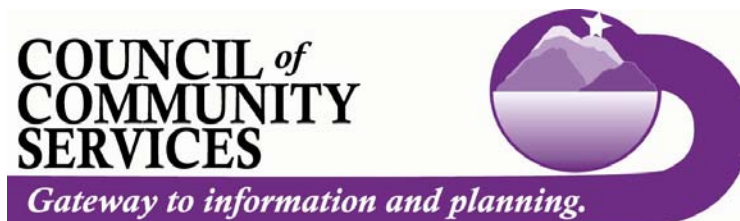


2005

**Report to the Community
On
Senior Citizen Issues**

Prepared by:



March, 2005

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*Printing of the **Appendix II** Map graciously supplied by Roanoke/Alleghany Regional Commission*

Dedication

The Senior Citizens Task Force dedicates this Report to the Community on Senior Citizen Issues in the Roanoke Valley to

Gordon Davidson

Gordon was the Director of Community Services for the Blue Ridge Independent Living Center in Roanoke for almost 10 years. In this position, he used his education, talents, skills and experience to advocate for the rights of people with disabilities and to encourage the community to be more accessible to all.

His concern for individuals with disabilities and the community was evidenced by his involvement and membership on numerous community boards including the Senior Citizens Task Force, the Mayor's Committee for People with Disabilities, the Multiple Sclerosis Society Governmental Relations and Programs committees, The Roanoke City Manager's Task Force on Community Relations and the Virginia Council on Social Welfare.

Gordon departed this life on July 15, 2004.

ACKNOWLEDGEMENTS

Council of Community Services

The Council of Community Services was formed in 1960 following the determination of a volunteer steering committee that the Roanoke Valley needed a comprehensive planning agency that would be concerned with the full range of social and civic problems. This agency would encourage cooperative solutions to these problems. The work of the Council is concentrated in five areas where it is felt efforts will have the greatest amount of impact: Needs Assessment, Evaluation, Consultation and Coordination, Education and Training, and Program Development. In addition to the core service of human services planning, the Council is home to the specialized services of the Information and Referral Services Program, Buchanan Resource Center, HIV/STD Resources, Child Care LINK, U.S.D.A. Child and Adult Care Food Program, Voluntary Registration Program, Volunteer Roanoke Valley and the Retired Senior Volunteer Program.

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I. INTRODUCTION

Increasing numbers of people over sixty-five years of age choose to either remain in the Roanoke Valley when they retire, return to the Roanoke Valley from other retirement localities or relocate to retire in the Roanoke Valley. This is sufficient evidence that the area strongly supports a fulfilling retirement lifestyle. The long list of positive attributes of the area includes low cost of living, temperate climate, excellent healthcare facilities, numerous art and recreation venues, varied opportunities to participate in civic, religious and volunteer opportunities, and many available services geared directly to the needs of senior citizens. For seniors with financial resources to take advantage of all that the area offers, the Roanoke Valley is a great place to live. For senior citizens with modest or limited resources the overall quality of life has been more difficult to measure. The purpose of this report is to focus attention on a set of specific areas of need for seniors in the Roanoke Valley.

II. BACKGROUND

A 2002 survey of research conducted in the Roanoke Valley revealed that none of the thirty-two reports written in the previous five years focused directly on the needs of senior citizens. Some information about general senior demographics and basic needs was collected but was insufficient for planning purposes. To fill the gap in information regarding seniors, the Council of Community Services conducted the Roanoke Valley Senior Citizen Needs Assessment in June, 2003.

Analysis of results of this Assessment, and the results from the 2003-2004 Roanoke Valley Community Needs Assessment, (**Appendix I**) highlighted the five areas of need which demanded further investigation. These areas are:

- Finances
- Home care services
- Knowledge of resources
- Medications
- Transportation

The Senior Citizen Task Force was created in June, 2004, to address the lack of information relating to these issues for seniors outside of nursing home facilities. Made up of representatives of agencies and programs that provide direct services to senior citizens, the Task Force mandated for itself the creation of a strategic community plan to meet the needs identified by the clients and agency staff of the human services community.

III. ROANOKE VALLEY SENIOR CITIZEN DEMOGRAPHICS

The National Center for Health Statistics and the U.S. Bureau of Census report that between 1990 and 1999, the population of Americans 65 years and older increased by 3.3 million or 10.6%. Examination of the United States 2000 Census data shown below indicate that in the next twenty years the number of Roanoke Valley residents who are 65 years and older will increase significantly. Those increased numbers of seniors are likely to live longer; in 1998 compared with 1900, Americans who had reached 65 had an average life expectancy of an additional 17.9 (19.2 years for females and 16.0 years for males). Increase in the percentage of the population that is elderly combined with lengthening life span will mean an increasing need for services. In order to plan for needed and adequate senior resources during times of increasing reductions in funding, a continuing focus on collection of information is imperative.

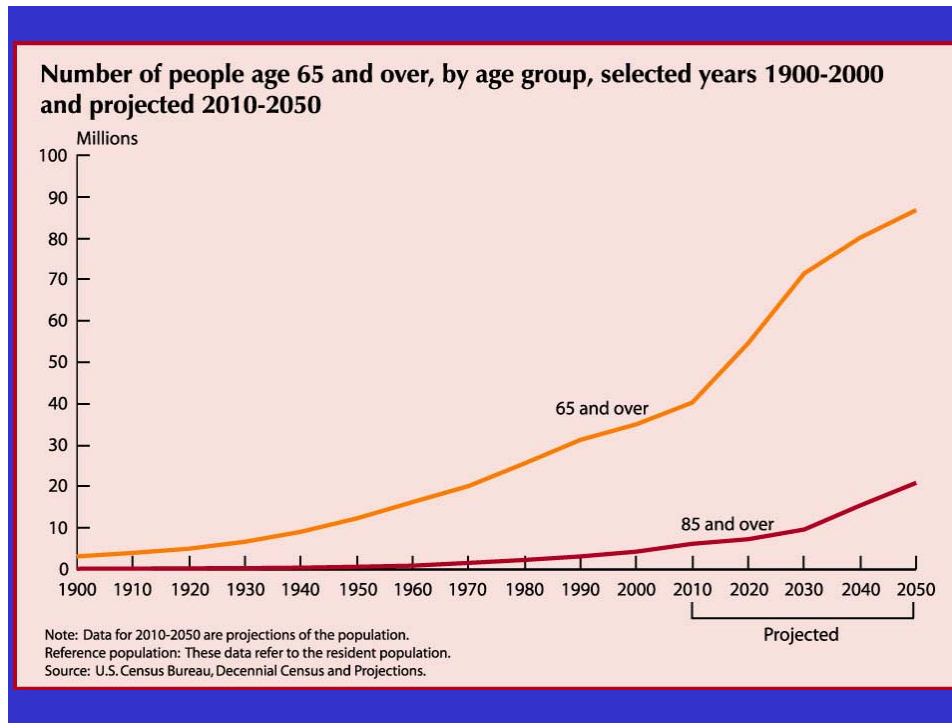


Figure 1

Table 1: Percentage Change in Population 65 Years and Older*

	1990	2000	Percent Change
Roanoke City	16,471	15,560	-5.5%
Roanoke County	10,700	13,645	+27.5%
Salem	3,895	4,148	+6.5%
Botetourt County	3,073	4,012	+30.6%

Source: U. S. Census 2000

*Complete population change tables contained in **Appendix IV**.

Table 2: Demographic Profile of Roanoke Valley Senior Citizens

	Roanoke City	Roanoke County	Salem	Botetourt County
Total Population	94,911	85,778	24,747	30,496
45 to 64 years	21,202 (22.3%)	23,317 (27.2%)	5,930 (24.0%)	8,791 (28.8%)
65 to 74 years	7,366 (7.8%)	7,184 (8.4%)	2,182 (8.8%)	2,474 (8.1%)
75 to 84 years	5,996 (6.3%)	4,757 (5.5%)	1,478 (6.0%)	1,205 (4.0%)
85 + years	2,198 (2.3%)	1,704 (2.0%)	488 (2.0%)	333 (1.0%)
65+ Male	5,751 (6.1%)	5,416 (6.3%)	1,648 (6.7)	1,818 (6.0%)
65+ Female	9,809 (10.3%)	8,229 (9.6%)	2,500 (10.1%)	2,194 (7.2%)
65+ Living alone	5,369 (12.8%)	3,499 (10.1%)	1,218 (12.2%)	890 (7.6%)
65+ With a disability	6,630 (44.8%)	4,577 (37.1%)	1,432 (37.3%)	1,483 (37.2%)
65+ Below poverty level*	1,672 (11.3%)	602 (4.9%)	313 (8.1%)	261 (6.5%)
A grandparent living in household with grandchildren under 18 years	1,943	1,279	285	483
This grandparent is responsible for grandchildren	983 (50.6%)	553 (43.2%)	114 (40.0)	194 (40.2%)

*As compared to the Commonwealth of Virginia below poverty level for residents 65 years and older of 9.5% (n=71545).
Source: U. S. Census

Appendix II maps the distribution of senior citizens in the Roanoke Valley along with the public transportation routes, medical clinics and shopping centers.

IV. SENIOR CITIZEN NEEDS

The 2003-2004 Community Needs Assessment (Council of Community Services) surveyed the human services community, staff and clients, regarding the needs of citizens and the gaps in services to meet those needs. The results which directly addressed senior citizens revealed needs and gaps in several areas. Areas of need remain consistent over surveys from 1995 through 2004 as reported by agency staff and clients, including seniors. These areas are the low income of elderly, the high cost of medications, the availability of affordable transportation, social isolation and the lack of knowledge of available programs and services geared to the senior population.

