City of Richmond
Survey of Older Adults
ASSESSMENT OF UTILIZATION AND NEED FOR SERVICES

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Prepared for the City of Richmond Senior and Special Needs Advocate, Office of the Deputy Chief Administrative Officer for Human Services

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City of Richmond Survey of Older Adults:

Assessment of Utilization and Need for Services

Final Project Report

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City of Richmond Survey of Older Adults: 
Summary of Results and Recommendations

Two hundred and eighty four adults age 55 and older completed an anonymous survey for the City of Richmond Office of the Deputy Chief Administrative Officer for Human Services. Almost three quarters of the respondents were female. More than three-quarters of those surveyed were African American, and almost 20% were Caucasian. More than one-quarter of participants were 81 years of age or older, and an equal number were younger than 65. More than 90% of those who participated in the survey were currently unemployed. Of those who provided information about their monthly income, almost three quarters earned $1000 or less before taxes. Only 10% earned more than $2500/month. Slightly more than three-quarters lived alone, and although almost half of the respondents lived in some sort of senior retirement housing, only 6% were in assisted living facilities. Approximately one-quarter owned their homes.

1) Transportation assistance

Transportation assistance was the most frequently cited need among older adults in the City of Richmond. Too many of the older residents (almost half) indicated that transportation was not always available when they needed it, and almost 10% usually did not have transportation in times of need.

To remain in the community, older adults need a safe and affordable means of accomplishing the routine tasks associated with grocery shopping, running errands, and getting to and from appointments. Communities have an obligation to focus on the needs of older adults whose health and well-being depends on the availability and accessibility of affordable transportation. The City should consider working closely with Senior Connections, since the Area Agency on Aging has included transportation as the first priority for their 2009 Area Plan for Aging Services under the Older Americans Act.

2) Public and Medical Transportation

Although almost half of those surveyed make use of public transportation services, another 20% would like to take advantage of this opportunity. With the reduced fare for senior citizens and the accessibility features of the Greater Richmond Transit Company (GRTC) buses for people with disabilities, it is a concern that so many who could possibly benefit from the use of public transportation are not doing so. A sizeable number of respondents (10%) relied on the Community Assisted Ride Enterprise (CARE) vans operated through the GRTC as their major form of transportation. An equal number primarily used the Medicaid transportation.
Rather than pursuing plans to cutback and eliminate bus routes in the City, GRTC should be encouraged to consider ways to economize that would not further discourage ridership. Downsizing buses that do not run at capacity, for example, would also reduce the wear and tear on City streets. When medical transportation is lacking, there is also likely to be an increased use of emergency rooms for care that could be provided elsewhere. In addition, there is decreased use of preventative care opportunities, health improvement programs, and public and private human services. The City of Richmond should conduct a cost analysis to determine the savings associated with developing a more effective means of providing medical transportation for older adults. Subsidizing additional services through one of the area transportation programs being promoted through the Virginia GranTrans website (http://grandtrans.granddriver.net) established by the Virginia Department for the Aging, for example, should be considered.

3) Community-based Centers

a. Senior centers are under-utilized by older adults in the City of Richmond. Less than 20% of those surveyed currently visited a senior center and less than one quarter participated in any City of Richmond programs, such as those in facilities operated by the Department of Parks, Recreation and Community Facilities. Of those who did not use a senior center, however, more than half indicated that they would like to do so. Almost one quarter would prefer to visit the senior center on a frequent and regular basis (daily, several times a week, or weekly).

As part of a comprehensive community strategy to meet the needs of older adults, senior centers offer a variety of individual and group services and activities. They also link participants with other community agencies, and serve as a resource for the entire community. The barriers to the utilization of senior centers typically include transportation availability and expense, but it would be advantageous for the City of Richmond to investigate how those who would prefer to become involved in senior centers might be encouraged to gain access. It is also recommended that the programs that would benefit older adults, and are available through the City’s community centers, be promoted more vigorously. Because they fall under the City of Richmond Department of Parks, Recreation and Community Facilities, the Linwood Robinson Senior Center, the Hotchkiss Community Center, and the Randolph Community Center for example, should be afforded greater opportunity to serve.

b. Adult day care centers were even more under-utilized than senior centers. Less than 10% of those surveyed were participating in this opportunity. The desire to use this service was elevated, however, since almost two thirds of those who were not currently engaged in an adult day service program would like to
take advantage of the opportunity, and the majority would like to participate daily, several times a week, or at least weekly. In addition to the lack of accessible, affordable, and available transportation to adult day services, limited support and interest among professionals, as well as potential caregivers and consumers, and limited knowledge among health and social service professionals have been cited as important deterrents to greater utilization. There is still a stigma attached to the notion of adult day services because of the association with child day care, and older adults fear that they will not be treated with dignity should they participate in these programs. Clearly, these are issues that should be addressed by the City of Richmond to promote this important service among those who would like to participate, as well as those who could benefit but may be otherwise disinclined.

4) In-Home Services

a. Assistance with household chores (keeping the house clean, doing laundry, and preparing meals) was the second most frequently cited need among older adults in the City of Richmond. Almost two thirds of survey respondents needed assistance with household chores on occasion or more frequently, and one third always or often needed this assistance.

Help with light housekeeping and meal preparation is available to those who meet eligibility requirements by securing a companion provider through the City of Richmond Department of Social Services (DSS). Since assistance with shopping, transportation, and personal care is also provided by companions, the City of Richmond DSS should investigate the cost-efficiencies associated with also offering homemaker services, as an alternative to companion services, for those who exclusively need help with household chores. This would be especially helpful for those who primarily need home management skills or instruction in maintaining their household. It is possible that federal and state funds may be more effectively leveraged through the provision of this form of assistance.

b. Survey respondents were asked to indicate how frequently they used home delivered meals. Although approximately half never used this service, more than one third received these meals on a daily basis. In general it appeared that those who needed home-delivered meals were in fact receiving them, since less than 10% of those who did not receive meals had any desire to retain this service. In addition, one third of those who said that they would like to get meals delivered were only interested in receiving them once a month or more infrequently.

The City of Richmond should consider investigating whether older adult residents who express a need for meal preparation assistance might be interested in home-delivered meals as an alternative to the in-home services.
5) Obtaining Information about Older Adult Services

a. Respondents were asked how often they had used the one-stop information center that is Senior Connections: The Capital Area Agency on Aging. Less than one-quarter of those surveyed indicated that they had contacted the agency. Almost one-third of the others had a desire to learn about the information and services offered.

The U.S. Administration on Aging and the Area Agencies on Aging across the country have worked to increase awareness of the services provided through the Older Americans Act. They have been assisted in this endeavor by the state units on aging, and in Virginia, by the Virginia Department for the Aging. Senior Connections, in particular, has made great strides in recent years to publicize the availability of supports funded under Title III of the Older Americans Act. Yet, an enhanced partnership between this agency and the City of Richmond would be of benefit in promoting the availability of Home & Community-Based Supportive Services, Congregate Nutrition Services, Preventive Health Services, and Family Caregiver Support Services.

b. The City of Richmond has established a Senior Help Line (646-1082) to enhance the delivery of services to older citizens. Almost 90% of respondents indicated that they had never utilized the Helpline. Yet, almost one-third of those who had not obtained assistance through this mechanism had an interest in taking advantage of the Help Line service.

A press release announcing the availability of the Senior Help Line was issued in October, 2006 when the current Senior and Special Needs Advocate assumed her position in the Office of the Deputy Chief Administrative Officer for Human Services. It is also mentioned in the Mayor’s opening message in the City of Richmond’s Resource Guide for Older Adults available on the City’s website (http://www.richmondgov.com/departments/pressecretary/docs/RichmondSenior.pdf) and the Active Adults Program Guide and Events Calendar published by the City of Richmond Department of Parks, Recreation, and Community Facilities (http://www.ci.richmond.va.us/parks/seniors_guide.pdf). It is recommended that an extended publicity campaign be undertaken to renew increased awareness of this resource.

c. The number of respondents who used the phonebook as a primary source of information about the availability of aging services was not insubstantial (12.2%). Yet, with initiation of the 2-1-1 dialing code in Virginia, it is surprising that the telephone was not a more popular option.
The 2-1-1 service provides supportive information for older adults, including referrals related to home health care, adult day care, congregate meals, Meals on Wheels, respite care, transportation, and homemaker services. The availability of this service is included in the City of Richmond's Resource Guide for Older Adults. It would be helpful, however, if the City considered working with the United Way to publicize this resource more prominently among the older adult community in Richmond.

d. There is clearly a desire to obtain more information about older adult services. The World Wide Web has developed into a powerful tool for accomplishing exactly that. So it is surprising that although 18.3% of survey respondents indicated that they had computer skills and 13.2% had a computer with internet access in their homes, the vast majority reported that they never use e-mail, access the Internet, or participate in computer training. Still, 13.5% of those indicated that they would like to become involved with the technology. In addition, since the number of older adults with computer skills was greater than those who had access to the Internet at home, it would seem that some work is needed to enhance domestic access.

Research has shown that older adults who have access are more interested in training to take advantage of information and support via the Internet. A lack of awareness or tendency to overlook the wealth of information available to support seniors on the internet may also contribute to the extremely low endorsement of this resource among those who responded to the City of Richmond survey. So in addition to the need for better access to the internet, there is a need to educate older adults about the advantages of using the computer to find needed services.

As a consequence of the City of Richmond/SeniorNavigator Partnership for Healthy Aging, all of the City of Richmond Department of Parks, Recreation, and Community Facilities centers are designated as SeniorNavigator Centers, and SeniorNavigator can be accessed from the City of Richmond website (http://www.richmondgov.com/departments/parks/intermediary_senior_navigator.aspx). Better promotion of this benefit would encourage utilization of the City of Richmond Department of Parks, Recreation, and Community Facilities centers by older adults in the City who have computer skills, but no access to the Internet at home. In addition, the trained SeniorNavigators who voluntarily staff these centers could orient and develop computer skills among those who are not familiar with computers.

The vast majority of actual internet use, however, takes place in the home. The establishment of public internet sites has yet to have the fully desired impact, in part, because older adults are unlikely to access a free computer in a particular location, unless they feel like they belong there.
While continuing to promote the use of SeniorNavigator Centers, effort should also be devoted to increasing domestic internet resources. Community-based agencies should be involved, since they can serve as hubs for the development of community resources that would support a loan program to get computers into the homes of older adults. In addition, many older adults identify with and regularly attend church-related activities. This venue, then, would serve as an apt location for loan programs. In addition, if the City’s senior retirement communities don’t offer computer access, this should also become a priority.

6) Support for Caregivers

Approximately one third of those surveyed indicated that they were cared for by someone on a regular basis. Almost 40% of those receiving care had some kind of paid professional providing services. Although one quarter were cared for by their grown children, other relatives and friends cared for another one quarter of those who were care recipients. Less than 10% of those surveyed were providing care for someone else on a regular basis, but approximately one third of those indicated that they would like to use some kind of respite care services. In addition, about half of those receiving care agreed that their professional or informal caregivers could benefit from respite care services.

There may be an over-reliance on formal care in the City of Richmond, but incentives could be restructured to improve this situation. It is recommended that the City examine how the expansion of existing community supports or the establishment of new programs could encourage the provision of informal care as a more desirable and more efficient expenditure of limited funds. The Senior Connections’ Care Compass initiative was developed as a resource to help employed caregivers succeed in caregiving while balancing careers, family and other obligations. Because scholarships and financial assistance for respite, temporary home care, adult day care, and transportation are provided, involvement in this initiative would be a natural and cost-effective way the City could assist caregiving families and respond to the needs identified through the survey. In addition, Senior Connections and the United Way of Greater Richmond and Petersburg are currently collaborating to support area caregivers. As way of relieving the over-burdened formal service system, it is recommended that collaborative linkages with the United Way, as well as Senior Connections, be pursued. The City of Richmond DSS should work to raise awareness about the Virginia Caregivers Grant Program and the respite care benefits afforded to caregivers by the Medicaid home and community-based waiver programs available in Virginia. In addition, it is recommended that the City of Richmond consider promoting utilization of the consumer-directed options now available under the Elderly or Disabled with Consumer-Direction Waiver as a way of encouraging informal caregivers who provide care to older relatives and friends.
7) Employment Opportunities Referral Center

The vast majority of those who participated in the survey were currently unemployed (93.9%). Of the services investigated through the City of Richmond survey, utilization of an employment referral center was endorsed by the fewest number of respondents (5.4%). Yet almost 15% indicated that they would be interested in taking advantage of the opportunities available through employment opportunities referral centers.

The City of Richmond Department of Parks, Recreation and Community Facilities centers, as well as Senior Connections, offer opportunities for seniors interested in reentering the workforce through the AARP Foundation Seniors in Community Service Employment Program funded by the U.S. Department of Labor. In addition, Senior Connections provides the Job Referral File for job seekers age 60 and older, so that participants can be matched with job requirements. Given the relatively low levels of income among those surveyed, however, it would be clearly advantageous to facilitate employment among the rather substantial proportion of those interested in seeking employment opportunities through participation in these programs. It is recommended that the City of Richmond consult with Senior Connections to consider ways in which participation in the employment opportunities referral centers could be increased. For example, the City could pursue the establishment of a Job Referral File similar to the one at Senior Connections.

8) Volunteer Opportunities Referral Center

With respect to participation in a volunteer opportunities referral center, about 10% of the City of Richmond survey participants indicated that they were involved. This is substantially lower than the comparable rates reported among older adults in the City overall. Yet, adding in those who would like to participate in a volunteer referral center brings the potential participation rate up to the approximate levels reported elsewhere for the City over all age groups.

The City of Richmond Department of Parks, Recreation and Community Facilities centers provide volunteer opportunities through the Retired Senior Volunteer Program. The Linwood Robinson Senior Center, for example, also provides intergenerational opportunities for working with youths involved in community school volunteerism and mentoring, after school leisure, and summer employment training. Senior Connections also offers other volunteer opportunities, and the Foster Grandparent Program is one of the most remarkable.

There is clearly a reason to consider how those who desire to engage in this kind of meaningful activity could be encouraged to do so. It seems that few of the most likely reasons for a lack of participation in volunteer activities, however, are operating among those who responded to the City
of Richmond survey. Although there is an interest in providing direct financial assistance to reimburse volunteers for the expenses they incur through their continued engagement, the availability of funding for this will continue to be a deterrent until it is adequately addressed. The City of Richmond should also consider what additional barriers might be preventing those who would like to participate from becoming part of the volunteer referral centers. Volunteerism related to the church may be taking precedence over other kinds of volunteer activities available through a community-based referral center. Alternatively, awareness of the opportunities available through the volunteer referral centers may be less than it should be, and in that case, greater effort to promote these services is recommended.

9) Health-Related Senior Services

The results of the City of Richmond survey showed that less than a third of respondents were engaged in health and wellness services, and that approximately one third of those not involved currently would like to take advantage of these kinds of opportunities. Among those who were engaged in a fitness exercise or outdoor program, 45% participated on an infrequent basis (2-3 times a month or less frequently).

The City of Richmond Department of Parks, Recreation, and Community Facilities centers offer wellness and health related activities including a health check program with free assessments, monthly blood pressure screenings, special educational programs on health-related issues, and an exercise program that includes walking and chair aerobics. It is recommended that the City of Richmond form collaborative partnerships and jointly delineate the specific actions needed to engage those who are not currently benefiting from these programs. Logical partners include the Area Agency on Aging (Senior Connections) and the Aging Network’s other Community Aging Services Provider (CASP) organizations. It would be advantageous to engage in some mutually beneficial collaborative program promotion efforts. The CASP organizations could be approached about distributing copies of the *Active Adults Program Guide and Events Calendar* published by the City of Richmond Department of Parks, Recreation, and Community Facilities. In kind, the City could promote the health promotion and disease prevention programs available through the CASP organizations to participants at the City community centers frequented by older adults.
10) Services Related to Increasing Socialization

In comparison with those already engaged in a senior companion program (13%), about twice as many individuals who were not participating expressed an interest in this opportunity (27.4%).

Family Lifeline offers the ElderFriends program in the Richmond area. Endorsed by the Virginia Commonwealth University Department of Gerontology, this intergenerational program has been shown to be effective in relieving isolation and loneliness among low income elders who are unable to be out in the community. It is recommended that the City of Richmond consider taking greater advantage of the ElderFriends program by pursuing more extensive engagement among older adult residents. Beyond this, Senior Corps operates a senior companion program that offers companionship and friendship to isolated and frail adults. Although this program is not currently operated in Richmond or surrounding areas, there are programs at the Area Agencies on Aging in Roanoke and Norfolk. The City should consider working with Senior Connections to adapt and implement one of the model Senior Corps companion programs currently being operated elsewhere in Virginia.

11) Opportunities for Religious or Spiritual Enrichment

Although three quarters of those surveyed were engaged in opportunities related to religious or spiritual enrichment, more than one third of those who were not participating wanted to become engaged in this kind of leisure-related service opportunity. This presents an opportunity to involve the churches in leisure activities to build a sense of community, while also incorporating wellness and health promotion concerns with the benefits of engaging in opportunities to volunteer.

There is ample reason to consider developing more of these kinds of opportunities for older adults in Richmond. The City Department of Parks, Recreation, and Community Facilities centers should be encouraged to become venues for collaborative endeavors to engage seniors in positive spirituality activities beyond the bible study currently available through the Linwood Robinson Senior Center. In addition, faculty with Virginia Commonwealth University’s Department of Health and Human Performance focused on community health education could be approached about becoming involved in efforts to train lay health advisors among older members of the church.
12) Emergency-Preparedness

Almost one quarter of those surveyed had previously participated in an emergency preparedness program. Yet, more than one third of those who had not participated in this kind of program would like to become engaged in this way. The City of Richmond Resource Guide for Older Adults provides important information about emergency-preparedness and the steps that older adults can take to develop an individual emergency plan. It also provides information about obtaining a free copy of the 20-page Citizen’s Emergency Preparedness Guide available from the City of Richmond’s Office of Emergency Management. Given the low levels of computer literacy and the uniformly high levels of disinterest in e-mail or Internet access, the availability of emergency-preparedness information on the City of Richmond’s website is not likely to address the unmet interest in this kind of information documented in the survey. Certainly hard copies of the Citizen’s Emergency Preparedness Guide to older adults in the City should be mailed to those who call the Department of Emergency Management requesting information, if this is not already the practice. But if the cost of doing this is prohibitive, some consideration should be given to mailing a handout of the pages particular to older adults. In addition, distributing these pages to older adults who participate in other unrelated programs operated through the City Department of Parks, Recreation, and Community Facilities centers is recommended.

