

Community Goal # 3

GOAL STATEMENT: “Spartanburg County will leverage and build upon existing senior resources and advancements, build collaborations, and develop networks to implement proven best practices supporting seniors’ independence, safety and connection with the communities.”

Leadership Team

Ms. Erika Walker, The Sage Institute (Co-Chair)

Ms. Nancy Ogle, Senior Centers of Spartanburg (Co-Chair)

Ms. Joan Moore, Urban League of the Upstate (Facilitator)

Membership & Diversity

The Taskforce was made up of 25 (19 active) community leaders including community-respected seniors; non-profit, for-profit, government and healthcare senior service providers; higher education and best practice research professionals; economic development professionals; lawyers; a geriatrician; a religious organization representative; and a diversity professional.

APPROACH & METHODOLOGY

10 Taskforce Meetings and 6 Senior Forums were conducted to gain knowledge of issues and direction for strategic goals. In addition, the following research was used to develop direction:

- ◆ Clemson University Research studies provided through Spartanburg Community Indicators.
- ◆ SAGE Institute research completed through its best practice initiatives.
- ◆ Senior Community Forums evaluating challenges, wishes and solutions.
- ◆ *Comprehensive Plan for Spartanburg County Seniors, 2002-2004*, Senior Resource Network Study (December, 2001)
- ◆ Community Indicator Asset Mapping Analysis
- ◆ Spartanburg County Community & Economic Development Department – Statistical Support
- ◆ AARP Mature Adults Count: A Profile of SC’s Older Population (www.scmatureadults.org)
- ◆ SC State Plan on Aging 2005-2008, Office of the Lt. Governor, Bureau of Senior Services

The following are the defined senior indicators given to the Taskforce:

1. Population Age 65 + (growing by 102% in SC by 2025)
2. Elderly Citizens Living in Poverty (13.9% of Age 65 and older)
3. Household Income (Average \$23,152 for 65 and older across U.S.)
4. Emergency Room Visits (44% of seniors 65 and older living in Spartanburg County have ER visits)

Along with the 4 senior indicators presented through the Spartanburg Community Indicator study, the following key demographics were considered:

- Senior population (age 65+) in South Carolina is predicted to double by the year 2025, from 485,000 in 2000 (12% SC population) to 963,000 in 2025 (20.7% SC population).

Community Goal # 3

- Predicted 60+ Spartanburg County population: 45,520 (2005), 51,720 (2010), 58,650 (2015), 66,710 (2020), 73,090 (2025)
- South Carolina is the fifth largest state in the country for in-migration of seniors (average annual income of \$110K) Greenville/Spartanburg Area: 4th largest in-migration of seniors across state, 3rd most desirable.
- 28% of seniors 65 and older lived alone in Spartanburg County in the year 2000.
- 80% of the care received by older adults is provided by family and friends.
- 55% increase in senior hospital discharges across SC from 1989 to 2001 (113,118 discharges in 1989 to 175,571 discharges in 2001).
- Poverty increases significantly among African Americans. 23.9% of those 65-74 and 29.2% of those 75 and over were below the poverty level in 2000.
- Women account for 74% of the poor elderly.
- Alzheimer's incidence is expected to increase 49% by the year 2025
- A 1997 study by MetLife found eldercare issues cost businesses \$11.4 to \$29 billion annually.

(Source: U.S. Census, SC Office of Research and Statistics, SCHA, Alzheimers Association, Center for Carolina Living, "When Employees Become Caregivers: A Manager's Workbook", CMS and SHRM 2003 Eldercare Survey)

Assumptions

Our assumptions are that we can not change the demographics, poverty or income for seniors in Spartanburg County. However, clearly we need to prepare for the expanding growth in the senior population due to the aging of the Baby Boomers. In addition, we need to provide services for those who cannot afford to pay for them and prepare for the growing numbers of Spartanburg County seniors who are living alone and being hospitalized.

A senior's health and stability is influenced and affected by all of the defined indicators. We believe you cannot provide solutions indicator by indicator due to the complexity of senior care. Our goal is to develop ways to show directional preparation for critical senior indicators with measurable improvement in Emergency Room visits.

