

**Frederick County
Local Health Improvement Plan
(LHIP)
Senior Support Workgroup
Final Report
November 2018**

Introduction:

The Senior Support workgroup started meeting in September 2016, shortly before the Senior First report came out in November of that year. The report recommended major changes in services to senior in the county and included statistical data that reinforced the urgency for additional services for seniors in the county. One striking piece of data is that the Frederick County's population of older adults is rapidly increasing. The Maryland Department of Planning State Data Center reported that by 2020, the number of Frederick County adults age 60-85+ will reach 60,171, and surpass the number of Frederick County school age children age 5-19 years old, which will reach 49,203.

Keeping the Senior First recommendations in mind, we saw that our vision was for Frederick County to have access to services for senior citizens to meet their evolving needs for lifelong health and well-being.

The workgroup identified three main goals:

- Senior Citizens of Frederick County have **access to affordable transportation** for necessities (health provider visits, grocery shopping, personal care, etc.) and socialization (visiting family, church, theater, museum, college classes, etc.).
- All seniors of Frederick County having the option to **age in place** will be able to do so.
- A **robust communication plan** is in place to provide Frederick County seniors with relevant, inclusive and current information to meet their evolving needs for lifelong health and well-being.

Workgroup Actions

After we began, we found that many groups and agencies in the county were simultaneously working on some of the same issues or on other important projects to help seniors. Our leadership changed multiple times from co-leaders, Leslie Schultz and Wayne Creadick, Jr. to single leadership under Leslie Schultz and then to co-leaders in Thea Ruff and Bobbie Speace to finally Thea Ruff . Our sub-group leaders did stay consistent with: Tom Lawler on Transportation, Frank Blanchard on Communication, and Thea Ruff on Aging in Place.

As we began to venture into our goals we found that the senior population today includes:

- Active Seniors that can function independently.
- Seniors needing low intensity support services. Support such as someone to drive them to medical appointments and/or take out the trash.
- Vulnerable seniors with multiple medical problems, some of whom are being taken advantage of through financial scams or through emotional or physical abuse or neglect and so on.
- Seniors in crisis, with/without funds.
- Seniors in crisis who don't know they are in crisis
- Totally Dependent Seniors with in-home caregiver(s) or in nursing homes.

Through the assistance of our membership and other resources, we:

- Identified the senior demographics within the county geography with help of Frederick County Planning Department. (See appendix A)
- Identified the public transportation that is available to seniors with the help of the Frederick County Health Dept's Health Improvement Plan. (See Appendix B)
- Identified Private and Non-profit transportation available to seniors. (See Appendix C)
- Conducted a transportation survey in spring 2017 with two groups: Faith Community Nurse Network in the county and Lay-Health Leaders from the FMH Bridges Program. (See Appendix D for survey questions.)
- Identified agencies to which parishes refer senior to for transportation including Partners in Care; Transit; Metro Access; and American Cancer Society.
- Identified need for a comprehensive communication tool with cross reference including geographical service area.
- Identified the resources needed to Age in Place which includes transportation, housing, health and wellness, personal finance, legal documentation, community and social interaction. education and entertainment. This was accomplished as a result of research done by the Frederick County Commission on Aging, sub-committee on Aging in Place and Community and the National Aging in Place Council.
- Identified various educational opportunities offered to seniors from the following sources within the county: the Department of Aging, (now the new Senior Services Division) including the Virtual Senior Center; Frederick County Parks and Recreation; Delaplaine Center; Frederick County Public Libraries; Hood, College; Frederick Community College – Institute for Learning in Retirement; Commission on Aging's Sub-committee on Aging in Place and Community; The Asian American Center of Frederick and the Asian American Center of Frederick and FMH, and others in their Annual Health Fair; and the Elder Services Provider Council (ESPC) with their Annual Caregiver Conference and Elder Expo.
- Discovered senior advocates, programs and services all working to provide for seniors evolving needs for life long health and wellbeing. (See Appendix E)
- Learned that each community within the county has its own unique personality with different issues and priorities for their seniors. e.g. housing, health care services, transportation, etc.
- The Senior First Initiatives have brought about many changes including the elevation of the Department of Aging to the Senior Services Division.