13) Personal Safety and Security

When asked about the issues or conditions that could potentially affect their quality of life, the items that were endorsed by the majority of respondents were all concerned with personal safety and security.

Efforts should first be directed to issues that have catastrophic implications for personal safety. Protection from crime is perhaps the most fundamental of the bodily safety needs, but emergency assistance and home security or fire safety are also relevant considerations when implementing safeguards to avoid aversive circumstance. The City should consider its utilization of Virginia Triad resources through the local Chapter, and apply for funding through the Triad Crime Prevention for Seniors Grant Program in order to explore new and innovative ways of ensuring that the security and safety concerns of older adults are addressed. Then, to address concerns about receiving emergency assistance when it is needed, it is recommended that the City of Richmond consider promoting greater utilization of the Personal Emergency Response System program included as part of the Medicaid-funded Home and Community Based Waivers.
14) Housing

Two thirds of the survey respondents were residing in two types of residential settings, congregate housing and self-owned house. Apart from common issues in affordability, accessibility, and safety or security, respondents expressed different concerns according to their type of residence. The former asked for more amenities in their buildings, while homeowners were interested in ways of abating property taxes and coping with the costs associated with needed repairs and utilities. Regardless of residence, however, their major concern for the future related to the adequacy of their accommodations if they were ever faced with frailty and impairment.

To facilitate “aging in place,” efforts should be focused on streamlining the integration of housing supports with the social services that facilitate independence among older adults with care needs. A case management approach would allow for this to be done in a customized or calibrated fashion. The City of Richmond should consider consolidating its wealth of resources and infrastructure under a single overarching entity or position in order to achieve the most effective and efficient delivery of elderly services and programs. There is the potential for considerable cost savings, for example, if the City Department of Social Services joined with the Richmond Redevelopment and Housing Authority to devise a common channel through which those who are entitled may be served in a more holistic manner. In addition, the issue of property tax relief and tax reduction for repairs to benefit elderly homeowners with lower incomes should become a priority.

15) Medication Compliance

a. When asked about their need for assistance, more than two thirds of respondents indicated that they never or only occasionally needed help managing their medications.

This finding may be somewhat misleading, however, since it can be difficult at times for older adults and their caregivers to realize when medication monitoring assistance may be needed. It is recommended that the City of Richmond consider implementation of a structured assessment of medication management skills in older adults living in the community in order to help identify specific problems, aid in planning patient care, and promote independence. The assessment could be administered during community “brown bag” prescription events where seniors are invited to gather up all their prescription and over-the-counter medicines and take them to be reviewed for potential interactions or other dangers. The City could begin by engaging on-site services staff in combined screening and compliance assessment events at the nine elderly housing program buildings maintained by the Richmond Redevelopment and Housing Authority. These could be conducted in
conjunction with a University graduate pharmacy program or as part of the Prescription for Better Health campaign partnerships between the National Council on Aging and CVS/pharmacy. As a more immediate way of addressing this need among older residents, it is recommended that the City of Richmond consider promoting greater utilization of the Medication Monitoring benefit that was included under the Medicaid Elderly and Disabled Waiver program in 2003.

b. Almost half of the open-ended responses expressing concern about the affordability of health care cited medications in particular as the primary issue. In addition, examination of the quantitative responses showed that more than three-quarters of survey respondents had never used any health insurance advisory program.

Although the need for insurance counseling currently may not be as great as it was when the Medicare-Approved Drug Discount Cards Program went into effect in 2006, older adults continue to become eligible for Medicare Part D. There is an on-going need for the Virginia Insurance Counseling and Assistance Program (VICAP) as the youngest seniors make those important decisions about provider plans. The City of Richmond should consider how more older residents could be engaged in the VICAP, as well as the Pharmacy Connection program at Senior Connections to assist those who are eligible to apply for free medication from pharmaceutical manufacturers.
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Community Survey Sample

Two hundred and eighty three adults age 55 and older completed an anonymous survey for the City of Richmond Office of the Deputy Chief Administrative Officer for Human Services (see Appendix A). Almost three quarters of the respondents were female (73.5%).

Figure 1. Age of Respondents

More than one-quarter of participants (25.7%) were 81 years of age or older. Half of those surveyed were 80 years of age or younger, but older than 65. About one quarter (24.3%) were younger than 65.

More than three-quarters of those surveyed (77.5%) were African American, although almost 20% were Caucasian. The survey included four individuals who were of Hispanic or Latino descent, two American Indians, and one participant was racially mixed.

Figure 2. Respondents’ Marital Status

With respect to marital status, those who were widowed predominated (45.6%), although approximately 20% were divorced. The respective percentages of individuals who were married or never married were equally low (< 15%).

The vast majority of those who participated in the survey were currently unemployed (93.9%).
Figure 3. Respondents’ Monthly Income

Although 13.4% of those surveyed did not provide any information about their monthly incomes, of those who responded to this question, almost three quarters (70%) earned $1000 or less before taxes. Only 10% earned more than $2500/month.

Almost half of the respondents (47.5%) had received at least a high school education. About 5% had attended graduate school or obtained a post-baccalaureate degree.

Figure 4. Respondents’ Levels of Educational Attainment

Approximately 8% were college graduates. Yet, more than half of the respondents had not graduated from high school, and about one quarter had left school at some point prior to attending the ninth grade.

Two respondents had never been to school at all and six had acquired vocational school training.
The average household size was 1.27 ($SD = .06$). This is in contrast to the average household size in Virginia (3.0). Most lived alone (79.2%) and 17.4% lived with just one other person. For some reason almost 7% of those surveyed did not reply to this question. No one who responded lived with more than four other people, however.

Figure 5. Respondents’ Housing Types

Although almost half of the respondents lived in some sort of senior retirement housing, only 6% were in assisted living facilities. Approximately one quarter owned their own homes and almost as many (20%) were independently renting.

Of the others, eight were living in public housing (e.g., HUD, RRHA), six were living with family members, and one was in a group home.
Respondents were also asked to provide their zip codes so that we could examine where they lived within the City, but almost 10% did not provide this information.

Figure 6. Respondents’ Zip Code Locations

Although 80% of respondents resided within the proper City limits, others lived in zip code areas geographically located in two of the surrounding counties.

Even though the presumed mailing addresses of respondents indicated their residence as Richmond, almost 10% resided in the 23227 zip code belonging to the Highland Springs area of Eastern Henrico. The remaining 10% lived in various other zip code areas geographically ascribed to Henrico and Chesterfield Counties.
Quantitative Survey Data

I. Primary Questions of Interest

Of primary interest to the investigators was utilization of particular community-based senior services (notably, senior centers, adult day care centers, and City of Richmond programs). There was also an interest in the extent to which seniors were computer “savvy,” and whether they were caregivers or care recipients. Finally, there was a special interest in discovering the most effective way of getting information about senior services out to older adults in the City.

A. Senior Centers, Adult Day Services, and City of Richmond Programs

Senior centers provide a community focal point where older adults come together for services and activities that reflect their experience and skills, respond to their diverse needs and interests, enhance their dignity, support their independence, and encourage their involvement in the community. As part of a comprehensive community strategy to meet the needs of older adults, senior centers offer a variety of individual and group services and activities. They also link participants with resources offered by other agencies, and serve as a resource for the entire community (National Institute of Senior Centers Senior Center Self-Assessment and National Accreditation Manual, 2004).

The majority of those responding to the survey did not use a senior center (82.4%). However, of those who did (n=48), one third (n=16) visited the senior center on a daily basis, and one quarter (n=12) were there two to three times a week. Four went to the senior center on a weekly basis and twice that number visited two-three times a month. An equal number utilized the center but more infrequently (less than once a month).

Figure 7. Desired Use of Senior Centers

Of those who did not use a senior center (n=225), more than half (57.1%) indicated that they would like to do so.
Almost one quarter (21.9%) would prefer to visit the senior center on a frequent and regular basis (daily, several times a week, or weekly).

The term “adult day care” applies to a variety of programs offered in a group setting for adults who need supervision, care and support during the daytime. Services provided include active rehabilitation, therapeutic recreation, socialization, health and nutrition monitoring, supervision for safety, and assistance with activities of daily living. It is generally regarded as a professional and cost effective alternative to providing in-home care for those needing personal assistance and supervision during the day while family caregivers work or get respite from the constant demands of caregiving.

Utilization of adult day services was about half the rate for senior centers (9.7%; n=26). Of those who were engaged, ten used adult day care on a daily basis and an equal number were there two-three times a week. Three of the remaining respondents were in adult day care once a week, one used this service two-three times a month, and two utilized the center on a more infrequent basis (less than once a month).

Figure 8. Desired Use of Adult Day Services

![Chart showing desired use of adult day services among those not currently engaged]

Survey respondents were also asked about whether they participated in any City of Richmond programs, such as those in facilities operated by the Department of Parks, Recreation and Community Facilities. These community facilities provide leisure time projects, programs, and activities that range from athletics and aquatics to activities particularly for seniors and programs in art, dance and crafts.
Almost one quarter (22.8% n=62) indicated that they were indeed involved in City of Richmond programs. Although almost half of these participants (43.5%) were engaged less than once a month, almost one quarter (21%) were involved on a daily basis, and almost as many (16.1%) participated in these programs two-three times a week. A few (n=4) used the programs once a week, and the remainder (n=8) participated two-three times a month.

**B. Computer Use**

Many seniors have discovered the Internet and are logging on in significant and ever increasing numbers. Those who become adept at using a computer appear to have fewer depressive symptoms than those older adults who aren't so technologically connected (Edward Cisek, E. & Triche, K. Depression and Social Support Among Older Adult Computer Users, presented August 18, 2005 at the 113th Annual Convention of the American Psychological Association).

Among this sample of City of Richmond seniors, 18.3% indicated that they had computer skills and 13.2% had a computer with internet access in their homes.

When asked to tell us how often they use e-mail, access the Internet, or participate in computer training, the vast majority (90.4%) indicated that they were never involved in these activities. Of those who were engaged to some extent, three quarters were involved less than once a month. An examination of those who did not use the internet or participate in computer training revealed that the vast majority (86.5%) had no desire to take advantage of this opportunity. Only 10% had any desire to participate in these activities on any kind of regular basis (2-3 times a month or more often).

**C. Caregiving and Care Receiving**

Less than 10% of those surveyed were providing care for someone else on a regular basis (n=23; 8.4%). It is possible that some of these individuals were caring for their own children, but at least four individuals who responded to the survey were caring full-time for their grandchildren. One question on the survey was directed particularly to those who provided care for older adults, however. It read, “If you are a caregiver for someone else, do you ever feel like you could use respite care services, which are services that allow you, the caregiver, to have a short break by allowing the individual that you are caring for to visit either an adult day care center or a respite care center?” This question was answered by 20 of the 23 respondents who indicated that they provided care for someone else. Of these, 30% agreed that they would like to use some kind of respite care services.

In contrast to the number of caregiving respondents, a greater proportion (n=78; 28.4%) indicated that they were cared for by someone on a regular basis.
Surprisingly, only five were cared for by their spouses, but this is due to the fact that less than 10% of care recipients were married. In addition, very few of the care recipients (6.8%) reported living with family members. Although, over one-third (35.2%) were living in senior retirement communities or assisted living facilities, more than half (52.7%) were living independently in the community, either renting or living in their own homes.

About half of those receiving care agreed that their caregivers could benefit from using respite care services (51.6%). This level of agreement obtained regardless of whether the care was being provided formally by a paid professional (47.6%) or informally by a relative or acquaintance (53.7%).

D. Communicating Information about Senior Services

Survey respondents were asked to tell us the best way for them to get information about senior services. More than one quarter of the respondents provided multiple responses to this question, which effectively eliminated the possibility of determining which means of communication was “best.”
Figure 10. Best Means for Getting Services Information

![Pie chart showing the best way to get information about services. The majority (37.6%) endorsed the television, followed by newspapers (19.9%), resource guides (12.2%), and phonebooks (12.2%).]

Of those who did provide a single response however, more than one third indicated that the television was the best method for reaching them. Resource guides were endorsed as the most effective way of receiving information by almost one quarter.

The proportion of respondents who endorsed newspapers as the most effective form of communication was not very different from the percentage of those who utilized the phonebook as their first source of information about senior services. The radio was mentioned by only four respondents, and only three mentioned the internet. Although this item did not offer respondents the option of choosing some other means for receiving information about services, some (n=6) provided alternative responses anyway. Among these, word of mouth through other individuals (e.g., children, caregivers) was cited by a few as the optimal means for getting information about services, and two respondents mentioned institutions (the church or area agency on aging).

An examination of the multiple responses provided by the survey participants who did not provide a single “best” means of receiving information revealed that the majority endorsed the television and the newspaper (n=22). The next most popular multiple response referred to television and the radio (n=11). In fact, the television was endorsed by all but 15 of the multiple responders. The radio was also mentioned frequently among those who provided multiple responses however, being cited by 25 individuals.
II. Use of Individuals Services and Opportunities Available

Survey respondents were also asked to indicate how often they used a number of individual services or opportunities available to support older adults in the City of Richmond. The following section discusses the results of responses to this series of questions.

A. Services Available through Senior Connections: The Capital Area Agency on Aging

Senior Connections, the Capital Area Agency on Aging (AAA), is a private non-profit 501(c)(3) organization serving seniors and caregivers residing in the City of Richmond and surrounding counties as part of a nationwide network of about 650 AAAs. One of 25 AAAs in Virginia, Senior Connections’ mission is to assist seniors in Planning District 15, so they can live independently with dignity and choices in their homes and communities.

Respondents were asked how often they had used the one-stop information center that is Senior Connections: The Capital Area Agency on Aging. Less than one-quarter of those surveyed (21.6%) indicated that they had contacted the agency. Of those who had not contacted the agency, almost one-third (29%) had a desire to take advantage of the services offered.

Respondents were asked to indicate how frequently they used home delivered meals. Although approximately half (54.1%) never used this service, more than one third (37.2%; n=99) received these meals on a daily basis.
Examining utilization among respondents who were care recipients revealed that the majority (n=44) received these meals daily. Almost one third however (n=21), did not get home delivered meals.

Only two of the respondents who were caregivers for others received home-delivered meals. So it is interesting to note that at least 53 (99 – 44 – 2 = 53) of the respondents who received home delivered meals on a daily basis did not define themselves as care recipients when asked if someone cared for them on a regular basis. Clearly, they regarded themselves as living independently in the community and the utilization of daily home-delivered meals was a support that enabled this relative independence.

The survey results however, generally indicated that those who needed home-delivered meals were in fact receiving them since less than 10% of those who did not receive meals had any desire to retain this service (n=12). One third of those who said that they would like to get meals delivered were interested in receiving them once a month or more infrequently.

Survey respondents were also asked about their utilization of a health insurance advisory program. Senior Connections offers this service through the Virginia Insurance Counseling and Assistance Program (VICAP). This service was established to educate and counsel consumers about their decisions pertaining to medical benefit insurance plans, long-term care insurance, Medicare and Medicaid, and medical bill payments. Confidential consultation and advice for older adults is offered. The clear majority of those surveyed (86.6%) had never utilized any health insurance advisory program.
Among those who had never used the program, almost three quarters had no desire to engage in insurance counseling. About 10% (n=20) would like to be advised on an annual basis, however.

About 15% (N=33) were interested in counseling on a more frequent basis.

B. Services Available through both Senior Connections and the City of Richmond

1) Employment Opportunities Referral Centers

Survey respondents were asked to tell us how frequently they used an employment opportunities referral center. The AARP Foundation is funded by the U.S. Department of Labor to provide employment opportunities for older adults through the Seniors in Community Service Employment Program (SCSEP). Established under Title V of the Older Americans Act, the SCSEP subsidizes short-term work experience for income eligible persons age 55 and older looking for more permanent employment. The program's objective is to help seniors upgrade old skills and/or learn new ones. SCSEP matches skills, background and interests with job openings at businesses and agencies. Participants work an average of 20 hours a week and are employed in a wide variety of community service activities and facilities, including home health care, adult day care, and nutrition services. This program has 11 national sponsors (including AARP and the National Urban League, Inc.). The City of Richmond Department of Parks, Recreation and Community Facilities centers, as well as Senior Connections offer SCSEP opportunities for seniors interested in reentering the workforce. In addition, Senior Connections provides the Job Referral File for job seekers age 60 and older. A referral information file is kept on those seeking full- or part-time employment. When an employer calls looking
for an experienced and qualified applicant for a job opening, participants from the Job Referral File are matched with the job’s requirements and an interview is arranged.

Of the services investigated through the City of Richmond survey, utilization of an employment referral center was endorsed by the fewest number of respondents (5.4%). Of the 14 individuals who used the service, half contacted the referral center less than once a month. The remainder engaged in this opportunity two-three times a month or more frequently.

Figure 13. Desired Use of Employment Referral Center among Non-Users

Of those who were not taking advantage of this service, however, 12.3% indicated that they would like to utilize an employment referral center.

2) Volunteer Opportunities Referral Center

Survey respondents were also asked to tell us how frequently they used a volunteer opportunities referral center. Both Senior Connections and the City of Richmond Department of Parks, Recreation and Community Facilities provide volunteer opportunities through the Retired Senior Volunteer Program. Sponsored by the Corporation for National and Community Service, RSVP connects volunteers age 55 and over with service opportunities in their communities that match their skills and availability. From building houses to improving and protecting the environment, RSVP volunteers put their talents to work to make a difference. Participants receive training in communication, as well as job training and skill development. Depending on the availability of funds, limited travel reimbursement is available to volunteers needing financial assistance getting to and from their volunteer locations.
Additional volunteer opportunities through the City of Richmond Department of Parks, Recreation, and Community Facilities are advertised in the *Active Adults Program Guide and Events Calendar*. Interest group meetings of individuals seeking to assist with activities in the Senior Program Division have been held in the past, and senior planning group meetings continue to engage those who would like to help with special events, parties, and outings. In addition, there is an on-going search for senior volunteers to assist during events at the Landmark Theatre.

Senior Connections also has a multitude of other volunteer opportunities that offer personal rewards and fulfill a needed public service. One of the most remarkable is the Foster Grandparent Program which offers an opportunity for seniors age 60 and older to serve as mentors, tutors, and caregivers for children and youth with special needs. Low-income seniors who are able to volunteer at least four hours a day, five days a week receive modest, tax-free stipends for their volunteer work, reimbursement for travel and meals associated with their assignment, and annual physical exams. The Linwood Robinson Senior Center operated by the City of Richmond also provides intergenerational opportunities for working with youths involved in community school volunteerism and mentoring, after school leisure (bowling), and summer employment training.

