



**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](http://www.cdhs.state.co.us)

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

## **Report of Results**

September 2004



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**National Research Center, Inc.**

3005 30th St. • Boulder, CO 80301 • (303) 444-7863 • [www.n-r-c.com](http://www.n-r-c.com)

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

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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Sue Bozinovski, Director, Denver Regional Council of Governments (DRCOG) Aging Services Division

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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

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The Colorado Trust

Rosemary Williams, Division Manager, Boulder County Aging Services Division

Barbara Wood, Director, Colorado Commission for the Deaf and Hard of Hearing

**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.

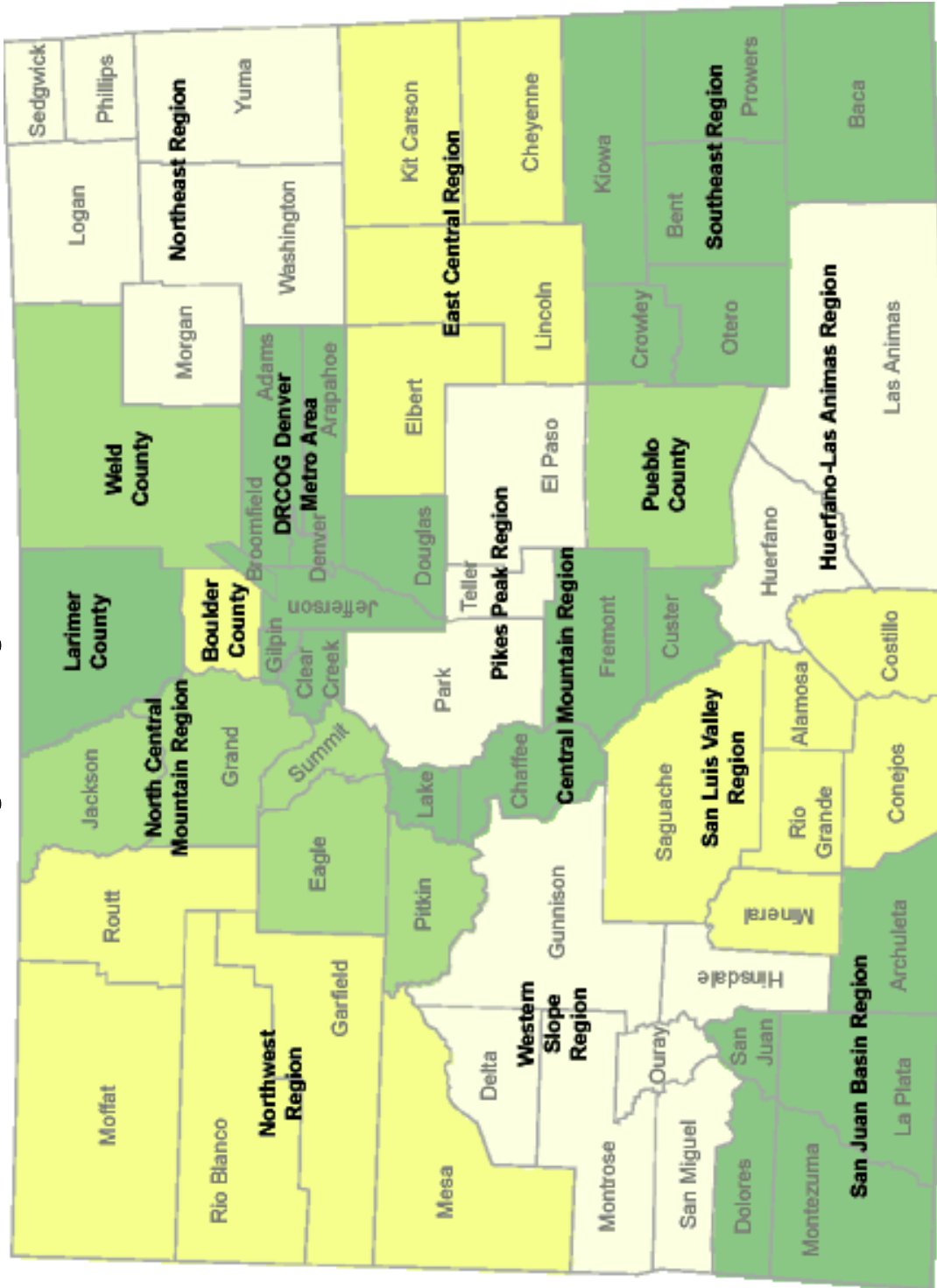
**About the NRC Research Team**

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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## **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.

## 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.)

- ◆ 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

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

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 to the 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%.



- ◆ 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.

## **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).

- ◆ 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

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.

- ◆ 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.

### **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.

### **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

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



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.

## **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

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.

- ◆ 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.

## 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.

## 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.

- ◆ 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.

## **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.



## 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).

- ◆ 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.

- ◆ 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.

# Study Background and Methodology

## Study Background and Purpose

### Study Background

No one is getting any younger. As each of us ages, we learn to take better care of ourselves, to plan for retirement and, generally, to move more deliberately. Aging builds wisdom but can sap resources—physical, emotional and financial. Even those blessed by good luck or those prescient enough to plan comprehensively for the best future may find themselves with unanticipated needs or with physical, emotional or financial strengths that could endure only with help. Some people age better than others and aging well requires certain strengths that are inherent and others that can be supported by assistance from government. It is difficult enough for individuals to do all the right things to age well so that they enhance longevity and maximize financial resources, but communities cannot afford to let the future suddenly appear, because failure to plan can have dire consequences to thousands.

The State of Colorado sought the help of NRC early in 2004 to examine the current status of the older adult population, to consider current conditions for the health and welfare of older adults and to recommend how best to prepare for the needs of older adults in the next 8 years.

Through the 16 AAAs, the State plans and coordinates a continuum of services for older adults living across the state. This assessment focused on five interconnected categories of service: caregiving; nutrition and food security; health and mental health; in-home services and transportation. Overall quality of life was explored as well.

Certain highlights from the 2000 Census demonstrate the urgency to conduct this Older Adult Strengths and Needs Assessment. There were 558,918 adults age 60 and older in the state of Colorado; this represented 13% of the state's year 2000 population. From 1990 to 2000 the number of older adults increased by 24%. By 2012, the number of older adults is expected to grow to 852,000, an increase of slightly over 50% in just 12 years.

### Study Purpose

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. Using this report, stakeholders can 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.

## Study Results

## **Target Population**

This strengths and needs assessment focused on adults age 60 and over. However, where appropriate or necessary given the limitation of data sources, different age categories of data (e.g., 65 and older) were used. The complication of defining “older adult” can be understood better with a few examples. Retirement ages and federal assistance for older adults vary. For example, older adults are eligible for Medicare beginning at the age of 65 (unless disabled), whereas the Older Americans Act serves adults age 60 and older. Additionally, some Census data for older adults only include data for those 65 years of age and older.

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.

## **Review of the Major Study Components**

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 utilization and costs 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.

## **Survey of Older Adults**

### ***Instrument Development***

The survey was developed in collaboration with Denver Regional Council of Governments (DRCOG) Aging Services Division, Colorado Division of Aging and Adult Services and Boulder County Aging Services Division. Main topic areas included quality of life, caregiving, health, nutrition and food security and transportation. The 1999 survey of older adults in the DRCOG region (Kobayashi, Ellis, Miller, Rivera, & Grousset, 1999) was used as the basis for the new survey. The instrument appears in *Appendix F: Survey Instrument*.

### ***Data Collection***

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%.

A list of residents age 60 and over was purchased from a reliable list service with the highest percentage of older adults. Aspen Media and Market Research conducted the interviews using a Computer-Assisted Telephone Interviewing (CATI) system.

A quota system was used to ensure that the sample reflected each AAA’s proportions of race, ethnicity and age among older adults.

Survey results were weighted by demographic characteristics within each of the 16 AAAs in the proportions reflective of the entire region, and then weighted by each region's proportion of the state. For more information see *Appendix B: Detailed Methodology*.

## **Understanding the Results**

### **Precision of Estimates**

It is customary to describe the precision of estimates made from surveys by a “level of confidence” (or margin of error). The 95 percent confidence level for the survey was generally no greater than plus or minus one percentage point around any given percent reported for the entire sample (8,903 completed surveys). For each AAA, the margin of error ranges from about plus or minus 2% to 5% since sample sizes were 375 each for 14 of the 16 AAAs, plus 1,653 in Boulder County and 2,000 in the DRCOG Denver Metro Area.

### **Putting Evaluations onto a 100-point Scale**

Although responses to the evaluative questions regarding quality of life and quality of health were made on four- or five-point scales with one representing the best rating, the scales had different labels (e.g., “very good” or “excellent”). To make comparisons easier, the results for those questions are reported on a common scale where 0 is the worst possible rating and 100 is the best possible rating. If everyone reported the highest point, then the result would be 100 on the 0-100 scale and if everyone reported the lowest point, then the average rating for quality of life would be 0 points. The new scale can be thought of like the thermometer used to represent total giving to United Way. The higher the thermometer reading, the closer to the goal of 100 – in this case, the most positive response possible. The .95 confidence interval around a score on the 0-100 scale based on all respondents typically will be no greater than plus or minus one point on the 100-point scale.

### **Comparing Survey Results**

Throughout the report of results, comparisons are made among subgroups of respondent characteristics. Because the number of respondents in many of the subgroups varied, caution should be used in interpreting some differences. Generally, differences of more than seven percentage points between subgroups can be considered statistically significant.

### **“Don’t know” and “Other” Responses**

Reported responses throughout the body of the report are for those who had an opinion – “don’t know” responses were removed from the analyses but can be found in the complete set of frequencies in *Appendix C: Annotated Survey Instrument*. Open-ended responses and “other” responses appear verbatim in *Appendix D: Verbatim Responses to Open-ended Survey Questions*.

Percentage points in tables may not always add to 100 due to rounding or the respondents having the option to select more than one answer.

## **Model for Aging Well**

How do the strengths of older adults influence their quality of life? This question is important as stakeholders and members of the community consider the best use of limited resources, because meeting the needs of older adults and building and supporting their strengths represent two sides to

the same coin that is the currency of quality of life for older adults in the coming years. Identifying important strengths of old age was explored using a model for older adults which examined the correlation among various factors of older adult wellbeing and older adults' self-reported quality of life. Results of the model are included in the report.

## **Key Informant Interviews**

NRC staff interviewed 53 key informants who were known to work with or have expert knowledge about the strengths and needs of older adults. Conducted in June 2004, the interviews intended to capture insight into the strengths and needs of older adults in the most rural areas of the state and about older adult populations who were considered difficult-to-reach (due to demographic or geographic characteristics). The State Division of Aging and Adult Services recruited key informants and coordinated the interviews. 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.

Interview questions focused on identifying the needs and strengths of older adult services and activities related to quality of life, caregiving, health care, in-home service needs, nutrition needs and transportation. The length of interviews ranged from 20 minutes to just over an hour. Respondents were assured of the confidentiality of their remarks.

Interviews were conducted primarily by telephone and most were voice-recorded. Two of the 53 interviews were conducted in person with deaf individuals using an American Sign Language interpreter. Notes were taken and entered into a Microsoft Access database. Using common strengths and needs categories (e.g., transportation, caregiving), the interview notes were coded into themes (e.g., affordability, access).

The interview included six closed-ended questions with quality or problem scales. The remaining questions were open-ended. In this report, the results for the closed-ended questions are reported as percentages and the results for the open-ended questions are reported through narrative and counts of respondents. When possible, direct quotations from interviewees are included.

## **Study Limitations**

No scientific endeavor is perfect. This study is no different. Some limitations cannot be known, others are only suspected and still others can be quantified.

### **Sampling Error**

A widely discussed limitation that occurs in all survey research is sampling error, or the margin of error, and it is precisely measured. Sampling error occurs whenever the characteristics of a population are estimated from a relatively small number of examples (in this case, older adults) sampled at random from the population. For this survey of older adults, NRC specified the margins of error for different sample sizes.

## **Self-report Data**

Survey respondents typically underreport problems that are perceived as sensitive issues. While the survey data have been weighted to reflect the population norms of the region, it is likely that respondents underreported problems and that the most frail older adults, who would experience the highest incidence of these problems, were not able to participate in the survey, therefore further skewing the results. Similarly, respondents often over report their positive behaviors. In general, when reviewing the results of the survey, the reader should consider that the most positive picture is presented.

## **Targeting Specific Age Groups**

To keep within budget, NRC purchased the sample for the telephone interviewing from companies that specialize in such lists in order to narrow the number of calls to homes with a high likelihood of having a resident 60 years of age or older. No list covers all eligible households and those residences less likely to be on the list more often may be occupied by older adults who shop little, do not vote, have no drivers license or marriage license. These lists are compiled, in part, from these sources.

In addition to imperfect lists, it is likely that very frail or poor older adults were unable or unwilling to participate in the telephone survey. These limitations diminish the representation of the older adults most in need of services. Adding to these limitations is the well understood reluctance among adults over age 60 to admit need or problems. The consequences of all these limitations is to yield estimates of older adult need that are likely smaller than the needs that exist in the entire state, at the same time overestimating strengths.

To help correct for the fact that certain groups were underrepresented in the final sample of older adult respondents, NRC reweighted the results to give proper voice to the groups with fewer respondents than expected. The reweighting was not always perfect, leaving some groups with the correct representation but others not. Generally, the reweighting schemes corrected for gender, age and housing tenure (own versus rent) but could not always bring up the number of low-income older adults to the Census norm. The numbers of residents with the least formal education also were consistently underrepresented. Along with the limitations in coverage described above, the imperfect reweighting served also to underestimate older adult need.

## **Reliance on Secondary Data**

Census data, on which NRC relied, have been the object of controversy for years. Undercounts of certain populations are well understood. As with this survey, the Census undercounts minority and low-income residents across the U.S. It is likely that these undercounts also occurred in the state of Colorado.

Finally, some estimates and projections rely on Social Asset Management System (SAMS) and Final Expenditure Reports based on the Aging Services Form 480 (AAS480) data whose accuracy is known to be limited (Office of the State Auditor, 2004).

## **The Unknowable Future**

All cost and demographic projections bear the limitation of an unknowable future. The assumptions that are part of every forecast may not describe the future reality as intended. Often the best guess



of researchers about the future comes from anticipating current circumstances over time. These guesses may not be correct. Since the projections in this study range from four to eight years into the future, the shorter projections should be considered more definitive. Projections eight years out are more uncertain.

## Profile of Older Adults

### Looking Back, Looking Forward

The identity of a person often is defined by the events and circumstances that surrounded that person's young adulthood. To appreciate the strengths and needs of older adults today, one must come to know where these generations have been and what they have lived through.

Today's older adults lived through what many have thought were America's most desperate and challenging times: The Great Depression, World War II and the Korean War. In contrast though to these dark days, were years of great prosperity and advancement. As young adults, these men and women experienced the Roaring Twenties, the invention of antibiotics and the benefits of a country that became the world's dominant economic force. Mass production brought automobiles, televisions and telephones to most U.S. households; jet planes flew across the earth and satellites orbited it. New laws brought greater equity and assurances including citizenship, voting rights, racial integration, income for the elderly, care for the disabled and better working conditions for all (Kingwood College Library, 2004).

And now, as these generations grow older, agencies scramble to meet their needs while enhancing the strengths they have gained over the years. And on the coattails of these generations comes an "age wave" of Baby Boomers that will create a great shift in national priorities (Dychtwald, 1999). One expert says these four outcomes are certain:

- ◆ "More of us will live longer than any previous generation;
- ◆ The epicenter of economic and political power will shift from the young to the old;
- ◆ We will need to change our current mind set about how to spend our extra years of life; and
- ◆ How we decide to behave as elders will, in all likelihood, become the most important challenge we will face in our lives."

In the next few years, the Baby Boom generation will begin entering older adulthood, creating a new disruption in social institutions akin to what they did when they were younger: crowding hospitals, schools, and colleges, transforming markets, trends and the workplace (Dychtwald, 1999). In their later years, Boomers likely will have a similar impact on retirement, health, housing, transportation, education, community and family life (Generations Policy Initiative and the Harvard Institute for Learning in Retirement, 2004).

# Current Demographic Profile of the Older Adult Population

## Introduction

The decennial Census provides a wealth of information on the size, composition and economic and social characteristics of the older adult population. This section draws on selected findings from the 2000 Census to provide a detailed statistical portrait of Colorado's older adults. The narrative and accompanying charts summarize key findings for the state as a whole. Detailed tables with statistics for each region are included in *Appendix A: Demographic Profiles and Projections*. Where possible, information is presented for the population 60 and over and, where appropriate, contrasted with the population under 60. For some topics, findings are presented for the population 65 and over because this is the age break used in the standard Census tabulations referenced for this report.

The population of Colorado has changed in the four plus years since the Census. Between "Census Day" (April 1, 2000) and July 1, 2004 the total population is estimated to have grown by 326,942 or 7.6% while the population 60 and over has grown by 61,055 or 10.9%. Also, the state, like much of the rest of the country, has experienced an economic slowdown since the Census was taken. In general, however, the population dynamics of the younger population tend to be more volatile than those of the older population, so the portrait of Colorado's older adults drawn from the 2000 Census is likely to be valid in most respects. (The projected changes in the older adult population through 2012 are discussed in a subsequent section.)

When interpreting Census results it is helpful to keep in mind that they are based on responses by individuals to standard questions. For example, the Census asks how respondents identify themselves and other members of their household in terms of age, race, income and disability. (The questions related to this report are reproduced in *Appendix A: Demographic Profiles and Projections*.) Some questions, such as educational attainment or employment status, are asked of only a sample of the population. Their responses are inflated (or weighted) to represent the entire population. Some of the tables are only for persons living in households and exclude the "group quarters population" which includes older adults living in nursing facilities; older adults living in assisted living residences are included in the household population. When interpreting Census results it is helpful to keep in mind that they are based on responses by individuals to standard questions. For example, the Census asked how respondents identified themselves and other members of their household in terms of age, race, income and disability. Some questions, such as educational attainment or employment status, were asked of only a sample of the population. Their responses were inflated (or weighted) to represent the entire population. Some of the tables were only for persons living in households and excluded the "group quarters population" which included older adults living in nursing facilities; older adults living in assisted living residences were included in the household population. All overall population estimates and projections included those living in group quarters. The types of questions that did NOT include those in group quarters were rent/own status and household income (as technically those in group quarters did not live in a "household").

While the Census attempts to count 100% of the population, some people inevitably are missed. Overall coverage improved from the 1990 to the 2000 Census, though national undercount rates for major minority groups remained in the 2-5% range. National evaluations indicate that there may have been a small net overcount of the population 50 and over as coverage improvement efforts

may have led to double counting some individuals, such as those with second homes. Despite these limitations, the Census provides a wealth of information that contributes to an understanding of the strengths and needs of older adults in Colorado. It should be noted that figures in this chapter will be presented with a precision of one decimal place, while survey results, which due to the sampling method have a higher margin of error, are shown with less precision, and as whole percentages.

## **Size and Growth**

In 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 by Area Agency on the Aging 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 had 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. This is reflected in varying portions of each region's population that is 60 and over, as illustrated in Figure 2. In the Huerfano-Las Animas Region fully one in four residents is 60 or over while in the North Central Mountain Region less than one in ten is 60 or over. (A map of the state showing the location of the AAAs is displayed as Figure A on the page before the Table of Contents.)

**Figure 1: Older Adults (60+) by AAA Region**

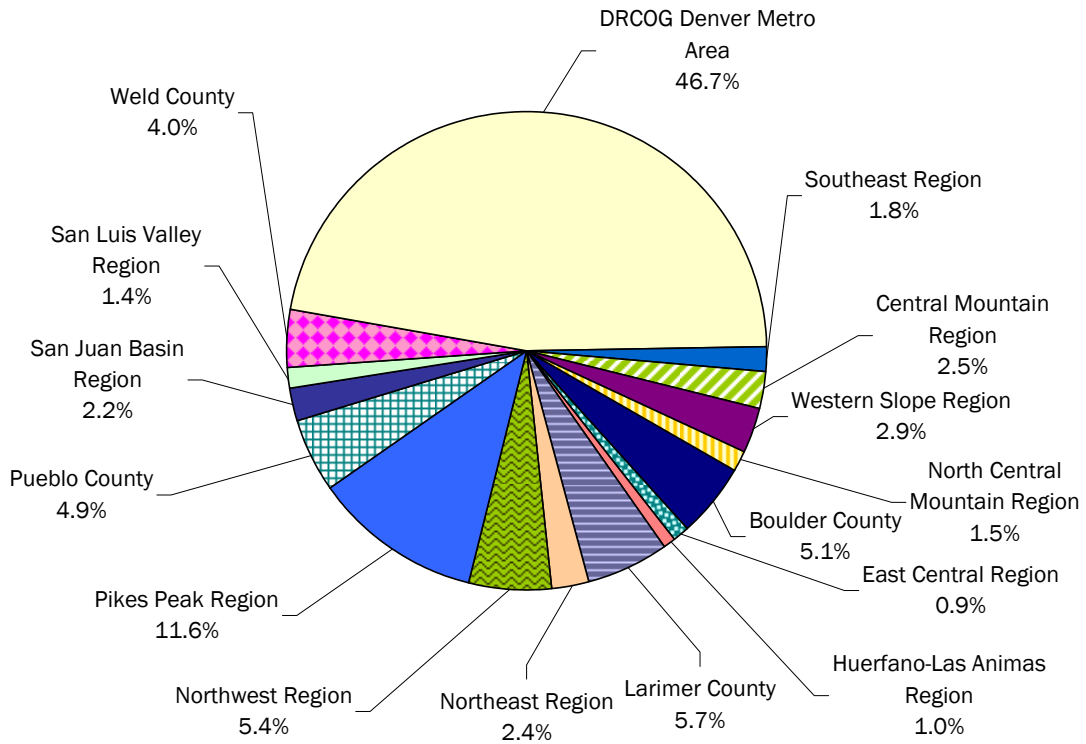
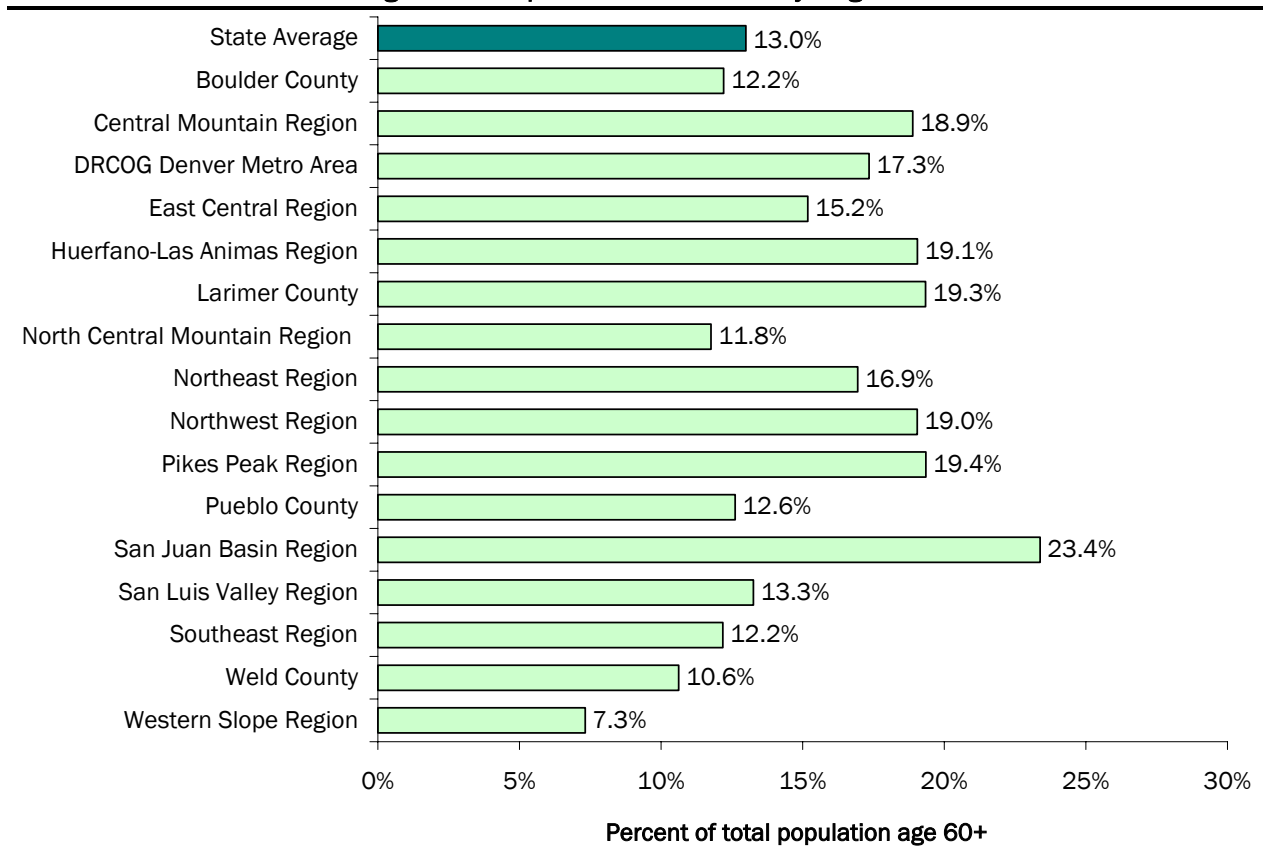


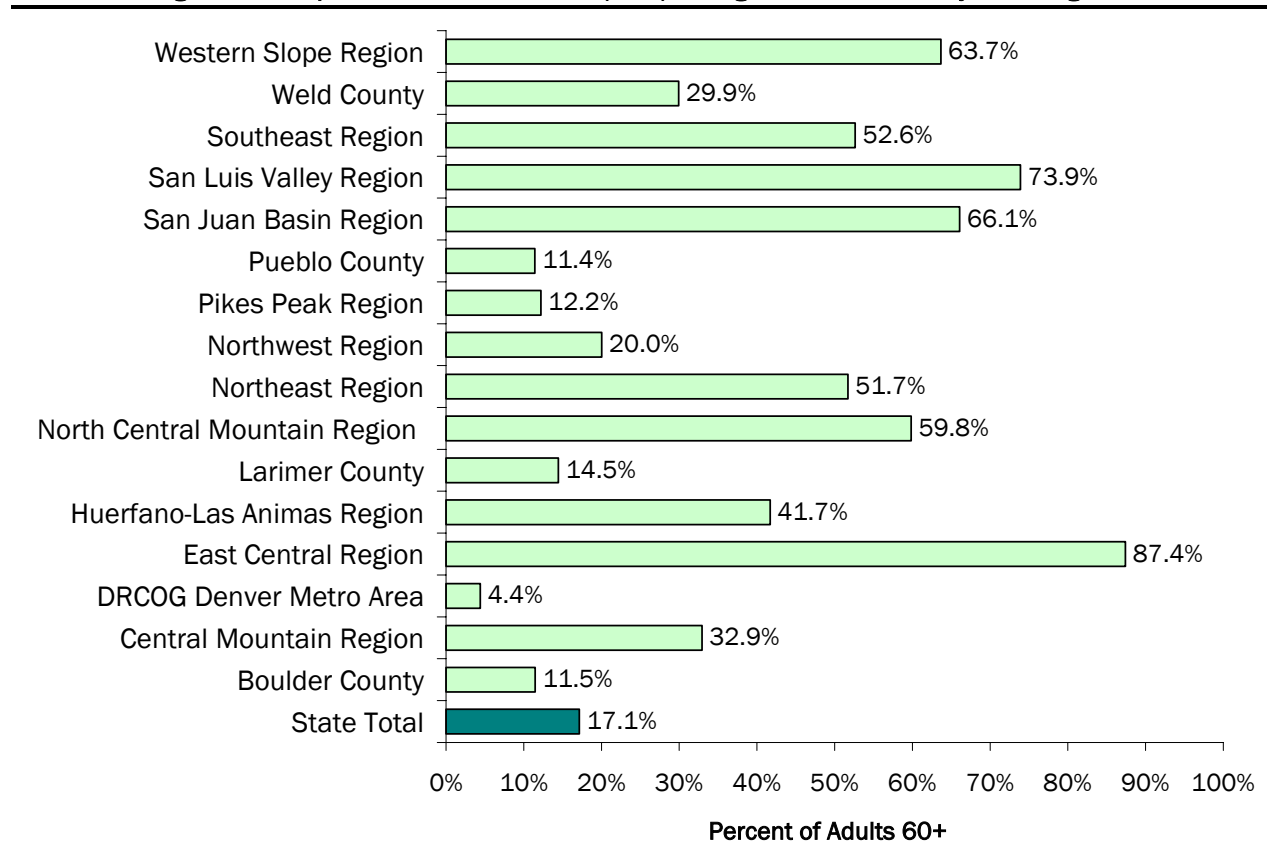
Figure 2: Proportion 60 and over by Region



## Urban/Rural

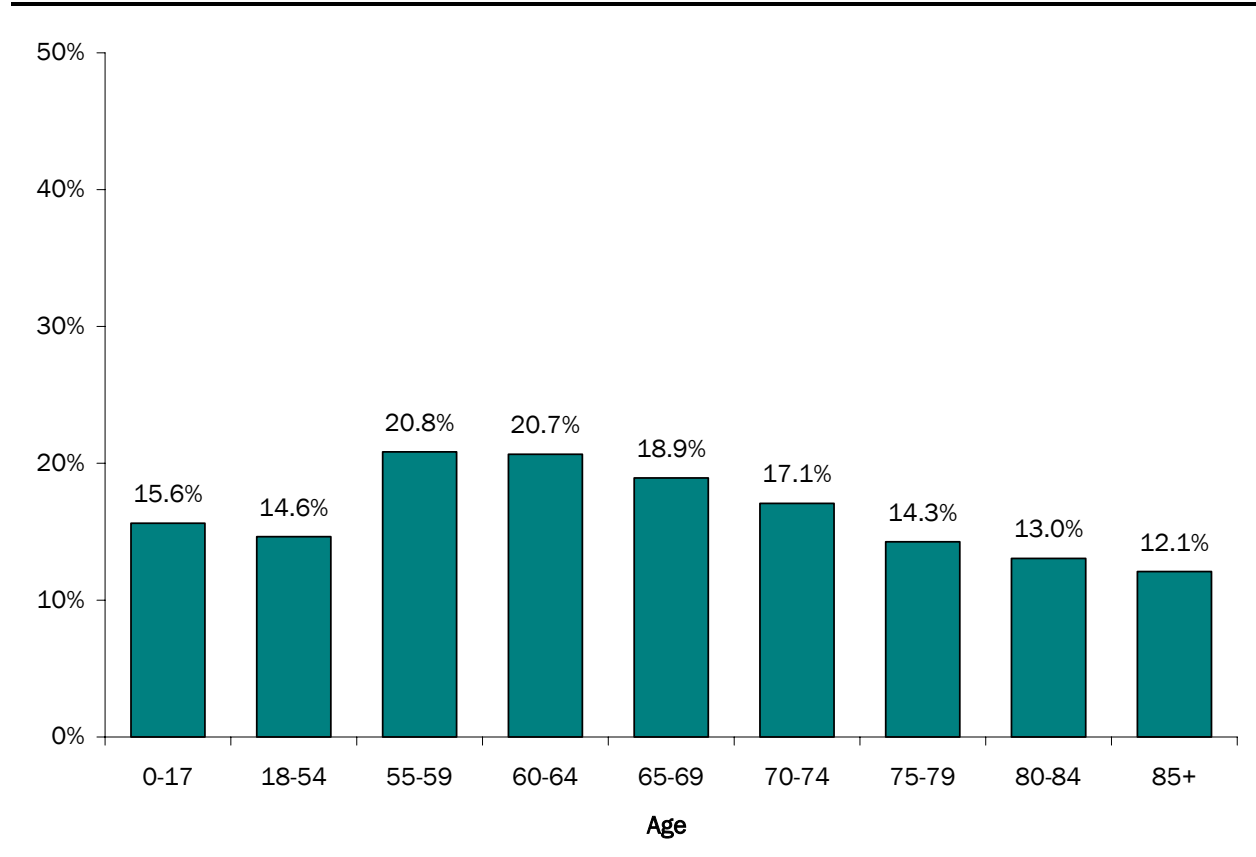
Older adults living in rural areas may experience additional barriers to receiving the services they need to remain independent in their own homes. The Census Bureau defines a rural area as, essentially, any territory that is not “urban.” While most of the land area in Colorado is rural, the vast majority of the population (84.5%) 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 17.1%, of Colorado’s older adults as “rural” in 2000. The proportion of rural older adult residents ranged from 87.4% in the East Central Region to 4.4% in the DRCOG Denver Metro Area.

**Figure 3: Proportion of Older Adults (60+) Living in Rural Areas, by AAA Region**



Using the Census definition of rural, the proportion of older adults living in rural areas declined with age, from 20.4% of those 60 to 64 years old to 12.0% 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.

**Figure 4: Proportion of Population Living in Rural Areas by Age**

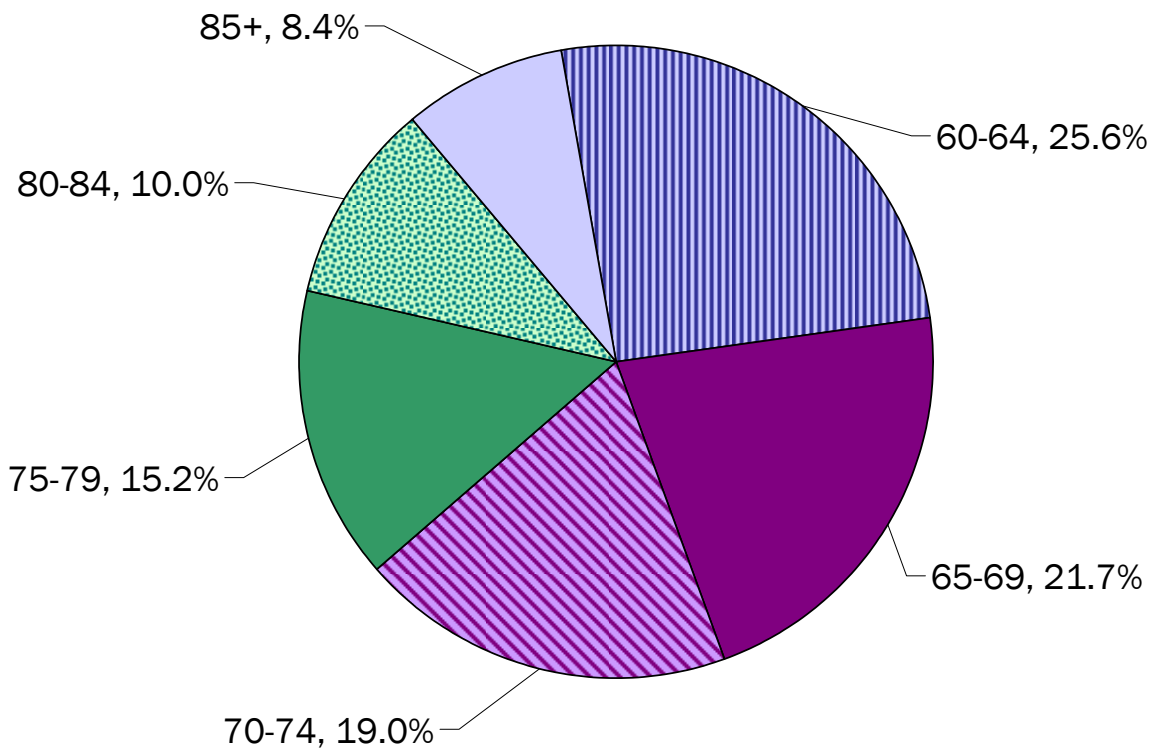




### Age and Gender:

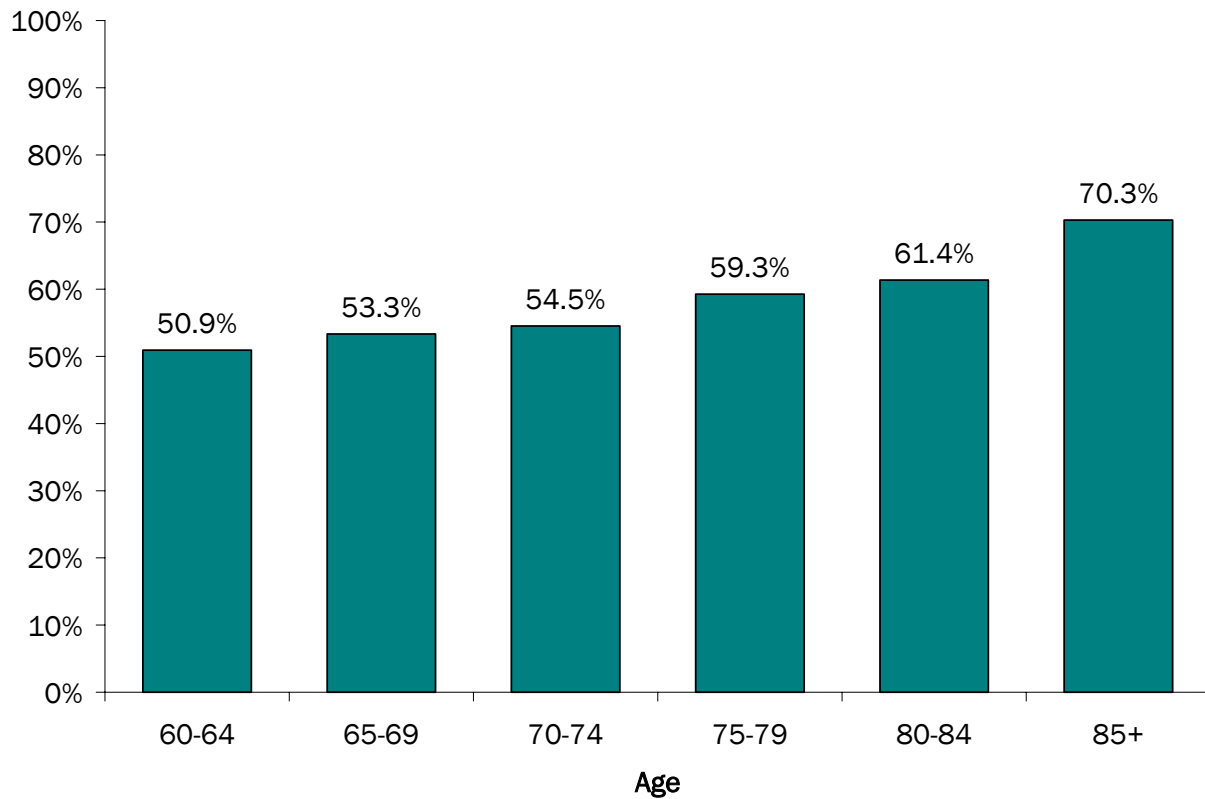
Colorado’s older adults ranged from the 140,000 in their early sixties to the nearly 50,000 who are 85 or over. (The 2000 Census counted 528 centenarians in Colorado.) In assessing the strengths and needs of the older adult population it is helpful to understand that the majority of older adults fall 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 ages 60 to 74 are considered the young-old and those age 75 and over are the old-old. Using this distinction, the young-old comprised nearly two-thirds (66.3%) of the older adult population of Colorado.

Figure 5: Older Adults by Age, 2000



Because women outlive men, older age groups have higher proportions of women. For all older adults in Colorado, women outnumbered men by 56.1% to 43.9%. In the 60 to 64 age group, women constituted a small majority of 50.9%; this majority grew to 70.3% for those ages 85 and over.

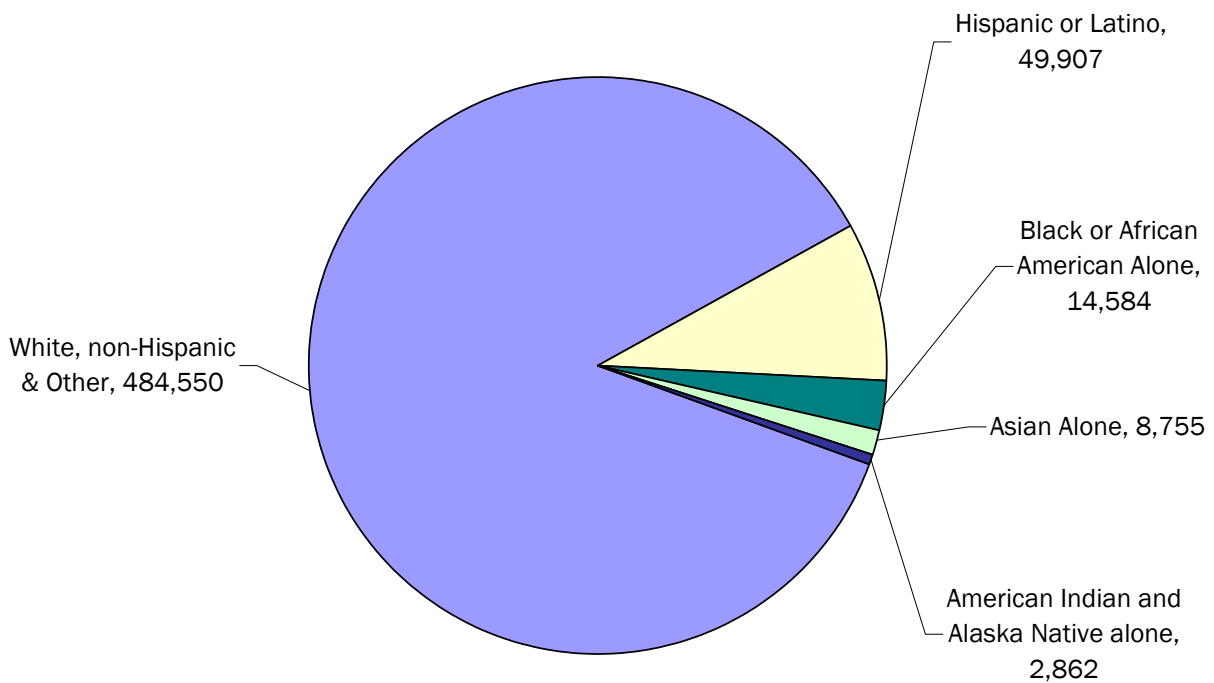
**Figure 6: Proportion of the Population That Is Female by Age, 2000**



### Race and Origin

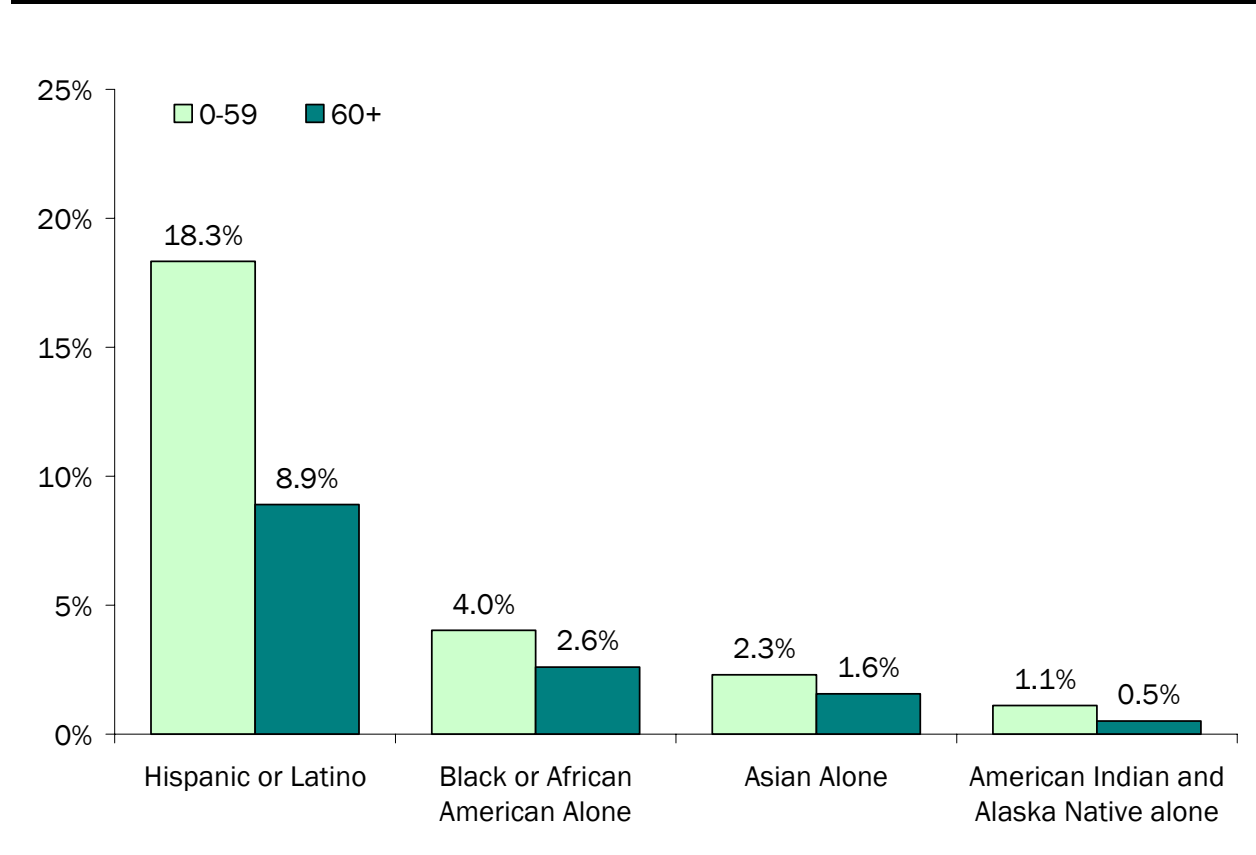
The population of Colorado is ethnically diverse. This is true for older adults, though not to the same extent as for younger persons. Using Census data to identify distinct ethnic groups is challenging because Americans identify with many different and sometimes overlapping groups, and Census tabulations do not lend themselves readily to classifying people into a small number of mutually exclusive groups. The approach taken in this report was to focus on four broad groups that accounted for most of Colorado’s minority population – Hispanics, Blacks, Asians and American Indians. The remainder was mostly people who reported their origin as not Hispanic and their race as white, though it also included a small number of people who identified with more than one race group or who were Native Hawaiian or other Pacific Islander. In 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 13.6% of the older adult population in Colorado.

