for family caregivers, the workgroup recommends the following:

- Undertake a systematic, detailed review and evaluation of existing caregiver resources in Houston-Harris County and develop an interagency, coordinated response to identify gaps and unmet needs, keeping in mind the needs of a culturally diverse population
- Implement caregiver assessment protocols across all care settings and ensure quality caregiver education and care consultation
- Advocate with the corporate sector for expanded working caregiver initiatives and support

Basic Needs: *Food, Clothing, AND Quality Care*



Vision

Ensure that seniors are adequately equipped with food, clothing and utilities.

Overview

As the over-60 population in Houston–Harris County continues to grow, financial factors are becoming of greater concern. For many, the portion of seniors' income not spent on medication is stressed by expenditures for utilities, housing, and food. As the United Way of Greater Houston's 2-1-1 HELPLINE caller records attest, requests are on the rise for information about food issues (7.44%), utility assistance (12.09%),

and housing issues (4.84%). Although the percentages may seem small, they represent more than 7,000 callers, or an estimated 25% of callers out of the approximately 28,000 persons who call for assistance each year.

Other statistics support the reality of those concerns. For example, the estimated average wait time for homebound meal assistance in Harris County is six and one-half months. There are currently no firm provisions for those in greatest need to receive therapeutic meals, weekend meals, or holiday meals.

Deregulation of electrical power has increased the financial burden on residents paying their utility bills. There is a definite lack of sufficient emergency assistance utility programs. For many, utility charges have risen more than 100% during the past two years.

Meeting clothing needs is hampered by four primary issues: cost, lack of education regarding resources, lack of transportation to travel to distribution points, and insufficient availability of proper sizes, especially for larger persons. Because of financial restrictions, many seniors frequently miss doctors' appointments, stretch medications, do not use air conditioning or heating in severe weather, and fail to purchase nutritious food. Each of these factors can lead to increased health issues. Additionally, many seniors do not seek assistance or register complaints about current services out of fear of reprisal.

Key Indicators of Current Status and Challenges

- Texas ranked 39th among the 52 U.S. states and territories, the District of Columbia, and Puerto Rico in elderly poverty for 2004.
- Texas ranked 50th among the U.S. states, the District of Columbia, and Puerto Rico in food insecurity for 2004–2006, with 15.9% of households with low or very low food security (U.S. average, 11.3%) (Nord et al., 2007). Only New Mexico (16.1%) and Mississippi (18.1%) had higher rates.

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My income of \$600 and the limited amount of food stamps I get are not enough to meet my needs. In addition, what I get has to stretch to care for a severely handicapped son, who has no income of his own.

I have high blood pressure and even though my doctor told me to take [my medicine] every day, I only take it every three days because I can't afford to purchase it every month. So I only take it once every three days.

The continuous rise in the cost of living has presented a momentous change in how I live. I can no longer afford to put clothing in the cleaners, pay my tithes to my church, buy gas, medications, or even afford to pay the copayments to see my doctors when I take ill.

- Texas ranked 46th among 52 U.S. states and territories, the District of Columbia, and Puerto Rico in food insecurity with hunger for 2004.
- In Harris County, 47% of those eligible in 2005 were enrolled in the federal food stamp program. Unclaimed federal benefits for Harris County that year were \$267 million

- Of households eligible for food stamps in Harris County, 18% were households with elderly persons (>60 years). Of these, 17% of households were white, 43% were black, and 38% were Hispanic.
- Of Harris County residents living in poverty, 6% were seniors 65 and over. Of all residents 65 and over in Harris County, 12% had incomes below the poverty level (U.S. Census, 2000).
- Of all households in Harris County with householders 65 and over, 35% had annual incomes of less than \$20,000; more than one-quarter (26%) had incomes below \$15,000 (U.S. Census, 2000).
- Of the 351,836 adults 60 and over in Harris County, an estimated 23% live alone. Of this number, 20% had household incomes below the poverty level (U.S. Census, 2000).

Promising Practices

Promising practices that ensure basic needs for seniors are met include:

- Provision of “wrap around” services including transportation to grocery stores and doctors appointments, in-home services and telephone reassurance services.
- Taking advantage of NORCs (Naturally Occurring Retirement Communities) to provide neighbor helping neighbor services.
- Distributing vouchers to low income seniors for use at accredited farmer’s markets to ensure healthy diets.
- Utility company home assessment programs that help citizens reduce energy use.