In addition, Senior Connections utilizes volunteers to assist with their direct service programs. Public Information and Education Volunteers respond to general Agency inquiries and attend health fairs and other community events to promote Senior Connections’ programs and services. Application Assistants help with completing and tracking Medicaid, Fuel Assistance and Food Stamp applications. Friendship Café Assistants lend a hand with activities, programs or meal service at one of Senior Connections’ Friendship Cafés. Money Management volunteers help seniors keep track of and organize their bills, personal finances and accounts. Ombudsman volunteers advocate for the rights of seniors living in nursing homes or assisted living facilities. They make routine visits to the facilities and report the residents’ concerns and complaints to the Senior Connections’ Long-Term Care Ombudsman, who then pursues further investigation and resolution. Senior Medicare Patrol Volunteers provide public presentations on Medicare and Medicaid fraud. After receiving training, Virginia Insurance Counseling and Advocacy program volunteers counsel seniors or caregivers about the complexities of Medicare and Medicaid, as well as supplemental and long term care insurance. Med-Assist Volunteers help seniors needing discounts or other assistance with their prescription medications. TeleBridges and TeleCaregiver volunteers provide friendly reassurance phone calls to seniors and caregivers, offering a listening ear and an encouraging word.

With respect to participation in a volunteer opportunities referral center, about 10% of the City of Richmond survey participants indicated that they were involved. This is approximately twice as many as were involved in an employment referral center.
An examination of those who were not engaged through a volunteer referral center showed that almost 20% would like to participate in this service.

Data from the Corporation for National and Community Service, Office of Research and Policy Development indicates that between 2004 and 2006, the highest percentage of volunteers in the City of Richmond were in the 55-64 years age range (34.6%), while those in the 65-74 age range had the next highest proportion of volunteers (32.6%), but the highest average hours of service per volunteer \( (M = 92) \). Although this data source indicated that the proportion of volunteers in the 75 years of age and older group was lower than the national average (15.3% vs. 20.9%), the proportion in the other two age groups was approximately 5% greater than the rest of the country.

Volunteerism rates among those surveyed are in stark contrast to the overall rates reported for the City. Among the 76 and older age group, rates are approximately half of what would be expected.
Rates in the other two age groups are reduced by roughly two thirds in comparison with the volunteerism rates for older adults in the City that has been reported elsewhere. Taking the number of survey respondents who would be interested in volunteering together with those who have been engaged, however, brings the potential participation rate up to the approximate levels reported elsewhere for the City over all age groups (i.e., 27.6%).

C. Services Available through the City of Richmond

1) Senior Help Line

The City of Richmond has established a Senior Help Line (646-1082) to enhance the delivery of services to older citizens. Almost 90% of respondents indicated that they had never utilized the Helpline.

Figure 16. Use of Senior Help Line

An examination of those who do not use the Senior Help Line showed that only about one-third of respondents (31.3%) had a desire to obtain assistance through this mechanism, and only 11.1% would like to access the helpline on any kind of frequent and regular basis (daily, several times a week, or weekly).
2) Health-Related Senior Services

The City of Richmond Department of Parks, Recreation and Community Facilities centers offer wellness and health related activities including a health check program with free assessments, monthly blood pressure screenings, special educational programs on health-related issues, and an exercise program that includes walking and chair aerobics.

Figure 17 shows the levels of current and desired participation in the health and wellness-related services investigated in the City of Richmond survey. About one-third of respondents made some use of scheduled health and wellness events. Of those who did not take advantage of these events, more than one third indicated that they would like to attend. The rate of participation in fitness classes, exercise, or outdoor programs was also about one-third, but an equal number of those who did not engage in these classes or programs would like to do so.

Figure 17. Current and Desired Use of Health and Wellness Services

Slightly more than one quarter of respondents had been involved in low-cost health screening programs. But more than one third of those who had not participated in these screening programs had a desire for this service.
A more detailed examination of the frequency with which respondents engaged in fitness classes or outdoor programs showed a great deal of variation.

Although only 15% of respondents were involved in some sort of daily program, more than half were engaged one or more times a week. Almost one-quarter participated once a month or less frequently, however.

3) Services Related to Increased Socialization

Figure 19 shows the levels of current and desired participation in services related to increasing socialization. About one-third of respondents were currently engaged in some sort of organized social networking or travel opportunities. Of those who were not involved in this way, almost one third indicated that they would like to participate in these kinds of activities.
Figure 19. Current and Desired Use of Services Related to Socialization

![Use of Services Related to Socialization](image)

Although only 13% had secured senior companion services, more than one quarter of those who did not have senior companions would like to receive this service. Similar numbers were obtained with respect to those who either were already or would like to become involved in advocacy.

Figure 20. Frequency of Engagement in Social Networking/Travel

![Frequency of Engagement in Social Networking/Travel](image)

A more detailed examination of the frequency with which respondents engaged in social networking or travel opportunities reveals that the majority were infrequently engaged.

Of those who were involved, almost two thirds took advantage of the opportunity less than once a month or even more infrequently.
4) Services Related to Leisure Activities

Figure 21 shows the levels of current and desired participation in services related to leisure activities.

Figure 21. Current and Desired Use of Services Related to Leisure Activities

Although three quarters were engaged in opportunities related to religious or spiritual enrichment, more than one third of those who were not participating wanted to become engaged.

Participation in crafts classes and workshops was broken out as a separate item rather than being included along with the other arts. Although the proportion who took advantage of this opportunity was relatively low (12.8%), a substantial number of those who were not involved in classes expressed a desire to be engaged on some level (34.1%), and 18.1% would like to participate in this activity on a regular basis (2-3 times per month or more frequently).

Involvement in activity services related to the arts, culture, entertainment or music enrichment was considerably higher than the participation rates in the crafts classes, although the percentage of those who would like to engage in these kinds of service programs was approximately the same (about 35%).

Continuing education activities were also not very popular, with only about 10% of survey respondents engaged. Yet, almost 20% of those not currently accessing services related to continuing education indicated that they would like to become involved. The proportion of respondents making use of public libraries was almost three times the proportion taking continuing education courses. The percentage of those who would like to use the public libraries was approximately the same however (about 20%).
A more detailed examination of the frequency with which respondents used the public libraries showed that more than two thirds of participants were involved once a month or less frequently.

This can be contrasted with the frequency of engagement in services that supported arts, culture, entertainment or music enrichment. More than half of the participants (52.74%) were engaged 2-3 times a month or more frequently.
5) Other Services

There were a few other services of interest as well. The survey participants’ rates of involvement in emergency preparedness programs, public transportation and shopping assistance services were also examined. Figure 23 shows the levels of current and desired participation in these services. Approximately one-quarter of those surveyed had participated in a shopping assistance program, and approximately the same proportion of non-participants would like to secure this service to some extent.

Figure 23. Current and Desired Use of Other Services

Although almost half of those surveyed make use of public transportation services, another 20% would like to be riding the buses. With the reduced fare for senior citizens and the accessibility features of the Greater Richmond Transit Company buses, it is a concern that so many who could possibly benefit from this public transportation program are not doing so.

Figure 24. Frequency of Public Transportation Use Among Current Bus Riders
Looking at the frequency of use among those who used public transportation revealed that 42.3% rode the bus once a week or more frequently.

This service is likely to be quite indispensable for the 20% of riders who used the buses on a daily basis. In addition, at least half of those who do not currently use public transportation but would like to do so, indicated that they would take advantage of this opportunity on a weekly basis or more frequently (10.9%).

II. Transportation

The survey included three additional questions related to the use, availability, and affordability of transportation. Respondents were asked to indicate the major form of transportation used from a list of 10 options. Approximately one-quarter of respondents (26.1%) provided multiple answers to the question, rather than choosing a single major form. Figure 25 shows the results for 188 respondents who provided an appropriate response to the question, however.

About one-quarter indicated that they had their own car and another quarter relied on their relatives for transportation. About half as many (13.3%) indicated that the bus was their primary means of getting around. A sizeable number of respondents (10%) relied on the Community Assisted Ride Enterprise (CARE) vans operated through the Greater Richmond Transit Company (GRTC) as their major form of transportation. This paratransit mode of flexible passenger transportation provides curb-to-curb service in the City of Richmond, Henrico County, and portions of Chesterfield County for riders determined eligible under the Americans with Disabilities Act. An equal number of survey respondents (about 10%) indicated that they primarily used Medicaid transportation. In Virginia, all non-emergency Medicaid transportation is provided through the Virginia Department of Medical Assistance Services.
Figure 25. Respondents’ Major form of Transportation (n=188)

Because of the large number of individuals providing multiple responses, we attempted to reduce the multiple answers into a single response by scaling the item in terms of the purposefulness or sensibility of the question, with the formulation of service provision policies in mind. Scaling weights were given as follows: Own car < Relatives < Friends < Bus < CARE van < Medicaid transport. Using this algorithm, then, in a set of multiple answers the far right item is selected as the answer to be entered in the data set. Adding in the imputed data from these 74 cases with assigned rescaled scores did not substantially change the proportionate responding to this question, however. The percentage of respondents indicating that they used their own cars (19.8%) and relied on relatives (20.2%) was reduced by approximately 5% in each instance. The percentage riding the bus was almost exactly the same (13.4%), while the proportion relying on friends (10.7%), the CARE van (13.4%), and Medicaid transportation (11.8%) was increased but only by a few percentage points.

Figure 26. Availability of Transportation When Needed

Almost half of the survey respondents (45.9%) reported that transportation was not always available when needed. Approximately 10% of respondents had rarely or never needed transportation.
The survey asked respondents if their method of transportation was affordable. Cost was an issue for 15.5% of respondents. An examination of the major forms of transportation among these individuals revealed that only 20.5% of them were those who primarily used their own cars. One third (33.3%) relied on public transportation (CARE van or bus), and an additional one third (30.8%) it seemed were complaining that riding with their relatives and friends was not affordable. It is interesting to note that several (12.8%) of those who had affordability issues cited Medicaid as their major form of transportation. These individuals may have actually been referring to medical transportation for hire through a private, for-profit company.

III. Issues/Conditions Potentially Affecting Quality of Life

The next section of the survey listed a number of issues or conditions that could potentially affect quality of life, and respondents were asked to indicate which had the potential to affect them personally. Table 1 shows the frequency with which each of the items was cited.

Table 1. Number and Proportion of Respondents Quality of Life (QOL) Items (N=237)

<table>
<thead>
<tr>
<th>Issue/Condition Potentially Affecting QOL</th>
<th>Percentage</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Protecting yourself from crime</td>
<td>68.35%</td>
<td>162</td>
</tr>
<tr>
<td>2) Receiving emergency assistance when needed</td>
<td>63.71%</td>
<td>151</td>
</tr>
<tr>
<td>3) Home security or fire safety</td>
<td>59.92%</td>
<td>142</td>
</tr>
<tr>
<td>4) Understanding Medicare and Medicaid benefits (Part D)</td>
<td>48.95%</td>
<td>116</td>
</tr>
<tr>
<td>5) Transportation</td>
<td>48.10%</td>
<td>114</td>
</tr>
<tr>
<td>6) Financial security</td>
<td>45.99%</td>
<td>109</td>
</tr>
<tr>
<td>7) Understanding Social Security benefit information</td>
<td>43.88%</td>
<td>104</td>
</tr>
<tr>
<td>8) Paying for medications</td>
<td>43.46%</td>
<td>103</td>
</tr>
<tr>
<td>9) Finding legal assistance when needed</td>
<td>43.04%</td>
<td>102</td>
</tr>
<tr>
<td>10) Affordable housing</td>
<td>40.08%</td>
<td>95</td>
</tr>
<tr>
<td>11) Getting nursing care at home</td>
<td>29.11%</td>
<td>69</td>
</tr>
<tr>
<td>12) Finding sources of recreation</td>
<td>27.43%</td>
<td>65</td>
</tr>
<tr>
<td>13) Social isolation and loneliness</td>
<td>26.58%</td>
<td>63</td>
</tr>
<tr>
<td>14) Assistance with technology</td>
<td>22.36%</td>
<td>53</td>
</tr>
<tr>
<td>15) Filling out tax forms or insurance claims</td>
<td>18.99%</td>
<td>45</td>
</tr>
<tr>
<td>16) Caregiver stress (caring for spouses, grandkids, family)</td>
<td>12.24%</td>
<td>29</td>
</tr>
<tr>
<td>17) Respite care or relief from caring for another</td>
<td>11.39%</td>
<td>27</td>
</tr>
</tbody>
</table>

The items that were endorsed by the majority of respondents are all concerned with issues of personal safety. Protection from crime is perhaps the most fundamental of the bodily safety needs, while emergency assistance and home security or fire safety are also related to basic, personally physical protection. At first it would seem that the vast majority of respondents should have agreed that being a victim of crime or having your house burn down would affect quality of
life. But the question can be interpreted as being more related to taking steps in order to avoid these outcomes. For some respondents, the presence or absence of fire detectors or whether one has taken a self defense class may have little relevance to quality of life. It is likely that the participants who did not endorse these items as affecting quality of life (about one-third of the total), regarded the issues as being more related to making plans for emergency contingencies or implementing safeguards to avoid aversive circumstance.

Slightly less than half of the respondents agreed that issues related to financial security and retirement income were quality of life concerns. Having a safety net against accidents/illness and other adversity is most certainly a fundamental safety concern, although not as immediately threatening as the more catastrophic events related to crime or emergencies. Having an understanding of Social Security benefit information is also important to the adequacy of financial safety nets and retirement planning, so it is encouraging that this item was regarded by so many as an issue impacting quality of life.

It is also heartening that respondents realized the importance of health insurance, even if the concern was primarily related to the topical issues surrounding changes in prescription drug coverage (Part D). The availability of legal assistance and affordable housing are important factors that also influence financial well-being, and these were prominent in the list as well.

Approximately one-quarter of respondents attended to more social needs (engaging in recreation and avoiding social isolation). The item related to assistance with technology may have been connected with use of the internet as a means of maintaining or finding emotionally-based relationships or having a supportive and communicative family. In this regard then, the level of endorsement is in line with the other items related to this area of concern. Although it is gratifying that the item related to friendship and social engagement (actually worded in term of social isolation and loneliness) was recognized by at least one-quarter of respondents, it seems that more should have been able to acknowledge that humans need to feel a sense of belonging and acceptance.

**IV. Need for Assistance**

Survey respondents were also asked to tell us how frequently they needed assistance with various basic and instrumental activities of daily living. They responded using a four-point Likert-type scale (4=Always; 3=Often; 2=Sometimes; 1=Never). Responses were averaged and the results indicated that transportation assistance was needed most frequently for grocery shopping, running errands, and getting to and from appointments (see Figure 27). Almost one-quarter (23.8%) always needed this kind of assistance, while 16.7% needed help often, and another one-quarter needed occasional help (21.8%). As shown in Figure 28, however, more than one third of respondents (37.7%) never had a need for this kind of assistance, however.
A substantial number continually (19.5%) or often (13.6%) needed assistance with household chores. Approximately one quarter (27.2%) sometimes needed assistance, yet more than one-third (39.7%) could independently perform tasks related to keeping the house clean, doing laundry, and preparing meals (see Figure 28).

Figure 27. Average Frequency of Assistance Needs
(4=Always; 3=Often; 2=Sometimes; 1=Never)

![Need for Assistance Rating (1-4)](image)

As shown in Figure 28, approximately two thirds of respondents never needed these kinds of assistance. Less than 10% reported often needing medication assistance (7.4%) and only 13.2% indicated they needed this help on a continual basis. Similarly, personal care was needed on more than an occasional basis by less than 20% of respondents. Yet, there were a significant number who always needed this kind of assistance (12.4%) and about half as many (6.8%) often needed personal care.

It’s also important to note that almost one quarter of respondents (22.3%) who were not being cared for regularly by someone else reported needing personal care assistance sometimes or often, and 5.7% continually needed this kind of care. Similarly more than half of those without regular caregivers (53.1%) needed assistance with household chores, laundry, or meal preparation occasionally or more frequently, and almost one quarter (21.8%) needed this assistance often or always. Almost two-thirds of respondents who did not receive regular care indicated that they needed some kind of assistance handling their finances on occasion or more regularly, and 14.7% needed this help often or always.

Figure 28. Percentage of Respondents Never Needing Assistance
Relative Functional Independence

% Not Needing Assistance

- Transportation: 37.70%
- Household Chores: 39.70%
- Applying for Benefits: 48.30%
- Completing Forms: 49.00%
- Handling Finances: 55.80%
- Personal Care: 63.30%
- Taking Medications: 67.70%
Qualitative Survey Data

Survey participants were also asked to provide responses to seven open-ended questions as follows:

1. Services that have been difficult to get information about.
   “Please list any aging services that you have had difficulty finding information about.”

2. Resources for seniors to have a healthy living environment and quality of life.
   “What resources are needed to ensure seniors have a healthy living environment and quality of life in the City of Richmond?”

   “When you think about the future of older adults in Richmond, what concerns you the most? Why?”

4. The City of Richmond’s efficiency in responding to the needs of older adults.
   “From your perspective, how effectively do you believe senior services in Richmond are responding to the needs of older adults at the present time?”

5. Major health issues faced by seniors at present and in the future.
   “From your perspective, what are the major health issues that Richmond seniors are facing and will be facing in the future?”

6. Other thoughts about needs, services or policy issues regarding seniors.
   “Do you have any other thoughts about older adults, their needs, services or policy issues?”

7. Additional comments.
   “Any additional comments you would like to add?”

The responses were recorded for each individual reporting, and then individual responses within each question were coded into generally accepted domains relevant to academic and professional gerontologists. Responses within the domains were then further coded to capture more detailed information in the form of sub-domains. The category scheme developed reflected theoretical and analytical reporting goals, as well as the substance of the information provided. Every attempt was made to develop categories that were both mutually exclusive and collectively exhaustive. A summary of responses within the derived domains and sub-domains for each of the seven questions is included in Appendix B of this report.

Because respondents could provide multiple responses for each of the questions asked, the total of each count reported within a domain doesn’t necessarily correspond with the number of respondents who replied to a particular question.
For all but two of the questions (#4 & #5), it was possible to ultimately distill a
standardized set of domains as follows:

1. Medical/Medication
2. Elderly Care (Professional Care)
3. Homecare (Paraprofessional and Informal Care)
4. Housing
5. Transportation
6. Counseling
7. Other

The responses provided by survey participants to these questions is summarized
below.

