ADULT DAY SERVICES: MEETING THE NEEDS OF A CHANGING POPULATION

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BABY BOOMERS: FORGING THE PATH (AGAIN)

- The Baby Boomers have always been a generation that forges change, impacting the generations behind them and ahead of them.

- First, the school systems changed to adapt to their volume and needs. Then, they changed the workplace through civil rights, the women's movement, affirmative action, ADA, and technology, to name a few.

- Women's liberation created a new environment for women, changing family dynamics and family structure to include working mothers and single parent households, as well as allowed women to leave unhappy marriages through more divorce being more socially acceptable.

- They also changed the health care system, from a pay for fee system to health insurance and managed care.

- And now they are here for the aging system, using their sheer numbers to force sustainable change.

POPULATION TRENDS: GROWTH RATE
EAST COAST SNAP SHOT

	2010 Total	2016 Total	Difference	Total Pop Growth Rate	2010 Age 60+	2016 Age 60+	Difference	Age 60+ Growth Rate
United States	303,965,272	318,558,162	14,592,890	4.80%	54,209,080	64,950,861	10,741,781	19.82%
Maine	1,327,665	1,329,923	2,258	0.17%	285,404	339,446	54,042	18.94%
New York	19,229,752	19,697,457	467,705	2.43%	3,543,390	4,059,353	515,963	14.56%
Rhode Island	1,056,389	1,054,491	-1,898	-0.18%	205,492	232,033	26,541	12.92%
Maryland	5,696,423	5,959,902	263,479	4.63%	970,354	1,175,124	204,770	21.10%
North Carolina	9,271,178	9,940,828	669,650	7.22%	1,663,320	2,047,051	383,731	23.07%
Georgia	9,468,815	10,099,320	630,505	6.66%	1,421,922	1,795,543	373,621	26.28%

Data retrieved from American Fact Finder, US Census, 2010-2016

POPULATION TRENDS: GROWTH RATE
MIDWEST SNAP SHOT

	2010 Total	2016 Total	Difference	Total Pop Growth Rate	2010 Age 60+	2016 Age 60+	Difference	Age 60+ Growth Rate
Arkansas	2,872,684	2,968,472	95,788	3.33%	563,954	641,187	77,233	13.69%
Louisiana	4,429,940	4,645,670	215,730	4.87%	762,898	907,032	144,134	18.89%
Tennessee	6,234,968	6,548,009	313,041	5.02%	1,158,581	1,383,467	224,886	19.41%
Illinois	12,745,359	12,851,684	106,325	0.83%	2,176,050	2,533,890	357,840	16.44%
Indiana	6,417,398	6,589,578	172,180	2.68%	1,135,823	1,332,442	196,619	17.31%
Iowa	3,016,267	3,106,589	90,322	2.99%	600,806	684,843	84,037	13.99%
Ohio	11,512,431	11,586,941	74,510	0.65%	2,192,409	2,530,824	338,415	15.44%
Michigan	9,952,687	9,909,600	-43,087	-0.43%	1,838,405	2,166,156	327,751	17.83%
Missouri	5,922,314	6,059,651	137,337	2.32%	1,123,761	1,299,518	175,757	15.64%
Wisconsin	5,637,947	5,754,798	116,851	2.07%	1,038,798	1,237,534	198,736	19.13%

Data retrieved from American Fact Finder, US Census, 2010-2016

POPULATION TRENDS: GROWTH RATE
WESTERN SNAP SHOT

	2010 Total	2016 Total	Difference	Total Pop Growth Rate	2010 Age 60+	2016 Age 60+	Difference	Age 60+ Growth Rate
Montana	973,739	1,023,391	49,652	5.10%	196,855	243,425	46,570	23.66%
South Dakota	799,462	851,058	51,596	6.45%	152,779	181,762	28,983	18.97%
Arizona	6,246,816	6,728,577	481,761	7.71%	1,154,688	1,458,753	304,065	26.33%
California	36,637,290	38,654,206	2,016,916	5.51%	5,732,153	7,060,513	1,328,360	23.17%
Washington	6,561,297	7,073,146	511,849	7.80%	1,128,004	1,427,891	299,887	26.59%