Key Findings

Key findings include the consistent themes which evolved from all research. These themes include:

- ◆ the need to be more proactive in planning for aging,
- ◆ the need to look for non-government and/or public/private solutions for senior needs,
- ◆ the need to build community involvement,
- ◆ the need to better communicate with seniors about issues and services, and
- ◆ MOST IMPORTANTLY the need to ensure community-wide solutions and implementation processes do NOT loose focus on the senior perspective and specific needs of seniors.

Strategic Recommendations

The Taskforce determined that the plan of action should include an "Overall Strategy" with methods to implement the overall goal along with individualized strategic plan of actions for each of the following Taskforce voted and approved "critical elements".

1. Transportation
2. Healthcare

Community Goal # 3

3. Education & Research
4. Affordable Housing
5. Advocacy
6. Community

Overall Strategies

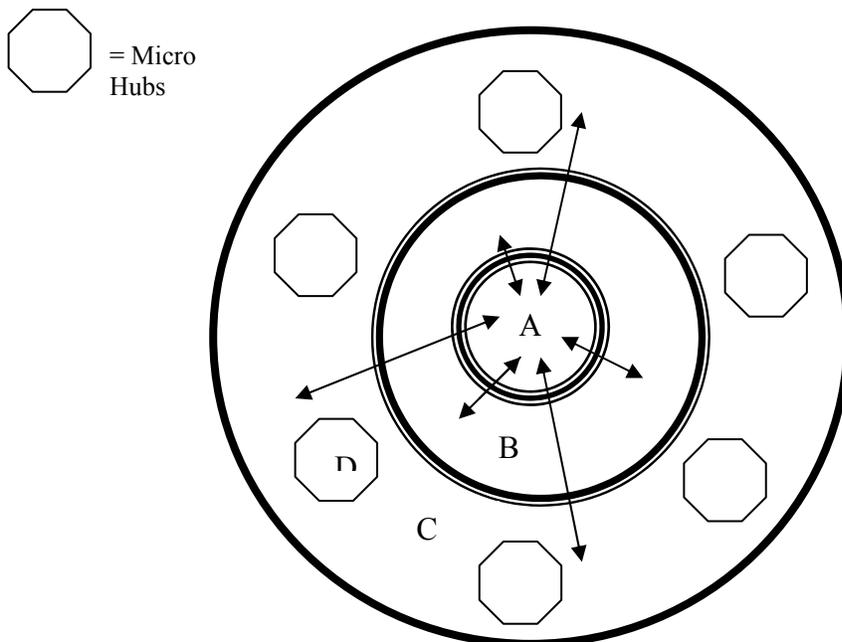
THEME: No Senior Left Behind

FOCUS: Seniors are actively involved in advancements “giving” back to the community with their talents and resources as well as “receiving” the benefits of the senior service improvements.

The Taskforce voted and approved overall strategies including the following (see the Strategic Actions Addendum for further details):

- ◆ Hire a Goal #3 Executive Director
- ◆ Develop an Oversight Board
- ◆ Enlist the knowledge of the Upstate Community Case Management Team
- ◆ Develop a Senior Coalition made up of seniors to serve as fund-raisers, consultants, volunteers, and support.
- ◆ Develop a marketing campaign based on “No Senior Left Behind”
- ◆ Develop a centralized physical location seen as the HUB for access to senior services, education and research in Spartanburg County overseeing 6 regional sites providing needed services.

Strategic Plan Schema



Community Goal # 3

- A. Central Physical Site (Hub) of Senior Services
- B. Senior Coalition
- C. Community Services
- D. 6 Micro-Hubs (Senior Center Sites) crossing Spartanburg County

The HUB offers senior services and contracts with and/or connects with providers in the community to fill services. Micro-Hubs provide senior services.

The Senior Coalition supports the HUB with money, volunteers and oversight to help them eliminate weaknesses in senior services and support creation of and financial support for senior services.

The HUB evaluates the senior community to determine weaknesses and gaps in services and works to develop services to eliminate those gaps.

