Planning for the Growth of the Older Adult Population in Howard County

Appendix A: Current Office on Aging Programs and Services

Creating an Age-Friendly Community

A Report from the Howard County Department of Citizen Services 2015

Howard County, Maryland
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The Office on Aging (OOA) is an agency of the Howard County Department of Citizen Services. Its enabling legislation is the Older Howard Countian Act, found in Title 12 *Health and Social Services* Subtitle 5 of the County Code. The Act assigns various duties and responsibilities to the OOA, including:

- Developing an annual plan for a system of services for the aged

- Administering services under the plan

- Coordinating services for the aged in Howard County

- Making policy recommendations to the County Executive and Council

- Applying for federal and State funds for services and programs

- The OOA is a designated area agency on aging, which under the Older Americans Act and related State law authorizes it as the local entity designated to plan and develop community services for older adults in Howard County. The designation also makes the OOA eligible to receive and administer allocations of federal and State funds.

As an area agency on aging, the OOA is part of a nationwide network of services composed of state units on aging, 629 area agencies on aging and thousands of service providers. The responsibilities of the "aging network," as this system is called, are extensive. The mission of an area agency on aging may be summarized as:

- Building a community-based, coordinated service system that promotes maximum independence and dignity for older adults, particularly those in social and economic need

- Acting as an advocate for older adults on an individual basis and in the arena of public policy

The area agency on aging mission encompasses a wide variety of services and programs, including meals, health promotion and education, information and referral, in-home services, and advocacy for residents of long-term care facilities. In addition, such agencies have flexibility to respond to specific needs and issues in their local service areas.

Appendix A

Over the past 20 years, the mission of area agencies on aging has become increasingly connected to federal and state initiatives to strengthen community-based, long-term care systems. The thrust of these initiatives is to shift public resources, particularly Medicaid funding, from institutional care to community services for people who otherwise would have to reside in a nursing facility. As area agencies have taken on more of this work, they have become engaged with non-elderly populations and their advocates, including agencies that serve non-elderly people with disabilities.

With this history behind it, the OOA has reached a critical point. It continues to serve as the planning and coordinating body for building a broad-based system of community services that encompasses nutrition, health and advocacy programs, as well as those that promote enhanced quality of life. It also serves as the local driver for strengthening community-based alternatives to institutional care for people of all ages. At the same time, the OOA is preparing to meet the challenge of a rapidly growing population of older adults, as the Baby Boomer generation enters its retirement years.

Organization and Infrastructure of the OOA

The OOA is organized into five major divisions:

- Health and Wellness
- Senior Centers
- Senior Center Plus
- Home and Community-Based Services
- Aging and Disability Resource Center (Maryland Access Point)

Its physical infrastructure includes a central office, located at 6751 Columbia Gateway Drive in Columbia, six Senior/50+ Centers and one nutrition site with senior center components:

- The Bain Center, 5470 Ruth Keeton Way, Columbia, MD 21044
- East Columbia 50+ Center, 6600 Cradlerock Way, Columbia, MD 21045
- Ellicott City Senior Center, 9401 & 9411 Frederick Road, Ellicott City, MD 21042
- Elkridge Senior Center, 6540 Washington Boulevard, Elkridge, MD 21075
- Glenwood 50+ Center, 2400 Route 97, Cooksville, MD 21723
- Longwood Senior Center, 6150 Foreland Garth, Columbia MD 21045
- North Laurel 50+ Center, 9411 Whiskey Bottom Road, Laurel MD 20723

In this report, an inventory of OOA programs and services is followed by a description of senior center programs and demographics. *(Additional information about existing and future senior centers can be found in Appendix E, Facility Master Plan.)*

OOA Services Inventory

For the purposes of this inventory, OOA services, including those offered by OOA staff and those for which it contracts, are divided into five categories:

- Advocacy
- Health, Nutrition and Fitness
- Social Activities, Recreation and Lifelong Learning
- Community-Based Long-Term Care and Support Services
- Volunteers and Community Engagement

Advocacy

PROGRAM	DESCRIPTION/PURPOSE	ELIGIBILITY	PEOPLE SERVED OR UNITS OF SERVICE PROVIDED PER YEAR	FUNDING
Legal Services	Legal services provided under the Older Americans Act offer important assistance for older people accessing long-term care options and other community-based services. Legal services also protect older people against direct challenges to their independence, freedom of choice, and financial security. Services target older individuals with economic or social needs. Legal assistance is delivered through a contract with Maryland Legal Aid. Services include representation for bankruptcy, landlord-tenant issues, access to public benefits, nursing home issues, Medicare/Medicaid denials, etc. The contract also provides education and outreach, including sessions at senior centers.	Aged 60 and older	600 units of service	Federal funds

Advocacy (cont.)

PROGRAM	DESCRIPTION/PURPOSE	ELIGIBILITY	PEOPLE SERVED OR UNITS OF SERVICE PROVIDED PER YEAR	FUNDING
Long-Term Care Ombudsman Program	Advocates for residents of nursing homes and assisted-living facilities. Ombudsmen educate and empower residents to advocate for their health, safety, welfare and rights; investigate and resolve complaints received from residents or others acting on their behalf; refer cases to law enforcement or State regulatory agencies; and advocate for legal and regulatory changes on behalf of residents.	Residents of long-term care facilities	120 complaints investigated each year; regular visits to Howard County nursing homes and assisted living facilities; in-service training for staff of facilities, residents and their families.	Federal and State funds, supplemented by County funds
Public Guardianship	Under Maryland State law, a court may appoint the Secretary of the Maryland Department of Aging or the director of a local area agency on aging to serve as guardian for an individual 65 or older. A guardian is appointed if the court determines from clear and convincing evidence that the individual lacks mental capacity. The OOA serves as guardian of last resort. The Public Guardianship program staff makes informed decisions about the individual's medical care, residence and safety.	Aged 65 and older, determined by the court to lack mental capacity	18 individuals	State and County funds
Senior Medicare Patrol Program	Works in partnership with the SHIP program. Trains/educates older adults to recognize and report healthcare fraud. Uses a mix of volunteers and limited paid staff to provide one-on-one counseling and public education outreach events.	Medicare and Medicaid (QMB/SLMB) beneficiaries	1,240 one-on-one sessions; 37 public education events	Federal funds

Advocacy (cont.)

