



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



2007 Status Report

Build a Better Community... *Yes We Can!*

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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St. Luke's Hospital & Health Network
United Way of the Greater Lehigh Valley

Research has been conducted by

Jennifer Parker Talwar, Associate Professor of Sociology
David Livert, Assistant Professor of Psychology
Penn State University – Lehigh Valley Campus
and
Arlene J. Lund,
Director, Lehigh Valley Alliance on Aging
Senior Director of Community Impact, United Way of the Greater Lehigh Valley

Your comments about this publication are welcome. Contact United Way at
610.807.5721 or e-mail your comments to arlenel@unitedwayglv.org

Introduction

Can you imagine...

...a community in which individuals, clergy, professionals, community and business leaders...in fact, people from all walks of life, join hands to ensure that older adults age successfully by remaining in their homes and communities, and staying involved with family, friends, and neighbors? In the Lehigh Valley of Pennsylvania, hundreds of people are doing just that to make certain that older adults should not have to choose between a meal and medications, remaining at home or moving into unfamiliar surroundings, spending time with others or being alone!

The Lehigh Valley Alliance on Aging (*The Alliance*), a strategic partnership of United Way of the Greater Lehigh Valley, has provided the “public square” at which the community has gathered and worked together since 2001. Its many partners have fostered a community understanding of desired outcomes for older adults in a region where:

- 84,000 (15% of the population) adults are currently age 65 or older;
- 30% of adults currently age 65 or older are of low-income or in poverty; and,
- a projected increase of 65% in total numbers of older adults is expected by 2030.

Our community knows that working collectively and efficiently is the most effective way of making a vision become a reality. While there is yet much ground to cover, we believe that the Lehigh Valley is on the road to success.

Can you know...

...if the efforts of a unified community are making a difference? Yes you can! Since a valley-wide conference was held in 2005, we have been tracking 16 indicators that measure improvement in the lives of older adults on a community-wide level. Last year, the first report with 10-year trend-lines was published. As an ongoing commitment to provide annual data, we are pleased to provide this second publication. The information in this report provides insight into the positive change occurring within our community, as well as direction for the work that still needs to be accomplished.

It is our continued hope that this information will serve as a basis for grant making by United Way, foundations, corporations, and local governments; and, serve as a catalyst for mobilizing the time, talents, and treasures of others to improve the quality of life for all older adults. We challenge every reader to consider how he or she can contribute to achieving this outcome. We do this because our community's future depends on how we care for, value, and honor our older adults.

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.

George H. Treisner, Jr.
Chair, Lehigh Valley Alliance
on Aging
Board Member, United Way of
the Greater Lehigh Valley

Susan T. Gilmore
President, United Way of the
Greater Lehigh Valley

Arlene J. Lund,
Senior Director of Community
Impact, United Way of the
Greater Lehigh Valley and
Director, Lehigh Valley Alliance
on Aging

Lehigh Valley Alliance on Aging

Alliance Vision

The Lehigh Valley is a community in which older adults can remain in their homes and communities and continue to live full lives with as much choice as possible.

Alliance Mission

To advance community strategies designed to ensure that comprehensive long-term care and supportive service systems meet the existing and emerging needs of all older adults in our community.

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 their 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.

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

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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?

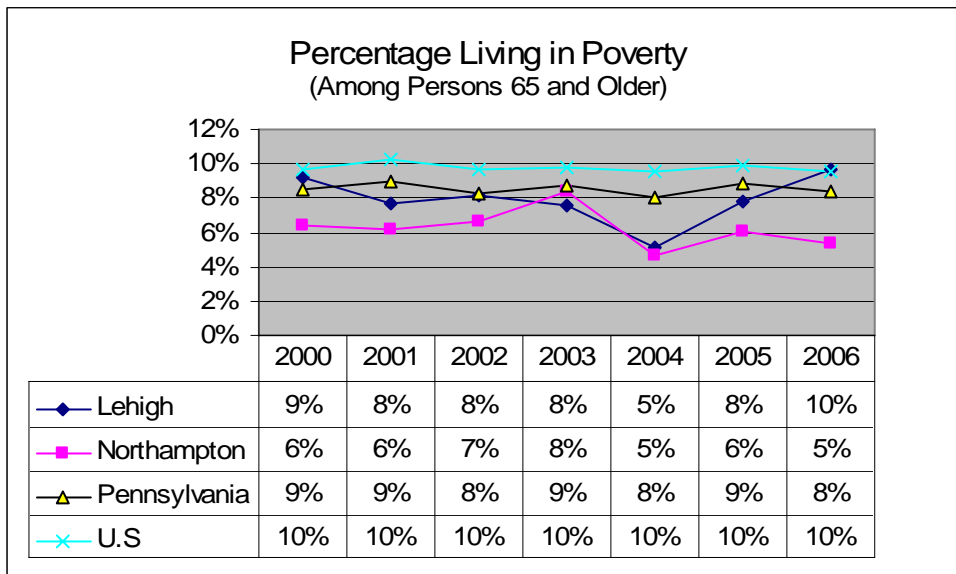
Assessing one's own mental health as "not good" indicates that one may be experiencing symptoms of depression. Depressive symptoms are an important indicator of general well-being and mental health. Depression is a common mental health condition that affects millions of people worldwide. It is characterized by persistent feelings of sadness, loss of interest in activities, and changes in appetite and sleep patterns. Depression can significantly impact a person's quality of life and ability to function in daily life. Early identification and treatment of depression are crucial for improving outcomes and preventing long-term complications. This indicator is important because it provides a measure of the prevalence of depression among the elderly population, which is a key demographic group for mental health services. Understanding the extent of depression in this group can help inform the development of targeted interventions and support programs.

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 lower in Pennsylvania than in the United States.
- In Lehigh County, the percentage of older adults in poverty had slightly declined until 2004. In 2005 and 2006, this trend has reversed and is increasing.
- In Northampton County, the poverty rate among older adults has remained stable and, if the current trend continues, may show a significant decline over the next two years.
- Our goal should be to decrease the percentage of older adults living in poverty in the Lehigh Valley.

Source(s):

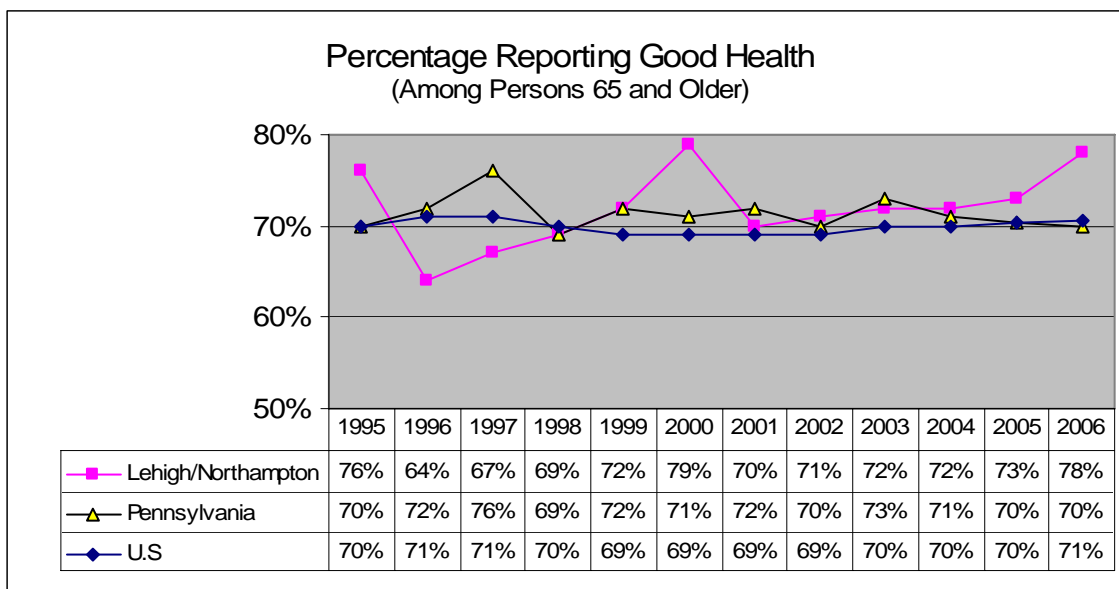
- American Community Survey (ACS), U.S. Department of Census. Data set acquired through Census Bureau website for the ACS (<http://www.census.gov/acs/www/>).

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 of older adults in the Lehigh Valley reporting “good” or better health is improving relative to the national and state percentages. Over the next two years, this trend may reach statistical significance.

Source(s):

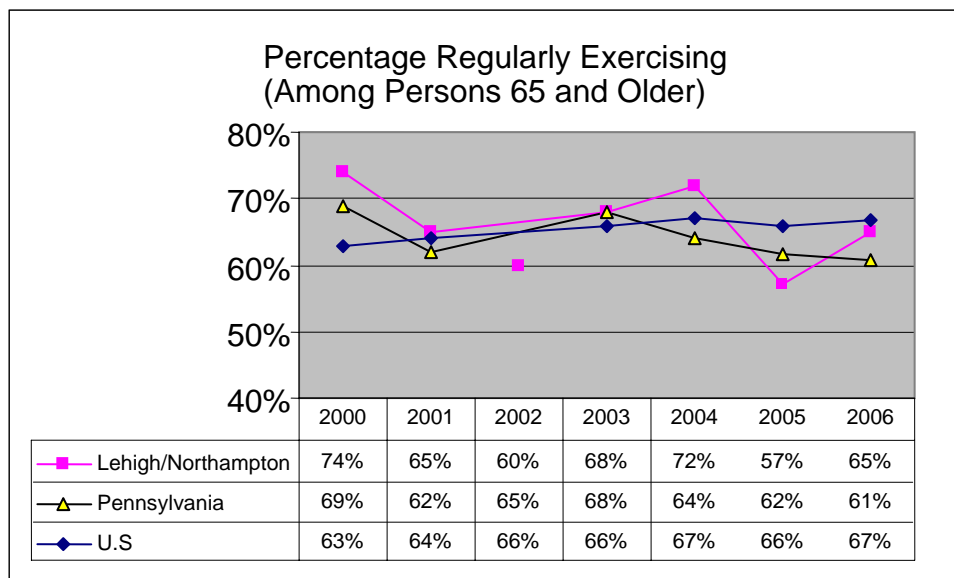
- Behavioral Risk Factor Surveillance System (BRFSS), Centers for Disease Control and Prevention (CDC). Data set acquired through CDC website for the BRFSS (<http://www.cdc.gov/brfss>).

