



# PCA

PHILADELPHIA CORPORATION FOR AGING

*Enriching lives, preserving dignity.™*

## AREA PLAN 2008 - 2012

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## **Executive Summary**

### **Introduction**

Philadelphia Corporation for Aging (PCA), as the Area Agency on Aging (AAA) for Philadelphia County, is mandated by the Pennsylvania Department of Aging (PDA) to produce a four year Area Plan to help it attain the goals set forth in Pennsylvania Act 70 and the Older Americans Act. These goals are to develop greater capacities to provide comprehensive and coordinated service systems to serve older people, and to use available resources more efficiently. The Plan will become effective July 1, 2008.

### **Agency Overview**

Philadelphia Corporation for Aging is a non-profit organization established in 1973 to serve as the Area Agency on Aging for Philadelphia. Its mission is to improve the quality of life for Philadelphians who are older or who have disabilities; and to assist them in achieving optimum levels of health, independence and productivity. Special consideration is given to those with social, economic and health needs. Founded on the principle that older persons have the ability and the right to plan and manage their own lives, PCA seeks ongoing input from elderly. PCA recognizes the dignity of all older people and respects their racial, religious, sexual and cultural differences.

### **Socio-Demographic Overview**

The key changes PCA foresees are a growth in the populations most at risk for needing social and health services: that is, those who are over the age of 80, poor, minority and/or foreign born. Further, a continuing decline in the housing stock and in the social bonds that create strong neighborhoods will exacerbate the negative effects of these trends. There will be greater diversity in living arrangements, including various partnering arrangements, and at the same time a decline in the number of family caregivers available to help the frail elderly. Finally, PCA believes that there will be an increasing range of health statuses among the elderly: while some will live into advanced old age in relatively good physical and functional health, the number of persons with multiple co-morbid conditions will increase, as will the number of persons with severe and persistent mental illness or developmental disabilities growing into old age.

These trends do not exist independent of one another, and their cumulative impact has the potential to be much greater than the sum of their parts. For example, the number of older Hispanics in the city will increase over the next four years. This is a population with lower income, higher rates of functional health impairment, more depressive symptoms and reports of more stress at younger ages (60-74). Hispanics also have lower social capital (a sense of feeling connected with neighbors) than either white or African American elders. The combination of lower income and less social capital are closely correlated with decline in functional health and more depressive symptoms. When they occur together in an individual, these factors magnify each others' negative impact. On a more global scale, these trends will interact to exacerbate the problems that many of the elders in this city and those who serve them will face in the coming years.

## Development of Goals and Overarching Themes

The agency convened a series of focus groups to consider various aspects of empowering and supporting older people and their families; improving the coordination and integration of services to frail older adults; and strengthening the community's ability to be supportive of seniors. The focus groups comprised persons from a variety of disciplines. Each group had a specific area of inquiry:

1. **Serving Philadelphia's Frail Older Adults:** Providing services for frail older adults who wish to remain in their homes will continue to be a challenge in the next four years. To accomplish this, long term care community-based services will need to be expanded.
2. **Neighborhoods and Livable Communities:** As neighborhoods and the people living in them continue to age, there is an increasing need for improved communication between organizations and agencies that focus on human services and those that focus on the community's physical condition.
3. **Engaging Older Persons and Their Families:** This group addressed how to encourage, support, and educate older people to maximize their strengths and their abilities to function in the community with the highest possible quality of life.

In addition to the demographic analysis and key informant focus groups, PCA also used findings from 12 focus groups of older persons conducted for the 2015 Report, and a mail-in survey in the agency's *Milestones* newspaper, which generated more than 700 responses. On-line survey input was also gathered.

All of the input pointed to certain key goals to be pursued, which are listed below. In addition, a number of over-arching themes were identified, which have been incorporated in the goals and objectives. These themes are: addressing increasing diversity in the consumer population; increasing collaborative activities among agencies and community organizations on behalf of older persons; promoting increased support for older persons at the neighborhood level; and PCA providing more leadership on aging issues.

## The Funding Environment

The state administration has proposed a budget for the coming year which will have a profoundly negative impact on services provided to Pennsylvania's and Philadelphia's seniors. No cost-of-living increase at all is proposed for the state's Area Agencies on Aging and their service networks, which would be disastrous. This follows two years during which AAAs have received cost-of-living increases well below the rate of inflation. In fact, Philadelphia Corporation for Aging has received a cumulative increase of less than three percent over the last two years.

This comes at a time when prices for fuel, food, transportation, health care and other necessities have increased significantly; and when both the number and needs of senior citizens are increasing.

PCA faces a waiting list in the Options Home and Community Based Care program of approximately 1,000 seniors in need of care at home and other essential services. Many have conditions which will worsen without the appropriate services. If we fail to serve these people now, much more costly interventions will be required in the near future, and many will have no choice but to move to a nursing facility.

Furthermore, the current funding formula from PDA which allocates funds to AAAs across the state fails to serve Pennsylvania's stated goal of serving those with the greatest social and economic need. To accomplish this, the formula should be weighted towards poverty and disability, which it is not at present.

**Goals:** Seven major goals for PCA were identified, along with objectives and strategies for action. The goals are:

- A. Provide citywide leadership on aging issues
- B. Ensure aging and community organizations and consumers and their families receive accurate and timely access to information about services and programs
- C. Ensure comprehensive and coordinated services are available and accessible to older adults in need of long term care services in the community
- D. Support senior centers to provide multiple opportunities to enhance quality of life for older adults
- E. Promote a physical environment, including housing and neighborhood infrastructure, that is suitable for older adults to age in the community
- F. Provide tools for neighborhoods to support older persons as they age in the community
- G. Promote volunteering and civic engagement as part of healthy aging for older adults living anywhere in the community

### **Evaluation of Objectives and Strategies**

A system has been created to evaluate the success in meeting the goals and objectives outlined in the Area Plan. The system of evaluation is objective; quantifiable; precise; and appropriate for the types of goals described in the Plan.

## **I. Introduction**

Philadelphia Corporation for Aging (PCA), as the Area Agency on Aging (AAA) for Philadelphia County, is mandated by the Pennsylvania Department of Aging (PDA) to produce a four year Area Plan to help it attain the goals set forth in Pennsylvania Act 70 and the Older Americans Act. These goals are to develop greater capacities to provide comprehensive and coordinated services systems to serve older people; and to use available resources more efficiently. The Plan will become effective July 1, 2008.

PCA's Area Plan is a document that will educate and inform stakeholders – consumers, the public, service providers, community leaders and local officials – about how it will respond to the challenges facing Philadelphia's older adults.

This product should not be considered as final. PCA staff will continue to work with service providers and others in the community to better identify issues and needs that should be addressed and information that should be included in the final Plan.

## **II. Agency Overview**

Philadelphia Corporation for Aging is a non-profit organization established in 1973 to serve as the Area Agency on Aging for Philadelphia. Its mission is to improve the quality of life for Philadelphians who are older or who have disabilities; and to assist them in achieving optimum levels of health, independence and productivity. Special consideration is given to those with social, economic and health needs. Founded on the principle that older persons have the ability and the right to plan and manage their own lives, PCA seeks ongoing input from the elderly members of the community. PCA recognizes the dignity of all older people and respects their racial, religious, sexual and cultural differences.

