



United Way of the  
Greater Lehigh Valley



Lehigh Valley Alliance on Aging  
A Strategic Partnership of  
United Way of the Greater Lehigh Valley

# *Improving the Quality of Life for Older Adults in the Lehigh Valley*



*2006 Status Report*

Your Partner for Positive Change.

*This report is published by the*

**LEHIGH VALLEY ALLIANCE ON AGING**

**A Strategic Partnership of United Way of the Greater Lehigh Valley**

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The Dorothy Rider Pool Health Care Trust  
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Lehigh Valley Hospital and Health Network  
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# Introduction

***In contrast with prevailing myths and stereotypes, older adults are an asset to our community.***

By meeting their needs and preferences, older adults remain a vital segment of our population – aging in place for as long as possible. No older adult should ever have to choose between a meal and medications, remaining at home or moving into unfamiliar surroundings, spending time with others or being alone. The longer older adults remain among us, the longer we retain an important part of our local heritage and economy.

Assuring that the Lehigh Valley is a community in which older adults can remain in their homes and communities and continue to live full lives with input and choice are the goals of many individuals, families, community leaders, and organizations that work with older adults. It is also the vision of the Lehigh Valley Alliance on Aging (*The Alliance*), a strategic partnership of United Way of the Greater Lehigh Valley. We work collectively and efficiently so that this vision becomes a reality for the highest number of older adults.

The challenges are great, considering that:

- Pennsylvania has the fastest growing over-65 population and second largest number of older adults in the country.
- 15% of Lehigh Valley residents are 65 and older, 38% of whom live with a disability significant enough to require assistance.
- Demands for in-home supports will need to grow for the estimated 65% increase by 2030.
- 30% of older adults are of low-income or in poverty. Yet, there are over 18,000 uncollected benefits available to those in the Lehigh Valley, valued at more than \$31 million annually.

The Alliance, United Way, and its partners have taken deliberate steps in examining, evaluating, and planning for improving outcomes for all older adults in our community since assuming a leadership role in 2001 to address these compelling needs. In May and June of 2005, a two-day, Valley-wide Leadership Conference was held to foster a community understanding of desired outcomes for older adults. Sixteen key indicators of success that would measure improvement in their lives on a community-wide level were decided upon. Since that conference, 10-year trend-lines have been gathered and are being provided for the first time through the publication of this booklet. These results will be updated annually in order to: track progress in regards to these quality of life indicators; serve as a basis for grant making by the United Way, foundations, corporations, and local governments; and, most importantly to be ever mindful that our communities future depends on how we care for, value, and honor our older adults.

It is our hope that this report will become an additional catalyst for mobilizing the time, talents, and treasures of all to improve the quality of life for all older adults, and we challenge every reader to consider how he or she can contribute to achieving this outcome.

Your comments about this report are important to us. Please contact your United Way at 610-807-5721 or e-mail your comments to [arlenel@unitedwayglv.org](mailto:arlenel@unitedwayglv.org).

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# Lehigh Valley Alliance on Aging

## ***Guiding Principles***

We believe that caring communities:

- Engage older adults as active and integral contributors;
- Promote community-wide involvement with and care for older adults;
- Promote and support freedom of older adults to make life choices;
- Support institutions that offer person-centered care;
- Facilitate older adults' access to services and opportunities; and,
- Invest in the infrastructure of community organizations that sustain older adults.

*Note: These are based on the principles established by the Retirement Research Foundation.*

## ***Definition of an Outcome***

An outcome is a condition of well-being for older adults, their families and the communities.  
An outcome is:

- Measurable
- Obtainable
- Concise
- Understandable.

## ***Definition of an Indicator***

An indicator is a measure which helps quantify the achievement of a result. It is a piece of information that reflects the status of important issues or concerns. It is a method of measuring whether or not we are making progress.

- It is an early signal or sign post that tells us something important.
- It measures a factor which is directly related to the quality of life.
- It is timely and is readily available on an annual basis (if not annual, then on a regular basis).
- It is compiled in a systematic, fair way and will be repeated every year.
- It must be responsive, reacting quickly and noticeably to real changes.
- It is understandable. It is simple enough to be interpreted readily by the public.
- It has relevance for public policy.

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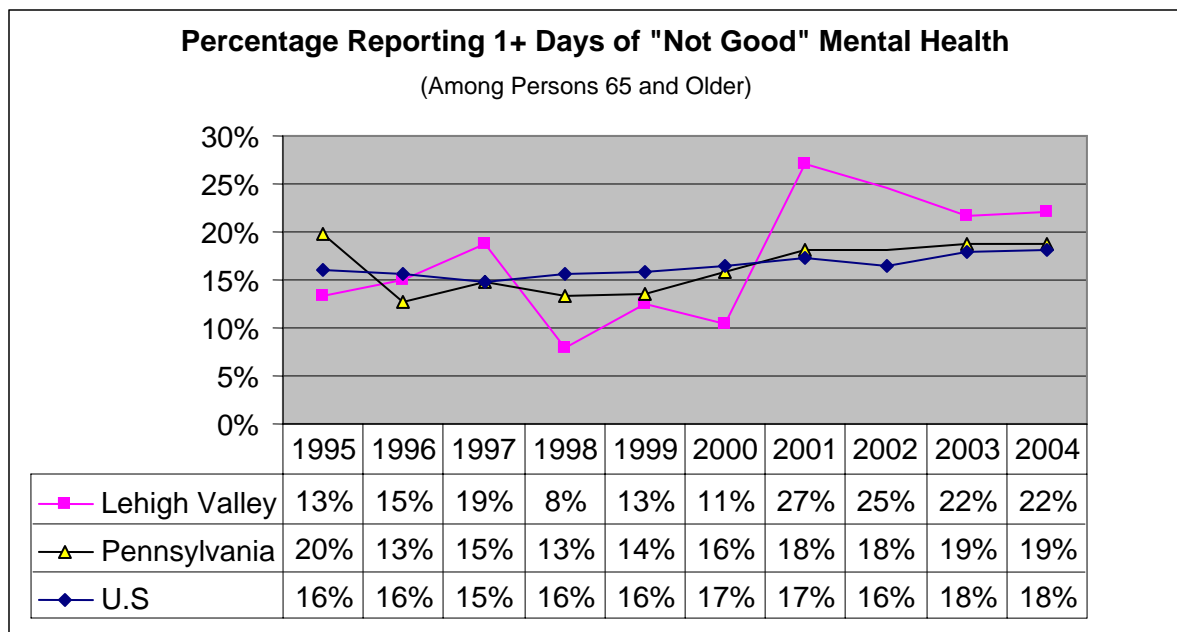
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## Outcome A: Older adults will age successfully

### Indicator A-1: Percentage of persons 65 and older reporting at least one day in the past 30 when mental health was "not good."

#### WHY IS THIS INDICATOR IMPORTANT?

Assessing one's own mental health as "not good" indicates that one may be experiencing symptoms of depression. Depressive symptoms are an important indicator of general well-being and mental health among older Americans. Higher levels of depressive symptoms are associated with higher rates of physical illness, higher health care resource utilization, and greater functional disability, all of which may compromise the quality of life and independence of older adults.



#### What Can We Learn from the Data?

- We should strive to decrease the percentage of older adults who report a day or more of "not good" mental health.
- Nationally and statewide, the percentage of older adults who report a day or more of "not good" mental health has slightly increased since 1999. An upward trend appears for Lehigh Valley residents as well.

#### Source(s):

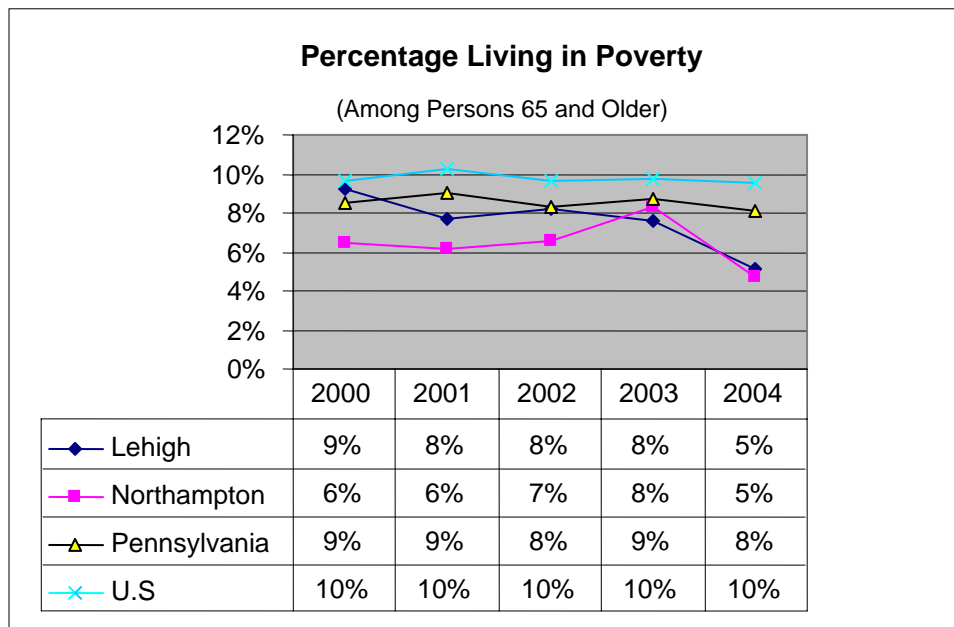
- Behavioral Risk Factor Surveillance System (BRFSS), Centers for Disease Control and Prevention (CDC), Data set acquired through CDC website for the BRFSS (<http://www.cdc.gov/brfss>).

## Outcome A: Older adults will age successfully

### Indicator A-2: Percentage of persons 65 and older living at or below the poverty level.

#### WHY IS THIS INDICATOR IMPORTANT?

Poverty rates are an important indicator of economic well-being. Older adults who live at or below the poverty level face limited choices and limited resources that may negatively impact their quality of life. Older adults living in poverty are at risk of lacking adequate financial resources to ensure a quality diet, housing, health care, and other needs. The official measure of poverty is based on a family's annual income. To determine who is poor, the U.S. Census Bureau compares family income with a set of poverty thresholds, which vary by family size and composition.



#### What Can We Learn from the Data?

- The poverty rate among older adults is slightly lower in both counties than in Pennsylvania overall and significantly lower than the U.S. percentage.
- The percentage of older adults in poverty has slightly declined in Lehigh County since 2000.
- In Northampton County, the poverty rate among older adults has remained stable.
- Our goal should be to decrease the percentage of older adults living in poverty in the Lehigh Valley.

#### Source(s):

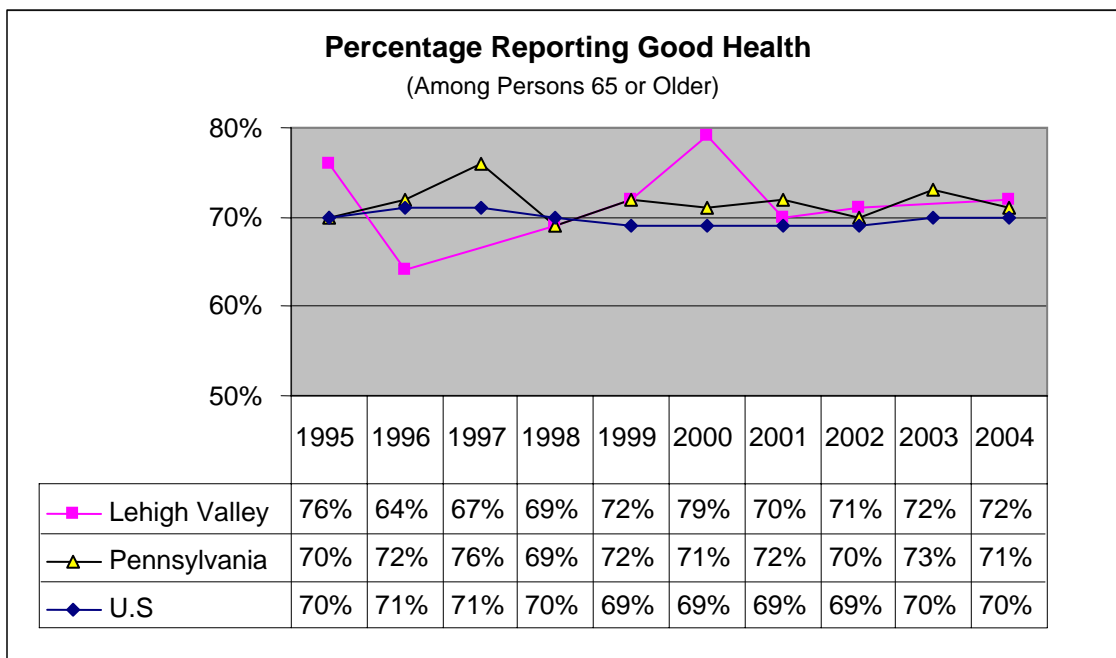
- American Community Survey (ACS), U.S. Department of Census. Data set acquired through Census Bureau website for the ACS (<http://www.census.gov/acs/www/>).

## Outcome A: Older adults will age successfully

### Indicator A-3: Percentage of persons 65 or older reporting “good,” “very good,” or “excellent” health.

#### WHY IS THIS INDICATOR IMPORTANT?

Asking people to rate their own health is an indicator that represents physical, emotional, and social aspects of health and well-being. Those who report their health as good to excellent are at lower risk of mortality than those who report their health as fair or poor.



#### What Can We Learn from the Data?

- We should strive to maintain and increase the percentage of Lehigh Valley older adults who report their health as excellent, very good, and good.
- The percentage reporting “good” or better health is stable in the Lehigh Valley, as is the statewide trend.
- The percentage of older adults in the Lehigh Valley reporting “good” or better health is slightly higher than the national percentage.

#### Source(s):

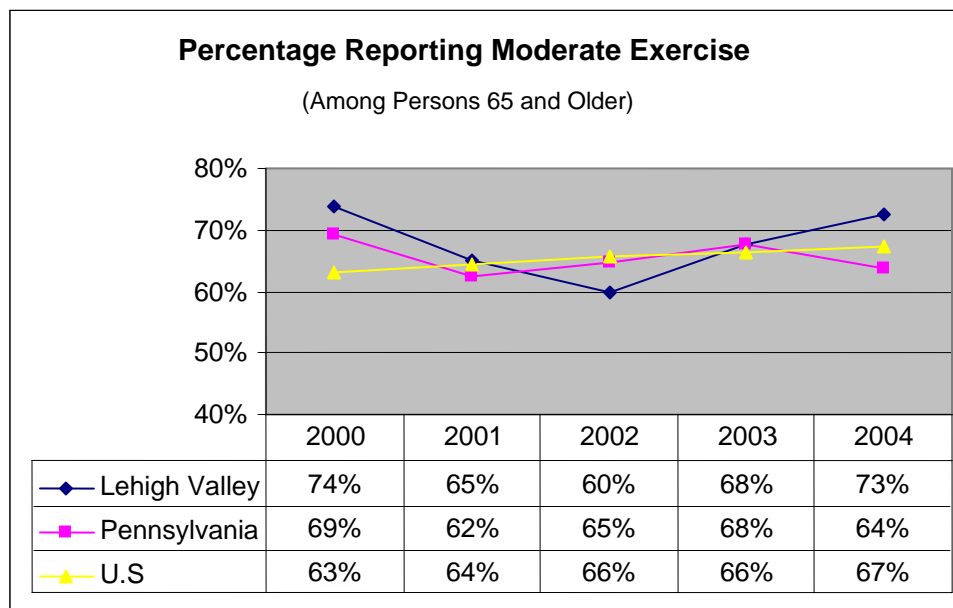
- Behavioral Risk Factor Surveillance System (BRFSS), Centers for Disease Control and Prevention (CDC). Data set acquired through CDC website for the BRFSS (<http://www.cdc.gov/brfss>).