These overall directions need to be supported financially through the community and involve the following clarifications:

WHO? Broad, diverse representation; Assign responsibilities; Develop a coalition of willing and informed; Develop an organized Taskforce and overseeing group that would Chair the subcommittees with a goal to reduce duplication.

WHAT? Have a plan and FOLLOW THROUGH; Build on existing services and Task Force, Research best practices; R & D (Rip Off and Duplicate); Develop a balanced program where you are giving as much as you are getting; Develop a weekly Senior Calendar in the Newspaper; Develop a senior directory and cross-reference; Do a true assessment of resources and utilization level, needs clarifying the gaps.

WHEN? Start NOW! Don't loose momentum

WHERE? County to State-Wide; Develop centralized physical site

HOW? Tap into existing resources and manpower.

FINANCIAL SUPPORT? Explore financial support to include: 1. Developing a county-wide tax levy for special purpose district, 2. Gain County Council buy-in., 3. Funding from Senior Coalition fund-raising activities.

Critical Element Strategies

The following six focuses were voted on and determined to be “critical elements” by the #3 Taskforce based upon the research and their professional experience. Goals, elements and solutions were developed for each “critical element” as follows.

1. Transportation
2. Healthcare
3. Education & Research
4. Affordable Housing
5. Advocacy
6. Community

Community Goal # 3

Transportation

Goal: To provide an affordable and accessible senior-friendly transportation system starting in 2006.

Objectives:

1. Develop partnerships and coordination across all types of transportation services.
2. Identify transportation gaps and identify best practice models to fill those gaps through a formalized needs assessment.
3. Implement timely and affordable escort services, social transportation and medical transportation to fill gaps.
4. Develop a Senior Transportation HUB.
5. Focus on Cost-Sharing and Sliding Fees across all communities.

Recommended Solutions

Possible Collaborators

- ◆ *Senior Transportation Network Director:* Develop a Senior Transportation Network Director who will be responsible to see actions through implementation.
- ◆ *Champion:* SRHS Transportation
- ◆ *Senior Transportation Network:* Develop a Senior Transportation Network whose members will include existing providers, lawyer, SPATS, DOT, SPARTA, City/County Administrators, SRHS Transportation, County/City/State Planners, Insurance Representative, Charles Atchison Taxi Service, CTAA (Washington, DC, Jane Hardin Senior Transportation Specialist), Religious Affiliate, Assisted Livings, CCRC, TransMed (Ambulance Services), School Systems (Buses)

Strategic Actions

Short-Term (2006)

- ◆ *Dial-A-Ride:* Use existing Dial-A-Ride number as “central” source for senior transportation.
- ◆ Develop vouchers to be used for those who cannot afford to pay for transportation to be matched with existing services (SRHS, Cabs, SPARTA, etc.)
- ◆ Develop transportation seminar/summit to find out existing services, educate on issues and work through solutions to fill gaps.
- ◆ Find out what existing providers and community is willing to contribute.
- ◆ Explore the use of trolleys

LONG-TERM (2010 And Beyond)

- ◆ Focus: Every Senior has his/her needs met. “Door through Door” Service.
- ◆ Build on existing services
- ◆ Provide escort services (passenger assisted) for seniors who need it.
- ◆ Critical to include comprehensive “social transportation”. This influences medical health!
- ◆ Explore community activities and ways to add transportation into their products (i.e. Theatre performances give free tickets to those who provide transportation to home-bound senior).
- ◆ Focus on providing continuous on-going 24 hrs./ 7 days a week transportation with no gaps in service.
- ◆ Provide service to fill gaps county-wide with 2-directional influence from state-wide transportation entities.
- ◆ Develop Transportation HUBS in each locale in the county including rural and urban environments.

Community Goal # 3

Best Practices

- ◆ Independent Transportation Network (Portland, Maine) – Currently being replicated in Charleston, SC. Based on the use of individual cars, privately-funded, monthly accounts, sliding fee scales, gift certificates, and both paid and volunteer drivers.
- ◆ Neighbor Driver Programs – Central funding source with invoices given to seniors allowing them to “pay” neighbors or friends to drive them.
- ◆ Many best practices available – Research with SAGE Institute

Healthcare

Goal: To provide accessible, affordable, specialized healthcare to seniors beginning in 2006, available in a timely manner, in order to maintain/improve health, independence and quality of life in a safe environment.

