


City of Alexandria, Virginia

MEMORANDUM

DATE: OCTOBER 20, 2004

TO: THE HONORABLE MAYOR AND MEMBERS OF CITY COUNCIL

FROM: PHILIP SUNDERLAND, CITY MANAGER 

SUBJECT: STAFF ANALYSIS OF THE NEEDS ASSESSMENT SURVEY FOR SENIORS

ISSUE: Staff analysis of the Needs Assessment Survey for Seniors.

RECOMMENDATION: That City Council receive the staff analysis of the Needs Assessment Survey for Seniors which was conducted by the Commission on Aging and the Office of Aging and Adult Services.

DISCUSSION: On April 13, 2004, City Council received the Commission on Aging's report on the Needs Assessment Survey for Seniors. City staff were requested to examine any fiscal and programmatic impacts, and develop recommendations and plans of action for City Council consideration.

Four major needs were raised in the Needs Assessment Survey for Seniors report.

Assisted Living: There is very little affordable assisted living in Alexandria. Seniors in need of such housing are often forced to move out of the City, away from friends and family. A work group appointed by the City Manager has been tasked with making recommendations for implementation of affordable assisted living in the City through a partnership with one or more nonprofit organizations. A marketing and feasibility study is currently underway. It is being conducted by a consultant, funded in part by Volunteers in America, an Alexandria-based national organization involved in affordable housing. We anticipate this study being concluded by the end of the year. We will keep Council informed of the work group's progress, and, as the costs of assisted living takes shape, funding implications will be presented to Council.

Senior Center Review: A comprehensive review of programming for seniors at both the City recreation centers and the City-funded senior center at St. Martin de Porres has not been undertaken in many years. The Office of Aging and Adult Services (OAAS) staff will work with the Commission on Aging (COA) to develop guidelines for this review, steps to be taken, and a time line for completion. Should this effort result in recommendations for changes that have budget impacts, these changes will be brought to City Council in the context of a future budget.

Services to Enable Seniors to Remain at Home (including Medical Care and Prescription Drugs): Two actions are being pursued to address these needs. First, the “Program for All Inclusive Care for the Elderly” (PACE) is a community-based care program for seniors who meet the eligibility requirements for nursing home placement under Medicaid. The program enables seniors to remain in the community and receive comprehensive health care services such as adult day care, transportation, pharmacy and medical care at a lower cost than traditional nursing home care. Several meetings have taken place in the last six months among representatives from Alexandria, Arlington and Fairfax Counties, the National PACE Organization and the Commonwealth of Virginia to discuss the feasibility of a PACE program serving Northern Virginia. The most recent activity has been a request of Jane Woods, Secretary of Health and Human Services, for a review of Virginia’s stringent nursing home eligibility criteria which has surfaced as a barrier to participation in a PACE program in our area. Typically, PACE programs are self sustaining through federal Medicaid and Medicare dollars after initial set up costs. Any potential costs to Alexandria for participation in a regional PACE program will be brought to City Council if it is determined that participation in a regional PACE program will benefit seniors in Alexandria.

Second, as you know, most pharmaceutical companies offer discounted drugs to eligible seniors. This past year, ALIVE! and Northern Virginia Family Services applied to United Way but were not funded to develop an outreach program to place staff and volunteers in the community to help seniors apply for assistance with medications through pharmaceutical companies. Staff have informed ALIVE! and Northern Virginia Family Services that the City of Alexandria is willing to assist in meeting the costs of this program if other funding sources can be identified. We have encouraged the two organizations to locate such other sources and then to return to the City, and in particular, the Community Partnership Fund, with a funding application for FY 2006 monies.