## Outcome A: Older adults will age successfully

### Indicator A-4: Percentage of persons 65 and older reporting activity levels that meet CDC recommendations for moderate physical exercise.

#### WHY IS THIS INDICATOR IMPORTANT?

Evidence of the multiple health benefits of regular physical activity for people of all ages continues to mount. Physical exercise can help to prevent and manage coronary heart disease, hypertension, diabetes mellitus, osteoporosis, obesity, and mental health problems (e.g., depression, anxiety). Regular physical activity has also been associated with lower rates of colon cancer and stroke and may be linked to reduced back injury. Even among frail and very old adults, mobility and functioning can be improved through physical activity. Physical activity helps to maintain the functional independence of older adults and enhance their quality of life.



#### What Can We Learn from the Data?

- We should work to maintain the relatively high percentage of older adults in the Lehigh Valley who engage in moderate exercise.
- In 2004, nearly  $\frac{3}{4}$  of older adults in the Lehigh Valley report engaging in moderate physical exercise, a higher rate than reported levels according to state and national data.

#### Source(s):

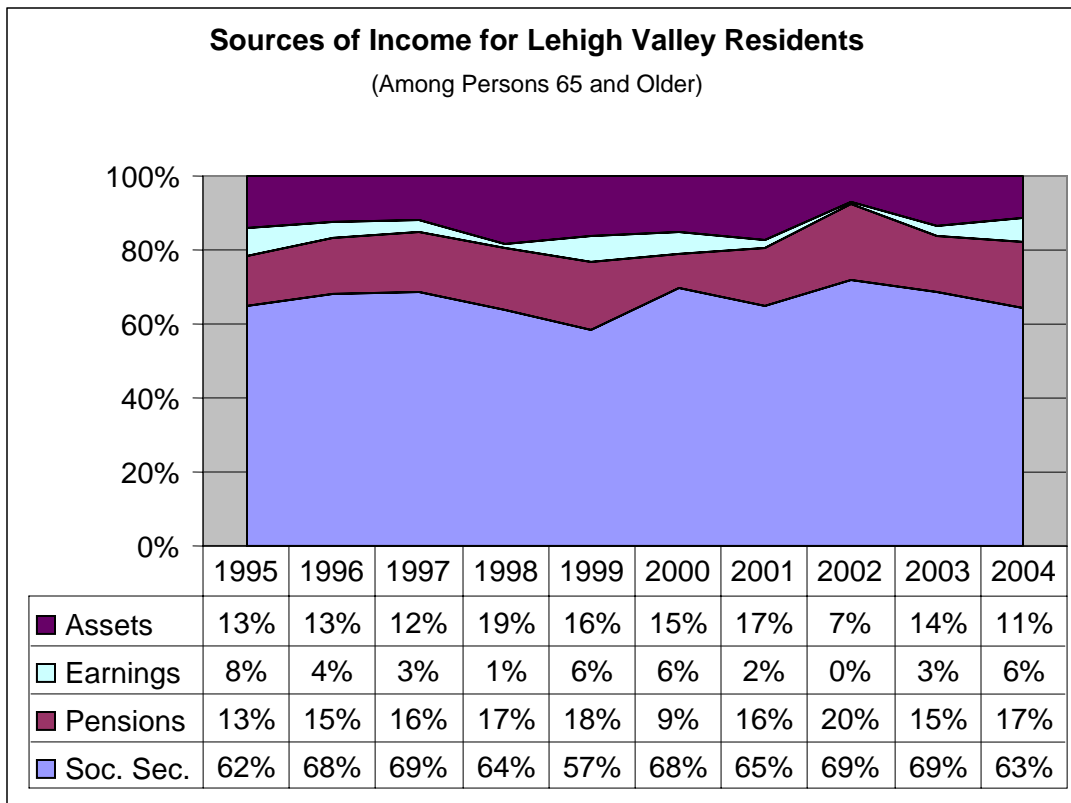
- Behavioral Risk Factor Surveillance System (BRFSS), Centers for Disease Control and Prevention (CDC). Data set acquired through CDC website for the BRFSS (<http://www.cdc.gov/brfss>).

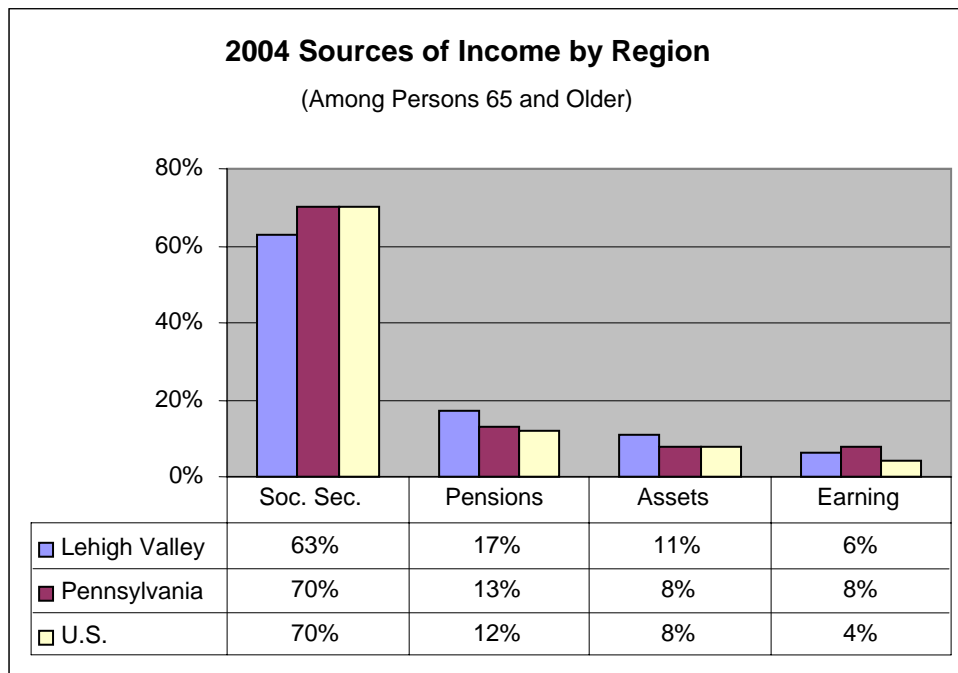
## Outcome B: Older adults will make informed, positive choices

### Indicator B-1: Sources of income for persons 65 and older.

#### WHY IS THIS INDICATOR IMPORTANT?

Continuing employment is important for older adults in a variety of ways: work offers opportunities for socialization with peers and younger persons and for continuous learning; work can maintain positive self-esteem; work can be a means of engaging older adults in community life; and, for many older persons, continuing employment contributes to a sense of living a meaningful life. Earnings from employment, assets, and pensions supplement Social Security income for older adults and assure more financial resources to meet the needs of daily life.





<b>Mean Income by Source</b>			
	<b>Lehigh Valley</b>	<b>Pennsylvania</b>	<b>U.S.</b>
Assets	\$1,619	\$699	\$967
Earnings	\$1,084	\$842	\$884
Pensions	\$3,206	\$1,651	\$1,627
Social Security	\$11,402	\$10,391	\$10,246

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### What Can We Learn from the Data?

- We should strive to provide more opportunities for meaningful employment for older adults in the Lehigh Valley.
- Lehigh Valley older adults derive a significantly higher percentage of income from pensions and assets than older adults in the state of Pennsylvania or in the United States overall. In particular, the amount of mean income that older persons in the Lehigh Valley derive from pensions is almost twice that of Pennsylvania or US residents. These higher incomes and the lower poverty levels (see indicator A-2) represent the legacy of Lehigh Valley industry. Given the deindustrialization of the Lehigh Valley and the rising number of families living in poverty in the Lehigh Valley, it is likely that the economic status of Lehigh Valley older adults will, over time, converge with the lower levels of Pennsylvania and the United States as a whole.

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### Source(s):

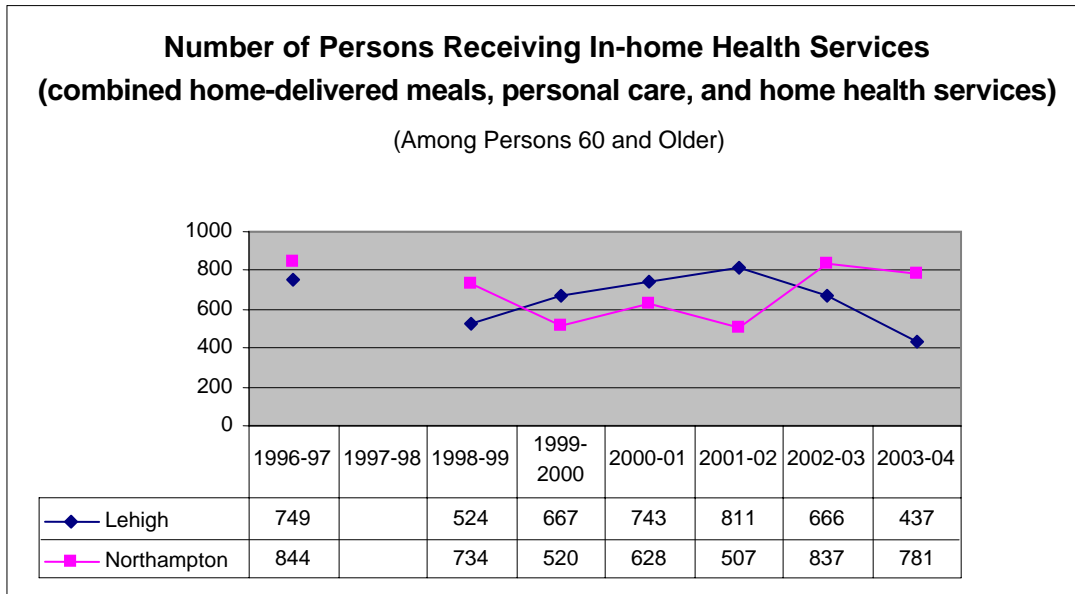
- Current Population Study, U.S. Department of Census/Bureau of Labor Statistics. Data set acquired through Penn State University Population Research Institute (<http://www.pop.psu.edu/>).

**Outcome C: Older adults will live where they choose for as long as they have the capacity to do so**

**Indicator C-1a: Number and percentage of persons 60 and older who receive In-home services (combined home-delivered meals, personal care, and home health services) by AAA (Area Agencies on Aging).<sup>1</sup>**

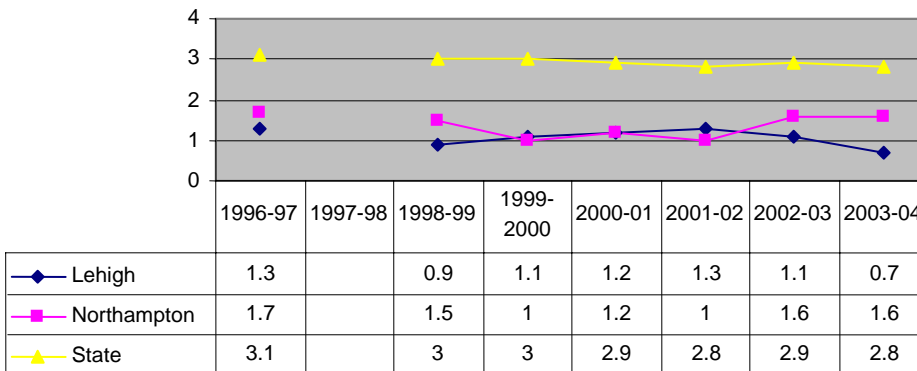
**WHY IS THIS INDICATOR IMPORTANT?**

Although most long-term health care spending in the United States is for nursing home and other institutional care, the majority of older persons live in the community and receive assistance from spouses, adult children, and other family members. Most of this care is informal and unpaid, though there is an increasing number of older Americans with disabilities who are relying on a combination of informal and formal long-term care. This raises important questions about who will provide formal care and how it will be financed.



**Rate (per 100) of Persons Receiving In-home Health Services (combined home delivered meals, personal care, and home health services)**

(Among Persons 60 and Older, Duplicated)



**What Can We Learn from the Data?**

- The numbers and rates of persons receiving In-home services including home delivered meals, personal care services, and home health services, has remained steady since 1995-96 after a sharp decline in both counties and the state from 1994-95 to 1995-96.
- The data does not include data from the waiver program.
- Data for 1997-98 does not exist.
- Our goal should be to increase the numbers and rates of people receiving In-home services.

**Source(s):**

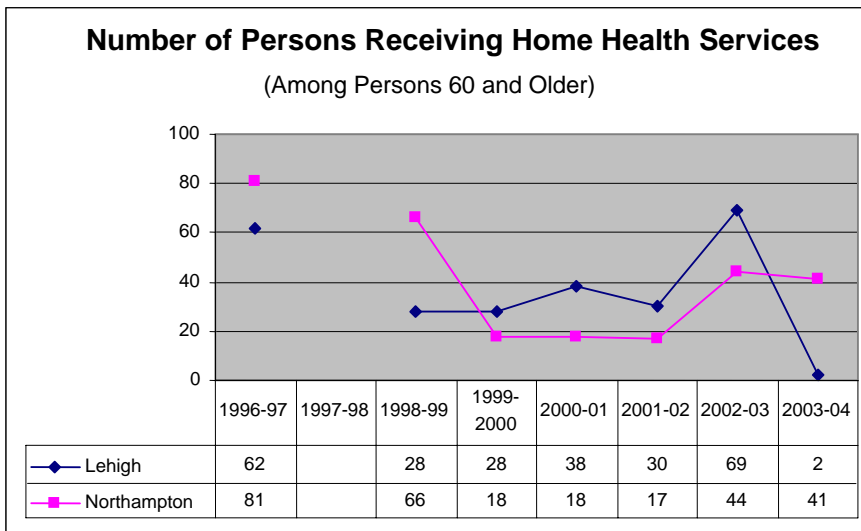
- Pennsylvania Abstract, A Statistical Fact Book. Table: Services Provided to Persons Age 60 and Older through Area Agencies on Aging, Fiscal Years, 1995 to 2005.

