Barriers to Independent Living
This issue of Vital Signs focuses on the barriers to independent living faced by disabled individuals and or older adults in our community.

Independent living refers to the ability of disabled individuals and older adults to take advantage of opportunities and to have comparable choices, control, and freedom as other citizens at home, at work, and as members of the community at large.\textsuperscript{1} Independent living does not imply that disabled or older adults be able to do everything themselves, but rather that any practical assistance they need should be available based on their own choices and aspirations.

The desires of disabled or older Oklahomans should not be stifled by a lack of access to necessities which enable them to carry out their daily activities. Societal barriers which prevent disabled or older Oklahomans from living as independently as they choose and are able should be evaluated and minimized.

In Oklahoma, the older adult population is predicted to increase 5.3 percent annually between now and 2030\textsuperscript{2}, as the older adult population increases the disabled population increases. This issue of Vital Signs focuses on the barriers particular to Central Oklahoma’s older adult and disabled population. These barriers plague many disabled individuals and older adults throughout Oklahoma and the nation.

We welcome your questions and comments. Please email us at feedback@unitedwayokc.org or call 405-236-8441.

Best Regards,

Robert Clements,
Chair, Research and Community Initiatives Committee
United Way of Central Oklahoma

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\textsuperscript{1} J. Morris, Barriers to Independent Living: A Scoping Paper Prepared for the Disability Rights Commission, pg. 4.
\textsuperscript{2} Oklahoma Department of Commerce, 2012 Demographics of the State of the State Report, p. 11.
The ‘independent living movement’ challenges the social attitudes and physical barriers that stigmatize and exclude older adults and individuals with disabilities. A primary goal of independent living is to achieve the capacity to live in one’s home and community in accordance with personal wishes and desires.

In discussing independent living, the barriers identified in this report should be viewed as issues related to the social conditions of individuals with disabilities, older adults, and society as a whole. There are a number of barriers to independent living. Some exist at a societal level and some within the legislative framework, but the main focus of this report is to identify the societal barriers disabled individuals and older adults face in Central Oklahoma.

The first barrier, lack of accessible and affordable transportation, is a theme that connects nearly all barriers to living independently. Housing and care for older and disabled Oklahomans is the second barrier explored in the following pages. The housing and caregiver barrier encompasses the rising cost of housing and care, the role of a caregiver, and the abuse, neglect, and exploitation faced by older and disabled Oklahomans. The third barrier in this report relates to economic matters. The economic barrier highlights poverty, employment, and government benefit programs, on which many disabled and older Oklahomans rely.

1 Disability Resource Center of Fairfield County, Inc., What is Independent Living?
2 Throughout this report, Older Adult(s)/Older Oklahoman(s) is defined as age 65+.
3 Disabled is defined as an individual having a hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, and/or independent living difficulty (those who encounter challenges performing instrumental activities of daily living and self-care).
4 National Council on Disability, Living Independently and In the Community, pg. 4.
6 Oklahoma Department of Commerce, 2012 Demographics of the State of the State Report, p. 11.
7 Activities of daily living (ADL) is a term used in healthcare to refer to daily self-care activities within a individual’s place of residence, outdoor environment, or both.
8 Center for Personal Assistance Services, Projections for the Population Needing Personal Assistance, 2015-2030, Oklahoma.
TRANSPORTATION

Absent affordable, accessible, and reliable transportation options, disabled and older Oklahomans face isolation, a reduced quality of life, and economic hardship. Transportation allows individuals to reach medical services, go shopping, and socialize, which enables a level of independence otherwise not possible. Absent affordable and accessible transportation, older adults and disabled persons may feel isolated and dependent upon those around them.

Transporation Made Accessible

Accessible transportation for disabled individuals and older adults is not limited to physical access to vehicles and transportation systems. Accessibility must be accounted for at every stage of a pedestrian’s journey. A wheelchair accessible bus holds little value if a disabled person cannot reach the bus stop. Beginning at a person’s door step and ending at his or her destination, the transportation chain must be reliable, accessible, and affordable.

Ben, a gentleman confined to a wheelchair who relies on the Oklahoma City metro transportation system documented his daily commutes for a Photo Voice research project at University of Central Oklahoma. His photos reveal the difficulty persons with disabilities encounter when using public transportation in the metro area.

"Bench takes up half of [the] sidewalk [making it] hard [for me in my wheelchair] to maneuver around." -Ben

"No sidewalk [availability means that I have to go to another stop and use the street to get there. I may get stuck or tip on grass; people create [their] own path [which is] unsafe [and] looks bad." -Ben

These photographs are a part of a PhotoVoice research project carried out by students and faculty at the University of Central Oklahoma (UCO). Brie Brumfield, Community/Public Health student, was the Principal Investigator on the project. Brumfield worked under the direction of J. Sunshine Cowan, Ph.D., MPH, MCHES, and Sara L. Cole, Ph.D., MCHES, faculty in the Community/Public Health program at UCO. Haleigh Larkin, an Outdoor and Community Recreation major who is minoring in Community/Public Health also assisted with the project. Larkin begins a new project this academic year using PhotoVoice to better understand homelessness in the metropolitan area. Contact Dr. Sunshine Cowan for more information, jcowan1@uco.edu.