PROGRAM	DESCRIPTION/PURPOSE	ELIGIBILITY	PEOPLE SERVED OR UNITS OF SERVICE PROVIDED PER YEAR	FUNDING
State Health Insurance Assistance Program (SHIP)	Provides health insurance information and counseling services through public education and one-on-one sessions. The scope includes Medicare, Medicare supplemental plans, Medicaid (QMB/SLMB) and insurance programs for low-income individuals; assistance with billing problems; and assistance with denials, appeals and grievances. Certified counselors are primarily volunteers with some limited paid staff hours supervised by a paid SHIP Coordinator.	Medicare beneficiaries regardless of age	2,725 contacts; includes one-on-one counseling and attendance at 50 public education events	Federal funds

Health, Nutrition and Fitness

PROGRAM	DESCRIPTION/PURPOSE	ELIGIBILITY	PEOPLE SERVED OR UNITS OF SERVICE PROVIDED PER YEAR	FUNDING
Community Events	Plans and implements two large events: 50+EXPO and WomenFest. The 50+EXPO is a one-day event that showcases products and services to the rapidly growing 50 and older population of Howard and surrounding counties. It includes a health fair, flu shots and all day entertainment. WomenFest is a one-day event focused on health and wellness for women, encouraging them to live healthy, balanced and fulfilled lives.	All ages	EXPO: more than 5,000; WomenFest: more than 600	Vendor fees, sponsorships

Health, Nutrition and Fitness (cont.)

PROGRAM	DESCRIPTION/PURPOSE	ELIGIBILITY	PEOPLE SERVED OR UNITS OF SERVICE PROVIDED PER YEAR	FUNDING
Congregate Nutrition Program, Nutrition Counseling and Nutrition Education	Provides meals in six senior centers and one nutrition site, usually in the middle of the day, Monday-Friday. The goal of the program is to reduce food insecurity, encourage social interaction and promote health for older adults in social and economic need. Meals meet one-third of the RDA for older adults and no individual is turned away based upon the ability to pay. The program also provides individual nutrition counseling with a licensed dietitian and centers conduct nutrition education through educational sessions, demonstrations and printed materials that promote a healthy diet.	Aged 60 and older and their spouses	31,900 meals; 130 counseling sessions; 3,800 education units	Federal and State funds, participant contributions
Exercise Classes, Cycle2Health (C2H), and Consultation	Provides an array of exercise classes (aerobic and strength building) and dance classes for several skill/experience levels at senior centers and at other community settings and events. C2H provides a peer-led cycling program, including riding instruction and varied-level rides. Provides low cost access to fitness rooms at senior centers housed in community centers and guidance and assessment for people who want to begin an exercise regimen. Topics include advice on using the fitness rooms at 50+ facilities, which exercise classes to choose, exercising at home and using exercise to manage health conditions.	Aged 50 and older; adults of all ages for C2H	2,900 participants	County funds and participant fees
Health and Wellness	Provides health screening (such as blood pressure checks), health services (such as acupuncture) and health education classes at senior centers and in community settings.	Aged 60 and older	1,000 participants	County funds and participant fees

Health, Nutrition and Fitness (cont.)

PROGRAM	DESCRIPTION/PURPOSE	ELIGIBILITY	PEOPLE SERVED OR UNITS OF SERVICE PROVIDED PER YEAR	FUNDING
Home-Delivered Meals	Delivers meals to homebound individuals. In Howard County, the OOA contracts with Meals on Wheels of Central Maryland, Inc. to provide this service. Meals on Wheels volunteers deliver two meals (lunch and dinner) per day to each participant, providing two-thirds the recommended daily allowance for the recipients.	Aged 60 and older and their spouses	19,210 meals	Federal funds and participant contributions
Living Well Program and Other Evidence-Based Health Programs	Evidence-based programs have been validated by academic research to produce consistent positive outcomes for participants. The Living Well: Take Charge of Your Health program (the Stanford Chronic Disease Self-Management program) is a peer-led, six-week workshop for people living with one or more chronic conditions. The workshop provides participants with strategies for managing chronic conditions. It includes health education modules. The OOA also offers other evidence-based health programs, including fall prevention and specialized exercise programs for people with disabilities or chronic conditions.	Each program establishes criteria for participation.	385 participants	Federal funds, County funds, participant contributions
Seniors Together (Formerly Senior Peer Resources Individuals, Networks and Groups-SPRING)	A support-group model that uses trained older-adult peer facilitators to lead groups that foster positive outlooks and improved social connections. Groups meet in senior centers and in offsite locations, usually during daytime hours. Current groups include a men's forum, a low-vision support group and various discussion groups.	Adults	330 participants	County funds, participant fees, volunteer peer facilitators