Data retrieved from American Fact Finder, US Census, 2010-2016

ELDER ECONOMIC SECURITY INDEX:
COST TO LIVE IN UNITED STATES

	United States Average					
	Single Elder			**Elder Couple**		
Expenses/Monthly and Yearly Totals	Owner w/o Mortgage	Renter, one bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, one bedroom	Owner w/ Mortgage
Housing (inc. utilities, taxes & insurance)	$516	$791	$1,425	$516	$791	$1,425
Food	$256	$256	$256	$470	$470	$470
Transportation	$231	$231	$231	$357	$357	$357
Health Care (Good)	$390	$390	$390	$780	$780	$780
Miscellaneous	$279	$279	$279	$425	$425	$425
Index Per Month	$1,672	$1,947	$2,581	$2,548	$2,823	$3,457
Index Per Year	$20,064	$23,364	$30,972	$30,576	$33,876	$41,484

http://www.basiceconomicsecurity.org/EI/?_ga=2.18892216.14239759.1513684743-1740611970.1472481669

LIFE EXPECTANCY:

According to data compiled by the Social Security Administration:

- A man reaching age 65 today can expect to live, on average, until age 84.3.
- A woman turning age 65 today can expect to live, on average, until age 86.6.
- And those are just averages. About one out of every four 65-year-olds today will live past age 90, and one out of 10 will live past age 95.
- The fastest growing population is the age 85+ category
- Individuals should be prepared to be retired for 15-25 years; some fortunate individuals can expect to live to 90-110, meaning 25-50 years of retirement.

Race, ethnicity, socioeconomics, and access to health care help determine life expectancy as well, according to CDC:

- From 1975–2015, life expectancy at birth increased from 68.8 to 76.3 years for males and from 76.6 to 81.2 years for females
- In 2015:
  - Life expectancy for non-Hispanic black males was 71.8
  - Life expectancy for non-Hispanic black females was 78.1.
  - Life expectancy at birth was 76.2 for white males.
  - Life expectancy at birth was 80.9 for white females.
  - Life expectancy for Hispanic males at birth was 79.3.
  - Life expectancy for Hispanic females at birth was 84.3.

UNDERCOVER POVERTY

The average Social Security Retirement benefit is: $1,341 ($16,092/year)

Looking at the EESI chart, notice the disparity between the amount of money it takes to live minimally in Illinois ($21,012-$42,096), the poverty standards and the typical Social Security amount.

People are living in the margins, with too much income to meet the federal poverty levels to qualify for benefits, but too little income to meet the financial requirements for living in Illinois.

Poverty Standards:
100% poverty to receive Medicaid
Income of less than:
- 1 person: $12,140
- 2 persons: $16,460
- Assets less than $2,000

To Apply for SNAP:
Income of less than:
- 1 person: $2,010
- 2 persons: $2,707
- And less than $3,500 in assets

DID YOU KNOW THE COST OF AGING IS RISING?

BUT MANY SENIORS HAVE A FIXED INCOME

96% of the nations senior population live in the Community

The Rising Cost of Aging Services:

Cost of Medicare/Insurance:
$442/month– if in good health

Cost of Private-pay home health or homemaker service: $15-$25/hour

Cost of nursing homes:
$296/day, $8,880/month

Cost of assisted living:
$1,545-$6,000/month

Cost of Memory Care:
$5,800-$7,000/month

ADDITIONAL RISKS TO INDEPENDENCE

- Health condition(s): physical, cognitive, and mental
- Conditions impacting mobility
- Isolation
- Conditions impacting ability to complete Activities of Daily Living or Instrumental Activities of Daily Living
- Lack of good nutrition
- Limited support networks
- Lack of or limited Transportation
- Financial strain
- Abuse and Self-Neglect

DISABILITY BY CHARACTERISTIC, AGE 65-74 & 75+

	United States	Arkansas	California	Florida	Georgia	Illinois	Louisiana
	Percent with a disability	Percent with a disability	Percent with a disability	Percent with a disability	Percent with a disability	Percent with a disability	Percent with a disability
With a hearing difficulty							
Population 65 to 74 years	9.3%	8.1%	7.8%	9.6%	7.7%	10.8%	10.4%
Population 75 years and over	22.6%	22.9%	20.9%	22.6%	20.5%	22.4%	26.1%
With a vision difficulty							
Population 65 to 74 years	4.3%	4.1%	3.7%	5.5%	3.9%	6.3%	3.0%
Population 75 years and over	9.8%	10.1%	9.1%	11.2%	9.3%	11.3%	8.5%
With a cognitive difficulty							
Population 65 to 74 years	5.4%	5.7%	4.8%	6.3%	4.6%	7.5%	4.6%
Population 75 years and over	14.2%	16.5%	13.6%	16.9%	12.8%	16.5%	12.0%
With an ambulatory difficulty							
Population 65 to 74 years	15.6%	14.9%	13.8%	18.1%	15.3%	20.9%	12.3%
Population 75 years and over	32.9%	34.8%	30.5%	35.5%	32.8%	37.1%	29.3%
With a self-care difficulty							
Population 65 to 74 years	4.5%	5.0%	3.7%	5.0%	4.3%	6.3%	3.4%
Population 75 years and over	13.8%	17.0%	12.3%	15.4%	13.1%	16.3%	10.2%
With an independent living difficulty							
Population 65 to 74 years	7.8%	8.8%	6.4%	8.8%	7.9%	10.4%	5.8%
Population 75 years and over	25.4%	29.5%	22.6%	27.8%	25.2%	27.7%	21.1%

Data retrieved from American Fact Finder, US Census, 2010-2016

WHERE DID THE NUCLEAR FAMILY GO?