Guided by its Board of Directors and an Advisory Council, PCA employs approximately 600 people and contracts with more than 100 community organizations and service providers to deliver a variety of services to more than 100,000 older Philadelphians and people with disabilities each year. PCA receives funding from the Older Americans Act, Medical Assistance and the Pennsylvania Lottery, all through the Pennsylvania Department of Aging. In addition, PCA receives funding from federal sources, private foundations and individual donors.

Among PCA's many support services are long term care and community-based programs. PCA promotes comprehensive and coordinated services to support living in the community. Long term care (LTC) plays a pivotal role in the agency. Most people prefer to remain in their own homes and communities rather than live in an institutional setting. Home based care enables the person to maintain independence, to remain in a familiar setting, to benefit from the existing support systems of family, friends and neighbors, and to maintain optimum control over his or her own well-being. PCA works with consumers and their families to determine their individual goals, resources and needs, and to assist them in making informed decisions that support their preferences.

### **III. Socio-Demographic Overview**

#### **A. Introduction**

This section presents an overview of the current state of the elderly (60+) population in the city and what is expected to happen over the next four years. The data was taken from many sources including original research conducted by PCA, secondary analysis of existing data sets, review of published materials, and information gathered from older persons and those who work with older persons.

All of the trends that PCA foresees for the period covered by this area plan are already evident. Therefore, the most important key trends can be identified with relative certainty. Of course, unforeseen events could occur to significantly alter the predictions made below. The following publications are the primary sources for the information included here: Looking Ahead: Philadelphia's Aging Population in 2015, (Philadelphia Corporation for Aging, January, 2006); The Socio-Economic and Health Characteristics of Philadelphia's Elderly Population, (Philadelphia Corporation for Aging, June, 2004); the Neighborhood Profiles available on PCA's website ([www.pcaCares.org](http://www.pcaCares.org)); and new data analyses completed using various sets of survey data that contain representative samples of older Philadelphians and older Pennsylvanians. The appendix contains tables that provide more detailed quantitative information on many of these issues.

#### **B. Population**

The most important trends PCA foresees are changes in population. All the other trends are either outcomes of the changes in population or will be exacerbated by the expected population changes.

**Age:** While PCA expects the overall population of the county to continue to decline from 1.45 million to 1.42 million persons between 2008 and 2012, the 60+ population is expected to remain at the current level of approximately 250,000 persons. However, the 85+ population is expected to grow from 14% to 15% of the 60+ population. Not only will there be a proportionate increase, but there will also be an absolute increase in the number of persons 85+, which means there will be a growth in demand for social and health services – age is a major predictor of demand for services.

**Race/Ethnicity:** The increase in the number and proportion of old and very old persons in the city will be accompanied by an increase, both in proportion and absolute numbers, including Asian, Hispanic and African-American as part of the overall older population. Most importantly, minority elderly will cross an important threshold and move from about 48% of all persons 60+ in the county to about 51% of all such persons. While a three percent increase does not sound like that much, it is an indicator of a trend that PCA believes will continue. By the end of the next decade minority elders will represent close to 60% of all the elderly in the county.

While poverty is usually a better predictor of health status than race, race and ethnicity are the best predictors of whether the older person trusts the health care system and how well he or she uses it. Lack of trust, as well as lack of understanding about how the system works, can be a factor in late diagnosis, poor compliance, and greater health problem for minority populations.

The growth in the minority 60+ population represents an even greater demand on the health and social system than the simple growth of the older population might indicate. For example, the group expected to grow the most in absolute numbers, Hispanics, often report poorer health at a younger age than both white and African American elders in the city.

*Gender:* While PCA expects the number of males living into old age to increase, it is not anticipated that there will be a basic change in the gender distribution of older persons in the near future. That means that most very old, very poor and very frail Philadelphia elders will be women.

*National origin:* It is impossible to predict whether a new influx of foreign born elders will arrive in the county and, if so, what their nation of origin might be. Poverty is a reality for most persons who arrive in the United States in old age. Linguistic isolation is also a part of the experience of many older immigrants, not all of whom are minority elderly. There are many older immigrants living in the county now and this is not expected to change in the near future.

### **C. Social Characteristics**

This section looks at the income, living arrangements and marital status of older Philadelphians.

*Income:* Changes in income levels are among the most difficult indicators to predict. However, research shows that over the past 10 years or so the proportion of older individuals living in poverty has increased; there is no reason to expect that trend to change. Another consistent trend is for the “older old” (75+) to have higher poverty rates than 60-74-year-old group. As PCA expects the number of “older old” to increase over the period of time covered in this Plan, it can also expect a growing number of poor elderly among all elders in the city. It is also clear that the poverty level has little real meaning in terms of the lives of older Philadelphians. In our analyses only persons with incomes at least **double** the poverty level could expect to experience fewer health problems than those whose income was below 100% of the poverty rate.

*Living arrangements:* All national studies estimate a decline in the number of elders who live co-resident with others. This has significant implications for caregiving as more elders living into very old age become frail. Projections show that more elders will be living on their own and, when they need assistance, they will need much greater resources than for will those who have a family caregiver.

*Marital status:* Although more males will live into old age, which may increase the proportion of married elders. More persons will be coming into old age single, divorced, and in situations other than traditional marriage. While co-resident couples can provide support for each other, the absence of a legal marriage will have implications for insurance status, the ability to consent to services for a partner who lacks the cognitive ability to do so, and other challenges that may arise.

## D. Health Status

This section looks at probable trends in physical, functional and mental health status.

*Physical health and functional health:* The key trend here will be greater diversity of health status. Greater numbers of persons will live longer and in good health, however, there will also be more older persons who will linger in states of greater frailty. As stated above, looking at the combined factors of income, minority status, and age among the county's elderly, it is expected that there will be increasing numbers of persons living with greater frailty. In fact, some national studies have shown that income is the best predictor of future frailty.

*Mental health:* Probably the most significant change in the area of mental health will be the growth in the number of older persons with severe and persistent mental health problems as well as those with life-long developmental disabilities. Because they are receiving better care at younger ages, they are living longer. While this will remain a small group relative to the total population of older persons, each of these individuals, especially those without a family caregiver, will make significant demands on the social service and health systems. As many may not have a major physical health problem, these individuals will need care over a very long period of time.

## E. Environment

Society's understanding of the impact of the home and neighborhood environments on the health and well being of older persons has increased significantly over the past few years. The relation between elders and their environment is dynamic; therefore, the elder's social and physical environment must be considered, as well as individual health status.

*Housing:* Approximately 79% of older Philadelphians own their homes. Their homes are aging along with them, while their ability to make or finance repairs is diminishing. As a result, the need for home repair is one of the critical issues facing older Philadelphians. When a house deteriorates it can become dangerous to live in. The neighborhood suffers, too, if the home is poorly maintained, or if the elder leaves the home and the house becomes abandoned.