Social Activities, Recreation and Lifelong Learning

PROGRAM	DESCRIPTION/PURPOSE	ELIGIBILITY	PEOPLE SERVED OR UNITS OF SERVICE PROVIDED PER YEAR	FUNDING
Intergenerational Programs	The senior center division coordinates intergenerational activities that allow center participants and youth to interact and learn together. Partners include the Howard County Public School System and the Applications & Research Laboratory, Columbia Association's Youth & Teen Program and Glenelg Country School.	Aged 50 and older	An estimated 79,400 service units for social and recreational activities in Senior Centers in FFY2013. This includes art and other lifelong learning activities, consumer education, intergenerational activities and all other social activities.	County funds
Lifelong Learning Classes and Programs	This program category includes computer classes, history, humanities, culture, literature, music and art appreciation. The centers show documentary films, host book clubs and hold presentations on subjects such as genealogy, creative writing, historical events and more. Program partners include: Howard County Public Schools, National Park Service, Howard County Library, Recreation and Parks, and Howard Community College. The Korean American Senior Association (KASA) conducts citizenship education and English as a second language for foreign born participants.	Aged 50 and older	An estimated 79,400 service units for social and recreational activities in Senior Centers in FFY2013. This includes art and other lifelong learning activities, consumer education, intergenerational activities and all other social activities.	Participant Fees
Recreation & Social Activities	A wide range of self-directed activities are offered at senior centers, including ping-pong, billiards, basketball, pickleball, bridge, chess, mahjong, cards and other games. Centers offer an informal environment that encourages people to socialize, thereby reducing isolation.	Aged 50 and older	An estimated 79,400 service units for social and recreational activities in Senior Centers in FFY2013. This includes art and other lifelong learning activities, consumer education, intergenerational activities and all other social activities.	County funds

Community-Based Long-Term Care and Support Services

PROGRAM	DESCRIPTION/PURPOSE	ELIGIBILITY	PEOPLE SERVED OR UNITS OF SERVICE PROVIDED PER YEAR	FUNDING
Assisted Living Subsidy	Provides subsidy to eligible residents in assisted-living facilities with 4- to 16-bed capacity that are licensed by the Maryland Department of Health and Mental Hygiene and approved by the OOA. The maximum monthly subsidy is $650, paid directly to the provider. The subsidy covers a portion of the difference between the participant's adjusted monthly income and the provider's monthly assisted-living fee.	Aged 62 or older and requires assistance with activities of daily living and 24-hour supervision. Monthly income cannot exceed 60% of the State's median income. Assets cannot exceed $11,000 for single individuals or $14,000 for married couples.	92 people	State funds, supplemented by County funds
Fall Prevention	Provides direct service and community education to reduce falls among older adults. Direct services include consultation, in-home assessment and recommendations to prevent falls, including environmental modification, lifestyle changes and resource referrals.	Howard County resident. No income limit or disability requirement. Assessment for adults over 21 years old.\n\nAdaptive equipment provided to those with Activities of Daily Living deficits; gross family income cannot exceed HUD's established low-to-moderate income limits.	150 people	County funds
Home Accessibility and Repair Program	Health and safety repairs or modifications to help eliminate health, safety and property maintenance deficiencies, promoting aging in place. Provides financial assistance to eligible homeowners to make modifications or repairs and in-home consultations, education and referrals.	62+ or lives with a person 62+; or is a person with a disability of any age or lives with a person with a disability. Owns/occupies the dwelling in Howard County to be repaired. Annual gross family income not exceeding HUD's low to moderate income limits.	150 people	County funds, Columbia Association (CA) funds for CA resident repair projects

Community-Based Long-Term Care and Support Services (cont.)

PROGRAM	DESCRIPTION/PURPOSE	ELIGIBILITY	PEOPLE SERVED OR UNITS OF SERVICE PROVIDED PER YEAR	FUNDING
Kindred Spirits Social Club	Provides support activities, educational programs and socialization for individuals with a medical diagnosis of early memory disorder. Kindred Spirits includes structured therapeutic activities such as speakers, music, art and exercise. Operates three days a week for four hours each day.	Aged 50 and older with diagnosis of early stage memory loss	15 participants; 1,125 total attendance days	Participant fees
Maryland Access Point (MAP) and Related Initiatives	MAP is the name of the Aging and Disability Resource Center for Howard County. Its main objective is to help people navigate and understand complicated public- and private-resource systems. Information requests vary from simple questions about transportation to complex questions about how to plan for future needs or handle immediate crisis-related issues, such as impending eviction. Information is provided in various formats, including telephone, e-mail, home visits and public education. MAP supports State/federal initiatives designed to strengthen community-based services, including economic security (educating and connecting low income individuals to public benefit programs), Money Follows the Person (providing information and assistance to transition from a nursing home back to the community) and Community First Choice (the newest Medicaid home- and community-based initiative designed to help eligible individuals remain in the community and avoid long-term care institutionalization).	Aged 18 years and older with a disability; adults aged 50 years and older	48,919 units of service; 3,919 individual clients	Federal, State and County funds

Community-Based Long-Term Care and Support Services (cont.)