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 those who engage in moderate exercise.



Source(s):

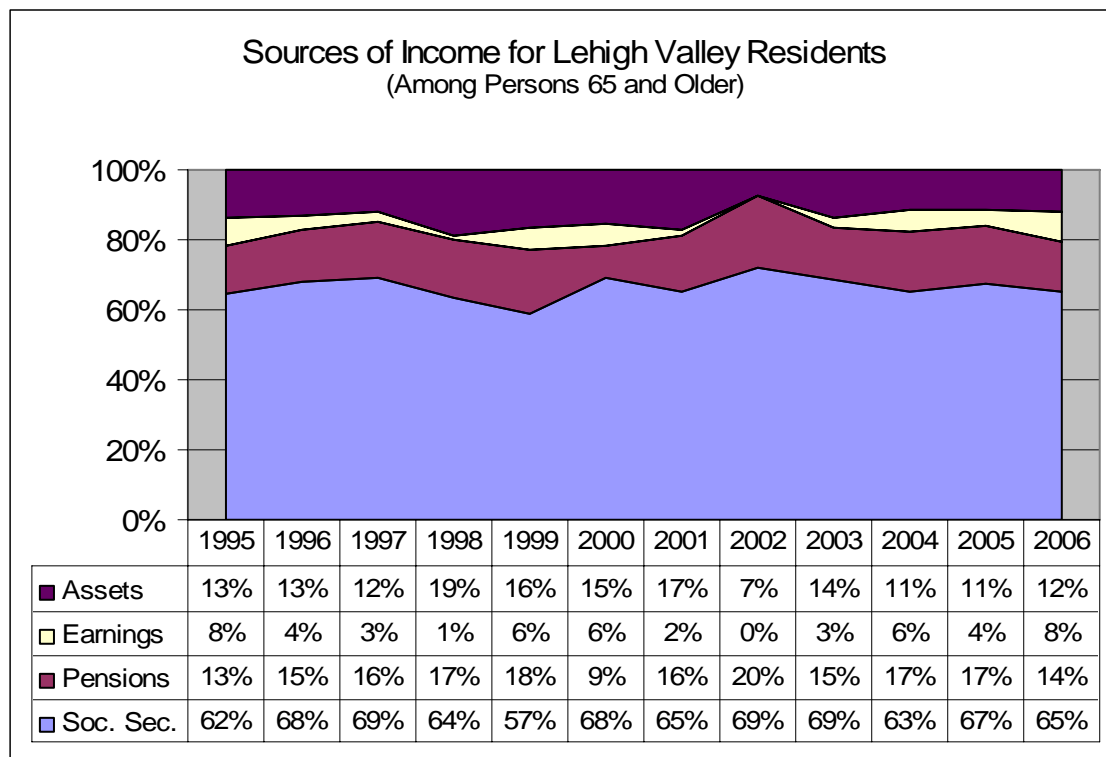
- Behavioral Risk Factor Surveillance System (BRFSS), Centers for Disease Control and Prevention (CDC). Data set acquired through CDC website for the BRFSS (<http://www.cdc.gov/brfss>).

Outcome B: Older adults will make informed, positive choices

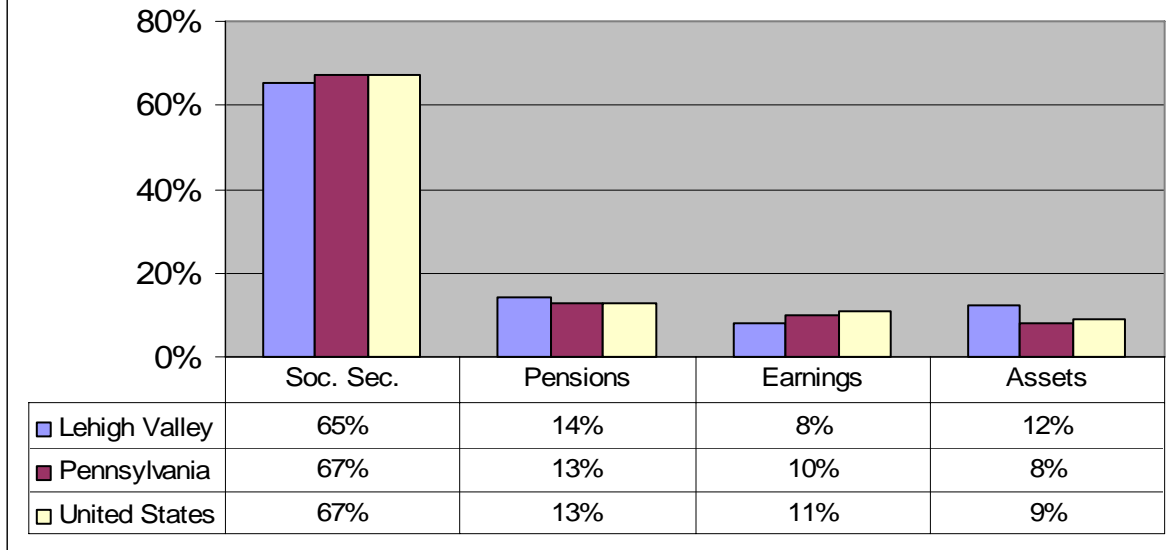
Indicator B-1: Sources of income for persons 65 and older.

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.



2006 Sources of Income by Region
(Among Persons 65 and Older)



Mean Income by Source			
	Lehigh Valley	Pennsylvania	U.S.
Assets	\$4,185	\$2,030	\$2,564
Earnings	\$6,461	\$5,658	\$6,044
Pensions	\$5,222	\$3,849	\$4,298
Social Security	\$10,543	\$9,647	\$9,424

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 a third greater than that of Pennsylvania or U.S. 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.

Source(s):

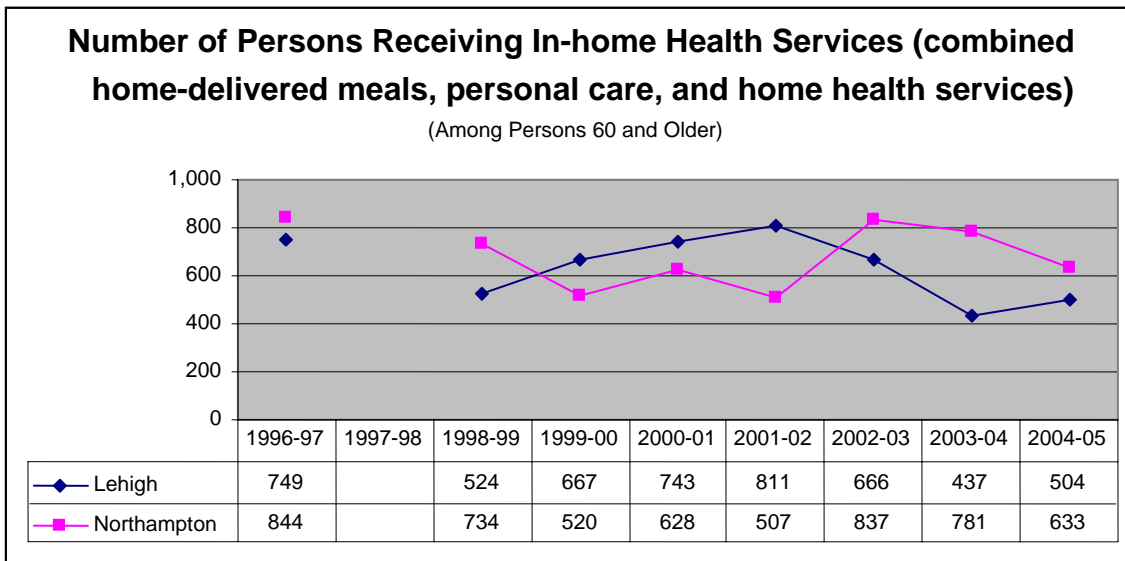
- Current Population Study, U.S. Department of Census/Bureau of Labor Statistics. Data set acquired through Penn State University Population Research Institute (<http://www.pop.psu.edu/>).