Recommendations for Action

In order to meet seniors’ housing needs, the workgroup recommends the following:

- Increase/Enhance utility and telephone assistance programs thereby reducing the burden on the elderly.
- Expand and ensure the continuation of funding of the Texas Department of Agriculture Texans Feeding Texans two-year grant, and secure enhanced funding for nutrition programs.
- Develop volunteer programs that provide funding and staffing for the city’s emergency home repairs program to reduce long waiting lists and work to secure funding for emergency remodeling programs.
- Create basic need distribution “stores” in senior centers where food , medical equipment and supplies can be selected with vouchers.

Housing



Vision

Advocate for adequate, affordable and accessible housing that promotes quality of life for seniors.

Overview

In June 2003, the Harris County Area Agency on Aging Area Planning Advisory Council Housing Subcommittee completed a policy paper called “A Look at Housing Our Elders” that evaluated housing for older adults in Houston and Harris County now and in the future. Much of the information was obtained through the 2000 U.S. Census. Some of that report is included here.

Between the years 1990 and 2000, the population of adults 65 years of age and older in Texas increased 20.7%. In Harris County, however, the increase was 27.6%. The number of persons over 85 years of age in the county increased 51.6% during the same 10-year period (U.S. Census Bureau, Census 2000 Summary Files and Census 1990 Tape Files). In highly diverse Harris County, the Hispanic and Asian 65-plus populations are growing the fastest.

AARP has estimated that 90% of Americans want “to age in place” (AARP, 2003). As in other parts of the country, many seniors in Houston and Harris County desire to continue living in their own homes. Because of the rising costs in energy, utilities, health care, and prescription drugs, it has become very difficult for older

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Currently, I am living in an apartment located on the second floor, obtained when I arrived here from New Orleans during the Katrina evacuation. At the time, it was the only one available, so I had to take what I could get. However, I have severe arthritis and gout. It is extremely hard for me to get up and down stairs to go to the grocery, shop, wash, and go places period. So, I just stay home a lot. But I don't complain. I'm just grateful to have someplace to stay. We lost everything.

”

adults to live independently with dignity and maintain an acceptable quality of life. Many have to choose between paying their rent or mortgage, or spending the money on other necessities. Thirty-five percent of seniors state that they forgo necessary medical treatments because of inadequate funds.

The Housing Work Group identified crucial issues that it believes must be addressed in the Houston–Harris County area to successfully

meet the needs of the constantly increasing senior population. Members of the work group have worked diligently to promote the following activities: increased builder and developer awareness for affordable housing; increased awareness of consumer views (surveys); increases in newspaper articles and other media coverage on housing issues; increases in funding to support housing; increased awareness about renovations, retrofitting, and other architectural modifications, especially those undertaken with certified aging-in-place specialists (CAPS); creation of a more senior-friendly housing code; presentations of senior housing issues to and by city council and to and by county government; increases in senior-friendly facilities and communities; addition of the voice of a champion or champion group and an increase in the number of champions supporting senior housing issues; and supportive wraparound services located near to where seniors live in high concentrations. In addition, other issues of concern the group identified include the housing needs of special populations (including homeless persons, the disabled, and the gay, lesbian, bisexual, and transgender community) and the importance of recognizing and implementing new and creative housing options, especially those outlined below in Promising Practices.

Key Indicators of Current Status and Challenges

The following data are from “A Look at Housing Our Elders” (2003), produced by the Harris County Area Agency on Aging Area Planning Advisory Council, unless otherwise noted:

Affordability

- In 2001, the American Housing Survey found that median rent was \$516 for elderly renters whose median income was only \$12,356. This meant that instead of spending the standard 30% of the home budget on housing, these elders were spending 50%.
- Between 1985 and 2005, the percentage of individuals who spent more than 30% of their household income on housing and utilities increased from 30% to 38% (Federal Interagency Forum on Aging-Related Statistics, 2008).

Housing Repair

- Housing repair needs rise with the age of the senior and his or her disability.

Housing Modification

- Texas requires “visitability” features in any home built using state or federal funds. These features include an entrance to the home without steps, widened first-floor hallways and door frames, and accessible climate controls and electrical outlets.
- Of those seniors who have limitations in their abilities to perform activities of daily living or instrumental activities of daily living, 70% live in spaces without handrails or grab bars.