Objectives:

1. Identify healthcare service gaps and identify best practices models to fill those gaps through a formalized needs assessment.
2. Explore Emergency Room (ER) visit indicators for accuracy and cause.
3. Develop a community case management service that works with existing services and addresses unmet needs.
4. Develop a medication program to educate and assist seniors.
5. Develop proactive services focusing on wellness and prevention ranging from the healthy “well” senior to the chronically ill senior.

Recommended Solutions:

Possible Collaborators

- ◆ *Senior Healthcare Network Director:* Develop a Senior Healthcare Director who will be responsible to see actions through implementation.
- ◆ *Champions:* Upstate Community Case Management Team
- ◆ *Senior Healthcare Network:* Develop a Senior Healthcare Network whose members will include existing 50 member Upstate Community Case Management Team who have accepted responsibility to be resource for this and other actions. This Team is a mix of for-profit, non-profit, healthcare and non-healthcare senior service providers who have been in existence since May 2004 and are overseeing development of Care Connection (Community Case Management service).
- ◆ *Partnerships:* Hospitals, ReGenesis, New Day, Mental Health Department and Veterans Administration.
- ◆ *Additional Resources:* Alzheimers Association, Mental Health Association, Upstate Senior Network, Lt. Governor’s Office on Aging, Appalachian Council of Governments, SC Gerontological Society, SC Center for Gerontology, ACMA (American Case Managers Association), SCSWA (South Carolina Social Work Association), NCOA (National Council on Aging), AGS (American Geriatric Society), AMDA (American Medical Directors Association), NIH (National Institute of Healthcare), CMS (Centers for Medicaid and Medicare), SCHA (South Carolina Hospital Association), Carolina Center for Hospice and End of Life Care.

Community Goal # 3

Strategic Actions

- ◆ Focus: Prevention/Wellness Programs, Community Case Management, Chronic Illness Management, Medication Assistance Programs, Mental Health Programs.
- ◆ Support development of Care Connection, a community case management service currently in process...due to open June 2006. Commit to it, make it strong and self-sustaining! This is a “low-hanging fruit” which the community can help to be a first step towards successful improvement of senior services.
- ◆ Expand and educate community on existing Parish Nurse Program
- ◆ Develop community Chaplaincy Program to support Mental Health
- ◆ Facilitate better and easier access to systems through physician education and process development.
- ◆ Develop a central point of contact through Care Connection.
- ◆ Develop outcomes measurements to evaluate cost-savings and quality improvement in care.
- ◆ Provide education on prevention and wellness.
- ◆ Develop structured community-wide senior physical fitness programs building on existing programs.
- ◆ Build on existing programs such as the Alzheimers Association’s “Maintain your Brain” program.
- ◆ Market existing services.
- ◆ Increase physician involvement and education.
- ◆ Research county demographics and senior service penetration by “zip codes”. Research shows Greer area in Spartanburg County has fastest growing senior population.

Long Term Actions (2010 And Beyond)

- ◆ Goal: Every senior’s healthcare needs met.
- ◆ Implement Chronic Illness management models such as CareSouth’s best practice.
- ◆ Develop best practices such as Seattle Wellness Model into all services to support prevention and wellness
- ◆ Support development of outpatient gero-psych programs such as Newberry Hospital’s best practice model.

- ◆ Provide service to fill gaps and improve healthcare county-wide with 2-directional influence from state-wide healthcare entities.

Best Practices

- ◆ Seattle Wellness Program
- ◆ ARK Adult Day Care Program
- ◆ Caregiver Support Modules from Duke University
- ◆ Community Case Management – Care Connection (Spartanburg)
- ◆ Chronic Illness Management – CareSouth Chronic Care Path Model (Hartsville, SC)
- ◆ Medication Assistance – Aiken Medication Assistance Program (Lower Savannah Council of Governments)
- ◆ Mental Health – Newberry Hospital Outpatient Day Gero-Psych Program

Education & Research

Goal: To provide specialized senior-focused education and research to seniors, providers, families/caregivers and community as a whole beginning in 2006.

