

The Status of Seniors in Spartanburg County

An Evaluation of Goal 3 of 10

spartanburg 
community indicators
 project

Inspiring dialogue, strategy and change.

The Status of Seniors in Spartanburg County

An Evaluation of Goal 3 of 10

Spartanburg Community Indicators Project

A collaboration of:

**The Spartanburg County Foundation
United Way of the Piedmont
Spartanburg County Government
The University of South Carolina Upstate**

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Metropolitan Studies Institute at The University of South Carolina Upstate, © 2009**

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A Letter to the Community

As collaborators in the Spartanburg Community Indicators Project; The Spartanburg County Foundation, United Way of the Piedmont, Spartanburg County Government, and the University of South Carolina Upstate are pleased to provide you an in-depth assessment of an Indicator goal. Produced by the Metropolitan Studies Institute of The University of South Carolina Upstate, this document builds upon previous Community Indicator reports by providing a quantitative, comprehensive examination of Indicator Goal 3: "Our senior population will be able to live independently in so far as possible with necessary support from their communities."

The information contained in this report is informed by the many subject matter experts in our community who influence the achievement of the goal. Please take the opportunity to review this information and consider its observations relative to the senior population of our County. In the coming months, community discussions focused on the findings of this report will be initiated. At these meetings you will be asked to not only contribute your commentary but also to help engage the appropriate action in response to the data and discussion.

This report could not have been accomplished without support from all of the community partners, funders, and experts in our community who commit the time and effort to advance understanding of the issues that affect our County. We would also like to thank Dr. Kathleen Brady at the Metropolitan Studies Institute of The University of South Carolina Upstate for her work to produce this report. This document represents more than just data. It represents a fundamental advancement in our Community Indicator effort. Valid, objective data underpinning discussion of issues in our community profits us all. A report for each Indicator goal will be produced by the MSI so that our community remains fully informed of the measures that reflect upon our progress. These reports are provided for the community in an effort to inspire dialogue, strategy and change.

Sincerely,



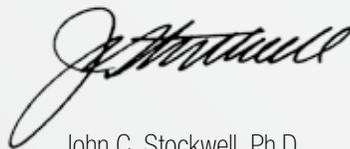
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Strategic Spartanburg Goals

- Goal 1:** Our children will excel academically through the provision of quality education.
- Goal 2:** Our citizens will obtain the degrees and training to equip them to compete in a knowledge-based workforce.
- Goal 3:** Our senior population will be able to live independently in so far as possible with necessary support from their communities.
- Goal 4:** Our families will be stable and nurturing.
- Goal 5:** Our citizens will be healthy.
- Goal 6:** Our citizens will have access to living wage jobs.
- Goal 7:** Our communities will be viable.
- Goal 8:** Our communities will be increasingly safe.
- Goal 9:** Our citizens will have opportunities for civic engagement that promotes well-being and higher quality of life.
- Goal 10:** Our citizens will manage our natural resources in a way that will support current and future generations.

The University of South Carolina Upstate

The University of South Carolina Upstate defines itself as a “metropolitan university.” It is a member of the international Coalition of Urban and Metropolitan Universities; and, similar to the missions of its fellow members, The University of South Carolina Upstate regards its relationship to Spartanburg and Greenville and to the Upstate’s I-85 corridor communities as of fundamental importance to its purposes and future. Our recent establishment of “The Metropolitan Studies Institute” as a regional research enterprise is a direct expression of that relationship.

As one of the fastest growing universities in South Carolina over the past 10 years reflecting the growth of the Upstate, and enrolling the second largest number of South Carolina students among the State’s 10 comprehensive universities, The University of South Carolina Upstate aims to be regarded as one of the leading metropolitan universities in the Southeast.

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The Metropolitan Studies Institute at The University of South Carolina Upstate

The mission of The University of South Carolina Upstate’s Metropolitan Studies Institute (MSI) is to support research efforts between The University of South Carolina Upstate and the community, enhancing relationships, promoting the reciprocal flow of information and ideas, assisting community and economic development, and increasing the strategic use of the University’s scholarship and outreach capabilities. The MSI engages in selected community-based research and assessment projects, notable among them the Spartanburg Community Indicators Project, and partners with community agencies to undertake program evaluations, needs assessments, feasibility studies, and data management projects.

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Spartanburg Community Indicators Project

Contents

Executive Summary.....	5
Strengths and Challenges	6
Age and Race Demographics	7
Health and Disability Status	10
Economic Status.....	11
Caregiver Status.....	13
Housing.....	14
Access to Healthcare.....	16
Assisted Living and Nursing Home Availability	19
Community Resources.....	21
Challenges	22
Sources and References	23
Lists of Tables and Figures.....	24
Appendix I: Goal 3 Indicators.....	25
Appendix II: Aging Trends: Challenges for South Carolina	26

Executive Summary

In 2005, The Spartanburg County Foundation and United Way of the Piedmont released *Community Indicators VI: Strategic Spartanburg*. The sixth edition was a culmination of many hours of discussion and research that have resulted in a community-wide project focused on the quality of life for all citizens in our community. Transitioning the data collection and assessment component of the Community Indicators Project to the Metropolitan Studies Institute has allowed for a more comprehensive assessment of the status of each goal, via examination of a wider variety of indicators.

Originally, the Community Indicators Project identified six indicators relative to Goal 3, "Our elderly citizens will receive support to enable them to live as independently as possible in their homes and connected to their communities." In the current iteration, indicators for Goal 3 have been added and broadened to provide a more comprehensive evaluation of the status of seniors in Spartanburg County. Additionally, Goal 3 has been broadened in this report to state, "Our senior population will be able to live independently in so far as possible with necessary support from the community."

Each indicator is thought by subject matter experts, namely local professionals who work in areas related to senior services, to be a useful and valid reflection of Goal 3, providing assessment of the status of seniors in Spartanburg County in as comprehensive fashion as possible. These indicators include demographics by age, economic status, disability status, caregiver status, assisted living / nursing home availability, and access to medical care. This is the inaugural report of the Health and Human Services cluster of the Spartanburg Community Indicators.