## Outcome C: Older adults will live where they choose for as long as they have the capacity to do so

### Indicator C-1b: Number and percentage of persons 60 and older who receive home health services by AAA (Area Agencies on Aging).<sup>2</sup>

#### WHY IS THIS INDICATOR IMPORTANT?

Although most long-term health care spending in the United States is for nursing home and other institutional care, the majority of older persons live in the community and receive assistance from spouses, adult children, and other family members. Most of this care is informal and unpaid, though there is an increasing number of older Americans with disabilities who are relying on a combination of informal and formal long-term care. This raises important questions about who will provide formal care and how it will be financed.



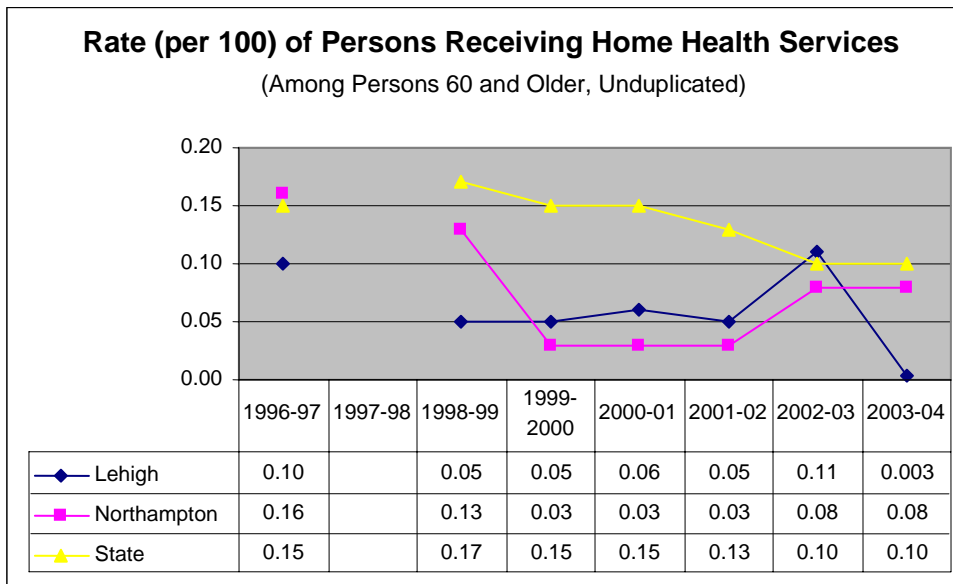
**What are home health services?**  
Skilled nursing, therapy, and aid services provided by registered nurses and licensed health aides

**Funding sources**

- Medicare or Medicaid
- AAA OPTIONS program

**Who benefits?**

Anyone determined by a physician to be in need of such care during a period of illness.



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**What Can We Learn from the Data?**

- The numbers and rates of persons receiving home health services from AAA declined in both counties and the state from 1996-97 to 2003-04.
- The data does not include data from the waiver program.
- Data for 1997-98 does not exist.
- Our goal should be to reverse this trend and increase the numbers and rates of people receiving home health services.

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**Source(s):**

- Pennsylvania Abstract, A Statistical Fact Book. Table: Services Provided to Persons Age 60 and Older through Area Agencies on Aging, Fiscal Years, 1996 to 2005.

## Outcome C: Older adults will live where they choose for as long as they have the capacity to do so

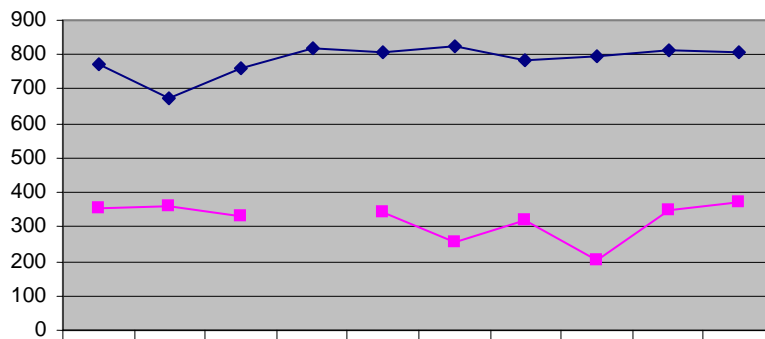
### Indicator C-1c: Number and percentage of persons 60 and older who receive home delivered meals.<sup>3</sup>

#### WHY IS THIS INDICATOR IMPORTANT?

Many older people live alone, are recovering from illness, or otherwise have a difficult time preparing meals. Home delivered meals (both hot and cold) provide nutritious meals and companionships, helping the elderly live safe and healthy in their own homes.

#### Number of Persons Receiving Home Delivered Meals

(Among Persons 60 and Older)



#### What are home delivered meals?

Hot and cold meals delivered by area agencies to maintain necessary nutrition. Meals are approved by dietitians and follow the Dietary Guidelines for Americans. Nutrition education and nutrition counseling are also provided as applicable.

#### Who provides and delivers the meals?

In the Lehigh Valley, Meals on Wheels provides the majority of home delivered meals to the elderly. Meals on Wheels is funded differently in each county: 1) Lehigh County Meals on Wheels does not accept AAA funding. 2) Northampton County Meals on Wheels does accept AAA funding.

#### Who benefits?

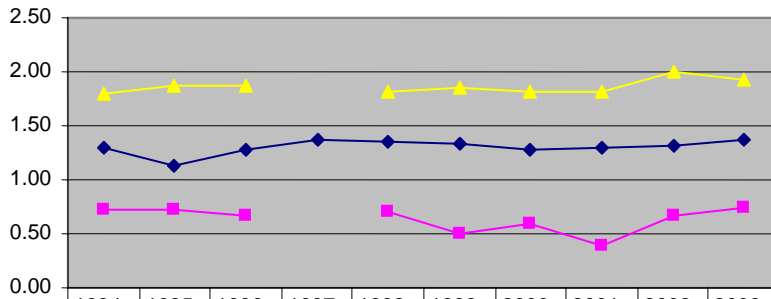
Individuals age 60 and older and their spouses who meet the eligibility criteria.

#### Funding sources

- AAA (Area Agencies on Aging)
- Private donations

## Rate (per 100) of Persons Receiving Home Delivered Meals

(Among Persons 60 and Older, Unduplicated)



◆ Lehigh	1.30	1.13	1.27	1.37	1.35	1.33	1.27	1.29	1.31	1.37
■ Northampton	0.72	0.73	0.67		0.70	0.50	0.60	0.39	0.66	0.75
▲ State	1.80	1.87	1.87		1.82	1.86	1.82	1.81	2.00	1.93

### What Can We Learn from the Data?

- The numbers and rates of persons receiving home delivered meals have increased slightly during the last decade in both Lehigh and Northampton counties.
- Data for 1997-98 does not exist.
- Our goal should be to support the positive trend with the increasing numbers and rates of elderly people receiving home delivered meals in the Lehigh Valley.

### Source(s):

- Pennsylvania Abstract, A Statistical Fact Book. Table: Services Provided to Persons Age 60 and Older through Area Agencies on Aging, Fiscal Years, 1996 to 2005.
- Meals on Wheels, Lehigh County, estimated data from 1994 to 2004.

## Outcome C: Older adults will live where they choose for as long as they have the capacity to do so

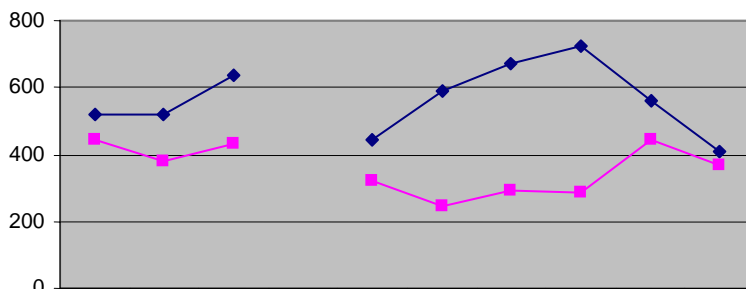
### Indicator C-1d: Number and percentage of persons 60 and older who receive personal care services by AAA (Area Agencies on Aging).<sup>4</sup>

#### WHY IS THIS INDICATOR IMPORTANT?

Personal care services provided in the home by a licensed provider enables an elderly person to live healthy and safe in their own home. Such services are broadly defined and include housekeeping and routine personal care services.

#### Number of Persons Receiving Personal Care Services

(Among Persons 60 and Older)



	1994-95	1995-96	1996-97	1997-98	1998-99	1999-2000	2000-01	2001-02	2002-03	2003-04
Lehigh	520	518	639		445	589	669	723	560	406
Northampton	443	381	430		324	244	292	286	445	367

#### What are personal care services?

In-home help with bathing and other personal hygiene, laundry, shopping, and meal preparation.

#### Who benefits?

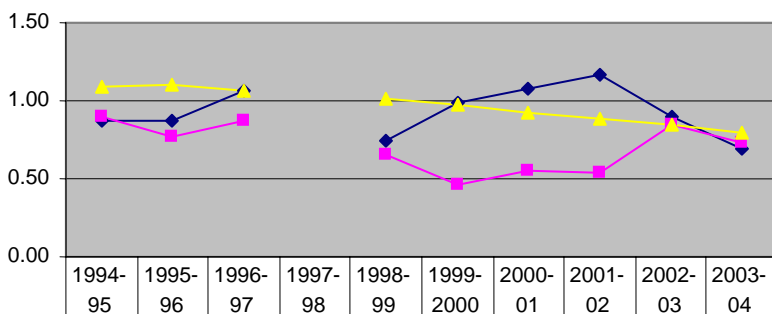
- Individuals age 60 and older who meet the eligibility criteria.
- Families and other caregivers who are responsible for their care and need some relief.
- Mentally or physically challenged adults who might otherwise need to be in a nursing home.
- Families and other caregivers who are responsible for their care and need supportive services to improve or maintain a level of independence.

#### Funding sources

- AAA (Area Agencies on Aging)
- Medicare or Medicaid

#### Rate (per 100) of Persons Receiving Personal Care Services

(Among Persons 60 and Older)



	1994-95	1995-96	1996-97	1997-98	1998-99	1999-2000	2000-01	2001-02	2002-03	2003-04
Lehigh	0.87	0.87	1.07		0.75	0.99	1.08	1.17	0.90	0.69
Northampton	0.90	0.77	0.87		0.66	0.46	0.55	0.54	0.85	0.73
State	1.09	1.10	1.07		1.01	0.98	0.92	0.88	0.85	0.79

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### **What Can We Learn from the Data?**

- The numbers and rates of persons receiving personal care services from AAA has varied during the past decade and between counties and the state. But overall both Lehigh and Northampton counties have seen a decline in services from 1994-95 to 2003-04.
- Data for 1997-98 does not exist.
- Our goal should be to reverse this trend and increase the numbers and rates of people receiving personal care services in the Lehigh Valley.

### **Source(s):**

- Pennsylvania Abstract, A Statistical Fact Book. Table: Services Provided to Persons Age 60 and Older through Area Agencies on Aging, Fiscal Years, 1995 to 2005.

## Outcome C: Older adults will live where they choose for as long as they have the capacity to do so

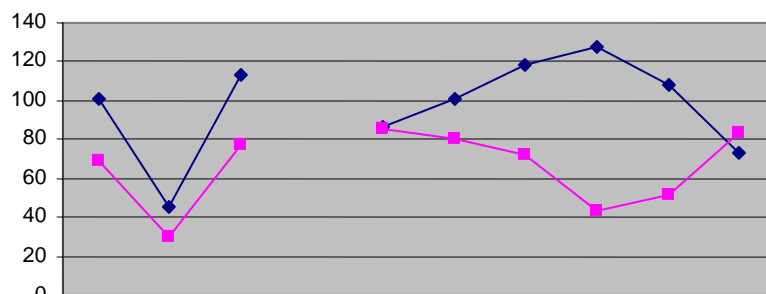
### Indicator C-2: Number and percentage of persons 60 and older who receive adult day services by AAA (Area Agencies on Aging).<sup>5</sup>

#### WHY IS THIS INDICATOR IMPORTANT?

Adult day services are considered positive alternatives to nursing home living as they allow the elderly who are unable to care for themselves the opportunity to live at home without placing undue burden on caregivers. This allows caregivers to lead relatively normal working lives.

#### Number of Persons Receiving Adult Day Services

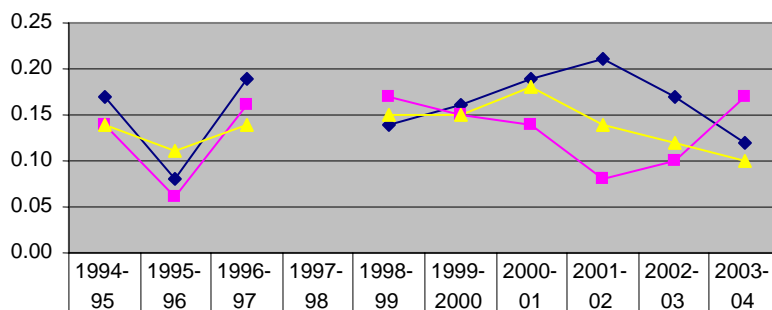
(Among Persons 60 and Older)



◆ Lehigh	101	45	113		86	101	118	128	108	73
■ Northampton	69	30	77		85	80	72	43	51	83

#### Rate (per 100) of Persons Receiving Adult Day Services

(Among Persons 60 and Older)



◆ Lehigh	0.17	0.08	0.19		0.14	0.16	0.19	0.21	0.17	0.12
■ Northampton	0.14	0.06	0.16		0.17	0.15	0.14	0.08	0.10	0.17
▲ State	0.14	0.11	0.14		0.15	0.15	0.18	0.14	0.12	0.10

#### What are adult day services?

Caregiving in an organized setting offered for less than a 24-hour day. It offers an individual plan of care to meet the needs of each participant. Participants attend on a scheduled basis and services may include: care and supervision, group and individual activities, meals and snacks, recreation, exercise, personal care, nursing care, education, health monitoring, counseling, information and referral, care management, assistance with activities of daily living, and therapies.

#### Who benefits?

- Mentally or physically challenged adults who might otherwise need to be in a nursing home.
- Families and other caregivers who are responsible for their care and need supportive services to improve or maintain a level of independence.

#### Funding sources

- AAA (Area Agencies on Aging)
- Private donations

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**What Can We Learn from the Data?**

- The numbers and rates of persons receiving adult day services have varied during the past decade and between counties and the state. Lehigh County has seen considerable fluctuation with an overall decline since 1994-95 while Northampton has experienced a slight increase in the numbers receiving adult day services. The State has experienced an overall decline in the numbers receiving adult day services.
- Our goal should be to increase the numbers and rates of people receiving adult day services in the Lehigh Valley.