Supportive Services

- Long waiting lists characterize some programs—for example, Medicaid’s assisted-living services—offering limited services to

assist low-income individuals so they can age in place.

- A small fraction of seniors live in residential community housing with services: 2.4% of those 65 years of age and older; 0.7% of those 65–74 years; 3.1% of those 75–84 years; and 6.8% of those 85 years and older (Federal Interagency Forum on Aging-Related Statistics, 2008).

Nursing Home Residence

- The proportion of the population 65 years of age and older residing in nursing homes has declined from 54/1000 in 1985 to 34.8/1000 in 2004 (Federal Interagency Forum on Aging-Related Statistics, 2008).
- Of those 85 years of age and older, nursing home residence is twice as common in women as in men (165.2/1000 vs. 80/1000) and less common in whites than in blacks (139.4/1000 vs. 160.7/1000) (Federal Interagency Forum on Aging-Related Statistics, 2008).

Promising Practices

Promising practices that ensure quality housing for seniors include:

- Tax credits ranging from 10%-50% for low and moderate income homeowners and renters 65 and older.
- Neighborhoods that are well designed with parks, open spaces, greenbelts shopping areas, recreation and education amenities, responsive to baby boomers by offering coaching, grandparenting support and

health and wellness classes.

- Provision of mixed income residential housing within walking distance of employment, shopping and recreation.
- Provision of support services in low income and/or public housing facilities that include an onsite health clinic, physical therapy, dental care, home health care and hospice services, exercise rooms, a beauty salon, community dining room and recreational activities provided by city and county agencies working together.
- Visibility of city ordinances for single family homes or duplexes using city subsidies.
- Home repairs and modifications provided to older adults with limited resources through grants or zero interest loans by volunteers.
- Provision of seniors and other citizens who are home owners to complete volunteer work for the city or county to reduce their property taxes.

Recommendations for Action

The following recommendations are organized by activity—promote outreach, research, and education; cooperate and coordinate with others; promote new and time-tested ideas; and be aware of special populations’ needs.

- **Promote outreach, research, and education.**

- Develop Web site regarding housing resources, education, and awareness in addition to the Housing Resource Center of the Harris County Community Services Department.

- Educate consumers, elected officials and builders on ways to adapt old homes into suitable dwellings for seniors. Include how to identify remodelers with CAPS credentials and how to protect seniors against scams and adverse terms in mortgage documents.
- Promote intergenerational partnerships with schools and corporations to repair seniors’ homes.
- Develop/Expand usable guidelines for identifying which type of setting (for example, independent or assisted living) a senior needs.
- Complete inventory of existing housing options that would be ranked and/or organized according to a number of different values or topics and lead to a community-wide directory.
- **Cooperate and coordinate with others.**
 - Partner with other government housing offices, including those working in code enforcement, and other organizations to improve housing options for seniors.
- **Promote new and time-tested ideas.**
 - Investigate creative options, including multi-faceted, mixed use neighborhoods, for building senior housing, such as sweat equity and neighbor-helping-neighbor reduced rent rates.
 - Develop multigenerational, multieconomic housing that encourages families to live in proximity to one another.
 - Promote the concept of “granny flats”, including above-garage and backyard units.

- **Be aware of special populations’ needs.**

- Be aware of seniors with special needs (gay, lesbian, bisexual, and transgender, disabled and homeless) and create diverse, inclusive neighborhoods.

Transportation AND *Mobility*



Vision

Expand quality, cost-effective and reliable transportation options and improve neighborhood amenities to promote safe pedestrian and motorized mobility.

Overview

Mobility and transportation are understandably big issues in a big county. Harris County is the fourth largest county in the United States, encompassing 1,778 square miles and 37 different municipalities. The greater metropolitan area includes neighboring Fort Bend, Montgomery, Brazoria, Galveston, Waller, and Liberty counties and is reaching out to others. Due to the area's immense size and its large number of governing bodies, each with its own funding, coordinated transportation across municipalities and coun-

ties has presented challenges. Not a stand-alone issue, transportation has implications for all other domains, from housing accessibility to health and wellness, recreation and cultural activities, and safety. If families are dependent on public transportation, it affects all trips, both essential and discretionary.

