**Colorado Department of Human Services**
**Division of Aging and Adult Services**
1575 Sherman Street
Denver, CO 80203-1714
T: 303.866.5700
F: 303.866.4047
www.cdhs.state.co.us

# Strengths and Needs Assessment of Older Adults in the State of Colorado

## Executive Summary of Report of Results

September 2004

**National Research Center, Inc.**
3005 30th St. • Boulder, CO 80301 • (303) 444-7863 • www.n-r-c.com

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Prepared for

**Colorado Department of Human Services**
**Division of Aging and Adult Services**

September 30, 2004

By

**National Research Center, Inc.**

Shannon Hayden, BA

Kerry A. Lupher, MSW

Erin M. Caldwell, MSPH

Thomas I. Miller, Ph.D.

Michelle Miller Kobayashi, MSPH

Reid T. Reynolds, Ph.D.

Steve Fisher, Ph.D.

Lee Tyson, BA

Deanna Hall LaFlamme, MA

Hadley Spano, BA

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# Acknowledgements

Aspen Media & Market Research
Sue Bozinovski, Director, Denver Regional Council of Governments (DRCOG) Aging Services Division
Todd Coffey, Program Specialist, Colorado Department of Human Services
Daniels Fund
Tom Gillogly, Program Specialist, Colorado Division of Aging and Adult Services
HealthONE Alliance
Jeanette Hensley, Director, Colorado Division of Aging and Adult Services
Rebecca Herr, Colorado Commission for the Deaf and Hard of Hearing
Jeff May, Director, DRCOG Metro Vision Resource Center
Lynn Osterkamp
Alan Press
Jeff Romaine, Program Manager, DRCOG Metro Vision Resource Center
Rose Community Foundation
Todd Swanson, Program Specialist, Colorado Division of Aging and Adult Services
The Jay and Rose Phillips Family Foundation
The Colorado Trust
Rosemary Williams, Division Manager, Boulder County Aging Services Division
Barbara Wood, Director, Colorado Commission for the Deaf and Hard of Hearing

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## About The State Unit on Aging and Area Agencies on Aging

In Colorado and throughout the nation, there is a network of State Units on Aging and Area Agencies on Aging (AAA) that provides support services to older adults "with one goal in mind - to enrich the lives of older persons and to help them maintain independent lifestyles" (State of Colorado Department of Human Services: Division of Aging and Adult Services, 2003, para. 4).

Colorado's State Unit on Aging is housed within the Department of Human Services, Division of Aging and Adult Services. The State Unit works with a statewide network of 16 Area Agencies on Aging which provides community-based services designated through the Older Americans Act and Older Coloradans Act. The types of services provided by each Area Agency on Aging are "determined by the needs of the people aged 60 and older who reside in that area" (State of Colorado Department of Human Services: Division of Aging and Adult Services, 2003, para. 3). Services may include food and nutritional programs, health and mental health promotion, transportation, in-home services, caregiving services, long-term care ombudsman and others (State of Colorado Department of Human Services: Division of Aging and Adult Services, 2003).

The State Unit on Aging and local Area Agencies on Aging intend to use this strengths and needs assessment to set priorities for programs and services for older adults as plans are made to accommodate the growing population of older adults living in Colorado.

This assessment was supported in part by the Daniels Fund, The Jay and Rose Phillips Family Foundation, HealthONE Alliance, Rose Community Foundation and The Colorado Trust.

## About National Research Center, Inc. (NRC)

NRC is a leading survey research and evaluation firm based in Boulder, Colorado, focusing on the information needs of the public sector, including governments, non-profit agencies, health care providers and foundations. Its principals have worked more than 20 years in critical areas such as human service needs assessments and evaluations, client satisfaction, local government service delivery and more.

## About the NRC Research Team

The NRC research team was led by Kerry Lupher, MSW, overall project manager, Shannon Hayden, BA, survey manager, and Erin Caldwell, MSPH, profiles and projections manager. In addition to its staff, the NRC team included partners Reid Reynolds, PhD, principal of Reynolds Analytics and past demographer for the State of Colorado; Steve Fisher, PhD, an independent financial and economic consultant; and Linda Piper, MA, gerontology instructor at University of Northern Colorado and former AAA director. A blue ribbon panel of specialists contributed its independent perspectives to augment the guidance received from DRCOG, Colorado Division of Aging and Adult Services and Boulder County Aging Services Division. Report authors are listed on the title page.

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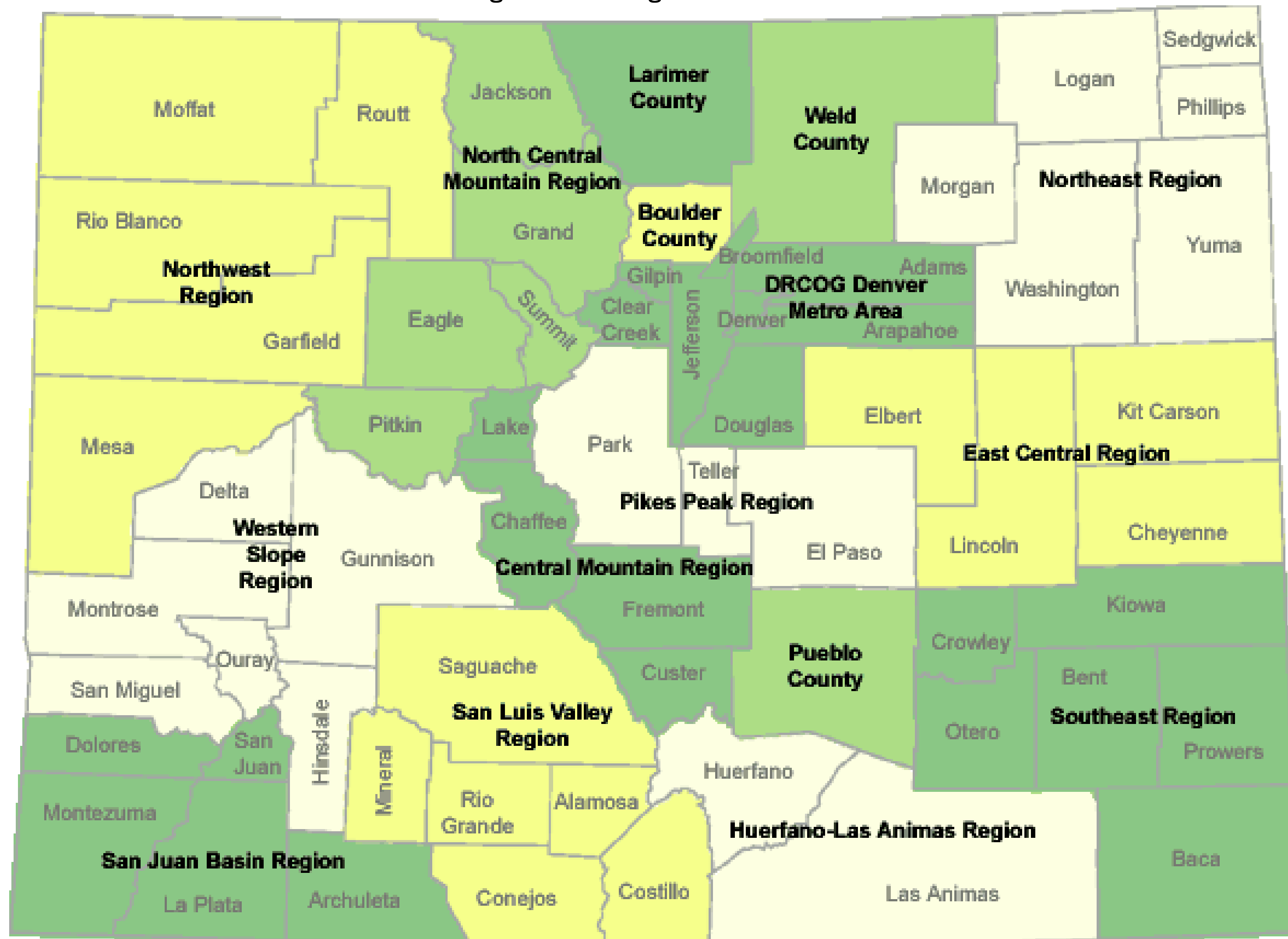
Figure A: AAA Regions of Colorado