Services for the elderly population are seen as needing great expansion for **financial assistance for prescriptions** by 47.4 percent of respondents. As with other surveys, the need for **transportation services** (34.7%) is cited as needing great expansion. Another often cited senior need, **financial assistance for home repairs** (30.9%) was also reported by respondents to this survey.

The Roanoke Valley has an aging population. In both percent of population and absolute numbers all areas with the exception of Roanoke City and Craig County have seen an increase in those people who are over 65 years old. All areas of the Valley have had an increase in the number of citizens between the ages of 45 and 64. The Roanoke Valley is often highlighted as a great place to retire so it is particularly interesting to note that, unlike other issues, providers and key informants were more likely to report being unsure about problems relating to the elderly and special needs populations in **every** category. For clients, lack of focus on senior issues might be explained by the small proportion of the sample that was 65 years or older (7.6%).

Unlike other categories, for all queries but one (recreation) regarding availability of services for the elderly, many community leaders responded "unsure". For example, over 50% were unsure about group living and volunteer guardians, and though 42.1% felt emergency shelters should be expanded, another 42.1% were unsure that expansion was needed. Because information about services is communicated by the staff of agencies and programs to clients, it is interesting to note that the lack of awareness of the needs of seniors continues when the entire community was surveyed.

Consistent from 1991 through 2000 is the need senior citizens have for transportation services (more comprehensive transportation and/or money to access available transportation), affordable medications, affordable health care, affordable health insurance, and in-home services (personal and healthcare). That the needs of seniors are more heavily concentrated in the area of health reflects the reality that seniors are more likely to have chronic illnesses which require them to access medical intervention more often than do other age groups. The physical

conditions of the elderly often make it difficult for them to leave home for health and personal care services, particularly without specialized transportation.

To address these reported needs, each committee of the Senior Citizen Task Force identified the issues surrounding their study topic and developed strategies to address the needs. The following sections describe the findings and recommendations of each of these committees.

V. HOME CARE SERVICES

The Home Care Services Committee conducted a home care services capacity assessment to determine the present availability of home services for the elderly and disabled. Nineteen (19) home care service providers in the Roanoke Valley were contacted and asked to provide information about their agencies and services. Fifteen (15) agencies responded for a 79% response rate. The complete results are contained in **Appendix III**.

The agencies that responded to the survey are both for-profit (57.9%) and non-profit (21.1%). Almost all (13 of 15) provide twenty-four hours/seven days a week on-call services. Only 36.8% (7) report having a sliding fee scale. Those agencies that do not report using a sliding fee scale do report having the ability to make other arrangements such as varying levels of care with differing costs or having a charity care program. Sixty-three percent of agencies report accepting Medicare. Of the three agencies that report maintenance of a waiting list, one has a waiting list of 20 clients. One agency reported that the average length of time on their waiting list was one (1) week while another reported waits of up to six (6) weeks.

The home care needs most often met by the responding agencies are those that can be classified as health care and include monitoring of vital signs, dressing changes, physical therapy, medication management, injection/IV, other forms of therapy and lab tests. Five (5) agencies provide a medical social worker. Only one agency reported providing primary medical care.

Fewer agencies provide services in the category of personal care than provide health care. For those that do, services include bathing (grooming), toileting, dressing, transferring* and eating/feeding. Less than half of the respondents report providing a small amount of shopping, laundry and meal preparation. When reporting that they provide “housekeeping”, two agencies qualified the response as “light only” with no definition of “light”.

*Moving clients from bed to chair, for example.

Unmet home care needs of seniors include:

- Tasks of independent daily living which include grocery shopping and getting prescriptions filled, light housekeeping, and laundry. While these services are readily available from for-profit companies they are expensive. Medicaid can cover some of these as long as a client has medical needs.* When medical needs are met, personal and daily living home care is often no longer available. Thus, services such as these must be available that are affordable for seniors.
- Home repair and maintenance is often too expensive for seniors on fixed income

Strategies to overcome barriers to lack of home care services are:

- Client education – make seniors aware that there are resources available in the community that can meet some of these needs that are not being used. For

example, the LOA-Area Agency on Aging has care giving funds which can be accessed to cover the costs of housekeeping.

- Programs that provide volunteers must be expanded, such as the Senior Companion program.
- Meals-on-Wheels, although not surveyed, has a meal delivery service to the homebound elderly that is vital and should be expanded. Expansion would include providing meals to more people in addition to restoring the breakfast program discontinued due to loss of the funding source.

*Medicaid Waivers provide home care for those who need help with Activities of Daily Living (ADLs) and have incomes of up to \$20,800 per year. These waivers can cover the costs associated with cooking, house cleaning, and laundry for those who qualify.

VI. ISOLATION AND SOCIAL INTERACTION

Often, seniors are inclined to isolate themselves from others because of their fixed/limited income, loss of friends and family, declining health, and distance from relatives. This lack of support/social network may reduce seniors' ability to remain active in the community. This social isolation may result in a change in perception of self, thus changing their relationships with others, whether due to lack of confidence, opportunity, etc. to interact with others. This social isolation may be a precursor to loneliness.

Research¹ consistently shows the connection between social isolation/loneliness and health problems among older adults. Depression, cognitive decline, heart disease, hypertension, malnutrition, alcoholism, elder abuse, and even the common cold have all been linked to isolation and loneliness in this population. Similarly, studies have shown that social support improves recovery from heart attacks, strokes, hip fractures or other health crises, and promotes a sense of well-being among older adults. Regular contact in a close family/support network may help delay entry into a nursing home, even for older adults living alone, and is associated with reduced mortality rates.

In response to a question asked of Roanoke Valley home health and personal care providers for this report, 42% reported that they were unsure about how many of their clients had serious problems with social isolation or whether or not agency staff were the only visitors in the client's home. Twenty-six (26.3) percent of agencies reported that to the best of their knowledge, their aides were the only people clients saw on a regular basis. The same number reported other people visited in the client's home.

Isolation is defined as:

- Restricting one's social activities to once per month, or less;
- A lack or loss of meaningful social contact that contributes to feelings of loneliness and inadequate support; and
- The absence of specific role relationships which are generally activated and sustained through direct personal face to face interaction. Isolation may be the norm for some but for others, it may start a downhill cycle of loneliness and physical decline.

Contributing to senior isolation is:

- Physical/cognitive impairment (limits activity and opportunity to get out and be with others);

¹ Sources: Center for Disease Control, US Select Committee on Nutrition and Human Needs, Center for the Advancement of Health, National Center on Elder Abuse, Hippocrates/Massachusetts Medical Society (publishers of The New England Journal of Medicine), Journal of the American Medical Association, Journal of the American Dietetic Association.

- Decreased social status (seniors may choose not to be with others their age such as at senior centers);
- Decreased financial resources (limits travel, entertainment, etc.);
- Illness (those seniors who are not well may be further limited if they choose to or do not have the means to join a church, participate in family outings, neighborhood activities);
- Relocation (moving or retiring to a new area limits contacts and family/social network);
- Loss of peers/family (due to death or disability, care giving);
- Lifestyle choices (some choose to be “loners”);
- Factors such as personality disorders, depression, loneliness;
- Concerns for personal safety;
- Advanced age;
- Gender (men are less likely to seek social outlets than women);
- Transportation (cannot afford or what is available is not accessible); and
- Lack of computer skills.

Strategies to overcome senior isolation are:

- Increase opportunities to monitor health;
- Offer accessible (low cost, nearby) social and recreational activities;
- Promote congregate meal programs;
- Increase neighbor to neighbor interaction;
- Promote opportunities for community, neighborhood, church involvement;
- Expand affordable, safe transportation options;
- Educate seniors on use of computers;
- Encourage volunteerism; and
- Address issues of loneliness and isolation with seniors to find out their perceptions of these issues.

VII. KNOWLEDGE OF RESOURCES

In addition to the primary needs of transportation and health, the 2003 Senior Citizens Needs Assessment (Council of Community Services) reported that seniors indicated they have inadequate knowledge of services and activities for seniors while agencies serving seniors reported lack of knowledge as a barrier to seniors receiving their services. Information available to seniors, such as resource guides published in local magazines and as booklets, is often out of date or contains misinformation. Seniors very often do not know where to turn when something happens, such as an illness or a catastrophe.

The Knowledge of Resources Committee took as its major task a complete review of the services available to senior citizens in the Roanoke Valley. First, the Committee reviewed and expanded the list of services which would be identified in the Council of Community Services **Information and Referral** database if the keyword phrase "senior citizens" was used to access information about services. When this review began, sixty-one (61) agencies and programs were identified as providing services for seniors. After adding the keyword phrase to all services in the database that are realistically of interest to seniors, four hundred sixty-eight (468) agencies and programs were identified. (**Appendix IV**). This expansion will make searches both easier and more effective. Second, in collaboration with the Council's **Information & Referral Services** program and the **Roanoke Partnership for Employed Caregivers**, the Committee created a comprehensive *Senior Citizen's Quick Guide to Resources*. This Quick Guide will be added to the Employed Caregivers "tool kit" that the Partnership is developing. It will be made available to all employers, and others, in the Valley by early summer 2005.

Barriers to knowing where to turn for assistance:

- Seniors, like other citizens, often are unaware of the available resources before they are needed;
- Seniors may be overwhelmed by the number of telephone numbers for services in the telephone directories so they give up looking for assistance;
- Seniors have sight and/or hearing problems that make using a telephone or telephone directory difficult or impossible; and
- Seniors are often intimidated by the Internet or do not have access to the Internet as a means of finding resources.