A. Services Information Difficult to Find  (Q.1)

Transportation service for seniors (23%) is mentioned by respondents as the
most difficult information to find, followed by information on homecare (19%) and
housing (14%). Counseling (14%) includes information about legal, insurance
and more general elderly services. Other information hard to obtain is related to
medical/medication issues (8%), specific elderly care services (8%) and financial
assistance (6%).
**B. Resources Needed for Healthy Environment & Quality of Life (Q.2)**

![Graph showing resource needs for healthy environment](image)

**Housing (26%)** is deemed the most important resource to ensure that seniors have a healthy living environment and an enhanced quality of life in Richmond. The provision of adequate **transportation (16%)** and proper **homecare (11%)** are also mentioned as necessary for the well-being of older adults. The term **counseling (13%)** here refers to a readily informative environment and the availability of responsive assistance when requesting resources. In the case of **medical/medication (9%)**, affordability is emphasized. The surroundings that ensure the **security/safety** of their housing and neighborhoods (7%) are another aspect important to older adults in the City of Richmond.
C. Major Concerns for the Future of Seniors (Q.3)

The greater concerns expressed for the future involve the quality of homecare (19%), and housing, including the security/safety of the environment (18% each, respectively). Issues related to Medical/medication concerns, in terms of quality and affordability, are also major considerations (13%). Respondents also expressed apprehension about elderly care, transportation, and financial constraints in their later life (6% of responses each, respectively).

D. Other Thoughts – Needs, Services or Policy Issues (Q.6)

The domain of counseling (42%) here includes expectations related to information and services that should be provided when they are needed from the City. Comments related to requests for more assistance, more attentiveness (especially to those with lower incomes), and the moral obligations related to caring for older adults. Other thoughts about older adults, their needs, services, or policy issues concerned housing (22%) and homecare (17%). Transportation (7%) and financial supports (6%) remained still as issues to be expressed.
E. Additional Comments (Q.7)

The term counseling (23%) here refers to a variety of general comments that could not be otherwise classified. Comments about getting information on specific services or financial assistance for services predominated, but expressions of appreciation for what the City has provided in terms of assistance were also found. Otherwise, elderly care (22%) and housing (15%) were also mentioned frequently as additional comments. More infrequent comments related to medical/medication issues (9%) in terms of health care, the security/safety of housing (6%), transportation (4%), and financial supports (4%) especially for elderly homeowners.

F. Combined Responses in Standardized Domains

Figure F below delivers an overall impression of what the seniors in Richmond have in mind regarding their problems, concerns and expectations. It represents a condensation of all the preceding comments related to Q1, Q2, Q3, Q6 and Q7. The results may provide some fresh perspective in reviewing current issues and establishing more appropriate services in the future for the well-being of the older citizens in Richmond.
Apart from counseling which is a combination of scattered topics or general comments, the most prominent issues of concern are housing (20%) and homecare (14%). These two domains are both important issues that become more salient as older adults increasingly require frailties and their abilities to live independently are challenged.

Housing issues pertained to questions about affordability and environmental accessibility (e.g., wheelchair accommodations). Homecare comments focused on issues related to personal assistance or companion services and informal care provided at home to support functioning with respect to basic and instrumental activities of daily living. Aspects that make transportation (10%) more expedient for older people, affordable medical/medication services (9%), and concerns about personal safety/security (9%) are also deemed significant. Although comments related to professional elderly care (7%) and financial supports (5%) especially for homeowners, were less frequent. These domains, along with the home care and housing that is essential for aging in place, are also important for maintaining dignity in later life.
G. Current Effectiveness of Richmond Senior Services

Out of 284 participants, 88 seniors (31.0%) answered the question related to their perspective about the effectiveness of senior services in addressing the needs of older adults at the present time. The rating scheme derived consists of five levels: 1) hardly effective, the lowest opinion, 2) unfair, 3) fair, 4) effective, and 5) very effective, the highest judgment.

The largest number of seniors (n=28; 31.8%) replied that the City responded effectively to their needs and another 20.5% rated the City as very effective. Only 6 respondents (6.8%) answered very negatively, but 12.5% were also somewhat unsatisfied. So in total, more than half were supportive of the City’s performance, and only 20% expressed outright disappointment.

If the answer “fair” (28%) is deemed a positive response, then it can be said that the clear majority (81%) of survey participants favorably approves of the City’s efforts in provision of elderly services.

xHowever, many of the individuals classified in this category were not entirely convinced of the City’s effectiveness. As a group they provided comments that were generally mixed and could have been interpreted as either positive or negative.
H. Major Health Concerns Now and in the Future

Among the total of 284 participants, 109 seniors (38.4%) responded to the question about their perspective on the major health issues facing Richmond seniors now and in the future.

In the domain of medical care, almost half of the responses in this category (n=20) were not related to a particular condition. Of those who were more specific, the two conditions most often mentioned were dementia and diabetes (n=8 and n=6, respectively).

Among the 15 responses related to homecare as a health concern, 9 were related to the assistance with basic and instrumental activities of daily living that is required when health declines.

The affordability of health services was clearly one of the most serious concerns. Above all, the affordability of medication was listed most frequently (17 out of 38 responses) followed by health services in general (10 responses) and medical care (7 responses).
Figure I and the accompanying pie chart summarize the responses to this question. Responses that were not expressed in specific terms, i.e., those that were answered more vaguely and in relation to general health issues, were excluded.

The affordability of health care now and in the future is the most important health issue for seniors in Richmond, being cited by 34% of respondents. In particular, the affordability of medication was the most urgent matter mentioned in this domain. Issues related to the medical care of particular conditions were the next most important (28%), with dementia and diabetes being cited most frequently. Homecare also figured prominently as it becomes an issue with declining health (17%).
Discussion and Recommendations

I. Primary Questions of Interest

Of primary interest to the investigators was utilization of particular senior services (notably, senior centers, adult day care centers, and City of Richmond programs). There was also an interest in the extent to which seniors were computer “savvy” and whether they were providing care for family or friends and whether they were receiving care from others. Finally, there was a special interest in discovering the most effective way of getting information about senior services out to older adults in the City. This section of the report discusses the survey results related to these questions.

Community-Based Senior Centers

It seems that senior centers are under-utilized by the City of Richmond respondents, since less than 20% were taking advantage of the opportunity. Although almost half of those who did not visit senior centers had no apparent desire to do so (42.9%), almost one quarter would prefer to visit the senior center on a frequent and regular basis (daily, several times a week, or weekly). It would be advantageous to investigate why this option was not regarded as more desirable, but it would be equally important to discover how those who would prefer to become involved, might be encouraged to gain access. The barriers to the utilization of senior centers typically include transportation availability and expense, but participation among some of the younger survey participants (age 55-65) might be hampered by objections to the designation, “senior center.” In exploring ways to improve participation at these centers, some have found that baby boomers in particular are disinclined to participate in programs that are promoted as beneficial to seniors.

Adult day care centers were even more under-utilized than senior centers, since less than 10% of those surveyed were participating in this opportunity. The desire to use this service was elevated, however, since almost two thirds of those who were not currently engaged in an adult day care program, would like to take advantage of the opportunity, and the majority would like to participate daily, several times a week, or weekly. A recent study on the barriers to expanded adult day services in Iowa cited a number of factors that may be contributing to the survey results reported here. In addition to the lack of accessible, affordable, and available transportation to adult day services; limited support and interest among professionals, as well as potential caregivers and consumers,

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and limited knowledge about adult day services among health and social service professionals have been cited as important deterrents to greater utilization. Clearly, these are issues that should be addressed by the City of Richmond to promote this important service among those who would like to participate, as well as among those who could benefit but may be otherwise disinclined. There is still a stigma attached to the notion of adult day services because of the association with child day care. Potential users fear that they will not be treated with dignity should they participate in these programs. Education is the best way to counter the stigma among consumers and caregivers, and there is also a need to raise levels of awareness about the utility of this resource.

Among survey respondents, less than one quarter participated in programs operated by the City of Richmond Department of Parks, Recreation, and Community Facilities. It is recommended that programs that would benefit older adults at these community centers be promoted more vigorously. The Linwood Robinson Senior Center, the Hotchkiss Community Center, and the Randolph Community Center for example, should be afforded greater opportunity to serve. Seniors can participate in a large diversity of leisure programs and cultural enrichment activities, and the centers also provide wellness and health information, continuing education, and nutrition services. Transportation to the centers is available on request. They are also a source for information and referrals related to community resources. The opportunities for community involvement are particularly valuable. The Retired Senior Volunteer Program and the Seniors in Community Service Employment and Training Program are also operated through these centers and offer opportunities that connect older adults who may have become disengaged.

**Computer Use** (see also **Sources of Information** section below)

The survey data showed that the number of older adults with computer skills was greater than those who had access to the Internet at home. Other data have shown that efforts to involve Alzheimer’s caregivers in available supports found on the internet are facilitated when they have a convenient way to search electronically and utilize the available help. Those who have access are more interested in training to take advantage of information and support via the Internet (Maxwell & Creedon, 2003, Final report to the Alzheimer’s and Related Diseases Research Award Fund). It is recommended that efforts be directed toward making the Internet more available and enhancing domestic access for older adults in the City of Richmond.

Senior Connections, the Capital Area Agency on Aging offers computer classes for seniors. Beginner classes and a more advanced class, which introduces those who already have some basic knowledge to the internet, are offered monthly. In addition, both Senior Connections and the City of Richmond have taken a major step to improve accessibility and utilization in partnership with SeniorNavigator, a statewide internet resource service that provides aging-
related information for older adults, caregivers, and aging professionals. SeniorNavigator works with a volunteer network of individuals who bring beneficial electronic information to older adults without computers or internet access. These volunteers, called SeniorNavigators, help staff the SeniorNavigator Centers. The SeniorNavigator Center network includes a variety of organizations throughout Virginia that provide free access and assistance with the SeniorNavigator website (http://www.seniornavigator.org). As a consequence of the City of Richmond/SeniorNavigator Partnership for Healthy Aging, all of the City of Richmond Department of Parks, Recreation, and Community Facilities centers are designated as SeniorNavigator Centers, and SeniorNavigator can be accessed from the City of Richmond website (http://www.richmond.gov/departments/parks/intermediary_senior_navigator.aspx). But the availability of this benefit should be promoted more widely. Not only would this encourage utilization of the City of Richmond Department of Parks, Recreation, and Community Facilities centers by older adults in the City who have computer skills but no access to the Internet at home, but the SeniorNavigators who voluntarily staff these centers could orient and develop computer skills among more of those who are not familiar with computers.

An examination of the zip codes provided by survey respondents showed that there were as many as 60 SeniorNavigator Centers located in the zip code zones cited (n=16). In fact, there was at least one Center in each of the participants’ zip code zones. Clearly, the City of Richmond Department of Parks, Recreation, and Community Facilities centers and the SeniorNavigator Centers are both under-utilized, and there is reason to investigate what barriers may be preventing greater use of these important resources.

Caregiving

In Virginia, a total of 107,464 children under the age of 18 (6.2%) are cared for primarily by their grandparents. Although the City of Richmond survey identified only four individuals who were caring full-time for their grandchildren, there are 59,464 grandparents raising grandchildren in Virginia (U.S. Census Bureau Table DP-2. Profile Selected Social Characteristics: 2000; http://www.gu.org/documents/A0//Virginia05.pdf). It is likely that the survey failed to capture the magnitude of this situation in the City. Only about 10,000 of the total number of caregiving grandparents (16%) reside in the Tidewater area, and statewide, 40% are African American.

The average elder caregiver in the Richmond Area is a 41 year old female who may be experiencing health issues of her own. She is a family-oriented, middle manager with an estimated average household income of $55,000 annually.2

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Less than 10% of those surveyed were providing care for someone else on a regular basis (n=23; 8.4%), but 30% of these indicated that they would like to use some kind or respite care services.

**Care Receiving**

In contrast to the relatively low number of participants who were caregivers, Almost one third of those surveyed (n=78; 28.4%) indicated that they were cared for by someone on a regular basis. In general, about three quarters of older adults who receive long-term care at home rely entirely on informal caregivers, primarily spouses and children, who may provide paid or unpaid care.\(^3\) In comparison, the proportion of those relying exclusively on informal care supports in the City of Richmond survey was significantly less (60% of those receiving care). The 1999 National Long-Term Care Survey of Medicare beneficiaries age 65 and older showed that only 9% of respondents relied exclusively on formal care supports. This stands in stark contrast to the 40% of care recipients in the City of Richmond survey who indicated that their care was regularly provided by a paid professional. But despite this apparent over-reliance on formal care, care recipients were definitely in favor of having respite care provided to alleviate the burden on whoever was providing their care.

Since the data suggest that there may be an over-reliance on formal care in the City of Richmond, there is reason to believe that some sort of incentive program would improve this situation. Almost all states pay families to provide care to some degree, either in one of their state programs or through the Medicaid home and community-based waiver program (Feinberg, Newman, Gray and Kolb, 2004).\(^4\) Virginia has instituted a Caregivers Grant Program that provides annual grants of up to $500 to caregivers who provide care to a needy relative without reimbursement. This program was originally intended to be an acknowledgement of the tremendous amount of effort families expend fulfilling their caregiving obligations. It was anticipated that in some instances the grant would be used to pay for respite care, but it was not believed to be substantial enough to serve as an incentive, encouraging family members to provide care, when they would not be inclined to do so normally. Still, because the incidence of informal caregiving among the City of Richmond survey respondents was not comparable to what would otherwise be expected, it would be helpful to promote this program more vigorously as an encouragement. It is also possible that care recipients are not benefiting as much as they could from the personal and respite

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care benefits afforded by the Medicaid home and community-based waiver programs available in Virginia. Despite the obvious advantage of enabling older adults to remain in the community for as long as it is appropriate, there is good reason to provide a suitable alternative to an over-burdened formal service system by extending and reinforcing the capacity of informal caregivers.

It is recommended that the City examine how the expansion of existing community supports or the establishment of new programs could encourage the provision of informal care as a more desirable and more efficient expenditure of limited funds. The Senior Connections’ Care Compass initiative was developed as a resource to help employed caregivers succeed in caregiving while balancing careers, family, and other obligations. Scholarships and financial assistance for respite, temporary home care, adult day care, and transportation are handled on an individual basis. Involvement in this initiative would be a natural and cost-effective way the City could assist the caregiving families identified through the survey.

In addition, Senior Connections and the United Way of Greater Richmond and Petersburg are currently collaborating to support area caregivers. The United Way has developed an informative website with a number of other local partners to provide a wealth of helpful resources for family caregivers (http://www.unitedwayrichmond.org/index.html). A number of checklists, guides, tips, and links are offered for caregivers seeking support in areas related to safety and wellness, legal and financial planning, and medications. This collaborative endeavor presents another natural opportunity for the City of Richmond to respond to the needs identified through this survey.

The Commonwealth of Virginia State Plan for Aging Services (October 1, 2007 – September 30, 2011) discusses the need to consider ways to pay informal caregivers to provide care to older persons so they can remain in their own homes. This type of “consumer directed” care began in Virginia with the state-funded Personal Attendant Services Program in 1991. The success of this program led to the development of the Medicaid-funded Consumer-Directed Personal Attendant Services (CD-PAS) Home and Community-Based Services (HCBS) Waiver. Although originally utilized primarily by those in the disability service system, the option subsequently became available in four of Virginia’s seven HCBS waivers. In February 2005, the CD-PAS Waiver was combined with the Elderly and Disabled Waiver to become the Elderly or Disabled with Consumer-Direction Waiver. This waiver now provides consumer-directed services to 2,000 individuals.

While wealthier people always have been able to manage their own services by purchasing them in the private market, the consumer-directed care movement is bringing this type of autonomy and control to the public market, as well. Consumer-directed care enables older adults with disabilities, rather than professionals, to make decisions about the services they want, who they want to
deliver them and how and when they are delivered. Studies of consumer-directed services have concluded that participants were more satisfied than under traditional agency-directed models. They also reported a higher quality of life, had fewer unmet needs, and said they got more care for their money.\(^5\) It has been estimated that at least half of the consumer-directed beneficiaries hire friends or relatives to be their paid workers. Those who favor the use of paid family caregivers argue that hiring family members supports the informal care system, expands the labor pool, and results in high-quality care because of close family relationships.\(^6\)

It is recommended that the City of Richmond explore the feasibility of utilizing the consumer-directed options available as a way of encouraging informal caregivers who provide care to older relatives and friends.

**Sources of Information**

The number of respondents who used the phonebook as a primary source of information about the availability of aging services was not insubstantial (12.2%). Yet, with initiation of the 2-1-1 dialing code in Virginia, it is surprising that the telephone was not a more popular option. First launched in 1997 by the United Way of Greater Atlanta, the service now reaches into 30 states and the District of Columbia. 2-1-1 provides callers with information about and referrals to human services for every day needs and in times of crisis. Supportive information for older adults includes referrals related to home health care, adult day care, congregate meals, Meals on Wheels, respite care, transportation, and homemaker services. The availability of this service is included in the City of Richmond’s *Resource Guide for Older Adults* available on the City’s website (http://www.richmondgov.com/departments/presssecretary/docs/RichmondSenior.pdf). It would be helpful, however, if the City considered working with the United Way to publicize this resource more prominently among the older adult community in Richmond.

It is surprising that the radio was not cited more frequently as a primary source of information about the availability of aging services (n=4), since this mode is colloquially thought to be a popular media outlet among older adults. There is also data to suggest that radio has traditionally been shown as a frequent source of information for seniors (e.g., about 25% in one focus group study on promoting


educational programs), following closely after the television and professional contacts.

This finding from the survey, however, suggests that radio may be becoming increasingly irrelevant as a source of information about aging services. Indeed, older adults are not the typical market targeted by most radio stations and information for seniors is rarely if ever offered. For example, WZEZ FM 103.5 is programmed especially to appeal to older adults, but the format is primarily music and the station may not be regarded by listeners as particularly informative when it comes to learning about aging services.

It is disappointing that one of the best sources of information, the internet, was cited by only three respondents. This is especially significant when seen within the context of those who have computer skills (n=51) or those who have internet access at home (n=37). Many factors, beyond the obvious ones of access and skill, play a role in the low use by seniors. This report has discussed the issue of training, but ability, and design are also important considerations. Changes in psychomotor function, vision, hearing, and cognitive abilities are all well-documented general declines that can affect the ability of older adults to use existing technology. Since the usability of technology is determined by the extent to which system demands match user capabilities, web designers need to be aware of the age-related changes that will enhance the probability of successful use by older adults.

The importance of motivation, however, should not be discounted. Estimates about the prevalence of computer use among older adults age 55-65 range from 56% to 75%, while those for the 65+ age group ranges from 25% to 41%.