*Neighborhoods:* Most elders would like to remain in their neighborhood, if not in their homes. Feeling safe in the neighborhood and having a trusting relationship with neighbors has a positive impact on both the mental and physical health of the elder. On the other hand, if an elder feels unsafe in the neighborhood, the results can be disastrous; for example, if safety concerns prevent the elder from opening windows during the summer, the home can literally become an oven. In addition, as old neighbors move away and new neighbors move in over time, some elders can become more isolated.

*The City:* When we compared the elderly living in the City to those elders living in the rest of the State of Pennsylvania we found major differences between the two groups. Philadelphia's elderly were much more likely than the elderly in the rest of the state to be foreign born, linguistically isolated, poor, and to have a personal care disability. The differences were even greater when we looked only at elders age 60 to 74, confirming the higher levels of disability at younger ages for many of our seniors. What was even more striking was the result of an analysis regarding the predictors of a personal care disability. When we controlled for the effects of income, age, and minority status, (three very important predictors of a personal care

disability), simply living in Philadelphia rather than someplace else in the state proved to be an important predictor of having a personal care disability.

## **F. Interpreting these trends**

PCA has presented the trends projected for the next four years broken down by category and type. These trends can be individually described, but in reality these trends do not exist independent of one another. For example, the number of older Hispanics in the city will increase over the next four years. This is a population with lower income, higher rates of functional health impairment, more depressive symptoms and reporting more stress at younger ages (60-74). Hispanics also have lower social capital (a sense of feeling connected with neighbors) than either white or African American elders. The combination of lower income and less social capital are closely correlated with decline in functional health and more depressive symptoms. When they occur together in an individual, these factors magnify each others' negative impact. In effect, as with our analysis looking at the predictors of a personal care disability described in the paragraph above, the effect of all these sources of inequality is more than the sum of the individual parts. The social and physical environment of poor neighborhoods combined with poverty, minority status and low social capital have a significant negative effect on the well being of the city's elders now and for the foreseeable future.

## **G. Conclusions**

The key change PCA foresees is the growth in the populations most at risk for needing social and health services: those who are over the age of 80, who are poor, and who are minority. Further, a continuing decline in the housing stock, as well as in the social bonds that create strong neighborhoods, will exacerbate the negative effects of these trends. PCA and Philadelphia must find ways to develop stronger neighborhoods and to provide effective means for older, low income, and minority elders to maintain and improve their health, keep their homes in good condition, and experience a high quality of life.

## **IV. Development of Goals and Overarching Themes**

As part of the Area Plan process, PCA explored the inter-relationships of older persons with their families; with the various service delivery systems; with the physical environment; and with the broader community. The process focused on understanding what strengths each brings and how greater synergy can be achieved for the benefit of Philadelphia's seniors.

PCA's recent research and conference activities have focused on "aging in the urban environment" and, in particular, on how neighborhoods affect the quality of life of their older residents. Additional resources utilized in developing the Area Plan included demographic analysis; findings from twelve focus groups of older persons conducted for the 2015 Report; a mail-in survey in the agency's *Milestones* newspaper, which generated more than 700 responses; and an on-line survey.

This winter, the agency convened a series of focus groups to look at various aspects of empowering and supporting the older person and his/her family, improving the coordination and integration of services to frail older adults, and strengthening the community's ability to be

supportive of seniors. The focus groups comprised persons from a variety of disciplines and perspectives. Each group had a specific area of inquiry, as follows:

**Serving Philadelphia's Frail Older Adults:** During the next four years, it will continue to be a challenge to provide services to frail older adults who wish to remain in their homes. To accomplish this, long term care community-based services will need to be expanded. There will be an increasing demand for different types of living arrangements for caregiver supports. More services for those with dementia and Alzheimer's disease, behavioral health and lifelong mental illness will be needed. Expectations about the types of services provided will change as the population becomes more diverse, including the arrival of the Baby Boomers. The demand for health aides, care managers, nurses and other professionals will increase. Service providers will have to address the needs of Philadelphia's changing population. All those involved in serving frail older adults will have to respond to the continual changes in Medicaid and Medicare. Agencies and neighborhoods will need to work together to respond to these long term care demands.

**Neighborhoods and Livable Communities:** Creating and sustaining healthy neighborhoods where residents can choose to age in place has been a popular discussion at a variety of professional gatherings over the last few years including conferences on aging, planning, housing and community development. As neighborhoods and the people living in them continue to age, there is an increasing need for improved communication between organizations and agencies that focus on human services and those that focus on the community's physical condition. The focus groups looked at the challenges faced by older adults remaining in their neighborhoods and in their homes. Three areas were examined: the role of physical design of homes and neighborhoods in helping residents age in place; how communication between the human and physical design/development sectors can be encouraged; and what actions residents and organizations can take to help make Philadelphia's neighborhoods become places for all ages.

**Engaging the Older Person and the Family:** A number of areas were discussed: how to encourage, older people to maximize their strengths to function in the community and how to connect caregivers so they may learn how better to support their loved ones. The group also discussed taking advantage of new technology and addressing the challenges brought by the Baby Boomer generation's greater expectations about volunteer, employment and educational opportunities. The focus group's discussion touched upon the need to respond to populations of different ethnicities speaking different languages and the special needs they will have.

All of the input pointed to certain key goals to be pursued, which are listed below. In addition, a number of over-arching themes were identified, which have been incorporated into the goals and objectives. These themes are: addressing increasing diversity in the consumer population; increasing collaborative activities among agencies and community organizations; promoting increased support for older persons at the neighborhood level; and providing more leadership on aging issues.

## V. The Funding Environment

Of course, without sufficient and appropriately balanced funding it will be difficult, if not impossible, for these goals to be fulfilled.

The state administration has proposed a budget for the coming year which will have a profoundly negative impact on services provided to Pennsylvania's and Philadelphia's seniors. No cost-of-living increase at all is proposed for the state's Area Agencies on Aging and their service networks, which would be disastrous. This follows two years during which AAAs have received cost-of-living increases well below the rate of inflation. In fact, Philadelphia Corporation for Aging has received a cumulative increase of less than three percent over the last two years.

This comes at a time when prices for fuel, food, transportation, health care and other necessities have increased significantly; and when both the number and needs of senior citizens are increasing.

PCA faces a waiting list in the Options Home and Community Based Care program of approximately 1000 seniors in need of care at home and other essential services. Many have conditions which will worsen without the appropriate services. If we fail to serve these people now, much more costly interventions will be required in the near future, and many will have no choice but to move to a nursing facility.

Flat funding also has a negative impact on the quality and retention of the work force; salary ceilings coupled with the rising cost of medical insurance lead to high turnover, understaffing and less qualified workers. With flat funding, senior centers for instance are hard-pressed to balance the competing needs of salaries, health care, rising fuel costs and the need to perform essential maintenance to facilities. Adding to the strain in the coming year will be the omission of any capital funds for senior centers in the budget as proposed.

