Travis County Commissioners Court Agenda Request

Meeting Date: January 7, 2014
Prepared By/Phone Number: Sherri E. Fleming, 512-854-4101, HHSVS
Elected/Appointed Official/Dept. Head: Sherri E. Fleming, County Exec.
Commissioners Court Sponsor: Samuel T. Biscoe, County Judge

AGENDA LANGUAGE:

RECEIVE REPORT AND PRESENTATION ON RECOMMENDATIONS FROM THE MAYOR'S TASK FORCE ON AGING

BACKGROUND/SUMMARY OF REQUEST AND ATTACHMENTS:

Over the next decade, the demographics of Austin are projected to shift. The Austin-Round Rock metropolitan area is the nation's #1 fastest growing population of people between the ages of 55 and 64, and the 3rd fastest growing community of people aged 65 and older.

In response to Austin's increasing age diversity, Mayor Lee Leffingwell authorized the creation of the Mayor's Task Force on Aging in August 2012. He charged the Task Force with building public awareness, analyzing the current resources and opportunities for growth, and creating a set of strategic recommendations to accommodate Central Texas' fast-growing senior population.

STAFF RECOMMENDATIONS:

Receive presentation on Task Force recommendations

ISSUES AND OPPORTUNITIES:

Key action items that require attention are the creation of a City Commission on seniors with representation from various entities in the community, informing the stakeholders about the work of the Task Force, and developing strategic partnerships to begin implementing the various strategies.

FISCAL IMPACT AND SOURCE OF FUNDING:

None

REQUIRED AUTHORIZATIONS: None

AGENDA REQUEST DEADLINE: All agenda requests and supporting materials should be submitted as a pdf to the County Judge's office, agenda@co.travis.tx.us **by Tuesdays at 5:00 p.m.** for the next week's meeting.

SUMMARY

Over the next decade, the demographics of Austin are projected to shift. The Austin-Round Rock metropolitan area is the nation's #1 fastest growing population of people between the ages of 55 and 64, and the 3rd fastest growing community of people aged 65 and older.

In response to Austin's increasing age diversity, Mayor Lee Leffingwell authorized the creation of the Mayor's Task Force on Aging in August 2012. He charged the Task Force with building public awareness, analyzing the current resources and opportunities for growth, and creating a set of strategic recommendations to accommodate Central Texas' fast-growing senior population.

The Task Force was comprised of a diverse group of leaders from non-profits, funding entities, business, and academia. Additionally, an Advisory Council of citizens and subject experts convened to provide feedback. Task Force members met monthly from September 2012 through May 2013. Their charge was to build a plan to ensure our aging neighbors have the resources to be healthy, independent and integrated into community life.

The goals of the Task Force's recommendations are to focus resources on prudent investments that result in social and economic benefits for seniors in the community. By investing intelligently and utilizing the newest technologies, costly interventions can be avoided while leverage existing resources.

The recommended strategies focus on fostering intergenerational interaction and creating Complete Communities to support seniors in using their skills to contribute to society, while providing adequate supports to help them age with dignity.

The Recommendations are divided into ***Community Goals*** and ***Goals for the City of Austin***. All these recommendations and a list of *other recommended strategies* are included in the full Task Force Report.

Key action items that require attention are the creation of a City Commission on Seniors with representation from various entities in the community, informing the stakeholders about the work of the Task Force, and developing strategic partnerships to begin implementing the various strategies.

MAYOR'S TASK FORCE ON AGING RECOMMENDATIONS

The goal of these Recommendations is to focus resources on prudent investments that result in social and economic benefits for seniors in our community. By investing intelligently and utilizing the newest technologies, we can avoid costly interventions and leverage existing resources.

The recommended strategies focus on fostering intergenerational interaction and creating Complete Communities to support seniors in using their skills to contribute to society, while providing adequate supports to help them age with dignity.

The Recommendations are divided into ***Community Goals*** and ***Goals for the City of Austin***. All these recommendations and a list of *other recommended strategies* are included in the full Task Force Report.

Community Goals

Goal 1 Focus on *Healthy Living*

Good health enables seniors to thrive and to continue contributing to their communities. An investment in affordable, accessible, and holistic care in Central Texas will build the foundation for a vibrant and productive senior community.

Strategies

1.1 **Create a Care Transitions Coalition**
A Care Transitions Coalition should be created to prevent unnecessary hospitalization and to reduce the risk of re-admissions. The coalition should set transitions standards; combine public, private and non-profit resources; and determine best practices for increased quality of transitional care:

- Discharge planning
- Family member involvement
- Available community-resources
- Patient education
- Staffing care transitions initiatives

1.2 **Create Alliance to Better Integrate Aging and Mental Health Services**

Senior mental health includes a focus on late-life depression, suicide prevention, substance abuse and misidentifying mental health symptoms, such as dementia. A collaboration could:

- Convene aging services and mental health providers
- Coordinate dementia education efforts for citizens and providers
- Promote career pathways in geriatric mental health, including geriatric psychiatry fellowships and student internships

1.3 **Develop a Health Outreach Program in Low-Income Neighborhoods**
Outreach would include preventative screenings, medication management, mental health, and nutrition. Providers would coordinate servicesto include:

- Mobile health units
- Telehealth
- Preventative care nurses staffed at senior centers during peak hours

1.4 **Expand Food Availability to Older Adults**
Congregate meal sites present opportunities for social engagement and improved daily nutrition. The Fresh Food for Families Program could work in tandem with sites to expand fresh foods for seniors.

Goal 2 Focus on *Independence*

Most seniors want to age in their home and community for as long as possible. Aging in community entails providing seniors the proper supports in the safest, least restrictive environment possible. For some, this means living in the home where they have resided for decades, and for others this means moving in with family or to a living facility. Family caregivers, home-based services and modifications, and access to transportation are critical elements that extend independence and create senior friendly communities.

Strategies

2.1 **Expand Caregiver U**
Caregiver U, a program of AGE of Central Texas, is an existing collaboration that provides critical supports and training to Caregivers. An expansion should include:

- Intensify Community Outreach and Public Awareness Around Elder Abuse and Caregiver Support
- Develop Dementia Care Program for Families

2.2 **Expand Home-based Supportive Services**
Home care services to assist with the activities of daily living (bathing, dressing, toileting, meal preparation, med management etc.) allow people to successfully age in place. In-home respite services for family caregivers

(companionship care for a senior while spouse/adult child is working, running errands, etc.) help seniors stay in their home. However, rising costs deters many caregivers from seeking in-home care. More affordable home care options could increase the number of seniors who age in place.

2.3 **Expand Home Modification and Repair Services**
The Austin Housing Repair Coalition repairs and modifies seniors' homes so they may stay in their homes while it is healthy for them to do so.

2.4 **Create a Central Dispatch for All Transportation Services**
Creating a one-stop dispatch for all transportation services within the region would promote efficient use of limited vehicles and increase accessibility for seniors. Capital Metro is currently hiring a Mobility Manager who will oversee a centralized dispatch center. Capital Metro should engage nonprofit stakeholders to integrate services.

Goal 3 Focus on an *Informed Community*

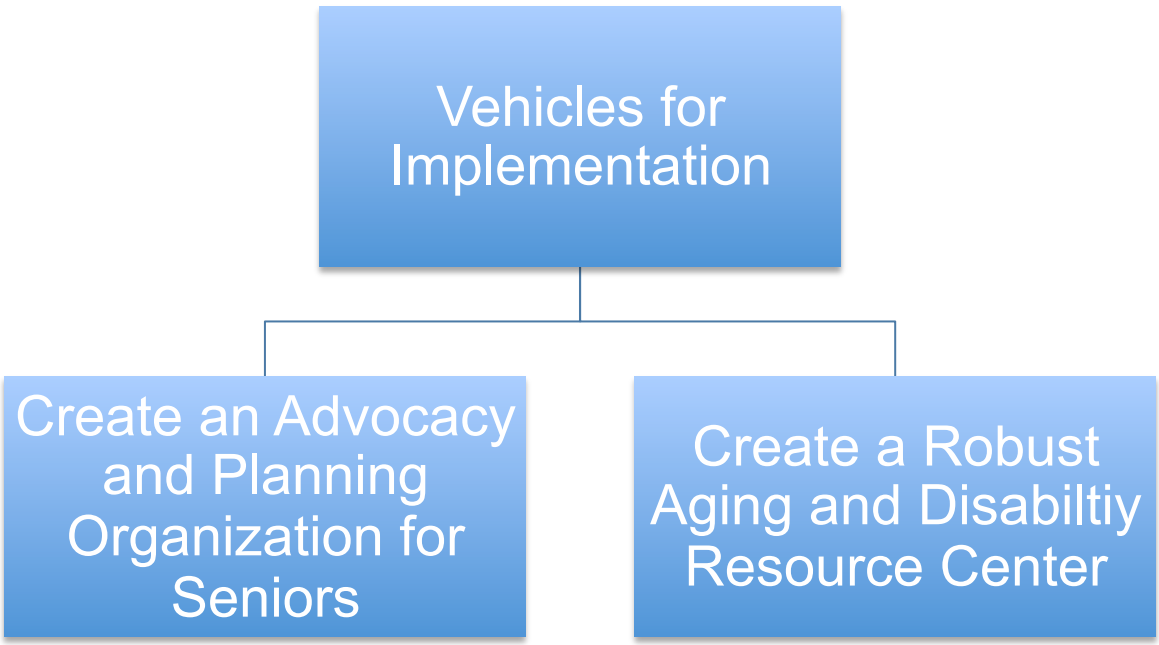
An informed community is well-equipped to locate the services they need to care for themselves, their family members and their neighbors.

Strategies

3.1 **Create a Website and/or Phone Number That Serves As a Central Clearinghouse for Information about Senior Services and Activities**

3.2 **Develop a Public Awareness Campaign for a Variety of Issues, such as:**

- Caregiver assistance
- Locating senior service providers
- Elder abuse



Recommendations for *The City of Austin*

Goal 1 Focus on *Age-Inclusive Polices*

Strategies

1.1 Integrate Age-Inclusive Policies as Criteria for City Decision-Making
Policies should focus on reducing negative impacts and promoting positive impacts on seniors. These include ordinances, regulations, and policies related to transportation, affordable housing, land development, and affordable utilities and taxes. Additionally, consider impact on seniors of activities related to the City's Imagine Austin Plan.

1.2 Join AARP/World Health Organization Age-Friendly Communities Initiative

Goal 2 Focus on *Affordable Housing*

Strategies

2.1 Research and Analyze the Impact of Property Tax Deferrals/Caps and Utility Cost Subsidies on Seniors and Recommend Appropriate Action

2.2 Prioritize Affordable Housing Funding for Seniors

2.3 Expedite Permitting Process For Secondary Apartments

Goal 3 Focus on *Integrating Seniors into Civic Life*

Strategies

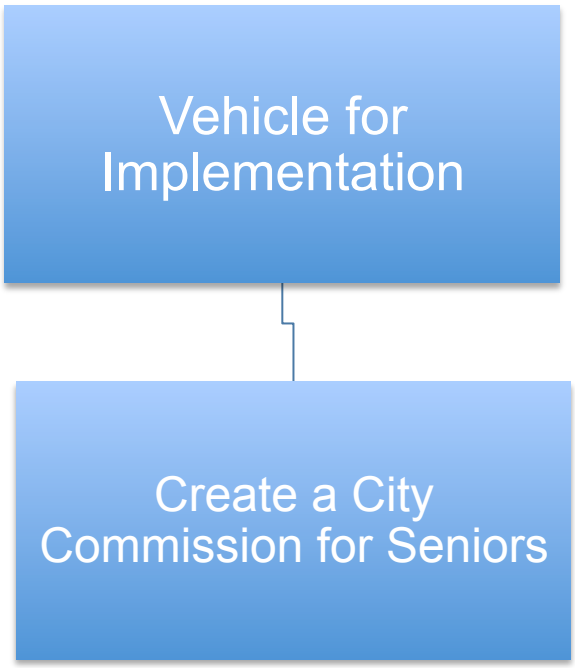
3.1 Fund Neighborhood Programs for Senior Assistance
City's Neighborhood Match Program could foster neighborhood senior assistance. Neighborhood associations could offer meals, transportation and social engagement.

3.2 Create an Interagency Committee to Optimize Facilities for Senior Engagement

- Develop an asset map to identify existing and new opportunities for senior social engagement at public libraries, PARD facilities, HHS facilities, and schools
- Identify opportunities for co-located services
- Develop intergenerational programming at Recreation Centers and schools

3.3 Create Intergenerational Opportunities for Seniors

- Invest in intergenerational art education partnerships between schools, organizations, libraries and senior programs to provide exposure to the arts.
- Designate a City Recreation Center as an intergenerational site and provide dynamic volunteer and co-learning opportunities for all ages.


Vehicle for Implementation
Create a City Commission for Seniors

Mayor's Task Force on Aging

Travis County Commissioners Court

January 7, 2014

Community Goals
And
Strategies

Goal 1. Focus on *Healthy Living*

Strategies

1. Create a Care Transitions Coalition

to prevent unnecessary hospitalization and to reduce the risk of re-admissions. The coalition should combine public and private resources to determine best practices for increased quality of transitional care:

- Discharge planning
- Family member involvement
- Available community-resources
- Patient education
- Staffing care transitions initiatives

Strategies

2. Create Alliance to Integrate Aging and Mental Health Services

Senior mental health includes a focus on late-life depression, suicide prevention, substance abuse and identifying mental health symptoms, such as dementia. A collaboration could:

- Convene aging services and mental health providers
- Coordinate dementia education efforts for citizens and providers
- Promote career pathways in geriatric mental health, including geriatric psychiatry fellowships and student internships

Strategies

3. Develop a Health Outreach Program in Low-Income Neighborhoods

Outreach would include preventative screenings, medication management, mental health, and nutrition. Providers would coordinate services to include:

- Mobile health units
- Telehealth
- Preventative care nurses staffed at senior centers during peak hours

Strategies

4. Expand Food Availability to Older Adults

Congregate meal sites present opportunities for social engagement and improved daily nutrition. The Fresh Food for Families Program could work in tandem with sites to expand fresh foods for seniors.

Goal 2. Focus on *Independence*

Strategies

1. Expand Caregiver U

Caregiver U, a program of AGE of Central Texas, is a collaboration that provides critical supports to caregivers. An expansion should include:

- Intensify community outreach and public awareness around elder abuse and caregiver support
- Develop Dementia Care Program for families

Strategies

2. Expand Home-based Supportive Services

Home care services to assist with the activities of daily living help people to age in place.

In-home respite services allow caregivers to work and run errands. However, rising costs deter caregivers from seeking in-home care.

Strategies

3. Expand Home Modification and Repair Services

The Austin Housing Repair Coalition repairs and modifies seniors' homes so they may stay while it is healthy for them to do so.

Strategies

4. Create a Central Dispatch for Transportation Services

Creating a one-stop dispatch for all transportation services within the region would promote efficient use of limited vehicles and increase accessibility for seniors.

Capital Metro is hiring a Mobility Manager who will oversee a centralized dispatch center. Capital Metro should engage nonprofit stakeholders to integrate services.

Goal 3. Focus on an *Informed Community*

Strategies

1. **Create a Website and/or Phone Number to Serve As a Central Clearinghouse for Information about Senior Services and Activities**

Strategies

2. **Develop a Public Awareness Campaign for a Variety of Issues:**
   - Caregiver assistance
   - Locating senior service providers
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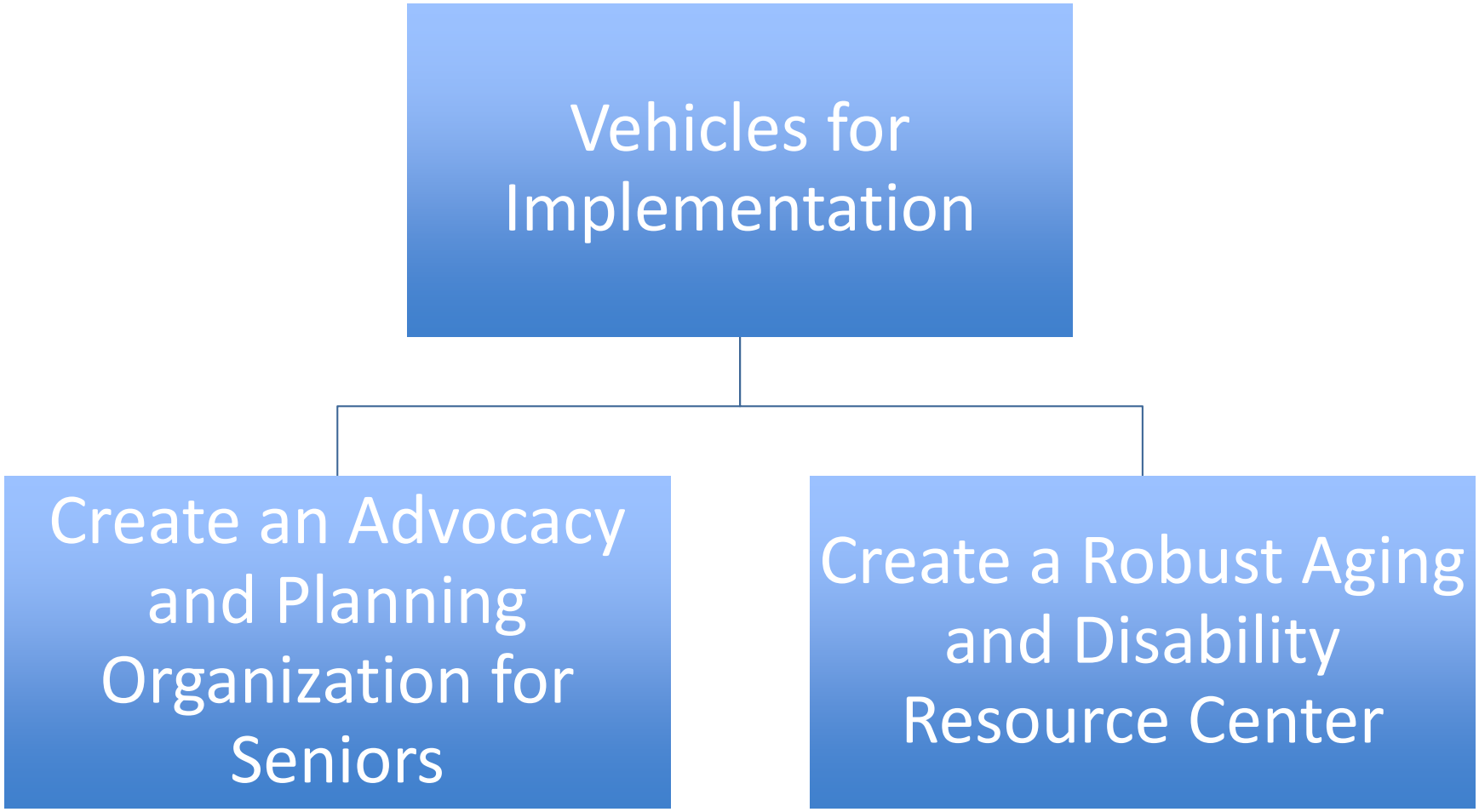
Vehicles for Implementation
Create an Advocacy and Planning Organization for Seniors
Create a Robust Aging and Disability Resource Center

Recommendations for *The City of Austin*

Goal 1. Focus on *Age-Inclusive Policies*

Strategies

1. **Integrate Age-Inclusive Policies as Criteria for City Decision-Making**

   Policies should focus on reducing negative impacts and promoting positive impacts on seniors. These include:

   – ordinances, regulations, and policies related to transportation, affordable housing, land development, and affordable utilities and taxes.

   – Integrate Senior's interests into implementation of the City's Imagine Austin Plan.

2. **Join AARP/World Health Organization Age-Friendly Communities Initiative**

Goal 2. Focus on *Affordable Housing*

Strategies

1. **Research and Analyze the Impact of Property Tax Deferrals/Caps and Utility Cost Subsidies on Seniors and Recommend Appropriate Action**

2. **Prioritize Affordable Housing Funding for Seniors**

3. **Expedite Permitting Process For Secondary Apartments**

Goal 3. Focus on *Integrating Seniors into Civic Life*

Strategies

1. **Fund Neighborhood Programs for Senior Assistance**

   City's Neighborhood Match Program could foster neighborhood senior assistance. Neighborhood associations could offer meals, transportation and social engagement.

2. **Create an Interagency Committee to Optimize Facilities for Senior Engagement**

   - Develop an asset map to identify existing and new opportunities for senior engagement at public libraries, PARD facilities, HHS facilities, and schools.
   - Identify opportunities for co-located services.
   - Develop intergenerational programming at Recreation Centers and schools.

3. **Create Intergenerational Opportunities for Seniors**

   - Invest in intergenerational art education partnerships between schools, organizations, libraries and senior programs to provide exposure to the arts.
   - Designate a City Recreation Center as an intergenerational site and provide dynamic volunteer and co-learning opportunities for all ages.

Vehicles for Implementation

Create a City Commission for Seniors

QUESTIONS

Embracing an Age Diverse Austin

MAYOR'S TASK FORCE ON AGING
REPORT AND RECOMMENDATIONS
2013

MAYOR'S TASK FORCE ON AGING
REPORT AND RECOMMENDATIONS
2013

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The Mayor's Task Force on Aging was a partnership between many community leaders and subject experts who generously donated their time.

Special thanks go to the St. David's Foundation and the Seton Foundations for their leadership and financial support, and to the students at the Lyndon B. Johnson School of Public Affairs for writing and research support.

Thank you also goes to the Mayor's Office who assisted with coordination and to City of Austin staff who generously made themselves available for questions and information.

Project managed by:

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INTRODUCTION

Across the country, Baby Boomers are engaging in a growing dialogue about staying productive and independent as they reach their older years. These seniors are looking to use their experience and skills to contribute to society, while also seeking adequate supports to help them age with dignity.

Over the next decade, the demographics of Austin are projected to shift. The Austin-Round Rock metropolitan area is the nation's #1 fastest growing population of people between the ages of 55 and 64, and the 3rd fastest growing community of people aged 65 and older.

In response to Austin's increasing age diversity, Mayor Lee Leffingwell authorized the creation of the Mayor's Task Force on Aging in August 2012. He charged the Task Force with building public awareness, analyzing the current resources and opportunities for growth, and creating a set of strategic recommendations to accommodate Central Texas' fast-growing senior population.

The Task Force was comprised of a diverse group of leaders from non-profits, funding entities, business, and academia. Additionally, an Advisory Council of citizens and subject experts convened to provide feedback. Task Force members met monthly from September 2012 through May 2013. Their charge was to build a plan to ensure our aging neighbors have the resources to be healthy, independent and integrated into community life.

Graduate students from the Lyndon B. Johnson School of Public Affairs at the University of Texas (LBJ) conducted research to support the Task Force's efforts. Students met with area experts, studied national best practice strategies, and engaged local seniors through a multi-topic survey.

The goal of this report is to focus resources on prudent investments that will result in social and economic benefits for our community. By investing intelligently we can avoid costly interventions. The report is organized around 5 topical areas, including:

- Health
- Housing and Basic Services
- Transportation and Community Infrastructure
- Social Participation and Inclusion
- Caregivers and Long-Term Supports

DEMOGRAPHICS

The Austin-Round Rock Metropolitan Area (MSA) has experienced a phenomenal 48% growth over the last 13 years[1], making it the third fastest growing MSA in the nation from 2000-2010 and the fastest growing MSA from 2010-2011.[2] The city has received national attention from the growth of the aging population in particular: the Austin MSA has the fastest growing population of pre-seniors (adults age 55 – 64) in the nation and the third fastest growing population of adults age 65 and older.[3]

In 2010, individuals age 65 and older made up 8% of the MSA population. It is projected that by 2040 nearly 20% of the Austin MSA population will be seniors.[4] Currently, 75% of all seniors in the MSA are Caucasian. By 2040, however, the Hispanic senior population is expected to nearly match that of the Caucasian senior population.[5] Additionally, females make up more than half of the senior population in the

Susan's Story

"I'm not ready to retire yet," says Susan, 62, who works at the Texas Department of Health Services. She would retire early, she says, if her husband, Robert, needed more constant care. But then their financial situation would change, leaving Susan with even more to deal with.

Robert has been retired for a decade. On weekdays, Robert stays at home while Susan is at work. Following an illness 10 years ago, Robert stopped driving and now relies on Susan. "If I can't take him, he can't go anywhere," says Susan.

Susan's father is in his 90s and lives in a senior living facility. He still drives his own car, although Susan would prefer he use other transportation. Susan, who has experience as a nurse, coordinates her father's care, which includes maintaining his medical history and coordinating doctors.

Robert relies on Medicare for health insurance. When Susan retires, her State benefits will pay for her health insurance, but she foresees the need to purchase a Medicare supplement for other healthcare needs, increasing her costs in retirement.

The couple owns a home. They have made modifications to assist with basic needs like bathing. Susan would relocate to senior housing if they were unable to live safely on their own and able to afford the costs.

Susan is unsure what she will do if she is unable to take care of Robert. The difficult nature of planning for such circumstances, both financially and emotionally, is overwhelming to her.

Susan and Robert are not an anomaly. Many seniors in the Austin area seek adequate transportation, social outlets, healthcare, and housing, and many are struggling to care for aging parents as they themselves begin to age.

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[1] "Demographics," austintexas.gov, accessed March 16, 2013, http://austintexas.gov/demographics.
[2] Ryan Robinson, "Demographic Data for the Austin-Round Rock MSA," Presentation, The Mayor's Task Force on Aging, Austin, TX, September 20, 2012.
[3] Ibid.
[4] Ibid.
[5] Ibid.

MSA and about 1 in 3 senior females live alone.[6]

More than 37% of Travis County seniors have a disability[7] and over 5,600 seniors have an unmet housing need,[8] which could lead to substandard living conditions and unaffordable housing. To compound the issue, an estimated 9,827 individuals age 50 and older in Travis County who have not yet exited the labor force are unemployed.[9] Nearly 21% of the population age 50 and older lives at or below 200% of poverty.[10]

A lack of healthcare providers for seniors in Central Texas is also an issue. The number of physicians accepting new patients with Medicare in Texas has dropped from 78% in 2000 to only 58% in 2012.[11] An estimated 20% of Travis County residents care for an older relative,[12] and that number is likely to grow as the costs of health care rise and access to health care diminishes.

As the population of Austin grows and ages, the city must adapt to serve the changing needs of its residents. It will be important for city leaders to focus on accessibility, affordability, and inclusion in Central Texas in the coming years.

SURVEY

To assess the current resources and concerns for Austin seniors, the LBJ research group surveyed over 500 area seniors. Personal interviews were conducted at Meals on Wheels Congregate Meal Sites, affordable senior housing communities, retirement homes, and telephone surveying of homebound seniors was conducted by HAND (Helping the Aging, Needy, and Disabled Inc.). In addition to the student group's work, the survey was distributed through the City's public engagement website, "Speak Up Austin", and by partner organizations in the aging services community.

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[6] "DP-1, Profile of General Population and Housing Characteristics: 2010. 2010 Demographic Profile Data. Austin-Round Rock-San Marcos, TX Metro Area," *American FactFinder,* Accessed March 16, 2013, http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_DP_DPDP1&prodType=table.