PROGRAM	DESCRIPTION/PURPOSE	ELIGIBILITY	PEOPLE SERVED OR UNITS OF SERVICE PROVIDED PER YEAR	FUNDING
Medicaid Supports Planning for:	Supports planning services for county residents enrolled in CFC, CO or MAPC. These programs fund community services as an alternative to nursing-facility care, including nursing homes.		250-300 individuals each year	Medicaid funds, both federal and State
Community First Choice (CFC)	CFC Services: Supports planning, nurse monitoring, Personal Emergency Response System (PERS) devices, transition services, consumer training, assistive technology, accessibility adaptations, environmental assessments and the flexible budget services of personal assistance, home-delivered meals and other items that substitute for human assistance.	CFC Eligibility: Maryland residents who need support with activities of daily living, such as bathing, grooming, dressing, and accessing community resources; nursing-facility-level care; financially eligible for community Medicaid through DSS.		
Community Options Waiver (CO)	CO Services: Assisted living, Senior Center Plus, medical adult day care, behavioral health consultation, family training and dietitian/ nutrition services. In addition, Waiver participants may access all Community First Choice services, with personal assistance, home delivered meals and other items that substitute for human assistance, falling within the financial boundaries of the flexible budget.	CO Eligibility: Aged 18 years and older; nursing-facility-level care; monthly income below 300% of SSI; and assets of $2,000 or $2500, depending on marital status. Clients who were receiving services from the Older Adult or Living at Home Waivers were "grandfathered" into this program; new applicants generally reside in nursing facilities.		
Medical Assistance Personal Care Program (MAPC)	MAPC services: Personal assistance, within boundaries of flexible budget, and support for planning and nurse monitoring.	MAPC eligibility: MAPC level of care and financial qualification for community Medicaid.		

Community-Based Long-Term Care and Support Services (cont.)

PROGRAM	DESCRIPTION/PURPOSE	ELIGIBILITY	PEOPLE SERVED OR UNITS OF SERVICE PROVIDED PER YEAR	FUNDING
National Family Caregiver Support Program	Under the Older Americans Act the National Family Caregiver Support Program assists family caregivers, including those caring for older adults and grandparents caring for grandchildren. Services are targeted to individuals with economic or social needs. The program provides information and outreach to caregivers about services, assistance to caregivers in obtaining services, counseling/support groups/training and financial assistance for respite care and supplemental services on a limited basis.	Adult family members or other informal caregivers providing for individuals aged 60 years and older and/or for individuals of all ages with Alzheimer's disease and related disorders. Grandparents and other relatives, other than parents, 55 and older, caring for children under 18 and/or adults aged 18-59 with disabilities.	5,000 units of service (Service units are dependent upon funding.)	Federal funds
Senior Care	The OOA provides screening and assessment and develops service plans for eligible individuals. Senior Care finances a variety of support services that fill service gaps. In Howard County, approximately 75% of Senior Care gap-filling funds pay for personal care or chore services. Senior Care also funds grants to family caregivers, personal emergency response systems and incontinence supplies.	Clients must be at least 65 years old, have difficulty with activities of daily living and at risk of nursing home placement. Monthly income cannot exceed 60% of the State's median income. Assets cannot exceed $11,000 for single individuals or $14,000 for married couples.	167 people	State funds
Senior Center Plus	A four-hour social day program providing structured and therapeutic activities for older adults who need supervision to continue living in the community. The program helps participants maintain independence and provides respite for their caregivers. State regulated, with a participant-to-staff ratio of 8:1. The OOA operates three Senior Center Plus sites in the county.	Aged 18 and older; need for supervision and support determined by assessment	140 participants; 8,313 total attendance days	Participant fees, Medicaid funds (federal and State), and County funds

Volunteers and Community Engagement

PROGRAM	DESCRIPTION/PURPOSE	ELIGIBILITY	PEOPLE SERVED OR UNITS OF SERVICE PROVIDED PER YEAR	FUNDING
Paws4Comfort	A volunteer visiting program in which participants bring pets to long-term care facilities and community programs for older adults. Pets are screened before acceptance into the program.	Pet evaluation	110 volunteers at any given time	County funds
SHIP/SMP	See program descriptions in Advocacy section.		25-27 volunteers	
Vivian Reid Fund	A fund that accepts donations from the community to provide emergency financial assistance for older adults and adults with disabilities in Howard County who have essential needs not covered by Medicare and Medical Assistance.	50 years or older; younger adults with disabilities	371 individuals; a total of 240 clients	Donations
Volunteer Services	Volunteers provide a wide range of other services on behalf of OOA programs, including senior center and Senior Center Plus activities support, long-term care ombudsman advocacy, Friendly Connections for homebound older adults, public events assistance, and Living Well lay leadership.	By application and matched with volunteer interests	293 active volunteers in calendar year 2013 (does not include those listed above	Multiple sources

OOA Services Analysis

The OOA inventory exhibits a comprehensive range of services and programs for older adults. Key points revealed during this research include:

The OOA is a leader in developing innovative approaches to services. OOA has embraced evidence-based models to a greater degree than other jurisdictions and has a large commitment to programs like Living Well. In addition, it is a leader in developing Senior Center Plus sites, fall prevention programs and person-centered/asset-based approaches to in-home services. Its peer-model support program, Seniors Together, and its annual health and wellness event for women, WomenFest, are possibly unique in Maryland. Kindred Spirits, which the OOA operates in partnership with the Alzheimer's Association, is an innovative program specifically designed for the growing number of people with early-stage memory disorder.

Many programs and services do not have income or asset eligibility requirements. Advocacy, nutrition/health programs and the information and assistance services provided by Maryland Access Point are not means-tested. These programs may be free or fee-based; in some cases, participants are asked, but not required to donate toward the cost of services.

Many of these programs were originally and are still financed with Older Americans Act funds, which does not allow for means testing. These programs seek to form a connection with older adults and their caregivers and to reduce barriers that may discourage people from seeking help. As a result, eligibility standards tend to be minimal and are usually based on age.