Figure 7: Race and Origin Groups of Older Adults (60+)



As shown in Figure 8, the corresponding 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.

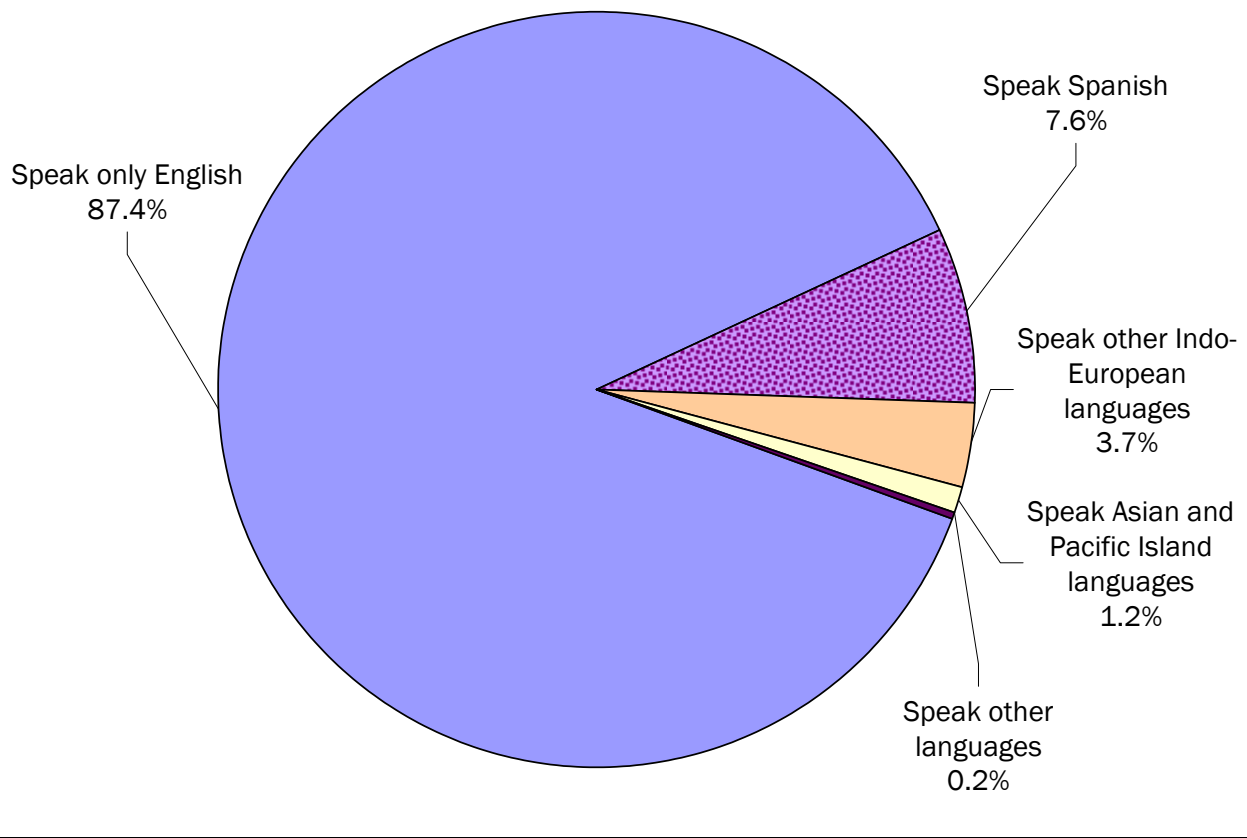
Figure 8: Minority Shares of Older Adult (60+) and Younger (0-59) Populations



### 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.” 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 those did not speak English well or at all lived in the DRCOG Denver Metro Area.

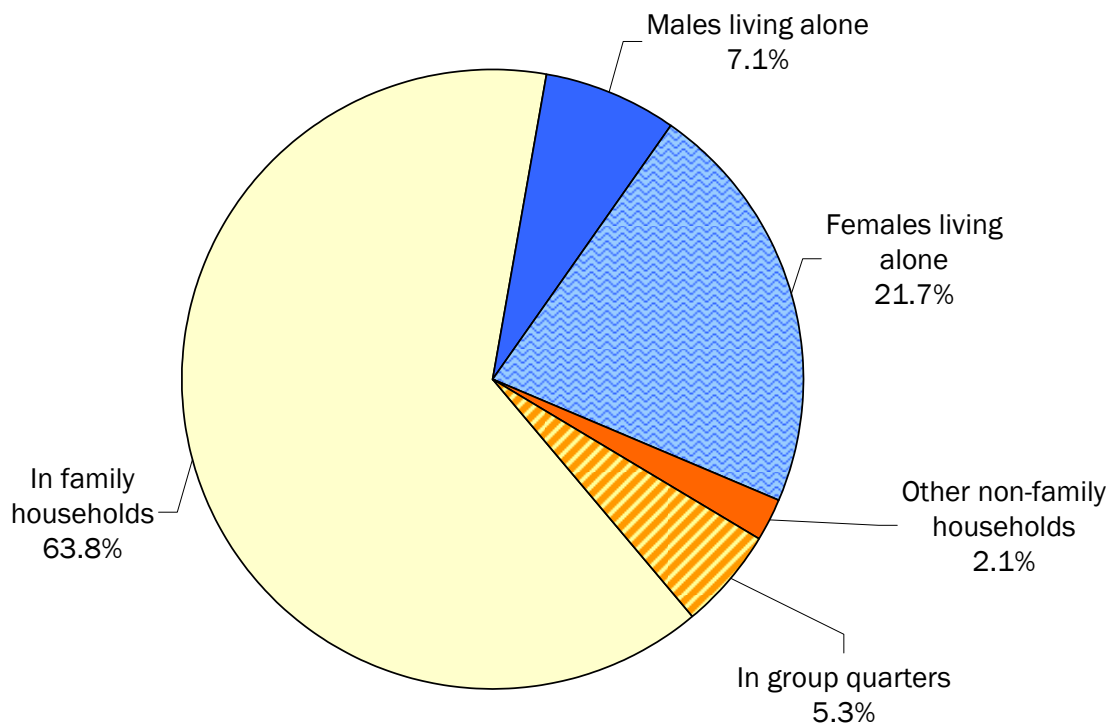
Figure 9: Language Spoken at Home by Older Adults (65+)



### Living Arrangements

Whether older adults live alone or not can have a profound effect on their ability to live independently in the community as they age. 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 classified as “group quarters,” which, for older adults, are mostly nursing facilities.

Figure 10: Living Arrangements of Older Adults (65+)

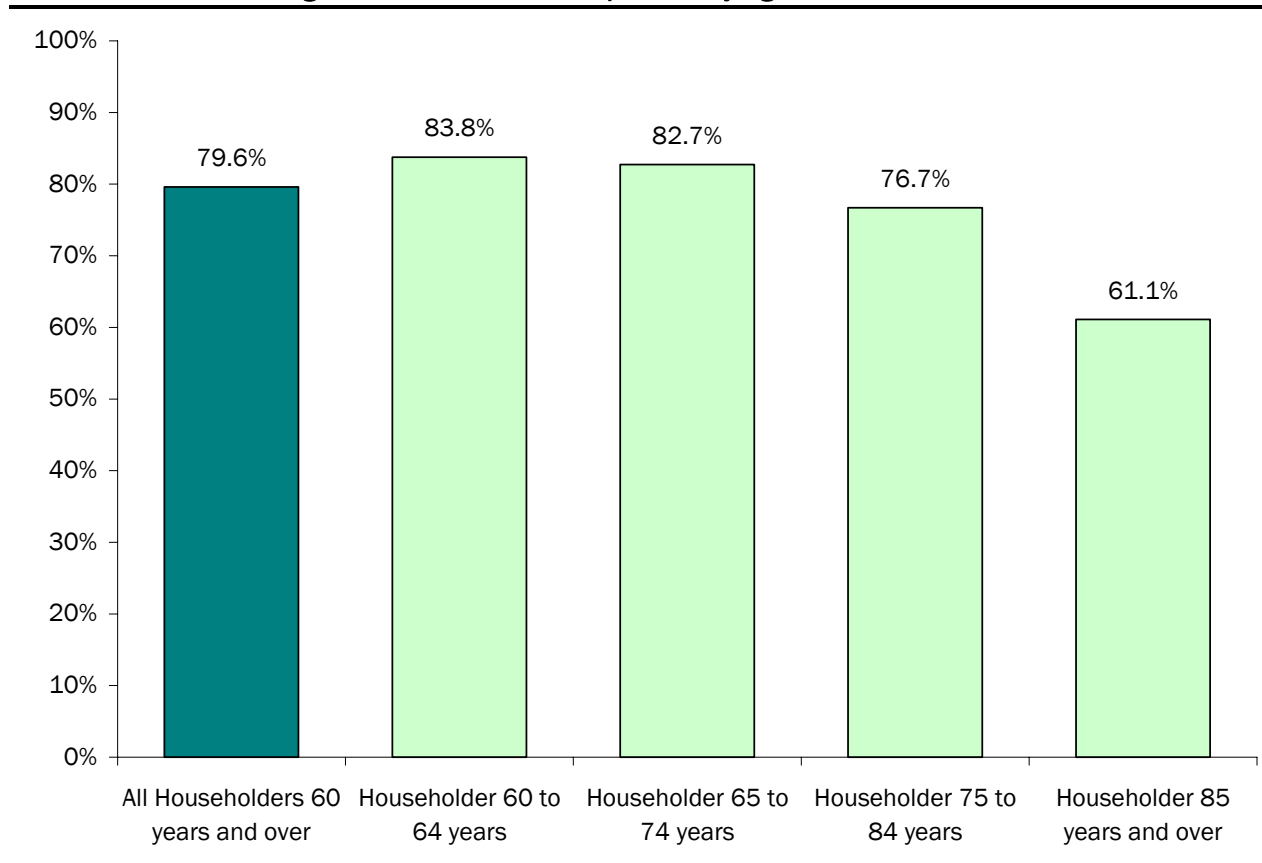


### Rent/Own Status (Tenure)

The strengths and needs of older adults who are homeowners are likely to differ from those of renters in some respects. For example, owners are responsible for some maintenance and repair activities (both indoor and outdoor) that are handled by landlords of rental units. For older adults with good health and/or adequate financial resources the “joys” and “tribulations” of homeownership may provide for many of their recreational and social needs. However, older adults, especially those who are frail, disabled or with limited financial resources, may require assistance maintaining their own homes. The types of assistance needed are likely to differ between homeowners and renters.

Nearly four out of five Colorado older adults lived in owner occupied units. However, the proportion declines with age, dropping from over 80 percent for those 60 to 75 to 61.1% for those age 85 and over. (Homeownership rates by age of householder excluded persons who lived in group quarters such as nursing facilities.)

Figure 11: Homeownership Rates by Age of Householder



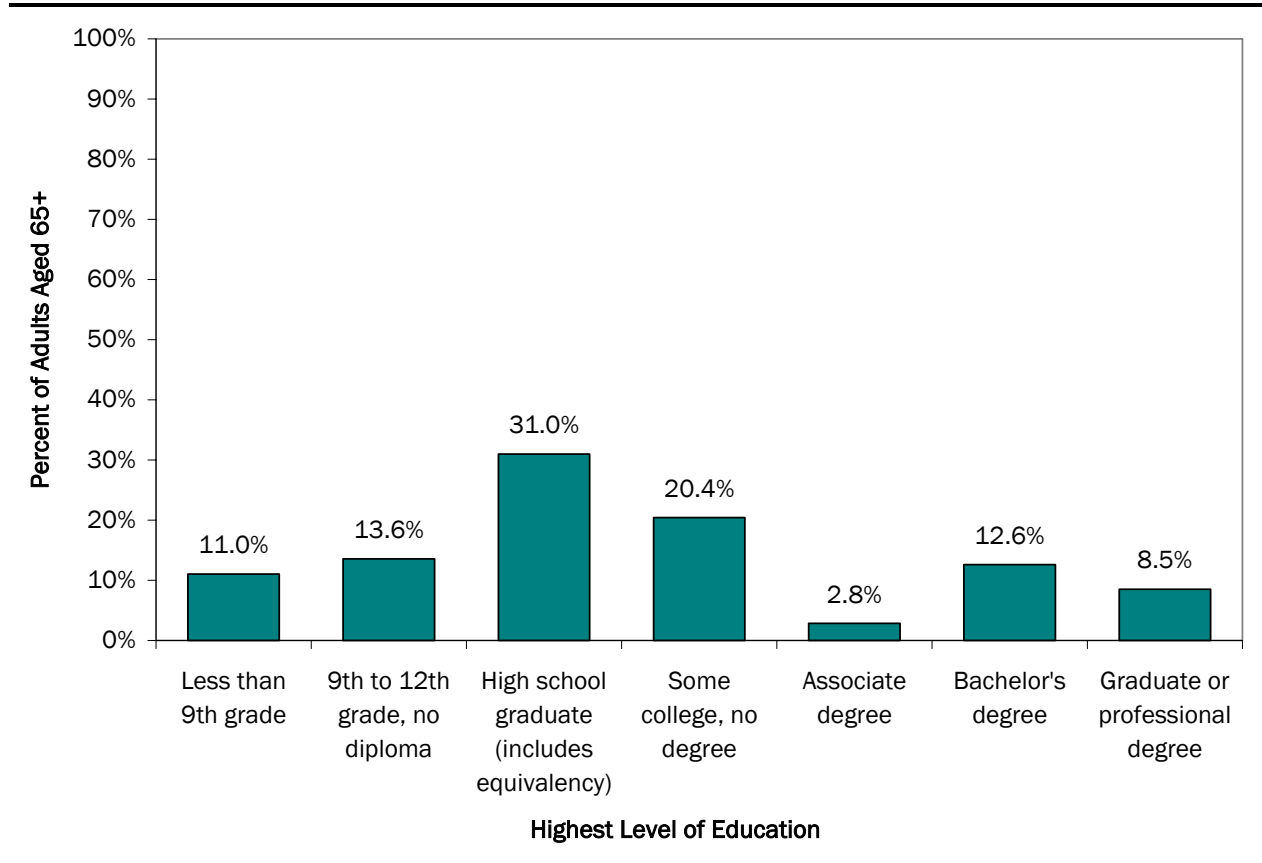
## Educational Attainment

Formal education can have an important effect on how one ages. A recent report by the National Academy on an Aging Society found:

*In addition to having higher incomes and assets, older people with more education also tend to be healthier, have fewer disabilities, later onset of chronic disease, and lower death rates. Plausible reasons are better access to and understanding of information about how to stay healthy or to obtain treatment. If the trend toward more education continues, income and health disparities among the future elderly may increase (Friedland, Summer, & Expert Working Group, 1999, p. 43).*

Approximately one in five (21.1%) of Colorado older adults held a bachelor's and/or a graduate or professional degree. Slightly more (23.2%) attended college and may have earned an associate degree. An additional 31.0% were high school graduates and the remaining 24.6% did not graduate from high school.

Figure 12: Educational Attainment of Older Adults (65+)

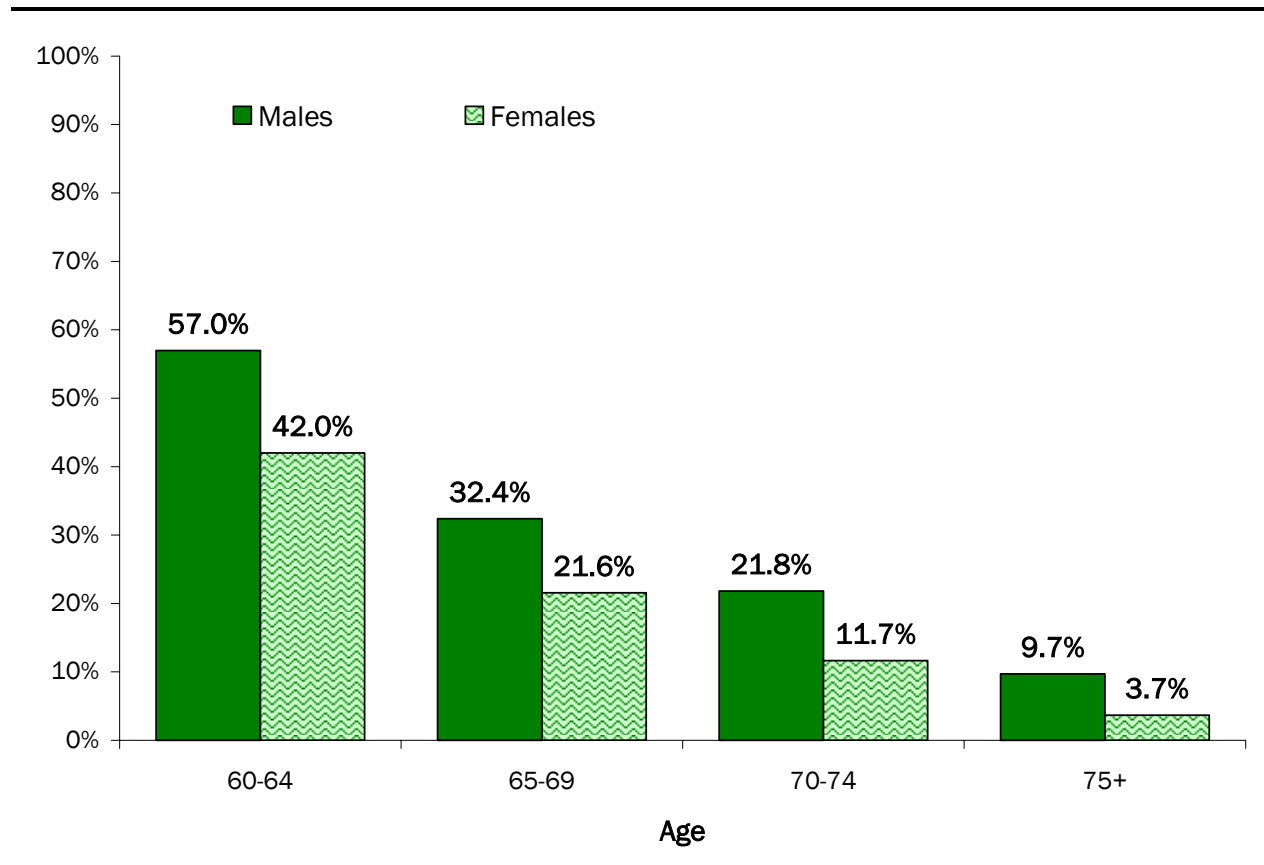




## Employment Status

Many older adults continue to work for pay. At the time of the 2000 Census, 131,338 (23.5%) 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 – 57.0% of men and 42.0% of women. In each age group a higher proportion of men than women were employed. Due to their lower levels of employment, women may experience more financial difficulties than men as they have a lower probability of having a salary or a pension from their own employment. (Standard tabulations do not distinguish between older adults who work full-time and part-time.)

Figure 13: Percent of Older Adults Who Were Employed, by Age

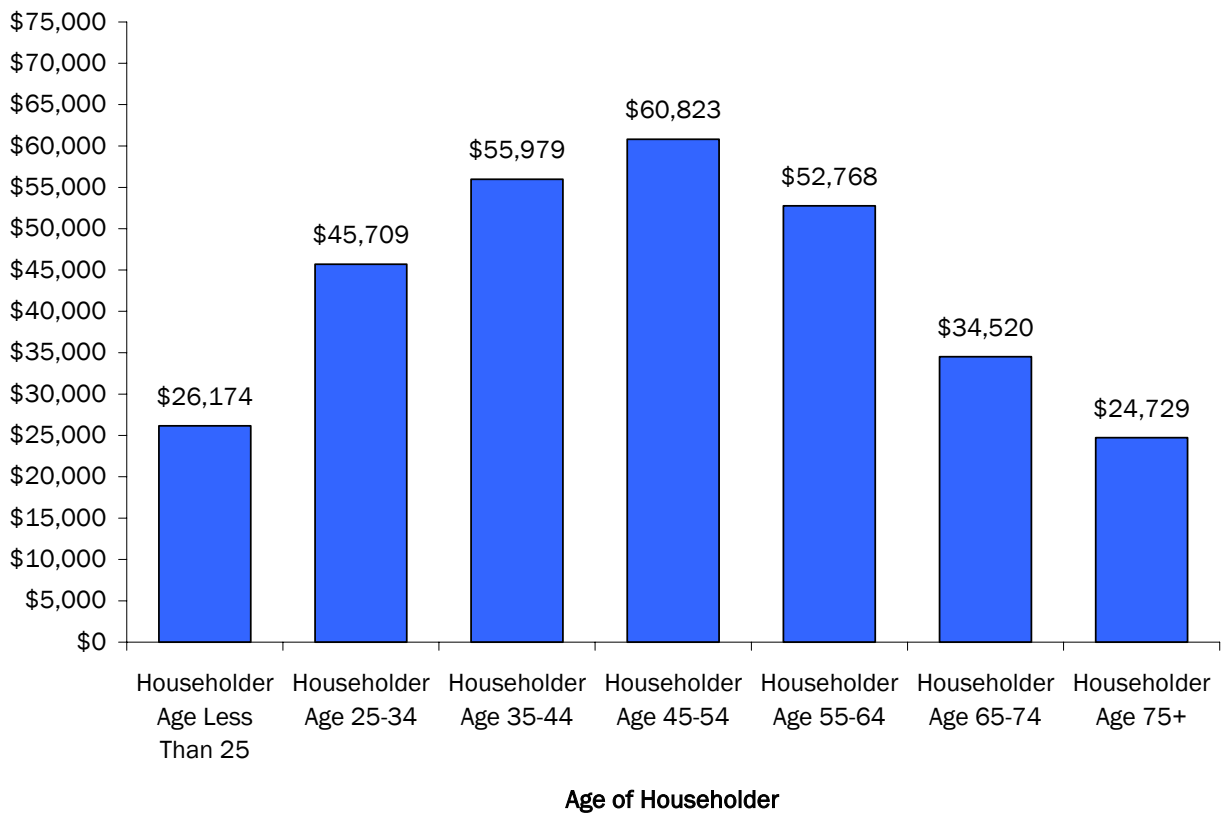


## Household Income

Income and savings or wealth are important factors in aging well. The Census asked residents about their income from a variety of sources for the calendar year prior to the Census (1999). The income from all sources (wages, social security, pensions, interest, etc.) was combined for all members of a household and tabulated by the age of householder. (The Census did not ask questions about savings or wealth, or other types of fixed assets that may contribute to the overall economic well-being of an older adult.) Figure 14 shows 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 down to only \$24,729 for the 75 and over age group. (“Median income” is the income of the “middle” household when all households in the group are ranked – half are higher and half are lower.)

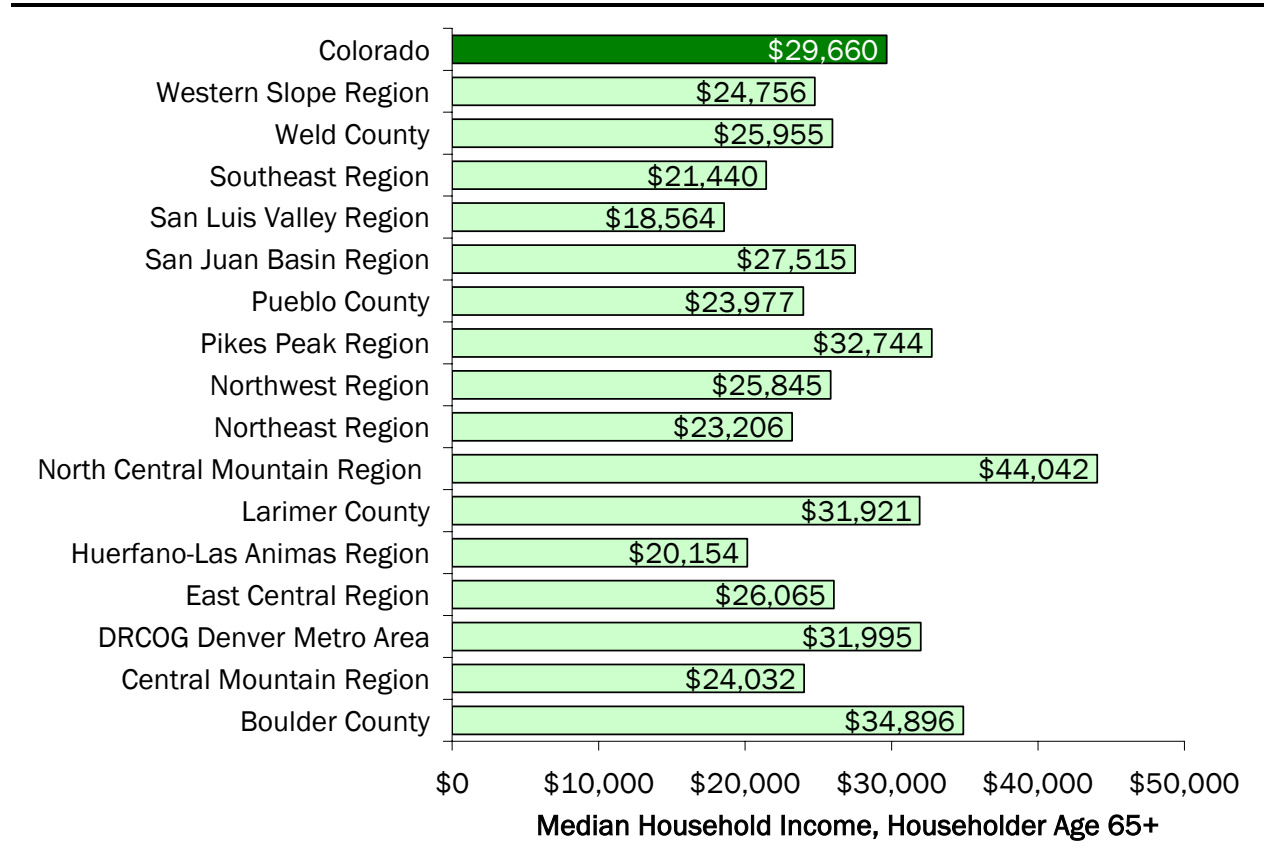
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Figure 14: Median Household Income by Age of Householder



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.

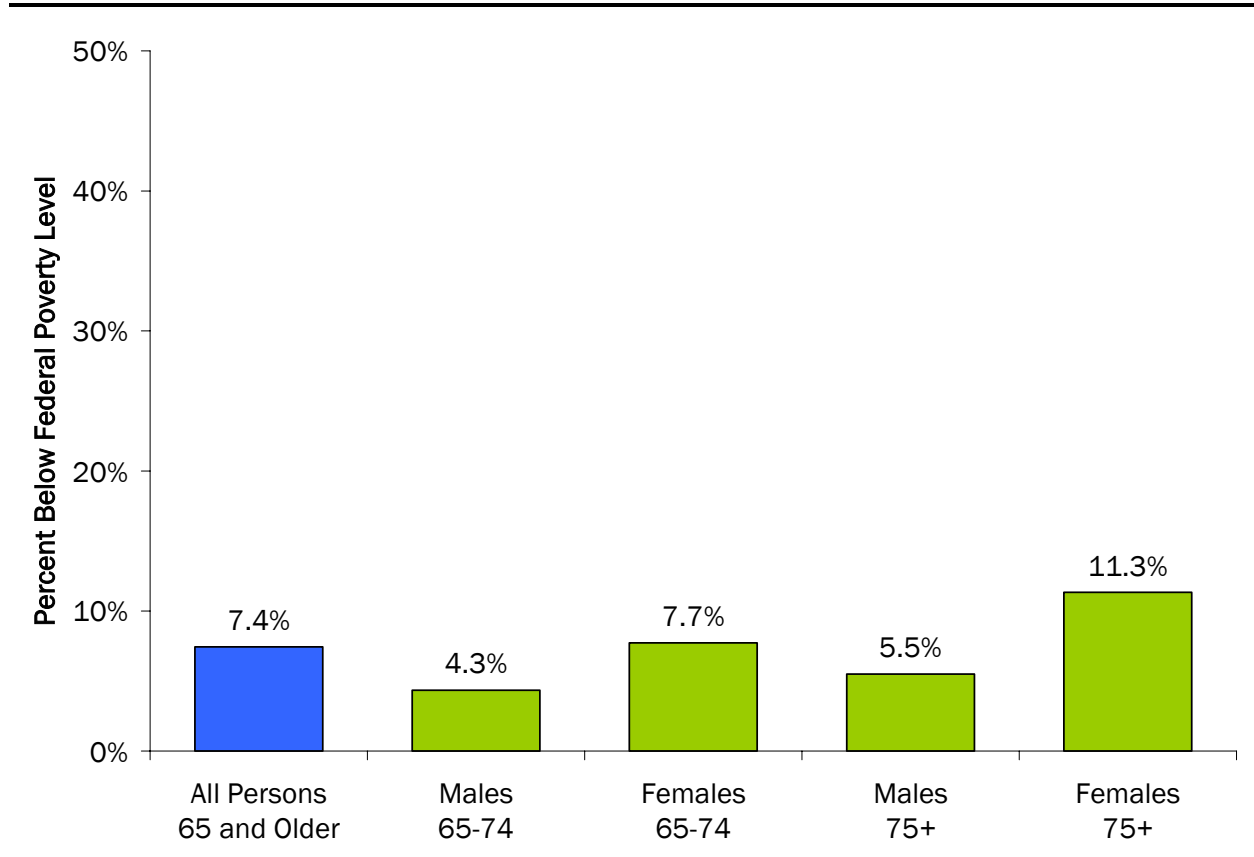
**Figure 15: Median Household Income Householders 65 and over by Region**



## Poverty Status

Another indicator of economic wellbeing is the portion 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 were substantial. The 2000 Census found nearly 30,000 older adults in Colorado below the federally designated poverty level. Nevertheless, poverty rates were lower for adults 65 and over (7.4%) than for children under 18 (12.8%) but slightly higher than for adults 18 to 64 (6.5%).

Figure 16: Percent of Older Adults (65+) Below Federal Poverty Levels



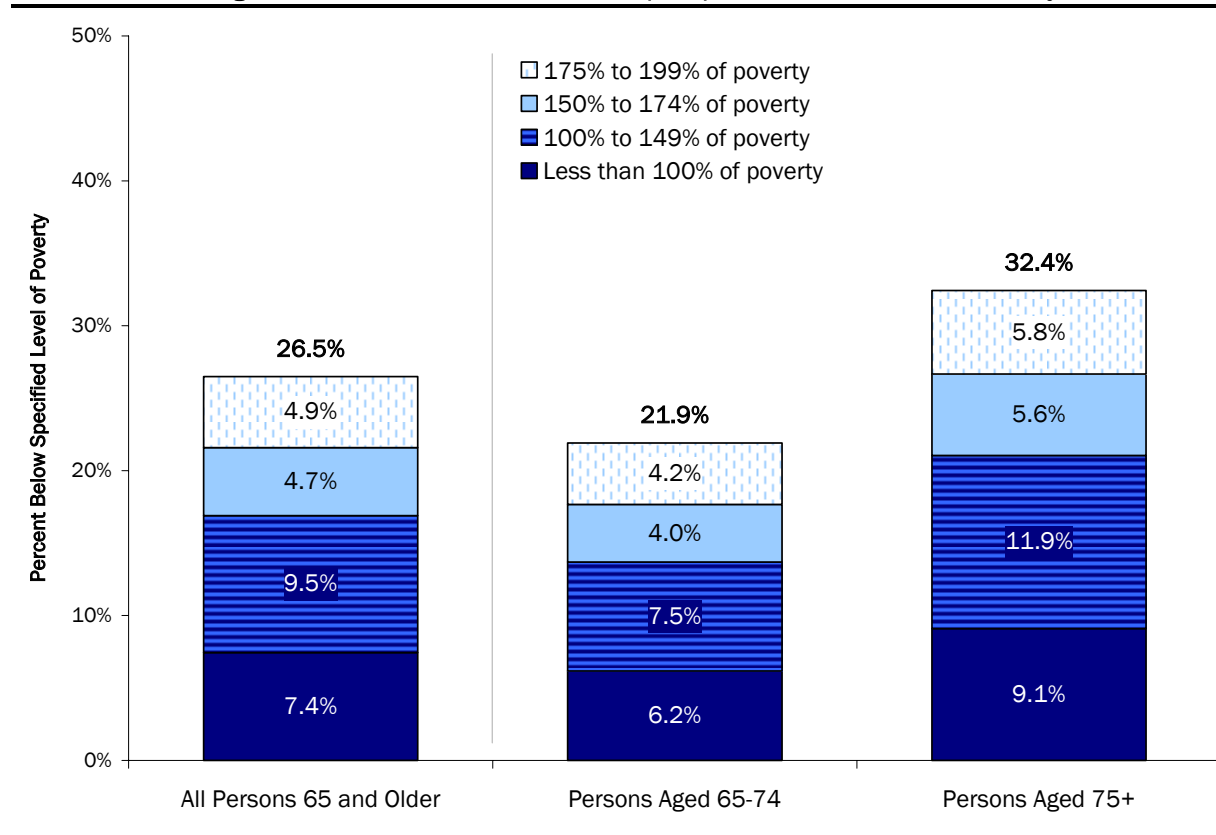
Because of the low official poverty level, information on older adults living below three multiples of the federal poverty level – 150%, 175% and 200% – have been included. For comparison, a person 65 or over living alone would exceed 200% of the federal poverty level with an annual income of

\$15,980 in 1999 (\$20,150 for two people). (The thresholds for 2003 were: \$17,650 and \$22,244, respectively.)

The data in Figure 17 show the portion of older adults in Colorado at various multiples of poverty. Thus, 16.9% of persons 65 and over had incomes below 150% of poverty and about one in four (26.4%) 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.

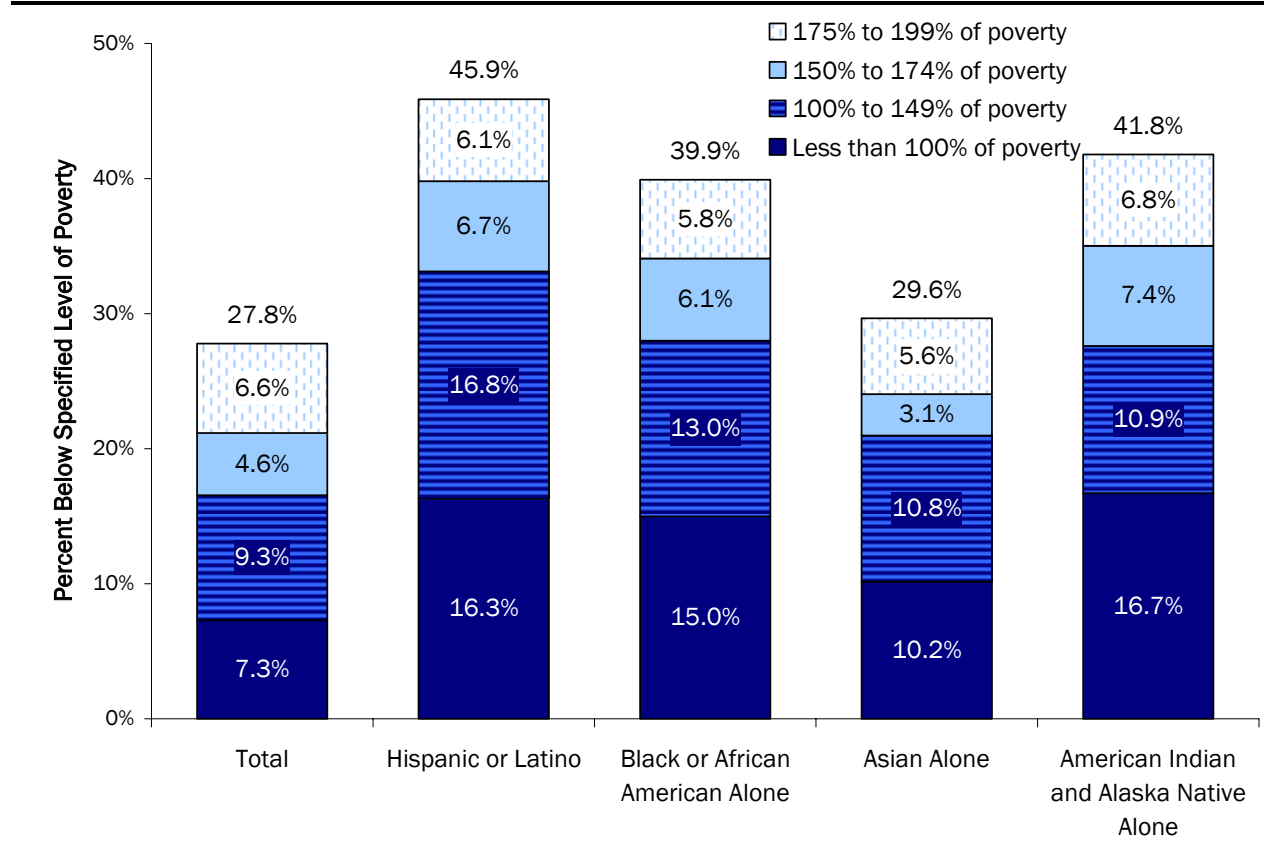
Among the various limitations of the federal poverty level is its failure to take into account regional variations in the cost of living. A recent study estimated the “self-sufficiency standard” for working families in five Colorado counties. For a single working age adult in 2004 it ranged from \$14,551 in Alamosa County to \$18,774 in Jefferson County. The self-sufficiency standard “defines the amount of income required to meet basic needs (including paying taxes) in the regular ‘marketplace’ without public or private/informal subsidies”(Colorado Fiscal Policy Institute, 2004, p. 3). While the study did not attempt to define self-sufficiency for older adults, it is unlikely that an income much below 200% of the federal poverty level would enable an older adult in most parts of Colorado to remain financially self-sufficient and pay out-of-pocket for private providers for the types of supports AAAs provide for those who develop activities of daily living (ADL) deficits.

**Figure 17: Percent of Older Adults (65+) at Various Levels of Poverty**



Poverty rates were substantially higher for minority adults 65 and over. Figure 18 shows that 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 Colorado. Poverty was only slightly more prevalent among Asian older adults than all older adults combined.

**Figure 18: Poverty Rates for Minority Older Adults (65+)**

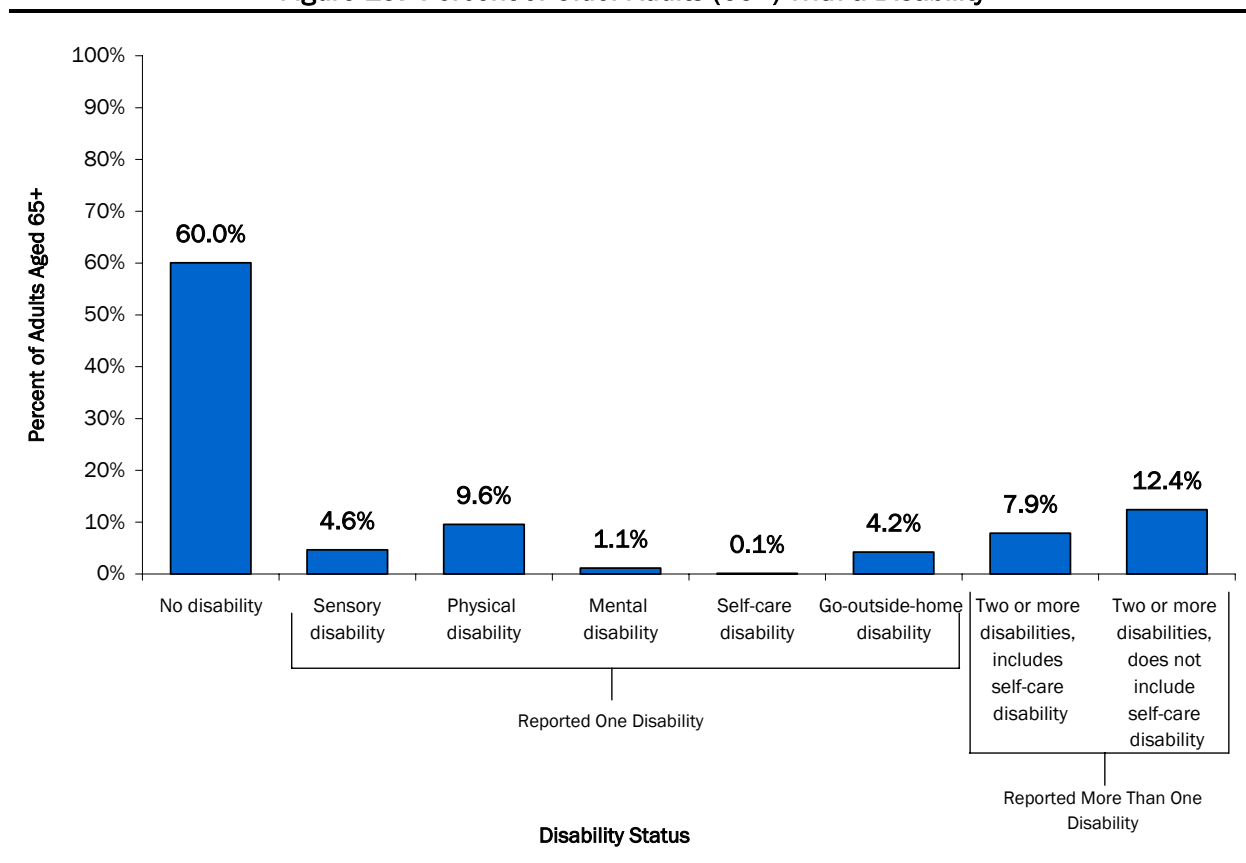


## Disability

The 2000 Census asked two questions that yield 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 had 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 determined whether a person was classified as having one or more “sensory,” “physical,” “mental” or “self-care” disabilities.