[7] Leadership Austin Action Team on Aging, "Assisting Austin-Area Seniors Gain Access to Transportation: An Opportunity Report" (presentation, Austin Council on Aging, Austin, TX, 2004), http://www.caction.org/agingservices/documents/FinalTransportationReport.pdf.

[8] "Aging Services Environmental Scan 2001," *Travis County Health and Human Services, Research and Planning Division,* January 2001, http://www.co.travis.tx.us/health_human_services/research_planning/publications/aging/Aging_Services_Environmental_Scan.pdf.

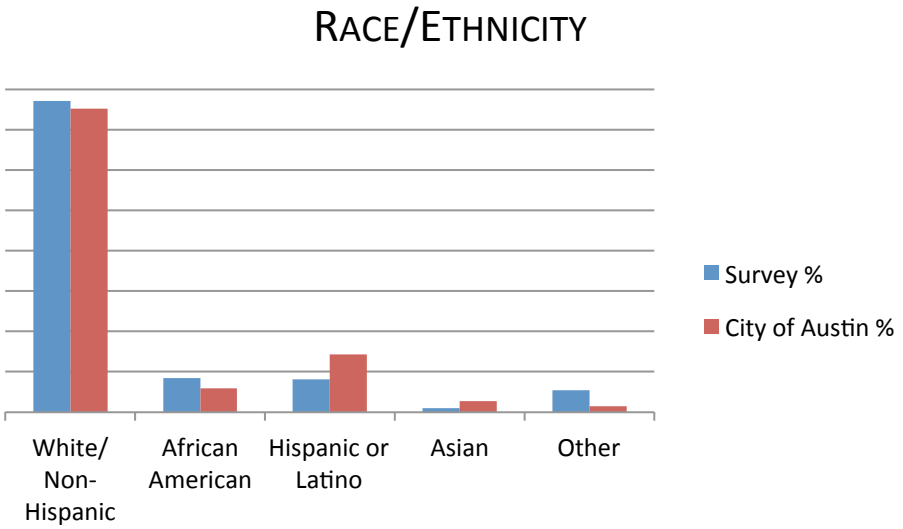
[9] "2009-2011 American Community Survey data for Travis County, TX," *American FactFinder,* 2013, http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml.

[10] Ibid.

[11] "Drop in Physician Acceptance of Medicaid, Medicare Patients," *Texas Medical Association*, July 9, 2012, http://www.texmed.org/template.aspx?id=24764.

[12] Leadership Austin Action Team on Aging, "Assisting Austin-Area Seniors Gain Access to Transportation: An Opportunity Report," *Austin Council on Aging*, 2004, http://www.caction.org/agingservices/documents/FinalTransportationReport.pdf.

Survey questions gathered demographic data as well as information encompassing five issues areas: Health, Housing and Basic Needs, Transportation, Social Engagement, and Long-Term Care. The complete survey can be found in Appendix A. The researchers analyzed 429 completed surveys* in order to identify common concerns and opportunities related to improving the quality of life for the aging population in Central Texas. While the survey captured responses from a statistically small number of Austin-area seniors, the trends it brought to light were echoed by the outside research of experts on aging and national examination of national studies.



Sources: A Survey by the Mayor's Task Force on Aging and City of Austin Demographer, 2012 data

SURVEY FINDINGS

Across the five issue areas, respondents expressed overall concern about the affordability of living in Austin. While most indicated a desire to remain active community participants for many years to come, the seniors surveyed indicated they faced many barriers to maintaining independence in their communities. In particular, seniors reported that they lacked access to nutritious food, reliable transportation, affordable housing, and healthcare. Key findings from the survey and other research are summarized below and will be discussed in greater detail throughout the report.

HEALTH

The availability of affordable healthcare is a key concern for seniors in Austin. While 64.5% of seniors surveyed were very confident they could see a physician, only 17% felt very confident they could afford a significant medical expense. Overall, out-of-pocket medical expenses are increasing for every segment of the population, but especially for those over 65. While Medicare and Medicaid may offset some of these rising costs, the

* 537 surveys were started and 449 surveys were completed. Twenty responders did not sign the consent form; of the original 537, 429 were analyzed.

Texas Medical Association has seen a recent decline in physicians accepting Medicare patients throughout the state despite the growing number of Medicare enrollees.

When a senior develops a significant health concern, it often leads to additional medical expenses and other health issues. Nearly 15% of seniors released from a hospital in Austin will be readmitted within 30 days. In addition, seniors are at risk for late-life depression, substance abuse, and suicide. The mental health issues related to aging can be confounded with symptoms of dementia. As the health care system becomes more expensive and confusing, seniors and caregivers will need additional help navigating to find the services they or their loved ones need.

Housing and Basic Needs

Over three quarters of survey respondents hope to stay in the homes in which they currently live for at least the next 10-15 years. However, 63% said that living in Central Texas will become unaffordable in that same time frame. Affordable senior housing properties in Austin are at full capacity, and many already have waiting lists. Affordability and accessibility of food is another major concern. A quarter of respondents reported they worry often that their income will not cover their food expenses and a similar number felt they did not have access to the food needed for a balanced diet.

Transportation

Over 80% of respondents rely on their own car as their primary mode of transportation; most see this as their only option. More than half of survey respondents never walk to neighborhood destinations and 67% do not feel that public transportation is a good option for them. As the senior population grows and becomes older, the number of seniors who are no longer able to drive will grow as well.

Social Inclusion

Being integrated into a community can prevent depression and improve quality of life. Of the seniors surveyed, over 85% say they participate in community events. Sixty-two percent of respondents feel there are not many job opportunities for their age group. This points to a need for increased opportunities for volunteering and employment.

Caregivers and Long-Term Supports

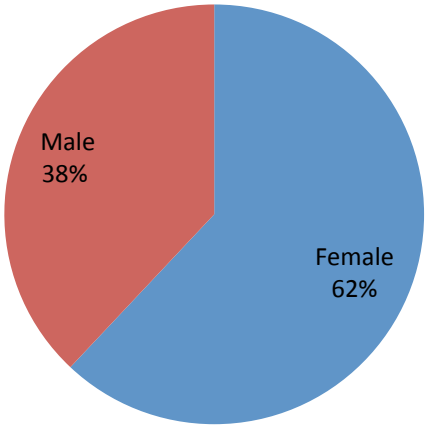
Increases in the senior population lead to corresponding increases in the number of caregivers needed. Nearly 40% of survey respondents have a caregiver currently, and a majority foresaw the need for a caregiver in the future. In a short survey directed at caregivers, 78% were interested in increased services, such as expanded respite care. Caregiver support is critical to ensuring caregivers are able to take care of themselves and their loved one. Caregiver stress can result in cases of elder abuse, the most prevalent form of which is financial exploitation.

Basic Demographics
A Survey by the Mayor's Task Force on Aging

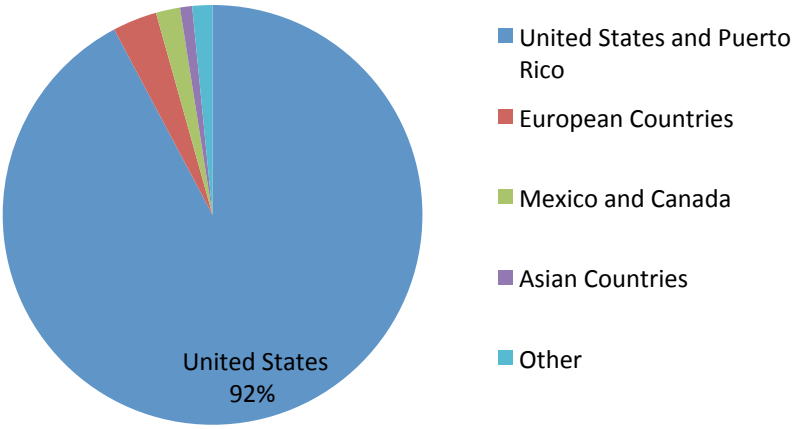
429 analyzed surveys

- About half of the surveys were given in person at senior activity centers or senior living facilities (including public housing).
- Most common zip codes: 78723 (9%) and 78745 (7%)
- 94% speak English as a primary language; 92% were born in USA
- 74% have an Associate's Degree or higher
- 65% live with a spouse; 14% live with an adult child

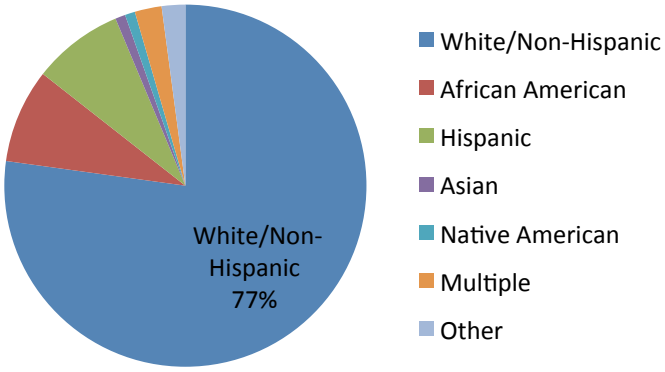
Gender



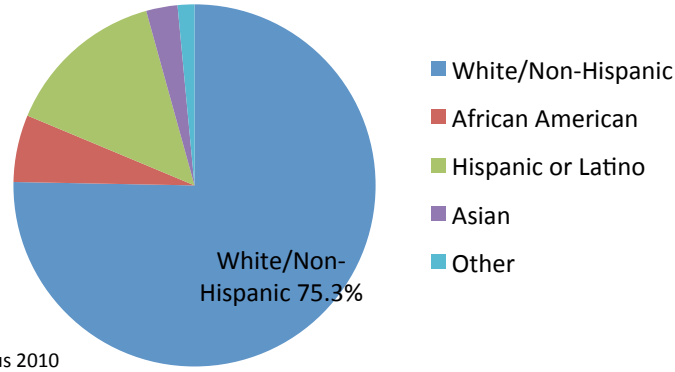
Country of Birth



Race/Ethnicity: Survey Respondents



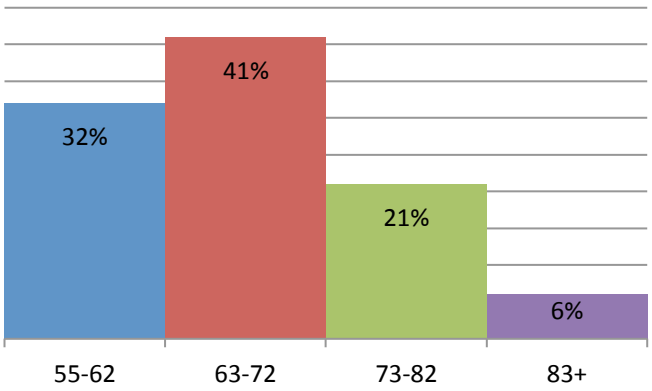
Race/Ethnicity: Austin Seniors



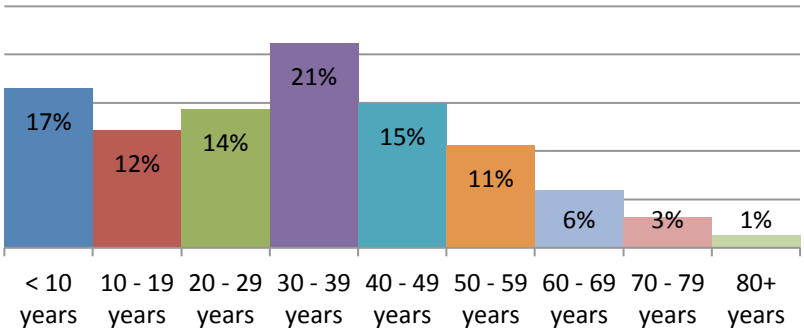
Census 2010

Basic Demographics
A Survey by the Mayor's Task Force on Aging

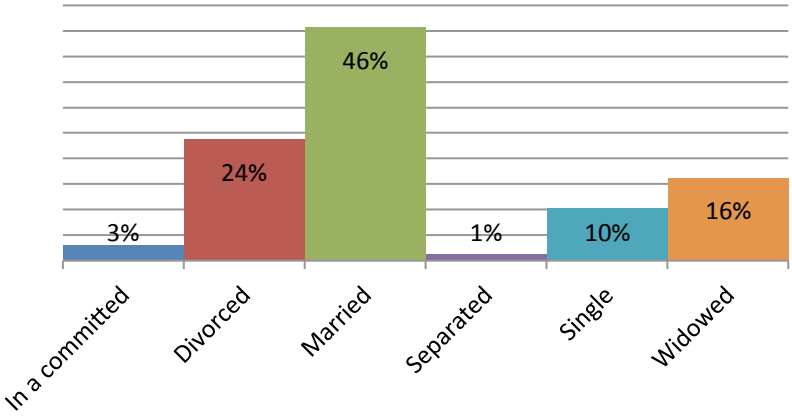
Age



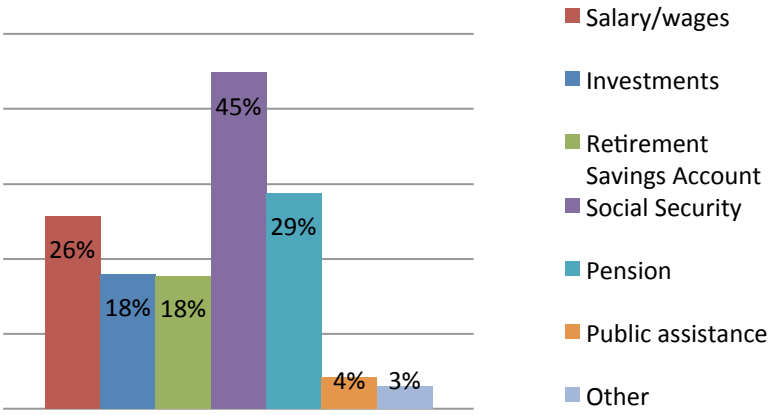
How long have you lived in Central Texas?



Marital Status



Primary Sources of Income



HEALTH

Good health enables seniors to thrive and to continue contributing to their families and communities, yet only 50% of Central Texans surveyed by the Mayor's Task Force on Aging are confident their community will have the resources to help them lead a healthy lifestyle.

The main areas of concern in planning for senior health care are affordability, navigation of Medicare and Medicaid, and integration of mental health to care delivery.
The region has taken steps to strengthen its medical infrastructure with the passage of Proposition 1 - the new medical school and teaching hospital for the region - and approval of the 1115 Medicaid waiver to expand healthcare access.

The growing senior population will test the region's ability to meet complex health needs. However, an investment in affordable, accessible, and holistic care in Central Texas will build the foundation for a vibrant and productive senior community.

In this Section:

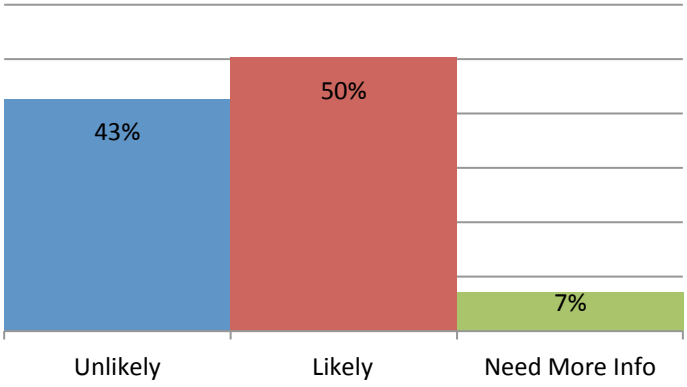
- Survey Results for Health
- Affordable Care
- Navigating Medicaid and Medicare
- Dementia and Alzheimer's Disease
- Senior Mental Health
- Recommendations

The growing senior population will test the region's ability to meet complex health needs.

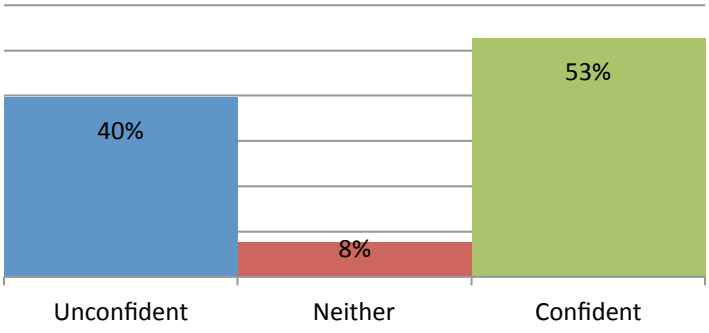
Health
A Survey by the Mayor's Task Force on Aging

- 90% feel confident they could see a family doctor in their community
- 74% say transportation to their primary physician is easy
- 48% don't feel confident about the ability to pay a significant medical expense
- 40% are concerned about meeting their food expenses sometimes to frequently

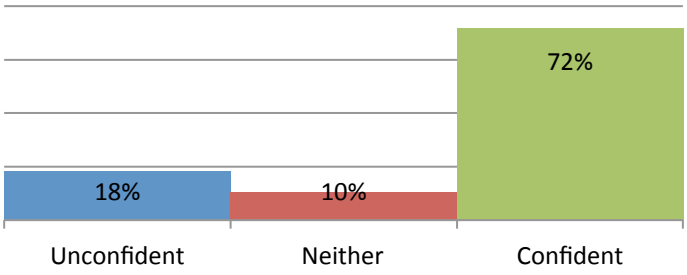
I would take advantage of mobile health units:



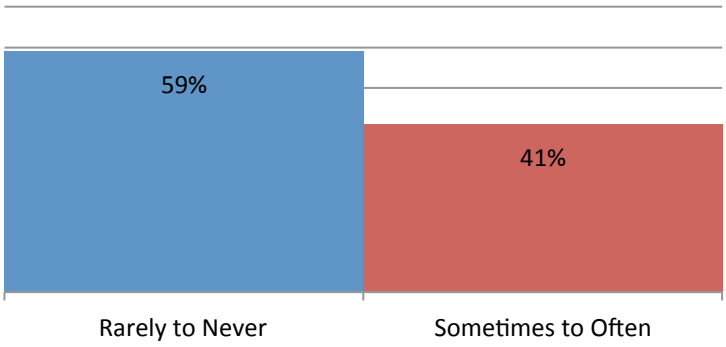
How confident are you that you would be able to pay a significant medical expense?



How confident are you that you could see a doctor who specializes in older adults in your community?



How often do worry that your income won't cover all your food expenses?



AFFORDABLE CARE

According to the Henry J. Kaiser Family Foundation, healthcare spending across the United States has risen as a percentage of GDP from 5.2% in 1960 to 17.9% in 2010.[13] In 2009, the United States spent an average of $9,744 on health care per person over the age of 65,[14] compared with an average of $8,149 per person.[15] Median out-of-pocket spending on health care by Medicare beneficiaries has increased from 11.9% of income in 1997 to 16.2% of income in 2006.[16] Greater out-of-pocket costs burden seniors who are on fixed budgets or who are considered low-income, causing some Central Texas seniors to worry about their long-term ability to cover their health costs.

Along with rising healthcare costs, seniors are seeing a decrease in doctors who accept Medicare and Medicaid.[17] As the senior population in Central Texas grows, the reduction in the number of doctors accepting Medicare and Medicaid will have an effect on health care access for those who rely on these forms of insurance. This trend could force some seniors to seek additional private insurance, pay a larger percentage of their healthcare costs out-of-pocket, or forego treatment.

CURRENT RESOURCES AND CAPACITY

The rising cost of receiving health care is projected to increase median out-of-pocket healthcare expenses for Medicare beneficiaries from 16.2% of income in 2006 to 26% of income in 2020.[18]

In 2007, the average out-of-pocket cost for Medicare beneficiaries was $4,559 a year, which included Medicare premiums.[19] Many seniors in Central Texas worry about their ability to afford long-term healthcare costs. Forty percent of seniors surveyed by the Mayor's Task Force on Aging said they were not confident they would be able to pay for a significant medical expense if one arose in the next few years.

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[13] "Health Care Costs: A Primer - Key Information on Health Care Costs and Their Impact," *The Henry J. Kaiser Family Foundation*, May 9, 2012, http://www.kff.org/insurance/upload/7670-03.pdf.
[14] Ibid.
[15] Ibid.
[16] Tricia Neuman, Juliette Cubanski, Jennifer Huang, and Anthony Damico. *How Much "Skin in the Game" Is Enough? The Financial Burden of Health Spending for People on Medicare - An Updated Analysis of Out-of-pocket Spending as a Share of Income*, Menlo Park, CA, USA: The Henry J. Kaiser Family Foundation, June 2011, p. 1, http://www.kff.org/medicare/upload/8170.pdf.
[17] Pam Udoll and Brent Annear, "Drop in Physician Acceptance of Medicaid, Medicare Patients," *Texas Medical Association website,* July 09, 2012, http://www.texmed.org/Template.aspx?id=24764, accessed February 21, 2012.
[18] Tricia Neuman, Juliette Cubanski, Jennifer Huang, and Anthony Damico, "How Much Skin in the Game Is Enough? The Financial Burden of Health Spending for People on Medicare - An Updated Analysis of Out-of-pocket Spending as a Share of Income," *The Henry J. Kaiser Family Foundation*, June 2011, http://www.kff.org/medicare/upload/8170.pdf.
[19] Keith D. Lind, "Setting the Record Straight about Medicare," *AARP Public Policy Institute*, February 2012, http://www.aarp.org/content/dam/aarp/research/public_policy_institute/health/Setting-the-Record-Straight-about-Medicare-fact-sheet-AARP-ppi-health.pdf.

In 2012, only 58% of Texas doctors accepted Medicare and 31% accepted Medicaid, down from 66% and 42% respectively in 2010.[20]

Along with rising healthcare costs and the long-term ability to cover these costs, seniors should also be concerned about the number of doctors accepting Medicare and Medicaid. Many doctors cite "regulatory burdens, red tape, payment hassles, and low pay" as reasons for no longer accepting these insurance types.[21]

Centers for Medicare and Medicaid Services (CMS) notes hospital readmissions within 30 days of discharge account for approximately $26 billion dollars in spending nationally each year.[22] According to a study by the Dartmouth Atlas Report, 14.7% of Medicare patients in Austin are readmitted within 30 days of discharge.[23] Of those same patients, 18.5% had an emergency room visit within 30 days for medical reasons and 14.5% experienced emergency room visits within 30 days for surgical reasons.[24] While some readmissions are unavoidable, others can be prevented.

Hospitals face an incentive to lower the number of preventable readmissions, which will reduce both overall and personal healthcare costs. The Affordable Care Act (ACA) includes a provision to battle hospital readmissions. Medicare will levy fines against hospitals that do not meet the readmissions standards set by the ACA. The fines reduce the amount of Medicare reimbursements paid to hospitals, with a current maximum reduction of 1% per Medicare patient. By 2015, the fines will increase to 5% per Medicare patient. Though this does not seem like a large amount of money, hospitals providing services to a large number of Medicare patients could see a significant reduction in funding if they do not meet standards.[25]

Future Needs and Capacity

Central Texas' growing senior population, coupled with fewer doctors accepting Medicare and Medicaid, could become a serious problem in the future. Though 90% of seniors who participated in a survey by the Mayor's Task Force on Aging said they were

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[20] Pam Udoll and Brent Annear, "Drop in Physician Acceptance of Medicaid, Medicare Patients," *Texas Medical Association website,* July 09, 2012, http://www.texmed.org/Template.aspx?id=24764.
[21] Ibid.
[22] "Community-based Care Transitions Program," *Centers of Medicare & Medicaid Services (CMS)*, accessed February 20, 2013, http://innovation.cms.gov/initiatives/CCTP. "Community-based Care Transitions Program," *Centers of Medicare & Medicaid Services (CMS)*, accessed February 20, 2013, http://innovation.cms.gov/initiatives/CCTP/.
[23] David C. Goodman, Elliott S. Fisher, and Chiang-Hua Chang, "After Hospitalization: A Dartmouth Atlas Report on Post-Acute Care for Medicare Beneficiaries," *The Dartmouth Institute for Health Policy & Clinical Practice*, September 28, 2011, http://www.dartmouthatlas.org/downloads/reports/Post_discharge_events_092811.pdf.
[24] Ibid.
[25] Jordan Rau, "Hospitals Face Pressure to Avert Readmissions," *The New York Times*, November 26, 2012, accessed February 20, 2013, http://www.nytimes.com/2012/11/27/health/hospitals-face-pressure-from-medicare-to-avert-readmissions.html?_r=0.

confident they could see a family doctor in their community, this percentage can be expected to decrease if the current trend continues. Reduced access to doctors accepting Medicare and Medicaid could force seniors who rely on these types of insurance to seek additional coverage from private insurers or pay for more of their health care out-of-pocket.

MOBILE HEALTH UNITS

A number of communities throughout the United States enlist the services of mobile healthcare units. Mobile health units provide a wide variety of services depending on the needs of the community, including psychiatric care, comprehensive physical health services, dental care, and nutrition counseling.

Mobile healthcare programs have been implemented throughout the United States. The Idaho State University Senior Health Mobile focused care on rural seniors in southeastern Idaho. The mobile units were outfitted with basic medical equipment and supplies. Students, faculty, and practitioners from a wide variety of fields, including nursing, physical therapy, occupational therapy, pharmacy, and dietetics, staffed the health mobile. The units focused on health and risk assessment, medication management, foot care, health teaching, memory loss assessment, psychosocial support, nutrition counseling, home safety evaluation, and fall prevention.[26]

WHAT IS TELEHEALTH?

Telemedicine uses audio and visual equipment to allow for interaction between patients and healthcare providers. Telehealth, as telemedicine is commonly called, facilitates a convenient alternative to in-person medical appointments.[27] *Services provided under the umbrella of telehealth include: assessment, diagnosis, intervention, and follow-up. Homebound or rural patients who find traveling to see a doctor difficult most commonly use these services.* [28]

[26] Karen S. Hayward, "Facilitating Interdisciplinary Practice through Mobile Service Provision to the Rural Older Adult," *Geriatric Nursing*, January 2005.
[27] "Telemedicine," *Medicaid.gov*, accessed March 25, 2013, http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Telemedicine.html.
[28] "Telemedicine Defined," *American Telemedicine Association*, accessed March 25, 2013, http://www.americantelemed.org/i4a/pages/index.cfm?pageid=3333.

NAVIGATING MEDICARE AND MEDICAID

In the Austin area, 127,761 people over 65 were enrolled in Medicare in 2010. [29] *Of those enrolled in Medicare, about 10.3% were also eligible for Medicaid.*[30]

Medicare, a fee-for-service insurance model that provides a wide array of services, is the primary insurance for people aged 65 and over. Medicaid acts as a supplement to Medicare for seniors with low incomes or who require long-term care and have depleted their resources.