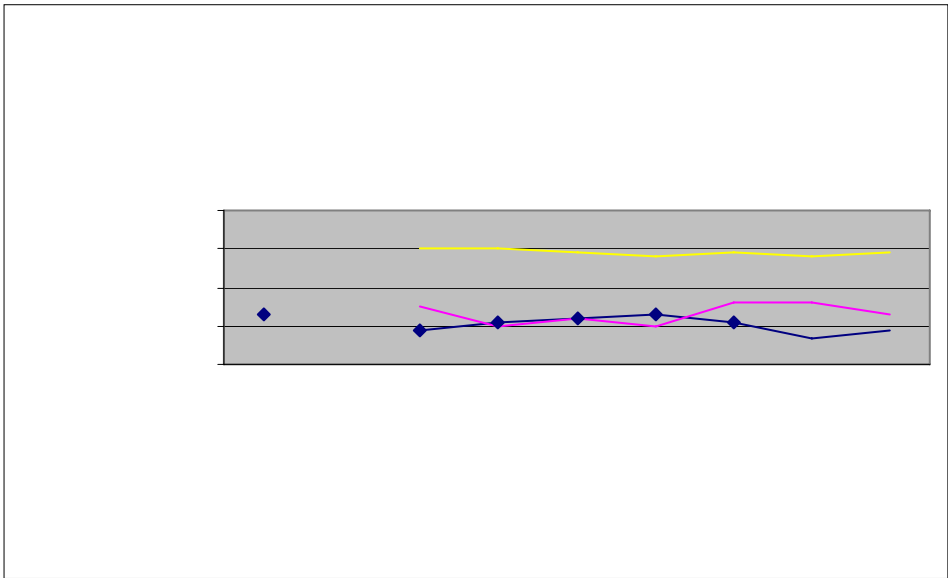
Outcome C: Older adults will live where they choose for as long as they have the capacity to do so

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).¹

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 majorities 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.



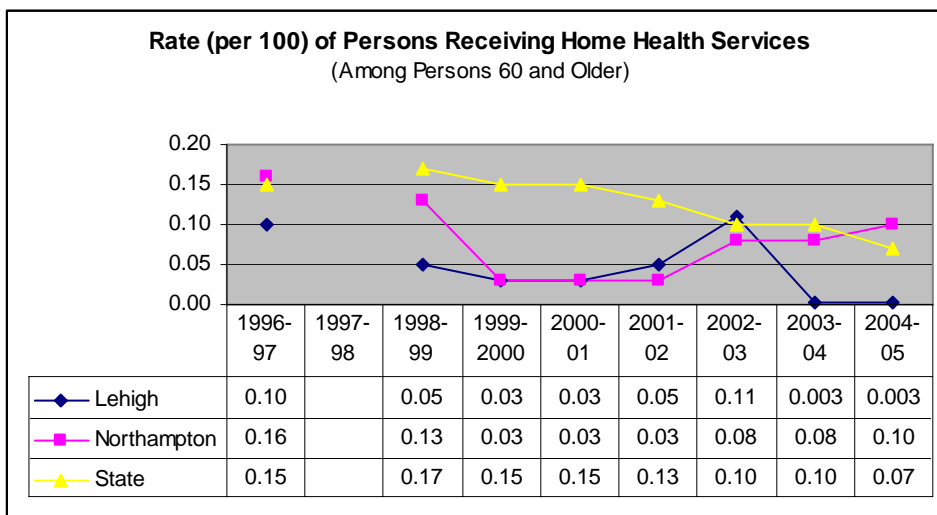


Outcome C: Older adults will live where they choose for as long as they have the capacity to do so

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

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 majorities 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?

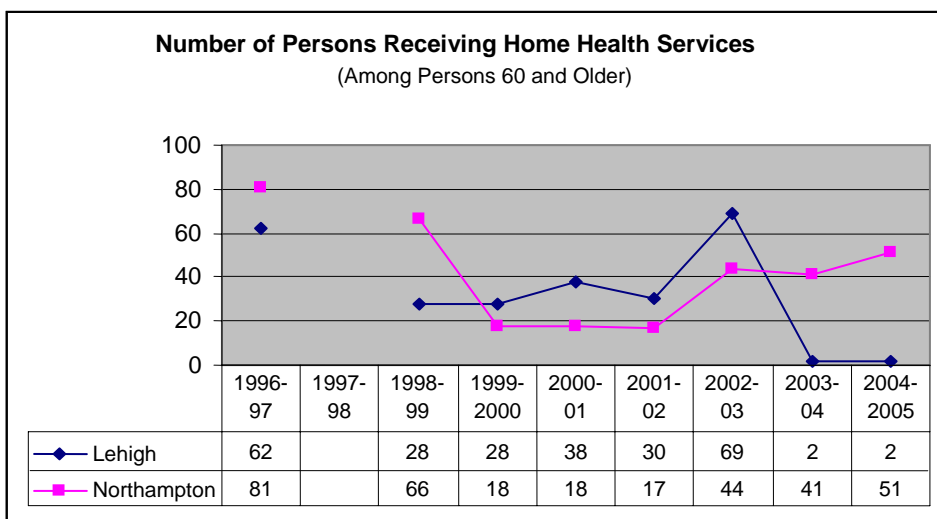
Skilled nursing, therapy, and aid services provided by registered nurses and licensed health aides.

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.



What Can We Learn from the Data?

- The numbers and rates of persons receiving home health services from AAA have fluctuated in both counties and the state from 1996-97 to 2004-05.
- 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 home health 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, 1996 to 2006.

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

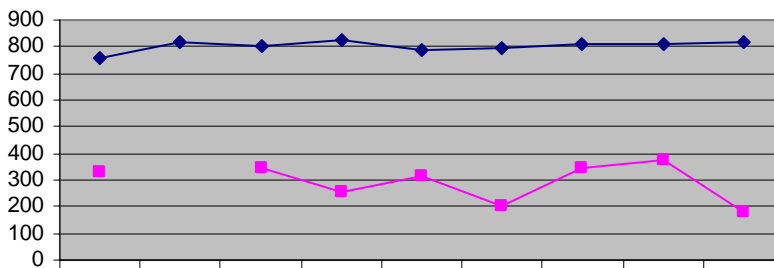
Indicator C-1c: Number and percentage of persons 60 and older who receive home delivered meals.³

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 companionship, 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?

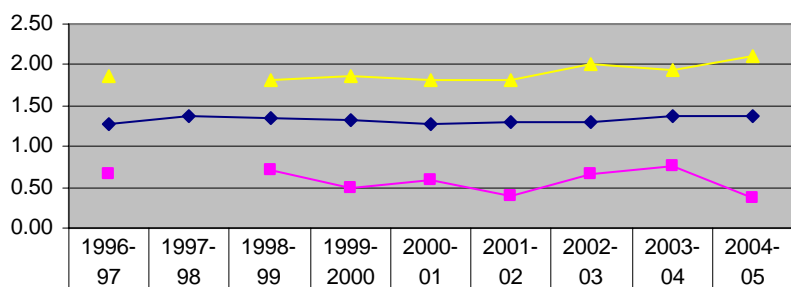
Individuals age 60 and older and their spouses who meet the eligibility criteria.

Funding sources

- AAA (Area Agencies on Aging)
- Private donations

Rate (per 100) of Persons Receiving Home Delivered Meals

(Among Persons 60 and Older, Unduplicated)



	1996-97	1997-98	1998-99	1999-2000	2000-01	2001-02	2002-03	2003-04	2004-05
Lehigh	1.27	1.37	1.35	1.33	1.27	1.29	1.31	1.37	1.38
Northampton	0.67		0.70	0.50	0.60	0.39	0.66	0.75	0.36
State	1.87		1.82	1.86	1.82	1.81	2.00	1.93	2.10

What Can We Learn from the Data?

- The numbers and rates of persons receiving home delivered meals had increased slightly during the last decade in both Lehigh and Northampton counties, until 2004-2005 when the numbers dropped in half.
- This data includes data provided by Meals on Wheels of Lehigh County. Meals on Wheels of Lehigh County is a private agency that delivers meals to the elderly in Lehigh County.
- Data for 1997-98 does not exist.

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

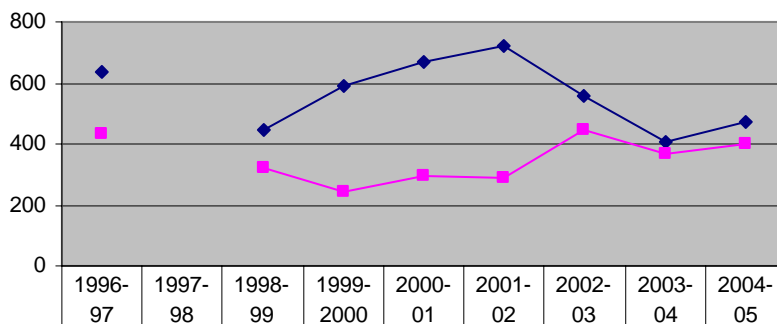
Indicator C-1d: Number and percentage of persons 60 and older who receive personal care services by AAA (Area Agencies on Aging).⁴

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)



What are personal care services?

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

Who benefits?

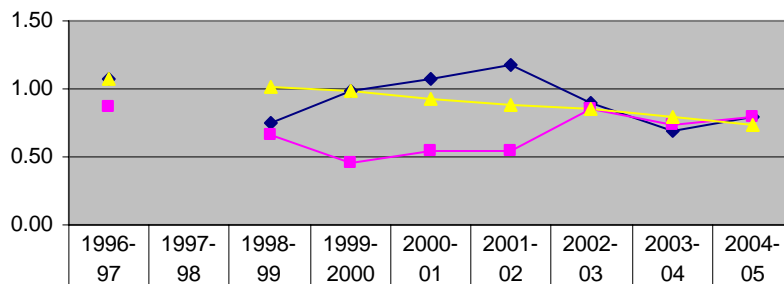
- Individuals age 60 and older who meet the eligibility criteria.
- Families and other caregivers who are responsible for their care and need some relief.
- Mentally or physically challenged adults who might otherwise need to be in a nursing home.
- Families and other caregivers who are responsible for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



What Can We Learn from the Data?

- The numbers and rates of persons receiving personal care services from AAA have varied during the past decade and between counties and the state. But overall both Lehigh and Northampton counties have seen a steady decline in services from 1996-97 to 2004-05, even though both counties experienced a slight increase in the past year.
- Data for 1997-98 does not exist.
- Our goal should be to reverse this long-term trend of decline 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 2006.