Community-based, long-term care services, for the most part, are means-tested. Community-based, long-term care services are expensive, whether provided in private homes or in assisted living facilities. Increasingly, these types of services are funded through the Maryland Medicaid Program, with strict income and asset standards. Others, such as Senior Care or the Senior Assisted Living Group Home Subsidy program, include asset and income tests, but allow for somewhat more expansive eligibility than Medicaid. Almost all the community-based, long-term care services managed or provided by the OOA are subject to federal and State regulations, resulting in less flexibility to respond to local needs.

The OOA is steadily expanding its services beyond the senior population. In the past fifteen years, the OOA has assumed a leadership role in developing community-based long-term services and supports designed to provide an alternative to people who otherwise might be forced to move to a nursing home or similar institution for care. It was one of the first area agencies on

aging to embrace the Medicaid Waiver for Older Adults (now merged into the Community Options Waiver) and was one of the first two Aging and Disability Resource Center sites developed in the State and now known as Maryland Access Point (MAP).

MAP is a key component of the State of Maryland's efforts to shift Medicaid resources from institutional to community-based care, but its services are not limited to older adults. Adults aged 18 and older with disabilities are also eligible for MAP services. As a result, the OOA has developed partnerships with organizations that serve younger people with disabilities, such as the local Center for Independent Living. It also serves as the single point of entry for all State and federal long-term services and supports programs, such as Community First Choice, which serves eligible individuals of all ages.

As the OOA moves into this arena, its approach to services is changing. The emerging models for community-based services emphasize consumer control over how the service is delivered. The role of the paid professional is shifting from that of a case manager, who largely defines the service plan for the recipient, to that of a supports planner, who works with consumers to help them obtain the services they want, when and how they want them.

Howard County Senior Centers and Programs

Senior centers are a vital part of the service system each area agency on aging seeks to build. The Older Americans Act provides a useful definition of senior centers and their mission:

> "The term "multipurpose senior center" means a community facility for the organization and provision of a broad spectrum of services, which shall include provision of health (including mental health), social, nutritional and educational services and the provision of facilities for recreational activities for older individuals."
>
> *(Older Americans Act, Section 102, (a) (36)).*

In addition to providing a wide range of services, senior centers frequently serve as "community focal points," defined by the Older Americans Act as facilities "established to encourage the maximum collocation and coordination of services for older individuals." (Older Americans Act Section 102, (a) (21)). Focal points are critical aspects of community-based service systems; they serve as visible manifestations and points of access for these systems, which otherwise would not be easy for the public to find.

Howard County's senior centers are successfully meeting both the multipurpose and community focal point roles envisioned by the Older Americans Act. As the demographics of Howard County change and services and options for older adults proliferate, however, maintaining these roles may be increasingly challenging. In particular, centers must adapt their programs and marketing to the coming generation of Baby Boomers.

In an average month, Howard County's senior centers offer nearly 1,300 programs or activities, not including the congregate meal program, Senior Center Plus and Kindred Spirits. Table 1 provides a breakdown of the activity schedule for the County's centers for an average month (based on senior center schedules for March and October 2013: see page A26 for the methodology underlying these figures).

These activities include programs and activities organized and conducted by participants, OOA staff, outside organizations and contractors. The major activities include:

HOWARD COUNTY SENIOR CENTER PROGRAMS AND ACTIVITIES, MONTHLY AVERAGE, 2013–2014

Activity	# of times offered in month	Estimated hours for activity in month
Recreation	247	1,059
Exercise	590	685
Studio Arts & Crafts	115	316
Consumer Services & Benefits Access	74	301
Lifelong Learning	72	129
Health Services and Counseling	45	110
Music	29	67
Health Education	43	56
Support Groups	39	56
Entertainment	17	32
Organization Meeting	13	27
Food Events (other than congregate meal program)	3	4
Religion	1	2
Public Safety	1	1

Table 1

Recreation

Senior centers have long been venues for many forms of games and leisure activities, such as cards, billiards and bingo. In Howard County, many of these activities are informal and organized by participants, with the exception of a few programs led by County Recreation and Parks staff. Recreational activities are popular in all seven centers, but tend to be more prevalent at traditional senior centers (Bain, Ellicott City, Elkridge and Longwood) than in the 50+ Centers (East Columbia, Glenwood and North Laurel).

Exercise

Howard County centers offer a wide range of exercise opportunities ranging from basketball, dance classes and multiple levels of yoga and Tai Chi to specially designed programs for people with mobility limitations or disabilities. The Glenwood and North Laurel 50+Centers are located in community centers that include fitness rooms with a full range of exercise equipment. Most of the exercise programs are organized classes or groups, but the centers also offer "drop-in" exercise opportunities and walking clubs. A third fitness center will open in Ellicott City in Spring 2015.

Studio Arts & Crafts

The centers offer fine art classes, such as painting and drawing, as well as handicraft activities, which include sewing and quilting, woodworking, etc. Some of these programs appear to be informal, but most are instructor led. Some centers organize special art receptions, combining art, food and social gatherings.

Consumer Service and Benefits Access

This category encompasses both individual counseling sessions for consumers and educational presentations, usually by State and County agencies. Included in the numbers are site visits by Legal Aid staff, State Health Insurance Assistance Program (SHIP) volunteers and staff from the OOA's MAP program. Since the two months sampled were March and October, the data captured activity by AARP Tax Aide (March) and SHIP volunteers and staff providing Medicare Part D counseling (October). As a result, the estimates may show a higher rate of consumer services than other months of the year.