From 2006 to 2025, the senior population in S.C. is expected to increase by 102.5%. Along with that increase comes additional stress on multiple systems including healthcare, Medicare and Medicaid, transportation, assisted living, nursing home care, recreation and others. Given that, among peer counties, Spartanburg County has the oldest population, the lowest per capita income, the lowest mean retirement income, the highest percentage of seniors living alone, and the highest disability rate for seniors, it is clear that aging-related issues abound in the county. Studies show that affluent retirees will fuel the economy as they move to the state in the coming years; however, these studies also show that the reliability of senior income over time is questionable. Our often less-wealthy indigenous population is also rapidly aging, causing a strain on state services.

In addition to providing services to seniors who are experiencing age-related issues that impair functioning, service providers in Spartanburg County are cognizant of the need to target programs to active seniors and to implement programs that maximize functioning for as long as possible. Anecdotal evidence indicates that vast numbers of seniors in Spartanburg County continue in the workforce, volunteer and are active participants in the life of their communities.

A summit of local senior service experts was held on October 9, 2006 in an effort to identify and plan for the challenges Spartanburg County is facing in light of its growing senior population. It was concluded at the summit that senior service providers must "improve strategies, reduce duplication of effort, advance collaboration, maximize resources, increase efficiencies, implement senior care best practices and learn from each other to advance the quality of care" for seniors (Senior Summit Results, 2006). Community leaders believe that current and projected challenges, as discussed in this document, require action based on valid and comprehensive assessment. Given the growth of Spartanburg County generally, and its senior population specifically, it behooves the community to engage in ongoing, periodic assessment of the status of seniors in Spartanburg County.

Results of indicator analyses reveal that Spartanburg County is unique among peer counties in that seniors comprise a greater proportion of the general population. Spartanburg seniors are faring better economically than the county's general population and have access to primary and emergency medical care, as well as nursing home care. A number of unique characteristics of Spartanburg seniors may prompt further research - for example, the co-occurring facts that Spartanburg seniors report more disabling conditions but live alone at higher rates.

National trends that impact seniors are also mirrored in Spartanburg County indicators. As the number of seniors in the population continues to increase, subject matter experts are grappling with issues such as maximizing quality of life and providing opportunities for active seniors. Senior poverty, independent living, and parenting of grandchildren are other issues that Spartanburg County continues to face.

Strengths and Challenges

Upon examination of the data for each indicator and other data relevant to the status of seniors in Spartanburg County, there are a number of positive findings. Primary among these are:

- There is a lower percentage of seniors living in poverty in Spartanburg County than in Greenville, Richland or Charleston Counties.
- There is a lower percentage of seniors living in poverty in Spartanburg than in S.C. on average.
- A number of the health-related conditions afflicting seniors are caused by or exacerbated by lifestyle factors and, therefore, may be mitigated or reversed.
- Most primary care physicians in Spartanburg who typically treat seniors accept Medicare payments.
- Spartanburg seniors seek treatment via emergency rooms at the lowest rate among peer counties and at a lower rate than the S.C. average.
- Spartanburg has the second highest ratio of nursing home beds to population age 65+ among peer counties and S.C. There are relatively few seniors on waiting lists for nursing home placement.
- Local subject matter experts are working together to identify issues that challenge Spartanburg County seniors.
- Indications are that large numbers of seniors in Spartanburg County are largely unimpaired by age-related conditions and remain active participants in their communities.

Assessment of the indicators also results in a number of negative findings. These are:

- Compared with peer counties, Spartanburg residents have the lowest per capita income.
- Spartanburg seniors have the lowest average retirement income of counterparts in all peer counties, lower than the S.C. and U.S. averages.
- Among peer counties, Spartanburg has the second highest percentage of grandparents who are raising grandchildren, higher than the S.C. average and significantly higher than the U.S. average.
- Spartanburg County ranks highest among peer counties for seniors with a disability.
- Medicare providers are facing imminent cuts, which may threaten services to seniors.
- Spartanburg seniors and Greenville seniors have the longest average hospital stays, and hospital charges are highest of any peer county and higher than the S.C. average.
- Spartanburg seniors sought treatment through emergency rooms for respiratory / chest symptoms at a higher rate than seniors in other peer counties.
- Subject matter experts have identified a number of additional challenges relative to Spartanburg County seniors, some of which are identified in this report.

Age and Race Demographics *(as of 2006)*

The average age of the population of South Carolina is increasing rapidly. The U.S. Census Bureau projects that by the year 2030, the state's population age 65 and over will be more than double what it was in 2000. About 1.1 million people who are 65 and over are expected to live in South Carolina in 2030, compared with 485,333 people in 2000. In 2000, South Carolina ranked 32nd in the nation for the highest percentage of people aged 65 and older. By 2030, the state is projected to rank 15th in the nation (S.C. Lt. Governor's Office on Aging, 2006).

Migration to S.C. of persons over age 65 is increasing as well. From 2002-2005, first time S.C. driver's licenses were issued to 21,654 persons over the age of 65. Most of these licenses were issued in Horry, Beaufort, Greenville, Charleston, York and Aiken counties. However, the top five S.C. counties with the largest senior populations include, in rank order, Greenville, Charleston, Spartanburg, Richland and Horry. Seniors tend to settle in urban areas, primarily because most people age in place, remaining in the counties where they lived and worked in the past. Further, they desire amenities such as healthcare options, universities, and arts and cultural opportunities typically available in more urban settings. Seniors also migrate to places with lower taxes and costs of living, and S.C. has consistently ranked as highly desirable among states for cost of living.

The median age for Spartanburg County residents is 37.3 years. Twenty-six percent of the county population is under 19 years old and 13% of the county population is 65 years old and older. Table 1 illustrates these demographics for peer counties, S.C. and the U.S.