Furthermore, the current funding formula from PDA which allocates funds to AAAs across the state fails to serve Pennsylvania's stated goal of serving those with the greatest social and economic need. To accomplish this, the formula should be weighted towards poverty and disability. The current formula does take poverty into consideration, but disability is not one of the factors considered. Further the formula's use of age factors, 60+ and 75+ results in discrimination against minorities who frequently have greater disability at an earlier age; age alone is not a diagnosis. For example, recent research shows that Latinos 60-74 in Philadelphia are more than twice as likely to report functional limitations or poor health than whites of the same age in the city. Likewise, the "rural" factor that PDA uses in its allocation formula receives undue weight as it is not a risk factor in itself.

As an example of the impact of the current PDA formula, contrast the percentage of funds allocated for those living in poverty versus those living in a rural area that have no other identified risk factor. The "weighting" of these two categories is equal at .25; however, the raw numbers are 200,390 living in poverty and 556,220 living in rural areas. As a result, those living in poverty receive only 7.68% of the overall PDA allocation, whereas those living in a rural area – regardless of their actual need – receive 21.31% of the overall allocation. The PDA funding formula must be reconfigured to ensure that those with the greatest social and economic need are served.

After years of growth in Lottery reserves, this year's proposed state budget has reserves being reduced from \$401 million to \$35 million, with none of that money being used to address cost-of-living increases, nor waiting lists for home care service for seniors. If Lottery reserves are going to be spent, priority should be given to the services that our seniors desperately need.

## **VI. Goals and Objectives**

### **A. GOAL: Provide citywide leadership on aging issues**

As the Area Agency on Aging for Philadelphia, PCA is in a unique position to promote its programs and those of other aging organizations and to work to improve coordination between aging services. By taking a more active role in educating organizations outside the aging network about issues of importance to the elderly, PCA can encourage organizations that traditionally do not work together to do so. PCA can help get aging on the agenda. Philadelphia is conducting a comprehensive planning process for the first time in more than 40 years and updating the zoning code; PCA can take a place at the table and advocate for senior-friendly changes in the city.

PCA can also continue to build relations and develop projects between the research community and the practice community; and develop research projects on topics of relevance to the local practice community. Training activities can also be an important tool in helping to further develop professional and community level expertise.

#### **1. Objective:** Foster collaboration between aging network and community organizations

##### Strategies:

- Convene roundtable discussions at the neighborhood level between aging network and community organizations that may not typically serve seniors, to exchange ideas on how to improve service to older adults. Identify synergies between organizations for future efforts.
- Build on PCA's existing neighborhood profiles to create more comprehensive neighborhood level resource and demographic information.
- Provide lists of community organizations by area of the city, with contact names and phone numbers, to senior community centers.

#### **2. Objective:** Provide assistance to neighborhood-based initiatives.

##### Strategy:

- Connect PCA to community initiatives by participating in advisory and strategic efforts in community organizations.

#### **3. Objective:** Nurture geriatric career opportunities

##### Strategies:

- Provide leadership and field placements for social workers and nurses.
- Continue to provide field placement opportunities for public health and dietetic interns.

4. **Objective:** Provide multiple ways for members of the aging network to learn about new research findings relevant to their needs and new methods they can use to evaluate their own ongoing programs and services.

Strategies:

- Focus annual Lawton Conference on issues relevant to the practice community in Philadelphia.
- Offer one-on-one consultation to agencies with specific research needs.
- Continue development of an urban research agenda.
- Develop additional databases and other resources to examine the experience of aging within the broader context of living in the urban environment.
- Develop specific sub-agendas, such as ones focused on minority, refugee and Limited English Proficient (LEP) populations to see where their experience differs and where it does not differ from the experience of other elderly.
- Share information from all of these efforts with researchers, practitioners and policy makers.

5. **Objective:** Develop new training programs geared specifically to helping community and neighborhood-based organizations support older persons and for older persons to help themselves and others.

Strategies:

- Work with neighborhood and faith-based organizations to identify training needs and create the programs necessary to provide the knowledge and skills identified.
- Offer workshops focused on building the skills required to meet the needs of PCA consumers.

6. **Objective:** Broaden the availability of aging programs.

Strategy:

- Partner with cultural and educational organizations, such as the Free Library of Philadelphia, to develop special educational programs and events for seniors.

**B. GOAL: Ensure aging and community organizations, and consumers and their families, receive accurate and timely access to information about services and programs.**

PCA recognizes the critical importance of disseminating information on programs and services both to older adults and their caregivers and to organizations within and outside the aging network. The information must be available in multiple languages and formats (print, Internet, broadcast media, etc.) to reach as broad an audience as possible. A comprehensive strategy for distributing information includes the participation of PCA Community Outreach Program staff at health, information and community-wide events around the city; encouraging community organizations to conduct door-to-door-outreach; and utilizing PCA media outlets to promote community programs and initiatives.

PCA strives to serve both the community at large and professionals in the aging network by increasing access to knowledge and resources. PCA's website, [www.pcaCares.org](http://www.pcaCares.org), provides

information on more than 700 organizations serving older people in the Philadelphia area. PCA conducts public education campaigns in broadcast and print media to inform the public about the array of resources and opportunities available.

1. **Objective:** Expand PCA Community Outreach Program.

Strategies:

- Promote the city-wide availability of PCA's Community Outreach Program's speakers.
- Increase PCA's presence at events of all kinds in order to promote aging services.
- Identify new systems and organizations, such as the Archdiocese of Philadelphia's club network and private corporations, and offer to make presentations about PCA and aging-related issues.
- Provide training to community organizations, faith institutions and individuals on how to conduct a community outreach event.

2. **Objective:** Reach additional Limited English Proficient consumers and their families with information about services.

Strategies:

- Whenever possible, use bilingual outreach workers at health fairs and speaking engagements.
- Produce press releases in translations for community newspapers targeting non-English-speaking populations.
- Ensure senior centers have culturally appropriate materials about the array of services available.
- Work with senior centers to conduct culturally appropriate outreach to their communities.
- Host family days and mini-fairs within communities in order to reach out to older immigrants and their families to encourage them to use senior centers (also in Goal F).
- Train senior center and In-Home Support Program (IHSP) staff to work better with interpreters and Limited English Proficient consumers.
- Promote long term care (LTC) services to diverse populations through community outreach (also in Goal C).
- Educate Limited English Proficient consumers regarding consumer directed models of service delivery, such as Personal Assistance Service (PAS) and, eventually, "Services My Way."
- Increase bilingual capacity of PCA workforce.

3. **Objective:** Encourage community based organizations to increase face-to-face contact with seniors.

Strategies:

- Continue to offer Community Based Service Grants to agencies that serve immigrants and refugees, Limited English Proficient consumers, Lesbian, Gay, Bisexual & Transgendered (LGBT), and other underserved populations.
- Provide assistance to senior centers to increase collaborations with community based groups, for example:
  - Develop joint programming with libraries.
  - Seek funding or in-kind support from local businesses, such as pharmacies and banks for center activities.
  - Establish connections with local hospitals to conduct health screenings at centers.
  - Establish connections with universities to supply interns to assist centers with marketing, computer training, or whatever may be needed

4. **Objective:** Promote community initiatives and best practices.

Strategies:

- Request to be a guest on radio shows, in particular on religious stations, to share information on PCA and specific topics.
- Use PCA's website, PCA News Bulletin and *Milestones* monthly newspaper to highlight community efforts.