Lifelong Learning

This category includes lectures and classes through which participants obtain new information or acquire a new skill. Examples in the months sampled include presentations on the history of Baltimore radio, book clubs, discussion groups (of which there are a number) and computer tutoring. These types of programs are organized and implemented by a mixture of volunteers, paid contractors and outside organizations.

Health Services and Counseling

These programs commonly feature a healthcare professional who provides screening and consultation on a one-on-one basis. All the centers regularly offer blood pressure screening and nutrition counseling. Some also offer pharmacy counseling, sessions on brain health, acupuncture and massage.

Music

Several centers have organized choral groups. The Ellicott City Senior Center offers piano lessons from a private teacher on a fee basis.

Health Education

In this report, health services and counseling (provided one-on-one) are considered separately from health education (comprised of group presentations). Howard County's senior center offerings include, but are not limited to, Living Well classes, regular sessions on healthy eating (featuring cooking demonstrations), sessions on brain health and a laughter club, designed to promote positive approaches to life's challenges.

Support Groups

OOA is possibly a leader in Maryland in its encouragement of social groups as a strategy for supporting older adults. The Seniors Together program (formerly the SPRING program) is particularly innovative in that it offers a number of discussion/support groups targeted to men, older adults with low vision and those who are feeling isolated. These programs are peer-led.

Demographics of Senior Center Participants

Many of the OOA's programs are open to people aged 50 and older; MAP serves individuals aged 18 and older with a disability, as well as older adults and caregivers. For the most part, however, the OOA serves a significantly older population than the eligibility thresholds for its programs.

Population Served by OOA Programs and Services

The data for OOA's participants and clients is derived from several samples of client and participant records (see page A26 for a description of data sources). Four populations are represented: senior center participants, people contacting MAP, Medicaid Waiver for Older Adults (now the Community Options Waiver) participants and OOA volunteers. In some cases, there may be an overlap between populations, particularly those receiving help from MAP and the Medicaid Waiver.

Some data is not readily available. The OOA collects income data for service recipients when that information is required as eligibility for services or

programs; income information is not consistently available for all clients and participants. Some information, such as whether a client or participant lives alone or has a disability, may be available for some programs, but not others. Even when data is available, its validity is sometimes in question. For example, incidences of disability are likely to be undercounted due to the associated stigma and the fear that sharing this information could compromise an older adult's independence. This is particularly true of behavioral health disorders.

The OOA serves at least 10,200 people each year. Every area agency on aging is required to submit a performance report to the State each year. In its report for FY 2013, the OOA documented that it served 10,213 people during the federal fiscal year. The programs and services covered under this report generally have a minimum age threshold of 60 years or older. The U.S. Census (*American Community Survey, 2012*) indicates that in 2012, 48,412 Howard Countians were aged 60 or older. Based on these figures, the OOA reaches about 20% of the 60+ population in any given year.

These figures, however, do not reflect the total number of people who use the OOA's services. First, as noted above, the actual age threshold for many senior center programs and OOA services is less than age 60. Second, it is extremely difficult to count people served by these programs, especially in senior centers. Senior centers across the country have a history of difficulty collecting

PARTICIPANT AGE DISTRIBUTION OF OOA PROGRAMS AND SENIOR CENTERS

Age Group	Census	Senior Centers	Maryland Access Point	Medicaid Waiver for Older Adults
50 to 54 years	26.33%	4.20%	5.62%	1.49%
55 to 59 years	22.88%	7.80%	7.18%	3.48%
60 to 64 years	15.99%	13.89%	10.14%	4.48%
65 to 69 years	13.17%	22.65%	24.65%	8.46%
70 to 74 years	8.78%	20.35%	15.44%	12.44%
75 to 79 years	4.70%	13.68%	16.22%	7.46%
80 to 84 years	4.70%	10.03%	9.52%	23.38%
85 years	3.45%	7.40%	11.23%	38.81%
Total	**100.00%**	**100.00%**	**100.00%**	**100.00%**

Sources: U.S. Census American Community Survey 2012

Table 2

data, in part because significant numbers of participants do not record their presence, particularly those in informal activities, such as card games. Given the public's heightened concerns about government entities collecting personal data, it is likely that the OOA will encounter even more resistance in collecting such data in the future.

The OOA service population is older than the County's overall 50+ population. The U.S. Census shows that over half of the County's 50+ population is between ages 50 and 64. The proportion of OOA clients or participants in that age group is significantly less: about 25% of senior center participants and just slightly less of MAP clients are between 50 and 64; for Waiver clients the proportion is even less. The population served by the OOA is skewed toward older age groups; over half the senior center participants are between 65 and 79, compared with only 27% of the Census population over 50.

The OOA's service population is overwhelmingly female. The Census indicates that the population in general tends to become more female as it ages, due to the lower life expectancy for men compared to women (See Table 3 below). The OOA service population, however, is more female than the overall 50+ population in the county. This is true for both senior center participants and OOA program clients. MAP clients, however, show an unexpected deviation from this trend. In the 65-79 age range, the ratio between female and male MAP clients falls, before it begins to rise again at age 80. It remains to be

FEMALE/MALE RATIO BY AGE AT OOA PROGRAMS AND SENIOR CENTERS

Age Group	Census	Senior Centers Female/Male Ratio	Maryland Access Point Female/Male Ratio	Medicaid Waiver for Older Adults Female/Male Ratio
50 to 54 years	1.07	2.59	16.00	(all female)
55 to 59 years	1.20	2.75	3.60	1.33
60 to 64 years	0.90	3.43	2.57	1.25
65 to 69 years	1.13	2.93	1.32	0.89
70 to 74 years	1.09	2.32	1.47	5.25
75 to 79 years	1.21	2.13	0.93	6.50
80 to 84 years	1.73	1.89	1.58	4.88
85 years	2.26	2.22	2.43	4.20
Total 50+	**1.13**	**2.52**	**1.66**	**3.47**

Table 3   Sources: U.S. Census American Community Survey 2012

seen if this is a temporary fluctuation occurring in 2013 or if it indicates that a greater proportion of men are willing to access services than are willing to participate in senior center programs.