The elder population in the area is growing very rapidly. Elders, of course, are not distributed evenly across the area: the highest concentrations, according to recent maps, are within Beltway 8, and clustered primarily within Loop 610, along the North Loop, and west of the West Loop (see map on inside cover).

Meeting the demand for transportation when distances are great and demand is growing is problematic. Most Houstonians rely on a

privately owned car; however, seniors have physical and financial limitations that make it difficult to own and /or operate a car (Klineberg, 2005). High gas prices, which are predicted to rise even higher, can be expected to add to that problem, especially for the approximately one third of seniors with low incomes. Many elders, including low-income individuals and persons with disabilities, report being unable to travel to their required destinations because they lacked transportation. Once on the road, however, travelers confront traffic congestion: 67% of respondents in the annual Houston Area Survey by Rice University reported that traffic congestion had been getting worse for the last three years (Klineberg, 2007).

Improving public transportation is the choice of 78% of Houstonians when asked how to best relieve traffic congestion (Klineberg, 2007), but personal safety concerns inhibit some from using public transportation. Data from the Texas

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Interviewer: If you could change one thing about relying on transportation provided by family or friends, what would it be?

Senior: To be able to pay them for the gas they use taking me.

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Citizen Fund-United Way survey indicated that 47% of those older than 60 years of age or disabled had personal safety concerns when using public transportation. This corroborates findings in the general population surveyed by Rice researchers, whose survey has tracked a growing willingness for respondents to say crime was Houston’s worst problem: 13% in 2005, 31% in 2006, and 38% in 2007.

Walking in a city with traffic congestion also presents certain problems. Pedestrian audits of WalkWell Texas, a Texas Citizen Fund project for reducing pedestrian fatalities, have found higher rates of pedestrian fatalities in Harris County in the general population and for pedestrians 55 years of age or older than in the nation or Texas overall.

Key Indicators of Current Status and Challenges

- In a community survey, 42% of older respondents living in Houston said lack of transportation was a reason they could not leave home as often as they liked (Black et al., 2003).
- In a Houston survey that included persons with disabilities and those with low incomes, 60% said they had not been able to make trips they needed within the last six months because of a lack of transportation (United Way, n.d.).
- Forty-percent of seniors report worries about personal safety when using public transportation (United Way, n.d.).
- A study of the disabled population in the

Houston region indicated the need for more signage and accessible features in public transportation services.

Promising Practices

Promising practices that ensure seniors’ access and use of quality transportation and mobility include the following:

- Shared transportation, car donation and voucher programs
- Roads, sidewalks, bus routes, and bike paths that exist to serve people in a pleasant and viable manner with the transportation infrastructure built with the pedestrian at the center of the model
- Medical facilities that offer shuttle services for patients
- Brighter stop lights, larger print street name signs and standards for pavement markings to reduce the number of traffic/pedestrian injuries and fatalities
- Provision of funding for shuttles to transport people to work, shopping and other needs
- Municipalities that provide transportation to persons 65 and older and those with disabilities by volunteers who either receive mileage reimbursement or save their credits for use when they or a family member can no longer drive.

Recommendations for Action

In order to meet seniors’ transportation and mobility needs, the workgroup recommends the following:

- Encourage partnerships that allow medical communities and physicians to directly connect their patients to transportation support.
- Advocate for flex funding to allow for mobility and transportation support.
- Educate major corporations on transportation issues (many have already asked for information)
- Conduct pedestrian audits and advocate with policymakers to ensure that walkways, crosswalks, and streets are more accessible to people with limited mobility.





PART 3 *FREEDOM*

Safety AND *Security*



Vision

Improve the safety of seniors through collaborative initiatives addressing fire and crime prevention, home safety, elder abuse and mistreatment, financial security and fraud protection.

Overview

Safety and security denote freedom from harm, injury, and loss, and many programs in Harris County address the safety and security concerns of the county's older adults. Creating safe and secure communities for aging residents should be a community-wide effort incorporating a planning process of fact gathering, analyzing findings, and implementing strategies and recommendations. The initiative can be successful with the leadership of the City of Houston Area Agency on Aging and with residents, law

enforcement, fire departments, Texas Department of Adult Protective Services personnel, public transportation managers, public and private elder service providers, and local officials partnering together to ensure safe and secure neighborhoods where older residents can live independently with dignity. The components of an elder-friendly community include a place where older residents feel safe in their homes and the community. The ideal elder-friendly community receives input from and values the views and opinions of older adults.