5. **Objective:** Disseminate information about PCA and aging network programs and services.

Strategies:

- Use grass-roots level marketing tools, such as community newspapers, neighborhood newsletters and senior center newsletters to provide information about programs.
- Increase placement of informational materials in community settings, such as libraries.
- Disseminate information to trusted neighborhood resources, such as NORC (Naturally Occurring Retirement Community) support service programs, faith-based organizations, physician's offices and nurse-managed health centers.
- Educate consumers and their families about LTC programs and services through increased outreach by LTC Assessment and Community Relations' staff to hospitals, nursing homes, community fairs and through LTCO staff participation in the Clergy Aging Interfaith Coalition.

6. **Objective:** Increase use of [pcaCares.org](http://pcaCares.org) and News Bulletin to deliver timely and accurate information.

Strategies:

- Promote [pcaCares.org](http://pcaCares.org) to senior center consumers, directors and computer instructors through outreach and collateral materials.

- Utilize collateral materials to promote pcaCares.org and News Bulletin through libraries, legislative offices, coalitions and aging network organizations.
- Conduct website orientations for diverse groups, including PCA Helpline staff, aging network organizations and senior centers.
- Continue to solicit and post timely and accurate information on a range of topics relevant to the aging network and consumers in the News Bulletin and on pcaCares.org.

**C. GOAL: To ensure comprehensive and coordinated services are available and accessible to older adults in need of long term care services in the community**

PCA believes a strengths-based approach is the optimum way to meet the challenges facing older Philadelphians. Recognizing and building on strengths has a two-fold benefit: it is positive and empowering; and it encourages independence and utilization of all available resources.

The core principles of PCA's LTC services inform all the objectives and strategies set out in this Area Plan. PCA provides timely assessments, expediting access to LTC coordinated services. By identifying consumer strengths and maximizing informal supports, care managers help consumers sustain independent functioning. Care managers remain engaged with consumers, providing information and linking them to benefits, entitlements and other resources so they can make informed decisions. The strengths-based approach is used to engage consumers and their family caregivers in identifying opportunities for self-management to maintain health and well-being.

1. **Objective:** Promote Home and Community Based Services (HCBS) as the preferred service delivery option.

Strategies:

- Educate consumers and their families about LTC programs and services through increased outreach by LTC Assessment and Community Relations to hospitals, nursing homes, community fairs and through LTC Options staff participation in the Clergy Interfaith Coalition.
- Educate current PCA consumers and their caregivers about adult day care, institutional and other respite care options.
- Develop more fact sheets for consumers and caregivers that complement LTC clinical protocols (standard responses to clinical issues, for example, falls).
- Build relationships with hospitals, nursing homes, rehabilitation facilities, and healthcare providers regarding community options.
- Offer consumer choice and direction through Personal Assistance Service (PAS) and, eventually, "Services My Way" (SMW).
- Promote LTC services to diverse populations through community outreach (also in Goal B).

2. **Objective:** Expand HCBS into emerging models of residential settings

Strategies:

- Promote “Services My Way” (SMW) to older adults who have the capacity to direct their own care, allowing them to obtain additional goods and services.
- Implement the plan for Domiciliary Care expansion to new populations, such as to children who age out of the foster care system, and to ex-offenders.

3. **Objective:** Increase services in the community and decrease nursing home entry for the consumers PCA serves.

Strategy:

- Follow-up on consumers following hospitalization and rehab to provide alternatives to nursing home care.

4. **Objective:** Develop programs to support older adult relative caregivers of dependent children

Strategies:

- Explore opportunities for provision of services for older adult relative caregivers of developmentally disabled children.

5. **Objective:** Address the changing care and preferences of successive cohorts of older adults.

Strategies:

- Provide materials that explain consumer directed service, such as “Services My Way.”
- Increase access to direct service workers for Limited English Proficient consumers through “Services My Way.”

6. **Objective:** Maintain quality of care and continuously improve service delivery.

Strategies:

- Maintain quality management and best practices and principles across all LTC departments by conducting Continuous Quality Improvement (CQI) audits.
- Collaborate with PCA’s Training Department to develop training and tools to respond to feedback from CQI processes.
- Continue to support CQI initiatives in all departments through departmental quality councils and peer and Quality Assurance (QA) review.
- Conduct clinical audits of home health and adult day care providers for adherence to coordination of care plan and maintain best practices on behalf of consumers.
- Conduct administrative audits to ensure appropriate training of providers and adherence to standards.

7. **Objective:** Continue to advocate with community agencies to identify the behavioral health needs of older adults, and to improve access to behavioral health services.

Strategies:

- Participate in behavioral health advocacy for older adults.
- Cross-train and educate aging and mental health professionals.

8. **Objective:** Position PCA to be able to appropriately respond to funding and structural challenges in the delivery of home and community based LTC services.

Strategies:

- Conduct analyses of PCA service data.
- Review state of the art delivery models from around the country.
- Continue to meet with leaders in managed care organizations (MCOs) and health management organizations (HMOs) to address community LTC challenges and changes.

#### **D. GOAL: Support senior centers to provide multiple opportunities to enhance quality of life for older adults**

Senior centers have been the focal points of activity in the community for active older adults for more than 30 years. Senior centers have extended their reach by providing social and recreational opportunities to bring the community inside the walls of the center. Congregate meals, exercise programs, art and computer classes have always been very popular. But this is still in response to a population where the average age of members is 73 years old.

The first Baby Boomers turned 60 in 2007 and by the end of this Area Plan they will be 65 years of age. Their interests may be similar and also quite different from those who came before them. Many will want to participate more fully in the life of the center, offering their professional skills to running the center.

1. **Objective:** Promote efforts which maximize mobility of elders in the community.

Strategies:

- Maximize benefits of healthy lifestyle programs at senior centers.
  - Lower risk factors related to falls with the Healthy Steps program.
  - Continue using PrimeTime Health funds to fund ongoing exercise programs in senior centers.
- Look for resources outside of traditional aging funding to enhance physical fitness programs.
- Encourage increased collaboration between community groups and senior centers to work together on neighborhood issues.

2. **Objective:** Maximize the use and availability of fixed route and paratransit public transportation for older Philadelphians.

Strategies:

- Continue to inform educate consumers about SEPTA's fixed route service system, which is free-of-charge at all times to those over age 65.
- Work with senior centers to identify additional funding sources for Shared Ride services.

- Work to overcome barriers and challenges pertaining to service capacity at peak hours for door-through-door attendant services.

3. **Objective:** Promote disease self-management and healthy lifestyle programs in senior centers and in community based settings.

Strategies:

- Promote evidence-based programs, such as:
  - Chronic Disease Self-Management Program
  - Enhance Fitness
- Host special health promotion programs identified by the state in seven priority areas as part of PrimeTime Health Program.
- Host health education and health promotion programs at libraries.
- Seek funding from private foundations for disease specific health promotion programs.

4. **Objective:** Provide a variety of educational opportunities to respond to the diverse interests of the senior population.

Strategies:

- Assist senior center staff in surveying center members to assess areas of need and interest.
- Share marketing ideas among senior centers to identify best practices.
- Continue technology, arts and other programs to support individual life-long learning.