Table 1. Age and Race Demographics as Percentage of Total Population, 2006

	Age			Race*		
	Median	% Under 19	% 65+	% White	% Black	% Hispanic
Spartanburg	37.3	26	13	72	20	4
Greenville	36.9	27	12	72	18	6
Richland	34.4	29	10	47	46	3
Charleston	36	27	12	62	32	3
Mecklenburg N.C.	35	29	8	55	29	10
S.C.	37.1	27	13	65	29	3
U.S.	36.4	28	13	66	12	15

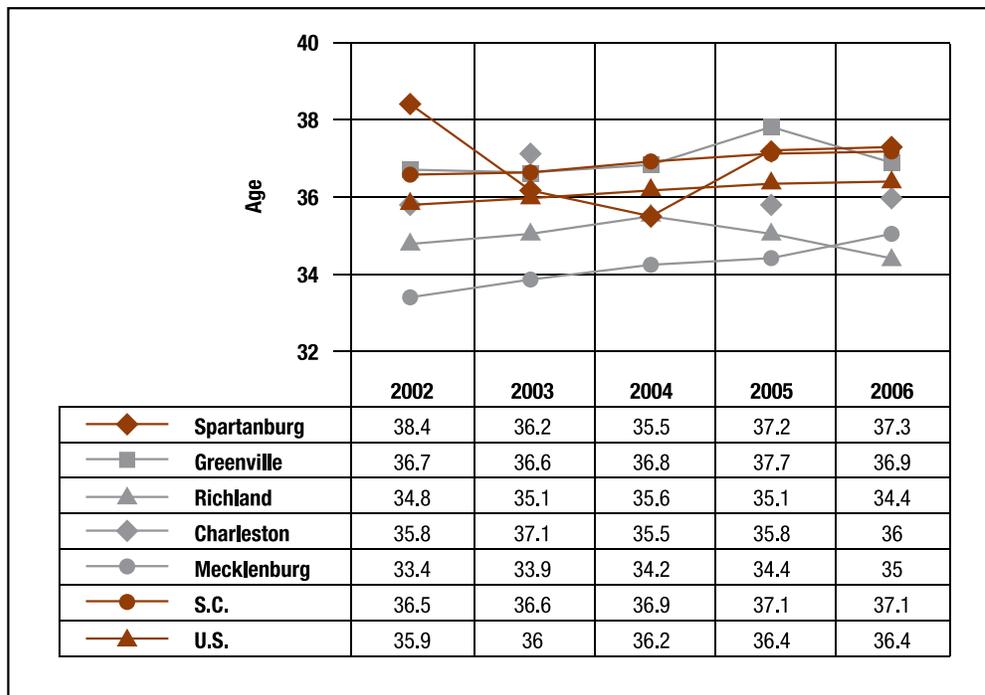
* Other races not reported. American Community Survey, 2006

Spartanburg has the oldest median age for population of peer counties, older than the S.C. and U.S. composite populations. Among peer counties, Spartanburg has the lowest percentage of residents under age 19 and the highest percentage of residents 65 and older.

In terms of racial diversity, the senior population of S.C. is primarily white. In 2000, approximately three quarters of the senior population in S.C. was white and approximately one quarter was black with other racial groups comprising less than one percent of the senior population. These demographics were largely unchanged from 1990. By 2006, general population demographics in S.C. shifted such that the Hispanic population evidenced significant growth. As of 2006, Spartanburg and Greenville have the second highest proportion of whites among peer counties and Spartanburg has the second lowest proportion of blacks. It can be concluded that, among peer counties and the state generally, Spartanburg has a higher proportion of white residents and a higher proportion of senior residents.

Trend data for peer counties, S.C. and the U.S. shows that the population is aging.

Figure 1. Population by Age



Age and Race Demographics *(cont.)*

The vast preponderance of the senior population of Spartanburg County is age 55-64 (47%). Six percent of county seniors are age 85 and over. National aging trends show that this segment of the senior population is growing the fastest, and Spartanburg County shows a slight increase in this segment over the last five years for which data are available (see Figure 3).

Figure 2. Spartanburg Seniors by Age Group, 2006

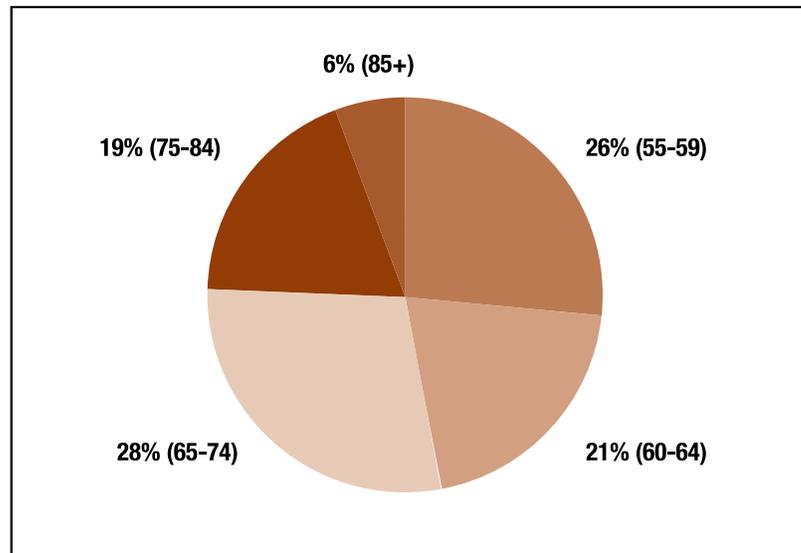
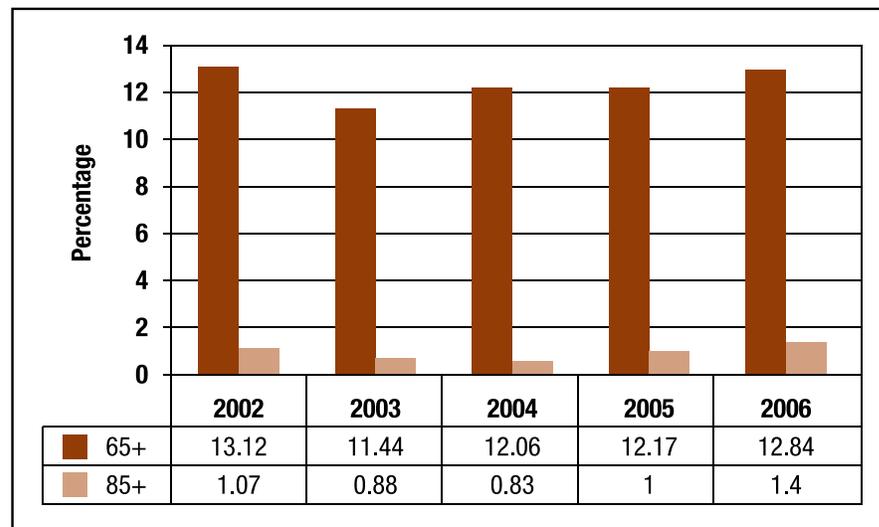