The OOA appears to be well prepared for the increased diversity of the county's aging population. The racial breakdown of the senior center participant population closely tracks that of the U.S. Census (see Table 4). MAP and Waiver clients, however, are much more likely to be members of minority groups. In particular, the large proportion of Asian clients using MAP services is of interest. The data seems to indicate that the OOA is successful in reaching elderly minorities, a key goal for area agencies on aging under the Older Americans Act. (See Table 4.)

OOA clients and participants are more likely to live in the more densely populated areas of the county (see Table 5). Senior Center participants come from a wider range of zip codes than MAP or Waiver clients and are dispersed more evenly across the county. A large concentration of MAP and Waiver clients is found in the 21045 Columbia zip code. (See Table 5.)

Several factors may affect the geographic distribution of clients. These include older neighborhoods where residents are aging in place, neighborhoods with retirement communities or age-restricted housing, neighborhoods with concentrations of low and moderate income populations and areas with higher densities of small, residential, assisted-living facilities.

PARTICIPANTS BY RACE FOR OOA PROGRAMS AND SENIOR CENTERS

Racial Group	Census	Howard Co Senior Centers	Maryland Access Point	Medicaid Waiver for Older Adults
African American	13.53%	14.48%	26.97%	21.89%
Asian	10.76%	7.04%	39.47%	26.87%
White	73.58%	74.74%	31.88%	49.25%
Other	2.12%	3.74%	1.69%	1.99%
Total	**100.00%**	**100.00%**	**100.00%**	**100.00%**

Table 4

Sources: U.S. Census 2010

TOP FIVE PARTICIPANT ZIP CODES BY PROGRAM

zip	% of Total Participants/Clients in Program		
	Senior Centers	Maryland Access Point	Medicaid Waiver
20723	10.67%		4.98%
21042	13.73%	9.84%	6.47%
21043	7.08%	16.24%	11.44%
21044	16.03%	16.54%	27.36%
21045	13.08%	23.85%	24.88%
21046		5.81%	

Table 5

People contact MAP with questions about basic needs. As Table 6 indicates, callers to the OOA's MAP are seeking help with finances, housing and in-home services. Most of these inquiries and many of those in other categories, such as utilities, are essentially financial in nature. People are facing unanticipated cost-of-living and cost-of-care issues. The data suggests that even in a relatively affluent jurisdiction like Howard County a significant number of older adults are not able to make ends meet.

TOP 12 REASONS PEOPLE CONTACTED HOWARD COUNTY MAP IN 2013

Need Category	% of Contacts
Financial	12.9%
In-home Services	12.2%
Housing	9.8%
Simple Information	8.8%
Health Insurance All types	8.5%
Caregiver	8.1%
Case Manag	7.7%
Institutional Care	5.9%
Health	5.1%
Utilities	4.8%
Transportation	4.2%
Food	2.8%

Table 6

Source: OOA

Almost half the people who contacted Howard County MAP in 2013 live alone. As Table 7 indicates, more than 42% of MAP contacts last year lived alone. While living alone in itself is not necessarily a predictor of need, social isolation is a major problem for older adults and can lead to both medical and behavioral health issues. Addressing social isolation among the elderly is an increasing focus of aging services and housing providers around the country.

The data does not indicate that those MAP clients who live alone are any older than the total population of MAP clients, but they are much more likely to be female. Eighty-five percent (85%) of the MAP client sample who live alone were women, a ratio of women to men of more than 5 to 1.

LIVING ARRANGEMENTS OF HOWARD COUNTY MAP CONTACTS, 2013

Living Situation	% of Contacts
Assisted living	0.52%
Homeless	0.17%
Living alone	42.23%
Nursing Home	0.52%
With non-relatives	1.40%
With relatives	16.93%
With spouse	38.22%
Total	**100.00%**

Table 7   Source: OOA

The demographics of Howard County's senior centers vary from center to center. Each senior center is its own community or human eco-system, similar to any facility designed for social interaction. As indicated by Table 8, average age, female/male ratio and racial make-up of participants varies from center to center. In general, the 50+ centers attract a somewhat younger, more male population of participants than the traditional centers like the Bain and Ellicott City Centers.

It is possible that senior center participants have aged in place, similar to residents of retirement communities. The newest centers in Howard County are Glenwood and North Laurel. Over time, the average age of participants in these two centers may rise and center demographics may resemble such long established centers as Bain and Ellicott City.

