

**IMAGINING AN AGING FUTURE
FOR MONTGOMERY COUNTY, MD**

**Final Report of Phase I Planning Project
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IMAGINING AN AGING FUTURE FOR MONTGOMERY COUNTY

Executive Summary

Introduction

Phase I of the “Imagining an Aging Future for Montgomery County” project, was undertaken to build a foundation for a comprehensive aging plan. This phase was designed to begin a dialogue with key stakeholders that could continue throughout the planning process. We went to the experts on aging in the county: those who are doing it today.

Through a series of listening events, older adults and those who care about and work with older adults were invited to provide their insights and opinions about the aging future of the county. Five community forums were organized throughout the county and six focus groups were conducted. In addition, a publicized phone number and e-mail address were available for those residents who could not attend sessions or who preferred an alternative to the public events to make comments related to their experience of growing older in the county. And finally, an electronic survey was conducted of professionals in the county who work with or on behalf of older persons. In total, there were approximately 219 residents involved in Phase I and 192 professionals who responded to the electronic survey.

The Senior Plan Advisory Committee (SPAC) was convened to advise and participate in Phase I. This Advisory Committee included advocates and professionals working with and on behalf of older Montgomery County residents and representatives of departments within Montgomery County government.

Individuals who participated in Phase I were self-selected and not necessary representative of Montgomery County residents. The findings and their implications are illustrative of issues facing those growing old in the county now and those who may be planning on remaining in the county as they age.

The Demographic Picture

Montgomery County has experienced a dramatic increase in its older population which is projected to continue through 2020. Between 1980 and 2000, the number of residents over the age of 65 increased 86% to a total of 92,500. This number is projected to increase to 152,648, an additional 65% by 2020. As a proportion of the County’s residents, elders will be more than 14% in 2020 compared to only 8.7% in 1980.

In addition to an increasing number of older residents, there are also many changes occurring within the older population of Montgomery County and in the overall population of the county as well. For example, the older residents of the county are a much more diverse group of individuals than in the past. This diversity is reflected in the

growing number of elders with limited English proficiency; approximately 7% of the older population with the majority of these (78%) linguistically isolated. The largest language groups with limited English proficiency are those who speak Hispanic languages, Chinese dialects, Russian speaking elders, Korean elders, Persian elders, and Vietnamese elders.

The 2000 Census found that 80% of the elders in Montgomery County were White, non-Hispanic, and 8% were African American, 8% Asian and 4% of Hispanic origin. This is in contrast to the picture of the county population as a whole in 2000 which was comprised of only 61% White, non-Hispanic, and included 15% African Americans, 12% Asians, and 12% Hispanics.

Other demographic changes affecting the older population include a geographic dispersal of seniors throughout the county from the traditional geographic clusters seen in the past. This dispersal of elders throughout this geographically large county will, as these elders age and demand for services increase, pose a challenge to a range of community resources including transportation systems, home health and aging in place services as well as shopping. There has also been an increase in the percentage of elders who have incomes below \$25,000, an economic risk factor for county residents. This level of economic risk is highest among older residents in the Hispanic, Asian, and African American communities.

As in other areas around the country, the burden of economic risk is highest among the old-old living alone with a disability. These are also the people who are most in need of service to maintain their independence within the community. Another important demographic change is the decline in younger, working-age residents which will have grave implications for meeting the informal and formal services needs of an aging county.

Residents participating in Phase I were, for the most part, enthusiastic about their home and intent on remaining in Montgomery County. They were interested in having their voices heard. People came to the events with a strong sense of community and a desire to help the county policy makers plan for the future. Older residents spoke of their desire to do more volunteer work or paid work, and voiced their interest in “giving something back” to the community. These residents offer a strong foundation for the future in the planning process and the daily life of the community.

Cross-Cutting Themes and Implications

Independence

Regardless of an elder’s gender, age, country of origin, or socioeconomic status, maintaining independence was of vital importance to each individual and was the context through which all aspects of the community were assessed. Perceived threats to this independence were based upon environmental changes, economics, access to services, and support and mobility. The majority of older adults manage changes they experience

independently. Family and friends are important factors in their ability to remain living independently in the community. Community and neighborhood resources are important facilitators of independence for people of all ages. For those with activity, physical or mental limitations, formal services can be a critical factor in the ability to remain living in the community. Remaining independent and in control of one's life is of critical importance to older Montgomery County residents and is supported by a community that engages its residents, values them, and provides a range of strategies and options for maintaining independence.

A Changing Neighborhood

Montgomery County is changing and all of the residents we spoke to had an opinion about this change. Younger residents and older residents with economic resources voiced excitement about the new cultural resources in the county and their intention to remain in the county to enjoy them as they age. Other residents voiced concern about the changes and their fear of being forced out as a result of development. Many expressed concern that the new shops and housing being built in the county were designed to serve those with more money and offers little or nothing for the individual living on a fixed income. Residents felt that the senior centers were not keeping pace with the changes taking place in the county. For some, the senior center programs were too limited in their offerings and evening and weekend hours were needed. As Montgomery County continues to develop and expand its built environment, the inclusion of amenities for older residents in the new and newly refurbished neighborhoods should be planned.

Housing and Aging in Place

Housing and housing-related issues were the most important set of issues facing elders now and into the future. Home owners were concerned about rising property taxes on fixed incomes; renters were concerned about escalating rents and condo conversions. Beyond the economics of housing and the individual's ability to afford their home were a range of issues related to aging in place. The ability to age in place successfully is related not only to income, but also to the availability of services to support the individual in their home. Elders identified chore and handyman services as problematic in relation to cost, safety, and quality. In-home health services were of concern because of the shortage of trained professionals, quality issues, and the ability to pay for the services. Expanded "aging in place" services were seen as an important requirement for the future. Co-locating new subsidized elderly housing with senior centers, health services, Metro, and shopping was recommended as a future solution to the "aging in place" dilemma facing so many residents.

Affordable and Accessible Health Care

Affordable and accessible health care was the second most commonly discussed issue facing Montgomery County elders. Specific concerns related to health care were wide ranging and varied. For example, Hispanic elders found access to health care extremely limited due to their immigrant status; those with Medicare or Medicaid felt that language

was a barrier to care. The need for more nurses in senior centers and a nurse phone line for consultation about minor health concerns was expressed by senior center participants.

Mobility

Mobility is vital to senior independence and participation in the life of the community. Elders without mobility have a higher risk of social isolation than those who drive or use public transit. Mobility in Montgomery County was seen as problematic by virtually all of the people participating in Phase I. Drivers were concerned about traffic congestion and parking difficulties. Public transit users were concerned about schedules, hours of service, routes, and the ability of the existing system to get them quickly to where they wanted to go. Mobility was also affected by language. Many Vietnamese, Chinese and Hispanic elders reported that they had not heard about the free ride policy available to Ride-On users who are age 65 and older. Negotiating the bus system was complicated for seniors with limited English proficiency since the signs on the system are in English.

Safety

Pedestrian safety was a concern for all participants but especially among the lower income elders who were dependent on the mass transit system. Elders living alone were concerned about their need for help during emergencies. They would like to have someone who could check on them during a black-out or storm.

Quality of Life

Paid or volunteer work was reported to be a vital component of one's quality of life, and indispensable to preserving independence, maintaining social connection, and making meaningful contributions to the community. For some, the senior center was a focal point for their activities, social interactions, and an important component of their quality of life. These seniors would like enhanced senior center programming, extended hours and weekend activities. Many elders would like to see more information about volunteer opportunities in the community and help finding employment. Low-income residents, particularly new immigrants, were keenly interested in better employment as a way to make contributions to their family. Many reported age discrimination, difficulties in searching for work, and getting to and from potential work settings.

Expectations of Help

Some low income elders expressed the need for more help from the county to gain access to information and resources. They felt the county could be more assertive in its outreach efforts and should provide more information and assistance in the native languages of immigrant residents. Although Montgomery County is a relatively service-rich environment for elders, many were not aware of services available. Long-time county residents felt that the county needed a more concerted effort at outreach because "...not everyone watched County Cable Montgomery or were on-line." Information about the

full range of services in the county has not reached many who could benefit from these services.

Professionals Serving Montgomery County

The survey of Montgomery County professionals identified three key issue areas for the future: affordability of the county, transportation and housing, and home care. Almost all (97%) believed these concerns would continue to be issues in the future (10 years from now). Their concerns were similar to those expressed by the elders participating in Phase I activities. Two areas of divergence between the views of professionals and those of older resident participants were employment and language services. Respondents to the professional survey ranked employment services as “least important” of service areas. Many respondents reported that they did not have enough information to assess the adequacy of translation services and many considered these services to be of “somewhat” or “limited” importance.

Priority Areas and Strategies

The final event for the Phase I effort was a day-long retreat for Senior Plan Advisory Committee (SPAC) members to review the findings and work to date, discuss the top three issues: Housing, Health, and Transportation, and identify short and long term recommendations. Their priority recommendations for each are summarized below. A fourth group was convened to identify public-private partnership responses to the problems of housing, health, and transportation.

Health Care:

Short-Term Recommendations included (1) review all existing health and mental health services in both the public and private sectors in the county to enhance coordination, and (2) develop an information and marketing plan for health resources and services targeted at seniors and family caregivers.

Long-Term Recommendations included (1) conduct a census of health care needs in the county, (2) increase the utilization of technology to improve data collection and health services, and (3) ensure a continuous funding stream, beginning in FY 09, to adequately address the health needs of Montgomery County residents.

Housing:

Short-Term Recommendations included (1) develop a single access point for housing information and waiting list applications, and (2) develop a network of assistance for “aging in place” needs (both inside and outside the home).

Long-Term Recommendations included (1) property tax rebates for seniors, (2) more affordable assisted living facilities, (3) better inclusion of universal design principles,

(4) affordable independent living, and (5) locate senior housing for intergenerational linkages.

Transportation:

Short-Term Recommendations included (1) increase public awareness of senior transportation service options and the consequences for seniors of a non-responsive transportation system, for example, missed medical appointments, and (2) reduce the barriers to door-to-door transportation.

Long-Term Recommendations included (1) a study of current and future senior transportation needs, (2) locating affordable housing options close to transportation, and (3) reducing barriers to public transit.

Public-Private Partnerships:

Short-Term Recommendations included (1) identify existing public-private partnerships and programs, (2) initiate a series of meetings for the County Executive and elected officials to engage the private and voluntary sectors in the issues associated with an aging Montgomery County, and (3) appoint a Cabinet level — “senior czar” to advocate and coordinate activities around planning for the future.

Long-Term Recommendations included (1) establish a non-profit foundation on aging issues in the county to increase the resources and flexibility to address important issues, (2) develop a social marketing plan to conduct outreach and dissemination about issues, (3) coordinate with emergency preparedness, (4) develop incentives for individuals, non-profits and business to adopt senior friendly practices, (5) integrate the senior community into the workforce of the county, and (6) educate the business community about the importance of the senior workforce.



Chapter I

Introduction And Background



CHAPTER I: INTRODUCTION AND BACKGROUND

Introduction

Aging; everybody's doing it. With life expectancy rising and the Baby Boom generation easing into old age, the aging of America has taken on new meaning and immediacy. While national policy makers debate health care costs and pensions and whether we can really afford to grow old, there is an equally, if not more important set of changes and challenges facing our local communities as a result of population aging.

For the first time in our history, we have the majority of elders residing in suburbs and not the central city. We have an older population that is more ethnically and racially diverse than in the past. And we have an older population that is largely determined to "age in place." Planning for the aging of a community can take many forms and is, at present, a "work in progress."

There is no blueprint for the process and limited planning resources available to assist communities in imagining their aging future. The "elder friendly" community movement in the U.S. has developed a set of values important in thinking about the future and a list of desirable amenities for aging communities. But a recent (2006) survey of 10,000 American communities conducted by the National Association for Area Agencies on Aging and partner organizations found that less than half have begun to address the aging of their communities through planning efforts, and few have conducted assessments of their communities.

Montgomery County, Maryland has embarked upon a planning process to help it prepare for changes that will emerge in the future as its aging population increases from a current level of approximately 100,000 to more than 150,000 in the next 13 years. This document outlines Phase I of this planning process – the listening phase.

During the summer and fall of 2006, a series of community events were held around the county to reach out to residents. This outreach was undertaken to identify the issues currently facing older adults and their families and to examine those issues that will likely persist over the next ten to twenty years as the county experiences a dramatic growth in its older population. The outreach also provided many residents with a chance, in some cases their first opportunity, to become involved with the county's planning process and to make their voice heard. This involvement of residents is a critical step in conducting any planning process and assessment. Input from residents was collected in the following ways:

- ◆ Focus groups (6 groups each with unique group members)
- ◆ Community forums (6 forums in six different sections of the county)
- ◆ A telephone hotline for residents to leave comments
- ◆ A web address for e-mail comments
- ◆ An on-line survey of Montgomery County professionals

The process was coordinated through the Montgomery County Office of Health and Human Services, Aging and Disability Services, working with an advisory committee representing other county departments and residents. The Senior Plan Advisory Committee (SPAC) met twice a month for the duration of the project. It was chaired by an Assistant chief Administrative Office of the County and included community activists and advocates as well as representatives from County departments. The SPAC oversaw the planning and implementation of the work which was conducted by a team from Towson University's Center for Productive Aging.

This document contains detailed information about the findings that emerged from the community listening activities as well as those comments that came in via e-mail, telephone and mail. The introductory chapter reviews selected literature about community aging, planning, and

the demographic imperative of population aging. This is followed by a chapter outlining the demographics and statistical projections for the county. There follows chapters that detail the community forums and the focus groups. Selected comments received during the course of the work through e-mail and telephone are interspersed throughout the document. After the description of the survey of professionals and those key findings in addition to the County-Wide survey undertaken simultaneously with this project, we include an integrated analysis of findings and their implications. Within the integrated analysis, there are examples of best practices in Montgomery County and elsewhere that illustrate key findings and their implications. The final section of the document includes the recommendations for future action developed by SPAC members.

Background

The graying of America today is largely a suburban phenomenon and likely to remain this way well into the future. This suburbanization of growing numbers of older adults has dramatic implications for the communities involved as well as the elders who live there.

Consider these facts outlined by Frey in his 2003 analysis:

1. In the 1990's, people over the age of 35 years of age increased by 28% in the suburbs and only 15% in the cities;
2. Baby Boomers made up 31% of the suburban population in 2000 and were most likely to be found in the metropolitan areas that are "high end" communities.

This includes suburbs of Washington, DC.

Today's older population is a diverse group who, on the average, are much better off financially and in terms of health status than the elders who came before them. Frey (1999) points out that the relatively small cohort retiring in the late 1980's and 1990's were easily

assimilated into society because of their size and the resources they brought to retirement. This will not be the situation for the Baby Boom generation – a cohort that will begin its retirement in a few short years. The size of this cohort will make it difficult for its members to manage the transition into retirement and old age and will likely place strain on the communities in which they live. The “demographically advantaged” suburbs will find themselves challenged by a multiple set of demographic imperatives including older residents with demands for public services at a level not previously experienced, heterogeneity of needs and preferences, higher expectations of a well educated cohort, and racial and ethnic diversity.

Planning at the local level for the new old is an activity that few communities have undertaken. It is also an activity that requires new ways of thinking about old age. Today ageism continues to be a factor in how we view old age and too often elders are assumed to be an “over the hill,” dependent population with a set of needs rather than a diverse group of individuals whose interest in autonomy and independence persists regardless of the state of their health. Ageism, or the reinforcement of stereotypes about old age, affect not only the way we view older adults, but influences their own feelings about themselves (Levy, 2003). Butler (2006) reminds us of ageist effects in our society including: 60% of the victims of Hurricane Katrina were over 60 years of age; the majority of older patients do not get the preventative health services they need and only 10% of people over the age of 65 ever receive screening tests for bone density, colorectal and prostate cancer. And, despite a shortage of geriatricians nationwide, Congress eliminated funding for geriatrics education and training in the 2006 budget.

Ageist attitudes influence a community’s practice when it comes to their older residents. Some community members may mistakenly believe that an increase in older residents means

increasing costs of public services when in fact only a small percentage of older residents use aging-specific services supported by public dollars. The State of Maryland's Task Force on Elderly Migration (2006) suggests that, on average, revenues from older households exceed local costs for these households. On a statewide basis, each older household that leaves the state results in the loss of .5 jobs, over \$70,000 in income, over \$5,000 in state and local tax revenues and more than \$1,500 local tax revenues. It makes good economic sense to plan for the aging of a community in order to ensure that the community is a good place for people of all ages.

Factors that Influence the Proportion of Older Residents in a Community

Predicting the future size of the older population in a given community is generally done by projecting the size of the middle-age and young-old cohorts in the future. Since "aging in place" continues as a theme in the U.S., this approach has merit. However, other factors play a role in this estimate. Some communities like Ashville, North Carolina have aggressively marketed their community as a good place to retire and its older population increased accordingly. Other communities such as areas in the Eastern Shore of Maryland are emerging as retirement destinations and are proportionately older than other communities in Maryland as a result of two important trends: (1) development of large scale market rate retirement communities that attract new residents, and (2) aging in place.

Migration patterns in late life have historically been based on two moves – the amenity move during early old age and the second move to be closer to family members to compensate for failing health and increasing support needs. Wolf and Longino (2005) provide evidence that mobility rates in the U.S. have actually slowed; most markedly in the 20-29 year olds and in the 65+ population. However, for adults between the ages of 45 and 64 years of age, mobility rates have increased. Neal, et al (2006) suggest that if communities want to provide incentives for

older persons to locate to high density areas near mass transit, they would need to focus on people in their 50's who are exploring amenity moves. Her analysis, however, suggests that the majority of the Baby Boom generation is likely to remain in their suburban neighborhoods and will require a redesign of transportation opportunities, "aging in place" services, and universal design modifications in order to do so.

The migration trends in Montgomery County are consistent with those identified nationally. Between 1995 and 2000, Montgomery County had a net loss of 6,061 for those 55 to 64 years of age, and a net loss of 3,141 for those between the ages of 65 and 74. Among the residents aged 75-84 the county had a net gain of 142 elders and for those 85+ a net gain of 808. Among counties statewide, Montgomery County lost the most residents between the age of 55 and 64 and was second only to Baltimore City in the loss of persons between the ages of 65 and 74. On a statewide basis, the County was about mid-point in the gain of residents between the age of 75 and 84 and the second largest gainer next to Baltimore County for those over the age of 85.

In a study conducted by AARP, factors influencing the relocation of adults 60+ were examined through interviews. In the counties with the highest number of 60+ movers, the top ten percent of these counties gained over a million residents. These counties, primarily in the South and the West, shared some characteristics including lower crime rates, higher average temperatures, and lower property and state income taxes. Among movers to these popular counties, reasons for leaving their old homes included weather (31%) and interpersonal factors such as to be closer to friends and family (19%). Community satisfaction factors for movers included the opportunity to meet new friends in their age group, low pollution, affordability, high quality government services, opportunities for adult education, relatively little sprawl, and a

range of housing options. Analysis of the interview data suggests that for communities to ensure that satisfaction continues for their 60+ population, the community needs to have low taxes, low traffic congestion, good transportation, affordable housing, and affordable health care.

In the study, people 60+ who had made the decision to remain in their communities rather than relocate were also interviewed. Reasons for remaining include other family members who reside nearby, wanting to stay in their current home and wanting to remain in their current job, and the belief that there are good opportunities for jobs in their home community. For those who stay in their community, the majority (76%) report that they believe their county government needs to start paying more attention to the needs of the 60+ residents. For these stable older adults, their community satisfaction is based upon the perception that they have high quality government services, low pollution, low local taxes, low crime, employment opportunities, available religious opportunities, and low sprawl. And finally, stable older residents report that low local taxes, better transportation, a range of housing options, affordable and high quality health care, and affordable housing are important to their decision to remain.

Health care and geography are intertwined. The World Health Organization has been working on its “healthy cities” initiative since the 1990s; a program that not only acknowledges this link but suggests there are strategies available to address health at the local level. In a recent study, Murray, et. al. (2006), documented dramatic mortality disparities across counties in the U.S. that was only partially explained by race, income, or health care access. According to these researchers, the health disparities in the “Eight Americas” identified by the study must be countered by public health programs that reduce risk factors for chronic illness and accidents. The study found that there were disparities in life expectancy of up to 33 years. There were

seven Colorado counties, two Iowa counties, and Montgomery County, MD with the highest average life expectancy – 82.3 years.

Planning for the aging of the County is a good way to maintain Montgomery County's valued status as one of the healthiest places to live. Recent work by Berke and his colleagues (2007) for example, demonstrate the relationship between the "built environment" and exercise. They found that neighborhoods with higher "walkability" scores were associated with higher levels of exercise of older adults. The Elder-Friendly/Livable Community literature includes many planning recommendations for health of resident of all ages.

The Elder-Friendly/Livable Community

There are many reasons to plan for the aging of a community. In addition to planning in order to ensure that the community supports a high quality, healthy life for all residents and keeps pace with the changing needs of its residents, there are sound economic reasons as well. The "elder-friendly" community is a term that has been used to describe communities who have assessed their community in terms of amenities and resources that are likely to influence the quality of life for older adults.

In a study conducted by the National Association of Area Agencies on Aging and partner organizations (2006), recommendations for community action in the following areas were put forth: health services including prevention, nutrition, exercise, transportation including better road signage and pedestrian crossing, trained emergency service personnel, housing modification and development, tax assistance, employment assistance including training, civic engagement and volunteer opportunities, single point of entry for health and human services, land use policies and guidelines that engage older adults and address their needs. Their study calls for expanded involvement in these areas by a community in order to manage the aging boom and ensure that a

high quality of life is available to all of the residents in a county. Like other “elder-friendly” promoters, this study suggests that a first step is to conduct an assessment of the community. This assessment should not be, according to most advocates, merely an assessment of the government. While government can play a leadership role in developing a community that works for its residents, all of the stakeholders including business and industry, non-profit and for-profit services, as well as residents themselves, must become engaged in the effort.

In Calgary, Alberta, the development of an “elder-friendly” community was based upon a community development model, a model that places the residents at the center of the community effort. Focus groups with older residents revealed that these residents placed a high value on their neighborhoods as well as their autonomy and independence. Residents were asked to become involved in the community assessment and their opinions and views were often at odds with the community professional who was working with them. However, since empowerment of the older residents had been identified as a key goal in the community development efforts, it was the residents’ agenda that prevailed. Through the process of empowerment and organizing, older residents have tackled issues related to aging in place and services needed to remain in their homes such as snow removal and a community kitchen, getting information needed by more isolated neighbors, and creating a set of social opportunities and communication.

Conclusion

The development of a strategy to address the aging of a community is likely to be most successful when all of the stakeholders are involved. While the older adults of tomorrow are going to be different than those of today, we can learn important lessons about how welcoming and supportive a community is from today’s older residents. This Phase I planning initiative is

designed to better understand what aging in Montgomery County is like today from the perspective of those who are living it.



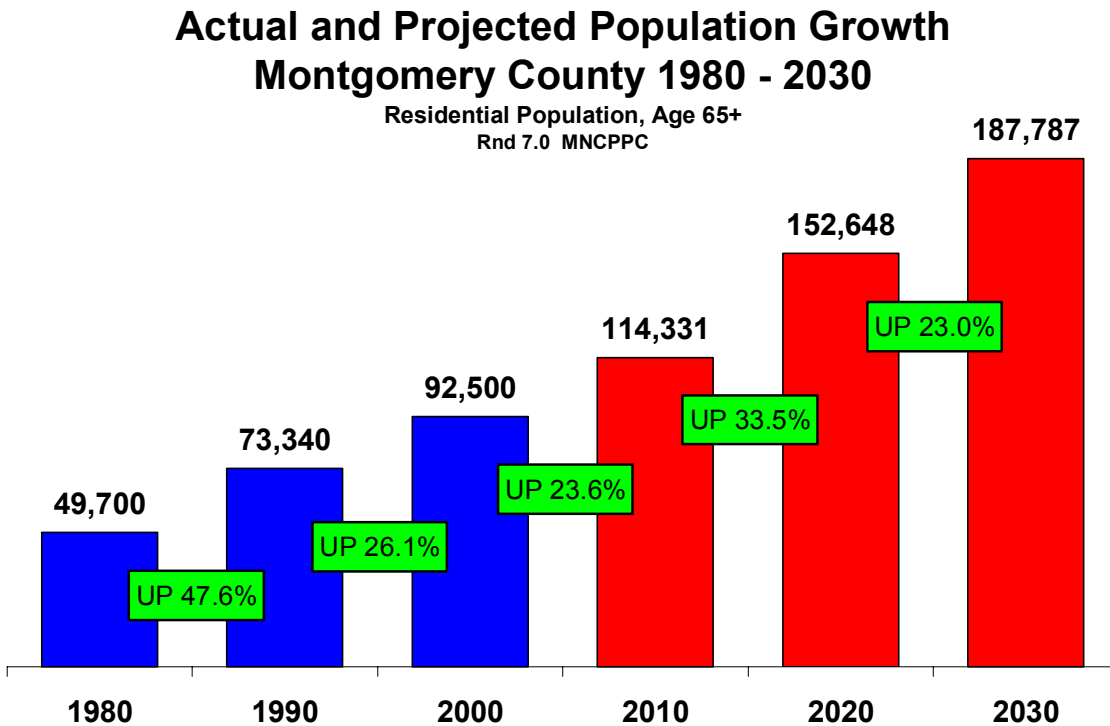
Chapter II

DEMOGRAPHICS

CHAPTER II: DEMOGRAPHICS

The most obvious change in the senior population in Montgomery County is the growth in the overall number of individuals age 65 and over. As illustrated in Figure 1, the number of seniors increased by 86% from 1980 (49,700) to 2000 (92,500) and is projected to grow an additional 65% from 2000 to 2020 (152,648).