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# Executive Summary

## Study Background, Purpose and Methodology

The purpose of this study was to conduct a high-quality assessment that included a statistically valid survey of the strengths and needs of older adults in the state of Colorado. This report is intended to enable the State of Colorado, local governments and other policymakers to understand more accurately and predict the services and resources required to serve an increasingly aging population. With this report, stakeholders will shape public policy, educate the public and assist communities and organizations in their efforts to sustain a high quality of life for older adults.

The objectives of the Older Adult Strengths and Needs Assessment were to:

- Identify the strengths and articulate the needs of older adults in the state.
- Develop estimates of and projections for the cost of meeting the needs.
- Provide useful, timely and important qualitative and quantitative information for planning, resources development and advocacy efforts.

NRC used several different data sources to create a picture of the strengths and needs of older adults in the state of Colorado. The NRC research team began the study by documenting the current and projecting the future demographic characteristics of the older adults in the state using the 2000 Census and population projections made by the Demography Office of the Colorado Department of Local Affairs. Current service utilization and costs of providing services came from the Social Asset Management System (SAMS) maintained by the State of Colorado and the Final Expenditure Reports based on the Aging Services Form 480 (AAS480). Next, a representative sample of 8,903 older adults was surveyed.

The 20-minute survey of older adults was conducted by phone with a stratified random sample of residents of the state of Colorado. Interviews were conducted from April 14 to July 7, 2004. A total of 8,903 completed surveys were obtained, providing an overall response rate of 19%.

To learn more about the strengths and needs of older adults and about barriers to receiving service, NRC staff interviewed 53 key informants who were known to work with or have expert knowledge about the strengths and needs of older adults. Key informants were selected from nine geographic areas of the state (which corresponded with AAA boundaries) and included social service providers, medical and legal professionals, clergy, political figures and transportation providers. Interviews were conducted primarily by telephone and most were voice-recorded.

Included in this report are multiple terms used interchangeably to describe individuals in different racial and ethnic groups. The terms used vary according to the information source (e.g., U.S. Census, group identification) and include the following: Black or African American; Asian or Asian American; Hispanic, Latino or Latino/a. Often respondents are split into two groups, white or not white and Hispanic or not Hispanic.

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# Study Results

## Demographic Profile and Projections of Older Adults

### *Size and Growth*

- In the year 2000, there were over half a million older adults (persons 60 and over) living in Colorado. These 558,918 individuals accounted for 13.0% of the state's total population.
- This represents an increase of 108,115 or 24.0% from the older adult population in 1990. The younger population, swelled by an influx of migrants from elsewhere in the U.S. and abroad, grew more rapidly (31.6%). As a result, Colorado has a somewhat lower concentration of older adults than the nation as a whole (13.0% vs. 16.3%).

### *Geographic Distribution within the State by AAA Region*

- The DRCOG Denver Metro Area accounts for the largest proportion of older adults in the state with nearly half of the state's older adults (46.7%). The Pikes Peak Region is the second largest proportion of older adults with 11.6%. The shares of the other 14 regions range from approximately 1% to 5% of all older adults in the state. The distribution of older adults across regions generally mirrors the distribution of the total population except that Pueblo County and the regions representing the rural parts of the state (except the North Central Mountain Region) have somewhat higher proportions of the older adult population.

### *Urban/Rural*

- The Census Bureau defines a rural area as, essentially, any territory that is not "urban." While most of the land area in Colorado is rural, the vast majority of the population (85%) lives in "urbanized areas," with a concentration of 1,000 or more persons per square mile, or "urban clusters," with a density of at least 500 persons per square mile.
- The Census classified nearly 100,000, or 17%, of Colorado's older adults as "rural" in 2000. The proportion of rural older adult residents ranged from 87% in the East Central Region to 4% in the DRCOG Denver Metro Area.
- Using the Census definition of rural, the proportion of older adults living in rural areas declined with age, from 20% of those 60 to 64 years old to 12% of those 85 years old and over. It is unclear how many of the young-old who live in rural areas will remain there as they age.

### *Age and Gender*

- In assessing the strengths and needs of the older adult population it is helpful to understand that the majority of older adults falls in age groups that might be classified as the "young-old," where the ability to live independently is common, while a minority, most of whom are "old-old," are more likely to require some form of assistance to continue to live independently. For the purposes of this report, those age 60 to 74 were considered the young-old and those age 75 and over were the old-old. Using this distinction, the young-old comprised nearly two-thirds (66%) of the older adult population of Colorado.
- Colorado's older adults ranged from the 140,000 in their early sixties to the nearly 50,000 who are 85 or over. (The 2000 Census counted 528 centenarians in Colorado.)

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- Because women outlive men, older age groups have higher proportions of women. For all older adults in Colorado, women outnumbered men by 56% to 44%. In the 60 to 64 age group, women constituted a small majority of 51%; this majority grew to 70% for those age 85 and over.

### Race and Origin

- In the year 2000, there were 49,907 Hispanic or Latino, 14,584 Black or African American, 8,755 Asian American and 2,862 American Indian and Alaskan Native older adults. These minority older adults accounted for 14% of the older adult population in Colorado.
- The proportion of persons identifying themselves as Hispanic or Latino, African American only, Asian only or American Indian/Alaskan Native only was higher among persons aged 0-59 compared to those 60 and older. This is a reflection of the more rapid growth, partly through in-migration, of Colorado's minority population.

### Language Spoken at Home and Ability to Speak English

- The ability to speak and understand English can affect how easy or difficult it is for an older adult to access services. Thirteen percent or about 52,000 of Colorado's older adults reported speaking a language other than English at home.
- However, of these, about 82% indicated that they spoke English either "very well" or "well." Nearly 10,000 indicated that they spoke English either "not well" or "not at all," representing 2.4% of all older adults.
- Of those who did not speak English well or at all, about half spoke Spanish, about a quarter spoke another Indo-European language (e.g., Russian) and a similar portion spoke an Asian language.
- About two-thirds of older adults that did not speak English well or at all lived in the DRCOG Denver Metro Area.

### Living Arrangements

- The ability to live independently in the community as older people age often depends on whether or not they live alone. Nearly two-thirds (63.8%) of Colorado older adults lived in family households with either a spouse or some other relative.
- Nearly 120,000, however, lived alone, with older women about three times more likely to live alone than older men. Slightly more than half of older adults living alone were age 75 and older.
- In addition, about five percent of older adults lived in what the Census Bureau classifies as "group quarters," which, for older adults, are mostly nursing facilities.