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**Source(s):**

- Pennsylvania Abstract, A Statistical Fact Book. Table: Services Provided to Persons Age 60 and Older through Area Agencies on Aging, Fiscal Years, 1995 to 2005.

## Outcome C: Older adults will live where they choose for as long as they have the capacity to do so

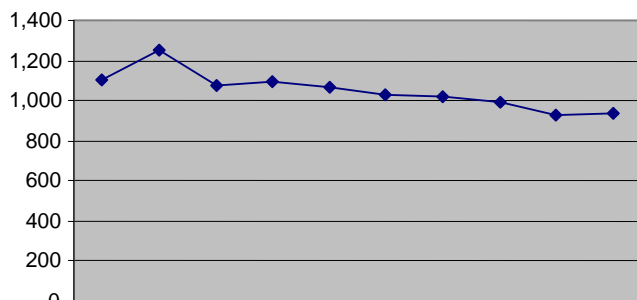
### Indicator C-3a: Number and rate of persons 65 and older who use public transportation/mass transit in the Lehigh Valley.

#### WHY IS THIS INDICATOR IMPORTANT?

Many older people drive but still face mobility barriers, or they suffer from physical or medical problems but still seek an active community life. As one grows older, transportation assistance is increasingly relied on to maintain an active and healthy lifestyle. Public transportation fills this need for many people.

#### Number of Persons who Use Public Transportation

(Among Persons 65 and Older)



#### Types of Public Transportation Services available to the elderly

##### Metro

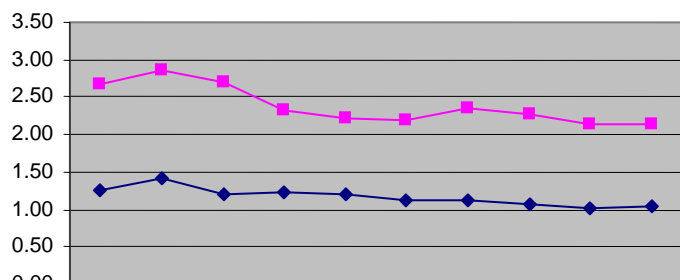
Concentrated in the Cities of Allentown, Bethlehem, and Easton with links to surrounding boroughs and townships, it has a fixed route network of 26 bus routes throughout the Lehigh Valley and provides daily, later evening, and both Saturday and Sunday services. Under Pennsylvania's Free Transit Program senior citizens and disabled persons may ride Metro FREE any time except on weekdays from 7:00 AM to 8:00 AM and 4:30 PM to 5:30 PM.

##### Metro Plus

Under Pennsylvania's Shared-Ride Program, this provides a shared-ride, accessible, door-to-door para-transit service for people who are unable to use LANTA/Metro fixed route bus services due to not being near a Metro bus route or for those who need specialized service due to a physical or cognitive disability. Metro Plus services are available in all areas of Lehigh and Northampton counties. Over 115 vans are operated in the two county region. As per the Shared Ride program rules, customers using Metro Plus must pay 15% of the one-way trip cost which translates into \$2.70 per trip. There are no zones within the two counties.

#### Rate (per 100) of Public Transportation Use

(Among Persons 65 and Older)



#### Rate of Ridership in 2004 (per 100)

	Reports
Lehigh and Northampton	1.03
State	2.15

---

### **What Can We Learn from the Data?**

The rate of public transportation use among those 65 and older in Lehigh and Northampton counties has declined significantly in a ten year span from 1993-94 (1.48) to 2003-04 (1.03). These rates are also lower than those of the state, 2.52 and 2.15 respectively, which could reflect the greater availability of and reliance on public transportation in Pennsylvania's major urban centers including Philadelphia and Pittsburgh.

- The data is affected by various state-specific policies, demographic changes, and local-level options.<sup>6</sup>
- Our goal should be to increase the numbers and rates of elderly people using public transportation.

---

### **Source(s):**

- Pennsylvania Abstract, A Statistical Fact Book. Table: Mass Transit for Urbanized Areas in Pennsylvania by Total Passengers, Senior Citizen Patronage, Average Vehicle Age, and Other Selected Data, 1994-95 to 2003-04.

## Outcome C: Older adults will live where they choose for as long as they have the capacity to do so

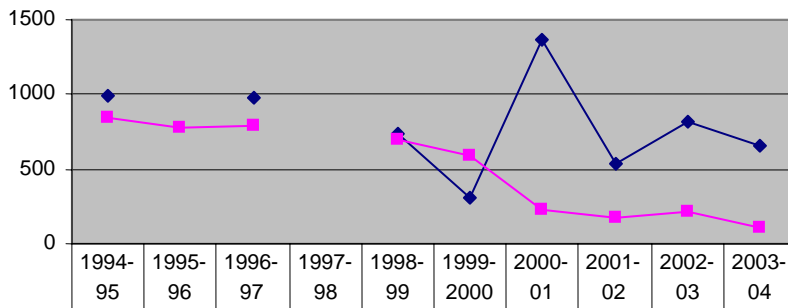
### Indicator C-3b: Number and percentage of persons 60 and older who receive transportation services through local Area Agencies on Aging.<sup>7</sup>

#### WHY IS THIS INDICATOR IMPORTANT?

Transportation services provided by local Area Agencies on Aging provide transportation to persons who have special needs or where regular public transportation services are not available.

#### Number of Persons Receiving Transportation Services through Area Agencies on Aging

(Among Persons 60 and Older)



#### Transportation Assistance Available to the Elderly (besides public transportation services)

Local Area Agencies on Aging provide transportation services to assist older persons in getting to and from senior community centers, medical facilities, human service agencies, and stores for shopping.

#### Other Forms of Transportation Assistance for the elderly in Pennsylvania

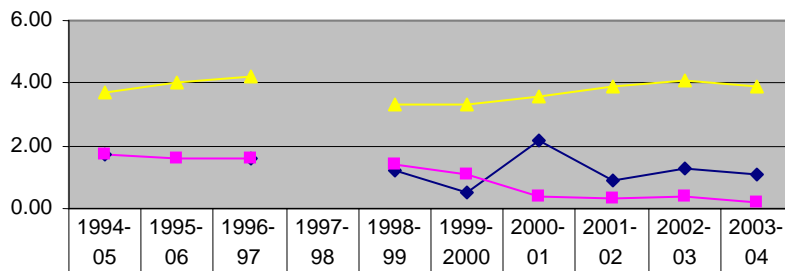
(not reflected in the data presented on this page):  
 Reduced Motor Vehicle Registration: This allows retired persons to register their vehicle for a reduced fee.

#### Who Benefits?

Any Pennsylvania resident who is retired and receiving Social Security or other pension and annuities that do not exceed a particular amount (currently \$19,200 annually).

#### Rate (per 100) of Persons Receiving Transportation Services through Area Agencies on Aging

(Among Persons 60 and Older)



#### Rate of Ridership in 2004

Lehigh	1.1
Northampton	.2
State	3.9

---

### **What Can We Learn from the Data?**

- The rate of persons receiving transportation services through AAA (Area Agencies on Aging) has declined from 1.7 in 1994-95 in both Lehigh and Northampton counties to 1.1 and 0.2 in 2003-04 for Lehigh County and Northampton County, respectively. The rate of transportation assistance in the state, as a whole, has remained steady, perhaps reflecting the greater norm and availability of public transportation in Pennsylvania's biggest urban centers.
- The data is affected by various state-specific policies, demographic changes, and local-level options.<sup>8</sup>
- Our goal should be to increase the numbers and rates of elderly people receiving transportation services through Area Agencies on Aging.

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### **Source(s):**

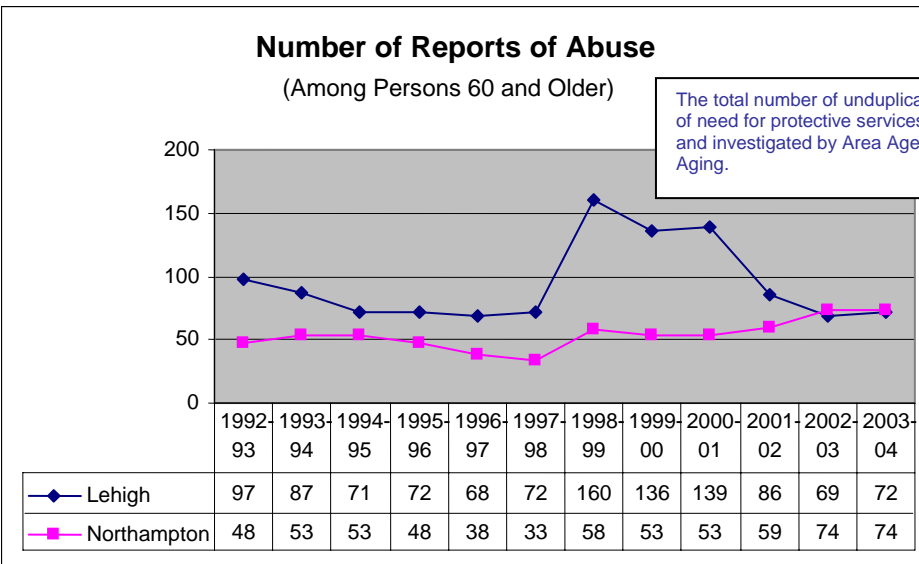
- Pennsylvania Abstract, A Statistical Fact Book. Table: Services Provided to Persons Age 60 and Over through Area Agencies on Aging in Pennsylvania, 1994-95 to 2003-04.
- Pennsylvania Department of Aging, *Benefits & Rights for Older Pennsylvanians*, 26<sup>th</sup> edition, March 2006.

## Outcome D: Older adults will live safely in supportive communities

### Indicator D-1 (Comprehensive-a): Number and percentage of reported and substantiated (as needing protective services) rates of abuse in persons 60 and older.

#### WHY IS THIS INDICATOR IMPORTANT?

Elder abuse is a growing problem. It refers to any intentional or negligent act by a caregiver or another person that causes harm (or risk of harm) to an elderly person (over age 60). It affects people of all ethnic backgrounds, both men and women, but it is mostly concentrated among the very old (over age 75). Since 1987, when the Older Adults Protective Services Act (OAPSA) was signed into law, the Department of Aging has sought to protect and provide services to the elderly who have been abused. While elder abuse is gaining increasing attention it remains a largely hidden issue, with over 80 percent of cases going unreported.



#### Basic Facts

##### The Victims

- Those over age 75 account for 70% found in need of protective services.
- Most are female (67%) and dependent on abusers.
- Most (70%) live in their own home.

##### The Abusers

- Most (54%) are middle aged (30-59).
- Most (57%) are female.

##### Some are family members including:

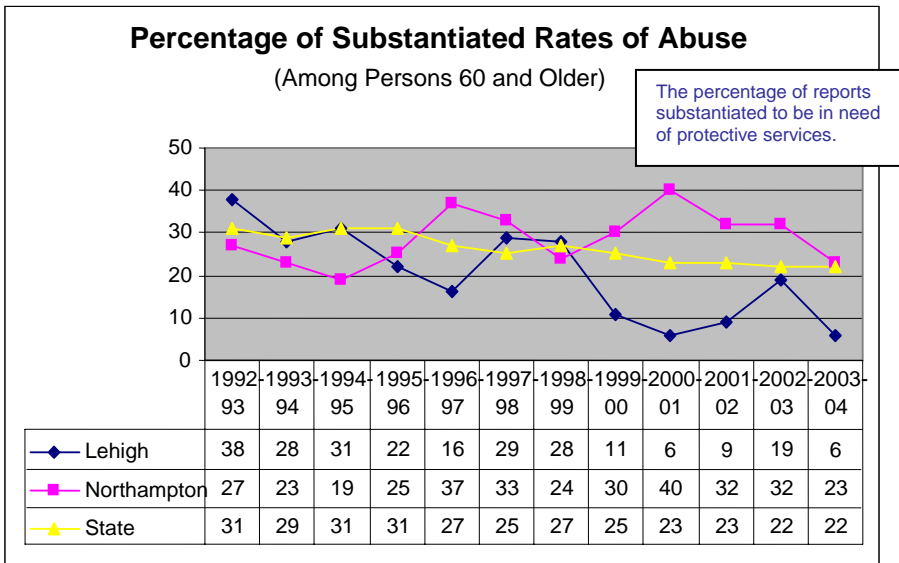
- Husbands (6%)
- Wives (4%)
- Sons (11%)
- Daughters (12%)

##### Classification of Reports

- Emergencies (8%)
- Priorities (29%)
- Non-priority (55%)

##### Source of Reports

- Nursing homes (21%)
- Family members (21%)
- Public (19%)
- Health care agencies (10%)



**Rate/10,000 in 2002-03**

	Reports Received	Substantiated Reports
Lehigh	11.6	.6
Northampton	14.1	3.2
State	54.3	11.7
National		

### What Can We Learn from the Data?

- The numbers of reported abuse cases has fluctuated in the two counties in the past decade. There has been a substantial decrease in the number of reports of abuse in Lehigh County in the past four years (from 160 to 69) after more than doubling in the previous year. On the other hand, the number of reports of abuse has climbed in Northampton County during these same years (from 58 to 74).
- \*\* Substantiated cases, on the other hand, have seen an overall decline both in the two counties and in the state. It is important to note that the percentage of substantiated reports, however, does not necessarily reflect institutional determination of victim need. Substantiation rates may vary due to institutional approach to individual cases and a determination of how best to service victims' needs under the mandatory reporting law of 1995 and additional changes thereafter. Substantiation, most recently, for example, requires perpetrator notification. This has caused some AAA to be cautious in substantiating, especially in the case of caregiver abuse by a close family member.
- Our goal should be to decrease the number of cases of elderly abuse, reflected in a decreased number of reports of abuse, as well as, the rate of abuse. But we should be cautious in understanding the complexity of and limitations of this data in reflecting actual numbers of abuse cases. Abuse tends to be under-reported. Therefore, a decrease in reported abuse cases may not indicate a positive trend. Additionally, substantiation of abuse cases does not necessarily reflect the degree of need to intervene in abuse cases that are reported.

### Source(s):

- Pennsylvania Department of Aging, "Older Adults Protective Services Annual Report" for the years 1994-95 to 2003-04.
- Pennsylvania Department of Aging, "Benefits and Rights for Older Pennsylvanians," 2006.
- Michael J. Tueth, M.D., Exposing Financial Exploitation of Impaired Elderly Persons, American Journal of Geriatric Psychiatry, 8:104-111, May 2000.
- Pennsylvania Department of Aging, "Module on Elder Sexual Abuse, PCAR's Elder Sexual Abuse Curriculum." (<http://www.aging.state.pa.us/aging/cwp/view.asp?a=541&q=252220>).
- National Center on Elder Abuse (<http://www.elderabusecenter.org>).
- Northampton County AAA (Area Agency on Aging) and Lehigh County AAA (Area Agency on Aging).