Figure 3. Seniors by Age as Percentage of Total Spartanburg County Population



Health and Disability Status

The age group with the highest likelihood of disability is the population age 65 years and over. According to the American Community Survey, 43% (232,540 people) of the population age 65 and over in South Carolina reported having some type of disability in 2006. In Spartanburg County, 44% of the population 65 and over (15,043 people) reported having at least one type of disability in 2006. From the comparative data provided in Table 2, it is clear that Spartanburg County ranks highest in terms of disabled seniors age 65 and over.

Table 2. Noninstitutionalized Seniors Reporting a Disability, 2006

	Population age 65+		Population age 65+ with disability	
	Number	% of total population over age 5	Number	% of population age 65 and over
Spartanburg	33,898	14%	15,043	44%
Greenville	48,314	14%	21,043	43%
Richland	31,807	11%	13,454	42%
Charleston	38,758	13%	14,870	38%
Mecklenburg N.C.	66,401	9%	24,821	37%
S.C.	532,736	14%	232,540	43%
U.S.	35,570,460	13%	14,567,090	41%

American Community Survey, 2006

The primary medical conditions that affect seniors as they age include heart disease, cancer, dementia and Alzheimer's disease, arthritis and rheumatic diseases, depression, diabetes, flu and pneumonia, osteoporosis and fall injuries, hearing loss, and vision problems. The direct and indirect costs of these conditions are incalculable. Sixty-six percent of Medicare costs nationally are associated with spending on beneficiaries with five or more chronic health conditions. The typical Medicare beneficiary sees 13 different physicians per year and fills an average of 50 different prescriptions a year.

A number of the health-related conditions afflicting seniors are caused by or exacerbated by lifestyle factors. For example, obesity is a growing trend among seniors, as it is across other age demographics. The Centers for Disease Control and Prevention reported a 15% increase in obesity among South Carolinians age 65 and over from 1993-2003. This places seniors at increased risk for a number of diseases and debilitation.

Economic Status

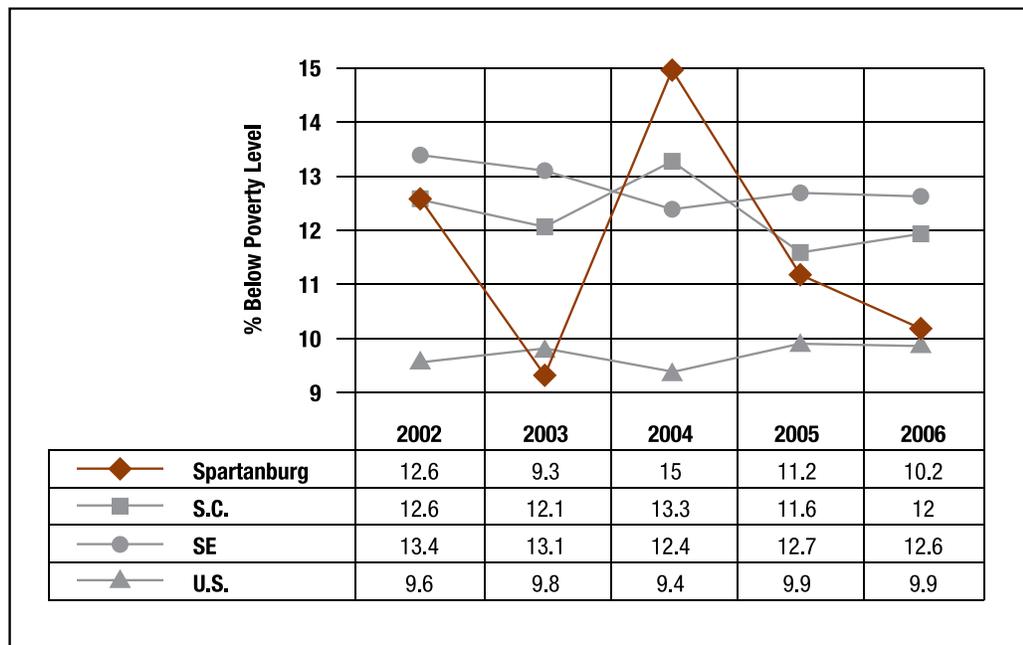
Although many communities view the senior population as a potential boon for economic development and encourage the in-migration of affluent seniors, the reliability of senior income over time is questionable as life expectancy increases to the point of exceeding retirement savings. Typically, seniors use proportionally more non-taxed services such as healthcare; therefore, they represent proportionally less growth in sales tax revenue to the community.

Typically, as individuals age and leave the workforce, their income declines. Economic resources are drained further as age-related expenses increase, including medical and medication costs and expenses related to living assistance. Poverty or low income is a serious concern for the senior demographic, prompting the U.S. Census Bureau and the U.S. Department of Health and Human Services to track the percentage of citizens aged 65 and over who are living in poverty.

In 2006, S.C. ranked 12th in the U.S. for senior citizens with incomes below the poverty level. This ranking constituted 12% of the state's senior population.

In 2006, 13% of all people in Spartanburg County were living in poverty. Of residents age 65 and over, 10% were in poverty, as compared with 17% of children under age 18. A trend analysis for Spartanburg, as compared to S.C., the U.S. and the southeast follows.

Figure 4. Seniors with Incomes Below Poverty Level



Trend analysis indicates that there has been significant fluctuation in the number of seniors in Spartanburg County who live in poverty, whereas there has been much less fluctuation in the state, the southeast, and the U.S. The cause of this extreme fluctuation in Spartanburg County is unclear; however, it may be due to reporting error or some other artifact.