Community Goal # 3

Objectives:

- ◆ Use evidence-based best practice research to give direction to education.
- ◆ Develop a well-marketed, accessible Life Long Learning Program that educates seniors, providers, families/caregivers and community. Specific requirements include the following needs:
 - a.) Integrate existing programs.
 - b.) Include senior interests.
 - c.) Educate on senior needs, senior care, services, and best practices.
 - d.) Be available in multiple mediums (i.e. print, online, classroom, radio, TV, outreach, etc.)

Recommended Solutions:

Possible Collaborators

- ◆ *Senior Education & Research Network Director:* Develop a Senior Education & Research Director who is responsible to see actions through implementation.
- ◆ *Champions: SAGE Institute, Colleges and Universities*
- ◆ *Senior Education & Research Network:* Develop a Senior Education & Research Network including members from existing Colleges and Universities in Spartanburg County, SAGE Institute, Hospital Education Departments, AHEC, Professional Associations, Church Education Programs, Council on Aging Education, Library Homebound Program, Spartanburg Regional 55+, Mary Black Hospital Senior Enrollment Program
- ◆ *Partnerships:* Any or all of the above
- ◆ *Additional Resources:* National Life Long Learning Institute Association, regional experts in Life Long Learning (Furman University, Western North Carolina), National Elder Hostel Association, SC Gerontological Society, SC Center for Gerontology, SCGEC (South Carolina Geriatric Education Center), ACMA (American Case Managers Association), SCSWA (South Carolina Social Work Association), NCOA (National Council on Aging), AGS (American Geriatric Society), AMDA (American Medical Directors Association), NIH (National Institute of Healthcare), AoA (Administration on Aging)

Strategic Actions

Short Term Actions (2006)

- ◆ Focus: Develop education for seniors, caregivers and professionals including education on personal interests, academic curriculums, preparing for aging, methods for remaining independent, working through the long term care systems, professional geriatric and gerontology methods, professional senior healthcare, caregiver preparation and knowledge of senior service best practices.
- ◆ Link with existing Elder Hostel programs offered in national catalog.
- ◆ Link with existing professional association senior-focused education.
- ◆ Link with existing senior-focused classes across community.
- ◆ Vendors and organizations provide a regular schedule of events which is included in senior marketing and advertising efforts.

Long Term Actions (2010 And Beyond)

- ◆ Methods for instruction need to be flexible with a goal of providing classes and instruction “Anytime, Anywhere”. (i.e. on-line classes, radio, TV, classroom, written, etc.)
- ◆ No restriction by location or senior’s, caregiver’s or provider’s ability to gain access.

Community Goal # 3

- ◆ Provide service to fill gaps and improve education and research county-wide with 3-directional influence from state-wide and national entities.

Best Practices

- ◆ Life-Long Learning Institute – Model in North Carolina, Furman University
- ◆ Elder Hostel Programs – National organization offering international programs/classes for seniors 55 and older.
- ◆ Professional Education for Providers – Geriatric Nurse Training, Dementia Response Training, Best Practice Seminars/Conferences, Senior-Readiness Training, Gerontology Certificates and Degrees, Geriatric Fellowships
- ◆ Best Practices Research & Education – Same as Above, Senior Service Best Practice Replication, and Formalized National Research

Affordable Housing

Goal: To provide seniors access to safe, affordable and senior-friendly housing options beginning in 2006.

(Housing Definition: Nursing homes, assisted livings, independent housing, boarding homes, group homes, and continuing care retirement communities)

Objectives:

1. Conduct a needs assessment to determine housing needs for seniors and research to identify best practices.
2. Educate community on available senior-friendly housing options.
3. Promote and work with builders and planners to implement senior-friendly universal design practices.
4. Work with housing coalition and other agencies to develop senior-friendly viewpoints as part of goals and actions.
5. Explore “foster-home for seniors” potential.