To enjoy other freedoms—to learn, work, and play, for instance—enforcement agencies and members of the community have to work together to ensure there is a strong foundation of safety and security. Officials confront and

control criminals, but individuals work with officers to prevent crime and learn how to detect fraud, theft, and other wrongdoing. Security is the benefit that comes from the individual efforts of many.

Key Indicators of Current Status and Challenges

Below are leading indicators of safety and security that taken together indicate the risk faced by the senior population of Houston and Harris County. In addition, the work group identified senior education, senior legal assistance, and development of a community disaster preparedness plan with input from seniors as important indicators.

Transportation

- In the United States, 3,355 people age 65 years and older died in motor vehicle crashes during 2004 as vehicle occupants (CDC, 2006).
- In 2004, more than 28 million people age 65 years and older were licensed drivers — a 17% increase from the number in 1994 (NHTSA 2006).
- For adults older than age 70, the motor vehicle death rate has remained stable at about 23/100,000 for over a decade (Department of Health and Human Services, 2000).
- Drivers age 80 and older have higher crash rates per mile driven than all but teen drivers (IIHS 2006).

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There have been far too many . . . crimes against seniors in our neighborhood and . . . numerous incidents when seniors have been robbed and their purses taken in the parking lot of the complex. Many of the seniors living here have no transportation, and the store across the street is the only means of getting food and other incidentals. Recently, one of the tenants was knocked down . . . [and her attackers] stole her purse and all of the money she had. I am 72 years old and want to move, but because I’m crippled and on a fixed income, I can’t do anything about it.”

- During 2005, most traffic fatalities involving older drivers occurred during the daytime (79%) and on weekdays (73%). Seventy-three percent of the crashes involved another vehicle (NHTSA, 2006).

Crime

- In 2005, the national violent crime rate for victims aged 65 years and above was 2.6/1000 persons while the property crime rate was 72.9/1000 households as compared with 2004 when the national violent crime

rate was 2.2/1000 persons and the property crime rate was 70.0/1000 households (Federal Interagency Forum on Aging-Related Statistics, 2008).

- According to national estimates, almost 500,000 people 60 years and older experience abuse and/or neglect in a domestic setting, and only 16% are reported (Aging Texas Well).
- An estimated 1 to 2 million Americans age 65 and above have suffered elder abuse. For every single case of elder abuse that is documented, approximately five cases go unreported.
- The First National Study on Elder Abuse and Neglect reported that 47% of perpetrators were adult children and 19% were spouses (Fulmer, 2000).
- Adult Protective Services (APS) in-home population and case-related statistics for Harris County are the following: for the population with a disability, ages 18-64 (311,502), and the population 65 years and older (282,661), total APS intakes were 9,842, total APS completed investigations were 8,170, confirmed APS investigations were 5,951, and APS clients receiving services were 6,434 (Texas Department of Family and Protective Services, 2007).
- More than 1200 cases of elder mistreatment are received each month in the Houston region. The National Center on Elder Abuse 2004 survey of adult protective services indicates 20.8% of investigated cases of abuse are financial exploitation.
- Texas ranked #1 (highest) with 21.49% of

total cases reported to Adult Protective Services regarding financial exploitation of vulnerable adults (Otto et al., 2003).

- Of the victims of financial exploitation in Texas, 65% are female (Otto et al., 2003).

Fire

- Fire-related burns are the fifth most common cause of unintentional injury deaths in the United States (CDC, 2005) and the third leading cause of fatal home injury (Runyan, 2004).
- Four of five U.S. fire deaths in 2005 occurred in homes (Karter, 2007).
- Smoking is the leading cause of fire-related deaths (Aherns, 2003).
- Cooking is the primary cause of residential fires (Aherns, 2003).
- Adults age 65 and older are one of the groups at increased risk of fire-related injury and death.
- Approximately half of home fire deaths occur in homes without smoke alarms (Aherns, 2004).

Home Safety Education and Awareness Programs

- One-third of Americans older than age 65 fall each year.
- Falls cause 90% of fractures in those older than age 65.
- Falls are the leading cause of injury-related death in adults older than 65 years.
- In 2003, more than 13,700 people 65 years or older died of fall-related injuries (CDC, 2005).
- Another 1.8 million were treated in emergency departments for nonfatal injuries

related to falls. The total direct cost for falls among older adults in 2000 was about \$19 billion. Given the growing population of this age group, this cost is expected to reach \$43.8 billion by 2020.