### Rent/Own Status (Tenure)

- Nearly four out of five Colorado older adults lived in owner-occupied units.
- However, the proportion declined with age, dropping from over 80 percent for those 60 to 75 to 61% for those age 85 and over.

### Educational Attainment

- Approximately one in five (21%) of Colorado older adults held a bachelor's and/or a graduate or professional degree. Slightly more (23%) attended college and may have earned an associate

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degree. An additional 31% were high school graduates; the remaining 25% did not graduate from high school.

### Employment Status

- Many older adults continue to work for pay. At the time of the 2000 Census, 131,338 (24%) older adults in Colorado were employed.
- However, the proportion employed dropped sharply with age. Roughly half of young older adults (those 60 to 64) were employed – 57% of men and 42% of women.
- In each age group a higher proportion of men than women were employed.

### Household Income

- For all age groups, median household income increased with age until it peaked at over $60,000 for the 45 to 54 age group. It then dropped markedly for each subsequent age group – $52,768 for the 55 to 64 age group; $34,520 for the 65 to 74 age group and only $24,729 for the 75 and over age group.
- There was substantial regional variation in median household income for households with the householder 65 or over. The median income was highest in the Central Mountain Region at $44,042 and lowest in the San Luis Valley Region at $18,564.

### Poverty Status

- Another indicator of economic wellbeing is the portion of older adults near or below the federally designated poverty level. For 1999 (the income year for the 2000 Census) the poverty threshold for a person 65 or over living alone was $7,990; for a two-person household with the householder 65 or over it was $10,075. (Poverty thresholds are adjusted annually to reflect changes in the cost of living. For 2003, the latest year for which thresholds have been set, the comparable figures were $8,825 and $11,122.)
- In 1999 the incomes of 7.4% of older adults in Colorado were below the federally designated poverty level. Poverty rates were substantially higher for older women than men and the levels and differentials increased with age. Slightly more than one in ten women 75 and over had incomes below the federal poverty level in 1999. While the proportions of older adults below poverty were fairly small, the numbers are substantial. The 2000 Census found nearly 30,000 older adults in Colorado below the federally designated poverty level.
- Because of the low level of the official poverty level, information on older adults living below three multiples of the federal poverty level – 150%, 175% and 200% – has been included. For comparison, a person 65 or over living alone would exceed 200% of the federal poverty level with an annual income of $15,980 in 1999 ($20,150 for two people). (The thresholds for 2003 were $17,650 and $22,244, respectively.)
- Seventeen percent of persons 65 and over had incomes below 150% of poverty and about one in four (26%) had incomes less than 200% of poverty. The proportions were higher for those 75 and over than for those 65 to 74.
- Using 200% of poverty as a broad measure of economic need, over 100,000 older adults were poor or "near poor" in 1999. Over half of these were age 75 and over.
- Whether using the official poverty level, or some multiple of it, poverty was substantially more prevalent among Hispanic, Black and American Indian older adults than for all older adults in



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Colorado. Poverty was only slightly more prevalent among Asian older adults than all older adults combined.

### *Disability Status*

- The 2000 Census asked two questions that yielded useful information on the prevalence of selected disabilities among older adults. The first asked whether the respondent had a long-lasting condition such as blindness, deafness, a severe vision or hearing impairment or a condition that limits physical activities such as walking or climbing stairs. The second question asked whether the respondent has a "physical, mental or emotional condition lasting six months or more" that caused difficulty "learning, remembering or concentrating," "dressing, bathing or getting around inside the house," "going outside the home to shop or visit a doctor's office" or "working at a job or business." Responses to these questions determine whether a person is classified as having one or more "sensory," "physical," "mental" or "self-care" disabilities.
- The 2000 Census found that 40% of older adults in Colorado reported one or more of these disabilities. Slightly more than half of these reported two or more disabilities.
- Roughly an equal portion of females and males reported a disability, but females were somewhat more likely than males to report two or more disabilities (22% vs. 18%).
- Minority older adults were more likely to indicate that they had one or more of the disabilities included in the Census. Roughly half of Hispanic (51%), Black (48%) and American Indian (52%) older adults reported one or more disability. The proportion for Asian older adults was 37%.

### *Grandparents as Caregivers*

- For the first time in the history of the Census, the 2000 Census asked about grandparents who lived with and cared for their grandchildren under the age of 18. The data on grandparents include those of any age, not just grandparents 60 and over.
- In Colorado, there were 66,903 such grandparents and 28,524 (42.6%) were "currently responsible for most of the basic needs" of at least some of the grandchildren with whom they lived. About half of these grandparents had been responsible for a grandchild for 3 or more years.
- Minority grandparents were more likely to reside with their grandchildren; "residence rates" ranged from 5% for Blacks to 8% for Hispanics; the rate for the total population was only 3%.
- The proportion of grandparents responsible for the grandchildren that resided with them ranged from 23% for Asians to 54% for Blacks. Thus, Blacks in Colorado were somewhat less likely to reside with their own grandchildren than other minority grandparents, but those who did were more likely to have primary responsibility for their grandchildren.

### *Projected Growth of the Older Adult Population*

- According the to Demography Office of the Colorado Department of Local Affairs, the state's older adult population is projected to grow from 564,000 in 2000 to 852,000 in 2012, an increase of 288,000, or 51% in just 12 years. By contrast, the remainder of the population (age 0 to 59) is expected to grow by 19%. Much of the growth of the total older adult population will be due to a surge in the number of young-old (60-74). Their numbers are expected to increase by 71% during this period while the old-old (75 and over) are expected to increase by a much smaller 13%.



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- These expected trends in Colorado's older adult population have some interesting implications regarding the strengths and needs of older adults. First, because their numbers are increasing more rapidly than for the younger population (0-59), the older adult share of the total population will increase – from 13.0% in 2000 to 16.0% in 2012. This growth and their higher voting rates will amplify their voices in the political arena. With older adult growth concentrated in the "young-old" age groups, the increased demand for services is likely to be less than it will be after 2020 when the oldest Baby Boomers turn 75.
- In fact, the young-old are a group with a fairly high concentration of caregivers and persons involved in other volunteer activities. Despite their slower growth rates, it is the increased numbers of old-old that will likely be responsible for the greatest increase in need for social supports such as those provided by Area Agencies on Aging. While the old-old as a group are expected to grow by about 13% from 2000 to 2012, the oldest members of this group, those 85 and over, are expected to increase by 21%.
- Across the state change in the size of the older adult population is expected to vary from region to region. The greatest increase is expected in the North Central Mountain Region (79%), while the Southeast Region and the Northeast Region are expected to see small declines in the size of their older adult population. The two largest regions, the DRCOG Denver Metro Area and the Pikes Peak Region are expected to grow slightly more rapidly (30% and 32%, respectively) than the state as a whole (27%). As a result, their respective shares of the older adult population will increase from 46.8% and 11.6% in 2000 to 47.7% and 12.1% in 2012. The other fourteen regions' shares will range from 1% to 6% of the state's older adult population.