MEDICARE

For many seniors, understanding and navigating Medicare—with its many parts, services, and regulations—can be difficult. Medicare is divided into four parts: Part A, hospital insurance; Part B, medical insurance; Part C, Medicare Advantage; and Part D, prescription drug coverage. Parts B and D require premiums; Part C, or Medicare Advantage, provides Medicare services through private insurance providers. In addition, the healthcare services that Medicare provides are so vast that it requires an equally vast set of rules and regulations to administer it. The core regulations document is 2,400 pages long and is supplemented by an additional 37,000 documents explaining Medicare and the procedures it covers.[31]

MEDICAID

Because Medicare does not cover long-term care needs, long-term care in Texas is funded by Medicaid and administered by the State of Texas. Traditional Medicaid has a bias toward institutional care, but community-based care can be both cheaper and—for many—more desirable than institutional-based care (see Caregivers and Long-Term Supports chapter). There are, however, some drawbacks to community-based care. Seniors in nursing facilities are provided with counselors to assist with Medicaid billing, but seniors in the community often lack such resources to help with the difficult process of navigating the long-term care system. To complicate matters more, the way in which Medicaid is delivered varies depending on where a senior lives in Texas. Seniors and their family members require intricate knowledge of their complex healthcare needs, as well as which government and non-profit services are available to them.

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[29] Centers for Medicare and Medicaid Services (CMS), *Medicare Geographic Variation,* 2013, http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Geographic-Variation/index.html.
[30] Ibid.
[31] Walton J. Francis, *Putting Medicare consumers in charge: lessons from the FEHBP* (Washington, D.C.: AEI Press Walton J, 2009), p.17.

Current Resources and Capacity

The Area Agency on Aging of the Capital Area (AAACAP)

In the Austin area, seniors can turn to The Area Agency on Aging of the Capital Area (AAACAP) for help navigating the many services and regulations of Medicare and, to some extent, Medicaid. AAACAP is housed at the Capital Area Council of Governments (CAPCOG) and provides services free of charge to residents in the Austin area. In 2012 the benefits counseling program served 4,954 people[32].

Not all seniors, however, are able to access AAACAP's services. This is due to:

- Location: The main office is located in far southeast Austin. Since it is not on a bus line, seniors who do not drive may have difficulty reaching the facility.
- Awareness: Many seniors may not know about the services provided at AAACAP.
- Funding: Federal funding for AAACAP is considered nondefense discretionary funding, and is under constant pressure from budget negotiations. As the senior population in Austin grows, AAACAP's traditional source of funding, the Older Americans Act and the Texas Department of Aging and Disability Services, will likely be unable to fund the expanded services new seniors require.

The State of Texas Access Reform Plus (STAR+PLUS)

Seniors in Travis County receive Medicaid services through The State of Texas Access Reform Plus (STAR+PLUS) program. STAR+PLUS offers Medicaid benefits through managed care plans. There are currently two such STAR+PLUS health maintenance organizations (HMOs) that provide services in Travis County.[33] Each plan provides their members with service coordinators, who help seniors navigate Medicaid by creating individual service plans based on healthcare needs.[34]

Although STAR+PLUS makes home- and community-based care services more accessible to seniors, the program also presents seniors with a number of challenges:

- There is not a common ratings system for STAR+PLUS HMOs such as the ones that exist for Medicare Advantage HMOs.
- STAR+PLUS requires that HMOs provide seniors with service coordinators to help them navigate the home- and community-based care network; however, only about 23% of STAR+PLUS members report having a service coordinator.[35]
- With only two plans to choose from, seniors have few options, and HMOs have little competition.

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[32] "Looking Back, Forging Ahead," *Capital Area Council of Governments*, 2012 Annual Report, http://www.capcog.org/documents/AnnualReports/CAPCOG2012AnnualReport12-12.pdf.
[33] "Texas Dual Eligibles Integrated Care Demonstration Project," *Texas Health and Human Services Commission*, May 2012, http://www.hhsc.state.tx.us/medicaid/dep/docs/tx-icm-dual-eligibles.pdf.
[34] "STAR+PLUS Handbook," *Texas Health and Human Services Commission*, October 2012, http://www.dads.state.tx.us/handbooks/sph/1000/1000.htm#sec1130.
[35] Amanda Fredriksen, email communication with authors, November 20, 2013

Future Needs and Capacity

Increased Demand for Home- and Community-Based Care

Because seniors in Texas will increasingly receive long-term care services through home- and community-based alternatives rather than nursing facilities, community resources for navigating Medicaid will become even more vital. In 2009, Texas ranked 8th in the percentage of Medicaid dollars spent on community-based services,[36] and according to the Department of Health Services strategic plan, several legislative actions in the 2011 legislative cycle will require a continued shift from nursing institutions to home- and community-based care alternatives.[37]

Proposed Changes in Medicare and Medicaid Structures

Texas is aggressively seeking to cut costs in Medicaid and proposes doing so by coordinating care between Medicare and Medicaid. In the Austin area, there are 10,030 people enrolled in STAR+PLUS who are also eligible for Medicare.[38] As of May 31, 2012, the State of Texas has submitted a plan to CMS to begin enrolling this dual eligible population into Medicare advantage plans (HMOs that deliver Medicare services) that correspond with the STAR+PLUS plan in which they are currently enrolled. Enrollment would not be mandatory; however, seniors would be passively enrolled and have to actively opt out. While the Texas proposal has the potential to save the state money and streamline care for seniors, it will require seniors to navigate changes in their current insurance for which they may not be prepared.

STRATEGIES TO CONSIDER

To overcome both geographical and budgetary constraints, AAACAP has already begun forming partnerships in the community to expand its services. In 2012, AAACAP opened a satellite office in a WellMed Clinic in south Austin in partnership with the WellMed Charitable foundation. In addition, AAACAP regularly schedules outreach events with benefits coordinators at congregate meal sites throughout the Austin region.

AAACAP is also currently exploring creating an Aging and Disability Resource Center (ADRC) for the Austin area. Many communities in Texas have already established ADRCs, which function similarly to AAACAP but with a focus on Medicaid and long-term care services rather than on Medicare. ADRCs provide information and referral services, initial screening for long-term care services, options counseling, and assistance with applying for Medicaid and long-term care services.

Although an ADRC will be a valuable tool as more seniors in Austin receive home- and community-based care, several factors potentially inhibit its mission:

[36] "Star+Plus,"*Texas Health and Human Services*, http://www.hhsc.state.tx.us/starplus/overview.shtml.
[37] "Providing More Long-term Support and Services at Home: Why It's Critical for Health Reform," *AARP Public Policy Institute,* June 2009, http://www.aarp.org/health/health-care-reform/info-06-2009/fs_hcbs_hcr.html.
[38] "Health and Human Services System Strategic Plan 2013-17", *Texas Health and Human Services*, July 6, 2012, http://www.hhs.state.tx.us/StrategicPlans/SP-2013-2017/Volume-I.pdf.

- ADRCs have no steady source of funding.
- ADRCs around the state currently do not have optimal information technology systems to perform screening services.
- ADRCs are new and there is no standard model for delivery of their services.

The addition of an ADRC in Austin would greatly expand the amount of grants and partnerships available in the community. Because ADRCs are more flexible than AAAs, CMS and many grant givers often prefer ADRCs as grant recipients. The State of Texas has applied for a federal program that would provide seed money for new ADRCs, as well as funding to address many of the above-mentioned weaknesses of ADRCs.[39]

[39] "Balancing Incentive Program Application", *Texas Department of Aging and Disability Services*, June 29, 2012, http://www.dads.state.tx.us/providers/pi/bip/BIPApplication-6-29-12.pdf.

DEMENTIA AND ALZHEIMER'S DISEASE

When parking a car on a busy street, drivers often turn down the radio to reduce distractions from the complex maneuvering. To understand what the same task would be like for a person living with Alzheimer's, a driver would need to turn the volume up, attempt to operate the car with their fingers taped together, and imagine that they have forgotten how to operate the wheel. Sensory overload and memory loss are typical for individuals living with dementia, which robs adults of the ability to care for themselves and increases their risk of physical danger.

By 2025, the state's population of people with either disease will have grown by 74%, higher than the national average of 46%.[40]

According to the Alzheimer's Association, Texas is among the states that will be most impacted by the growing population of seniors living with Alzheimer's or dementia. In Central Texas, where the growth rate in the senior population is sharper than the rest of the country, there will likely be a corresponding increase in the population living with dementia and Alzheimer's.

Caring for the high need of seniors who are mentally ill often falls to long-term care and assisted living facilities and to communities where early-stage seniors choose to stay. Addressing the high need of this population in the community will require increased awareness of dementia and Alzheimer's among healthcare providers, caregivers, and the public.

DEMENTIA AND ALZHEIMER'S DISEASE

Dementia is a term that refers to a spectrum of symptoms associated with cognitive decline, primarily in the areas of memory, focus, ability to reason, visual perception, and communication and language. Dementia is diagnosed when symptoms become severe enough to interfere with daily life, eliminating the ability of an individual to care for him or herself.

Alzheimer's is the most common form of dementia, representing between 50-80% of all cases.[41] In contrast to general dementia, where symptoms gradually increase over time, Alzheimer's progresses rapidly. Seniors with the disease live an average of eight years and quickly reach an extremely limited capacity to care for themselves, requiring intensive personal attention at high cost.[42]

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[40] "2013 Alzheimer's disease facts and figures," *Alzheimer's Association*, March 2013, http://www.alz.org/downloads/facts_figures_2013.pdf.
[41] Ibid.
[42] Ibid.

Current Resources and Capacity

The magnitude of the growth in this population will be of special concern to Central Texas communities. In the region, the population of seniors living with dementia and Alzheimer's disease is expected to increase quickly. Based on the population projections for the individuals over 65, the region can expect to see the following numbers of seniors living with dementia and Alzheimer's:

Year	65 and Over	Alzheimer's	Dementia
2010	140,000	18,200	4,550
2040	700,000	91,000	22,750

Sources: Austin City Demographer and Alzheimer's Association, 2012

The growth in the population will mean more seniors will be living with Alzheimer's and dementia in their communities until they require specialized care. Seniors with the disorders are at a higher risk for other chronic illness, accidents, and diseases.[43] As a result, doctors, nurses, and other medical professionals will begin to see higher numbers of seniors with symptoms of Alzheimer's or dementia at medical facilities.

There is no cure for Alzheimer's and other dementia-related conditions. Drug therapies intended to treat the disease are not expected until 2025 at the earliest.[44] However, Medicare covers one annual exam per year that includes an assessment for cognitive disorders. Central Texas would benefit from strategies that seek to expand the path to proper diagnosis and facilitate the care of people with dementia and Alzheimer's in their homes. This effort will require specialized knowledge for informal caregivers and health providers on a larger scale than the region has previously managed.

The Austin area is home to several providers of Alzheimer's and dementia education, including but not limited to the Austin chapter of the Alzheimer's Association and Family Eldercare. The area also has a variety of online and in-person classes on dementia topics designed for the general public in Austin, San Marcos, and Georgetown.[45] At this time, both agencies have yet to reach capacity for their caregiver classes and support groups for caregivers of seniors with dementia. However, providers report that demand has been increasing as a result of the growing population and an increase in proper diagnoses.[46] The expertise developed by various area dementia education providers, which is currently underutilized, could be used to develop education programs for medical professionals, as well as future waves of family caregivers.

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[43] "Preparing for the Looming Dementia Crisis," *National Public Radio*, November 12, 2012, http://www.npr.org/2012/11/28/166088836/the-looming-dementia-crisis.

[44] Joseph Serna, "Alzheimer's cases, and costs, projected to swell," *Los Angeles Times*, February 6, 2013, http://articles.latimes.com/2013/feb/06/science/la-sci-alzheimers-disease-boom-20130207.

[45] Alzheimer's Association. Private Communication, 2013.

[46] Ibid.

Future Needs and Capacity

As the senior population in Central Texas grows, service providers will increasingly confront the challenges of meeting the healthcare needs of seniors living with dementia and Alzheimer's. In the future, the issue will become magnified as those in the Baby Boomer generation live longer into the "oldest-old" category, where they are at a higher incidence for developing dementia and Alzheimer's.

While prevalence of Alzheimer's is about 3% for people who are 65, this rises to 19% at age 75 and 47% at age 85.[47]

Service providers indicated that the stigma surrounding dementia and Alzheimer's is also a barrier to consider when planning to meet the educational needs of caregivers and healthcare providers who will care for this growing population. There may also be a disincentive for primary care physicians, many of whom do not accept Medicare, to learn about issues related to caring for seniors with dementia and Alzheimer's disease.

[47] "2013 Alzheimer's disease facts and figures," *Alzheimer's Association*, March 2013, http://www.alz.org/downloads/facts_figures_2013.pdf.

Senior Mental Health

Late-life depression, substance abuse, and suicide constitute the primary threats to seniors' mental well-being.[48] Despite the increased exposure to mental health issues, seniors have few options in selecting mental health providers who specialize in geriatric issues within Central Texas. In addition, the region is faced with a limited funding landscape to provide for the increase expected in demand for mental health services. The integration of existing networks in mental health and aging services could leverage resources to help meet the challenges in serving the emerging population of seniors.

Current Resources and Capacity

There is a significant need for mental health services in populations over 55. For example, of all seniors who receive in-home care, about 13.5%, suffer from major depression.[49] Depression rates for older adults in Central Texas are similar:

Age Range	Rate of Major Depression
55-60	15%
61-65	13%
66-70	12%
71 and over	4%

Source: Austin Travis Country Integral Care, 2012.

People over 55 also use a share of emergency psychiatric services in Austin that is proportional to their share of the population[50]:

Service	Over 55 Share of Utilization
Psychiatric Emergency Services (walk-in clinic)	8%
Mobile Crisis Outreach Team (psychiatric crisis)	13%
Short-term Residential Crisis Treatment	12%
Next Step Housing Instability Transition Program	12.5%

Source: Austin Travis County Integral Care, 2012.

[48] "Older Adults: Depression and Suicide Facts (Fact Sheet)," *National Institute for Mental Health*, April 2007, http://www.nimh.nih.gov/health/publications/older-adults-depression-and-suicide-facts-fact-sheet/index.shtml

[49] Bruce ML, McAvay GJ, Raue PJ, Brown EL, Meyers BS, Keohane DJ, Jagoda DR, and Weber C, "Major depression in elderly home health care patients," *American Journal of Psychiatry*, August 2002, http://www.ncbi.nlm.nih.gov/pubmed/12153830

[50] "Demographics," *City of Austin webpage*, 2013, http://austintexas.gov/demographics.

In addition, 12% of substance abuse seekers in 2012 were 55 and over.[51] This suggests that there is a significant need for mental health services for seniors and pre-seniors.

Seniors are also more likely to die by suicide than the general population; approximately 65% of seniors who choose suicide do so after receiving a diagnosis of a chronic cognitive impairment such as Alzheimer's[52], underscoring the importance of dementia education for seniors, caregivers, and medical professionals.

Although there are a number of mental health provider organizations in Austin, only one program specializes in geriatric mental health services: Shoal Creek Hospital's Generations program. In addition, there are a very limited number of psychiatrists and counselors in the area who accept Medicare. Because there are so few, waiting times to see these providers is an average of 6 months.[53] Seniors must rely on other community providers who may not necessarily specialize in mental health issues in the aging population. Furthermore, several mental health service providers in Austin report that physical health problems are a barrier to admission to non-geriatric psychiatric programs. Specialized geriatric mental health services are limited for Central Texas seniors.

Future Needs and Capacity

The limited funding for mental health in Texas will continue to constrain the region's ability to address mental health needs for seniors. However, an increase in mental health capacity would benefit Central Texas as a whole. Two important points illustrate the future challenge in the state:

- $36 per capita spending on mental health services ($109 national average)[54]
- Shortage in psychiatry services is "acute" for seniors in Central Texas[55]

There are generational trends among younger seniors that may increase the demand for mental health services beyond that expected from the natural growth of the population. For baby boomers, there is less stigma around mental health issues and a preference for alternative approaches for treating mental illness in tandem with chronic physical conditions. This could increase not only the demand for mental health services, but also for innovative and senior-specific approaches to treatment.

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[51] ATCIC, 2012. Personal Communication.

[52] Choi, N. G., Hegel, M. T., Nathan Marti, C., Lynn Marinucci, M., Sirrianni, L., and Bruce, M. L., "Telehealth problem-solving therapy for depressed low-income homebound older adults," *American Journal of Geriatric Psychiatry*, August 2012.

[53] "Resource Information and Referral Guide for Treatment of Geriatric Depression," Aging Services Council, Community Connections for Older Adults. Issue 1, 2012.

[54] Claire Cardona, "Study: Texas Ranks Last in Mental Health Spending," *The Texas Tribune*. November 10, 2011, http://www.texastribune.org/texas-health-resources/health-reform-and-texas/texas-ranks-50th-mental-health-spending.

[55] Sarah Cook, "Central Health Regional Healthcare Partnership Plan," March 11, 2013, http://www.hhsc.state.tx.us/1115-docs/RHP/Plans/RHP7Plan.pdf.

Central Texas mental health providers have had success thus far operating in an environment with scarce funding for mental health. Providers have increased the number of psychiatric beds in the region, successfully co-located mental health services in community clinics, and trained medical staff in basic mental health first aid. A collaborative effort to bring senior issues to a more prominent role in mental health services would leverage existing provider networks and capacity in both areas.

STRATEGY TO CONSIDER: SENIOR MENTAL HEALTH COLLABORATION IN ATLANTA

The Fuqua Center for Late-Life Depression, a program of Emory University's Department of Geriatric Psychology, provides psychiatric services to older adults, works to expand senior access to mental health services, and incubates innovative mental health and aging programs. The Center leads a number of collaborative efforts that have cultivated a continuum of evidence-based programs in Atlanta. It works in conjunction with the Atlanta Area Coalition on Aging and Mental Health, which convenes mental health and aging professionals and acts as a leader in senior mental health capacity building. The city's efforts have resulted in:

- Increased efficiency by connecting age services to mental health
- Increased capacity by training people who work with seniors
- Increased collaboration through bridging mental health and aging providers
- Increased visibility of senior mental health issues

Recommendations: Health

Priority Recommendation
Create a Care Transitions Coalition

Care Transitions Programs focus on improving the transition between a patient's discharge from the hospital and their learning how to manage an illness or injury. Improving this transition increases the quality of care the patient receives, and can lead to reduced hospital readmissions.

A Care Transitions Coalition should be created to set transitions standards; combine public, private and non-profit resources; and determine best practices for increased quality of transitional care for seniors. The Coalition would address:

- Discharge planning
- Family member involvement
- Available community-resources
- Patient education
- Staffing care transitions initiatives

Current Care Transitions Programs in Central Texas tend to focus on patients with inadequate insurance coupled with chronic disease or serious injury. Expanding programs to include seniors on Medicare would be an effective way to reduce readmissions, leading to a reduction in healthcare costs overall and for individuals.

Priority Recommendation
Develop a Health Outreach Program in Low-Income Neighborhoods

Developing a health outreach program to serve low-income neighborhoods would increase access to affordable healthcare options for seniors in these areas. Fifty percent of respondents to a survey by the Mayor's Task Force on Aging said they would likely take advantage of a mobile health unit if one visited their community.

Of those who were interested, 53% lived in zip codes where the median household income was below the median household income for Travis County. The census tracts where 30% or more of seniors are in poverty correlate with the zip codes where residents expressed an interest in mobile healthcare units.[56]

A health outreach program designed at taking health care to the patient would include:

- Mobile health units
- Telehealth
- Preventative care nurses staffed at senior centers during peak hours

[56] Jeremy Schwartz, "Austin Not Ready for 'Silver Tsunami of Poor Seniors, Experts Warn," *Austin American-Statesman*, April 08, 2012, http://www.statesman.com/news/news/local/austin-not-ready-for-silver-tsunami-of-poor-seni-1/nRmpp.

Focus areas for care would include preventative screenings, medication management, health education, mental health, and nutrition counseling. The success of this program would require the cooperation of a number of healthcare providers in Central Texas.

Priority Recommendation
Create a Collaboration Focused on Integrating Aging and Mental Health Services

Senior mental health includes a focus on late-life depression, suicide prevention, substance abuse, and misidentifying mental health symptoms, such as dementia. However, there is no one entity focused on senior mental health. In addition, Central Texas faces a funding shortfall in mental health. A collaboration could:

- Convene aging services and mental health providers
- Coordinate dementia education efforts
- Promote career pathways in geriatric mental health, including the availability of geriatric psychiatry fellowships and Master's level internships
- Implement evidence-based practices on senior mental health delivery

Priority Recommendation
Create an Aging and Disability Resource Center (ADRC)

An Aging and Disability Resources Center (ADRC) provides a single entry point to long-term care services. Today, a senior who needs Medicaid services could go to an Area Agency on Aging (AAA) and receive assistance with completing and mailing the Medicaid application. Seniors must then wait to hear if their application is approved. If the state of Texas's vision of an ADRC is realized, then the ADRC would conduct the initial screening and enter the application into a statewide linked computer system.

An ADRC in Austin would give the community numerous benefits including:

- Access to more grants. Grant givers often prefer ADRCs as grant recipients
- Providing an entity to house partnerships designed to improve healthcare delivery to seniors
- Providing seniors with assistance navigating long-term care services

The AAA is working with many partners, including Austin Travis County Integral Care. Following the model of the successful Central Texas ADRC, the Austin ADRC should form partnerships with Seton Healthcare Family and St. David's Healthcare.

Develop a Dementia Education Program for Health Providers

Costs associated with dementia are expected to double by 2040. As providers begin to see more patients with dementia and the early stages of Alzheimer's, identifying and managing symptoms will become crucial. A Dementia Education program would ensure providers were optimally equipped to manage seniors' healthcare.

HOUSING AND BASIC NEEDS

Access to safe and affordable housing and nutritious food for a healthy diet are essential to a senior's ability to age well. As the senior population in Austin and Central Texas grows, so will the demand for infrastructure and services to meet their basic needs. The most pressing issues seniors face are access to and affordability of services to meet their housing and dietary needs.

Nearly 9 out of 10 Travis County seniors live independently, but still require some assistance with daily activities or home modifications.[57] Finding assistance at home can be more challenging for low-income seniors as they age. Of Central Texas seniors, nearly 16% are low-income, earning $20,000 or less per year.[58] Home modifications, in-home care and other services necessary to stay in their own home can be prohibitively expensive for many low-income seniors.

Nutrition and physical activity also play key roles in seniors' quality of life. Poor nutrition and lack of physical activity can make seniors more susceptible to chronic illness, which can compromise health and become expensive to treat. Furthermore, problems associated with poor nutrition take a variety of forms, including obesity, malnutrition, and hunger. Finally, the nutritional needs of seniors change as they age. However, many seniors are not aware of the importance of diet on their overall health.[59]

In this Section:

- Survey Results for Housing and Basic Needs
- Seniors Living at Home
- Assisted and Independent Living Properties
- Basic Needs: Food Security
- Recommendations

[57] Aging Services Council of Austin/Travis County and St. David's Foundation Community Health Foundation, "Living Independently: Travis County's Older Adults Speak on their Needs and the Challenges of Maintaining their Independence" (survey report, Travis County, 2006), 2, http://www.agingservicescouncil.org/documents/LivingIndependently.pdf.

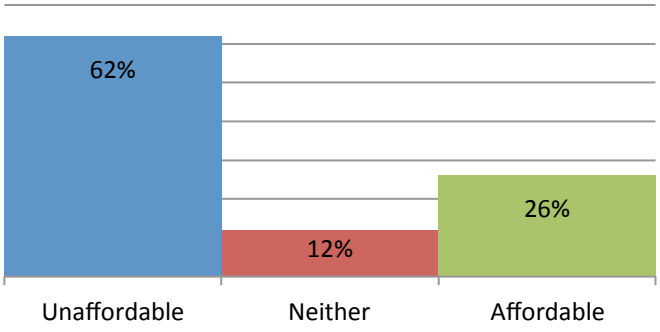
[58] Elizabeth Walsh, Christine Buendel, and Alana Hauser, "Austin Housing Repair Coalition: 2012 Report on GO Repair Program Impacts," ed. Elizabeth Walsh, Austin Housing Repair Coalition, Accessed April 30, 2013,. http://www.caction.org/CAN-Research/Reports/2012/2012ReportonGORepairProgramImpacts.pdf

[59] Mary Teeters (Vice President of Client Services) and Seanna Marceaux (Director of Nutrition Services) in discussion with authors, February 1, 2013.

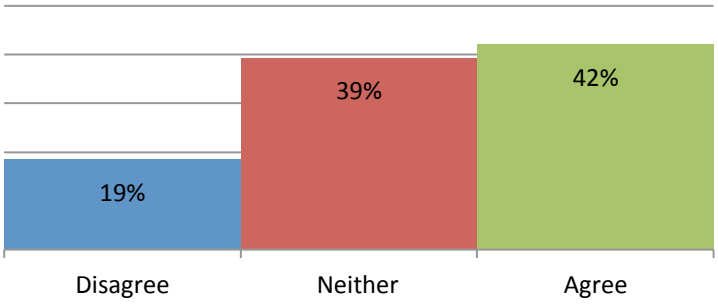
Housing and Basic Needs
A Survey by the Mayor's Task Force on Aging

- 67% own their own home
- 76% intend to live in their current home for the next 10 to 15 years
- 67% have not made modifications or repair to their home (and 65% do not plan to)
- 14% sometimes or often use a service that takes care of household chores; 42% are somewhat to very interested in using one

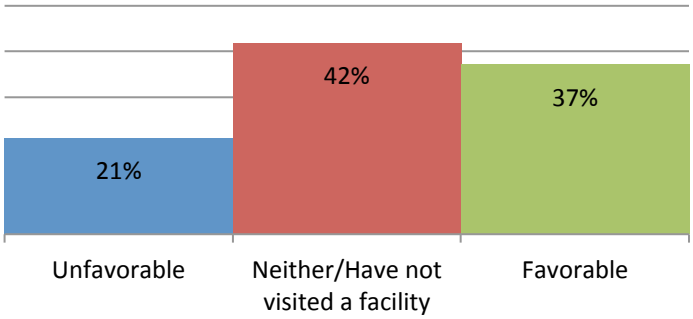
How affordable will homes be to you in Central Texas in the next 10 to 15 years?



I would be interested in joining an organization that coordinates household chores:



How favorable is your opinion of the assisted-living facilities in your community?



Seniors Living at Home

"Aging in place" refers to the choice seniors make to continue living in their own homes as they get older. Aging in place can be the most economical and fulfilling option for individuals trying to balance an independent lifestyle and still maintain the outside support they may need. A local survey conducted by the Mayor's Task Force on Aging found that 76% of respondents intend to stay in their home for the next 10 to 15 years. Of these respondents,

- 32% intend to stay in their home because it is "comfortable and secure" and;
- 22% want to stay because they "want to be near friends and family"

In order to preserve this independence, seniors must be able to receive the support services they need, as well as continue to maintain and modify their homes as they age. Furthermore, services must be offered in a manageable and affordable way.

Current Resources and Capacity

Current Providers

The services seniors need to stay in their own home vary significantly. These supports can involve anything from help paying monthly bills to daily meal services. Several successful programs currently operate throughout the Central Texas region. A majority of these programs are provided by nonprofit organizations and have already begun to exceed capacity, resulting in long waiting lists. Existing programs in Austin with waiting lists include:

Organization	Service	Waitlist
Meals on Wheels and More	In-Home Meal Delivery	80 people[60]
Family Eldercare	Money Management	60-90 days[61]
Family Eldercare	Guardianship	6 months to 1 year[62]

Additionally, both Family Eldercare and Helping the Aging, Needy and Disabled, Inc. (HAND) offer Care Attendant services that, as non-profit providers, are more flexible and economical than the majority of private options. Unfortunately, these services are experiencing waitlists similar to other services mentioned.[63]

Capital City Village, another program that helps Austin seniors age in place, is the first virtual village of seniors in Texas. Members join together to support eachother. That mutual support crosses: transportation, healthy living, support after hospitalization,

[60] Ibid.
[61] Joyce Hefner (Director of Housing and Community Services) in discussion with author, February 7, 2013.
[62] Ibid.
[63] Ibid.

socialization, education, home maintenance and volunteer opportunities. Seniors pay an annual membership fee to participate.