Promising Practices

Promising practices that ensure the safety and security of all seniors include:

- Certified aging-in-place specialist programs which help home remodeling projects and adaptations take into consideration the special needs of seniors.
- Banks and other financial institutions that monitor activity in seniors' bank and investment accounts. If financial exploitation is suspected, they issue a report and request an investigation.
- Senior legal assistance programs that address issues such as power of attorney, advance directives and guardianship.
- Interdisciplinary teams consisting of social workers, physicians, attorneys, researchers and educators that collectively address elder domestic abuse problems.
- Driver safety classes that address needs of drivers 55 and over; these classes should include information about the following:
 - Age related changes in vision, hearing, reaction time and effects of medication on driving ability.
 - What caregivers should do when seniors are unable to drive safely.
- Comprehensive safety and security programs that address abuse, neglect, mistreatment, wandering of persons with cognitive disorders, home safety, fire safety, home security, crime prevention, fraud prevention and driving safety.

Recommendations for Action

In order to ensure seniors' safety and security, the workgroup recommends the following:

- Enact stiffer penalties for crimes against seniors, and prosecute perpetrators who commit them.
- Educate all fire department and emergency medical responders to be sensitive to the issues, concerns, and needs of older residents.
- Work with legislators, law enforcement and elder service providers to implement an employee misconduct registry for employees who commit crimes against elderly victims, ensuring criminal background checks are performed on all elder service providers.
- Mobilize elder service leaders to create safe, secure communities by:
 - Leveraging resources to support improvements.
 - Conducting research and developing best practices and strategic plans.
 - Advocating at all levels of government for policies that support safe, secure communities.
 - Encouraging prosecution of those committing crimes against seniors.



PART 4 *PURPOSE*

Civic Engagement/Volunteerism AND *Employment*



The number of older volunteers is expected to decline over the next five to ten years as more people continue to work later in life or have family commitments, such as caring for a loved one, that limit the time they have to devote to community service. However, it is important to highlight current volunteer and employment opportunities in order to enhance programs in the future.

Employment

Houston has a strong employment market (see indicators below), but the workforce is feeling the effect of losing older employees to retirement. The loss of experienced workers from the Baby Boom generation is of great concern for nonprofit organizations, corporations, and other units. In fact, some are asking their retirees to continue working at least part-time or as contractors after they retire. Nationally, employment in men and women age 65–69 years has been increasing over the last decade according to the U.S. Bureau of Labor Statistics. Of course, older persons who have not prepared well for their retirement may have to work longer to support themselves.

There are a few agencies in the Houston–Harris County community dedicated to helping persons 55 and older find training and employment. Unfortunately, many of these agencies have income thresholds that limit use of available services.

Vision

Enable and encourage people over the age of 55 years to seek civic engagement, employment and volunteer opportunities as they choose.

Overview

Civic Engagement/Volunteerism

There are vast opportunities for persons 55 years and older, working or retired, to volunteer in the Houston–Harris County community. Short-term, long-term, one-time, and recurring assignments are all available. Local nonprofit agencies, national organizations, public and government groups, neighborhood civic clubs, and the medical and educational communities welcome and value older volunteers whose skills and years of experience improve the quality of their service. In addition, some local

corporations promote volunteerism among retired staff by matching dollars to the number of hours spent volunteering at local nonprofit agencies.

But while opportunities abound, it is difficult to pinpoint how many community volunteers there are who are 55 years of age or older; as most of the nonprofit agencies contacted only track volunteer data for internal reports and do not ask or capture the age of their volunteers. There is no local database in the Houston–Harris County community that tracks the age of volunteers. The best national data come from Volunteer Match and the Corporation for National and Community Service, which maintains detailed data on its volunteers because age is the main criterion for its programs.

Key Indicators of Current Status and Challenges

As mentioned above, many organizations and nonprofit agencies do not record or publish information regarding the age of their volunteers. The Senior Corps Program of the Corporation for National and Community Service does have valuable statistics for Texas and other states, and Volunteer Match has new survey data about older adult volunteers. A Rice University survey reports about volunteering in Houston, but not by age group.