Outreach: Results of the survey showed that there is a general lack of knowledge within the senior community of services and programs available. There is not a system in place to inform the public on an ongoing basis using many different media and approaches. Many steps will be taken by OAAS staff and the COA to improve our outreach effort, within current budget limits, such as:

- ▶ Develop specific data bases and mailing lists targeting different groups, such as all seniors, care givers, professionals, faith community and businesses.
- ▶ Review and update the listings of services for seniors on the Department of Human Services web site.
- ▶ Develop materials for the public electronic media, including the City’s web site, eNews, ProAging, FYI Alexandria, Comcast Cable and Senior Navigator.
- ▶ Participate in free public information opportunities such as Successful Aging, Congressman Moran’s public forum, Goodwin House Health Fair and the Hispanic Health Fair.
- ▶ Encourage the Successful Aging Planning Committee to organize an expo event in 2006 that would be informational in nature.
- ▶ Continue publishing information in Gazette Prime Time - look into adding information in Newcomer’s Guide published by the Gazette.

As work continues in the areas of assisted living, PACE and senior centers, progress will be reported to City Council, along with any potential costs. Outreach efforts are currently underway by OAAS staff and the COA.

Other Issues: The other main issues identified in the Needs Assessment Survey were tax relief and transportation. Staff will work with the COA on these issues and keep Council informed of follow up actions.

FISCAL IMPACT: The fiscal impact of any new or expanded programs, such as assisted living, PACE or senior centers, will come to City Council in future budget cycles when studies are completed. While the fiscal cost of assisted living options have not yet been finalized, it is likely that those costs would be substantial in both facility development and subsidizing day-to-day operations. Outreach is being done and will continue to be done within the OAAS budget.

ATTACHMENT:

Staff Analysis and Response, October 2004

STAFF:

Bruce Johnson, Director, Office of Management and Budget

Carol Moore, Sr. Budget/Management Analyst, Office of Management and Budget

Debra Collins, Director, Department of Human Services

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MaryAnn Griffin, Director, Office of Aging and Adult Services

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Commission on Aging Needs Assessment Survey

Staff Analysis and Response

October 2004

#1

Finding: Survey data reflects a general lack of knowledge within the senior community of services that are currently available.

Recommendation: Develop an innovative and comprehensive outreach plan to inform seniors about services available in the community.

Plan of Action: The Commission on Aging (COA) will 1) work with the Office of Aging and Adult Services (OAAS) to enhance and expand current community outreach plans, 2) develop public/private partnerships with local businesses and the faith communities to expand avenues for outreach.

Staff Analysis and Response: OAAS agrees that there is not an ongoing and effective mechanism in place to inform the general public, including seniors, caregivers, professionals and others of services available. The development of such a system would greatly increase the exposure of services available to seniors, which could result in an increased demand for services to those in need. Staff, working with the COA, will accomplish the following during FY 2005 and 2006.

- ▶ Develop specific data bases and mailing lists targeting different groups such as all seniors, caregivers, professionals, faith community and businesses.
- ▶ Review and update, if needed, of services for seniors located on the DHS Website.
- ▶ Develop materials to utilize free public electronic media including City's Website, eNews, ProAging, FYI Alexandria, Comcast Cable and Senior Navigator.
- ▶ Participate in free public information opportunities such as Successful Aging, Congressman Moran's public forum, Goodwin House Health Fair, and the Hispanic Health Fair.
- ▶ Encourage the Successful Aging Planning Committee to organize an expo type event in 2006 that would be informational in nature.
- ▶ Put up posters in public areas such as libraries and grocery stores.
- ▶ Distribute information in mailings such as the annual Department of Transportation (DOT) survey.
- ▶ Continue publishing information in Gazette Prime Time - look into adding information in Newcomer's Guide published by the Gazette.

#2

Finding: **Census Data for Alexandria clearly demonstrates that the segment of seniors, age 75 and above, is growing considerably faster than seniors, age 60 and older as a whole.**

Recommendation: Expand services available for seniors, age 60 and above.

Plan of Action: Encourage City Council to increase funding for in home companion care services. Support the Assisted Living Work Group in every possible way.