Strategies to address the lack of knowledge of resources are:

- Promote 2-1-1*, which will be the new, easy-to-remember, telephone number for Information and Referral Services program and will be accessible 24 hours a day, 7 days per week;

- Convene quarterly meetings of the Knowledge of Resources Committee to keep information available to I&R up to date;
- Map transportation and other services and senior citizen population concentrations to highlight barriers to services;
- Conduct a public information campaign; and
- Distribute Senior Citizen Quick Guide to medical offices and clinics, libraries, and other places seniors frequent.

***2-1-1** is a three-digit telephone number to reach free information about and referrals to health and human services such as *Basic Human Needs* [food banks, shelters, emergency assistance for rent and utility bills] and *Support for Older Americans and Persons with Disabilities* [adult day care, congregate meals, Meals on Wheels, respite care, home health care, transportation and recreation]. Other service areas are *Physical and Mental Health Resources, Work Support, Children, Youth and Family Support, and Volunteer Opportunities and Donations*. **2-1-1** centers are nationally accredited agencies with professional certified staff that provide information in time of crisis or disaster. These professionals can provide information on services across the state and understand human service delivery in Virginia.

VIII. FINANCIAL AND HEALTH RESOURCES

Investigation of all of the financial issues Roanoke Valley seniors are dealing with is outside the scope of this work. The Financial and Health Resources Committee chose to focus on the availability of *affordable* medications. The Federal Interagency Forum on Aging reports in their 2004 Key Indicators of Well-Being, "...average prescription drug costs for older Americans increased rapidly throughout the 1990s, especially after 1997. Average costs per *non-institutionalized* Medicare enrollee age 65 and over were \$1,340 in 2000. The average number of filled prescriptions for this population also rose substantially over time, averaging 18 prescriptions in 1992 and 30 in 2000." Between 4.9 and 11.3% of Roanoke Valley seniors live below the poverty level [Table 2, pg. 3]. To put this into perspective, the U.S. Government defined poverty level for a household of one person is \$9,310 and for a household of two people is \$12,490 [*Federal Register*, 2004].

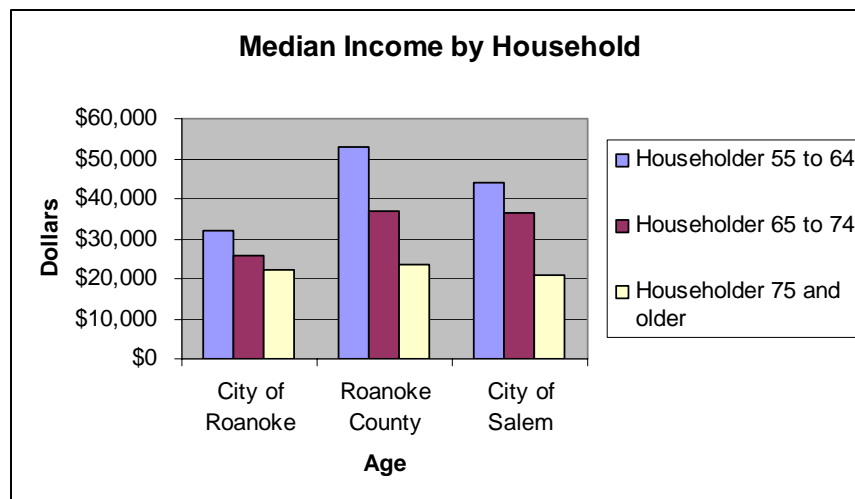


Figure 2

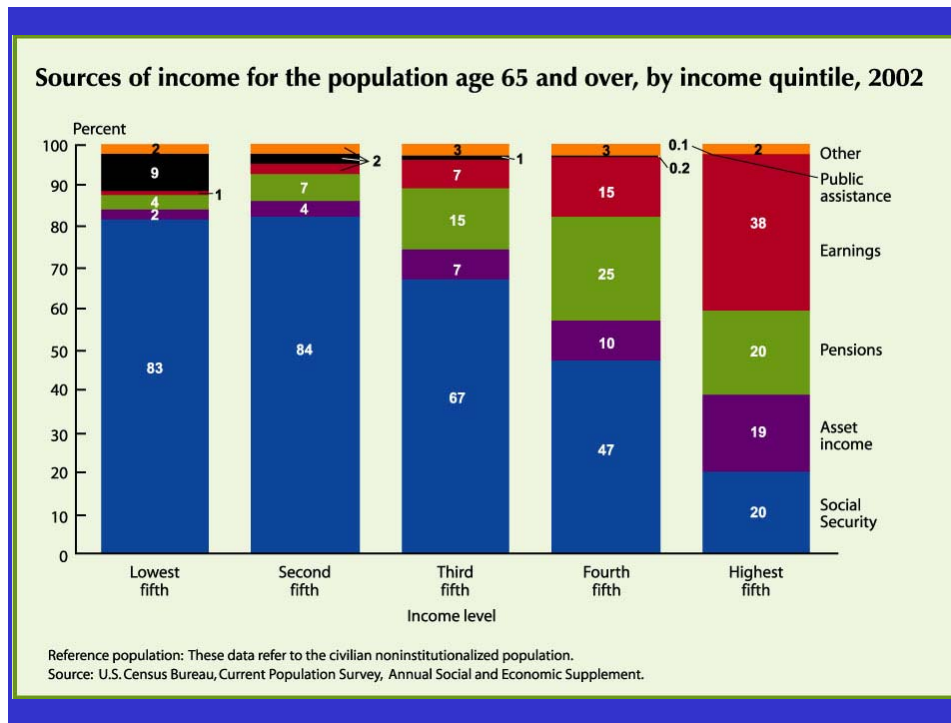


Figure 3

Barriers to obtaining medications are:

- Seniors typically have more than one chronic condition which requires on going multiple, and often expensive, medications to manage.
- The health care system can be fragmented and fail to support low cost medications. Physicians are often pressured by drug companies to prescribe high cost new drugs even though the older, less expensive drugs may be as effective.
- Physicians may not know that their patients are not having expensive prescriptions filled because the patients do not feel comfortable sharing this information.
- Low income seniors do not know about the Medicare drug benefits. The Center for Medicare and Medicaid Services, Office of the Actuary [January 2005 issue of *Health Affairs*] reports that spending growth for prescription drugs has decelerated, in part due to the new Medicare law which sped up the availability of less costly generic medicines and provided access to less costly drugs to seniors without public or private insurance coverage.
- Information about the new Medicare drug benefit is difficult to access and understand. The Kaiser Family Foundation *Health Poll Report* survey (December 2-5, 2004) report states that 33% of those over 65 years of age

understand the new Medicare law “not at all well”. Twenty-two per cent understand the law, “not too well”. Fifty-three percent of seniors say they do not have enough information about the law to understand how it would impact them personally. Seventy-three percent of seniors surveyed have never gone online.

Strategies to overcome barriers to affordable medications are:

- Enlist local pharmacists who are often very involved with the people who come to them for medications. For example, pharmacists often contact physicians to determine the whether a less expensive medication would be appropriate.
- Conduct seminars for the community that address areas of interest to seniors, such as negotiating the new Medicare law and other ways of accessing affordable medications.

IX. TRANSPORTATION

The Transportation Committee included a staff member of the Roanoke Valley/Alleghany Regional Commission (RVARC). The RVARC is currently engaged in a transportation strategic planning process in which the Senior Citizen Task Force has provided input. A preliminary summary of the results of that effort are contain in **Appendix V**, with the complete report to be published in the spring 2005.

At present several transportation alternatives from which seniors may choose. These are:

- Personal vehicle
- Family or friends provide transportation
- Taxi or private car services
- Valley Metro bus system
- RADAR

The Valley Metro bus routes are shown on the map [**Appendix II**] along with the distribution of seniors, location of medical clinics and shopping centers. Significant numbers of Valley senior citizens do not live within easy walking distance of a bus stop. When the weather is inclement, the snow bus routes may also be prohibitively far from walking distance.

The Unified Human Services Transportation System, Inc. (RADAR) STAR program provides specialized transportation services to individuals who are unable to ride Valley Metro's regular bus routes. Riders are physically or mentally disabled, *elderly*, and indigent or transportation disadvantaged. This service is provided to qualified persons living in the City of Roanoke, Salem, and the Town of Vinton and as required by the Americans with Disabilities Act of 1991. It is projected that the STAR program, during 2004-2005 will serve 2,500 unduplicated clients with 38,575 units of service (one-way rides) at a cost of \$540,050 (\$14 per unit). This is an 11% increase in the number of clients and a 3% increase in the number of units of service. Since 1991, the rider ship has increased over five times. This program is barred from maintaining a waiting list by the Americans with Disabilities Act of 1991. Service is provided to eligible individuals. Those ineligible are referred to League of Older Americans, Medicaid, or Council of Community Services.

Barriers to adequate access to transportation resources include:

- Public reluctance to use public transportation;
- Walking distance to bus stops, weather, sidewalk conditions, and other safety and mobility issues may prevent many from using public transit;
- Time commitment to public transit may be an impediment to some. To travel from parts of Salem [Richfield area, for example], to the outer reaches of Valley Metro

routes can take almost two hours and require two bus changes. Most other areas of Roanoke City and Vinton can be accessed within one hour with only one bus change at Campbell Court;

- Narrow jurisdictional focus;
- RADAR services are unavailable on weekends; and
- Lack of knowledge of transportation resources.

Strategies to overcome barriers to lack of transportation are:

- Provision of transportation guides with a section on seniors and people with disabilities;
- Conduct an educational campaign that encourages the use of public transportation;
- Encourage municipalities to adopt transportation policies which are pedestrian and bicycle-friendly; and
- Inclusion on the agenda of the Metropolitan Planning Organization where Federal money passes through and where there is regional representation.