Austin Housing Repair Coalition

A review of the major service providers shows that the demand for services is already exceeding capacity. Furthermore, support services are not the only kind of assistance seniors need to age in place successfully. Housing repair and maintenance is another important part of keeping seniors in their own homes. Without this support, many seniors are forced to leave their homes earlier than they planned. The Austin Housing Repair Coalition (AHRC), a group composed of 19 partner organizations including nonprofits and government agencies, has spearheaded an initiative to provide home repair and modifications to low-income seniors. Many of the seniors they serve live in homes in various states of disrepair.[64]

In 2012, the AHRC kept an estimated 217 individuals and/or households from entering nursing homes by using General Obligation Bonds to modify homes to a level appropriate for aging adults.[65] They estimated savings to the community at "a total of $7,291,200 in assisted living costs per year."[66] While the number of individuals in need of this assistance is difficult to measure, the current state of Austin's housing market (including rising property taxes and utility costs) points to the fact that this issue is one that is largely unaddressed and one that will not soon be solved on its own.

On February 14, 2013, the Austin City Council designated $1.5 million for housing maintenance projects out of a midyear budget surplus. This was the only specifically senior-designated project of the $10 million allocated.[67] This program's record of success with helping individuals would facilitate further advocacy for the continuation and expansion of AHRC funding.

Affordability of Renting vs. Owning

Housing affordability is another major challenge seniors face when trying to stay in their own homes. When asked about affordability of homes in Central Texas over the next 10 to 15 years, 62% of respondents to the Mayor's Task Force on Aging survey said they felt home options in Austin and Central Texas were unaffordable. The 2013 fair market rent rates for Texas regions highlight the reality of seniors' opinions are as follows:[68]

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[64] Elizabeth Walsh, Christine Buendel, and Alana Hauser, "Austin Housing Repair Coalition: 2012 Report on GO Repair Program Impacts," ed. Elizabeth Walsh, *Austin Housing Repair Coalition*, Accessed April 30, 2013,. http://www.caction.org/CAN-Research/Reports/2012/2012ReportonGORepairProgramImpacts.pdf

[65] Ibid.

[66] Ibid.

[67] Mandy De Mayo (Affordable Housing and Development Consultant) in conversation with authors, February 22, 2013.

[68] "FY 2013 Fair Market Rent Documentation System," *United States Office of Management and Budget*. Accessed April 30, 2013, http://www.huduser.org/portal/datasets/fmr/fmrs/FY2013_code/2013summary.odn?inputname=METRO12420M12420*Austin-Round Rock-San Marcos, TX MSA&selection_type=hmfa&year=2013&data=2013&area_id=&fmrtype=$fmrtype$&ne_flag=$ne_flag&path=C:\huduser\wwwdata\database&incpath=C:\HUDUSER\wwwMain\datasets\fmr\fmrs\FY2013_Code.

Austin-Round Rock	Dallas	Houston
$1,050	$887	$945

These rates have risen in the past year alone. An Austin Chronicle article in March of 2012 noted that Austin-Round Rock's fair market rent was about $990, which is $164 over the average fair market rent for the State of Texas.[69]

The rising cost of living in the Austin-Round Rock region also affects seniors who own their homes. While mortgage rates are not readily available, property taxes in the Austin area have risen 38% in the last 10 years. For Austin to provide for its growing senior population, affordable housing (options for both owning and renting) and adequate services have to be offered on a larger scale.

Future Needs and Capacity

As the data on Austin area waiting lists show, demand for services and supports to keep seniors in their own homes is already exceeding supply. This demand will continue to grow along with the senior population, as will issues of cost for staying in homes that are experiencing continual rises in property taxes accompanied by the need for home maintenance. Because seniors prefer to age in place, continuing to tackle these issues by expanding upon current services and researching problems that have not yet been addressed will be an essential aspect of providing for the growing senior population in the coming years.

There are three major issues to consider when trying to keep seniors in their own homes. First, the rising cost of living makes aging in place more difficult. AARP has found that nationally, 31% of 65+ households spent more than 30% of their income on housing costs for owners and 70% of their monthly income on housing costs when renting.[70] Second, existing services are at capacity. Finally, the future funding sources for currently successful services is uncertain. As noted earlier, the Austin Housing Repair Coalition has been successful in keeping otherwise independent seniors from moving into residential facilities because their homes have fallen into a state of disrepair. While the $1.5 million allocated for this year will help seniors in the short term, the AHRC does not have any major funding allocated beyond fiscal year 2013.[71]

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[69] Amy Smith, "Then There's This: Through the Roof," *Austin Chronicle,* published on March 23, 2012, <http://www.austinchronicle.com/news/2012-03-23/then-theres-this-through-the-roof/>.
[70] Keith Wardrip, "Strategies to Meet the Housing Needs of Older Adults," *AARP Public Policy Institute: Insight on the Issues*, no. 38 (2010), accessed April 30, 2013, http://assets.aarp.org/rgcenter/ppi/liv-com/i38-strategies.pdf.
[71] Mandy De Mayo (Affordable Housing and Development Consultant) in conversation with authors, February 22, 2013.

PROPERTY TAX DEFERRALS: A BLIND SPOT

In Travis County, individuals over 65 have the option to defer property taxes. The number of individuals deferring the property tax has increased dramatically in the last 10 years. As of November 2012, there were over 3,000 properties with OV65 or DP deferred property tax status in Travis County, as compared to 504 properties in 2002.[72] Interest accrues at 8% throughout the time of deferral, which compounds the problems associated with the deferrals themselves.[73]

Jeremy Schwartz at the Austin American Statesman found that the incidence of tax deferrals for people 65+ was more prevalent in East Austin and some speculate that it is contributing to gentrification.[74] Former City Council member Raul Alvarez has spearheaded efforts to mitigate the effects of rising property taxes on East Austin homeowners. While it is not uncommon to see foreclosures on houses that have accrued deferred property taxes, research has not been done on how big the effects will be.[75] Greater emphasis could be given to research regarding property tax deferment.

BEST PRACTICE STRATEGIES

Michael Gatto and the Austin Community Design and Development Center are collaborating on the Alley Flat Initiative, which is working to create secondary dwellings on homes around East Austin.[76] For seniors who own their properties, this could be a viable option for creating income and keeping their independence.

Several national initiatives have aimed to address the housing maintenance issues for seniors. These include Concrete Change,[77] a movement advocating for universal accessibility through updates to the housing code, and models such as that of Beacon Hill Village,[78] where seniors pay a fee to engage in a basic home maintenance service at their request. The Austin Area has a similar program called Capital City Village.

These models are viable options for seniors with varying levels of income, mobility, and needs. They are contributing to keeping these individuals in their homes while maintaining well-rounded lifestyles.

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[72] Travis County Tax Office, Data prepared by Dianne Carlson, Nov. 2, 2012.
[73] Ibid.
[74] Jeremy Schwartz, in conversation with authors, December 15, 2012.
[75] Ibid.
[76] "The Alley Flat Initiative," *The Alley Flat Initiative,* accessed on April 30, 2013, http://www.thealleyflatinitiative.org/vision.
[77] "Concrete Change: Every new home visitable," *Concrete Change,* accessed on April 30, 2013, Concretechange.org.
[78] "About Beacon Hill Village," *Beacon Hill Village,* accessed on April 30, 2013, http://www.beaconhillvillage.org/content.aspx?page_id=22&club_id=332658&module_id=75811.

Assisted and Independent Living Properties

Housing needs vary widely within the senior population. Although most seniors would like to stay in their homes as they age, both assisted living and independent senior housing properties are important options that provide assistance with basic health needs, household maintenance, and recreational activities.

Senior housing properties include:

- Low-level care in independent living
- Low- to high-level care in assisted living[79]

Independent living facilities, including retirement communities and active adult communities, may provide the following low-level services:

- Three meals per day
- Household maintenance
- Transportation
- Social and volunteer activities[80]

Public and private assisted living properties, including retirement homes and memory care facilities, provide more intensive services and assist with basic needs for seniors who require a higher level of care:

- Help with "eating, bathing, dressing, going to the bathroom, and walking"[81]
- 24-hour access to staff for medical and emergency needs[82]

Properties are designated as:

- "Affordable," for seniors earning less than about 60% of median family income[83]
- Private pay, for assisted living costs not covered by Medicare[84]
- Mixed-income, with both market rates and reduced, "affordable" rates, depending on the senior's percentage of median family income[85]

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[79] "Independent Living Services: A Crash Course," *SeniorHomes.com*, accessed on April 8, 2013, http://www.seniorhomes.com/p/independent-living-services/
[80] Ibid.
[81] "Assisted Living Facilities," *Helpguide.org*, accessed on April 8, 2013, http://www.helpguide.org/elder/assisted_living_facilities.htm
[82] Ibid.
[83] Diana McIver, in-person conversation with authors, February 4, 2013.
[84] Lori Hawkins and Shonda Novak, "Central Texas Seeing Boom in Senior Care Facilities," *Austin-American Statesman*, (Austin, TX), July 7, 2012, http://www.statesman.com/news/business/central-texas-seeing-boom-in-senior-care-facilit-1/nRp2N/
[85] Diana McIver, in-person conversation with authors, February 4, 2013.

Affordable housing properties may include both public independent and assisted living properties and retirement homes.

Current Resources and Capacity

There are currently 14 affordable housing properties in Austin[86] which provide a total of 1,264 units.[87] All are at full capacity, with average waiting lists of one to two years.[88] In a survey by the Mayor's Task Force on Aging, 76% of seniors reported they intend to keep living in their current residences for the next 10 to 15 years, indicating that waiting lists for affordable properties as well as assisted and independent living properties are unlikely to shorten.

In addition, Austin seniors of all income levels struggle to find or afford housing in independent and assisted living properties:

- Low-income seniors earning less than 60% of median family income qualify for affordable housing properties, but all are at 100% capacity with average waiting lists of 1 to 2 years.[89]
- Middle-income seniors, earning approximately 60% to 120% of median family income, do not qualify for affordable senior housing options,[90] and they also struggle to afford market rates or assisted living costs not covered by Medicare.[91]
- High-income seniors have more financial resources to afford market rates for assisted or independent living properties, but availability will decrease as the aging population grows and demands more units.

Future Needs and Lack of Capacity

For seniors who would like to live in affordable housing properties, current demand is not being met, especially for low-income seniors. While data on demand of assisted living properties is scarce, the rapidly growing senior population indicates the demand for assisted living will double in the next decade.[92] Nationally, approximately 10,000 aging adults become eligible for Medicare daily, and the current supply of independent housing and assisted living facilities "won't be able to meet the demand."[93] As the senior

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[86] J.T. Harechmak, "Senior Housing in Austin," web map, (featured in Mandy DeMayo & Diana McIver's presentation: Affordable Senior Housing in Austin, Mayor's Task Force on Aging meeting, Austin, TX, October 18, 2012).
[87] Mandy De Mayo and Diana McIver, "Affordable Senior Housing in Austin" (presentation, Mayor's Task Force on Aging meeting, Austin, TX, October 18, 2012).
[88] Ibid.
[89] Mandy De Mayo and Diana McIver, "Affordable Senior Housing in Austin" (presentation, Mayor's Task Force on Aging meeting, Austin, TX, October 18, 2012).
[90] Diana McIver, in-person conversation with authors, February 4, 2013.
[91] Lori Hawkins and Shonda Novak, "Central Texas Seeing Boom in Senior Care Facilities," *Austin-American Statesman*, (Austin, TX), July 7, 2012, http://www.statesman.com/news/business/central-texas-seeing-boom-in-senior-care-facilit-1/nRp2N/
[92] Ibid.
[93] Ibid.

population grows, the housing needs for seniors in different income sectors and assistance levels will be acute.

Currently, assisted living costs "[begin] at about $3,000 a month" and can double, depending on how much care a senior requires.[94] The AARP reports an average annual cost of $40,800 for a private bedroom in an assisted living facility in the Austin-Round Rock area.[95] The cost of both assisted living and independent housing is high, requiring greater financial assistance so seniors can afford adequate care.

Lack of Affordable Housing Capacity

Last November, Proposition 15, a $78.3 million bond proposition for affordable housing, did not pass and subsequently left a gap in needed funding for affordable housing.[96] In February, the City of Austin passed a mid-year budget surplus, allocating $10 million to affordable housing while some bond funds will go to repairs and modifications for senior homes, no senior-targeted housing properties will be built with these funds.[97]

According to the *Austin-American Statesman*, the poverty rate among aging adults "has increased 42% in Central Texas over the last 10 years."[98] Available housing for low-income Austin seniors will severely diminish due to the rapid growth of the senior population and current housing waiting lists of at least one year.

Seniors Moving Outside of Central Austin

By 2014, a large portion of the senior population is expected to move from central Austin to surrounding areas to escape the increasing costs of living.[99,100] The attached maps (pg. 39) from MIA Consulting on behalf of Central Health show the number of seniors living in each Census tract within Travis County in 2009 and the predicted number in 2014.[101] [102]A comparison of these maps shows the fastest-growing concentrations of seniors in Travis County are in the far east, far northeast, far south, and far west near Lago Vista and Jonestown.[103] As seniors are forced to move farther out to find housing, they are farther from critical support services and more likely to suffer from a multitude of challenges as a result of isolation.

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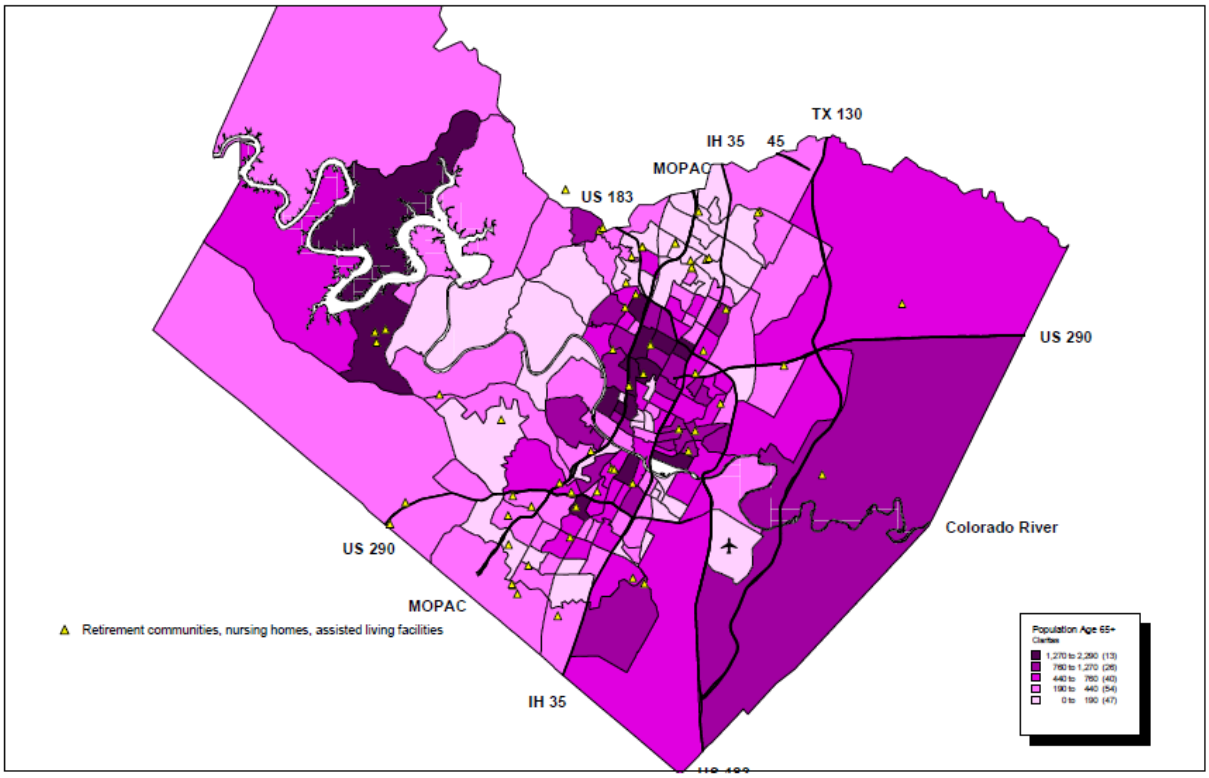
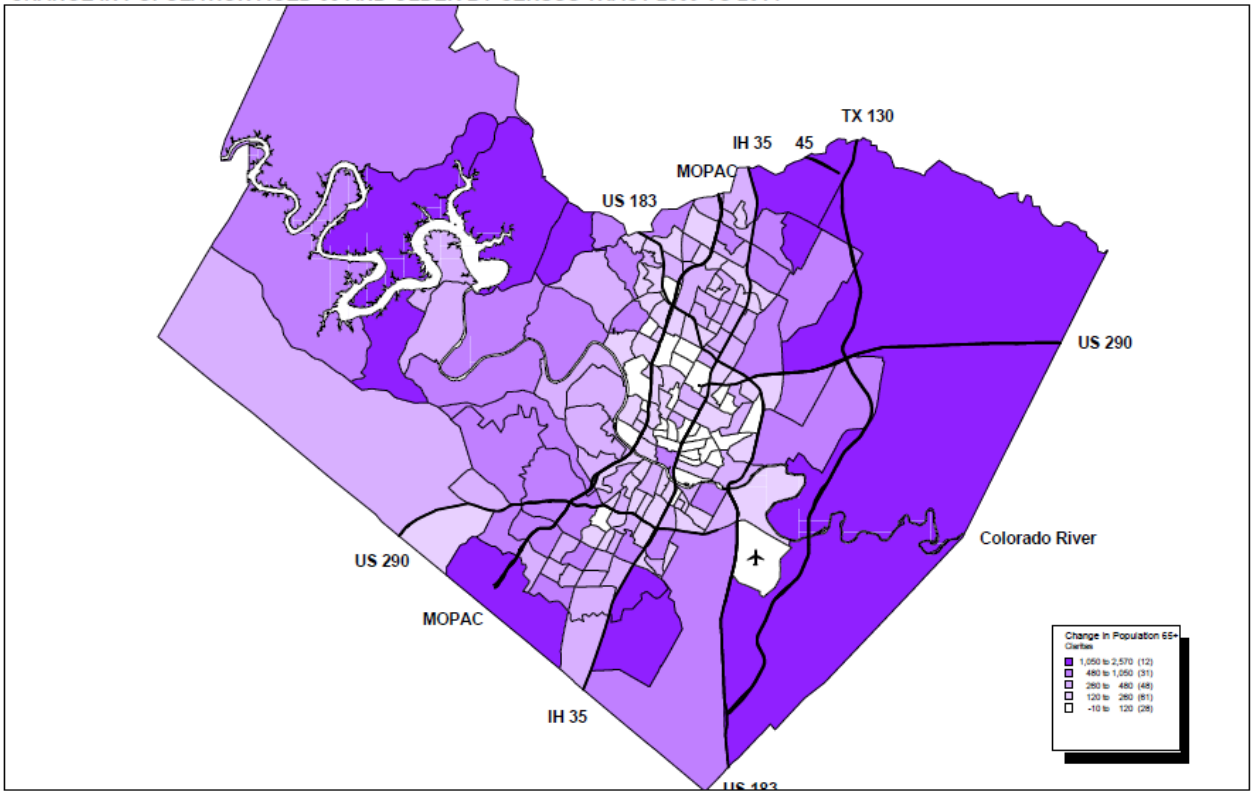
[94] Ibid.
[95] "The Cost of Assisted Living," American Association for Retired Persons, November 3, 2011, http://www.aarp.org/home-garden/housing/info-11-2011/assisted-living-databank.html
[96] Frank Fernandez, conversation with authors, April 11, 2013.
[97] Mandy De Mayo, phone conversation with authors, February 22, 2013.
[98] Jeremy Schwartz and Christian McDonald, "Austin Not Ready for 'Silver Tsunami' of Poor Seniors, Experts Warn," *Austin-American Statesman*, (Austin, TX), Apr. 7, 2012, http://www.statesman.com/news/news/local/austin-not-ready-for-silver-tsunami-of-poor-seni-1/nRmpp/
[99] Ellen Richards, "Population Aged 65 and Older by Census Tract 2009," *Central Health*, November 6, 2012, pdf.
[100] Ellen Richards, "Change in Population Aged 65 and Older by Census Tract 2009 to 2014," *Central Health*, November 6, 2012, pdf.
[101] Ellen Richards, "Population Aged 65 and Older by Census Tract 2009," *Central Health*, November 6, 2012, pdf.
[102] Ellen Richards, "Change in Population Aged 65 and Older by Census Tract 2009 to 2014," *Central Health*, November 6, 2012, pdf.
[103] Ibid.

POPULATION AGED 65 AND OLDER BY CENSUS TRACT 2009



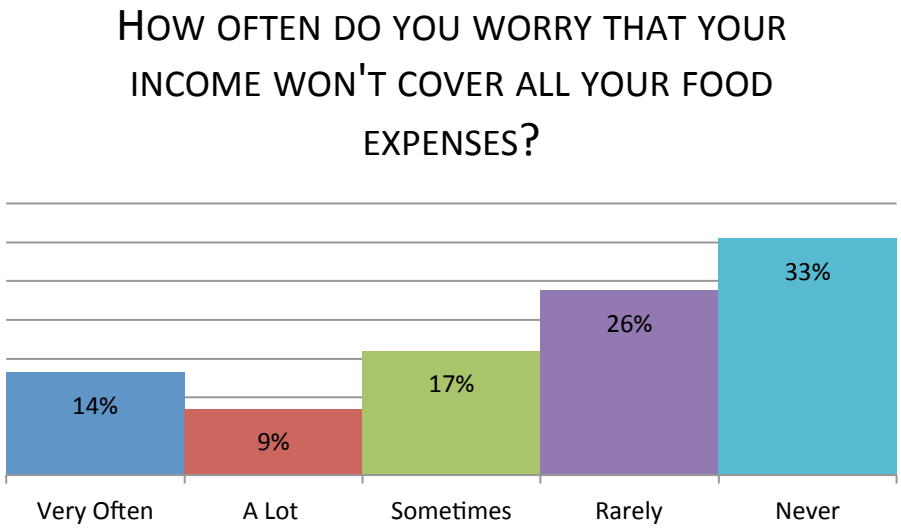
CHANGE IN POPULATION AGED 65 AND OLDER BY CENSUS TRACT 2009 TO 2014



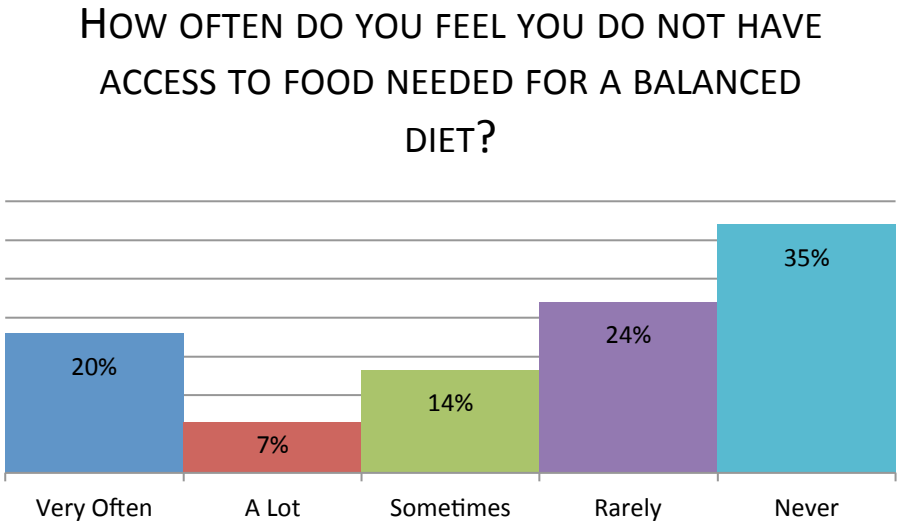
Basic Needs: Food Security

With rapidly increasing rates of poverty among seniors in Central Texas, malnutrition and food insecurity pose serious threats to healthy aging. A quarter of respondents of a survey conducted by the Mayor's Task Force on Aging reported that they worry their income will not cover their food expense. A quarter of respondents also reported that they lacked access to food they need for a balanced diet. Lack of access to quality and affordable foods, decreased mobility, and reliance on insufficient public benefits all contribute to food insecurity among seniors.[104]

Food insecurity is usually categorized into two levels, low and high. Low food insecurity is defined as reduced access to quality or variety in diet, while high food insecurity is considered a reduction in food intake due to lack of access. Results of research conducted by the Capital Area Food Bank (CAFB) in 2010 further highlight the growing trend in Central Texas. Survey results indicated that 35.2% of respondents over the age of 65 were experiencing some level of food insecurity.[105]



[104] Teeters, Mary and Seanna Marceaux, conversation with Authors, 1 February 2013.
[105] James Mabli, Rhoda Cohen, Frank Potter and Zhanyun Zhao, "Hunger in America: Local report prepared for the Capital Area Food Bank of Texas, Inc.," accessed on April 30, 2013, http://cafbtx.convio.net/site/DocServer/4408.pdf?docID=601.



Source: A Survey by the Mayor's Task Force on Aging

CURRENT RESOURCES AND CAPACITY

In the past six years, SNAP use for people aged 60 to 65 has jumped by 106% to 85,000 individuals locally, compared to a 58% increase for all other age groups.[106]

The main cause of food insecurity is poverty. The economic impacts of the recent recession and rising costs of living in Central Texas have negatively impacted seniors. According to U.S. Census data, the number of seniors living in poverty has increased by 42% in Central Texas over the last 10 years.[107] From 2010 to 2012, CAFB saw a 20% increase in the number of seniors accessing their services.[108] In addition to local initiatives, national public programs such as the Supplemental Nutrition *Assistance Program (SNAP)* exist to combat the negative nutritional effects of poverty.

In Central Texas there are multiple organizations working to provide affordable, quality food options to seniors. Free services include congregate lunches, meals delivered in-home, grocery deliveries, and food banks and pantries. However, many of these programs are at capacity and some have strict eligibility requirements.

[106] James Mabli, Rhoda Cohen, Frank Potter and Zhanyun Zhao, "Hunger in America: Local report prepared for the Capital Area Food Bank of Texas, Inc.," accessed on April 30, 2013, http://cafbtx.convio.net/site/DocServer/4408.pdf?docID=601
[107] Jeremy Schwartz, interview with authors, December 15, 2012.
[108] James Mabli, Rhoda Cohen, Frank Potter and Zhanyun Zhao, "Hunger in America: Local report prepared for the Capital Area Food Bank of Texas, Inc.," accessed on April 30, 2013, http://cafbtx.convio.net/site/DocServer/4408.pdf?docID=601

Future Needs and Capacity

As the cost of living continues to rise, seniors are moving away from central Austin to find more affordable housing. At the same time, seniors are also moving farther from resources and services. This may be problematic as more seniors move southeast, an area where food deserts are concentrated. Food deserts are geographic regions that do not contain a full service grocery store. As this trend continues, ensuring seniors have access to quality, affordable food will continue to be a challenge.