The 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.

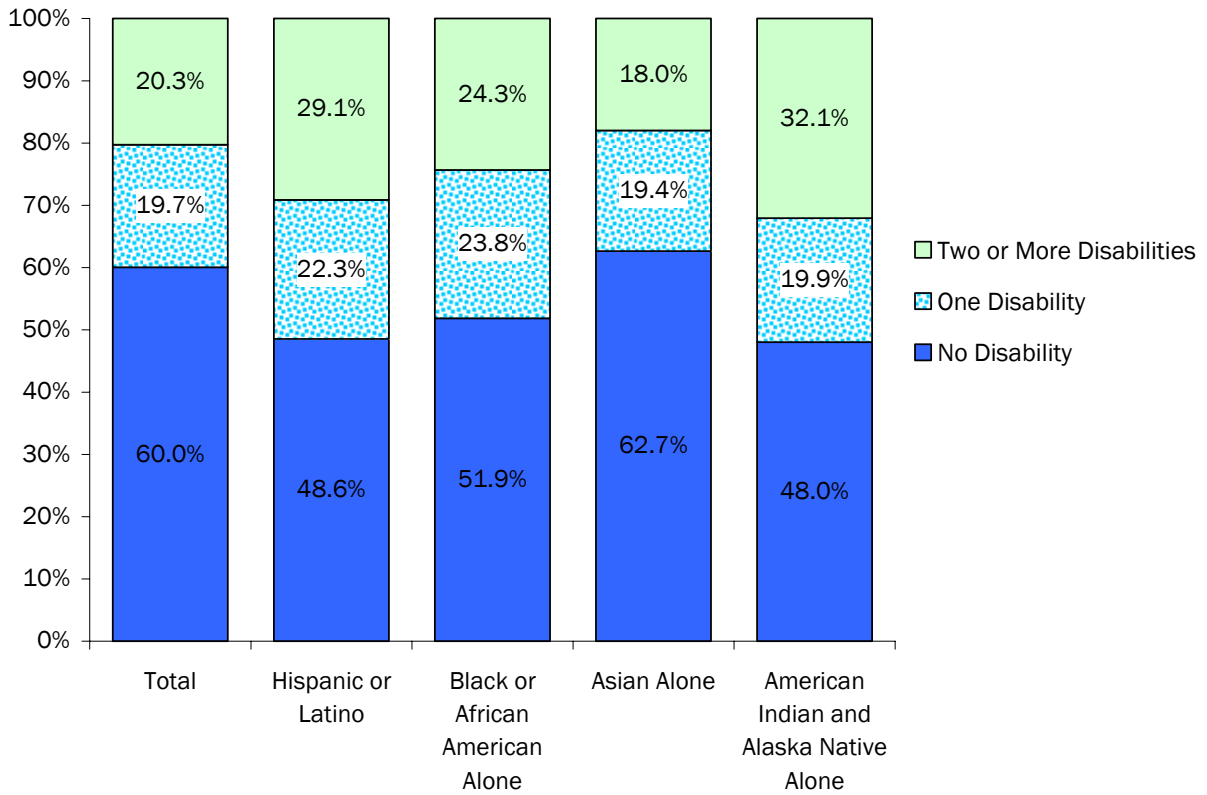
Figure 19: Percent of Older Adults (65+) With a Disability



Roughly equal portion of females and males reported a disability but females were somewhat more likely than males to have reported two or more disabilities (21.8% vs. 18.2%).

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 (51.4%), Black (48.1%) and American Indian (52.0%) older adults reported one or more disability. The proportion for Asian older adults was 37.4%.

**Figure 20: Minorities 65 and over with Zero, One or Two or More Disabilities**

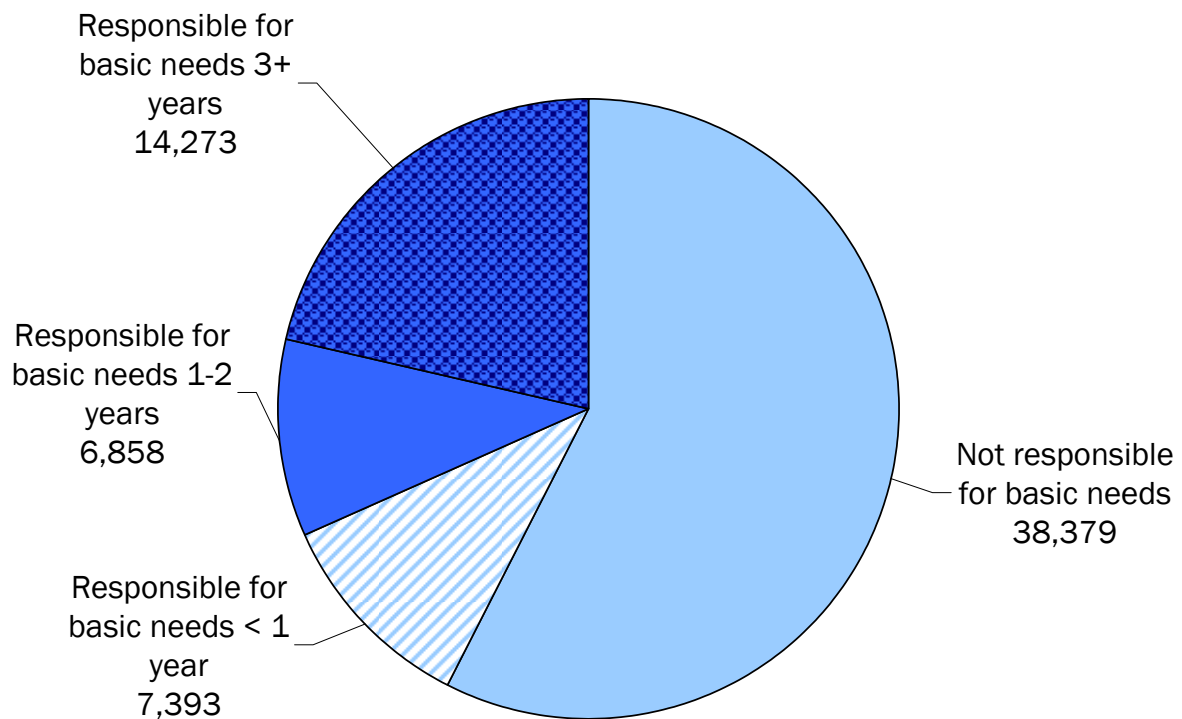




### Grandparents as Caregivers

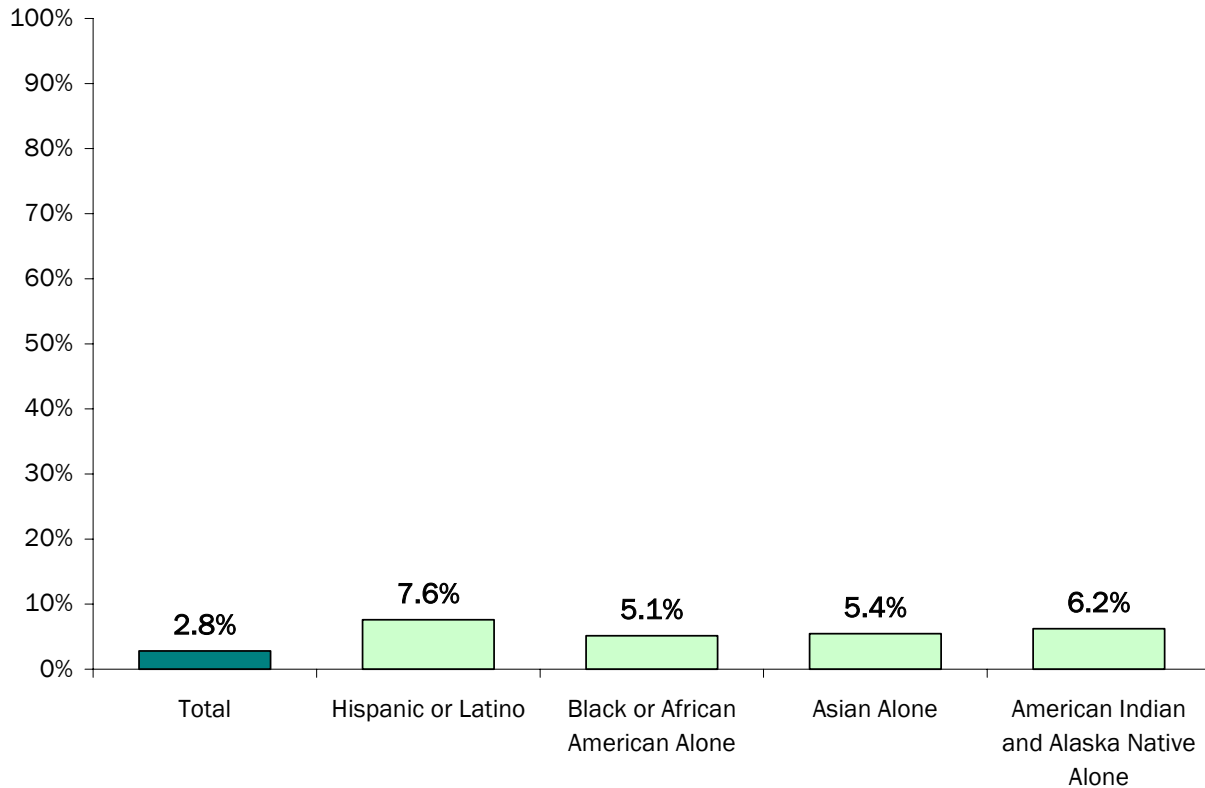
For the first time in the history of the Census, the 2000 Census asked about grandparents who live with and care for their grandchildren under the age of 18. In Colorado, there were 66,903 such grandparents and 28,524 (42.6%) were “currently responsible for most of the basic needs” of at least some of the grandchildren with whom they lived. About half of these grandparents had been responsible for a grandchild for 3 or more years. (The data on grandparents are those of any age, not just grandparents 60 and over.)

Figure 21: Number of Grandparents Who Lived with Their Grandchildren



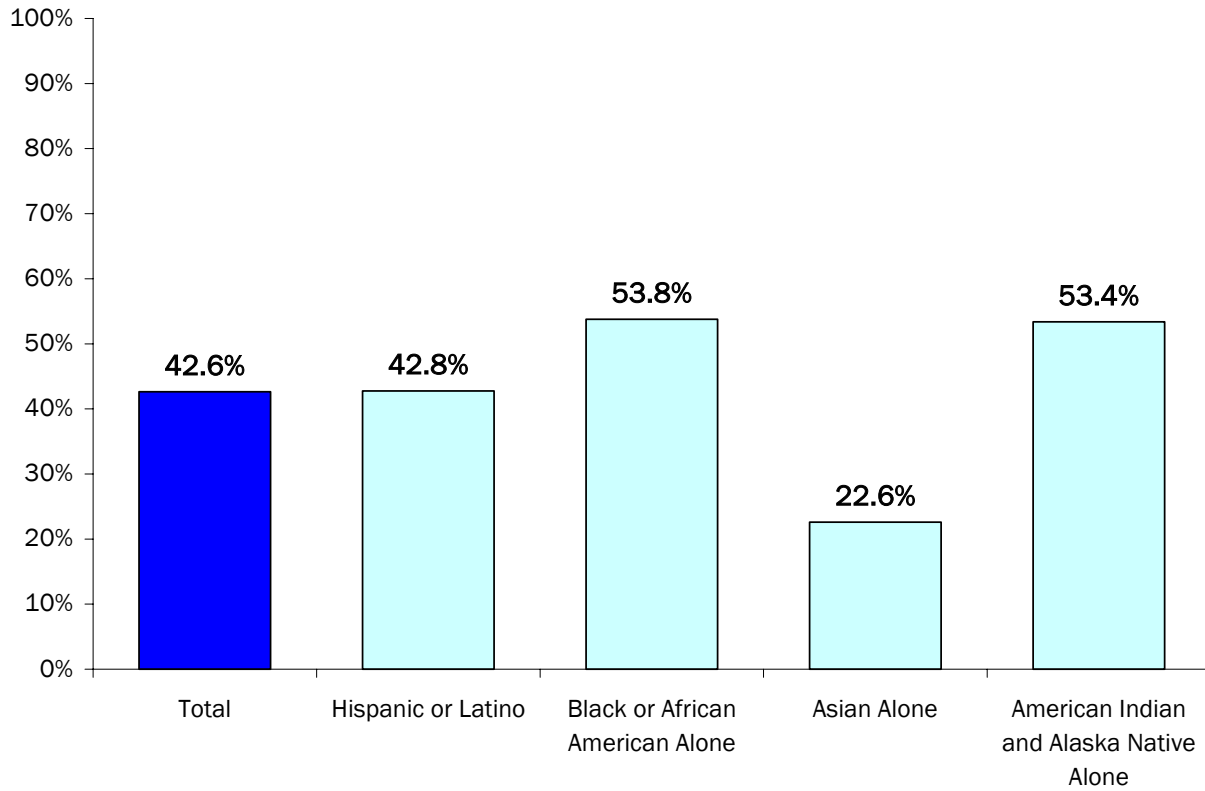
Minority grandparents were more likely to reside with their grandchildren. **Error! Reference source not found.** 22 shows that “residence rates” ranged from 5.1% for Blacks to 7.6% for Hispanics; the rate for the total population was only 2.8%.

Figure 22: Percent of Grandparents Who Lived with Own Grandchildren Under Age 18



The proportion of grandparents responsible for the grandchildren that resided with them ranged from 22.6% for Asians to 53.8% for Blacks. Thus, Blacks in Colorado were somewhat less likely to reside with their own grandchildren than other minority grandparents (see Figure 22) but those who did were more likely to have primary responsibility for their grandchildren (see Figure 23).

**Figure 23: Percent of “Residential Grandparents” Responsible for Own Grandchildren Under Age 18**



## Projections of the Older Adult Population

According to the 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%.

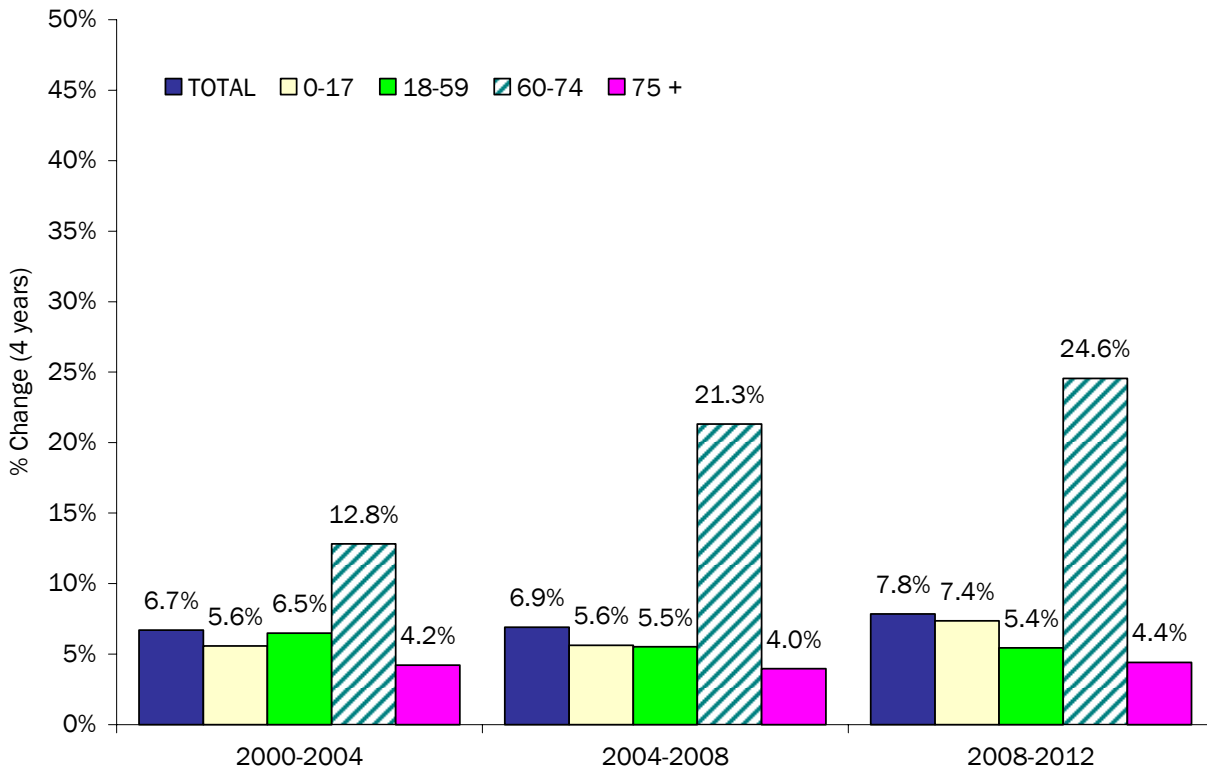
This disparity between young-old and old-old growth rates is primarily due to a "bulge" in the state's age distribution. There are now far more Coloradans in their 50's and 60's than in their 70's and 80's. For example, the 2000 Census counted nearly one and a half times as many residents in their 50's as in their 70's and nearly 80% more in their 50's than in their 60's.

Colorado's "middle-age bulge" reflects past demographic events—both the post-World War II Baby Boom and past migration trends. People born during the Baby Boom—conventionally dated from 1946 to 1964 – will begin turning 60 in 2006, though those born at the peak of the Baby Boom (1954) will not turn 60 until 2014. Thus, the full impact of the aging of the Baby Boom on the size of Colorado's older adult population will not occur for another fifteen or twenty years, well past the forecast period covered in this study (to 2012). More immediate is the impact of past migration trends on the state's age distribution. Many Coloradans who are in their fifties and sixties today were part of the wave of younger adult migrants who moved to Colorado in the 1970s and after. These past in-migrants will contribute to the surge in the numbers of young-old in the next decade.

Older adult migration is expected to have a much smaller impact on the growth of the older adult population. The Demography Office estimates that about 600 more people 60 and over are moving into the state each year than moving out. Nevertheless, certain rural areas of the state are attracting significant numbers of retiree migrants. It will be important to monitor how many of these recent migrants move elsewhere as they reach old age and how many choose to age in place.

Similarly, changes in life expectancy will have relatively little impact on the growth of the state's older adult population in the near future. Nationally, the expectation of life at age 60 (the average number of additional years of life at current mortality levels) increased from 20.9 in 1989-91 to 21.6 in 2000. The projections used in this report assume similar modest increases in life expectancy for older Coloradans. Perhaps more important are changes in "active life expectancy" the period before which one's activities become seriously limited by physical and mental disabilities. Expected improvements in active life expectancy, while hard to quantify, are likely to more than offset the need for AAA services generated by greater longevity.

Figure 24: Population Change, Total and Major Age Groups, 2000 – 2012

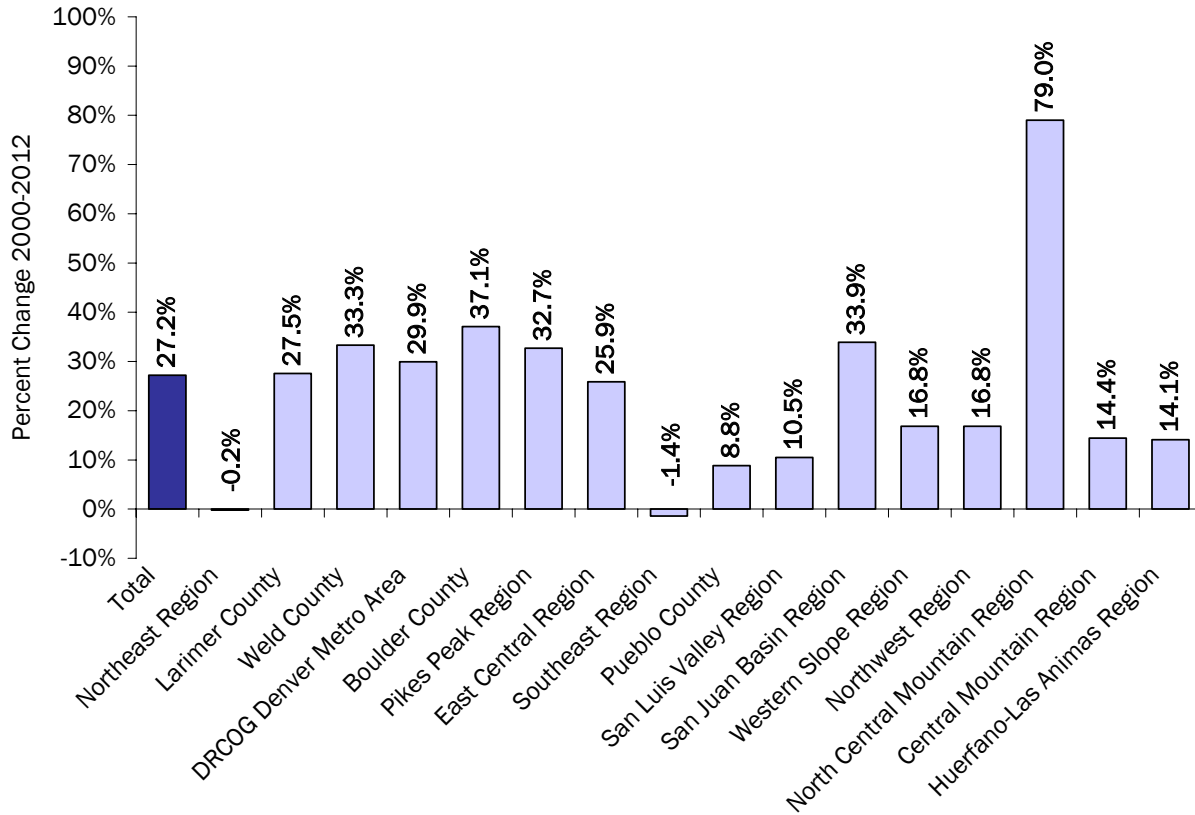


These expected trends in Colorado’s older adult population have some interesting implications regarding the strengths and needs of older adults. First, because their numbers are increasing more rapidly than for the younger population (0-59), the older adult share of the total population will increase – 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 is likely to 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. (A map of the state showing the location of the AAAs is displayed as Figure A on the page before the Table of Contents.)

**Figure 25: Projected Change in Older Adult Population, 2000 – 2012**



# Strengths and Needs of Older Adults

## Overview

When a person is doing well, there are fewer needs, real or imagined. But even those who are getting by just fine have worries, problems and areas of struggle that diminish their quality of life. It is said that strengths are merely one side of the quality of life coin. Turn the coin and you have a need. And a coin is a good metaphor for the currency of quality of life because, although friends and family can do some things as volunteers, intensive services to build strengths and prevent needs are not free; nor are services to help mitigate needs once needs develop. Many older adults have escaped depression, hospitalization, falls, illness and other typical consequences of aging or even if they have suffered setbacks, the way they confront their setbacks may inoculate them from diminished quality of life. It would benefit policy makers and service providers to understand what kinds of attitudes and activities correlate with this kind of success among people age 60 and older. At the same time, it is important to understand what kinds of help and what magnitude of help is and will be needed to assist older adults who are less fortunate.

## The Challenges of Everyday Life for Older Adults

Older adults, more than others, face difficulties with aspects of everyday life. For many older adults these difficulties vastly exceed the minor physical pains, situations of social awkwardness or small losses of function that characterize almost everyone's circumstances after a certain age. Many older adults face hardships that create barriers to a quality life. The areas where older adults face the largest share of life's challenges include caregiving, health and mental health, in-home support, nutrition and food security and transportation.

## Problems Faced by Older Adults

Those responding to the survey were presented with a list of 16 problems that might face older adults and asked whether each was a "major" problem, a "minor" problem or "no problem" for them in the past 12 months.

Physical health was cited as the most problematic category for 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%).

Table 1: Problems Faced

Thinking back over the last 12 months, how much of a problem has each of the following been for you?	Percent of respondents			
	Major problem	Minor problem	No problem	Total
Your physical health	13%	32%	55%	100%
Affording the medications you need	11%	17%	72%	100%
Having financial problems	7%	17%	76%	100%
Feeling depressed	4%	17%	78%	100%
Performing everyday activities such as walking, bathing or getting in and out of a chair	5%	14%	81%	100%
Feeling lonely, sad or isolated	4%	14%	82%	100%
Having too few activities or feeling bored	3%	14%	83%	100%
Getting the health care you need	6%	11%	84%	100%
Providing care for another person	5%	9%	86%	100%
Being financially exploited	4%	8%	88%	100%
Dealing with legal issues	3%	9%	88%	100%
Having inadequate transportation	3%	6%	90%	100%
Having housing suited to your needs	2%	4%	94%	100%
Having enough food to eat	1%	4%	95%	100%
Being a victim of crime	2%	4%	95%	100%
Being physically or emotionally abused	1%	2%	97%	100%

### **Problems Compared by Respondent Characteristics**

Responses to the 16 potential problems were compared by respondent characteristics, including region of residence, gender and age, ethnicity, race, housing tenure, size of household, income, education and physical limitation.

Among the differences found were the following:

- ◆ For 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.

Details regarding the differences among subgroups can be found in Table 2.



**Table 2: Problems Faced: Comparisons by Respondent Characteristics**

Problems Faced: Comparisons by Respondent Characteristics

	Percent "major" or "minor" problem															
	Physical health	Medications	Financial problems	Depression	Everyday activities	Loneliness	Boredom	Health care	Caregiving	Being financially exploited	Legal issues	Transportation	Housing	Food	Victim of crime	Physical/emotional abuse
Northeast Region	55%	41%	34%	21%	23%	16%	15%	17%	16%	17%	10%	8%	4%	8%	4%	2%
Larimer County	40%	29%	20%	18%	16%	15%	16%	12%	8%	8%	10%	7%	4%	2%	5%	3%
Weld County	53%	30%	27%	27%	23%	22%	22%	16%	13%	13%	12%	10%	8%	6%	6%	3%
DRCOG Denver Metro Area	44%	27%	24%	22%	18%	17%	18%	16%	16%	12%	12%	10%	6%	5%	6%	3%
Boulder County	44%	24%	23%	21%	18%	19%	14%	14%	12%	10%	10%	9%	6%	3%	4%	3%
Pikes Peak Region	43%	23%	22%	23%	20%	19%	20%	16%	10%	12%	12%	10%	6%	4%	4%	2%
East Central Region	51%	38%	33%	29%	25%	24%	17%	21%	15%	15%	15%	13%	6%	5%	4%	5%
Southeast Region	48%	32%	25%	20%	23%	19%	15%	16%	11%	14%	13%	13%	5%	4%	8%	5%
Pueblo County	47%	32%	22%	26%	20%	20%	20%	17%	15%	11%	10%	10%	5%	5%	8%	5%
San Luis Valley Region	52%	34%	34%	25%	27%	21%	18%	27%	13%	14%	15%	14%	8%	4%	2%	4%
San Juan Basin Region	46%	31%	24%	22%	19%	17%	18%	24%	15%	17%	12%	13%	9%	9%	6%	4%
Western Slope Region	49%	28%	27%	22%	18%	18%	15%	21%	11%	11%	10%	6%	6%	4%	2%	1%
Northwest Region	43%	28%	22%	16%	16%	19%	8%	18%	16%	13%	15%	8%	4%	5%	4%	3%
North Central Mountain Region	34%	24%	20%	17%	17%	15%	11%	19%	13%	13%	13%	6%	6%	5%	3%	1%
Central Mountain Region	51%	34%	31%	22%	22%	22%	26%	19%	14%	14%	11%	7%	5%	4%	4%	2%
Huerfano-Las Animas Region	51%	35%	33%	24%	28%	21%	20%	22%	14%	16%	13%	13%	7%	7%	5%	5%
Overall	45%	28%	24%	22%	19%	18%	17%	16%	14%	12%	12%	10%	6%	5%	5%	3%

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

September 2004

## Problems Faced: Comparisons by Respondent Characteristics

### Percent "major" or "minor" problem

	Physical health	Medications	Financial problems	Depression	Everyday activities	Loneliness	Boredom	Health care	Caregiving	Being financially exploited	Legal issues	Transportation	Housing	Food	Victim of crime	Physical/emotional abuse
Males 60-74	38%	26%	23%	17%	15%	12%	15%	17%	14%	11%	12%	6%	5%	4%	6%	3%
Males 75-84	48%	28%	21%	18%	24%	18%	18%	15%	15%	15%	12%	8%	5%	3%	5%	2%
Males 85+	55%	20%	19%	26%	29%	20%	28%	10%	11%	8%	8%	3%	5%	2%	6%	5%
Females 60-74	45%	32%	30%	27%	18%	21%	19%	19%	16%	12%	13%	10%	8%	7%	5%	4%
Females 75-84	51%	25%	19%	22%	21%	22%	16%	12%	11%	11%	8%	13%	5%	3%	4%	1%
Females 85+	54%	23%	16%	21%	32%	21%	18%	15%	8%	10%	12%	24%	2%	5%	4%	2%
Overall	45%	28%	24%	22%	19%	18%	17%	16%	14%	12%	12%	10%	6%	5%	5%	3%
Hispanic	48%	37%	32%	26%	26%	21%	23%	22%	15%	19%	13%	15%	11%	10%	9%	7%
Not Hispanic	45%	27%	24%	21%	18%	18%	17%	16%	14%	11%	11%	9%	5%	4%	5%	3%
Overall	45%	28%	24%	22%	19%	18%	17%	16%	14%	12%	12%	10%	6%	5%	5%	3%
White	45%	28%	24%	21%	19%	18%	17%	16%	14%	11%	11%	9%	5%	5%	5%	3%
Not white	49%	29%	31%	25%	23%	22%	21%	19%	14%	20%	13%	13%	10%	8%	7%	6%
Overall	45%	28%	24%	22%	19%	18%	17%	16%	14%	12%	12%	10%	6%	5%	5%	3%
Rent	58%	37%	39%	32%	26%	29%	27%	20%	13%	16%	14%	19%	13%	12%	6%	6%
Own	42%	26%	21%	19%	17%	15%	15%	15%	14%	11%	11%	7%	4%	3%	5%	2%
Overall	45%	28%	24%	22%	19%	18%	17%	16%	14%	12%	12%	9%	6%	5%	5%	3%

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

September 2004

## Problems Faced: Comparisons by Respondent Characteristics

### Percent "major" or "minor" problem

	Physical health	Medications	Financial problems	Depression	Everyday activities	Loneliness	Boredom	Health care	Caregiving	Being financially exploited	Legal issues	Transportation	Housing	Food	Victim of crime	Physical/emotional abuse
Lives alone	50%	28%	28%	28%	22%	29%	22%	17%	8%	13%	13%	15%	7%	7%	5%	3%
Lives with others	42%	27%	22%	18%	17%	12%	15%	16%	17%	11%	11%	7%	5%	4%	5%	3%
Overall	45%	28%	24%	22%	19%	18%	17%	16%	14%	12%	12%	10%	6%	5%	5%	3%
Less than \$15,000	67%	45%	49%	36%	36%	34%	29%	29%	14%	24%	18%	27%	14%	16%	6%	6%
\$15,000 to less than \$30,000	54%	40%	34%	26%	22%	23%	23%	20%	16%	16%	13%	10%	8%	6%	6%	4%
\$30,000 or more	37%	20%	17%	16%	14%	12%	12%	13%	15%	8%	10%	4%	3%	2%	5%	2%
Overall	45%	28%	24%	22%	19%	18%	17%	16%	14%	12%	12%	10%	6%	5%	5%	3%
High School or less	51%	32%	29%	25%	24%	21%	21%	18%	15%	15%	11%	12%	8%	6%	5%	4%
Some college or more	42%	26%	22%	20%	17%	16%	16%	16%	14%	10%	12%	8%	5%	4%	6%	3%
Overall	45%	28%	24%	22%	19%	18%	17%	16%	14%	12%	12%	10%	6%	5%	5%	3%
Limited physically	80%	44%	39%	37%	48%	30%	31%	26%	17%	19%	20%	20%	12%	10%	8%	5%
Not limited	31%	22%	19%	16%	7%	13%	12%	12%	13%	9%	8%	6%	4%	3%	4%	2%
Overall	45%	28%	24%	22%	19%	18%	17%	16%	14%	12%	12%	10%	6%	5%	5%	3%

**Number of Older Adults with Problems in the State**

The survey data were used to estimate the prevalence of each problem across the state of Colorado. The numbers in the table below are based on the total number of residents 60 years and older living in the state according to the Colorado State Department of Local Affairs, which was 619,973. As mentioned before, these numbers are based on likely underreported incidence from the survey.

**Table 3: Problems Faced: Estimated Numbers of Older Residents in the State**

	Percent of population affected*	Number of residents affected (N=619,973)**
Your physical health	45%	278,604
Affording the medications you need	28%	172,136
Having financial problems	24%	150,753
Feeling depressed	22%	134,601
Performing everyday activities such as walking, bathing or getting in and out of a chair	19%	117,293
Feeling lonely, sad or isolated	18%	111,390
Having too few activities or feeling bored	17%	107,492
Getting the health care you need	16%	101,529
Providing care for another person	14%	86,918
Being financially exploited	12%	73,553
Dealing with legal issues	12%	71,859
Having inadequate transportation	10%	59,571
Having housing suited to your needs	6%	36,284
Being a victim of crime	5%	32,796
Having enough food to eat	5%	29,952
Being physically or emotionally abused	3%	19,254

\*Respondents were determined to have a problem if they reported a "minor" or "major" problem with this issue in the last 12 months.

\*\*The total number of older adults living in the state is based on the Colorado State Department of Local Affairs' population estimates.

## Caregiving

### Overview

Providing care to a loved one or friend offers an opportunity for contribution and deserved sense of personal worth. However, when care requires extensive time and intensive assistance, the burden of nurturing itself can become oppressive. In *Age Power: How the 21<sup>st</sup> Century Will Be Ruled By The New Old*, Ken Dychtwald (1999) suggests that the “caregiving crunch” is one of five “social train wrecks” that Americans need to prevent. Dychtwald observes that due to the rapidly aging population, the average American will spend more years caring for parents than for their own children.

The current study explored older adults’ caregiving status, for whom care was given, with what frequency and resulting in what problems. This section of the report describes the findings about caregiving from the survey.

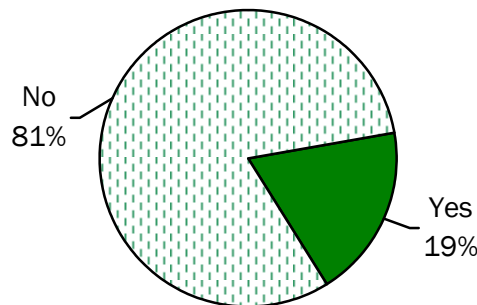
Area Agencies on Aging provide services to caregivers primarily through the National Family Caregiver Support Program. Services may include, but not be limited to, support groups, counseling, caregiver training, respite care, assistance with accessing available services, information and referral (Colorado Department of Human Services: Division of Aging and Adult Services, 2003).

### Caregiving Status

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.

Figure 26: Caregiving Status

**Do you provide care for one or more family members or friends on a regular basis?**



Of those 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.

**Table 4: Overall Number of Family Members or Friends Cared For**

<b>For how many family members or friends do you provide care?</b>	<b>Percent of respondents</b>
1 family member or friend	72%
2 family members or friends	14%
3 or more family members or friends	14%
Total	100%
Average number of family members or friends	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 they provided care for. Next most commonly mentioned were grandchildren (17% of respondents), parents (16%) and other family members (15%).

Questions were included to discover the total number of caregiving recipients in each category, as well as the total number of hours of care provided within each category. 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). For those respondents who stated that they cared for “others,” their responses appear in *Appendix D: Verbatim Responses to Open-ended Survey Questions*.

In order to calculate the caregiving hours, ranges of hours from the survey (1-5 hours, 6-10 hours, 11-20 hours or more than 20 hours) were converted into a single number (3 hours, 8 hours, 15 hours or 30 hours, representing the mid-point of the range). 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).

**Table 5: Caregiving Categories**

For whom do you provide this care? How many do you care for? About how many hours per week do you spend providing care for this person or these persons?	Percent of respondents*	Average number cared for	Average caregiving hours per week
Spouse	45%	1.0	14.2
Parent	16%	1.1	11.2
Friend/neighbor	10%	1.7	10.8
Adult child	5%	1.3	13.7
Grandchild	17%	2.0	16.2
Child	8%	1.3	12.4
Partner	1%	1.0	9.5
Other family member	15%	1.5	10.4
Other	1%	5.4	25.7

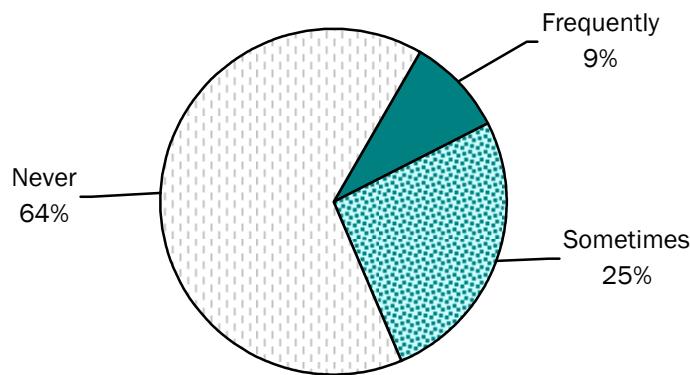
\*Total may exceed 100% as respondents could select more than one category.

### 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.

Figure 27: Caregiving Burden for Caregivers

**How often in the past two months have you felt burdened by your caregiving?**



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 that they cared for were at least “sometimes” uncooperative.

Table 6: Frequency of Caregiving Problems

The following are problems that some caregivers face. Is the person/Are the persons you care for...	Percent of respondents			
	Frequently	Sometimes	Never	Total
Uncooperative?	5%	26%	69%	100%
Verbally aggressive?	3%	18%	79%	100%
Physically aggressive?	1%	9%	90%	100%
Sexually aggressive?	1%	6%	93%	100%



**Caregiving Compared by Respondent Characteristics**

Responses to questions about caregiving were compared by respondent characteristics. Highlights of differences among subgroups were:

- ◆ 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.