## Outcome D: Older adults will live safely in supportive communities.

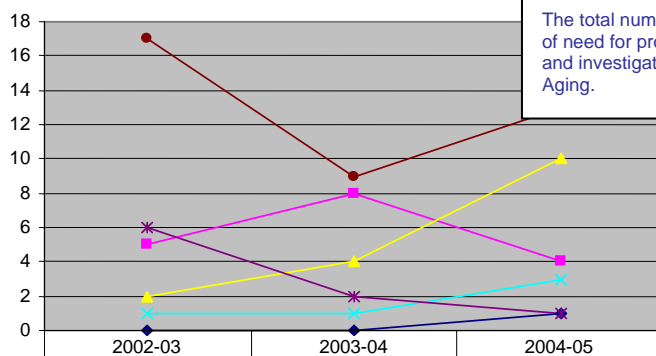
### Indicator D-1 (Comprehensive-b): Number and percentage of reported and substantiated (as needing protective services) rates of abuse by type of abuse in persons 60 and older.

#### WHY IS THIS INDICATOR IMPORTANT?

It is important to understand the different types of abuse that affect the elderly population in the Lehigh Valley.<sup>9</sup>

#### Number of Reports of Abuse in Lehigh and Northampton Counties

(Among Persons 60 and Older)



#### Reports by Type of Abuse

(As percentage of total reports for 3 years combined (2002 to 2005))

Physical	45
Exploitation	20
Caregiver Neglect	18
Emotional	10
Sexual	6
Abandonment	1

The total number of unduplicated reports of need for protective services received and investigated by Area Agencies on Aging.

#### Definitions

**Abandonment:** The desertion of an older adult by a caregiver.

**Exploitation:** An act or course of conduct by a caregiver or other person against an older adult or an older adult's resources, without the informed consent of the older adult or with consent obtained through misrepresentation, coercion, or threats of force, that results in monetary, personal, or other benefit, gain, or profit for the perpetrator, or monetary or personal loss to the older adult.

**Caregiver Neglect:** The failure of a caregiver to provide goods or services essential to avoid a clear and serious threat to physical or mental health.

**Sexual:** Sexual harassment, rape, or abuse, as defined in the Protection From Abuse Act (23 Pa.C.S.A., Sections 6101-6117).

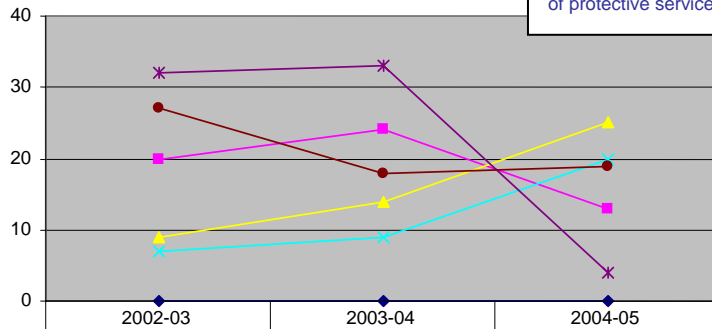
**Emotional:** The infliction of harm, injury, intimidation, or punishment with resulting in mental anguish or unreasonable confinement.

**Physical:** The infliction of injury, intimidation, or punishment with resulting physical harm or pain or unreasonable confinement.

## Percentage of Substantiated Reports of Abuse in Lehigh and Northampton Counties

(Among Persons 60 and Older)

The percentage of reports substantiated to be in need of protective services.



◆ Abandonment	0	0	0
■ Exploitation	20	24	13
▲ Neglect	9	14	25
✕ Sexual	7	9	20
✱ Emotional	32	33	4
● Physical	27	18	19

### What Can We Learn from the Data?

- The numbers of reported abuse cases for the two counties combined range from 0 (abandonment in every year) to 17 (physical abuse in 2002-2003). Physical abuse accounts for the greatest number of reported cases for all three years combined, followed by exploitation.
- Substantiated cases (based on greater than 0 reported cases) vary from 4 (emotional in 2004-05) to 33 (emotional in 2003-04).
- The percentage of substantiated reports, however, does not necessarily reflect institutional determination of victim need. Substantiation rates may vary due to institutional approach to individual cases and a determination of how best to service victims' needs under the mandatory reporting law of 1995 and additional changes thereafter. Substantiation, most recently, for example, requires perpetrator notification. This has caused some AAA to be cautious in substantiating, especially in the case of caregiver abuse by a close family member.
- Our goal should be to decrease the number of cases of elderly abuse, reflected in a decreased number of reports of abuse, as well as, the rate of abuse. But we should be cautious in understanding the complexity of and limitations of this data in reflecting actual numbers of abuse cases. Abuse tends to be under-reported. Therefore, a decrease in reported abuse cases may not indicate a positive trend. Additionally, substantiation of abuse cases does not necessarily reflect the degree of need to intervene in abuse cases that are reported.

### Sources:

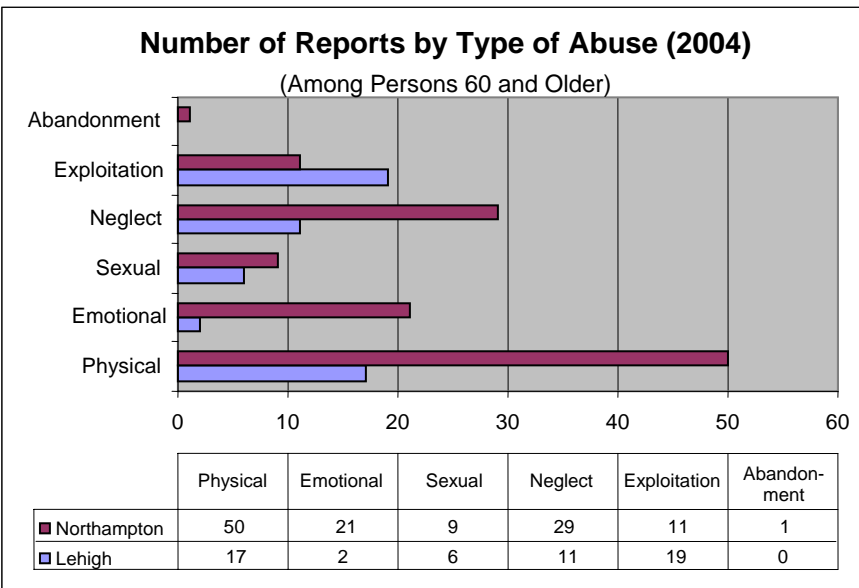
- Pennsylvania Department of Aging, "Older Adults Protective Services Annual Report" for the years 1994-95 to 2003-04.
- Pennsylvania Department of Aging, "Benefits and Rights for Older Pennsylvanians," 2006.
- Michael J. Tueth, M.D., Exposing Financial Exploitation of Impaired Elderly Persons, American Journal of Geriatric Psychiatry, 8:104-111, May 2000.
- Pennsylvania Department of Aging, "Module on Elder Sexual Abuse, PCAR's Elder Sexual Abuse Curriculum." (<http://www.aging.state.pa.us/aging/cwp/view.asp?a=541&q=252220>).
- National Center on Elder Abuse (<http://www.elderabusecenter.org>).
- Northampton County AAA (Area Agency on Aging) and Lehigh County AAA (Area Agency on Aging).

## Outcome D: Older adults will live safely in supportive communities.

**Indicator D-1 (Comprehensive-c): Number and percentage of reported and substantiated (as needing protective services) rates of abuse by type of abuse in 2004 in persons 60 and older.**

### WHY IS THIS INDICATOR IMPORTANT?

It is important to understand the different types of abuse that effect the elderly population in the Lehigh Valley.



### Rates of Occurrence (by percentage)

Physical	38%
Caregiver Neglect	23
Exploitation	17
Emotional	13
Sexual	9
Abandonment	1

### Definitions

**Abandonment:** The desertion of an older adult by a caregiver.

**Exploitation:** An act or course of conduct by a caregiver or other person against an older adult or an older adult's resources, without the informed consent of the older adult or with consent obtained through misrepresentation, coercion, or threats of force, that results in monetary, personal, or other benefit, gain, or profit for the perpetrator, or monetary or personal loss to the older adult.

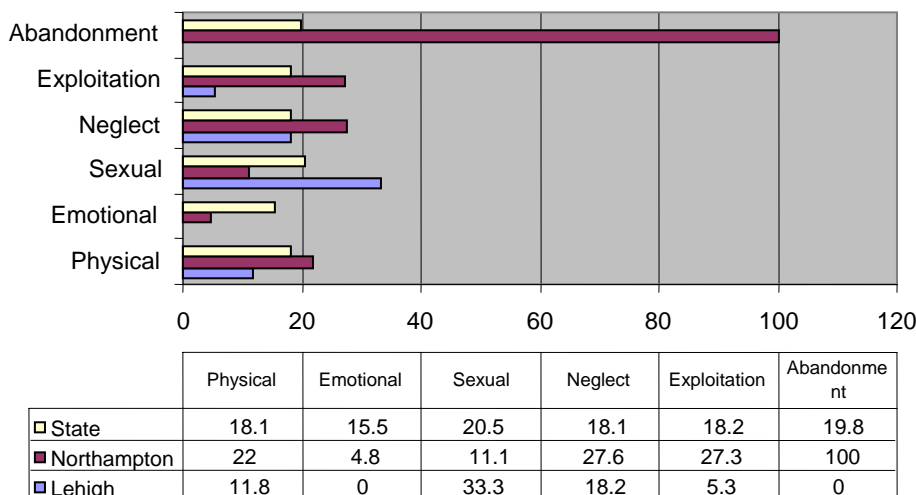
**Caregiver Neglect:** The failure of a caregiver to provide goods or services essential to avoid a clear and serious threat to physical or mental health.

**Sexual:** Sexual harassment, rape, or abuse, as defined in the Protection From Abuse Act (23 Pa.C.S.A., Sections 6101-6117).

**Emotional:** The infliction of harm, injury, intimidation, or punishment with resulting in mental anguish or unreasonable confinement.

**Physical:** The infliction of injury, intimidation, or punishment with resulting physical harm or pain or unreasonable confinement.

### Rate (per 100) of Substantiated Reports by Type of Abuse (2004)

  
(Among Persons 60 and Older)


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## What Can We Learn from the Data?

- Physical abuse accounted for the largest number of reported abuse cases in Lehigh County in 2004. Exploitation accounted for the largest number of reported cases in Northampton County. Only about one in five cases (on average) of exploitation and physical abuse were substantiated within this year.
- Abandonment accounts for the lowest number of reported cases of abuse. But when it does occur it seems to have a high rate of substantiation.
- It is important to note that the percentage of substantiated reports, however, does not necessarily reflect institutional determination of victim need. Substantiation rates may vary due to institutional approach to individual cases and a determination of how best to service victims' needs under the mandatory reporting law of 1995 and additional changes thereafter. Substantiation, most recently, for example, requires perpetrator notification. This has caused some AAA to be cautious in substantiating, especially in the case of caregiver abuse by a close family member.
- Our goal should be to decrease the number of cases of elderly abuse, reflected in a decreased number of reports of abuse, as well as, the rate of abuse. But we should be cautious in understanding the complexity of and limitations of this data in reflecting actual numbers of abuse cases. Abuse tends to be under-reported. Therefore, a decrease in reported abuse cases may not indicate a positive trend. Additionally, substantiation of abuse cases does not necessarily reflect the degree of need to intervene in abuse cases that are reported.

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## Source(s):

- Pennsylvania Department of Aging, "Older Adults Protective Services Annual Report" for the years 1994-95 to 2003-04.
- Pennsylvania Department of Aging, "Benefits and Rights for Older Pennsylvanians," 2006.
- Michael J. Tueth, M.D., Exposing Financial Exploitation of Impaired Elderly Persons, *American Journal of Geriatric Psychiatry*, 8:104-111, May 2000.
- Pennsylvania Department of Aging, "Module on Elder Sexual Abuse, PCAR's Elder Sexual Abuse Curriculum." (<http://www.aging.state.pa.us/aging/cwp/view.asp?a=541&q=252220>).
- National Center on Elder Abuse (<http://www.elderabusecenter.org/>).
- Northampton County AAA (Area Agency on Aging) and Lehigh County AAA (Area Agency on Aging).

## Outcome D: Older adults will live safely in supportive communities

### Indicator D-1a: Number and percentage of reported and substantiated (as needing protective services) rates of caretaker neglect.

#### WHY IS THIS INDICATOR IMPORTANT?

Caretaker neglect is defined as the failure of a caregiver to provide goods or services essential to avoid a clear and serious threat to physical or mental health. It is one of the more frequent forms of abuse affecting the elderly in the Lehigh Valley and accounts for the greatest percentage of substantiated reports.

#### Number of Reports of Caretaker Neglect

(Among Persons 60 and Older)



#### Basic Facts

**How prevalent is caretaker neglect?** It accounts for 18 percent of all abuse cases reported in the Lehigh Valley. A significant percent are substantiated.

#### What is caretaker neglect?

It is defined by the National Center on Elder Abuse "as the refusal or failure to fulfill any part of a person's obligations or duties to an elder. Neglect may also include failure of a person who has fiduciary responsibilities to provide care for an elder (e.g., pay for necessary home care services) or the failure on the part of an in-home service provider to provide necessary care."

#### Identifying caretaker neglect in elders:

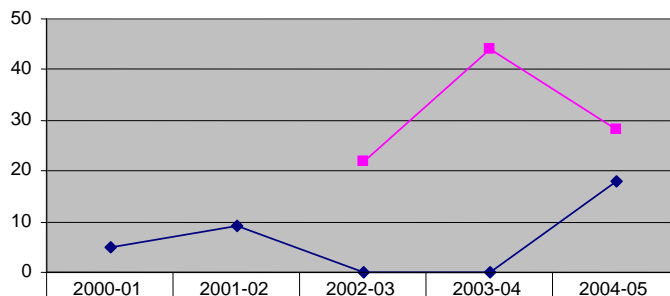
- Dehydration, malnutrition, bed sores, poor personal hygiene
- Hazardous or unsafe living conditions
- Unsanitary and unclean living conditions
- Elder's report of mistreatment

#### Who are the abusers?

Caretaker neglect can be committed by relatives, including close family members.

#### Percentage of Substantiated Reports of Caretaker Neglect

(Among Persons 60 and Older)



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### **What Can We Learn from the Data?**

- Caregiver neglect accounts for a substantial percentage of all forms of elderly abuse in the Lehigh Valley including 18 percent of all reports of abuse. A significant percentage of reports are substantiated.
- Our goal should be to raise awareness of the complex issues surrounding elderly caregiver neglect in the Lehigh Valley, including ways to alleviate the stresses involved in providing care by professionals and family members.