Recommended Solutions:

Possible Collaborators

- ◆ *Senior Affordable Housing Network Director:* Develop a Senior Affordable Housing Director who is responsible to see actions through implementation.
- ◆ *Champions:* Spartanburg Housing Authority, Skylyn Place, Spartanburg Residential Development Association
- ◆ *Senior Affordable Housing Network:* Develop a Senior Affordable Housing Network including members from the Spartanburg Housing Authority (Roy Johnson), Spartanburg Residential Development Association, USDA (Rural Development), City of Spartanburg, Habitat for Humanity (Ben DeLuca), Upstate Homeless Coalition (Mike Cheser), Nehemiah Revitalization Corporation (Tom Faulkner), Charles Lee Center, Home Ownership Resource Center, Paul Savko (Neighborhood Association expert), State Regulators, Community Planners, Continuing Care Retirement Community businesses, Assisted Livings, Nursing Homes (i.e. Skylyn Place, Mountain View Nursing Home, Summit Hills, Park Place, etc.), local construction companies
- ◆ *Partnerships:* Any or all of the above
- ◆ *Additional Resources:* National Health Care Association, SCHCA, SCARCH (SC Association for Residential Care Homes), etc.

Community Goal # 3

Strategic Actions

Short Term Actions (2006)

- ◆ Implement Marketing and Education on existing services.
- ◆ Encourage development of methods for cost-shifting in housing
- ◆ Utilize local providers and link all services with Care Connection to promote availability.
- ◆ Link with religious organizations.
- ◆ Involve major construction companies.

Long Term Actions (2010 And Beyond)

- ◆ Focus: Develop livable communities with affordable housing for seniors at all economic levels and across a continuum of care.
- ◆ Develop advocacy and financial support for affordable assisted living and nursing homes.
- ◆ Create overnight respite services which are available on a sliding fee scale
- ◆ Develop 24 hour adult day care services
- ◆ Provide housing which is available as needed for seniors throughout their life
- ◆ Ensure affordable housing in rural areas.

Best Practices

- ◆ Continuum of Care – Alexian Brothers Model, Chattanooga, Tennessee, www.bestgeriatrics.com website.
- ◆ Affordable Assisted Living – Alexian Brothers Model
- ◆ Affordable Nursing Homes – Alexian Brothers Model
- ◆ Community Services – Home Assessment for Senior-Readiness, HouseCalls***, MD to You Model***, Overnight Respite Programs such as new program in Yemassee, SC.

Advocacy

Goal: To advocate, promote, and facilitate policies/practices for positive change across the community focusing on “No Senior Left Behind” beginning in 2006.

Objectives:

1. Present unique needs and rights of seniors to government and non-government organizations and the community-at-large.
2. Develop and implement a marketing campaign (Theme: No Senior Left Behind) to promote senior advocacy both locally and state-wide.
3. Lobby for seniors on issues covering all aspects of care/concerns using a unified voice from both senior providers and caregiver perspectives.

Recommended Solutions:

Possible Collaborators

- ◆ *Senior Advocacy Network Director:* Develop a Senior Advocacy Network Director who will be responsible to see actions through implementation.
- ◆ *Champions:* SAGE Institute, Senior Centers of Spartanburg, Mobile Meals
- ◆ *Senior Advocacy Network:* Media representatives (newspaper, TV, radio), senior providers, political representatives, Chamber of Commerce, AARP, attorneys, doctors, Upstate Senior Network (marketing group already in existence), Alzheimers Association, college/university communication

Community Goal # 3

directors, Spartanburg Visitors Bureau, Spartanburg County Community & Economic Development, local marketing association, retired marketing professional.