Figure 1



The growth in the senior population in the last two decades occurred as part of the overall growth in the county population, with the number of non-seniors also increasing by 47%.

However, projections indicate that in the coming decades the growth rate of the senior population will be almost four times as great as that of non-seniors. Consequently, seniors, as a fraction of the overall population, will increase dramatically. In 1980, seniors comprised 8.7% of the overall county population. In 2000 that had grown to 10.7%, and by 2020 it is projected to be 14.4%.

Several aspects of this senior population growth are worthy of further examination: composition of senior population, dependency ratio, ethnic and racial diversity, limited English Proficiency, and geographical location of seniors within the county.

Composition of Senior Population

One of the tools used by demographers to examine patterns of population change is a graph called a population pyramid. Figure 2 is a population pyramid showing the projected change in Montgomery County's population composition from 2000 to 2020. The inner (lighter) portion of the figure shows the composition of the county's population in 2000. The outer (darker) portion of the figure shows the projected composition in the year 2020.

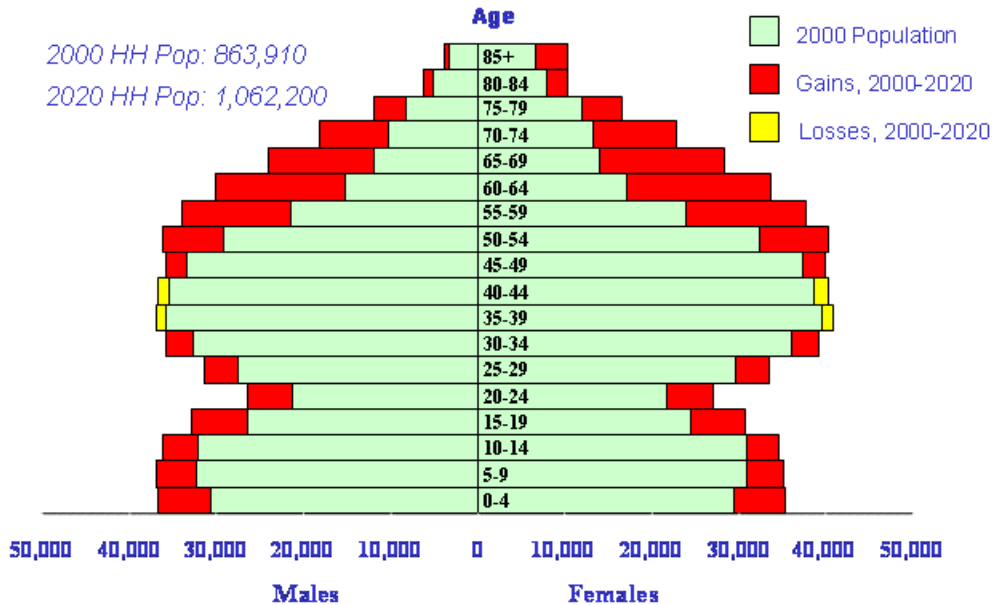
In 2000, the county had a bulge of individuals in the 35-59 age group, which roughly corresponds to what has been termed the "baby boom." Several features are also notable in 2000: (1) the fewer number of individuals over age 60, (2) the relatively small number of individuals ages 15-29, and (3) another boom in children ages 0-14.

Looking ahead to 2020, projections indicate several patterns that could have policy implications. First, a significant growth in individuals age 55-79, is projected with the greatest growth among those termed the "young-old" (ages 65-79). Second, marked growth in young people is projected, the majority of whom will be members of racial and ethnic minority groups. Third, the number of persons age 35-44 is projected to decline.

The future decline in the number of persons age 35-44 in the county has significant implications for seniors with chronic disabilities. Typically seniors with chronic disabilities turn to their spouses, adult children, and paid caregivers to assist them in remaining independent. However, the available population of working age adults be smaller than today. Frail seniors will have difficulty obtaining the care they will need.

Figure 2

2000 & 2020 Household Population Montgomery County, MD



Source: MCDPP, Research & Technology Center, Demographic Model, Round 7.0 Forecast

Dependency Ratio

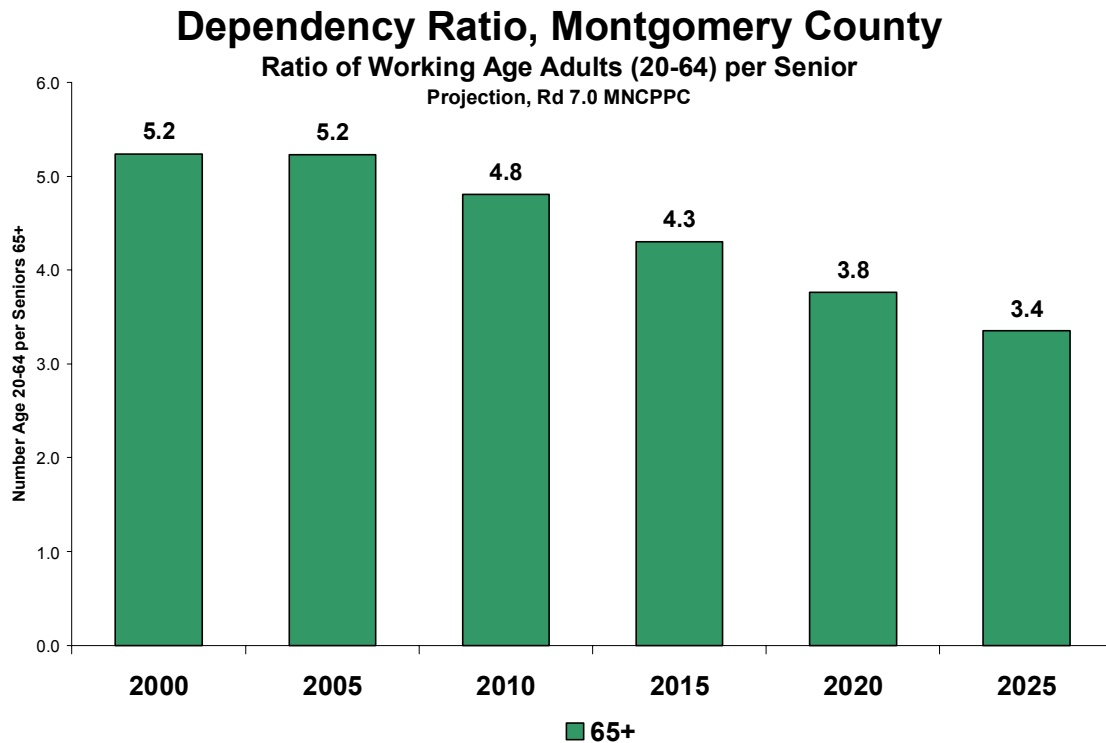
The “dependency ratio” is a statistic published by the Federal government to illustrate the ratio of those typically receiving retirement benefits relative to those active in the work force.

The statistic is controversial in that it obscures the fact that some individuals over age 65 are still employed, and that seniors contribute in many significant ways to the community and are not necessarily “dependent.”

Nonetheless, as part of a larger examination of trends and patterns it provides insight into patterns of change. Figure 3 shows the dependency ratio for Montgomery County based upon projections developed by the Maryland National Capital Park and Planning Commission

(MNCPPC, Round 7.0). Projections indicate that the dependency ratio, or number of working age adults age 20-64 per senior, will decline from 5.2 in 2000 to 3.8 in 2020, with the most significant decline occurring after 2010.

Figure 3



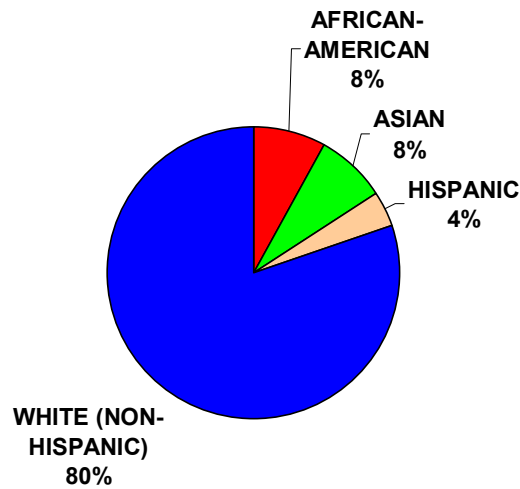
Racial and Ethnic Composition

Seniors in Montgomery County are less racially and ethnically diverse than the overall county population. Figures 4 and 5 show the racial and ethnic composition of the County for people age 65 and over (Figure 4) and for individuals of all ages (Figure 5). The senior population is largely White, Non-Hispanic (80%), with African-Americans and Asian-Pacific Islanders comprising 8% each, and Hispanics 4%. In contrast, the comparable figures for the county as a whole are 61% White, Non-Hispanic, 15% African-American, 12% Asian-Pacific Islander, and 12% Hispanic. A more marked contrast emerges when seniors are compared with

the school age population. In the 2004-2005 academic year, Montgomery County Public Schools reported that White, Non-Hispanics represented 43.3% of all students. African-American's comprised 22.6%, Asian-Pacific Islanders 14.4%, and Hispanics 19.4%.

Figure 4

**Race/Ethnicity of Montgomery County
2000 Census, Age 65 and Over**

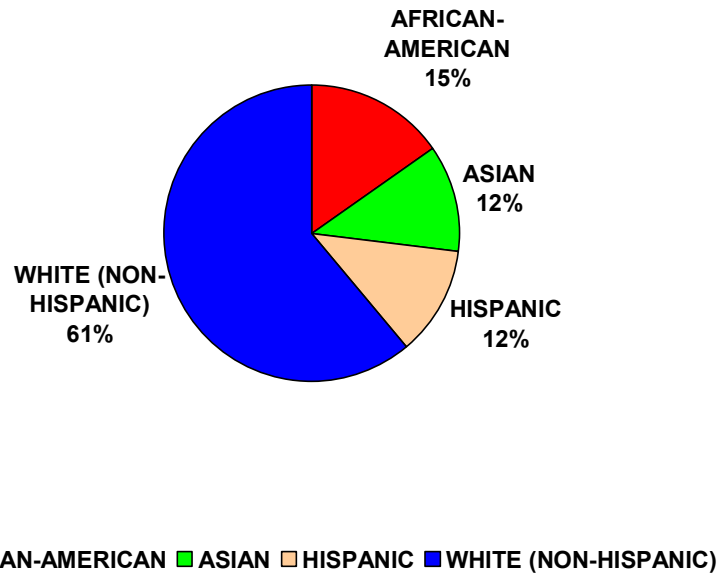


■ AFRICAN-AMERICAN ■ ASIAN ■ HISPANIC ■ WHITE (NON-HISPANIC)

Formal projections of the racial and ethnic composition of the senior population have not been completed for future years, but the following assumptions seem clear: (1) the senior population is likely to become increasingly diverse, moving closer to the overall diversity of the county population, and (2) despite the increasing diversity of seniors, racial and ethnic differences between the young and the old will persist.

Figure 5

**Race/Ethnicity of Montgomery County
2000 Census, All Ages**



Limited English Proficiency

Limited English Proficiency (LEP) is an issue that has been given increasing attention. The capacity of individuals to function at optimal levels, such as securing needed services, is often dependent on the capacity to communicate in English. Individuals who speak English “not well” or “not at all” are defined as having LEP. Data from the 2000 Census indicates that 6,920 individuals age 65 and over met LEP criteria, or slightly more than 7% of all seniors. Of the 6,920 LEP seniors, 5,366 (77.5%) were linguistically isolated, meaning that no other household member spoke English. The largest language groups with LEP status were Hispanic at 1,775; followed by various dialects of Chinese at 1,320; and then Russian (595), Korean (535), Persian (505) and Vietnamese (445).

LEP status is more concentrated among Chinese seniors than among Hispanic seniors. Among individuals that speak a language other than English at home, 7% of Spanish LEP individuals were seniors compared to 27% among Chinese. It is important to note that while the Spanish LEP population is currently concentrated among non-seniors, as this group ages in place the number of Spanish speaking LEP seniors in future decades will increase.

Geographical location of seniors

Location of residence influences access to services by seniors. Distance, ease of transportation, and the lack of centralized services are significant barriers. Figure 6 is a geographic map of the senior population derived from 2000 Census data. The map shows that the majority of the senior population is concentrated in the southern portion of the county, with high urban concentrations in downtown Silver Spring, Bethesda, Gaithersburg, and Leisure World. Nationally, seniors have expressed a strong preference to “age in place” in their homes. Consequently, the senior population in 2000 largely reflects two trends: (1) the majority of seniors are aging in place in homes they purchased years ago, and (2) a growing minority of seniors moving to retirement communities such as Leisure World, Riderwood (Silver Spring) and Asbury (Gaithersburg).

Figure 6

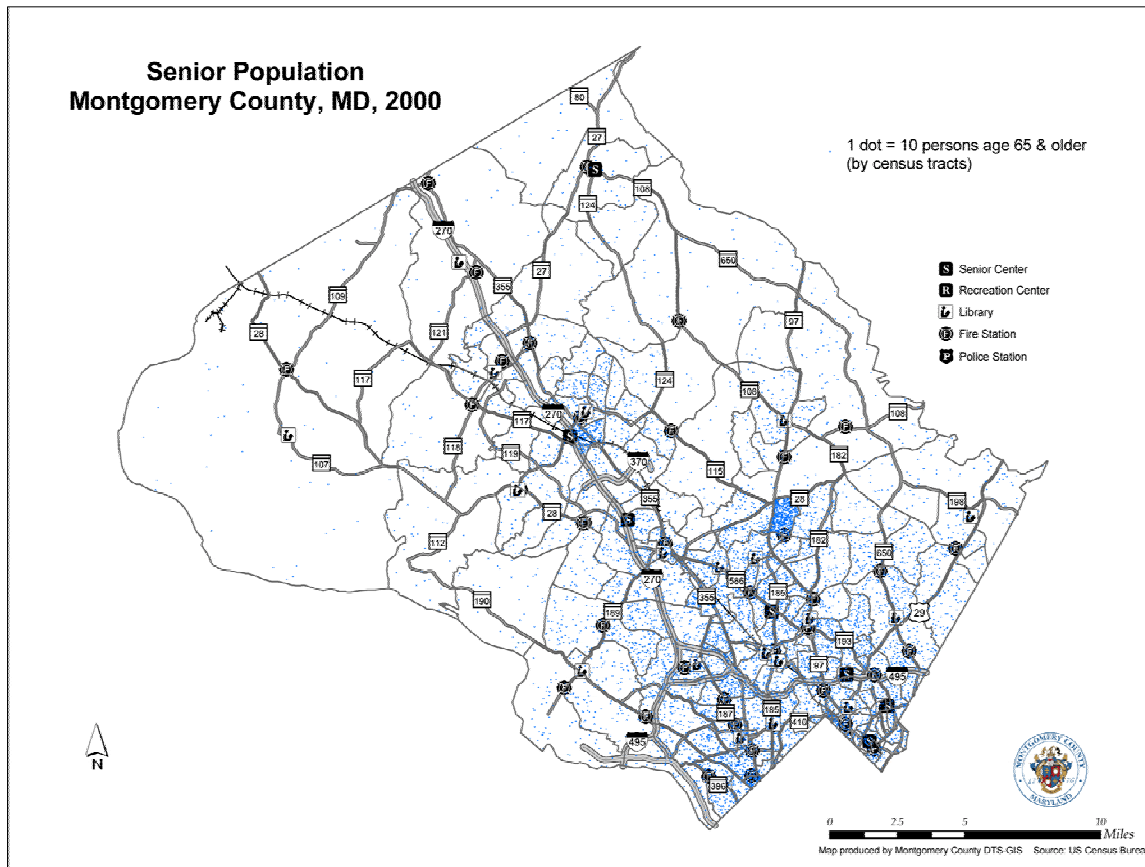
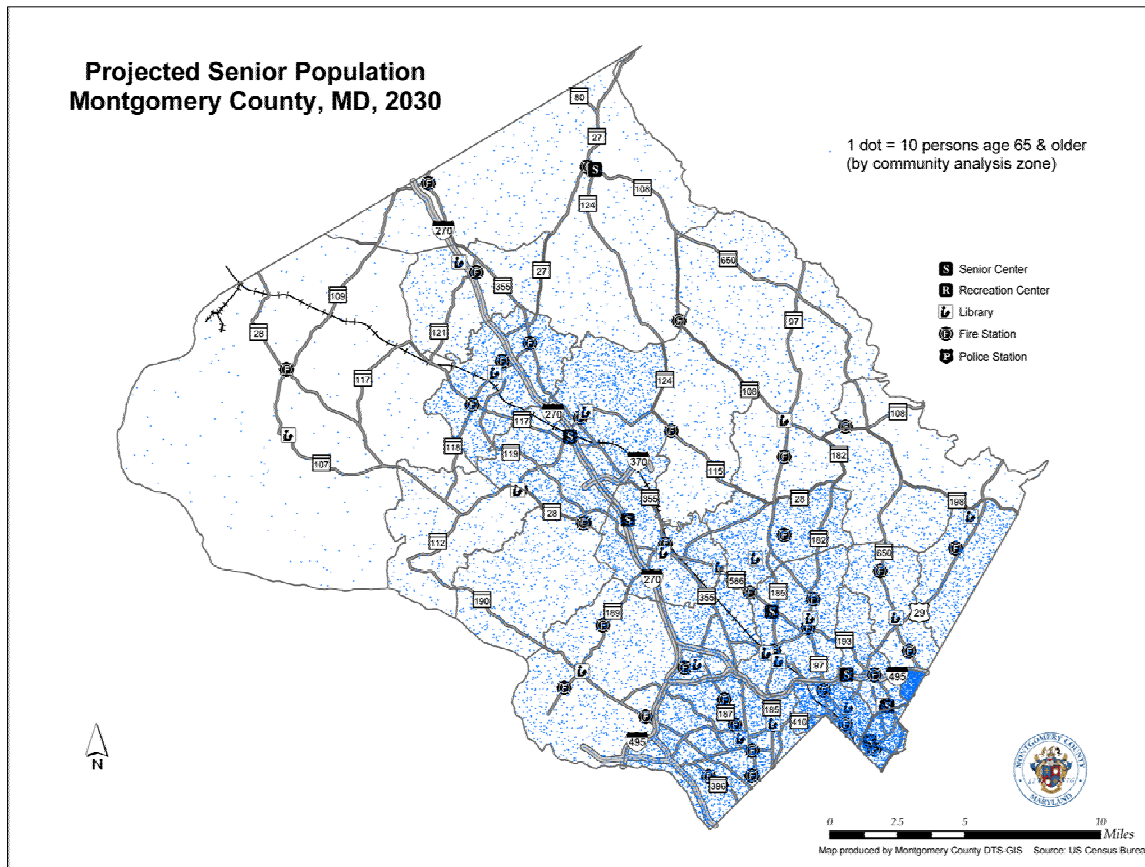


Figure 7 shows the projected geographic distribution for seniors in 2030. This map shows two marked trends: (1) the overall growth in the senior population as illustrated by the greater number and density of data points, and (2) that the senior population is projected to be dispersed throughout the county. Seniors in the year 2030 are likely to be aging in place in homes purchased in more recent years, reflecting greater suburban sprawl. Those seniors with diminished capacity to drive or get around independently, will be at risk of being isolated in single family homes in suburban communities.

Figure 7



Living Situation

The prevalence of seniors living alone is relevant to examining risk factors for independence due to the fact that research indicates that living alone is correlated with lower income, diminished health status, and lower availability of caregivers. Census data from 2000 indicates that among seniors living independently in the community, women are almost three times as likely to live alone as men (36.4% vs. 13.9%).

Economic Factors

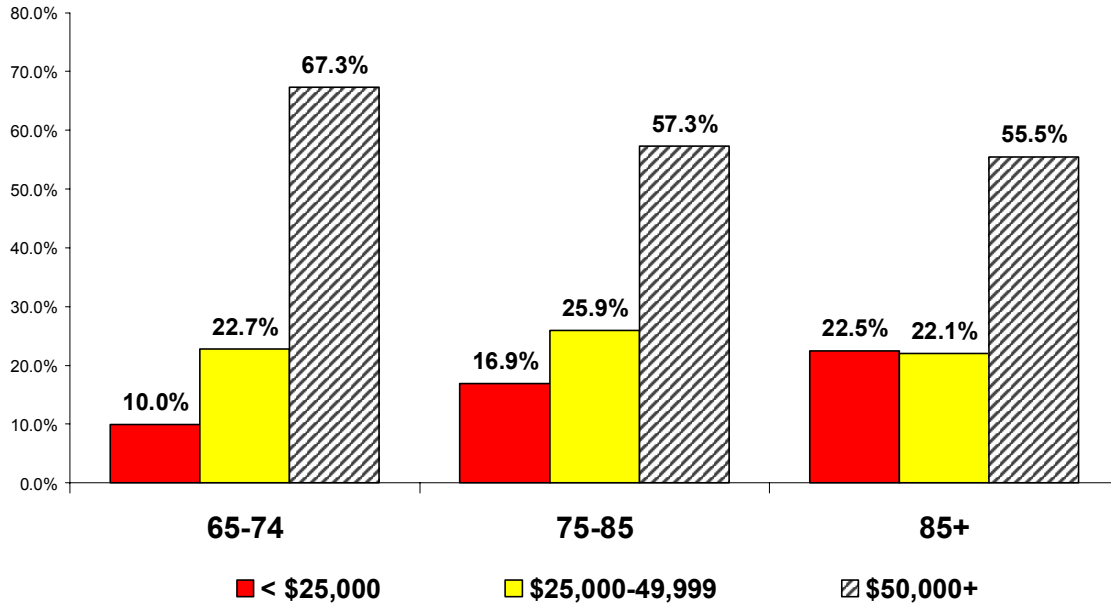
The availability of economic resources (income and assets) is a critical factor for seniors, influencing their ability to acquire goods and services, and to assist them to remain healthy and independent in the community. Census data indicates that while many seniors are financially comfortable, there is significant variability in income which cuts across age, gender, disability status, race and ethnicity. While many seniors are no longer paying mortgages, their incomes are fixed and they often do not possess sufficient reserves to meet emergencies.

Figure 8 shows total household income for seniors in Montgomery County where the head of household is age 65 or older. The figure illustrates that a majority of senior households have annual incomes in excess of \$50,000. However, the figure also displays that there is tremendous variability in level of income among senior residents. For example, among those 85 and over, 33.3% have incomes over \$80,000, —while 22.5% have incomes below \$25,000 (not shown in figure).

Figure 8

Senior Household Income

2003 Census Update Survey; Montgomery County
Research & Technology Center, Dept. of Park & Planning, M-NCPPC (12/04)



Within this economic framework three issues emerge that benefit from further analysis.

- (1) What level of household income is sufficient for a senior to remain self-sufficient in Montgomery County?
- (2) How does income among seniors vary by race and ethnicity, gender and disability status?
- (3) How does income vary by homeowner vs. renter?