Civic Engagement/Volunteerism

The Corporation for National and Community Service reports the following:

- At 23.5%, the rate of volunteering among older adults today is 64% higher than it was in 1974 (when it was 14.3%) and 39% higher than in 1989 (when it was 17.0%).
- Among all adults, older adults volunteer most intensively; however, the percentage of older

adult volunteers who serve intensively has dropped from 52% in 1989 to 46.1% today.

The Houston Area Survey, a Rice University Department of Sociology project that has collected information from Houstonians since 1982, reports the following about volunteering in Houston. Dates indicate the year of the survey from which the data were drawn:

- 59.9% reported personally contributing their time during the last 12 months to a volunteer activity, and 53.3% reported volunteering in the last 30 days (2007).
- 85.0% reported that it was very or somewhat important to be involved in volunteer or civic activities in the community (2001).

Employment

Overall, the Houston employment market is healthy. Houston, according to a U.S. Bureau of Labor Statistics report in March 2008, posted the largest annual increases in employment of

310 U.S. metropolitan areas for the year ending in January 2008. Houston, along with three other large Texas cities—Austin, Dallas, and San Antonio—accounted during the same period for 24.6% of the country’s job growth. Of the 32.5 million Americans 55 to 64 years of age in 2007, 61.8% were employed in the civilian workforce; in those beyond the traditional retirement age of 65, only 15.5% worked.

Findings regarding disadvantaged workers and those 55 years of age and older include: In 2008, Service, Employment, and Redevelopment (SER)—Jobs for Progress, a nonprofit corporation that helps the economically disadvantaged find unsubsidized employment, has 105 training slots. Before the first quarter of 2008 had come to a close, 49 participants had exited the program and 10 had found jobs. In 2007, SER—Jobs for Progress had 140 slots and 13 job placements.

- In 2007, more than 13,400 adults 55 years of age and older registered for job placement assistance with the WorkSource, a Gulf Coast human resources provider.
- Wal-Mart, Kroger, and HEB supermarkets encourage senior employment.

Promising Practices

Promising practices that ensure involvement in civic engagement, volunteerism and employment include:

- Providing modest stipends and mileage reimbursement for volunteers

Characteristics of Older Adult Volunteers

CHARACTERISTIC	AGE 55–64 YEARS	AGE 65 YEARS
Volunteers	43%	61%
Volunteer with no organizations/Volunteer with one organization	28%	41%
Volunteer five hours each visit	22%	41%
Plan to volunteer more in the next few years	56%	43%
Have postgraduate education	39%	43%
Consider volunteering highly important	74%	76%

Source: *Volunteer Match*

- Intergenerational volunteer and employment experiences that afford opportunities for the exchange of knowledge, expertise, experience and assistance
- Funding for volunteer programs originating from municipalities and activities such as garage sales, bake sales, etc.
- Encouraging employers to develop job-sharing or other programs that allow retirement-age employees to work part-time as part of successful planning.
 - Develop industry specific mentorship programs that facilitate seasoned employees teaching new employees.

Recommendations for Action

The following activities are recommended for improving civic engagement /volunteerism and employment for older adults in Houston:

- Develop a quarterly newsletter or flyer that informs seniors of opportunities in civic engagement/volunteering and employment.
- Subsidize METRO fares and gasoline costs for senior volunteers and employees.
- Ask members of city council to distribute information to their constituencies.
- Create a Speaker's Bureau to educate the community about volunteer, civic engagement and employment opportunities for individuals 55 and older .

Spirituality, Culture Recreation, AND *Lifelong Learning*



Vision

Promote and provide culturally appropriate neighborhood oriented social, recreational, education and religious opportunities to enhance the quality of life for seniors.

Overview

Spirituality, culture, recreation, and lifelong learning all contribute to a meaningful life for seniors—or at any stage of life—and they are intertwined in many ways. Spirituality and culture may influence the involvement seniors have in other activities. Specifically, spirituality can frame the way seniors view lifelong learning and recreation. Unlike such formalized religious activities as attending a house of worship, spirituality can describe activities that contribute to being spiritual (concentrating on things sacred or those unrelated to the material world)—reading, studying, singing, exchanging ideas with others of varied faiths, or simply communing with nature. Some places of faith rely on seniors for wisdom and guidance.