The Need for Affordable Transportation

In the United States “private dollars for transportation outnumber public dollars 5 to 1.” For older adults, 9 out of 10 trips are taken by private automobile, which must be purchased, insured, fueled and maintained with private resources. Nationally, older adults only take two percent of trips using public transportation.

Below is an illustration of transportation costs in relation to older adults’ household budgets nationwide:

![Transportation Cost Illustration]

The average cost of owning an automobile would consume 78% of an older adult’s income who lives at or below the poverty line ($10,800 for a single older adult). The average cost of owning an automobile would consume 51% of a low income older adult’s income ($15,697 for a single older adult).

(Source: Social Security Administration, Expenditures of the Aged Chart book, 2010, pg 11.)

(Source: Transportation for America, Aging In Place, Stuck Without Options, pg 8.)

11 TN America, Creating Incentives for Removing Barriers to Sustainable Senior Transportation.
12 Poverty level defined by the Census Bureau.
13 Poverty level defined by AARP.
Transportation and Aging In Place

The typical American Adult makes 1,200 car trips per year. Therefore, as baby boomers cease driving they will need accessible and affordable transportation options. Only a small percentage of Americans move once they reach retirement meaning most will “age in place.” The problem is older adults “age in place” in the suburbs, and require automobiles for daily activities.

Isolation

Living away from mass transit in the suburbs can lead to social isolation, geographical isolation or both. Isolation among older adults is often defined by living arrangements. Living alone is used as a measure of isolation. It implies a lack of immediate support from a spouse or family member. While living alone is essential to the definition of isolation, additional factors are included in order to identify barriers that increase isolation and prevent older adults from accessing alternative sources of support.

Lack of personal transportation results in:

- 15% fewer trips to the doctor
- 59% fewer trips to eat out
- 65% fewer trips to visit friends & family

Solutions In Practice: Lovena’s Story

Lovena L. is 90 years old, legally blind, and lives on a fixed income. She is among hundreds of seniors who use RSVP Provide-A-Ride to get to frequent medical appointments. Lovena said, “[RSVP Provide-A-Ride] is very vital to me, and hundreds of other senior citizens, to have this wonderful service. I look forward to the volunteer drivers coming because they are such wonderful people! When we go to the doctor, the drivers don’t just drop you off and promise to come back at a certain time...they stay with us and even help with the mountains of paperwork if we need the help. They stop by the pharmacy to get prescriptions and then see us safely back inside our homes. Our generation never wanted to ask for help, and I never feel less of a person when I call RSVP. God bless this wonderful program and the people that make it happen!”

RSVP Mission Statement: The Retired & Senior Volunteer Program of Central Oklahoma links volunteers age 55 and older with essential community needs throughout central Oklahoma.
HOUSING, FACILITIES, & CAREGIVERS

Older and disabled Oklahomans face housing and care-related barriers that impact their ability to live independently. Many older adults and disabled individuals live on low or fixed incomes, which increase the financial burden of housing and care costs. Additionally, individuals in these populations are reliant upon caregivers. Reliance on caregivers can sometimes place older adults and the disabled individuals in a vulnerable position.

Housing, Facilities and Care Options

Number of Licensed Facilities Currently Operating in Central Oklahoma*

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Canadian County</th>
<th>Logan County</th>
<th>Oklahoma County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Day Centers</td>
<td>6</td>
<td>2</td>
<td>14</td>
</tr>
<tr>
<td>Assisted Living Centers</td>
<td>3</td>
<td>3</td>
<td>38</td>
</tr>
<tr>
<td>Intermediate Care Facilities for Individuals w/ Intellectual Disability</td>
<td>5</td>
<td>5</td>
<td>42</td>
</tr>
<tr>
<td>Long-term Care Facilities</td>
<td>1</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Residential Care Homes</td>
<td>1</td>
<td>2</td>
<td>42</td>
</tr>
</tbody>
</table>

*Numbers of facilities currently open as of October 8th, 2013
(Source: Oklahoma State Department of Health, Long Term Care Inspection Surveys.)

A housing option gaining popularity among older adults is the concept of aging in one’s own home, known as “aging in place.” In fact, 90 percent of older adults surveyed by AARP voiced their desire to age in their own homes.21

19,878
Oklahomans reside in long-term care facilities.

(Source: AARP, Across the States Profiles of Long-Term Care Services and Supports Oklahoma, pg. 7.)

Home Care Based Services in Oklahoma, 2010

Per 1,000 People Age 65+

<table>
<thead>
<tr>
<th>Service Type</th>
<th>State</th>
<th>Home Health Aides</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal &amp; home care aides</td>
<td>7,870</td>
<td>8,810</td>
</tr>
</tbody>
</table>

(Source: AARP, Across the States Profiles of Long-Term Care Services and Supports Oklahoma, pg. 7.)