X. CONCLUSION

A successful retirement and old age is defined as the ability and capacity to make and carry out all of the activities of daily living. To have this successful retirement and old age people need resources. These resources include, at minimum, a moderate, stable income, reasonably good health and the social support from family and from friends. As a retirement destination, the increasing number of self-sufficient seniors is an asset to the Roanoke Valley. These seniors give back to the community with their support for the arts and participation in civic life through volunteering. There are, however, seniors in the Roanoke Valley who, because of a lack of resources, find successful aging a challenge.

Certainly there have been increases in the availability of services for senior citizens in the Roanoke Valley since 1995. For those seniors for whom cost of services is not an issue, there is nothing that might be needed that is not readily available. As previously stated, the Information and Referral database has four hundred and sixty-eight entries of services that are appropriate for senior citizens including a vast healthcare system. The market for "senior" services is a growing one and entrepreneurs are seeking ways to fill particular needs. For example, senior citizens who are "downsizing" to a smaller home can call upon senior moving services that not only move belongings but handle the disposal of items no longer needed. This might include a tag sale or a trip to the dumpster, all handled by the firm. The number of upscale retirement communities is increasing. These communities provide housing and services options that range from a condominium with no services to nursing home beds with skilled nursing services. These communities provide recreation on site and transportation to recreation in the community.

For low income seniors, however, the story is far less positive. Sliding scale services are few and far between and often have waiting lists. Services which provide the most basic of needs, such as *Meals on Wheels*, are not being supported at a level that provides meals to everyone in need. Most people eat three meals a day, seven days a week...twenty-one meals. For some seniors, the only meals they have are the five delivered by *Meals on Wheels* Monday through Friday. This year the LOA-AAA *Meals on Wheels* program was forced to eliminate its' breakfast program for lack of funds and is presently facing a significant reduction in state and federal funds which support that, and other, programs for seniors. No new clients can be added to the *Meals on Wheels* program which means some seniors will do without.

Transportation is another challenge for seniors without resources. Retirement communities provide door to door transportation to and from recreational events, such as concerts, in the evening hours. There is no such service using public transportation.

While the actual numbers of seniors who live near or below the poverty level may appear to be small it should be noted that it takes very little for a senior who is of moderate means to join those numbers. One significant change of health status might consume a senior's available

resources. Seniors are often the targets of scam artists who talk them out of thousands of dollars. The availability of sliding scale services is often the only safety net that seniors have.

A thread that works its way through all the issues discussed in this report is mental health. The mental health issues of senior citizens are often overlooked. Depression is not uncommon among those with declining health status and the continuing loss of family and friends. The various forms of dementia are also common problems. A thorough capacity assessment of mental health services in the Valley is warranted and should be carried out in the near future.

CALL TO ACTION

The resources and services presently available for senior citizens are in no way sufficient to meet the needs of the next seven to ten years when the baby boomers begin to retire. These are people who have been used to having what they need when they need it and are likely to be far less complacent about the things that impair their quality of life than previous generations of the elderly.

Now is the time to act.

Appendices

APPENDIX I - INFORMATION FROM PREVIOUS SURVEYS

1991 COMMUNITY NEEDS ASSESSMENT

Top Five Problems Identified by Service Providers

Unable to afford medical insurance	39.1%
Not enough money to buy medications	29.0%
[Elderly are] experiencing anxiety, stress or depression	26.9%
Unable to afford dental care	24.6%
Unable to get home health care for elderly persons	20.3%

Top Five Personal Problems Identified by Respondents 65+ Years and Older

Lack of affordable in-home medical care service	40.0%
Need for more in-home personal care service	33.3%
Need for personal care to help the elderly maintain independence	32.9%
Lack of resources for medications for Medicaid ineligible	30.4%
Lack of transportation for frail elderly*	27.1%

*When broken out by gender it is interesting to note that when respondents of all ages were asked this question female respondents (32.0%) ranked lack of transportation in the top five problems (#5) of the elderly and male respondents did not.

Top Five Community Problems Identified by Respondents 65+ Years and Older

Crime	62.3%
Need for increased crime prevention	46.5%
Lack of affordable housing	40.8%
Lack of affordable medical care	40.6%
Poverty	40.3%

1995 COMMUNITY NEEDS ASSESSMENT

Top Five Community Problems Identified by Providers

Poverty among the elderly	87.0%
Abuse and neglect of the elderly	77.2%
Inadequate public transportation for elderly	64.1%
Homelessness	63.3%
Alcohol Abuse	51.5%

Top Five Problems Identified by Respondents 65+ Years and Older

No transportation for job or stores	39.2%
No money for dental care	32.6%
No money for health care	31.8%
No money for medications	28.4%
No money for in-home care	21.0%

CCS 2000 HUMAN SERVICES ASSEMBLY - Elderly Focus Group

Identified Problems and Barriers [to receiving services]

- Low income of elderly
- High cost of medication
- Transportation
- Social isolation
- Lack of knowledge by consumers and providers

2000 ROANOKE VALLEY COMMUNITY HEALTH NEEDS ASSESSMENT

Greatly Needed Services/Access Needs in the Roanoke Valley – Provider Survey*

Affordable prescriptions for the elderly	69.0%
Affordable dental care for the elderly	44.0%
In-home care for the elderly	48.0%
Mental Health Services for the elderly	42.0%
Transportation to medical offices/services for the elderly	32.0%

*Fifty (50) percent of providers identified poverty among the elderly as a serious/extremely serious issue among the elderly. All groups surveyed cited the cost of medications as a serious issue. Fifty-seven (57) percent of providers identified depression as a serious/extremely serious issue among the elderly.

MAP PRESENTLY UNAVAILABLE

Appendix III Senior Citizens Task Force Capacity Assessment Results

Nineteen (19) agencies were contacted. Fifteen (15) agencies provided information for a 79% response rate. Percentages based upon 19 service providers.

Is your agency/business

Non-profit	21.1	[4]
For-profit	57.9	[11]
Governmental	-0-	
Unknown	21.1	[4]

Which of the following home care services does your agency/business provide for clients? (% reporting "yes")

Bathing	42.1	[8]	
Dressing	36.8	[7]	
Toileting	36.8	[7]	
Eating/Feeding	36.8	[7]	
Transferring	36.8	[7]	
Grooming	36.8	[7]	
Shopping	31.6	[6]	
Meal Preparation	31.6	[6]	
Laundry	31.6	[6]	
Money Management	15.8	[3]	
Home Maintenance	15.8	[3]	
Housekeeping*	31.6	[6]	*Two [2] qualified answer with "light".
Transportation/Escort**	21.1	[4]	**Two [2] do escort only.
Case Management	31.6	[6]	
Care Giver Respite	26.3	[5]	
Care Giver Education	26.3	[5]	
Other			
• Infusion therapy		[1]	
• Pharmaceutical needs		[1]	
• Disability medical equipment		[1]	
• RN visits		[1]	
• Long distance care giver services		[1]	

Additional comments:

- *Some services provided by our volunteers. We pay for hospice related meds and equipment.*

Which of the following home health services does your agency/business provide for clients?

Primary medical care	5.3	[1]
Dressing changes	57.9	[11]
Physical therapy	47.4	[9]
Occupational therapy	42.1	[8]
Medication management	47.4	[9]
Monitor vital signs	68.4	[13]
Injections or IVs	36.8	[7]
Speech therapy	42.1	[8]
Laboratory tests	36.8	[7]
Other		
• Medical social worker		[5]
• Hospice		[3]
• Nutritionist		[1]

Additional comments:

- *[Services] must relate to hospice diagnosis*
- *Other services reported: Foley catheter, tube feedings, wound vac care, chaplain service and pharmacist*

Are the aides who provide home care/home health services to clients?

Licensed	10.5	[2]
Licensed and bonded	5.3	[1]
Licensed and supervised	21.1	[4]
Licensed/bonded/supervised	26.3	[5]
Bonded and supervised	5.3	[1]
Unknown	31.6	[6]

Other:

- *Insured under our liability*
- *CNAs insured [2]*
- *Some are [licensed] some are not*

What are your days/hours of operation?

24/7 on call service	68.4	[13]
Normal business hours	52.6	[10]
24/7 staff available	31.6	[6]

Other:

- *No CNA on weekends*

Does your agency/program have a sliding fee scale?

Yes	36.8	[7]
No	42.1	[8]

Other:

- *3 tier system depending on how sick they are. More needs, higher fees.*
- *Have different levels of care requiring different fees. Strictly private pay.*
- *No - They have financial hardship [category]*
- *No – has a charity care program for qualified applications with no insurance and low income*
- *Take patient no matter if they have insurance or not*

Does your agency/program accept?

Medicare	63.2	[12]
Medicaid	21.1	[4]

Other:

- *Private pay. Do take insurance*
- *[Medicaid/Medicare} for counseling – not homecare*

What is the maximum number of clients you are presently able to serve?

Six (6) agencies answered this question with a reported low of 50 clients to a high of 300 clients. (50, 62, 100, 120, 135, 300)

Other:

- *Hard to say – have a number of cases at one time – depends on level of care needed – could need 1 hour a day or 24 hours a day - varies*

Do you maintain a waiting list?

Yes	15.8	[3]
No	68.4	[13]

If yes, how many people are on your waiting list?

One agency reported having approximately 20 people on their waiting list.

How long do people usually stay on the waiting list before services are available?

Two agencies responded. The first reported waits of less than one week. The second reported waits of up to six (6) weeks.

How did most of your clients find out about your services?

