

interactions seen in institutional facilities. As a result, funding is needed to support senior centers and other programs that provide social interaction to the homebound elderly.

The Affordable Care Act has taken several important first steps on the pathway to elderly care reformation. However, several major reforms are still needed to truly have a positive impact on individuals. The remainder of this paper enumerates these changes. They include a comprehensive culture-change policy at the institutional level, further funding increases for institutions and home care, expanded meal programs, and more funding for senior centers. Accreditation regulations need to be enforced to ensure a higher quality standard across the board.

As previously noted, the Meals on Wheels program provides meals to thousands of seniors, a laudable achievement. However, since a majority of these seniors rely on this single meal daily as their primary nutritional intake, it is clear that meal programs need to be expanded to lessen food insecurity among the elderly.

One way to address this problem is to expand participation in the SNAP program by eligible seniors. As mentioned, less than forty percent of eligible seniors utilize SNAP benefits.¹¹³ There are several possible reasons for these low enrollment rates. One possibility is that hot meal delivery takes the place of SNAP benefits for many in this population, and they do not feel the need to utilize the additional benefits. Perhaps they are physically unable to prepare their own meals, so the program would not be beneficial. One study found that there is a tendency for hot

¹¹³ Alexandra Cawthorne, *The Not-So-Golden Years*, The Center for American Progress, September 27, 2010, "<http://www.americanprogress.org/issues/poverty/report/2010/09/27/8426/the-not-so-golden-years/>"

meal and community meal services to substitute for SNAP participation among the elderly. Without hot meal delivery, food stamp participation rates would go up by seven percent among this population.¹¹⁴ The same study found that if eligible seniors were to participate in SNAP, they would have around an extra \$750 a year, which could free up money to cover other expenses.¹¹⁵ Additionally, it would likely increase food expenditures among this population by \$180 a year.¹¹⁶ This is particularly important, because eligible, non-participant elderly in focus groups have increasingly mentioned worries about choosing between medicine and food.¹¹⁷ The option of meal delivery options is not the only reason for low SNAP use among the elderly. Perceived social stigma is another reason. A study found that among eligible households that contain elderly individuals, seventy-six percent felt there was a stigma associated with receiving SNAP benefits.¹¹⁸ Additionally, a U.S. Government Accountability Office survey of state food stamp directors found that 67% of them cited stigma as a reason for low rates of elderly participation.¹¹⁹ For those nonparticipants who cite stigma as a reason for their reluctance, case workers need to reframe the way the program is presented.¹²⁰ This is another example of a need for a fundamental culture change. Society should not make people ashamed to

¹¹⁴ Wu, April Yanyuan, *Why do so Few Elderly Use Food Stamps?*, The Harris School of Public Policy Studies The University of Chicago, October 2009, pg. 32-33, <http://www.ifigr.org/workshop/fall09/wu.pdf>

¹¹⁵ Ibid, pg. 34

¹¹⁶ Ibid, pg. 34

¹¹⁷ *Access and Access Barriers to Getting Food Stamps: A Review of the Literature*, Food Research and Action Center, February 2008, pg. 25. "http://frac.org/wp-content/uploads/2009/09/fspaccess.pdf"

¹¹⁸ *Access and Access Barriers to Getting Food Stamps: A Review of the Literature*, Food Research and Action Center, February 2008, pg. 25. " <http://frac.org/wp-content/uploads/2009/09/fspaccess.pdf>

¹¹⁹ Ibid, pg. 86

¹²⁰ The USDA publishes a tool kit for food stamp recruitment that documents ways to promote enrollment in SNAP: "http://www.fns.usda.gov/snap/outreach/pdfs/toolkit/2011/Community/toolkit_complete.pdf"

accept help. Furthermore, 12.9% of eligible nonparticipants cited difficulties getting to the food stamp office as a reason for their reluctance to participate, and 75% of non-participant households that contain seniors cite lack of knowledge about the program as a barrier.¹²¹ SNAP directors can address these transportation issues by allowing the elderly to complete the interview over the phone or going to the senior's house to conduct it. Education programs and partnerships with community organizations can help to overcome some of the knowledge barriers.

Another way to combat food insecurity among the elderly is for meal delivery services to provide non-perishable or heatable food in addition to the once daily warm meal. In Rockbridge County, Campus Kitchens and Maury River Senior Center are partnering to send breakfast foods like cereal, provided by Campus Kitchens, to Meals on Wheels Participants in conjunction to daily hot meal deliveries.