- In many countries and cultures it is expected that families care for family members in need. Grandparents often care for grandchildren and children often care for their parents.

- However, in the US, many families move away from each other due to jobs, strife, and life journeys and are not available for real time support.

- How does this impact the active senior?

- How does this impact a senior with many needs?

- How does this impact the type of services needed throughout the spectrum of aging?

- How does this impact the type of services we offer at a Senior Center?

CONFRONTING SOCIALLY CONSTRUCTED BARRIERS TO AGING

Confront our own misperceptions of aging: (or ones that may create barriers to funding)

- The 6 D's associated with the word Old: Disease, Drugs, Disability, Depression, Dementia, and Death- in a youth driven society, the feelings that these words invoke causes an aversion to funding initiatives for the geriatric population.

- "Seniors have worked, are now getting Social Security and Medicare, and are prepared for retirement" is the feeling many people have, not understanding Social Security, Medicare costs and undercover poverty, which creates a barrier to funding.

- "Retirement is a time to let go and do nothing if you want to", implying that suddenly older adults no longer need social interaction, which creates a barrier to funding of community aging services.

AGING IS AGING, NOT A DISEASE OR DISABILITY

Conditions negative
aging assumptions
(31.3% of seniors age 60+
have a disability)

Vs

Conditions positive
aging and hope
(68.7% of seniors have No
disability)

No Disability	Age 60+	Age 75+
United States	68.7	50.5
Arizona	69.1	52
Arkansas	61.8	46.4
California	69.3	48.7
Georgia	67.1	48.6
Illinois	70.3	51.7
Louisiana	63.8	47.4
Maine	69.6	49.9
Maryland	72.4	54.1
Michigan	68.3	50.9
Montana	69.6	52.6
New York	71	52.4
North Carolina	67.1	50.4
Ohio	69.1	51
Rhode Island	70.4	55.1
South Dakota	70.3	53.8
Tennessee	64.6	47.3
Washington	68.7	47.7
Wisconsin	72.2	54.4

Data retrieved from American Fact Finder, US Census, 2010-2016

CHANGES IN POPULATION, OPPORTUNITIES FOR REPURPOSING

- Understand that our population is aging and aging looks different than before.

- While the youth population is retracting, the senior population is swelling.

- Can this lead to a flux in unused community infrastructure, like schools that are no longer is use.

- Can they be repurposed as senior centers with integrated Adult Day Services?

	School age % of Total Population			Age 60+ % of Total Population		
	2010	2016	Difference	2010	2016	Difference
United States	20.7	19.6	-1.1	17.8	20.4	2.6
Arizona	21.2	20.4	-0.8	18.5	21.7	3.2
Arkansas	20.7	20.2	-0.5	19.6	19.9	0.3
California	21.6	20	-1.6	15.6	18.3	2.7
Georgia	21.8	21	-0.8	15	17.8	2.8
Illinois	21	19.8	-1.2	17.1	19.7	2.6
Louisiana	21	19.9	-1.1	17.2	19.5	2.3
Maine	18.7	17.2	-1.5	21.5	25.5	4
Maryland	20.2	19.1	-1.1	17	19.7	2.7
Michigan	21.2	19.5	-1.7	18.5	21.9	3.4
Montana	19.6	18.7	-0.9	20.2	23.8	3.6
New York	19.7	18.3	-1.4	18.4	20.6	2.2
North Carolina	20.3	19.7	-0.6	17.9	20.6	2.7
Ohio	20.7	19.5	-1.2	19	21.8	2.8
Rhode Island	19.8	18.4	-1.4	19.5	22	2.5
South Dakota	20.9	20.4	-0.5	19.1	21.4	2.3
Tennessee	20.3	19.2	-1.1	18.6	19.5	0.9
Washington	20	18.7	-1.3	17.2	20.2	3
Wisconsin	20.5	19.4	-1.1	18.4	21.5	3.1