Income Self-Sufficiency

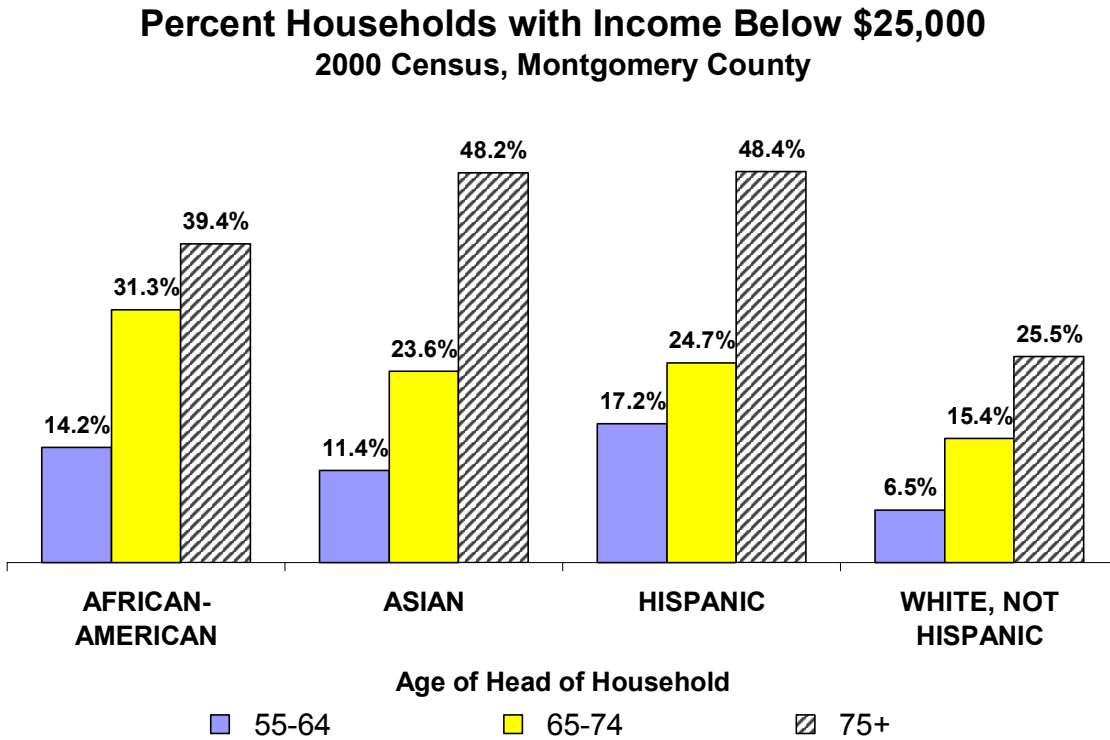
Federal poverty line (FPL) guidelines in 2006 stated that for a family of one, “poverty” was an income less than \$9,800. Poverty for a household of two was an income less than \$13,200. FPL has been widely criticized in recent decades as being an inadequate index of income required to truly be self-sufficient. It is a reasonable assumption, given the cost of living in Montgomery County, that FPL is not a valid index of income self-sufficiency for seniors. The

Self-Sufficiency Standard for a family of one in Montgomery County in 2004 (developed by the Community Action Board) was \$25, 961.

Using \$25,000 in household income as a self-sufficiently threshold for Montgomery County, Census data shows considerable variation by both age and race/ethnicity. While 22.6% (26,268) of senior headed households in the county have incomes below \$25,000, the numbers affected vary by age and ethnicity, from a low of 6.5% for White, Non-Hispanics age 55-64, up to 48.4% for Hispanics age 75 and over.

Figure 9 illustrates some of the divisions by age and race/ethnicity. The percentage of households with income below \$25,000 increases with age across all racial/ethnic groups. This finding is associated with increases in the number of female only households, which typically have lower incomes; and with prior cohorts of seniors who had lower educational attainment and incomes. Figure 9 also illustrates that income self-sufficiency varies by race and ethnicity. White, Non-Hispanics have the lowest level of income insufficiency. Among household heads age 65-74, African-Americans are twice as likely as White, Non-Hispanics to have income below \$25,000. Among household heads age 75 and over, Asian-Pacific Islanders and Hispanics are almost 90% more likely to have incomes below \$25,000.

Figure 9



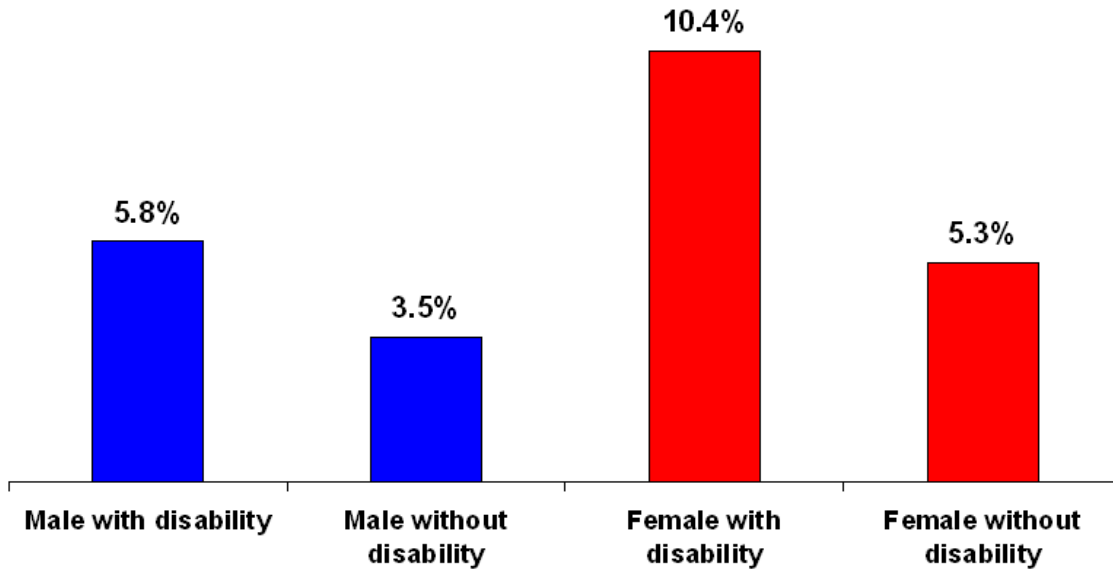
Income by Gender and Disability

Census data also indicate that income varies by gender and disability status. For this analysis Federal Poverty Line (FPL) is used as a household income threshold due to unavailability of detailed income data by disability status. Among Montgomery County seniors, 5.8% have incomes below FPL, with disabled seniors almost twice as likely to be in poverty as those not reporting a disability (8.7% vs. 4.5%).

Figure 10 illustrates that poverty levels are higher not only for those with disabilities but also for women relative to men. For males age 65 and over the total poverty rate using FPL is 4.2%, with 3.5% for men without disabilities vs. 5.8% for men with disabilities. For females age 65 and over, the total poverty rate is 6.0%, with 5.3% for women without disabilities and 10.4% for women with disabilities.

Figure 10

**Percent Below Federal Poverty Level by
Gender and Disability Status**
Montgomery County (2000 Census, SF3_PCT34)



This data illustrate an alarming fact. Those individuals who are most likely to need assistance to remain independent (i.e., elderly/ disabled) are those least able to pay for the assistance they need.

Homeowners vs. Renters

A principle factor influencing the self-sufficiency index for Montgomery County is the high cost of housing. One index that relates cost of housing to self-sufficiency is the percentage of income devoted to housing. The Census Bureau uses 35% of total income devoted to housing as the threshold. Expenditures of a larger fraction of total income on housing would likely leave individuals vulnerable to insufficient funds for food, medical care, transportation, or other critical needs.

Figure 11

Paying 35% or More of Income for Housing Homeowners, Montgomery County (2000 Census)

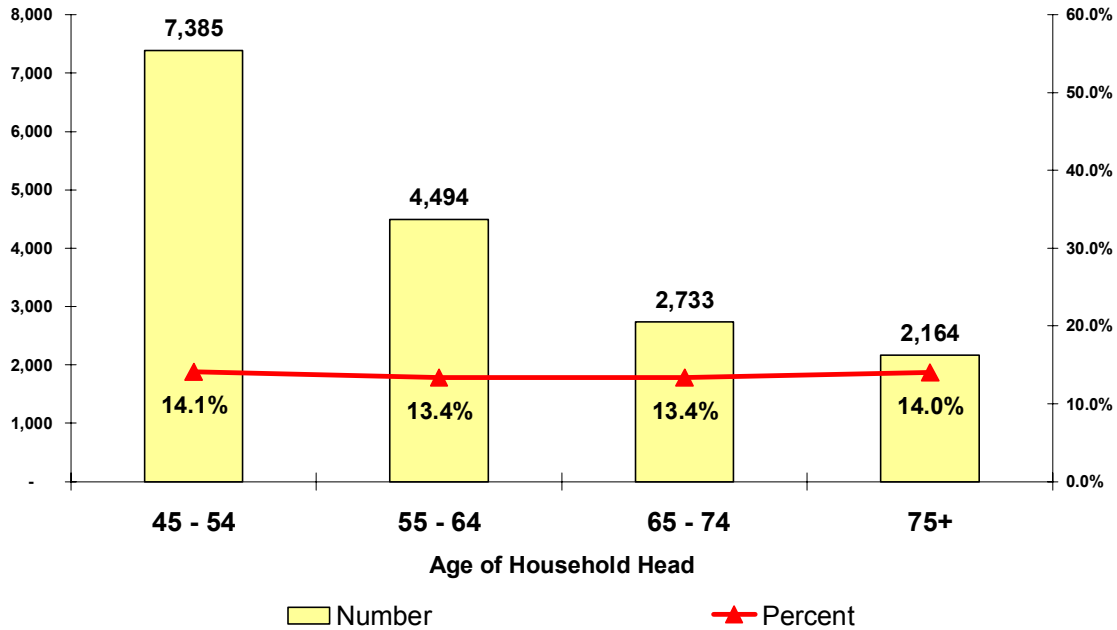


Figure 11 shows the number and percentage of senior headed homeowner households that spend 35% or more of their income towards housing. The graph shows that the percentage of such households spending this proportion of income on housing stays relatively constant across age groups (roughly 14%). The total number of such households decline (4,494 in 55-64 age group vs. 2,164 in 75+ age group) probably as a result of mortality and voluntary choices to move into supported care environments.

Figure 12

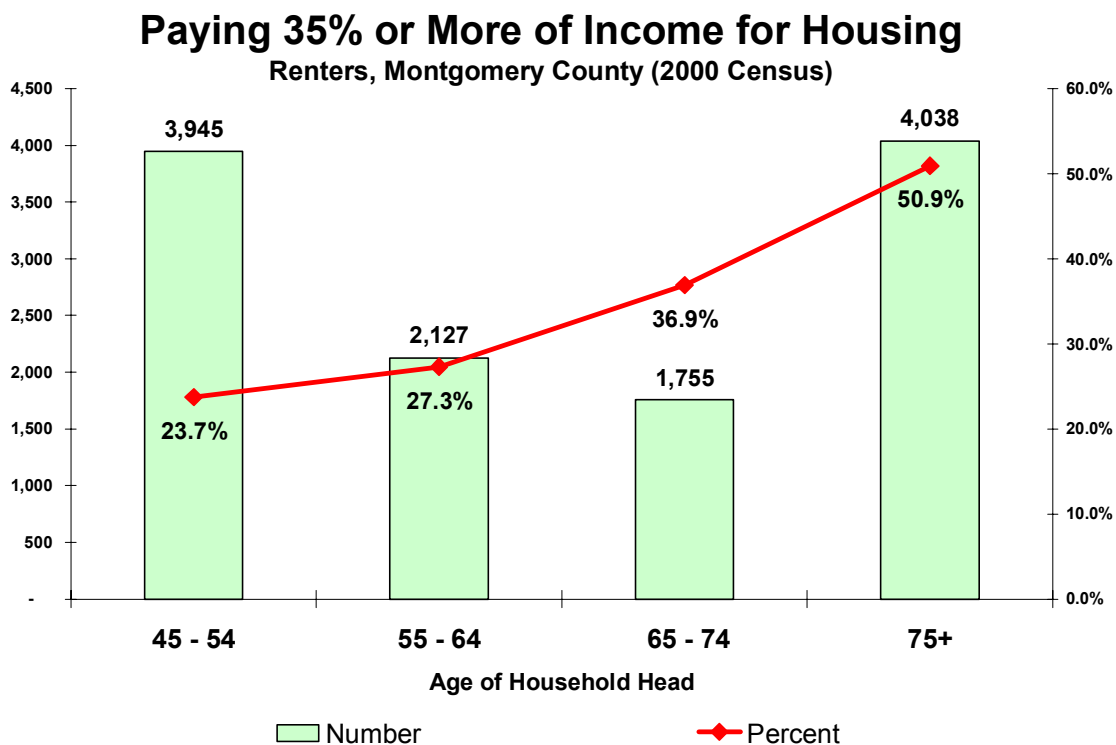


Figure 12 shows the number and percentage of senior headed renter households that spend 35% or more of their income towards housing. In contrast to the graph for homeowners, the percentage of renters paying 35% or more of their income for housing increases markedly by age. For example, while 27.3% of renters age 55-64 fall into this category, it climbs to 50.9% for renters age 75 and over. This trend is likely a result of an interaction of lower incomes among older seniors, and higher rental fees for apartments and supported care environments.

Health Status

While the majority of seniors are healthy and independent, rates of chronic disability do increase with age. From a public policy perspective, disability rates are important indices of need and consumption of medical and human services. The 2000 Census found that 32.7% of

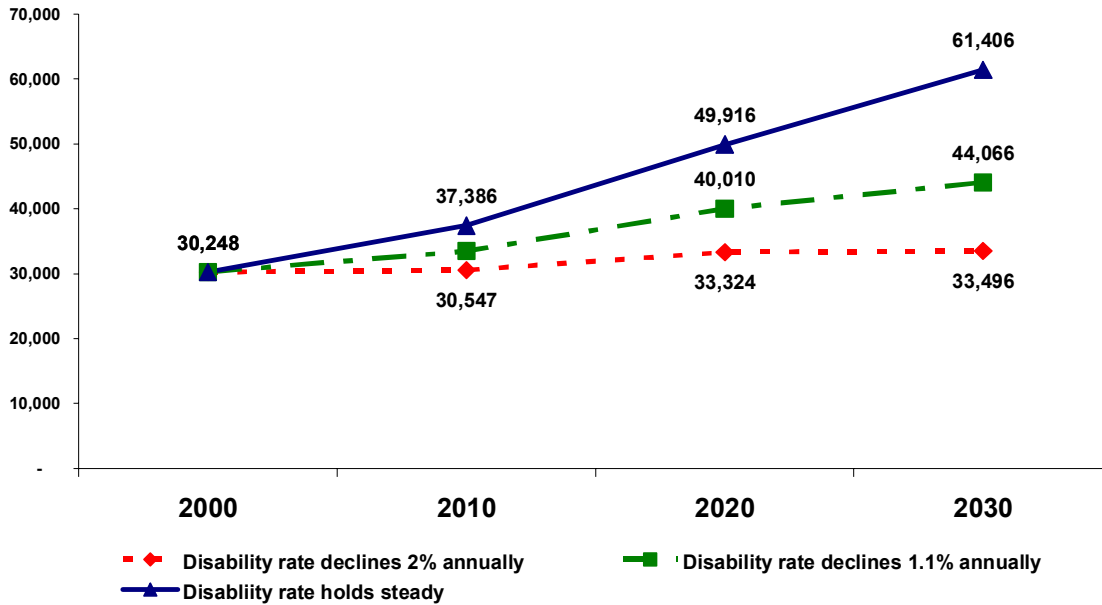
seniors self-reported one or more disabilities. Disability rates also increased markedly with age (21.7% for those 65-74 vs. 45.3% for those age 75+). Women reported slightly more disabilities in each age category (e.g., 23.0% vs. 20.1% among individuals age 65-74 and 47.5% vs. 41.7% for those age 75 and over).

Projections of the number and proportion of individuals with disabilities in the future is a subject of debate. Manton, Gu, and Lamb (2006), in a recent issue of the Proceedings of the National Academy of Sciences, stated that national data indicates that disability rates are declining at an accelerating rate; with 2% annual decline of rates being a reasonable assumption. Earlier estimates of the team led by Manton had assumed disability rates declining by 1.1% annually. Other researchers have interpreted the same data using different assumptions, and have proposed that disability rates may not be declining in a significant way at all, and that the emerging obesity epidemic may actually lead to increased rates of disability.

For the purpose of strategic planning in Montgomery County, the three most plausible scenarios are represented in Figure 13. They are: (1) no decline in disability rates due to health care improvements offset by obesity, (2) 1.1% annual decline in disability rate, and (3) 2.0% annual decline in disability rate. In the most optimistic scenario in which disability rates decline at two percent annually, the number of seniors with disabilities in Montgomery County would remain relatively stable (increase 11%). However, the other two scenarios presented lead to the prediction of increases in the total number of disabled seniors of 103% and 46% respectively, between 2000 and 2030.

Figure 13

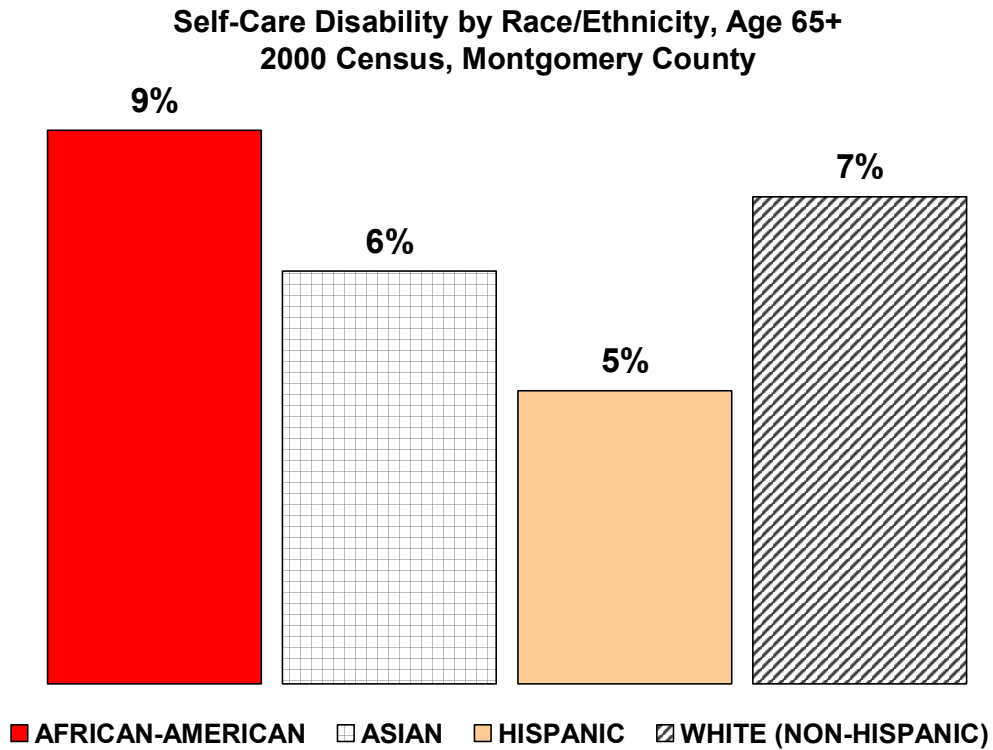
Alternative Projections of Disabled Seniors in Montgomery County



A domain of disability that is of particular importance to seniors in maintaining their autonomy is self-care disability. An examination of 2000 Census data indicates that rates of self-care disability differs by age and gender as well as racial and ethnic groups. Data from the 2000 Census showed several trends. In relation to age, disability rates increase significantly with age. Among seniors age 65-74 disability rates for females and males were comparably low (3.3% and 3.1% respectively). As seniors age into the 75 and over category, self-care disability rates increase markedly with women almost half again as likely to have a self-care disability as men (13.9% vs. 9.2%).

Self-care disability rates also differ by racial and ethnic group. Figure 14 illustrates that among seniors age 65 and over, African-Americans (9%) are the most likely group to report self-care disability, followed by White, Non-Hispanics (7%), Asian-Pacific Islanders (6%) and Hispanics (5%).

Figure 14



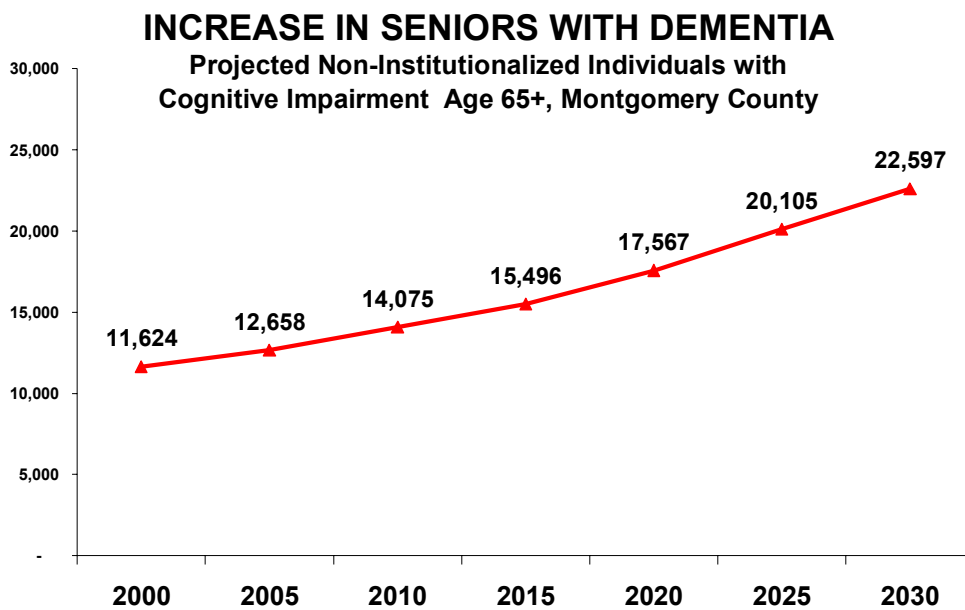
Cognitive Impairment

An issue of critical concern for seniors, family members, and the community at large, is the issue of dementia and cognitive impairment. In addition to the debilitating effects it can have on individual victims, the burden faced by caregivers can have significant impact on their quality of life. As medical care has advanced, allowing people to live to older and older ages, society is facing an epidemic of individuals with Alzheimer's and related dementias.

Excluding individuals in protected living situations, such as nursing homes and group homes, it is estimated that in 2000 there were approximately 11,600 seniors in the county with moderate to severe cognitive impairment (see Figure 15). Using national prevalence rates by age and gender, it is estimated that by the year 2030 this number will increase by 94% to over 22,500. This projection is alarming in itself, but the actual situation may be even more difficult.

First, this estimate does not include the growing number of seniors with dementia who will be residing in nursing homes or other institutional settings. The Alzheimer’s Association estimates that almost three out of 10 people with Alzheimer’s disease are in institutional settings, thus the total number of individuals with moderate to severe cognitive impairment in 2000 is around 15,000, and estimated to increase to around 32,000 by the year 2030. Second, as the number of seniors with dementia increase, the number of adults age 35-44 available to provide formal and informal care will actually be declining.

Figure 15¹



Summary

Montgomery County, like the rest of the United States, is projected to experience a significant growth in its senior population. By the year 2020, the number of senior’s will more than double in the County compared to the year 2000. The senior population is currently less

¹ Slightly less than 3 out of 10 people with Alzheimer’s disease live in institutional settings. Alzheimer’s Association Fact Sheet.

diverse than the County population overall (80% White non-Hispanic vs. 61% for overall population). Projections indicate that over time the senior population will become more diverse, but will remain less diverse than the non-senior population.

A majority of seniors will be healthy and active. (Recent data from the National Health Interview Survey indicates that even amongst those 85 years of age and over, 65% rated their health as “good” to “excellent.”) Over the last several decades the health of seniors has improved due to improvement in healthcare and changes in lifestyle behaviors (e.g., reduction in smoking). Some researchers predict that over the next several decades the health of the senior population will continue to improve, others are more cautious in this regard given the increase in obesity in our society. Even in the best case scenario of rapidly improving health status, the absolute number of seniors with physical disabilities will increase due to the magnitude of the demographic wave.

In the case of Alzheimer’s and related dementia’s, the number of people with significant cognitive impairment has increased more rapidly than the senior population due to improvements in healthcare that allow people to survive for longer periods with chronic illnesses. Future projections indicate that the number of seniors residing in the community (excluding those in institutions) will double by the year 2030.

As a result of the decline in the birthrate after the baby boom generation, as well as societal changes (i.e., higher divorce rate, more women in the workforce, greater mobility), the number of informal caregivers available to assist seniors if they develop physical or cognitive impairments will be declining. While national studies indicate that the median income of seniors will increase over the next two decades, the number of seniors in poverty is also projected to increase.