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# Strengths and Needs of Older Adults

## The Challenges of Everyday Life for Older Adults

### *Problems Faced by Older Adults*

- Physical health was cited as the most problematic category for survey respondents, with 45% saying that their physical health had been at least a "minor" problem in the previous 12-month period. Next most commonly cited were affording necessary medications (28% of respondents), financial problems (24%) and depression (22%). Nearly one in five older adults said that they had at least a "minor" problem with performing everyday activities such as walking, bathing or getting in and out of a chair; feeling lonely, sad or isolated; having too few activities or feeling bored or getting necessary health care.
- Additional problems were providing care for another person (14% of respondents having at least a "minor" problem), being financially exploited (12%) and dealing with legal issues (12%).
- No more than one in ten respondents reported experiencing a problem with having inadequate transportation (9% of respondents), having housing suited to their needs (6%), being a victim of crime (6%), having enough food to eat (5%) or being physically or emotionally abused (3%).

#### Problems Compared by Respondent Characteristics

- For both men and women, problems with physical health and everyday activities increased with age.
- Hispanic respondents had a higher incidence of most problems, as did those who were not white.
- Renters rated all but one of the potential problems as being more problematic for them than did homeowners.
- More problems were experienced by those living alone and those with less education.
- Having lower income or having a condition that was limiting physically yielded among the highest incidences of problems.

### *Caregiving*

- Survey respondents were asked a series of questions regarding caregiving. Nineteen percent of residents said that they provided care for one or more family members or friends on a regular basis.
- Of the older adults who said they provided care, seven in ten (72%) were caregivers to a single person, 14% were providing care to two family members or friends and another 14% identified three or more individuals for whom they were providing care. The average number of caregiving recipients was 1.6.
- Respondents were asked to whom they provided care. The most frequently mentioned unprompted category was a respondent's spouse, with 45% of caregivers saying that a spouse was someone for whom they provided care. Next most commonly mentioned were grandchildren (17% of respondents), parents (16%) and other family members (15%).
- When providing care for those in the "other" category or grandchildren, respondents reported the highest average number of recipients (5.4 "others" and 2.0 grandchildren).

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- Those caring for those in the "other" category reported the highest average number of caregiving hours (25.7 hours per week), followed by those caring for grandchildren (16.2 hours).

## Potential Problems Related to Caregiving

- According to the survey, 9% of caregivers "frequently" had felt burdened by caregiving in the last two months, one-quarter "sometimes" had felt burdened and 64% said they had "never" felt burdened in that period of time. This question was asked only of caregivers, while all respondents were asked a similar question earlier in the survey – the extent to which providing care for another person had been a problem for them in the previous 12 months. Overall, 5% of respondents said that providing care had been a "major problem" for them, 9% selected "minor problem" and 86% said that caregiving had been "no problem" for them in the past 12 months.
- Survey respondents who said that they were caregivers were asked about the frequency with which they had experienced each in a set of potential problems in their caregiving. Few caregivers "frequently" experienced aggressiveness or uncooperative behavior, but many said that they "sometimes" experienced these problems. Twenty-one percent said that they "sometimes" or "frequently" had to deal with verbal aggression in their caregiving, 10% reported physical aggression at least "sometimes" and sexual aggression was reported by 7% of caregivers. Thirty-one percent said that those whom they cared for were at least "sometimes" uncooperative.

## Caregiving Compared by Respondent Characteristics

- A greater proportion of caregivers resided in Pueblo County and fewer in the Pikes Peak Region. More caregivers in the Western Slope Region felt burdened by caregiving. Northeast Region caregivers reported experiencing more sexually aggressive behavior in their caregiving. Caregivers in the Pikes Peak Region and the San Juan Basin Region cited higher rates of uncooperative behavior.
- Rates of caregiving declined with age. Men age 75 to 84 were less likely to feel burdened by caregiving, and men age 84 and older experienced more frequent sexually aggressive behaviors from those to whom they provided care.
- Renters and those who lived alone were less commonly caregivers. Those living alone were more likely to feel burdened by their caregiving.
- Those who were limited physically felt more frequently burdened by providing care.

## Current and Projected Users of Caregiver Support Services

- Persons providing care are now one of the target groups offered services by AAAs through funding provided by the National Family Caregiver Support Program (NFCSP). AAAs provide respite care to allow caregivers a much needed break. They also provide other types of support to caregivers, including caregiver training, individual counseling, information and assistance, material aid, outreach, screening/evaluation and transportation. To examine the number of people accessing these services, the support given to caregivers was divided into two parts: respite care and "other support."
- Survey respondents were determined to "need" respite services if they had classified themselves as a caregiver and reported they needed "respite or free time for myself." If survey respondents who were caregivers stated that they needed "informal advice or emotional support," "formal advice or emotional support (from a therapist, counselor, psychologist or doctor) – on issues such as caring for grandchildren and other caregiving issues," "services or information on

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services (such as babysitting, supervision, benefits, transportation)," "legal assistance" or "equipment (such as toys, clothing, etc.)" they were classified as needing "other support."

- According to the survey, 42,536 older adults in the state of Colorado were caregivers who could use respite services. The number of older adults estimated to need these other types of caregiver support services is 21,428.

### Potential Use of Caregiving Services

- To understand better the ways to address the needs of caregivers, respondents were asked about the types of help they needed in their caregiving. Caregivers' responses were not prompted and could identify multiple needs. The largest category of responses (61%) was from caregivers who said they did not need help. Fifteen percent said that they could use help with services or information on services and 12% identified financial support as a need. Respite (6% of respondents), informal advice (5%) and formal advice (4%) were the next most frequently mentioned needs.

### Key Informant Findings on Caregiving

- Key informants noted a number of barriers that older adults faced in getting the caregiver support they needed. Among these were affordability and awareness of services, reliability of respite providers and general reluctance among rural older adults to ask for help.

## *Health and Mental Health*

- Older adults were asked to assess their overall quality of health. One in five said that their health was "excellent," 31% said it was "very good" and 30% described their health as "good." Thirteen percent selected "fair" and just 5% said their overall health was "poor." The average rating of health was 62 on the 100-point scale.

### Health Compared by Respondent Characteristics

- Residents of the East Central Region and the Huerfano-Las Animas Region had the lowest ratings for quality of health (54 on the 100-point scale) and the North Central Mountain Region residents rated their quality of health higher than the overall (72 versus 62). The highest average rating was given by men age 60 to 74 (65) and the lowest by women age 85 and older (56).
- Residents who were Hispanic or not white reported lower quality of health (53 and 54, respectively), as did renters (52) and those with less education (55).
- Those living alone reported health ratings slightly lower than the state as a whole (59).
- The lowest quality of health ratings were given by older adults in the lowest income range (47) and those with a condition that limited them physically (41).

### Health-related Activities

- The majority of respondents (88%) said that they engaged in moderate physical activity at least one day per week. Three in ten reported exercising moderately every day of the week. Overall, respondents exercised an average of 4.2 days per week.
- Nearly all respondents (94%) reported having someone they thought of as their doctor or health care provider. Of those who had a doctor or health care provider, 93% had visited that provider in the prior 12 months.

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- Three-quarters of respondents (77%) had a physical exam in the past year. About two-thirds of respondents reported having had an eye exam or a dental exam in the last year, and 23% had a hearing exam.