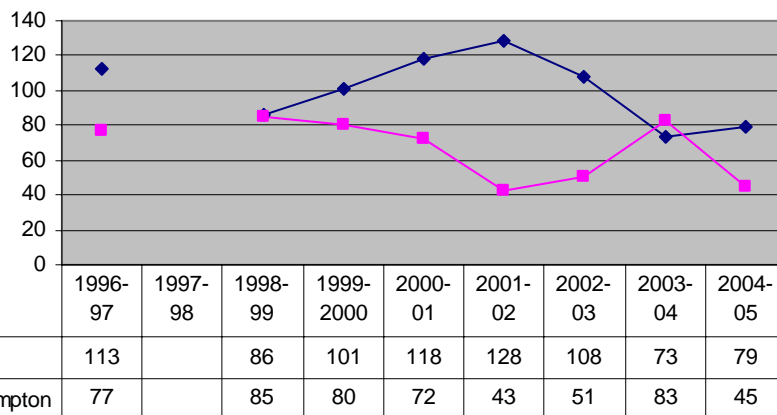
Outcome C: Older adults will live where they choose for as long as they have the capacity to do so

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

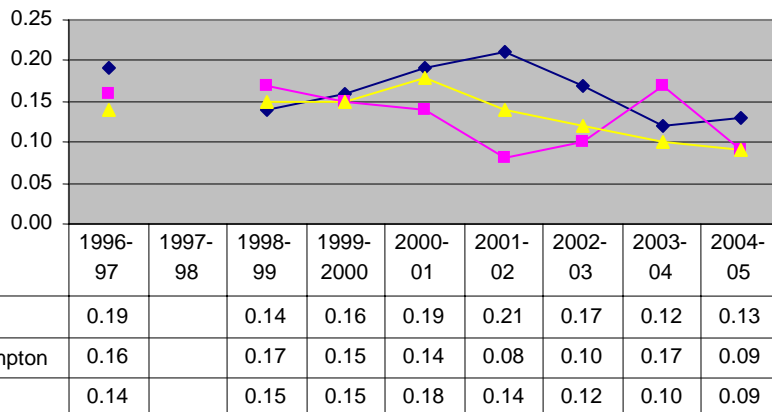
WHY IS THIS INDICATOR IMPORTANT?

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)



Rate (per 100) of Persons Receiving Adult Day Services
(Among Persons 60 and Older)



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

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. Both counties have seen considerable fluctuation, but with an overall decline since 1996-97 in the numbers receiving adult day services. The State has also experienced an overall decline in the number of older adults receiving adult day services.
-

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

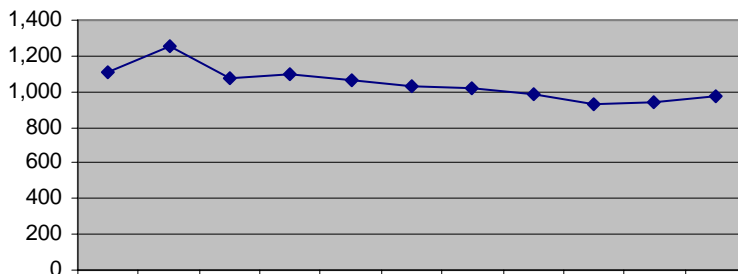
Indicator C-3a: Number and rate of persons 65 and older who use public transportation/mass transit in the Lehigh Valley.

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

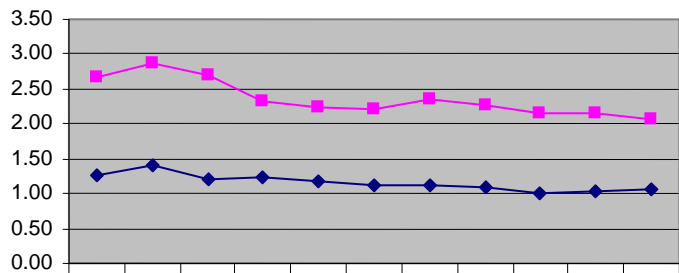
Concentrated in the Cities of Allentown, Bethlehem, and Easton with links to surrounding boroughs and townships, it has a fixed route network of 26 bus routes throughout the Lehigh Valley and provides daily, later evening, and both Saturday and Sunday services. Under new Pennsylvania State legislation, effective August 1, 2007, seniors 65 and older may ride for free anytime.

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 regions. 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 2005 (per 100)

Lehigh and Northampton	1.07
State	2.07

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 in the past 10 years and particularly since 1995-96 when the rate of ridership in the counties was at 1.42. On the other hand, the rate of ridership has increased slightly from 2004 to 2005 while it has decreased in the state, as a whole. The county rates, however, are substantially lower than those of the state, 2.07 and 1.07 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.⁶
- Our goal should be to increase the numbers and rates of elderly people using public transportation.

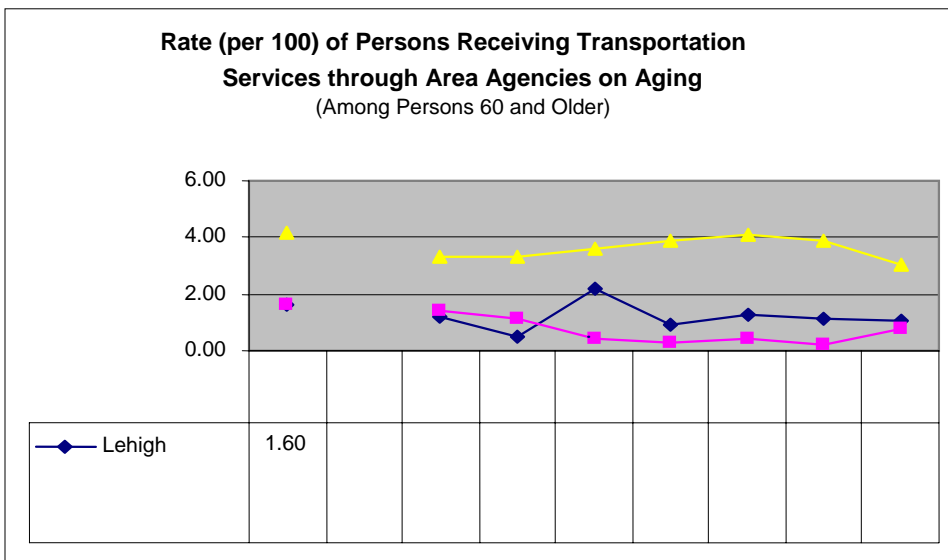
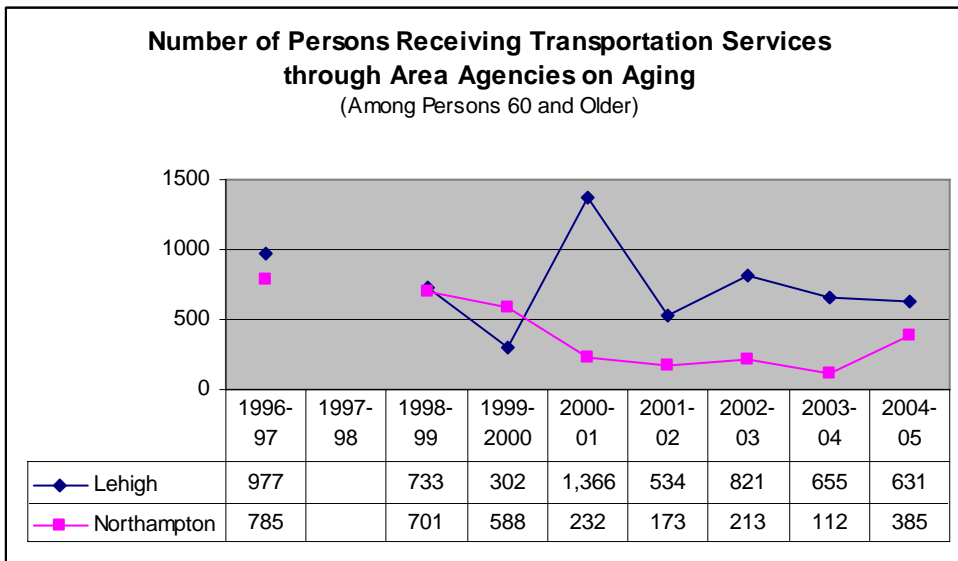
Source(s):

- 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 2005-06.

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

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.



What Can We Learn from the Data?

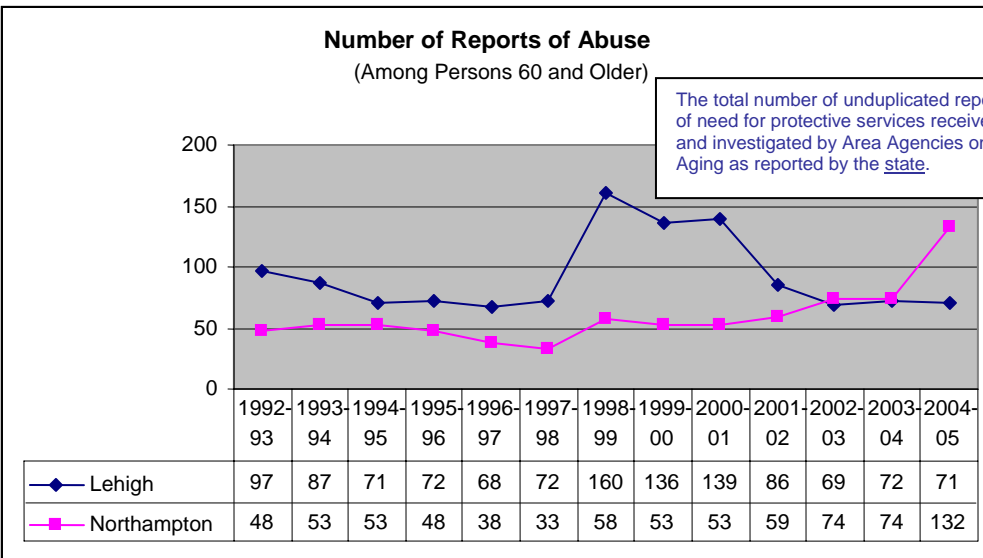
- The rate of persons receiving transportation services through AAA (Area Agencies on Aging) has declined significantly from 1.6 in 1996-97 in both Lehigh and Northampton counties to 1.07 and 0.77 in 2004-05 for Lehigh County and Northampton County, respectively. The rate of transportation assistance in the state, as a whole, has declined significantly, from 4.20 in 1996-97 to 3.02 in 2004-05. On the other hand, the rate has increased from (.20) in 2003-04 to 3.02 in 2004-05.