Montgomery County, when planning for its future, needs to recognize that the future senior population will be: larger, more diverse, have larger numbers of seniors with physical and cognitive disabilities, and fewer informal resources with which to address these hardships.



Chapter III

COMMUNITY FORUM

PROTOCOLS AND

PROCESS



CHAPTER III: COMMUNITY FORUM PROTOCOLS AND PROCESS

As a strategy for encouraging community involvement in the planning process, a series of community forums were convened during Phase I. Five forums were organized—one for each of the five areas of the County. Two of the forums were convened during the day at senior centers – Schweinhaut Senior Center and Long Branch Senior Center. The remaining three forums were held in the evening at the Bethesda/Chevy Chase Regional Center, Rockville Government Center and Upper County Community Center.

The format for each forum consisted of the following:

- ◆ Welcome and overview of the planning process;
- ◆ Power point presentation of demographic data today and projections for the future;
- ◆ Small work group discussion format using the Nominal Group Technique (NGT) to identify and prioritize key issues facing older adults and their families now and likely to be issues in the next ten years.

In addition to the NGT-generated priorities, participants were invited to provide staff with ideas and suggestions on note cards.

The forum protocol allowed us to accomplish the following tasks:

- ◆ Educate participants about the planning process and some of the demographic trends influencing the County during the next ten years;
- ◆ Identify and prioritize issues of importance to participants in a highly structured, but safe and comfortable format that respects each participant’s opinion and perspective;
- ◆ Prioritization of important issues;
- ◆ Accumulate additional spontaneous, post-process reflective ideas and suggestions from participants;

- ◆ Provide information about alternative ways to provide input in the planning process (e-mail and dedicated telephone line).

The Senior Plan Advisory Committee (SPAC) assisted staff in marketing the community forums, hosting the forums, acting as group facilitators and note-takers, and otherwise participating in selected forums. Members of the Montgomery County Commission on the Aging also served as group facilitators, note-takers and participants in the forums.

Samples of the marketing materials and the protocol for work groups can be found in Appendix C.

Community Forum Participation and Issue Identification

COMMUNITY FORUM PARTICIPATION AND ISSUE IDENTIFICATION

Schweinhaut Senior Center – September 15, 2006

This forum was held immediately after the lunch program and a total of 50 participants participated in the forum. Most participants were senior center users, White and older. There were two Asians and three African Americans in attendance.

There was a high level of interest in the demographic power point of Dr. Charles Smith and several participants asked for copies of the presentation. After the presentation, there was good involvement in the five workgroups charged with identifying issues. Each group identified and prioritized their top five issues as follows:

- ◆ Transportation – Expanded transportation options including more weekend door-to-door options and a better range of transportation for grocery shopping and medical appointments. Transportation was the number one issue for one group.
- ◆ Pedestrian safety – safer sidewalks, cross-walks and bus shelters. One group identified this as their number one priority.

- ◆ Affordable housing – Including better/expanded programs for those aging in place (home modification), reduced property taxes for seniors, co-located housing with medical, shopping, transportation and recreation services, and more options for middle-income seniors. Two of the groups identified housing issues as their number one priority.
- ◆ Health problems and improved access to affordable health care and medication – Including affordable health care and medication options, access to medical services and products not covered by Medicare (vision and hearing), expanded access to home care including affordable options, and affordable housing for home health aides. One group identified health issues as their number one priority.
- ◆ Social opportunities – Increased number of senior centers, expanded hours (evenings and weekends) for senior centers, and more social contact options to address loneliness and provide outreach to isolates. One group identified this as their number two priority issue, two others included this issue among their top five problems.

Upper County Community Center - September 20, 2006

Only two residents attended this forum; both were White males. The two participants represented their AARP chapter. The issues of importance identified by these two participants included real estate tax burdens, transportation issues, and medication problems. Both men thought that Montgomery County was a great place to live, with good health and social services and neither planned on leaving the County. We requested that they take copies of the demographic presentation back to their AARP Chapter and encourage members to take advantage of the e-mail or phone line so that to add their comments could be included into the process.

Bethesda/Chevy Chase Regional Center – September 27, 2006

This evening community forum attracted 17 participants; 8 women and 9 men. Two of the men were of East Indian origin, the others were White. There was one high school student, three middle-aged caregivers and 13 seniors. This forum was organized as the previous ones with a demographic presentation and a charge to the participants to prior to their splitting into two work groups, to participate in the highly structured, NGT process. Following this, the two groups gathered together for a final plenary consensus NGT voting exercise that selected the top five overall issues from the issues prioritized in the two workgroups. The resulting consensus priorities were:

1. Affordable and appropriate housing for seniors.
2. Medical care access for the uninsured and others.
3. Affordable door-to-door transportation.
4. Employment opportunities and other income generation options.
5. Meaningful volunteer/civic engagement opportunities.

The other issues identified by the plenary group but not rising to the top five were:

- ◆ Support and recognition for family caregivers.
- ◆ Assistance for those aging in place.
- ◆ Location and availability of community programs.
- ◆ High costs of property taxes.
- ◆ A lack of chore service providers.
- ◆ The high costs of pharmaceuticals.

Rockville County Office Building – October 10, 2006

Thirty-eight participants attended this evening forum. There were 14 men and 24 women; of which six were Hispanic, 16 Chinese, and 16 White. There were two language groups convened at the forum for the NGT breakout workgroups; one Chinese, and one Spanish. Dr. Smith again did the demographic presentation for the two language groups, translation services provided was done at each table. The presence of these two language groups precluded the summative plenary consensus vote.

The priorities for the six workgroups identifying the following key priority issues in rank order based upon the number of groups identifying each issue:

- ◆ Health care concerns including affordable medical care, medication and medical supplies, access to health care for those lacking insurance and/or Medicare eligibility, and increased access to medical specialists. For those with limited English, impediment to health care due to access was impeded by a lack of translators. All of the six groups placed health care concerns in their top five of priority issues.
- ◆ Housing concerns were voiced by five of the groups. Issues identified as priority issues included property tax relief for older homeowners, affordable housing for renters, senior housing for new immigrants to allow independent living and less reliance upon adult children, home maintenance assistance, and supported housing for elders such as foster homes.
- ◆ Transportation concerns including affordable options for non-drivers and, better public transportation., and traffic concerns were top priorities for three of the six groups.
- ◆ Expanded social opportunities for elders were identified by one group.

- ◆ More citizen advocacy, better communication between the county and cities (in terms of services and policies) and between government and citizens, more information about services and benefits, and increased government spending to address problems in the County were priority issues for three groups.
- ◆ Help with employment, concerns about crime, and affordable legal and financial planning services were additional priority areas identified.

The priority issues identified by the two language groups are detailed below:

- ◆ Chinese Language Group
 - Need for free hospital [medical] care with translators.
 - More medical coverage for low income elders.
 - More medical services.
 - Senior housing for international groups in which language is not a barrier.
 - More independent housing so elders do not have to live with their children.
- ◆ Hispanic Language Group
 - Problems with paying for medication.
 - Lack of health insurance.
 - Lack of good paying jobs/employment opportunities.
 - Lack of access to medical specialists.

Long Branch Community Center – October 13, 2006

There were 40 participants at this afternoon forum; 10 Hispanic elders, 14 African American elders, and 16 Caucasians – 3 younger caregivers and 13 elders.

- ◆ Housing concerns were top priority issues for 4 of the 6 workgroups. These concerns included affordability of housing, protection during condominium conversions, home

maintenance services, and help with temporary emergency situations for those “aging in place.”

- ◆ Health care was another priority issue for four of the groups. Specific concerns included financial assistance for prescription drugs, durable medication equipment and supplies, and co-pays and insurance. In addition, concerns were voiced about a staff shortage in nursing homes and home health care, and help for individuals with emergency, unplanned health or emergency care needs. One group advocated free health care for all.
- ◆ Transportation, including both public and senior transportation issues, was a priority issue for five of the workgroups. Expanded transportation to senior centers and services, more financial support for senior trips from the senior centers, more transportation routes inter-county with expanded days and hours, and increased door-to-door services were identified as important priority issues.
- ◆ Public education about aging and increased information and education about available services and benefits, including Medicare and Medicaid, were priority issues for four of the six groups.
- ◆ Other issues included concerns about crime, more help with employment, volunteer community volunteer opportunities, and career education to enable people to remain in the workplace.
- ◆ One group identified the lack of involvement of seniors in decision-making and solutions for solving problems within the community as a key priority issue.

Analysis of Community Forum Priority Issues

The nearly 150 Montgomery County residents who participated in the community forum process represented a diverse set of personal characteristics and interests. When looking for patterns across the five forums, the number one priority issues most often identified included:

- ◆ Affordable and accessible housing, including support for those who were aging in place.
- ◆ Affordable and accessible health care including medication and, for those with limited English proficiency, translation services in the health care setting. New immigrants to the U.S. also reported on their concerns about lack of eligibility for Medicare and uncertainty about Medicaid or other medical assistance.
- ◆ Transportation Issues including more senior transportation that would provide door-to-door service, expanded hours and routes for public transportation, more funding for senior trips sponsored by the Senior Centers, and better taxi services.
- ◆ Other issues that were mentioned by one workgroup as a number one priority issue included:
 - Better outreach and information about services and eligibility including assistance for non-English speaking seniors.
 - Property tax relief for seniors.
 - Pedestrian safety.

In addition to the issues identified as number one in priority, other topics not included in the number one priority ranking, but seen as number two in importance included:

- ◆ Isolation and social contact.
- ◆ Increasing the number of senior centers and increasing hours and days of operation.

- ◆ Local and availability of community programs.
- ◆ Difficulties associated with an increasing cost of living.

It is not surprising that housing issues were at the top of the priority list for community forum participants. Montgomery County has been experiencing a rapid increase in housing prices and in development activities. Both elder renters and homeowners are affected by the real estate market. Renters report that their options are limited when their rent is increased and homeowners are concerned about their continuing ability to pay increasing real estate taxes based upon the escalating real estate market costs. Many of the participants spoke of people they knew who sold their home and moved into a retirement housing complex or other housing option because of their unwillingness or inability to pay rising property tax bills. Other participants reported that they knew seniors who were struggling to remain in a rental apartment that was being converted to condominium use. There were many stories about conversions in which elders were being discouraged from exercising their rights to remain in a building during a conversion. And stories about developers who were requiring elder residents to vacate their units for an extended period of time while repairs were being made, move to other units in the building for short periods of time, and other inconveniences that appeared to be designed to push the tenants aside. Staff from Fair Housing of Montgomery County were assisting in some cases and people expressed their gratitude for this help. However, most were pessimistic about the ultimate outcome of these transitions.

The Montgomery County Commission on Aging has testified in hearings on property tax relief for older home owners, but to date there has been no initiative enacted in the county to counter the escalating home values being seen in parts of the county; a burden for those on fixed incomes.

Feeling secure in the ability to maintain and remain in one's own home is only one component of the underlying concern and deepest hope that is central to all of the primary priority areas identified by community forum participants – the ability to remain independent and autonomous in the community. Poor financial status, financial concerns, poor health, and an inability to get around in one's community are all potential threats to remaining independent.

And while we heard residents express concerns about their own situations, they also repeatedly voiced concerns about the situation of their neighbors, friends, and other Montgomery County residents they may not know personally, but for whom they have compassion. It was not, for example, only those residents with limited English language skills who talked about the need for translation services and language classes that would allow better communication between residents. Many native English speaking elders expressed concern that their non-English speaking neighbors were not receiving enough attention from the service community about benefits and eligibility for programs that would help them. They also conjectured that language was a barrier to good medical care for these minorities as well.

Similarly, many higher- income, financially independent elders expressed concern about those adversely affected by condominium conversions and a shortage of subsidized housing throughout the County. And, finally, those with cars and the ability to drive were concerned not only about their own future when they identified the need for more door-to-door transportation services and better access to shopping, social opportunities and health care. They were concerned about their neighbors who have limited mobility today as well as their own future.

Participants were happy to call Montgomery County their home and there were very few instances when we heard that forum participants were planning on relocating. One participant did, however, remind us that it would be important to try to find out the reasons underlying

outmigration of elders through a study process. Others worried that older residents on fixed incomes were being driven out of the county by upscale developments and rising home prices as described above. And, finally, at all of the forums we heard participants express their gratitude about being asked for their opinion and their happiness about having the opportunity to voice their concerns and ideas.



Chapter IV

FOCUS GROUP

RESEARCH



CHAPTER IV: FOCUS GROUP RESEARCH

Methodology

A total of 49 Montgomery County residents participated in a series of six focus groups. Each focus group addressed a specific topic that was used for recruitment purposes and to direct discussion. All focus groups addressed general topics related to the Montgomery County environment, but the specific topics in each group were explored in depth. The topics for the groups included:

1. Service users of at least one aging network service.
2. Non-users of aging network services.
3. Issues for Renters and homeowners.
4. Planning for the future.
5. Needs of Hispanic Population.
6. Needs of Asian Population.

All participants were Montgomery County residents and with the exception of the Planning for the Future group, were aged 60 or older. Because Montgomery County covers a relatively large geographic area, focus groups were held in various parts of the County including East County, Upper County, and Mid-County.

Because of concerns voiced by Senior Plan Advisory Committee (SPAC) members that the audio-taping of participants might act as a barrier to inclusion for some ethnic groups, the focus groups were not tape-recorded. This was a deviation from the standard protocols for focus group discussions and required additional staffing to compensate, as well as a loss of some “verbatim” information. Despite the fact that each focus group was staffed with at least two

note-takers in addition to a focus group leader and co-leader, some of the qualitative richness of the discussions was lost as it was impossible for the note-takers to capture all comments.

Focus Group Limitations

Focus groups are a powerful, non-quantitative means to explore issues from a more holistic, or qualitative perspective. It allows researchers to observe and hear first-hand from individuals in naturalistic settings about their experiences, attitudes, and interpretation of topics of interest. Focus groups provide insight and direction and oftentimes can shed light on issues that may not be addressed through surveys or other quantitative methods.

Focus group researchers not only record what is actually said, but also carefully observe how participants interact with each other. They assess the degree of comfort, formality or warmth participants display, as well as note any agreement or disagreement, and convictional strength in either direction. Researchers are trained to observe body language, the speaker's tone, tempo, volume, facial expression, and other metacommunicative, paralinguistic, or nonverbal cues. Since the researchers filter and interpret these signals, there is a degree of subjectivity involved in the focus group process, but it is accepted that this does not negate the exploratory value of the focus group methodology as a means to develop more specific assumptions that might be tested later via confirmatory quantitative methodologies.

In short, focus groups provide insight and direction and are ideal for discovery. They do not confirm narrow hypotheses or a specific set of assumptions, but shed light on issues that might otherwise remain obscure.

Participants in the Montgomery County focus groups were obviously self-selected and therefore not necessarily representative of the older population. On the other hand, it should be noted that getting to and from the focus groups and arranging the logistics for participation was,

for many, a complicated activity. Their willingness to participate demonstrates how important it was for these Montgomery County residents to have their voices heard.

Focus Group Team Protocols

Team members, all of whom were part of the Towson University research team, underwent intensive focus group training that included role playing, listening, culturally competent communication, note taking, facilitating, and sensitivity sessions. Team members met prior to each focus group for a pre-session briefing and remained after each session for a post-session debriefing. During the debriefing team members discussed their observations and thoughts about the focus group session and any themes that may have emerged for them during it.

All note takers submitted their notes electronically within 48 hours following the focus group. Each group was then assigned a case number and uploaded into the qualitative software package Atlas.ti. Notes from the focus groups included many verbatim quotes as well as the researcher's personal observations and interpretations. These were subsequently analyzed by two members of the research team, who discussed the findings and any emergent patterns, and manually coded the data. After sharing their findings with the rest of the team and soliciting final input, these researchers began the second phase of coding and analysis continued with the development of central themes and issues.

Focus Group Topics and Themes

For the purpose of this research, themes represent the broad significance of the discussions as they evolved over time. Themes bring together the topics that are addressed by participants in each group. A theme is more than a topic, however. A theme represents the meaning, as defined by the participants, of topics. One cross-cutting theme found across all

groups, for example, was “independence.” This does not mean that participants used that word or explicitly discussed their concerns about maintaining independence and autonomy. The theme of independence was identified as a result of analyzing topics of interest and importance to the participants and central to the stories they told one another in their respective groups.

Each focus group is discussed below. Illustrative quotes highlight key elements of the discussion providing context for the major themes that are outlined. In addition, we provide a list of topics covered in each group. Each focus group also submitted recommendations at their end of their session as a way to wrap up their key concerns. Table 1 illustrates the Focus Group Recruitment Criteria, timing of the group, location, and number of participants.

Table 1. Focus Group Details

Group	Date	Location	Number of Participants
Service Users	August	East County	9
Non-Service Users	August	East County	8
Homeowners & Renters	August	Mid-County	8
LEP-Hispanic	August	Mid-County	9
Planning for the Future	September	Mid-County	5
LEP-Asian	September	Upper County	10

Group 1: Service Users

The service-user participant group was comprised of Montgomery County residents aged 60 or older who were currently using County services related to aging and disability. Most of the participants in this group had low vision problems and as a result were dependent, in part, on one or more county services they were using. These participants discussed several topics that centered on four central themes: (1) maintaining their independence, (2) adjusting to and

managing a changing Montgomery County, (3) maintaining a good quality of life, and (4) acknowledging that “Montgomery County does a lot but....”

Participants discussed the experience of getting around without a driver’s license:

“It’s an extremely humbling experience to lose your ability to drive...it’s a total realignment of your life...It’s the hardest thing ever.”

Several participants enjoyed walking from one place to another, but were challenged by a lack of sidewalks in the county:

“You’re not protected by the law if you are walking on the side of the road...the white cane law needs to be strengthened when there is an absence of sidewalks.”

Metro Access, the transportation system serving the Metropolitan DC area for persons with disability, was of intense interest. Some participants commented on the eligibility screening process, as well as the quality of the service:

“...I advise them [people who want to use Metro Access] not to act too independent because these young people [Metro Access staff] have to make a judgment decision about whether you can walk to a bus....”

“...one time a blind man was standing outside his office and the driver was a half a block up...he didn’t look for the guy and the blind man couldn’t see his car.”

“...the driver couldn’t find the hospital and kept driving me around and around...I was an hour late for my appointment.”

One participant stated that she had never used Metro Access because of what she had heard from others about their experiences, and now that her concerns had been confirmed by others in the focus group, she never would. Transportation and access to it was important to this group as it assured their independent functioning rather than making them dependent on others for such daily activities as attending doctor’s appointments or grocery shopping. One woman stated,

“My problem is Metro Access. I have stood outside for a long time waiting and sometimes missed my appointment...sometimes they come in an unmarked van or car and that is a bit scary for me to get in an unmarked car.”

Being a pedestrian in Montgomery County, and in particular, an older pedestrian with a disability, was a topic that was interweaved throughout the focus group conversation. Comments from participants included:

“My family is around but can’t always see to my needs. I would like to be more active than I am, but transportation is a problem. I have a guide dog, but there are no sidewalks there and I can’t safely take walks... I’m a city girl and I like to walk out and see a few stores and talk with friends...but I am living with my daughter and there is not even sidewalks where we live...she [her daughter] goes to work and I sit around and look at the four walls.”

“My daughter, I love her, but she is pretty controlling and she’s handling my money...it’s time for me to be moving on...I want to move to a place where I can just walk outside and live in a city....”

Participants were equally concerned about increasing traffic problems, the fears they had while walking in their neighborhoods, and frustration with drivers who were careless and a very real threat to their safety.

Other concerns related to environmental changes in their community including the rising cost of everything, but particularly housing and taxes:

“The housing situation is very serious.”

“Some seniors have to move out because they can’t continue to keep up with rent increases...HUD buildings are difficult to find....”

“...closing of Chestnut Lodge was very hurtful to the community...[for homeowners] there is a \$6,000.00 reduction and no cost of living adjustment...it is difficult to care for the home with no additional tax savings.”

When discussions turned to the experience of being treated differently due to age and/or disability comments included:

“It’s difficult to sit in front of someone in their 20’s and have them tell you what you need...it would be very productive if they had older people who were the contact, who would understand.”

“Some...have been denied access to senior centers because they needed extra help...they require a guide to use the services and are denied access. Senior centers should be available to everyone; not just those who have full vision and are healthy.”

All participants felt that the county was a good place to live relative to other counties in the state.

One woman stated:

“I think Montgomery County does a great job...senior services are better here than in other counties...when I hear from other seniors I say, ‘you’re living in the wrong county.’”

Maintaining a desired quality of life was an ongoing challenge for most of the participants in the service-user group:

“...I used the senior center for 15 years...went to a writing class, field trips...they had fantastic trips....”

“I use the special access library...a superior service.”

“I love to swim and it keeps my arthritis in check...they have a beautiful pool in Montgomery County but the bus doesn’t go all the way there. I could call Metro Access but it doesn’t seem right to use it for my swimming...I asked a couple of people about alternative transportation, but I haven’t found any way to get there yet.”

Volunteering was an important activity for this group. Even though most of the group participants had low vision, there were several for whom volunteering was the focal point of their life. Volunteering kept them active and engaged and provided a strong sense of self-worth. Only one participant said she didn’t think she had anything to offer others, and therefore, did not engage in volunteer work; this participant had newly arrived in the County and was unhappily living with an adult child and was being treated as a dependent person. Participants expressed their love of volunteerism and engagement in their community.

“When I first moved here...I got into all different activities. I love politics....”

“I work at the polls, I go to public meetings and I do a lot of volunteer work at the church....”

“I volunteer at the library...help with large mailings, etc.”

There were negative perceptions related to county leadership and those in a position to help older residents with a special need or disability:

“The division of disabilities might do something for an office building but [they] don’t do anything for people with problems...they have meetings but I have never seen them come out or show any interest in what we do...What do they do? Are they writing policy? What are they doing?”

“It would be better if they sent people out to reach the folks so they understand what is available...not everyone watches channel 12 or uses the Internet.”

“They need to do more than have board meetings...they need to go out to church groups and other places to reach people.”

“I think the county should have more input from citizens. Some of the meetings, they hold them at night and seniors are afraid to go out....”

Following is a summary of the topics that flow into broader, underlying themes:

1. Transportation and Metro Access problems.
2. Pedestrian safety.
3. Service-use discrimination based on age and disability.
4. Affordable housing.
5. High taxes.
6. Volunteering.
7. Resources of importance in the county.

Central Themes

The seven topics listed above were discussed at length and with much enthusiasm. They are interrelated and centered on four central themes: (1) maintaining independence, (2) staying in a changing Montgomery County, (3) maintaining a good quality of life, and (4) “Montgomery County does a lot but....” In summary, participants liked living in the County and intended to stay put as they “aged in place,” regardless of the obstacles they were facing in their efforts to maintain their independence. They appreciated the services available to them but had ideas and attitudes about improving these services. All of them were intensely interested in getting their voices heard. Many of their concerns were related to their impression that few people in “authority” were interested in hearing what they had to say. And finally, as a visually impaired group (except for one member), they were especially troubled about the conflicting eligibility issues posing barriers to them in aging services (senior centers).

Recommendations

Recommendations for Montgomery County from the service-user group included the following:

1. Representatives from Montgomery County Aging and Disability Services should connect with the community directly and on a regular basis. “They [Montgomery County] need to do more than have board meetings...they need to go out to the church groups and other places to reach people.”
2. Better integrate disability and aging services. Participants felt that they were not receiving neither help from disability offices nor were they getting access to senior services that they were interested in using because of their disability (low vision).
3. Provide better information about service eligibility and confusing jurisdictional auspices (i.e., who provides what services and what public entity—city, county, or state—is responsible for what?) This lack of coherence is a barrier to service use and to providing meaningful feedback to service providers.

The participants in this focus group had an identifiable advocate directly supporting them who functioned as an “expert” in brokering resources and mobilizing action. This was an empowering element for the participants, but not adequate in addressing their concerns about the conflicting eligibility requirements between disability and aging services, or the auspice and accountability issues.

Group 2: Non-Service Users

The non-service user group included individuals aged 60 or older who lived in Montgomery County and were not currently using services available to older adults. One of the participants was a caregiver for her husband. Participants discussed topics related to their neighborhoods including increasing crime and vandalism, increased diversity in age and race and ethnicity, and why they were able to manage without using services. The key themes of this group included maintaining independence, negotiating the social and cultural changes occurring in Montgomery County as a result of increasing diversity along age, ethnic, and racial lines, and the importance of remaining in and connected to the County.