Referrals from other agencies/programs	26.3	[5]
Referrals from doctors/nurses	57.9	[11]
Information and Referral of SW VA	15.8	[3]
Telephone book	36.8	[7]
Local advertisements (ex. Senior News)	21.1	[4]
Word of mouth	47.4	[9]
Other		
• Hospitals	21.1	[4]
• Nursing homes	5.3	[1]
• Social services	5.3	[1]
• Brochures	5.3	[1]

ISOLATION

For what percentage of your clients would you estimate social isolation is a serious problem?

Six (6) agencies responded to this question with a low of 5% to a high of 65%. (5, 10, 20, 25, 45, 65). Forty-two (42) percent of respondents were unsure about how many of their clients had serious problems with social isolation or whether or not they were there only visitors to the home.

Other:

- *Unsure without checking w/ registered nurses/technicians. Usually a caregiver present at some point.*

To the best of your knowledge, are your aides the only people they see on a regular basis?

Yes	26.3	[5]
No	26.3	[5]

Appendix IV
Services Identified in the I&R Database
Using Keyword Phrase
“Senior Citizens”

APPENDIX V

Transportation Planning for the Elderly and Disabled

FY 2005

Roanoke Valley Area Metropolitan Planning Organization

Preliminary Summary January 2005

Table of Contents

Introduction

Regional demographic trends indicate that the recently retired and elderly will represent an increasing proportion of the overall population in future years. Also, the proportion of physically disabled individuals may well increase as the general population ages. The elderly and disabled often need special consideration when it comes to transportation access and mobility. In addition, the elderly and disabled may influence overall travel demand patterns as employment and lifestyle patterns such as semi-retired (part-time work or consulting), leisure and/or medical appointment travel increasingly make-up overall travel demand.

Study Purpose

This study seeks to identify and address transportation issues affecting the elderly and disabled segments of the population in the Roanoke Valley and determine ways to improve mobility in the future. This effort also seeks to facilitate transportation planning for the elderly and disabled through collaboration, coordination and partnership with stakeholders working on behalf of these segments of the population.

Study Area

The primary geographic area of interest for this report is the RVAMPO study area. The RVAMPO study area includes the cities of Roanoke and Salem, the urbanized portions of Botetourt and Roanoke counties, and the Town of Vinton (**Figure 1**). However, for reference, or as relevant to the discussion of the transportation needs of the greater region, the RVARC service area is presented in **Figure 2**.

Roanoke Valley Area Metropolitan Planning Organization (MPO)

2025 MPO Study Area Boundary

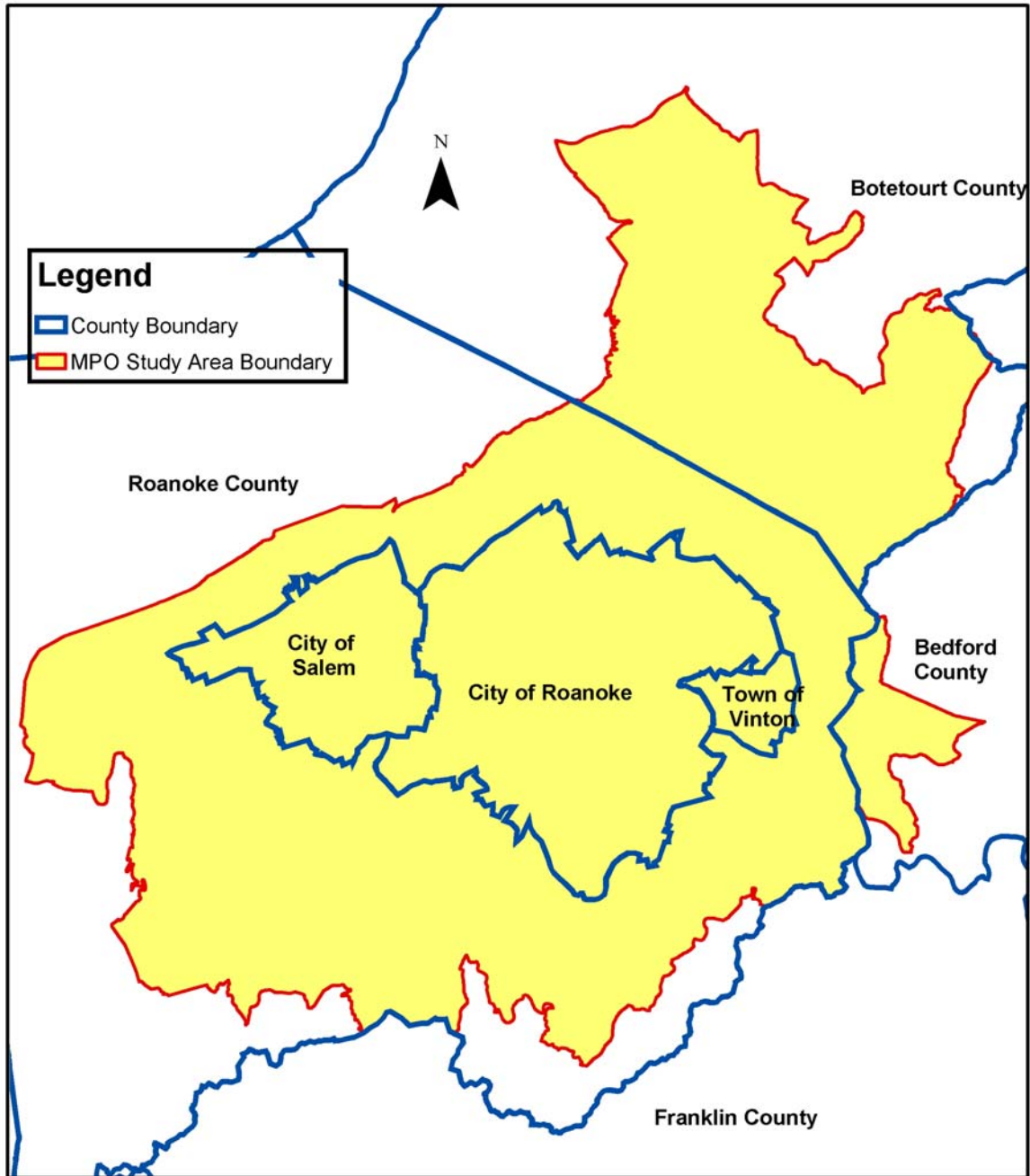


Figure 1. Roanoke Valley Area Metropolitan Planning Organization Study Area



Figure 2. Roanoke Valley-Alleghany Regional Commission Service Area

Planning Approach

There are numerous organizations and groups already working to address the needs of the elderly and disabled population of the region. As such, every effort was made to identify and partner with these organization and groups to develop strategies that address specifically the transportation needs of the elderly and disabled segments of the population. Regional Commission staff has developed ***short, medium, and long-term strategies*** to identify and address the transportation needs of the elderly and disabled population in the region.

Strategies and Work Products

The previously referenced strategies are discussed throughout this document. When available, work products from the short and medium-term strategies are included in this document. Long-term strategies will require additional planning and collaboration, as well as a longer timeframe in which to perform these tasks.

Short-Term Strategies

- **Identify and partner with organizations already working to address the needs elderly and disabled population of the region.**

As previously referenced, an early step in the planning process involved identifying organizations or initiatives already working with elderly and disabled populations. This was determined to be the most efficient and effective way to begin identifying transportation needs and receiving input on how to address these needs. Partner organizations and stakeholders are discussed in latter sections of this document.

- **Conduct and demographic and spatial overview of the region's elderly and disabled populations.**

Using US Census and other demographic and spatial data, a better understanding of the region's elderly and disabled populations can be achieved. This analysis is provided in Regional Elderly and Disabled Demographic Overview section of this document. Maps are also included to illustrate the spatial distribution of the elderly and disabled populations. These data can be compared to state and national averages.

Medium-Term Strategies

- Identify transportation-related issues, and indicators of access, safety, mobility, and demand issues among the elderly and disabled.

These issues will be identified based in part on short-term strategies including discussion at various meetings with stakeholders; demographic and spatial data analyses; and reviewing existing literature documenting the transportation-related needs of the elderly and disabled in the Roanoke Valley.

Transportation needs identified by the Senior Citizens Task Force are discussed in a later section.

- Develop a directory of transportation options and resources available to the elderly and disabled.

The Regional Commission is updating its transportation services guide for distribution to agencies and individuals throughout the region. The elderly and disabled guide is included in the Senior Citizen Task Force Report to the Community

- Research federal, state and local examples of “best practices” in elderly and transportation services.

A list of documents consulted and referenced are included in the bibliography.

Long Term Strategies

- Implement recommendations and strategies from the Senior Citizens Task Force Final Report

The Transportation section of the Senior Citizens Task Force Final Report is provided and discussed in a later section.

- Utilize relevant information and work products from the Partnership for Employed Caregivers in the provision of transportation.

Although the focus of the Partnership is on employees who are caregivers, this issue directly impacts many elderly and disabled, as caregivers are often the primary or only means of transportation for many within these populations.

- Develop an elderly and disabled transportation website

The website will be developed as a component of the Regional Commission’s transportation planning efforts. News, resources, links, and other information relating to elderly and disabled transportation issues may be posted and advertised.

- Continue to work with various agencies to address transportation issues identified through the implementation of recommendations.

Build on partnerships developed to increase involvement of these agencies in the transportation planning process.

Partners and Stakeholders

A major Short-Term Strategy was to identify and partner with groups and organizations already involved with elderly and disabled populations. In an effort to do so, three primary groups and efforts were identified, through which numerous stakeholders and organizations were represented.