Nationwide, more than 856,000 disabled individuals were living in homeless shelters, group homes, and other congregate facilities in 2009.

(Source: Technical Assistance Collaborative, Priced Out 2012, pg. 4.)

Housing for the Disabled

In Oklahoma, 30 percent of households have at least one resident with a disability, excluding those with an independent living difficulty.23

Oklahoma Households With at Least One Resident with a Disability, 2011

(Source: AARP Public Policy Institute, Oklahoma State Housing Profile 2011, pg. 2.)

<table>
<thead>
<tr>
<th>Disability Type</th>
<th>% of 65+ only households</th>
<th>% of households age 18+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision difficulty</td>
<td>23.7%</td>
<td>10.6%</td>
</tr>
<tr>
<td>Hearing difficulty</td>
<td>18.9%</td>
<td>7.1%</td>
</tr>
<tr>
<td>Physical difficulty</td>
<td>13.9%</td>
<td>10.6%</td>
</tr>
<tr>
<td>Cognitive difficulty</td>
<td>11.9%</td>
<td>6.5%</td>
</tr>
<tr>
<td>Self-care difficulty</td>
<td>20.6%</td>
<td>10.7%</td>
</tr>
<tr>
<td>Independent Living difficulty</td>
<td>50.6%</td>
<td>30%</td>
</tr>
<tr>
<td>Any disability</td>
<td>62%</td>
<td>29.8%</td>
</tr>
<tr>
<td>Owners</td>
<td>50.6%</td>
<td>30%</td>
</tr>
<tr>
<td>Renters</td>
<td>48.1%</td>
<td>30.1%</td>
</tr>
</tbody>
</table>

(Source: Oklahoma State Housing Profile 2011, pg. 2.)

Oklahoma with Intellectual & Developmental Disabilities (IDD) Housing Snapshot

Where Oklahomans with IDD Live, 2011*

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Non-State Residential Settings</th>
<th>State Residential Settings</th>
<th>ICFs - MR**</th>
<th>Long-term Care Facilities</th>
<th>Family Homes while Receiving Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estimate</td>
<td>2,838</td>
<td>245</td>
<td>1,535</td>
<td>361</td>
<td>2,429</td>
</tr>
</tbody>
</table>

*Estimate
**Intermediate Care Facilities for Individuals with Mental Retardation
(Source: National Residential Information Systems, Residential Services for Persons with Intellectual or Developmental Disabilities Status and Trends through 2011, pg. 44.)

Oklahomans with IDD on a Waiting List for Residential Services, June 30, 2011

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Total Persons on Waiting List</th>
<th>Total Residential Service Recipients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-State Residential Settings</td>
<td>6,248</td>
<td>202.7%</td>
</tr>
<tr>
<td>State Residential Settings</td>
<td>2,072</td>
<td>48.1%</td>
</tr>
<tr>
<td>ICFs - MR**</td>
<td>3,038</td>
<td>62%</td>
</tr>
<tr>
<td>Long-term Care Facilities</td>
<td>221</td>
<td>11.3%</td>
</tr>
<tr>
<td>Family Homes while Receiving Services</td>
<td>379</td>
<td>11.4%</td>
</tr>
</tbody>
</table>

(Source: National Residential Information Systems, Residential Services for Persons with Intellectual or Developmental Disabilities Status and Trends through 2011, pg. 44.)

21 McGill, As Senior Population Grows, Aging in Place Gains Popularity: Communities Conducting Outreach.
22 AARP, Oklahoma State Housing Profile 2011, pg. 2.
The Cost of Housing

The Cost of Long-Term Care

The cost of long-term care can vary based on a host of factors, such as the type of care, the duration of care, the provider of care, the type of facility and where the individual lives. The cost of long-term care in Oklahoma and Oklahoma City is estimated to increase considerably by the year 2022.

The Cost Burden of “Aging in Place”

One of the most prevalent housing problems that older adults face is cost burden. Cost burden is defined as spending more than 30 percent of a household’s income on housing and utilities. Cost burden is an increasing housing problem for older adults, illustrated in the table below.

Prevalence of Housing Cost Burden between 1985 and 2009

Housing Cost Burden for Older Oklahomans 2011

Disabled Oklahomans who rely heavily on Supplemental Security Income (Supp.) struggle to find affordable and functional housing.

The Cost of Long-Term Care

2012 & 2022 Median Annual Cost of Long-Term Care in Oklahoma & Oklahoma City

2012 & 2022 Median Daily Cost of Long-Term Care in Oklahoma & Oklahoma City

2012 & 2022 Median Daily Cost of Long-Term Care in Oklahoma & Oklahoma City

30% of income goes toward housing

50% of income goes toward housing

36.5% 11.6% 55.2%

15.3% 4.1% 26.7%

Older Owner/Renter Households

Older Member Households

All other U.S. Households

without person(s) 65+

Owners with mortgage

Owners free and clear

Renters

Owners with mortgage

Owners free and clear

Renters

Statistical Area

Supp. Monthly Payment

Supp. as % of Median Income

% Supp. for a one bedroom apartment

% Supp. for efficiency apartment

Oklahoma City

Oklahoma

$739

$739

20.6%

22.7%

79%

71%

68%

62%

(Source: Federal Interagency Forum on Aging-Related Statistics, Older Americans 2012: Key Indicators of Well-Being, pg. 21.)