Comments about the changes occurring in the county included the following:

“I may not look old or I may look healthy, but I’m not...if I ask for a seat on the bus, they look at me like they are going to fight...I was taught to say ‘yes Ma’am’ and ‘yes Sir’ You don’t use first names....”

One woman discussed her concern for one of her fellow participants whom she had just met for the first time that day. She was riding in the van that was transporting them to the focus group meeting when she observed her peer’s house: “...*the kids could just break in and [she] is not properly protected.*” The participant who was the focus of this comment replied that she’s not afraid of someone breaking in because she has a machete. Everyone laughed, but she was serious:

“...I tried to talk to the [kids’] parents about the problems they were making in the neighborhood and they busted my headlights....”

Participants were also interested in discussing their first-hand experiences with racism and ageism. One woman discussed her current housing situation:

“I called them [senior housing officials] and they sent me a form. I called them about the form, and I would have to tell them why I wanted to move...When a white moves out, we’re told to get back in there [African-Americans]. Our neighborhood is Hispanic and Russian...I can’t take my voucher with me [when I move].”

The comment above is also representative of individuals in the group who were renters and were addressing the problem of vouchers being tied to a place rather than to a person, causing them to feel stuck where they were. Affordable housing, high county taxes, and increased traffic were priority issues for these participants—many of whom were currently volunteering, or had previously volunteered, and expressed an interest in doing so again in the future:

“I volunteer...I work with the homeless...my volunteering keeps me going...it keeps me grounded....” This participant continued to discuss the satisfaction he feels with the work he does, *“Yeah...I like to see them come to me raggedy, and they cleaned up their act three months later, they are all cleaned up...it keeps me going.”*

Many of the participants agreed that despite the issues that were raised during the discussion, Montgomery County is a good place to live and most were planning on remaining in the county as they aged:

“I love Montgomery County...one thing about Montgomery County is everything is together [conveniently located] it’s not dispersed, it’s easy to get around, everything is right there....”

There was a debate about issues related to progress. Some participants felt current development in the county was positive and encouraging; others felt it was a problem:

“They [Montgomery County] are doing too much to make this a very wealthy county for very wealthy people and people like us who live on a pension who can’t afford to live here anymore.”

“The county is too smart and too proud.”

“Stop spending our money for show...live like individuals [people who are on fixed incomes].”

As in other groups, independence was an important theme in this group. One participant pointed out:

“We don’t look to the county for help; we give back. We volunteer and are involved in community activities including politics. We do what we can, but we also see that there isn’t enough information about available resources. The Senior Beacon does a good job but more people need to know where to get their flu shots and the like....”

Another told the group her secret for independence: *“Your frame of mind is important....”*

Staying independent was an increasing challenge for many in the group:

“What is needed is safe affordable housing for seniors and affordable food.”

“I can’t read the bus schedule...the print is too small.”

“I have to live with my son because I can’t live by myself anymore.”

“You can’t depend on Montgomery County to take care of things – you have to build your own network.”

Staying in Montgomery County was important to all but one participant (who was planning on moving to Howard County with her daughter).

“Will we remain here the rest of our lives? – YES.”

Topics discussed included the following:

1. Unsafe and changing neighborhoods (crime and vandalism, younger and more diverse population).
2. Racism.
3. Ageism (attitude change among younger generation—lack of respect).
4. Housing (vouchers tied to place not person) (lack of affordable housing).
5. High taxes.
6. Increased traffic.
7. Volunteerism.
8. Development and congestion.

Central Themes

Three central themes emerged from the many topics discussed among the non-service user focus group: (1) maintaining independence, (2) culture change related to increased ethnic, racial and age-related diversity in the County, and (3) staying in Montgomery County. Similar to the service user group, the non-service user group focused on the central theme of *independence*. The theme of cultural change or increased diversity related to age and ethnicity came up in a variety of ways, for example, African Americans in this group described how they felt when they were treated with disrespect by younger people. Only one person in the group planned on relocating to another county because her daughter lived there. The remainder of the participants were in Montgomery County to stay, if possible, and did not look to the county for help. They did recognize, however, that there were other elders who needed assistance and they voiced hope that the county would improve outreach and provide targeted information about resources to older persons in need.

Recommendations

Recommendations of the non-service user group ranged from concerns about county spending on projects to increasing the font size on signs and other public placards. Specific recommendations were:

1. Increase size of writing on signs and schedules.

“I can’t read the bus schedule at the bus stop because the writing is too small.”

2. Increase availability of safe and affordable housing for seniors.
3. Increase availability of affordable food.

“What is needed is safe and affordable housing for seniors and affordable food.”

4. Consider low-income and the elderly when undertaking major development projects for the county.

“Stop spending our money on show.”

5. Provide more information for seniors who want to volunteer.

“My volunteering keeps me going...it keeps me grounded.”

Group 3: Homeowners & Renters

The housing group included individuals aged 60 or older who live in Montgomery County and who either owned their own home or were currently renting a home or apartment. Group participants discussed a number of topics related to their experiences as homeowners or renters including overcrowding and housing affordability. They also addressed the issue of change-over from apartments to condominiums. These issues, in turn, flowed into themes that included the maintenance of independence, managing Montgomery County’s changing social, cultural and physical environment, and who would assist those elders who were less able to manage these changes.

“The county is not supportive [of renters] or the change-over from rental to condos [lifetime tenancy] ...many of the people who had lifetime tenancy chose to move out of state or somewhere else less convenient....”

Additional discussion on the topic of change-over included the process itself, which was described as a “disaster,” because according to some of the participants, tenants had to move twice in order for renovations to be made. The moving did not include assistance with packing and was “inconvenient” for “shut-ins” and others with disabilities. Discussion about the conversion that participants were most familiar with, a building called the Pavilion, continued for some time as all were very interested in hearing about it, particularly those in the group who were homeowners and had no idea that these types of events were occurring in the county.

In addition to affordable housing, the desire to maintain affordable neighborhoods also emerged as a concern. Some participants worried that as renters on fixed incomes they would not be able to continue to afford to shop in their increasingly affluent neighborhoods, where “upscale” specialty shops were cropping up just out of the participant’s financial reach. Another emergent affordability issue included persistent rent escalation—resulting in some seniors being forced out of their homes—a situation that could be ameliorated, they conjectured, by county rent control:

“There is no rent control in Montgomery County...my rent is considered “affordable” but we get regular increases....”

Both owners and renters expressed concern about what they had to do to “age in place,” which led to a discussion of future health, affordability, and neighborhood “change” issues. Participants reported that the HOC-managed buildings were well run and the Community Partners program was a very helpful service that provided additional services for those who wanted to “age in place,” these resources were not of benefit to all of the county residents who needed help.

Public transportation, the pedestrian's plight, and problems related to Metro Access also emerged in this group; homeowners were unaware of the latter service. One participant detailed her experience of having been stranded by Metro Access until 11:00 p.m. When she tried to call Metro Access for help, no dispatcher answered her call. Others suggested that better transportation for grocery shopping would improve their lives by providing them more shopping choices: *"We have a bus to Giant, but I prefer Magruders and there is no way to get there."* Participants using transportation services reported that Senior Connections was helpful and that the Town of Rockville had their own Dial-a-Ride program that seemed to effectively serve those residents. Those not living in Rockville joked about moving there for better transportation services.

Many discussed having trouble crossing Montrose Road, and the fact that Montgomery County is not a pedestrian-friendly county. Homeowners and renters readily agreed on this point, and even those living in Montgomery Village, discussed their problems in trying to cross broad streets with often speeding and otherwise heedless drivers. All agreed that the lack of sidewalks adds to these problems:

"There are no lights or place to sit at the bus stop on River Road."

"The traffic has gotten a lot worse even over the last year."

"I want to stay in my neighborhood but you can't cross the street even with the light...people don't stop and the walk signal is too short."

"'Mega-roads' are imprisoning us if you don't have a car...you can't cross them."

Participants also discussed the increasing diversity of Montgomery County and what the participants felt was the impact of that diversity on housing and services. One participant

suggested that there needs to be better “*coordination and welcoming for immigrants. More inclusion is needed.*” When asked what would make things better, one participant replied:

“I’d like to volunteer to help people pass their citizenship test...I already teach English as a second language....”

One member of the group stated that she “*has always been impressed with the progressive programs in Montgomery County...*” but realizes that much more can be done.

Another stated that “*Montgomery County has been a wonderful county to live in but money has determined the shut-downs...many lives have been disrupted....*” Another stated, “*I love my county, but they should go to bat for people getting bad treatment in housing.*”

Topics included:

1. Overcrowding and congestion.
2. High density and high-priced housing.
3. Change-over from rentals to condos and lifetime tenancy issues.
4. Transportation issues (negative discussions about Metro Access).
5. Diversity and impact on housing and services.
6. Montgomery County not pedestrian friendly.
7. Affordable housing.
8. Aging in place services.

Central Themes

In the non-service user group, three central themes emerged from the variety of topics discussed among the housing focus group: (1) maintaining independence, (2) cultural changes, and (3) “Montgomery County does a lot but....” Similar to the service- user group and the non-service user group, the housing group participants addressed issues that centered on a common

theme—*independence*. Many members of the group felt somewhat trapped and unsafe in their neighborhoods due to a lack of sidewalks, stop lights, cross walk signals, street lights, and when there was a bus stop that one could walk to, a lack of seating while one waited for the bus.

The theme of social and cultural shifts in the community were related to changes the participants felt they were witnessing with regard to increasing racial, ethnic, and age-related diversity; how this impacted housing and the change-over from rentals to condos; and subsequently its affect on low-income seniors in the county. Participants were deeply concerned about the difficult challenges faced by many of the county’s new immigrants who were not receiving adequate county support.

Discussion of independence also included explicit references to autonomy. and having a say in matters than affect them personally. *“We don’t seem to have a voice....when some of us try to express our opinions about the conversions...we are treated with kind words and inaction.”* According to one participant who is personally affected by a condo conversion, her older neighbors are afraid to speak up. It was clear that, for most participants, maintaining both their independence and autonomy was of the utmost importance, a critical aspect of which was having their voices heard in matters relating to how their lifestyles were affected by changing socioeconomic and cultural realities.

Recommendations

1. More sidewalks and related improvements for pedestrians.
2. More publicity about assistance available from County (e.g., home modifications).
3. Address the “high-density” and “high-priced housing.”

4. Consider low-income and disabled elders when planning gentrification projects (e.g., many discussed up-scale stores in their neighborhoods that they could not afford to patronize).
5. Increase reliable transportation options and provide quality access.
6. County should get involved in rental to condo conversion issues including life-time tenancy.
7. Better “coordination and welcoming” of immigrants and increased efforts related to inclusion.

Group 4: LEP-Hispanic

The LEP-Hispanic focus group included immigrants from Central and South America including Honduras and El Salvador. Participants were aged 60 or older and lived in Montgomery County. Participants discussed a number of topics related to their experience of being older and Hispanic in the County. The themes articulated in this group included: (1) the need to remain independent, (2) the importance of maintaining a cultural identity, (3) managing the perceived “hostile environments” in which they lived as low income residents, and (4) the need for better employment opportunities in order to afford life in the County. Topics included a very lively discussion about crime and gangs in their neighborhoods, littering, ongoing troubles regarding the collection of trash and garbage, and pedestrian plight, again, emerged as a serious concern. All members were dependent on public transportation and engaged in a discussion of problems relating to access and scheduling information (e.g., a lack of materials available in Spanish):

“...it is dangerous to wait for the bus...the area is overgrown with weeds and people dump trash there.”

“We need better bus shelters with seats and covers for rain.”

“The house where I live...there is no traffic light there and you have to cross the street in the middle...we need a light for pedestrians.”

“People don’t respect pedestrians...they honk their horn at you if they want to turn right and you are in the crosswalk.”

Safety in their homes and neighborhoods was of importance to each participant — even the member who lived in a large elderly housing complex up-county:

“There is no security in the County and as a result, delinquency has increased. Young people need greater attention from the society and the community; they need programs of support and counseling.”

“I no longer feel safe on the street...I feel I can be assaulted by someone at any time.”

“I feel safe where I am...but I always lock upthere are accidents, murders among young people.”

All but two of the participants of this group lived with an adult child. This situation was both economically and culturally based. The primary concerns around this extended household type involved the participant’s inability to bring in enough money to adequately assist their child with the household expenses. One man, living with his daughter, told a compelling story:

“I can’t work because of my heart condition and my wife and I are both unable to read or write.....my church raised the \$5,500 needed for a special test for my heart but now I can’t afford the medicine they told me to take. It’s sad for us, and I want to have a better life for my family but don’t know how to do it....”

Another participant who also lives with her daughter explained that:

“I might want to live on my own, but I have to send money to El Salvador for my 84-year-old mother. This means I don’t have enough money to pay the rent and must live with my daughter. I try to help by babysitting when I am not at work.”

“I help my sister who is sick and she lives in my country...I send her money for medical care and medicines.”

Only a couple of group participants had health insurance; the rest were uninsured. There was a high degree of stated mistrust about the health care system even though several of the participants worked in this system as nurses' aides.

"I won't go to a hospital...no matter what. You enter the hospital walking and come out in a wheelchair. Hospitals kill you...."

"I wish I had some insurance so I could get medication that I need...there should be something to help us with our health care. I have to pay for myself and I have to send money home to pay for my mother's health care...."

Members of the group were very interested in discussing employment issues including the barriers to gainful employment that face older Hispanics in the County, and how the lack of a good job and livable wage barred access to health insurance and other life necessities. Two of the male participants stressed how the manual work that they could get in the past was now becoming physically more difficult, and they expressed doubt about finding physically less demanding work as they age.

"I want a job that isn't as hard as my current job...I am getting too old to work this way and everyday I feel bad."

"I lost my job and when I go to job interviews now people say to me: How old are you? When I tell them they say they have no job for me."

"I think there are better paying jobs around that I could get, but the bus doesn't provide transportation to all parts of the county so I can only work where the bus goes."

Topics included:

1. Crime & Gangs.
2. Garbage and lack of cleanliness in the neighborhoods.
3. Experience of being a pedestrian in Montgomery County (e.g., lack of sidewalks).
4. Public transportation access and information.
5. Lack of Spanish language materials.

6. Limited options for older adults who want to work and access to a livable wage.
7. Health insurance.
8. Affordable housing.

Central Themes

As we have seen in all groups to this point, *independence* again emerged as a central theme. In sum, the LEP-Hispanic group had four emerging themes: (1) maintaining independence, (2) maintaining cultural identity, (3) the hostile environment in which these low-income elders live, and (4) the lack of economic opportunity.

Recommendations

1. A majority of participants requested that the county come up with some programs to help people obtain and retain jobs.
2. Free shuttles to help people get to work; cleaner buses with more routes and reduced fares.
3. Safe solutions for crossing the street such as building more pedestrian bridges.

“People have died [crossing the street].”

4. *“A place where they can go to get help...some place...one roof.”*

Group 5: Planning for the Future

The Planning for the Future focus group included Montgomery County residents aged 50 or older. They addressed a number of topics related to planning for the future including the issue of outmigration for county residents who may not be able to afford to continue to live in the County if housing prices and taxes continue to climb. They also discussed related issues of

community growth, commercial and housing development, and expressed concerns about the quality of the projects and how they would impact the quality of life for current residents.

In addition, this group addressed concerns about transportation and increased traffic, increasing crime, the ability of county residents to “age in place,” employment opportunities for an older workforce, as well as access to meaningful volunteer opportunities. They expressed concerns about the future of their own health as it related to many of these topics including, the availability of long-term care insurance and the role of government in protecting the health and well-being of its citizens. The primary theme in this group was independence and ways in which they could plan to maintain their self direction and autonomy amid Montgomery County’s changing environment.

All of these participants plan to remain in Montgomery County and agree that new development in the county has created some excellent benefits for residents even while increasing property values and the costs to remaining in the county:

“I think Montgomery County is a great place to live...my husband and I are planning on remaining in the County and I’ve been practicing taking public transportation to prepare for my own aging in place.”

“I am going to move to another housing development in the near future. We’re waiting for our unit to be finished and plan on living in the heart of downtown Bethesda...to enjoy all of the amenities it has to offer.”

“I’m moving soon to a new CCRC where I have heard there are great activities and social opportunities for ballroom dancing, bridge and younger people with whom I can interact...my current situation has less amenities and mainly older people.”

“Montgomery County is an exciting and vital place now as a result of the development and I look forward to living here for the rest of my life....I do think there should be more affordable housing options, however, for those who can’t afford market rate housing.”

Participants shared information with one another about activities and volunteer opportunities. One participant was very enthusiastic about the volunteer bureau in Rockville and recommended it to others as a good resource. All participants were either currently volunteering or planned to volunteer in the future to “give something back” to their community.

There were specific concerns about others who were not as fortunate as them:

“I think the county needs to do more to meet the needs of the original residents of the county....people need better access to the services necessary for life, like grocery stores and transportation...it’s difficult for these residents as well as the service workers in Montgomery County. Where does the bus driver live?”

“We need property tax reduction to ensure that everyone, no matter how long they live, can have a home in Montgomery County.”

“All developers should be required to provide set-asides for older adults that make living here affordable...and mean it....”

Topics included:

1. Affordable housing.
2. Quality development.
3. Transportation and traffic.
4. Increased crime.
5. Aging in place.
6. Continuing to work.
7. LTC insurance.
8. Volunteering.
9. High taxes.

Central Theme

The central theme that emerged from the Planning group was *independence*—a cross-cutting theme among all the focus groups regardless of the topic under discussion. Independence related themes included a forward look to the challenges of “aging in place,” and concerns about ongoing employment for older adults.

Recommendations

1. Better transportation options – Personalized free transportation.

“What will happen when I can’t drive?”

2. More affordable housing including affordable CCRCs.

“This is a good place to live if you have an income [high]. You would have to have at least 60k a year.”

3. Implement rent control and deal with wait-lists for section 8 housing.

“Montgomery County needs a rental assistance program.”

Group 6: LEP-Asian

The LEP-Asian focus group included Chinese and Vietnamese Montgomery County residents aged 60 and older. The group included two individuals who served as translators for group members. The central themes of this group were similar to those in the Spanish language group: (1) independence, (2) maintaining their cultural identity, and (3) managing a hostile environment. While many of the topics were similar to those discussed in the other focus groups, a stand out issue in this group involved the problem of Older Asian residents who are isolated not only from both their immediate cultural community, but also the community at-large due to issues of safety and transportation, as well as language barriers and the attendant

information lag. Participants were concerned how these isolates were living alone and in fear.

For example, one participant stated:

“They [isolated Asian elders] are scared when the phone is ringing...they complain about their lifestyle and being alone.”

“...many [Asian elders] live alone and are frail...need group home to support each other.”

Many of the focus group participants were geographically remote from others in their ethnic community:

“My wife and I live in Gaithersburg where there are fewer Vietnamese....it is harder to get services compared to those who live in Silver Spring and Falls Church, VA...The only Vietnamese senior club in Maryland is in Silver Spring and it takes us 2 to 3 hours by bus...I use a walker and it is hard for us to transfer buses.”

Another woman in the group commented on the transportation hardships she faces:

“I like to visit my daughter in Virginia and have to take three different buses...I can’t speak English too well and nothing is written in Vietnamese...I am afraid of getting lost and it takes me 3 hours to get there. I can’t ask the bus driver for help and sometimes they make me pay 60 cents to ride and sometimes they don’t....I would like a help line for the bus in Vietnamese so I can understand the policy.”

Paying for transportation is an additional problem for some:

“...we get \$112 per month for taxi money...not enough for my husband and I to go to the doctors and the drug store which we have to do three times. We can only afford two times because it costs so much to go from Gaithersburg to Silver Spring...I don’t know who to call in an emergency...maybe someone could help us on bad weather days.”

There was general confusion among participants about the benefits and services available:

“I work at a service to help Vietnamese and many of our clients do not have health care and do not know how to apply for services...such as Medicare or Medicaid. Since they do not speak English they keep quiet and try to go by without help...the

forms are written in English and many shy away from asking for help to complete the form....especially the elderly who do not want to become a burden for family and community...they do not ask for help because they are afraid of being labeled 'needy'....Also, from living under Communist government for so long they are used to not asking the government for anything. We need to overcome this thinking through education and community outreach.”

Language, coupled with income, poses many burdens:

“I would like to become a US citizen but have taken the test and failed. I can only say a few words in English and don't know history....there are classes but they cost too much...I hope there would be a class in my community to help me prepare.”

Topics included:

1. Transportation (confusion about metro vs. ride-on), policies and routes.
2. More services for ethnic elderly including translation services.

“Current level of services not great, but with such a wealthy county should be better. A lot of things for low-income, but not for middle-income. Not a lot of opportunity.”

“We [Asians] have been stereotyped....saying Asians are doing well. Just because we [Asians] are not vocal doesn't mean we don't need services. We have as much need as other minority groups.”

3. Information lag due to the inability to speak and read English, and the lack of translation about programs and services.

“Asian community doesn't know about [service and/or program] changes.”

4. County unsafe for pedestrians.
5. Isolated Asian elders.
6. Increased arrival of new immigrants.
7. Culturally competent services and programs (e.g., meals-on-wheels, home health care).

“Services more for old in general but not ethnic community.”

- 8) Affordable health care and housing.

Central Themes

Four central themes emerged from the LEP-Asian group: (1) maintaining independence, (2) maintaining cultural identity, (3) managing a hostile environment, and (4) affordability of the area. Similar to the findings from the LEP-Hispanic focus group, Asian focus group members were highly concerned about maintaining a strong cultural identity and, consistent with Hispanic participants, were desirous of having a central location for culturally relevant programs and services.

Recommendations

1. Increase availability of language services.
2. Senior-friendly affordable housing—ethnic NH/ALF (Ethnic group home for Asians).
3. Door-to-door transportation.
4. Bigger print, bigger street signs.
5. Help those who want to help others to “age in place” (volunteer programs specifically for Asians).
6. Culturally relevant food for meals on wheels.
“...when I’m sick I can’t eat it.”
7. Culturally competent training for care workers.
8. More services to meet the needs of ethnic elderly—particularly the old-old. Increased Asian outreach.
9. A community center just for Asian elders in Montgomery County.

Discussion

While the six focus groups conducted in Montgomery County addressed a variety of topics, there were several cross-cutting topics and central themes. The most important theme for all of the groups was the theme of independence. Remaining independent in the community with autonomy and control over their life was central to all of the participants regardless of age, ethnicity, culture, income or life situation.

Other themes of importance that crossed over the groups include issues related to transportation, such as a lack of access to reliable public transportation and the experience of using public transportation. Participants were often confused about when they could use transportation and most didn't know the difference between metro and the ride-on.

Another cross-cutting issue discussed by participants included the experience of being a pedestrian in Montgomery County. Those who discussed this were frustrated and fearful of walking due to lack of sidewalks, increased vehicular traffic, lack of street lights, and long distances between bus stops.

Other cross-cutting topics discussed by participants included the lack of affordable housing, high taxes, increased diversity, volunteerism, and the lack of employment opportunities for older adults in the county.



Chapter V

SURVEY

OF

AGING NETWORK

PROFESSIONALS

CHAPTER V: Survey of Aging Network Professionals

Introduction

This chapter describes the detailed findings of the survey of aging network professionals in Montgomery County. This survey was designed to provide information regarding service issues, needs, and concerns about the future from the perspective of the aging network professionals working in Montgomery County. We also invited respondents to nominate programs in the County that they believed were exemplary and represented “best practice” ideals.

There were two groups of professionals invited to complete the survey which was located on the Towson University website; Montgomery County employees via a letter of invitation from the administrative office of the county with a hot link to the survey site, and through personal e-mail invitation from Senior Plan Advisory Committee (SPAC) members to their colleagues and constituent groups. Because there was no master list of aging network professionals in Montgomery County, the size of the universe was not estimated and a modified “snowball” sampling approach was employed to maximize the responses by professionals working in the county. We cannot, therefore, calculate a response rate on this survey. There were 192 respondents to the survey. The survey instrument can be found in Appendix D.

The survey consisted of nine items, five of which focused on respondents professional perceptions of (a) priority issues facing older adults now and in the future; (b) the importance and availability of specific characteristics associated with “elder friendly” communities; and (c) the importance of adopting certain principles when planning services for older adults in the future. Respondents were also asked to identify exemplary programs in the county that may be considered “best practice.” No personal information was collected from respondents. We

collected data only on their work role, type of organization for which they worked, and service area.

Who Responded to the Survey

As noted in Table 1 the majority, approximately 56% of respondents, were employed by non-profit organizations. Only 10% identified themselves as Montgomery County employees. Respondents who selected the “other” category tended to work independently as consultants or other professionals (e.g., lawyer, parish nurse), or listed themselves as volunteers.