Staff Analysis and Response: The two highest priorities to consider in this area are Affordable Assisted Living and Senior Centers. There is very little affordable Assisted Living in Alexandria. Seniors in need of such services are forced to move out of the City and away from family and friends. When looking at Senior Centers, facilities and services available in the City, there has not been a comprehensive study of what is available and what is needed for the future in quite some time. This is essential as we look towards the future. Also, in the Fiscal Year 2005 Budget, an additional \$350,000 has been allocated for In Home Companion Care, which will go a long way in reducing the waiting list for this service, and have an impact on the need for assisted living facilities and senior center activities. Staff, working with the COA, will:

- ▶ Continue the serious discussions and planning to make Affordable Assisted Living in Alexandria a reality. Stay at the table in good faith and allocate funding and other resources if necessary.
- ▶ Study what Senior Centers currently offer in Alexandria; look at what is available in surrounding jurisdictions. Work with Recreation Department and General Services to determine a time table and plans for renovation of the Charles Houston Recreation Center, which houses a Senior Center. If needed, make recommendations to plans that would benefit the Senior Center housed there. If it is determined that additional changes are needed in the City to its Senior Center programs or facilities, a cost assessment will be made at that time.
- ▶ Assess the effectiveness of the additional \$350,000 in Companion Aid Funds. Is it sufficient to reduce the waiting list for these services to an acceptable level? Is there adequate staffing in place to handle the additional caseload that is expected as the number of seniors increase? Is this is cost effective alternative to Assisted Living in some circumstances?

#3

Finding: According to the 2000 census, the median value of a single family home in Alexandria is \$252,800. This is more than double the median value of a single family home in Virginia which is \$125,400. This has contributed to the slow growth of younger seniors moving into Alexandria.

Recommendation: Support expansion and development of affordable housing for seniors in Alexandria, both home ownership and rental properties.

Plan of Action: Work with the Office of Housing to support research and expansion of affordable housing and home modification programs to encourage seniors to remain in their homes. Support Department of Human Services in their efforts to reach out to homeless seniors.

Staff Analysis and Response: The principal activities surrounding affordability of housing for seniors is performed in the City by the Office on Housing and the Alexandria Redevelopment and Housing Authority (ARHA). In addition, the Finance Department manages the Real Estate Tax Relief programs and the Department of Human Services manages the Rent Relief program. Staff recommends that:

- ▶ The Office on Housing and ARHA continue to develop and maintain affordable housing in the City, using all of the federal, State and local dollars available to them.
- ▶ The Office on Housing work with the (newly created) Alexandria Housing Development Corporation as it develops opportunities for affordable housing for seniors.
- ▶ The Finance and Human Services departments monitor the eligibility and income guidelines of the Real Estate Tax Relief, Affordable Housing Ownership Protection and Rent Relief programs, respectively, to insure they stay up with cost of living increases and study whether the eligibility age could be lowered to 60, and the financial impact of such activity to cover seniors before they are forced to leave the City.
- ▶ Staff, working with the COA, will include affordable housing information in the Outreach Plan.

#4

Finding: Transportation was ranked as the third most significant issue by seniors. The ability to remain in the community is dependent on the availability of reliable, affordable and accessible transportation for seniors.

Recommendation: Support current transportation infrastructure and programs for seniors.

Plan of Action: Work with City Departments to resolve price differential between Senior Taxi and DOT for disabled seniors. Ask City Council to fund the cost of the price differential, and permanently fund Senior Taxi Extension. Support City Council in their efforts to maintain City control of taxi certificates.

Staff Analysis and Response: In the FY 2005 Budget, City Council approved \$30,000 to fund Senior Taxi Extension, and \$5,000 to fund the price differential between DOT and Senior Taxi trips to the grocery store or medical appointments. The Office of Aging and Adult Services will research the surrounding jurisdictions to identify what forms of transportation are offered for seniors such as evening transportation, escort service and door to door transportation to determine whether Alexandria should consider expanded transportation opportunities, and will provide the information to the COA for future consideration.

#5

Finding: Medical care in general was ranked as the most significant issue for seniors overall. For those seniors who didn't have enough money, prescription drug coverage was ranked as the greatest need.

Recommendation: Develop programs to support seniors who cannot afford prescription medications. Educate community regarding Medicare Prescription Legislation.

Plan of Action: In collaboration with local non profit agencies and City departments, develop innovative programs and support systems to assist low income seniors in obtaining prescription drug medication. Working with local service providers and organizations, disseminate updated information as it is available on Medicare Prescription Legislation and implementation. Advocate for improved Federal legislation for prescription drugs.