Some religious organizations have a “do for” concept of seniors, meaning they ensure that seniors’ basic needs are met but may not encourage seniors to continue in leadership roles. On the other hand, some faiths support “do with” activities, meaning they have groups and activities that support seniors’ mental, social, and emotional physical growth. Even within religious/spiritual groups, culture may further

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Because I don't like soap operas, I looked for interesting projects [after retirement]. I even poured the cement for my patio. When the man delivered the concrete, he couldn't believe I was going to attempt to pour it myself. He even ended up helping me pour it. It looks real nice, too.

”

affect involvement. As nonreligious entities and faith-based and religious organizations plan for the needs of seniors, understanding these cultural influences can increase potential success.

Recreational activities benefit the emotional and physical well-being of people of all ages. In older adults, recreational engagement also helps maintain vibrancy and mental acuity, even when physical abilities change. In Houston–Harris County, recreational activities geared toward seniors typically include health and wellness training and exercise programs. Most are held at neighborhood and multi-service centers, but as the Baby Boom generation ages, varying the types of activities and places they’re offered will become increasingly important.

Lifelong learning ensures that seniors have the opportunity to be engaged in learning regardless of age. Lifelong learning includes everything from art and music classes to college courses and opportunities to get acquainted or stay current with technological trends. Harris County's Senior Education Center reports on its Web site that more than 4,000 adults 55 years of age or older have taken courses at the center since 2000, and the oldest graduate was 92 years old.

Although Houston–Harris County offers a variety of activities and venues for spirituality, culture, recreation, and lifelong learning, there are barriers that prevent seniors from enjoying them. First is the area's geographic enormity, coupled with the scarcity of affordable, accessible transportation. Another is seniors' limited financial resources. Finally, our community's cultural diversity, while an asset, presents a significant challenge for organizations seeking to satisfy diverse interests, needs, and abilities.

Key Indicators of Current Status and Challenges

- In Houston, of the approximately 60% of the population that volunteers, 47.8% reported volunteering at their church (Klineberg, 2005).
- As they age, seniors spend more and more of their time in leisure activities: 22.6% by those 55–64 years of age, 29.1% by those 65–74, and 32.6% by those 75 and older (Federal Interagency Forum on Aging-Related Statistics, 2008).

- Those who attend arts performances are 2.7 times more likely to volunteer or do charity work than are those who do not (National Endowment for the Arts, 2007).
- Those who are part of a community's performing arts audience are twice as likely as those who are not to participate in outdoor activities and 1.7 times more likely to exercise (National Endowment for the Arts, 2007).
- Nationally, about 25% of those 55–74 years of age reported in a 2002 survey that they purchased art within the last 12 months (National Endowment for the Arts, 2004).
- Personal participation in the arts within the last 12 months was reported by 25.9% of those 55–64 years of age, 17.6% of those 65–74, and 15.5% of those 75 and older (National Endowment for the Arts, 2004).

“
I attend many church functions, movies, the theater, and plays on a regular basis. I used to travel a great deal, but now funds are limited. I have been able to attend local functions mainly because a friend has a means of getting free tickets, and we go.

Promising Practices

Promising practices that ensure recreational and lifelong learning opportunities include:

- Lifelong learning programs that infuse cultural and spiritual concepts.
- Collaborative partnerships between organizations, businesses and parks and recreation



to sponsor low cost classes in sports, art, dance, language, yoga, exercise and music.

- Campus based housing for adults 55 and over to create a community of lifelong learners connected to academic institutions.
- Academic institutions that offer classes on culinary arts, fashion, art, writing, technology etc.; through these classes:
 - Students can learn from elders
 - Elders can learn new techniques, styles and methods.

Recommendations for Action

In order to meet seniors' spiritual, cultural, recreational and lifelong learning needs the work group recommends the following:

- Forge partnership between nonprofit organizations and area universities to create centers for lifelong learning geared toward people 60 years of age and over.
- Initiate pilot programs with nonprofit and for-profit entities such as bookstores, libraries, coffee houses, and fitness centers to implement or expand activities, classes, and programs geared toward seniors.
- Create a public awareness campaign that defines what makes a venue friendly to seniors
 - Make the community aware of the appeal of afternoon performances.
 - Encourage restaurants to enhance lighting so menus can be read.
 - Enlarge aisles to accommodate walking appliances, wheelchairs, or persons assisting elders with walking.



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