Actions that continue to be in process:

Transportation

Transportation and Mobile Care Task Force (TMCTF) which is currently engaged in identifying transportation services which will supplement and streamline existing transportation options for seniors and other groups facing transportation challenges.

Communication

Recommendation to establish a clearing house as a means for sharing of information about seniors entering the system of services through various means such as the Senior Services Division, Department of Social Services, the Health Department – Adult Evaluation and Review Services (AERS) and the Mental Health Association including 2-1-1.

Aging in Place

All of the education programs and senior services listed in this report as well as others ongoing objectives for seniors to successfully age in place.

Lessons Learned

- We need to identify specific targeted concerns during the summit upon which to build a workgroup vision and goals.
- We need to consider what is happening in the county at the time the workgroups are forming so resources are not diluted.

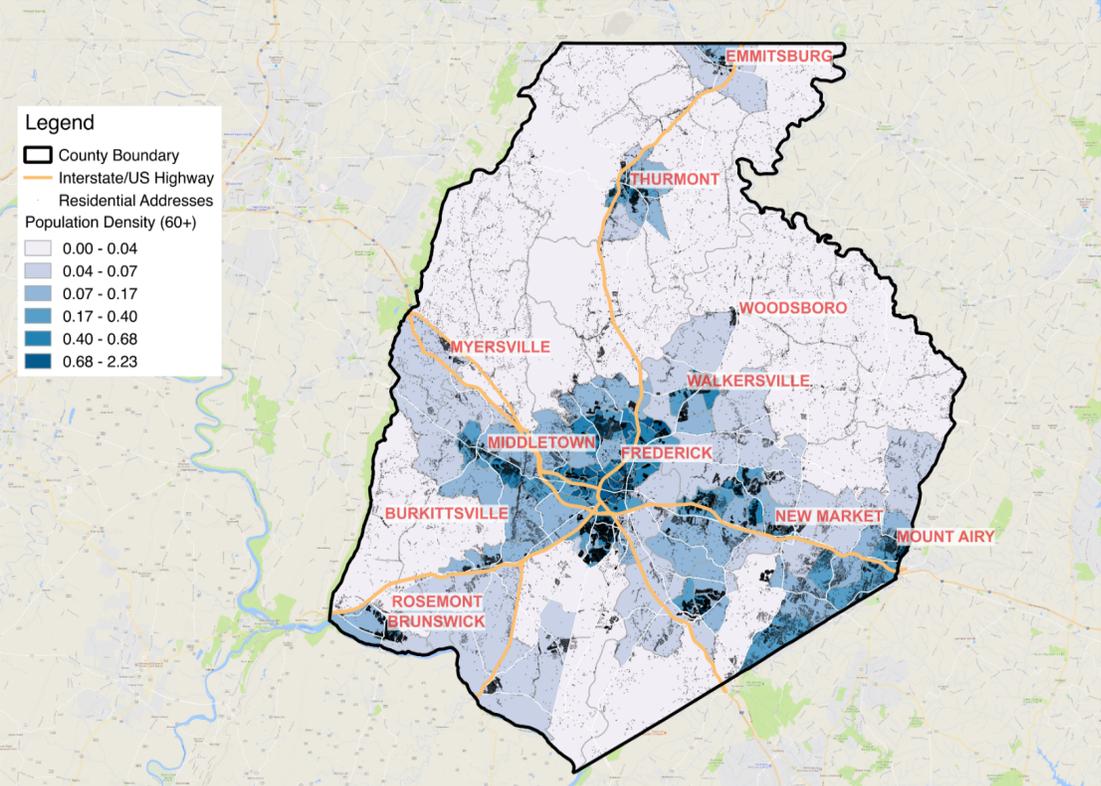
Conclusion

As you can see, for this report we were able to make some strides to help seniors but we found that many people are resistant to talking about or being identified as a senior. This is validated in the US News and World Report that stated that 90% of 50 year olds do not consider themselves senior citizens and only half of 64 year olds consider themselves seniors. This should not be surprising when you consider the stigma surrounding aging. Stigma being defined as “a mark of shame” according to the Merriam-Webster dictionary. Stigma surrounding aging can still be seen in employing seniors and the media reflects an aging stigma by advertising a plethora of products to make a person look young. One of the most serious stigmas is how senior services are reflected in budgets at all levels of government. This stigma is seen in Frederick County even though there are many efforts being made to assist seniors. Seniors are not seen as a priority and therefore, most actions are slow in coming. This is evidenced in senior housing, transportation and in recruiting local health professionals with specialized training in geriatrics.