**Table 7: Caregiving: Comparisons by Respondent Characteristics**

	Percent of respondents																						
	Do you provide care for one or more family members or friends on a regular basis?			How often in the past two months have you felt burdened by your caregiving?			Verbally aggressive?			Physically aggressive?			Sexually aggressive?			Uncooperative?							
	Yes	No	Total	Frequently	Sometimes	Never	Total	Frequently	Sometimes	Never	Total	Frequently	Sometimes	Never	Total	Frequently	Sometimes	Never	Total	Frequently	Sometimes	Never	
Northeast Region	20%	80%	100%	5%	34%	60%	100%	3%	27%	70%	100%	1%	7%	92%	100%	3%	7%	90%	100%	2%	29%	69%	100%
Larimer County	18%	82%	100%	3%	28%	70%	100%	2%	21%	76%	100%	1%	9%	90%	100%	0%	9%	91%	100%	1%	25%	73%	100%
Weld County	18%	82%	100%	6%	40%	54%	100%	3%	15%	82%	100%	0%	11%	89%	100%	0%	9%	91%	100%	5%	29%	66%	100%
DRCOG Denver Metro Area	21%	79%	100%	12%	27%	62%	100%	2%	19%	79%	100%	1%	7%	92%	100%	1%	5%	94%	100%	5%	28%	67%	100%
Boulder County	18%	82%	100%	8%	29%	63%	100%	2%	19%	80%	100%	0%	11%	89%	100%	0%	8%	92%	100%	4%	25%	71%	100%
Pikes Peak Region	13%	87%	100%	3%	29%	68%	100%	5%	13%	82%	100%	0%	8%	92%	100%	0%	1%	99%	100%	10%	25%	65%	100%
East Central Region	20%	80%	100%	6%	25%	69%	100%	0%	19%	81%	100%	2%	9%	90%	100%	0%	4%	96%	100%	4%	22%	73%	100%
Southeast Region	15%	85%	100%	7%	23%	69%	100%	1%	14%	85%	100%	0%	11%	89%	100%	0%	10%	90%	100%	3%	24%	73%	100%
Pueblo County	23%	77%	100%	8%	14%	78%	100%	3%	17%	80%	100%	1%	10%	89%	100%	1%	7%	92%	100%	3%	25%	72%	100%
San Luis Valley Region	16%	84%	100%	4%	34%	62%	100%	2%	13%	84%	100%	4%	13%	83%	100%	0%	13%	87%	100%	4%	28%	68%	100%
San Juan Basin Region	20%	80%	100%	4%	29%	67%	100%	5%	27%	68%	100%	1%	13%	86%	100%	0%	8%	92%	100%	14%	22%	64%	100%
Western Slope Region	17%	83%	100%	20%	25%	55%	100%	4%	20%	75%	100%	3%	20%	77%	100%	2%	15%	82%	100%	7%	27%	66%	100%
Northwest Region	20%	80%	100%	9%	16%	75%	100%	2%	16%	82%	100%	0%	7%	93%	100%	0%	5%	95%	100%	4%	18%	78%	100%
North Central Mountain Region	18%	82%	100%	7%	28%	65%	100%	4%	17%	80%	100%	2%	8%	90%	100%	2%	9%	88%	100%	4%	28%	68%	100%
Central Mountain Region	17%	83%	100%	15%	20%	65%	100%	7%	15%	78%	100%	0%	15%	85%	100%	0%	4%	96%	100%	7%	24%	69%	100%
Huerfano-Las Animas Region	16%	84%	100%	11%	34%	55%	100%	1%	27%	72%	100%	2%	10%	88%	100%	0%	7%	93%	100%	3%	38%	59%	100%
<b>Overall</b>	<b>19%</b>	<b>81%</b>	<b>100%</b>	<b>9%</b>	<b>26%</b>	<b>64%</b>	<b>100%</b>	<b>3%</b>	<b>18%</b>	<b>79%</b>	<b>100%</b>	<b>1%</b>	<b>9%</b>	<b>90%</b>	<b>100%</b>	<b>1%</b>	<b>6%</b>	<b>93%</b>	<b>100%</b>	<b>5%</b>	<b>26%</b>	<b>69%</b>	<b>100%</b>

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

September 2004

## Percent of respondents

	Percent of respondents																						
	Do you provide care for one or more family members or friends on a regular basis?			How often in the past two months have you felt burdened by your caregiving?			Verbally aggressive?			Physically aggressive?			Sexually aggressive?			Uncooperative?							
	Yes	No	Total	Frequently	Sometimes	Never	Total	Frequently	Sometimes	Never	Total	Frequently	Sometimes	Never	Total	Frequently	Sometimes	Never					
Males 60-74	20%	80%	100%	11%	25%	65%	100%	2%	22%	76%	100%	1%	11%	89%	100%	1%	7%	92%	100%	8%	24%	68%	100%
Males 75-84	19%	81%	100%	3%	17%	79%	100%	2%	17%	82%	100%	1%	12%	87%	100%	1%	6%	93%	100%	1%	23%	76%	100%
Males 85 +	16%	84%	100%	10%	26%	64%	100%	4%	14%	83%	100%	0%	6%	94%	100%	4%	4%	93%	100%	0%	20%	80%	100%
Females 60-74	23%	77%	100%	10%	30%	61%	100%	3%	19%	78%	100%	1%	8%	91%	100%	0%	7%	93%	100%	5%	31%	63%	100%
Females 75-84	15%	85%	100%	11%	26%	63%	100%	1%	11%	88%	100%	0%	4%	96%	100%	0%	1%	99%	100%	2%	21%	76%	100%
Females 85 +	6%	94%	100%	7%	21%	72%	100%	3%	8%	90%	100%	0%	2%	98%	100%	0%	1%	99%	100%	3%	7%	90%	100%
<b>Overall</b>	<b>19%</b>	<b>81%</b>	<b>100%</b>	<b>9%</b>	<b>26%</b>	<b>64%</b>	<b>100%</b>	<b>3%</b>	<b>18%</b>	<b>79%</b>	<b>100%</b>	<b>1%</b>	<b>9%</b>	<b>90%</b>	<b>100%</b>	<b>1%</b>	<b>6%</b>	<b>93%</b>	<b>100%</b>	<b>5%</b>	<b>26%</b>	<b>69%</b>	<b>100%</b>
Hispanic	21%	79%	100%	9%	18%	73%	100%	3%	16%	81%	100%	1%	11%	88%	100%	0%	5%	94%	100%	3%	29%	68%	100%
Not Hispanic	19%	81%	100%	10%	27%	64%	100%	3%	19%	79%	100%	1%	9%	91%	100%	1%	6%	93%	100%	5%	26%	69%	100%
<b>Overall</b>	<b>19%</b>	<b>81%</b>	<b>100%</b>	<b>9%</b>	<b>26%</b>	<b>64%</b>	<b>100%</b>	<b>3%</b>	<b>18%</b>	<b>79%</b>	<b>100%</b>	<b>1%</b>	<b>9%</b>	<b>90%</b>	<b>100%</b>	<b>1%</b>	<b>6%</b>	<b>93%</b>	<b>100%</b>	<b>5%</b>	<b>26%</b>	<b>69%</b>	<b>100%</b>
White	19%	81%	100%	9%	26%	64%	100%	3%	18%	79%	100%	1%	9%	91%	100%	1%	6%	93%	100%	5%	26%	68%	100%
Not white	21%	79%	100%	11%	23%	66%	100%	2%	19%	79%	100%	2%	9%	89%	100%	0%	5%	95%	100%	3%	28%	69%	100%
<b>Overall</b>	<b>19%</b>	<b>81%</b>	<b>100%</b>	<b>9%</b>	<b>26%</b>	<b>64%</b>	<b>100%</b>	<b>3%</b>	<b>18%</b>	<b>79%</b>	<b>100%</b>	<b>1%</b>	<b>9%</b>	<b>90%</b>	<b>100%</b>	<b>1%</b>	<b>6%</b>	<b>93%</b>	<b>100%</b>	<b>5%</b>	<b>26%</b>	<b>69%</b>	<b>100%</b>
Rent	15%	85%	100%	11%	23%	66%	100%	2%	16%	82%	100%	0%	6%	93%	100%	3%	5%	92%	100%	8%	27%	65%	100%
Own	20%	80%	100%	9%	27%	64%	100%	3%	19%	79%	100%	1%	9%	90%	100%	0%	6%	94%	100%	5%	26%	69%	100%
<b>Overall</b>	<b>19%</b>	<b>81%</b>	<b>100%</b>	<b>9%</b>	<b>26%</b>	<b>64%</b>	<b>100%</b>	<b>3%</b>	<b>18%</b>	<b>79%</b>	<b>100%</b>	<b>1%</b>	<b>9%</b>	<b>90%</b>	<b>100%</b>	<b>1%</b>	<b>6%</b>	<b>93%</b>	<b>100%</b>	<b>5%</b>	<b>26%</b>	<b>69%</b>	<b>100%</b>
Lives alone	7%	93%	100%	13%	21%	66%	100%	3%	21%	76%	100%	1%	7%	92%	100%	0%	6%	94%	100%	3%	28%	69%	100%
Lives with others	26%	74%	100%	9%	27%	64%	100%	3%	18%	80%	100%	1%	9%	90%	100%	1%	6%	93%	100%	5%	26%	69%	100%
<b>Overall</b>	<b>19%</b>	<b>81%</b>	<b>100%</b>	<b>9%</b>	<b>26%</b>	<b>64%</b>	<b>100%</b>	<b>3%</b>	<b>18%</b>	<b>79%</b>	<b>100%</b>	<b>1%</b>	<b>9%</b>	<b>90%</b>	<b>100%</b>	<b>1%</b>	<b>6%</b>	<b>93%</b>	<b>100%</b>	<b>5%</b>	<b>26%</b>	<b>69%</b>	<b>100%</b>

## Study Results

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

September 2004

	Percent of respondents																						
	Do you provide care for one or more family members or friends on a regular basis?			How often in the past two months have you felt burdened by your caregiving?			Verbally aggressive?			Physically aggressive?			Sexually aggressive?			Uncooperative?							
	Yes	No	Total	Frequently	Sometimes	Never	Total	Frequently	Sometimes	Never	Total	Frequently	Sometimes	Never	Total	Frequently	Sometimes	Never	Total				
Less than \$15,000	13%	87%	100%	10%	35%	55%	100%	2%	29%	70%	100%	1%	8%	91%	100%	0%	5%	95%	100%	11%	28%	61%	100%
\$15,000 to less than \$30,000	23%	77%	100%	6%	29%	64%	100%	1%	21%	78%	100%	1%	9%	90%	100%	2%	4%	94%	100%	3%	34%	62%	100%
\$30,000 or more	21%	79%	100%	13%	24%	63%	100%	3%	18%	79%	100%	1%	10%	89%	100%	0%	8%	92%	100%	5%	23%	71%	100%
<b>Overall</b>	<b>19%</b>	<b>81%</b>	<b>100%</b>	<b>9%</b>	<b>26%</b>	<b>64%</b>	<b>100%</b>	<b>3%</b>	<b>18%</b>	<b>79%</b>	<b>100%</b>	<b>1%</b>	<b>9%</b>	<b>90%</b>	<b>100%</b>	<b>1%</b>	<b>6%</b>	<b>93%</b>	<b>100%</b>	<b>5%</b>	<b>26%</b>	<b>69%</b>	<b>100%</b>
High School or less	19%	81%	100%	8%	28%	64%	100%	3%	17%	80%	100%	1%	9%	90%	100%	0%	5%	95%	100%	4%	28%	68%	100%
Some college or more	20%	80%	100%	10%	25%	64%	100%	3%	19%	79%	100%	1%	9%	91%	100%	1%	6%	93%	100%	5%	26%	69%	100%
<b>Overall</b>	<b>19%</b>	<b>81%</b>	<b>100%</b>	<b>9%</b>	<b>26%</b>	<b>64%</b>	<b>100%</b>	<b>3%</b>	<b>18%</b>	<b>79%</b>	<b>100%</b>	<b>1%</b>	<b>9%</b>	<b>90%</b>	<b>100%</b>	<b>1%</b>	<b>6%</b>	<b>93%</b>	<b>100%</b>	<b>5%</b>	<b>26%</b>	<b>69%</b>	<b>100%</b>
Limited physically	20%	80%	100%	15%	24%	61%	100%	4%	22%	74%	100%	1%	8%	92%	100%	2%	6%	92%	100%	7%	30%	63%	100%
Not limited	19%	81%	100%	7%	27%	66%	100%	2%	17%	81%	100%	1%	9%	90%	100%	0%	6%	94%	100%	4%	25%	71%	100%
<b>Overall</b>	<b>19%</b>	<b>81%</b>	<b>100%</b>	<b>9%</b>	<b>26%</b>	<b>64%</b>	<b>100%</b>	<b>3%</b>	<b>18%</b>	<b>79%</b>	<b>100%</b>	<b>1%</b>	<b>9%</b>	<b>90%</b>	<b>100%</b>	<b>1%</b>	<b>6%</b>	<b>93%</b>	<b>100%</b>	<b>5%</b>	<b>26%</b>	<b>69%</b>	<b>100%</b>

**Number of Older Adults Affected by Caregiving Issues in the State**

Based on the survey data, estimates were calculated of the total number of state residents affected by caregiving issues. As with general problems, respondents may have been likely to underreport problems with aggressiveness or lack of cooperation, so these numbers may represent the minimum number of the state’s residents affected.

**Table 8: Caregiving Issues: Estimated Numbers of Older Residents in the State**

	Percent of population affected*	Number of residents affected (N=619,973)**
Do you provide care for one or more family members or friends on a regular basis?	19%	120,033
How often in the past two months have you felt burdened by your caregiving?	36%	42,806
Uncooperative?	31%	37,785
Verbally aggressive?	21%	25,167
Physically aggressive?	10%	11,489
Sexually aggressive?	7%	7,876

\*Includes respondents who said they were caregivers and that they "sometimes" or "frequently" experienced a problem.

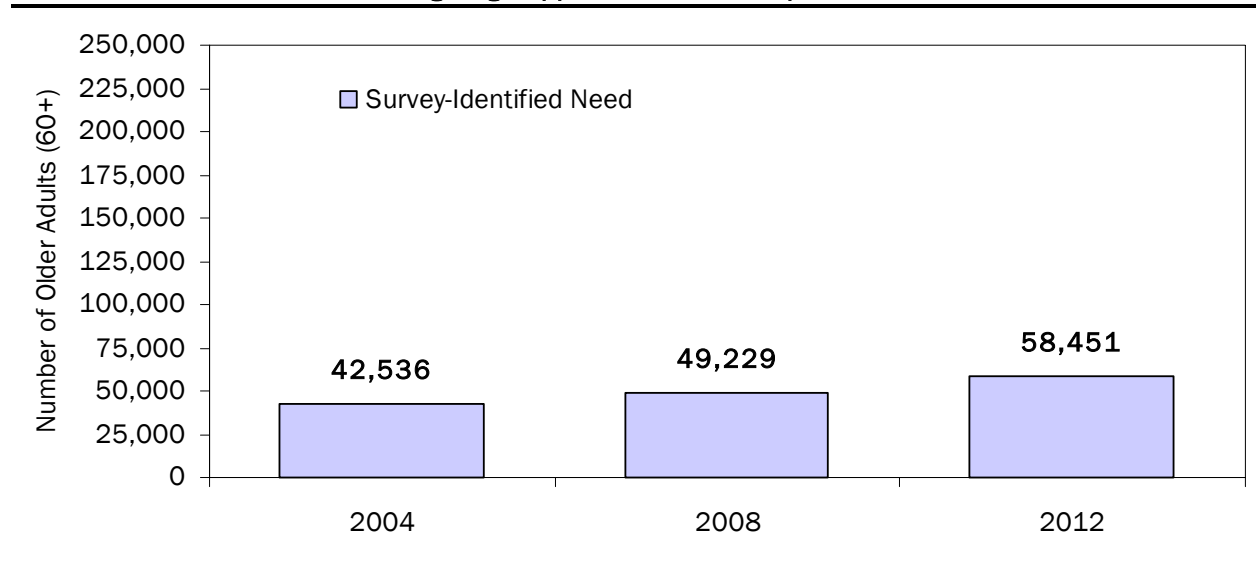
\*\*The total number of older adults living in the state is based on the Colorado State Department of Local Affairs’ population estimates.

**Current and Projected Users of Caregiver Support Services**

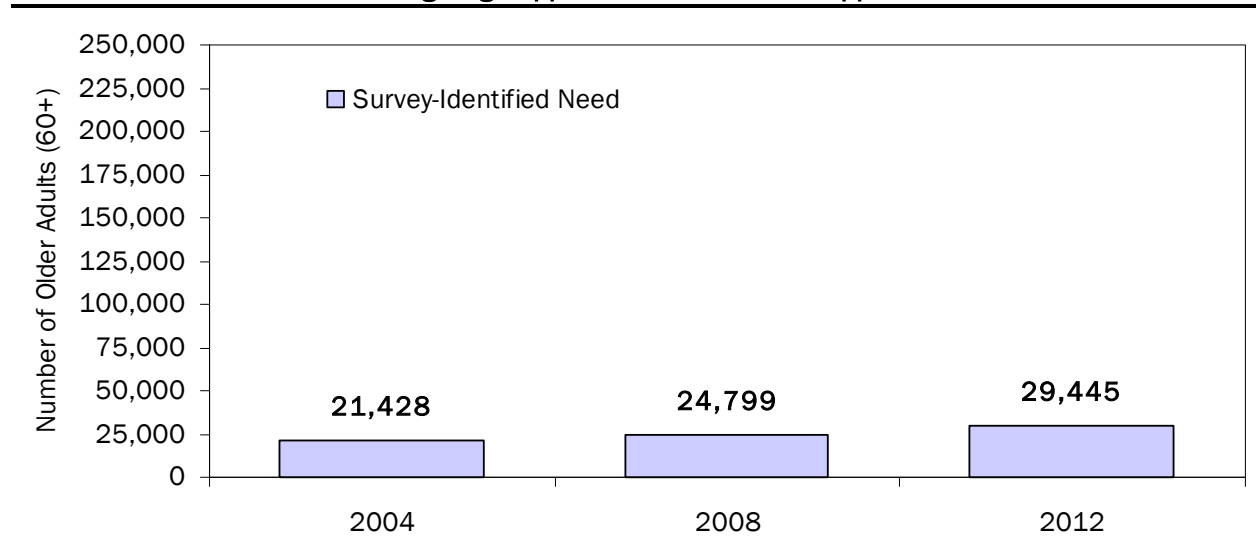
Persons providing care are now one of the target groups offered services by AAAs through funding provided by the National Family Caregiver Support Program (NFCSP). AAAs provide respite care to allow caregivers a much needed break. They also provide other types of support to caregivers, including caregiver 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 services (such as babysitting, supervision, benefits, transportation),” “legal assistance” or “equipment (such as toys, clothing, etc.)” they were classified as needing “other support.” The figures on the next pages display the number of older adults estimated to need these services. These likely are an underestimate of the total need, as the services funded through NFCSP are provided to those providing care to adults over age 60 (regardless of the age of the caregiver) and those over age 60 who are caring for their own grandchildren under age 18.

According to the survey, 42,536 older adults in the state of Colorado were caregivers who could use respite services. If current patterns hold steady, by 2012, the number of older adults who could use respite services will grow to 58,451. An unduplicated count of the number of clients utilizing respite services as provided by the AAAs in the state was not available; however, 55,190 units of respite service were provided in 2003. The AAAs also provided other types of support services to caregivers; 18,219 units of service were provided in 2003. The number of older adults estimated to need these other types of caregiver support services was 21,428 (see Figure 2).

**Figure 28: Current and Projected Need for the Service:  
Caregiving Support Services: Respite Care**



**Figure 29: Current and Projected Need for the Service:  
Caregiving Support Services: Other Support**



**Table 9: Current and Projected AAA Utilization and Estimated Need for the Service:  
Caregiving Support Services – Respite Care**

	Number of Persons Utilizing or Needing Service	Number per 1,000 Population	Units per Client <sup>‡</sup>	Number of Units of Service Provided or Needed	Units per 1,000 Population
<b>AAA Utilization</b>					
2004*	not available	not available	not available	55,190	89.02
2008 <sup>†</sup>	not available	not available	not available	63,874	89.02
2012 <sup>†</sup>	not available	not available	not available	75,840	89.02
<b>Survey-Identified Need</b>					
2004	42,536	68.61	not available	not available	not available
2008 <sup>†</sup>	49,229	68.61	not available	not available	not available
2012 <sup>†</sup>	58,451	68.61	not available	not available	not available

\* 2004 estimates are based on 2003 end-of-year figures.

<sup>†</sup> Figures were derived for these years by assuming a constant utilization rate or rate of need

<sup>‡</sup> It was assumed that those needing the service, as defined by the survey, would use the same number of units of service as those currently receiving the service.

**Table 10: Current and Projected AAA Utilization and Estimated Need for the Service:  
Caregiving Support Services – Other Support**

	Number of Persons Utilizing or Needing Service	Number per 1,000 Population	Units per Client <sup>‡</sup>	Number of Units of Service Provided or Needed	Units per 1,000 Population
<b>AAA Utilization</b>					
2004*	not available	not available	not available	18,219	29.39
2008 <sup>†</sup>	not available	not available	not available	21,086	29.39
2012 <sup>†</sup>	not available	not available	not available	25,036	29.39
<b>Survey-Identified Need</b>					
2004	21,428	34.56	not available	not available	not available
2008 <sup>†</sup>	24,799	34.56	not available	not available	not available
2012 <sup>†</sup>	29,445	34.56	not available	not available	not available

\* 2004 estimates are based on 2003 end-of-year figures.

<sup>†</sup> Figures were derived for these years by assuming a constant utilization rate or rate of need

<sup>‡</sup> It was assumed that those needing the service, as defined by the survey, would use the same number of units of service as those currently receiving the service.

## 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 they 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.

Table 11: Caregiving Help Needed

What kinds of help could you use more of in your caregiving?	Percent of respondents*
None	61%
Services or information on services (such as babysitting, supervision, benefits, transportation)	15%
Financial support	12%
Respite, free time for myself	6%
Informal advice or emotional support (from family, friends or neighbors) - on issues such as caring for grandchildren and other caregiving issues	5%
Formal advice or emotional support (from a therapist, counselor, psychologist or doctor) - on issues such as caring for grandchildren and other caregiving issues	4%
Organized support groups	2%
Legal assistance	1%
Equipment (such as toys, clothing, etc.)	1%
Other	3%

\*Total may exceed 100% as respondents could select more than one category.

## Key Informant Findings on Caregiving

### Specific Problems

Using the scale “no problem,” “minor problem” or “major problem,” respondents were asked to what degree they thought that caregiving was a problem for older adults in their area. While 6% of the respondents thought older adults had “no” problem with caregiving issues, almost two-thirds of the respondents (61%) thought caregiving was a “major” problem. Those who rated caregiving as a major problem were asked why. The three most common reasons for rating caregiving as a major problem were reliance on the family and community, poor availability of services and difficulty finding reliable staff.

*We have no service for respite care and our day care center is no longer open. If the day care center was open it would be less of a crisis. Only two caregiver support groups are in the region, even though providing respite care during support groups not everyone can attend. I think it's more major than we think because people aren't talking about it. May be too proud, or have a lack of understanding. In a rural area people feel they are obligated to take care of their own. They may not ask for services, that's part of the rural nature.*



*When someone does need caregiving, there's no respite care. Even though friends help out, the support for caregivers is missing.*

*If the family isn't close to help with the care giving of those with chronic health needs, not financially able to hire a professional to come and help in most cases, caregiving is pushed off to a neighbor who can help or a good friend.*

*Must rely on neighbors and this is where many of the referrals come from and the only help I can provide is the nursing home. Some older adults will go into the nursing home, get their strength back and go to back to their homes for a few months and then we repeat the process.*

*Lack of human resources, no one to do it is part of the problem, no family members, sometimes no one to hire. [Older adults] who can financially hire help, many can't hire so it is both human and financial barriers.*

According to some key informants, for many older adults and their families, caregiving is provided by the family, church community or neighbors. In some cases the “frail older adult is cared for by their spouse” and in other cases adult aging children are caring for their parents. The burden and reliance on family and the community can introduce stress and increase the chance for elder abuse or neglect. Key informants noted that support services for these overburdened families are needed in the areas of respite care, adult day care, housekeeping, personal hygiene care and assistance with medications. Almost one-third of respondents specifically mentioned as the greatest problem caring for the older adult with Alzheimer’s.

**Barriers to Meeting Needs**

Being able to afford a high quality of care was mentioned as a barrier by one-half of the key informant respondents. Interviewees explained that insurance and Medicare/Medicaid provide limited caregiving services, especially in the areas of homemaker services and personal hygiene care for older adults. Private pay services are only accessible to those older adults and their families with adequate resources. In addition to affording caregiving services, eight key informants also reported that many older adults and their families were not aware of services. Another seven respondents reported that finding reliable staff was a significant barrier to caregiving. This included both those individuals trying to hire help within their communities as well as service providers attempting to fill skilled and non-skilled caregiving jobs. Four respondents also felt that a lack of case management for coordination of services was a barrier to meeting the caregiving needs of older adults.

**Table 12: Key Informants: Barriers to Meeting Needs - Caregiving**

	Number of Respondents
Affordability of services	10
Awareness of services	8
Finding reliable staff	7
Older adults “do not ask for help”	6
Transportation	5
Availability of services	5
Reliance on family and community	4
Management and coordination of services	4

## **Health and Mental Health**

### **Overview**

Even though the Centers for Disease Control and Prevention (2004) noted, “Poor health is not an inevitable consequence of aging,” there is probably no greater single concern among older adults than their current health and certain health decline. The needs of older adults in this arena will have great economic impact on the region, state and nation. As the population ages, the potential strain on health care systems will increase because the greatest use of health care services occurs during the last years of life (Chernoff, 2001). Older adults were asked to assess their own health, including specifics about the number of falls they took, the time they spent in hospitals or other institutions, their need for aids such as walkers, dentures and affordable prescription drugs as well as their coverage by insurance and about their struggles with loneliness and depression.

Health and mental health services, as provided by AAAs, focus on disease prevention and health promotion. Programs include “health risk assessments, routine health screening, nutrition counseling and educational services, health promotion, physical fitness, home injury control services, medication management screening and education, diagnosis, prevention treatment and rehabilitation of age-related disease and chronic disability conditions and counseling (Colorado Department of Human Services: Division of Aging and Adult Services, 2003, p. 63).”

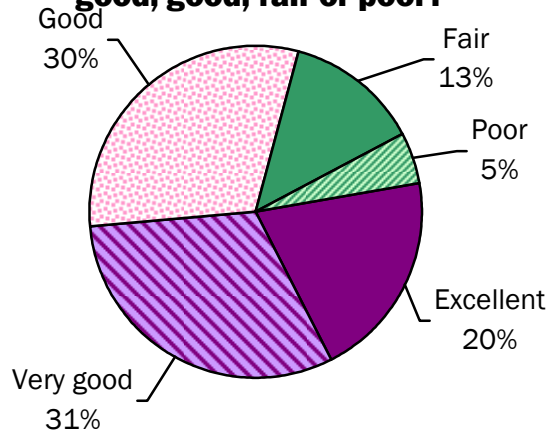
This section focuses primarily on topics related to physical health, along with one question about the existence of emotional problems that may limit daily activities. Questions about depression and isolation appear in the section on problems faced by older adults.

## Physical Health Status

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.”

Figure 30: Overall Quality of Health

**In general, would you say that your health is excellent, very good, good, fair or poor?**

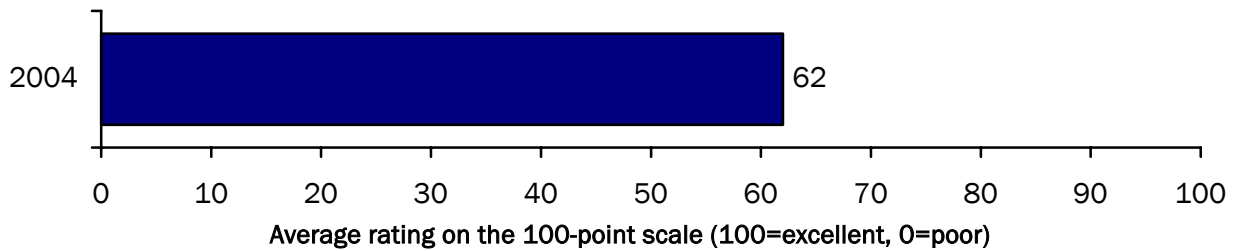


These responses were converted to a 100-point scale where 100 equals “excellent” and 0 equals “poor.” Older adults in Colorado rated their overall quality of health at 62 on the 100-point scale.

Average ratings for overall quality of health were lower than for overall quality of life.

Figure 31: Overall Quality of Health: Average Rating

**In general, would you say that your health is excellent, very good, good, fair or poor?**



### Health Compared by Respondent Characteristics

Average ratings for overall quality of health were compared by a set of respondent characteristics. Ratings varied by region of residence and socio demographics.

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 gave health ratings slightly lower than the region 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).

**Table 13: Overall Quality of Health: Comparisons by Respondent Characteristics**

In general, would you say that your health is excellent, very good, good, fair or poor?	Average rating on the 100-point scale (100=excellent, 0=poor)
Northeast Region	55
Larimer County	65
Weld County	57
DRCOG Denver Metro Area	63
Boulder County	66
Pikes Peak Region	63
East Central Region	54
Southeast Region	55
Pueblo County	59
San Luis Valley Region	55
San Juan Basin Region	61
Western Slope Region	62
Northwest Region	64
North Central Mountain Region	72
Central Mountain Region	57
Huerfano-Las Animas Region	54
<i>Overall</i>	62
Males 60-74	65
Males 75-84	58
Males 85+	63
Females 60-74	63
Females 75-84	59
Females 85+	56
<i>Overall</i>	62

In general, would you say that your health is excellent, very good, good, fair or poor?	Average rating on the 100-point scale (100=excellent, 0=poor)
Hispanic	53
Not Hispanic	63
<i>Overall</i>	62
White	63
Not white	54
<i>Overall</i>	62
Rent	52
Own	65
<i>Overall</i>	62
Lives alone	59
Lives with others	64
<i>Overall</i>	62
Less than \$15,000	47
\$15,000 to less than \$30,000	56
\$30,000 or more	69
<i>Overall</i>	62
High School or less	55
Some college or more	66
<i>Overall</i>	62
Limited physically	41
Not limited	70
<i>Overall</i>	62

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. Those who exercised at least one day per week exercised an average of 4.8 days. As with other self-reported data, survey respondents are likely to have overestimated their strengths and underestimated their needs.

**Table 14: Days Exercised**

How many days per week do you engage in moderate physical activity for at least 30 minutes a day?	Percent of respondents
1 day	5%
2 days	8%
3 days	16%
4 days	8%
5 days	14%
6 days	7%
7 days	30%
Zero days	12%
Total	100%
Average number of days for all respondents	4.2
Average number of days for respondents who exercise 1 or more days?	4.8

Respondents were asked about use of health care services. 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. All respondents were asked whether they had received a variety of exams in the previous 12-month period. 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.

Figure 32: Has Doctor or Health Care Provider

**Do you have someone you think of as your doctor or health care provider?**

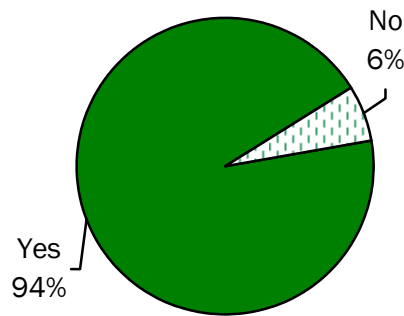
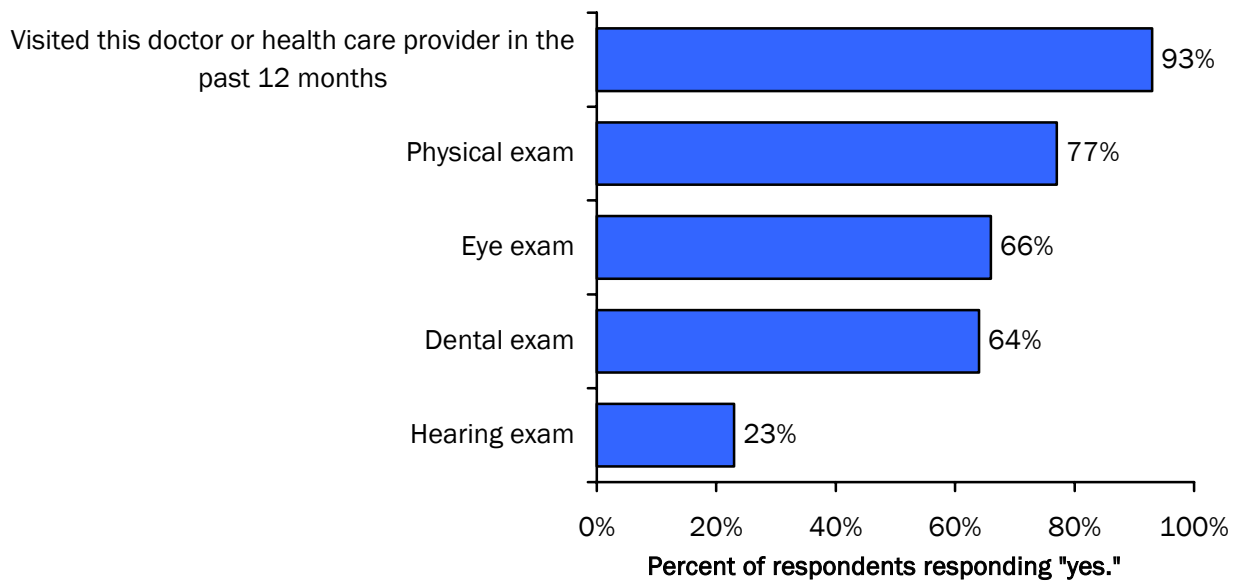


Figure 33: Health Care Visits and Exams in Last 12 Months



### Potential Problems Related to Health and Mental Health

A set of questions was included to learn about the types of insurance by which older adults were covered. 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.

Figure 34: Insurance Coverage

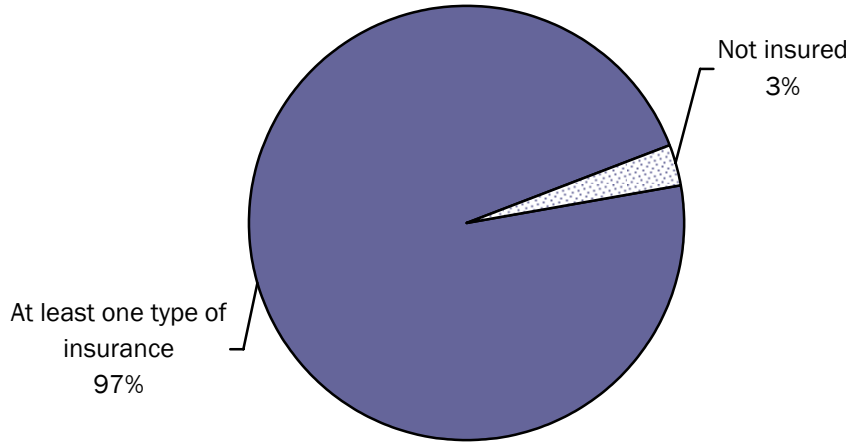
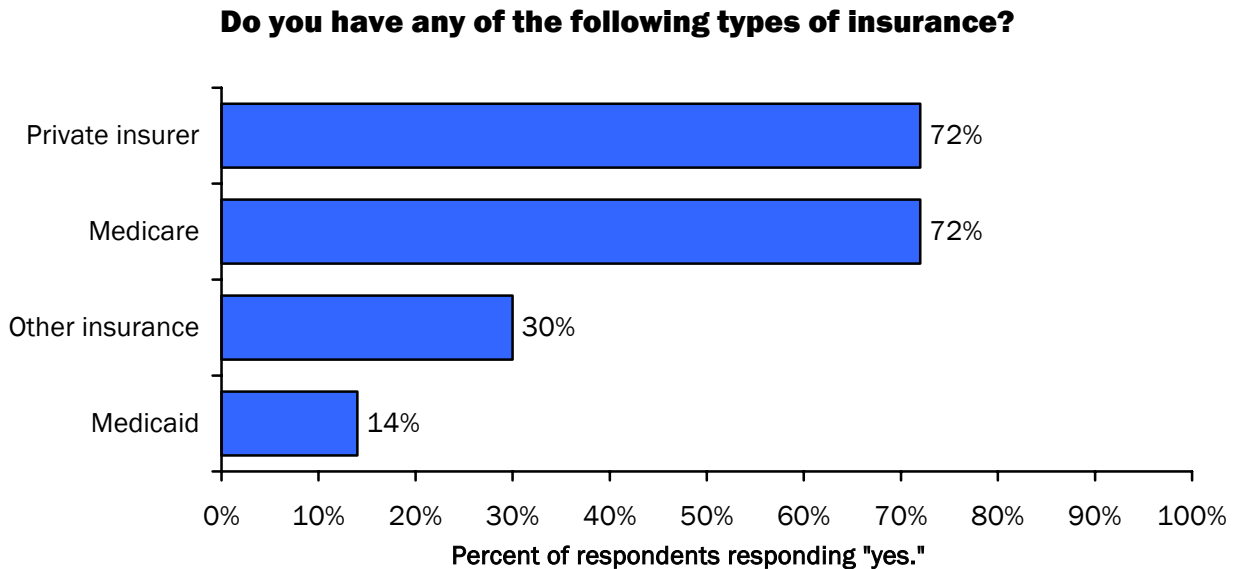


Figure 35: Types of Insurance

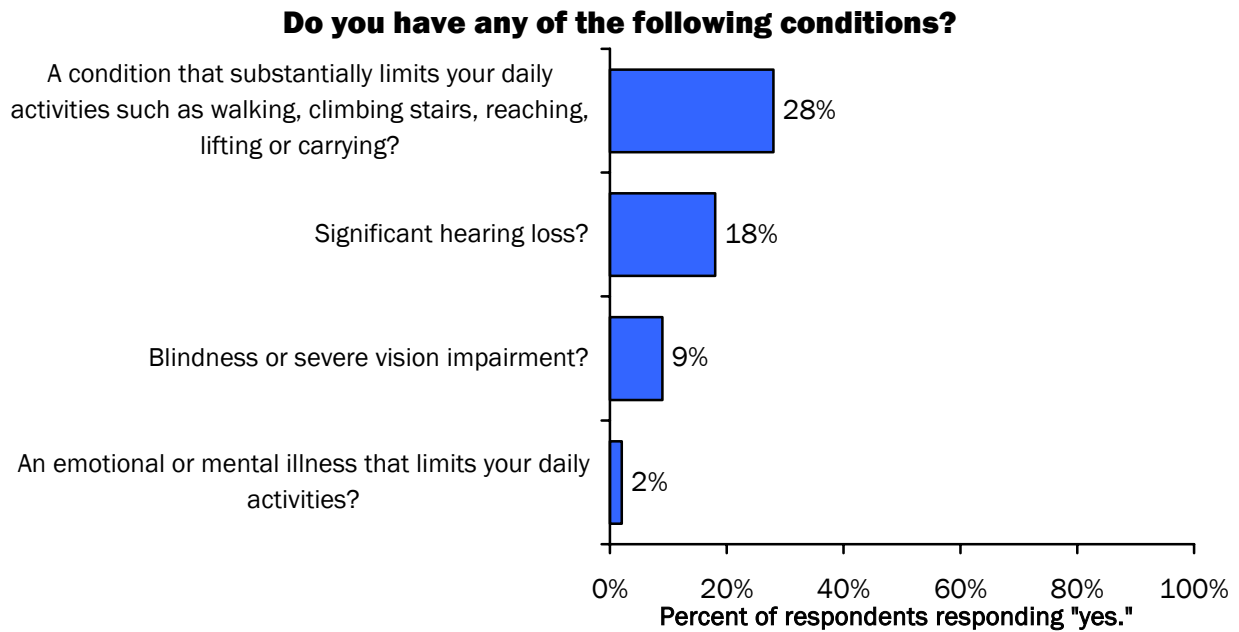




Early in the survey, respondents were asked to assess the extent to which feelings of depression or being lonely, sad or isolated had been a problem for them in the previous 12 months. Twenty-one percent said that feeling depressed had been at least a “minor” problem for them, and 18% said that loneliness, sadness or isolation had been at least a “minor” problem.

In this section of the survey, a series of health-related problems was presented to older adults. 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.

Figure 36: Health- and Mental Health-Related Conditions



**Number of Older Adults with Health and Mental Health Issues in the State**

Using the responses to survey questions, estimates of the total prevalence of each health issue across the state of Colorado were calculated. As with other self-reported concerns, these health issues likely were underreported in the survey and may have a higher incidence in the population as a whole.

**Table 15: Health and Mental Health Issues: Estimated Numbers of Older Residents in the State**

Do you have any of the following conditions?	Percent of population affected*	Number of residents affected (N=619,973)**
A condition that substantially limits your daily activities such as walking, climbing stairs, reaching, lifting or carrying?	28%	172,236
Significant hearing loss?	18%	113,687
Blindness or severe vision impairment?	9%	53,596
An emotional or mental illness that limits your daily activities?	2%	13,431
Not insured	3%	16,679

\*Includes respondents who said that they had a condition (physical or emotional) that limited their daily activities, hearing loss, blindness or vision impairment, or did not have any form of health insurance.

\*\*The total number of older adults living in the state is based on the Colorado State Department of Local Affairs' population estimates.

Injuries due to falling are a particular concern for older adults. 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.

**Table 16: Falls Requiring Medical Attention in Past 12 Months**

Thinking back over the past 12 months, how many times have you fallen and injured yourself seriously enough to need medical attention?	Percent of respondents
No times	90%
Once or twice	9%
Three to five times	1%
More than five times	0%
Total	100%

In addition to asking about falls requiring medical attention, older adults were asked how many days they had spent in various facilities in the past 12 months. 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.

**Table 17: Days Spent in Various Facilities in Past 12 Months**

Thinking back over the past 12 months, please tell me how many days you spent in...	Percent of respondents					Average number of days
	Zero days	1 to 2 days	3 to 5 days	6 days or more	Total	
A hospital	81%	7%	6%	6%	100%	1.4
A rehabilitation facility	96%	0%	1%	3%	100%	1.1
A nursing home	99%	0%	0%	1%	100%	1.0

## 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.

Table 18: Recent Health Needs that Could not be Afforded

Have you recently needed any of the following, but could not afford them?	Percent of respondents		
	Yes	No	Total
Prescription medications	8%	92%	100%
Eyeglasses	7%	93%	100%
Dentures	5%	95%	100%
Hearing aids	3%	97%	100%
Canes	1%	99%	100%
Walkers	1%	99%	100%
Wheelchairs	1%	99%	100%

## Key Informant Findings on Health and Mental Health

### Specific Problems

Just over half of the key informant interview respondents (55%) reported that getting health care was a “major” problem for older adults in their part of the state. Of the respondents reporting issues with availability of services, several types of care were mentioned including: geriatrics, vision, dental, medical specialists and mental health providers. In addition to a limited number and variety of health care services provided locally, about one-third of all respondents reported also having very few and sometimes no Medicaid or Medicare providers.

*The nearest doctor is 55 miles, 2 hours for a specialist. To get care for heart attack it's 3 hours away. No dentists.*

*Only one doctor in town and one small clinic, most [older adults] have to leave town. The doctor in town does not take Medicaid patients.*

*The minute a person goes on Medicaid they are underinsured and going to have trouble finding a physician.*

A handful of respondents reported transportation as a reason that getting health care was a major problem in their community. Issues surrounding transportation included: high cost, few transportation options, time and travel distance required and issues with reimbursement.

*The transportation link is an ongoing, unmanageable problem, getting people to the institutional setting where they get their [health] care. It's an all day event, waiting to get picked up, waiting at the doctors, waiting to be brought home, it's an all day event to get very simple healthcare.*

Respondents also reported issues with insurance, Medicare/Medicaid and prescription costs. Issues included changing eligibility requirements, ability to “pay as you go,” low reimbursements, high cost of prescriptions and that older adults are choosing between buying food, paying rent and purchasing their prescriptions.

*Major concern, getting assistance to fill out all the forms, reading and filling out forms, red tape and follow-up to get into the loop to get the medical insurance and help.*

*Also, prescription drug situation is very serious, we spend a lot of our time as a team trying to tell people about the \$600 subsidy. [They are] afraid to take it [subsidy] because they fear they'll lose something else. It is extremely serious. They are very confused, may choose a card because their drug is on it, but the card company can drop their prescriptions and they are stuck with the card for a year. They are literally choosing between rent, food and drugs.*

**Barriers to Meeting Needs**

Nineteen respondents reported availability of health care services as the key barrier older adults face when trying to get their health care needs met. A number of respondents also reported issues with transportation, health insurance and medications. A few respondents mentioned that older adults lack understanding of the healthcare system, which serves as a barrier to getting health care needs met.

*Inaccessibility of communication access [for older adults who are deaf and hard of hearing]. Misunderstanding of prescriptions, refusal of physician to pay for interpreter services. Workshops available on how to stay healthy, don't have interpreter or visual display so not accessible. Emergency services not accessible. If you have an emergency at 2am, who's going to answer.*

**Table 19: Key Informants: Barriers to Meeting Needs - Health Care**

	Number of Respondents
Availability of services	19
Transportation	14
Health insurance and prescription costs	14
Lack of understanding of healthcare system	9
No or few Medicaid physicians	6
Cultural and communication barriers	5
Reliance on family and community	3

## **In-home Support**

### **Overview**

Most older adults lived in their own homes and to continue their tenure there they must be able to manage household activities. Many older residents can handle simple activities like light housework, meal preparation and self-care without any help, but as the tasks needed to maintain an independent household become more difficult (chores like painting, moving furniture and snow shoveling), the number of older adults who can manage by themselves diminishes. Survey respondents were asked about their ability to handle in-home activities. These responses help to specify more precisely the amount of help that may be needed to sustain older adults in their homes.

Local service providers and Area Agencies on Aging provide a variety of in-home services to older adults that need assistance with their activities of daily living due to personal limitations. Services may include “homemaker, personal care, home health services, visiting and telephone reassurance, chore maintenance, in-home respite, adult day care and minor home modifications (Colorado Department of Human Services: Division of Aging and Adult Services, 2003, p. 62).”

## In-home Activities

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 require 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.

Table 20: Activities Ability

Please tell me if you can do each of the following activities without any help, with some help or if you cannot do this at all. Can you...	Percent of respondents			
	Without any help	With some help	Cannot do this at all	Total
Do interior or exterior repairs	57%	23%	20%	100%
Do heavy housework like moving furniture, or washing windows	59%	21%	20%	100%
Do yard work and snow shoveling	65%	14%	21%	100%
Do light housework like dusting or vacuuming	91%	5%	4%	100%
Shop for personal items	93%	5%	2%	100%
Use available transportation	93%	4%	2%	100%
Walk	93%	6%	1%	100%
Prepare your meals	96%	3%	1%	100%
Manage your money	96%	3%	1%	100%
Manage your medications	98%	2%	0%	100%
Get in and out of bed or a chair	98%	2%	0%	100%
Bathe	98%	1%	0%	100%
Use a telephone	99%	1%	0%	100%
Dress yourself	99%	1%	0%	100%
Eat	99%	0%	0%	100%
Use the toilet	100%	0%	0%	100%

### Difficulty with Activities Compared by Respondent Characteristics

The percentage of respondents who could do each activity with some help or could not do the activity at all was compared by respondent characteristics. Among the differences between groups were:

- ◆ 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.