Staff Analysis and Response: An innovative approach to health care for the frailest seniors is PACE, which stands for Program for All Inclusive Care of the Elderly. This is a capitated rate health care program funded primarily with Medicare and Medicaid funds for those seniors who are eligible for nursing home placement. Included in this program is the entire cost for prescription medications. This may be a viable program to care for Alexandria's frailest seniors.

Staff from DHS and OAAS have attended several meetings with Fairfax and Arlington counties and PACE representatives from State and national organizations to discuss the possibility of a Northern Virginia PACE Program. Should the PACE program prove a viable medical home option in Northern Virginia, City Council will be informed of implementation plans. Medicaid and Medicare fund the ongoing program, but depending on the model being developed, the City may be asked for its proportionate share of start up costs. Any such request will be presented to City Council at a future date.

ALIVE! and Northern Virginia Family Services applied to United Way but were not funded to develop an outreach program to place staff and volunteers in the community to help seniors apply for assistance with medications through pharmaceutical companies. In FY 2005 - 2006, OAAS staff will:

- ▶ Continue meeting with surrounding jurisdictions to discuss PACE. A preliminary study by the national PACE organization will be published September 2004, to determine the feasibility of a PACE program in Northern Virginia.
- ▶ Purchase one copy of software that will assist the OAAS Information and Referral Specialist determine the eligibility of seniors for assistance with prescription medications through pharmaceutical companies.
- ▶ Work collaboratively with the Office of Community Services in DHS to determine all resources available to seniors to assist with medications.
- ▶ Contact local foundations for available emergency funds for medications for seniors.
- ▶ Continue disseminating information on Medicare prescription drug programs through articles in the Gazette Prime Time Page.

#6

Finding: Of those seniors responding to questions about employment, 30% indicated they were working or seeking employment. This is more than twice the national average of 12%, and close to twice the average for the Washington area of 17%.

Recommendation: Expand opportunities for seniors to obtain employment within the City.

Plan of Action: Work with *JobLink* to encourage seniors to take advantage of their services including the Title V Program.

Staff Analysis and Response: According to the survey, seniors seem unaware of the services available to seniors at *JobLink*, or available seminars about the issue of senior employment. The Disability Resources Coordinator is currently working to develop a seminar entitled, "How To

Get a Job With the City” for persons with disabilities and seniors. It will be taught in the fall of 2004. OAAS staff, working with the COA, will include services available at *JobLink* in outreach efforts described in the first finding.

Subj: **Not Poor Enough**
Date: 10/26/2004 9:33:17 AM Eastern Daylight Time
From: robert.dawson7@verizon.net
To: delpepper@aol.com

A few years ago, a Washington post article called this area's seniors the wealthiest and wisest in the country. However, the senior population's relative prosperity here masks the daily struggle of many living on fixed incomes in one of the most expensive parts of the country.

In last week's New Yorker magazine, there is a six page article about a 76 yr. old woman named Cassie Stromer who lives in Alexandria, Virginia. The Article is entitled "**Not Poor Enough,**" because Cassie's income is \$344 a year too much for her to receive full Medicaid benefits. She lives on \$686 per month from Social Security and a monthly pension of \$118 from her twenty years working with the Gazette packet newspaper. Six pages on the trials and tribulations of living in Alexandria Virginia when you are "not poor enough" to qualify for Medicaid. You have to go a while to realize it's the Fairfax County party of Alexandria, but nevertheless, Cassie Stromer fits the description of many people who came to Senior Services seeking assistance during my tenure there as Executive Director.

In this same article, Steven L. Myers, Executive Director of the Virginia Poverty Law Center says, "In my opinion the problem is that Virginia's Medicaid eligibility which is 80% of poverty, is too low. I'm convinced that most upper-income people in the country don't know that our safety-net programs aren't as generous as they believe them to be. They assume that the aged, the blind, and the disabled receive Medicaid at a hundred percent of poverty. **Virginia, he said, is a very bad place in which to be elderly and poor.**

Alexandria, on the other hand, is a liberal and generous community. None the less, there is an increasing gap between the rich and poor and its people like Cassie who are "Not poor enough" or not wealthy enough that are the ones who most often ended up at Senior Services.