Appendix A

COMPARISON OF HOWARD COUNTY SENIOR CENTER DEMOGRAPHICS						
Center Name	**Average Age**	**Median Age**	**Female/Male Ratio**	**% White**	**% African American**	**% Asian**
Bain Senior Center	73.02	72.30	2.39	67.37%	16.55%	10.09%
East Columbia 50+ Center	67.57	67.60	4.28	72.69%	18.92%	5.16%
Ellicott City Senior Center	73.77	73.82	2.74	82.98%	6.62%	8.27%
Elkridge Senior Center	72.92	75.16	5.96	69.34%	25.55%	1.46%
Longwood Senior Center	75.32	74.76	2.91	9.30%	20.93%	62.79%
The Glenwood 50+ Center	69.35	69.25	1.41	91.76%	5.86%	1.11%
North Laurel 50+ Center	67.52	67.69	2.61	72.09%	18.11%	6.10%
Travelers (Participants who attended more than one center)	71.02	70.69	1.94	80.95%	12.93%	5.78%
Total Center Participants (includes participants < age 50)	**70.75**	**70.60**	**2.52**	**75.12%**	**14.55%**	**9.47%**

Table 8   Source: OOA

The OOA volunteer program includes Howard Countians of all ages. Building a robust volunteer program is important for the OOA to expand the reach of its services, promote commitment by the whole community to the older adult population and provide peer connections for people receiving services. The OOA has a strong volunteer program, as can be seen by Tables 9 and 10. It includes volunteers ranging from school age to 85+ years old. Volunteers help operate the senior centers and are vital to such services as the State Health Insurance Program, Senior Center Plus and Long-Term Care Ombudsman advocacy.

AGE DISTRIBUTION OF ACTIVE OOA VOLUNTEERS, 2013

Age Group	% of Volunteers
Less than Age 20	12.78%
Age 20 to 50	14.70%
Age 50 to 54	7.35%
Age 55 to 59	6.71%
Age 60 to 64	11.18%
Age 65 to 69	19.17%
Age 70 to 74	13.42%
Age 75 to 79	7.67%
Age 80 to 84	4.79%
Age 85 to 89	2.24%

Table 9   Source: Howard County Office on Aging

OOA VOLUNTEERS BY PROGRAM OR ACTIVITY, 2013

Program or Activity	Number of Volunteers
Senior Center volunteers	87
WomenFest	43
SHIP Program Counselor	34
Senior Center Plus	28
50+	26
Paws4Comfort	110
Center Councils	16
Ombudsman Program	12
Project Holiday	12
Nutrition	11
Living Well Lay Leader	9
MLK Day	5
Senior Day at the Fair	5
Bet Yeladim	3
OOA	1
Registration	1
Total	**403**

Table 10   Source: OOA

Conclusion

The Howard County Office on Aging is a leader in the State of Maryland among its area agency on aging peers. It has achieved recognition for the high degree of creativity and professionalism it brings to the services and programs it manages and the forward-looking approach it takes to planning. From the review of its program inventory and demographics, a number of questions arise that the OOA may want to address as it moves forward with its 20-year plan:

- To what extent is the OOA moving toward becoming an adult services organization as opposed to one that focuses only on senior citizens? What are the implications of this change?

- Increasingly, the federal and State funds the OOA receives for community-based, long-term care services are Medicaid funds, with resulting restrictions on eligibility. Given the relative affluence of Howard County, the growing Medicaid orientation of these programs limits their reach in Howard County. What is the role of the County Government in these services, given this trend?

- How do the county's centers reconcile the interests and preferences of participants, given that the centers serve cohorts that range in age from 50 to 100?

- Why do males participate in aging services programs in numbers much lower than their proportion in the population? Do these programs have no appeal for men? If so, can and how should the programs be changed?

- At the same time, what are the implications for the OOA of the significant number of older women in Howard County who live alone?

The OOA is reaching older adults who are members of minority groups, particularly in its MAP and Medicaid Waiver programs. How can it formalize strategies that are working to reach these populations and incorporate them into senior center programming as well?

Sources of Data

Table 1

The data in this table is based on a review of Howard County senior center schedules and newsletters stored online for October 2013 and March 2014. Senior center activities and classes were recorded in a Microsoft Access database and classified according to the schema provided in the report. The number of hours each class and activity lasted and each time it was scheduled

were also recorded. In most cases, the senior center schedule provided this information: in cases where it did not, the number of hours for that particular activity was estimated. No assumptions were made as to whether a given class or activity had any participants; this table only tracks the number of hours the activity was offered. A formula was devised and applied to the October and March data to derive a monthly average for the number of times an activity was offered and the total hours occupied by the activity on the schedule. No October 2013 schedules for Longwood and Elkridge were available on-line; in these cases, the March schedules were weighted twice to produce the necessary data.

Tables 2 through 10

The Census Data in these tables is from the *American Community Survey 2012*, (Table S0101), with the exception of Table 4, which is from the *U.S. 2010 Census* (P12 tables).

The senior center data in these tables is based on a sample of 2013 calendar year senior center activity records. A random sample of dates for 2013 was developed, excluding weekends and holidays. The sample was 10% of the remaining dates (25 days). Howard County staff provided senior center attendance data for those dates, from the OOA's Information Management (AIM) software. Useable data was obtained from 12,235 records. This represented the unduplicated data for 2,783 distinct individuals, of which 2,741 were aged 50 and older. The demographics in the table are based on the information for those 2,741 individuals.

The MAP data is based on the same sample of 2013 days as the senior center data. The data is from the OOA's CRM database. In this database, MAP staff record information for MAP clients who contacted them or for whom a contact was made by someone else. Staff records a contact in CRM when the client actually requires some assistance or guidance; simple information calls are not recorded in the database. Useable data was obtained from 1,247 records. Not all these records had complete data, however, since they were created primarily from telephone calls. In telephone call interactions with clients, staff only collects demographic information if the client volunteers it or if it is necessary for the MAP worker to provide guidance.

The Medicaid Waiver data is based on records from AIM for 2013 for the entire Medicaid Waiver population in that year (201 records).

The volunteer data is based on records from AIM, recording active volunteers in 2013, with some adjustments made by OOA staff.