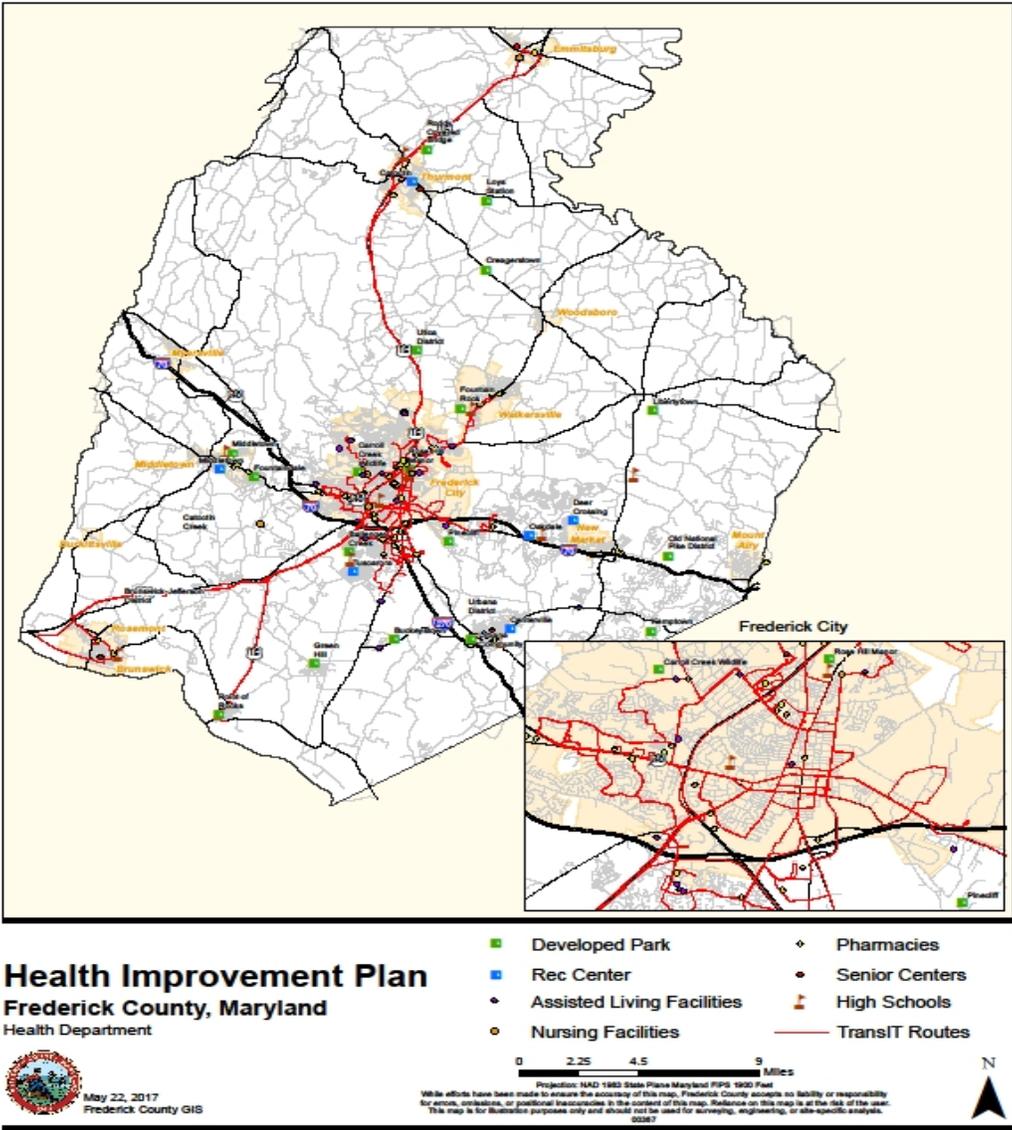
In closing, we would like to thank the Health Care Coalition for the opportunity to participate in the Frederick County LHIP for Senior Support. And we look forward to working with you again in the future.