Throughout the country, the highest Out-of-Pocket spending for health care is concentrated among the "near poor" elderly, whose income is between the poverty line and 2 time the poverty line. They spend 60% of their income on OOP health costs. In contrast, the top one quarter of elderly, with income at least 4 times the poverty line, spent 6.5% of income on OOP health costs. The poor elderly, whose incomes are below the poverty line spent a smaller fraction of their income on health care because many receive Medicaid or other public assistance to help with Medicare coinsurance requirements and gaps in the program coverages.

The 2000 census indicates the largest percentage increase in the population since 1990 to be those 85 and over. This age group is growing 5 times faster than the total population. and has grown by 20% since 1990. This holds true in Alexandria as well.

We know that half of those people over age 85 need assistance with at least two activities of daily living (bathing, toileting, dressing, transferring, meal preparation.) In other words, the population with the greatest needs for assistance in maintaining their independence and self sufficiency is the one that is growing the fastest.

At any given time 1.4 million Americans are receiving some form of health care at home for a period of 1 -3 months.

70% over the age of 65

52% rely on Medicare as primary payment source

11% heart disease
8% diabetes
4% osteoarthritis
4% fractures
3% hypertension

I recently read something that helped me understand why the aging population is a sociological Tsunami.

The Epidemiologic Transition

The prevailing disease pattern within a population changes as that population ages. As survival rates of infant and children improve during the early high risk years of life and the average age of a population increases, individuals increasingly are exposed to risk factors linked with chronic disease and accidents. The "epidemiologic transition" refers to a long-term change in leading causes of death from infectious and acute to chronic and degenerative.

Yet, Medicare, our nation's primary health program is institutionally biased for acute care.

According to Dr. Randolph Frank of Dominion Hospital, 90% of nursing home resident have a diagnosed mental illness. Almost half have some form of dementia. Nursing homes are becoming the state mental institution of today – becoming the long term care for the mentally ill.

That may help explain why, as AARP reports, that 88% of seniors wish to age in place.

The National Academy on an Aging Society reported this year that of persons with long-term care needs and no family network, over half are in institutions. Whereas, those with long-term care needs and access to family caregivers, only 7% are in institutions.

80% of the nation's long-term caregiving is provided by an informal network of family and friends, primarily adult children and spouses (most of whom are women).

The Increased longevity of our aging population means caregivers will spend as much time caring for parents as they did caring for their children

In-home respite care can be costly for families needing assistance beyond a period of a few hours, creating an affordability gap and often results in chronic illness to caregivers and loss in income from work.

Five social trends may affect the supply of caregivers in the future: increasing divorce and remarriage rates; increasing geographic mobility (for which this area is well known); decreasing family size; delayed childrearing; and more women in the workplace.

This is why, as Cassie Stomer (in the New Yorker) says, "It takes one mother to take care of five children, but oftentimes five children can't take care of a mother."

In the fall of 2000, the Fairfax County Long Term Care Task Force documented the gap in the recruitment, training, and retention of a labor force to support residents in all levels of the continuum for health care needs. In 2006, they anticipate needing 11,540 more workers in the long-term care field.

The use of home health care has increased for a number of reasons, including: an effort to control health care costs by decreasing the length of hospital stays; decreased use of nursing homes; growth in the older population; and a preference for receiving care at home.

However, and this is truly amazing to me, coming from Louisiana and the deep south where we were always last in everything,

But,

The State of Virginia ranked last (50th) in the United States on public spending for Long Term care in home and community settings in the United States.

40th in public spending for long term care in the U.S. for people with disabilities

47th for public financial support for disability services in the U.S.

With nursing homes the choice of last resort and home care as our hope for the future assisted living has blossomed in the void between them.

Serious problems with Virginia's Assisted Living facilities were highlighted this past spring in a series of articles by the Post .

According to the Post, the problems have much to do with the Virginia Department of Social Services which regulates assisted Living but has not expanded to keep pace with the industry. Fewer than 30 inspectors oversee more than 34,000 beds. Facilities routinely have run six months at a stretch with expired licenses because inspectors are overwhelmed.