TABLE 1. Type of Organization In Which Employed

Non-profit	107	(55.7%)
For-profit	41	(21.6%)
Montgomery County	19	(10.0%)
Other	24	(12.6%)
Total		190

The service areas most often identified by respondents were the metro area (33%) and county wide (30%). Nearly 10% of respondents indicated a service area that extended nationally and almost 7% described their service area as statewide. [See Table 2.]

TABLE 2. Service Areas for which Respondents Noted Responsibility

National	17	(9.5%)
Statewide	12	(6.7%)
Metro area	59	(33%)
County wide	53	(29.6%)
Up County	4	(2.2%)
Mid County	15	(8.4%)
East County	8	(4.5%)
Silver Spring	6	(3.4%)
City of Rockville	5	(2.8%)
Total		179

Over one third of respondents (34%) identified themselves as administrators of an agency or program. One third (31%) were noted to be direct service providers and almost 10% indicated that they managed direct service providers. [See Table 3.]

TABLE 3. Respondents Work Role

Direct service provider	55	(30.9%)
Manager of direct service providers	17	(9.6%)
Administrator or executive of an agency/organization	61	(34.3%)
Planner or analyst	6	(3.4%)
Comptroller or financial/payroll professional	3	(1.7%)
Consultant to an aging network organization	2	(1.1%)
OTHER	34	(19.1%)

Total 178

Respondents were asked to identify service settings that best described where they currently work. Nearly a quarter of the service settings selected were medically oriented (e.g., health care

Table 4: Organizational Settings

Clinical setting	21	11%
Senior Housing	20	10%
Assisted Living Facility	19	10%
Rehabilitation Facility	11	5.7%
Home Care Organization	21	11%
Planning Agency	3	2%
Senior Center	12	6.3%
Adult Day Center	10	5.2%
Van or Bus Service Org.	8	4.2%
Care Management	9	4.7%
Meal/Nutrition Org.	18	9.4%
Mental Health	14	7.3%
Advocacy Setting	15	7.8%
Government	14	7.3%
Faith-based Org.	32	16.7%
Other	50	26%

clinic, nursing facility), while another quarter of responses were associated with community-based support services (e.g., care management, community centers, van/bus service, meal programs). Approximately 17% of respondents indicated they worked for a faith-based organization. Detailed service setting representation is displayed in Table 4.

Priority Areas – Now and In the Future

Professionals were asked to identify three critical issues they believe confront older adults living in Montgomery County. Responses to the open-ended question varied, particularly with respect to which issues ranked first, second or third in importance. However, specific themes were noted.

Cross-cutting Themes

“Affordability” was a cross-cutting theme across the three priority areas but was most notable in “priority one” and “priority two” groupings. Respondents noted concerns about older adults’ ability to have “affordable health care,” “affordable housing,” “affordable transportation,” and “affordable services” in general. Within the theme of affordability, issues of cost associated with purchasing health care and housing, one’s ability to pay for services, and having sufficient financial resources to meet service needs on a fixed income were also noted.

“Transportation” was a second theme that crossed all three priority areas but tended to be most often noted in “priority one” listings. Although many respondents listed the issue only as “transportation,” some qualitatively described the issue for older adults as having “access to” or “affordable” transportation. In addition, some respondents specified that transportation to activities or social events was an important issue.

A third theme that was commonly identified within priorities 1, 2 and 3 was related to “housing and home care.” Again, affordability was commonly noted but respondents also reported concerns about older adults having sufficient services to allow them to “age in place,” having choices in the types of housing in which they will live, as well as the availability of service systems (i.e. coordinated services) that will enable the older adult to live independently.

When asked if these issues will remain of critical importance ten years from now, approximately 97% who responded (N=178) answered “Yes.” Other issues included issues

related to family care, availability of skilled health care professionals and quality services, isolation and mental health issues, and social and recreational opportunities.

Elder Friendly Communities – Important Characteristics

Professionals were asked to review some key characteristics associated with “elder friendly” communities. Each characteristic was rated in its importance to building an “elder friendly” County. Respondents were also asked to indicate the degree to which each characteristic is available to residents living in Montgomery County. Table 5 describes responses to this survey item. Consistent with priority issues listed by respondents, characteristics that related to access and affordability of housing, transportation, and range of health services that may be needed by older adults living in the community were rated of high importance. While nearly one third of the respondents rated the availability of health care services to be “very good” to “excellent,” only a little over a tenth of the respondents viewed the availability of affordable housing and transportation options (10.9% and 11.5%), respectively, similarly. Characteristics that focused on employment programs, translation services, and service information in a range of languages were noted to be important but less important than in-home services, emergency response systems, and access to a range of goods and services needed to live in the community. Translation services were noted to be the least available of all characteristics listed, but nearly one quarter of respondents were unsure of whether these services were available or not (“Don’t Know”).

Table 5. Characteristics of Elder Friendly Communities & Perceptions of Availability in Montgomery County

	Importance (5="Extremely"; 1="Not Important"	"Very Good" to "Excellent" Availability (% of Respondents)
a. Affordable housing options.	4.62	10.9
b. A variety of retailers and merchants in centralized locations.	4.04	37.1
c. Affordable transportation options within the community and outside of the community.	4.58	11.5%
d. Access to a range of affordable in-home services (public and private) and providers that facilitate aging in place.	4.53	17.1%
e. Access to a full range of health services that may be needed by elders living in the community (i.e., primary care providers, pharmacies, clinics, hospitals, dental services, mental health services).	4.61	31.8%
f. Access to a full range of other types of goods and services that may be needed by elders living in the community (i.e., chore services, caregivers respite services, fitness and wellness programs).	4.38	16.6%
g. Public and private employment programs serving elders.	3.70	7.6%
h. A range of volunteer opportunities for older adults (e.g., mentoring, public service, leadership roles, etc.).	3.87	45.1%
i. Religious, social and community activities that are appropriate for diverse groups of elders.	4.19	41.6%
j. Translation services for diverse groups of elders and their families.	3.96	5.1%
k. Health, social and community information available in a range of languages.	4.04	12%
l. Emergency response systems in place for personal and community emergencies.	4.48	36.3%

A detailed chart showing all responses for these planning components and the assessment of their availability today follows.

TABLE 6. Perceived Importance and Availability of Elder Friendly Community Components

Component Importance	Availability				
	Excellent	Very Good	Somewhat	Lacking	Not Present
Affordable Housing: N=177					
Extremely	7	3	37	73	4
Very	--	6	14	18	1
Somewhat	--	2	--	1	--
Limited	--	1	1	3	--
Don't Know 6 (3.4%)					
Range of Shopping: N=179					
Extremely	6	14	27	9	1
Very	1	33	30	7	--
Somewhat	1	11	26	3	--
Limited	--	--	3	2	--
Don't Know 5 (2.8%)					
Affordable Transportation: N=176					
Extremely	7	5	51	62	2
Very	--	7	18	7	--
Somewhat	1	--	5	--	--
Limited	--	--	2	2	--
Not Imp.	--	--	--	--	1
Don't Know 6 (3.4%)					
Aging in Place Support: N=178					
Extremely	7	8	39	57	3
Very	1	9	15	6	1
Somewhat	1	2	5	4	--
Lacking	--	--	--	5	--
Don't Know 13 (7.3%)					
Range of Health Services: N=177					
Extremely	9	34	54	27	2
Very	--	10	16	4	--
Somewhat	1	2	5	1	--
Limited	--	--	--	4	--
Don't Know 8 (4.5%)					

TABLE 6 (continued). Perceived Importance and Availability of Elder Friendly Community Components

Component Importance	Availability				
	Excellent	Very Good	Somewhat	Lacking	Not Present
Range of Services and Goods: N=175					
Extremely	8	4	39	38	1
Very	1	12	27	19	1
Somewhat	--	4	4	5	--
Limited	--	--	--	2	--
Don't Know 10 (5.7%)					
Employment Services: N=172					
Extremely	3	1	22	13	--
Very	--	7	23	17	1
Somewhat	--	2	25	13	1
Limited	--	--	2	5	2
Not important	--	--	1	--	--
Don't Know 34 (20%)					
Volunteer Programs: N=174					
Extremely	5	8	10	7	--
Very	6	45	31	9	--
Somewhat	6	7	21	3	--
Limited	--	1	--	2	--
Don't Know 12 (6.9%)					
Diverse Range of Religious/Social Opportunities: N=174					
Extremely	4	25	25	8	1
Very	3	35	31	3	--
Somewhat	1	4	15	2	--
Limited	--	--	--	2	--
Don't Know 15 (8.6%)					
Translation Services for Diverse Elders and Families: N=177					
Extremely	1	4	22	22	--
Very	--	8	24	18	1
Somewhat	1	3	12	9	1
Limited	--	--	1	7	--
Don't Know 43 (24.3%)					

Component Importance	Availability				
	<u>Excellent</u>	<u>Very Good</u>	<u>Somewhat</u>	<u>Lacking</u>	<u>Not Present</u>

<u>Health, Social, Community Info in Range of Languages: N=176</u>					
Extremely	2	2	20	26	--
Very	--	14	27	17	--
Somewhat	1	2	15	3	--
Limited	--	--	2	6	--
Not Important	--	--	1	--	
Don't Know	38 (21.6%)				

<u>Emergency Services: N=179</u>					
Extremely	13	31	30	24	--
Very	1	17	18	12	--
Somewhat	1	2	3	4	--
Limited	--	--	1	3	--
Don't Know	19 (10.6%)				

Analysis was conducted to examine the extent to which a respondent's work role or organizational affiliation was associated with perceived importance or availability. There were only two community components for which a statistically significant difference (less than .10) was observed in responses by work role, and one community component in which the difference was present according to organizational type. Those who described their work role as administrator or executive of their organization were more likely than other professionals to view the availability of retailers and merchants in centralized locations as of somewhat important or of limited importance (43%).

Administrators or executives were also more likely than other professionals to report they believed translation services for diverse elders and their families were of somewhat or limited importance (44%).

In terms of differences based upon organizational types, for profit organizational respondents and respondents working for Montgomery County were less likely than other professionals to rate the importance of religious, social, and community activities for diverse elders as “extremely or very important.” Although more than half of the respondents representing Montgomery County and for-profit organizations thought religious, social, and community activities for diverse elders were very important, 62% and 68% respectively, ranked this component high, compared to 85% of non-profit, 89% of other, and 100% of city employees who ranked it extremely or very important.

Planning for the Future

Aging Network professionals were asked to consider the importance of specific principles when government, private industry, and community stakeholders plan for the future. These principals derived from the Commission on Aging of Montgomery County. Using a 5-point scale, where 5= “Extremely Important” and 1= “Not Important,” respondents ranked a list of principles that focused on the inclusion of older adults in the community as active participants and the types of programs that would facilitate that involvement. The provision of services that will help elders maintain independence and autonomy was ranked as most important (4.75). Principles that promote service support to family caregivers, ensure older adults remain decision-makers when using services they need, and establish coordinated services were ranked between 4.51 and 4.49. Respondents rated the establishment of effective senior employment programs to be least important (3.82).

TABLE 7. Planning for the Future Montgomery County

	Importance 5= "Extremely" 1= "Not Important"
a. Having elders in a leadership positions when developing policies and programs to address the needs of older persons.	4.29
b. Ensuring that opportunities are available for elders to be involved in community activities including recreational activities, intergenerational programming, community service, and lifelong learning.	4.38
c. Providing services that help elders maintain their independence and autonomy.	4.75
d. Ensuring that elders are decision-makers regarding services they need and use.	4.50
e. Providing a coordinated system of services.	4.49
f. Ensuring that a range of services are available to support family caregivers of older adults.	4.51
g. Having effective senior employment programs in place.	3.82
h. Providing education and information about individual health and well-being (including mental and physical health).	4.34
i. Efforts to reduce ageism and discrimination against persons with disabilities.	4.29

There were no significant differences by work role of respondents in their assessment of the importance of these planning principals. However, there were some interesting observations about the relative importance of the principles when compared with one another. In ranking the importance of effective senior employment programs, one-third of the respondents ranked this choice as not very important or “somewhat” important.

Programs that Exemplify “Best Practice”

Approximately 70 respondents identified programs they thought exemplified "best practice" programs. Some common endorsements were noted:

- Aging and Disability Services
- City of Rockville Senior Center (as well as a number of other senior centers)
- Connect-A-Ride
- Community Partners NORC Program Group
- Meals on Wheels; Senior Lunch Program
- Jewish Community Association Senior HelpLine

- Senior Outreach

Some other mentions include:

- Community Care Management Services at Suburban Hospital
- ESM Cares (care management services)
- Grass Roots Organization for the Well-being of Seniors (GROWS)
- Lifeline
- Friends House Retirement Community
- Montgomery Hospice
- Medical Adult Day Care
- Revitz House
- RSVP "Retire Senior Volunteer Program"
- St. Luke's Lutheran Health Ministry in Silver Spring

Concluding Notes

Overall, a range of professionals responded to this survey to provide their input about the pressing issues facing older adults and their families living in Montgomery County. The three most critical issues identified by these professionals related to (1) the older adults' ability to pay for housing and services, (2) their access to transportation services that will keep them integrated in their community, and (3) the availability of housing and home care services that will help preserve their independence for as long as possible. Concerns about the future for older adults living in the County were identified in the majority response that these issues would be still evident ten years from now. This response suggests that professionals in Montgomery County might be motivated to work on planning for the future in order to address issues of concern.

Respondents identified key characteristics that they believed were important to building/supporting "elder friendly communities" within Montgomery County. The most important characteristics were similar to the priority issues that they listed: affordable housing, transportation, and the availability of a range of services, particularly health care services that may be needed by older adults living in the community. Availability issues were observed to

exist for most of the community characteristics, particularly translation services, employment and health programs, and social and community information in a range of languages.

When planning for the future, based on their ranking of specific principles, professionals recommended service provisions that helped older adults maintain their independence and autonomy and were supportive of family caregivers as very important. Systems of care that fostered older adult decision-making and included mechanisms to effectively coordinate services were principles professionals viewed as highly important.

Professionals were able to identify programs that exemplified “best practice.” Services and programs provided through organizations, like Community Partners, the Jewish Council for the Aging, and Montgomery County Aging and Disability Services, to name a few, offer an important foundation from which to build better systems of support for the older person living in Montgomery County. When respondents provided some detail to their response, they often referred to funding limits that made it difficult for programs to expand services to those in need.

“Aging and Disability Services (A&D) meets most of Senior needs mentioned in items above. Its resources are however limited and it lacks outreach to minority seniors who speak other languages than English.”

“I think that the Montgomery County Office of Aging & Disability Services does the very best job that it can do with limited resources. They certainly care. Unfortunately, much of their energy is directed towards getting and maintaining the best budget they can. One would hope that more funding could be assured from year to year so they could spend their resources providing more direct service.”

Professionals noted programs that promoted independence through supportive systems of care.

“JCA’s Information Services, made up of Senior HelpLine, HomeCare Resource Center and Connect-A-Ride Transportation Resource Center offers a gateway into the service provider arena. They educate, inform and help the caller evaluate the situation. They provide options for care that are both appropriate and available. They maintain an up-to-date data

base including over 3,500 service providers within the Greater Metropolitan DC area.”

“Medical Adult Day Care is a service that allows frail elderly to continue living in their communities and still have their needs met. Medical Adult Day Care meets all of the frail elderly needs. It also provides respite that is so desperately needed for the caregiver. The non-profit model is the best model because profits are used to enhance the care of its participants.”

“Jewish Social Services provides a wide range of services; very responsive and well organized. They are passionate about their work and have a great understanding of what services are in the community.”

Implicit within the responses from these professionals is that while much work needs to be done, we can build from what has been accomplished. As one respondent put it,

“There are a variety of working and good programs, each of which comprises an element of best practice.” It seems important to review existing programs ... to draw relevant experiences and to avoid ‘one size fits all’ solutions which would be disastrous. All new programs should take into consideration the ‘Boomer’ generation which will require paradigm shifts in policy and practice. Increased ethnic and linguistic diversity (not necessarily racial) will also impact future programs currently available only in Spanish. ‘English as A Second Language’ classes should also be offered as an alternative to often pricey poorly translated and culturally incompetent/irrelevant health and other materials disseminated.”

Finally, several respondents addressed the issue of “aging in place,” many noting the benefits of and calling for expansion of the pilot program, *Community Partners*.

Comments included the following:

“Community Partners, a pilot program, focuses on bringing services to seniors in their homes. The program is subsidized but limited at this time. If it were to be expanded, considerable strategic and tactical thinking would be necessary to assess and implement a balanced program across socio-economic groups.”

“Aging in place communities allow seniors the chance to remain with their friends in their own homes surrounded by familiar routines and resources.”

“Community Partners - an organization that focuses on naturally occurring retirement communities” and brings resources and services to seniors allowing them to age in place.”

“Community Partners' NORC program because it partners with several agencies, seniors, public funders, and building managements to offer NOT just senior services,” but also services that SENIORS ENJOY like recreation.”

“Montgomery County help fund the NORC/Community Partners program run by the Jewish Federation of Greater Washington which is piloting a program just for these purposes to help seniors age in place.”



Chapter VI

FINDINGS AND IMPLICATIONS OF PHASE I



CHAPTER VI: FINDINGS AND IMPLICATIONS OF PHASE I

Introduction

Phase I of “Imagining an Aging Future for Montgomery County,” was undertaken to build a foundation for a comprehensive aging plan. This phase was designed to begin a dialogue with key stakeholders that could continue throughout the planning process. We went to the experts on aging in the county: those who are doing it today. Through a series of listening events, older adults and those who care about and work with older adults were invited to provide their insights and opinions about the “aging future” of the county. Five community forums were organized throughout the county and six focus groups were conducted. In addition, a publicized phone number and e-mail address were available for those residents who could not attend sessions or who preferred an alternative to the public events to make comments related to their experience of growing older in the county. And finally, an electronic survey was conducted of professionals in the county who work with or on behalf of older persons. In total, there were approximately 219 residents involved in Phase I and 192 professionals who responded to the electronic survey. Findings associated with these activities can be found in detail in the previous chapters of this report. This chapter is designed to provide an integrated analysis of key findings and the implications from the Phase I work, including the demographic analysis conducted to inform the work. The data collected during Phase I should not be viewed as necessarily representative of the aging population of Montgomery County. The findings and their implications are illustrative of issues facing those growing old in the county now and those who may be planning on remaining in the county as they age.

The Demographic Picture

Montgomery County has experienced a dramatic increase in its older population which is projected to continue through 2020. Between 1980 and 2000, the number of residents over the age of 65 increased 86% to a total of 92,500. This number is projected to increase to 152,648, an additional 65% by 2020. As a proportion of the County's residents, elders will be more than 14% in 2020 compared to only 8.7% in 1980.

In addition to an increasing number of older residents, there are also many changes occurring within the older population of Montgomery County and in the overall population of the county as well. For example, the older residents of the county are a much more diverse group of individual than in the past. This diversity is reflected in the growing numbers of elders with limited English proficiency; approximately 7% of the older population with the majority of these (78%) "linguistically isolated." The largest language groups with limited English proficiency are those who speak Hispanic languages, Chinese dialects, Russian speaking elders, Korean elders, Persian elders, and Vietnamese elders. This is not an exhaustive list and there are other elders in the county who have limited English ability as well.

The 2000 Census found that 80% of the elders in Montgomery County were White, non-Hispanic, and 8% were African American, 8% Asian, and 4% of Hispanic origin. This is in contrast to the picture of the county population as a whole in 2000 which was comprised of only 61% White, non-Hispanic, and included 15% African Americans, 12% Asians, and 12% Hispanics.

Other demographic changes affecting the older population include a geographic dispersal of seniors throughout the county from traditional geographic "clusters" seen in the past. This dispersal of elders throughout the county at large will, as these elders age into increased demand

for services, pose a challenge to a range of community resources including transportation systems, home health and aging in place services, as well as shopping. There has also been an increase in the percentage of elders who have incomes below \$25,000 – an economic risk factor for county residents. This level of economic risk is highest among older residents in the Hispanic, Asian, and African American communities. As in other areas around the country, the burden of economic risk is highest among the old-old living alone with a disability. These are also the people who are most in need of services to maintain their independence within the community. One other demographic change that is important to review in this section of the report is the decline in younger, working-age residents whose declining numbers have implications for meeting the informal and formal services needs of an aging population.

Montgomery County is experiencing what Frey (1999) describes as a “racial generation gap.” This occurs when the younger population is increasingly diverse while the older population is primarily white. In our conversations with Montgomery County residents, diversity was on the minds of many elders. Some wondered how new elders from other countries were managing life in the community and gaining access to needed help and services. Several mentioned their desire to learn the language of newcomers in order to communicate with their new neighbors.

The size and characteristics of the older population is not only determined by the number of residents who chose to “age in place,” but by in-migration and out-migration trends. Planners and policy-makers recognize the importance of retaining older residents by making sure that the community is a good place to live for all ages. The Maryland Task Force on Elderly Migration (2006) points out that for every lost elderly household, the state experiences an annual loss effect of .5 jobs, more than \$70,000 in new income per household, over \$5,000 in state and local tax

revenues, and \$1,500 in local tax revenues. The “cost-benefit” ratio for older residents supports their retention in local areas as their contribution to the local community exceeds the costs of service.

Montgomery County ranked 44th nationally among counties in receiving new residents from other states, and had 33% of its new residents in the very highest income level. Although Montgomery County has a net loss in population due to out-migration between 1995 and 2000, statewide almost 90% of the older population are non-movers.

Montgomery County led the state in the loss of residents between the age of 55 and 64 and was second only to Baltimore in the loss of persons between the ages of 65 and 74 between 1995 and 2000. The county was second highest in the in-migration of residents over the age of 85 and second to Prince George County in the proportion of older in-migrants in the lowest quintile of income (less than \$14,200) with 24% of the elders coming into the county in this income category.

Summary of Key Demographic Changes

- ◆ **A 65% increase in the number of older residents between 2000 and 2020.**
- ◆ **An increase in the proportion of elders from 8.7% in 1980 to 14.4% in 2020.**
- ◆ **An increase in diversity among the older population including increasing numbers of ethnic groups and African-Americans.**
- ◆ **An increase in the number of older residents who have limited English proficiency.**
- ◆ **A decline in the numbers of residents of working age in the county.**
- ◆ **A geographic dispersal of elders throughout the county as residents “age in place.”**

- ◆ **Montgomery County’s future composition of elders will be influenced primarily by those who “age in place.” However, depending on the extent to which current residents continue to reside in the county, the forces of in-migration and out-migration may play a role in the county’s future as well.**

Best Practice Issue: Community planning for an aging future can address the demographic challenges and create a community that is a good place for people of all ages. Montgomery County is one of the few communities that has taken this task and is actively involved in designing a planning process. (National Association of Area Agencies on Aging, 2006).

Montgomery County as “Community”

Residents participating in Phase I were, for the most part, enthusiastic about their home and intent on remaining in Montgomery County. Many commented on the rich resources they had in the county when compared to other areas and their deep connections to not only other people in the area and family, but the place as well. Participants were also very interested in having their voices heard and were grateful to have the chance to come together to talk about their concerns, issues, and the personal meaning of their home. Many expressed concern for their friends, neighbors, and the newcomers to the County. Some of these concerns centered around new elders who had limited English proficiency and how that influenced their access to services and resources. Other concerns related to how low income elders or elders with disabilities were managing the changes in their community. And some suggested that a good strategy for integrating the older adults coming into the county who spoke a different language was to offer language classes to English-speaking elders so they could communicate with the new residents.

People were coming to the events with a strong sense of community and a desire to help the county policy makers plan for the future. They talked about their desire to do more volunteer work or paid work and their need to “give back” to the community in their daily lives. Although there were issues of concern they wanted to discuss as well, there was a strong message from most participants about their love of Montgomery County, their commitment to remain in the county, and their sincere interest in being part of the solution for improvements. These residents offer a strong foundation for the future in the planning process and the daily life of the community.