Data retrieved from American Fact Finder, US Census, 2010-2016

Past Flow of Aging Resources

1-15 years

Meals, bingo → ADS, Homemaker, HDM's → Nursing home
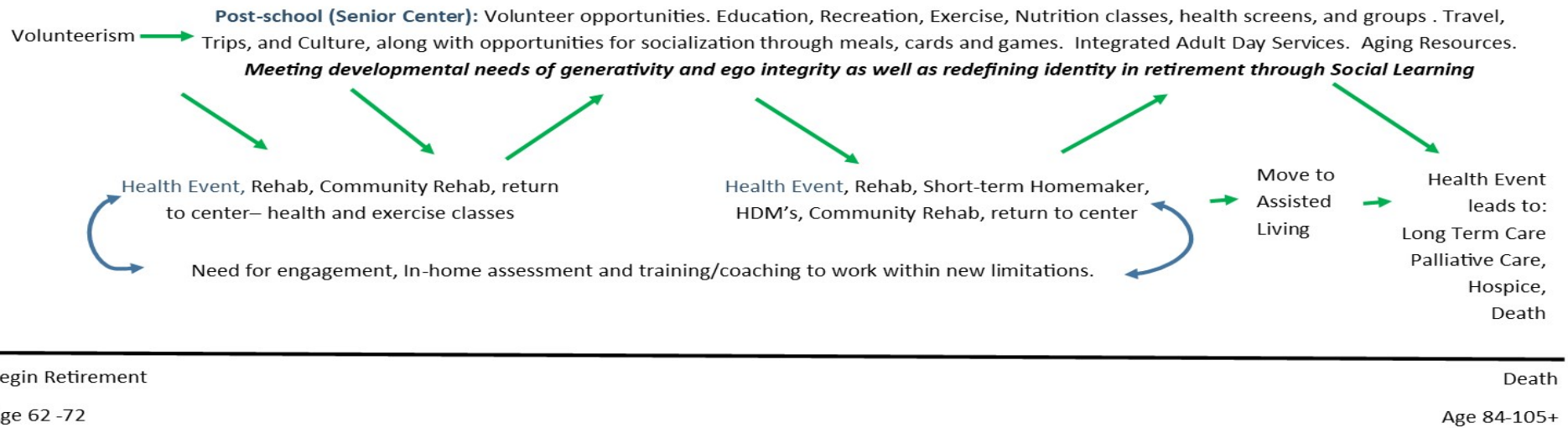
Begin Retirement   Death

Age 65

Ideal Flow of Community Aging Resources for Current Aging Population

0-40 years

Volunteerism →

Post-school (Senior Center): Volunteer opportunities. Education, Recreation, Exercise, Nutrition classes, health screens, and groups . Travel, Trips, and Culture, along with opportunities for socialization through meals, cards and games. Integrated Adult Day Services. Aging Resources.

Meeting developmental needs of generativity and ego integrity as well as redefining identity in retirement through Social Learning

Health Event, Rehab, Community Rehab, return to center– health and exercise classes

Health Event, Rehab, Short-term Homemaker, HDM's, Community Rehab, return to center

Move to Assisted Living

Health Event leads to: Long Term Care Palliative Care, Hospice, Death

Need for engagement, In-home assessment and training/coaching to work within new limitations.

Begin Retirement   Death

Age 62 -72   Age 84-105+

Developed by: Sandra Pastore, MSW, Oswego Senior Center

POST-SCHOOL

- The start of the school movement as we know it today was driven by the volume of the baby boomer generation

- Capturing the spirit of the already acculturated norm of socialization through a "School" structure, can we begin to think of Senior Centers as Post-Schools?

- Does this change the dynamic of how we think of senior centers?

SENIOR CENTERS/POST SCHOOLS: KEEPING SENIORS HEALTHY

- Provide opportunities for:
  - Engagement
  - Socialization
  - Physical Activity
  - Nutrition
  - Intellectual Growth
  - Creative Endeavors
  - Empowerment
  - Generativity
  - Reflection

Through these opportunities, we reframe aging and senior centers from one of meals and bingo to a multidimensional experience, interacting in the seniors life in the same way a school interacts with youth.

Providing for learning, physical activity, nutrition, social/emotional support, and resources. Using Social Learning to challenge long held misperceptions and attitudes about aging.

USING THEORY TO GUIDE PRACTICE/PROGRAMS

- Use theories to guide creation of opportunities for engagement to generate positive outcomes
- Social Learning Theory
  - Social conditioning
- Erickson's Stages of Development
  - Generativity vs Stagnation: virtue Care
  - Ego Integrity vs Despair: virtue Wisdom
- Object Relations Theory
  - the need for interpersonal relationships
- Cognitive Behavioral Theory
  - Changing thought patterns and resulting behaviors

STRENGTH-BASED/ PERSON-CENTERED PRACTICE

- Evolution from deficit-based practice to strength-based practice
    - (half-glass empty vs half-glass full)
- Understanding *hope, will and purpose*
- Tap into motivation through understanding the *individuals intrinsic drive for independence*
- How can Senior Centers contribute to Person Centered Planning?