**Table 21: Activities Ability: Comparisons by Respondent Characteristics**

	Percent of respondents who need "some help" or "cannot do this at all"															
	Do repairs	Do heavy housework	Do yard work and snow shovelling	Do light housework	Shopping	Use transportation	Walk	Meal preparation	Manage money	Manage medications	Bathe	Get in and out of bed or a chair	Use a telephone	Eat	Dress yourself	Use the toilet
Please tell me if you can do each of the following activities without any help, with some help or if you cannot do this at all. Can you...																
Northeast Region	51%	50%	41%	13%	5%	8%	5%	8%	4%	2%	2%	2%	1%	1%	1%	1%
Larimer County	43%	37%	32%	6%	6%	6%	4%	6%	3%	2%	2%	1%	1%	1%	1%	0%
Weld County	48%	46%	42%	10%	7%	6%	6%	6%	3%	3%	2%	2%	1%	1%	1%	0%
DRCOG Denver Metro Area	43%	40%	35%	9%	6%	6%	4%	6%	4%	3%	2%	2%	1%	0%	1%	1%
Boulder County	42%	41%	33%	8%	5%	7%	4%	7%	4%	2%	2%	1%	1%	1%	1%	1%
Pikes Peak Region	40%	40%	33%	10%	7%	8%	4%	6%	3%	2%	1%	2%	1%	0%	1%	0%
East Central Region	49%	46%	41%	10%	8%	6%	7%	6%	5%	4%	3%	2%	0%	0%	1%	0%
Southeast Region	51%	46%	42%	14%	11%	13%	5%	11%	5%	3%	2%	3%	1%	0%	2%	1%
Pueblo County	48%	44%	43%	9%	9%	8%	6%	8%	3%	4%	2%	2%	1%	1%	2%	0%
San Luis Valley Region	50%	50%	41%	15%	13%	12%	8%	8%	6%	4%	3%	5%	1%	1%	2%	1%
San Juan Basin Region	42%	38%	35%	14%	8%	8%	3%	7%	5%	2%	2%	2%	0%	3%	0%	1%
Western Slope Region	37%	45%	30%	12%	8%	8%	7%	7%	4%	1%	3%	2%	1%	0%	3%	1%
Northwest Region	41%	35%	32%	7%	7%	5%	4%	7%	5%	1%	2%	1%	1%	0%	1%	0%
North Central Mountain Region	27%	22%	23%	6%	4%	2%	4%	3%	3%	2%	2%	1%	0%	0%	1%	0%
Central Mountain Region	42%	43%	32%	10%	5%	10%	4%	6%	7%	3%	2%	2%	1%	1%	2%	1%
Huerfano-Las Animas Region	52%	49%	43%	15%	12%	12%	8%	10%	6%	4%	5%	3%	0%	0%	2%	2%
Overall	43%	41%	35%	9%	7%	7%	4%	7%	4%	2%	2%	2%	1%	1%	1%	0%

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

September 2004

	Percent of respondents who need "some help" or "cannot do this at all"															
	Do repairs	Do heavy housework	Do yard work and snow shovelling	Do light housework	Shopping	Use transportation	Walk	Meal preparation	Manage money	Manage medications	Bathe	Get in and out of bed or a chair	Use a telephone	Eat	Dress yourself	Use the toilet
Please tell me if you can do each of the following activities without any help, with some help or if you cannot do this at all. Can you...																
Males 60-74	17%	21%	14%	4%	3%	2%	3%	3%	3%	2%	1%	1%	0%	0%	1%	0%
Males 75-84	34%	40%	30%	8%	7%	5%	5%	6%	4%	3%	2%	1%	1%	0%	2%	1%
Males 85+	51%	50%	51%	20%	6%	12%	10%	12%	4%	8%	1%	2%	1%	1%	3%	1%
Females 60-74	51%	43%	38%	8%	5%	5%	6%	3%	3%	1%	2%	2%	1%	1%	1%	0%
Females 75-84	73%	64%	58%	14%	11%	14%	11%	5%	6%	2%	1%	2%	1%	0%	1%	1%
Females 85+	85%	79%	81%	29%	30%	28%	21%	12%	13%	11%	7%	3%	3%	2%	4%	1%
Overall	43%	41%	35%	9%	7%	7%	7%	4%	4%	2%	2%	2%	1%	1%	1%	0%
Hispanic	49%	51%	44%	10%	9%	10%	8%	6%	4%	3%	3%	3%	1%	0%	1%	1%
Not Hispanic	42%	40%	34%	9%	7%	7%	6%	4%	4%	2%	2%	2%	1%	1%	1%	0%
Overall	43%	41%	35%	9%	7%	7%	7%	4%	4%	2%	2%	2%	1%	1%	1%	0%
White	42%	40%	35%	9%	7%	7%	6%	4%	4%	2%	2%	2%	1%	1%	1%	0%
Not white	49%	50%	41%	11%	9%	8%	8%	7%	5%	4%	4%	3%	0%	0%	3%	1%
Overall	43%	41%	35%	9%	7%	7%	7%	4%	4%	2%	2%	2%	1%	1%	1%	0%
Rent	62%	58%	59%	18%	14%	15%	14%	8%	6%	4%	3%	3%	1%	1%	2%	0%
Own	39%	37%	30%	7%	5%	5%	5%	4%	3%	2%	1%	1%	1%	0%	1%	1%
Overall	43%	41%	35%	9%	7%	7%	7%	4%	4%	2%	2%	2%	1%	1%	1%	0%

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

September 2004

	Percent of respondents who need "some help" or "cannot do this at all"															
	Do repairs	Do heavy housework	Do yard work and snow shovelling	Do light housework	Shopping	Use transportation	Walk	Meal preparation	Manage money	Manage medications	Bathe	Get in and out of bed or a chair	Use a telephone	Eat	Dress yourself	Use the toilet
Please tell me if you can do each of the following activities without any help, with some help or if you cannot do this at all. Can you...																
Lives alone	57%	50%	48%	13%	10%	11%	10%	4%	5%	3%	2%	2%	1%	0%	1%	1%
Lives with others	36%	36%	28%	7%	5%	5%	5%	4%	3%	2%	2%	2%	1%	1%	1%	0%
Overall	43%	41%	35%	9%	7%	7%	7%	4%	4%	2%	2%	2%	1%	1%	1%	0%
Less than \$15,000	66%	61%	58%	18%	14%	18%	15%	7%	6%	3%	6%	5%	1%	2%	3%	1%
\$15,000 to less than \$30,000	52%	48%	43%	10%	8%	7%	9%	5%	4%	2%	2%	3%	1%	1%	2%	0%
\$30,000 or more	28%	27%	21%	4%	2%	3%	2%	3%	2%	2%	1%	1%	1%	0%	1%	0%
Overall	43%	41%	35%	9%	7%	7%	7%	4%	4%	2%	2%	2%	1%	1%	1%	0%
High School or less	53%	47%	44%	11%	10%	9%	9%	6%	5%	3%	3%	2%	1%	1%	2%	1%
Some college or more	38%	37%	30%	8%	5%	6%	5%	3%	3%	2%	1%	2%	1%	0%	1%	0%
Overall	43%	41%	35%	9%	7%	7%	7%	4%	4%	2%	2%	2%	1%	1%	1%	0%
Limited physically	72%	76%	70%	25%	19%	18%	20%	11%	7%	5%	5%	5%	2%	1%	3%	1%
Not limited	31%	27%	21%	3%	2%	3%	1%	2%	3%	1%	0%	0%	0%	0%	0%	0%
Overall	43%	41%	35%	9%	7%	7%	7%	4%	4%	2%	2%	2%	1%	1%	1%	0%

## Number of Older Adults Experiencing Difficulty with Activities in the State

The total number of statewide older adults who needed at least “some help” with various activities was calculated from the survey data. Older adults with the greatest difficulty in these areas may not have been able to make it to the phone, which may make these estimates lower than the incidence in the state as a whole.

Table 22: Activities Ability: Estimated Numbers of Older Residents in the State

Please tell me if you can do each of the following activities without any help, with some help or if you cannot do this at all. Can you...	Percent of population affected*	Number of residents affected (N=619,973)**
Do repairs	43%	266,288
Do heavy housework	41%	252,373
Do yard work and snow shoveling	35%	217,201
Do light housework	9%	56,651
Use transportation	7%	42,767
Shopping	7%	42,196
Walk	7%	40,325
Meal preparation	4%	26,955
Manage money	4%	24,936
Manage medications	2%	15,168
Get in and out of bed or a chair	2%	11,567
Bathe	2%	10,913
Dress yourself	1%	7,219
Use a telephone	1%	4,315
Eat	1%	3,229
Use the toilet	0%	2,942

\*Includes respondents who said that they need "some help" or "cannot do this at all."

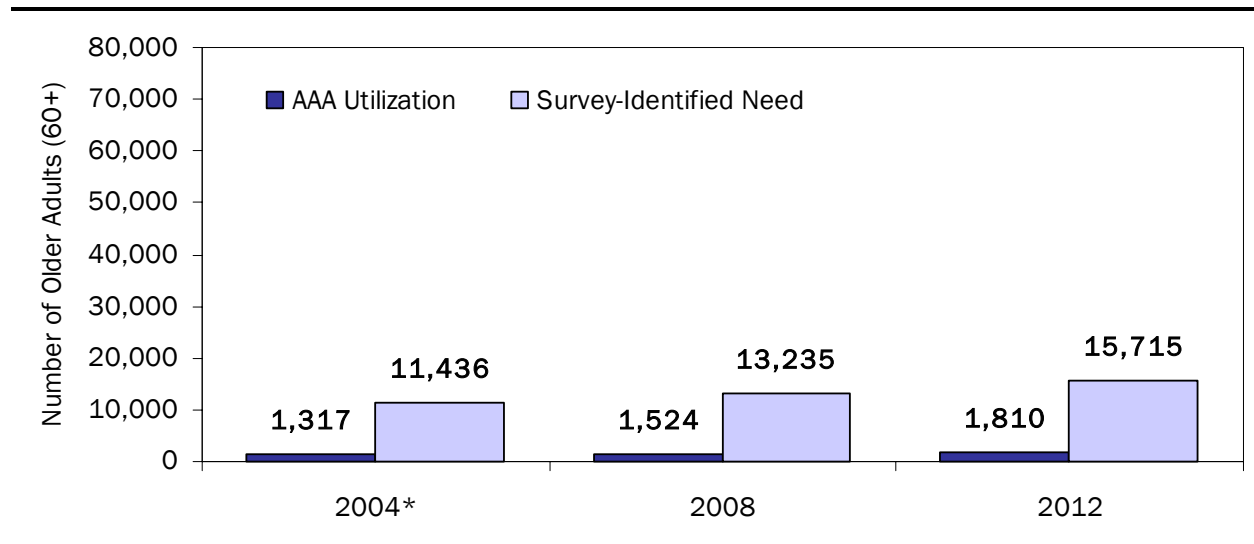
\*\*The total number of older adults living in the state is based on the Colorado State Department of Local Affairs' population estimates.

### 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.

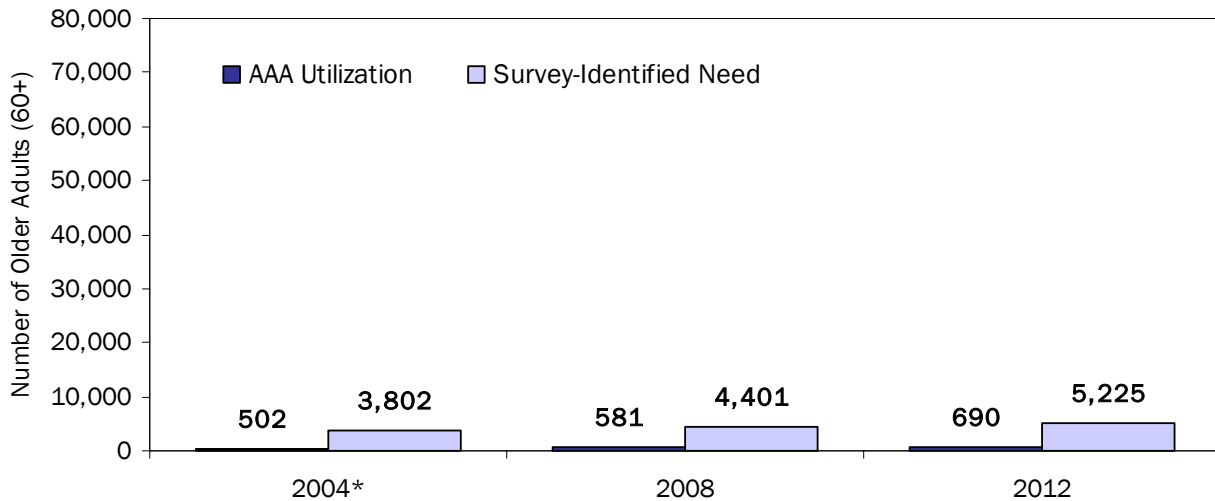
**Figure 37: Current and Projected AAA Utilization and Estimated Need for the Service: Homemaker**



\* 2004 AAA utilization estimates are based on 2003 end-of-year figures.

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.

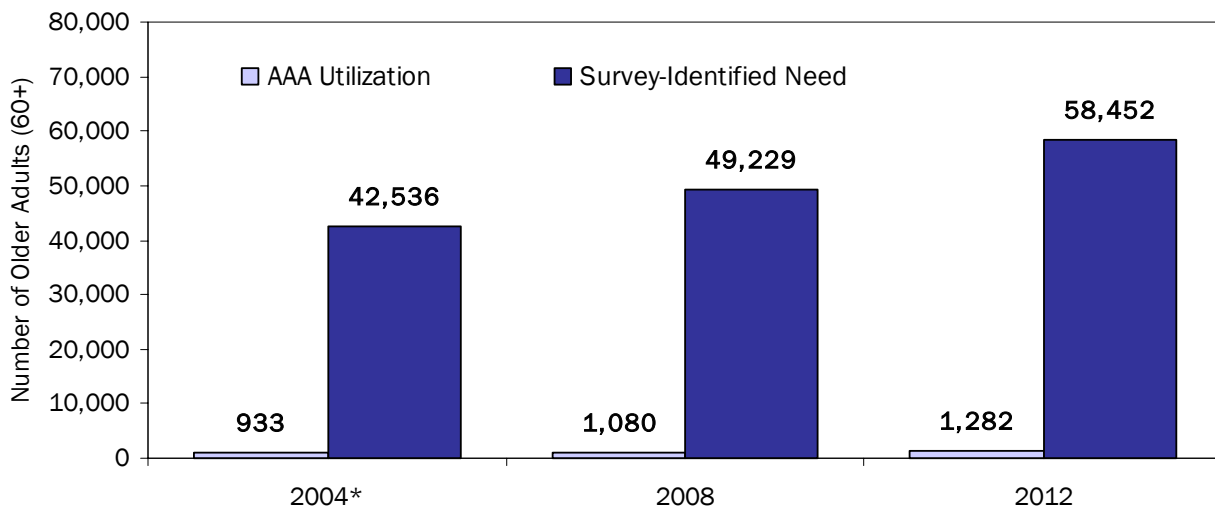
**Figure 38: Current and Projected AAA Utilization and Estimated Need for the Service: Personal Care**



\* 2004 AAA utilization estimates are based on 2003 end-of-year figures.

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.

**Figure 39: Current and Projected AAA Utilization and Estimated Need for the Service: Chore**



\* 2004 AAA utilization estimates are based on 2003 end-of-year figures.

**Table 23: Current and Projected AAA Utilization and Estimated Need for the Service: Homemaker**

	Number of Persons Utilizing or Needing Service	Number per 1,000 Population	Units per Client‡	Number of Units of Service Provided or Needed	Units per 1,000 Population
AAA Utilization					
2004*	1,317	2.12	41.28	54,363	87.69
2008†	1,524	2.12	41.28	62,917	87.69
2012†	1,810	2.12	41.28	74,704	87.69
Survey-Identified Need					
2004	11,436	18.45	41.28	472,045	761.40
2008†	13,235	18.45	41.28	546,322	761.40
2012†	15,715	18.45	41.28	648,667	761.40

\* 2004 estimates are based on 2003 end-of-year figures.

† Figures were derived for these years by assuming a constant utilization rate or rate of need

‡ It was assumed that those needing the service, as defined by the survey, would use the same number of units of service as those currently receiving the service.

**Table 24: Current and Projected AAA Utilization and Estimated Need for the Service: Personal Care**

	Number of Persons Utilizing or Needing Service	Number per 1,000 Population	Units per Client‡	Number of Units of Service Provided or Needed	Units per 1,000 Population
AAA Utilization					
2004*	502	0.81	27.19	13,647	22.01
2008†	581	0.81	27.19	15,795	22.01
2012†	690	0.81	27.19	18,754	22.01
Survey-Identified Need					
2004	3,802	6.13	27.19	103,368	166.73
2008†	4,401	6.13	27.19	119,634	166.73
2012†	5,225	6.13	27.19	142,045	166.73

\* 2004 estimates are based on 2003 end-of-year figures.

† Figures were derived for these years by assuming a constant utilization rate or rate of need

‡ It was assumed that those needing the service, as defined by the survey, would use the same number of units of service as those currently receiving the service.

**Table 25: Current and Projected AAA Utilization and Estimated Need for the Service: Chore**

	Number of Persons Utilizing or Needing Service	Number per 1,000 Population	Units per Client‡	Number of Units of Service Provided or Needed	Units per 1,000 Population
AAA Utilization					
2004*	933	1.50	6.94	6,471	10.44
2008†	1,080	1.50	6.94	7,489	10.44
2012†	1,282	1.50	6.94	8,892	10.44
Survey-Identified Need					
2004	42,536	68.61	6.94	294,996	475.82
2008†	49,229	68.61	6.94	341,413	475.82
2012†	58,452	68.61	6.94	405,372	475.82

\* 2004 estimates are based on 2003 end-of-year figures.

† Figures were derived for these years by assuming a constant utilization rate or rate of need

‡ It was assumed that those needing the service, as defined by the survey, would use the same number of units of service as those currently receiving the service.



## Key Informant Findings on In-home Support

### Specific Problems

About half of the key informant interview respondents felt that performing the activities of daily living was at least a “minor” problem for older adults in their community, with 41% reporting this to be a “major” problem. According to the key informants who believed that ADLs were a “major” problem, lack of services that would allow older adults to stay in their homes was the primary reason for their opinion: “We see a lot of people that have to move from their preferred living situation because they don't have aids to daily living.”

*Lack of resources for folks with mental illness and other medical problems, problem is getting enough services to allow them to live independently as possible without going to the nursing home or group home. They just need some ADL help.*

Affordability of services also was a concern.

*The State has cut back on the home care allowance. The home care community based services have been cut. We're not taking on any new clients and it's an excellent program.*

*Don't have adequate funding under Medicaid to assist [older adults] in buying the services, and don't have the work force to meet the need.*

### Barriers to Getting In-Home Care Needs Met

A lack of availability of services in general, as well as services designed to help older adults stay in their homes were issues listed most frequently as barriers to meeting in-home support needs. Service affordability was also a barrier, as was insurance. A handful of respondents discussed a lack of case management and coordinated services.

**Table 26: Key Informants: Barriers to Meeting Needs - Performing Activities of Everyday Living**

	Number of Respondents
Availability of services	10
Service To help support staying in the home	9
Service affordability	8
Case management and coordination of services	3
Health insurance and prescription costs	2
Awareness of in-home services	2
Reliance on family and community	2

## **Nutrition and Food Security**

### **Overview**

It may be hard to believe that any American could go hungry given the vast network of family or friends, government, not-for profit and religious organizations that support the basic needs of people who may be too poor or frail to provide food for them. Still, there is a small but growing group of older Americans who struggle to get enough or the right kinds of food for good health. Though it is unlikely that many are starving, knowing more about the magnitude of problems with nutrition and adequacy of food consumption and barriers to solving those problems will help planners to understand the groups most often in need of assistance.

Poor physical health, mental health and socioeconomic conditions are risk factors most often identified with malnutrition in older adults. In addition, social supports play a significant role in older adults getting their nutritional needs met. Therefore, older adults living and/or eating alone are known to have worse nutritional outcomes. Homebound older adults and those who need help to remain living in their homes have been particularly vulnerable to nutritional problems.

Nutrition and food security information captured by the survey is included in this section. Food security is having access to enough affordable food that is healthy and the kind that individuals want to eat.

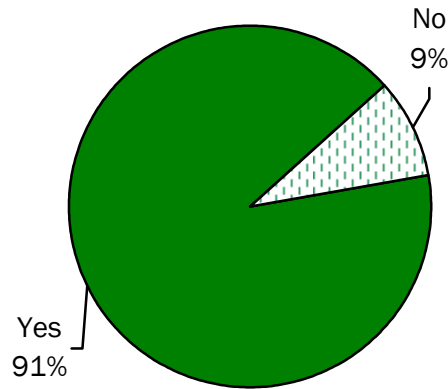
Congregate meals are provided at a nutrition site, senior center or some other congregate setting and “assure a nutritionally balanced diet and provide opportunity for socialization” (Colorado Department of Human Services: Division of Aging and Adult Services, 2003, p. 62). Home-delivered meals are provided in an older adult’s home and are available to individuals who are unable to leave their home. Other nutrition and food security services offered by an AAA include “nutrition screening, assessment, education and counseling” to help older adults learn to shop, plan and prepare meals that are healthy, economical and meet any special dietary needs (Colorado Department of Human Services: Division of Aging and Adult Services, 2003, p. 62). Older adults may receive these services through local service providers and Area Agencies on Aging.

### Complete Meals

When asked about whether they ate two or more complete meals a day, 91% of survey respondents said that they did. One in ten reported not eating at least two complete meals each day.

Figure 40: Two or More Complete Meals a Day

**Do you eat two or more complete meals a day?**

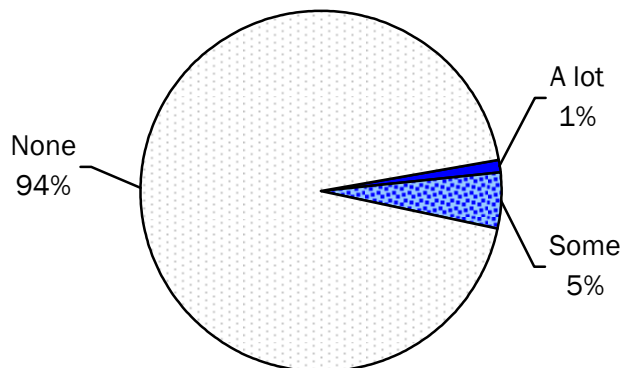


### Potential Problems Related to Nutrition and Food Security

In addition to asking about respondents' eating habits, a set of questions probed respondents' difficulties in getting and affording food. Six percent of respondents reported having needed "some" or "a lot" of help getting enough food or the right kinds of food to eat.

Figure 41: Help Needed Getting Food

**In the past 2 months, how much help have you needed trying to get 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.

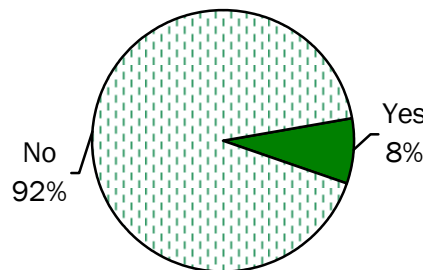
**Table 27: Frequency of Food Affordability Issues**

The following are statements people have made about the food in their household. Please tell me how often this statement has been true for your household in the last 30 days.	Percent of respondents			
	Frequently	Sometimes	Never	Total
We were not able to afford the kinds of food we wanted to eat	3%	7%	90%	100%
We were not able to afford to eat healthier meals	2%	5%	93%	100%
We were not able to afford enough food to eat	1%	3%	97%	100%

Nearly one in ten older adults (8%) reported having lost ten or more pounds in the previous six months without intending to.

**Figure 42: Unintentional Weight Loss in Last 6 Months**

**Have you lost ten or more pounds in the past 6 months without meaning to?**



**Nutrition and Food Security Compared by Respondent Characteristics**

Patterns similar to those seen in previous comparisons arose when looking at differences among subgroups of survey respondents regarding nutrition and food security.

- ◆ 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 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.

**Table 28: Nutrition and Food Security: Comparisons by Respondent Characteristics**

		Percent of respondents						
	Does not eat two or more complete meals a day	In the past 2 months, how much help have you needed trying to get enough food or the right kinds of food to eat?*	Have you lost ten or more pounds in the past 6 months without meaning to?	We were not able to afford enough food to eat**	We were not able to afford the kinds of food we wanted to eat**	We were not able to afford healthier meals**		
Northeast Region	11%	8%	10%	7%	14%	8%		
Larimer County	10%	6%	8%	2%	11%	9%		
Weld County	10%	7%	9%	4%	11%	9%		
DRCOG Denver Metro Area	9%	5%	8%	3%	8%	6%		
Boulder County	8%	5%	7%	2%	8%	5%		
Pikes Peak Region	8%	7%	8%	4%	10%	10%		
East Central Region	6%	7%	11%	4%	14%	9%		
Southeast Region	10%	6%	6%	4%	10%	8%		
Pueblo County	8%	6%	10%	5%	13%	8%		
San Luis Valley Region	6%	11%	10%	6%	15%	12%		
San Juan Basin Region	11%	12%	13%	5%	12%	11%		
Western Slope Region	10%	9%	11%	2%	13%	6%		
Northwest Region	9%	5%	8%	2%	8%	6%		
North Central Mountain Region	8%	5%	5%	2%	6%	5%		
Central Mountain Region	11%	9%	9%	5%	15%	11%		
Huerfano-Las Animas Region	8%	14%	9%	8%	16%	10%		
Overall	9%	6%	8%	3%	10%	7%		
Males 60-74	9%	3%	6%	3%	7%	5%		
Males 75-84	6%	4%	9%	2%	7%	6%		
Males 85+	4%	7%	8%	3%	5%	6%		
Females 60-74	11%	7%	8%	6%	14%	11%		
Females 75-84	9%	7%	9%	2%	8%	5%		
Females 85+	11%	18%	15%	2%	6%	6%		
Overall	9%	6%	8%	3%	10%	7%		

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

September 2004

	Percent of respondents					
	Does not eat two or more complete meals a day	In the past 2 months, how much help have you needed trying to get enough food or the right kinds of food to eat?*	Have you lost ten or more pounds in the past 6 months without meaning to?	We were not able to afford enough food to eat**	We were not able to afford the kinds of food we wanted to eat**	We were not able to afford to eat healthier meals**
Hispanic	9%	13%	11%	10%	19%	16%
Not Hispanic	9%	5%	8%	3%	9%	6%
Overall	9%	6%	8%	3%	10%	7%
White	9%	6%	8%	3%	9%	6%
Not white	10%	12%	10%	9%	18%	14%
Overall	9%	6%	8%	3%	10%	7%
Rent	16%	12%	13%	9%	19%	15%
Own	8%	5%	7%	2%	8%	5%
Overall	9%	6%	8%	3%	10%	7%
Lives alone	13%	10%	11%	5%	12%	9%
Lives with others	7%	4%	7%	3%	8%	6%
Overall	9%	6%	8%	3%	10%	7%
Less than \$15,000	20%	17%	13%	12%	25%	24%
\$15,000 to less than \$30,000	12%	7%	9%	5%	14%	10%
\$30,000 or more	6%	2%	6%	1%	5%	3%
Overall	9%	6%	8%	3%	10%	7%
High School or less	12%	9%	9%	5%	13%	10%
Some college or more	8%	5%	7%	3%	8%	5%
Overall	9%	6%	8%	3%	10%	7%
Limited physically	15%	13%	16%	7%	19%	15%
Not limited	7%	3%	5%	2%	6%	4%
Overall	9%	6%	8%	3%	10%	7%

\* Needed "some" or "a lot" of help.

\*\* "Frequently" or "sometimes" could not afford.

**Number of Older Adults with Nutrition and Food Security Problems in the State**

The prevalence of nutrition and food security issues in the state was estimated based on the survey data. The estimated numbers of residents may represent the most positive scenario.

**Table 29: Nutrition and Food Security: Estimated Numbers of Older Residents in the State**

	Percent of population affected	Number of residents affected (N=619,973)***
Does not eat two or more complete meals a day	9%	56,857
In the past 2 months, how much help have you needed trying to get enough food or the right kinds of food to eat?*	6%	37,495
Have you lost ten or more pounds in the past 6 months without meaning to?	8%	50,741
We were not able to afford enough food to eat**	3%	21,394
We were not able to afford the kinds of food we wanted to eat**	10%	59,647
We were not able to afford to eat healthier meals**	7%	43,406

\* Needed “some” or “a lot” of help.

\*\* “Frequently” or “sometimes” could not afford.

\*\*\*The total number of older adults living in the state is based on the Colorado State Department of Local Affairs’ population estimates.

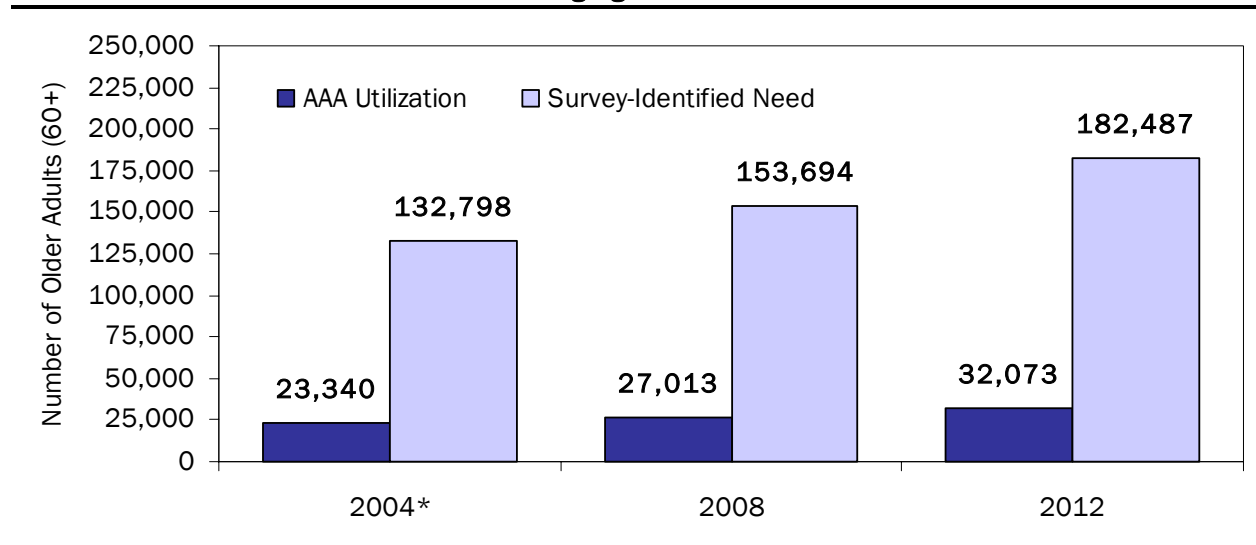
## Current and Projected Users of Nutrition and Food Security Services

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

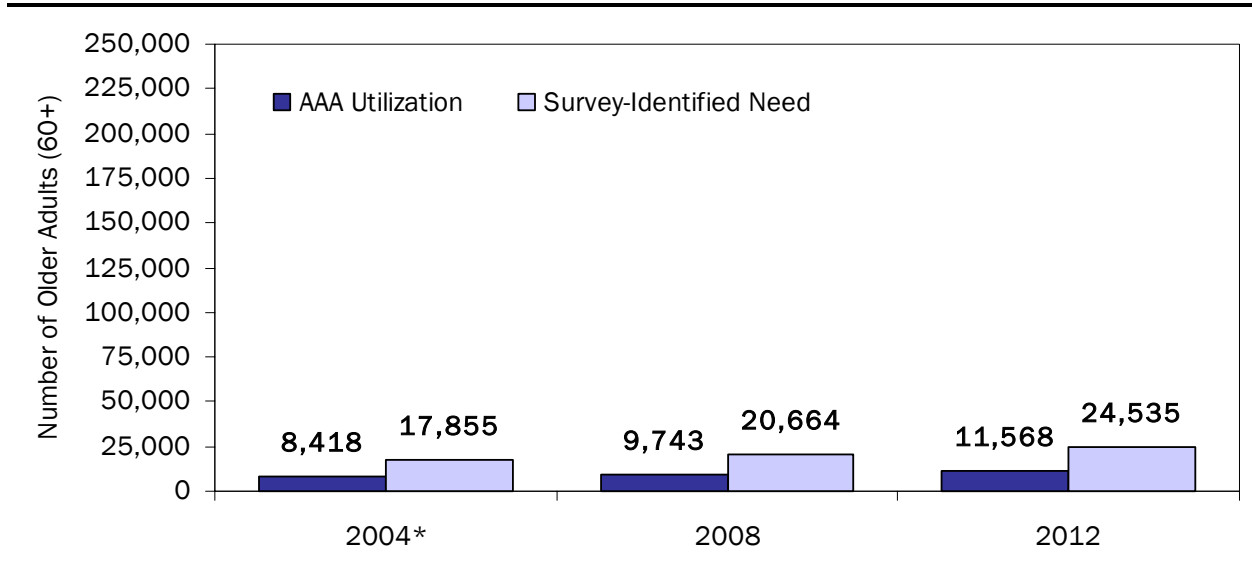
**Figure 43: Current and Projected AAA Utilization and Estimated Need for the Service: Congregate Meals**



\* 2004 AAA utilization estimates are based on 2003 end-of-year figures.



Figure 44: Current and Projected AAA Utilization and Estimated Need for the Service: Home-Delivered Meals



\* 2004 AAA utilization estimates are based on 2003 end-of-year figures.

**Table 30: Current and Projected AAA Utilization and Estimated Need for the Service:  
Congregate Meals**

	Number of Persons Utilizing or Needing Service	Number per 1,000 Population	Units per Client‡	Number of Units of Service Provided or Needed	Units per 1,000 Population
AAA Utilization					
2004*	23,340	37.65	40.29	940,330	1,516.73
2008†	27,013	37.65	40.29	1,088,292	1,516.73
2012†	32,073	37.65	40.29	1,292,168	1,516.73
Survey-Identified Need					
2004	132,798	214.20	40.29	5,350,223	8,629.76
2008†	153,694	214.20	40.29	6,192,086	8,629.76
2012†	182,487	214.20	40.29	7,352,084	8,629.76

\* 2004 estimates are based on 2003 end-of-year figures.

† Figures were derived for these years by assuming a constant utilization rate or rate of need

‡ It was assumed that those needing the service, as defined by the survey, would use the same number of units of service as those currently receiving the service.

**Table 31: Current and Projected AAA Utilization and Estimated Need for the Service:  
Home-Delivered Meals**

	Number of Persons Utilizing or Needing Service	Number per 1,000 Population	Units per Client‡	Number of Units of Service Provided or Needed	Units per 1,000 Population
AAA Utilization					
2004*	8,418	13.58	124.95	1,051,824	1,696.56
2008†	9,743	13.58	124.95	1,217,330	1,696.56
2012†	11,568	13.58	124.95	1,445,379	1,696.56
Survey-Identified Need					
2004	17,855	28.80	124.95	2,230,927	3,598.42
2008†	20,664	28.80	124.95	2,581,965	3,598.42
2012†	24,535	28.80	124.95	3,065,659	3,598.42

\* 2004 estimates are based on 2003 end-of-year figures.

† Figures were derived for these years by assuming a constant utilization rate or rate of need

‡ It was assumed that those needing the service, as defined by the survey, would use the same number of units of service as those currently receiving the service.

## Key Informant Findings on Nutrition and Food Security

### Specific Problems

Few key informants (15%) were concerned that having enough to eat was a “major” problem for older adults in their communities. Eight-five percent of these respondents felt that food security posed only a “minor” or “no problem” to older adults.

However, the theme of being able to afford to eat a balanced meal dominated the reasons offered for why “having enough food to eat is a major problem.” Some key informants explained that, for some older adults, having access to food does not mean that the food is fresh or nutritious. Other older adults are choosing between purchasing food, rent and prescription medications. Still other older adults have limited ability to prepared foods due to physical constraints or having lost the desire to eat.

*Just getting groceries can be a challenge. Have good food banks; senior center provides meals. This area has a high cost of living, if on a fixed income. Just paying for food, decision to eat or to take medications, often can't afford them both. Getting someone to shop for you, getting around in the store, like in a large Wal-mart. Getting yourself to a shopping cart to use as a walker is difficult. Hiring someone to pick up prescriptions... is difficult. Stores used to deliver, now a few will do it for a fee. High cost of food too. Many on special diets and that's difficult. Must do a lot of frozen meals if they have to stay off their feet, but frozen meals cost more and aren't good for diet. Even delivered meals don't meet special needs; meals aren't diabetic. [Older adults] get a meal but not something they should be eating.*

*If we didn't have meals at the site, they wouldn't get a balanced meal. We hear about seniors taking food out of the dumpster. We ask that people donate \$2.50/meal for lunch and most can't afford that. We're not going to let people go hungry. We'll send it to them whether they can pay or not.*

*Accessing fresh fruits/vegetables and nutritious foods is a problem...Older adults, frail elderly, not able to prepare their foods and don't prepare well-balanced meals.*

*No appetite, being depressed, being lonely, appetite naturally decreases, lose the will to want to eat, doesn't want to eat alone even when get Meals on Wheels.*

### **Barriers to Getting Needs Met**

For the few respondents discussing the barriers older adults face trying to get enough food and maintaining good nutrition, availability of services and quality of the food available were issues. Transportation issues, such as not being able to transport meals to all areas of the county or providing transportation to congregate meals sites, were also frequently mentioned as barriers to getting nutrition needs met. Concerns such as lack of interest in eating and preparing food were social barriers impeding older adults' ability to eat nutritiously.

**Table 32: Key Informants: Barriers to Meeting Needs - Getting Enough Food**

	Number of Respondents
Availability of services	3
Quality of food and diet	2
Transportation	2
Desire and ability to prepare and eat meals	2
Affordability of services	1
Awareness of services	1

## Transportation

### Overview

Older Coloradans face special challenges to get where they want to go, whether they live in urban areas well accessed by public transportation or rural areas where public transportation is less available. They may find it especially difficult to walk to transit stops once they have given up driving or they may be too self-conscious to ask for rides from others.

The numbers of trips and mileage traveled have been increasing among older adults for more than three decades. In thinking about the transportation needs of older adults, it is important to remember that older adults both will contribute to and be exposed to increased environmental pollution, energy consumption and congestion caused by transportation. Safety on the roads will be a growing issue because older adults increasingly live alone and they must drive to maintain their mobility and independence (Rosenbloom, 2003).

Nothing saps the feeling of independence like barriers to mobility so this section of the report describes the kind and frequency of problems that older adults have encountered getting the transportation they need and the obstacles that have inhibited solutions to those problems.

Area Agencies on Aging provide transportation through local services providers for “medical appointments, grocery shopping, meal sites, etc.” (Colorado Department of Human Services: Division of Aging and Adult Services, 2003, p. 62). Curb-to-curb services are provided as well as assisted transportation for persons with physical or cognitive difficulties.

### Use of Transportation

The transportation section of the survey probed respondents’ transportation habits and needs. 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%).

**Table 33: Transportation Mode Used for Most of Local Trips**

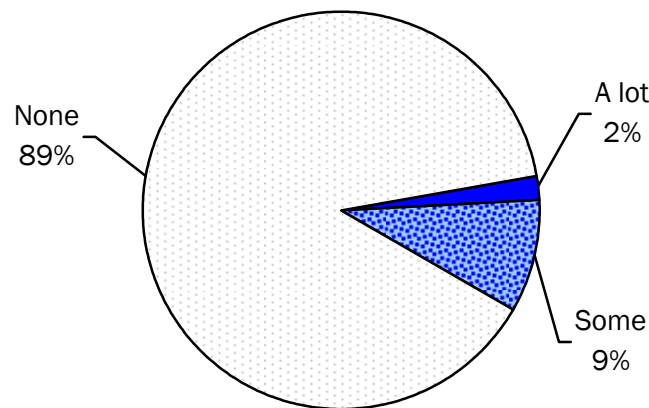
For most of your local trips, how do you travel?	Percent of respondents
Drive or ride in a car	95%
Take public transportation	2%
Take a senior van, shuttle, or minibus	2%
Walk	1%
Take a taxi	0%
Other	0%
Total	100%

## 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.

Figure 45: Frequency of Needing Transportation Help

**In the past 12 months, how much help have you needed getting or arranging transportation?**



### Difficulty with Transportation Compared by Respondent Characteristics

When comparing transportation needs by respondent characteristics, some differences appeared among subgroups of respondents.

- ◆ 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 with getting or arranging transportation increased dramatically with age.
- ◆ Hispanic 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.

**Table 34: Transportation Difficulties: Comparison by Respondent Characteristics**

In the past 12 months, how much help have you needed getting or arranging transportation?	Percent of respondents			
	A lot	Some	None	Total
Northeast Region	2%	8%	90%	100%
Larimer County	2%	7%	91%	100%
Weld County	3%	8%	89%	100%
DRCOG Denver Metro Area	2%	8%	90%	100%
Boulder County	1%	8%	91%	100%
Pikes Peak Region	2%	13%	85%	100%
East Central Region	2%	11%	87%	100%
Southeast Region	3%	12%	85%	100%
Pueblo County	5%	6%	89%	100%
San Luis Valley Region	3%	18%	79%	100%
San Juan Basin Region	4%	7%	89%	100%
Western Slope Region	2%	5%	93%	100%
Northwest Region	2%	8%	90%	100%
North Central Mountain Region	2%	8%	90%	100%
Central Mountain Region	2%	7%	91%	100%
Huerfano-Las Animas Region	3%	17%	81%	100%
<i>Overall</i>	2%	9%	89%	100%
Males 60-74	1%	4%	95%	100%
Males 75-84	1%	7%	92%	100%
Males 85+	2%	6%	92%	100%
Females 60-74	2%	9%	89%	100%
Females 75-84	3%	14%	82%	100%
Females 85+	6%	23%	70%	100%
<i>Overall</i>	2%	9%	89%	100%
Hispanic	4%	12%	84%	100%
Not Hispanic	2%	9%	90%	100%
<i>Overall</i>	2%	9%	89%	100%
White	2%	9%	90%	100%
Not white	4%	11%	85%	100%
<i>Overall</i>	2%	9%	89%	100%
Rent	5%	16%	79%	100%
Own	1%	7%	92%	100%
<i>Overall</i>	2%	9%	89%	100%
Lives alone	4%	15%	81%	100%
Lives with others	1%	5%	94%	100%
<i>Overall</i>	2%	9%	89%	100%

In the past 12 months, how much help have you needed getting or arranging transportation?	Percent of respondents			
	A lot	Some	None	Total
Less than \$15,000	10%	20%	71%	100%
\$15,000 to less than \$30,000	1%	12%	87%	100%
\$30,000 or more	1%	5%	95%	100%
<i>Overall</i>	2%	9%	89%	100%
High School or less	3%	10%	86%	100%
Some college or more	1%	8%	91%	100%
<i>Overall</i>	2%	9%	89%	100%
Limited physically	6%	17%	77%	100%
Not limited	1%	6%	94%	100%
<i>Overall</i>	2%	9%	89%	100%

**Number of Older Adults with Transportation Needs in the State**

Based on the survey data, estimates of the total number of state of Colorado residents affected by transportation issues were calculated. It is likely that more older adults in the state need help with transportation than these estimates reflect.

**Table 35: Transportation Help Needed: Estimated Numbers of Older Residents in the State**

In the past 12 months, how much help have you needed getting or arranging transportation?	Percent of respondents	Number of residents affected (N=619,973)*
A lot	2%	12,649
Some	9%	54,589
None	89%	552,735

*\*The total number of older adults living in the state is based on the Colorado State Department of Local Affairs' population estimates.*



In addition to the general question about how often respondents had needed help getting or arranging for 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.

**Table 36: Frequency of Transportation Difficulties**

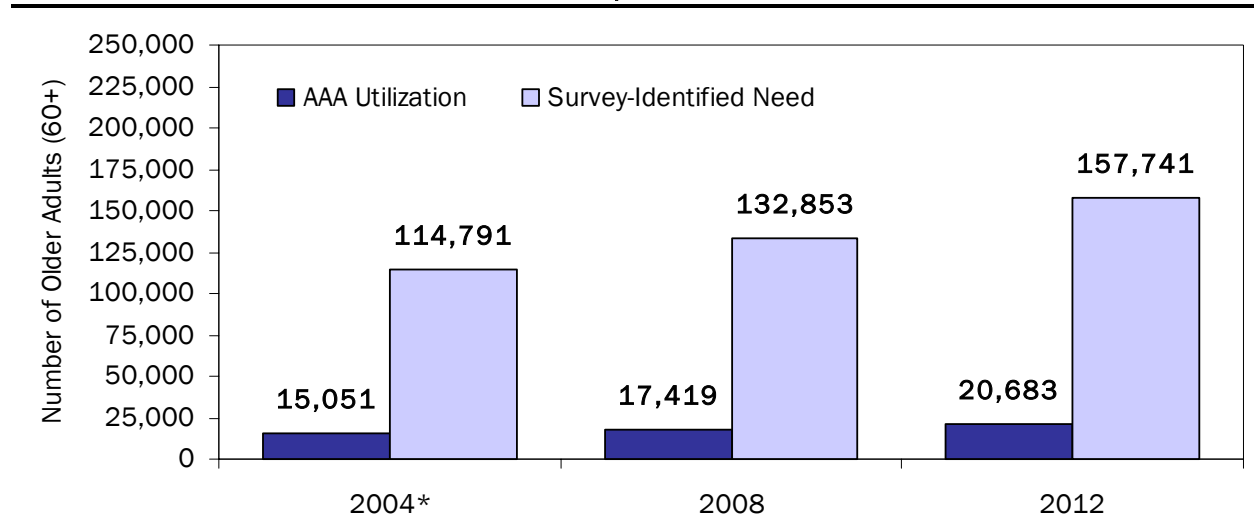
How often has it been difficult for you to arrange transportation for each of the following kinds of activities?	Percent of respondents			
	Frequently	Sometimes	Never	Total
Medical trips	1%	5%	93%	100%
Personal errands	1%	5%	94%	100%
Shopping	1%	4%	94%	100%
Recreational or social trips	1%	4%	94%	100%

**Current and Projected Users of Transportation Services**

AAAs 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 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. They were 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.