(Source: Technical Assistance Collaborative, Priced Out Findings, pg. 31.)

Who are Caregivers?

There are two types of caregivers for older adults and/or disabled: informal caregivers (unpaid) and formal caregivers (paid service providers).

There are 370,000 informal caregivers in the state of Oklahoma providing 400 million hours of care each year.

850,000 people with IDD* live with caregivers age 60+.

65.7 million, or 29%, of the U.S. adult population cares for someone who is ill, disabled, or aged.

In 2009, caregiver services were valued at $450 billion per year, an increase from $375 billion in 2007. (Source: Family Caregiver Alliance, Fact Sheet: Selected Caregiver Statistics)

Of older adults with disabilities who received long-term services and support in their home 66% get all of their care from family caregivers; 26% get their care from a combination of family and paid caregivers; and 9% receive their care from paid caregivers alone. (Source: AARP Volunteering the Unviable: 2011 Update - The Growing Contributions and Cost of Family Caregiving, pg. 8)

Older adults provide an average of 31 hours per week of care while middle aged adults provide an average of 19 hours per week. (Source: Family Caregiver Alliance, Fact Sheet: Selected Caregiver Statistics)

33% of older adults help their care recipient bathe and shower, while only 22% of middle aged adults help with those activities. (Source: Family Caregiver Alliance, Fact Sheet: Selected Caregiver Statistics)

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Solutions In Practice: Emma’s Story

Emma Monks, 91, has always lived an independent life. As one of many older adults living independently in her home, Emma spends her days at Daily Living Centers where she enjoys activities and interaction with others. “It is important to stay active in order to maintain my health and stay young,” said Emma.

The Daily Living Centers provide daytime social/health services to adults who need supervised care outside the home. Clients such as Emma receive cognitive and physical stimulation. The simulation enhances well-being while it delays and or prevents mental and physical deterioration which necessitates institutional setting placement.

“The key is fostering self-determination and dignity through personal choice and a continuity of lifelong roles,” said Bill Weaver, Executive Director. “When coupled with support, the senior years can offer a sustained enjoyment of life.”

Daily Living Centers Mission Statement: To sustain maximum independence; restore lost functioning where possible; increase or maintain present functioning levels; prevent or delay deterioration; encourage involvement in social activities regardless of disabilities; for individuals over the age of 18 who are mobile (including wheelchair, walker or other appliances) and who can benefit from the family group settings and therapeutic programming.
Abuse and Neglect
Older adults and the disabled are more vulnerable to abuse and neglect, defined as intentional actions that cause harm, or increase the risk of harm, to a vulnerable individual by someone, such as a caregiver or individual that is in close relations with the vulnerable individual, whether or not harm is the intended consequence of their actions. These actions can include failure to satisfy the vulnerable individual’s basic needs or to protect the vulnerable individual from any harm.

Abuse and neglect results in health and financial costs:

Older adults who are abused have a 300% higher risk of dying while in care than older adults who are not abused.

The direct medical cost of abuse of older adults was estimated at $5.3 billion of the nation’s annual health expenditures.

The financial loss to exploited older adults was estimated at $2.9 billion in 2009.

Adult Protective Services (APS) are accessible in all 50 states to provide social services to older and disabled adults who have experienced or are experiencing abuse, neglect, and/or exploitation. In addition to APS, a majority of states have mandatory reporting laws for abuse and neglect of vulnerable adults. Despite the accessibility of APS and mandatory reporting laws, a vast majority of abuse, neglect, and exploitation cases go undetected and unreported each year.

Professionals working with older adults and the disabled often lack proper training to detect and recognize abuse. Older adults and the disabled are often reluctant to report abuse out of fear, a lack of physical and/or cognitive ability to report the abuse, or they do not want to get their abuser, who is most often a family member, in trouble.

Approximately 90% of abusers are family members.

Long-Term Care Facility: Abuse and Neglect
More than 40 percent of all older adults will reside in long-term care facilities at some point in the course of their lives. Residents in long-term care facilities are at higher risk of experiencing abuse or neglect. According to the National Ombudsmen Reporting Systems Data in 2010, seven percent of all complaints made to long-term care Ombudsmen were related to abuse, neglect, and/or exploitation.

In a study conducted by Ben Nathan and Lowenstien in 2010, it was found that within a year prior to the study, over 50% of nursing facility staff admitted to engaging in physical violence, mental abuse, and/or neglect of their older patients. Two thirds of those incidents reported by nursing facility staff in the study were incidents of neglect.

Oklahoma Long-Term Care Facility Report Card
According to a recent report released by Families for Better Care, Oklahoma received a grade of F and ranked 48th out of 51 including all 50 states and the District of Columbia for long-term facility care.