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 (based on state-level data, 2004-05)

The Victims

- Those over age 75 account for 67% found in need of protective services.
- Most are female (64%) and dependent on abusers.
- Most (60%) live in their own home. (Among them 34% live alone.)

The Abusers

- Almost half (46%) are middle aged (30-59).
- Nearly half (49%) are female.

Some are family members including:

- Husbands (6%)
- Wives (4%)
- Sons (13%)
- Daughters (11%)

Classification of Reports

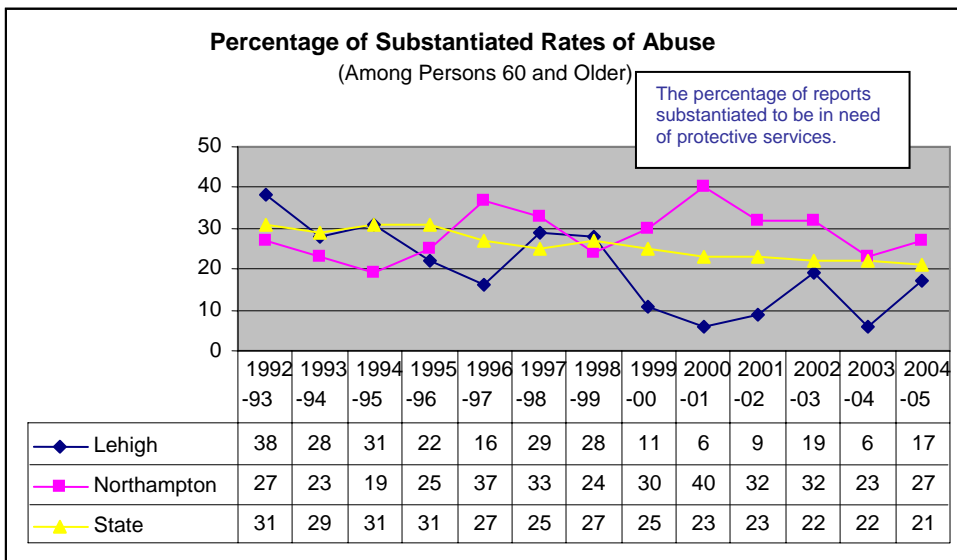
- Emergencies (8%)
- Priorities (29%)
- Non-priority (55%)

Source of Reports

- Nursing homes (20%)
- Family members (20%)
- Public (19%)

Rate/10,000 in 2004-05

	Reports Received		Substantiated Reports	
	2002-03	2004-05	2002-03	2004-05
Lehigh	11.6	11.5	.6	1.9
Northampton	14.1	25.1	3.2	6.6
State	54.3	53.5	11.7	11.2



What Can We Learn from the Data?

- The numbers of reported abuse cases has fluctuated in the two counties in the past decade between 33 and 160 cases.
- Substantiated cases have also fluctuated. 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.
- This data reflects what is reported and published by the state in the "Older Adults Protective Services Annual Reports." It does not always coincide with data collected at the county level from Area Agencies on Aging.

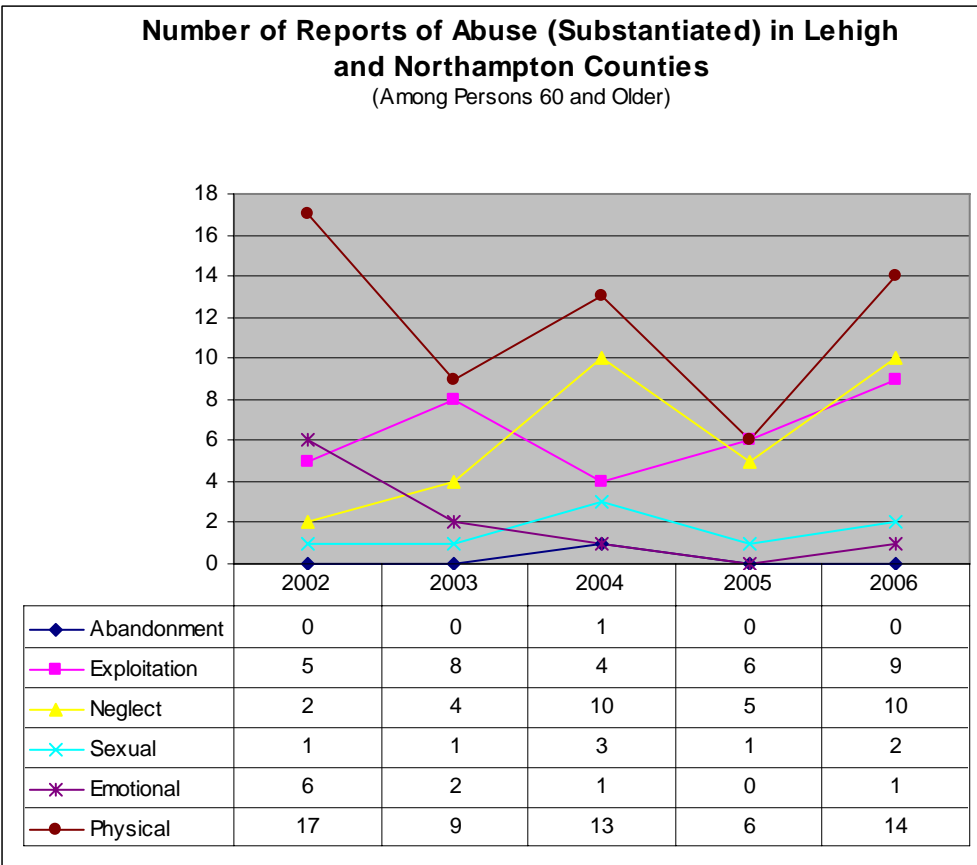
Source(s):

- Pennsylvania Department of Aging, "Older Adults Protective Services Annual Report" for the years 1994-95 to 2004-05..
- 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).

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.⁹



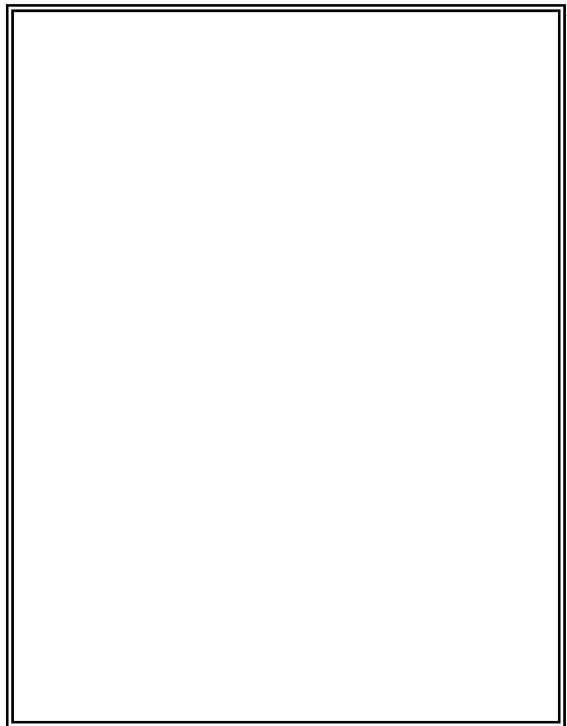
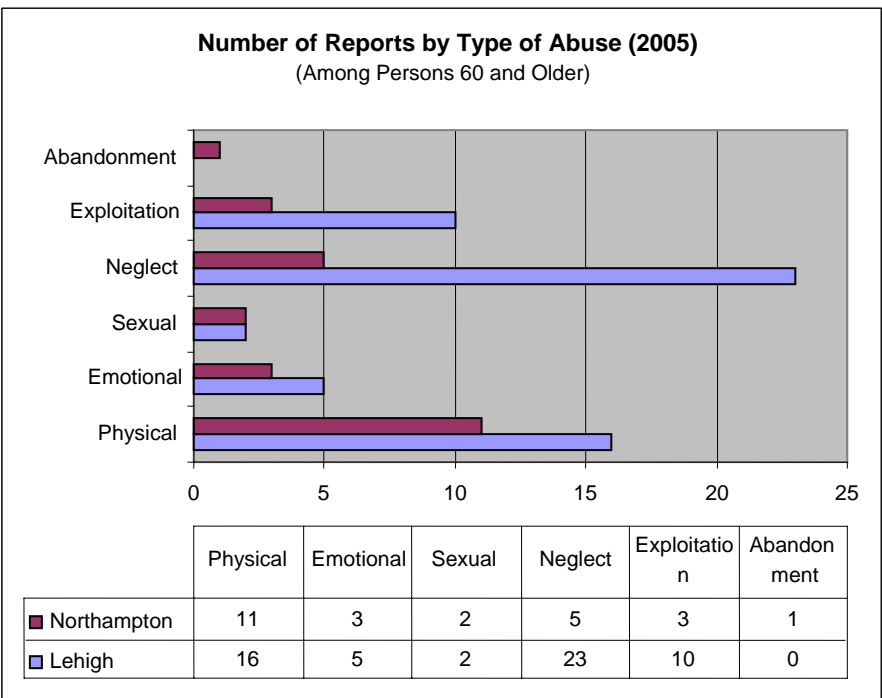
What Can We Learn from the Data?