Appendix A

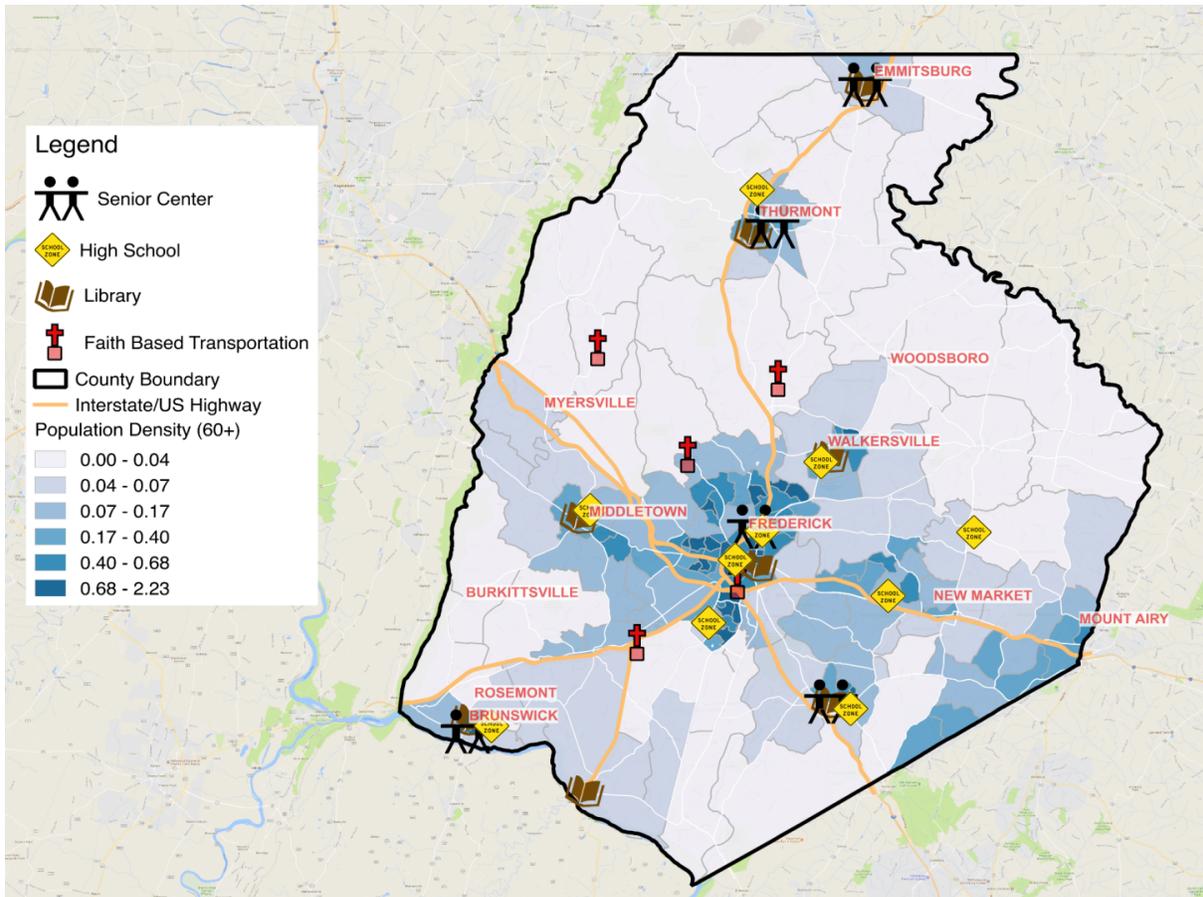
Frederick County Senior Demographics by Geography