<table>
<thead>
<tr>
<th>CRITERIA</th>
<th>RAW DATA</th>
<th>GRADE</th>
<th>RANK</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Facilities With Deficiencies</td>
<td>91.6%</td>
<td>C</td>
<td>25</td>
</tr>
<tr>
<td>% Facilities With Severe Deficiencies</td>
<td>29.22%</td>
<td>F</td>
<td>43</td>
</tr>
<tr>
<td>Direct Care Staffing Average</td>
<td>37.33%</td>
<td>F</td>
<td>46</td>
</tr>
<tr>
<td>Direct Care Staffing Hours</td>
<td>2.49</td>
<td>C</td>
<td>26</td>
</tr>
<tr>
<td>Health Inspections Average</td>
<td>33.66%</td>
<td>D</td>
<td>36</td>
</tr>
<tr>
<td>RN Hours</td>
<td>0.47</td>
<td>F</td>
<td>51</td>
</tr>
<tr>
<td>RN Staffing Average</td>
<td>12.0%</td>
<td>F</td>
<td>47</td>
</tr>
<tr>
<td>Verified Ombudsman Complaints</td>
<td>66.17%</td>
<td>B</td>
<td>13</td>
</tr>
</tbody>
</table>

(Source: Administration on Aging, National Center on Elder Abuse, Research Brief: Abuse of Residents of Long Term Care Facilities.)

(Source: Families for Better Care, State Report Cards: Oklahoma.)

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26-30 Administration on Aging, National Center on Elder Abuse, Data/Statistics.

31-32 Administration on Aging, National Center on Elder Abuse, Data/Statistics.

33 Families for Better Care, State Report Cards: Oklahoma.
abuse and neglect of the Disabled

The disabled are also at risk of being abused and neglected by their caregivers. Abuse and neglect negatively impacts their health, safety, and emotional wellbeing, and in turn their ability to engage in activities of daily living, daily self-care activities.34

In a comprehensive review of literature published from 2000 to 2010, disabled individuals experienced disproportionate and higher rates of interpersonal violence (IpV) than non-disabled individuals over their lifetime. Adult disabled women had a 26 percent to 90 percent lifetime prevalence of IpV while adult disabled men had a 28.7 percent to 86.7 percent lifetime prevalence of IpV. (Source: Administration on Aging, National Center on Elder Abuse, Data/Statistics.)

Solutions In Practice: Mr. John Cook

John Cook came to Sunbeam’s Emergency Shelter for Seniors after he escaped from his abusive daughter’s home. When John arrived at Sunbeam’s shelter he had experienced an illustrious life thus far.

John had traveled the country in a post office truck, while fighting lung cancer and serving as an honorary prison chaplain. Additionally, John served as a missionary in Las Vegas where he helped the homeless population by providing meals, assisting with clean up, and in general spreading hope. ‘Soup, Soap and Hope’ was John’s motto.

John’s daughter brought him to Oklahoma to visit his grandson. Upon arrival, she locked him in a room and she proceeded to physically abuse him, and financially exploit him. John told Sunbeam, “My daughter would give me one egg sandwich at 4:30 PM. If I was good I might get ham on my sandwich.” One day, John saw his opportunity to escape and he ran from his daughter’s home barefoot. He explained his situation to authorities and was brought to Sunbeam’s Emergency Shelter for Seniors to begin rebuilding his life.

John described Sunbeam’s Emergency Shelter for Seniors as follows, “They make you feel like you are somebody at the Shelter. It is great medicine. You feel like it is a home, not a shelter. The compassion, understanding and the attention you get is a great thing. I will be praising it for the rest of my life.”

Sunbeam’s Emergency Shelter for Seniors: The Emergency Senior Shelter, operated by Sunbeam Family Services, in partnership with DHS, Adult Protective Services, is a safe ten-bed facility working to re-establish those whom have been removed from their homes due to abuse and or neglect with the goal of safe independent living within thirty days.

Sunbeam Family Services Mission Statement: Our mission is to provide people of all ages with help, hope, and the opportunity to succeed.

Abuse and Neglect of the Disabled

In a national sample of 305 adult disabled women, 68 percent reported they had experienced abuse during the previous year. Of the 68 percent reporting abuse, 30 percent had experienced sexual abuse in the previous year.

In a comprehensive review of literature published from 2000 to 2010, disabled individuals experienced disproportionate and higher rates of interpersonal violence (IpV) than non-disabled individuals over their lifetime. Adult disabled women had a 26 percent to 90 percent lifetime prevalence of IpV while adult disabled men had a 28.7 percent to 86.7 percent lifetime prevalence of IpV. (Source: Administration on Aging, National Center on Elder Abuse, Data/Statistics.)

33 percent of institutionalized disabled adult women have experienced IpV while only 21 percent of institutionalized non-disabled adult women have experienced IpV.