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### **Source(s):**

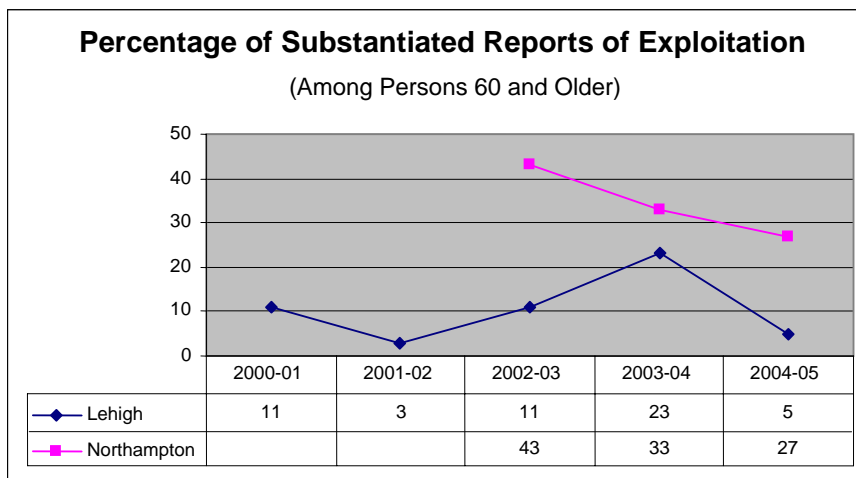
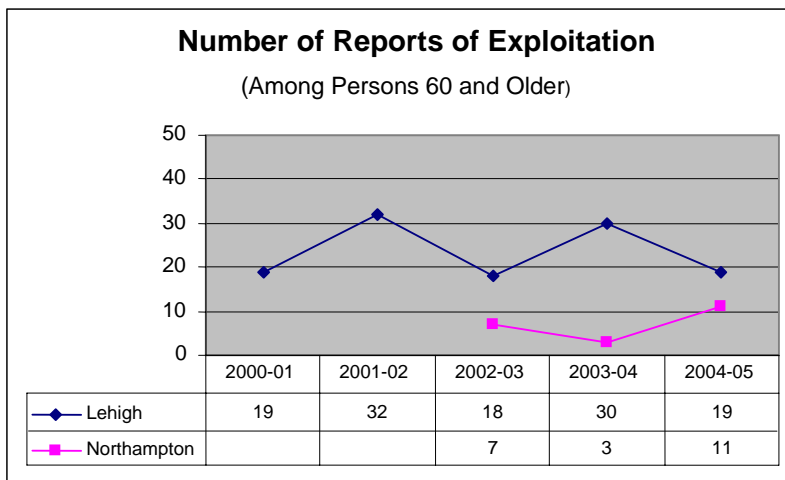
- Pennsylvania Department of Aging, "Older Adults Protective Services Annual Report" for the years 1994-95 to 2003-04.
- Pennsylvania Department of Aging, "Benefits and Rights for Older Pennsylvanians," 2006.
- National Center on Elder Abuse (<http://www.elderabusecenter.org/>).
- Northampton County AAA (Area Agency on Aging) and Lehigh County AAA (Area Agency on Aging).

## Outcome D: Older adults will live safely in supportive communities

### Indicator D-1b: Number and percentage of reported and substantiated (as needing protective services) rates of exploitation.

#### WHY IS THIS INDICATOR IMPORTANT?

Many of the elderly are dependent on others to manage not only their physical needs but also their banking, investments, and other financial affairs. This dependency makes the elderly vulnerable to caregiver's undue influence and exploitation. Exploitation is an act or course of conduct by a caregiver or other person against an older adult or an older adult's resources, without the informed consent of the older adult or with consent obtained through misrepresentation, coercion, or threats of force that results in monetary, personal, or other benefit, gain, or profit for the perpetrator or monetary or personal loss to the older adult. Exploitation accounts for a substantial percentage (20%) of all reported abuse cases with significant rates of substantiation.



#### Basic Facts

Exploitation accounts for 20% of all abuse cases reported in the Lehigh Valley.

Who are the victims? They tend to have one or more of the following traits:

- Physically disabled
- Live alone
- Socially isolated
- Experiencing grief
- Depressed or mentally ill
- Lacking knowledge of own finances
- Naturally naïve

Who are the abusers? There are two categories:

- Opportunists (most often family members who feel entitled)
- Predators (seek out older persons to intentionally victimize)

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### **What Can We Learn from the Data?**

- Exploitation accounts for about 20 percent of all reported abuse cases in the Lehigh Valley. A significant percentage of these reported cases are substantiated as in need of protective services.
- On the other hand, most cases of exploitation go unreported due to factors of embarrassment or shame (in the case of opportunistic family members) or fear of being found incompetent and sent to a nursing home.
- Our goal should be to first raise awareness of the complex issues surrounding elderly adult exploitation, including the factors that predispose the elderly to opportunist and predatory-type exploitation.

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### **Source(s):**

- Pennsylvania Department of Aging, "Older Adults Protective Services Annual Report" for the years 1994-95 to 2003-04.
- Pennsylvania Department of Aging, "Benefits and Rights for Older Pennsylvanians," 2006.
- Michael J. Tueth, M.D., Exposing Financial Exploitation of Impaired Elderly Persons, *American Journal of Geriatric Psychiatry*, 8:104-111, May 2000.
- National Center on Elder Abuse (<http://www.elderabusecenter.org/>).
- Northampton County AAA (Area Agency on Aging) and Lehigh County AAA (Area Agency on Aging).

## Outcome D: Older adults will live safely in supportive communities

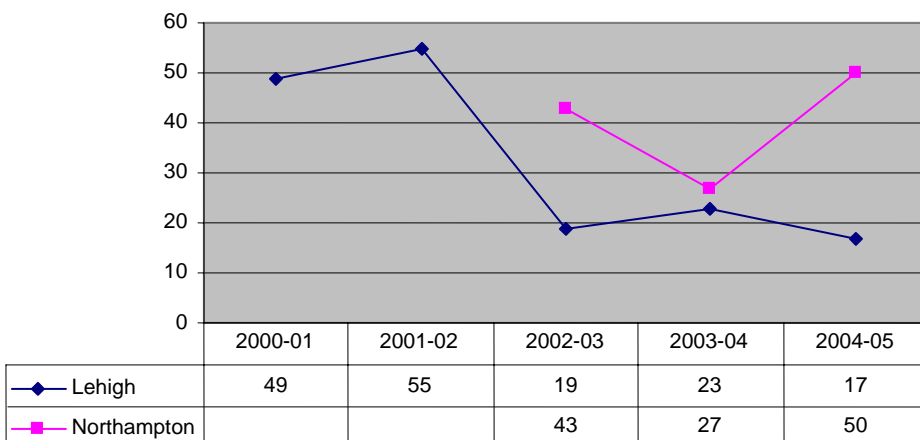
### Indicator D-1c: Number and percentage of reported and substantiated (as needing protective services) rates of physical abuse in persons 60 and older.

#### WHY IS THIS INDICATOR IMPORTANT?

Physical abuse is defined as the infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm or pain.

#### Number of Reports of Physical Abuse

(Among Persons 60 and Older)



#### Basic Facts

##### How prevalent is physical abuse?

Physical abuse accounts for 45 percent of all abuse cases reported in the Lehigh Valley. A significant percent are substantiated.

##### What is Elder Physical Abuse?

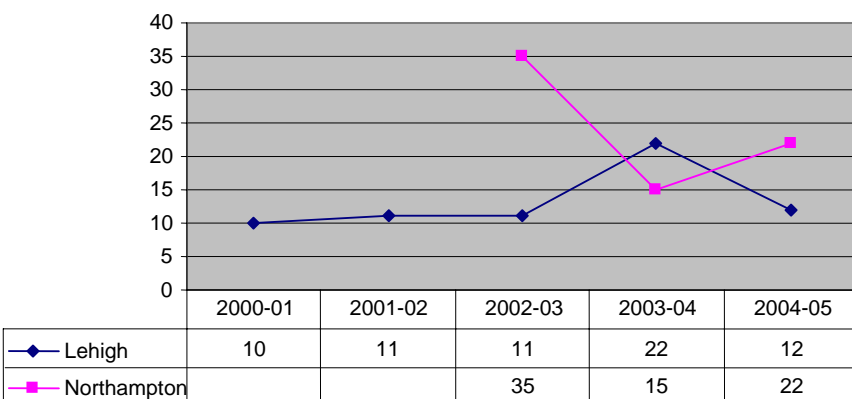
It is defined by the National Center on Elder Abuse "as the use of physical force that may result in bodily injury, physical pain, or impairment. It may include such acts of violence as striking (with or without an object), hitting, beating, pushing, shoving, shaking, slapping, kicking, pinching, and burning. In addition, inappropriate use of drugs and physical restraints, force-feeding, and physical punishment of any kind also are examples of physical abuse.

##### Identifying physical abuse in elders:

- Physical signs: bruises, bone fractures, open wounds, sprains, dislocations, broken eyeglasses
- Findings of medical overdose
- Caregiver's refusal to allow visitors
- Sudden change in behavior
- Elder's report of abuse

#### Percentage of Substantiated Reports of Physical Abuse

(Among Persons 60 and Older)



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### **What Can We Learn from the Data?**

- Physical abuse accounts for the greatest number of reported abuse cases in the Lehigh Valley. A significant percent are substantiated as in need of protective services.
- In Lehigh County the number of reports of physical abuse has declined significantly from 2001 to 2005 while in Northampton County there has been more of a variance rather than a significant trend.
- Physical abuse should be considered seriously. It is a life-threatening form of abuse. Ensuring that Lehigh Valley's elderly residents live a life free of physical abuse should be a top priority.

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### **Source(s):**

- Pennsylvania Department of Aging, "Older Adults Protective Services Annual Report" for the years 1994-95 to 2003-04.
- Pennsylvania Department of Aging, "Benefits and Rights for Older Pennsylvanians," 2006.
- National Center on Elder Abuse (<http://www.elderabusecenter.org/>).
- Northampton County AAA (Area Agency on Aging) and Lehigh County AAA (Area Agency on Aging).

## Outcome D: Older adults will live safely in supportive communities

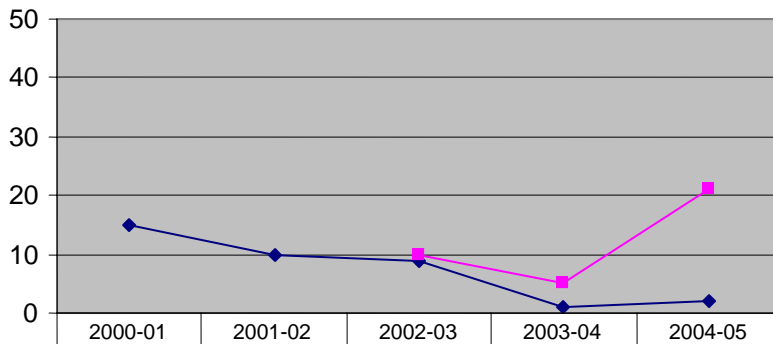
### Indicator D-1d: Number and percentage of reported and substantiated (as needing protective services) rates of emotional abuse.

#### WHY IS THIS INDICATOR IMPORTANT?

Emotional abuse is defined as the infliction of harm, injury, unreasonable confinement, intimidation, or punishment resulting in mental anguish. Being free from emotional abuse is important to the well being and successful aging of the elderly.

#### Number of Reports of Emotional Abuse

(Among Persons 60 and Older)



#### Basic Facts

##### How prevalent is emotional abuse?

Emotional abuse accounts for about 10 percent of all abuse cases reported in the Lehigh Valley. A significant percent are substantiated.

##### What is Elder Emotional Abuse?

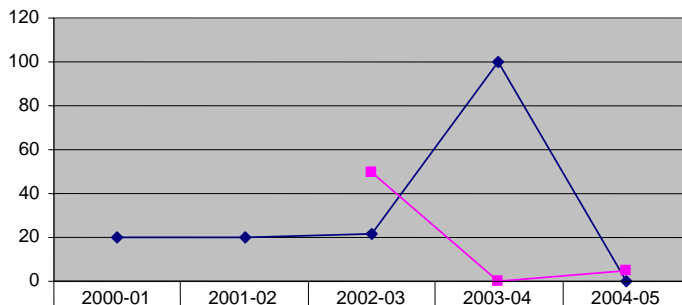
It is characterized as emotional or psychological abuse through the infliction of pain or distress in the form of insults, threats, humiliation, harassment, or intimidation.

##### Identifying emotional abuse in elders:

- Fearful behavior
- Apathy or withdrawal
- Emotional upset or agitation
- Unusual physical movements
- A report by an elder of abuse

#### Percentage of Substantiated Reports of Emotional Abuse

(Among Persons 60 and Older)



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### **What Can We Learn from the Data?**

- Emotional abuse accounts for a substantial amount (10 percent) of the total reports of elderly abuse cases in the Lehigh Valley. A significant percentage of these cases are substantiated.
- This data does not reflect unreported cases of emotional abuse. Most cases of emotional abuse go unreported because of several factors including shame, guilt, embarrassment, and generational views on what constitutes abuse.
- Emotional should be considered a serious issue. We should focus on raising awareness of both elderly vulnerability to abuse, as well as, the signs of emotional abuse.