- The numbers of reported abuse cases that have been substantiated for the two counties combined range from 1 (abandonment) to 17 (physical abuse in 2002). Physical abuse accounts for the greatest number of reported cases for all five years combined, followed by exploitation.
- The percentage of substantiated cases (based on greater than 0 reported cases) shows the fluctuations in type of abuse reports that get substantiated every year.
-

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.

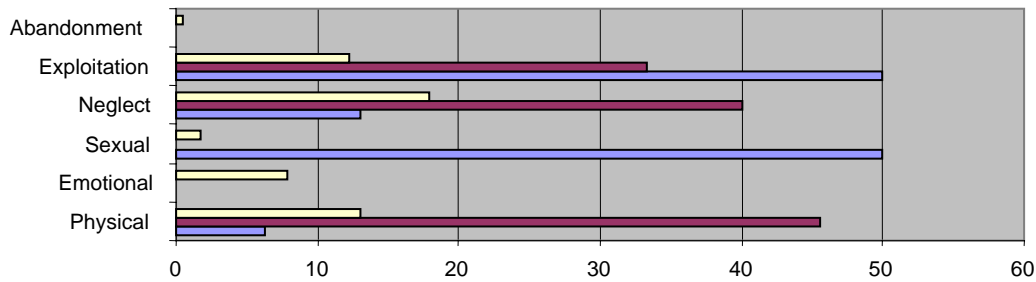
WHY IS THIS INDICATOR IMPORTANT?

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



Percentage of Substantiated Reports by Type of Abuse (2005)

(Among Persons 60 and Older)



	Physical	Emotional	Sexual	Neglect	Exploitation	Abandonment
□ State	13.1	7.9	1.8	17.9	12.3	0.5
■ Northampton	45.5	0	0	40	33.3	0
■ Lehigh	6.3	0	50	13	50	0

What Can We Learn from the Data?

- Caregiver neglect accounted for the largest number of reported abuse cases for the counties combined. Physical abuse accounted for the largest number of reported abuse cases in Northampton County in 2005. Caregiver neglect accounted for the largest number of reported cases in Lehigh County. Rates of substantiation of these cases varied between the counties.
- Abandonment accounted for the lowest number of reported cases of abuse followed by sexual abuse.
- Of all substantiated cases, more than half (53.5) were cases of caregiver neglect.
- 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 2004-05.
- 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).

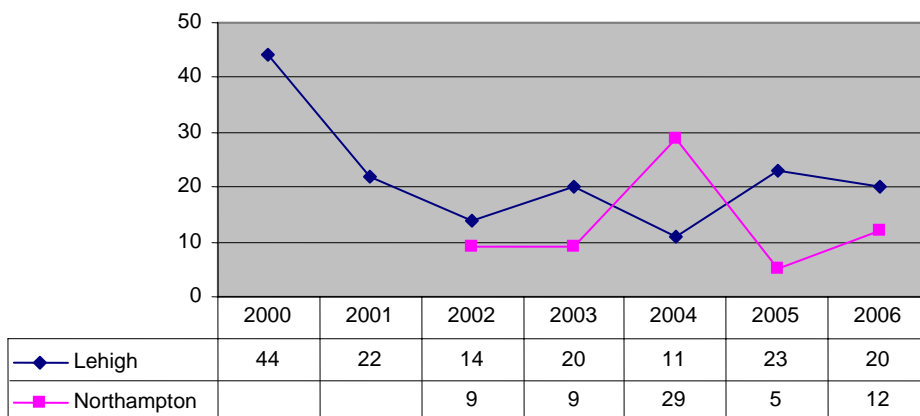
Outcome D: Older adults will live safely in supportive communities

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 accounted for nearly 35 percent of all abuse cases reported in the Lehigh Valley in 2005. A significant percent are substantiated. (See indicator D-1, Comprehensive-b.)

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."

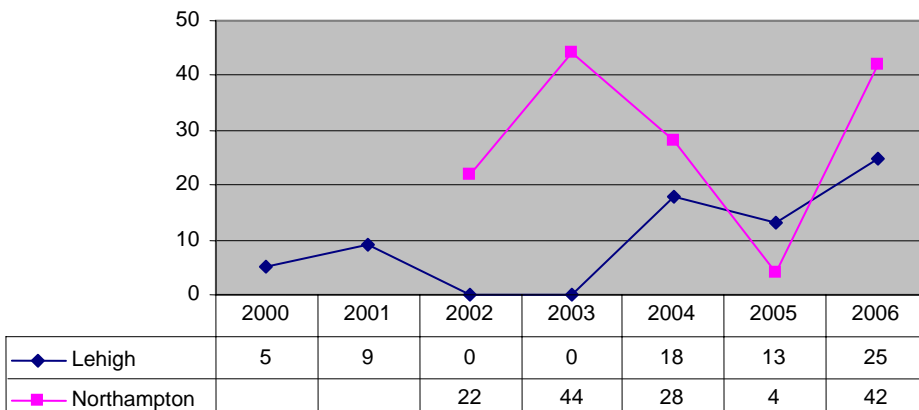
Identifying caretaker neglect in elders:

- 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)



What Can We Learn from the Data?

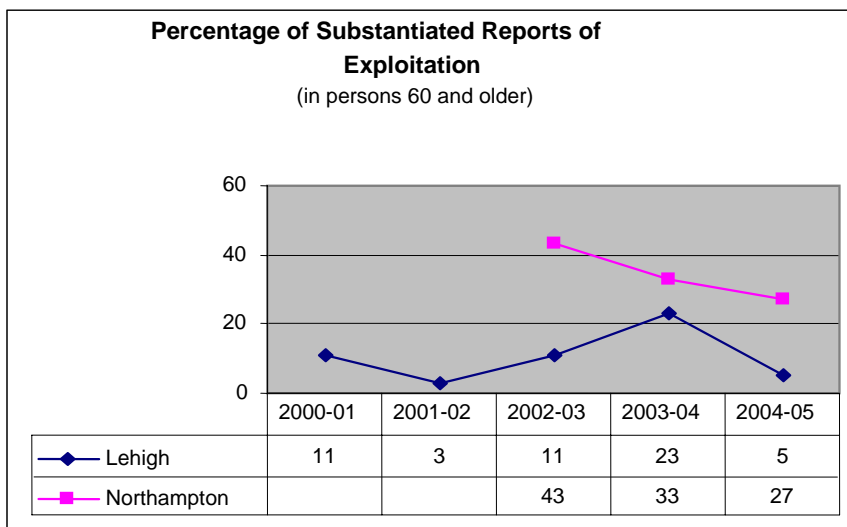
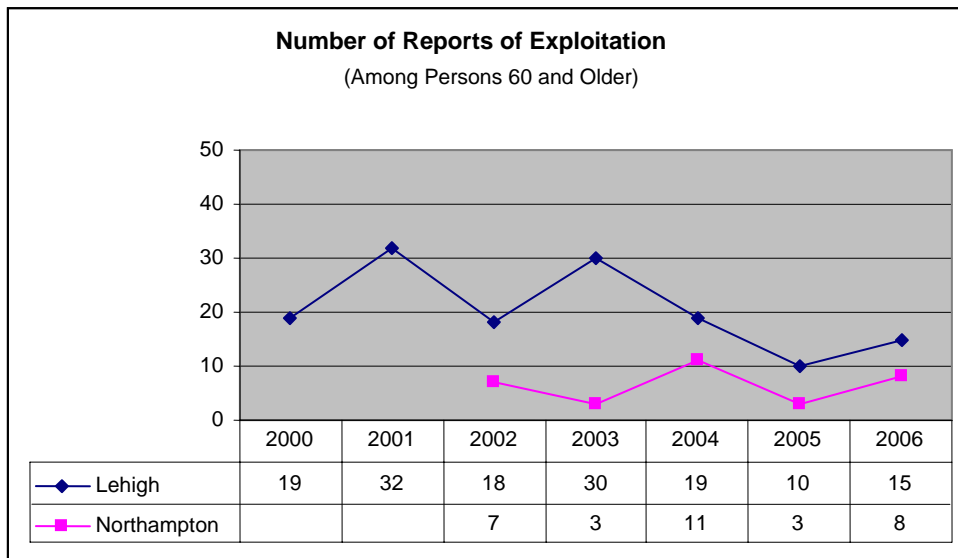
- Caregiver neglect accounts for the largest percentage of all forms of elderly abuse in the Lehigh Valley for both counties combined. A significant percentage of reports are substantiated.
- Our goal should be to raise awareness of the complex issues surrounding elderly caregiver neglect in the Lehigh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

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 of all reported abuse cases with significant rates of substantiation.



Basic Facts

Exploitation accounts for about 16% of all abuse cases reported in the Lehigh Valley. (See Indicator D-1, Comprehensive-b).

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)

What Can We Learn from the Data?

- Exploitation accounts for a significant percentage 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.

Source(s):

- Pennsylvania Department of Aging, "Older Adults Protective Services Annual Report" for the years 1994-95 to 2004-05.
- 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).