Although SNAP benefits are designed to promote food security, seniors receiving Social Security may be eligible for less than $15 in benefits per month or ineligible for the SNAP program entirely.[109]

Fifty-four percent of all Travis County residents who are identified as food insecure earn too much to qualify for SNAP.[110] Therefore, SNAP may not be an effective program to reduce food insecurity in the senior population aged 65 and older; community level initiatives may be more effective in making seniors more food secure.

In addition to affordability, lack of access to quality food contributes to food insecurity. As people age, their ability to buy and prepare their own meals can decrease, with limited public transit compounding the problem. Even for seniors who drive, shopping and carrying groceries may require assistance. Furthermore, there are five zip codes in Travis County that are considered food deserts (78617, 78653, 78721, 78725, 78744).[111] Seniors living in these zip codes have to find ways to travel farther to obtain nutritious food or rely on options with less healthy options such as convenience stores. This extra burden places seniors at a higher risk for food insecurity.

[109] "Hunger by the Numbers: A Blueprint for Ending Hunger in Texas," First Choice Power, Texas Food Bank Network, & Texas Hunger Initiative Baylor University School of Social Work, 472, Accessed on April 30, 2013 https://bearspace.baylor.edu/Tariq_Thowfeek/public/blueprint.pdf
[110] Ibid.
[111] Teeters, Mary and Seanna Marceaux, conversation with authors February1, 2013.

Recommendations: Housing and Basic Needs[112]

Priority Recommendation
Ensure Senior Representation in Housing Advocacy for Affordable Housing

Advocacy is key to ensure seniors' interests are considered. Organizations, such as HousingWorks, ensure affordability is integrated into City budgets, bond elections and new projects. An advocacy team that could actively participate in HousingWorks would ensure the affordable housing needs of seniors were represented in this conversation.

Priority Recommendation
Analyze the Impact of Property Tax Deferrals and Caps, as well as Utility Cost Subsidies on Seniors and Recommend Appropriate Action

The number of seniors deferring property taxes under OV65 or DP status has jumped from 504 properties in 2002 to over 3,000 in November 2012. In addition to property tax deferrals, some, but not all, taxing entities offer caps for people over the age of 65. In a related issue, utility costs can be prohibitively expensive for seniors living on fixed incomes. More research on the need for tax deferrals, caps, and utility subsidies for seniors, as well as the long-term impacts of these policies, is necessary.

Priority Recommendation
Expand Current Home Modification And Repair Services

The Austin Housing Repair Coalition has been successful in repairing seniors' homes, allowing seniors to stay in their own homes while it is healthy for them. These efforts should be expanded to maximize the positive impacts in the Austin community.

Priority Recommendation
Expand Food Availability to Older Adults

Other communities have created programs specifically to provide quality food to older adults who are homebound, with disabilities, and who lack adequate, affordable transportation. With the fast growth of the aging population comes an opportunity to expand food availability particularly to low-income older adults. Congregate meal sites present opportunities for social engagement and improved daily nutritional intake by providing older adults a nutritious meal in a convenient neighborhood location. The Fresh Food for Families Program could work in tandem with congregate sites to expand fresh foods for seniors.

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[112] Experts used to vet recommendations:
1. Diana McIver, McIver Associates
2, Francie Ferguson, NeighborWorks and HousingWorks
3. Frank Fernandez, Green Doors and HousingWorks
4, Mandy DeMayo, Housing Consultant and HousingWorks
5, Joyce Hefner, Family Eldercare
6, Mary Teeters and Seanna Marceaux at Meals on Wheels and More
7, Jeremy Schwartz, Austin American Statesman

Priority Recommendation
Expedite Permitting Process For Secondary Apartments

Priority should be given to caregivers who want to build an addition onto their home or a secondary apartment on their property.

Priority Recommendation
Fund Neighborhood Programs for Senior Assistance

Currently, the City of Austin's Neighborhood Match Program partially funds projects by neighborhood associations or groups, such as building parks, streetlights, and community gardens. The city could foster neighborhood senior assistance programs, similar to Neighborhood Watch programs, through which neighborhood association members could offer meals, transportation, social engagement, and other services for elderly residents of the neighborhood.

Create a Livability Index for Senior Housing in Austin

Other communities have begun to assess housing developments based on "livability" standards. Access to public transportation, grocery stores, outdoor spaces and senior friendliness are some examples of evaluation criteria. Armed with this information, seniors could make better choices about where to live and developers would have to account for their preferences, thus improving the market for senior housing.

Enact Food Security Goals for Senior Population

The Sustainable Food Policy Board is a group of stakeholders in Central Texas working to enact policy changes that could facilitate access to public benefits and address food affordability. Although agencies serving seniors are part of this initiative, more specific goals for the senior population need to be enacted.

Encourage A Senior Discount Day At Supermarkets Or Other Retailers Of Perishables, Baked Goods, And Produce

TRANSPORTATION AND COMMUNITY INFRASTRUCTURE

Transportation that is flexible, convenient, and affordable can have a powerful effect on seniors' quality of life. With reliable transportation, seniors are able to access healthcare, shop for groceries, and socialize with friends and family. Austin's current infrastructure is built around one's ability to use a car as the primary means of transportation. However, driving might not be a safe or affordable option for aging seniors. Austin's senior population is not only growing in number, but also getting older. The number of seniors that currently use cars will soon give way to a population that needs to seek alternative means for getting around.

This section focuses on three populations of seniors:

- Seniors who may be able to drive, but would like to reduce their amount of driving. These seniors may be on a fixed income, but buses are within their financial means if routes are convenient.
- Seniors who can no longer drive due to disability or advanced age, and who may need help with daily errands. Many of these seniors are on limited incomes.
- Seniors and pre-seniors who are capable of walking distances within a mile of their home, but may not do so due to infrastructure obstructions. These seniors come from a variety of income classes.

Older Americans of all income levels will likely be transportation-dependent at some point in their lives, especially those 85 years of age and older. When seniors are unable to drive and family members aren't available, community-based transportation services may be their only option.[113] A comprehensive, effective transportation infrastructure and a more senior-friendly city can be created by tailoring options within each area to collectively serve the needs of different seniors.

In this Section:

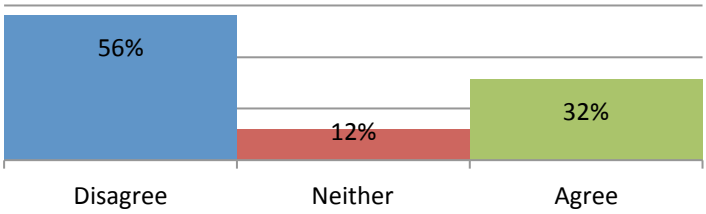
- Survey results for Transportation and Community Infrastructure
- Affordable Public Options
- Independent and Private Alternatives
- Community Infrastructure
- Recommendations

[113]Helen Kerschner, "Transportation Innovations for Seniors: A Report from Rural America," *The Beverly Foundation and The Community Transportation Association of America*, last modified July 2006, accessed February 25, 2013, http://beverlyfoundation.org/wp-content/uploads/innovations_report_rural.pdf.

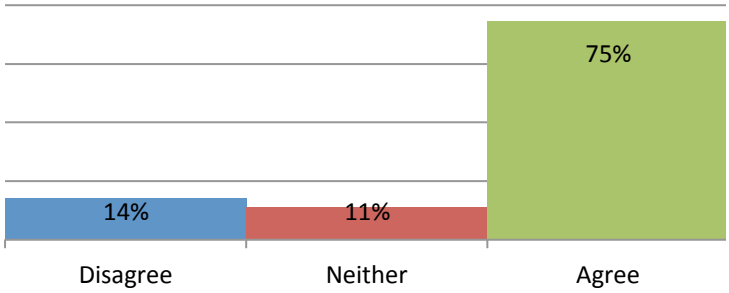
Transportation
A Survey by the Mayor's Task Force on Aging

- 82% use their car as their primary transportation
- 67% feel they don't have good options if they cannot use their own car
- 54% never walk to local destinations like church and the grocery store (18% less than once a month)

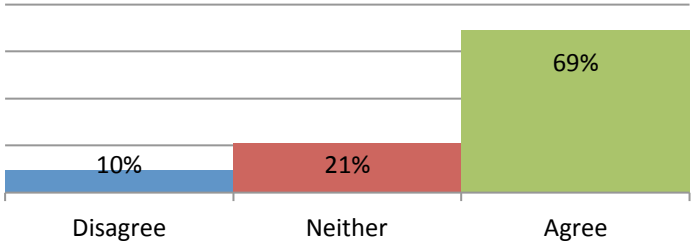
I believe I will have good transportation options if I decide not to use my own car:



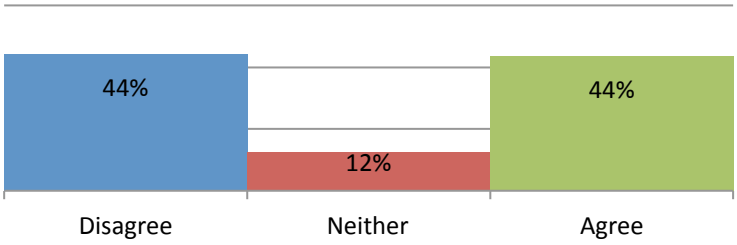
I feel safe walking in my community:



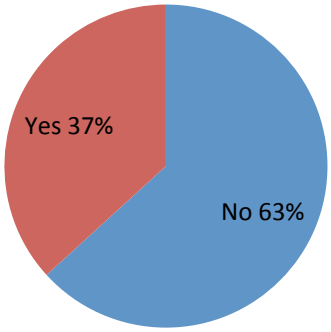
If one were available, I would use a low-cost transportation option:



There are good public transportation options in my community:



I can call a low-cost transportation service if I need to go somewhere:



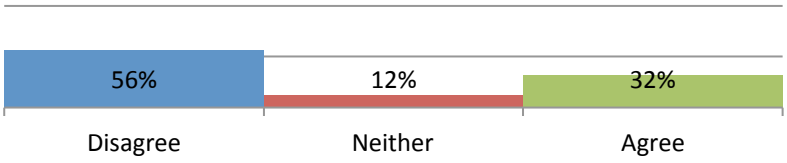
Affordable Public Options

In a survey conducted by the Mayor's Task Force on Aging, 56% of respondents did not think there were good transportation options available for them. Bolstering public transportation has benefits for the community, including its ability to foster citizen engagement and interaction, and reduce traffic and pollution. For seniors, the issue is especially relevant; The American Journal of Public Health estimates that the difference in life expectancy and driving expectancy is usually over 5 years.[114] Planning for future growth now is vital to ensure that a new generation of seniors in Austin is able to be as independent as possible.[115]

In order to adequately provide for seniors, public transportation should be user friendly, reliable, and affordable.

The Central Texas area has two primary public options for seniors to gain access to transportation, along with a few smaller, targeted programs. Capital Metro operates regular, fixed-route bus and rail services, paratransit services, and a demand-based MetroAccess service within the city limits. The Capital Area Rural Transportation System (CARTS) is responsible for transportation of individuals living in rural areas outside of the city. The City of Austin also has a RideShare program, which matches Austin residents who commute on similar routes to encourage pooling rides.[116] For low-income citizens, Texas Health and Human Services' "Get A Ride" program is available.[117] Unfortunately, many people are unaware of these options.

I BELIEVE I WILL HAVE GOOD TRANSPORTATION OPTIONS IF I DECIDE NOT TO USE MY OWN CAR:



[114]Daniel J. Foley, Harley K. Heimovitz, Jack M. Guralnik, and Dwight B. Brock, "Driving Life Expectancy of Persons Aged 70 Years and Older in the United States," *American Journal of Public Health* 92, no. 8 (August 2002): 1284–1289.

[115]Helen Kerschner and Jane Hardin, "Transportation Innovations for Seniors: A Report from Rural America," *The Beverly Foundation and The Community Transportation Association of America,* July 2006, http://www.ctaa.org/webmodules/webarticles/articlefiles/Senior_Rural_Innovations.pdf.

[116]"Metro RideShare," *Capital Metro*, accessed February 1, 2013, http://www.capmetro.org/rideshare/.

[117]"Getting a Ride to the Doctor, Dentist or Drug Store Frequently Asked Questions," *Texas Health and Human Services*, accessed February 1, 2013, http://www.hhsc.state.tx.us/QuickAnswers/GetRide_FAQs.shtml.

Current Resources and Capacity

Capital Metro

Capital Metro provides several types of transportation services for seniors in the Austin area. One is Metro Bus and Rail service, which is a fixed-route service open to the public. Its services are offered at reduced rates for anyone age 65 and over.[118] MetroAccess is a paratransit shuttle service for seniors and those with disabilities, which offers its services at almost the same fare as the fixed route services. It caters to people whose disabilities prevent them from riding regular bus and rail service, and provides complements Capital Metro's fixed route bus system with comparable service times.

The service area is also comparable; MetroAccess will pick up passengers in any area within ¾ of a mile from Capital Metro's regular fixed route bus service.[119] In September of 2012, there were about 5,700 registered passengers of MetroAccess, about 3,000 of which had used the service in the last 90 days. During that month, MetroAccess provided over 45,000 rides to its passengers.[120]

As part of its paratransit service, Capital Metro provides a cost-shared taxi service to Capital MetroAccess customers. It is called Access-a-Ride and the service is available anywhere within the Greater Austin area serviced by Yellow Cab, with no advance notice or mileage restrictions.[121] This program is similar to the "Subsidized Taxi Service" concept later in the brief.

Seniors who are physically and mentally able to ride the regular bus are not authorized to ride MetroAccess, even if they have milder forms of disability. Those with qualifying disabilities are offered the service at four increasing levels: curb-to-curb, door-to-door, door-through-door and hand-to-hand. MetroAccess' eligibility process determines which level of service is most appropriate for the individual.[122]

CARTS (The Capital Area Rural Transportation System)

Access to reliable transportation for seniors living in rural communities is a necessity; in 2009, nearly 25% of Texans age 65 and over lived in rural areas.[123] CARTS provides curb-to-curb transportation services to those residing in Bastrop, Blanco, Burnet, Caldwell, Fayette, Hays, and Lee Counties, as well as in the non-urbanized areas of Travis and Williamson Counties. To utilize the service, a user can call the "Dial-A-Ride"

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[118]"Accessible Services, Reduced Fare ID Card Program," *Capital Metro*, accessed February 5, 2013, http://www.capmetro.org/RFID/.

[119]"MetroAccess," *Capital Metro: What Is Access-a-Ride?*, accessed February 22, 2013, http://www.capmetro.org/metroaccess.aspx?id=60.

[120]Chad Ballentine, "MetroAccess: September 2012 Operations Statistics," *CapMetro*, 2012, pdf.

[121]"MetroAccess," *Capital Metro: What Is Access-a-Ride?*, accessed February 22, 2013, http://www.capmetro.org/metroaccess.aspx?id=60.

[122]"Capital MetroBlog: MetroAccess Eligibility & Mobility Training," C*apital Metropolitan Transportation Authority*, accessed February 5, 2013, http://capmetroblog.com/2011/11/.

[123]"American FactFinder – results," *Bureau, U. S. Census*, accessed February 23, 2013, http://factfinder2.census.gov/faces/tableservices/jsf/pages/.

hotline to request a ride from their home to a selected destination. Destinations include senior activity centers, shopping centers, medical facilities, nutrition sites, and governmental or social services. Persons over age 60 or who have disabilities are eligible for half-priced fares.[124] To use this service, CARTS requires eligibility determination and a short customer registration process.

Other City of Austin Services

In addition to Capital Metro and CARTS, there are several other public options available for senior use. Austin Parks and Recreation sponsors The Senior Transportation Program, which offers affordable transportation for seniors to run errands, go to medical appointments, or attend senior center events.[125] Seniors call a hotline and request the service each time they need it. Low-income seniors enrolled in Medicaid may also be eligible for similar transportation assistance to medical appointments through the reservation-based ride service of Texas Health and Human Services.[126] In addition, there are RideShare programs that encourage carpooling and vanpooling by offering subsidized vehicle use at various locations across town.[127] These programs supplement Austin's main public transportation programs and help encourage senior independence.

Future Needs and Capacity

As the city's senior population grows larger and older, the City of Austin's transportation services will need to evolve to serve this group's unique needs. The National Center on Senior Transportation offers advice to seniors and caregivers regarding the difficult transition from independent transportation to the loss of driving capacity and necessity to rely on other forms of transportation.[128] Effective senior public transportation should allow seniors access to transportation close to their residences, with routes that allow them to run their daily errands and live as independently as possible. This also relieves caregivers from the difficult duties of caring for a senior who is unable to drive.

According to the survey by the Mayor's Task Force on Aging, about a third of seniors feel comfortable with the current public options. However, current programs have accessibility and capacity issues that will become even more pronounced as the senior population grows.

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[124]"Disabled Access & Discounts", *Capital Area Rural Transportation System*, accessed November 5, 2012, http://www.ridecarts.com/services/accessibility.

[125]"Parks Seniors Programs and Services," *Austintexas.gov*, accessed February 23, 2013, http://austintexas.gov/department/parks-seniors-programs-and-services.

[126]"Getting a Ride to the Doctor, Dentist or Drug Store Frequently Asked Questions," *Texas Health and Human Services*, accessed February 1, 2013, http://www.hhsc.state.tx.us/QuickAnswers/GetRide_FAQs.shtml.

[127]"Metro RideShare," *Capital Metro*, accessed February 1, 2013, http://www.capmetro.org/rideshare/.

[128]"National Center on Senior Transportation: Tips & Facts," *Easter Seals Inc*, accessed February 10, 2013, http://seniortransportation.easterseals.com/site/PageServer?pagename=NCST2_older_tips.

Capital Metro's urban services can be difficult for seniors to use. The process of getting on and off a city bus is physically taxing-- one must walk from a residence to the local bus stop, which can be several blocks away. Sidewalks may be in disrepair-- a topic discussed in the Complete Streets proposal. One must then wait at the bus stop for several minutes, sometimes up to one hour, for the next bus to arrive. This is due to many bus routes' limited schedules. Weather conditions could be unsafe for seniors because of slippery roads or extreme temperatures, and not all bus stops provide shade or cover from the heat or rain.

Any of these steps could make public bus transportation daunting for seniors who may struggle with physical or mental challenges. In response, Capital Metro should focus on user-friendly bus maps at each stop so that seniors are able to navigate the system more efficiently. Currently, the maps are available on the internet, but users would need a smartphone to gain access at a bus stop or while riding the bus. Seniors are less likely to use this kind of technology, and would thus benefit from bus maps at each stop.

MetroAccess attempts to fill the gap in existing public options for seniors with disabilities, however the requirements for this service often exclude those with minor mobility issues or disabilities. The eligibility standards for the paratransit service are strict, and the process for applying for eligibility paperwork is complicated. Capital Metro bus and rail offers mobility training to Austin residents who are not confident in their ability to use public transportation options. A guide will accompany them on the bus, teaching them the most effective ways to ride safely and comfortably.[129] This service, however, is not well publicized and has a limited capacity due to low numbers of guides.

In addition to physical disabilities acting as a barrier to accessing public transportation, bus routes provided by Capital Metro are often not convenient for seniors. Very few bus routes are intended to help Austin residents maneuver their own neighborhoods, but rather to go to certain destinations throughout town. They are focused on transport to the downtown area, as well as cross-town trips. Shorter, node-based bus routes would help seniors with transportation needs get to community centers, grocery stores, or other short-distance commutes. While programs like CARTS, MetroAccess, and RideShare do attempt to broaden the choices of destinations for those who are eligible, the seniors who are not eligible (or not aware) will still struggle with the lack of adequate bus routes.

Capital Metro should partner with other organizations, especially transportation providers, to create an asset map which details current resources. Any unused resources, such as school or city buses out-of-use during the late morning and early afternoon hours, should be evaluated and considered in the discussion of making Austin's transportation system more senior-friendly. A central dispatch could also help seniors navigate all resources available to them, and will be discussed further in the section relating to private transportation options.

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[129]"Mobility Training Helps People Be More Independent, Feel Confident on the Bus," *Capital MetroBlog*, accessed February 23, 2013, http://capmetroblog.com/2010/07/27/mobility-training-helps-people-be-more-independent-feel-confident-on-the-bus/.

INDEPENDENT AND PRIVATE ALTERNATIVES

Austin has some private transportation options that fill the gaps left by public options. Most of the private options available in Austin, however, provide limited route/time service and require advance reservation, as they depend on the help of volunteers. These limitations coupled with the expected rise in demand mean that private options may not be able to supplement public options effectively.[130]

In order for private providers to supplement public Capital Metro service, they should focus on services that are not only affordable and convenient but also flexible. Flexibility in this context has two meanings: providing transportation services that could be used any day at any time, as well as for any purpose or destination. Thus, designing an affordable pay-by-trip service with increased service hours and more trip flexibility would increase seniors' options for transport.

CURRENT RESOURCES AND CAPACITY

There are a number of private alternatives available in Austin for senior transportation. Most of the programs exist with the help of volunteers, which allows them to provide free service. Some providers include: Faith in Action Caregivers, Meals on Wheels and More, and private healthcare providers.

FAITH IN ACTION CAREGIVERS

There are nine neighborhood-based "Faith in Action Caregivers (FIAC)" organizations in the Austin metropolitan area. Using their own vehicles, volunteers provide transportation services for seniors 60 and over for free. Several service levels are offered, including curb-to-curb, door-to-door and door-through-door. To be eligible for transportation services, clients must be self-ambulatory and not dependent on a wheel chair. The capacity of Faith in Action caregivers is limited by the number of volunteers they have available. In 2010, FIAC volunteers provided 36,536 point-to-point rides for seniors.[131]

MEALS ON WHEELS AND MORE

Meals on Wheels and More provides two kinds of transportation services: the "Medi-Wheels" and the "Groceries-to-Go". Medi-Wheels volunteers provide door-through-door transportation to and from medical appointments on weekdays. Groceries-to-Go volunteers provide transportation to and from the grocery store and assist clients with shopping and putting groceries away. Grocery trips are arranged on the volunteer's own schedule, generally twice a month.[132]

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[130]Jane Hardin, "Senior Transportation: Toolkit and Best Practices," *The Community Transportation Association of America,* (2003), accessed February 23, 2013, http://www.ctaa.org/webmodules/webarticles/articlefiles/senior_toolkit.pdf.

[131]"Faith in Action- Drive a Senior," *Faith in Action Caregivers*, accessed November 21, 2012, http://faithinactioncaregivers.org/.

[132]"Ride Guide: Senior Transportation for the Austin Metro Area," *Faith in Actions Caregivers West Austin*, 2010, http://www.fiac-westaustin.org/documents/2010-Ride-Guide.pdf.

Business Shuttles

Some healthcare providers in the Austin metropolitan area provide transportation to and from appointments for specific procedures or services. Typically, these services are for adult day care programs, ophthalmology care, and physical therapy programs.[133]

Future Needs and Capacity

Although there are several private transportation options for older Austinites, most of the services are available on weekdays during the daytime and require several days lead time.[134] Seniors who no longer have the ability to drive must rely on transportation options that are not sufficient, as they lack service on nights and weekends. Furthermore, many private services, besides FIAC, focus on providing rides to medical appointments or grocery shopping, and do not provide trips for outings and recreation. For seniors without other options, this can lead to them to forgo those trips altogether, which can be detrimental to their emotional health.

In the coming years, our community will have to meet the transportation needs of a substantially increasing population of seniors that may have different expectations than previous generations.[135] Cost of living in the city is currently the highest in Texas, with an average worker needing to earn $19.02/hour in order to afford rent and other expenses.[136] This pressure was reflected in the survey conducted by the Mayor's Task Force on Aging, where 64% of respondents did not feel confident they could call a low-cost transportation service if they needed to go somewhere, despite the fact that 70% of respondents said they would be interested in such a service.

BEST PRACTICES AND STRATEGIES: TRANSPORTATION

A subsidized taxi service for seniors could be one way to provide affordable, convenient, and flexible transportation to seniors. This service could replicate the familiarity of a personal vehicle by not requiring an advance reservation and by operating at flexible times. The service could be affordable by allowing low-income seniors to purchase discount taxi coupons at reduced rates.

This practice could be done efficiently by expanding and revising the subsidized taxi programs offered by Capital Metro. As discussed in the earlier section on public transportation, there is a taxi voucher service called Access-a-Ride for disabled people. The program participants can purchase up to $80 worth of coupons monthly at a substantially reduced rate based on a sliding scale. Moreover, in order for a subsidized

[133] Ibid

[134] Janet Allen, personal interview with authors, February 23, 2013.

[135] Jane Hardin, "Senior Transportation: Toolkit and Best Practices," *The Community Transportation Association of America,* 2003, accessed February 23, 2013, http://www.ctaa.org/webmodules/webarticles/articlefiles/senior_toolkit.pdf.

[136] Amy Smith, "Then There's This: Through the Roof," *The Austin Chronicle*, March 23, 2012, accessed March 1, 2013, http://www.austinchronicle.com/news/2012-03-23/then-theres-this-through-the-roof.

taxi service to meet high demand in the future, the program could utilize the current cab companies and increase the limit on the number of cab licenses allowed in Austin.

Taking into consideration the high costs associated with taxi rides in Austin, a subsidized taxi could only be used as an alternative when there is no other option available for a particular destination or/and point of time. This practice could be implemented by a one-stop dispatch center for all available transportation services within the city.

COMMUNITY INFRASTRUCTURE

Citizens in any community rely on a stable transportation infrastructure to travel easily, safely, and efficiently. The City of Austin has an extensive and well-developed system, however, that system is oriented toward car travel. This current infrastructure does not allow easy pedestrian access for many seniors who no longer drive. By encouraging safe and more enjoyable city streets, walking can become a viable and healthy option for seniors and others in the community.

In a survey by the Mayor's Task Force on Aging, it was found that 54% of seniors never walk to destinations in their neighborhood, and an additional 18% only do so once a month or less.

According to The National Complete Streets Coalition (2010), seniors often face the following problems while walking in their community:

- Vehicular traffic is fast-moving and intimidating
- Narrow, uneven sidewalks, or no sidewalks at all
- Crosswalks do not allow enough time to cross before the signal changes
- Bus stops often have no place to sit

Implementing an enforceable Complete Streets Plan in Austin would mitigate some of the infrastructure problems by emphasizing alternative modes of transportation for short-neighborhood trips. This would eliminate some car traffic from roads and give all seniors an opportunity for a safer, healthier option for trips to nearby destinations.

CURRENT RESOURCES AND CAPACITY

Over the past 10 years, Austin has made a concerted effort to improve conditions for pedestrians and cyclists within the city. Resolution No. 02041840, passed by City Council in April of 2002, mandates that "construction, reconstruction, or major rehabilitation project[s]" incorporate sidewalk and bicycle facility improvements if those improvements "add less than 20% to the cost" of the entire project, with allowances for those that are more costly and for exceptions.[137] Recent projects in central Austin exemplify this plan - the re-pavement of Guadalupe Street north of Dean Keeton Boulevard involved the addition of substantial bike lanes and sidewalk repair in several areas.