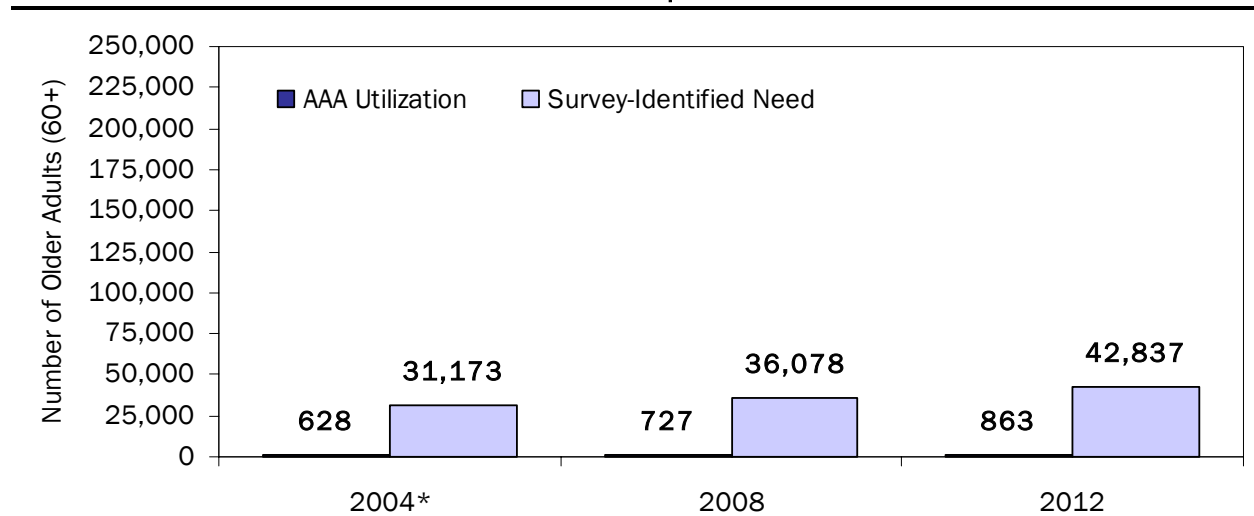
**Figure 46: Current and Projected AAA Utilization and Estimated Need for the Service: Transportation**



\* 2004 AAA utilization estimates are based on 2003 end-of-year figures.

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.

**Figure 47: Current and Projected AAA Utilization and Estimated Need for the Service: Assisted Transportation**



\* 2004 AAA utilization estimates are based on 2003 end-of-year figures.

**Table 37: Current and Projected AAA Utilization and Estimated Need for the Service: Transportation**

	Number of Persons Utilizing or Needing Service	Number per 1,000 Population	Units per Client‡	Number of Units of Service Provided or Needed	Units per 1,000 Population
AAA Utilization					
2004*	15,051	24.28	28.75	432,686	697.91
2008†	17,419	24.28	28.75	500,769	697.91
2012‡	20,683	24.28	28.75	594,581	697.91
Survey-Identified Need					
2004	114,791	185.15	28.75	3,299,998	5,322.80
2008†	132,853	185.15	28.75	3,819,255	5,322.80
2012‡	157,741	185.15	28.75	4,534,738	5,322.80

\* 2004 estimates are based on 2003 end-of-year figures.

† Figures were derived for these years by assuming a constant utilization rate or rate of need

‡ It was assumed that those needing the service, as defined by the survey, would use the same number of units of service as those currently receiving the service.

**Table 38: Current and Projected AAA Utilization and Estimated Need for the Service: Assisted Transportation**

	Number of Persons Utilizing or Needing Service	Number per 1,000 Population	Units per Client‡	Number of Units of Service Provided or Needed	Units per 1,000 Population
AAA Utilization					
2004*	628	1.01	39.84	25,020	40.36
2008†	727	1.01	39.84	28,957	40.36
2012‡	863	1.01	39.84	34,382	40.36
Survey-Identified Need					
2004	31,173	50.28	39.84	1,241,966	2,003.26
2008†	36,078	50.28	39.84	1,437,390	2,003.26
2012‡	42,837	50.28	39.84	1,706,664	2,003.26

\* 2004 estimates are based on 2003 end-of-year figures.

† Figures were derived for these years by assuming a constant utilization rate or rate of need

‡ It was assumed that those needing the service, as defined by the survey, would use the same number of units of service as those currently receiving the service.

## 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.

Table 39: Transportation Needs

When you have trouble getting the transportation you need, what would you say is the main reason?	Percent of respondents*
Car doesn't work/problems with vehicle	39%
Have to rely on others	17%
Not available when I need to go	13%
Not available in my community	8%
Can't afford it	6%
Transportation does not go where I need to go	6%
Have trouble getting around without someone to help	4%
Weather	4%
Disability/health-related	3%
Unfamiliar with transportation options or system	1%
Don't know who to call	1%
Too far/Distance-related	1%
Other	3%

\*Total may exceed 100% as respondents could select more than one category.

## Key Informant Findings on Transportation

### Specific Problems

Key informants indicated that they considered transportation to be the greatest problem facing older adults in their communities. Seventy percent of respondents believe inadequate transportation to be a “major” problem. Another 28% of respondents said inadequate transportation was a “minor” problem.

Those who cited transportation as a “major” problem described the limited transportation services in many communities. Examples included services not being provided after dark, services needing to be scheduled in advance that may or may not include door-to-door service. Respondents also mentioned that older adult participation in the available services was not maximized. In addition, issues of accessibility come into play due to lack of lifts, streets without curbs, and the winter weather.

*Without transportation, can't go anywhere, do anything. Can't get medical needs met, can't shop, can't visit friends and family, can't do the things we take for granted. Everything doesn't need to be a major problem to be a need.*

*In the more rural areas public transportation isn't available. Problem is there isn't a critical mass to support public transportation so I don't know how you solve that one.*

*We now have a nice transportation system. Where the need is, the transportation isn't. I can walk three blocks to get the bus, but if it's snowing or if I have a blood clot, I can't reach the bus. We also have a van service but it isn't efficiently used. Many times only one person on the van, need to economize and fill the van and get the needs of several met during one van trip.*

For older adults who choose to stop driving, the lack of available and affordable transportation options have huge implications for their quality of life as well as their health. As dependence on friends and family becomes the only available option, older adults may become more isolated and stop participating in senior center programs. For those on a fixed income, the high cost of gas and limited or no reimbursement from Medicare or Medicaid make it difficult for some friends to help each other with transportation.

*Seniors don't drive anymore, can't afford the insurance, gas or the vehicle. The people I see are not able to drive. It's really a problem.*

*Only limited bus service, or depend on family member who have to take off work to transport them to the dialysis centers. Major problem if it's a recurring illness requiring treatment three and four times per week.*

*Not available, many times elderly will have a friend on a fixed income, who has the time and willing to drive but can't afford to because she's not reimbursed for her mileage. No such program for mileage reimbursement.*

Some respondents spoke of the constant struggle to find funding to support their older adult special transit vehicles. Gas, vehicle maintenance and insurance costs were all mentioned as issues in funding a transportation program.

**Barriers to Getting Transportation Needs Met**

Availability, affordability and accessibility all were mentioned frequently as the primary barriers to meeting the transportation needs of older adults. Reliance on family and friends, as well as limited funding to maintain services each were referenced by five respondents.

**Table 40: Key Informants: Barriers to Meeting Needs - Transportation**

	<b>Number of Respondents</b>
Availability of services	18
Affordability of services	11
Accessibility of services	8
Reliance on family and friends	5
Limited funding to operate and maintain service	5
Transportation for health care	2
Environmental challenges	2

## **A Population at High Risk**

### **Overview**

When older adults become so weak that they have difficulty walking, eating, dressing or performing other activities of daily life, they become precariously close to requiring around the clock attention, which usually only can be offered in an institutional setting. If older adults reported that they could not at all do two or more of these activities of daily life or that they required some help to accomplish them, the conclusion was that they 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.

### ***Institutionalization Risk Compared by Respondent Characteristics***

Overall, 2% older adults were at risk for institutionalization in the state. When considering only the respondents of low- to moderate-income (under \$30,000), the proportion was approximately 5%. Among the differences by population subgroups were:

- ◆ 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.

**Table 41: At Risk of Institutionalization: Comparison by Respondent Characteristics**

	Older adults at risk of institutionalization*	
	Percent of all respondents	Percent of low- and moderate-income respondents
Northeast Region	3%	3%
Larimer County	2%	4%
Weld County	2%	4%
DRCOG Denver Metro Area	2%	5%
Boulder County	2%	2%
Pikes Peak Region	2%	3%
East Central Region	3%	1%
Southeast Region	3%	5%
Pueblo County	3%	5%
San Luis Valley Region	4%	7%
San Juan Basin Region	4%	8%
Western Slope Region	5%	8%
Northwest Region	2%	5%
North Central Mountain Region	2%	3%
Central Mountain Region	2%	5%
Huerfano-Las Animas Region	3%	3%
<i>Overall</i>	2%	5%
Males 60-74	1%	3%
Males 75-84	2%	4%
Males 85+	3%	3%
Females 60-74	2%	5%
Females 75-84	2%	3%
Females 85+	10%	12%
<i>Overall</i>	2%	5%
Hispanic	4%	5%
Not Hispanic	2%	4%
<i>Overall</i>	2%	5%
White	2%	4%
Not white	5%	8%
<i>Overall</i>	2%	5%
Rent	5%	7%
Own	2%	3%
<i>Overall</i>	2%	5%
Lives alone	3%	3%
Lives with others	2%	6%
<i>Overall</i>	2%	5%



	Older adults at risk of institutionalization*	
	Percent of all respondents	Percent of low- and moderate-income respondents
Less than \$15,000	7%	7%
\$15,000 to less than \$30,000	3%	3%
\$30,000 or more	1%	NA
<i>Overall</i>	2%	5%
High School or less	4%	5%
Some college or more	2%	4%
<i>Overall</i>	2%	5%
Limited physically	7%	10%
Not limited	0%	1%
<i>Overall</i>	2%	5%

*\*Includes respondents who needed "some help" or could not "at all" do two or more of the following: walk, eat, dress themselves, bathe, use the toilet or get in and out of bed or a chair.*

**Number of Older Adults at Risk of Institutionalization in the State**

The survey data were used to estimate the total number of residents in the state of Colorado at risk of institutionalization by income category. Due to underreporting, these estimates may make the risk of institutionalization appear smaller than it actually is.

**Table 42: High Priority Populations: Estimated Numbers of Older Residents in the State**

Respondent income	Older adults at risk of institutionalization	
	Percent of population affected*	Number of residents affected (N=619,973)**
Less than \$15,000	7%	46,097
\$15,000 to less than \$30,000	3%	16,440
\$30,000 or more	1%	7,751

*\*Includes respondents who needed "some help" or could not "at all" do two or more of the following: walk, eat, dress themselves, bathe, use the toilet or get in and out of bed or a chair.*

*\*\*The total number of older adults living in the state is based on the Colorado State Department of Local Affairs' population estimates.*

## The Strengths of Older Adults

While the previous section outlined the challenges of everyday life for older adults, this section describes the strengths of older adults that mitigate problems. Also described are overall quality of life, emotional wellbeing and outlook on life. Practical and social supports are examined, as well as the productive activities that older adults engage in like employment, volunteering and caregiving. Included also is a model for aging well that may serve as a tool for service providers as they nourish and build the strengths of older adults.

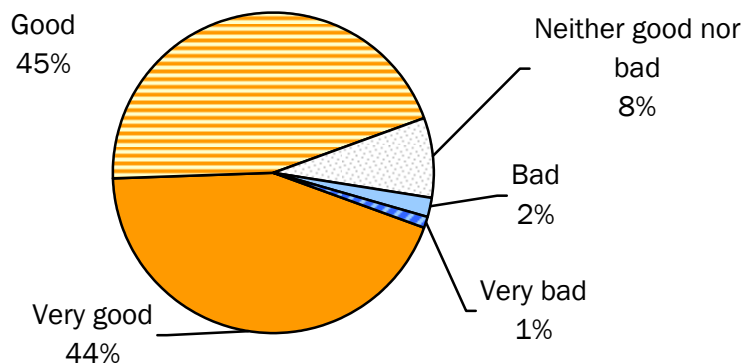
## Quality of Life and Wellbeing

### Overall Quality of Life

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.

Figure 48: Overall Quality of Life

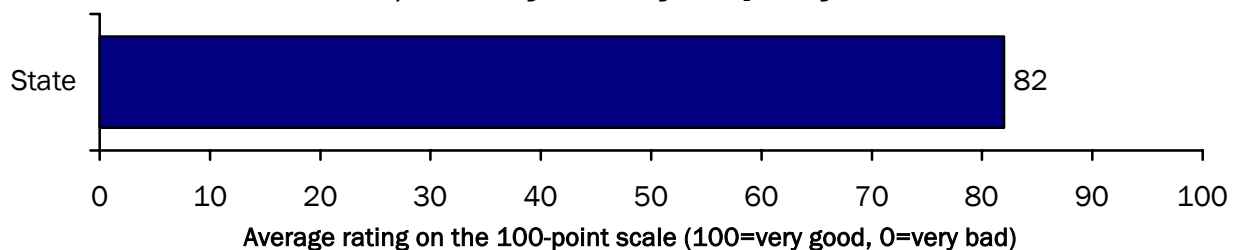
#### Overall, how do you rate your quality of life?



The responses were converted to a 100-point scale where 100 equals “very good” and 0 equals “very bad.” The average quality of life rating for the region was 82 on the 100-point scale.

Figure 49: Overall Quality of Life: Average Rating

#### Overall, how do you rate your quality of life?



### Quality of Life Compared by Respondent Characteristics

Average ratings were compared by the characteristics of respondents. Residents of the North Central Mountain Region reported the highest quality of life 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 live 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).

**Table 43: Overall Quality of Life: Comparisons by Respondent Characteristics**

Overall, how do you rate your quality of life?	Average rating on the 100-point scale (100=very good, 0=very bad)
Northeast Region	80
Larimer County	85
Weld County	79
DRCOG Denver Metro Area	83
Boulder County	85
Pikes Peak Region	82
East Central Region	76
Southeast Region	79
Pueblo County	80
San Luis Valley Region	78
San Juan Basin Region	82
Western Slope Region	83
Northwest Region	83
North Central Mountain Region	88
Central Mountain Region	79
Huerfano-Las Animas Region	77
<i>Overall</i>	82
Males 60-74	83
Males 75-84	81
Males 85+	83
Females 60-74	83
Females 75-84	82
Females 85+	81
<i>Overall</i>	82
Hispanic	76
Not Hispanic	83
<i>Overall</i>	82

Overall, how do you rate your quality of life?	Average rating on the 100-point scale (100=very good, 0=very bad)
White	83
Not white	76
<i>Overall</i>	82
Rent	76
Own	84
<i>Overall</i>	82
Lives alone	79
Lives with others	84
<i>Overall</i>	82
Less than \$15,000	70
\$15,000 to less than \$30,000	77
\$30,000 or more	88
<i>Overall</i>	82
High School or less	77
Some college or more	85
<i>Overall</i>	82
Limited physically	74
Not limited	86
<i>Overall</i>	82

## 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).

**Table 44: Emotional Wellbeing and Outlook on Life**

How much do you agree or disagree with the following statements?	Percent of respondents				
	Strongly agree	Somewhat agree	Somewhat disagree	Strongly disagree	Total
I take responsibility for my own actions.	91%	9%	0%	0%	100%
I am generally a happy person.	78%	20%	2%	1%	100%
I generally feel peaceful and calm.	68%	28%	3%	1%	100%
I am satisfied with the relationships in my life.	78%	18%	3%	1%	100%
I can handle about anything that life throws at me.	67%	28%	3%	1%	100%
I have a sense of purpose.	72%	23%	3%	2%	100%
My community values my language and traditions.	63%	31%	4%	2%	100%
I have planned for my financial future.	66%	26%	5%	3%	100%
I feel like I have control over the things that happen to me.	63%	29%	5%	3%	100%
I feel hopeful about the future.	60%	30%	6%	3%	100%
My community values older people.	52%	37%	7%	3%	100%
Religion or spirituality is important in my life.	67%	21%	7%	6%	100%
I am willing to ask for and accept help from others.	50%	37%	8%	5%	100%
My family and friends rely on me.	48%	36%	9%	7%	100%

## Practical and Social Supports

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.

**Table 45: Practical Support Received**

How much practical support do you receive these days from the following sources? Examples of practical support are being given a ride somewhere, having someone shop for you, loan you money or do a home repair for you.	Percent of respondents				
	A lot of support	Some support	A little support	No support	Total
Your family	48%	21%	9%	22%	100%
Your friends	30%	26%	12%	32%	100%
Your neighbors	18%	25%	14%	43%	100%
A church or spiritual group	19%	16%	7%	57%	100%
A club or social group	8%	13%	7%	71%	100%
A non-profit or community agency	4%	7%	5%	84%	100%

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 were each 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.

**Table 46: Social Support Received**

How much social support do you receive these days from the following sources? Social support includes being cared for, loved, listened to and respected.	Percent of respondents				
	A lot of support	Some support	A little support	No support	Total
Your family	71%	18%	5%	6%	100%
Your friends	51%	32%	8%	10%	100%
Your neighbors	27%	36%	13%	25%	100%
A church or spiritual group	29%	20%	7%	44%	100%
A club or social group	14%	19%	7%	60%	100%
A non-profit or community agency	6%	8%	6%	80%	100%

## Key Informant Findings on Quality of Life

### Quality of Community

Key informants were asked to report on the overall quality of their area as a place to live for older adults. A majority of respondents (77%) reported that the overall quality was “excellent” or “good.” Only four percent of respondents felt their area of the state had “poor” quality of life for older adults.

As part of the inquiry about quality of life, key informants were asked about the arenas in which they felt there were opportunities to improve quality of life in their area of the state. The following quality of life findings focus on the needs identified through the interviews.

### Greatest Need

Many key informants listed transportation as the biggest area of need for older adults, closely followed by the need for increased availability of health care and in-home services. The high cost of services and medications and lack of health insurance each were mentioned by roughly a quarter of the respondents.

**Table 47: Key Informants: Biggest Areas of Need**

	Number of Respondents
Availability of transportation services	20
Availability of health services	19
Affordability of services	14
In-home availability of in-home services	12
Health insurance and medications	11
Senior center programming and recreational activities	9
More outreach and information	8
Local health facilities and specialists	7
Caregiving (Adult Day Care)	5
Housing options	5

There were a number of services that key informants thought should be enhanced in order to improve quality of life for older adults in their area of the state. In-home services that would support older adults staying in their homes were mentioned by many key informants, as were availability of transportation and health services.

**Table 48: Key Informants: Programming or Services That Should Be Enhanced To Improve Quality of Life**

	Number of Respondents
In-home services to help support staying in the home	24
Transportation	22
Availability of health services	13
Congregate meals and nutrition programs	10
Outreach and information	9
Affordability of services	9
Health insurance and prescription costs	7
Senior center programming and recreational opportunities	7
Preventative health education	6
Case management/coordination of services	5
Housing options	4

Respondents were asked to reflect on what kinds of programming and services were working well, and what kinds were not. Congregate meals, nutrition programs, housing, senior programming and recreation all were mentioned by several respondents as programs and services that were being provided well. However, transportation and availability of health and in-home services were reported as not working as well. It is not a coincidence that these are the same services that respondents indicated as needing enhancement to improve quality of life for older adults.

**Challenges in Meeting Needs of Rural Residents**

Key informants were able to identify challenges to providing services to older adults in the more rural communities of their area of the state. Transportation, financial and human resources, distance and lack of available health services were all mentioned by a number of respondents as key challenges.

*We don't have enough people to get to all the seniors. We are a big county and very spread out. We can not provide services to the smaller towns, we have a restricted service area and the problem comes back to transportation.*

*It is difficult to have the numbers to justify the cost of adding a service. We lack resources, workforce resources, financial resources and space.*

*The distance itself can hinder things from happening and for programs to be done effectively and to reach everyone. People who live out on the farm and only come to town once a month, it's a challenge getting the information to them.*



*If you have an emergency medical issue, even a non-emergency, no hospital, no clinics, no doctors in town. When you're in pain, you need help and they [older adults] can't get any assistance due to distance.*

### **Changes in Service Needs over the Next Five to Ten Years**

While many respondents commented that they hoped service provision would improve, just a handful of respondents thought that this would happen. Several respondents felt that their area of Colorado would not have either the financial resources to support older adults services or the people to fill the skilled and non-skilled jobs to provide services to older adults. Many respondents reported that the older adult population would increase and that the need for services would increase, too.

*Program use and services will grow, people are living longer. I hope the government will realize the importance of keeping people at home and make more funds available especially with the growing numbers [of older adults] and the Baby Boomers. We're [Baby Boomers] going to have different wants and wishes than current seniors. We'll need to keep people out of the nursing home.*

*Some things are going to have to change. We don't have the nursing home beds...provider shortage will become more critical.*

*Numbers will increase, issues will become more apparent, baby boomers will be more assertive in their request. They'll make more demands but the numbers may make it easier to provide these services. There'll be more money in the next group [of older adults].*

*We will continue to see an increase in demand for in-home services and less utilization of congregate nutrition services which will mean we'll have less funding because [older adults] pay for the overhead, less utilization by able people and we'll have a greater demand for in-home services, if we don't meet the demand we'll have people institutionalized earlier.*

**Table 49: Key Informants: Changes in Program and Service Use – Five Years**

	Number of Respondents
Lack of financial and human resources	18
Numbers and needs of older adults will increase	18
Services will decrease, more older adult needs will be unmet	15
Services will improve or increase	8
Baby Boomers will demand services	5
Needs will change, more prevention and recreation	5
Health insurance and prescription costs	4
Expanding medical facilities in preparation for future	3
Congregate meal and nutritional program expansion	3
Greater outreach and information will be necessary	2
Increased reliance on family and community	2
Will have to leave rural Colorado to have their needs met	2

**The Role of AAAs**

When asked about ideas to help facilitate older adult use of AAAs and county services, many respondents thought there would be value in increasing promotion, advertising, and marketing of programs. Respondents also thought it would be a good idea to focus these efforts where older adults already are.

*We need to increase awareness of what’s available, whether through personal contact, media advertising, presentations at various community events and groups...we found small group presentations work best...they [older adults] might see an advertisement and the think, “that’s not for me” they [older adults] prefer the personal contact.*

*More publicity from both the AAA and the county. We [county] don’t advertise. It would be a good idea for AAA and us [county] to alert people to what’s in the community...and how to access services.*

*People often ask me to help with distant relatives and I refer them to their local AAA and they [lay community] don’t even know they [AAA] exist.*

*Set up clinics during fair time, catch them [older adults] when seniors are out, work with grocery stores, put flyers in bags, mail with bank statements, utility bills inserts, at the drug store and pharmacy. Take advantage of the places seniors naturally go and share information with them.*

**Table 50: Key Informants: Ideas to Facilitate Older Adult Use of AAA and County Services**

	Number of Respondents
Promotion, Advertising, PR, Marketing of programs	24
Promote programs where seniors are	22
Door to door, one-on-one	15
Outreach and information	12
Referral	5
More funds and staff	3
Not an issue	3
Eliminate stigma, educate not welfare	3

Respondents also had ideas about how better to reach older adults who are underserved or not served at all. Collaboration and increased awareness among providers were frequently mentioned by respondents. Going door to door and speaking to people one-on-one was good for creating relationships and increasing service usage. Going where older adults already have a presence, such as faith communities, was another recommendation.

*Best way to reach them is to work with professionals in the medical field, pharmacists, doctors, dentists, discharge planners. These are the people who know who needs assistance. People aren't referring themselves.*

*Networking with other organizations that would in any way be connected... medical clinics and local law enforcement. By not having the communication and cooperation between organizations we lose people.*

*Need someone to go out into the community and visit people and let them know what is available. One-on-one home visits.*

*We need some help with promotion and marketing at the local level. Training of local people on how to do good outreach and how to create partnerships with Catholic Charities and other ministerial agencies...We just don't have time to do the outreach. We need staff, resources and tools to get the word out.*

Respondents were asked how they thought AAA, the State and service providers could work together more effectively. Many discussed the importance of collaboration and raising awareness among providers about the opportunities to work together to increase quality of life for older adults. A few respondents talked about the need to increase the outreach and information available to these organizations to encourage relationships. Also, increasing funds and staff was thought to have a positive effect on these partnerships.

**Table 51: Key Informants: How AAAs, the State and Service Providers Can Work Together More Effectively**

	Number of Responses
Collaboration and increased awareness among providers	26
Not an issue	9
Greater outreach and information	4
More funds and staff	4

## **Productive Activities of Older Adults**

### **Overview**

Although medical science has been successful in prolonging life, society has yet to adequately identify and promote a new role for older adults who are living longer. Providing a new purpose for older adults, including social contribution and intergenerational leadership, may improve their already positive outlook on life and may also increase older adult health and wellbeing. Additionally, providing older adults with new opportunities to contribute could benefit the community as well as older adults (Dychtwald, 1999).

### **Engagement in Life: Employment, Volunteering and Caregiving**

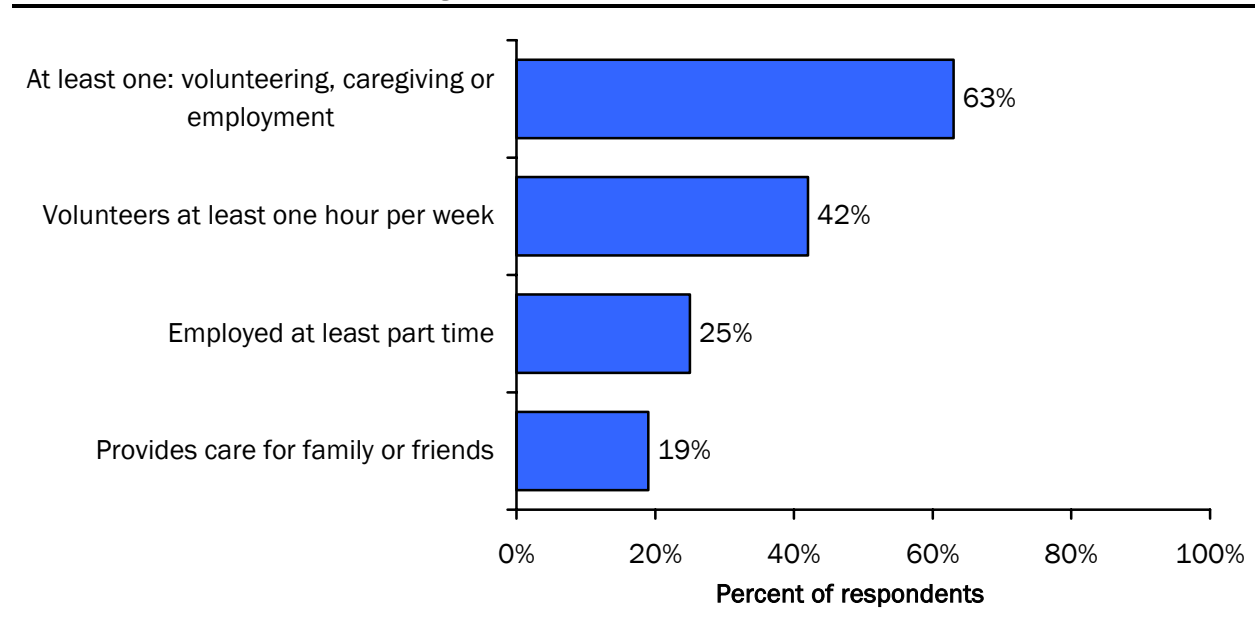
Rowe and Kahn, authors of *Successful Aging* (1998) asserted that engagement in life is important to the wellbeing of older adults. Productivity is the touchstone of a thriving old age. In the view of these authors, productive activities such as traditional and non-traditional forms of work and maintenance of social ties combine with health and personal characteristics to promote quality in later life. Productive behavior is defined by Rowe and Kahn as “any activity, paid or unpaid, that generates goods or services of economic value.” Productive activities include both paid and unpaid work of many kinds as well as services to friends, family or neighbors. Society often views older adulthood as a time when productivity decreases simply because work-for-pay declines. However, most older adults tend to continue participating in productive activities after retirement through volunteering, caregiving, providing help to others and caring for and maintaining their own homes.

Volunteering, continuing to work and caregiving provide older adults with a sense of purpose and maintain their productivity. Encouraging a productive lifestyle during the later years of healthy life also benefits older adults because they remain resources for family, businesses, social services or other areas of commerce.

## Older Adults' Activities

Nineteen percent of respondents identified themselves as caregivers, 25% were employed at least part-time and 42% said that they volunteered at least one hour per week. Sixty-three percent of respondents participated in at least one of these activities.

Figure 50: Activities of Older Adults



## Activities Compared by Respondent Characteristics

The survey results were broken by respondent characteristics including region of residence and socio demographic variables. Some differences were as follows:

- ◆ 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 and be employed.
- ◆ Homeowners and those living with others had greater participation in all three categories.
- ◆ 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.

**Table 52: Activities of Older Adults: Comparison by Respondent Characteristics**

	Percent of respondents*		
	Volunteerism	Caregiving	Employment
Northeast Region	43%	20%	27%
Larimer County	50%	18%	24%
Weld County	39%	18%	23%
DRCOG Denver Metro Area	41%	21%	26%
Boulder County	47%	18%	26%
Pikes Peak Region	40%	13%	24%
East Central Region	50%	20%	33%
Southeast Region	50%	15%	24%
Pueblo County	34%	23%	16%
San Luis Valley Region	46%	16%	21%
San Juan Basin Region	45%	20%	30%
Western Slope Region	43%	17%	22%
Northwest Region	46%	20%	28%
North Central Mountain Region	53%	18%	42%
Central Mountain Region	44%	17%	18%
Huerfano-Las Animas Region	37%	16%	21%
<i>Overall</i>	42%	19%	25%
Males 60-74	44%	20%	39%
Males 75-84	40%	19%	13%
Males 85+	41%	16%	7%
Females 60-74	46%	23%	29%
Females 75-84	37%	15%	6%
Females 85+	27%	6%	1%
<i>Overall</i>	42%	19%	25%
Hispanic	30%	21%	22%
Not Hispanic	43%	19%	25%
<i>Overall</i>	42%	19%	25%
White	43%	19%	25%
Not white	35%	21%	21%
<i>Overall</i>	42%	19%	25%
Rent	34%	15%	18%
Own	44%	20%	27%
<i>Overall</i>	42%	19%	25%
Lives alone	38%	7%	19%
Lives with others	45%	26%	28%
<i>Overall</i>	42%	19%	25%

	Percent of respondents*		
	Volunteerism	Caregiving	Employment
Less than \$15,000	32%	13%	14%
\$15,000 to less than \$30,000	39%	23%	19%
\$30,000 or more	49%	21%	37%
<i>Overall</i>	42%	19%	25%
High School or less	30%	19%	17%
Some college or more	49%	20%	29%
<i>Overall</i>	42%	19%	25%
Limited physically	32%	20%	15%
Not limited	47%	19%	29%
<i>Overall</i>	42%	19%	25%

*\*Respondents who volunteered at least one hour per week, provided care for another person, or were employed at least part-time*

Information on the hours spent on a longer list of 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).

**Table 53: Hours Spent on Productive Activities**

During a typical week, how many hours do you spend doing the following?	Percent of respondents			
	No hours	1 to 5 hours	6 or more hours	Total
Visiting with family in person or on the phone	7%	56%	36%	100%
Visiting with friends in person or on the phone	8%	59%	33%	100%
Doing housework or home maintenance	8%	44%	48%	100%
Participating in a hobby such as art, gardening, or music	25%	38%	37%	100%
Providing help to friends or relatives	37%	45%	18%	100%
Participating in religious or spiritual activities with others	39%	49%	12%	100%
Attending movies, sporting events or group events	53%	40%	7%	100%
Caring for a pet	57%	17%	26%	100%
Doing volunteer work or helping out in your community	58%	31%	11%	100%
Participating in a club or civic group	62%	28%	10%	100%
Working for pay	74%	4%	22%	100%
Participating in senior center activities	78%	17%	5%	100%



## Key Informant Findings on Older Adults' Contribution

Key informant interview respondents were able to provide several examples of ways that they felt older adults in their area made a contribution to the state. Older adults' knowledge and history were commonly mentioned as examples. Respondents thought that older adults contributed to overall community stability, as well as providing a good volunteer base. Respondents saw older adults as community leaders, as well as mentors, both for youth and in the workplace.

*Our senior population as a whole are one of our greatest strengths in that they provide the wisdom, stability, and the support that any community really relies on to have a well balanced and rounded community. [Older adults] are the most stable part of our society.*

*[Older adults] are strong individuals who helped develop these communities... people involved in city and county governments and remained very active... they work in an advisory capacity.*

**Table 54: Key Informants: Contributions Made by Older Adults**

	Number of Respondents
Knowledge and history	26
Contribute to overall community stability	22
Volunteerism	22
Local and city government/leadership	15
Work with youth	10
Practical support	6
Tax payers	6
Donate and raise money	5
Career mentoring, work skills	4

## Model for Aging Well

### Overview

Supporting the strengths of older adults and meeting their needs represent two sides of the same coin that is the currency of quality of life for older adults. Helping older adults maintain their independence is likely to be less costly for society if we understand what makes older residents strong and work to provide programs and community supports that buttress and sustain that strength. The analysis of the survey data identified strengths exhibited by older adults that correlated with aging well – high self-ratings of quality of life and health, the absence of falls or time spent in the hospital or care facilities. By identifying important strengths, older adult service providers are alerted to the qualities exemplified by older adults who are doing well so that those strengths can be nourished.

### History of the Model

In 1966, Peter Benson developed an asset model for youth that identified 40 characteristics or strengths of teens that were thought to have countervailing influence on adverse behaviors such as alcohol and drug use, sexual activity and pregnancy, truancy and juvenile crime. This model has been used widely across the nation to help parents and communities to identify the “protective” factors that help youth to improve their quality of the life.

In 1997, Boulder County, Colorado Aging Services began the process of developing a “Framework to Build Strengths in Older Adults.” Similar to Benson, BCASD wanted to identify factors that they themselves, families and the community could develop in older adults to help them achieve wellbeing in old age. The Boulder County Framework consisted of 24 individual factors (also referred to as “strengths” or “strengths”) grouped into five categories: social supports, participation in activities, health and wellness, personal strengths and external strengths. For more details on the model, see the Survey on Strengths and Needs of Older Adults in Boulder County (Kobayashi, Miller, & Spence-Ellis, 1998).

Since the Boulder framework was developed, *Successful Aging* (Rowe & Kahn, 1998), was published which presented work funded by the MacArthur Foundation, which studied problems affecting older adults across the nation. Through a series of national surveys and focus groups, physical health, independence and engagement in life were identified as the key components of wellbeing for older adults.

Since the late 1990's, considerable work has been done in the field of gerontology to understand more fully the multi-dimensional attributes of a person who ages well. In Colorado, in 1999, DRCOG asked NRC to further develop and structure the strengths-based framework for use in the DRCOG region. Many of the strengths survey questions and successful aging constructs were the same as those created for Boulder in the original model although several were added, adapted or deleted. The DRCOG strengths model is based on 12 individual strengths that were grouped into 5 larger strengths categories: social network, engagement in life, health and wellness, outlook on life and self-sufficiency. In 2002, Lynn Osterkamp, MSW, PhD, and Allan Press, PhD, authored *Strengths Associated With Successful Aging* (Osterkamp & Press, 2002) for Boulder County Aging Services Division. The Osterkamp and Press report extensively reviewed literature defining the

constructs of aging well and offered additional analyses of the 1997 Boulder County survey data used in the strengths framework.

## **The Current Model**

This study builds on previous models that associated strengths with aging well. Since survey data were collected from older adults across the state of Colorado (8,903 total surveys), the data set permits an exploration of the strengths of older adults statewide. The model was designed using this complete data set.

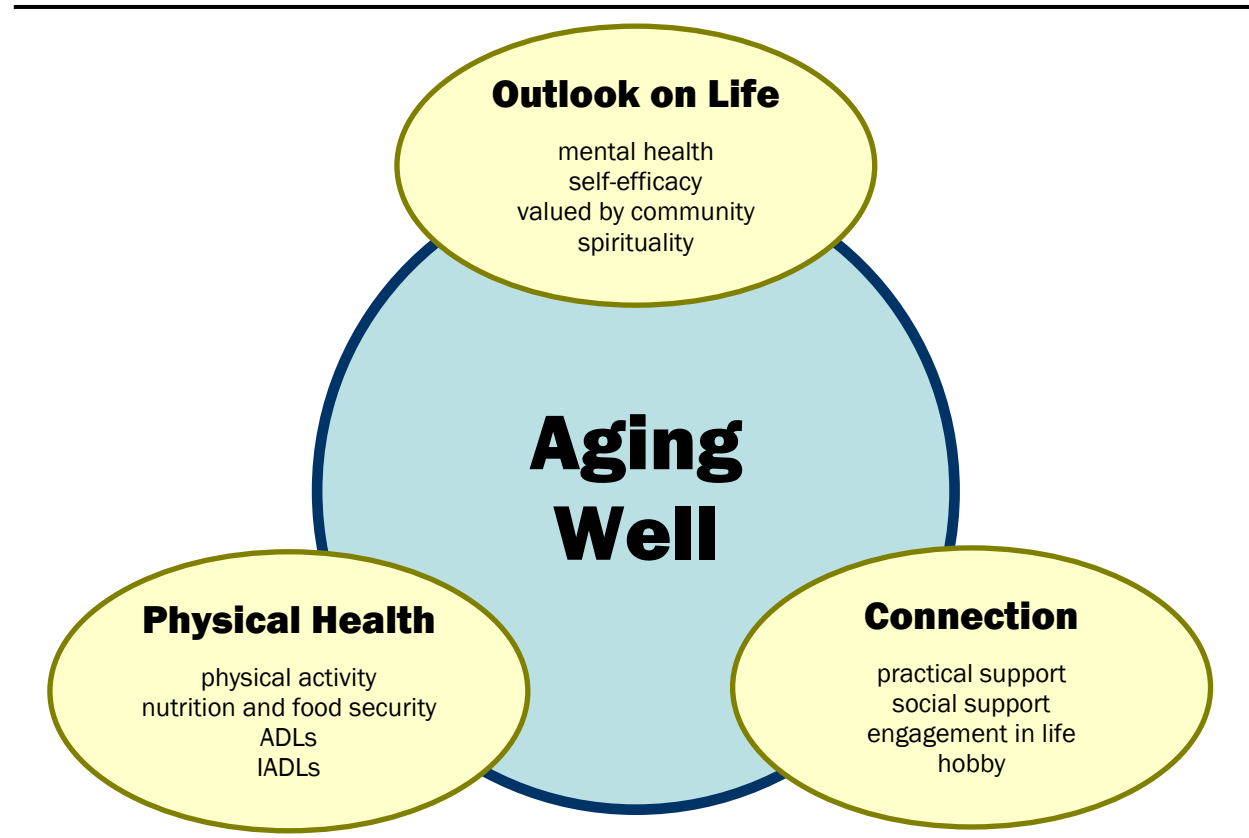
Using factor analysis, associations among responses to survey questions regarding wellbeing, health, problems experienced by older adults, support and activities were analyzed to determine which questions measured the same dimensions of aging. Related questions were grouped into factors, forming the general strengths of older adults. Correlations among the individual variables making up the strengths, the strengths themselves and the indicators of aging well were explored to ensure the rigorous and purposeful selection of the most appropriate predictor variables. The previous models were driven by theory and literature on older adults and aging well as well as analysis of survey data. The new model was guided both by the previous models and new relationships discovered among the variables due to a larger and more diverse data set.

The total number of strengths possessed by each respondent was calculated. Comparisons were made to see how self-ratings of quality of life and quality of health, as well as self-reports of hospitalization, institutionalization, falls and living in the community varied with the number of strengths. More detail on some of the statistical procedures appears in *Appendix B: Detailed Methodology*.

## The Strengths

The model consisted of 12 strengths which were grouped into three thematic categories: physical health, outlook on life and one’s connection to others and the community. The list of strengths and their definitions follow in Table 55.