Best Practice Issue: *Recruiting older adults to solve community problems in their own neighborhoods, provide leadership to the planning process, and work as ambassadors with other key stakeholders is an effective planning strategy that strengthens the community (Austin, C., et al., 2006).*

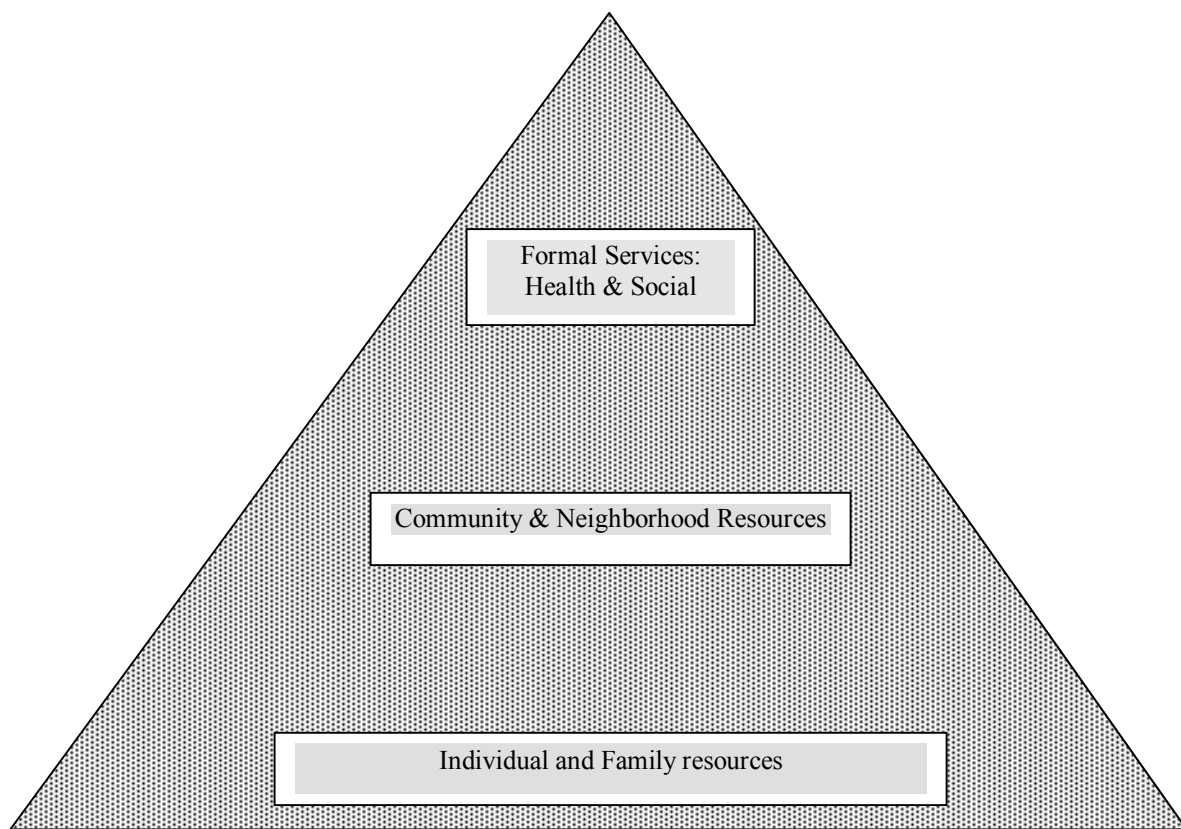
Cross-Cutting Themes and Implications

Independence

Regardless of an elder’s gender, age, country of origin, or socioeconomic status, maintaining independence was of vital importance to each individual and the context in which all aspects of the community were assessed. Perceived threats to this independence were based upon environmental changes, economics, access to services, and support and mobility. Some of the elders were seeking more independence; others were worried about losing some of it in the future. Some Chinese residents attending a community forum, for example, expressed their strong desire for an “international” housing option so they no longer had to live with their adult children. Hispanics attending a focus group talked at length about their desire for a job or a

better employment situation so they could contribute to the household of their adult child in a more significant way. Many elders with economic resources voiced their concern about being able to continue driving. For them, the automobile was their key to independence. Others voiced their concerns about remaining independent by telling stories about older neighbors or friends who had had to leave the area because they couldn't afford the property taxes on their home or were displaced by rising rents or condo conversions. The key to remaining independent might be a language translator, a car, an affordable home, a supportive neighbor, or a nearby store, and will change over time as an individual's situation and health changes. What won't change, however, is the desire to remain independent and in control of their own lives. Chart A illustrates the 'hierarchy of independence of older adults. The majority of older adults manage the changes they experience independently with support from their family and friends. Community and neighborhood resources are important facilitators of independence for people of all ages and for those with activity and/or physical or mental limitations; formal services provide the additional support necessary to remain as independent as possible in the community.

Hierarchy of Independence in Later Life



Remaining independent and in control of one's life is supported by a community that engages its residents, values them and provides a range of strategies for maintaining independence.

Best Practice Implication: *The Montgomery County Commission on Aging has adopted Principles for Planning that recognize and advocate for the engagement and independence of elder residents.*

A Changing Neighborhood

Montgomery County is changing and all of the residents we spoke to had an opinion about this change. Younger residents voiced excitement about the new cultural resources in the county and their intent on remaining in the county to enjoy them as they age. Older residents with economic resources were also excited about these changes and taking full advantage of new residential options, restaurants, and cultural events. While they might bemoan increasing traffic and density, they thought it a small price to pay for the amenities associated with change and development.

Other residents voiced concern about the changes and fears about being forced out as a result of development. Many people offered examples of friends who had difficult experiences with housing. Others discussed the fact that the new shops being built along with the new housing were designed to serve those with more money and offered nothing to the individual on a fixed income. Residents were also disappointed that as the changes occurred in the county, there were few changes made to the senior center programs. For some, these programs were still too limited in their offerings and there were no evening or weekend options. By far, however, the biggest concern about the changes in the county related to development were housing-specific.

As Montgomery County continues to develop and increase its built environment, the inclusion of amenities for older residents in the new and newly refurbished neighborhoods should be planned.

***Best Practice:** The Portland, Oregon non-profit organization, Elders in Action, offers businesses the designation of “Elder Friendly” after they are screened and comply with “Elder Friendly Business Certification” guidelines. Retail and service businesses receive the designation and are able to include it in advertising and signage.*

Housing and Aging in Place

Housing and housing-related issues were identified as the most important set of issues facing elders today and into the future. Home owners were concerned about managing rising property taxes on fixed incomes; renters were concerned about escalating rents and condo conversions. Beyond the economics of housing and the ability of the individual to afford their home was the range of issues related to “aging in place.”

One’s ability to age in place over time is related not only to income, but to services that are available to support the individual in their home. Chore and handyman services, for example, are often mentioned as problematic for elders. For those with the means to pay for these services, there is concern about the quality of the work and the honesty of the worker. Home health care services were also viewed as an issue due to a shortage of trained professionals, quality issues, and the ability to pay for the services. Expanded aging in place services were seen as an important requirement for the future by participants. Several participants recommended the siting of new subsidized elderly housing with a senior center, health services, on the Metro, and by shopping (groceries and drug stores) as a future solution to the aging in place dilemma facing so many residents.

Best Practice Program: *Community Partners, a pilot project in Montgomery County is a program that focuses on aging in place and the “Naturally Occurring Retirement Community” (NORC).*

Affordable and Accessible Health Care

Affordable and accessible health care was the second most commonly discussed set of issues facing Montgomery County elders. Again, the specific issues related to health care varied by elder. For many of the Hispanic elders participating in the focus group or forums, access to health care was extremely limited due to their immigrant status. And, for those with Medicare or Medicaid eligibility, language was an access barrier. Barton (2003) identifies five dimensions of access: availability (geography, hours of operations); accessibility (location, transportation options); accommodation (hours of service, waiting times); acceptability (culturally acceptable, welcoming); and affordability. There are limited county solutions to affordability of health care, but obvious options to address the other dimensions of availability, accessibility, accommodation and acceptability. We heard many comments about the need for more nurses in senior centers and a “nurse phone line” for calls about minor health concerns.

The increasing diversity of elders in the county also requires new approaches to ensure that residents have full access to services that include a translator and that they have knowledge about available services through information written in their language.

Best Practice Program: *Montgomery County is participating in a federally-funded project through the State Department on Aging, “Living Well—Take Charge of Your Health.” The aim of the project is to help older residents manage their chronic disease, improve the quality of their lives, and reduce health care costs.*

Mobility

Mobility is a vital component of independence and integration within the community. People who lack adequate mobility have a higher risk of social isolation than those who can drive or use public transit. Mobility in Montgomery County was seen as problematic by virtually all of the people participating in Phase I. People who drove cars talked about traffic congestion and parking difficulties. People who used the bus system were concerned about schedules, hours of service and routes, and the limitations of the existing system to get them quickly where they wanted to go.

Mobility is also limited by language. Many Vietnamese, Chinese and Hispanic elders reported that they had never heard about the fareless policy available to Ride-On users who are elders. Negotiating the bus system was also complicated for those with a limited English proficiency since the signs on the system are in English.

And, finally, mobility is a special challenge for persons with a disability. Although MetroAccess provides an area-wide system of special transportation, problems with pick-up and drop-off persist. Some elders reported they were afraid to use the service because they feared being stranded somewhere. Others reported that sometimes people came to pick them up in unmarked cars and they were afraid to go with them. And, returning to the access dimension of

“acceptability,” elders reported that they resented the judgments of the “young” people working for MetroAccess who determined whether they were eligible or not. Many coached their friends on how to approach the eligibility process and warned them that if they appeared too independent, they would not be able to use the system. Some reported it as a “demeaning” experience.

Using the cab system is also a problem for many elders. Cab drivers do not assist the elder from their home to the car – in Montgomery County cab service is curb-to-curb only. This poses many barriers and problems for the frail or someone with a disability.

Safety

The primary safety concern voiced at all of the Phase I events was pedestrian safety. This concern was most serious among lower income elders who were dependent on the mass transit system because they did not drive. Pedestrian safety is compromised by poorly lit and unsafe bus stops, long stretches of road without cross-walks or lights that foster jay-walking, unsafe drivers who disregard cross-walks, and the timing of traffic lights with unreasonably short times for crossing. No one was aware that there is a Task Force in place in the County on pedestrian safety.

Another safety concern voiced by elders was related to crime. This fear of crime could be related to the “racial generation gap” described earlier. It also could be related to the neighborhood. We heard a lot of concerns among diverse residents who lived in lower income neighborhoods. And we also heard from some elders that they were not treated with respect by younger residents and, at times, felt threatened by them.

And, finally, we heard from elders living alone about their need for help during emergencies. Some wondered if there wasn't someone who could check on them during a blackout or storm.

Best Practice Opportunity: *Helping older residents organize neighborhood programs to help one another during storms, electrical outages or other emergencies could not only benefit those involved, but support the existing emergency preparedness program in the county.*

Quality of Life

Quality of life issues center around the extent to which an elder finds his or her life fulfilling and satisfying. Elders who spoke with us offered a range of dimensions by which they assessed their own quality of life. Many described these dimensions as related to the need to continue to make a difference. Being a "productive citizen" by volunteering, engaging in paid work, and supporting their families, friends or neighbors were all part of their quality of life definition. Many of the low income elders spoke of this in the context of helping their families by taking care of grandchildren and, ideally, working to contribute to the household and avoid being a "burden" on family members. Not only was paid or volunteer work seen as a vital component of one's quality of life, but also as an indispensable means to preserve independence, maintain social connection, and make a meaningful contribution to the community.

For some of the elders, the senior center was a focal point for their activities, social interaction, and an important component of their quality of life. These seniors reported that they would like enhanced senior center programming, extended hours and weekend activities. We had some comments from residents through the e-mail and phone about the need for a senior center in their neighborhood.

Many elders reported that they would like to see more information about volunteering, more quality opportunities to make a difference in the community, and help with finding employment. Some of the Hispanic elders were experiencing age discrimination in overt ways as potential employers asked them their age and denied them a job as a result of their answer.

There were also comments received through e-mail regarding services and programs for older gay and lesbian residents. There are programs in place in other parts of the country that could be a model. For older gays and lesbians, an explicit invitation of inclusion in other activities for seniors and/or space to organize their own activities could provide them recognition and enhance their quality of life.

Best Practice Program: *SAGE, Inc. in New York City is an organization serving the older GLBT (over the age of 60) population. It is a membership organization that has a strong advocacy component in addition to direct services and social and support opportunities.*

Expectations of Help

Some lower socioeconomic elders expressed the desire for increased governmental assistance related to access and resources. They wanted the county to reach out to them with information and services in a more assertive fashion and provide information and assistance in their own language (for limited English speaking elders). Some elders expressed a wish for stronger leadership at the County level in developing housing options that are more appropriate (the international housing described by Chinese elders, or the co-located elderly housing with services and transportation). Many elders thought that county leadership should represent them in the development process and that they had been overlooked as new projects were built that seemed tailored for younger, more affluent residents.

Although Montgomery County is a relatively service-rich environment for elders, many were not aware of available services. Some elders thought that a more concerted effort at outreach should be tried by the county since not everyone “watched Channel 12 or went on-line.” Language was identified as one of the barriers to the full range of services available to seniors in the county, for example, the Ride-On fareless policy during certain hours.

Most elders who participated in Phase I were not looking for specific services to help them with their personal needs, but were looking for help in identifying ways in which they could be more productive in the community. Volunteer programs and employment programs were frequently mentioned as being needed and a type of service that they expected the county to provide.

Finally, residents had the expectation and hope that they could participate in a planning process to ensure that the county continued to be a good place to live at all ages.

Family Caregivers

Nationally family caregivers provide approximately 80% of the long term care services needed by older adults. Family members are the first line of defense during illness and, as the aging population increases, the prevalence of family caregiving for an older adult is also increasing. In Maryland there are an estimated 547,647 family caregivers who devote 587 million hours annually to the care of an older family member (NFCA & FCA, 2004). Family caregivers participated in all focus groups and represented in all but one of the community forums. These residents talked about their need for information about available services and diseases as well as support from others. Family caregivers are often older spouses or siblings as well as adult children and each family has a unique care situation with a range of needs.

Information is one way to support these partners in care as is recognition of their contribution to the community.

Best Practice Program: *Montgomery County has purchased the rights for a multi-media caregiver tool and will be making it available to family caregivers in the County. This program is one of only a few caregiver programs that have been scientifically demonstrated to be an effective intervention for family caregivers.*

Professionals Serving Montgomery County

The survey of Montgomery County professionals identified three key issue areas for the future as perceived by professionals: affordability of the county, transportation issues, and housing and home care. Almost all (97%) believed these concerns would continue to be issues in the future (10 years from now). Their concerns were similar to those expressed by the elders participating in Phase I activities. Their opinions about the importance of “elder-friendly” community components and current availability of these components presents a slightly divergent view from older residents, however. For example, employment programs was ranked in importance as 3.7 on a 5.0 scale, the lowest ranking of all components. Similarly, volunteer opportunities were rated second lowest by the professionals at 3.87. Almost half of those responding (45.1%) thought that the availability of volunteer programs was very good or excellent, and a very small percentage (7.6%) thought employment program availability was very good or excellent. Residents, on the other hand, were quick to comment on their need for employment or volunteer programs and the extent to which these programs were important to not only their quality of life, but to their independence as well.

Respondents also ranked translation services as third lowest in importance despite the fact that only 5% ranked their availability as very good or excellent. However, nearly 25% of these respondents didn't know enough about these services to respond to the question. Additionally, more than one in five respondents didn't have adequate information to respond to the related dimension of health, social, and community information being available in a range of languages. Administrators or executives were more likely than other professionals to report that they thought translation services for diverse elders and their families were of somewhat or limited importance (44%).

When asked to rank the importance of the planning elements endorsed by the Montgomery County Commission on Aging, professionals ranked, "having effective senior employment programs in place," as the least important. The most important ranking was awarded to having programs in place to support the independence of the elder. These rankings suggest that, in part, there is congruence between the concerns of the elders and concerns of professionals, but divergence in two important areas related to the changing nature of the county's older population. Professionals seem less aware of the significant increase in the elders in the county who have limited English proficiency than the residents. Additionally, they are at odds with residents about the importance of employment programs. These findings suggest more outreach might be helpful among professionals regarding the changes in the older population now and in the future so that they can plan accordingly along with the county professionals.

Best Practice Program: *The Montgomery County Library has conducted training of its personnel in order to ensure that they are responsive to older residents and aware of their informational needs.*

Summary

Montgomery County has embarked upon a planning process for the future to ensure that the community is a good place to live for people of all ages. The county has a growing older population that is becoming more diverse ethnically and racially, and geographically dispersed. Phase I of the planning process included five community forums, five focus groups, a survey of county aging professionals, and a phone line and e-mail address to receive comments from residents and stakeholders about current and future issues affecting older residents and their families. The findings suggest that residents are largely committed to remaining in the county and eager to participate in a plan for the future. The more than 200 residents who participated identified issues of importance to them and their neighbors relating to independence, their changing community, housing, aging in place, health care, mobility, safety, the quality of their lives, and expectations of help and family caregiving issues. The nearly 200 professionals who participated in the survey reflected a strong commitment to the Montgomery County Commission on Aging's Planning Principles and, in large part, seem aware of the issues identified by residents. Phase I demonstrates that a range of stakeholders are interested and available to work together to develop an effective and creative plan to manage the issues associated with an increasing aging population and future changes in the County.

The Senior Planning Advisory Committee Recommendations and Priority Areas

The final event of the Phase I Planning Process was a retreat of the members of the Senior Planning Advisory Committee (SPAC), staff and consultants in order to examine priority areas, strategies for advancing work in these areas and the development of recommendations around the priority areas. A facilitator, Ms. Delora Shedrick, was engaged to plan and foster the work of the participants.

Based on the findings of Phase I research, three priority areas were identified in advance: housing, health care and transportation. These three areas were the top three areas of concern expressed in community forums, focus groups and in comments received by residents through the telephone hotline and the electronic comment line.

This section outlines the key strategies and recommendations in each of the three areas as identified by retreat participants. Work/discussion groups included the Housing Work Group, the Health Work Group and the Transportation Work Group. In addition, a fourth work group was organized to address cross-cutting issues – the Public-Private Partnership Work Group. Participants were randomly assigned to work groups. Each group selected a team leader and a recorder. Groups were charged with identifying short-term recommendations for action that could be taken immediately to move the agenda forward and also long term recommendations for actions that would require higher levels of investment in terms of resources and planning.

Group I: Health Care

Short Term Recommendations

1. Review and coordinate all current county health and mental health services, public and private health care included, with other services like social services, etc. Review the available information about these services in order to make them understandable and available to all county residents including those who are employed during the regular day-time, work week.

Strategies:

- (1) Establish measureable improvement goals and then benchmark senior's current understanding and utilization of county health services (government and private) and assess these indices over time.
- (2) Assess best practices from public and private agencies nationwide for potential application to Montgomery County to meet health, mental health and primary, secondary, and tertiary disease prevention goals.
- (3) Enable and encourage the private sector to help meet health needs.

Result: By June of 2008 have data-driven publication of services and information that is marketable to the residents of Montgomery County. Funded benchmark study. Office of Legislative Oversight.

2. Develop information and marketing plan for health resources and services targeted to seniors and caregivers.

Strategies:

- (1) Identify a lead agency within Montgomery County Government to do the determination study and establish ethical guidelines and oversight for this agency's collection of personal health information.
- (2) Determine how seniors learn about health resources through an evaluation of existing research.
- (3) Require existing County offices to allocate human and material resources including funds and marketing to achieve what's been learned.

Long Term Recommendations

1. Document individual health needs for county resident (census of health care needs).
2. Utilize technology to improve data collection while preserving privacy.
3. Ensure use of cutting edge technology to improve health services and reduce health care gaps
4. Ensure a continuous funding stream beginning in FY 09 to adequately address the health needs of Montgomery County residents.

Group II Housing

Short-term Recommendations

1. Develop an coordinated and centralized information and assistance program – a single access point for housing information. This single access point should include information about housing, waiting lists and provide access to waiting lists. All waiting lists should be managed through the single access point.

Strategy: Develop a senior housing resource center.

2. Develop a network of assistance for trash pickup, snow removal, lawn, leaves and other housing-related chores important for those “aging in place”.

Strategy: Foster a Public-private consortium of programs to provide service options.

3. Ensure there is assistance for grocery shopping, safety, crime prevention, emergency preparedness for older community residents.

Strategy: Utilize college students to survey/update and review resources through Housing Opportunity Commission. Seek funding for gaps in service and examine the differences between municipal and non-municipal services.

Long-term Recommendations

1. Property tax rebates for seniors
2. More affordable assisted living facilities
3. More facilities with universal design.
4. Affordable independent living
5. Build senior housing near schools to promote intergenerational interactions

Strategies: Increase home values for eligibility for tax credits. Prioritize county land-use planning for senior communities.

Examine the barriers to “aging in place” in Montgomery County including conflicting policies by funding sources, information about available resources, language issues and other barriers to housing resources. Advocacy for senior housing and senior housing issues should include resident advocacy and advocacy by county professionals for those who are reticent or unable to speak out for themselves.

Group III: Transportation

Short term Recommendations

1. Increase public awareness of: transportation services available for seniors; transportation difficulties experienced by seniors such as those that result in missed medical appointments and those that come from reduced ability to read street signs from a public transit bus.

Strategy: Benchmark seniors’ current awareness and utilization of County-provided or supported public transit and other specialized transportation for seniors including the Metro 50% fare discounts. Evaluate existing materials and information related to the use of transit. Utilize a variety of strategies to disseminate information to the public, including: health care settings such as training of personnel for hospitals, physicians’ offices, treatment facility discharge planners; pharmacies and grocery stores. Outreach efforts should have professional input and utilize principles of marketing and merchandising to raise awareness of available resources.

Resources Available: Medical Society, Commission on Health, DHHS/hospitals, partnerships with other related commissions. Increased budget allocated to transportation solutions.

2. Reduce barriers to door-to-door transportation

Strategies:

(1) Examine regulatory constraints (for example taxi regulations that appear to preclude drivers from providing door-to-door assistance).

(2) Fund a demonstration program in the county to try something new (example: proposal adopted by the Commission on Aging for a North Bethesda-Rockville-Gaithersburg corridor escorted transportation business plan and feasibility test or Portland, Maine’s Independent Transportation Network).

Resources Available: Volunteer centers, religious organizations, caregiver organizations, taxis, transportation advisory boards, GROWS and others such as the new public interest organization for consumers: Seniors and Those Who Care About Them.

Long term Recommendations

1. Comprehensive review of current and future senior transportation needs

Strategy: Examine both existing reports/research and conduct new research as needed. Existing research from both public and private sources in the county should be collected and distilled for relevant findings and recommendations. Current levels of service and effective demand or perceived need should be benchmarked. Projections should be made of future transportation needs, including: what populations, what types of transportation, when is transportation needed and which routes would be most appropriate. Research should examine both traditional transportation networks (i.e. public) and non-traditional networks.

Resources Available: Reports on senior needs, NORC reports, Council of Governments.

2. Ensuring that adequate and affordable housing choices are available for seniors who wish to move to locations where transportation is accessible and affordable.

Strategies: Use information collected on transportation needs to develop strategies for enhancing accessibility and affordability of transportation services. For example, re-designing public transportation routes/schedules so they provide services where, when, and for whom it is most needed. Residents who do not drive or have access to a private automobile would be those in most need with priority given those who don't drive and are employed, depending on public transit to get to and from their place of employment. Other strategies include: systems that allow for individual travel agendas, expanded use of volunteer as both drivers and escorts and public/private partnerships. Establish policies and plan for co-location of transportation and housing.

Resources Available: County Government, neighborhood associations, demonstration grants, Department of Health and Human Development, Department of Housing and Community Affairs, Housing Opportunities Commission, Montgomery Housing Partnerships, faith and ethnic community organizations, Montgomery County Planning Board and staff, private sector developers and transportation providers..

Remove Potential Barriers

Attitudinal biases about public transit, limited housing options and insufficient incentives for people to overcome their biases against transit use are present. Intergovernmental "turf protection" behaviors may need strong incentives and leadership to overcome. A lack of an insurance pool for senior transportation and liability insurance costs limit options for non-profit organizations. Non-profit organizations also report difficulty finding adequate and secure parking for their fleets.

Group IV Public-Private Partnerships

Assumptions about the role of government: Government can't and should not do everything on their own. County government's role should be that of providing leadership for public-private partnerships to meet the emerging needs of an aging population. Government can also provide incentives for partnerships to solve problems.