Roanoke Valley Senior Citizens Task Force

The Roanoke Valley Senior Citizens Task Force, coordinated by the Council of Community Services, is comprised of representatives from organizations and individuals involved in efforts to serve the needs of the senior population in the region. The stated purpose of the Roanoke Valley Senior Citizens Task Force is to address the top five needs of the Roanoke Valley senior population as identified in the 2003-04 Community Needs Assessments (2003 Senior Citizens Needs Assessment and the 2004 Community Needs Assessment). Additionally, a summary of the transportation components of these needs assessments and other relevant transportation literature are provided in a later section.

As outlined in the Long-Term Strategies section of this document, the final report from the Senior Citizens Task Force will be a major component of the effort to address the elderly and disabled transportation issues in the region.

Partnership for Employed Caregivers

The mission of the Partnership for Employed Caregivers is to assist employers of the Roanoke Valley through education, awareness and support, to enhance the well-being and effectiveness of their employees who are engaged in eldercare. The Partnership is composed of stakeholders from the public and private sectors.

Regional Commission staff chaired the resource development committee and served on the executive committee. Relevant work products and resources developed by the Partnership will be incorporated into elderly and disabled transportation planning efforts.

Blue Ridge Independent Living Center

The Blue Ridge Independent Living Center assists people with disabilities to live independently. The Center also serves the community at large by helping to create an environment that is accessible to all. Regional Commission staff attended monthly grassroots meetings to discuss various issues affecting the disabled citizens of the Roanoke Valley.

Regional Elderly and Disabled Demographic Overview

The Regional Commission has developed demographic profiles for various segments of the population of the MPO study area, which covers the cities of Roanoke and Salem, and portions of Roanoke and Botetourt Counties (**Figure 1**). For comparison and informational purposes, demographic information for the entire RVARC service area (**Figure 2**) is also provided.

Information included in this demographic profile can be used to better plan the region's transportation network for the elderly and disabled. Knowing how large the region's elderly and disabled population is and how large it will be in the next 20 years is vitally important information used in planning for the region. For example, a projected increase in the elderly population may indicate that special transportation services tailored to the elderly need to be implemented or that regional transit services needs to be expanded to better suit the needs of the elderly. Information such as this is invaluable in the long range planning process.

Profiles of interest for elderly and disabled planning efforts include the Ages and Gender, and the Disabled profiles. These data are discussed in detail in this section and additional information is available in the Appendices. The complete RVAMPO Demographic Profile is available at <http://www.rvarc.org/work/demprof.pdf>.

Ages and Gender

Tables 1 and 2 provide the size of certain key age cohorts in the respective service areas of the Roanoke Valley Area Metropolitan Planning Organization and the Roanoke Valley-Alleghany Regional Commission. Note that, in both service areas, the population over 60 years of age is nearly 20% of the total. It is clear that the elderly cohort is already quite large in the region.

It does appear that this percent will increase in the future. Consider the fact that those between the ages of 30-59 make up 44.1% of the RVAMPO area and 43.5% of the RVARC service area presently.

Population pyramids prepared for both service areas evidence this large middle age cohort (**Figures 3 and 4**). In 20-30 years, this age cohort will be approaching retirement. With continuing improvements in health care, one can only assume that such a large middle age cohort will eventually translate into an extraordinarily large elderly cohort, a group whose transportation needs must be planned for and services eventually provided.

Table 1

Size of Age Cohorts

Roanoke Valley Area Metropolitan Planning Organization

2000

Age Cohort	Raw Number	Percent
0-18	71,384	24.1
19-24	17,864	6.0
25-29	17,726	6.0
30-49	92,324	31.2
50-59	38,155	12.9
60-79	47,578	16.1
80+	11,272	3.8
TOTAL	296,303	100.0

Table 2
Size of Age Cohorts

Roanoke Valley-Alleghany Regional Commission

2000

Age Cohort	Raw Number	Percent
0-18	73,885	23.7
19-24	19,939	6.4
25-29	18,736	6.0
30-49	94,969	30.5
50-59	40,506	13.0
60-79	51,574	16.5
80+	12,218	3.9
TOTAL	311,827	100

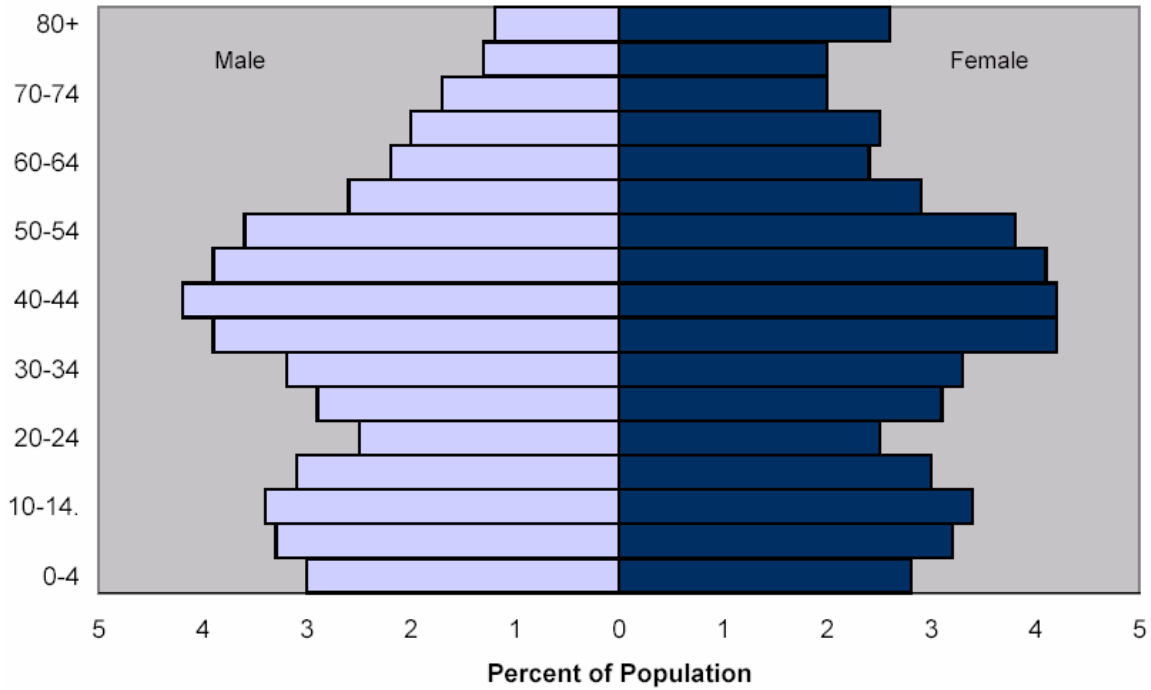
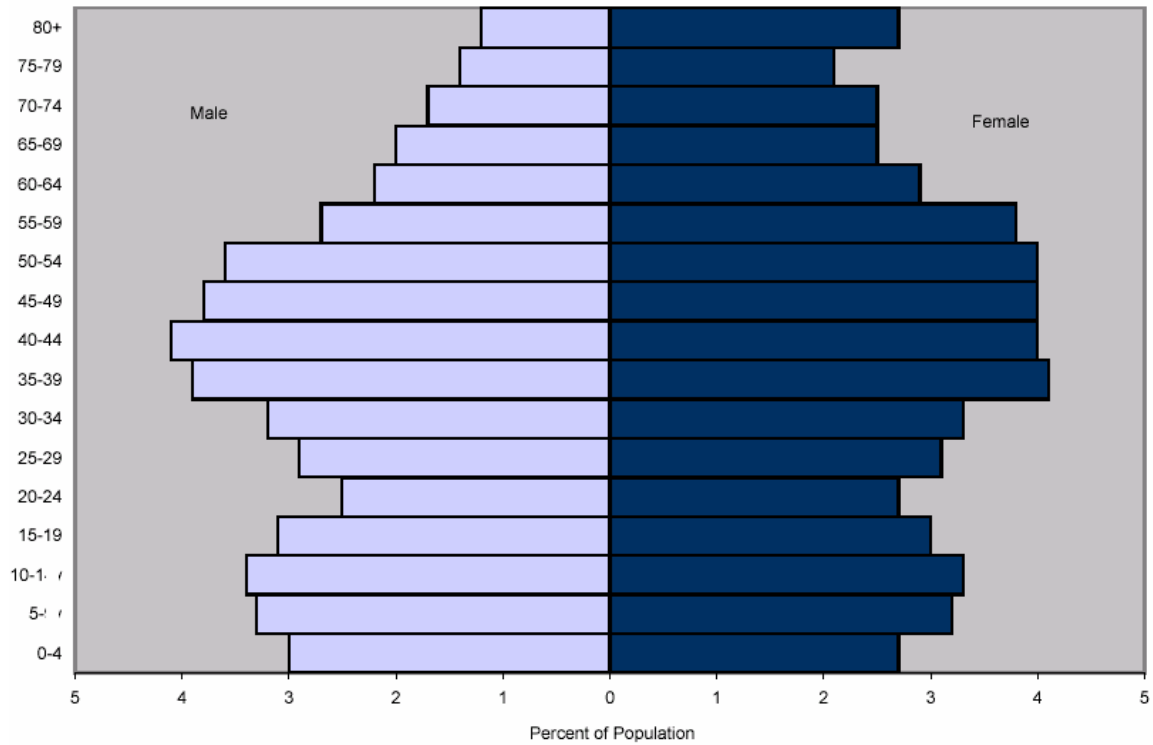