### Potential Problems Related to Health and Mental Health

- Only 3% of respondents did not identify being covered by at least one of four types of insurance. Private insurance and Medicare were the most commonly identified sources of insurance coverage, with each being cited by 72% of respondents. Thirty percent said they were covered by another type of insurance, and 14% were covered by Medicaid.
- About three in ten respondents (28%) said that they had a condition that substantially limited their daily activities, 18% reported significant hearing loss, 9% were blind or had severe vision impairment and 2% said that they had an emotional or mental illness that limited their daily activities.
- While the majority of respondents (90%) had not had a fall that required medical attention in the previous 12 months, the remaining 10% reported at least one such fall in the past year. One in ten had one or two bad falls in the past 12 months and 1% had fallen and required medical attention three to five times.
- About one in five respondents had spent at least one day in the hospital in the previous 12 months, 4% had spent time in a rehabilitation facility and 1% spent one day or more in a nursing home.
- The average number of days that older adults had spent in a hospital in the past 12 months was 1.4, 1.1 days in a nursing home and 1.0 in a rehabilitation facility.

### Potential Use of Health Services

- Respondents were asked whether they had recently needed, but could not afford seven health-related items. Prescription medications and eyeglasses were the most commonly cited, with 8% and 7% saying that they recently had needed those items, but were not able to afford them. Five percent of respondents had been unable to afford dentures and 3% had needed a hearing aid which they could not afford. Canes, walkers and wheelchairs were each mentioned by 1% of respondents.

### Key Informant Findings on Health and Mental Health

- Limited availability of services, lack of transportation and a general lack of understanding the healthcare system were among the multiple barriers key informants noted. In addition, key informants expounded on the issues older adults faced regarding health insurance and prescription costs.

## *In-home Support*

- Survey respondents were asked about the extent to which they could do each item in a list of daily and household activities. At least half of respondents could do each item "without any help." The activities with which respondents had the greatest difficulty were those which required more physical exertion, including doing interior or exterior repairs (20% responded "cannot do this at all"); doing heavy housework like moving furniture, or washing windows (20%) and doing yard work and snow shoveling (21%). Nearly all respondents were able to use a telephone, dress themselves, eat or use the toilet.

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## Difficulty with Activities Compared by Respondent Characteristics

- Older adults in the North Central Mountain Region tended to have less difficulty across the types of daily and household activities.
- Difficulty with daily and household activities tended to increase with age, often more dramatically for women. For the three activities that generally were the most difficult (doing interior or exterior repairs; doing heavy housework like moving furniture, or washing windows or doing yard work and snow shoveling), more than three-quarters of women age 85 or older needed at least some help.
- Respondents who were Hispanic or not white needed more help with the three more difficult activities (doing interior or exterior repairs; doing heavy housework like moving furniture, or washing windows or doing yard work and snow shoveling).
- More help with daily and household activities also was needed by renters, those living alone, with lower income and with less education.
- Respondents with a condition which limited them physically had greater problems with most daily and household activities but at greater rates.

## Current and Projected Users of In-home Support Services

- In-home support services offered by AAAs examined for this study included homemaking, chores and personal care. Homemaker services are assistance to persons with the inability to perform one or more of the following instrumental activities of daily living (IADL): preparing meals, shopping for personal items, managing money, using the telephone or doing light housework. Chore services include providing assistance to persons having difficulty with one or more of the following IADLs: heavy housework, yard work or sidewalk maintenance. Chore services can include "handyman" installation of items to help a person remain in their home, such as grab bars. Personal care includes the provision of personal assistance, stand-by assistance, supervision or cues for persons with the inability to perform with one or more of the following activities of daily living (ADLs): eating, dressing, bathing, toileting, transferring in and out of bed/chair or walking. If survey respondents indicated they could not do, or could do with help any of the mentioned activities, and they said they received "little" or "no" practical support, they were classified as needing these services.
- About 1,300 older adults in Colorado utilized the AAA service of homemaking. The need as identified through the survey, however, was nine times greater; about 11,436 could have used such a service. By 2012, 1,810 older adults will use the AAA homemaker service if utilization rates stay constant, while 15,715 older adults would need such a service.
- Personal care services as provided by the AAAs were infrequently utilized in 2003; 502 older adults did so in 2003, which represented about 1 person per 1,000 population. As identified through the survey, about 3,802 older adults in Colorado needed such a service. If current utilization patterns continued, 690 older adults would be provided personal care services by the AAAs in 2012, while over 5,000 would need such services.
- Chore services were needed by more older adults as identified through the survey than were homemaker or personal care services; over 42,000 older adults were estimated to need such a service. Just under 1,000 older adults received a chore service through the AAAs in 2003.

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## Key Informant Findings on In-home Support

- Key informants mentioned various barriers faced by older adults in getting their needs met at home. These included availability of services and an increase in the kinds of services provided.

## *Nutrition and Food Security*

- About nine in ten survey respondents reported eating two or more complete meals a day.
- Six percent of respondents reported having needed "some" or "a lot" of help getting enough food or the right kinds of food to eat.
- One in ten respondents said that they "sometimes" or "frequently" had not been able to afford the kinds of food they wanted to eat in the previous 30-day period. Seven percent of respondents identified having not been able to afford to eat healthier meals, and 4% had not been able to afford enough food to eat.
- Nearly one in ten older adults (8%) reported having lost ten or more pounds in the previous six months without intending to.

## Nutrition and Food Security Compared by Respondent Characteristics

- Women tended to have more difficulty with the array of nutrition and food security topics, with 18% of women age 85 or older having needed help in the two months prior to the survey to get enough food or the right kinds of food.
- Greater percentages of Hispanics as well as those respondents who were not white or had a lower income needed help with nutrition and food security.
- Those with less education or who were limited physically tended to respond with greater need regarding these issues.

## Current and Projected Users of Nutritional and Food Security Services

- Congregate meals are provided at a nutrition site, senior center or some other congregate setting, while home-delivered meals are provided in the client's home. Respondents were classified as needing a meal if they reported needing "some" or "a lot of" help getting enough or the right kinds of food to eat, or had a "minor" or "major problem" in the past 12 months with "having enough food to eat," or reported that they "sometimes" or "frequently" were not able to afford enough food to eat or the kinds of food they wanted to eat, or healthier meals, or reported that meal preparation was something they "cannot do at all" or "could do with help" or reported that they do not eat two or more complete meals a day. To determine whether they needed a congregate meal versus a home-delivered meal, a survey respondent was classified as "homebound" if they needed help with two or more activities of daily living (ADLs) or if they said they could not use available transportation.
- In 2003, 23,340 older adults received at least one meal in a congregate setting and 8,418 received a home-delivered meal. The total number of meals supplied was 940,330 in a congregate setting and 1,051,824 home-delivered meals. If current utilization patterns hold steady, 32,073 persons will receive congregate meals and 11,568 will receive home-delivered meals in 2012; these recipients will eat about 1.5 million home-delivered meals and 1.7 million congregate meals.
- The survey identified an even larger need for meals. The total number of persons estimated to need a congregate meal was 132,798 and the number needing a home-delivered meal was 17,855. The total number of congregate or home-delivered meals needed was 7.5 million. By 2012, this

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need would grow to 207,022 older adults needing over 10.4 million congregate or home-delivered meals.

### Key Informant Findings on Nutrition and Food Security

- Availability and quality of congregate and home-delivered meals were two barriers noted by key informants.

## *Transportation*

- In response to a question about how they traveled for most of their local trips, 95% of respondents reported driving or riding in a car. Though utilized by no more than 2% of respondents, the next most common modes reported were public transportation (2%) and a senior van, shuttle or minibus (2%).