As of 2006, the median household income in Spartanburg County was \$39,694 and the mean household income was \$53,660. (Household income includes that of the householder and all other individuals in the household, age 15 and over, whether or not related to the householder. Family income includes incomes of all family members, age 15 and over, who are related to the householder.) Seventy-eight percent of Spartanburg County households received earnings of some kind, and 18% received retirement income other than Social Security. Thirty-one percent of households received Social Security. The average income from Social Security was \$13,809. Income and poverty by peer county follow in Table 3.

Table 3. Economic Status by County, State and US, 2006

	Mean household income	Mean Social Security income	Mean retirement income	Per capita income	% Below poverty level past 12 months persons 65+
Spartanburg	\$53,660	\$13,809	\$14,302	\$21,610	10.2%
Greenville	\$59,172	\$13,947	\$15,009	\$23,926	10.5%
Richland	\$59,711	\$13,801	\$19,628	\$23,730	11.5%
Charleston	\$67,930	\$13,514	\$21,867	\$28,551	10.8%
Mecklenburg N.C.	\$74,769	\$14,387	\$19,348	\$30,556	8.9%
S.C.	\$41,100	\$13,679	\$18,019	\$21,875	12.0%
U.S.	\$65,527	\$13,877	\$19,141	\$25,267	9.9%

American Community Survey

The data indicate that Spartanburg has the lowest mean household income and the lowest per capita income of peer counties, and also ranks lower in both measures when compared to the U.S. average for the general population. Spartanburg also has the lowest mean retirement income. Although Spartanburg's mean Social Security income is higher than that of Richland, Charleston and the S.C. average, this does not reflect income for seniors alone, as it includes Social Security disability income and Social Security survivors' benefits. Spartanburg has a lower proportion than the state average of its senior residents whose income falls below poverty level, and also has a lower proportion of seniors in poverty than Greenville, Richland and Charleston Counties.

In summary, low income characterizes the general population of Spartanburg County as compared to peer counties. Whereas Spartanburg seniors have \$3,717 less in annual retirement income than the average S.C. senior, they earn \$130 more in annual Social Security income (inclusive of survivor's benefits and disability benefits) than the state average, and 1.8% fewer Spartanburg seniors are living in poverty.

Caregiver Status

Nationally, there is an increasing trend of grandparents acting as primary caregivers for their grandchildren. From 1970 to 1997 the number of grandparents raising their grandchildren went up 76% from 2.2 million to 3.9 million, and this number continues to rise steadily. Approximately 1.1 million of these caregivers are single grandmothers and 157,000 are single grandfathers. Of these grandparents, 51% are Caucasian, 38% are African American, and 13% are Hispanic (AARP, 2008). The most common reasons cited for this phenomenon include death of parent(s), incarceration of parent(s), substance abuse issues, unemployment of parent(s), HIV / AIDS, teen pregnancy, or family violence.

South Carolina ranks 9th highest among states for the rate of grandparents raising grandchildren.

In Spartanburg County as of 2006, there were 4,037 grandparents responsible for raising their grandchildren. Of grandparents raising grandchildren, 64% were female. Of all county residents age 65 and over, 12% were raising grandchildren. Comparison data are indicated in Table 4 below.

	# grandparents living with grandchildren under 18 years of age	# responsible for grandchildren	% responsible for grandchildren
Spartanburg	7,108	4,037	57%
Greenville	7,491	3,878	52%
Richland	7,292	3,578	49%
Charleston	7,874	5,345	68%
Mecklenburg N.C.	15,328	7,108	46%
S.C.	107,666	59,582	55%
U.S.	6,062,034	2,455,102	40%

American Community Survey, 2006

National data indicate that seniors who are raising their grandchildren are 60% more likely to be in poverty than those who are not (Administration on Aging, 2008). Becoming responsible for a grandchild can have a significant impact on a grandparent's finances.

Housing

According to the Alliance of Older Americans (2001), 1.5 million older Americans reside in homes that are too expensive to comfortably fit into their budget, are poor condition, or do not meet their physical needs. Approximately 30% of older Americans pay more than they can truly afford for housing. A growing number of seniors are allotting 50% of their income for housing alone. For many seniors, the physical or financial inability to maintain their homes forces them to move into nursing homes, whether or not their physical status requires such a level of care.

In Spartanburg County, 11,589 seniors age 65 and over lived alone as of 2006. This constitutes 34% of all seniors in the county and 40% of householders living alone, as demonstrated in Table 5.

Table 5. Householders Living Alone Age 65+, 2006

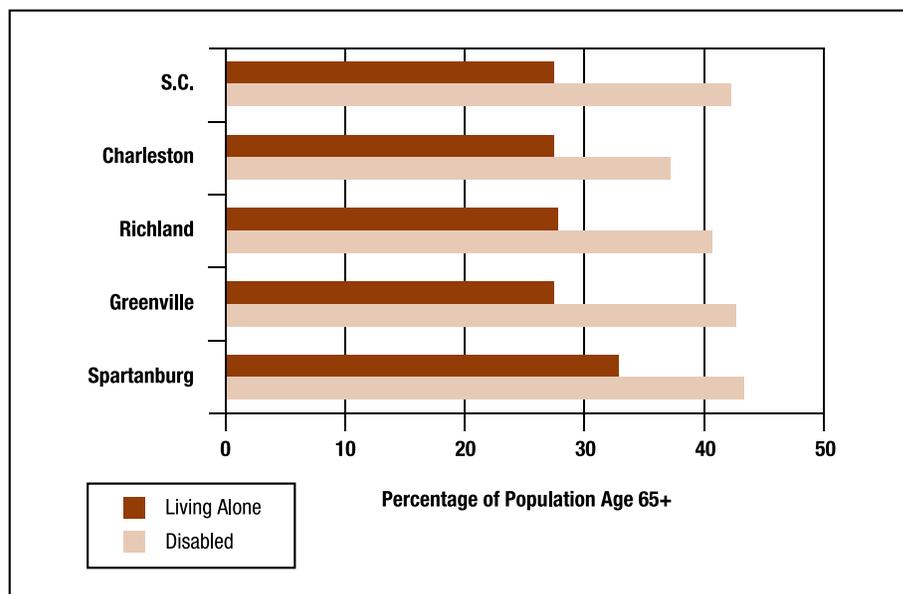
	Number	% of all householders living alone
Spartanburg	11,589	39.7%
Greenville	13,387	28.3%
Richland	9,141	22.1%
Charleston	10,816	23.4%
Mecklenburg N.C.	20,453	20.4%
S.C.	149,345	33.0%
U.S.	10,209,135	33.5%

American Community Survey, 2006

Housing (cont.)