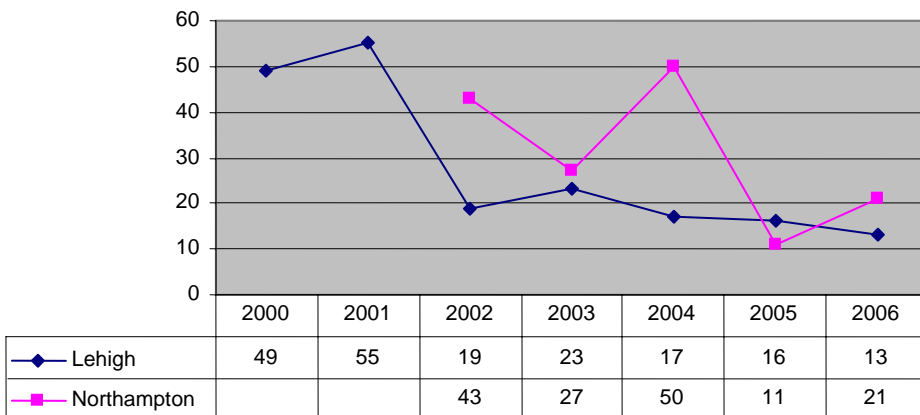
Outcome D: Older adults will live safely in supportive communities

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 about 33% of all abuse cases reported in the Lehigh Valley. A significant percent are substantiated. (See Indicator D-1, Comprehensive-b.)

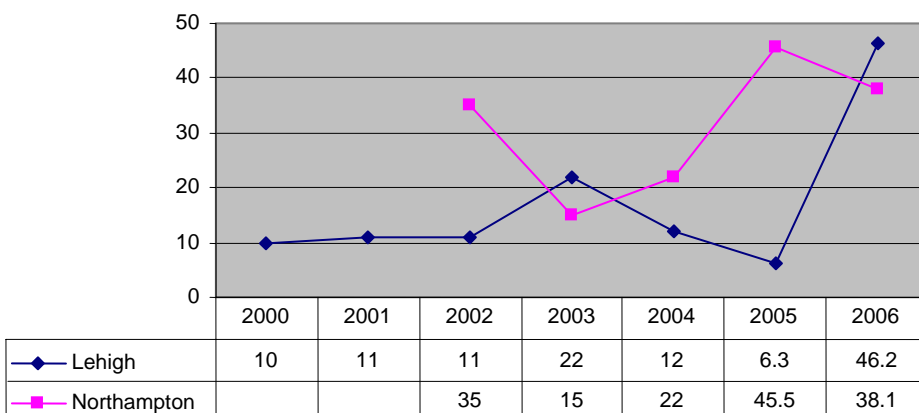
What is Elder Physical Abuse?

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)



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 2006 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.

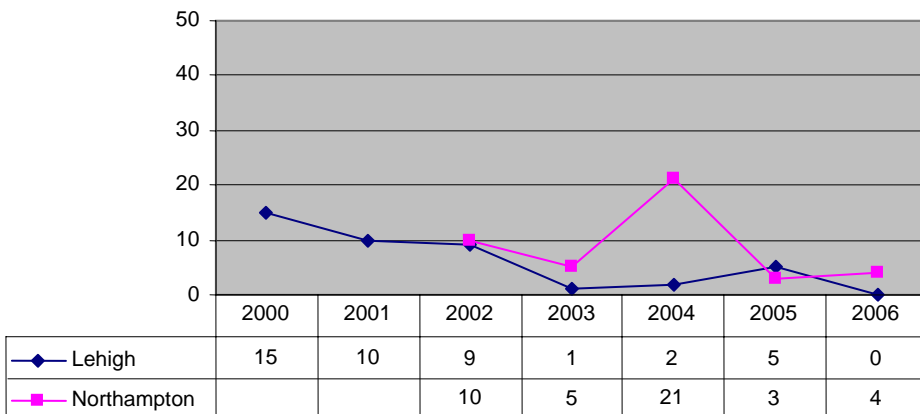
Outcome D: Older adults will live safely in supportive communities

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% of all abuse cases reported in the Lehigh Valley. A significant percent are substantiated. (See Indicator D-1, Comprehensive-b.)

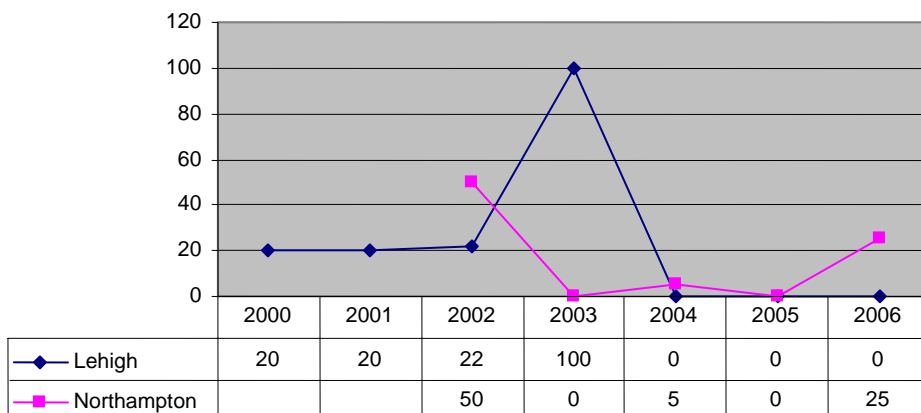
What is Elder Emotional Abuse?

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
(in persons 60 and older)



What Can We Learn from the Data?

- Emotional abuse accounts for a significant number 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 abuse 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.

Source(s):

- Pennsylvania Department of Aging, "Older Adults Protective Services Annual Report" for the years 1994-95 to 2004-05.
- 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).

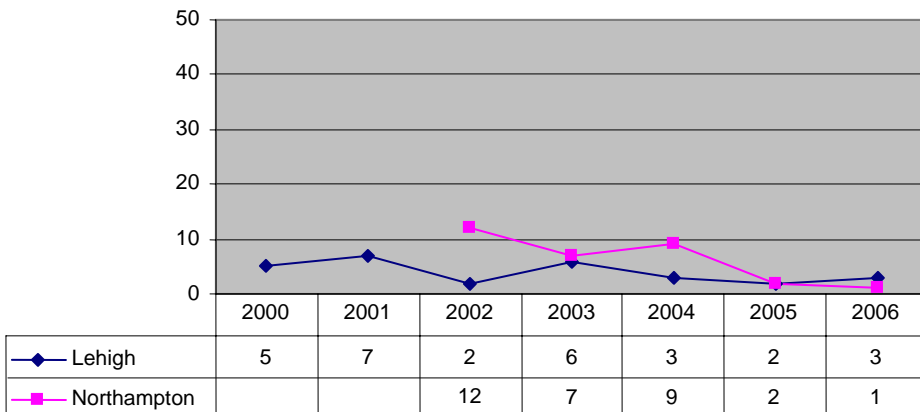
Outcome D: Older adults will live safely in supportive communities

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.

Number of Reports of Sexual Abuse
(Among Persons 60 and Older)



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. (See Indicator D-1 Comprehensive-b.)

What is Elder Sexual Abuse?

It is defined by PA 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."

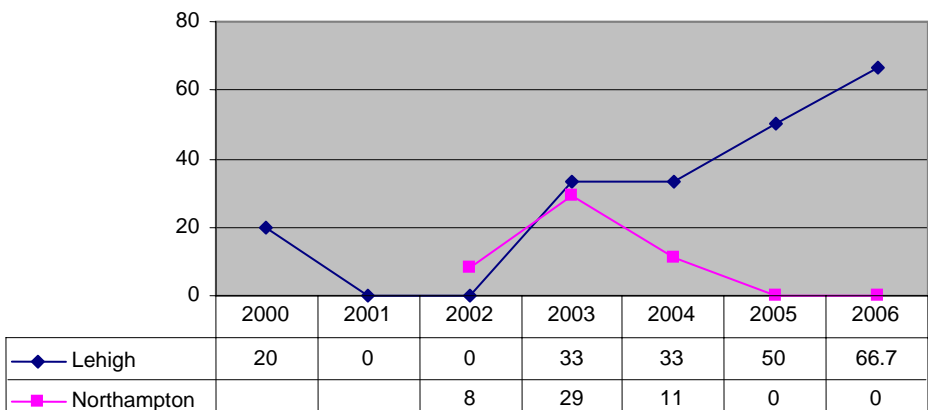
How is it different for elders?

- 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)

Percentage of Substantiated Reports of Sexual Abuse
(Among Persons 60 and Older)



What Can We Learn from the Data?

- Sexual abuse accounts for a small 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.

Source(s):

- Pennsylvania Department of Aging, "Older Adults Protective Services Annual Report" for the years 1994-95 to 2004-05.
- 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>)

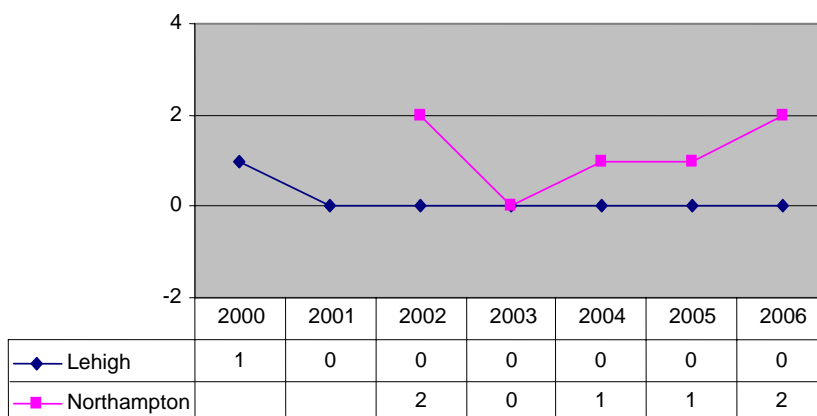
Outcome D: Older adults will live safely in supportive communities

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.