### Potential Problems Related to Transportation

- Survey respondents were asked how much help they needed in the previous 12 months getting or arranging transportation. Eleven percent had needed "some" or "a lot" of help. Eighty-nine percent had needed no help.

### Difficulty with Transportation Compared by Respondent Characteristics

- The greatest percentage of older adults in the San Luis Valley Region and Huerfano-Las Animas Region had needed at least "some" help with transportation planning in the previous 12 months.
- For women, help getting or arranging transportation increased dramatically with age.
- Hispanics and respondents who were not white needed more transportation-related help.
- Renters and those living alone needed more help, as did those with a smaller household income, less education and respondents who reported a condition that limited them physically.

### Frequency of Difficulty with Transportation

- In addition to the general question about how often respondents had needed help getting or arranging transportation, respondents were asked about the frequency with which they had difficulty arranging transportation for specific types of activities. More than nine in ten respondents had "never" had difficulty arranging each of the four types of transportation. Six to seven percent of older adults reported "sometimes" or "frequently" needing help arranging transportation for shopping, medical trips, personal errands or recreational or social trips.

### Current and Potential Users of Transportation Services

- AAA's provide older adults a means of going from one location to another. Regular transportation services are curb-to-curb, while assisted transportation includes provision of assistance, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation. A unit of service is defined as a one-way trip. Older adult survey respondents were categorized as needing the service if they had a "minor" or "major problem" in the past 12 months with having inadequate transportation, needed "some" or "a lot" of help getting or arranging transportation, or reported that it was "frequently" or "sometimes" difficult to arrange transportation, or said they "can use with help" or "cannot use at all" available transportation, or reported they have trouble getting transportation because they "have to rely on others" or "have trouble getting around without someone to help," or reported that for most local trips they do not leave the house because they do not have transportation. Survey respondents were then classified as needing assisted transportation if they reported they "cannot

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do" or "can do with help" "getting in and out of bed or a chair" or "walking;" otherwise they were classified as needing regular transportation services.

- AAA transportation services were used by 15,051 older adults in 2003, or about 24 of every 1,000 older adults. Services estimated to be needed by 114,791 older adults in the state, or 185 per 1,000 population. The need is projected to grow to over 150,000 older adults by 2012.
- Assisted transportation services, which were provided in only 5 of the 16 AAAs in the state, were utilized by 628 clients in 2003; they were estimated to be needed by over 30,000 older adults.

### Potential Use of Transportation Services

- Older adults were asked to give unprompted responses regarding the reasons they had trouble getting necessary transportation. About four in ten said that car trouble was the source of their transportation problems, 17% said that having to rely on others made getting transportation difficult and another 13% said that transportation was not available when they needed it.

### Key Informant Findings on Transportation

- Transportation for older adults was seen as the greatest area of need according to key informants. Barriers to getting transportation needs met included availability, affordability and accessibility. Reliance on family and friends to provide transportation, as well as limited funding to support transportation services, were also mentioned.

## *A Population at High Risk*

- If older adults reported that they could not at all do one or more of the activities of daily living or that they required some help to accomplish them, the conclusion was that these older adults were at some risk of institutionalization. Older adults with fewer financial resources were at even greater risk because they generally could not afford to purchase the assistance needed to remain independent.
- Overall, 2% older adults were at risk for institutionalization in the region. When considering only the respondents of low- to moderate-income (under $30,000), the proportion was approximately 5%.

### Institutionalization Risk Compared by Respondent Characteristics

- The San Luis Valley Region, the San Juan Basin Region and the Western Slope Region had higher percentages of low- to moderate- income respondents at risk.
- Generally, women were at higher risk of institutionalization and their risk increased with age. Men age 60 to 74 had the lowest risk of institutionalization.
- Respondents who were not white were slightly more likely to be at risk.
- Renters were more likely than homeowners to be at risk of institutional placement.
- Those with less education had a higher rate of risk.
- Those limited physically were significantly more likely to be at risk.

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# The Strengths of Older Adults

## *Quality of Life and Wellbeing*

- Survey respondents rated their overall quality of life using a scale of "very good" to "very bad." Forty-four percent described their quality of life as "very good" and 45% said it was "good." About one in ten (8%) said that their quality of life was "neither good nor bad," 2% said it was "bad" and only 1% selected "very bad" to describe their quality of life.

### Quality of Life Compared by Respondent Characteristics

- Residents of the North Central Mountain Region reported the highest quality of life rating in the state (88 on the 100-point scale) and East Central Region residents had the lowest average rating for quality of life (76).
- Men and women across age categories tended to give quality of life ratings that were similar to one another. Respondents who were Hispanic or not white had lower average quality of life ratings, as did renters (76) and those who lived alone (79).
- Those with the lowest income, less education and those who reported having a condition which was limiting physically all gave lower overall quality of life ratings (70, 77 and 74, respectively).

### Emotional Wellbeing and Outlook on Life

- Survey respondents were asked about the extent to which they agreed or disagreed with a series of statements about their perspectives on life and their relationships with others. At least eight in ten respondents "somewhat" or "strongly" agreed with each statement. The greatest agreement was with the statement "I take responsibility for my own actions" (with 100% of respondents "somewhat" or "strongly" agreeing) and "I am generally a happy person" (98%). Least agreed with was "My family and friends rely on me" (84% of respondents).

### Practical and Social Support

- Respondents were asked the amount of practical and social support they received from different sources. Practical support was defined as "being given a ride somewhere, having someone shop for you, loan you money or do a home repair for you" and social support was defined as "being cared for, loved, listened to and respected."
- About four in five respondents said that they received at least "a little" practical support from their families, with 48% saying that they received "a lot" of practical support from family. Thirty percent reported receiving "a lot" of practical support from friends, 18% from neighbors, 19% from a church or spiritual group and 8% from a club or social group.
- The amount of social support received by older adults was generally higher than the amount of practical support reported. Over two-thirds (71%) said they received "a lot" of social support from family and half said they received "a lot" from friends. Neighbors and a church or spiritual group each were cited as providing "a lot" of social support by just over one-quarter of respondents. Just 6% said they were receiving "a lot" of social support from a non-profit or community agency.

## *Productive Activities of Older Adults*

- Participation in a set of key activities was considered. Nineteen percent of respondents identified themselves as caregivers, 25% were employed at least part-time and 42% said that they

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volunteered at least one hour per week. Sixty-three percent of respondents participated in at least one of these activities.

### Activities Compared by Respondent Characteristics

- Greater proportions of North Central Mountain Region residents were volunteers or employed. A lower rate of employment was reported in Pueblo County and the Central Mountain Region.
- Women age 60 to 74 were more likely to be caregivers.
- Hispanics and those who were not white were less likely to volunteer or be employed.
- Homeowners and those living with others had greater participation in volunteering, employment and caregiving.
- Rates of volunteering and working increased with income.
- Those with less education and those limited physically were less likely to volunteer and to be employed.

### Time Spent in Productive Activities

- Information on the hours spent on a longer list of productive activities was captured by the survey, too. At least nine in ten respondents reported spending one hour or more visiting with family members in person or on the phone, visiting with friends in person or on the phone or doing housework or home maintenance. The fewest respondents spent time working for pay (one hour or more per week reported by 26% of respondents) or participating in senior center activities (22% of respondents).