Interestingly, although Spartanburg seniors are older and more disabled than seniors in peer counties, they also live alone at higher rates; however, relatively few seniors are waiting for placements in nursing homes (see Table 9). The inference may be either that there are more services available in Spartanburg to maintain senior independence, or, conversely, that there are not enough non-nursing home senior housing options available to accommodate Spartanburg's high number of seniors in need.

Figure 5. Seniors Living Alone, Disabled



Spartanburg subject matter experts have advocated for passage of a Medicaid waiver program for low-income assisted living. As reported in the Senior Summit Results, the subject matter experts would like to assess the living conditions for seniors in Spartanburg County who are living below the poverty level and determine the level of care that each of these seniors requires.

Access to Healthcare

Subject matter experts in Spartanburg have identified a number of issues relative to access to healthcare for Spartanburg seniors. They have identified a need to foster and support methods and initiatives which prove that senior services reduce healthcare costs in the Spartanburg community. They propose a holistic and prevention / wellness approach to senior care, rather than a chronic care model.

Medicare is the federal health insurance program for people 65 years of age or older that provides benefits to 636,971 S.C. residents. In addition to seniors, certain younger people with disabilities and people with end-stage renal disease are eligible for Medicare benefits. Medicare covers specified inpatient hospital services, post-hospital skilled nursing care, home health services, and hospice care for aged and disabled individuals who meet the eligibility requirements. Medicare supplements and prescription drug plans are available to seniors, and low income seniors may also be eligible for Medicaid benefits.

Most primary care physicians in Spartanburg who typically treat seniors are “participants” who accept Medicare payments. Table 6 below demonstrates that of the 1,529 geriatric and internal medicine specialists in S.C., 1,501 are Medicare participants. However, the *Orangeburg Times and Democrat* (2008) has reported that scheduled cuts in Medicare payments to physicians will threaten access to quality medical care for South Carolina’s Medicare beneficiaries. Although the 10.6% federal cut in reimbursement for Medicare services scheduled for July 1, 2008 did not occur, an additional cut of 5% is scheduled to take effect on January 1, 2009. Almost one-third of the internal medicine physicians who responded to a survey by the American College of Physicians reported that they would discontinue seeing new Medicare patients when the cuts go into effect. This may have particular impact in Spartanburg County, given its large and increasing senior population.

Table 6. Physicians by Medicare by County, 2008

	Geriatric Medicine Specialists		Internal Medicine Specialists	
	Medicare Participants	Total	Medicare Participants	Total
Spartanburg	9	10	100	100
Greenville	10	10	270	271
Richland	11	11	209	212
Charleston	6	7	313	322
S.C.	54	56	1447	1473

U.S. Department of Health and Human Services, 2008

Access to Healthcare *(cont.)*

Medicaid is an entitlement program jointly funded by the states and federal government to pay for health-related services for people with limited income. The program covers eligible low-income parents, children, seniors, and people with disabilities. Reliable data that address access to healthcare for low income seniors who rely on Medicaid is not available; however, anecdotal reports indicate that it is more difficult for these seniors to receive primary (prevention), secondary (treatment) and tertiary (rehabilitation) healthcare due to the limited number of physicians who accept Medicaid payments.

Hospital data for 2006 indicate that Spartanburg seniors visited the emergency room at the lowest rate among peer counties and at a lower rate than the S.C. average (Table 7). Conversely, of those seniors admitted as inpatients to S.C. hospitals, Spartanburg seniors tied with peers in Greenville for the longest average stay, but at the highest cost of any peer county and of S.C. on average (Table 8). A number of variables likely impact these data, resulting in fertile ground for further research.

Table 7. Emergency Room Discharges per 100,000 age 65+, 2006

	Visits	Rate
Spartanburg	15,599	40,389.88
Greenville	22,939	41,135.09
Richland	15,761	41,204.19
Charleston	20,390	44,674.69
S.C.	267,938	43,872.00

S.C. Office of Research and Statistics, 2008

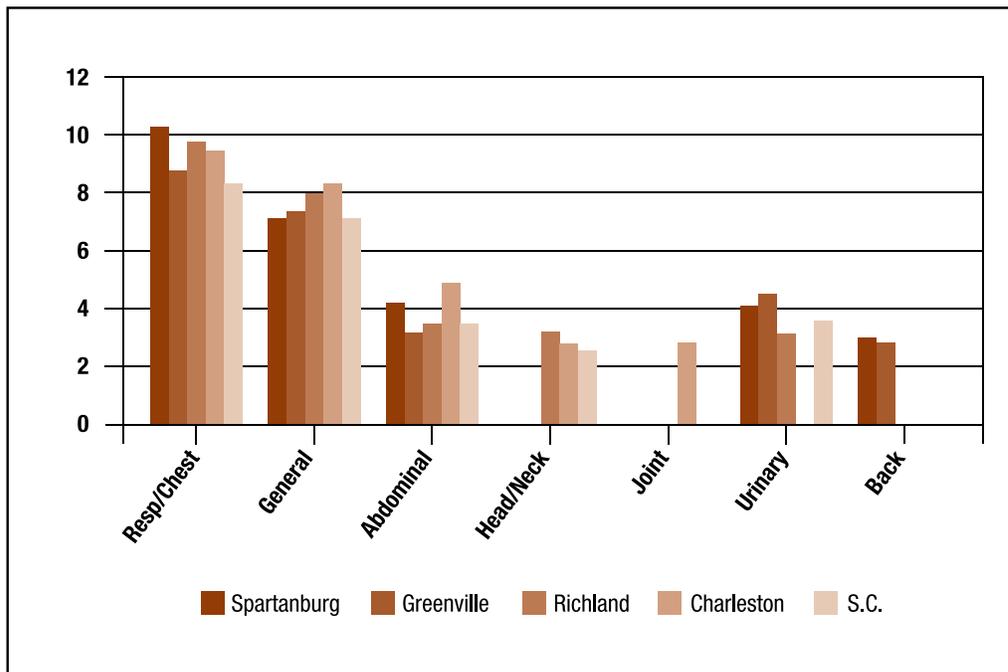
Table 8. Inpatient Data for Persons age 65+, 2006