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These estimates are in stark contrast to the results of the City of Richmond survey which showed that the vast majority of those surveyed did not engage in e-mail, access the Internet, or participate in computer training. Furthermore, most of them had no desire to take advantage of this opportunity. Too many older adults fail to see the utility of acquiring and using computer systems. Some may be attracted at first by the opportunity to connect with children or other relatives through the use of e-mail, but this activity then should provide entry to the vast array of benefits that can be found through use of the search engines, list servers, and other tools available. But even the task of browsing the internet requires a vast amount of knowledge. In addition to understanding that AOL is not a browser, for example, users need to understand the hyper-linked nature of the World Wide Web.

It is predicted that older computer users in the future will be much more likely than younger users to seek health-related information. But it seems that there are some motivational factors at work among the City of Richmond sample that is deterring the use of this resource for information about aging programs and services. Consideration of concepts such as ‘relative advantage’ and ‘situational relevance’ has been encouraged when it comes to an examination of internet use among older adults. If the impact, meaning, and consequences of internet use are limited; then the activity will not support sustained levels of engagement. When the apparent improvements in quality of life are not comprehended, there is no reason to seek information on the internet.

A lack of awareness, or a tendency to overlook the wealth of information available to support seniors on the internet, may contribute to the extremely low endorsement of this resource among those who responded to the City of Richmond survey. But it doesn’t entirely explain the relatively low numbers of those with access (13.2%). In a population-based survey in the United Kingdom, for example, 40% of adults over 60 years of age had computer access at home.

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Still the “digital divide” (or the gap between those who use computers and the internet and those who do not) persists and may be even more prominent among older adult cohorts. Recently, discussions of the digital divide have become tied with other concepts. It has come to be seen as symptomatic of a larger and more complex problem, i.e., the problem of persistent poverty and inequality.18 Aside from the other factors that determine the use of technology, the four major components that contribute to the digital divide are socioeconomic status, with income, educational level, and race as associated factors.19 This recognition has led to an understanding of the internet’s potential to improve everyday life for those on the margins of society and to achieve greater social equity and empowerment.

Some research has supported this characterization of the digital divide, since a comparison of older adults who do and do not use the internet points to stratification by gender, age, marital status, and educational background. Older adults who used computers tended to be younger, better-educated males.17 But these investigators caution against presuming that those who do not use the computer constitute a homogeneous group of disempowered, under-resourced, and under-skilled older adults. To the contrary, lack of formal access was not a widespread reason accounting for the failure to make use of computers, since only 17% of respondents felt totally unable to access a computer. Indeed, the majority reported that access was available if they wanted or needed it either at home, through family members, and/or community sites. These statistics stand in stark contrast to the results from the City of Richmond survey.

The previous data also indicated, however, that for many older people ‘dealing with everyday problems’ does not involve the personal use of computers. The majority (78%) of older adults who did not use computers in their day-to-day lives claimed that there was ‘no need to use computers’ and they had ‘no interest in using computers.’ This would have been a likely response if the City of Richmond respondents had been further queried about their non-use of the computer. Beyond factors related to income and ability, motivational aspects must be considered.

So in addition to the need for better access to the internet and computers, there is a need to promote the advantages and stimulate greater use. This argument has been well-articulated by those who advocate for needed education programs to inform older people of the potential capabilities of the new technology.20 But

even this recommendation does not go far enough. To simplistically say that older adults need to be re-skilled and re-educated ignores the fact that technology is socially shaped and determined.\textsuperscript{21,22} There is a need for the government and other interested parties to consider making internet resources more responsive to the service needs of older adults. There are certainly government websites which purport to offer citizens ready access to services, but remain under-used due to their lack of substance and utility. The practical barriers to the development of internet-based services tailored to the needs and interests of older adults derive in part from the current weak consumer base. The conundrum is circular, however, since older people are unlikely to develop an interest in using the internet until such services are available. The local solution rests in a two pronged approach wherein the City of Richmond begins to shape their internet resources around the needs and concerns of older citizens, while also working to improve access. Although this may be pursued, in part, through the promotion of Senior Navigator Centers, as was mentioned previously in this report, it’s important to realize that the vast majority of actual use takes place in the home. The case for establishing public internet sites has been promulgated mainly in terms of the cost-efficiencies of installation and networking. But this strategy has yet to have the fully desired impact of encouraging vast numbers of older adults to make use of community-based computers. It also seems that the availability of Senior Navigators to provide support at these community sites has not completely had the intended effect. Older adults are unlikely to access a free computer in a particular location unless they feel like they belong there. If they do not feel integrated into the programs operated by the City of Richmond Department of Parks, Recreation, and Community Facilities, the installation of internet access will not ameliorate whatever institutional and perceptual barriers prevent them from becoming integrated into that opportunity.

There is a need, therefore, to rethink the City’s efforts to facilitate use of the internet among older adult residents. While continuing to promote the SeniorNavigator Centers, efforts should also be devoted to increasing domestic internet resources. Community-based agencies should be involved, since they can serve as hubs for the development of resources that would support a loan program to get computers into the homes of older adults. In addition, many older adults identify with and regularly attend church-related activities. This venue, then, would serve as an apt location for loan programs. Church volunteers could be engaged to provide dedicated in-home support and training for older members seeking information through the internet. These volunteers could then become


domestically-oriented technical assistants who set-up, trouble-shoot, and otherwise enable internet use among older adults engaged through the loan program. In addition, if the City’s senior retirement communities don’t offer computer access, this should also become a priority.

II. Services of secondary interest

Survey respondents were also asked to indicate how often they used a number of individual services or opportunities available to support older adults in the City of Richmond. The following section of this report discusses the results of survey responses to this series of questions. In 2002, there were 50 establishments\(^\text{23}\) in the Richmond Metropolitan Area providing services for the elderly and persons with disabilities.\(^\text{24}\) Their collective gross revenue was $22,749,000. Employing a total of 685 individuals, their annual payroll amounted to $10,420,000.

Services Provided by Senior Connections: The Capital Area Agency on Aging

Residents age 60 and over who cannot shop for or prepare their own meals are eligible to receive nutritious home-delivered meals on a regular basis through the Area Agencies on Aging, regardless of their income or ability to pay. More than one third of survey respondents received home-delivered meals on a daily basis. It did not appear that there was extensive unmet need, however, since less than 10% of those who did not receive meals indicated that this was a service they were interested in getting. In addition, one third of those who said that they would like to get meals delivered were only interested in receiving them once a month or more infrequently. The City of Richmond should consider investigating whether the older adult residents who express a need for meal preparation assistance might be interested in home-delivered meals as an alternative to the in-home service.

The other services available through Senior Connections however, were most likely underutilized, since less than one quarter of survey participants had looked to this one-stop information center for assistance. Of those who had not contacted the agency, almost one-third had a desire to learn about the information and services offered. The U.S. Administration on Aging and the Area Agencies on Aging across the country have worked to increase awareness of the services provided through the Older Americans Act. They have been assisted in this endeavor by the state units on aging, and in Virginia, by the Virginia Department for the Aging. Senior Connections, in particular, has made

\(^{23}\) The Census defines establishments as those businesses and agencies specializing in senior care and resources. This information is by NAIC Code #62412.

great strides in recent years to publicize the availability of supports funded under the legislation. Yet, clearly an enhanced partnership between this agency and the City of Richmond would be of benefit in promoting the availability of the other state- and community-based services funded under the Title III (e.g., Home & Community-Based Supportive Services, Congregate Nutrition Services, Preventive Health Services, and Family Caregiver Support Services).

In addition, the survey results revealed a particularly alarming lack of participation in the Virginia Insurance Counseling and Assistance Program (VICAP). With the recent changes introduced by the Medicare Prescription Drug, Improvement, and Modernization Act, it seems that older adults would be taking better advantage of the VICAP in order to navigate the complexities entailed by this monumental shift to the Medicare-Approved Drug Discount Cards Program. Although the need may not be as great now as it was when the program went into effect in 2006, older adults continue to become eligible for Medicare Part D. So there is an on-going need for the VICAP program as the youngest seniors make those important decisions about provider plans. In addition, in order to get out of the doughnut hole created by the coverage gap, an individual needs to cross the catastrophic-coverage threshold before each year ends and the clock resets. This means that many people will deal with the doughnut-hole problem every year. Of course, advocacy groups such as AARP have decried the government’s failure to reach the neediest seniors, including ethnic minorities with language barriers, with information about Medicare’s drug benefit program. It has been estimated that at least 3.2 million more seniors could qualify but have not gone through the process of seeking the subsidy and enrolling in a plan. The Center for Medicare and Medicaid Services has been attempting to find those in this most vulnerable population by reaching out to where they live, work, play, and pray. Perhaps this strategy is what is needed to engage more of the City of Richmond’s seniors as well. The National Council on the Aging suggests that one-on-one contact is more effective than letters, calls, and forums. Other obstacles that may not be as easily addressed are difficulties with the complex application process and the fact that some of those who could qualify simply don't trust government.

Employment Opportunities Referral Centers

As the baby boomers have affected the age structure of the population overall, they have also increased the size of the labor force, and as they have aged, they have raised the average age of those in the workforce. The aging of the baby boom generation will also increase the need for employment-related services for those who are older. The baby boom generation is likely to continue experiencing more work disruptions and transitions than previous groups of maturing workers because the nature of the labor market has changed dramatically during their working years. Given the relatively low levels of income among those surveyed, it would be clearly advantageous to facilitate continued employment among the rather substantial proportion of those interested (almost
15%). It is recommended that consideration be given to ways in which participation in the employment opportunities referral centers could be increased.

Volunteer Opportunities Referral Centers

In 2005, 444 Retired Senior Volunteer Program (RSVP) volunteers in the Richmond area provided 91,177 hours of support to 36 community organizations. Last year, Senior Connections engaged 462 RSVP volunteers. Across Virginia, the Foster Grandparents program in Virginia touched the lives of more than 4800 young people. A total of 81 of these volunteers participated in the Senior Connections program alone. Both of these programs are part of the Senior Corps which engaged more than 9600 seniors in Virginia as part of the Corporation for National and Community Service.

Looking across all age groups, Richmond had an average volunteer rate of 27.6% between 2004 and 2006, and ranked 29th among the top 50 metropolitan areas nationwide. On average, Richmond had approximately 255,000 volunteers, who served 34.1 million hours per year between 2004 and 2006. The number of hours contributed per volunteer was 36.9, ranking Richmond 26th in the nation.25

Volunteers are a vital resource to provide needed services, particularly to frail and economically disadvantaged seniors. Over the past two decades, a growing body of research indicates that volunteering provides not just social benefits, but individual health benefits as well.26 This research has established a strong relationship between volunteering and health. Those who volunteer have lower mortality rates, greater functional ability, and lower rates of depression later in life than those who do not volunteer. The very act of volunteering may allow individuals to maintain their independence as they grow older and face increased health challenges.

Lack of Participation in Volunteer Opportunities Referral Centers

In comparison with the volunteerism rates for older adults reported across the City between 2004 and 2006, relatively low rates of involvement in volunteer referral centers were documented in the Richmond City Needs Assessment Survey (approximately 10%). There is clearly a reason to consider how participation can be boosted. If those who desire to engage in this kind of meaningful activity could be encouraged to do so, the numbers would certainly become more comparable. Although Senior Connections is interested in providing financial assistance for interested RSVP volunteers who could use transportation reimbursement to support their engagement in the program, this is dependent on the availability of funding. The City of Richmond should also consider what additional barriers might be preventing those who would like to participate from becoming part of the volunteer referral centers. Addressing these obstacles would not only enrich the lives of those who care to give back to others now that they have retired, but would also provide documented tangible health benefits.

Health constraints and involvement in other productive or social activities are two of the most prominent reasons for the lack of participation in volunteer programs. To explore the possibility that health constraints could be contributing among the survey respondents, rates were examined selectively among those who were not care recipients (n=232). Only 11.7% were found to be currently involved. This is hardly an increased incidence of engagement in a volunteer referral center among the sub-sample of respondents who could be presumed to be generally free of health constraints. Furthermore, among those in the sub-sample who were not currently engaged (n=159), less than one quarter (23.5%) had a desire to become involved. Again, this proportion is not much of an improvement over the 20% of the full sample who would like to participate in a volunteer referral service.

In addition, socioeconomic factors, such as education, income, and occupation, are strong predictors of volunteering among older adults. A number of researchers have found a link between income and volunteerism. Higher income has been associated with a greater likelihood of volunteer participation and a

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greater commitment to volunteer work. More than half of the respondents in the City of Richmond survey had household incomes of $10,000 per year or less. More than one third had incomes that were higher than that, but still less than $30,000. Yet, even among those with incomes greater than $30,000, participation rates in volunteer referral centers was only 8.3%.

Employment has also been shown to be a strong determinant of volunteer participation. Although few (6.1%) of the City of Richmond sample were employed, almost 80% of those had never used the services provided through a volunteer referral center.

It has also been suggested that age may have an effect on a person’s decision to volunteer. An AARP study found that volunteers older than 60 years of age contributed more of their time than those younger than age 60, and even higher rates of volunteer participation (41%) were found among those aged 75 and older. Another early study examining the RSVP and the Foster Grandparent Program reported increased rates of volunteer participation over time among those older than 70 years of age. Other studies, however, have found decreased rates of volunteer participation with age. An examination of this factor in the survey responses showed that even among those age 65 or younger, involvement in a volunteer referral center was still less than 10%. Comparing those aged 60 or younger with those over age 60 showed that 20% of the youngest group were engaged in some way, while the rate among the older group remained at less than 10%. This did not constitute a statistically significant difference, however ($p = .0770$).

It seems that few of the most likely reasons for a lack of participation in volunteer activities are operating among those who responded to the City of Richmond survey. Although religious affiliation and level of commitment were not investigated in the current study, other studies have shown that those who identify with a specific religion and those who have a greater religious commitment are more likely to volunteer their time to help others. The City

of Richmond survey did ask participants how often they used services related to opportunities for religious or spiritual enrichment, however. An examination of participation rates in a volunteer referral center among those who were and were not involved in services that offered opportunities for religious or spiritual enrichment did not reveal any comparative difference however. Once again, approximately 10% of those in each of the religious/spiritual enrichment groups were engaged in volunteerism through a formal referral center.

Nevertheless, it is likely that volunteerism related to the church took precedence over other kinds of volunteer activities available through a community-based referral center. It would be advantageous to investigate this hypothesis in future surveys. Alternatively, awareness of the opportunities available through the volunteer referral centers may be less than it should be, and in that case, greater effort to promote these services is recommended. This recommendation is reinforced by the finding that at least 20% of those not currently engaged in a volunteer referral service would like to become involved. Combining the number of survey respondents who would be interested in volunteering together with those who have been engaged would bring the potential participation rate up to the approximate levels reported elsewhere for the City over all age groups.

Senior Help Line

It is disappointing that 90% of the survey respondents had not used the City of Richmond’s Senior Help Line. It is notable, however, that almost one third of those who did not access the Help Line indicated that they would like to take advantage of this service. A press release announcing the availability of the Senior Help Line was issued in October, 2006 when the current Senior and Special Needs Advocate assumed her position in the Office of the Deputy Chief Administrative Officer for Human Services. It is also mentioned in the Mayor’s opening message in the City of Richmond’s Resource Guide for Older Adults available on the City’s website (http://www.richmondgov.com/departments/pressec/docs/RichmondSenior.pdf). However, it does not come up readily on a web search of the City’s site and it is not specifically identified as a Help Line number on the Senior and Special Needs Advocate’s page in the Resource Guide or the Active Adults Program Guide and Events Calendar published by the City of Richmond Department of Parks, Recreation, and Community Facilities. It is possible that some of the respondents may have contacted the Senior and Special Needs Advocate, but not realized that they were using the Senior Help Line. It is more likely that the Senior Help Line was not promoted widely since its first inception and it is recommended that an extended publicity campaign be undertaken to renew increased awareness of this resource.
The National Blueprint: Increasing Physical Activity Among Adults Age 50 and Older was developed as a guide for organizations, associations and agencies planning strategies to help people age 50 and older increase their physical activity. A major goal of this document was to identify the principal barriers to physical activity participation in older adults and to outline strategies for increasing physical activity levels throughout the population. It also identified specific needs in the areas of research, home and community programs, workplace settings, medical systems, public policy, and advocacy. The National Blueprint advised that effective efforts to increase physical activity among older adults would require an integrated and collaborative approach involving community health professionals, health associations and agencies, health care providers, employers, community centers, senior living facilities, transportation experts, and community planners, as well as other diverse groups and areas of professional expertise. It also laid out a series of action steps designed to mobilize use of the Blueprint and transform evidence about the benefits of physical activity into national action.

The results of the City of Richmond survey showed that less than a third of respondents were engaged in health and wellness services. Among those who participated in a fitness exercise or outdoor program, 45% were involved on an infrequent basis (2-3 times a month or less frequently). Approximately one third of those not currently benefiting from health screenings, fitness programs, or health and wellness events would like to take advantage of these kinds of opportunities.

It is recommended that the City of Richmond form a collaborative partnership with the most salient community organizations and engage in detailed tactical planning to delineate the specific actions needed to reach those who would like to receive health-related senior services. Logical partners include the Area Agency on Aging (Senior Connections) and the Aging Network’s Community Aging Services Provider (CASP) organizations. CASP organizations are convenient, well respected, and low in cost. In addition, they are already successfully serving large numbers of older adults in the community. It is estimated that there are over 29,000 CASP organizations around the country serving over 7 million older adults each year. Examples of CASP organizations include: senior centers, adult day service centers, senior housing, nutrition service providers, multi-purpose agencies, and faith based service agencies. Many of the older adults served by CASP organizations have limited incomes, live alone, belong to minority groups, have mental and/or physical limitations that

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interfere with activities of daily living, or are disadvantaged in other ways that put them at elevated risk of disease or increased disability. Many of the CASP organizations provide health promotion and disease prevention programs that can improve the health of elderly persons, either directly or through referrals. It would be advantageous for the City of Richmond to engage in some mutually beneficial collaborative health-related senior program promotion efforts. The CASP organizations could be approached about distributing copies of the Active Adults Program Guide and Events Calendar published by the City of Richmond Department of Parks, Recreation, and Community Facilities. In turn, the City could promote the health-related programs available through the CASP organizations to participants at the City community centers frequented by older adults.

Services Related to Increased Socialization

Social isolation frequently leads to depression and a variety of associated health problems, such as compromised neuroendocrine or immune functioning. The evidence also suggests that social network involvement is associated with better physical health among older adults.

In addition to the Foster Grandparent Program and RSVP, Senior Corps operates a senior companion program. Senior Companions touch the lives of adults who need extra assistance to live independently in their own homes or communities. While offering companionship and friendship to isolated and frail adults, senior companions also assist with simple chores and provide needed transportation. Companion volunteers age 60 or older are asked to serve between 15 and 40 hours a week. Although this program is not currently operated in Richmond or the surrounding areas, there are programs at the Area Agencies on Aging in Roanoke and Norfolk. The City should consider working with Senior Connections to adapt and implement one of these model Senior Corps companion programs.