Figure 51: Aging Well



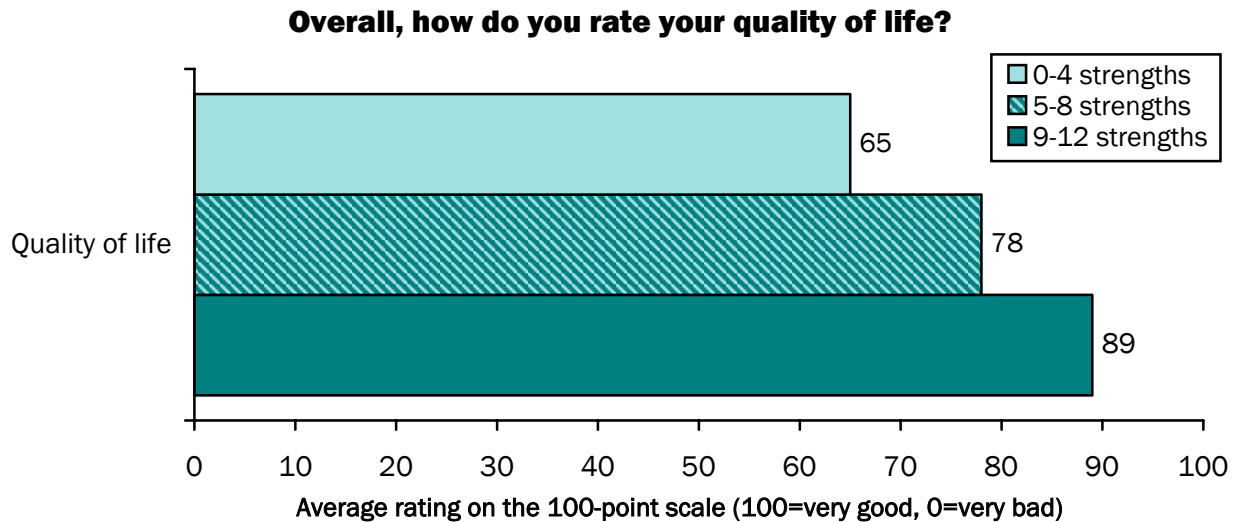
**Table 55: Definition of Strengths**

<b>Physical Health</b>	
Physical activity	No problem in last 12 months performing everyday activities; no condition that was limiting physically; moderate exercise three or more days per week; able to do heavy housework, interior or exterior repairs and yard work and snow shoveling without any help
Nutrition and food security	No problem in last 12 months having enough food to eat; no help needed in past 2 months trying to get enough food or the right kinds of food to eat; never any difficulty in last 30 days affording enough food, kinds of food, healthier meals; eats two or more complete meals a day; had not lost ten or more pounds in the past 6 months without meaning to
ADLs	Could do all of the following without any help: walk, eat, dress, bathe, use the toilet, get in and out of bed or a chair
IADLs	Could do all of the following without any help: prepare meals, shop for personal items, do light housework, use available transportation, manage medications, manage money, use a telephone
<b>Outlook on Life</b>	
Mental health	No problem in last 12 months feeling lonely, sad or isolated, no problem or minor problem in last 12 months feeling depressed, no emotional or mental illness that limited daily activities, strongly agreed that “I am generally a happy person” and strongly agreed that “I generally feel peaceful and calm”
Self-efficacy	Strongly agreed with at least four out of seven statements: “I am satisfied with the relationships in my life.” “I feel like I have control over the things that happen to me.” “I take responsibility for my own actions.” “I have planned for my financial future.” “I have a sense of purpose.” “I can handle about anything that life throws at me.” “I feel hopeful about the future.”
Valued by community	Strongly agreed that “My community values older people” and strongly agreed that “My community values my language and traditions”
Spirituality	Strongly agreed that “Religion or spirituality is important in my life” or received “a lot” of practical support from a church or spiritual group or received “a lot” of social support from a church or spiritual group
<b>Connection</b>	
Practical support	Received “a lot” of practical support from family, friends, neighbors, a club or social group or a non-profit or community agency
Social support	Received “a lot” of social support from family, friends, neighbors, a club or social group or a non-profit or community agency
Engagement if life	Either participated in a club or civic group six or more hours per week or did volunteer work one or more hours per week AND visited with family six or more hours per week or visited with friends six or more hours per week or provided help to friends or relatives one or more hours per week
Hobby	At least one hour per week participating in a hobby such as art, gardening or music

### The Validity of the Strengths Model

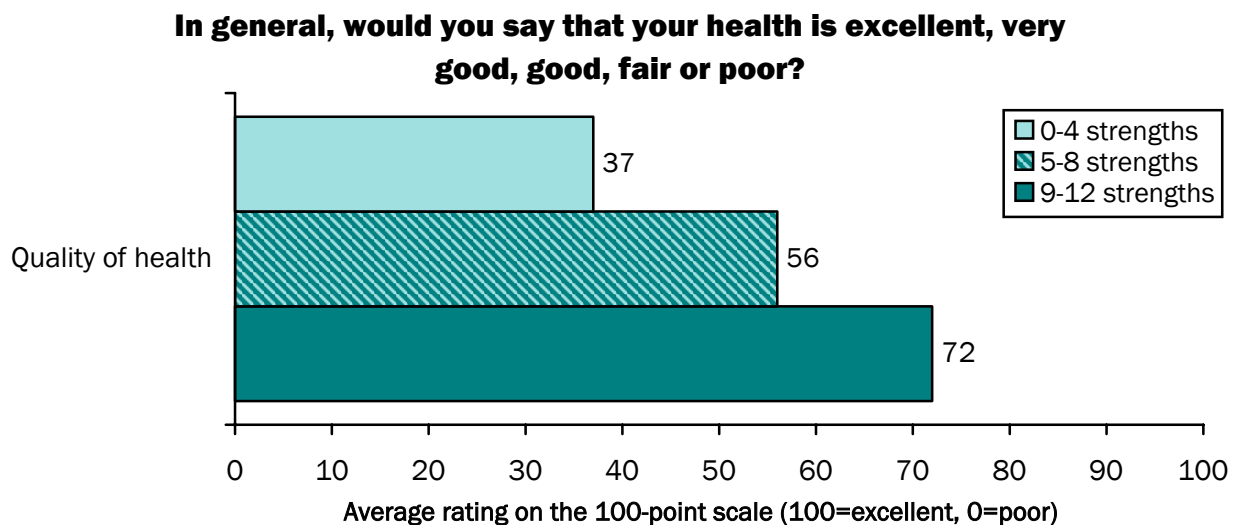
For older adults in the state of Colorado, possessing a greater number of strengths was related to higher self-ratings of quality of life. Those with four or fewer strengths had an average quality of life rating of 65, while those with nine or more had an average rating of 89 on the 100-point scale.

Figure 52: Quality of Life by Number of Strengths



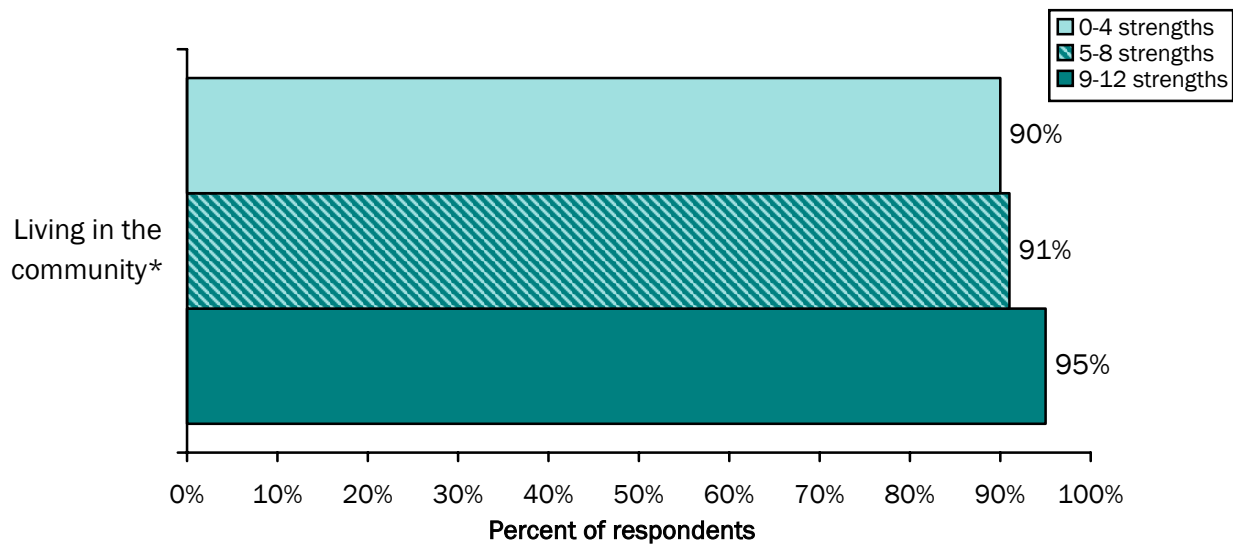
A similar relationship existed with quality of health. Survey respondents with fewer strengths had a significantly lower quality of health.

Figure 53: Quality of Health by Number of Strengths



The majority of survey respondents met the description of living in the community or in a non-institutional setting. Those with more strengths were more likely than those with the fewest strengths to be living in the community.

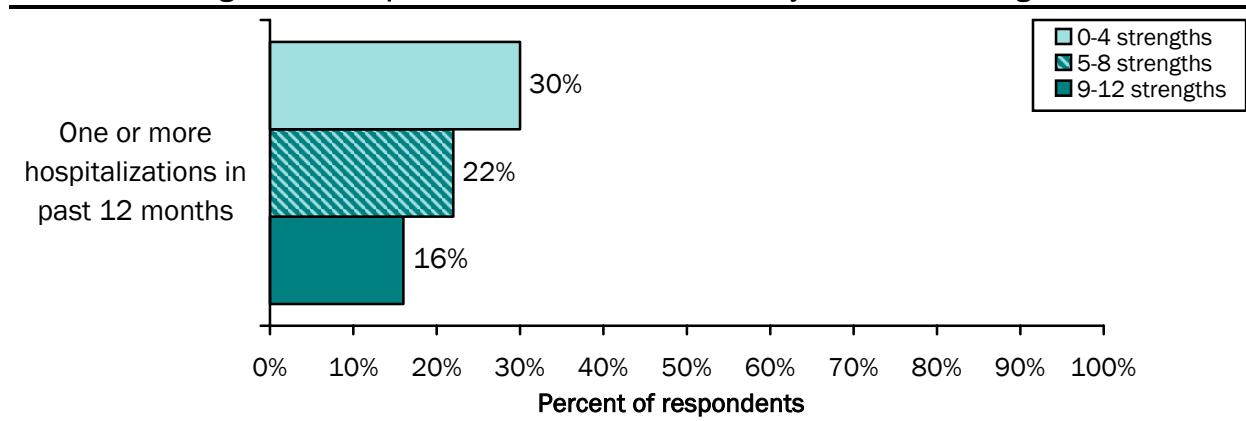
Figure 54: Living in the Community (Non-institutionalized)\* by Number of Strengths



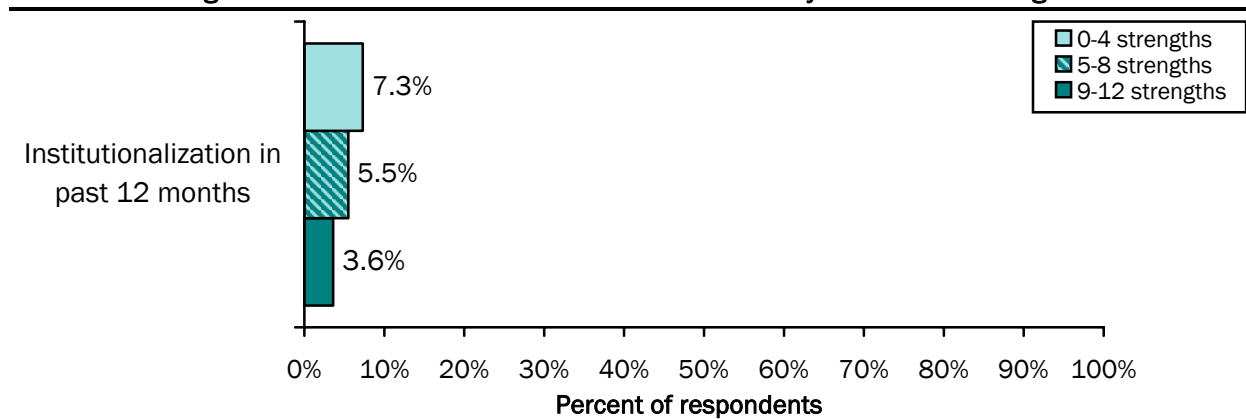
\* Living in the community (non-institutionalized) was defined as renting or owning your residence and living in a single family home or townhome, condominium, duplex or apartment.

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.

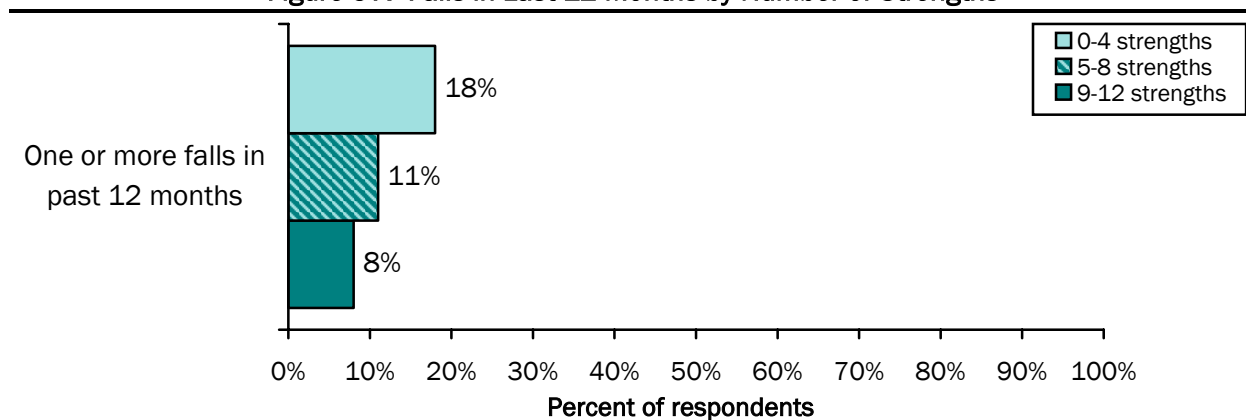
**Figure 55: Hospitalizations in Last 12 Months by Number of Strengths**



**Figure 56: Institutionalization in Last 12 Months by Number of Strengths**



**Figure 57: Falls in Last 12 Months by Number of Strengths**

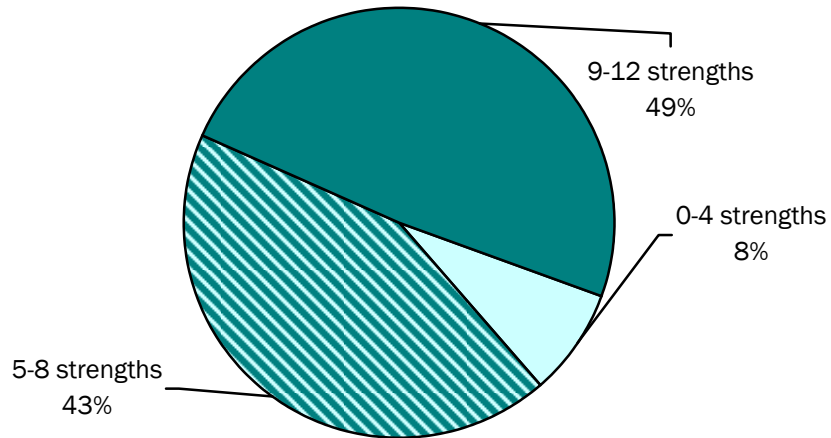




### Strengths of Older Adults in the State of Colorado

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.

Figure 58: Number of Strengths Held by Respondents



The overall prevalence of each strength among statewide older adults ranged from 46% to 91%. The most common strengths were the ability to perform the activities of daily living (91% of respondents) and having social supports from friends, family and the community (84%). Just under half of respondents possessed the strength of engagement in life.

Table 56: Prevalence of Strengths

Strengths	Percent of respondents
Activities of daily living (ADLs)	91%
Social support	84%
Instrumental activities of daily living (IADLs)	79%
Valued by community	75%
Has a hobby or creative pursuit	75%
Nutrition and food security	73%
Spirituality	69%
Practical support	65%
Self-efficacy	64%
Physical activity	55%
Mental health	55%
Engagement in life	46%

## Strengths Compared by Respondent Characteristics

The number of strengths is compared by the characteristics of survey respondents in Table 57 below. Among the differences were the following:

- ◆ 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 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.

**Table 57: Number of Strengths by Respondent Characteristics**

	Percent of respondents		
	Number of strengths		
	0-4	5-8	9-12
Northeast Region	9%	43%	48%
Larimer County	5%	41%	55%
Weld County	6%	51%	43%
DRCOG Denver Metro Area	9%	42%	49%
Boulder County	7%	40%	54%
Pikes Peak Region	7%	40%	54%
East Central Region	10%	49%	40%
Southeast Region	10%	43%	47%
Pueblo County	12%	43%	46%
San Luis Valley Region	10%	46%	44%
San Juan Basin Region	9%	45%	45%
Western Slope Region	5%	46%	49%
Northwest Region	5%	43%	51%
North Central Mountain Region	4%	41%	55%
Central Mountain Region	9%	49%	42%
Huerfano-Las Animas Region	14%	42%	44%
<i>Overall</i>	8%	43%	49%

	Percent of respondents		
	Number of strengths		
	0-4	5-8	9-12
Males 60-74	7%	44%	49%
Males 75-84	10%	49%	41%
Males 85+	10%	58%	32%
Females 60-74	7%	38%	55%
Females 75-84	8%	44%	48%
Females 85+	19%	46%	35%
<i>Overall</i>	8%	43%	49%
Hispanic	14%	45%	41%
Not Hispanic	8%	42%	50%
<i>Overall</i>	8%	43%	49%
White	8%	42%	50%
Not white	12%	45%	42%
<i>Overall</i>	8%	43%	49%
Rent	16%	52%	32%
Own	6%	40%	53%
<i>Overall</i>	8%	43%	49%
Lives alone	12%	47%	41%
Lives with others	6%	40%	54%
<i>Overall</i>	8%	43%	49%
Less than \$15,000	18%	53%	28%
\$15,000 to less than \$30,000	9%	48%	43%
\$30,000 or more	4%	37%	59%
<i>Overall</i>	8%	43%	49%
High School or less	12%	48%	40%
Some college or more	6%	40%	54%
<i>Overall</i>	8%	43%	49%
Limited physically	19%	58%	23%
Not limited	4%	37%	60%
<i>Overall</i>	8%	43%	49%

Additional comparisons of individual strengths by respondent characteristics appear in Table 58 on the following page.

**Table 58: Prevalence of Strengths by Respondent Characteristics**

	Percent of respondents with strength											
	Physical activity	Nutrition and food security	Instrumental Living (ADLs)	Activities of Daily Living (ADLs)	Mental health	Self-efficacy	Valued by community	Spirituality	Practical support	Social support	Engagement in life	Has a hobby or creative pursuit
Northeast Region	47%	68%	75%	89%	53%	58%	82%	79%	67%	83%	48%	74%
Larimer County	60%	74%	81%	93%	60%	66%	76%	70%	71%	89%	55%	81%
Weld County	54%	69%	77%	92%	53%	61%	75%	69%	66%	88%	44%	67%
DRCOG Denver Metro Area	55%	74%	79%	92%	55%	64%	72%	68%	64%	84%	46%	75%
Boulder County	59%	77%	80%	91%	58%	66%	78%	64%	62%	84%	52%	79%
Pikes Peak Region	57%	75%	82%	92%	55%	66%	79%	69%	66%	83%	44%	79%
East Central Region	48%	69%	73%	91%	47%	58%	75%	74%	60%	79%	49%	67%
Southeast Region	47%	74%	70%	84%	52%	63%	80%	79%	65%	84%	52%	71%
Pueblo County	52%	72%	75%	89%	54%	66%	78%	78%	66%	82%	37%	61%
San Luis Valley Region	46%	65%	69%	88%	57%	68%	78%	78%	62%	81%	46%	68%
San Juan Basin Region	52%	71%	74%	89%	54%	62%	76%	62%	69%	87%	43%	69%
Western Slope Region	60%	66%	76%	89%	54%	64%	80%	75%	66%	86%	44%	77%
Northwest Region	59%	73%	78%	92%	52%	66%	85%	70%	62%	85%	46%	77%
North Central Mountain Region	67%	76%	85%	96%	60%	68%	77%	56%	63%	89%	53%	81%
Central Mountain Region	50%	68%	73%	92%	52%	61%	78%	69%	64%	85%	40%	75%
Huerfano-Las Animas Region	48%	64%	70%	85%	52%	61%	76%	69%	62%	79%	40%	65%
Overall	55%	73%	79%	91%	55%	64%	75%	69%	65%	84%	46%	75%
Males 60-74	64%	77%	85%	95%	58%	67%	71%	60%	50%	76%	47%	77%
Males 75-84	52%	77%	73%	93%	53%	62%	76%	60%	64%	82%	40%	65%
Males 85+	46%	70%	58%	89%	47%	46%	73%	62%	76%	82%	37%	66%
Females 60-74	56%	70%	84%	92%	55%	65%	77%	75%	67%	89%	53%	80%
Females 75-84	46%	72%	68%	86%	52%	63%	78%	79%	79%	91%	41%	72%
Females 85+	34%	60%	49%	74%	54%	60%	82%	81%	87%	91%	30%	59%
Overall	55%	73%	79%	91%	55%	64%	75%	69%	65%	84%	46%	75%

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

September 2004

	Percent of respondents with strength											
	Physical activity	Nutrition and food security	Instrumental Activities of Daily Living (IADLs)	Activities of Daily Living (ADLs)	Mental health	Self-efficacy	Valued by community	Spirituality	Practical support	Social support	Engagement in life	Has a hobby or creative pursuit
Hispanic	44%	60%	73%	90%	53%	65%	77%	78%	62%	77%	34%	64%
Not Hispanic	56%	74%	79%	91%	55%	64%	75%	69%	65%	85%	47%	76%
Overall	55%	73%	79%	91%	55%	64%	75%	69%	65%	84%	46%	75%
White	56%	74%	79%	91%	55%	64%	76%	69%	65%	85%	47%	76%
Not white	47%	65%	72%	89%	53%	64%	73%	78%	60%	77%	38%	66%
Overall	55%	73%	79%	91%	55%	64%	75%	69%	65%	84%	46%	75%
Rent	39%	57%	65%	83%	43%	52%	73%	73%	72%	83%	36%	59%
Own	59%	76%	82%	93%	58%	67%	76%	69%	63%	85%	49%	78%
Overall	55%	73%	79%	91%	55%	64%	75%	69%	65%	84%	46%	75%
Lives alone	48%	65%	72%	88%	47%	58%	75%	69%	70%	83%	43%	69%
Lives with others	59%	77%	82%	93%	60%	68%	76%	70%	62%	85%	48%	78%
Overall	55%	73%	79%	91%	55%	64%	75%	69%	65%	84%	46%	75%
Less than \$15,000	33%	46%	64%	80%	40%	47%	75%	71%	70%	81%	33%	62%
\$15,000 to less than \$30,000	47%	68%	77%	89%	48%	58%	73%	70%	68%	82%	43%	73%
\$30,000 or more	65%	82%	87%	96%	62%	72%	75%	65%	60%	86%	53%	80%
Overall	55%	73%	79%	91%	55%	64%	75%	69%	65%	84%	46%	75%
High School or less	46%	66%	71%	88%	51%	60%	76%	73%	67%	82%	33%	65%
Some college or more	60%	77%	82%	93%	57%	67%	75%	68%	64%	86%	53%	81%
Overall	55%	73%	79%	91%	55%	64%	75%	69%	65%	84%	46%	75%
Limited physically	0%	55%	57%	75%	41%	50%	72%	70%	74%	86%	36%	66%
Not limited	77%	80%	87%	98%	61%	70%	77%	69%	61%	84%	50%	78%
Overall	55%	73%	79%	91%	55%	64%	75%	69%	65%	84%	46%	75%

## 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 the increasing number of older adults and the expected rise 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, the total was projected to grow from about \$24 million in 2004 to about \$41 million in 2012 (see Figure 59 and Table 59) representing 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.

Figure 59: Current and Projected Costs to Provide AAA Services Assuming Constant Rates of AAA Utilization and Survey-Identified Needs

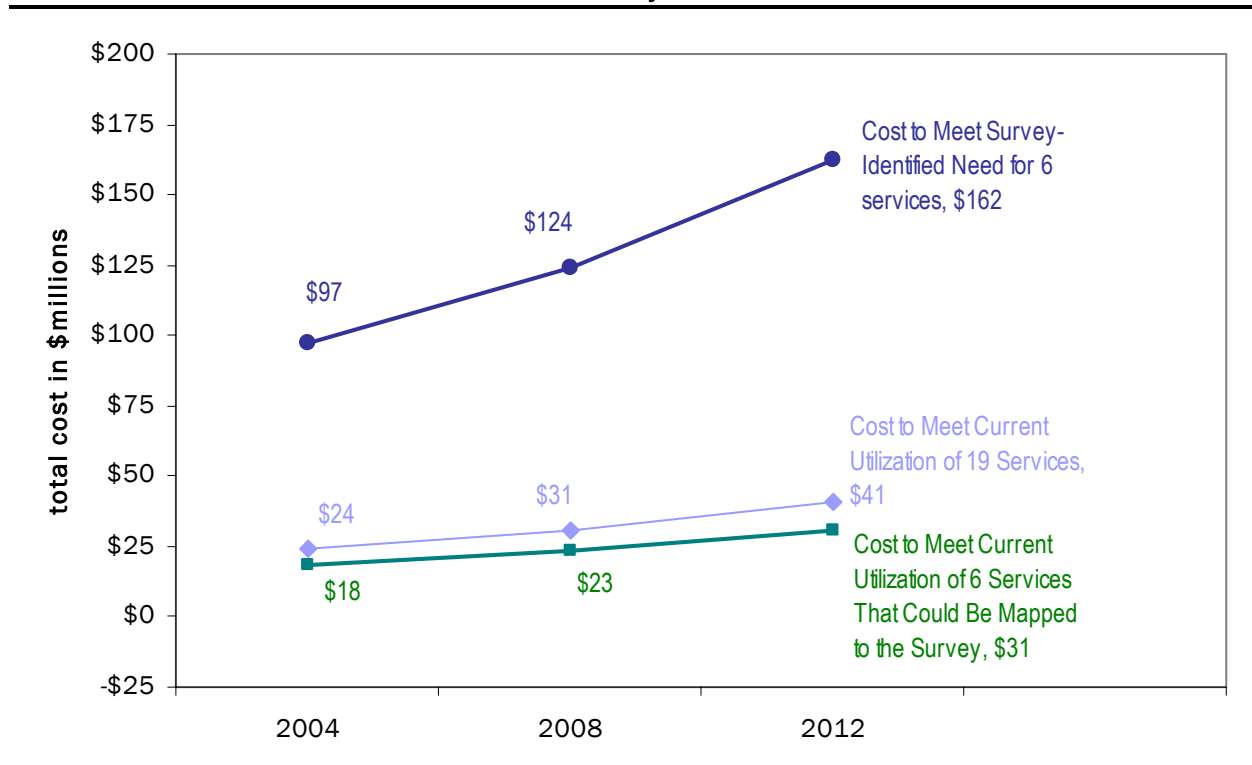


Figure 60 displays the current costs and projected increases for selected AAA services, while Table 59 shows the cost estimates for all 19 services for which estimates were made. The cost of providing home-delivered and congregate meals would grow from the current amount of about \$12.36 million (\$12,362,692) to about \$20.70 million (\$20,698,674) in 2012. The cost of providing transportation services would increase from \$4.21 million (\$4,211,882) currently to almost \$7.05 million (\$7,051,892) in 2012.

The cost to meet all the need identified in the survey would be even higher. As shown in Figure 61 and Table 61, to meet all the identified need for meals would require \$48.32 million (\$48,317,106) currently, and that would grow to \$80.90 million (\$80,896,624) by 2012. To provide transportation to all those needing it, a concern noted both in the survey and the key informants, would cost \$32.12 million (\$32,123,074) currently, and \$53.78 million (\$53,783,192) in 2012.

Figure 60: Current and Projected Costs of Selected Services Assuming Constant Rates of AAA Utilization

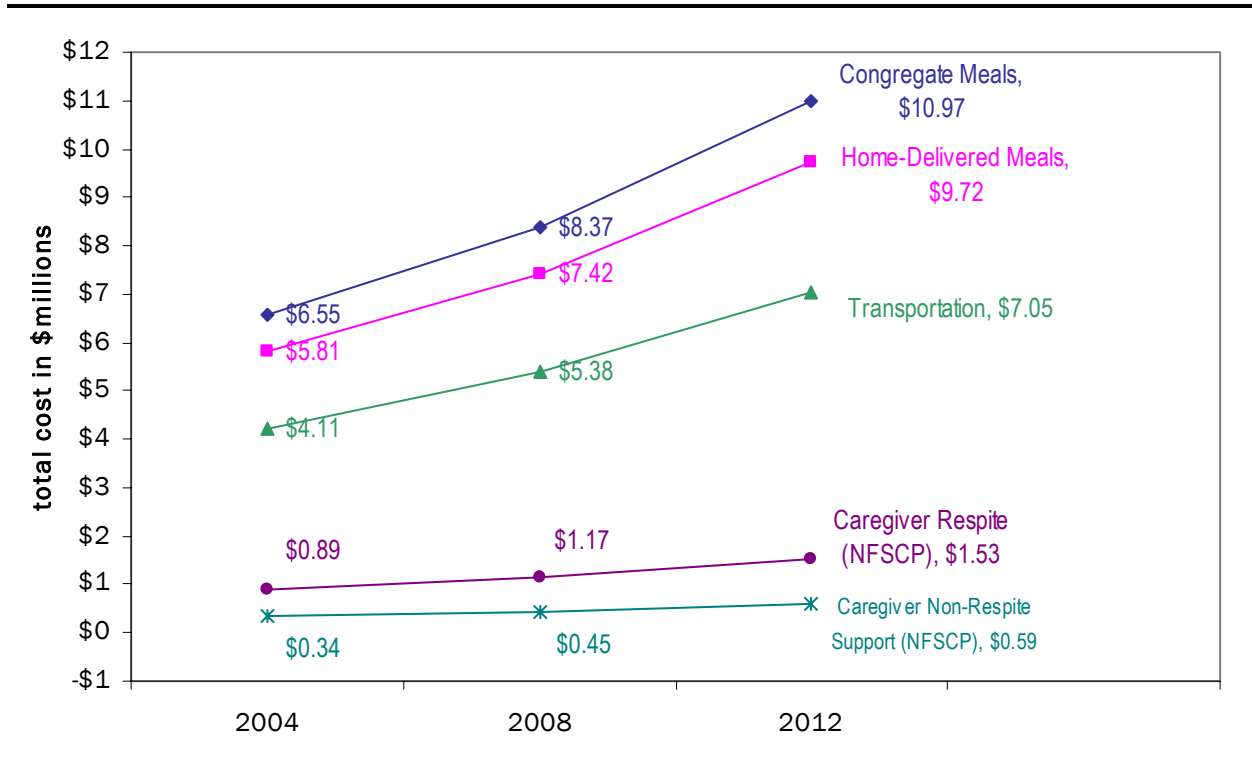
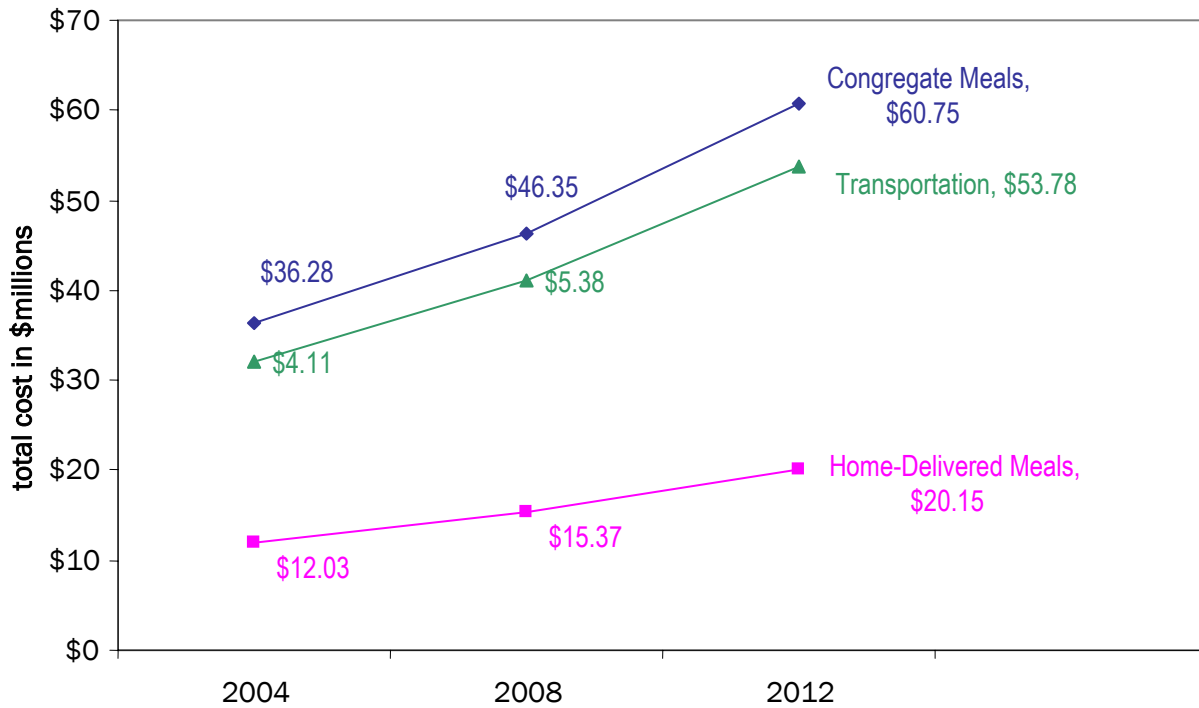


Figure 61: Current and Projected Costs of Selected Services to Meet Survey-Identified Need Assuming Constant Rates of Need





**Table 59: Current and Projected AAA Service Utilization Costs**

Service Group	Current and Projected Units of Service				Current and Projected Cost Per Unit				Total Cost of Providing Service			
	2004*	2008	2012	2004	2008	2012	2004	2008	2012	2004	2008	2012
	Congregate Meals	940,330	1,088,292	1,292,168	\$6.97	\$7.69	\$8.49	\$6,554,767	\$8,373,707	\$10,974,550		
Home-Delivered Meals	1,051,824	1,217,330	1,445,379	\$5.52	\$6.09	\$6.73	\$5,807,925	\$7,419,618	\$9,724,124			
Transportation	432,686	500,769	594,581	\$9.73	\$10.74	\$11.86	\$4,211,882	\$5,380,674	\$7,051,892			
Homemaker	54,363	62,917	74,704	\$15.02	\$16.58	\$18.30	\$816,687	\$1,043,316	\$1,367,366			
Personal Care	13,647	15,795	18,754	\$18.51	\$20.43	\$22.55	\$252,562	\$322,648	\$422,861			
Individual Counseling	17,876	20,689	24,565	\$33.59	\$37.07	\$40.92	\$600,411	\$767,024	\$1,005,259			
Adult Day Care	37,245	43,106	51,181	\$9.03	\$9.97	\$11.00	\$336,397	\$429,746	\$563,224			
Legal Assistance	8,957	10,367	12,309	\$68.25	\$75.34	\$83.16	\$611,333	\$780,978	\$1,023,547			
Caregiver Respite (NFCSP)	NA	NA	NA	NA	NA	NA	\$1,139,770	\$1,456,055	\$1,908,300			
Caregiver Non-Respite Support (NFCSP)	NA	NA	NA	NA	NA	NA	\$667,725	\$853,018	\$1,117,962			
Material Aid	NA	NA	NA	NA	NA	NA	\$912,360	\$1,165,539	\$1,527,551			
Chore	NA	NA	NA	NA	NA	NA	\$350,631	\$447,930	\$587,056			
Counseling	NA	NA	NA	NA	NA	NA	\$314,944	\$402,340	\$527,305			
Health Promotion	NA	NA	NA	NA	NA	NA	\$527,252	\$673,564	\$882,771			
Nutrition Counseling	NA	NA	NA	NA	NA	NA	\$30,393	\$38,827	\$50,887			
Nutrition Education	NA	NA	NA	NA	NA	NA	\$39,385	\$50,314	\$65,941			
Information, Assistance & Education	NA	NA	NA	NA	NA	NA	\$453,935	\$579,902	\$760,017			
Outreach	NA	NA	NA	NA	NA	NA	\$340,984	\$435,606	\$570,904			
Ombudsman	NA	NA	NA	NA	NA	NA	\$329,349	\$420,743	\$551,424			
<b>Total Cost</b>							<b>\$24,298,689</b>	<b>\$31,041,549</b>	<b>\$40,682,940</b>			

\*2004 estimates are based on 2003 end-of-year figures.

**Table 60: Current and Projected Clients Needing Services Provided by AAAs**

Service Group	Current and Projected Number of Older Adults Needing the Service	
	2004	2008
Congregate Meals	132,798	153,694
Home-Delivered Meals	17,855	20,664
Transportation	114,791	132,853
Homemaker	11,436	13,235
Personal Care	3,802	4,401
Legal Assistance	36,756	42,540
Caregiver Respite (NFCSP)	42,536	49,229
Caregiver Non-Respite Support (NFCSP)	21,428	24,799
Material Aid	70,388	81,464
Chore	42,536	49,229
Congregate Meals	132,798	153,694

**Table 61: Current and Projected Costs to Meet Needs Identified in the Survey of Older Adults**

Service Group	Current and Projected Units of Service			Current and Projected Cost Per Unit			Current and Projected Total Cost of Providing Service		
	2004	2008	2012	2004	2008	2012	2004	2008	2012
Congregate Meals	5,205,139	6,024,173	7,152,715	\$6.97	\$7.69	\$8.49	\$36,283,509	\$46,352,144	\$60,748,949
Home-Delivered Meals	2,179,303	2,522,218	2,994,720	\$5.52	\$6.09	\$6.73	\$12,033,597	\$15,372,907	\$20,147,675
Transportation	3,299,998	3,819,255	4,534,738	\$9.73	\$10.74	\$11.86	\$32,123,074	\$41,037,192	\$53,783,192
Homemaker	472,045	546,322	648,667	\$15.02	\$16.58	\$18.30	\$7,091,456	\$9,059,327	\$11,873,121
Personal Care	103,368	119,634	142,045	\$18.51	\$20.43	\$22.55	\$1,912,949	\$2,443,790	\$3,202,822
Legal Assistance	111,078	128,556	152,639	\$68.25	\$75.34	\$83.16	\$7,581,130	\$9,684,885	\$12,692,975
Total Cost							\$97,025,714	\$123,950,244	\$162,448,734

## 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 can no longer function independently. The setting for these services can be nursing homes, assisted living residences, community senior 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 (2002) 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).

Nationally, long-term care accounts for a significant proportion of total health care expenditures. In 1995, nursing home and home health care was almost 12% of all personal health expenditures and about 14% of all state and local health care expenditures (Wiener & Stevenson, 1998). The bulk of home-based care is unpaid, provided by an informal network of friends and relatives. It is estimated that this type of voluntary service provision accounts for 80% to 90% of long-term care. Paid services can be acquired by out-of-pocket expenditures or covered by private insurance (Nawrocki & Gregory, 2000). A variety of public funding is used to provide services, including Medicare, Medicaid, the Social Services Block Grant, Department of Veterans’ Affairs’ programs and Older Americans Act programs (Jackson & Burwell, 1990).

While there has been an effort to shift the long-term care delivery system from institutional care to home and community-based care, the bulk of Medicaid long-term care expenditures for older adults is still in nursing home care. In 1995, non-institutional care accounted for 10% of Medicaid long-term care spending, and increased only to 14% in 1997 (Wiener, Stevenson, & Kasten, 2000). In 1995, Colorado spent almost \$270 million on Medicaid long-term care services for older adults. The average annual expenditure per capita (for those 65 and older) was \$862, compared to \$967 nationally. Of these expenditures, 91% were for institutional care and 9% were for home and community-based care (Wiener & Stevenson, 1998).

The question of whether providing home and community-based services would be cost effective compared to nursing home services is a policy question that has received much attention in the last 25 years. In the late 1970s and early 1980s, a series of experimental and quasi-experimental design demonstrations, sponsored by various federal agencies, were conducted to answer this question. These included the National Channeling Demonstration, the National Center for Health Services Research Day Care/Homemaker study, the South Carolina LTC demonstration, Georgia Alternative Health Services, Connecticut Triage, ACCESS in Rochester, New York and New York’s “Nursing Home Without Walls”(Doty, 2000). In summarizing the results, Weiner and Hanley (1992) characterized the demonstrations of in-home services as having had little impact on nursing home use, and raising, rather than lowering, total long-term care expenditures. They give three primary

reasons: 1) a large increase in the number of people receiving home care services, including those who would not otherwise have received the services (the “woodwork effect,” i.e., potential clients coming out of the woodwork when new services are offered); 2) home care services do not keep disabled people out of nursing homes, but are a complement to, not a substitute for, nursing home care; and 3) the overwhelming majority of people receiving home care in these demonstration programs would not enter nursing homes even if in-home services were not available.

Other studies, however, have shown more promising results of the cost-effectiveness of home and community-based care. A 1996 study of three states (including Colorado) concluded that states that have made intensive efforts to expand home and community-based care have shown a lower rate of growth in total long-term care expenditures compared to states that have not (Alecxi, Lutzky, Corea, & Coleman, 1996). In Colorado, it was observed that 21% fewer people were served in nursing homes than would have been projected, given population growth. Additionally, the average per-recipient Medicaid cost for in-home or alternative care facilities services was 16% and 14%, respectively, of the average per-recipient Medicaid cost for nursing home services (Alecxi et al., 1996). A 1994 study by the U.S. General Accounting Office also concluded that home and community-based services were a cost-effective alternative to institutional care in Washington, Oregon and Wisconsin (U.S. General Accounting Office, 1994).

Whether or not home and community-based care lowers the cost of public expenditures, the impact on recipients is positive. As noted earlier, the vast majority of older adults would prefer not to go to a nursing home. In the demonstration projects of in-home care, recipients tended to report somewhat higher morale, wellbeing and life satisfaction compared to non-recipients. In addition, two of the projects found significant reductions in the perceptions of unmet need (Wiener & Hanley, 1992).

Conducting a study to determine the costs of providing home or community-based services compared to the cost of institutionalization is problematic. As has been noted:

*Identifying persons who would be admitted to nursing homes unless they received home care services has proved to be extremely difficult. To identify persons with a high risk of nursing home placement, it is necessary to take into account not only functional status and medical diagnoses, but also social and environmental factors such as marital status, availability of nursing homes and home care, availability of unpaid care, earlier hospitalization, income, education, and the person's commitment or will to stay in the community. At present, no reliable way has been found to use these characteristics to predict nursing home entry (Wiener & Hanley, 1992).*

In addition, “[i]t is difficult – indeed it is virtually impossible – to design and conduct research that truly measures cost effectiveness as distinct from ‘cost shifting’ from one program to another, from state to Federal funds, and from formal to informal care” (Doty, 2000).

The primary purpose of the current study was not to assess the cost effectiveness of home and community-based services compared to nursing home care, but to “assemble a current, comprehensive, qualitative, and quantitative assessment of the strengths and needs of older adults” through surveys and focus groups of the target populations. Nevertheless, the study sponsors desired a “quantification of the costs of institutionalization versus costs of providing services that would prevent institutionalization.” This section provides a preliminary, and admittedly, rough examination of this issue.

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.
- ◆ **Scenario B: Moderate support network:** The older adult was assumed to live alone, but to have some practical support from family or friends.
- ◆ **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.

In 2003, the national average annual cost for a nursing home stay was \$57,700. The annual average cost in Colorado was \$52,500, which represents a monthly cost of \$4,375 (The Kiplinger Washington Editors Inc., 2004). The Medicaid per diem reimbursement in Colorado in 2002 was \$123.97,(Grabowski, Feng, Intrator, & Mor, 2004) which represents an average monthly rate of \$3,770 or an annual rate of \$45,249.

As shown in Table 62, each of the three scenarios was significantly lower in cost to the State than the cost of Medicaid nursing home reimbursement. 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 received either personal care or homemaker services through the AAAs. 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 tends to be targeted to certain types of services such as meals and transportation, while Medicaid funding for older adults is targeted towards lower income persons with medical needs or ADL impairments.

**Table 62: Comparison of Costs of Nursing Home Care to Home or Community-Based AAA Services**

	Amount needed of the service	Number of units of service needed	Cost per unit of service*	Estimated total monthly cost per person
Monthly Cost of Nursing Home Care, Private Pay				\$4,375
<b>Monthly Cost of Nursing Home Care, Medicaid Reimbursement</b>				<b>\$3,770</b>
Monthly Cost of HCBS				
<b>Scenario A: Minimal support network</b>				<b>\$2,570</b>
Medical Alert System	1	1	\$29.95	\$29.95
Home-Delivered Meals	1 per day	30.42	\$5.52	\$167.95
Personal Care	1 1-hour visit per day	121.67	\$18.51	\$2,251.58
Homemaker (4 hours each visit)	2 times per month	8	\$15.02	\$120.18
<b>Scenario B: Moderate support network</b>				<b>\$1,300</b>
Medical Alert System	1	1	\$29.95	\$29.95
Home-Delivered Meals (every other day)	1 every other day	15.21	\$5.52	\$83.98
Personal Care (every other day)	1 visit every other day	60.83	\$18.51	\$1,125.79
Homemaker (4 hours each visit)	1 time per month	4	\$15.02	\$60.09
<b>Scenario C: Heavy family involvement</b>				<b>\$284</b>
Respite Care (Adult Day Care, 4 hours)	1 time per week	17.33	\$9.03	\$156.55
Caregiver Support	4 units per month	4	\$31.88	\$127.53

\*As calculated for the cost estimation model in the previous section

## **Contributions of Older Adults to the Economy**

A number of questions on the survey asked about the activities in which older adults engage. Survey respondents were asked about caregiving, providing help to friends and relatives, contributions of volunteer time and working for pay. As shown in Table 63, approximately \$2.9 billion is earned annually by Colorado older adults working for pay. (Unearned income from savings, pensions, etc. was not included in these estimates; only the amount earned from working for pay.) This figure was estimated by multiplying the total number of older adults in the state by the proportion employed, according to the survey. The average hourly pay rate was calculated by examining the proportion of adults 55 and older in the U.S. employed in each industry sector, and then creating a weighted average of the hourly wage for benchmark occupations for each sector in Colorado. Information on employment by sector and hourly wages came from the Bureau of Labor Statistics (U.S. Department of Labor: Bureau of Labor Statistics, 2004). If similar assumptions are made about the proportion of income that is taxable for all who pay federal income tax (Balkovic & Hartzok, 2004), then about \$2.3 billion dollars is taxable by the State of Colorado. The State income tax rate is 4.63% (Colorado Department of Revenue, 2004), so about \$108 million is generated in revenue for the State of Colorado through the income tax on wages earned by these older adults in the DRCOG Denver Metro Area. Additionally, if up to 25% of the taxable income is taxed by the federal government, and 7.65% goes to Social Security and Medicare (Social Security Administration, 2004), that leaves about \$1.47 billion in take home wages, which gets spent on house payments or rent, groceries, medical expenses, etc. It has been calculated that each initial dollar spent contributes about 2.5 times to the local retail economy (Fisher, personal communication, August 9, 2004). Thus, the contribution of older adults' earned wages to the local economy is about \$3.66 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 3.0 hours. Almost two-thirds provided help to their friends or relatives, on average giving 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 9-16 hours per week. The value of these unpaid contributions by older adults in the state of Colorado was over \$1.6 billion.