	Average Cost	Average Stay (days)
Spartanburg	\$31,217	6.1
Greenville	\$29,060	6.1
Richland	\$27,457	5.7
Charleston	\$26,395	5.6
S.C.	\$25,460	5.3

S.C. Office of Research and Statistics, 2008

In 2006, Spartanburg seniors sought treatment through emergency rooms for respiratory / chest symptoms at a higher rate than seniors in other peer counties, although these symptoms account for the highest incidence of treatment-seeking in all peer counties. Otherwise, Spartanburg seniors sought treatment comparatively with peers in other counties. Further study may indicate that Spartanburg seniors do not access primary care for cardiac and respiratory conditions at rates comparable to peers in other counties and, therefore, end up being treated acutely in emergency rooms. However, a number of variables likely impact these data as well.

Figure 6. Top Reasons for Emergency Room Visits, 2006
(Percentage of All Visits for Individuals 65+)



Assisted Living / Nursing Home Availability

With seniors living longer, it is anticipated that expenses will continue to rise to cover the increasing demand for long term care. Nationally, it is estimated that approximately 43% of all nursing home patients are, or will become, Medicaid eligible (Bondo, 2007), and that figure is substantially higher in S.C. where 71.5% of all nursing home residents used Medicaid as their primary source of payment in 2004 (S.C. Lt. Governor's Office on Aging, 2006). The 2005 annual cost for a semi-private nursing home room in S.C. exceeded \$50,000, and the cost for a private room exceeded \$55,000 (Bondo, 2007). Although these costs are lower than the national average of over \$64,000 for a semi-private room and over \$74,000 for a private room, Medicaid reimbursement for nursing home care is still a significant drain on S.C. tax revenue.

In July 2003, there were 18,947 licensed nursing home beds in 195 facilities in S.C. Of these, there were 1,238 beds in 13 Spartanburg County facilities. The breakdown of these data by peer county follows:

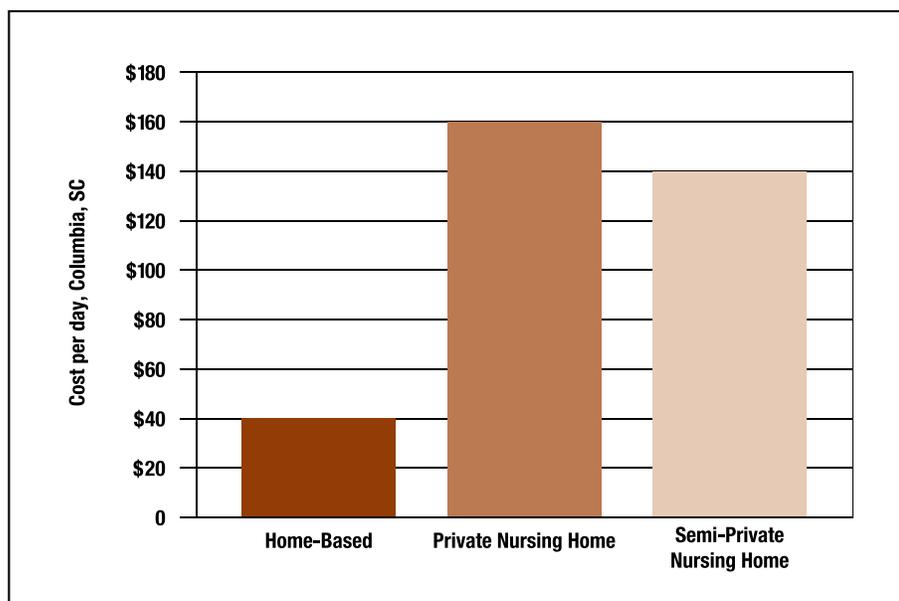
	# Facilities	# Beds	Ratio of Beds to County Population 65+	# People Waiting for Placement
Spartanburg	13	1,238	44 per 1,000	18
Greenville	21	1,776	38 per 1,000	10
Richland	13	1,703	57 per 1,000	19
Charleston	11	1,187	33 per 1,000	24
S.C.	195	18,947	39 per 1,000	240

S.C. Mature Adults Count, 2008

Of peer counties and S.C. counties aggregated, Spartanburg has the second highest ratio of nursing home beds to residents age 65 and over. Spartanburg also has the second lowest number of residents on a waiting list for placement in a nursing home.

As noted previously, however, although Spartanburg seniors are older and more disabled than seniors in peer counties, they also live alone at higher rates. It can be inferred that more Spartanburg seniors require home-based long term care to assist them to remain independent and functional. Approximately 20% of all patients over age 65 have functional impairments that require home care services (S.C. Lt. Governor's Office on Aging, 2006). This option is significantly less costly than nursing home care, equating to approximately \$38 per day in contrast to the \$141 - \$158 per day for nursing home costs as reported in 2005 in Columbia, S.C. (Bondo, 2007). Spartanburg subject matter experts have advocated for tax credits for caregivers of elderly relatives and for purchasing long-term care insurance.

Figure 7. Care Costs per Day, 2005



Because the 65 and over population is the fastest-growing segment of the population, health issues that face this demographic are of paramount importance from a public finance and community quality of life perspective.