Alternatively, Family Lifeline offers the ElderFriends program in the Richmond area, however. Endorsed by the Virginia Commonwealth University Department

of Gerontology, this intergenerational program has been shown to be effective in relieving isolation and loneliness among low income elders who are unable to be out in the community. Individuals 18 years of age or older provide companionship at least four times a month for a year.

Given the proportion of respondents currently using a senior companion program (13%) and those who would like to secure a senior companion (27.4%), it is recommended that the City of Richmond take greater advantage of the ElderFriends program. In addition, Senior Connections: The Capitol Area Agency on Aging might also consider making more frequent use of this program which has been featured in their Mature Life newsletter.

Services Related to Leisure Activities

It might at first seem questionable to count opportunities for religious or spiritual enrichment under the rubric of leisure activities. But churches use leisure activities to build a sense of community, attract new members, and keep current members from behaviors perceived as harmful. Even the traditional potluck supper after Sunday morning services constitutes a leisure activity. Moreover, when asking about the utilization of religious or spiritual enrichment on the City of Richmond survey, it was presumed that the investigators were interested in, for example, the bible study themed opportunity listed under the education and culture enrichment programs offered at the Linwood Robinson Senior Center. In this context, it is similar to the other opportunities that enhance senior citizen community awareness mentioned in the same listing (e.g., museum and theatre visits, historical tours, library visits, and film festivals).

There is an extensive literature that associates religious activity, religious commitment, and related voluntary activity with a longer life span, better adaptation to medical illness, and an accelerated recovery from depression. The African American religious community in particular, has helped establish the connection between health promotion and spirituality. For example, one community-based program which included churches played a valuable role in increasing the number of African American hypertensive patients that received treatment. Another example, the Health Wise Church Project, constituted a community outreach initiative between a diverse group of African American churches and a university health education program. The primary objective was to develop early detection and illness prevention networks among older church


members.\textsuperscript{44} A 20-year review of lay health advisor programs among African Americans\textsuperscript{45} recommended that professional educators rely on the collective wisdom of the community to identify, recruit, select, and train lay health advisors.

Given the preponderance of City of Richmond respondents who currently take advantage of religious or spiritual enrichment opportunities (75.8%) and the proportion who would like to become engaged (35.4%), there is ample reason to consider developing more of these kinds of opportunities for older residents. The City Department of Parks, Recreation, and Community Facilities centers should be encouraged to become venues for collaborative endeavors to engage seniors in positive spirituality activities beyond the bible study currently available through the Linwood Robinson Senior Center. In addition, faculty with Virginia Commonwealth University’s Department of Health and Human Performance who focus on community health education could be approached about becoming involved in efforts to train lay health advisors among older members of the church. The connection between health promotion and spirituality is too important to be ignored within the context of programs that would be the most obvious focus of efforts within the City of Richmond.

**Emergency-Preparedness**

In case of an emergency, there are special precautions that older adults need to consider. They need to make sure their prescriptions have been filled, develop a list of the style and serial numbers of medical devices, and label medical equipment so it does not become misplaced or lost. The *City of Richmond Resource Guide for Older Adults* provides important information about emergency-preparedness and the steps that older adults can take to develop an individual emergency plan. It provides detailed information about keeping in touch with neighbors as well as family members, and sharing emergency information with others. It provides a list of steps that older adults can take to help ensure their safety in case of an emergency, and instructions on assembling an emergency kit. It also provides information about obtaining a free copy of the 20-page *Citizen’s Emergency Preparedness Guide* available from the City of Richmond’s Office of Emergency Management (http://www.ci.richmond.va.us/departments/EmergencyManagement/docs/EmergencyPrepGuideRe.pdf).

It appears that the City has made some efforts to promote the availability of emergency-preparedness information, since almost one-quarter of those


surveyed had participated in this particular type of program. There is still a reasonably high demand for this information among those who have not participated, however, since more than one-third of them were interested in program participation. Given the low levels of computer literacy and the uniformly high levels of disinterest in e-mail or Internet access, the availability of emergency-preparedness information on the City of Richmond's website is not likely to address this need. Obviously, providing greater access to this valuable advice would be a responsive measure to help with the unmet interest documented. Certainly hard copies of the *Citizen’s Emergency Preparedness Guide* should be mailed to older adults in the City who call the Department of Emergency Management requesting information, if this is not already the practice. But if the cost of doing this is prohibitive, some consideration should be given to mailing a handout of the pages particular to older adults. In addition, distributing these pages to older adults who participate in other unrelated programs operated through the City Department of Parks, Recreation, and Community Facilities centers is recommended.

**III. Specific Transportation Questions**

Although more than one-quarter of those surveyed use their own cars as their major form of transportation, more than one-third primarily rely on relatives and friends for transportation. It’s also important to realize that a substantial number of individuals with disabilities are dependent on the Greater Richmond Transit Company (GRTC) CARE van, while others are restricted to transportation for medical appointments and reliant on Medicaid transportation. Title XIX of the Social Security Act and accompanying regulations require that state Medicaid programs ensure necessary transportation for recipients to and from providers of Medicaid-funded health care services. In Virginia, all non-emergency Medicaid transportation is provided through a Department of Medical Assistance Services contract with LogistiCare, a transportation broker that pre-authorizes all trips and delivers them through a statewide network of transportation providers. Because Medicaid is the payer of last resort, when transportation is provided as an optional service, states are obligated to utilize all available sources of free transportation, such as friends and relatives, before authorizing Medicaid payment. It would seem that the respondents who cited this as their primary mode of transportation are effectively home-bound and unable to rely on assistance from a network of family or friends. These are likely to be the City of Richmond residents in greatest need of services, and efforts to address the concerns of older adults in the City should perhaps begin with this segment of the elderly population.

Transportation assistance was the most frequently cited need among older adults in the City of Richmond. To remain in the community, older adults need a safe and affordable means of accomplishing the routine tasks associated with grocery shopping, running errands, and getting to and from appointments. Too many of the survey respondents (almost half) indicated that transportation was not always
available when needed, and almost 10% of respondents *usually* did not have transportation in times of need. Due to shifting demographics, adult children or other relatives are often unavailable to provide rides. Communities have an obligation to focus on the needs of older adults whose health and well-being depend on the availability and accessibility of affordable transportation. When this issue is not adequately addressed, an increased cost of care to the patient, medical providers, and the community can result.\(^{46}\) Because Medicare will only reimburse for ambulance trips in medical emergencies, data at the national level suggest that Medicare may be paying for ambulance trips that could be provided safely through the use of alternate transportation for much less. In 1999 for example, Medicare unnecessarily paid an estimated surplus of $263 million for non-emergency transportation. Similarly, when medical transportation is lacking, there is also likely to be an increased use of emergency rooms for care that could be provided elsewhere. Compounding the problem, there is also decreased use of preventative care opportunities, health improvement programs, and public and private human services. The City of Richmond should conduct a cost analysis to determine the savings associated with developing a more effective community transportation system. Rather than pursuing plans to cutback and eliminate bus routes in the City, GRTC should be encouraged to consider ways to economize that would not further discourage ridership. Downsizing buses that do not run at capacity, for example, would also reduce the wear and tear on City streets. More directly subsidizing additional services through one of the area transportation service programs being promoted through the Virginia GranTrans website (http://grandtrans.granddriver.net) established by the Virginia Department for the Aging should be considered as well. Because Access Chesterfield and the Shepherd’s Center of Chesterfield both list Richmond as part of their service area, there are opportunities for enhanced regional cooperation. The City should consider working closely with Senior Connections, since the Area Agency on Aging has included transportation as the first priority for their 2009 Area Plan for Aging Services under the Older Americans Act (http://www.seniorconnections-vr.org/Portals/0/Area%20Plan%20for%20Aging%20Services.pdf). Specifically, the agency intends to coordinate efforts with other community agencies interested in increasing transportation services for medical appointments and other essential trips. This will effectively expand transportation partnerships to increase rides for older adults and persons with disabilities. The City should be actively engaged in these efforts as well.

\(^{46}\) Burkhardt, J. E. (2002). Benefits of transportation services to health programs (Prepared for the Community Transportation Association of America by WESTAT).
IV. Issues/Conditions Potentially Affecting Quality of Life

Examination of the respondents’ endorsement of items that could affect quality of life recapitulated Maslow’s hierarchy of needs to some extent. While the majority of respondents were concerned with issues of personal safety, only one-quarter attended to the more social needs. The more frequently cited items may be regarded as those that are of greater salience or significance to respondents, and therefore more deserving of attention when planning for City services. Within the context of this assumption, then, planning efforts should first be directed to issues that have catastrophic implications for personal safety. Secondly, efforts should seek to address the financial security and health concerns of older residents in the City. Once these issues have been adequately resolved, attention can be turned to dealing with the social isolation problem.

Security and Safety Concerns

The City should consider its utilization of Virginia Triad resources through the local Chapter. The Triad concept was originated in 1988 when the AARP, the International Association of Chiefs of Police, and the National Sheriffs’ Association agreed to establish a partnership to arm senior citizens with the information they need to keep from being victimized by criminals. Operating in Virginia since 1995 (http://www.oag.state.va.us/CONSUMER/TRIAD/index.html), Triad seeks to build partnerships between senior citizens and law enforcement to share information on how seniors can enhance the safety and quality of their lives. The National Association of Triads issues alerts related to a variety of relevant topics (disaster preparedness, community safety, elder abuse, etc.) that provide educational information. The organization also suggests community projects that can be strengthened or started to address the issues and directs Chapters to resources that can be accessed in the process. The Virginia Triad, in the office of the Attorney General has produced the Virginia Senior Citizens Resource Manual with helpful tips about avoiding scams and elder fraud, as well as a publication about avoiding identity theft that includes a guide for victims. There are also regional conferences annually and a speaker’s bureau for scheduling presentations to senior groups.

The Triad Crime Prevention for Seniors Grant Program is intended to support and enhance the efforts of new and existing TRIAD organizations in developing or enhancing crime prevention and consumer protection projects for seniors. The City should be encouraged to apply for funding through this program as a way of establishing new and innovative ways to ensure that the security and safety concerns of older adults are addressed.

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Protection from crime is perhaps the most fundamental of the bodily safety needs, but emergency assistance and home security or fire safety are also related to fundamental personal protection. The Personal Emergency Response System program under the Medicaid-funded Elderly or Disabled with Consumer-Direction Waiver provides another way of addressing the concerns of those in the City of Richmond. An electronic device allows eligible individuals at high risk of institutionalization to secure help in an emergency through the provision of a two-way voice communication system that dials a 24-hour response or monitoring center upon activation. As a more immediate way of addressing concerns about receiving emergency assistance when it is needed among older residents, it is recommended that the City of Richmond consider promoting greater utilization of this provision in the Home and Community Based Waivers.

**Getting Nursing Care at Home**

It is surprising that less than a third of respondents realized the quality of life implications of being unable to secure home health care. But this is about the same proportion of respondents who were care recipients, and it may be that those who are not experiencing care needs are unaware of the importance of this service. This same logic may apply to the low rates of endorsement for the items related to caregiving. The respondents who were providing care for someone else (approximately 10%) may have been the only ones who keenly realized the extent to which caregiver stress, and conversely, respite care to relieve the stress, can impact quality of life.

The prevalent wisdom indicates that the ability to rely on both formal and informal caregivers may be the single most important factor related to maintaining the independence of older adults in the community. Yet the importance of formal supports may be generally underestimated. An early study of the of the Virginia Pre-Admission Screening Program in Virginia found that only 36% of family caregivers believed direct-service provision (including personal care, meal preparation, etc.) would have delayed their relative’s entry into a nursing home.48 Home care is largely the product of professionals and is often prescribed because service providers believe it is needed. Some feel home care has a preventive value by reducing later use of more expensive levels of care and others see it as a consumption good all by itself. Regardless of the reason, professionals tend to suggest the utilization of home care services more often than consumers request it. When left to their own devices, observation indicates that people make less use of home care than is recommended. This is especially true if they have to pay for it themselves.49

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assessment, however, it’s also important to remember that three quarters of survey respondents were African American. Since cultural issues are known to affect the use of formal services and the approach to caregiver stress, these considerations may influence the interpretation and meaning assigned to the use of home care and the relevance of caregiver burden when it comes to quality of life. Researchers have shown that many existing formal services lack cultural relevance for older African Americans and their caregivers. In addition, the sources of informal support tend to be more varied in African American families. Evidence also indicates that African American family caregivers tend to use more positive reappraisal when dealing with caregiving difficulties, and this factor may be an important intervening variable moderating the levels of caregiver stress.

These findings should not be misconstrued however, since there is typically a greater need for services and more unmet need among African American caregivers. The results instead suggest a continuing need for culturally sensitive health care, and an ongoing frustration with health care providers. As the City of Richmond works to provide needed services for older residents, there must be acute recognition that, because of the need for improved cultural awareness among health care professionals and service providers, formal resources are not always considered a priority support option for African American caregivers. It would also be advantageous to consider what we have learned about the factors that influence caregiving outcomes and processes in African American families, especially among those dealing with dementia.

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V. Need for Assistance

Managing Household Chores

Assistance with household chores (keeping the house clean, doing laundry, and preparing meals) was the second most frequently cited need among older adults in the City of Richmond. Almost two thirds of respondents (60.3%) needed assistance with household chores on occasion or more frequently, and one third (33.1%) always or often needed this assistance. Although, data on homemaker or companion services nationally is not available, data from the 2000 National Home and Hospice Care Survey conducted by the National Center for Health Statistics, Centers for Disease Control indicates that more than 1.3 million patients received home health care services during 2000 (70% were 65 years of age or older). Almost half (44%) received personal care and 51% received help with at least one activity of daily living.56

Within the Virginia Department of Social Services (DSS), each local department is mandated to offer at least one home-based service to clients unable to care for themselves when there is no one available to help. For those who meet eligibility requirements, help with light housekeeping and meal preparation is available to by securing a companion provider through the City of Richmond DSS. Other assistance of interest (shopping, transportation, and personal care) is also provided through this service. The 2008 Annual Statistical Report from the Virginia DSS Office of Research, Division of Strategy Management and Research (http://www.dss.virginia.gov/files/about/reports/agency_wide/annual_statistical/2008_online_vers.pdf) showed that between 1997 and 2007 there was an average annual increase of 3.3% in the number of individuals receiving companion (and chore) services in Virginia. Federal/state and local expenditures during this same time, however, did not parallel this growth (1.4% & -0.6% average annual change respectively in Federal/state and local expenditures). Although homemaker services are not available through the City of Richmond DSS, changes at the state level in the utilization of this service presents an altogether different picture. The number of adults served has fluctuated substantially over the years, but remained relatively low in comparison with the companion (and chore) services. While federal/state expenditures for homemaker services have tended to increase overtime, local expenditures have fallen off in recent years (e.g., $3.7 million in 2005; $1.8 million in 2006; $0.7 million in 2007). Since

American Research Perspectives (pp. 140-151). Ann Arbor: University of Michigan.
assistance with shopping, transportation, and personal care is also provided by companions, the City of Richmond DSS should investigate the cost-efficiencies associated with also offering homemaker services, as an alternative to companion services, for those who exclusively need help with household chores. This would be especially helpful for those who primarily need home management skills or instruction in maintaining their household. It is possible that federal and state funds may be more effectively leveraged through the provision of this form of assistance.

**Medication Management**

The survey results showed that more than two thirds of respondents never or only occasionally needed assistance managing their medications. This finding may be somewhat misleading however, since it can be difficult at times for older adults and their caregivers to realize when assistance may be needed. One community-based study found that half of the elderly retirees engaged in the research had trouble comprehending medication information.\(^{57}\) Another study of older outpatients with an average age of 80, showed that almost one quarter of those who were physically dependent and one third of those who had cognitive impairments were still responsible for taking their own medications. It has been suggested that assessment of medication management skills in older adults living in the community may help identify specific problems, aid in planning patient care, and promote independence.\(^{58}\)

The American Society on Aging and the American Society of Consultant Pharmacists Foundation have collaborated on the development of a web-based program, *Adult Medication: Improving Medication Adherence in Older Adults* ([http://www.adultmedication.com](http://www.adultmedication.com)). The program is designed to help identify, resolve, and prevent medication non-adherence in the older adults served by community-based service providers. The site provides some limited consumer information tools that can be used to increase awareness about the need for greater adherence.

Currently, however, there is no comprehensive standardized medication compliance assessment instrument that looks at knowledge, administration, and procurement and can be used by untrained care providers, such as family members, to assess the older adult’s ability to self-medicate in the home environment. Measures are needed to provide older adults and the people who care for them with the necessary tools to minimize adverse events attributable to poor medication compliance. The implementation of an exploratory tool among

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50 community-dwelling, self-medicating participants who were 65 years old or older, however, showed that 70% had one or more deficiencies in medication management. Only 42% of the sample reached 80% or greater levels of regimen compliance according to pill counts.  

It is recommended that the City of Richmond consider dissemination of the consumer information available through the American Society on Aging website. But implementation of a more in-depth assessment in order to obtain better data about the need for assistance with medications would be even more productive. Use of the simple tool that has been developed to assess medication management skills would be helpful in ascertaining the extent of compliance challenges to be addressed. The assessment could be administered during community “brown bag” prescription events where seniors are invited to gather up all of their prescription and over-the-counter medicines and take them to be reviewed for potential interactions or other dangers. For those who live in congregate senior retirement housing, this kind of event could be planned and held by the on-site services staff in conjunction with a community pharmacist. It would be especially appropriate in the nine buildings maintained by the Richmond Redevelopment and Housing Authority as part of the elderly housing program. Often these kinds of medication reviews are conducted in conjunction with a University graduate pharmacy program, however there may also be an opportunity to engage local CVS pharmacists as part of the CVS/pharmacy Prescription for Better Health campaign launched by the National Council on Aging (NCoA) in February of last year. CVS pharmacists have been hosting events at local senior centers and NCoA member organizations around the country. The City should investigate the extent of this initiative in the Richmond area.