### Key Informant Findings on Older Adults' Contribution

- Key informants spoke of the abounding strengths and contributions made by older adults in their communities. These contributions included knowledge of local history, contributions to community stability, volunteerism and participation in local and city government.

## *Model for Aging Well*

- This study builds on previous models that associated strengths with aging well using survey data collected from older adults across the state of Colorado.
- The model for aging well consists of 12 strengths which were grouped into three thematic categories: physical health, outlook on life and one's connection to others and the community.

### Validity of the Model

- Older adults who possessed a greater number of strengths gave higher self-ratings of quality of life. Those with four or fewer strengths had an average quality of life rating of 65, while those with nine or more strengths gave an average rating of 89 on the 100-point scale.
- Survey respondents with fewer strengths also gave lower quality of health ratings. The average rating of health for those with nine or more strengths was 72 on the 100-point scale and 37 for those with four or fewer strengths.
- Respondents' rates of hospitalization, institutionalization and falls were compared by possession of strengths. Those with the fewest strengths were at least twice as likely as those with the most strengths to have spent at least one day or more in the last year in a hospital, a nursing home or a rehabilitation facility, or to have had at least one serious fall in the previous 12 months.



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- While the majority of survey respondents met the description of living in the community, rather than in an institutional setting, those with more strengths were slightly more likely than those with the fewest strengths to be living in the community.

## Strengths of Older Adults in the State of Colorado

- Forty-nine percent of those responding to the survey had nine or more strengths from the categories of physical health, outlook on life and connection. Another 43% had five to eight strengths and 8% reported four or fewer strengths. The overall prevalence of each strength among statewide older adults ranged from 46% to 91%.

## Strengths Compared by Respondent Characteristics

- Residents of the North Central Mountain Region were found to have more strengths than older adults in other AAAs.
- Women age 85 and over had the fewest strengths.
- Whites and those who were not Hispanic tended to have a greater number of strengths.
- Renters were nearly three times as likely as homeowners to have only zero to four strengths.
- Those who lived with others were more likely to have nine or more strengths.
- The number of strengths generally increased with income and education.
- Those who were limited physically were less than half as likely to possess nine or more strengths.

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# Economic Profiles and Projections

## Economics of Service Provision

- The Social Asset Management System (SAMS) and the Final Expenditure Reports based on the Aging Services Form 480 (AAS480) were used to determine a cost per unit of selected services provided by the State of Colorado AAAs. Costs per unit of service provided were estimated for 8 service categories (congregate meals, home-delivered meals, transportation, homemaker, personal care, individual counseling, adult day care and legal assistance). Costs in 2004 and the future were calculated by projecting the number to be used in the future assuming a constant rate of services provided per 1,000 persons aged 60 and older and assuming inflation to be 2.5% per year.
- For 11 additional service categories (caregiver respite, caregiver non-respite support, material aid, chore, counseling, health promotion, nutrition counseling, nutrition education, information, assistance & education, outreach and ombudsman), the total cost to provide the service in 2003 was used to estimate 2004 and future costs by projecting an increase in growth equivalent to the growth in the older adult population and assuming inflation to be 2.5% per year.
- The combination of increasing growth in the number of older adults and the expected rises in the cost of delivering services was projected to increase the cost of service provision about 67% from 2004 to the year 2012. For the 19 service categories for which costs were estimated, based on current service delivery rates per 1,000 population, the total was projected to grow from about $24 million in 2004 to about $41 million in 2012 representing an annual growth rate of about 7%.
- While the survey did not include questions to estimate unmet need for each of the services for which costs per unit of service provided could be determined from SAMS and the AAS480 reports, six AAA services for which costs per unit and units per client could be determined were mapped to survey questions (congregate meals, home-delivered meals, transportation, homemaker, personal care and legal assistance).
- If the AAAs in Colorado expanded their services to meet all the need identified from the survey, the cost to meet the need for each of the six services for which cost estimates could be made would be $97 million in 2004 and would grow to about $162 million by 2012. If the AAAs' utilization rates stayed constant at current levels, the cost to meet the same amount of demand for just these six services would be $18 million in 2004 and would grow to $31 million in 2012.
- The cost of providing home-delivered and congregate meals would grow from the current amount of about $12.36 million to about $20.70 million in 2012. The cost of providing transportation services would increase from $4.21 million currently to $7.05 million in 2012.
- The cost to meet all the need identified in the survey would be even higher; to meet all the identified need for meals would require $48.32 million currently and that would grow to $80.90 million by 2012. To provide transportation to all those needing it, a concern noted both in the survey and by key informants, would cost $32.12 million currently and $53.78 million in 2012.

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## Cost of Providing Home and Community-based Services versus Cost of Institutionalization

- "Long-term care" refers to the services needed by persons with physical or mental impairments who never could or no longer can function independently. The setting for these services can be nursing homes, assisted living residences, community centers or private homes. The types of services provided can include nursing care, personal care, habilitation and rehabilitation, adult day services, care management, social services, transportation and assistive technology (Nawrocki & Gregory, 2000).
- A recent survey conducted by AARP of its Colorado membership found that 88% felt it was "very" or "somewhat important" to be able to stay at home if they were to become ill or disabled (American Association of Retired Persons, 2002). This finding is consistent with most studies about the preferences of older adults. Almost all (95%) of the chronically disabled elderly living at home in 1982 said they would prefer to stay out of a nursing home as long as possible. Of those responding to a 1988 Harris poll, 87% favored a federal long-term home care program for chronically ill and disabled elderly (Wiener & Hanley, 1992).
- An analysis was performed to compare the costs of institutionalization to the costs of providing services to help keep older adults in their homes. Several assumptions were made for this analysis. The critical services viewed as necessary to keep a frail older adult in the community were: 1) personal care, 2) home-delivered meals, 3) homemaker services and 4) a life-line service (medical emergency alert). The last of these may not be reimbursed by AAAs, but the average monthly cost was included in the cost estimates. Three scenarios were created:
  - **Scenario A: Minimal support network:** The older adult was assumed to live alone with little or no support from family or friends. The services assumed to be needed were: a medical alert system, one home-delivered meal per day, one personal care visit per day and two homemaker visits per month. The monthly cost for this scenario was $2,570.
  - **Scenario B: Moderate support network:** The older adult was assumed to live alone, but to have some practical support from family or friends. The services assumed to be needed were: a medical alert system, a home-delivered meal every other day, a personal care visit every other day and a homemaker visit one time per month. The monthly cost for this scenario was $1,300.
  - **Scenario C: Heavy family involvement:** The older adult was assumed to live with family members who provided support to the older adult. It was assumed respite care would be needed by the caregiving family members. The services assumed to be needed were: respite care once a week and other caregiver support twice a month. The monthly cost for this scenario was $284.
- These costs compared to an average monthly cost of a nursing home stay in Colorado of $4,375 and the average monthly Medicaid per diem reimbursement of $3,770.
- Thus, even if AAA services serve only to delay entry into a nursing home for several months, cost savings may be accumulated. However, if AAAs want to make keeping frail elders out of institutions one of their key goals, they should consider expanding personal care and homemaker services. Presently, about 8,418 homebound clients received home-delivered meals. At most, only about one in six of these individuals received either personal care or homemaker services through the AAAs.



