Aging Services in a Rural Environment

Special Challenges and Resources
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In Tribute to those who make my work Possible:

- “The good you accomplish as a social worker will be in direct proportion to the support you receive.” D. Goetz, Access and Intake Lead Specialist for Alamo Area Agency on Aging Serving Comal, Bandera, Kendall, Kerr, Gillespie, Medina, Atascosa, Frio, Wilson, Karnes, Guadalupe Counties.

- In Gratitude to my support:
  - My wife of 41 years, Jean
    - Resource Specialist and Call Center Agent: Candy Walsh
    - Benefits Counselor and Outreach Specialist: Suzanne Ruff
    - Call Center Agent, Benefits Counselor and Neighborhood Specialist: Daisy Milnes

- My Director, Gloria Vasquez: Director- Gloria handles all the administrative work so the rest of us can serve individuals, groups and families in rural communities. She is also a dedicated and competent public servant.
Alamo Area Agency on Aging Regional Area Plan 2011 – 2013
Needs Assessment- Transportation need #1/7

(Communities in the Alamo AAA service region reported their needs through a variety of methods, forums and media. What follows is a summary of those expressed community needs.)

• Expand and improve transportation availability to seniors in rural areas to include medical appointments and congregate site transportation. Target population: Seniors 60+, caregivers, providers, community organizations.
• Expand funded and volunteer home repair services by working with other organizations and addressing needs/referrals in the re-modification of restrooms and showers. Target population: Seniors 60+, caregivers, providers, community organizations.
• Engage with Home Delivered meal vendors in efforts to develop more efficient and effective ways to provide home delivered meals, promote nutrition education and healthy living activities. Target population: Homebound Seniors 60+, caregivers, providers, community organizations.
• Increase community-based senior and intergenerational health and wellness activities. Continue expansion of evidence-based programs with emphasis on Healthy Aging. Target population: Seniors 60+, caregivers, providers, community organizations.
• Increased support programs for Caregivers—respite care. Target population: Caregivers of Seniors 60+, Seniors 60+, providers, community organizations.
• Engage with nutrition vendors in current efforts to develop senior multi-purpose centers about senior center configuration and most effective service of congregate meals and to promote nutrition education and healthy living activities. Target population: Seniors 60+, caregivers, providers, community organizations.
• Greater integration of the Ombudsman with the other AAA programs and community organizations. Target populations: Seniors 60+, caregivers, providers, community organizations, health care facilities, discharge planners, long-term care facilities, health professions training organizations.
Trends Affecting Independence of Rural Seniors:

• Physical isolation because of reduced mobility and transportation opportunities.
• Reduced ability to transfer self, manage personal care and personal transport.
• Increased need to use computers for information and communication.
• Declining rural infrastructure and availability of providers.
• Children moving to urban centers for education and employment.

• Considerations listed above plus longevity are accelerating the degree of physical and social isolation experienced by rural seniors.

• Impacts:
  ❖ Greater incidence of abuse, neglect and exploitation compared to urban seniors.
  ❖ Greater likelihood to have to relocate to urban centers (to be closer to family and/or services.)
  ❖ Greater likelihood to experience early placement in care facility compared to urban seniors.
What does Alamo Area Agency on Aging do?

• Please visit www.alamoaging.org
• On a daily basis, we provide information, assess callers, make referrals, counsel, advocate, represent, coordinate care, navigate systems and counsel options for older adults, the disabled and their caregivers.

• **Who are the key contributors for assistance in rural service areas?**
  ❖ Family caregivers, particularly for individuals with disabilities.
  ❖ Community leaders, volunteers.
  ❖ Health care agencies; their social workers and advocates.
  ❖ Local political leaders.
  ❖ Volunteers in organizations like RSVP, Texas Ramps Project
  ❖ Interagency councils and other resource coordination groups.
  ❖ Extended families
  ❖ Strong presence of women (more men are needed.)
  ❖ School counselors and social workers.
  ❖ Church groups and auxiliary organizations like St. Vincent DePaul, Christian Assistance and Wesley Nurses.
  ❖ Veteran support groups.
  ❖ Community partners and vendors like Senior News (published community resource guide.)
Community Resources

- Guide to Helpful Resources and Information – 10 years of networking experience in one booklet! Available from Alamo AAA, thanks to a grant from Senior News.