A 2003 Report to the U. S. Senate Special Committee on Aging warned of the need for tougher enforcement in Assisted Living Facilities.

Shaping varying state standards into an effective regulatory system is the biggest challenge.

According to U.S. Senator John Breaux, "You can find out more information about a toaster oven than you can about assisted living."

The Best practices standards drafted under the sponsorship of the U.S. Senate Committee on Aging in April 2003 have yet to be adopted by a single state.

"The assisted living industry in many ways is a disaster waiting to happen," according to the past President of an organization of state regulators. And, of course, it did, right in our own back yard this past summer at the Sunrise Assisted Living on Duke Street.

State Records show about 4,400 cases of abuse, neglect or exploitation in Assisted Living facilities since 1995 but those responsible are rarely prosecuted.

Alexandria Commonwealth's attorney, Randy Sengel, said, "I think historically there have been very few of these cases prosecuted around the state, ...It's not because the conduct doesn't support it, but ...it either goes unreported or it's not followed up the way it ought to be."

The President of the Virginia coalition on Aging called the lack of police involvement in such incidents "a nationwide problem andthinks this is because " nursing homes and senior facilities are an area that are not considered parts of the community - it's as if they are a separate entity.

In my experience, Well, it's unlike younger people who when they have problems become more visible ; violence in the streets, teen pregnancy, school truancy, when older people have problems they withdraw and become isolated. This is the WWII generation. They survived the depression and the

Great War without the help of therapist and social workers, thank you very much. They're not going to ask for help unless it with their last breath.

As a side, Alexandria's adult protective services expects to see its case load go up this year as it intend to increase awareness and training of police officers concerning elderly abuse and exploitation. Last year, 140 cases were reported to that office.

USA Today also focused on the problems in Assisted Living in their newspaper last May, and presented some interesting facts about the costs

67% of residents pay for care with own funds (50-60,0000 a year)
14% supplemental security income
9% Medicaid
8% rely on family
2% long term care insurance.

As these numbers show, obtaining affordable assisted living is even more difficult for the working poor seniors like Cassie Stromer who are not poor enough to qualify for Medicaid. And even if she spent down to qualify, the beds are not here.

While at Senior Services, I witnessed the all too often necessity of our community having to send it's poorest seniors to South West Virginia or Richmond to find them an available and affordable nursing home bed. Since Cassie does not qualify for one of those Medicaid beds, I don't know what she will do if she ever needed one.

Adding to the pressures for our community are the crises at the Ladrey and Annie B. Rose Senior hi-rises where dozens of seniors have aged in place.

In our group homes for the mentally ill and mentally retarded, the residents there have also aged in place. The Community Services Board has placed a high priority this year on the improvement in their geriatric services. They do not have enough staff, case managers or therapist. They want to beef up their overnight supervision. They have waiting list of 15 and another of 25 people needing placements. Many of these are individuals whose parents have aged and can no longer care for them.

What is a community to do when it sees a Tsunami coming?

The Alexandria Commission on Aging recently completed a two year study on the needs of our city's seniors. A Herculean effort I might add but it resulted in 2,300 responses (24% response rate)

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Most important issues for seniors

Medical care/prescription drug coverage
Enough money to live on
Transportation
Friends and things to do
Help so I can stay in my own home
Place to live
Home repairs
Help paying utility bills

Commission on Aging sent a summary of the survey results to City Council last spring setting some priorities and recommending action goals.

1. Lack of Knowledge within the senior community for services currently available.
Plan of Action: Increase outreach plans
2. Expand Services available for seniors, age 60 and above
Plan of Action: Encourage City Council to increase funding for in home companion care services. Support the Assisted Living Work Group in every possible way.
3. Support expansion and development of affordable housing for seniors in Alexandria, both home ownership and rental properties.
Plan of Action; Work with the Office of Housing to support research and expansion of affordable housing and home modification programs to encourage seniors to remain in their homes. Support Dept. of Human Services in their efforts to reach out to homeless seniors.
4. Support current transportation infrastructure and programs for seniors.
Plan of Action: Work with city Department to resolve price differential between Senior Taxi and Dot for disabled seniors. Ask City Council to fund the cost of the price differential and permanently fund Senior taxi Extension. Support city council in their efforts to maintain City control of taxi certificates.
5. Develop programs to support seniors who cannot afford prescription medications.
Plan of Action: assist low income seniors in obtaining prescription drug medication. Advocate for improved Federal legislation for prescription drugs.
6. Expand opportunities for seniors to obtain employment within the City.
Plan of Action: Work with JOBLINK to encourage seniors to take advantage of their services including the Title V Program.