5. **Objective:** Provide additional volunteer opportunities for older adults at senior centers and other community locations.

Strategies:

- Identify opportunities for retiring professionals to use skills at senior centers.
- Recruit volunteers within the center to help with senior center programming and operations.
- Develop relationships with local and other civic organizations to identify volunteer opportunities in the community.
- Recruit 55+ volunteers for the Retired Senior Volunteer Program (RSVP).
- Seek volunteers who are culturally and linguistically able to interact with Limited English Proficient persons at senior centers (also in Goal G).

**E. GOAL: To promote a physical environment, including housing and neighborhood infrastructure, that is suitable for older adults to age in the community.**

Local and national research supports the idea that older persons want to remain in their community as they age. This could mean staying in the same house or, more generally, within the same neighborhood. The aging infrastructure and housing supply in Philadelphia can greatly limit mobility and accessibility, creating a barrier to aging in community.

Communities, like people, are complex organisms requiring a holistic approach. This means that organizations that have not traditionally collaborated should be encouraged to do so to foster aging in community. For instance, mental health care providers, senior centers, community development corporations, urban planners and senior service providers are active in various aspects of community life, yet are often not aware of the other's activities.

1. **Objective:** Advocate for improved housing and neighborhood infrastructure by highlighting the impact of the physical environment on health and well-being of older adults.

Strategies:

- Publicize research findings to highlight the impact of the physical environment on health.
- Meet with city staff to ensure aging issues are incorporated into the city's comprehensive planning process and the development of a new zoning code.
- Partner with academic institutions to research updated zoning codes in other major metropolitan areas so as to identify best practices that support alternative housing and community design beneficial to seniors.
- Develop educational materials for the aging network on planning and zoning processes.

2. **Objective:** Advocate for more affordable, visitable, visitor-friendly, and accessible housing.

Strategies:

- Testify at city council budget and planning hearings.
- Participate in affordable housing collaboration efforts to promote seniors interests.
- Promote and support local, state and federal housing trust funds.
- Advocate for increased funding for home repairs and modifications from the housing trust fund and other sources.
- Advocate for senior-specific emergency housing.

3. **Objective:** Address the impact of unaffordable mortgages and foreclosures on older adults.

Strategies:

- Work with the City's Office of Housing and Community Development, housing counselor agencies and legal services organizations on efforts to identify seniors with unaffordable mortgages and link them with resources to help them to renegotiate their mortgages.

## **F. GOAL: To ensure neighborhoods support older persons as they age in the community.**

Philadelphia is often referred to as a city of neighborhoods, each with its own character, amenities, social structure and challenges. Connecting older residents with their neighbors is critical to ensuring successful aging in community. This could be through social connections: through a block captain, a phone list created by the neighbors, a church outreach program or simply one neighbor calling to check on another's well-being.

Connecting those in the aging network with neighborhood organizations that are involved in other services in the community may help identify synergies for collaborative activities. PCA is in a unique position to act as a connector and coordinate the cross-pollination of aging and non-aging network organizations with the goal of supporting neighborhoods becoming more aging friendly.

1. **Objective:** Collaborate with community organizations that may not typically serve seniors to develop aging friendly neighborhoods.

### Strategies:

- Establish forums between local aging and other organizations, such as senior centers, houses of worship, schools, academic institutions, and community development corporations, to identify ways to work together.
- Promote intergenerational programming, for example:
  - Invite college students to teach classes at senior centers.
  - Connect with local schools, universities or faith-based organization's youth programs for intergenerational activities.
- Promote high school service learning programs with senior centers.
- Convene sessions with organizations specializing in energy conservation, weatherization, utilities and oil assistance to increase their awareness of seniors' specific needs and assist them to become more responsive to the needs of older adults.

2. **Objective:** Encourage individuals to become involved in their neighborhoods and to build aging friendly communities.

### Strategies:

- Support neighbor-to-neighbor activities to strengthen social networks.
- Engage trusted persons from local houses of worship to reach out to seniors in the neighborhood.
- Explore the possibility of making senior centers available for community education and training programs.
- Host family days and mini-fairs within communities in order to reach out to older immigrants and their families to encourage them to use senior centers (also in Goal B).

3. **Objective:** Encourage senior center staff to connect with consumers who are no longer able to participate actively at the center.

### Strategies:

- Increase In-Home Support Program outreach for community services.
- Continue to educate senior center staff about services from other community agencies so they are better able to connect seniors to those services.

4. **Objective:** Develop a public education campaign to promote neighbors-helping-neighbors.

Strategies:

- Build on existing advertising and public relations efforts to promote this concept.
- Incorporate this message into informational materials.

5. **Objective:** Develop a training program to educate family members about how to plan for the future LTC needs of older adults.

Strategies:

- Conduct public education seminars on LTC pre-planning, including estate recovery.
- Publish feature articles in *Milestones* on LTC pre-planning.
- Produce a brochure/booklet on the LTC pre-planning process.

**G. GOAL: To promote volunteering and civic engagement as a part of healthy aging for older adults living anywhere in the community.**

Over the next four years, there will be a renewed focus on volunteerism. PCA will be working with the Senior Center network to assist in the development of new or expanded ways to recruit volunteers in support of their programs. This initiative will enable PCA to leverage the growing number of Baby Boomers who are looking for new challenges and ways to contribute to the community as they enter into retirement age. PCA is also working on ways to continue to expand and enhance the RSVP program, which offers opportunities for retirees to continue to make a contribution, using their professional and creative skills.

The Senior Companion Program pays a small stipend to volunteers who visit the elderly or persons with disabilities, performing small tasks such as light meal preparation, accompanying the person to medical appointments, taking walks and providing respite for family members. To serve those with limited English proficiency and from different cultures, the program has trained Senior Companions from the Latino and Korean community and hopes to train Senior Companions for other Asian groups over the next four years.

1. **Objective:** Promote volunteer opportunities to diverse populations.

Strategy:

- Seek volunteers who are culturally and linguistically able to interact with Limited English Proficient persons at senior centers and in the community (also in Goal D).

2. **Objective:** Expand volunteer opportunities for older adults.

Strategies:

- Identify ways for retiring professionals to impact the community.
- Recruit 55+ volunteers.
- Develop relationships with local and other civic organizations to identify volunteer opportunities in the community.
- Market volunteer programs in community newspapers and in radio PSAs.
- Train agency supervisors on new techniques on volunteer management.
- Connect isolated homebound with NORC support service programs and companion programs.
- Support the senior center network to identify and expand volunteer opportunities within the centers and the community.

**VII. Evaluation: Outcomes and Measures**

Most of the objectives will receive attention during the first year of the plan. Specific departments at PCA will be accountable for executing the strategies related to the Plan. The Planning Department will be responsible for monitoring the overall execution. A status report will be prepared for the agency’s administrative staff and the Board of Directors at the end of each fiscal year.