Senior centers do great things in their local communities, but funding varies widely from state to state. In order to ensure more uniform provision across the county, federal funding should be increased to provide in-kind support that promotes capability for normal functioning. Although Social Security, Medicare, and Medicaid have been insufficient to address the problem of equal opportunity for the elderly, robust funding for these programs is a necessary part of any plan to address narrower issues related to normal functioning.

Transportation must also be addressed in order to meet the needs of the elderly, especially those from rural environments. Route optimization studies should be undertaken in communities like Rockbridge County where a transportation system exists but efficiency problems impede its effectiveness. Developing a fully efficient

¹²¹ Ibid, pg. 86

model for public transportation in rural communities is probably impossible, due to the nature of the environment, but communities should do what they can to lower as many barriers as possible. Volunteer networks possibly run out of senior centers that provide elderly individuals with rides to medical appointments and other engagements are a possible additional resource. While this is not a large-scale solution, it would have the benefit of providing social interaction for seniors and also easing transportation difficulties.

This paper demonstrates that actions by a few committed individuals can produce positive outcomes for the elderly. In order to support the dignity of every individual, institutions must be redesigned. Many nursing homes were built in the 1960s after the passage of Medicare and were modeled after hospitals.¹²² This model is not supportive of the needs of residents. Institutions should focus on providing a more homelike environment; this includes greater levels of privacy for residents, provision of smaller shared “hangout” spaces and multiple dining halls.¹²³ Even adding paint to the walls can be a step towards a less clinical and more homelike environment. In addition, facilities should attempt to build relationships with the broader community by partnering with local organizations, and encourage autonomy among residents by providing them with genuine choices.¹²⁴ While there is definitely a need for more funding geared toward equal opportunity for normal functioning in this population, funding is insufficient to bring about the level of change

¹²² Lois J. Cutler and Rosalie A. Kane, *Practical Strategies to Transform Nursing Home Environments*, Pioneer Network, 2004, pg. 8
"http://www.pioneernetwork.net/Data/Documents/Practical_Strategies_to_Transform_Nursing_Home_Environments_manual.pdf"

¹²³ Ibid, pg. 9

¹²⁴ Ibid, pg. 9

that is needed.¹²⁵ In order to bring about fundamental culture change, there must be a change in attitude. The managers and staff members of these organizations must make a commitment to change, and from there undertake a process of self-assessment, priority identification, and improvement instigation.¹²⁶ Until facilities have made the commitment to do this, more funding will do little to change the reality of most institutions.¹²⁷

Funding increases must be a part of a plan to address both home and institutional care, but they need not be large. The main change needed at the institutional level is for residents to be given a greater sense of self-authority, and feeling of home. Thus, facilities can bring about substantial positive changes by simply instituting a change in the way they present themselves. This can be done through effective management policies to promote a better work environment for employees and company policies that dictate a broader mission statement. This mission statement should focus on a commitment to provide residents with genuine choices and a sense of dignity and community. Fulfillment of this mission statement should be at the center of the work done by these organizations. Furthermore, the emphasis on the nursing home “compare-site” in the Affordable Care Act should help to disseminate information on what nursing homes provide the highest quality care. Hopefully, the potential for positive advertising generated by this site can help to encourage facilities to raise their standard of care. Donna Gail was able to bring about positive change in a similar fashion at Heritage House by promising her

¹²⁵ Ibid, pg. 9

¹²⁶ Ibid, pg. 9

¹²⁷ Pioneer Network provides toolkits to help guide states and institutions to implement culture change, "<http://www.pioneernetwork.net/Data/Documents/AAHSACultureChangeToolkit.pdf>" and "http://www.pioneernetwork.net/Data/Documents/Implementation_Manual_ChangeInLongTermCare%5B1%5D.pdf"

employers that she could bring in the same number of clients by using the advertising budget to improve quality of care and programming.¹²⁸ Large scale change will not come until people demand it. Even with government regulation, subpar care will continue in institutions until people refuse to send their relatives there; although stricter government enforcement of regulations can help. Of course, if the government fines already cash-strapped institutions, it can run the risk of worsening conditions in these facilities. Even for-profit facilities are often poorly funded. One suggestion would be if all money from fines were put into an account for the institution strictly overseen by an inspector to be used for improvements to quality of care in the facility.

Equal dignity for every individual and the right to be an active member of society are at the core of the American ideal. Equal opportunity for the elderly means that they have capability for normal functioning in their communities. This goal can only be realized if senior citizens are given genuine choices with regard to their living arrangements and every attempt is made to keep them in their homes if at all feasible. If home care is not an option, than the institutional care provided must be of the best sort. Without these changes to the face of elderly care in America, society will continue to fail in its obligations to this population.

¹²⁸ Donna Gail. Interview by Angelica Tillander, Heritage House. Record 01 2013

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