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ECONOMIC

Over 23 million older Americans are economically insecure and 28 percent of disabled individuals between the ages of 18 and 64 live in poverty. Each day individuals in these populations struggle with rising housing and health care costs, lack of access to transportation, diminished savings, and unemployment. Disabled individuals often struggle to find employment and are reliant on government benefit programs as their sole source of income. The same is true for older adults. The result is chronic economic instability for many older and disabled Oklahomans.

Poverty

Poverty Among Disabled Oklahomans

22.8% of persons with disabilities age 16 and over incomes fall below the federal poverty level ($11,945 for a single person)

15.4% of persons without disabilities age 16 and over incomes fall below the federal poverty level

37.8% of Oklahomans with disabilities age 16 and over have incomes below 150% of poverty

25.9% of people without disabilities age 16 and over have incomes below 150% of poverty

(Source: Oklahoma Department of Rehabilitative Services, Putting it into Perspective: The Prevalence of Disability in Oklahomans)

Older Oklahomans Poverty Levels, 2009-2011

<table>
<thead>
<tr>
<th>Below 100% of poverty threshold</th>
<th>Below 200% of poverty threshold</th>
</tr>
</thead>
<tbody>
<tr>
<td>7%</td>
<td>34%</td>
</tr>
</tbody>
</table>

(Source: Damico, et al., A State-by-State Snapshot of Poverty Among Seniors)

If Social Security benefits did not exist, nearly 50% of older Americans would live below the federal poverty level. ($10,800 per year for a single older adult)

(Poverty Supplemental Poverty measure)

Supplemental Poverty Measure

In 2011 the Census Bureau released an alternative poverty measure known as the supplemental poverty measure. The supplemental poverty measure defines poverty and income differently than the official poverty measure, by using more recent patterns of expenditures on basic necessities. Adjustments are made to reflect home ownership status and regional differences in housing prices.

Percentage of Individuals Ages 65 and Older With Incomes Below 100% of the Supplemental Poverty Threshold, by State, 2009-2011

(Source: Levinson, et al., A State-by-State Snapshot of Poverty Among Seniors: Findings from Analysis of the Supplemental Poverty Measure)

Employment

Employment opportunities are important for disabled individuals to more fully integrate into society. Persons with cognitive disabilities have shown improvement in the ability to live independently when employed in terms of both self-advocacy and self-determination. Self-advocacy focuses on the ability to stand up for one’s self, and self-determination is defined as the ability to both define and achieve goals for one’s self.

Transportation is one of the most significant barriers to employment people with disabilities in Oklahoma face. Often employment opportunities for people with disabilities remain open, even with motivated people who are ready to work, because they are unable to overcome the huge barrier of reliable, affordable transportation.

- Deborah Copeland, HR/PR Administrator, Dale Rogers Training Center

National Employment Rates, 2012

Age 16+

Employed 69.4%

Unemployed 17.8%

Not in labor force 13.4%

Oklahoma Employment Rates, 2012

Age 16+

Employed 66.2%

Unemployed 24.3%

Not in labor force 29.3%

* Unemployment data as of 2012 Annual Average


** 2012 American Community Survey 1 yr. estimate

(Source: Center for Disease Control and Prevention, Oklahoma Demographic Overview)

= Adults with a Disability

= Adults without a Disability

2011 Kutty, Sharma, Shobra, Employment Leads to Independent Living and Self-Advocacy, pg. 3-4.


A huge smile grows on Julie’s face and her eyes light up when asked about her new job at Dale Rogers Training Center’s Papa Murphy’s store. Julie said, “making the dough is my absolute favorite. It’s like science. I love science and you have to get the dough done just right.” The community job is a large transition from the DRTC in-house programs she has been a part of for six years. When Julie was asked why she wanted to work at Papa Murphy’s she said “to better myself, to feel like I’ve accomplished something. It’s my first real job out in the community.”

Julie has grown confident in her work at Papa Murphy’s and learned a few lessons. Julie does the prep work in the mornings preparing the vegetables and the dough. Growing accustomed to prep charts and the fast pace of a retail establishment has taken Julie some time, but she is improving and constantly learning. Part of having a community job is transportation.

Julie rides the bus to work and loves it. Her first day of work she got off at the wrong stop, but Julie was not worried, rather she thought, “I can handle this.” Julie said the “sense of freedom [she] gets riding the bus is well worth it.”

With the money Julie is earning she plans to pay off her medical expenses and purchase her very own laptop and internet service. “DRTC trains you before you jump in on the big day,” said Julie. “I’m reaching my goal. I want to eventually own my own business, owning a bakery is a long term goal.”

Dale Rogers Training Center Mission Statement: DRTC supports people with disabilities through paid vocational training, in-house programs and work opportunities as well as competitive community employment.

Benefits
Government health and social service programs provide a necessary lifeline for older and disabled Oklahomans. The information provided below reveals the types of benefits received by older and disabled Oklahomans and the amount of money that flows into Oklahoma jurisdictions by way of benefit programs. Absent benefit programs the poverty rate among disabled and older Oklahomans would increase. Additionally, they would lack essential services that allow them to live independently.