**A. GOAL: Provide leadership on aging issues**

Objective	Performance Measure	Target Date
1.	Add neighborhood mapping and update PCA’s existing neighborhood profile	June 2009
	Convene at least one roundtable in one of the five PCA geographic subareas	Annually
2.	Participate in at least three new community initiatives	June 2009
3.	Provide multiple internships for students in geriatric related fields	Annually
4.	Disseminate and share research findings at the Lawton Conference and on the PCA News Bulletin	Annually and Ongoing
5.	Offer series of workshops to neighborhood and faith-based organizations	June 2009
6.	Collaborate on at least one new educational event with a cultural, or educational organization	June 2009

**B. GOAL: Ensure aging and community organizations, and consumers and their families, receive accurate and timely access to information about services and programs.**

<b>Objective</b>	<b>Performance Measure</b>	<b>Target Date</b>
1.	Expand number of community outreach activities by 10%	June 2010
2.	Increase consumer referrals to PCA Helpline by 5%	June 2010
	Increase center participation of ethnic/cultural minorities by one (1) percent each year	Annually
3.	Offer Community Based Service Grants to five agencies not previously funded	June 2009
5.	Place PCA and aging information in additional community settings	June 2009
6.	Increase links to website and PCA News Bulletin	June 2009

**C. GOAL: To ensure comprehensive and coordinated services are available and accessible to older adults in need of long term care services in the community**

<b>Objective</b>	<b>Performance Measure</b>	<b>Target Date</b>
1.	Complete update of remaining 3 of 13 clinical protocols	June 2010
	Increase APPRISE counseling sessions by 5%	June 2010
2.	Produce video to recruit consumers and providers for Domiciliary Care (Dom Care)	June 2008
	Recruit 35 new consumers for DomCare	June 2009
6.	Establish four (4) Quality Councils in four LTC departments	June 2010
	Conduct five (5) Continuous Quality Improvement audits for LTC departments	Annually

**D. GOAL: Support senior centers to provide multiple opportunities to enhance quality of life for older adults**

<b>Objective</b>	<b>Performance Measure</b>	<b>Target Date</b>
1.	Convene meetings between senior centers and community groups	Annually
	Increase the number of participants in the Healthy Steps for Older Adults programs by 5% each year	Annually
	Continue to release Exercise RFP to 18 senior centers to support center exercise programs	Annually in May
	In collaboration with senior centers, contact two non-aging funding sources and solicit financial support for center exercise programs	Annually, as needed
2.	Centers to increase program income collections in support of shared ride programs by five (5) percent each year	Annually
3.	Every senior center will receive Falls Prevention through Prime Time Health Program	June 2009
	Provide 2-3 lay facilitator-led CDSMP programs to community groups as requested	Annually, as requested
	Support the continuation of EnhanceFitness exercise programs through the Prime Time Health funds to 12 seniors	Annually
	Explore 2-3 potential non-aging funding sources to support EnhanceFitness exercise programs at other senior centers	Annually
	Provide health promotion programs in at least 5 of the 7 priority areas each year	Annually
	Increase the number of libraries that host health promotion programs by 1-2 each year	Annually
	Submit grant application to National Eye Institute for eye health education funding	Annually
	Submit grant application to Susan G. Komen Foundation to support breast health education	Annually

4.	Each center subcontractor to implement at least one new marketing strategy each year	Annually
5.	The RSVP program to increase the number of existing active volunteers and partnering organizations by 15%	Annually

**E. GOAL: To promote a physical environment, including housing and neighborhood infrastructure, that is suitable for older adults to age in the community.**

Objective	Performance Measure	Target Date
1.	Publicize research findings in a major venue to highlight the impact of the physical environment on health	June 2009
2.	Provide testimony at the city and/or state level for funding for home repairs	Annually

**F. GOAL: To ensure neighborhoods support older persons as they age in the community.**

Objective	Performance Measure	Target Date
1.	Participate in two forums between local aging and other organizations to identify ways to partner	June 2010
4.	Publish articles in <i>PCA Milestones</i> on LTC pre-planning	January 2009
	Develop materials and media campaign to promote neighbors-helping neighbors	June 2009

**G. GOAL: To promote volunteering and civic engagement as part of a healthy aging for older adults living anywhere in the community**

Objective	Performance Measure	Target Date
1.	RSVP to collaborate with Asian and Latino outreach workers to promote volunteer opportunities to diverse populations at one event each quarter	Quarterly

## H. Appendix – Selected Demographic Tables

Two major sources of inequality pervade American society at all ages – income and race/ethnicity (broadly defined to include Hispanics). These sources of inequality continue to exert a profound effect despite government programs to alleviate their effects. These effects are exacerbated when combined with other sources of inequality such as foreign birth or gender; further, because persons who are minority and poor are often concentrated in specific neighborhoods, the geographic isolation of disadvantaged populations compounds the effect of inequality. The following tables illustrate these facts. They are divided the tables into four sections. Some of the tables show all elderly 60+, some focus on the young old (60-74).

### Section I – Population Overview

**Table 1 – Population projections for next four years**

The most interesting thing to note in this table is that Philadelphia will continue to have a significantly higher proportion of minority elders than the state as a whole for the period covered by the area plan.

<b>Projected Population Change</b>				
	<b>Philadelphia 2008</b>	<b>Philadelphia 2012</b>	<b>Pennsylvania 2008</b>	<b>Pennsylvania 2012</b>
<b>Total Population Age 60+</b>	248,345	249,715	2,604,095	2,799,777
<b>Percent Minority Age 60+</b>	47.72%	51.00%	9.76%	10.55%
<b>Percent of Total Age 85+</b>	14.28%	14.83%	13.28%	13.79%
<b>Percent Minority Age 85+</b>	4.85%	5.48%	0.96%	1.04%

**Table 2 – Population estimates which correspond to tables that follow**

<b>Population Estimates for 2006</b>				
	<b>Phila Age 60+</b>	<b>PA w/out Phila Age 60+</b>	<b>Phila Age 60-74</b>	<b>PA w/out Phila Age 60-74</b>
<b>Total (includes American Indians)</b>	246,270	2,233,286	144,786	1,339,821
<b>White</b>	135,170	2,106,870	72,449	1,249,950
<b>Blacks</b>	92,437	79,441	58,237	62,929
<b>Hispanics</b>	9,235	23,376	6,788	17,663
<b>Asians</b>	9,061	22,266	7,143	17,429
<b>Persons &lt; 100% poverty level</b>	52,760	270,987	28,292	108,808

## Section II – Racial/ethnic difference among the city’s elderly.

**Table 3 – Racial/ethnic differences for all elderly**

There are two striking things in this table. First, that problems faced by the city’s minority elderly are not equally distributed among all minority groups. The Hispanic population, the fastest growing of all the minority groups, is often much worse off than members of either the African American or Asian groups. Please note that because we used a variety of data sources for these tables, there were not enough Asian respondents in some of the surveys to calculate comparative figures for the all categories.

The second striking thing is that almost 5% of the white population is linguistically isolated. While we often think of such racial minorities as Latinos and Asians as being linguistically isolated, we need to remember that Philadelphia has a significant number of elders, mostly from the former Soviet Union, who are refugees facing many of the same challenges as members of other minority immigrant populations.