CAN CCP CLIENTS BENEFIT FROM SENIOR CENTERS?

- When CCP was designed it was expected that the program would meet the needs of persons for an acute period of time (6 months-2 years at the end of life), but as life longevity has increased, many find themselves on CCP with increasing services for 10–15 years, with an average of 4-5 years.

- Can CCP care coordinators include local Senior Center activities in person-centered service (or goal) plans to increase socialization, nutritional intake, physical activity and engagement? Particularly for the low-scoring individual.

- Can this help increase energy, stamina and the ability to adapt and be resilient in their new normal due to health or circumstance?

- Can this then help create organic support systems with in the peer population?

ADULT DAY SERVICES WITHIN THE POST SCHOOL SENIOR CENTER

- Looking at how schools integrated special education into mainstream schools, there is a learning opportunity on how to possibly integrate Senior Centers and Adult Day Services.

- Integration offers the opportunity for understanding and empathy.

- Integration offers opportunity of choice.

- Integration offers continued peer social contact.

ADS & SENIOR CENTERS: PERSON-CENTERED PLANNING

- By delivering Adult Day Service in an active and engaged senior center, there is an opportunity to partner ADS participants with volunteer/class participants to help them achieve individual goals of socialization, creativity, or physical activity outside of the contained ADS space, while maintaining safety.

- ADS staff are able to develop person-centered goal plans based on interest and availability of the variety of programs offered at the Senior Center. By utilizing the senior center scheduled classes, ADS staff is able to partner ADS participants with trained peer volunteers to act as a support to attend classes or activities safely and meet individual goals of activity.

- Helps foster feelings of independence and self.

ADS & SENIOR CENTERS: DEMENTIA-FRIENDLY

- Delivering ADS in an active senior center creates an opportunity for integration of dementia-friendly concepts through fostering an environment of compassion and understanding among the general participant population.

- With the age 85+ population being the fastest growing population, and with a 50/50 chance of developing dementia after age 85, and a rise in early onset dementias, ADS opportunities for caregiver respite and person-centered services are extremely important.

ADS & SENIOR CENTERS: TAKING CARE OF THE CAREGIVER

- By delivering ADS in this model, caregivers, particularly spousal caregivers, can also take advantage the classes, activities, and support groups at the senior center for peer interaction and development of organic peer support networks.

- Senior Centers have the opportunity to develop targeted classes for caregivers as well, such as a monthly Caregiver Education Series or Dementia Education and Discussion Series.

- By offering both the caregiver and person being cared for a place to go, it can help reduce social isolation that so often goes along with caregiving.

VOLUNTEER: CONNECTIONS

Volunteerism is a great way to initiate and retain feelings of will and purpose.

↓

Provides program support, program facilitation, or program organization for the Senior Center & ADS

↓

Promotes meaningful social connections and community

↓

Helps achieve generativity and ego integrity avoiding stagnation and isolation. (Eric Erickson's Stages of Development)

↓

Fosters good quality of life

INTERGENERATIONAL APPROACHES

Using the time and talent of the youth population

- Provide opportunities for youth to volunteer at Senior Center or ADS:
  - Teach classes (andragogy)
  - Program Support
  - Organizational Support
  - Summer Internships

Possible Outcomes:

- A youth population with a better outlook on aging, reshaping how they think they'll age, positively changing perceptions of age and ability through understanding how individuals are adaptive and resilient throughout life.

- A workforce who better understands cultural and ethnic diversity and how to build rapport and connect with individuals.

- An integrated community system that meets the needs of youth, adult, and the senior population.

INTERGENERATIONAL APPROACHES:

Utilizing the time and talent of the aging population

- Provide avenues for schools and senior centers to partner for Intergenerational Programs
  - Weekly classroom readers, listeners, providers of living history, and STEAM enrichment opportunities
  - Mentoring programs
- Through collaboration this is a low-cost opportunity to infuse generational values and opportunities to reshape perceptions of aging while enriching the curriculum and the identity of the youth through retired seniors serving as a regular weekly classroom volunteers (costs are background checks and end of year certificates)
- Creating community approaches services the parallel needs of the senior and youth populations for fiscal conservatism, especially as senior population swells and the youth population retracts

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QUESTIONS?

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