Appendix B



Appendix C Private and Non-profit Transportation available to Seniors

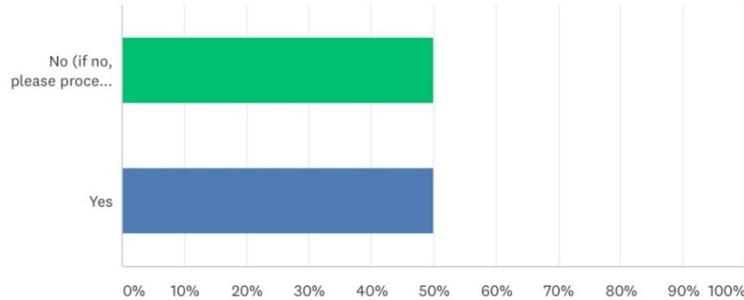


Appendix D

Survey Question One

Does your faith community provide transportation for seniors?

Answered: 18 Skipped: 0

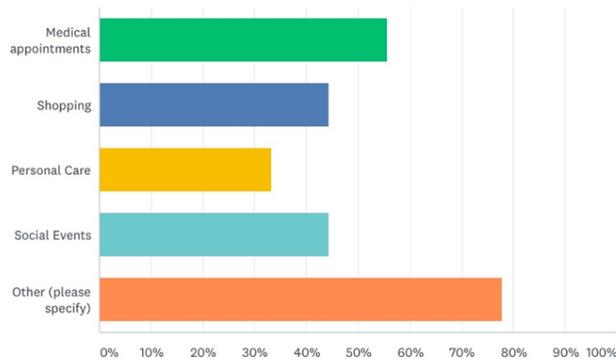


ANSWER CHOICES	RESPONSES	
No (if no, please proceed to question 3)	50.00%	9
Yes	50.00%	9
TOTAL		18

Survey Question Two

If your faith community provides transportation, what is the transportation used for?

Answered: 9 Skipped: 9



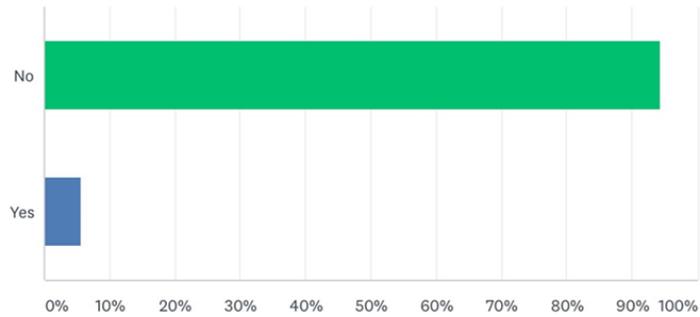
ANSWER CHOICES	RESPONSES	
Medical appointments	55.56%	5
Shopping	44.44%	4
Personal Care	33.33%	3
Social Events	44.44%	4
Other (please specify)	77.78%	7
Total Respondents: 9		

Appendix D continued

Survey Question Three

Does your faith community have a wheelchair-accessible vehicle available?

Answered: 18 Skipped: 0

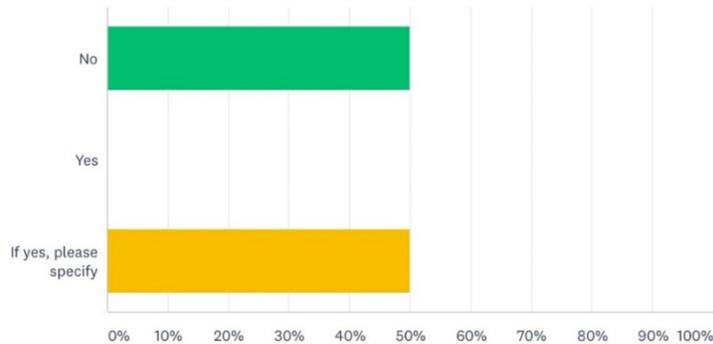


ANSWER CHOICES	RESPONSES	
No	94.44%	17
Yes	5.56%	1
TOTAL		18

Survey Question Four

Do you refer your parishioners to any organizations to provide transportation for Seniors?

Answered: 18 Skipped: 0



ANSWER CHOICES	RESPONSES	
No	50.00%	9
Yes	0.00%	0
If yes, please specify	50.00%	9
TOTAL		18

Appendix E