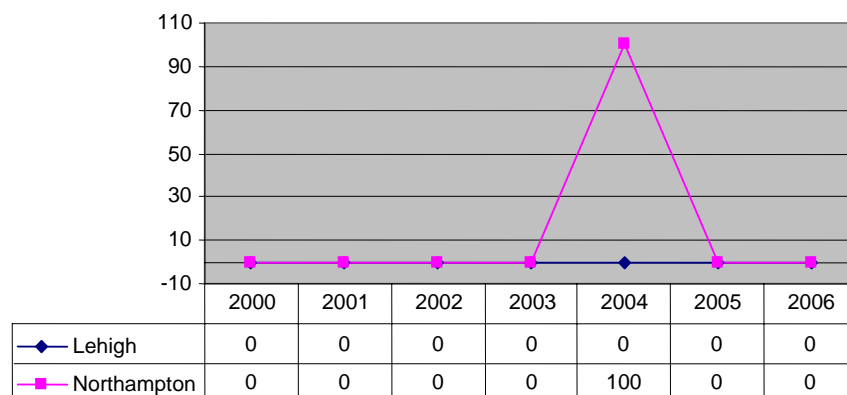
Number of Reports of Abandonment
(Among Persons 60 and Older)



Basic Facts

- Abandonment is rarely reported.
- But reported cases show that 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)



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.

Source(s):

- Pennsylvania Department of Aging, "Older Adults Protective Services Annual Report" for the years 1994-95 to 2004-05.
- 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/>).
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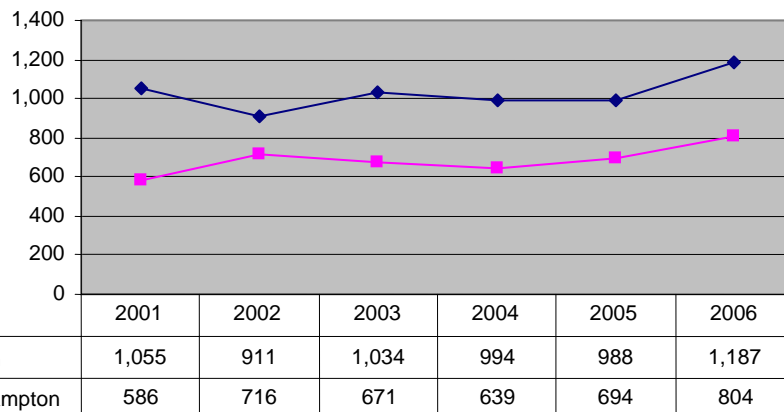
Outcome D: Older adults will live safely in supportive communities

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)



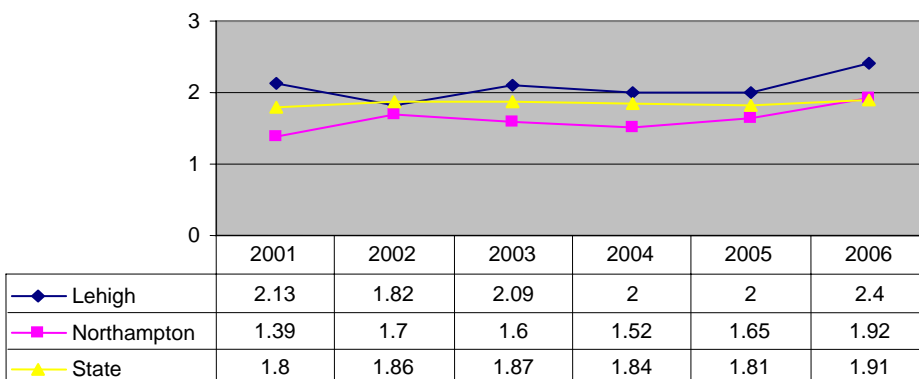
Top Five Crimes Committed Against the Elderly 2005 and 2006 (by percentage)

Northampton County		
	2005	2006
Vandalism	39%	40%
Larceny-theft	29%	29%
Burglary	9%	10%
Fraud	8%	7%
Motor vehicle theft	2%	3%
Other assaults (non-aggravated)		4%
Female victims:	45%	44%

Lehigh County		
	2005	2006
Vandalism	37%	36%
Larceny	30%	32%
Fraud	6%	5%
Burglary	5%	12%
Motor vehicle theft	4%	4%
Female victims:	46%	45%

State of Pennsylvania		
	2005	2006
Larceny-theft	29%	29%
Vandalism	28%	29%
Burglary	12%	12%
Fraud	7%	7%
Motor vehicle theft	6%	5%
Other assaults (non-aggravated)		5%
Female victims:	45%	44%

Rate (per 100) of Crime Victims
(Among Persons 65 and Older)



Crime Rates (per 100)

Area	2001		2002		2004		2004		2005		2006	
	65+	Total Adult	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	2.4	4.57
Northampton	1.39	4.33	1.7	4.4	1.6	4.38	1.52	4.5	1.65	4.7	1.92	3.44
State	1.8	4.48	1.86	5.1	1.87	4.71	1.84	5.14	1.81	3.85	1.91	3.85

What Can We Learn from the Data?¹⁰

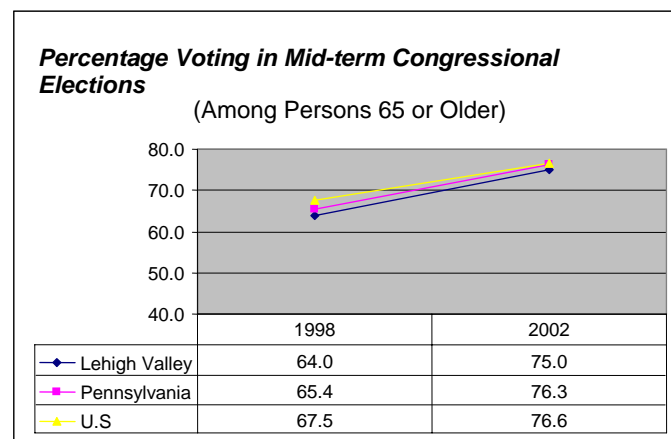
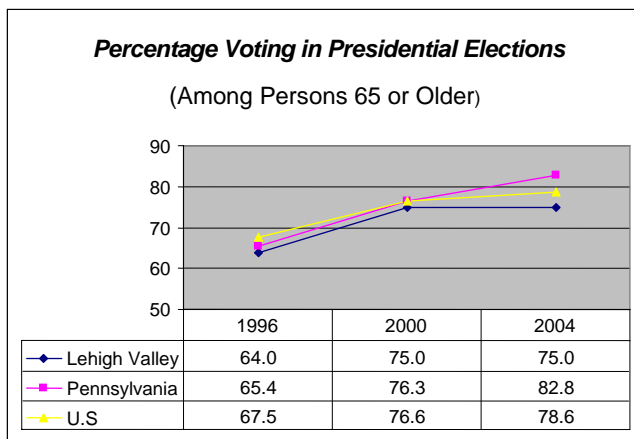
- The crime victimization rate among the elderly has risen in both counties and in the state of Pennsylvania. The latest data (2006) shows the highest victimization rate for the past 6 years.
- The rates of crime committed against the elderly are substantially lower than the rate of victimization in the general population as a whole. But, the latest data shows that this gap may be narrowing. The victimization rate for the total adult population has declined in the two counties

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

¹ Data for 1997-98 has not been located primarily due to lack of data collection and reporting for this year and areas.

² Data for 1997-98 has not been located primarily due to lack of data collection and reporting for this year and areas.

³ 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.

⁴ Data for 1997-98 has not been located primarily due to lack of data collection and reporting for this year and areas.

⁵ Data for 1997-98 has not been located primarily due to lack of data collection and reporting for this year and areas.

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

Macro-level Effects

- 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 Effects

- 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.

⁷ Some data (including data for both counties in 1997-98) has not been located primarily due to lack of data collection and reporting for those years and areas.

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

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⁹ 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.

¹⁰ What Affects the Data on Crime Victimization?

Macro-level Effects

- 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 Effects

- 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.

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: 1) it is not available; 2) it is not available; 3) it is not available; 4) it is not available; 5) it is not available. The information regarding the remaining eleven indicators is still not available. Every attempt will be made to gather information on these indicators, in the future.

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

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, Pastor, Salem Lutheran Church
Marty Cottrell, Community Volunteer
Rev. Kenneth Daniel, Phoebe Ministries, Inc.
Robin Flores, Community Volunteer
Carol Halper, PA House of Representatives, Congressman Charles Dent
James Harper, Lehigh University
Ronald Heckman, Lehigh County Government Center
Helen Kelleher, Catholic Charities, Diocese of Allentown
Dr. R. Terry Martin, Sacred Heart Hospital Family Medicine Residency Program
Ken McGeary, Pennsylvania State University
John Mehler, Northampton County Area Agency on Aging
Denis Meyers, LANTA
Donna Miller, M.D., Geriatrician
Georgann Miller, Community Volunteer
Ari Mittleman, Field Representative, Senator Robert Casey
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, Senior Corps RSVP of Lehigh, Northampton & Carbon Counties
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
Melanie McDermott, Project Manager, United Way of the Greater Lehigh Valley
Sue Nuñez, Strategic Partnership Associate, United Way of the Greater Lehigh Valley
Cori Rolón, Project Manager, United Way of the Greater Lehigh Valley

Notes



www.lvagingmatters.org



United Way of the Greater Lehigh Valley
Lehigh Valley Alliance on Aging
2200 Avenue A
Bethlehem, PA 18017-2189
610-807-5730
www.unitedwayglv.org

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Build a Better Community... *Yes We Can!*