Figure 3: RVAMPO Population Pyramid

Figure 4: RVARC Population Pyramid



TRANSPORTATION PLANNING FOR THE ELDERLY AND DISABLED

Table 3
1990 Age Data

Locality	Total	under 5	5 to 17	18 to 24	25 to 44	45 to 64	65 to 84	85 and over	65 and over
Alleghany	13176	768	2387	1155	3910	3160	1681	115	1796
Botetourt	24992	1423	4385	2071	8332	5708	2843	230	3073
Craig	4372	282	732	374	1370	1000	584	30	614
Franklin	39549	2451	6584	4470	12014	8919	4778	333	5111
Roanoke Co.	79332	4321	13601	7003	25326	18381	9609	1091	10700
Clifton Forge	4679	230	803	303	1215	984	941	203	1144
Covington	6991	406	1001	728	1869	1440	1405	142	1547
Roanoke City	96397	6798	14655	9089	31422	17962	14308	2163	16471
Salem City	23756	1217	3451	2914	7215	5064	3491	404	3895
Total	293244	17896	47599	28107	92673	62618	39640	4711	44351

Source: 1990 US Census

Table 4
2000 Age Data

Locality	Total	under 5	5 to 17	18 to 24	25 to 44	45 to 64	65 to 84	85 and over	65 and over
Alleghany	12926	721	2230	804	3462	3684	1818	207	2025
Botetourt	30496	1749	5389	1755	8800	8791	3679	333	4012
Craig	5091	292	910	328	1510	1360	617	74	691
Franklin	47286	2569	7931	3836	13331	12854	6122	643	6765
Roanoke Co.	85778	4553	14947	5691	23625	23317	11941	1704	13645
Clifton Forge	4289	227	678	286	1089	994	840	175	1015
Covington	6303	395	957	514	1655	1508	1085	189	1274
Roanoke City	94911	6200	15257	7744	28948	21202	13362	2198	15560
Salem City	24747	1212	3950	2890	6617	5930	3660	488	4148
Total	311827	17918	52249	23848	89037	79640	43124	6011	49135

Source: 2000 Census

Table 5
Percent Change by Age Cohort by Locality
1990-2000

Locality	Total	under 5	5 to 17	18 to 24	25 to 44	45 to 64	65 to 84	85 and over	65 and over
Alleghany	-1.9%	-6.1%	-6.6%	-30.4%	-11.5%	16.6%	8.1%	80.0%	12.8%
Botetourt	22.0%	22.9%	22.9%	-15.3%	5.6%	54.0%	29.4%	44.8%	30.6%
Craig	16.4%	3.5%	24.3%	-12.3%	10.2%	36.0%	5.7%	146.7%	12.5%
Franklin	19.6%	4.8%	20.5%	-14.2%	11.0%	44.1%	28.1%	93.1%	32.4%
Roanoke Co.	8.1%	5.4%	9.9%	-18.7%	-6.7%	26.9%	24.3%	56.2%	27.5%
Clifton Forge	-8.3%	-1.3%	-15.6%	-5.6%	-10.4%	1.0%	-10.7%	-13.8%	-11.3%
Covington	-9.8%	-2.7%	-4.4%	-29.4%	-11.4%	4.7%	-22.8%	33.1%	-17.6%
Roanoke City	-1.5%	-8.8%	4.1%	-14.8%	-7.9%	18.0%	-6.6%	1.6%	-5.5%
Salem City	4.2%	-0.4%	14.5%	-0.8%	-8.3%	17.1%	4.8%	20.8%	6.5%
Total	6.3%	0.1%	9.8%	-15.2%	-3.9%	27.2%	8.8%	27.6%	10.8%

Disabled Population

Table 6 shows that there are significant proportions of individuals with disabilities in all age groups. Indeed, it shows that a significant proportion of the citizens in the RVAMPO area have at least one disability.

Table 6
Individuals with a Disability
Roanoke Valley Area Metropolitan Planning Organization

Locality	Population 5 to 20 Years			Population 21 to 64 Years			Population 65 and Over		
	Total	With Disability	% With Disability	Total	With Disability	% With Disability	Total	With Disability	% With Disability
<i>Bedford County</i>	12,686	1,080	8.5	36,335	6,188	17.0	7,683	3,282	42.7
Botetourt County	6,279	632	10.1	18,072	3,052	16.9	3,991	1,483	37.2
City of Roanoke	18,841	2,302	12.5	53,660	13,229	24.7	14,785	6,630	44.8
City of Salem	5,578	554	9.9	13,570	2,389	17.6	3,844	1,432	37.3
Roanoke County	17,715	1,294	7.3	49,824	7,554	15.2	12,342	4,577	37.1

Table 7 shows that among those who are 21 to 64, and who have a disability, relatively few are employed, suggesting perhaps that their disabilities are so serious as to present an impediment to employment and full participation in society.

	Persons With	% Employed

However, other impediments may also contribute to the low employment numbers for this segment of the population.

Table 7
Employment for Those Aged 21 to 64 Years with Disabilities

Locality	A Disability*	
Bedford County	6,188	58.8
Botetourt County	3,052	57.7

TRANSPORTATION PLANNING FOR THE ELDERLY AND DISABLED

City of Roanoke	13,229	54.8
City of Salem	2,389	57.0
Roanoke County	7,554	61.0

*Aged 21 to 64 Years

Source: US Census Bureau

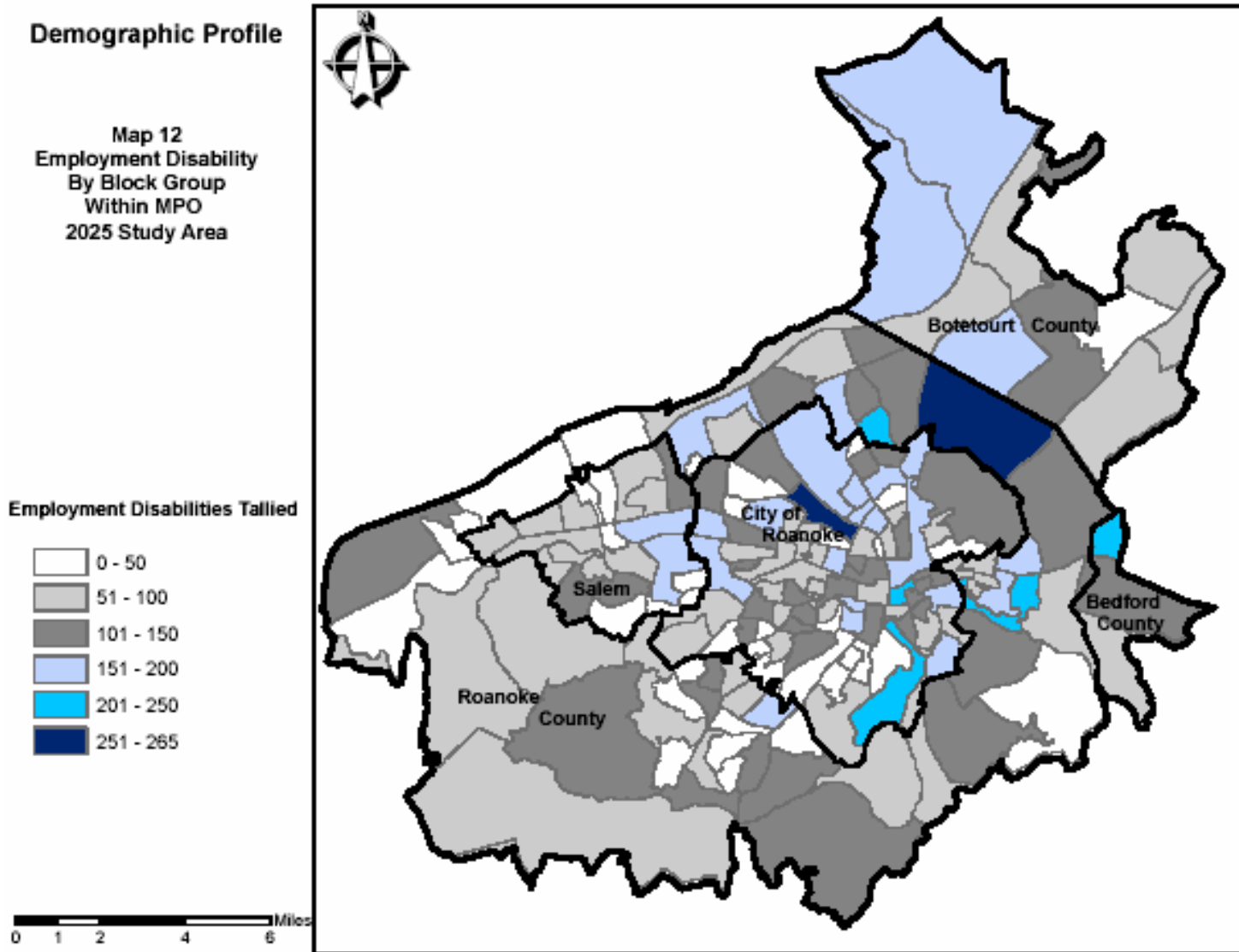


Figure 5. Employment Disability by Block Group

Source: Regional Demographic Profile (2004)