Community Resources

As noted previously, a number of federal programs are in place to address financial needs for seniors. For example, there are HUD-assisted senior housing projects, Community Long Term Care programs, and Temporary Assistance to Needy Families (TANF) funding for grandparents raising grandchildren. Subject matter experts, however, emphasize that these programs are extremely limited in their resources, have qualifying guidelines that exclude a significant portion of seniors who are in need, and are time-limited. Advocates conclude that more research is needed to identify the variety and scope of senior needs and that the public is generally unaware of programs and services already in place to address senior issues.

According to subject matter experts, as of October 2006, there are twelve nursing homes, nine Alzheimer's care facilities, eight assisted living facilities, eight legal-financial-insurance consulting agencies, seven home health agencies, four hospice services, four continuing care communities, four adult day care centers, three senior centers, three geriatric care consultants, three government supported programs, two hospitals, two gero-psychiatry units, two elder abuse prevention programs, one senior medical outpatient practice, and an active Mobile Meals service.

Without some sort of tracking system that assigns identification numbers to seniors accessing services, it is impossible to obtain an accurate unduplicated count of services provided to seniors. Service providers in Spartanburg, especially in the medical sector, are considering the feasibility of providing a "statistical ID" for patients to speed diagnosis, avoid medication interactions, and reduce the cost of duplicated patient assessment and record keeping. In addition to streamlining case management, this would simplify the complexities of navigating the healthcare system. They propose that this system could be expanded to track other services provided to seniors and to identify geographical and service gaps.

Challenges

Subject matter experts identify the following as some of the challenges facing the senior population in Spartanburg County:

- Inadequate transportation, in particular for the purposes of accessing medical care, religious services, entertainment, shopping, and community events
- High cost of prescription drugs
- Limited home health care and Community Long Term Care
- Limited housing for low income seniors
- Too few geriatricians
- Uncoordinated discharge planning
- Challenges associated with living with chronic disease
- Quality of life – maintaining an active and independent lifestyle

An extensive listing of action items relative to Spartanburg County senior issues can be found in the printed results of the 2006 Senior Summit.

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Tables and Figures

List of Tables

Table 1. Age and Race Demographics by County, S.C, and U.S	7
Table 2. Noninstitutionalized Seniors Reporting a Disability	10
Table 3. Economic Status by County, State and U.S	12
Table 4. Grandparents Responsible for Grandchildren	13
Table 5. Householders Living Alone.....	14
Table 6. Physicians by Medicare by County	16
Table 7. Emergency Room Discharges	17
Table 8. Inpatient Data.....	17
Table 9. Nursing Home Beds by County.....	19

List of Figures

Figure 1. Population by Age	8
Figure 2. Spartanburg Seniors by Age Group.....	9
Figure 3. Seniors by Age as Percentage of Total Spartanburg Population.....	9
Figure 4. Seniors With Incomes Below Poverty Level	11
Figure 5. Seniors Living Alone, Disabled	15
Figure 6. Top Reasons for Emergency Room Visits.....	18
Figure 7. Care Costs Per Day	20

Appendices

Goal 3 Indicators

Because Spartanburg is a dynamic community, the issues that impact the growth, health and quality of life for its citizens are in flux. Since the 2005 iteration of the *Community Indicators VI: Strategic Spartanburg* report was presented to the community, it has become necessary or beneficial to change a number of the indicators for various goals. The rationale for changes in indicators for Goal 3 of the Community Indicators project is provided below. The subject matter experts who have advised on these changes were various Spartanburg County professionals who work in fields directly related to senior issues. A number of indicators were added to provide a more comprehensive picture of the status of seniors in Spartanburg County. In the current iteration, demographic data were included for some indicators, and peer county data were provided for comparison for most indicators. Trend data are provided where available, and generally, indicators were broadened to include more data.

Indicators for Goal 3	
Community Indicators VI	Current Iteration
Population age 65 and above	Reported under Age and Race Demographics
Elderly citizens living in poverty	Reported under Economic Status
Household income	Reported under Economic Status
Services for seniors	Reported in narrative throughout
Emergency Room visits	Reported under Access to Healthcare
	Added: Caregiver Status
	Added: Health and Disability Status
	Added: Housing
	Added: Assisted Living / Nursing Home Availability
	Added: Community Resources

Aging Trends: Challenges Identified by the S.C. Mature Adults Count

- Affordable healthcare will be an important issue to mature adults. Decisions made concerning Social Security, Medicare, Medicaid and privately-funded healthcare will have to account for the growing number of mature adults.
- With improved preventative medical care and healthier lifestyles, many older adults may outlive their financial resources.
- As many employers shift from standard pension programs or drop them entirely, and reduce or eliminate health insurance coverage for retirees and their dependents, mature adults will need to take responsibility for this transition through financial literacy and planning.
- Seniors, especially those living in rural areas, will need affordable and reliable transportation.
- The sandwich generation of younger workers faces caregiving for aging parents or other relatives, while raising their own children. They will need to cope with this and plan for their retirement at the same time.
- South Carolina's infrastructure is inadequate to address the many medical needs of our aging population. The number of nursing homes and other long-term care facilities will have to increase to handle the growing elderly population. We also need to increase the ability of our seniors to remain at home and avoid higher cost institutional care whenever possible.
- Medical personnel must be recruited and retained to meet the needs of the aging population.

South Carolina's Critical Issues

- Maximizing the opportunities that the in-migration of affluent mature adults presents for economic growth and improving our tax base.
- Encouraging the private sector to create the services our aging population is clearly willing to purchase.
- Planning to meet our aging population's health needs and support a sustainable quality of life.
- Managing the workforce issues presented by caregivers who are torn between careers and family responsibilities.
- Encouraging personal responsibility so that certain inevitable services like long-term care are purchased by individuals rather than funded as entitlements.

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Spartanburg Community Indicators Project is a collaboration of The Spartanburg County Foundation, United Way of the Piedmont, Spartanburg County Government, and The University of South Carolina Upstate. It reports on progress of key issues that are the clearest indicators of quality of life in the County of Spartanburg, South Carolina. Its goal is to report on data and community initiatives to inspire dialogue and strategy that leads to change within the community.

www.StrategicSpartanburg.org