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### **Source(s):**

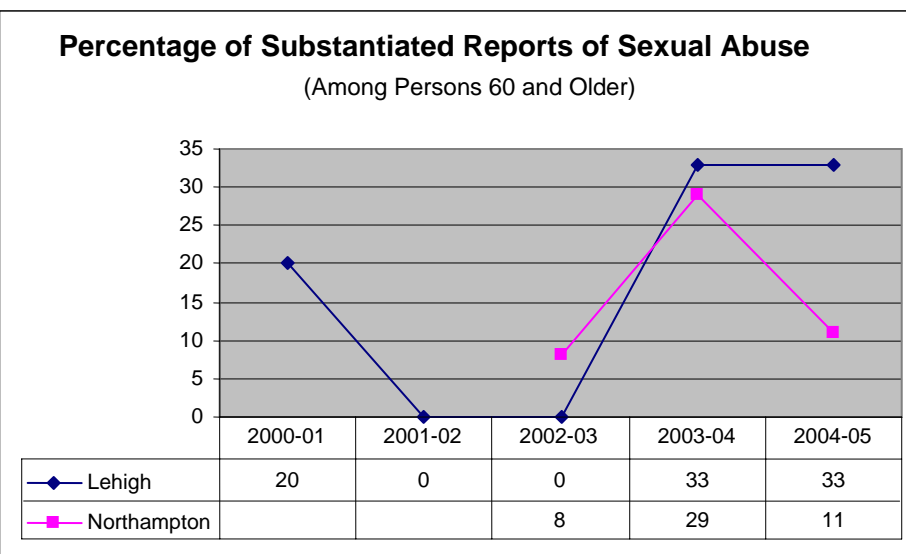
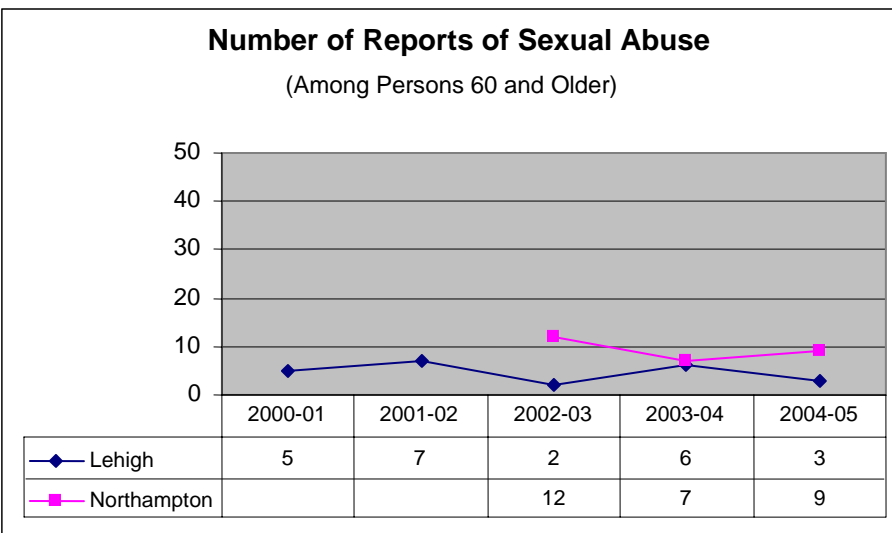
- Pennsylvania Department of Aging, "Older Adults Protective Services Annual Report" for the years 1994-95 to 2003-04.
- Pennsylvania Department of Aging, "Benefits and Rights for Older Pennsylvanians," 2006.
- National Center on Elder Abuse (<http://www.elderabusecenter.org/>).
- Northampton County AAA (Area Agency on Aging) and Lehigh County AAA (Area Agency on Aging).

## Outcome D: Older adults will live safely in supportive communities

### Indicator D-1e: Number and percentage of reported and substantiated (as needing protective services) rates of sexual abuse.

#### WHY IS THIS INDICATOR IMPORTANT?

Sexual abuse is defined as sexual harassment, rape, or abuse, as defined in the Protection from Abuse Act (23 Pa.C.S.A., Sections 6101-6117). It accounts for a substantial percentage of the total reported abuse cases in the Lehigh Valley and the State of Pennsylvania.



#### Basic Facts

##### How prevalent is sexual abuse?

Sexual abuse accounts for about six percent of all abuse cases reported in the Lehigh Valley. A significant percentage are substantiated.

##### What is Elder Sexual Abuse?

It is defined by PAa Dept. of Aging as “coercing an older person through force, trickery, threats, or other means into unwanted sexual activity. It includes sexual contact with elders who are unable to grant consent and sexual contact between service providers and their elderly clients.”

##### How is it different for elders?

- Lack of a support system
- Generational beliefs about sexual abuse (including silencing sexual issues)
- Exacerbation of existing illnesses
- Longer recovery times
- More debilitating physically

##### Who are the abusers? There are two categories:

- Opportunists (most often family members who feel entitled)
- Predators (seek out older persons to intentionally victimize)

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### **What Can We Learn from the Data?**

- Sexual abuse accounts for about six percent of all abuse cases reported in the Lehigh Valley. A significant percentage of these reports are substantiated as in need of protective service intervention.
- It should be considered a serious issue because the consequences for the elderly are severe, both emotionally and physically.
- Most cases go unreported because of shame, guilt, or lack of access to or knowledge of the appropriate source of support.

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### **Source(s):**

- Pennsylvania Department of Aging, "Older Adults Protective Services Annual Report" for the years 1994-95 to 2003-04.
- Pennsylvania Department of Aging, "Benefits and Rights for Older Pennsylvanians," 2006.
- Pennsylvania Department of Aging, "Module on Elder Sexual Abuse, PCAR's Elder Sexual Abuse Curriculum." (<http://www.aging.state.pa.us/aging/cwp/view.asp?a=541&q=252220>).
- National Center on Elder Abuse. (<http://www.elderabusecenter.org/>).
- Northampton County AAA (Area Agency on Aging) and Lehigh County AAA (Area Agency on Aging).

## Outcome D: Older adults will live safely in supportive communities

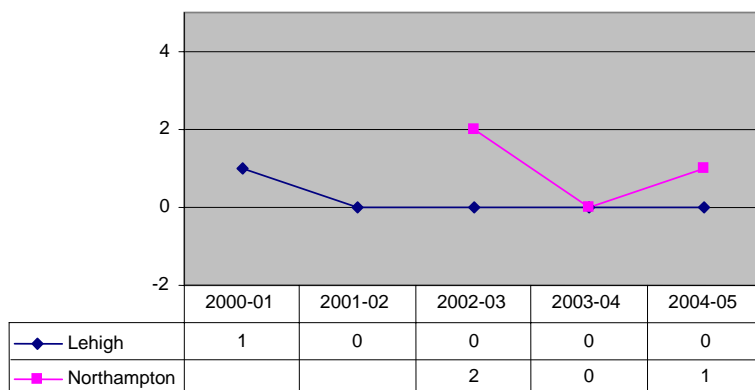
### Indicator D-1f: Number and percentage of reported and substantiated (as needing protective services) rates of abandonment.

#### WHY IS THIS INDICATOR IMPORTANT?

Abandonment is defined as the desertion of an older adult by a caregiver. While rare, representing less than one percent of all abuse cases, it is a serious issue when it happens. Older adults may be abandoned in their homes, in hospitals, or waiting rooms. It affects the very old (75 and older) and those with disabilities the most.

#### Number of Reports of Abandonment

(Among Persons 60 and Older)

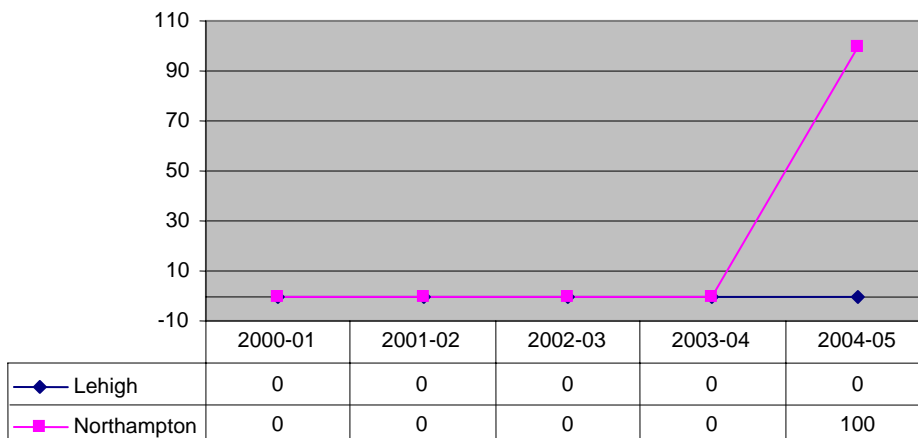


#### Basic Facts

- Less than one percent of all reports are in the category of abandonment.
- Victims are abandoned anywhere, including in their homes, in hospitals, or waiting rooms.
- Abusers are usually family members (90 percent) who feel unable to provide the care their elderly relative requires.

#### Percentage of Substantiated Reports of Abandonment

(Among Persons 60 and Older)



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### **What Can We Learn from the Data?**

- Abandonment accounts for a small fraction of the total elderly abuse cases in the Lehigh Valley and in the State of Pennsylvania. Despite this, it should be considered a serious issue. While it is rare, when it happens it is a profound problem, requiring extensive resources including emotional and physical rehabilitation for the victim.
- Our goal should be to raise awareness of the complex issues surrounding elderly adult abandonment in the Lehigh Valley. Caretakers of adults with mental illness, physical disabilities, or over the age of 75, should be especially targeted so that they understand the available resources to them before they resort to abandonment.

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### **Source(s):**

- Pennsylvania Department of Aging, "Older Adults Protective Services Annual Report" for the years 1994-95 to 2003-04.
- Pennsylvania Department of Aging, "Benefits and Rights for Older Pennsylvanians," 2006.
- Pennsylvania Department of Aging, "Module on Elder Sexual Abuse, PCAR's Elder Sexual Abuse Curriculum." (<http://www.aging.state.pa.us/aging/cwp/view.asp?a=541&q=252220>).
- National Center on Elder Abuse (<http://www.elderabusecenter.org/>).
- Northampton County AAA (Area Agency on Aging) and Lehigh County AAA (Area Agency on Aging).

## Outcome D: Older adults will live safely in supportive communities

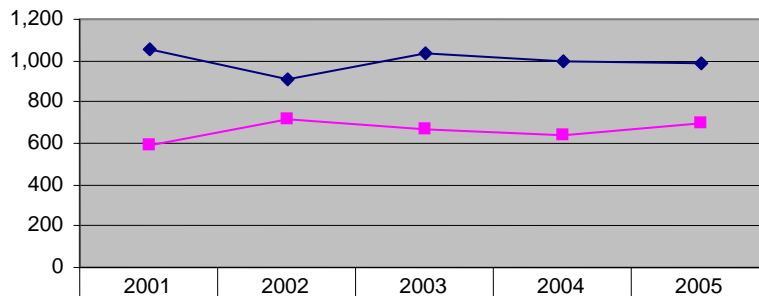
### Indicator D-2: Number and rate (per 100) of criminal offenses against persons 65 and older.

#### WHY IS THIS INDICATOR IMPORTANT?

The rate of crime victimization among the elderly indicates the success of crime prevention and policing efforts in a community. It also is an indication of available social support to the elderly who may feel more vulnerable to crime when isolated from neighbors, friends, and family.

#### Number of Crime Victims

(Among Persons 65 and Older)



#### Top Five Crimes Committed Against the Elderly (2005) (by percentage)

##### Northampton County

Vandalism	39%
Larceny-theft	29
Burglary	9
Fraud	8
Motor vehicle theft	2

*Female victims: 45%*

##### Lehigh County

Vandalism	37%
Larceny	30
Fraud	6
Burglary	5
Motor vehicle theft	4

*Female victims: 46%*

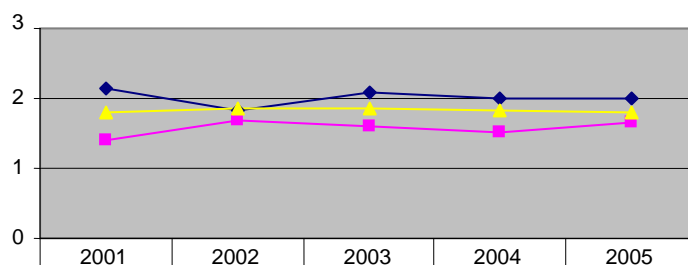
##### State of Pennsylvania

Larceny-theft	29%
Vandalism	28
Burglary	12
Fraud	7
Motor vehicle theft	6

*Female victims: 45%*

#### Rate (per 100) of Crime Victims

(Among Persons 65 and Older)



#### Crime Rates (per 100)

Area	2001		2002		2003		2004		2005	
	65+	Total Adult	65+	Total Adult	65+	Total Adult	65+	Total Adult	65+	Total Adult
Lehigh	2.13	5.83	1.82	5.36	2.09	6.41	2.0	6.51	2.0	6.06
Northampton	1.39	4.33	1.7	4.4	1.6	4.38	1.52	4.5	1.65	4.7
State	1.8	4.48	1.86	5.1	1.87	4.71	1.84	5.14	1.81	3.85

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### What Can We Learn from the Data?<sup>10</sup>

- The numbers of 65 and older who have been victims of crimes has changed slightly from 2001 to 2005 with the numbers in Lehigh County dropping and the numbers in Northampton County rising.
- The rates of crimes committed against the elderly are substantially lower than the rate of victimization in the general population as a whole. In 2005, two percent or less of the over 65 population in the two counties and the state, as a whole, had been a victim of crime compared with four to six percent of the total adult population.
- Crime rates for Lehigh County have remained relatively stable from 2001 to 2005. Northampton County, on the other hand, has seen an increase in crime victimization rates for both the elderly and the total adult population. The State of Pennsylvania has had a drop in crime victimization for the total adult population which is not reflected in the elderly population.
- The percentage of female victims is slightly less than male victims overall but elderly women are victimized by burglary and larceny-theft at higher rates than males.
- The crimes most committed against the elderly tend to be property-related offenses, including fraud.
- It is important to note that the rate of crime victimization does not measure two other important factors: the “real” risk of crime and the fear of crime. Studies have shown that measured victimization rates can be both positively and inversely related to the “real” risk of crime. Moreover, the elderly tend to fear crime at higher rates than the general population often because of their increased vulnerability due social isolation and/or physical disability.
- Our goal should be to reverse the upward trend in the numbers of crime victims in the Lehigh Valley, particularly in Northampton County.
- In pursuing this goal we should be aware of the distinction between “fear of crime” and the rate of crime victimization among the elderly. The elderly should live safely, without both fear and measured “real” risk.

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### Source(s):

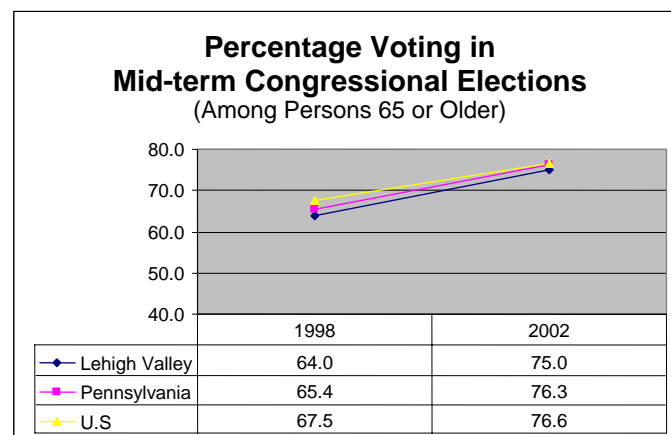
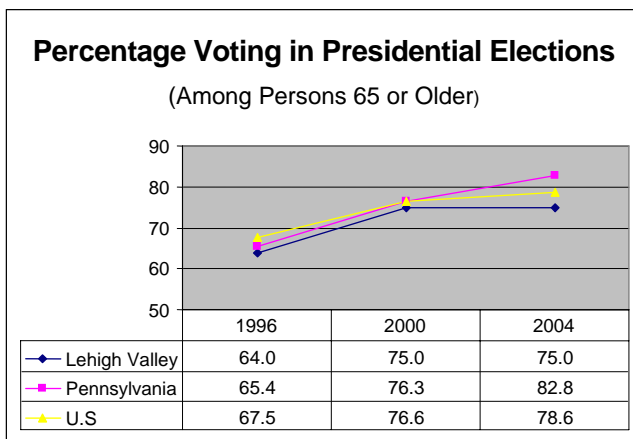
- Balkin, Steven, “Victimization Rates, Safety, and Fear of Crime” in *Social Problems*, Vol.26, No. 3, 1979, pp. 343-358.
- Pennsylvania Uniform Crime Reporting System (<http://ucr.psp.state.pa.us>), Summary Victim Report by County and State.
- U.S. Department of Justice, Bureau of Justice Statistics, “Victim Characteristics,” (<http://www.ojp.usdoj.gov/bjs/>).