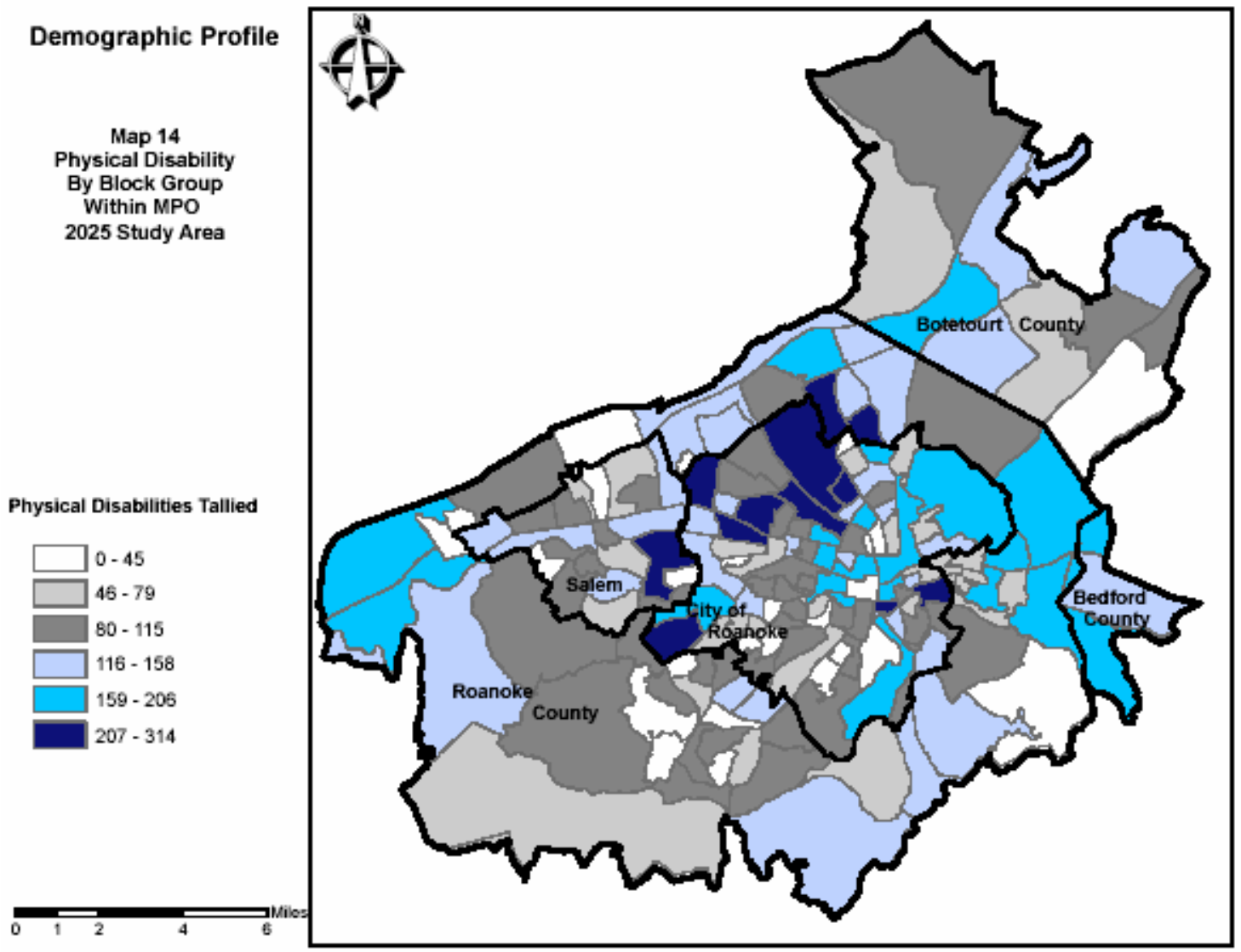


Figure 6. Physical Disability by Block Group

Source: Regional Demographic Profile (2004)

ELDERLY AND DISABLED TRANSPORTATION SERVICES

This is a summary list of public transportation services available to the elderly and disabled in the Roanoke Valley. Included in this list are services available only to these populations, as well as services available to all populations. This list does not include services offered by private or religious organizations. However, it is recognized that these organizations often play an integral part in the mobility of the elderly and disabled.

RADAR (Unified Human Transportation Services, Inc.)**(540) 343-1721**

RADAR is a non-profit corporation providing rural public transit services and specialized transit primarily in the "Greater Roanoke Valley". RADAR provides transportation services to members of our community who are served by or through local social service agencies, local and state government and other private organizations. Among those served are members of the public who may be physically or mentally disabled, elderly, indigent, or transportation disadvantaged. RADAR contracts to provide transit services for CORTRAN, Valley Metro Star, and the Mountain Express. For more information, call (540) 343-1721 or visit <http://www.radartransit.org/>.

Note: All services provided by RADAR are curb to curb. The driver will provide limited assistance in boarding and disembarking. At no time may a driver enter a building to provide assistance.

CORTRAN (County of Roanoke Transportation)**(540) 343-1721 Ext. 3**

CORTRAN is a contract service of RADAR, which provides transportation for Roanoke County residents who are sixty-five years of age and over or mentally or physically disabled as defined by the Americans with Disabilities Act (ADA). Service is available to the general public within the non-urbanized area of Roanoke County only.

Service is available from 7:00 a.m. to 6:00 p.m. The last pickup time scheduled is 5:30 p.m. Monday through Friday. Service is not available on New Year's Day, Good Friday, Memorial Day, 4th of July, Labor Day, Thanksgiving, and Christmas. When Roanoke County Schools are closed due to inclement weather, service is not provided. If the service is closed for any other reason, announcements are made on local radio and TV stations.

To make reservations, call 343-1721. Reservations are taken between the hours of 8:00 a.m. and 5:00 p.m., Monday through Friday, and must be made at least one (1) day in advance of desired transport time. Reservations can be made up to fourteen (14) days in advance of needed time. Return trips are required to be scheduled when making reservations. The cost per trip is \$3.50 and all clients must pay cash or have a ticket. If paying by cash, exact change is required, as drivers are not allowed to make change. Cancellation of a trip must be made at least one hour in advance of the trip or you will be

charged \$3.50. Tickets can be purchased in advance by calling 772-2006. Companion aides travel free with a client requiring assistance. Individuals who are qualified to be CORTRAN riders cannot be classified as a companion as mandated by ADA. For more information call 343-1721 or visit <http://www.radartransit.org/cortran.htm>.

Valley Metro STAR
3

(540) 343-1721 Ext.

Service hours are 5:45 a.m. to 8:45 p.m. Monday through Saturday. Last pickup time scheduled is 8:15 p.m. Service is not available New Year's Day, Memorial Day, July Fourth, Labor Day, Thanksgiving, and Christmas. When Valley Metro operates on snow routes this service is not provided. If the service is closed for any other reason, announcements are made on local radio and TV stations.

Reservations must be made at least one (1) day in advance of desired transport time. Reservations can be made up to fourteen (14) days in advance of needed time. Tickets or passes can be purchased in advance by calling 982-2222. The cost per trip is \$2.50 and all clients must pay cash or have a ticket. If paying by cash, exact change is required, as drivers are not allowed to make change. Companion aides travel free with a client requiring assistance. Individuals who are qualified to be STAR riders cannot be classified as a companion as mandated by ADA. For more information call 343-1721 or visit <http://www.radartransit.org/star.htm>.

Yellow Line (Feeder Service)
4

(540) 343-1721 Ext.

Yellow Line operates on a fixed route and is free of charge. Anyone is eligible for this service. Service is available from 6:55 a.m. to 8:45 p.m. Monday – Saturday. Yellow line meets Valley Metro at Spartan Square, Salem. For more information call 343-1721 Ext. 4 or visit <http://www.radartransit.org/yellow.htm>.

Orange Line (Feeder Service)

(540) 343-1721 Ext. 4

Orange Line Star operates on a fixed route and is free of charge. Anyone is eligible for this service. Service is available from 6:45 a.m. to 6:40 p.m. Monday – Friday. The orange line meets Valley Metro at Tanglewood Mall and Lewis Gale Hospital stops. For more information call 343-1721 Ext. 4 or visit <http://www.radartransit.org/orange.htm>.

The Mountain Express (RADAR)
964-5707

1-800-

The Mountain Express is a public bus service in and between Covington and Clifton Forge. The Service operates four days a week. Monday, Tuesday, Thursday, and Friday between the hours of 9:00 a.m. and 3:30 p.m. The Mountain Express offers a deviated fixed route service to the citizens of Clifton Forge and Covington. A fare of fifty cents per trip is charged and must be paid when boarding the van. Exact change is required.

Children under the age of six (6) years old ride at no charge. Individuals who are ADA certified may request the van to deviate off its route to make pick-ups and drop offs. This distance may not exceed 3/4 of a mile off the route. For more information regarding this service call (800) 964-5707 Ext. 3 or 4 or visit <http://www.radartransit.org/mountain.htm>.

Vital Services Transportation

(540) 345-0451

Vital Services Transportation, sponsored by the League of Older Americans Area Agency on Aging, is a program available to individuals 60 years or older, with low incomes that have an emergency need for transportation to a doctor, to the pharmacy, grocery store or other critical appointment. Service is available to those who need door-to-door assistance and who have no other source for transportation or means to pay for transportation. Individuals are transported by volunteers, taxicab or van service. For more information contact the League of Older Americans Area Agency on Aging at 540-345-0451 or visit <http://www.loaa.org/transportation.html>.

Goodwill Industries of the Roanoke Valley
0620

(540) 581-

Goodwill Industries offer transportation services to their clients in the School to Work Program. For more information contact Goodwill Industries at 581-0620.

Valley Metro (Greater Roanoke Transit Company)
982-2222

(540)

Valley Metro, the Roanoke Valley's public transit provider, has numerous routes throughout the Roanoke Valley. For more information call (540) 982-2222 or visit <http://www.valleymetro.com/home.htm>.

Smart Way Bus Service
Free)

982-6622 (Roanoke) or 800-388-7005(Toll

The [Smart Way Commuter Bus](#) provides commuter service between the New River and Roanoke Valleys. This service, operated by Roanoke's Valley Metro, links Roanoke City, Salem, Christiansburg, and Blacksburg. Service is available everyday, with the exception of Sunday. Fare is \$3.00 each way. More information on the Smart Way bus is available at 982-6622 or <http://www.smartwaybus.com/index.htm>.

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