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- There is a significant difference in Medicaid and AAA levels of provision of in-home support services. This may be due to the fact that AAA funding has tended to be targeted to certain types of services such as meals and transportation, while Medicaid funding for older adults has been targeted toward lower income persons with medical needs or activities of daily living (ADL) impairments.

## Contributions of Older Adults to the Economy

- A number of questions on the survey asked about the activities in which older adults engaged. Survey respondents were asked about caregiving, providing help to friends and relatives, contributions of volunteer time and working for pay.
- The amount earned by older adults in the state of Colorado annually through paid wages was estimated to be about $2.9 billion.
- In addition to their paid work, older adults contributed to the community in a variety of other ways. Just over 40% participated in some kind of volunteer work; of these, the average number of hours per week volunteered was three hours. Almost two-thirds provided help to their friends or relatives, on average giving about 2.5 hours per week. Others provided care to members of their family or to friends or neighbors. Of these caregivers, the average number of hours per week spent providing care ranged from 9 to 16 hours per week. The value of these unpaid contributions by older adults in the state of Colorado was over $1.6 billion in a 12 month period.

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# Common Sources of Information for Older Adults

- Older adults were asked about how often they used different information sources. Most sources were used at least "sometimes" by a majority of respondents. Nearly nine in ten older adults said that they "sometimes" or "frequently" got information about services and activities from television (87% of respondents), "word of mouth" (87%) or the newspaper (85%). Two-thirds at least "sometimes" used the radio for their information. Senior publications were "sometimes" or "frequently" used by 61% of respondents and the library by 51%. Least commonly used was the Internet, though nearly half of respondents reported using it at least some of the time.

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# Recommendations

The model for aging well presented three thematic categories: physical health, outlook on life and one's connection to others and the community. The recommendations below are presented within these themes. As stakeholders review and deliberate on the recommendations, consideration should be given to the way in which funds can be allocated to best address the strengths and needs of older adults throughout the state. With the older adult population in Colorado increasing by over 50% in the next twelve years, attention to the burden on existing systems will be just as crucial as building new systems that address newly identified strengths and needs.

## Recommendations Related to Physical Health

The strengths category of physical health is comprised of several individual strengths, including: physical activity, nutrition and food security, activities of daily living (ADLs) and instrumental activities of daily living (IADLs). The maintenance of good health is of key importance in allowing older adults to age well.

- Recommendation #1: Continue health promotion, education and awareness campaigns to help older adults maintain a good quality of life and support such activities geared to Baby Boomers as they prepare for older adulthood.
- Recommendation #2: Further investigate the physical health disparities that exist among various segments of the population, as well as variations by region, and implement new strategies for services that meet the needs of these older adults. Allocate financial resources to address the identified issues of access, awareness, education and service provision.
- Recommendation #3: Consider the cultural challenges some minority and other special populations (i.e. African American, American Indian, Asian American, Hispanic/Latino/a American and gay, lesbian, bisexual and transgender older adults) may face when accessing health and mental health programs and plan accordingly. Support training in cultural sensitivity, bilingual staff and other strategies to address language and cultural barriers in health-related services to diverse populations.
- Recommendation #4: Continue support for older adults with physical limitations and increase material aid to those needing such items for maintaining their independence. Continue to promote ways in which the public can accommodate older adults with vision and/or hearing impairment.
- Recommendation #5: Continue to reinforce and build upon the strengths of older adults, including attention to healthy living and participation in insurance plans. Financial planning information and education about long-term care is recommended.
- Recommendation #6: Increase awareness of congregate meal programs, home-delivered meal programs, nutrition education programs and other related resources, such as food stamps and/or food banks. Expand and adapt congregate meal programs and meal delivery programs for minority and other special populations in particular.
- Recommendation #7: Influence public policy by advocating for a more cohesive health care system that addresses the needs of older adults (including ways of making prescription drugs more affordable, requiring insurance companies to cover the cost of hearing aids and looking for opportunities to expand mental health options).

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- Recommendation #8: While planning for the increased number of older adults projected to be institutionalized in the future, continue to investigate viable alternatives to institutionalization such as formal in-home healthcare services. Also offer more comprehensive support for caregivers in order to increase their ability to provide in-home healthcare to their family members.
- Recommendation #9: Improve educational outreach programs regarding health care and support healthcare providers in planning for increases in older adult utilization across the entire healthcare system especially in rural areas of the state.

## Recommendations Related to Outlook on Life

The category of outlook on life is comprised of mental health, personal strengths, spirituality and faith and perceptions of community value. These attributes were found as predictive for successful life outcomes for older adults in the model for aging well.

- Recommendation #1: Support efforts to educate communities across Colorado on the mental health needs of older adults.
- Recommendation #2: Continue to provide opportunities for social interaction among isolated and vulnerable older adults to alleviate or reduce loneliness, depression and other mental health issues. Expand these opportunities in rural areas and provide transportation for these activities.
- Recommendation #3: Advance efforts to provide older adult services to minority and other special populations, with consideration given to unique barriers that each group might face, including: racism and homophobia; language barriers; communication/dissemination of information about services; accommodations for deaf, hard of hearing and those with vision impairment.
- Recommendation #4: Advocate for special populations, including older adult couples who, because they are gay or lesbian, lack the right to make medical decisions for their partners in the case of an emergency.
- Recommendation #5: Help reinforce and build upon the personal strengths of older adults. Continue educating older adults about ways they can protect themselves against financial exploitation and other scams. Work in partnership with community and faith-based groups to support older adults' spiritual strengths and sense of community.

## Recommendations Related to Connection to Others and Community

In the model for aging well, the category of connection to others and community included results of survey questions about practical support, social support, engagement and hobbies. Included in this section are recommendations related to caregiving, in-home support, transportation and communication.

- Recommendation #1: Find ways of expanding caregiver support programs to promote greater access and availability. Continue to provide educational and support opportunities to caregivers and advocate on their behalf. Collaborate with existing and established community groups and social service agencies; including school-based and other youth-serving programs for grandparents raising grandchildren.

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- Recommendation #2: Narrow the gap between caregiver respite service use and need. Promote public awareness efforts that draw attention to in-home services available to older adults as a way of supporting those who provide care.
- Recommendation #3: In-home services for the general population of older adults should emphasize some of the more difficult chores (e.g., painting, moving furniture and snow shoveling). In rural areas, expand in-home services available to low-income older adults and find ways of getting the word out that such services are available.
- Recommendation #4: Continue to increase awareness of the public transportation options available to older adults, with particular attention to females, older adults who were not white or had lower incomes.
- Recommendation #5: Better implement transportation options that meet the needs of older adults and expand such services in rural areas and for geographically isolated older adults.
- Recommendation #6: Establish regional or community-based systems of support—service hubs— through which care is coordinated and older adults access the services they need in a more central way and with less burden on them.
- Recommendation #7: Consider implementing client-centered and client-directed care management systems for the most vulnerable, at-risk older adults.
- Recommendation #8: Diversify and expand outreach efforts across the state.
- Recommendation #9: Improve AAA communication with the State, communication among AAAs and service providers, and the way in which the State, AAAs and services providers communicate with older adults.
- Recommendation #10: Make marketing campaigns creative and easily recognizable. Dedicate resources to ensure that older adults become familiar over time with the design and message.
- Recommendation #11: Encourage older adults to build and maintain their connections with family, friends and community for practical and social support. Promote older adult engagement and hobbies. Applaud the strengths of caregivers.

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