Tomorrow night the City Council will receive the staff analysis of this survey and its recommendation. The City staff prioritized four major needs and action goals.

1. **Assisted Living – Bill will touch on this issue.**
Task force appointed by City Manager for implementation of affordable assisted living for low and moderate income seniors in the City. Marketing and feasibility study for assisted living facility
2. **Senior Center Review -** Don't know where that one came from.
A comprehensive review of recreation programs for seniors
3. **Services to Enable Senior to Remain at Home – 2 actions are being pursued to address these needs**
PACE "Program for all Inclusive Care for the Elderly" for seniors who meet the eligibility requirements for nursing home placement under Medicaid.
Help fund program to help seniors apply for assistance with medications through pharmaceutical companies.
4. **Outreach:**
Increase education and publicity of existing programs.

I applaud these efforts and recommendations, especially the attempts at long term solutions such as a possible affordable Assisted Living facility, PACE and assistance with prescription meds. I recognize that Alexandria is generous in many, many other ways as well, with rent relief, real estate and property tax exemptions, and a transportation program for seniors that is unparralled.

But my experience tells me we are still missing the boat when it comes to the people who are not poor enough and not wealthy enough

NVAN, otherwise known as The Northern Virginia Aging Network has urged the Virginia General Assembly in its 2005 State Legislative Platform to respond to the documented need for home and community-based services such as in-home care, home delivered and congregate meals and adult day/respite care. Statewide, area agencies on aging have documented unmet need for home and community based services in the amount of \$23 million. While the older population is increasing, they said, and in the face of this documented need, funding cuts have resulted in a painful decrease in support for home and community-based services.

A strong system of home and community-based services should be a key piece of the solution. Alexandria has budgeted over \$350,000 for in-home care for income eligible residents, most of which supports those in the elderly hi-rises. Once again, the focus is on those who meet eligibility requirements. I think our community needs to support a in-home assistance program that is based on a sliding scale fee service to meet the need of those who are "not poor enough," .

Another very unique feature of our senior population which I feel was inadequately addressed in this staff report, is the need for employment assistance..

In Response to the Commission on Aging survey it was showed that "Of those seniors responding to questions about employment , 30% indicated they were working or seeking employment. This is almost **3 times** the national average of 12% and close to twice the average for the Washington area of 17%."

Recent findings of the Fairfax County Commission on Aging, through their Report on the Older Worker revealed that "the two top reasons job seekers gave for seeking work were to provide necessary income to support the family and to supplement household income."

According to the Census Bureau, and its Age Distribution of the Labor Force from 1995-2005, there was a 33% increase in those age 55 and older who are working, larger percentage increase than any other age group in the country.

The challenges to the older worker cannot be met by the services presently offered at JOBLINK . It has proven ineffective in this regard in the past and will continue to do so. Why is another speech.

The city and its staff are recommending some good possibilities for addressing some the problems in our community. They will argue about priorities and money if we ask for more. And that is as it should be.

Policy makers nationally and locally are advocating for increased financial assistance at the state and federal levels to support aging in place for the majority of older adults who want to stay in their homes. This also requires stronger support for programs like Meals on Wheels and the Adult Day and Respite Care programs.

It is up to the politicians to find the money. We must urge our politicians to allocate the money. The solutions are very complex and expensive,... but we are the wealthiest and wisest seniors in the country. To those whom much is given, much is asked. It is up to us to build the bridges that will lead

to a safe and secure future for our children and grandchildren. After terrorism, the aging of the population seems to me to be the biggest hurdle to that future. If we, the wealthiest and wisest can't contribute to the solution of this problem, who will? I urge you all to be part of this solution. Thank you.