Our analyses also showed that almost two thirds of the survey respondents who were being cared for by someone else on a regular basis indicated that they occasionally or more frequently needed assistance taking medications. It would also be advisable to engage caregivers in the efforts to increase awareness and improve medication management in the City of Richmond. Giving medications and managing medication regimens can contribute substantially to a caregiver’s level of stress. Caregivers must be given adequate training and access to ongoing information support systems to help them perform safe and effective medication administration. Unfortunately, few organizations have been willing to provide this level of intentional, systematic support for caregivers on an ongoing basis. Current public policy suggests, however, that shared long-term care

responsibility will continue to flourish in the future. There must be higher expectations and accountability to insure that caregivers will be prepared to assume complex care responsibilities, such as the administration of medication.\(^6\)

Another consideration involves the Medication Monitoring benefit that has been included under the Medicaid Elderly and Disabled Waiver program since 2003. Eligible individuals at high risk for institutionalization are provided with an electronic device that reminds them to take their medications at the correct dosages and times. As a more immediate way of addressing this need among older residents, it is recommended that the City of Richmond consider promoting greater utilization of this provision in the Home and Community Based Waivers.

**Qualitative Survey Responses**

I. Housing and Home Care

Housing (20% of responses) and home care (14% of responses) were the two top priority areas emerging from the collective analysis of open-ended survey questions. More specifically, survey participants indicated that housing and home care were two primary concerns for the future. They also endorsed these areas as ones where important resources are needed to ensure a healthy living environment and quality of life. Yet, respondents indicated that they had experienced difficulty when seeking information related to these two topics. Home care was also cited as a major current and future health issue as it relates to the assistance with basic and instrumental activities of daily living that is required with increasing frailty.

Safety and security concerns also emerged in the analysis of comments offered. This was especially obvious in response to the question about concerns for the future. As this domain is intimately related to housing and the neighborhood environment, it is not too surprising that it surfaced as an important consideration.

In the last two decades “aging in place” (the continuation of residing in the same place far into old age) has not only become the most desirable way of aging, but the concept has also been endorsed as the most cost-effective pathway to living with dignity. In the late 1980s the pioneers of this elderly living alternative identified several problems related to aging in place. First, housing units were no longer meeting the physical, social, and service needs of the aging occupants. Secondly, there were difficulties associated with placing older persons in non-

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institutional settings without the support of more readily available home care services. Finally the lack of affordable housing, rising rents and repair costs, and increasing property taxes affected the ability of elders to stay put.63

These problems persist to this day, as evidenced in the results of the City of Richmond survey. Two thirds of the respondents were residing in two types of residential settings, congregate housing and independently owned homes. Apart from common issues in affordability, accessibility (e.g., wheelchair accommodations) and safety/security in their building and/or neighborhood, further examination of the verbatim responses to open-ended questions revealed that respondents expressed different concerns depending on their residential setting. Those in congregate housing were interested in additional amenities (e.g., some wanted an on-site beauty salon, while others simply wanted to have postage stamps provided) and a public space to socialize with housemates, family or other visitors. Homeowners, on the other hand, strongly voiced a need for some means of abating property taxes, and coping with costs of upkeep and utilities.

These worries intensified when survey participants were asked about their concerns for the future. It was difficult for them to imagine what their accommodations would be like if they also faced frailty or impairment. Naturally, the respondents were anxious about the availability of home care. This included personal care, 24-hr monitoring, companionship, and medication supervision. Although some facsimile of this care can be offered as residential supportive services in assisted living facilities, the affordability of this residential option posed another formidable question for low-income seniors.

Many researchers claim that successful aging in place can be achieved only when appropriate housing and adequate home care operate in tandem. Beyond solutions at the federal and state levels, opportunities for the integration of housing and social services exist at the local level in the form of coordinated housing/community development models and health/social service models.64 Efforts should be focused on streamlining the integration of housing supports with the social services that facilitate independence among older adults with care needs. A case management approach would allow for this to be done in a customized or calibrated fashion. For example, it has been suggested that


community-based nonprofits are particularly well-suited since they can coordinate the services of multiple paraprofessionals (e.g., handymen for home repair and nursing assistants for personal care) under a single prior command, and refer other necessary matters to the appropriate professionals (i.e., licensed engineers, registered nurses, or physicians). Community-based organizations can also play a vital role in planning efforts and public forums to assure that community design and regulations support older residents.

Senior Connections is currently an important advocate in this way, and also employees numerous case managers (called Care Coordinators) who work to avoid the duplication of services. The agency also established ElderHomes Corporation in 1992 to improve the housing and living conditions of older adults in the planning district. The early working relationship between the Area Agency on Aging and this not-for-profit community development corporation could serve as an example for more coordinated efforts within the City.

In a similar way, the City of Richmond should consider consolidating its wealth of resources and infrastructure under a single over-arching entity that could achieve some cost-savings while coordinating the exiting services and programs that specifically support senior citizens in need. For example, the City DSS and the Richmond Redevelopment and Housing Authority could devise a common channel through which those who are entitled may be served in a more holistic manner. This central mechanism could take the form of a joint administrative governmental office or position that would serve the case management function for each of the two other organizations. Or the City-based entities could collaborate with existing community-based agencies, such as Senior Connections and ElderHomes Corporation, to independently establish the coordinated efforts required to most efficiently meet the housing and social service needs of older residents.

In addition, the issue of property tax relief and tax reduction for repairs to benefit elderly homeowners with lower incomes should be placed high up on the agenda of City Council.

II. Paying for Medications

The affordability of medical care and medications was also an emergent priority from the analysis of open-ended responses, equal in importance to safety/security concerns and transportation issues. In addition, almost half of the responses expressing concern about the affordability of health care, cited medications in particular as the primary issue. In recent years, the fastest growing portion of out-of-pocket health care costs has been prescription
medications. So, as mentioned earlier in this report, it is particularly alarming that more than three-quarters of survey respondents had never used any health insurance advisory program, such as the Virginia Insurance Counseling and Assistance Program available through Senior Connections.

Research examining medication adherence and the elderly population cites the cost of medications as one factor that may affect adherence. This is an important issue since noncompliance for any reason may contribute to emergency room visits, inpatient admissions, and overall health care costs. The Pharmacy Connection program at Senior Connections was established to assist those who are eligible to apply for free medication from pharmaceutical manufacturers. Agency staff screen older adults and then mail application forms to prescribing physicians for signature. Given the magnitude of this problem currently, and the likely challenges to be faced in the future, the City of Richmond should consider working with Senior Connections to promote and implement this program, as well as the Virginia Insurance Counseling and Assistance Program.

III. Effectiveness of City Services

To conclude this discussion of the responses provided to open-ended questions, it is encouraging to note that the majority of survey respondents were generally satisfied with the effectiveness of senior services in the City of Richmond. Only 20% felt that the City was not very responsive to the needs of older adults at the present time. This result is, to some extent, a consequence of the Senior and Special Needs Advocate position in the Office of the Deputy Chief Administrative Officer for Human Services. Creation and dissemination of the City of Richmond’s Resource Guide for Older Adults and establishment of the Senior Help Line have also contributed, no doubt, to this level of endorsement as reflected in the survey results. However, the availability of services through the agencies and centers that collaborate with the Senior and Special Needs


Advocate are especially to be commended for their tireless efforts to address the needs of older adults in the City. Collectively, they deserve acknowledgement for their pursuit of a comprehensive and coordinated system of home and community-based long-term care that is responsive to the needs and preferences of older people and their family caregivers.
City of Richmond Survey of Older Adults: Brief Recommendations

1) Work closely with Senior Connections to address the need for transportation assistance, since the Area Agency on Aging has included this as the first priority for their 2009 Area Plan for Aging Services under the Older Americans Act.

2) Conduct a cost analysis to determine the savings associated with developing a more effective means of providing medical transportation for older adults.

3) Investigate how those who would prefer to become involved in community-based senior centers might be encouraged to gain access. City community center programs that would benefit older adults should be promoted more vigorously. Because they fall under the City of Richmond Department of Parks, Recreation and Community Facilities, the Linwood Robinson Senior Center, the Hotchkiss Community Center, and the Randolph Community Center for example, should be afforded greater opportunity to serve.

4) Address the deterrents to greater utilization of adult day service programs to promote this important service among those who would like to participate, as well as among those who could benefit but may be otherwise disinclined.

5) Explore additional mechanisms for increasing the provision of in-home assistance with household chores (keeping the house clean, doing laundry, and preparing meals).

6) Undertake a vigorous public relations campaign to increase awareness of the City’s Senior Help Line, the one-stop information center that is Senior Connections: The Capital Area Agency on Aging, the 2-1-1 dialing code in Virginia, and the SeniorNavigator Centers.

7) Collaborate with churches and community-based agencies to develop resources that would support a loan program to get computers into the homes of older adults.

8) Partner with Senior Connections to support the Care Compass initiative and their collaboration with the United Way of Greater Richmond and Petersburg to support family caregivers. Explore ways to increase public awareness of the Virginia Caregivers Grant Program, as well as the respite care benefits and consumer-directed options that support caregivers through the Medicaid Home and Community-Based waiver programs available in Virginia.
9) Collaborate with Senior Connections to increase participation in the employment opportunities referral centers and establish a Job Referral File for the City.

10) Identify and address the barriers that are preventing those who would like to participate from becoming part of the volunteer referral centers.

11) Form collaborative partnerships with Community Aging Services Provider organizations included in the Aging Network to engage those who would like to take advantage of wellness and health related activities and enhance distribution of the Active Adults Program Guide and Events Calendar published by the City of Richmond Department of Parks, Recreation, and Community Facilities.

12) Pursue greater engagement in the ElderFriends program among older adults in the City of Richmond to address social isolation and the associated mental and physical health problems that result. Approach Senior Connections about adapting and implementing one of the model Senior Corps companion programs currently being operated through two of the other Area Agencies on Aging in Virginia.

13) Expand the opportunities for religious or spiritual enrichment for older adults through programming in the City Department of Parks, Recreation, and Community Facilities centers that involve the churches in leisure activities to build a sense of community, while also incorporating wellness and health promotion concerns with the benefits of engaging in opportunities to volunteer. Explore the possibility of working with faculty in Virginia Commonwealth University’s Department of Health and Human Performance to train church members who would like to be lay health advisors.

14) Work to provide alternative dissemination methods for distributing the emergency-preparedness information on the City of Richmond’s website. Target circulation of the pages particular to older adults to those who participate in all of the programs operated through the City Department of Parks, Recreation, and Community Facilities centers is recommended.

15) Evaluate how to make more extensive utilization of Virginia Triad resources, and apply for funding through the Triad Crime Prevention for Seniors Grant Program. Promote greater utilization of the Personal Emergency Response System program included as part of the Medicaid-funded Home and Community-Based Waivers.
16) The City of Richmond Department of Social Services and the Richmond Redevelopment and Housing Authority should devise a common channel to coordinate the delivery of elderly services and programs while achieving considerable cost savings. In addition, the issue of property tax relief and tax reductions for repair to benefit elderly low-income homeowners should be placed high up on the agenda of City Council.

17) Implement a structured assessment of medication management skills during community “brown bag” prescription screening events that engage on-site services staff at the nine elderly housing program buildings maintained by the Richmond Redevelopment and Housing Authority. Promote greater utilization of the Medication Monitoring benefit included under the Medicaid Elderly or Disabled with Consumer-Direction Waiver program.

18) Engage more older residents in the Virginia Insurance Counseling and Assistance Program, as well as the Pharmacy Connection program, at Senior Connections.
Many issues emerged as a consequence of the extensive survey instrument employed. When asked about the factors that influence quality of life, safety and security concerns were popular responses. These issues, along with the importance of housing, were also revealed through the examination of opinions stated in response to open-ended questions. Communicated throughout the survey were messages related to the need for certain services essential to remaining independent in the community, and transportation topped the list. Some opportunities available through the senior centers, city community centers, adult day services centers, and the Area Agency on Aging were obviously under-utilized, yet on the other hand, there were many who were interested in services but were not currently engaged. Because the survey focused on older adults, the number of family caregivers responding was limited and issues related to caregiver support did not take precedence. The importance of respite care was acknowledged by both caregivers and care recipients, however. The proportion of care recipients was also smaller than what would be expected from state-level estimates. Because of the convenience sampling methods employed, the need for services important to older adults with chronic disabilities and those isolated in their homes did not emerge clearly.

Yet, the need for some in-home assistance was voiced almost as uniformly as the call for available transportation. Rather than personal care though, it was help with household chores that was most needed (i.e., laundry, meal preparation, and housekeeping). When the responses to open-ended questions were analyzed however, the salience of home care as a concern became more evident. We were told that although the availability of personal assistance or companion services to support functioning with respect to basic and instrumental activities of daily living is important to ensuring a healthy living environment and maintaining quality of life, it is relatively difficult to find information about obtaining these services. In addition, home care was as much of a concern for the future as housing and personal safety/security.

On the other hand, an examination of the data provided by the respondents who indicated that they were care recipients suggested that there may be a relative over-reliance on formal care in the City of Richmond. In contrast to national data reports showing that that only 9% of respondents relied exclusively on formal care supports, 40% of care recipients in the City of Richmond survey indicated that their care was regularly provided by a paid professional. As a consequence, it is important for the City of Richmond to support family caregivers and encourage the provision of informal care as a more desirable and efficient expenditure of limited funds.
The prevalent wisdom, however, indicates that the ability to rely on _both_ formal and informal caregivers is perhaps the single most important factor related to maintaining the independence of older adults in the community. Yet the survey results suggested that the significance of formal supports related to basic personal assistance may be generally underestimated by those who are yet to be care recipients. Given a checklist of items, less than a third of the respondents realized the quality of life implications of being unable to secure home health care. Three quarters of the survey respondents were African American, however, and there are related cultural issues affecting the use of formal services and the approach to caregiver stress that should be considered. Many of the existing formal services lack cultural relevance for older African Americans and their caregivers. As the City of Richmond works to provide needed services for older residents, there must be an acute recognition that, because of the need for improved cultural awareness among health care professionals and service providers, formal resources are not always considered a priority support option for African American caregivers.

When considering how the City can best respond to the results of the needs assessment survey of older adults, two approaches became readily apparent as the most efficacious. First, recommendations relied predominantly on collaborative or consultative relationships that could be developed to jointly pursue solutions. Secondly, there is clearly a desire among older residents to obtain more information about available services. So first and most expediently, the City should continue working to increase awareness about the assistance and resources available to address the challenges identified through the survey. A variety of marketing strategies could be devised that would serve to inform, aid, and engage older adults in the City. In addition to a vigorous public relations campaign to promote the City’s Senior Help Line, the Area Agency on Aging, and the 2-1-1 dialing code in Virginia, it would be helpful to facilitate greater use of the internet among older adults who could benefit from accessing the wealth of supportive information available on the World Wide Web.

The ConnectRichmond Specialty Email Group on Senior Resources (http://www.connectrichmond.org) could be an important forum for accomplishing both of these broad aims. This e-mailing listserv provides a local forum for individuals and agencies serving the needs of senior citizens and their caregivers in Central Virginia. In addition to announcements about various events and opportunities, list members share information and communication that facilitates awareness, discussion and collaboration on programs affecting older adults and their caregivers.

The survey results also pointed to the need for further investigations to discover what barriers are contributing to the unmet needs revealed in analyses of the survey responses. Once identified, focus groups could be
Convened to ascertain the means and priorities for addressing the obstacles to greater community involvement and more effective service provision.

There are methodological considerations related to the non-probabilistic sample employed that limit the generalizability of survey results. Survey participants were selected, not for their representativeness of the City of Richmond population of older adults, but for their accessibility. When compared with the 2007 census data of those age 60 or older in the City of Richmond, African Americans were over-represented among the survey respondents (77.5% vs 47.96%), as were females (73.5% vs. 62.40%). Although the method is flawed, it was a useful technique for targeting this very specific group of interest in the short period of time allotted for data collection.

But with this precaution in mind, the City of Richmond can be guided to some extent by the results provided. Although the majority of respondents were generally satisfied with the effectiveness of senior services available to residents, there is much that can be done to improve the quality of life of older adults in the City. Addressing the problems encountered by the 20% of survey participants who found the City to be unresponsive in some way, would be a good place to start. In addition, 30% of those polled were not entirely convinced of the City’s effectiveness and provided comments that were more ambiguous. Creation of the Senior and Special Needs Advocate position in the Office of the Deputy Chief Administrative Officer for Human Services, and establishment of the Senior Help Line have provided a solid foundation upon which to build a more receptive service system. These achievements, as well as those of the community-based agencies and centers that collaborate with the Senior and Special Needs Advocate, are worthy of commendation. Together it is hoped that they will continue to pursue a comprehensive and coordinated system of home and community-based care that is responsive to the needs and preferences of older adults and their family caregivers.
Appendix A

OLDER ADULT SURVEY
Target Population 55+

This survey is being conducted to identify issues and gaps in services affecting the City of Richmond’s older adult population. Information obtained through this process will allow the City to better serve its citizens in providing programs and services that will meet their needs.