## Outcome D: Older adults will live safely in supportive communities

### Indicator D-3: Rate of voting among registered voters aged 65 or older.

#### WHY IS THIS INDICATOR IMPORTANT?

Voting in Presidential and mid-term Congressional elections indicates political empowerment and civic engagement of older adults within a community, particularly when compared to similar communities. Civic engagement, such as exercising one's right to vote, offers older adults meaningful ways to contribute to the present and future of their communities.



#### What Can We Learn from the Data?

- We should ensure that older adults in the Lehigh Valley are able to continue their civic engagement through voting in national, state, and local elections.
- In Presidential elections, there has been an upward trend in the voting rates of older adults in the Lehigh Valley, the state, and the nation between 1996 and 2004. There was no increase in the Lehigh Valley between the 2000 and 2004 elections. The rate of Presidential voting in the Lehigh Valley is slightly lower than the national rate and, for the 2004 election, substantially lower than the Pennsylvania rate.
- There is an upward trend in voting rates in the mid-term Congressional Elections among older adults in the Lehigh Valley, the state, and the nation.

#### Source(s):

- Current Population Survey Voter Supplement, Census Bureau/Bureau of Labor Statistics. Data set acquired through ICPSR Website (<http://www.icpsr.umich.edu/>).

## Endnotes

<sup>1</sup> Data for 1997-98 and 1995-96 (for Lehigh County) has not been located primarily due to lack of data collection and reporting for this year and areas. Data for 2004-05 has not yet been released.

<sup>2</sup> Data for 1997-98 and 1995-96 (for Lehigh County) has not been located primarily due to lack of data collection and reporting for this year and areas. Data for 2004-05 has not yet been released.

<sup>3</sup> Data for 1997-98 for Northampton County and the State of Pennsylvania has not been located primarily due to lack of data collection and reporting for this year and areas. Data for 2004-05 has not yet been released for Northampton County and the State of Pennsylvania.

<sup>4</sup> Data for 1997-98 has not been located primarily due to lack of data collection and reporting for this year and areas. Data for 2004-05 has not yet been released.

<sup>5</sup> Data for 1997-98 has not been located primarily due to lack of data collection and reporting for this year and areas. Data for 2004-05 has not yet been released.

<sup>6</sup> What Affects the Data on Transportation (including public transportation and transportation services provided through AAA)?

### Macro-level Affects

- State-specific policies regarding elderly transportation needs. Pennsylvania's Free Transit Program, Shared-Ride Program, and Transportation for the Elderly (provided by AAA) have been created to meet the specific needs of Pennsylvania's elderly residents.
- State-specific funding availability to provide such services. The Pennsylvania Lottery provides a significant portion of the funding for transportation services, over \$116 million in the state.
- Society-wide priority on providing the elderly with the ability to be mobile and independent.

### Micro-level Affects

- Individuals meeting eligibility criteria.
- Individual awareness and accessibility of transportation services.
- Availability of other transportation options including ability to drive one's own vehicle. This option may be preferable in suburban and rural areas versus more urban areas of the Lehigh Valley, as well as Pennsylvania's bigger urban centers.
- AAA level of cooperation and coordination with local transportation agencies. In the Lehigh Valley this is coordination is reflected in the LANTA/METRO system.

<sup>7</sup> Some data (including data for Lehigh County in 1995-96 and both counties in 1997-98) has not been located primarily due to lack of data collection and reporting for those years and areas.

<sup>8</sup> What Affects the Data on transportation (including public transportation and transportation services provided through AAA)?

#### Macro-level Affects

- State-specific policies regarding elderly transportation needs. Pennsylvania's Free Transit Program, Shared-Ride Program, and Transportation for the Elderly (provided by AAA) have been created to meet the specific needs of Pennsylvania's elderly residents.
- State-specific funding availability to provide such services. The Pennsylvania Lottery provides a significant portion of the funding for transportation services, over \$116 million in the state.
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- AAA level of cooperation and coordination with local transportation agencies. In the Lehigh Valley this coordination is reflected in the LANTA/METRO system.

<sup>9</sup> Because of the time lag between reporting and substantiating an abuse case it is possible to have a greater number of substantiated cases of abuse than reported cases in any given year.

<sup>10</sup> What Affects the Data on Crime Victimization?

#### Macro-level Affects

- Ageism and its impact on society's perception of elderly persons as crime victims in our society.
- Demographic changes and increased proportion of the elderly living isolated in their homes. This increases real and perceived vulnerability.
- The tremendous growth in the field of victim services since the mid 1970s.
- "Get Tough on Crime" law enforcement policies.
- Community policing efforts.
- Trend data that shows decreasing proportions of the elderly as crime victims in the nation as a whole, since the 1970s.

#### Micro-level Affects

- Local policing efforts.

Rate of reporting crimes by the elderly—affected by various support services, perceived access to avenues of reporting, and level of comfort in reporting a crime.

## Additional Indicators

In May and June of 2005, a two-day, Valley-wide Leadership Conference was held to foster a community understanding of desired outcomes for older adults. Sixteen key indicators of success were decided upon that would measure improvement in their lives on a community-wide level. Since that time, it has been determined that information regarding five indicators was not readily available either because it: 1) is unobtainable; 2) contains factors that skew the data; or, 3) data collection and reporting had changed. Therefore, trend-lines for these indicators are not available at this time. Every attempt will be made to gather and report upon these indicators in the future.

### Outcome A: Older adults will age successfully

**Indicator: Percentage of Medicare beneficiaries 65 and older reporting problems with access to healthcare.**

**Source:** Medicare Current Beneficiary Survey  
Information Not Readily Available

### Outcome B: Older adults will make informed, positive choices

**Indicator: Rates of health care services usage by Medicare beneficiaries age 65 or older.**

**Source:** Medicare Current Beneficiary Survey  
Information Not Readily Available

**Indicator: Percentage of persons 60 and older, screened via BenefitsCheckUp, receiving maximum benefits desired and dollar value of benefits received as a result of BenefitsCheckUp screenings for age 60 and older.**

**Source:** United Way of the Greater Lehigh Valley: BenefitsCheckUp Data  
The National Council on Aging (NCOA) changed the data reporting system since the introduction of this indicator to the community. This indicator needs to be revisited by the Lehigh Valley Alliance on Aging to determine how data can be most useful in assign impact on the lives of older adults in our community.

### Outcome C: Older adults will live where they choose for as long as they have the capacity to do so

**Indicator: Percentage of Medicare beneficiaries age 65 and older who are chronically disabled, by level and category of disability.**

**Source(s):** Medicare Current Beneficiary Survey  
Information Not Readily Available

**Indicator: Rate of mental health inpatient admissions among persons 65 and older.**

**Source(s):** Pennsylvania Department of Public Welfare  
Information Not Readily Available

## 2005 Conference Participants

The May and June of 2005 conference drew upon the years of work many Valley organizations had begun by charting a strategic direction for our community. All sectors of the Valley were represented at this conference. The experience and knowledge of each conference attendee was crucial to its success, and those who carried leadership responsibilities found that the decisions formed during these two days would carry well throughout the 21st Century. In all, 71 participants attended.

The participation of a broad cross section of the community created a positive climate for exploring and discussing the outcomes we want for our older adults and the indicators that would be used to measure our progress toward realizing those outcomes. Using a state-of-the-art electronic voting system, 58 representatives voted to select four to five indicators for each outcome. It was remarkable to us how much consensus there was on the majority of indicators.

Ron Achey, *United Way of the Greater Lehigh Valley*  
Henry Acres, *Community Volunteer*  
Mark Albright, *Lehigh County Aging and Adult Services*  
Betty Anton, *Lehigh Valley Hospital and Health Network*  
Marianne Bear, *Via of the Lehigh Valley, Inc.*  
Alen Beljin, *Office of Senator Robert Wonderling*  
Marily Cassidy, *Arc of Lehigh & Northampton Counties*  
Deb Ciganek, *Family & Counseling Services of LV*  
Carol Closson, *Community Volunteer*  
Marty Cottrell, *Community Volunteer*  
Vicky Coyle, *North Penn Legal Services*  
Rick Daugherty, *Lehigh County Senior Center*  
Terry Di Rienzo, *United Way of the Greater Lehigh Valley*  
Jane Ervin, *Lehigh County*  
Robin Flores, *Community Volunteer*  
John Ford, *Association for the Blind & Visually Impaired of Lehigh County*  
Jo Ann Frey, *Senior Centers of Bethlehem*  
Lois Fuini, *Allentown YMCA and YWCA*  
Debra Geiger, *The Center for Humanistic Change*  
Laurie Geist, *Lehigh Valley Center for Independent Living*  
Robbie Graves, *Lehigh Valley Center for Independent Living*  
Shirley Green, *Community Volunteer*  
Phil Hayne, *United Way of the Greater Lehigh Valley*  
Cindy Hays, *Meals On Wheels of Northampton Cty/ Bethlehem Area, Inc.*  
Lynn Marie Heiney, *Sharecare Faith In Action*  
Kathleen Hennessey, *American Red Cross of the Greater Lehigh Valley*  
Dale Honig, *Westminster Village*  
Jane Hontz, *United Way of the Greater Lehigh Valley*  
Gayle Howland, *Moravian House*  
Frances Iannaccone, *Hospice St. John*  
Helen Kelleher, *Catholic Social Agency*  
Louise Kostick, *YWCA - Bethlehem*  
Roland Kushner, *Kushner Management Advisory Services*  
Lissette Lahoz, *New Directions Treatment Services*  
Pauline Lipko, *Saucon Valley Community Center*  
David Livert, *Penn State Lehigh Valley Campus*  
Arlene Lund, *United Way of the Greater Lehigh Valley*  
Margie Maldonado, *Casa Guadalupe Center*  
Judith Maloney, *Bethlehem Health Bureau*  
Joanne Marzolla, *Sacred Heart Visiting Nurses*  
Judy Matthewson, *Third Street Alliance for Women and Children*  
Kathleen Meckes, *Association for the Blind & Visually Impaired of Lehigh County*  
John Mehler, *Northampton County Area Agency on Aging*  
Dr. Donna Miller, *Geriatric Physician*  
Georgann Miller, *Community Volunteer*  
Jessica Monro, *Saucon Valley Community Center*  
Joseph Napolitano, *The Dorothy Rider Pool Health Care Trust*  
Patricia Nemetch, *APRN Caring Solutions for Adults And Families*  
Meredith Okenquist, *The Alzheimer's Association*  
Kelly O'Shea Carney, *Eldercare Assessment*  
Meredith Palmateer, *United Way of the Greater Lehigh Valley*  
Jim Palmquist, *United Way of the Greater Lehigh Valley*  
Jennifer Parker Talwar, *Penn State Lehigh Valley Campus*  
Gretchen Parseghian, *Lehigh Valley Center for Independent Living*  
Judith Pobuda, *Visual Impairment & Blindness Services of Northampton County*  
Freda Rafes, *Crime Victims Council of the Lehigh Valley Inc.*  
Judy Rex, *Northampton Community College*  
Pam Russell, *Turning Point of the LV*  
Edward Ryan, *AARP*  
Dr. Francis Salerno, *Lehigh Valley Hospital and Health Network*  
Representative Steve Samuelson  
Brenda Sanderson, *Northampton County*  
Jeffrey Scheck, *The Morning Call*  
Diane Schrameyer, *RSVP - Retired & Senior Volunteer Program*  
Nicholas Stilwell, *Psychology Associates of Bethlehem*  
George Treisner, Jr., *Chair, Lehigh Valley Alliance on Aging and member, United Way Board of Directors; PSEA - Eastern Region, President of Peacetime, Eastern Region and Member of the Board of Directors of: PSEA - Retired, the Business Education Partnership, the Colonial Alliance for Public Schools and Teen Works*  
Angela Velasquez, *United Way of the Greater Lehigh Valley*  
Mary Ann Villanti, *Home Instead Senior Care*  
Suzanne Weaver, *Cedar Crest College*  
Reverend Rodney Wells, *Phoebie Ministries*  
Donna Zimmerman, *Lehigh County*

# **Lehigh Valley Alliance on Aging: Steering Committee**

**George Treisner, Jr.**, Chair, LVAA Steering Committee and member, United Way Board of Directors

**Francis Salerno**, M.D., Vice-Chair, LVAA Steering Committee, Lehigh Valley Hospital and Health Network

Henry Acres, Community Volunteer  
Paul Braden, Salem Lutheran Church  
Marty Cottrell, Community Volunteer  
Rev. Kenneth Daniel, Phoebe Ministries, Inc.  
Robin Flores, Community Volunteer  
James Harper, Lehigh University  
Ronald Heckman, Lehigh County Government Center  
Helen Kelleher, Catholic Social Agency  
Dr. R. Terry Martin, Sacred Heart Family Practice Residency Program  
Ken McGearry, Pennsylvania State University  
John Mehler, Northampton County Area Agency on Aging  
Denis Meyers, LANTA  
Donna Miller, M.D. and Community Volunteer  
Georgann Miller, Community Volunteer  
Joseph Napolitano, The Dorothy Rider Pool Health Care Trust  
Pat Nemetch, APRN, Caring Solutions for Seniors and Families  
Brenda Sanderson, Community Volunteer  
Sally Schoffstall, Esq., Attorney at Law  
Diane Schrameyer, RSVP – Retired & Senior Volunteer Program  
Donna Zimmerman, Lehigh County Office of Aging and Adult Services  
Arlene Lund, Senior Director of Community Impact, United Way of the Greater Lehigh Valley  
and Director, Lehigh Valley Alliance on Aging  
Terry DiRienzo, Project Director, United Way of the Greater Lehigh Valley  
Sue Nunez, Strategic Partnership Associate, United Way of the Greater Lehigh Valley  
Angela Velasquez, Project Director, United Way of the Greater Lehigh Valley

# Notes



[www.lvagingmatters.org](http://www.lvagingmatters.org)



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Lehigh Valley Alliance on Aging  
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**Your Partner for Positive Change.**