The resolution was an important first step in the direction of infrastructure improvement, however, projects outside of central Austin, on roads that have less use and thus fewer improvement projects, are less likely to benefit from the resolution. Because many seniors live outside of central zip codes, they have never seen the benefit of these improvements. Additionally, the plan does not promote Complete Streets projects

[137]"Resolution No. 020418-40," last modified 2002, accessed February 18, 2013, lobv.org/wp-content/uploads/2011/04.

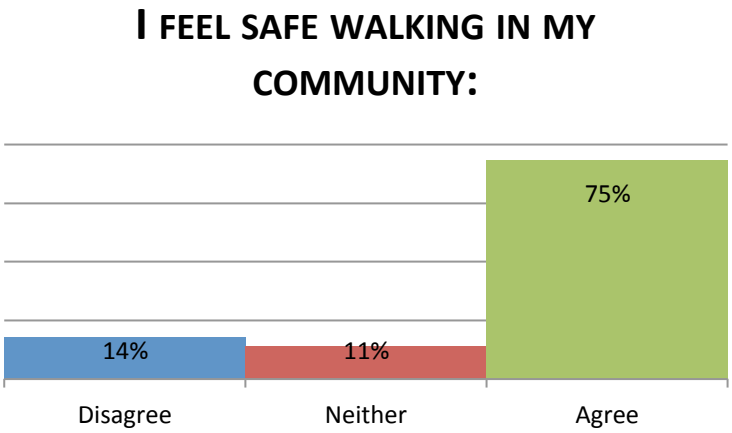
unless they are attached to already existing construction, limiting the scope of what can be improved to high-traffic areas with other construction needs.

In 2005, the Capital Area Metropolitan Planning Organization (CAMPO) passed their Mobility 2030 plan, which focuses on improving and enhancing transportation mobility within Hays, Travis, and Williamson Counties.[138] The Mobility 2030 Plan includes a large section on pedestrian and bicyclist use, citing these uses as "two of the most basic and reliable forms of transportation."[139] The plan recommended 10 policies, all of which support increased pedestrian use. However, the plan does not include methods for evaluation of success, focus items for seniors, or incentives for the community to heed the recommendations.

A comprehensive Complete Streets policy covering the entire city would support the pedestrian needs of seniors and improve walkability for the entire city.

Future Needs and Capacity

A fast growing city results in higher population density and greater stress on the community infrastructure. Because of this, Austin can expect more traffic on city streets and a greater need for alternative transportation, especially for seniors, who may become more uncomfortable with driving as traffic increases and accidents become more likely.



Austin's transportation infrastructure already struggles to catch up to its booming population. The I-35 upper deck, constructed in 1975 to alleviate a growing traffic problem from a large population, has not changed in almost 40 years, despite the fact that the city population has more than doubled from 302,500 to 842,750.[140] Sidewalks

[138]"CAMPO Mobility 2030 Plan," *Capital Area Metropolitan Planning Organization*, last modified 2005, accessed February 18, 2013, http://www.campotexas.org/pdfs/AdoptedMobility2030Plan.pdf.
[139]Ibid.
[140]"City of Austin Population History," *City of Austin*, last modified 2013, accessed February 18, 2013, http://www.austintexas.gov//sites/default/files/files/Planning/Demographics.

and bicycle lanes are equally behind, as can be seen around US-183 at North Lamar Boulevard, as well as on South Lamar Boulevard near Ben White. The infrastructure will need to improve to accommodate the growing senior population and others.

The major logistical challenges for community infrastructure involve a lack of connecting sidewalks, inadequate crosswalks, improperly timed crossing signals at intersections, and a lack of shade trees and benches along pedestrian corridors. Some portions of the city include small stretches of bicycle lanes and partially renovated sidewalks, but there is high demand for further improvement.

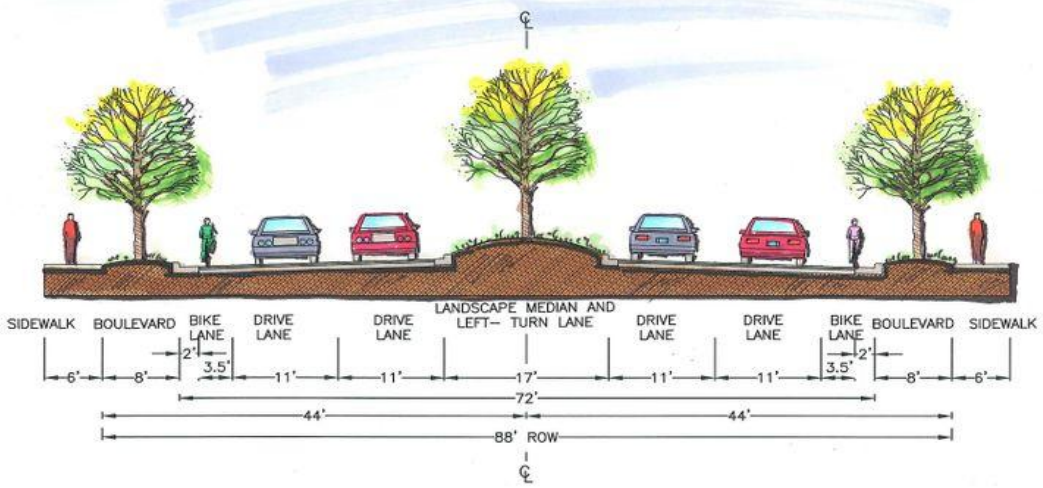
Perhaps the most important challenge facing an increased investment in pedestrian-friendly streets, however, is a cultural one. The infrastructure of the state, and, consequently, the city, is built around motor vehicles. A survey by the Mayor's Task Force on Aging found that 75% of respondents felt safe walking in their community, but 72% never or rarely did so. Walking and bicycling must be promoted more actively in order to see a significant change in the community.

BEST PRACTICES AND STRATEGIES: COMPLETE STREETS

Cities are increasingly turning to a new model for rethinking transportation needs - "complete streets." A "complete street" is designed to be accessible for all forms of transportation, as well as aesthetically inviting, safe, and convenient. This is accomplished through lane reduction, crosswalk signals, wider sidewalks and medians, additional bike lanes, and climate-appropriate landscaping. More accessible streets could encourage alternative transportation, particularly walking. This might be effective among seniors, who may be wary of walking where the ground is uneven due to the risk of falling or along corridors lacking benches due to the need for an occasional rest.

There are a number of cities with effective and progressive Complete Streets policies. Two particularly applicable cases include New Haven, Connecticut, and Seattle, Washington.[141] Both cities feature a community-centric process with significant support and advocacy from the city government.

[141]Barbara McCann and Suzanne Rynne,"Complete Streets: Best Policy and Implementation Practices," *Smart Growth America*, accessed February 18, 2013, http://www.planning.org/pas/brochure/pdf/report.pdf.



CASE STUDY: NEW HAVEN, CONNECTICUT

In 2008, the City of New Haven, CT, published its first Complete Streets Design Manual outlining its process for designing, implementing, and funding Complete Streets.[142] The City was intent on a community-focused approach.

The most notable feature of the process is engaging citizens in all aspects of the Complete Streets process. A Complete Streets project in New Haven can be initiated in two ways - through city-led or community-led initiatives.[143] The project process includes 4 steps: project initiation, plan development, funding & design, and installation.[144] Citizens are involved from suggesting projects, to endorsing plans, to providing input on funding and evaluating effectiveness.[145] This model allows community input on a scale that is uncommon among local governments, even in the area of Complete Streets.

The New Haven plan has resulted in successful implementation of over 30 Complete Streets initiatives since its inception.[146] With the City of Austin's record of citizen engagement, a similarly modeled plan could be applicable.

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[142]"City of New Haven Complete Streets Design Manual," *The City of New Haven*, last modified 2010, accessed February 25, 2013, http://www.cityofnewhaven.com/TrafficParking/pdfs/CS-Manual-04-05-10.pdf.
[143]Ibid.
[144]Ibid.
[145]Ibid.
[146]Alexandra Sanders, "Taming New Haven's streets is a work in progress," *New Haven Register,* August 20, 2012,

CASE STUDY: SEATTLE, WASHINGTON

The City of Seattle adopted its Complete Streets ordinance in 2007, after over 10 years of "supporting mobility and safety for all residents" in its Comprehensive Plan.[147] Seattle's plan complemented the City's Bridging the Gap tax levy, which was passed in 2006 to fund road maintenance and improve infrastructure for all users.[148] The tax levy plan included clearly set goals, including repaving of 200 lane-miles, planting 8,000 new street trees, and funding the Bike Master Plan to ensure that 95% of residents are within ¼ mile of a bike facility.[149]

Seattle's dedication to the plan has been successful, and as of 2011, the City had constructed 77 new blocks of sidewalks, restriped 3,200 crosswalks, and installed pedestrian countdown signals at 133 intersections, among other achievements.[150] Clearly defined goals, a comprehensive tax levy, and dedicated city management all led to an innovative plan that could act as a useful model for Austin.

[147]"Complete Streets in Seattle," *Seattle Department of Transportation*, last modified 2013, accessed February 25, 2013, http://www.seattle.gov/transportation/completeStreets.htm.
[148]KrystleOkafor, "Redefining Success," *Smart Growth America*, January 26, 2011, accessed February 25, 2013, http://www.smartgrowthamerica.org/2011/01/26/redefining-success/.
[149]Ibid.
[150]Ibid.

Recommendations: Transportation and Community Infrastructure[151]

Priority Recommendation

Create A Central Dispatch for All Transportation Services

Creating a one-stop dispatch center for all available transportation services within the City would streamline the dispatch process, contribute to efficient use of a limited number of vehicles, and increase accessibility for seniors. Capital Metro is currently hiring a Mobility Manager who will oversee a centralized dispatch center for all of their services.[152] CARTS and Capital Metro use the same software for scheduling.[153] If nonprofits are ready for the capacity increase, integrating all these systems into one center should be possible, however, more funding and volunteers may be needed if they reach capacity.[154][155]

Reevaluate and Restructure Capital Metro Routes to a More Node-Based System

A node-based system provides more direct and useful routes to users. By identifying population concentrations and assessing their transportation needs, and focusing on regional hubs rather than a downtown-based system, Capital Metro would cater to the unique needs of more seniors. Node-based systems allow users to ride a bus or train for more local trips within their own neighborhoods. The City should conduct a cost-benefit analysis of restructuring bus routes to respond effectively and efficiently to urban expansion and changing citizen populations.

Design and Implement a City-Wide Complete Streets Plan

There has been progress within the City of Austin toward a Complete Streets policy; however, an effort to promote Complete Streets comprehensively has yet to be established. Additional benches, wider and better-constructed sidewalks, shade trees, and other improvements all add to the value of the city and encourage residents to walk and utilize alternative forms of transit. This is especially important as it relates to seniors and their needs in the community. The City of Austin should draft a comprehensive Complete Streets policy that includes a community engagement component.

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[151] Experts used to vet recommendations:
1. Chad Ballentine, Capital Metro Paratransit Services
2. Professor Jacqueline Angel, LBJ School
3. Janet Allen, Faith in Action Caregivers
4. Hazel Barbour, Advisory Council - Mayor's Task Force on Aging
5. Jeanie Teel, RTCC, Advisor to CAMPO, Faith in Action Caregivers

[152] Ibid.

[153] Ibid.

[154] Ibid.

[155] Janet Allen, personal interview withauthors, February 23, 2013.

Create and Implement a Subsidized Taxi Service

Capital Metro Paratransit and the City's Parks and Recreation Department provide door-to-door trip service for senior citizens, but the City has an opportunity to expand these services to meet a growing need by creating a subsidized taxi service. An affordable pay-by-trip service with increased service hours and more trip flexibility would appeal to a larger client base, and also increase seniors' options for transport. In order to accomplish this, the City would need to increase the limit on the number of cab licenses allowed in Austin, providing that additional licenses reserve a percentage of their service for subsidized rides and ADA compliant vehicles.

Expand Volunteer Program to Introduce Seniors to Public Transit Options

With the help of volunteers, Capital Metro offers free fixed-route bus training for passengers with disabilities and seniors. By letting more seniors and potential volunteers know about the service and participate in the training, Capital Metro can increase the number of seniors using public transit.

Provide Easy To Read Bus Route Maps at Bus Stops

In addition to providing bus training for seniors who are not familiar with public transit, Capital Metro should consider installing easy-to-read bus route maps at every bus stop. Though the bus stops are currently equipped with smartphone-friendly information, many seniors do not have access to a smartphone or the skills to use one.

Expand Programs Providing Discounted Transit Fares For Seniors

Capital Metro and the City of Austin are providing discounted transit fares for low-income seniors. By expanding funding options and the number of recipients who can qualify for the service, Capital Metro can enable more seniors to access bus service.

Social Participation and Inclusion

Seniors have the desire and experience to be productive members of society. Cities that seek to engage their senior population in an inclusive and integrated way benefit greatly from their perspectives and skill sets. Seniors are better able to contribute to society and live healthier lives when they live in communities that offer ample opportunities for active involvement.

There are several avenues through which communities can engage seniors. Developing a variety of opportunities to connect creates an integrated and inclusive city life.

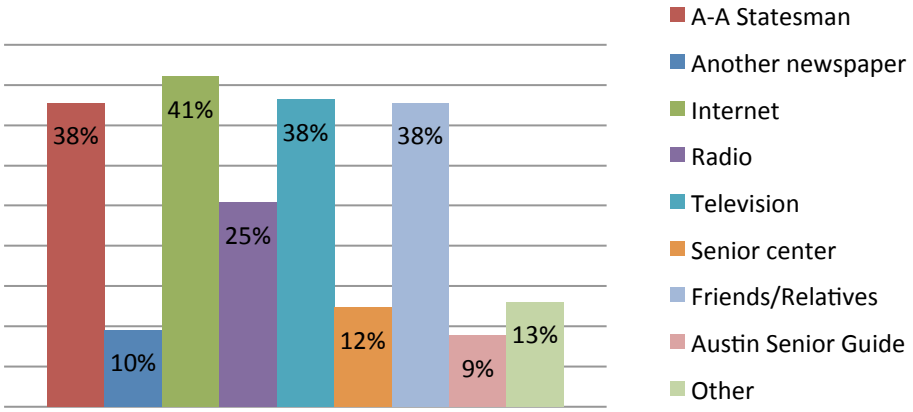
In this Section:

- Survey Results for Social Participation and Inclusion
- Access to Leisure Activities
- Volunteerism and Employment
- Intergenerational Programs
- Recommendations

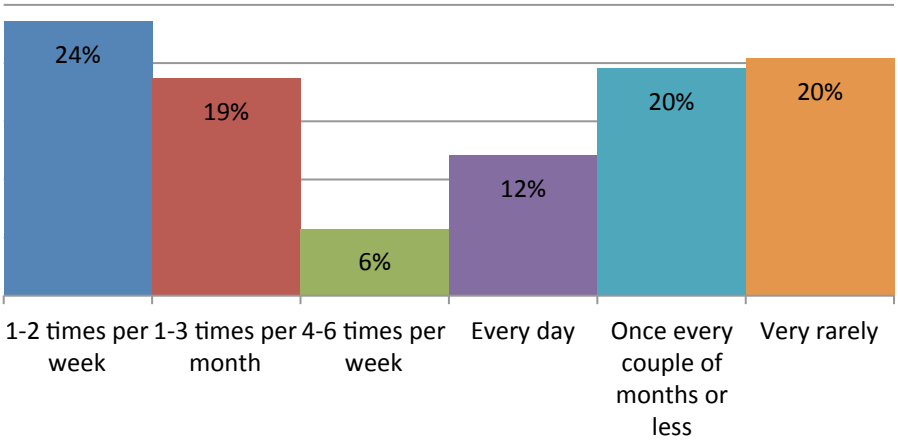
Social Participation
A Survey by the Mayor's Task Force on Aging

- 58% have opportunities to connect socially
- 57% are aware of support services in their community
- Over 85% participate sometimes to a lot in community events (22% said a lot)
- 75% are aware of ways to give back to the community
- 63% are interested in intergenerational activities (skill-based)
- 62% perceive a lack of job opportunities for seniors

I hear about social events mainly through:



How often do you visit with relatives?



Access to Leisure Activities

Leisure activities vary based on an individual's preference for spending their free time and consumable income, but are most often categorized as opportunities to participate in fitness, educational, or social activities. According to a recent study of 457 older adults followed for twenty-five years, "regardless of earlier activities and health, late-life leisure engagement was associated with enhanced survival."[156] In addition to increased longevity, benefits for seniors participating in leisure activities include improved quality of life and increased sense of community.

Current Resources and Capacity

> *"Austin offers a variety of health, social and recreational programs for seniors interested in remaining physically fit and socially connected."*[157]

Seniors who wish to engage in recreation activities can visit one of the Austin Parks and Recreation Department senior recreation facilities, Meals on Wheels and More congregate meal sites, or the numerous recreational programs that are offered by private entities.

City Senior Centers, which are ideal sites for connecting with the older population, could benefit from enhanced services and programming. Service providers have noted that the current stigma surrounding senior center activities keeps many younger seniors from staying engaged through their local centers. This is a missed opportunity, as centers could be a powerful resource for engagement and social inclusion within the community.[158]

Currently, far south Austin, defined by zip codes 78748, 78747, and 78744, is not served by an Austin Parks and Recreation Department facility or a Meals on Wheels and More congregate meal site that is designed for seniors. These zip codes have seen an increasing senior population over the past decade. There are public facilities, such as the Dove Springs Recreation Center and the Dittmar Recreation Center, which could host these programs, eliminating the need to build a new facility.

Future Needs and Capacity

Integration into community life can prevent depression and improve quality of life for seniors. Of seniors surveyed by the Mayor's Task Force, over 85% participate in community events "sometimes" to "a lot."

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[156] NedaAgahi, Merril Silverstein, and Marti G. Parker, "Late-Life and Earlier Participation in Leisure Activities: Their Importance for Survival Among Older Persons," Activities, Adaptations & Aging 35, no. 3 (2011): 210-222, doi:10.1080/01924788.2011.596758.
[157] "Seniors," Austintexas.gov, accessed February 25, 2013, http://austintexas.gov/resident/seniors.
[158] Ibid.

The demand for leisure activities for seniors in the Austin and surrounding area will increase as the current population ages and seniors continue to move to Central Texas. Overall, there is a need to increase the number of programs and facilities to adequately serve the growing aging population in Central Texas. In addition, activities for seniors could be expanded to include intergenerational activities that utilize senior skills sets and are shown to be beneficial for all ages.

VOLUNTEERISM AND EMPLOYMENT

Volunteerism and employment are effective avenues for seniors to draw on their experience and passion for the benefit of other generations. Through volunteering and continued employment, communities benefit both economically and socially from the engagement of a population of experienced and skilled individuals.

Research conducted on the effects of volunteering indicates that seniors benefit more than other age groups from volunteering and community engagement, and that volunteers experience physical and mental health benefits.[159] "According to an analysis of longitudinal data from the *Assets and Health Dynamics Among the Oldest Old Study*, adults over the age of 70 who volunteered during 1993 had less of a decline in self-reported health and functioning levels and lower levels of depression and mortality in 2000 than those who did not volunteer".[160]

Additionally, older adults often depend on part-time or full-time employment to supplement a fixed income. Strategies that enhance the options for seniors to find adequate and rewarding work will ensure that Central Texas seniors remain engaged and independent. Seniors who remain in the workforce beyond average retirement age continue to be more socially and mentally active. Additional income from employment can also greatly improve quality of life for seniors.

Given the multitude of positive outcomes from greater senior engagement through volunteering and employment, Austin may benefit from expanding and diversifying opportunities in these areas. While some resources are available, there are opportunities to further take advantage of the time and knowledge base of Central Texas seniors.

CURRENT RESOURCES AND CAPACITY: VOLUNTEERISM

There are several opportunities for seniors to be engaged members of the community as volunteers in Austin and the surrounding area, specifically in caring and teaching

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[159] Robert Grimm, Kimberly Spring, and Nathan Dietz, "The Health Benefits of Volunteering: A Review of Recent Research," *Corporation for National and Community Service, Office of Research and Policy Development*, April 2007, accessed February 25, 2013, http://www.epa.gov/flowoftheriver/pdf/07_0506_hbr.pdf.

[160] Terry Y. Lum and Elizabeth Lightfoot."The Effects of Volunteering on the Physical and Mental Health of Older People."*Research on Aging* 27, no. 1 (2005): 31–55, doi: 10.1177/0164027504271349.

roles. Volunteer positions that enable seniors to care for others have been shown to provide significant health benefits.[161] Many local institutions are currently seeking volunteers, including Seton and St. David's Hospitals and Meals on Wheels and More. In addition, organizations like the Blanton and Bob Bullock Museums and Austin Partners in Education allow seniors to utilize skills, pursue interests and engage in intergenerational activities.

Other organizations in Austin help to coordinate and promote community engagement. Coming of Age Austin Metro seeks to provide older adults aged 55 and older with volunteer opportunities within local non-profits, and works with organizations to market and recruit volunteers. It is the only senior-centered volunteerism organization.

Service providers have identified a consistent need for more high-level volunteer positions. Volunteers are often given organizational tasks that are purely administrative, and seniors frequently seek positions that better utilize their skill sets or align with their interests. Coming of Age has begun to address this need by providing training for non-profits on how to create more dynamic volunteer opportunities for seniors.[162]

Current Resources and Capacity: Employment

Longer life expectancy for older adults means that individuals are working into their later years. While some seniors work to stay active in the community, others rely on part-time or full-time jobs to supplement fixed incomes or to provide their only source of income. The Texas Workforce Commission, through the Senior Community Service Employment Program (SCSEP), divides funding between two organizations in the greater Austin area to provide job skills training and subsidized work for low-income seniors.

Experience Works manages programs in Williamson County, while the AARP Foundation covers Travis County. In order to be eligible for these programs, seniors 55 and older must be at or below 125% of the HHS poverty guidelines.[163] If eligible, seniors are placed in a "host" non-profit organization and paid minimum wage for part-time positions.

While in subsidized employment, seniors are provided with on-the-job training, often with a focus on computer skills. The goal of these programs is to empower seniors with skills that will prepare them for future unsubsidized job opportunities. According to the Experience Works offices in Williamson County, there have been enough positions to meet the demand for their programs.

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[161] Robert Grimm, Kimberly Spring, and Nathan Dietz, "The Health Benefits of Volunteering: A Review of Recent Research," *Corporation for National and Community Service, Office of Research and Policy Development*, April 2007, accessed February 25, 2013, http://www.epa.gov/flowoftheriver/pdf/07_0506_hbr.pdf.
[162] Dawn Sparks, Coming of Age Austin, phone interview with authors, March 7, 2013.
[163] Representative from Experience Works, phone conversation with authors, March 1, 2013.

There are fewer established and accessible services for seniors who may not meet the income eligibility requirements for the above programs, but still fail to earn enough to support themselves. According to The National Council on Aging, national unemployment rates among adults 55 and older have doubled since 2007. Older workers also spend more time searching for work than younger workers.[164]

Future Needs and Capacity

Trends show increased interest in volunteering. "Baby Boomers in their late 40s to mid-50s are volunteering at a higher rate than earlier generations did at the same age. At the same time, we see that the more hours per year that Boomers spend on volunteer activities, the more likely they are to continue to volunteer from year to year".[165] This trend suggests that there will be a greater demand for volunteer opportunities once younger seniors begin to retire and seek alternative ways to remain engaged. While availability of volunteer positions may not become an issue, there is an opportunity for services that connect seniors to volunteer roles that better utilize their skills.

Baby Boomers have also been the generation hardest hit by the recent recession, according to Department of Labor statistics. These Americans in their 50s and early 60s who are near retirement age and do not yet have access to Medicare and Social Security have lost the most earnings power of any age group. According to Sentier Research, their household incomes are 10% below what they made when the recovery began three years ago.[166]

In 2012, age discrimination complaints accounted for approximately 20% of the states' filed complaints with the U.S. Equal Employment Opportunity Commission.[167] In a predominately young city, seniors searching for employment in any number of industries have the potential to face age bias and discrimination. Identified as a growing trend due to the recent recession, currently employed seniors are frequently facing pressure to retire early or are losing positions.[168] Seniors with a lack of technological expertise are further disadvantaged when searching for employment. Increasing access and diversifying options for job skills training for seniors may help improve the chances for seniors to gain needed part-time or full-time work.

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[164] Mature Workers: Fact Sheet," *National Council on Aging*, October 2012, accessed February 25, 2013, http://www.ncoa.org/assets/files/pdf/FactSheet_MatureWorkers.pdf.
[165] Robert Grimm, Kimberly Spring, and Nathan Dietz, "The Health Benefits of Volunteering: A Review of Recent Research," *Corporation for National and Community Service, Office of Research and Policy Development*, April 2007, accessed February 22, 2013, http://www.epa.gov/flowoftheriver/pdf/07_0506_hbr.pdf.
[166] Phillip Moeller, "Senior Employment Driven By Choice, Not Need," *US News and World Report*, January 29, 2013, accessed February 21, 2013, http://money.usnews.com/money/blogs/the-best-life/2013/01/29/senior-employment-driven-by-choice-not-need.
[167] FY 2009 - 2012 EEOC Charge Receipts for Texas," *US Equal Employment Opportunity Commission*, accessed February 25, 2013, http://www1.eeoc.gov/eeoc/statistics/enforcement/charges_by_state.cfm#centercol.
[168] Alison Linn, "Age Bias Complaints Surge in Bad Economy," *Msnbc.com*, June 29, 2010, accessed February 25, 2013, http://www.msnbc.msn.com/id/37924201/ns/business-stocks_and_economy/t/age-bias-complaints-surge-bad-economy/.

INTERGENERATIONAL PROGRAMS

Intergenerational programs are intentionally designed and designated activities that strive to engage the unique talents and expertise of participants in two distinct generations. Benefits of intergenerational programming for seniors can include enhanced socialization, increased emotional support, and improved health.[169] Younger and older citizens can benefit mutually from intergenerational programming and Austin has various opportunities to integrate activities.

CURRENT RESOURCES AND CAPACITY

Austin offers intergenerational opportunities largely through volunteerism and co-location of youth and senior programs. Volunteer opportunities for seniors with an intergenerational focus consist of mentoring, tutoring, or assisting in a school. Non-profit organizations and area school districts facilitate these opportunities by working with local schools and potential volunteers.

In addition to volunteering, intergenerational opportunities through co-location can be seen at public facilities, such as recreation centers and public libraries that host senior and youth programming. Senior programs typically occur in the morning, while youth programs take place in the afternoon. The facility is a hub for community programs and has the ability to develop programming for different ages to learn and socialize together.

FUTURE NEEDS AND CAPACITY

Using limited community resources, intergenerational programs offer a solution to meeting the social needs of both the young and senior populations. Utilizing seniors as volunteers meets the increasing need for positive role models and provides assistance for teachers that have growing class sizes with less access to resources. Co-location of senior and youth programs at existing public facilities maximizes current investment in public infrastructures, as well as the resources available at these facilities.