<table>
<thead>
<tr>
<th>Program</th>
<th>Number of beneficiaries in Oklahoma</th>
<th>Percentage of residents receiving the benefit</th>
<th>Average Annual Benefit</th>
<th>Total Annual Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security</td>
<td>705,364</td>
<td>18.8%</td>
<td>$12,611</td>
<td>$8.9 billion</td>
</tr>
<tr>
<td>Medicare</td>
<td>585,617</td>
<td>15.9%</td>
<td>$10,105</td>
<td>$5.9 billion</td>
</tr>
<tr>
<td>Medicaid</td>
<td>799,855</td>
<td>21.7%</td>
<td>$4,923</td>
<td>$3.9 billion</td>
</tr>
<tr>
<td>Social Security Disability Insurance</td>
<td>144,566</td>
<td>3.8%</td>
<td>$151.80</td>
<td>$1.7 million</td>
</tr>
</tbody>
</table>

Oklahoma Benefit Programs, 2011

Disabilities are the most common barrier to benefits access, 6.3 million isolated individuals report having a disability.

(Source: Alliance for Retired Americans, Social Security, Medicare and Medicaid Work for Oklahoma, pg.1; Social Security Administration, Annual Statistical Report on the SSDI Program, 2011, pg.47-52.)

41 Please note this is not an exhaustive view of all government benefit and entitlement programs in Oklahoma, but an overview of a few larger programs.
42 Isolation among older adults is often defined by living arrangements. Living alone is used as a measure of isolation, and implies a lack of immediate support from a spouse or family member.)
Medicare
Medicare is a social insurance program that guarantees access to health insurance for Americans age 65 or older, younger persons with disabilities, and people with end stage renal disease.43

Medicare in Oklahoma, 2009

<table>
<thead>
<tr>
<th>County</th>
<th>Logans (Age 65 plus)</th>
<th>Canadian (Age 65 plus)</th>
<th>Oklahoma Medicare Recipients by County (% Receiving Medicare in 2010)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>11.0%</td>
<td>15.3%</td>
<td>Logan: 11.0%</td>
</tr>
<tr>
<td></td>
<td>11.5%</td>
<td></td>
<td>Canadian: 15.3%</td>
</tr>
</tbody>
</table>

18.6% of Medicare beneficiaries were disabled.

Medicare provided for:

18.6% of all state healthcare spending.

(Source: Alliance for Retired Americans, Social Security, Medicare and Medicaid Work for Oklahoma, pg. 10)

SoonerCare/Medicaid
Medicaid is a safety net health care payor for low-income Oklahomans who would otherwise remain uninsured.44 A person must be both low-income and eligible to qualify: such as, children, seniors, disabled adults, pregnant women, and very low-income parents with dependent children.45

187,000 disabled and older Oklahomans rely on SoonerCare.

70% of nursing home residents have their care paid for through a Medicaid program.

(Source: Oklahoma Health Care Authority Annual Report 2012)

Social Security and Social Security Disability Insurance
Social Security and Social Security Disability Insurance are the largest of several federal programs that provide assistance to people with disabilities.47 While the two programs are different in many ways, both are administered by the Social Security Administration, and only individuals who have a disability and meet medical criteria may qualify for benefits under the programs.48

Social Security Disability Insurance (SSDI)

Oklahoma Monthly SSDI Benefits, December 2011

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Benefits</th>
<th>Workers Benefits</th>
<th>Widowers Benefits</th>
<th>Adult Children Benefits</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>$144,506</td>
<td>$133,281</td>
<td>$3,209</td>
<td>$8,209</td>
</tr>
</tbody>
</table>

(Sources: Social Security Administration Annual Statistical Report on the SSDI program, pg. 47)

Applying for SSDI in Oklahoma
At the initial application stage, 28.6 percent of Oklahoma applicants are approved for benefits, compared with the national average of 32.1 percent.49 At the reconsideration stage, 9.6 percent of those appealing in Oklahoma are approved for benefits, while 11.3 percent are approved nationally at the appeals stage.50

Social Security

Oklahoma SSI Beneficiaries, 2010

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Beneficiaries</th>
<th>Retired Workers</th>
<th>Disabled Workers</th>
<th>Widowers</th>
<th>Spouses</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>4.3%</td>
<td>8.7%</td>
<td>8.8%</td>
<td>61%</td>
<td>17%</td>
<td>4.3%</td>
</tr>
</tbody>
</table>

Almost 1/3 of older Oklahomans rely on Social Security as their only source of income. (Source: AARP Social Security, 2008 Oklahoma Quick Facts)

The median social security benefit for low-income adults aged 62 plus is $6,400 per year.