Short-Term Recommendations

1. Identify existing public/private partnerships/programs and plans for new programs and services. Review these programs to determine if the eligibility standards (income) is too low given the cost of living in Montgomery County and whether adjustments in eligibility standards are needed..
2. Executive and county elected officials to initiate a series of meeting with the private sector, voluntary sector, etc. to engage them in issues important to an aging population in the County. Plan and implement a series of seminars to engage them in problem-solving and creative partnerships.
3. Appoint a Cabinet level "senior czar" to help reallocate the budget, advocate for issues of central importance to an aging community

Long-Term Recommendations

1. Establish non-profit foundation that would focus on aging issues and increase the dollars and the flexibility needed for their use to address key issues in the well-being of older Montgomery County Residents.
2. Develop a social marketing approach with outreach/communications and non-traditional approach to dissemination and outreach.
3. Coordinate with emergency preparedness.
4. Develop incentives for individuals, non-profits and for-profits to adopt senior friendly practices.
5. Better integrate the senior community into the workforce of the county and educate the business community about the importance of this workforce component.

IMAGINING AN AGING FUTURE FOR MONTGOMERY COUNTY

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APPENDIX B. FORUM PROTOCOLS

Nominal Group (Participation/Prioritization) Technique (NGO)

Goal: to increase the creative identification of critical issues by assuring balanced participation.

Time:

Materials: Note cards, note pads, flip charts, color coded voting stickers, pens, felt tipped markers, masking tape.

Room: plenty of wall space is essential, and sufficient room for manageable break out groups averaging five or six individuals.

Procedure: Staff will go over the Nominal Group Technique (NGO) process and remind participants of the goal. This will help the participants stay focused. The facilitators will repeat this explanation again at the beginning of the breakout sessions. During the breakouts, facilitators will stress the importance of adhering to all ground rules and staff will assess ground rule compliance.

Breakout Question: The specific goal of the breakout work groups is to identify and prioritize answers to the following question:

- Identify and prioritize current current and future problems facing an Aging Montgomery County.

I. THE “SILENT” BRAINSTORMING PHASE Time: 10 minutes

1. Work group participants should be seated in a circle or a “U-shape” facing each other.
2. The facilitator will hand out a lined, notepads and a pen to each participant so that they can jot down their brainstorming ideas. Each participant will also be given three 3 X 5 notecards.
3. The facilitator introduces the question above.

4. The participants have **10 minutes** to write down as many ideas as they are able to in the allotted time (This reduces social inhibitions, group-think, prejudgments, and encourages creativity through individual brainstorming).

II. The Report Out Brief Discussion Phase Time: 30 minutes

5. At the end of the allotted time the facilitator will ask someone to volunteer to read their first idea. After reading their idea and dealing with any brief clarifying questions (see step 6 below) the person the initial volunteer's left reads one of their ideas, and this continues, round robin style, moving in a clockwise motion, ad seriatim, until there are no more ideas left. This report out phase (5 & 6, above and below) ***shall last 30 minutes***.

6. As the participants read their ideas, the recorder reports each idea on sticky-back half sheet of paper to be placed on a poster board for all to see **At this point, no one will be allowed to comment on the "quality" of the ideas being presented. NO JUDGEMENTS ALLOWED, WHATSOEVER!** All ideas are presumed to have equal merit, no matter, how bazaar, "out-of-the-ordinary" or "unique". The facilitator will allow no evaluation, criticism, or promotion during this phase, and will need to be very firm in this respect. No debates. Staff will monitor to assure compliance with this critical guideline. But some probing type questioning is allowed.

- Any participant may ask a clarifying question to eliminate understanding
- Any participant may ask a question about the logic behind an idea.

The goal is to avoid all argumentation

Given the time constrains in this process, the discussion phase will also need to be short and intense and the facilitator will have to move through the ideas fairly rapidly

It is highly likely that there will be duplicated ideas, which may be dropped or combined (morphed) with others if they are only slightly different and the idea's originators agree.

7. During this recording/brief discussion phase new ideas are triggered these ideas may also be recorded and put on the poster board.

8. All ideas should be numbered with ample space to the left of right of the phrase so that colored paste-it votes can be placed beside each statement during the prioritization phase, but these numbers do not confer any rank order.

The facilitator must assure that

1. the group stays on track and moves ahead
2. that everyone has a fair chance to participate, and that no individual dominates the discussion

III. The Prioritization, or Voting Phase Time: 5 minutes

Participants will be given color coded arrows

Red arrow: five points

Green arrow: four points

Blue arrow: three points

Purple arrow: two points

Yellow arrow: one point.

The point allocation system will be posted for all to see. People are then asked to, as a group, paste their color coded arrows by each of their of their top five ideas, five being their most favored idea and one being their least favored idea. The recorder tallies and prioritizes the master list. As a general rule, the prioritized items should not exceed one third of the number on the full unduplicated list.

V. the Joint Prioritization Phase Time: 15

After the small groups have prioritized their ideas, they might reconvene in a plenary session. Here, each group's final post board priority lists are presented to the assembled participants for everyone to read. Duplicate priorities are removed. Next, a final collective vote will be taken by repeating the color coded -paste-it method described above, resulting in a master priority list of the top ten or so priorities for the whole session (with ties being counted at the same level). Tied priorities will count as one priority level.

VI. Recommendations Phase Time: until people leave

Everyone will be encouraged to write down any recommendations or resolutions to presented problems on the note cards. Other ideas may also be registered at this point.

Staff will collect these for evaluation.

APPENDIX C: Marketing Flyers

Times, dates and locations have been removed.



Department of Health Science



Center for Productive Aging

Aging in Montgomery County: Everybody's Doing It



Montgomery County wants to hear from you!

- Are you an older Montgomery County resident?
- Do you have an older relative living in Montgomery County?
- Are you interested in the issues affecting older Montgomery County residents?

We want to hear from you! Bring your opinions, suggestions and ideas to a **Community Forum** being held in your neighborhood. You'll be contributing to Montgomery County's future and the future of your neighbors and family members.

At the Community Forum you will:

- Have a chance to influence the future of Montgomery County
- Tell us what your concerns are about aging in Montgomery County
- Help us plan for the aging of the county over the next ten years
- Be able to make your voice heard in small work groups



Envejeciendo en el Condado de Montgomery: Todos lo vivimos



El Condado de Montgomery quiere escucharle!

- ¿Es Usted persona de edad avanzada y vive en el Condado de Montgomery?
- ¿Tiene Usted un familiar de edad avanzada que vive en el Condado de Montgomery?
- ¿Está interesado(a) en los casos que afectan a las personas de edad avanzada que residen en el Condado de Montgomery?

¡Queremos escucharle! Traiga sus opiniones, sugerencias e ideas al **Foro Comunitario** que se llevará acabo en su vecindad. Usted estará contribuyendo al futuro del Condado de Montgomery y al futuro de sus vecinos y familiares.

En el Foro Comunitario Usted podrá:

- Influenciar el futuro del Condado de Montgomery
- Decirnos sus preocupaciones acerca de cómo envejecer en el Condado de Montgomery
- Ayudarnos a planear la vejez en el Condado por los próximos 10 años

Comparta su opinión por teléfono 240-777-1120 ó por correo electrónico seniorplan@montgomerycountymd.gov

Se provee servicios de Intérprete si lo pide con anticipación por lo menos 72 horas antes del evento. Si necesita otros servicios o ayuda para poder participar en esta actividad, por favor llame al 240-777-4565 (en inglés) ó 240-777- 4575 (TTY).



Tuổi Cao Niên Trong Quận Montgomery



Quận Montgomery Muốn Nghe Ý Kiến Của Bạn!

- Có phải bạn là người cao niên cư trú trong quận Montgomery?
- Bạn có người thân lớn tuổi cư trú trong quận Montgomery không?
- Bạn có quan tâm về những vấn đề ảnh hưởng đến người cao niên cư trú trong quận Montgomery không?

Chúng tôi muốn nghe ý kiến của bạn! Hãy đem những quan điểm, gợi ý, và ý nghĩ của bạn đến Diễn Đàn của cộng đồng (**Community Forum**) nơi bạn đang sống. Tương lai của quận Montgomery, của lối xóm và gia đình của bạn sẽ nhờ vào sự đóng góp của bạn.

Tại Diễn Đàn bạn sẽ

- Có cơ hội đề nghị thay đổi đến tương lai của quận Montgomery.
- Cho chúng tôi biết về những lo lắng của bạn đến người cao niên trong quận Montgomery.
- Giúp chúng tôi lên kế hoạch cho người cao niên trong quận trong vòng mười năm tới.

Góp ý kiến qua điện thoại 240-777- 1120, Hoặc qua email seniorplan@montgomerycountymd.gov

Sign language interpreter services will be provided only upon request with notice as far in advance as possible but no less than 72 hours prior to the event. If you need other services or aids to participate in this activity, please call 240-777-4565 (voice) or 240-777- 4575 (TTY).

APPENDIX D: SURVEY OF AGING NETWORK PROFESSIONALS

This survey is designed to provide information for Phase I of the Montgomery County Planning for an Aging Community project from the perspective of the aging network professionals working in Montgomery County. Information we collect regarding service issues, needs, existing exemplary services and concerns about the future will be combined with other sources of data to provide a foundation upon which the future strategic plan for an aging Montgomery County can be developed.

We will not be collecting information about your identity. Questions about the type of work you do will be used for descriptive purposes only. Your participation in the survey is entirely voluntary. We appreciate your cooperation and candid responses to the questions in the survey. Your participation will help us in our efforts to consider options for the future.

1. For which of the following are you employed?
 - a. A non-profit organization
 - b. A for-profit organization
 - c. Montgomery County
 - d. The State of Maryland
 - e. Other (Specify)_____

2. Is your service area:
 - a. National
 - b. State-wide
 - c. Washington, DC Metro Area
 - d. County-wide
 - e. Sub-county (if yes, drop down menu will be shown to one of the five regions in the county --select South County, Up-county, East County, Mid-County—what would be the best descriptors here?)

3. Which of the following best represents the work that you do?
 - a. Direct service provider –working directly with older people or their families
 - b. Manager of direct service providers
 - c. Administrator or executive of an agency or organization
 - d. Planner or analyst
 - e. Comptroller or financial/payroll professional
 - f. Consultant to an aging network organization
 - g. Other (specify)_____

4. Which of the following best describes the type of service setting in which you are working?
(Check all that apply)
 - a. Health care clinic/hospital
 - b. Nursing facility

- c. Senior housing (independent)
- d. Assisted living or congregate supportive housing
- e. Rehabilitative services organization
- f. Home care agency
- c. Planning agency
- c. Multi-purpose community center/senior center
- d. Adult day service organization
- e. Van/bus service organization
- f. Care management agency
- g. Meal Program (home delivered or congregate)
- h. Mental health service organization
- i. Advocacy organization (aging advocacy, disease-specific advocacy, etc.)
- j. County government/State government
- k. Faith-based organization
- l. Other (specify)

4. In thinking about serving older adults and/or their families, what do you think are the three (3) most critical issues facing older residents living in Montgomery County today?

- a.
- b.
- c.

5. Based on your professional opinion, do you anticipate that these issues will remain of critical importance ten years from now?

Yes ___ (skip to question 6)

No ___ Identify the three (3) critical issues that you believe will face older residents and their families in Montgomery County in 2016?

- a.
- b.
- c.

6. Some communities are looking for ways to create “elder friendly” communities and have identified characteristics that would distinguish these communities from others. As a professional working with elders and their families, we are interested in your views about key characteristics of an “elder friendly community”. Using a scale from 1 to 5 where “5” is “extremely important and “1” is “not important” indicate how important you believe each characteristic is to an “elder friendly” Montgomery County. For each of the characteristics indicate the degree to which it is available to residents living in Montgomery County today.

Importance: (5) Extremely (4)Very (3)Somewhat (2)Limited (1) Not Important (9) Don't Know

Availability is: (5) excellent (4) Very Good (3) Somewhat (2) Lacking (1) Not Present

APPENDIX E: COMMUNITY COMMENTS

To enable Montgomery County residents and stakeholders to submit their comments to the Senior Plan Advisory Committee and staff, a designated phone line was set up and an e-mail address was assigned. The phone number and e-mail address were publicized at all of the forums and included in the marketing material for both the focus groups and the forums. In addition, SPAC members were encouraged to publicize these opportunities for input to their constituents. The comments received in this way are detailed below according to topic and issue.

The comments have been edited down in size but contain the primary focus of each comment and verbatim phrases submitted by the resident. All comments received by phone or e-mail are included. However, the total number of comments is not reflected in the listing since comments were uncoupled in some cases in order to organize them by topics.

Caregivers for an older family member speak up:

- ◆ “The Vermont program allows older adults to receive ongoing care from a family member who is paid a modest hourly amount (\$9.25 per hour) to help compensate them “in a gentle way for their loving, dedicated, and selfless care for their aging family member. This program has the potential to be quite relevant to Montgomery County.” Note: The resident is describing the “cash and counseling program” available through Medicaid that is already a component of programs in parts of the State of Maryland.
- ◆ “It would be nice if the county could provide some respite care for the caregiver so (he/she) can on occasion be able to take care of him or herself.”

Diversity Issues:

- ◆ “Please remember the multitude of seniors with limited English language... We have a number of ethnic communities and would do well to make sure they are incorporated into our plans: not so much a melting pot as a patchwork quilt.... These ethnic seniors are a source of strength to our county and they serve many purposes... one is which is to give new immigrants a safe place to be while they acclimate (sic) themselves to the new, wider community. Let’s do something to ensure two-way communication with these groups.... find a way to hear what they are saying and find a way to let them hear from us longtime residents and county officials.”

Housing Concerns:

- ◆ “Many seniors who come here from different countries stay with their son and daughter and sometimes for a long period of time until they obtain permanent status. Then there is no place for them to go after they want to live on their own. We need more affordable options for these seniors.”
- ◆ “I am wondering who sets the rent increase for tax-credit housing in Montgomery County..it seems the rent increase is eating up any Social Security benefit the senior citizen is receiving...my mother is 82 and lives in a tax-credit apartment in Rockville.”
- ◆ “I tried to fill out your survey...if I may be so bold, you have to look at things a little different. I live in the Upcounty and would prefer to be independent. I am disabled and am no longer able to work...facilities in Upcounty are much different than

Bethesda. My desire is to build a handicapped accessible house and be self-sufficient. This is virtually impossible in Montgomery County.”

- ◆ “I am handicapped and want to build a small, one-story, handicapped accessible house for my wife and I....it would ease the financial burden if the building fees and permits were waived or collected after our deaths...your support would allow my wife and me to live out our lives in Montgomery County while still enjoying the country life we have come to appreciate...we clearly would not be happy in a crowded senior citizens high rise.”

Employment Issues:

- ◆ “The Senior Employment program provides employment opportunities. They are paid minimum wages for 20 hours a week. The cost of living index is going up and the minimum does not keep pace. Recently for these trainees it has been decided that they would not be paid for Holidays and not accrue any leave with pay. This is not fair to the seniors.”

Low-Income Concerns:

- ◆ “...As a county, I think we should consider our own food program. This is an important component of staying health and the amount they get from Food Stamps is very minimal....I know it’s a federal program but is hardly enough to keep senior healthy.”
- ◆ A caller complains that she hasn’t enough funds for transportation that she needs to get to the doctor and other places. She can’t get her friends to help her and she does not understand why seniors cannot get transportation help within the HOC developments. She knows about the community forums and thinks they are a

‘wonderful idea’ but seniors need help now, not in 10 years. “..There are more fund raisers for animals than for seniors. I hope this message will help, if not, I guess we’ll all die starving in our apartments”.

The role of government in meeting needs:

- ◆ “Aging and disability services should provide people with the skills, knowledge and tools they need to take care of themselves...help people with decisions and strategies rather than provide the limited services that are needed by a few people.”
- ◆ “Legislation is needed for the following items –
 - Cap property taxes for seniors. Seniors may be able to afford their home but property taxes are forcing them to retire in another state or county.
 - Special programs for employment of seniors and age discrimination within the County....there are federal programs, but we need something locally.”
- ◆ “We need organized senior fairs to provide public education about assistance, health, taxes, housing, long term care and housing.”
- ◆ “We need a volunteer program run on a county-wide basis.” NOTE: There is a volunteer program but many older adults are unaware of it.

Transportation Issues:

- ◆ A caller explains she has to walk 9 blocks to get to a bus stop. ‘This is difficult for you.’ She also would like buses to run later in the evening. ‘Could there be “feeder” buses in the neighborhoods?’
- ◆ A caller wants more bicycle parking at bus stops and the Metro.
- ◆ “The County should continue to purchase energy/hybrid buses WITHOUT steps. As the Boomers age, a third of the population will potentially have difficulty with stairs.

Eliminating the hazard of falls by offering stair-free public access is a huge preventive public health measure.”

- ◆ “Currently there is a serious deficit in the number of disabled parking spaces.”
- ◆ “Metro Access is unreliable and many elders prefer not to use it. The County needs a wider range of options for transportation.”
- ◆ A caller complains about the taxi service in the County and is bothered by the fact that they don’t come unless she is going to the airport. She also worries that she might not be able to get back home if she takes a taxi...Barwood Cab has the worst service. She has spoken with Doug Duncan’s office about the cab service.

Pedestrian safety:

- ◆ Pedestrian safety on Georgia Avenue is a concern for a caller who comments that ‘pedestrians are only a foot from the traffic.’
- ◆ “The bus service is good but you have to cross in front of the bus when getting off which can be quite busy during peak time. It is hard to cross the street.”
- ◆ “Seniors need sidewalks. We need them on both sides of the street so we don’t have to cross streets unnecessarily. We need them to get to the bus stops...because walking is our most feasible exercise. Older built-up areas of the county need them more because such areas are likely to have higher percentages of older residents. There was no enforcement of sidewalk installation in the older areas...some older areas don’t even have streets reasonably good to walk on, for example, Glen Echo Heights. The County Council needs to take charge of this....it is really good for the majority, not jus the seniors.”

Health Care Issues:

- ◆ “I have been a resident in three local facilities...all have been seriously understaffed. The aides need better supervision. I plan to stay in my home and have help from for-profit agencies.”
- ◆ “I am glad to have the opportunity to tell you what I see as an urgent need for old people in this county...My parents are now in their 80’s and struggle to survive in old age. We cannot afford to pay for private in-home non-skilled assistance. This can be life-saving...does the older person eat? Are they depressed? Do they get up and move around, talk with someone?...What are we supposed to do? Under the current system, old people live in a state like Russian Roulette in this county...please help.”

Montgomery County and Planning:

- ◆ “...Montgomery County is among the best in the country and I hope that the new ideas will fix what’s not working for seniors now and in the future.”
- ◆ “My husband and I attended the recent Forum in Rockville...It was well organized and lots of very good ideas were presented. I [had] some suggestions, but one which I hope will be followed up: We need photo ID cards for seniors with medical information on the back – one for the purse/wallet, the other for the Life packet on the refrigerator. In case of injury or fire, rescue services could have this information at their fingertips. Senior Centers can use these cards when traveling on trips.”
- ◆ “I would like a senior TV program and/or station. A channel just for seniors like they have for weather...”

- ◆ “The County should deem anyone 55 or older a senior...many Boomers/Zoomers are starting a second or part-time career and are interested in fully participating in the various senior programs.”
- ◆ “I think there should be restriction on growth that would prevent people from tearing down these small starter (or ender) homes and turning them into huge homes....Every day I see another perfectly good small home that I might some day be able to afford being torn down and replaced with a (starter) castle for the upper class..I am now living in my (94 year old) mother’s home taking care of her...I will be looking for a small home at some point and certainly won’t be able to find one in Bethesda.”
- ◆ “I have reviewed the hand-out of Dr. Charles A. Smith regarding demographics and have some critiques and questions...who will ensure that the plan is equitable, just and reflects the needs of all, not just one group considered to be the majority? What has happened to real estate taxes and other issues that ...contribute to sending seniors out of their homes? Is it possible to have a tax incentive or family caregivers? The proposed plan should include all regardless of race, ethnic origin, language, political or other socio-economic markers.” NOTE: Other comments were made related to the sources for data and epidemiological data related to health and health behavior.
- ◆ “I would like to see new ramblers building Montgomery County or an active adult community with the option of a rambler with basement...When Del Webb wanted to do this in Olney the county council vetoed the plan...there are no options for seniors other than condos or town houses which many of us don’t want.”
- ◆ “My husband and I have lived in Montgomery County for all of our married life – over 40 years...we both retired last year and plan to spend some of the year in

Florida. ...but still want to call Montgomery County our home. Our children and grandchildren are here...but we can't find the type of housing community we would consider...an active adult 55+ community that offers single family, one level floor plan, gated with outside maintenance taken care of. We see them in Frederick, Howard, Baltimore and Northern Virginia, but not here....We and many of our friends will likely leave the county in the next year or two and find homes in surround counties...The clock is ticking and we won't wait much longer for MC to provide the kind of housing we need.”

- ◆ “I read the article soliciting ideas for planning for an aging population...I have been watching my parents age in place in Tequesta, FL, a small community near Jupiter Beach. My parents still live in the home that they bought more than 30 years ago in a neighborhood without recreational facilities. When they first moved in, there were more public facilities such as a YMCA for exercise classes or water aerobic. In recent years, the number and variety of public facilities in their area has dwindled...I suspect because increasing numbers of restricted access communities (retirement, gated communities, e.g.) have their own pools, exercise facilities, classes...People rich enough to live in restricted communities have what they want and need; those who choose to live independently or who cannot afford those communities...are too unfamiliar with the political system to make their needs known. I hope we do not see the evolution of a similar pattern in Montgomery County.”

Public Buildings and Access:

- ◆ “We need seating options near main entrances and in areas where we are required to wait “on line.”

- ◆ “Restroom doors need to swing outward to allow people full access to these facilities.”
- ◆ “As the numbers of family caregivers grow, we need more “companion” designated bathrooms. Not having access to a bathroom can mean that people with dementia or other conditions which require that a companion be available to help with the bathroom are isolated in their homes.”
- ◆ “Weight and size of public doors need to be evaluated and improve signage is needed....Ironically, often the “accessible entrance” is much further away than the steps.”
- ◆ A caller requests that gyms be opened more than twice a week (Bauer Drive rec center) for seniors. His doctor has prescribed more exercise and that would be possible if the gym was open to seniors more than twice a week.
- ◆ “I moved here from Denver to be near to my daughter and have been disappointed with the services. In Denver the community centers had small vans and for \$6.00 the vans took us for trips. Here you have to be physically able to go on a trip (I am not). I’d like something for my taxes here....subsidized trips would be good.”
- ◆ “We need a senior center in my area: close to White Flint Mall...near Strathmore...we have a Kensington zip code, but it’s really North Bethesda. All senior centers are at least 15-minute drive from here – too far for many elderly people to drive. This area was built up in the 1960’s and 70’s, we have many elderly and few young children. No kids come around for candy on Halloween. Our area stands out as under-served ...please fill in this gap on your map by opening a senior center in Garrett Park, Garrett Park Estates or the West side of Kensington.”

Aging-In-Place Services:

- ◆ “Many seniors want to remain in their homes independent but they cannot always do the heavy cleaning. They cannot afford to pay someone to clean for them, the alternative is a nursing home or assisted living which they cannot afford either so they do without and their homes become a health hazard.”
- ◆ “I love my neighborhood but the property values, and consequently the property taxes have risen drastically since we purchased our home. I am concerned that it may not be feasible to stay here after retirement due to high property taxes and rising cost of living.”

Service Gaps:

- ◆ “As a lesbian senior, I appreciate your asking for suggestions on meeting the needs of seniors in our county. I have learned from friends in other states that their senior centers have active programs for older gays and lesbians and I would like to suggest this is important for Montgomery County as well. I suggest that first some new specific social activities be offered that would target the gay and/or lesbian community. This could be very important in helping these seniors find comfortable companionship in their older years. Second, for selected current activities such as dances, it would be welcoming to gays and lesbians to add a phrase indicating that dancing with same sex partners is OK.”
- ◆ “I would like to suggest that you include programming for gay and lesbian seniors. Thank you very much.”

In addition to the relatively brief messages left by phone or e-mail, one resident

prepared a comprehensive document covering a range of issues and attached supportive details in the way of newspaper articles. He wrote: “I belong to the AARP. In their monthly newsmagazine there’s a section showing what various states do to help seniors. Maryland is almost never shown as doing anything. ...According to political ads, Maryland had a surplus of \$1 billion this year. How about tossing some of that surplus back to seniors? ...suggestions in this write-up are reflective of things I’m doing or researching in hopes of doing something to improve my senior quality of life...some could only be put into effect by county government or voluntary organizations.” He goes on to provide information about the following topics: Increasing older population, mean income data, affordable housing, long-term care, prescription drug costs, transportation, public safety, scams, defensive driving, nutrition, recreation, and a county clearinghouse for money saving tips. This document will be maintained in the office of Aging and Disability Services for review.