<b>Racial and Ethnic Differences 60+</b>				
	<b>White</b>	<b>Black</b>	<b>Hispanic</b>	<b>Asian</b>
<b>Population</b>				
Foreign born (2)	9.51%	3.30%	16.67%	88.90%
Linguistic isolation (2)	4.79%	0.00%	50.91%	56.86%
<b>Social</b>				
Income less than 100% poverty level (2)	16.08%	24.43%	35.00%	38.89%
Live Alone (2)	39.47%	41.67%	30.00%	20.37%
Married, spouse present (2)	40.98%	29.17%	35.00%	62.96%
Neighbors can be trusted (disagree/strongly disagree) (4)	13.87%	26.70%	21.43%	X
<b>Health</b>				
Self-rated health fair/poor (4)	33.99%	45.60%	68.87%	X
At least 1 ADL Impairment (4)	11.27%	18.50%	21.70%	X
At least 1 IADL Impairment (4)	25.82%	32.11%	43.40%	X
At least 1 depressive symptom (4)	56.76%	59.02%	74.49%	X
Personal Care disability (2)	15.88%	18.53%	23.33%	7.41%
Difficulty remembering things (2)	15.69%	20.11%	30.00%	18.52%
<b>Environment</b>				
Need for home repairs (4)	16.39%	34.96%	26.42%	X
Rate of violent crime per 1000 residents (mean) (5)	10.18	15.91	18.11	X
<i>ADL = Personal care (i.e. bathing, feeding, dressing)</i>				
<i>IADL = Home support (i.e. shopping, cleaning, laundry)</i>				

**Table 4 – Racial/ethnic differences among the young old (60-74)**

This table looks at the same items as Table 3 but only at the younger old (ages 60-74). The same differences we saw in Table 3 are present here. The fact that on certain items the level of disability for Hispanics is almost twice that of whites at these younger ages is a clear sign of the earlier onset of poor health among certain minority populations.

<b>Racial and Ethnic Differences Ages 60 - 74</b>				
	<b>White</b>	<b>Black</b>	<b>Hispanic</b>	<b>Asian</b>
<b>Population</b>				
Foreign born (2)	10.42%	4.43%	16.28%	90.00%
Linguistic isolation (2)	4.94%	0.00	42.86%	53.85%
<b>Social</b>				
Income less than 100% poverty level (2)	12.12%	20.05%	25.58%	30.00%
Live Alone (2)	33.33%	37.30%	20.93%	15.00%
Married, spouse present (2)	48.86%	32.40%	39.53%	70.00%
Neighbors can be trusted (disagree/strongly disagree) (4)	14.83%	29.43%	24.32%	X
<b>Health</b>				
Self-rated health fair/poor (4)	33.70%	43.18%	67.90%	X
At least 1 ADL Impairment (4)	8.82%	15.58%	20.99%	X
At least 1 IADL Impairment (4)	17.08%	26.35%	39.51%	X
At least 1 depressive symptom (4)	53.13%	56.71%	76.00%	X
Personal Care disability (2)	9.09%	12.82%	11.63%	7.50%
Difficulty remembering things (2)	10.61%	13.05%	23.26%	17.50%
<b>Environment</b>				
Need for home repairs (4)	19.89%	34.56%	28.40%	X
Rate of violent crime per 1000 residents (mean) (5)	10.37	15.74	18.08	X
<i>ADL = Personal care (i.e. bathing, feeding, dressing)</i>				
<i>IADL = Home support (i.e. shopping, cleaning, laundry)</i>				

**Section III - Differences among the city's elderly based on their income.**

**Table 5 – The impact of poverty**

This table divides the older population living in the city into three groups: those with incomes less than 100% of the poverty level; those with incomes between 100% and 199% of the poverty level; and those with incomes at 200% of the poverty level or above. The striking thing in this table is that with perhaps one exception, (number of violent crimes) the differences between the two poorer groups is minimal; and only when people have incomes in excess of 200% of the poverty level do they report significantly fewer health disabilities and less need for assistance.

<b>The Impact of Poverty</b>			
Philadelphia elderly 60+			
	<b>Poverty Level</b>		
	<b>&lt; 100%</b>	<b>100-199%</b>	<b>200%+</b>
At least one IADL impairment (4)	41.21%	38.63%	20.77%
At least one ADL impairment (4)	25.63%	21.03%	8.62%
Fair/poor self-rated health (4)	53.54%	55.31%	29.78%
1 or more depression symptoms (4)	71.67%	66.67%	50.67%
Need for home repairs (4)	41.21%	27.94%	18.03%
People in neighborhood can be trusted (disagree/strongly disagree) (4)	24.03%	22.52%	16.91%
Percent living in neighborhoods with higher number of crimes against persons 2007* (5)	67.63%	54.24%	36.88%
<i>*(Split neighborhoods into two groups, depending on number of crimes against persons)</i>			
<i>ADL = Personal care (i.e. bathing, feeding, dressing)</i>			
<i>IADL = Home support (i.e. shopping, cleaning, laundry)</i>			

## Section IV - Comparing the city's elderly to the elderly in the rest of the state.

**Table 6 – City / State comparisons**

This table compares the elderly in the city with the elderly in the rest of the state. Comparisons are shown for all elderly 60+ as well as for only for the young-old, those elders age 60-74. The elderly in Philadelphia are clearly more disadvantaged than the elderly in the rest of the state. What is even more striking is that at younger ages (60-74) the city's elderly are even more disadvantaged than those elsewhere in the state.

City / State Comparisons				
	Pennsylvania		Pennsylvania	
	Philadelphia	w/out Phila	Philadelphia	w/out Phila
	Total 60+		Ages 60-74 Only	
Foreign born (2)	9.94%	3.30%	11.46%	3.44%
Linguistic isolation (2)	6.04%	0.82%	6.44%	0.78%
Income less than 100% poverty level (2)	20.64%	11.65%	16.81%	7.64%
Live Alone (2)	40.90%	29.73%	33.81%	20.38%
Married, spouse present (2)	36.99%	57.98%	42.60%	68.73%
Personal Care disability (2)	16.95%	10.64%	10.79%	5.25%
Difficulty remembering things (2)	18.03%	11.06%	11.06%	6.12%

The data for the tables are drawn from a variety of sources, including samples drawn from the 2000 United States Census; sampling completed by the Census Bureau in 2006; future projections based on Census data; samples of the city's elderly collected in 2000 and 2006, and data provided by the City of Philadelphia. We have created a hierarchy in determining which data sources to use for each piece of information we needed for the tables. First, Census data (all Census data used here is from samples), second, representative sampling. That means we used the Census data for as many items as possible and where no data existed we used the representative samples. The exceptions to this rule are the data used to project beyond 2008 (only one source offered such information and it is based on Census data) and the crime statistics (which are drawn from data collected by the City of Philadelphia).

### Sources:

- (1) Census Bureau, Sample from 2000 Census
- (2) Census Bureau, 2006 American Community Survey
- (3) Philadelphia Health Management Corporation Community Health Survey 2000
- (4) Philadelphia Health Management Corporation Community Health Survey 2006
- (5) Neighborhood Database, University of Pennsylvania Cartography Lab, 2007 data

For additional demographic information, go to PCA's website, [www.pcaCares.org](http://www.pcaCares.org)

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