

Profiles in Aging

Community members speak about issues affecting seniors

Nothing expresses the reality of low-income seniors lives – or the impact of recent public policy decisions – more clearly than the stories of individual seniors themselves. As I work with organizations serving seniors in Alameda County, I have the privilege of meeting and getting to know some remarkable people. These elders are a glimpse into my own future, as I aspire to be a very old person. I am struck by their resolve in the midst of a society that does not value age, and by their unflagging dignity.

The following is a compilation of voices and stories from individuals and groups of seniors who I have met over the last several years. I hope you find them as compelling as I have.

- Wendy Peterson, March 2011

In Oakland's Fruitvale/San Antonio District...

In Oakland's Fruitvale/San Antonio District, a group of seniors would like to invite California's new Governor to come spend the day in their neighborhood. They suggest that all California's elected officials visit senior centers in poor communities and in wealthy communities, and to compare these places to understand the disparities that challenge elders every day. For example:

"Eight or nine hundred dollars a month isn't enough to live on."

"When we were all working, we could afford to pay for our prescriptions. Now that we're retired and on a fixed income, we sometimes have to decide if we can afford our medicine or food to eat."

"One of our friends has been a widow for eight years and is still paying off the medical bills for her husband."

"Medicare is important, but it doesn't cover all our needs, and some of us aren't eligible."

"One of our friends retired from Clorox with full medical benefits. Then the company cut all benefits for retirees. Many of us traded in higher wages for future health benefits that they are now taking away. We've been sold down the river."

The group asks of the new Governor: "Don't sweep our problems under the carpet. Don't make life even harder for senior citizens in our community. When you look at making cuts, don't cut from the bottom like every one of your predecessors has done. When someone opens the door and listens to us, we'll have something to say. Governor, if you open the door, you'll have the opportunity to work with us, not against us."

In Fremont...

"I'd like to think that America is a great country not because of its military strength, but because the government treats its people humanely." Mr. C is critical of the public policy and budget cuts that would condemn people with disabling conditions to "an existence without living."

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Should cuts to In-Home Supportive Services go forward, Mr. C says that he may lose his worker. "It is not possible for even a single adult with no responsibility, let alone a parent with bills to pay, to live off of what IHSS pays our hard working care attendants."

Mr. C, now in his 60's, has lived with Multiple Sclerosis for 56 years. His disease has progressed to the point that he needs assistance with daily living, from household chores to personal care. His IHSS worker, is "my secretary, my domestic aid, and often helps me on trips outside of my house."

Mr. C talks about the essential trust that forms the basis of the relationship between the IHSS recipient and the caregiver. "It is more than just cleaning up," he stresses, "I always consider that mental fitness is more important. That's why the pay and benefits are so important...You are far less likely to get someone who is top notch with the right attitude" for minimum wage. "The caregiver has to care."

Mr. C studied cultural anthropology at U.C. Davis where he received his Masters degree. He specialized in the native peoples of North America, and finds insights in the contrast of ancient perspectives with today's. With some sadness he notes, "the more value we place on material wealth, the less importance we place on human beings."

In Fremont...

Mrs. W is not very impressed by what politics has shown her lately. "People in government don't understand that we can't get around like we used to."

She wants to help in whatever way she can to stop proposed cuts to the pay and benefits of her In-Home Supportive Services worker, and to the Multipurpose Senior Services Program that has helped her coordinate the support she needs to continue living on her own. "I'm my own boss. I don't want to go to a rest home where someone else tells you what to do."

Since two strokes left her wheelchair-bound, Mrs. W was cared for by her son, who lived nearby. In-Home Supportive Services provided a worker to assist with care that her son, in his late seventies, was not able to provide. When her son died of a heart attack less than a year ago, IHSS became her lifeline.

The Multipurpose Senior Services Program helped Mrs. W get her IHSS worker's hours increased. Now her worker helps her get up in the morning and get to bed at night, and fills in the chores and personal care that Mrs. W can't do herself. MSSP also connected her with a friendly visitor program, meals-on-wheels, paratransit, and an emergency response system. Her social worker monitors her situation and coordinates doctor's visits.

Mrs. W offers advice to people who want to know the secret to a long life: "Don't be so independent that you can't have help."

In East Oakland...

At the East Oakland Senior Center, a group of older adults meets every month to share information and inspiration about living healthier lives. Their senior center represents a nexus for good health in their community. Senior centers give people a chance to make friends and be involved. "People have come

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to our exercise classes in walkers and wheelchairs,” says Mrs. H, “thanks to the activities at the center, they don’t need their walkers and wheelchairs anymore.”

This group of seniors is extremely concerned about unmet needs in their community and the threat that the continuing budget crisis poses to essential services. Regular health screenings for blood pressure and diabetes have been cut down. Many seniors remain homebound only because they don’t have transportation. Huge budget deficits in local government may jeopardize senior center funding, as well as essentials such as law enforcement and emergency response. Services that keep people out of nursing homes have been cut back or eliminated.

These seniors are serious about educating themselves and their community about how diet and exercise can affect quality of life. They know that their mission cannot succeed without policy and politics that support healthy communities. As one Committee member put it, “My aunt is almost 100 years old. She can eat right, but she needs services to stay in her home. Is it in anyone’s best interest to send her to a nursing home?”

In West Oakland...

“My husband died when he was 60. He had diabetes, then renal failure, and was on dialysis at the end. He went on disability. We had a lot of medical expenses; not everything was covered by Medicare. We lost all our resources, including two homes. When he died, I was penniless. I couldn’t pay for our apartment.”

Mrs. H found a job and moved into a low-income hotel room, but she was struggling with depression, and with no health coverage, she couldn’t afford her medication. The job didn’t last, her relatives were no longer in the picture, and she found herself homeless. “St. Mary’s was the one shelter that answered the phone and asked me to come in.”

At first, a shelter “was scary for me to be with all these strange people and to feel like, ‘Oh my God, what am I doing here?’ It was a culture shock. The other ladies in the shelter were encouraging. They said, ‘Oh, dear, we all went through that.’ They told me how much they had cried. I thought, ‘Gee, they cried, too?’ That helped.”

St. Mary’s Center in Oakland has opened up avenues for Mrs. H and connected her with services. “The upbeat manner of the staff and their genuine caring are really inspiring and welcoming. I don’t feel as alone.”

“I see that eventually, I will be able to do more to help others, whether I get paid or not. I want to do something for society. I’m a late bloomer.”

In North Oakland...

In North Oakland, a group of older adults meet regularly to share information and inspiration about living healthier lives. While their primary mission is to educate themselves and their community about how diet and exercise can effect the quality of their lives, they recognize that public policy is part of the equation. Here are some of their comments:

“It’s important at all ages to be in good health, but at our age it’s even more important. Sometimes people want to give us a chair and push us in a corner. But we’re living longer and

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more active lives than ever before, and we're doing things for ourselves. We won't be pushed into that corner."

"I had a friend who got to be 99 years old. He needed someone to get his meals and help him exercise and bathe without risking a fall. If we stay alive long enough, we'll all need some help like IHSS."

"IHSS is very helpful to people. Why cut something that's so helpful and not expensive compared to the nursing home that would replace it? It doesn't make financial sense!"

"This is not just about poor people. If people live long enough they outlive their own savings and may need Medi-Cal and other programs."

"We all worked and gave to the government, and now when we need it it's not there."

"The Governor is not concerned with us."

"I do things for the young ones coming up behind us, and they need to help us, because they'll be in our shoes someday. What goes around comes around."

"If you can build a prison, you should be able to support services that keep people out of prison and contribute to the community."