[169] "Benefits of Intergenerational Programs," *U.S. Environmental Protection Agency*, last modified October 11, 2011, accessed February 21, 2013, http://www.epa.gov/aging/ia/benefits.htm.

Recommendations: Social Participation and Inclusion

Priority Recommendation
Create an Interagency Committee at the City to Optimize Public Facilities for Senior Engagement

- Develop an asset map to identify existing and new opportunites for senior social engagement at public libraries, Parks and Recreation, Health and Human Services and schools.
- Identify opportunities for co-located services.
- Develop intergenerational programing at Recreation Centers and schools.

Priority Recommendation
Expand Intergenerational Opportunities

- Invest in intergenerational art education partnerships between schools, arts organizations, libraries, neighborhood associations and senior programs.
- Designate a City Recreation Center as the site for intergenerational opportunities and provide dynamic volunteer and co-learning opportunities for seniors and youth.

Public Awareness of Leisure Opportunities

Public awareness is an important strategy to engage seniors who do not have a personal connection to current service providers or participants. Some ideas to bring awareness to leisure opportunities include *Senior Sundays* in the Austin American Statesman, senior festivals that include ways to promote service providers and leisure opportunities, and online.

CAREGIVERS AND LONG-TERM SUPPORTS

Over the past several decades, life expectancies have increased significantly. Longer life spans and the impending influx of baby boomer retirees will result in heavy reliance on both formal and informal caregiving. Caregivers are a valuable resource and require outside assistance and support. Access to affordable caregiver support services is essential to a caregiver's ability to provide quality care for a senior, as well as to maintain their own physical and mental well-being

State and local entities offer caregivers a variety of informal and professional services from which to choose, including in-home care, out-of-home respite care, abuse prevention services, and support and training. However, existing services vary in their capacity to accommodate the vast needs of all seniors and caregivers. Investment in a more complete approach to caregiving and long-term supports will foster a safe and healthy age-friendly community in which seniors and those who care for them receive the care and support they need.

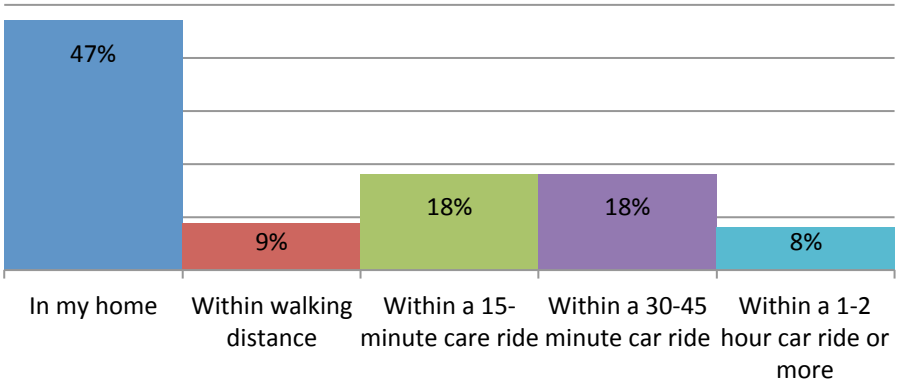
In this Section:

- Survey Results for Caregivers and Long-Term Supports
- Caregiver Supports
- Safety and Victimization
- Recommendations

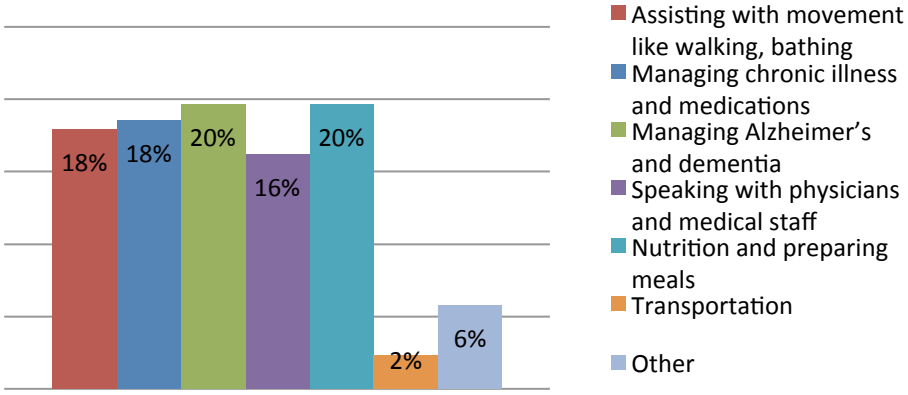
Caregivers and Long-Term Support
A Survey by the Mayor's Task Force on Aging

- 38% currently have a caretaker; 47% likely will need a relative to be a caregiver
- 54% of current caregivers are family members
- 40% are not sure they have the support they need
- 80% want expanded caregiver services
- 79% feel it is important to connect with other caregivers

How far does your caregiver live from your home?



From what areas of caregiver training would you most benefit?



Caregiver Supports

Advances in health care have significantly increased life expectancy and the likelihood that a person will manage a set of health challenges for decades. As a result, many aging adults find it difficult to maintain an independent lifestyle. To avoid or delay institutionalization, family and friends often assume the responsibility of caring for a loved one when independent living is no longer feasible. A survey by the Mayor's Task Force on Aging found:

- 38% of respondents have a caregiver;
- 54% of respondents with a caregiver receive care from a family member and;
- 56% of respondents said it is likely a relative will need to be their caregiver in the future

Since balancing daily responsibilities with caring for a senior can be a laborious task, many caregivers rely on respite and in-home care to meet their personal and professional obligations. According to the survey by the Mayor's Task Force on Aging:

- 80% of respondents would like to see support services for caregivers;
- 54% of respondents foresee a need for a home-health aide for a caregiver and;
- 78% of caregivers surveyed are interested in respite services

Long-term caregivers tend to develop poor health and high levels of stress, which can take as many as 10 years off a caregiver's life.[170]

The demands of caregiving can also affect a person's physical and mental wellbeing. Because a caregiver's ability to care for a senior is often dependent upon the availability of outside assistance, it is crucial to maximize accessibility to respite and in-home support services so that caregivers may continue to provide quality care for their loved one.

Current Resources and Capacity

Out-of-Home Care

Central Texas is home to a several out-of-home respite providers. Although churches are the primary source of out-of-home respite care in Austin, several other non-profit and government entities provide essential services to caregivers in the region.[171]

Mike's Place, Meals On Wheels and More

Mike's Place is a free, once-a-week program designed to engage seniors in mentally and physically stimulating social activities for a period of four hours. All participants

[170] "Benefits of Adult Day for Caregivers," *AGE of Central Texas*, accessed October 25, 2012, http://ageofcentraltx.org/adc_caregiver_benefits.php.
[171] Margo Weisz, email message to authors, February 22, 2013.

must be able to walk and communicate, and must be diagnosed with Alzheimer's disease or some form of dementia. Some activities include games, crafts, and dancing.[172]

Faith-Based Respite Care

Austin offers several faith-based respite programs, such as The Gathering at Westlake Hills Presbyterian Church. Like most out-of-home respite programs, The Gathering is free and exclusive to seniors with Alzheimer's disease or dementia. Participants must also be ambulatory and verbal. Prior to admittance, church volunteers interview potential participants to incorporate their interests into the itinerary. Some activities include indoor sports, music therapy, and outside entertainment.[173]

Area Agency on Aging of the Capital Area

The Area Agency on Aging (AAA) provides services to older individuals in 10 Central Texas counties.[174] Under the Caregiver Support program, AAA also provides free respite support for those caring for adults aged 60 or older. Only those who care for seniors with an Alzheimer's or dementia diagnosis may qualify for services.[175]

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[172] "Mikes Place," *Meals on Wheels and More*, accessed November 14, 2012, http://www.mealsonwheelsandmore.org/programs/mikes-place.
[173] "About Us," *The Gathering at WHPC*, accessed November 15, 2012, http://www.thegatheringatwhpc.org/aboutus.
[174] "About Us," *Area Agency on Aging*, accessed November 15, 2012, http://www.capcog.org/divisions/area-agency-on-aging/about-us.
[175] "Services," *Area Agency on Aging*, accessed November 16, 2012, http://www.capcog.org/divisions/area-agency-on-aging/services.

ADULT DAY CARE

The rapid growth in the senior population of Central Texas will be paralleled with an increasing pressure on family members and loved ones to care for them as they age. For caregivers of seniors, adult day care centers provide support options that fill the space between full-time at-home care and full-time assisted living centers. A form of long-term respite care, adult day care centers operate primarily on weekdays during business hours, and provide services including health care, social engagement, and personal assistance with daily activities.[176]

For care recipients, adult day care can stabilize medical conditions, prevent secondary disabilities due to inactivity, improve cognitive functioning and mobility, improve nutrition, increase self-esteem, and provide opportunities for friendship and belonging.[177] *For caregivers, who report chronic stress, depressive symptoms and overall poor health, adult day care can help to alleviate some of the daily responsibility and strain on both physical and mental health.*[178]

In addition to providing daily respite from caregiving responsibilities, adult day centers lead to significant cost-saving benefits. The national yearly cost of adult day care is $65 per day, compared to $214 per day for nursing home care and $210 per 10-hour day for in-home care.[179]

According to the Adult Day Care Association of Texas (ADCAT), adult day care can delay transition from independent living and at-home care to assisted living centers or nursing homes.[180]

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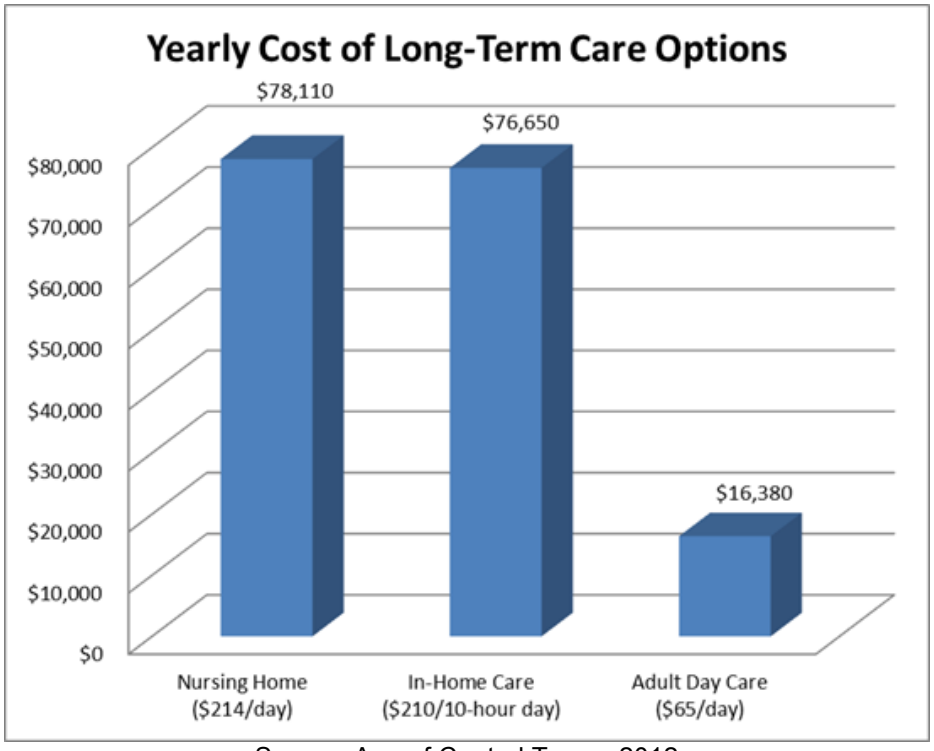
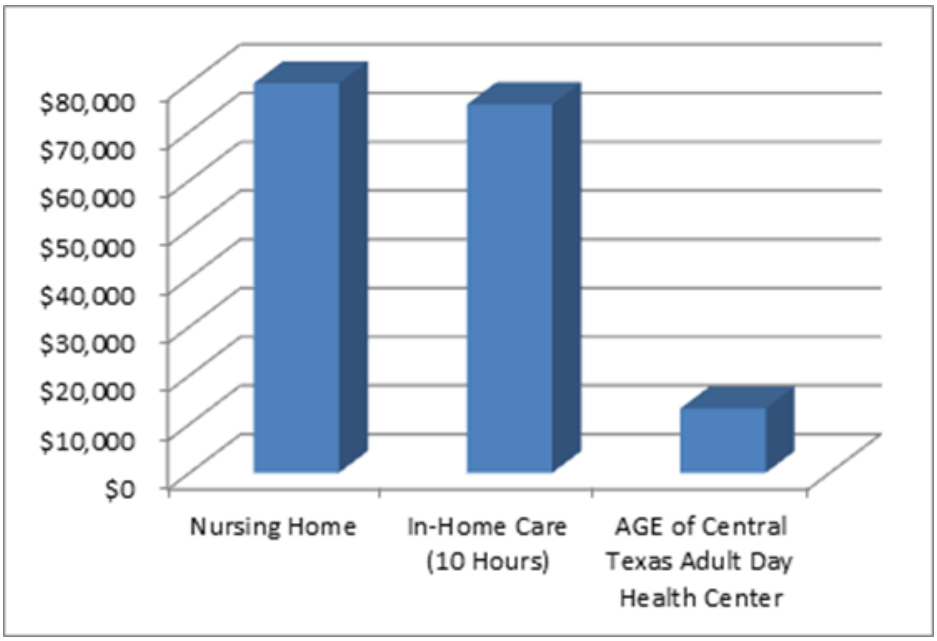
[176] "About ADACT," *Adult Day Care Association of Texas*, accessed October 25, 2012, http://www.adcat.org/site/372/about_adult_day_care.aspx.
[177] "Costs and Financial Aid," *AGE of Central Texas*, accessed October 25, 2012, http://www.ageofcentraltx.org/financial_aid.php.
[178] Ibid.
[179] "Costs and Financial Aid," *AGE of Central Texas*, accessed October 25, 2012, http://www.ageofcentraltx.org/financial_aid.php.
[180] "About Adult Day Care," *Adult Day Care Association of Texas*, accessed October 25, 2012, http://www.adcat.org/site/372/about_adult_day_care.aspx.



Source: Age of Central Texas, 2012

National cost comparison of full-time enrollment in various long-term care programs, per year (AGE of Central Texas, 2012)



Source: Age of Central Texas, 2012

AGE of Central Texas is currently the only adult day care center operating in Travis and Williamson counties, with two locations in Round Rock and Austin.[181] AGE activities include walking, gardening, yoga, and games, all which encourage social interaction and foster connections in a community based setting.[182] In addition, all staff are trained to care for individuals with mental illness and health conditions requiring one-on-one care and medication administration. The center provides transportation and accepts Medicaid, long-term care insurance, and Veteran's Administration benefits.[183]

AGE of Central Texas has a daily capacity for 96 participants; they operate close to capacity. While the rapidly growing aging population is likely to increase reliance on caregivers to provide for the daily welfare of seniors, adult day care centers may need to diversify service options to accommodate a greater portion of the senior population.

In-Home Care

Home care is one of the fastest growing sectors in the economy.[184]

Home care is a central service that helps seniors remain in their homes while also providing family caregivers with comfort in knowing their loved one is being taken care of by professional care attendants.

Several Central Texas organizations provide in-home care for seniors and caregivers needing respite. However, affordable in-home care is scarce, particularly for low-income individuals. Many seniors do not pursue in-home care because they are concerned with the ability to pay.[185] As the senior population grows, it is increasingly important to create more affordable in-home care options for seniors and caregivers.

Family Eldercare provides homemaker and personal assistance services to seniors of all income levels.[186] The cost of services is based on a sliding fee scale according to a senior's income.[187] Increasing access to affordable home care options and the number of seniors who continue to live at home many require similar Central Texas organizations to adopt a sliding fee scale or an equivalent payment method.

Information Services

[181] "Age of Central Texas Adult Day Centers," *AGE of Central Texas*, accessed October 25, 2012,http://www.ageofcentraltx.org/adc.php.
[182] "Sample Activity Page and Calendar," *AGE of Central Texas*, accessed October 25, 2012, http://www.ageofcentraltx.org/sample_calendar.php.
[183] "A Day at AGE's Adult Day Centers," *AGE of Central Texas*, accessed October 25, 2012, http://www.ageofcentraltx.org/day_at_age.php.
[184] Angela Atwood, Family Eldercare, personal interview with authors in Austin, Texas, April 22, 2013.
[185]Ibid.
[186] Family Eldercare, "In-Home Care," accessed April 22, 2013, http://www.familyeldercare.org/in-home-care-overview/trusted-experts-in-senior-care.html.
[187] Angela Atwood, Family Eldercare, personal interview with authors in Austin, Texas, April 22, 2013.

The Texas Respite Coordination Center (TRCC) is the central point of contact for respite programs in Texas. TRCC created the Texas Inventory of Respite Services (TIRS), a statewide database of commercial, faith-based, and governmental providers of in-home, out-of-home, and emergency respite care. The database provides caregivers with a host of information about the programs offered in their area, including services provided, languages spoken, specialties, and contact information.[188] TIRS has been a critical tool in helping caregivers locate necessary caregiver support services. However, both caregivers and service providers may not be aware of TIRS, limiting caregivers' access to the appropriate in-home and out-of-home respite care.

Future Needs and Capacity

Although demand for out-of-home respite services does not appear to exceed capacity yet, demand for in-home care continues to grow. More caregivers will likely require outside assistance to meet their daily responsibilities as Austin's aging population continues to grow. Despite the numerous in-home and out-of-home respite providers in Central Texas, the region should prepare to develop more affordable and diverse in-home and respite options.[189] However, it is difficult for respite providers to address the diverse needs of every senior. Some reasons why caregivers may be discouraged from taking advantage of respite programs include:

- Feelings of guilt or abandonment from temporarily relinquishing caregiving responsibilities
- Exclusion of individuals who care for immobile or mentally healthy seniors
- Inconvenient timing, as many programs occur only once a week
- Lack of transportation to and from out-of-home respite facilities

Given the overwhelming demand for caregiver support, current options may not be able to meet the future needs of a rapidly aging population. Although churches provide the majority of out-of-home respite care, inadequate funding creates a barrier to expanding the level of services currently provided.

Support and Training

As the senior population grows, a greater reliance is placed on individuals to provide care for a loved one. Almost one quarter of the U.S. population is currently caring for an older adult in their family, a number that is likely to increase in coming years.[190] Given the significant mental and physical strain placed on caregivers, this trend will

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[188] "Texas Inventory of Respite Services," *Take Time Texas*, last modified February 15, 2013, http://Respite-Services.dads.texas.gov/RespiteServices/Public.do.

[189] Char Hu, Georgetown Living, interview with authors held during the Mayor's Task Force on Aging Retreat in Austin, Texas, March 21, 2013.

[190] "Stress of Primary Caregiver Role for a Family Member Now Affecting 30 Percent of U.S. Adults - Senior Communities Building in Support to Help Residents Cope," *Health & Medicine Week*, April 22, 2013,

necessitate a greater emphasis on the development of support systems to provide community-based resources and relief for those caring for seniors.

Training for caregivers will also be of increasing importance, particularly for those caring for seniors with dementia or physical limitations. Access to support and training is vital to providing caregivers with the emotional support they need to provide quality care for seniors, and to provide safe and healthy environments for aging adults to remain at home.

Support and training programs take several forms. Many interventions embrace face-to-face sessions with health professionals through regularly scheduled programs or group sessions. Other programs provide in-home visits from certified caregivers.[191] While professional service options have been successful in reducing caregiver stress, several less formal options provide a more economical and timely alternative.

Telephone support groups are cost-efficient and accessible means of communication between caregivers. They can help reduce feelings of isolation while increasing a sense of autonomy and security.[192] They can also provide emotional and social support by connecting individuals who are managing similar caregiver responsibilities.

Caregivers also benefit from community-based resource centers, an important asset for individuals assuming caregiving responsibilities for the first time and unsure of where to turn for assistance.[193] Caregivers currently have access to the Texas Inventory of Respite Services. However, many caregivers would benefit from information regarding proper medication administration, important home modifications, fall prevention, support groups, and communication strategies when caring for mentally ill seniors. A centralized database that links informal caregivers with resource centers and practitioners could foster a greater sense of community-based support, and also help individuals feel more secure in their roles as caregivers.

Support and Training in Central Texas: CaregiverU

CaregiverU, a program of AGE of Central Texas, is a network of 20 non-profit and community organizations that provide support and training to family caregivers and seniors in Central Texas.[194]CaregiverU currently has two course offerings:

Powerful Tools for Caregivers

Powerful Tools for Caregivers (PTC) is an evidence-based national education program

[191] Miriam Stewart et al., "Accessible Support for Family Caregivers of Seniors with Chronic Conditions: From Isolation to Inclusion." *Canadian Journal on Aging/La Revue Canadienne Du Vieillissement* 25, no. 02 (2006): 179–192, doi: 10.1353/cja.2006.0041.
[192]Ibid.
[193] Janine Wiles, "Informal Caregivers' Experiences of Formal Support in a Changing Context." *Health & Social Care in the Community* 11, no. 3 (2003): 189–207, doi: 10.1046/j.1365-2524.2003.00419.x.
[194] "CaregiverU," *CaregiverU Central Texas*, accessed April 22, 2013, http://caregiverucentx.wordpress.com.

for caregivers, and is offered by CaregiverU in six Central Texas counties.[195] The course is comprised of six classes to help caregivers more successfully manage the demands of caregiving. PTC provides caregivers with numerous self-care strategies and tools to help reduce the stress of caregiving. Some strategies include articulating emotions and needs with greater confidence, locating helpful resources, making difficult decisions, and successfully communicating with a distressed or memory impaired individual.

Strong Seniors

Falls can be devastating to both seniors and their caregivers. According to the Center for Disease Control, every 17 seconds, an adult aged 65 or older is treated in an emergency department for a fall.[196]Falls are also the leading cause of injury death among older adults.[197] Treating fall-related injuries is projected to cost the U.S. health care system $54.9 billion dollars, up from $19 billion in 2002.[198] As the aging population continues to grow, the cost of treating fall injuries is likely to increase significantly. CaregiverU offers Strong Seniors, a free program to help seniors in Central Texas avoid falls and maintain an active, healthy lifestyle.[199]

CaregiverU has been critical in serving the needs of caregivers and their families. However, as the aging population grows, greater support and training for caregivers will become critical to maintaining their health and well-being.

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[195] "Powerful Tools for Caregivers," *CaregiverU Central Texas*, accessed April 22, 2013, http://caregiverucentx.wordpress.com/upcoming-classes.
[196] "Cost of Fall Injuries in the United States, 2005," *Center for Disease Control and Prevention*, last modified September 26, 2011, accessed April 22, 2013, http://www.cdc.gov/homeandrecreationalsafety/Falls/data/cost-estimates.html.
[197] "Falls Among Older Adults: An Overview," *Center for Disease Control and Prevention*, last modified September 20, 2012, accessed April 22, 2013, http://www.cdc.gov/HomeandRecreationalSafety/Falls/adultfalls.html.
[198] "Home & Recreational Safety," *Center for Disease Control and Prevention*, accessed April 22, 2013, http://www.cdc.gov/HomeandRecreationalSafety/Falls/fallcost.html.
[199] "Strong Seniors info & schedule," *CaregiverU Central Texas*, accessed April 22, 2013, http://caregiverucentx.wordpress.com/strong-seniors/.

SAFETY AND VICTIMIZATION

As adults age, they become increasingly vulnerable to abuse, neglect, and financial exploitation. About 2/3 of those who commit elder abuse are family members, often the victim's child or spouse.[200] Seniors become targets of abuse for several reasons. Many seniors live alone, are believed to possess large amounts of savings, and are considered to be more vulnerable and thus less likely to seek help.[201]

According to the Texas Department of Family and Protective Services (DFPS), factors that contribute to elder abuse include, a growing number of adults with disabilities and the physical and mental stress of caregiving.[202] Protecting seniors from mistreatment is crucial in order to preserve their dignity, wellbeing, and independence.

Elder mistreatment may also be a matter of life or death, as it increases the likelihood of premature mortality and morbidity.[203]

CURRENT RESOURCES AND CAPACITY

Central Texas relies on a limited number of state and non-profit entities to provide abuse prevention services.

ADULT PROTECTIVE SERVICES

Adult Protective Services (APS) is a state agency that conducts in-home and facility investigations of abuse, neglect, and financial exploitation for seniors and adults with disabilities.[204] The Austin metropolitan area belongs to APS's region seven, which serves 30 Central Texas Counties.[205]

There is an overwhelming demand for investigative and protective services in Austin, especially in the community where seniors reside in private homes, unlicensed foster homes, and unlicensed board and care homes.[206] In fiscal year 2012, APS completed 8,936 in-home investigations of elder abuse in Central Texas, 5,213 of which were confirmed. In Travis County, APS completed 3,088 in-home investigations, 1,695 of

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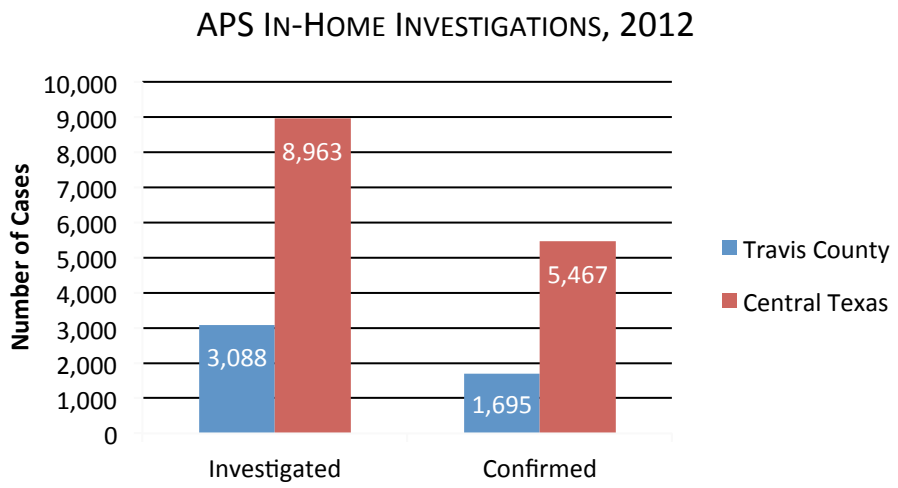
[200] "Types of Abuse," *Aging and Disability Services Administration*, last modified March 21, 2013, http://www.adsa.dshs.wa.gov/APS/abusetypes.htm.
[201] Rob McKenna, "Empower Yourself to Fight Vulnerable Adult Abuse," *AARP,* June 30, 2010, http://www.aarp.org/relationships/caregiving/info-07-2010/empower_yourself_to_fight_wa.html.
[202] "Facts About Abuse," *Texas Department of Family and Protective Services*, accessed November 5, 2012, http://www.dfps.state.tx.us/everyonesbusiness/Facts.asp#factors.
[203] Mark S. Lachs et al., "The Mortality of Elder Mistreatment," *Journal of the American Medical Association* 280, no. 5 (1998): 428-432, http://media.philly.com/documents/The+Mortality+of+Elder+Mistreatment.pdf.
[204] "Adult Protective Services," *National Center on Elder Abuse Administration on Aging*, accessed November 5, 2012, http://www.ncea.aoa.gov/Stop_Abuse/Partners/APS/index.aspx.
[205] "Counties in DFPS Regions and Districts," *Texas Department of Family and Protective Services*, accessed November 5, 2012, http://www.dfps.state.tx.us/contact_us/counties.asp?r=all.
[206] "In-Home Investigations and Services," *Texas Department of Family and Protective Services*, accessed February 15, 2013,

which were confirmed.[207] About 41% of the perpetrators in confirmed in-home investigations were adult children.[208] Although APS conducts thousands of investigations each year, most cases of abuse, neglect, and exploitation never come to light.[209][210]



***Source: Texas Department of Family and Protective Services*, last modified 2012**

APS also provides short-term services to protect older adults from further mistreatment. Services include assistance with shelter, home repairs, food, transportation, managing money, and medical care.[211] Although clients cannot refuse an investigation, they may decline protective services unless the abuse presents a "threat to life or physical safety" and he or she lacks the capacity to consent to services offered.[212] In fiscal year 2012, 1,670 APS clients in Travis County received protective services.[213]

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[207] "In-Home Population And Case Related Statistics," *Texas Department of Family and Protective Services*, last modified 2012, http://www.dfps.state.tx.us/About_DFPS/Data_Books_and_Annual_Reports/2012/county_charts_1.asp.
[208] "Adult Protective Services In-Home," *Texas Department of Family and Protective Services*, last modified 2012, http://www.dfps.state.tx.us/About_DFPS/Data_Books_and_Annual_Reports/2012/aps_in_home.asp.
[209] "Adult Protective Services Facility Investigations Overview," *Texas Department of Family and Protective Services*, last modified 2012, http://www.dfps.state.tx.us/About_DFPS/Data_Books_and_Annual_Reports/2012/aps_facility.asp#23.
[210] "Adult Protective Services In-Home," *Texas Department of Family and Protective Services*, last modified 2012, http://www.dfps.state.tx.us/About_DFPS/Data_Books_and_Annual_Reports/2012/aps_in_home.asp.
[211] "Texas Adult Protective Services (APS)," *Texas Department of Family and Protective Services*, accessed November 5, 2012, http://www.dfps.state.tx.us/adult_protection/.
[212] Tex. Hum.Res. Code § 48.208(b) (2011), http://www.statutes.legis.state.tx.us/Docs/HR/htm/HR.48.htm.
[213] "In-Home Population And Case Related Statistics," *Texas Department of Family and Protective Services*, last modified 2012, http://www.dfps.state.tx.us/About_DFPS/Data_Books_and_Annual_Reports/2012/county_charts_1.asp.