- ◆ *Partnerships:* Any or all of the above

Strategic Actions

Short Term Actions (2006)

- ◆ Focus: Advocate for seniors and their needs across the community in government, partnerships and business.
- ◆ Promote "Good Samaritan" law to protect transportation volunteers
- ◆ Develop alternative to "Silver-Haired Legislature" for Senior Service Providers
- ◆ Link with AARP resources for seniors
- ◆ Representatives for senior issues on County Council, Chamber, Arts Council from Senior Perspective
- ◆ Develop a "What's new with Seniors" article in the newspaper once a week.
- ◆ Have a retired marketing professional oversee article creation, press releases, TV spots, etc.
- ◆ Develop a radio talk show to support seniors and build the communities understanding of their needs, issues and value to the community.
- ◆ Involve the local marketing association, visitors bureau, colleges/universities, etc. in methods and processes for gaining senior advocacy.
- ◆ Develop campaign for tax mileage/levy to support seniors.
- ◆ Publicize effect of tax, estate and Medicare regulations and their impact on senior community property

Long Term Actions (2010 And Beyond)

- ◆ Align with political campaigns and voting time schedules

Best Practices

- ◆ Public Awareness – Marketing Campaign, "Adopt-A-Senior" Program
- ◆ Senior Coalition – Lowcountry Senior Center
- ◆ Legislation – Representative on County Council, Chamber, Arts Council from Senior Perspective, Alternative to "Silver-Haired Legislature" for Senior Service Providers
- ◆ Financing – Mileage Passed (Horry County Council on Aging as model).

Community

Goal: To develop processes and accessible programs to connect seniors with support, social groups (lay or faith-based) for enrichment, socialization and services resulting in senior-friendly communities beginning in 2006.

Objectives:

1. Identify, assess and enlist skills, knowledge and ability of all seniors in all circumstances from homebound to independent.
2. Develop pro-active recruitment methods to integrate seniors into the life of the community. (Retired Senior Volunteer Program)
3. Enlist the involvement of existing senior service providers in these processes.
4. Open doors to increase two-directional awareness and opportunity for both seniors and community.
5. Develop county-wide senior friendly communities that include all of the senior population including those in both urban and rural environments.

Community Goal # 3

Recommended Solutions:

Possible Collaborators

- ◆ *Senior Community Involvement Network Director:* Develop a Senior Community Involvement Network Director who will be responsible to see actions through implementation.
- ◆ *Champions:* Mayors of all Towns, City/County Planners, RSVP Director, Mill Community Families.
- ◆ *Senior Community Involvement Network:* Senior providers, Mayors of all towns, County Council representative, City/County Planner, City Manager of all towns, Chamber of Commerce, Faith Community, State Representatives, SRHS Congregational Nursing, Spartanburg County Community & Economic Development, Hub City Writers, Mill Community Families (such as Dents, Chapmans, Cates, Montgomeries), RSVP (Retired Senior Volunteer Program)
- ◆ *Partnerships:* Any or all of the above
- ◆ *Resources:* International City/County Management Association (icma.org), Urban Land Institute, Denise Boswell, Ph.D. (Principal Planner, Rocky Mount, NC, expert at Senior-Friendly community development)

Strategic Actions

Short Term Goals (2006)

- ◆ Evaluate how community supports seniors
- ◆ Look at infrastructure including building construction and codes, roads, sidewalks, etc. and evaluate from a senior accessibility and use perspective.
- ◆ Utilize marketing campaign, senior coalition, and Network to implement action items.
- ◆ Develop strong SCORE program (Senior Corps of Retired Executives)
- ◆ Get community leaders perspective of needs including people like Betsy Teeter, Philip Racine, George Fields, Dents, Chapmans, Cates, Montgomeries
- ◆ Enlist Milliken to challenge Mill families to help prepare for seniors
- ◆ Establish an “Adopt-A-Grandparent” program where seniors are giving to community
- ◆ Establish an “Adopt-A-Senior” program where seniors are receiving support
- ◆ Cross both rural and urban communities in Spartanburg County

Long Term Goals (2010 And Beyond)

- ◆ Goal: Connect communities both externally and internally to affect change within 3-5 years.
- ◆ Assimilate Mill Communities into community at large

Best Practices

- ◆ Senior Involvement – Lifelong Learning Program, RSVP, Extending SCORE (Senior Corps of Retired Executives) Model
- ◆ Seniors Mentoring Seniors
- ◆ Senior-Friendly Community Models – Urban Land Institute, ICMA (International County/City Management Association): “Creating a Regulatory Blueprint for Healthy Community Design”, SAGE Institute research

CONCLUSIONS

With the advancing age of the Baby Boomers, there is predicted to be a great growth in the need for aging services beginning in the year 2010. Since 1950, the U.S. Senior Population has tripled while the total

Community Goal # 3

population has not quite doubled (U.S. Census). The diverse group of Baby Boomers are expected to live much longer than their predecessors.