Please circle your response:

1. What is your gender?
   a. Male       b. Female

2. Please select your age category
   a. 55-60    b. 61-65    c. 66-70    d. 71-75    e. 76-80    f. 81+

3. What is your zip code?

4. What is your current relationship status?

5. Are you currently employed?
   a. Yes       b. No

6. How do you identify your ethnicity or racial group?
   a. African American  b. American Indian  c. Alaskan Native
   d. Asian/Pacific Islander  e. Caucasian  f. Hispanic/Latin
   g. Native Hawaiian  h. Other, please specify ___________________________
7. What is your current monthly income BEFORE taxes?
   a. Less than $500   b. $500-$800   c. $801-$1,000   d. $1,001-$2,500
   e. More than $2,501

8. What is the highest level of schooling you have attended?
   a. Grades 1-8   b. Grades 9-11   c. High school graduate
   d. Vocational school   e. Some college   f. College graduate
   g. Graduate schooling and beyond   h. Never been to school
   i. Received your GED

9. Including yourself, how many people live in your household?
   a. 1   b. 2   c. 3   d. 4   e. 5   f. 6   g. 6 or more

10. What type of housing do you live in?
    a. Owned home/condominium/townhouse   b. Living with family
    c. Rent home/apt/condominium/townhouse   d. Senior retirement housing
    e. Assisted living facility   f. Nursing home
    g. Other, please specify

11. Do you currently visit a senior center?
    a. Yes   b. No

12. How often do you currently visit a senior center?
    a. Daily   b. 2-3 times per week   c. Once per week
    d. 2-3 times per month   e. Once a month or less   f. Never

13. Do you participate in City of Richmond programs such as with the Department of Parks, Recreation and Community Facilities?
    a. Yes   b. No
14. If yes, how often do you participate?
   a. Daily  b. 2-3 times per week  c. Once per week
   d. 2-3 times per month  e. Once a month or less  f. Never

15. How often do you use adult day care?
   a. Daily  b. 2-3 times per week  c. Once per week
   d. 2-3 times per month  e. Once a month or less  f. Never

16. Do you have computer skills?
   a. Yes  b. No

17. Do you have a computer with Internet at home?
   a. Yes  b. No

18. Are you a caregiver for someone else on a regular basis?
   a. Yes  b. No

19. Do you provide full-time care for your grandchildren?
   a. Yes  b. No

20. If you are a caregiver for someone else, do you ever feel like you could use respite care services, which are services that allow you, the caregiver, to have a short break by allowing the individual that you are caring for to visit either an adult day care center, or a respite care center.
   a. Yes  b. No
21. Are you cared for by someone else on a regular basis?
   a. Yes       b. No

22. If yes, who cares for you?
   a. Spouse  b. Child  c. Other relative  d. Paid professional
   e. Friend  f. Neighbor  g. Other, please specify

23. If someone else cares for you on a regular basis, do you think that they could benefit from respite care services?
   a. Yes       b. No

24. What is the best way for you to get information about senior services?
   a. Radio stations  b. Television  c. Internet/e-mail  d. Phone book
   e. Resource guides  f. Newspaper

25. Circle how often you use the below senior services:

   **Senior centers**
   a. Daily  b. 2-3 times per week  c. Once per week
   d. 2-3 times per month  e. Once a month or less  f. Never

   **Adult day care services**
   a. Daily  b. 2-3 times per week  c. Once per week
   d. 2-3 times per month  e. Once a month or less  f. Never

   **Home delivered meals**
   a. Daily  b. 2-3 times per week  c. Once per week
   d. 2-3 times per month  e. Once a month or less  f. Never

   **One-stop information center (i.e. Senior Connections)**
   a. Daily  b. 2-3 times per week  c. Once per week
   d. 2-3 times per month  e. Once a month or less  f. Never
Senior Help Line

a. Daily  b. 2-3 times per week  c. Once per week
d. 2-3 times per month  e. Once a month or less  f. Never

Employment opportunities referral center

a. Daily  b. 2-3 times per week  c. Once per week
d. 2-3 times per month  e. Once a month or less  f. Never

Volunteer opportunities referral center

a. Daily  b. 2-3 times per week  c. Once per week
d. 2-3 times per month  e. Once a month or less  f. Never

Advocacy opportunities for citizen involvement

a. Daily  b. 2-3 times per week  c. Once per week
d. 2-3 times per month  e. Once a month or less  f. Never

Health and Wellness events

a. Daily  b. 2-3 times per week  c. Once per week
d. 2-3 times per month  e. Once a month or less  f. Never

Low-cost health screening programs

a. Daily  b. 2-3 times per week  c. Once per week
d. 2-3 times per month  e. Once a month or less  f. Never

Health insurance advisory program

a. Daily  b. 2-3 times per week  c. Once per week
d. 2-3 times per month  e. Once a month or less  f. Never

Emergency preparedness programs

a. Daily  b. 2-3 times per week  c. Once per week
d. 2-3 times per month  e. Once a month or less  f. Never

Senior companion services

a. Daily  b. 2-3 times per week  c. Once per week
d. 2-3 times per month  e. Once a month or less  f. Never
Public library

a. Daily  
b. 2-3 times per week  
c. Once per week  
d. 2-3 times per month  
e. Once a month or less  
f. Never

Fitness classes/exercise/outdoor programs

a. Daily  
b. 2-3 times per week  
c. Once per week  
d. 2-3 times per month  
e. Once a month or less  
f. Never

Arts, culture, entertainment, or music enrichment

a. Daily  
b. 2-3 times per week  
c. Once per week  
d. 2-3 times per month  
e. Once a month or less  
f. Never

Religious or spiritual enrichment opportunities

a. Daily  
b. 2-3 times per week  
c. Once per week  
d. 2-3 times per month  
e. Once a month or less  
f. Never

Social networking or travel opportunities

a. Daily  
b. 2-3 times per week  
c. Once per week  
d. 2-3 times per month  
e. Once a month or less  
f. Never

Public Transportation

a. Daily  
b. 2-3 times per week  
c. Once per week  
d. 2-3 times per month  
e. Once a month or less  
f. Never

Continuing education

a. Daily  
b. 2-3 times per week  
c. Once per week  
d. 2-3 times per month  
e. Once a month or less  
f. Never

Shopping assistance programs

a. Daily  
b. 2-3 times per week  
c. Once per week  
d. 2-3 times per month  
e. Once a month or less  
f. Never
E-mail/internet access and computer training

a. Daily b. 2-3 times per week c. Once per week
d. 2-3 times per month e. Once a month or less f. Never

Crafts classes/workshops

a. Daily b. 2-3 times per week c. Once per week
d. 2-3 times per month e. Once a month or less f. Never

26. If you currently do not use these services, circle how regularly you would like to use these services:

Senior centers

a. Daily b. 2-3 times per week c. Once per week
d. 2-3 times per month e. Once a month or less f. Annually
g. Never

Adult day care services

a. Daily b. 2-3 times per week c. Once per week
d. 2-3 times per month e. Once a month or less f. Annually
g. Never

Home delivered meals

a. Daily b. 2-3 times per week c. Once per week
d. 2-3 times per month e. Once a month or less f. Annually
g. Never

One-stop information center

a. Daily b. 2-3 times per week c. Once per week
d. 2-3 times per month e. Once a month or less f. Annually
g. Never

Senior Help Line

a. Daily b. 2-3 times per week c. Once per week
d. 2-3 times per month e. Once a month or less f. Annually
g. Never
Employment opportunities referral center

- Daily
- 2-3 times per week
- Once per week
- Once a month or less
- Annually
- Never

Volunteer opportunities referral center

- Daily
- 2-3 times per week
- Once per week
- Once a month or less
- Annually
- Never

Advocacy opportunities for citizen involvement

- Daily
- 2-3 times per week
- Once per week
- Once a month or less
- Annually
- Never

Health and Wellness events

- Daily
- 2-3 times per week
- Once per week
- Once a month or less
- Annually
- Never

Low-cost health screening programs

- Daily
- 2-3 times per week
- Once per week
- Once a month or less
- Annually
- Never

Health insurance advisory program

- Daily
- 2-3 times per week
- Once per week
- Once a month or less
- Annually
- Never

Emergency preparedness programs

- Daily
- 2-3 times per week
- Once per week
- Once a month or less
- Annually
- Never
Senior companion services

a. Daily
b. 2-3 times per week
c. Once per week
d. 2-3 times per month
e. Once a month or less
f. Annually
g. Never

Public library

a. Daily
b. 2-3 times per week
c. Once per week
d. 2-3 times per month
e. Once a month or less
f. Annually
g. Never

Fitness classes/exercise/outdoor programs

a. Daily
b. 2-3 times per week
c. Once per week
d. 2-3 times per month
e. Once a month or less
f. Annually
g. Never

Arts, culture, entertainment, or music enrichment

a. Daily
b. 2-3 times per week
c. Once per week
d. 2-3 times per month
e. Once a month or less
f. Annually
g. Never

Religious or spiritual enrichment opportunities

a. Daily
b. 2-3 times per week
c. Once per week
d. 2-3 times per month
e. Once a month or less
f. Annually
g. Never

Social networking or travel opportunities

a. Daily
b. 2-3 times per week
c. Once per week
d. 2-3 times per month
e. Once a month or less
f. Annually
g. Never

Public Transportation

a. Daily
b. 2-3 times per week
c. Once per week
d. 2-3 times per month
e. Once a month or less
f. Annually
g. Never
## Continuing education

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<td>g. Never</td>
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</tbody>
</table>

27. **Check each of the following issues/conditions that could affect your quality of life:**

- Home security or fire safety
- Protecting yourself from crime
- Receiving emergency assistance when needed
- Social isolation and loneliness
- Financial security
- Understanding Social Security benefit information
- Understanding Medicare and Medicaid benefits (Part D)
- Transportation
- Finding sources of recreation
- Finding legal assistance when needed
- Affordable housing
- Filling out tax forms, or insurance claims
- Getting nursing care at home
- Paying for medications
- Assistance with technology
- Respite care or relief from caring for another
- Caregiver stress (caring for spouse, grandkids, family)
28. How often do you need assistance with the following?

Keeping the house clean, doing laundry, preparing meals

Personal care

Taking medications

Grocery shopping, errands, getting to and from appointments

Applying for benefits

Filling out forms (taxes, insurance, claims)
Sometime

Handling finances (bill paying, checkbook balance, etc)
Sometimes

Others (please list)

_________________________________________________________________________
_________________________________________________________________________
29. **What is the major form of transportation you use:**

   a. Own vehicle        b. Rely on relatives        c. Rely on friends
   d. Taxi              e. Bicycle                f. Walk
   g. CARE van         h. Bus               i. Smart Ride
   j. Medicaid transportation  k. None available
   l. Other (please list)

   __________________________

30. **Is transportation available to you when you need it:**

   a. All the time    b. Some of the time  c. Rarely     d. Never

31. **Is your method of transportation affordable?**

   a. Yes           b. No
OPEN-ENDED QUESTIONS

Please list any aging services that you have had difficulty finding information about.

What resources are needed to ensure seniors have a healthy living environment and quality of life in the City of Richmond?

When you think about the future of older adults in Richmond, what concerns you the most? Why?

From your perspective, how effectively do you believe senior services in Richmond are responding to the needs of older adults at the present time?

From your perspective, what are the major health issues that Richmond seniors are facing and will be facing in the future?

Do you have any other thoughts about older adults, their needs, services or policy issues?

Any, additional comments you would like to add?
Appendix B

Summary of Responses within the Domains and Sub-domains
Derived from Comments to the Open-Ended Questions

The Older Adult Survey includes seven open-ended questions:

1. Services that have been difficult to get information about.
2. Resources for seniors to have a healthy living environment and quality of life.
4. The City’s efficiency in responding to the needs of older adults.
5. Major health issues faced by seniors at present and in the future.
6. Other thoughts about needs, services or policy issues regarding seniors.
7. Additional comments.

The answers or comments made by respondents to the above questions are organized into several domains which are usually adopted by the academics/professionals in the field of gerontology in dealing with elderly issues and problems.

The total number of participants in the survey is 284; however, the number of respondents varies among the seven questions. Since whatever is mentioned in respondents’ comments on each question is counted in, as with multiple-choice questions, the total of each count \((n)\) by domain is not necessarily the same value as the number of respondents in that question.
**Comment 1. Services Difficult to find Information (Q. 1)**

Among a total of 284 participants in the survey, only 44 seniors (15.5%) made comments on this question. Answers are classified into 8 domains thought of as relevant to this subject.

In the case of **medical care**, 2 seniors reported to have trouble getting information – one about dental care, and the other about eye-glasses (special medical item).

As for **medication**, only 2 seniors mentioned lack of information; one on medication in general and the other on its affordability.

Among a variety of **elderly care** services, 4 seniors each indicated the care in general, daycare center, respite, and hospice information, separately.
In the services of **homecare**, 5 seniors wanted to know about homecare in general, and 2 elders about IADL such as help with groceries. Other 2 adults each mentioned services for those with disabilities and companionship services, separately.

Among seniors wanting information on **housing**, two were concerned about affordable housing and another two about accessibility by wheelchair (for ramp, bathroom). Three adults each indicated elderly housing in general, assisted living facilities, and maintenance problems in the building, separately.

Regarding **transportation**, 6 seniors needed information about transit in general; three about visiting doctors, and two about doing shopping/groceries.
Only single person mentioned need to know about **food** in general.

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**Other information** concerned by seniors was about learning (arts, computer, etc.) and recreation/entertainment. Ten adults wanted counseling with legal, insurance, financial assistance, and other elderly services.
Comment 2. Resources Needed for Healthy Environment & Quality of Life in Richmond

Out of 284 participants, 69 seniors (24.3%) responded to the above question. The comments are classified into 8 domains as follows:

Among 4 seniors who considered medical care a resource, two elders thought of medical care in general and the other two of its affordability.

As for medication, one senior mentioned medicines in general, and 2 elders deemed its affordability a resource.

Concerning elderly care, one senior indicated social care especially for older adults, and 2 elders counted on the qualification and integrity of health/caseworkers.
Among 8 elders, 2 seniors mentioned **homecare** in general, and other two indicated companionship services. Three elders were concerned about monitoring of those staying alone at home, and one person suggested compassionate caregivers.

Twenty seniors regarded **housing** as resources. Two elders thought of elderly housing in general, other two of the accessibility of their houses in the future, and another two of financial help with the real estate tax/utilities especially for elderly homeowners. Three seniors wanted the availability of senior/assisted living facilities. Above all, 6 elders claimed on the affordability of housing, and 5 adults on proper maintenance of housing.

Regarding **transportation**, 8 seniors mentioned transit in general, and 3 elders referred to a better public transit system. One adult wanted some specific means for shopping, learning, etc.
As for food, 3 seniors mentioned the provision of food in general, and one person considered natural food a resource for quality of life.

As the constituents of the desirable environment for seniors in Richmond, 3 elders each wanted physical, social and educational resources, separately. In addition, 4 elders mentioned financial support, and 5 counted on security and safety of housing and the community. Ten seniors looked forward to better communications and effective dealing of elderly issues by the City.
Comment 3. Major Concerns for the Future of Seniors in Richmond

Among all the participants, 110 seniors (38.7%, the largest) responded to the above question. The comments are classified into 8 domains as follows:

Eleven out of 12 respondents expressed concerns about the future of **medical care** in general. Only one person mentioned specifically its affordability.

As for **medication**, 3 seniors mentioned medication in general, and only one adult indicated its affordability.

Regarding **elderly care**, 5 seniors were concerned about the care in general, and 2 adults specifically about treatment in the nursing home when admitted.
With respect to **homecare**, 8 seniors were anxious about the availability or quality of caregivers, and 5 elders mentioned help with ADL/IADL necessary for independent living. Four elders indicated companionship/social interaction as their concern, and two claimed monitoring services. Specifically, 2 adults called for special attention to elderly persons with disabilities.

Regarding **housing**, 10 homeowners were worried about rising real estate tax and utilities bills. Six elders were anxious about the affordability of elderly housing in the future. One adult was interested in assisted living facilities.

Only 8 persons expressed concerns with **transportation** in general without any specification.
Six seniors mentioned **food** in general, and 2 elders concerned themselves in need of more food stamps.

For the desirable **environment**, many seniors claimed, above all, on the safety/security of their housing and neighborhoods. Still, living on fixed incomes remained an important concern for them in consideration of longevity. Some elders hoped for information readily available and for prompt responses from aid agencies. Others wished such milieu as physically better shaped and socially well connected.
Comment 4. How Effectively Respond to the Needs of Seniors at Present

Out of 284 participants 88 seniors (31.0%) answered the question. The rating consists of five levels: 1) hardly effective, the lowest opinion, 2) unfair, 3) fair, 4) effective, and 5) very effective, the highest judgment.

The largest number of seniors (28) replied that the City reacted effectively to their needs of services. Only 6 adults answered very negatively.

In terms of proportion, a majority judged favorably the responsiveness of the City: 32% for “effective” and 20% for “very effective,” totaling 52% in favor of the City’s performance. Only 20% of elders – 7% for “hardly,” and 13% “unfair” – expressed their disappointment.
Comment 5. Major Health Issues Facing Seniors Now and Future

Among the total 284 participants 109 seniors (38.4%) responded this question. The comments are classified into 7 domains as follows:

Although almost half of elders (20) vaguely mentioned medical care in general as an issue, the rest specified illness prone to older adults. The two most concerns were dementia and diabetes, 8 and 6 adults respectively.

Among 15 elders who thought of homecare as an issue, 9 elders worried about ADL / IADL especially in the future.

The affordability of health services remained one of the most serious concerns. Above all, the affordability of medication was listed on the top (17 out of 38 elders) followed by health services in general (10 adults) and medical care (7 adults).
Relatively a small number of seniors (only 6) mentioned the issue of transportation now and future. Two elders were concerned specifically about a means of visiting the doctor.

Another small number of seniors (only 7) raised healthy food as an issue, particularly on a variety of diet with relation to elderly illness such as diabetes, etc.

Among 6 seniors who were concerned about the environment for older adults, 4 elders indicated elderly housing as one of pressing issues.
A small number of seniors, 5 out of 8 persons, were concerned for **information** especially about health insurance such as the benefits of Medicare/Medicaid. Two elders emphasized preventive education as an issue.
Comment 6. Other Thoughts – Needs, Services or Policy Issues

For this question 57 seniors (20.0%) responded out of 284 survey participants. Their thoughts are classified into 6 domains as follows:

Only one person called for special attention to medical care of those who are immobile and isolated.

As to homecare, 9 seniors were concerned almost evenly about general homecare, the role of caregivers, the monitoring of lone elders, and the need of companionship especially with those who have no family.

Most concerns for housing were expressed by elderly homeowners about the upkeep of their houses and payment for ever-rising taxes and utilities bills. Others mentioned housing in the future, or the maintenance and safety/security problems of the buildings they currently lived in.
Regarding transportation, one person wanted a better bus system designed for seniors. Another suggested that the CARE-van should be allowed to use by seniors age 70+ as well.

Only two seniors were interested in food in terms of nutrition and getting fresh vegetables/fruit.

Other than the above specific thoughts, many seniors expressed rather moral, philosophical ideas of being an elder, and their expectations of assistance when needed from the City. Several of the respondents wanted advocates able to plainly explain the programs and benefits, and ombudsmen monitoring elderly homes. Some indicated financial supports not only for the poor but also for caregivers. One elder suggested an educational/cultural center for seniors.
Comments 7. Additional Comments

For this last request for comments 50 seniors (17.6%) answered. The comments are classified into 6 domains as follows:

In addition to two seniors who asked for more of health care in general, one elder wanted specific information on heart disease, and the other claimed elderly exercise programs.

Most of comments for eldercare were about personal needs such as day care services especially for those with impairment. Two asked for companion services, and one wanted compassionate caretakers.

The most concerned subject on housing was homeowners’ worries over the real estate tax and utilities bills. Other concerns were for affordability and accessibility of housing in general. Some others mentioned safety/security problems and lack of amenities such as a beauty/barber salon or parlor to socialize in their buildings.
Only 2 seniors mentioned **transportation**: One was worrying about the emergency means of visiting doctors, and the other complaining about the delay of CARE vans.

Regarding **food** one senior wanted the free provision of fresh fruit, while the other acknowledged Meals-on-wheels readily available.

Among **other concerns**, some seniors referred specifically to financial support, recreational/educational programs and information on elderly services. Although many elders appealed for still more assistance, some showed their appreciation with what the City was providing for its senior citizens, even with the conducting of this survey. One particular elder encouragingly called out “Let us make Richmond a good place to all!”