- Also- same resources online at www.askasc.org.
Desired Outcomes; Limited Capacities:

- The Abundant Community (Awakening the Power of Families and Neighborhoods), McKnight, John; Block, Peter; American Planning Association, Berrett-Koehler Publishers, Inc. San Francisco, 2010
- Messrs McKnight and Block identify 7 desirable outcomes most of us value in our communities:
  - Safety; To be healthy; To raise our children successfully; To be cared for; Have economic security; Have a healthy environment; and To be happy and serve out country.
  - Limitations: There are not enough resources in Washington, Austin, San Antonio or New Braunfels to meet local needs and achieve all the desired outcomes.
  - McKnight and Block go on to report: ”No business, agency, or government can fulfill these seven community functions, because of their inherent limits. Only our community capacity has the power to fill the glass to the brim. So if we don’t know our neighbors, aren’t active in local community life, pay for others to raise our children and service our elders, and try to buy our way into a good life, we pay a larger price. We produce, unintentionally as it might be, a weak family, a careless community, and a nation that tries hopelessly to revive itself from the to down.” Pg. 25 (Hard back edition).
Strengths Perspective- Neighbor Helping Neighbor Project 1/3

- Individuals, families, groups and communities need to identify and tap into their own resources.
- Shift from “entitlement” perspective to “contribution” perspective.
- Alamo AAA tested these ideas through Neighbor Helping Neighbor- NHN (Baptist Health Foundation Grant) for 2 years in four counties, 11/09 – 11/11.
- Results:
  - NHN Outreach and community development occurred at three levels.
  - At the primary level, information on HNH was distributed in the four targeted rural counties by personal visits, fliers, mailings, E-mail and media announcements, in addition to thousands of community resource guides and web site contacts. The targeted communities received thousands of contacts regarding the project.
  - On a secondary level, the core groups in all the counties identified volunteers and invited them to meetings and/or to provide a service. This is where most of the mid-level contacts and referrals were made. The organizational and administrative work was performed at this level. The individuals at this level will ensure the program’s continued operation and success. Approximately 130 individuals were engaged with us at this level.
Strengths Perspective- Neighbor Helping Neighbor Project 2/3

• At a tertiary level, were the seniors that benefitted from our services which was roughly 250 individuals, including those that attended activities created to bring them out of isolation such as the monthly Sing-Along, weekly Domino games and the other senior events.

• CHALLENGES: Finding the volunteer leadership within Neighborhood Resource Coordination Groups had limited success. Many local leaders originally embraced the project in hopes of obtaining a larger share of agency resources for their communities. Where groups did form, matching volunteers with isolated seniors proved difficult. Most volunteers were already committed to meeting needs in their communities through religious, health, education and civic organizations. Another problem was the lack of infrastructure for actually addressing the needs of the target population. For example, volunteers might organize to help seniors get to activities at a local senior center. The communities served by the grant lacked means of transportation, senior centers, and senior activities. When this situation became apparent, the project leadership team re-directed its efforts to creating some senior activities and events.
Strengths Perspective- Neighbor Helping Neighbor Project 3/3

• TRANSITION AND CONCLUSION:

• In order to strengthen the work being done by NHN and the NRCG’s, Alamo Aging with the assistance of a consulting firm, conducted a Community Seminar in each of the four counties as a way to empower the volunteers who share a focus on the senior community to continue the NHN efforts. The sessions were presented in a full day format by Stewart Consulting. Initial work was coordinated in order to address each county and its individualized needs and personality. In addition to the group work performed by the attendees, the workshops provided some valuable information and outlook on volunteering. Participants appeared to have developed self-awareness of gifts, formed associations and enhanced skills to use in their own community. Participants also received additional resources to include the book, *The Abundant Community* by John McKnight and Peter Block and a promotional insulated bag and magnets. Advertisements were placed in several media forms and the Baptist Health Foundation of San Antonio was credited for providing these workshops.

• NHN will remain an integral part of the Alamo AAA mission. The 2011 – 2013 Area Plan for Alamo Area Agency on Aging points out the shortage of resources across the counties and the need for more volunteer efforts. Specifically, NRCG’s were intended for Guadalupe, Wilson, Frio, Atascosa and Medina counties.
Looking at the Future

• A discussion identifying resources and facing the challenges of aging services in a rural environment would not be complete without mentioning emerging health care issues.
• **Affordable Care Act:** This law will:
  - Shift focus of care from emergency and corrective to screening and preventative.
  - Shift care settings from institutions to home and community.
  - Expand access to health care insurance to approximately 25% of Texans (those who have no insurance.)
• **Medicaid is changing in Texas:** We can expect to see:
  - Better coordination between Medicaid and Medicare programs for individuals eligible for both.
  - Managed care (privatization) of Medicaid. Texas Health and Human Service Commission will expand contracts with plans such as Evercare, Superior, Molina and Amerigroup.

We need to be vigilant as to how these changes will be implemented and watch for individuals who might miss out on enrollment opportunities.

I have begun a term on Region 8 Medicaid/CHIP Regional Advisory Committee. Please contact me if you have any questions or concerns regarding these programs. Thank you! Dan Goetz