In addition, despite the improvements in healthcare, the number of seniors coping with chronic illness and disability is expected to escalate with increasing demand on health and long term care systems and services. Currently, half the people aged 65 and over have at least two chronic conditions and this number is expected to rise (Health Policy Institute Study, “Measuring the Years: State Aging Trends & Indicators”).

The increased senior demographics and incidence of chronic illnesses will increase Medicare and Medicaid expenses and the need for additional senior services. In addition, states are expected to experience dramatic workforce shortages among paraprofessionals.

The workforce shortages and predicted government funding cuts lead to the need to maximize efficient use of the resources available...eliminating overlaps, reducing waste, and advancing best practices.

Due to senior demographic changes expected with the aging baby boomers beginning to turn 65 in the year 2010, it is clear that Spartanburg County needs to prepare for its seniors. Avoidance of the enclosed strategic directions could negatively affect the overall economic and physical health of the county.

In 2005, Spartanburg County has amazing momentum happening under “senior-focused” direction and advancement, as well as great senior service leadership through the Upstate Community Case Management Team, development of Care Connection, SAGE Institute’s best practice research and replication, and development of a new strategic plan for Senior Centers of Spartanburg. **Now is the time to make change in senior services while the momentum is strong!**

In addition, careful consideration needs to be taken when merging the enclosed goals with others crossing age levels under other Community Indicator goals. Historically, seniors issues and needs get ignored or hidden when implementing solutions which cross age categories.

The #3 Taskforce believes it is necessary to address senior issues from a proactive, collaborative effort with goals and objectives focusing on a holistic approach to keep seniors safe and independent. To affect change and prepare for the #3 indicators, including demographics, emergency room visits, poverty, and household income, all six “critical elements” defined in this executive summary must be addressed.

The success of these strategic directions will require a “jump-start” from the community through formalized support systems including financial support and long-term commitment.

ADDENDUMS

#1 = Taskforce Membership List

#2 = Upstate Community Case Management Team Membership List

#3 = Senior Friendly Community Chart

#4 = Senior Forum Summary - 2005

#5 = SAGE Institute – Best Practices List - 2004

#6 = SAGE Institute Provider Focus Group Results – 2003

#7 = Seattle Wellness Program Model

#8 = Clemson Research Papers - 2000

Community Goal # 3

TASKFORCE PARTICIPATION

NAME

ORGANIZATION

1. Wade Ballard	Ford Harrison Law Firm
2. Jean Blackley	ReGenesis Community Health Center
3. James Blackwood	Spartanburg County Community and Economic Development
4. Hugh Brantley	Spartanburg County Christian Foundation
5. Maurisa Byerly	Woodruff Community Center
6. Terry Cash	Campan Leasing
7. David Church	Spartanburg Regional Healthcare
8. Joyce Finkle	Alzheimer's Association
9. Earle Fowler	Spartanburg Housing Authority
10. Jerry Hardee	Sherman College
11. Edwin Haskell	Haskell Law Firm
12. Joan Gibson	184 Edgecomb Rd., Spartanburg 29301
13. Gus Metz	Senior Center Board Chairperson
14. Jayne McQueen	Mobile Meals of Spartanburg
15. Joan Moore	Urban League of the Upstate
16. Nancy Ogle	Spartanburg Senior Centers
17. Chris Parker	Care Connection
18. Jimmy Riley	SRHS Transportation
19. Nikki Robertson	Skylyn Place
20. Vicky Tabbot	Mary Black Hospital
21. Kristin Taylor	Community Long Term Care, DHHS
22. Sherry Vaughn	Spartanburg Technical College
23. Erika Walker	SAGE Institute
24. Marc Wall	Shepherd Center
25. Brad Whitney, MD	Spartanburg Regional Healthcare