(SSDI makes up 80% of low-income baby boomers’ income and 33% of high-income baby boomers’ income. (Source: Transportation for America, Aging In Place, Stuck Without Options, pg 8)

Oklahoma SSI Beneficiaries and Benefits by County, 2010

<table>
<thead>
<tr>
<th>County</th>
<th>% of population receiving benefits</th>
<th>Annual Total Benefits per County</th>
<th>Total Beneficiaries</th>
<th>Retired Workers</th>
<th>Disabled Workers</th>
<th>Widowers</th>
<th>Spouses</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Logan</td>
<td>17.1%</td>
<td>$91,516,000</td>
<td>7,355</td>
<td>4,735</td>
<td>1,165</td>
<td>550</td>
<td>255</td>
<td>625</td>
</tr>
<tr>
<td>Canadian</td>
<td>14.7%</td>
<td>$227,100,000</td>
<td>17,655</td>
<td>11,770</td>
<td>2,520</td>
<td>1,315</td>
<td>605</td>
<td>1,405</td>
</tr>
<tr>
<td>Oklahoma</td>
<td>16.2%</td>
<td>$1,506,646,000</td>
<td>118,920</td>
<td>74,900</td>
<td>20,940</td>
<td>9,245</td>
<td>3,820</td>
<td>9,745</td>
</tr>
</tbody>
</table>

(Sources: Alliance for Retired Americans, Social Security, Medicare and Medicaid Work for Oklahoma, pg. 15-16)

43 End stage renal disease occurs when the kidneys stop working well enough for you to live without dialysis or a transplant. This kind of kidney failure is permanent. It cannot be fixed. (American Kidney Fund)
44-45 Richey, Medicaid 101: The SoonerCare Safety Net, pg. 1.
46 Families USA, Cutting Medicaid in Oklahoma, pg. 2.
47-48 Social Security Administration, Benefits for People with Disabilities.
CentralOKgO

The Central Oklahoma Commuter Corridors Study[^51]: The study will analyze transit options for three major commuter corridors: a 14-mile corridor between downtown Oklahoma City and Edmond; a 10-mile corridor between downtown Oklahoma City, Midwest City, and Tinker Air Force Base; and a 17-mile corridor between downtown Oklahoma City and Norman.

CentralOKgO Goals:
1. Enhance connections between regional activity centers and increase equitable access to transit to the entire community,
2. Maximize regional participation,
3. Promote economic development, and
4. Provide a balanced and coordinated transportation system that offers many choices.

Moore Council on Aging

A transportation bus owned and operated by the Moore Council on Aging provides rides for older adults from their address in the Moore City limits to the Brand Senior Center.[^52] The service also provides older adults in the Moore city limits with transportation to banks, stores, the library, doctor’s offices, and other places within the city.

Senior Companion Program[^53]

The Senior Companion Program pairs individuals age 55 and over with seniors and other individuals who have difficulty with daily living tasks. Through assistance and friendship Senior Companions help others live independently in their own homes rather than having to move to institutional care facilities.

2013 Legislation[^4]

**SB 272**, by Sen. Kimberley David, R-18 and Rep. Doug Cox, R-5 defines “dual-eligible” as low-income seniors and younger persons with disabilities enrolled in Medicare and Medicaid. OK Health Care Authority must conduct a feasibility study of care coordination models that could be implemented and explore cost containment and delivery alternatives for the dually-eligible.

**SB 549**, by Sen. Greg Treat, R-47 and Rep. Randy Grau, R-81, adds language to include exploitation of the elderly to the definition of racketeering.

**SB 587**, by Rep. Wright, R-57, Sen. Justice, R-23, provides for voluntary authorized electronic monitoring of a nursing facility resident’s room and prohibits a nursing facility from refusing to admit an individual or remove a resident because of the electronic monitoring.

[^51]: http://centralokgo.org/
[^53]: http://www.ok.gov/health/County_Health_Departments/Rogers_County_Health_Department/Senior_Companion_Volunteer_Program/index.html
[^4]: The legislative bills reported were passed in the 2013 Oklahoma legislative regular session and approved by the Governor. Information regarding the bills was collected from the Journal Record legislative report, http://jrlr.net/.

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We would like to recognize all of the United Way of Central Oklahoma Partner Agencies who operate independent living programs. The work of each agency in the community is truly admirable and we could not be more proud to be a part of their efforts.

- Areawide Aging Agency, Inc.
- Arthritis Foundation, Oklahoma Chapter
- Coffee Creek Riding Center
- Daily Living Centers, Inc.
- Dale Rogers Training Center, Inc.
- D-DENT, Inc.
- EARC, Inc.
- Goodwill Industries of Central Oklahoma
- John W. Keys Speech and Hearing Center
- Latino Community Development Agency
- Legal Aid Services of Oklahoma, Inc.
- Metropolitan Better Living Center
- Neighborhood Services Organization
- NorthCare
- Oklahoma Foundation for the Disabled, Inc.
- RSVP of Central Oklahoma, Inc.
- Special Care, Inc.
- Sunbeam Family Services, Inc.
- The Homeless Alliance
- The Salvation Army Central Oklahoma Area Command
- YMCA of Greater Oklahoma City
- Catholic Charities Archdiocese of Oklahoma City
Vital Signs is a publication of United Way of Central Oklahoma. We welcome your questions and comments. Please email us at feedback@unitedwayokc.org or call 405.236.8441.

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