Family Eldercare: Comprehensive Financial Assistance for Seniors

The most prevalent form of elder abuse is financial exploitation.[214] Family Eldercare's Money Management program helps protect low-income seniors from financial exploitation by providing in-depth case management to assist seniors with tasks such as bill paying, budgeting, and checkbook balancing.[215] The waitlist for the Money Management program is approximately 60 to 90 days.[216]

Family Eldercare also provides guardianship services for seniors who lack the mental capacity to make essential life decisions. Under their Guardianship program, Family Eldercare is authorized by a court of law to make decisions on behalf of the client regarding medical treatment, residential placement, and matters of the estate.[217] The waitlist for the Guardianship program is estimated to be six months to one year.[218]

Foundation Communities: Financial Stability and Planning

Sufficient financial planning may circumvent the need for guardianship services. Foundation Communities is a non-profit agency that offers financial assistance and training to low-income families and individuals in Austin and North Texas. Their Community Financial Center, located in Austin, offers free tax preparation and financial coaching.[219] Foundation Communities also offers weekly money management classes, which educate the public on budgeting, credit, and debt. Classes are free for households earning up to $50,000 annually.[220] Although their financial stability programs are not exclusive to seniors, Foundation Communities may provide valuable information and one-on-one support to help seniors avert financial exploitation.

Texas Legal Services Center: Legal Protections

The Texas Legal Services Center (TLSC) is a nonprofit legal office that provides free legal assistance to vulnerable seniors or disabled adults in Texas. They operate two programs that address abuse, neglect, and exploitation of seniors. The Texas Elder Exploitation Project provides legal assistance to victims of financial exploitation, and the Family Victims Program provides legal assistance to individuals who have been mistreated in publicly-funded care facilities.[221][222]

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[214] Marie-Therese Connolly, "How Change Happens: the Fight for Elder Justice in the U.S.," (presentation, UT Law Justice Center, Austin, TX, February 19, 2013).
[215] "Money Management," *Family Eldercare*, accessed November 5, 2012, http://www.familyeldercare.org/services/money-management-program.html.
[216] Joyce Hefner, Family Eldercare, personal interview with authors in Austin, Texas, February 7, 2013.
[217] "Guardianship," *Family Eldercare*, November 5, 2012, http://www.familyeldercare.org/services/gaurdianship.html.
[218] Joyce Hefner, Family Eldercare, personal interview with authors in Austin, Texas, February 7, 2013.
[219] "Community Financial Center," *Foundation Communities*, accessed November 15, 2012, http://www.foundcom.org/get-financially-stable/community-financial-center.
[220] "Money Management Classes," *Foundation Communities*, accessed November 15, 2012, http://www.foundcom.org/get-financially-stable/economic-education.
[221] "Texas Elder Exploitation Project," *Texas Legal Services Center*, accessed November 15, 2012, http://www.tlsc.org/programs/elderexploitation.asp.
[222] "Facility Victim Program," *Texas Legal Services Center*, accessed November 15, 2012, http://www.tlsc.org/programs/facilityvictims.asp.

The TLSC legal hotline is an additional resource for seniors seeking legal protections. Medicare recipients or adults over the age of 60 may call the hotline to receive free legal advice and referrals.[223] However, a lack of knowledge of TLSC's hotline or free legal services could prevent seniors from accessing legal assistance.

Abuse, Neglect and Exploitation Hotlines

To report abuse, neglect, or exploitation, individuals may call the APS abuse hotline at 1-800-252-5400 or visit www.txabusehotline.org.[224]. All phone numbers use the "no wrong door" approach. Should an individual call the incorrect number, he or she will be connected to the appropriate department. Once again, successful reporting of elder abuse, neglect, or exploitation requires that both seniors and caregivers have adequate knowledge of where to report mistreatment.

Future Needs and Capacity

Only one out of every 23 cases of elder abuse is reported.[225]

An aging population is one factor that contributes to elder abuse.[226] Austin's rapidly growing senior population could significantly increase the number of vulnerable adults, and thus instances of abuse, neglect, or financial exploitation. *The number of confirmed cases of in-home abuse has risen substantially over the past decade, from 58,068 cases in 2011 compared to 40,559 cases in 2001.*[227]As the senior population continues to grow, more seniors will likely depend on abuse prevention services for protection.

Expanding the capacity to accommodate all abused seniors does not address the challenges of reporting mistreatment. Several barriers prevent abused seniors from seeking help, such as embarrassment, threats, loneliness, and fear of retaliation from their abuser.[228] Without providing seniors and caregivers the knowledge of where to report mistreatment, thousands of cases of abuse, neglect, and financial exploitation could remain unseen.

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[223] "Legal Hotline for Texans," *Texas Legal Services Center*, accessed November 15, 2012, http://www.tlsc.org/programs/legalhotline.asp.
[224] "Texas Abuse, Neglect, and Exploitation Reporting System," *Texas Department of Family and Protective Services*, accessed February 20, 2013, http://www.txabusehotline.org/Login/Default.aspx.
[225] Marie-Therese Connolly, "How Change Happens: the Fight for Elder Justice in the U.S.," (presentation, UT Law Justice Center, Austin, TX, February 19, 2013).
[226] "Facts About Abuse," *Texas Department of Family and Protective Services*, accessed February 20, 2013, http://www.dfps.state.tx.us/everyonesbusiness/Facts.asp#factors. http://www.dfps.state.tx.us/everyonesbusiness/Facts.asp#factors (2012).
[227] "Texas Adult Protective Services (APS)," *Texas Department of Family and Protective Services*, accessed February 20, 2013, http://www.dfps.state.tx.us/adult_protection/.
[228] Joyce Hefner, Family Eldercare, personal interview with authors in Austin, Texas, February 7, 2013.

Recommendations: Caregivers and Long-Term Supports

Priority Recommendation
Expand CaregiverU

CaregiverU, a program of AGE of Central Texas, is a network of non-profit and community organizations that provide support and training to caregivers in Central Texas. The initiative has been critical to serving the growing needs of caregivers. An expansion of CaregiverU should include:

- **Intensify Community Outreach and Public Awareness Around Elder Abuse and Caregiver Support**
  Elder abuse is a serious and pervasive problem that could be reduced with greater public awareness. Although Adult Protective Services conducts thousands of investigations each year, most cases never come to light. Educating the public on how to recognize signs of abuse and where to report mistreatment may increase the number of seniors who receive help. Since elder abuse and neglect is associated with the physical and mental stress of caregiving, community outreach efforts could also emphasize caregiver support. Education efforts could promote the Texas Inventory of Respite Services and direct caregivers to the services they need to maintain their well-being.

- **Develop Dementia Care Programs for Families**
  The Dementia Care Program is modeled after the Family Caregiver Program (FCP), an initiative of Scott&White Healthcare in Temple, TX. It aims to increase the ability of caregivers to address the needs of seniors with Alzheimer's and to attend to their own mental health with training from a Dementia Care Specialist. The training includes support for caregivers to manage their stress, learn skills that reduce physical risks, and address memory problems in seniors.

  The benefits of the FCP model are that it is relatively inexpensive and its adaptability to implementation by lay people or students. The FCP model requires funding by the primary health provider, referrals provided in partnership with local health authorities, and service provision through partnerships with community organizations.

Expand and Diversify In-Home Care and Respite Services

Current demand for respite services may not be captured due to a lack of diversity in care. Seniors have a variety of social, medical, and mobility needs. However, few Austin respite services can accommodate seniors who are immobile or mentally healthy. In addition, Austin is home to just one adult day health center, which provides daytime care to seniors with an illness or disability. Some caregivers may require respite programs that place greater emphasis on social engagement rather than on providing comprehensive medical assistance. Furthermore, in-home care is a central service that helps seniors stay in their home. However, rising costs deters many caregivers from

seeking in-home care. More affordable home care options could increase the number of seniors who age in place.

Expand and Diversify Money Management Programs and Financial Planning Programs

As adults age, they become prime targets for financial exploitation. Financial assistance programs can help seniors prepare sufficiently for the future and avert the potential for abuse. However, Austin is home to just one money management program for low-income seniors. Given the overwhelming demand for money management services, expanding existing programs could accommodate a larger population of seniors in need of financial assistance. Money management programs might consider accommodating seniors of all income levels, as well as developing close partnerships with banks, tax centers, and legal offices to build a network of support for seniors at risk of financial exploitation. Financial planning entities could also tailor programs to the specific needs of older adults in transition.

MAYOR'S TASK FORCE ON AGING RECOMMENDATIONS

The goal of these Recommendations is to focus resources on prudent investments that result in social and economic benefits for seniors in our community. By investing intelligently and utilizing the newest technologies, we can avoid costly interventions and leverage existing resources.

The recommended strategies focus on fostering intergenerational interaction and creating Complete Communities to support seniors in using their skills to contribute to society, while providing adequate supports to help them age with dignity.

The Recommendations are divided into ***Community Goals*** and ***Goals for the City of Austin***. All these recommendations and a list of *other recommended strategies* are included in the full Task Force Report.

Community Goals

Goal 1: Focus on *Healthy Living*

Good health enables seniors to thrive and to continue contributing to their communities. An investment in affordable, accessible, and holistic care in Central Texas will build the foundation for a vibrant and productive senior community.

Strategies

1.1 **Create a Care Transitions Coalition**
A Care Transitions Coalition should be created to prevent unnecessary hospitalization and to reduce the risk of re-admissions. The coalition should set transitions standards; combine public, private and non-profit resources; and determine best practices for increased quality of transitional care:

- Discharge planning
- Family member involvement
- Available community-resources
- Patient education
- Staffing care transitions initiatives

1.2 **Create Alliance to Better Integrate Aging and Mental Health Services**
Senior mental health includes a focus on late-life depression, suicide prevention, substance abuse and misidentifying mental health symptoms, such as dementia. A collaboration could:

- Convene aging services and mental health providers
- Coordinate dementia education efforts for citizens and providers
- Promote career pathways in geriatric mental health, including geriatric psychiatry fellowships and student internships

1.3 **Develop a Health Outreach Program in Low-Income Neighborhoods**
Outreach would include preventative screenings, medication management, mental health, and nutrition. Providers would coordinate servicesto include:
- Mobile health units
- Telehealth
- Preventative care nurses staffed at senior centers during peak hours

1.4 **Expand Food Availability to Older Adults**
Congregate meal sites present opportunities for social engagement and improved daily nutrition. The Fresh Food for Families Program could work in tandem with sites to expand fresh foods for seniors.

Goal 2: Focus on *Independence*

Most seniors want to age in their home and community for as long as possible. Aging in community entails providing seniors the proper supports in the safest, least restrictive environment possible. For some, this means living in the home where they have resided for decades, and for others this means moving in with family or to a living facility. Family caregivers, home-based services and modifications, and access to transportation are critical elements that extend independence and create senior friendly communities.

Strategies

2.1 **Expand Caregiver U**
Caregiver U, a program of AGE of Central Texas, is an existing collaboration that provides critical supports and training to Caregivers. An expansion should include:
- Intensify Community Outreach and Public Awareness Around Elder Abuse and Caregiver Support
- Develop Dementia Care Program for Families

2.2 **Expand Home-based Supportive Services**
Home care services to assist with the activities of daily living (bathing, dressing, toileting, meal preparation, med management etc.) allow people to successfully age in place. In-home respite services for family caregivers (companionship care for a senior while spouse/adult child is working, running errands, etc.) help seniors stay in their home. However, rising costs deters many caregivers from seeking in-home care. More affordable home care options could increase the number of seniors who age in place.

2.3 **Expand Home Modification and Repair Services**
The Austin Housing Repair Coalition repairs and modifies seniors' homes so they may stay in their homes while it is healthy for them to do so.

2.4 **Create a Central Dispatch for All Transportation Services**
Creating a one-stop dispatch for all transportation services within the region would promote efficient use of limited vehicles and increase accessibility for seniors. Capital Metro is currently hiring a Mobility Manager who will oversee a centralized dispatch center. Capital Metro should engage nonprofit stakeholders to integrate services.

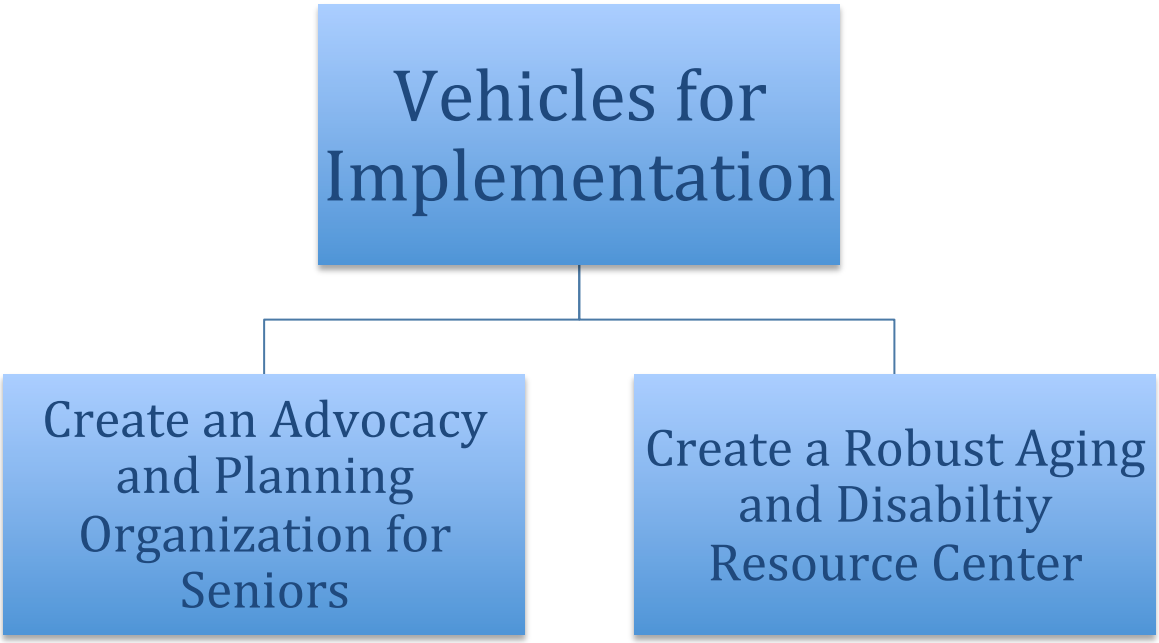
Goal 3: Focus on an *Informed Community*

An informed community is well-equipped to locate the services they need to care for themselves, their family members and their neighbors.

Strategies

3.1 **Create a Website and/or Phone Number That Serves As Central Clearinghouse for Information about Senior Services and Activities**

3.2 **Develop a Public Awareness Campaign for a Variety of Issues, such as:**
- Caregiver assistance
- Locating senior service providers
- Elder abuse



Recommendations for *The City of Austin*

Goal 1: Focus on *Age-Inclusive Polices*

Strategies

1.1 Integrate Age-Inclusive Policies as Criteria for City Decision-Making
Policies should focus on reducing negative impacts and promoting positive impacts on seniors. These include ordinances, regulations, and policies related to transportation, affordable housing, land development, and affordable utilities and taxes. Additionally, consider impact on seniors of activities related to the City's Imagine Austin Plan.

1.2 Join AARP/World Health Organization Age-Friendly Communities Initiative

Goal 2: Focus on *Affordable Housing*

Strategies

2.1 Research and Analyze the Impact of Property Tax Deferrals/Caps and Utility Cost Subsidies on Seniors and Recommend Appropriate Action

2.2 Prioritize Affordable Housing Funding for Seniors

2.3 Expedite Permitting Process For Secondary Apartments

Goal 3: Focus on *Integrating Seniors into Civic Life*

Strategies

3.1 Fund Neighborhood Programs for Senior Assistance
City's Neighborhood Match Program could foster neighborhood senior assistance. Neighborhood associations could offer meals, transportation and social engagement.

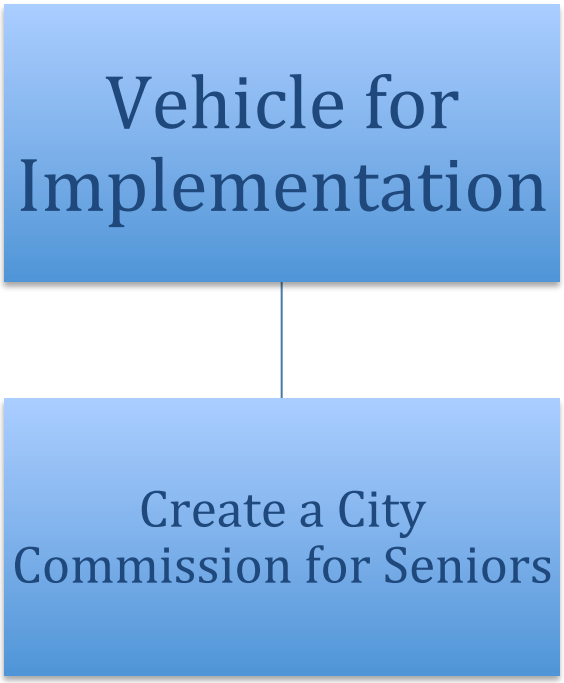
3.2 Create an Interagency Committee to Optimize Facilities for Senior Engagement

- Develop an asset map to identify existing and new opportunities for senior social engagement at public libraries, PARD facilities, HHS facilities, and schools

- Identify opportunities for co-located services
- Develop intergenerational programming at Recreation Centers and schools

3.3 Create Intergenerational Opportunities for Seniors

- Invest in intergenerational art education partnerships between schools, organizations, libraries and senior programs to provide exposure to the arts.
- Designate a City Recreation Center as an intergenerational site and provide dynamic volunteer and co-learning opportunities for all ages.



Mayor's Task Force on Aging
Other Recommended Strategies

Homes and Basic Needs

- Create a Livability Index for Senior Housing in Austin
- Enact Food Security Goals for Seniors
- Coordinate a Senior Discount Day at Markets and Retailers of Perishables, Baked Goods and Produce

Transportation

- Reevaluate and Restructure CapMetro Routes to a More Node-Based System
- Create and Implement a Subsidized Taxi Service
- Design and Implement a City-Wide Complete Streets Plan
- Create a Volunteer Program to Introduce Seniors to Public Transit Options
- Expand Programs Providing Discounted Transit Fares For Seniors
- Provide Easy To Read Bus Route Maps At Bus Stops

Social Participation and Inclusion

- Improve Employment Services for Seniors
- Promote Leisure for Seniors Through Designated Site (AAS, City Website)

Caregivers and Long-Term Support

- Develop a financial planning training

APPENDIX A

City Commission on Seniors

Rationale:

The Austin Metro Area has the fastest growing population of pre-seniors (age 55-64) and the 2nd fastest growing population of seniors (age 65+) in the U.S. Cities around the country are engaging in planning for increasing age diversity. In the process of exploring strategies for Austin we reviewed the scope of Senior Commissions in 11 cities, including Dallas, Houston, Denver and Portland.

The proposed Commission on Seniors would be charged with ensuring Austin plans appropriately for this fast growing group of citizens so that older adults will be well-integrated into our community and vibrant city life.

Scope:

1. Program Recommendations to City Council, City Manager and City Departments on Aging Services. Assess new and existing programs that impact older adults, including:
    a. PARD facilities, programs, and funding
    b. HHS facilities, programs, and funding
    c. Ride Shares and other City Transportation programs and funding
    d. Affordable Housing programs and funding

2. Policy Review and Recommendations to City Council, City Manager and City Departments, including but not limited to review of ordinances, rules, and city policies related to transportation, affordable housing, land development, and affordability of utilities and taxes when it impacts older adults:
    a. New policy development
    b. Existing policies that affect older adults

3. Advocacy
    a. Cultivate citizen communication on issues that impact older adults
    b. Meet with Council Members and City staff to communicate priorities

Members:

Eleven Members, 1 appointed by each Councilmember and the Mayor. These appointments should have substantive knowledge on issues concerning older adults and include representatives from:

- Health
- Affordable Housing and Basic Needs
- Transportation
- Social Engagement and Inclusion
- Caregivers and Long-Term Supports

In addition, the Commission should include 4 positions for representatives from:

1. AAA/ADRC
2. County
3. Capital Metro
4. The Chamber of Commerce

APPENDIX B

A SURVEY BY THE MAYOR'S TASK FORCE ON AGING

HEALTH AND WELL-BEING

- How confident are you that you could see a family doctor in your community?
- How confident are you that you could see a doctor who specializes in older adults in your community?
- Mobile health units are portable clinics that provide basic health services like screenings and check-ups. If a mobile health unit visited my community, I would take advantage of this service
- How often do you feel you do not have access to the kind of food you need for a balanced diet?
- How often do you worry that your income won't cover all your food expenses?
- How satisfied are you with the opportunities in your community for outdoor exercise?
- Central Texas is home to many outdoor destinations like lakes, rivers, pools and parks. How likely is it you will visit these types of destinations in the next 10-15 years?
- If a significant medical expense were to occur in your life in the next few years, how confident are you that you would be able to pay the expenses?
- How confident do you feel that you will be able to afford long-term care or support services if you need them?
- How confident are you that your community will have all the resources to help you lead a healthy and independent lifestyle in the next 5-10 years?

HOUSING

- Do you own your home, rent, or have another arrangement?
- Do you intend to continue living in your current home in the next 10-15 years?
- For which of the following reasons do you intend to stay in your home? Mark all that apply.
- For which of the following reasons would you leave your current home? Mark all.
- How affordable do you think homes will be to you in Central Texas in the next 10-15 years?
- Have you made modifications or home repairs to help you age in your current home? Some examples are adding handrails and moving rooms to the ground floor.
- Do you plan to make modifications to your home in order to make it more comfortable for you?
- How favorable is your opinion of the assisted-living facilities in your community?
- I use a service that takes care of arranging household chores like changing light bulbs, walking the dog, or help with computers
- I would be interested in joining an organization that coordinated household services

Transportation

- What is your main form of transportation now?
- How often do you walk to places in your community that you regularly go to, for example, the store, church?
- I feel safe walking in my community
- There are good public transportation options in my community
- Thinking about the physicians you see most frequently, how easy or difficult is it for you to get to their offices?
- I believe I will have good transportation options if I decide not to use my own car in the future
- I can call a low-cost transportation service if I need to go somewhere
- If one were available, I would likely use a low-cost transportation option like a car or shuttle service

Social Participation

- What do you think is the best term for people your age?
- Does the community you live in help you or hinder you from living a happy life?
- How often do you feel you are able to participate in the most important events in your community?
- My community has many opportunities for me to connect with people or organizations that share my interests
- I would be interested in spending my free time in activities that involve people of other generations who are not my family members
- Some of the activities I would like to do with people of other generations are (mark all that apply)
- I feel that it is essential to use computers and technology to stay connected with my community
- What are some of your favorite places to spend time and relax within your community? Mark all that apply
- There are local organizations like nonprofits and churches that provide support services for older adults in my community
- The senior centers in my community have programming and activities that meet my needs
- I hear about social events mainly through (Mark all that apply)
- I vote in elections regularly

Employment

- If you are working, tell us for which of the following reasons you are currently working
- There are many job opportunities for people my age in my community
- I am aware of many good meaningful opportunities ways to give back to my community

Caregivers

- How close do your nearest relatives live?
- How often do you visit with relatives?
- Do you have someone in your life you consider a caregiver?
- Is the caregiver a family member?
- How far does your caregiver live?
- How likely is it a close relative will need to serve as your caregiver at some point in the future?
- How likely is it that you will receive care from a paid home health aide or personal care attendant?
- Are you a caregiver for someone else? This can include caring for a spouse, another relative like your children or grandchildren, or friends and neighbors.
- What is this person's relationship to you?
- As a caregiver I feel I have enough support in my community to ensure I maintain my own health and meet my obligations
- Would you like to see support services in your community for caregivers, such as having someone relieve you of caregiving duties for part of a day?
- From what areas of caregiver training would you most benefit? Select all that apply.
- How important is it for you to engage with other caregivers about your experience caring for a loved one?

Personal Information

- What is your zip code?
- What is the name of the community you live in?
- How long have you lived in Central Texas?
- What is your gender?
- In what year were you born?
- In what country were you born?
- How long have you lived in the United States?
- What is your race or ethnicity? Mark all that apply
- What is the highest level of education you have obtained?
- What is your native language?
- What other languages do you speak, if any?
- Who else lives with you? Mark all that apply
- What is your marital status?
- My primary source of income is (check all that apply)
- I am currently (mark all that apply)[employment status]
- What are the issues that concern you most as you think about aging in your community? Is there something we did not address?

It is not true that people stop pursuing dreams because they grow old, they grow old because they stop pursuing dreams.

- Gabriel Garcia Marquez