Successful Aging in Philadelphia: Examining the Needs of the Geriatric Community

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INTRODUCTION
As more adults continue to live until older ages they will have a greater reliance on the formal aging care system and continue to use a large proportion of healthcare resources.
- From 2000 to 2010, the US 65+ population grew 15.1% compared to the total population that grew 9.7%.
- CDC estimates that adults who make it to 65 can expect to live for 19 more years, 14 of those in relatively good health.
- Adults 65 years and older comprise over 12% of the population of Philadelphia.
- In 2002, 19% of Philadelphia’s seniors 65+ lived in poverty, compared to 11% of seniors in the state of Pennsylvania.
- Affordable Care Act new requirement for 501(c)(3) hospitals:
  - conduct a community health needs assessment (CHNA) and adopt an implementation strategy at least once every three years.
- An awareness of geriatric needs by health and social service planners and the city government will help focus on the areas where resources and services need to be allocated.
- Research Question: What are the specific needs of the older population in Philadelphia that need to be addressed in order to facilitate successful aging?
- Study Objectives:
  - Conduct a small-scale needs assessment of the geriatric population in Philadelphia
  - Lay the groundwork for:
    - Development of more targeted surveys and assessment tools for future investigation
    - Policy and program development
    - Bolstering of aging services
    - Advocacy for the aging population
    - Making Philadelphia a more age-friendly city

METHODS
- TJU IRB approved qualitative descriptive needs assessment
- 19 semi-structured one-on-one interviews
  - Participants: 65+ years old and a resident of one of the TJUH community benefit area zip codes
  - Recruitment sources:
    - Philadelphia Senior Center (14)
    - JFMA clinic at Philadelphia Senior Center (1)
    - St. Elizabeth’s wellness clinic (3)
    - Subscribers to Philly’s LGBT Elder Initiative newsletter (1)
  - Audio-recordings of interviews transcribed, A priori themes developed, and interviews coded for content analysis

RESULTS

Theoretical Framework:

Aging in Place

- Self health rating
- Health rating compared to peers
- Chronic disease
- Doctor visit
- Medication adherence
- Access to care
- Health behaviors
- Instrumental Support
- Transportation
- Food access
- Home care
- Daily living
- Informational Support
- Lack of awareness
- Compassionship/Emotional Support
- Connection to community
- Fellowship/socialization
- Safety
- Desire to remain in home
- Attitudes and beliefs

Demographics:
- 8 males, 11 females
- Mean age: 73, range 65-85
- 42% African American, 42% Caucasian
- Marital status:
  - 32% single, 37% divorced, 26% widowed, 5% married/partnered
- Living situation:
  - 47% live alone, 16% live alone sometimes, 37% live with >1 other

Key Themes:

Contrasting Themes About Future Planning

Planning for the future (2 mentions)
- "If I get to a point where I can’t take care of myself, I have a choice to go live with my family or to go into a nursing home, or something like that." P17

Not planning for the future (5 mentions)
- "Well, the way it’s going now, I wouldn’t want any changes." P11
- "I don’t look ahead. I take one day at a time ’cause tomorrow is not a promise to no one. Behold this day of good. Cause we never know what the next hours may be.” P18

REFERENCES


CONCLUSION

Key findings from the interviews include:
1. A trend of apathy in regards to thinking about aging and future plans
2. A desire to remain connected to the community, including to other generations
3. Low use and awareness of organizational support compared to family and friend support

FUTURE DIRECTIONS

- Implement strategies to get older adults to plan for their aging future
- Bolster community involvement including association with younger generations
- Increase awareness of existing aging resources to augment the role of organizational support in the aging process

Image: http://www.sxc.hu/photo/4773898?export=download&l