**Table 63: Economic Value of Older Adults' Activities**

Type of contribution	Percent of older adults	Number of older adults	Average number of hours Per week	Average hourly rate*	Annual total
Providing care for spouse	8.5%	52,990	14.3	\$8.42	\$330,766,695
Providing care for partner	0.1%	863	9.5	\$8.42	\$3,600,303
Providing care for parent	3.1%	18,966	11.2	\$8.42	\$93,051,487
Providing care for adult child	0.9%	5,626	13.7	\$8.42	\$33,700,676
Providing care for child	1.5%	9,314	12.1	\$8.48	\$49,549,164
Providing care for grandchild	3.2%	19,910	16.2	\$8.48	\$142,363,792
Providing care for other family member	2.6%	15,878	10.4	\$8.42	\$72,037,283
Providing care for friend/neighbor	1.9%	12,006	10.9	\$8.42	\$57,070,821
Providing help to friends or relatives	62.8%	389,265	2.5	\$8.73	\$433,280,186
Volunteer work	42.3%	262,487	3.0	\$10.36	\$425,844,864
<b>SUBTOTAL, unpaid contribution</b>					<b>\$1,641,265,271</b>
Working for pay, 1 to 5 hours per week	3.8%	23,828	3.0	\$16.42	\$61,036,648
Working for pay, 6 or more hours per week <sup>†</sup>	21.7%	134,484	25.0	\$16.42	\$2,870,779,075
<b>SUBTOTAL, paid wages</b>					<b>\$2,931,815,724</b>
<b>GRAND TOTAL</b>					<b>\$4,573,080,994</b>

*\*The economic value of an hour worked was assumed to be the same as the average hourly wage as calculated by the Bureau of Labor Statistics for similar types of work. Providing care for a spouse, partner, parent, adult child, other family member or friend/neighbor was assumed to be the equivalent of the work of "Personal and Home Care Aides." Providing care for a child or grandchild was assumed to be the equivalent of the work of "Child Care Workers." Providing help to friends or neighbors was assumed to be the equivalent of the work of "Maids and Housekeeping Cleaners." Volunteer work was assumed to be the equivalent of the work of "Landscaping and Groundskeeping Workers.."*

*†According to another question asked on the survey, 15% of older adults work full-time. For this table, it was assumed that the average number of hours per week worked by those working 6 or more hours per week was 25 hours.*



## Common Sources of Information for Older Adults

Survey respondents were asked about the frequency with which they used a variety of information sources to find out about services and activities available to them.

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.

**Table 64: Information Sources Used**

Following is a list of information sources. How often, if at all, do you use each source to find out about services and activities available to you?	Percent of respondents			
	Frequently	Sometimes	Never	Total
Television	47%	40%	13%	100%
Word of mouth	28%	59%	13%	100%
Newspaper	53%	32%	15%	100%
Radio	24%	41%	35%	100%
Senior publications	17%	44%	39%	100%
Library	16%	35%	48%	100%
Internet	21%	24%	55%	100%

**Information Sources Compared by Respondent Characteristics**

Comparisons of information sources by respondent characteristics appear in the table below. Use of information sources varied across the groups.

**Table 65: Information Sources Used: Comparisons by Respondent Characteristics**

	Percent of respondents*						
	Television	Word of mouth	Newspaper	Radio	Senior publications	Library	Internet
Following is a list of information sources. How often, if at all, do you use each source to find out about services and activities available to you?							
Northeast Region	87%	85%	83%	70%	60%	49%	32%
Larimer County	83%	89%	86%	66%	68%	50%	50%
Weld County	88%	86%	86%	62%	62%	45%	36%
DRCOG Denver Metro Area	89%	88%	86%	65%	63%	57%	48%
Boulder County	82%	87%	87%	63%	63%	59%	53%
Pikes Peak Region	86%	85%	80%	68%	61%	47%	46%
East Central Region	88%	86%	81%	74%	52%	37%	26%
Southeast Region	87%	89%	88%	70%	58%	40%	30%
Pueblo County	88%	85%	90%	63%	55%	42%	30%
San Luis Valley Region	87%	83%	79%	59%	61%	36%	33%
San Juan Basin Region	84%	84%	84%	58%	53%	45%	37%
Western Slope Region	85%	85%	83%	57%	55%	44%	41%
Northwest Region	87%	86%	87%	69%	60%	49%	45%
North Central Mountain Region	79%	90%	85%	63%	58%	57%	59%
Central Mountain Region	87%	88%	83%	60%	56%	49%	38%
Huerfano-Las Animas Region	87%	82%	85%	64%	54%	39%	31%
<i>Overall</i>	87%	87%	85%	65%	61%	52%	45%
Males 60-74	86%	87%	86%	70%	58%	52%	60%
Males 75-84	91%	81%	89%	63%	62%	48%	35%
Males 85+	90%	86%	79%	50%	67%	42%	26%
Females 60-74	86%	91%	86%	67%	63%	56%	49%
Females 75-84	89%	86%	85%	56%	64%	50%	24%
Females 85+	85%	78%	78%	58%	57%	38%	9%
<i>Overall</i>	87%	87%	85%	65%	61%	52%	45%
Hispanic	90%	76%	80%	66%	52%	39%	22%
Not Hispanic	87%	88%	86%	65%	62%	53%	47%
<i>Overall</i>	87%	87%	85%	65%	61%	52%	45%

Following is a list of information sources. How often, if at all, do you use each source to find out about services and activities available to you?	Percent of respondents*						
	Television	Word of mouth	Newspaper	Radio	Senior publications	Library	Internet
White	87%	88%	86%	65%	62%	53%	46%
Not white	89%	77%	78%	65%	55%	42%	27%
<i>Overall</i>	87%	87%	85%	65%	61%	52%	45%
Rent	86%	87%	79%	58%	59%	47%	27%
Own	87%	87%	87%	67%	62%	53%	49%
<i>Overall</i>	87%	87%	85%	65%	61%	52%	45%
Lives alone	86%	85%	81%	60%	58%	47%	31%
Lives with others	88%	88%	87%	68%	63%	54%	52%
<i>Overall</i>	87%	87%	85%	65%	61%	52%	45%
Less than \$15,000	86%	84%	74%	56%	51%	39%	19%
\$15,000 to less than \$30,000	88%	88%	85%	62%	62%	48%	33%
\$30,000 or more	87%	89%	90%	70%	64%	58%	61%
<i>Overall</i>	87%	87%	85%	65%	61%	52%	45%
High School or less	89%	83%	80%	62%	54%	35%	24%
Some college or more	86%	89%	88%	67%	65%	61%	56%
<i>Overall</i>	87%	87%	85%	65%	61%	52%	45%
Limited physically	89%	86%	81%	61%	60%	44%	32%
Not limited	86%	87%	87%	67%	62%	55%	50%
<i>Overall</i>	87%	87%	85%	65%	61%	52%	45%

\* Includes respondents who "sometimes" or "frequently" use the information source.

## Conclusions and Recommendations

The “graying” of America is upon us, and according to projections prepared by the Colorado Department of Local Affairs, the number of adults age 60 or older is expected to increase in Colorado from an estimated 619,973 in 2004 to 852,000 in the year 2012. With regard to the service needs of older adults, the trend in the immediate future is more benign than in the longer run. In the near future, the highest growth rates will be for the younger age groups that tend to need fewer services. Nevertheless, the anticipated annual growth rate for the population 85 and over will be almost 3% per year for the next eight years. This is the age group with the highest risk of institutional placement and the greatest need for services.

A primary application of this study is to help guide State planning for future services, so that resources can be focused on maximizing the quality of life of older adults. Overall, the majority of older adults in Colorado felt positively about their quality of life and emotional wellbeing. However, survey data showed that some older adults had a better quality of life and greater number of strengths than others.

In this report we have identified a model for aging well. By identifying important strengths, service providers are alerted to the qualities exemplified by older adults who are doing well so that those strengths can be nourished. The model consists of 12 strengths, which are grouped into three thematic categories: physical health, outlook on life and one’s connection to others and the community. Below, general findings from the study are summarized and presented in keeping with the model’s three themes. Accompanying the findings are recommendations for taking advantage of opportunities to keep the State of Colorado at the forefront of service delivery to older adults.

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. The State and the 16 AAAs are encouraged to share this report with other community organizations and individuals that may provide support to older adults now and in the future.

### 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.

### Conclusions

Older adults in state of Colorado generally considered themselves healthy with the average rating for quality of health between “good” and “very good.” Further most of the older adults in the state appeared to be health-conscious and have adequate access to health care. Eighty-eight percent reported exercising at a moderate level at least once each week. Most older adults had at least one type of insurance (97%) and had visited a doctor or other provider within the last 12 months (93%). Despite the positives, health status was not equally concentrated across the older adult population.

Respondents who were Hispanic or not white, female, had a lower income, lived alone or were limited physically reported lower health status.

Older adults in Colorado face important challenges. Twenty-eight percent of older adults reported having a condition that limited their daily activities. This finding indicates that 172,236 older adults in the state faced this issue. Likewise, 18% reported significant hearing loss (113,687), nine percent reported blindness or severe vision impairment (53,596). One in five older adults spent at least one day in the hospital during the past year. Forty-five percent of older adults in the state reported having at least a minor physical problem, which translated to over 278,000 older adults. Thirteen percent of respondents (about 80,000) reported major physical health problems and were dealing with illness or physical difficulties.

There is also a small but potentially growing group of older adults who struggle to get enough or the right kinds of food for good health. Specifically, about one in ten older adults reported not eating at least two complete meals a day (56,857). Six percent of respondents reported needing some or a lot of help getting enough food or the right kinds of food to eat (37,495). Three percent were not able to afford enough food to eat in the last 30 days (21,394). The survey identified a larger need for meals than was currently used. Currently, 150,653 older adults reported needing a congregate or home-delivered meal, while 31,758 had received one in 2003. Not surprisingly, women, Hispanics, those who were not white, renters and those with less education, lower income, living alone or limited physically were more likely to have difficulty getting their nutritional needs met.

Overall, 2% of older adults were at high risk for institutionalization in the state. These older adults have become so weak that they have difficulty walking, eating, dressing or performing other activities of daily life. Five percent of older adults with fewer resources (income under \$30,000) were at even higher risk of institutionalization because they generally could not afford to purchase the assistance needed to remain independent. Older adults who were female, of older age, Hispanic, not white, renters, those limited physically or the least educated were also at higher risk of institutionalization. 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.

## **Recommendations**

**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. According to the CDC, programs should include healthy lifestyle promotion, early disease detection, immunization, injury prevention and promotion of self-management techniques (for chronic illnesses such as arthritis) (Centers for Disease Control and Prevention, 2004). While many of these programs are conducted or promoted in some areas of the state, advocacy to ensure their ongoing availability in all regions of the state should be a priority now and as the older adult population in Colorado grows.

**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. Answer questions about whether these disparities are due to lack of access, awareness or education rather than service availability. 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 or 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.

Consider linking with national organizations like the US Administration on Aging (AoA) and local community-based agencies to develop regional resource centers and health promotion/disease prevention projects for diverse older adults. Focus such endeavors on the provision of culturally competent health and mental health care, community-based long-term care and related services (i.e. education, training, technical assistance, information and referral, etc.).

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).

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 (e.g. home healthcare, nursing home beds, physicians and nurses) especially in rural areas of the state.

## **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.

## **Conclusions**

While physical problems may be expected among older adults, the number of older adults reporting feelings of isolation or depression represented one-fifth of all older adults (111,000 to over 134,000) in the state. Four percent of older adults had a major problem with depression or isolation. Two percent of the older adults said that they had problems with an emotional or mental illness. Reports of physical health problems, depression and loneliness were meaningfully more frequent among renters, older adults with low income, those limited physically and those living alone.

Often, older adults with more privilege, resources or those within the racial majority had fewer problems and fewer needs, translating into more strengths and a better quality of life. Older adults 75 years and older, women and minorities (primarily Hispanics, Blacks and American Indians) were more likely to live in or close to poverty when compared with the general older adult population. Respondents who were Hispanic, not white and older adults who were limited physically or had lower income were more likely to be financially exploited. Women, Hispanics, those who were not white, renters, those with lower income, less education, living alone or limited physically had fewer strengths.

## Recommendations

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. According to focus group participants in the DRCOG older adults study (Hayden et al., 2004), these barriers may include:

- ◆ Racism and homophobia
- ◆ Language barriers
- ◆ Communication/dissemination of information about services
- ◆ Accommodations for deaf, hard of hearing and those with vision impairment (including TTY availability)

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 (Hayden et al., 2004).

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.

## 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 conclusions and recommendations related to caregiving, in-home support, transportation and communication.

### Conclusions

More than 120,000 older adults (19%) throughout Colorado provided care for one or more family members or friends on a regular basis. Overall, 5% of older adults identified the provision of care as a "major problem" and could have used some relief in 2004. According to the survey, 42,536 older adults had a need for respite care services.

The most frequent needs currently reported for caregivers included services or information about services (15%), financial support (12%) and respite care (6%). Lack of service providers and no mileage reimbursement for service providers were among the barriers identified by key informants. According to the survey results, 21,428 older adults could use the non-respite caregiver support services funded through the NFCSP.



While older adult survey respondents reported that they could manage most household activities without help, certain tasks were more difficult to manage than others. Specifically, interior/exterior repairs, heavy housework and yard work/snow shoveling were activities that older adults could manage, but needed some assistance to complete. Difficulty in managing these activities increased with age. Women, renters, older adults living alone, those with incomes of less than \$15,000 and those with physical limitations had greater difficulty managing these types of tasks.

In 2003, 1,317 older adults in Colorado used AAA homemaking services. However the need across the state was more than eight times greater than utilization, as it was estimated that 11,436 older adults need homemaking services. AAA chore services were also an area of need for older adults. In 2003, 933 older adults used these services. However, about 42,536 were estimated to need chore services.

Transportation services for shopping, medical trips, personal errands and recreational or social trips were an expressed need by older adults. Although a small portion of older adults have difficulty arranging the transportation they need, even less use the transportation services available to them. There was a gap between the 114,791 older adults estimated to need transportation services and the 15,051 that actually used the variety of transportation services available to them through the state AAAs.

The most common reasons why older adults had trouble getting necessary transportation included lack of availability, problems with the vehicle and having to rely on others. Older adults from Pueblo County and San Juan Basin Regions, women, Hispanics, those who were not white, those with lower income, physical limitations or living alone were more likely to report transportation needs. Key informants mentioned several barriers to getting the transportation needs of older adults met. These often included affordability and availability in rural areas.

Older adults in the state reported using a variety of information sources to learn about services and activities available to them. Newspapers, television and word of mouth were most commonly used, with word of mouth significantly outranking other mediums in the North Central Mountain Region and in Larimer County. The Internet was not equally used by all subgroups: whites and those who were not Hispanic were more likely to use the Internet, as were more educated older adults.

## **Recommendations**

**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.

**Recommendation #2:** Narrow the gap between caregiver respite service use and need. This may require further investigation about why older adults may not be taking advantage of these services (awareness, access, etc.) or what specific barriers exist that might keep caregivers from using services. 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). Consider the development of small-scale entrepreneurial programs to support in-home service needs. These programs could be designed to provide low/no cost services for older adults. Involve community organizations with which older adults are already familiar, such as faith-based groups. 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, those 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. Consider these and other community-based transportation options: escort services (no cost or by donation van transportation with wheelchair lift) and volunteer driver programs (volunteer paired with older adult in need with volunteers reimbursed for mileage, especially in rural areas).

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. Service coordinators should network with other providers of services to the general population to know what is available for older adults within and outside of the services that a AAA provides.

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. The Internet is a good communication tool but it will not reach everyone. As the Baby Boomers age, this will be a key way to communicate with them, but for now, access and understanding of the Internet among older adults is limited. Key informants provided multiple outreach suggestions including the following:

- ◆ Promote AAA services by accessing older adults at appropriate, public venues (e.g. senior centers, churches, synagogues, doctors' offices, community events, grocery stores, pharmacies). Promotional activities may include booths, presentations, clinics, flyer distribution or utility bill inserts.
- ◆ Identify organizations and key staff that provide services to targeted special population groups. Network, collaborate and develop cooperative partnerships to promote and provide services. Expand the recruitment and use of volunteers.
- ◆ Provide best-practice training to local communities on how to outreach and develop partnerships at the grass-roots level.
- ◆ Encourage word of mouth and door-to-door campaigning, especially in rural communities.
- ◆ Exercise patience, creativity and diligence when working with older adults, especially for older adults who are 75 years and older, frail with hearing loss or with signs of dementia. These older adults may need additional attention and support from service providers as they

work to understand the options available, make decisions and get forms completed to get the help they need.

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. Following are some suggestions:

- ◆ Increase connectivity among AAAs and service providers in rural areas. Consider identifying rural community liaisons that can bridge gaps in communication and help with outreach.
- ◆ Ensure that information provided to AAAs gets to local service providers in a timely manner. A long-term care committee may help providers keep up with the latest changes.
- ◆ Provide AAAs with the administrative training and resources necessary to track the services they provide and complete related paperwork.
- ◆ Work to improve the SAMS database as a mechanism for providing rich information on the services provided to older adults across the state. [SAMS data were used in preparing this report, but extensive cleaning and checking of the data needed to be performed before the data could be used. It is believed that a certain amount of error is still contained in the information.] If consistent data entry protocols and quality control procedures resulted in a higher quality data and more reliable information, this would prove a valuable asset to the individuals planning service delivery to older adults in Colorado.

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. Expand and further publicize the United Way 2-1-1 Infoline.

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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## **Appendix A: Demographic Profiles and Projections**

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The following tables contain detailed demographic data, as well as population projections of the state of Colorado.

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

September 2004

Table 1: Urban and Rural Residence by Age

	Boulder County		Central Mountain Region		DRCOG Denver Metro Area		East Central Region		Huerfano-Las Animas Region		Larimer County		North Central Mountain Region		Northeast Region		Northwest Region	
	Number	Percent rural	Number	Percent rural	Number	Percent rural	Number	Percent rural	Number	Percent rural	Number	Percent rural	Number	Percent rural	Number	Percent rural	Number	Percent rural
Rural																		
Total	26,762	9.9%	23,657	32.1%	98,691	4.6%	32,492	89.8%	9,670	41.9%	34,044	13.5%	50,831	44.7%	35,632	51.1%	40,359	22.5%
0-17	6,024	9.9%	5,374	34.5%	25,648	4.7%	9,229	90.5%	2,158	40.6%	8,062	13.6%	10,955	45.9%	9,630	50.1%	10,538	22.8%
18-54	15,588	9.2%	12,024	29.8%	54,810	4.4%	17,360	89.9%	4,517	40.8%	18,912	12.7%	32,105	42.0%	17,286	50.9%	21,162	22.5%
55-59	1,864	16.4%	1,674	42.9%	6,697	7.0%	1,706	90.2%	746	57.6%	2,481	21.6%	2,786	54.7%	1,864	58.0%	2,575	29.5%
60-64	1,233	15.4%	1,501	43.4%	4,141	6.1%	1,063	89.2%	641	54.2%	1,477	19.2%	1,921	58.9%	1,595	56.4%	1,911	26.9%
65-69	930	15.2%	1,156	38.1%	2,720	4.8%	914	91.1%	511	48.7%	1,103	16.0%	1,248	61.9%	1,537	53.9%	1,596	25.3%
70-74	587	12.3%	863	31.1%	2,046	4.1%	787	88.9%	426	37.9%	996	16.1%	844	59.7%	1,351	55.5%	1,174	19.5%
75-79	317	7.8%	535	26.5%	1,364	3.4%	641	88.7%	337	39.0%	500	10.8%	523	61.8%	1,042	49.7%	691	14.2%
80-84	151	5.0%	287	22.3%	713	2.7%	443	85.9%	216	35.5%	305	9.3%	276	64.2%	762	47.9%	380	11.3%
85+	68	2.6%	243	18.0%	552	2.6%	349	72.3%	118	20.8%	208	7.0%	173	47.7%	575	39.1%	332	12.2%
Urban																		
Total	243,032	90.1%	50,045	67.9%	2,046,164	95.4%	3,709	10.2%	13,399	58.1%	217,450	86.5%	62,957	55.3%	34,037	48.9%	138,857	77.5%
0-17	54,887	90.1%	10,196	65.5%	525,855	95.3%	966	9.5%	3,162	59.4%	51,354	86.4%	12,907	54.1%	9,582	49.9%	35,651	77.2%
18-54	153,439	90.8%	28,289	70.2%	1,181,095	95.6%	1,952	10.1%	6,542	59.2%	129,924	87.3%	44,399	58.0%	16,705	49.1%	72,764	77.5%
55-59	9,531	83.6%	2,225	57.1%	89,464	93.0%	186	9.8%	550	42.4%	9,026	78.4%	2,306	45.3%	1,344	42.0%	6,160	70.5%
60-64	6,764	84.6%	1,955	56.6%	63,423	93.9%	129	10.8%	541	45.8%	6,226	80.8%	1,341	41.1%	1,231	43.6%	5,190	73.1%
65-69	5,208	84.8%	1,876	61.9%	53,666	95.2%	89	8.9%	538	51.3%	5,812	84.0%	768	38.1%	1,314	46.1%	4,707	74.7%
70-74	4,203	87.7%	1,915	68.9%	47,490	95.9%	98	11.1%	697	62.1%	5,205	83.9%	569	40.3%	1,084	44.5%	4,842	80.5%
75-79	3,723	92.2%	1,484	73.5%	38,907	96.6%	82	11.3%	527	61.0%	4,135	89.2%	323	38.2%	1,054	50.3%	4,160	85.8%
80-84	2,880	95.0%	998	77.7%	25,320	97.3%	73	14.1%	392	64.5%	2,986	90.7%	154	35.8%	828	52.1%	2,987	88.7%
85+	2,597	97.4%	1,107	82.0%	20,944	97.4%	134	27.7%	450	79.2%	2,782	93.0%	190	52.3%	895	60.9%	2,396	87.8%

Source: Census 2000 Summary File 3 (SF 3) - Sample Data

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

September 2004

Table 1: Urban and Rural Residence by Age

	Pikes Peak Region		Pueblo County		San Juan Basin Region		San Luis Valley Region		Southeast Region		Weld County		Western Slope Region		State Total	
	Number	Percent urban	Number	Percent rural	Number	Percent rural	Number	Percent rural	Number	Percent rural	Number	Percent rural	Number	Percent rural	Number	Percent rural
Rural																
<b>Total</b>	75,484	13.7%	18,067	12.8%	52,922	66.1%	32,312	70.0%	27,289	52.0%	50,876	28.1%	57,427	66.5%	666,515	15.5%
0-17	21,178	14.0%	4,504	12.4%	13,665	70.0%	9,321	71.4%	6,944	50.4%	14,769	28.9%	13,387	65.9%	171,386	15.6%
18-54	42,216	13.5%	9,153	12.8%	27,747	63.3%	15,390	67.0%	13,563	52.1%	26,824	26.7%	30,056	67.1%	358,713	14.6%
55-59	4,165	17.7%	1,280	19.3%	3,477	76.1%	1,680	78.1%	1,439	57.1%	2,671	35.5%	3,510	73.7%	40,605	20.8%
60-64	2,929	16.5%	906	15.8%	2,336	73.5%	1,595	76.9%	1,144	52.9%	2,254	38.9%	2,922	70.6%	29,569	20.7%
65-69	2,029	13.5%	905	15.5%	2,073	73.1%	1,262	74.3%	1,163	54.4%	1,490	31.0%	2,356	69.5%	22,993	18.9%
70-74	1,507	12.6%	575	10.2%	1,532	63.2%	1,161	78.2%	1,021	51.2%	1,246	29.7%	1,989	63.6%	18,105	17.1%
75-79	821	8.5%	393	8.3%	1,011	61.2%	876	74.3%	853	55.1%	783	22.7%	1,439	57.4%	12,126	14.3%
80-84	383	6.1%	217	7.4%	609	56.6%	581	66.6%	574	50.5%	529	27.2%	893	54.2%	7,319	13.0%
85+	256	6.1%	134	5.5%	472	47.6%	446	63.4%	588	50.1%	310	16.4%	875	53.4%	5,699	12.1%
Urban																
<b>Total</b>	476,523	86.3%	123,405	87.2%	27,149	33.9%	13,878	30.0%	25,160	48.0%	130,060	71.9%	28,921	33.5%	3,634,746	84.5%
0-17	129,719	86.0%	31,721	87.6%	5,862	30.0%	3,742	28.6%	6,821	49.6%	36,256	71.1%	6,923	34.1%	925,404	84.4%
18-54	270,446	86.5%	62,105	87.2%	16,072	36.7%	7,576	33.0%	12,452	47.9%	73,464	73.3%	14,766	32.9%	2,091,990	85.4%
55-59	19,354	82.3%	5,344	80.7%	1,091	23.9%	470	21.9%	1,081	42.9%	4,859	64.5%	1,254	26.3%	154,245	79.2%
60-64	14,836	83.5%	4,835	84.2%	844	26.5%	478	23.1%	1,019	47.1%	3,536	61.1%	1,219	29.4%	113,567	79.3%
65-69	13,016	86.5%	4,951	84.5%	762	26.9%	437	25.7%	973	45.6%	3,320	69.0%	1,035	30.5%	98,472	81.1%
70-74	10,463	87.4%	5,078	89.8%	892	36.8%	323	21.8%	972	48.8%	2,956	70.3%	1,138	36.4%	87,925	82.9%
75-79	8,808	91.5%	4,328	91.7%	640	38.8%	303	25.7%	695	44.9%	2,673	77.3%	1,069	42.6%	72,911	85.7%
80-84	5,937	93.9%	2,725	92.6%	467	43.4%	292	33.4%	562	49.5%	1,414	72.8%	754	45.8%	48,769	87.0%
85+	3,944	93.9%	2,318	94.5%	519	52.4%	257	36.6%	585	49.9%	1,582	83.6%	763	46.6%	41,463	87.9%

Source: Census 2000 Summary File 3 (SF 3) - Sample Data



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

September 2004

Table 2A: Age and Sex of All Residents (All Races)

Sex and Age	Boulder County		Central Mountain Region		DRCOG Denver Metro Area		East Central Region		Huerfano-Las Animas Region		Larimer County		North Central Mountain Region		Northeast Region		Northwest Region	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>Total</b>	<b>269,794</b>	<b>100.0%</b>	<b>73,702</b>	<b>100.0%</b>	<b>2,144,855</b>	<b>100.0%</b>	<b>36,201</b>	<b>100.0%</b>	<b>23,069</b>	<b>100.0%</b>	<b>251,494</b>	<b>100.0%</b>	<b>113,788</b>	<b>100.0%</b>	<b>69,669</b>	<b>100.0%</b>	<b>179,216</b>	<b>100.0%</b>
0-17	60,711	22.5%	15,583	21.2%	553,102	25.8%	10,242	28.3%	5,334	23.1%	59,755	23.8%	23,920	21.0%	19,228	27.6%	46,287	25.8%
18-54	169,027	62.7%	40,242	54.6%	1,233,378	57.5%	19,268	53.2%	11,087	48.1%	148,602	59.1%	76,433	67.2%	33,941	48.6%	93,822	52.4%
55-59	11,395	4.2%	3,965	5.4%	96,351	4.5%	1,804	5.0%	1,377	6.0%	11,145	4.4%	5,034	4.4%	3,182	4.6%	8,683	4.8%
60-64	7,997	3.0%	3,381	4.6%	68,218	3.2%	1,286	3.6%	1,201	5.2%	7,955	3.2%	3,203	2.8%	2,933	4.2%	7,040	3.9%
65-69	6,138	2.3%	3,134	4.3%	56,553	2.6%	1,046	2.9%	995	4.3%	6,813	2.7%	2,141	1.9%	2,711	3.9%	6,348	3.5%
70-74	4,790	1.8%	2,718	3.7%	49,435	2.3%	857	2.4%	1,011	4.4%	5,997	2.4%	1,428	1.3%	2,537	3.6%	6,027	3.4%
75-79	4,040	1.5%	2,085	2.8%	40,217	1.9%	699	1.9%	835	3.6%	4,954	2.0%	844	0.7%	2,153	3.1%	4,950	2.8%
80-84	3,031	1.1%	1,343	1.8%	25,750	1.2%	511	1.4%	636	2.8%	3,335	1.3%	435	0.4%	1,535	2.2%	3,267	1.8%
85+	2,665	1.0%	1,241	1.7%	21,851	1.0%	488	1.3%	593	2.6%	2,938	1.2%	350	0.3%	1,549	2.2%	2,792	1.6%
<b>Males</b>	<b>136,106</b>	<b>100.0%</b>	<b>41,034</b>	<b>100.0%</b>	<b>1,073,284</b>	<b>100.0%</b>	<b>18,772</b>	<b>100.0%</b>	<b>11,710</b>	<b>100.0%</b>	<b>125,654</b>	<b>100.0%</b>	<b>62,454</b>	<b>100.0%</b>	<b>35,329</b>	<b>100.0%</b>	<b>89,285</b>	<b>100.0%</b>
0-17	30,673	22.5%	7,985	19.5%	284,136	26.5%	5,242	27.9%	2,712	23.2%	30,677	24.4%	12,370	19.8%	9,852	27.9%	23,808	26.7%
18-54	87,272	64.1%	24,487	59.7%	628,557	58.6%	10,273	54.7%	5,938	50.7%	75,456	60.1%	42,890	68.7%	18,007	51.0%	47,490	53.2%
55-59	5,614	4.1%	2,097	5.1%	47,371	4.4%	952	5.1%	689	5.9%	5,464	4.3%	2,695	4.3%	1,582	4.5%	4,338	4.9%
60-64	4,065	3.0%	1,737	4.2%	33,017	3.1%	675	3.6%	605	5.2%	3,899	3.1%	1,773	2.8%	1,440	4.1%	3,496	3.9%
65-69	2,823	2.1%	1,574	3.8%	26,443	2.5%	525	2.8%	475	4.1%	3,206	2.6%	1,184	1.9%	1,261	3.6%	3,018	3.4%
70-74	2,104	1.5%	1,269	3.1%	21,715	2.0%	393	2.1%	467	4.0%	2,667	2.1%	786	1.3%	1,151	3.3%	2,777	3.1%
75-79	1,636	1.2%	946	2.3%	16,191	1.5%	330	1.8%	378	3.2%	2,088	1.7%	428	0.7%	970	2.7%	2,165	2.4%
80-84	1,191	0.9%	575	1.4%	9,629	0.9%	221	1.2%	251	2.1%	1,296	1.0%	203	0.3%	584	1.7%	1,311	1.5%
85+	728	0.5%	364	0.9%	6,225	0.6%	161	0.9%	195	1.7%	901	0.7%	125	0.2%	482	1.4%	882	1.0%
<b>Females</b>	<b>133,688</b>	<b>100.0%</b>	<b>32,668</b>	<b>100.0%</b>	<b>1,071,571</b>	<b>100.0%</b>	<b>17,429</b>	<b>100.0%</b>	<b>11,359</b>	<b>100.0%</b>	<b>125,840</b>	<b>100.0%</b>	<b>51,334</b>	<b>100.0%</b>	<b>34,340</b>	<b>100.0%</b>	<b>89,931</b>	<b>100.0%</b>
0-17	30,038	22.5%	7,608	23.3%	268,966	25.1%	5,000	28.7%	2,622	23.1%	29,078	23.1%	11,550	22.5%	9,376	27.3%	22,479	25.0%
18-54	81,755	61.2%	15,755	48.2%	604,821	56.4%	8,995	51.6%	5,149	45.3%	73,146	58.1%	33,543	65.3%	15,834	46.1%	46,332	51.5%
55-59	5,781	4.3%	1,868	5.7%	48,980	4.6%	852	4.9%	688	6.1%	5,681	4.5%	2,339	4.6%	1,600	4.7%	4,345	4.8%
60-64	3,932	2.9%	1,644	5.0%	35,201	3.3%	611	3.5%	596	5.2%	4,056	3.2%	1,430	2.8%	1,493	4.3%	3,544	3.9%
65-69	3,315	2.5%	1,560	4.8%	30,110	2.8%	521	3.0%	520	4.6%	3,607	2.9%	967	1.9%	1,450	4.2%	3,330	3.7%
70-74	2,686	2.0%	1,449	4.4%	27,720	2.6%	464	2.7%	544	4.8%	3,330	2.6%	642	1.3%	1,386	4.0%	3,250	3.6%
75-79	2,404	1.8%	1,139	3.5%	24,026	2.2%	369	2.1%	457	4.0%	2,866	2.3%	416	0.8%	1,183	3.4%	2,785	3.1%
80-84	1,840	1.4%	768	2.4%	16,121	1.5%	290	1.7%	385	3.4%	2,039	1.6%	232	0.5%	951	2.8%	1,956	2.2%
85+	1,937	1.4%	877	2.7%	15,626	1.5%	327	1.9%	398	3.5%	2,037	1.6%	225	0.4%	1,067	3.1%	1,910	2.1%

Source: Census 2000 Summary File 1 (SF 1) 100-Percent Data

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

September 2004

Table 2A: Age and Sex of All Residents (All Races)

Sex and Age	Pikes Peak Region		Pueblo County		San Juan Basin Region		San Luis Valley Region		Southeast Region		Weld County		Western Slope Region		State Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>Total</b>	<b>552,007</b>	<b>100.0%</b>	<b>141,472</b>	<b>100.0%</b>	<b>80,071</b>	<b>100.0%</b>	<b>46,190</b>	<b>100.0%</b>	<b>52,449</b>	<b>100.0%</b>	<b>180,936</b>	<b>100.0%</b>	<b>86,348</b>	<b>100.0%</b>	<b>4,301,261</b>	<b>100.0%</b>
0-17	151,220	27.4%	36,546	25.8%	19,546	24.4%	13,027	28.2%	13,792	26.3%	51,033	28.2%	20,287	23.5%	1,100,795	25.6%
18-54	311,902	56.5%	70,864	50.1%	43,794	54.7%	22,978	49.7%	25,949	49.5%	100,302	55.4%	44,790	51.9%	2,445,086	56.8%
55-59	23,928	4.3%	6,666	4.7%	4,444	5.6%	2,327	5.0%	2,478	4.7%	7,491	4.1%	4,881	5.7%	194,722	4.5%
60-64	17,571	3.2%	5,940	4.2%	3,327	4.2%	1,937	4.2%	2,206	4.2%	5,870	3.2%	4,083	4.7%	144,585	3.4%
65-69	15,269	2.8%	5,725	4.0%	2,817	3.5%	1,782	3.9%	2,103	4.0%	4,730	2.6%	3,552	4.1%	121,222	2.8%
70-74	11,886	2.2%	5,581	3.9%	2,354	2.9%	1,436	3.1%	1,982	3.8%	4,037	2.2%	3,012	3.5%	105,088	2.4%
75-79	9,589	1.7%	4,548	3.2%	1,725	2.2%	1,168	2.5%	1,630	3.1%	3,291	1.8%	2,473	2.9%	85,922	2.0%
80-84	6,032	1.1%	3,001	2.1%	1,157	1.4%	823	1.8%	1,195	2.3%	2,198	1.2%	1,697	2.0%	55,625	1.3%
85+	4,610	0.8%	2,601	1.8%	907	1.1%	712	1.5%	1,114	2.1%	1,984	1.1%	1,573	1.8%	48,216	1.1%
<b>Males</b>	<b>277,520</b>	<b>100.0%</b>	<b>69,236</b>	<b>100.0%</b>	<b>40,341</b>	<b>100.0%</b>	<b>22,969</b>	<b>100.0%</b>	<b>27,352</b>	<b>100.0%</b>	<b>90,717</b>	<b>100.0%</b>	<b>43,896</b>	<b>100.0%</b>	<b>2,165,983</b>	<b>100.0%</b>
0-17	78,002	28.1%	18,807	27.2%	10,152	25.2%	6,705	29.2%	7,140	26.1%	26,418	29.1%	10,438	23.8%	565,710	26.1%
18-54	159,380	57.4%	35,294	51.0%	22,186	55.0%	11,445	49.8%	14,386	52.6%	50,718	55.9%	23,311	53.1%	1,256,658	58.0%
55-59	11,743	4.2%	3,222	4.7%	2,189	5.4%	1,159	5.0%	1,272	4.7%	3,652	4.0%	2,458	5.6%	96,345	4.4%
60-64	8,362	3.0%	2,785	4.0%	1,719	4.3%	984	4.3%	1,088	4.0%	2,984	3.3%	2,105	4.8%	70,739	3.3%
65-69	7,191	2.6%	2,662	3.8%	1,462	3.6%	881	3.8%	1,009	3.7%	2,253	2.5%	1,773	4.0%	57,663	2.7%
70-74	5,348	1.9%	2,564	3.7%	1,133	2.8%	703	3.1%	929	3.4%	1,870	2.1%	1,445	3.3%	47,250	2.2%
75-79	3,834	1.4%	1,964	2.8%	753	1.9%	505	2.2%	714	2.6%	1,441	1.6%	1,060	2.4%	36,043	1.7%
80-84	2,382	0.9%	1,153	1.7%	472	1.2%	339	1.5%	467	1.7%	807	0.9%	757	1.7%	21,422	1.0%
85+	1,278	0.5%	785	1.1%	275	0.7%	248	1.1%	347	1.3%	574	0.6%	549	1.3%	14,153	0.7%
<b>Females</b>	<b>274,487</b>	<b>100.0%</b>	<b>72,236</b>	<b>100.0%</b>	<b>39,730</b>	<b>100.0%</b>	<b>23,221</b>	<b>100.0%</b>	<b>25,097</b>	<b>100.0%</b>	<b>90,219</b>	<b>100.0%</b>	<b>42,452</b>	<b>100.0%</b>	<b>2,135,278</b>	<b>100.0%</b>
0-17	73,218	26.7%	17,739	24.6%	9,394	23.5%	6,322	27.2%	6,652	26.5%	24,615	27.3%	9,849	23.2%	535,085	25.1%
18-54	152,522	55.6%	35,570	49.2%	21,608	54.4%	11,533	49.7%	11,563	46.1%	49,584	55.0%	21,479	50.6%	1,188,428	55.7%
55-59	12,185	4.4%	3,444	4.8%	2,255	5.7%	1,168	5.0%	1,206	4.8%	3,839	4.3%	2,423	5.7%	98,377	4.6%
60-64	9,209	3.4%	3,155	4.4%	1,608	4.0%	953	4.1%	1,118	4.5%	2,886	3.2%	1,978	4.7%	73,846	3.5%
65-69	8,078	2.9%	3,063	4.2%	1,355	3.4%	901	3.9%	1,094	4.4%	2,477	2.7%	1,779	4.2%	63,559	3.0%
70-74	6,538	2.4%	3,017	4.2%	1,221	3.1%	733	3.2%	1,053	4.2%	2,167	2.4%	1,567	3.7%	57,838	2.7%
75-79	5,755	2.1%	2,584	3.6%	972	2.4%	663	2.9%	916	3.6%	1,850	2.1%	1,413	3.3%	49,879	2.3%
80-84	3,650	1.3%	1,848	2.6%	685	1.7%	484	2.1%	728	2.9%	1,391	1.5%	940	2.2%	34,203	1.6%
85+	3,332	1.2%	1,816	2.5%	632	1.6%	464	2.0%	767	3.1%	1,410	1.6%	1,024	2.4%	34,063	1.6%

Source: Census 2000 Summary File 1 (SF 1) 100-Percent Data

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

September 2004

Table 2B: Hispanic or Latino (Alone) Residents, Age and Sex

Sex and Age	Boulder County		Central Mountain Region		DRCOG Denver Metro Area		East Central Region		Huerfano-Las Animas Region		Larimer County		North Central Mountain Region		Northeast Region		Northwest Region	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>Total</b>	<b>28,643</b>	<b>100.0%</b>	<b>9,080</b>	<b>100.0%</b>	<b>399,549</b>	<b>100.0%</b>	<b>2,561</b>	<b>100.0%</b>	<b>9,067</b>	<b>100.0%</b>	<b>20,811</b>	<b>100.0%</b>	<b>14,241</b>	<b>100.0%</b>	<b>13,331</b>	<b>100.0%</b>	<b>20,494</b>	<b>100.0%</b>
0-17	9,979	34.8%	2,386	26.3%	140,061	35.1%	937	36.6%	2,554	28.2%	7,303	35.1%	4,331	30.4%	5,413	40.6%	7,561	36.9%
18-54	16,785	58.6%	5,629	62.0%	226,239	56.6%	1,463	57.1%	4,267	47.1%	11,887	57.1%	9,339	65.6%	6,946	52.1%	11,194	54.6%
55-59	619	2.2%	293	3.2%	10,163	2.5%	61	2.4%	451	5.0%	526	2.5%	242	1.7%	294	2.2%	471	2.3%
60-64	507	1.8%	247	2.7%	7,473	1.9%	30	1.2%	423	4.7%	357	1.7%	122	0.9%	210	1.6%	358	1.7%
65-69	234	0.8%	190	2.1%	5,601	1.4%	32	1.2%	338	3.7%	266	1.3%	76	0.5%	177	1.3%	317	1.5%
70-74	263	0.9%	138	1.5%	4,421	1.1%	18	0.7%	355	3.9%	219	1.1%	58	0.4%	135	1.0%	251	1.2%
75-79	135	0.5%	88	1.0%	2,805	0.7%	12	0.5%	285	3.1%	131	0.6%	37	0.3%	70	0.5%	157	0.8%
80-84	48	0.2%	54	0.6%	1,621	0.4%	4	0.2%	209	2.3%	66	0.3%	24	0.2%	38	0.3%	94	0.5%
85+	73	0.3%	55	0.6%	1,165	0.3%	4	0.2%	185	2.0%	56	0.3%	12	0.1%	48	0.4%	91	0.4%
<b>Males</b>	<b>14,771</b>	<b>100.0%</b>	<b>5,742</b>	<b>100.0%</b>	<b>208,628</b>	<b>100.0%</b>	<b>1,507</b>	<b>100.0%</b>	<b>4,596</b>	<b>100.0%</b>	<b>10,940</b>	<b>100.0%</b>	<b>8,085</b>	<b>100.0%</b>	<b>7,255</b>	<b>100.0%</b>	<b>10,941</b>	<b>100.0%</b>
0-17	4,896	33.1%	1,223	21.3%	71,509	34.3%	459	30.5%	1,280	27.9%	3,800	34.7%	2,252	27.9%	2,805	38.7%	3,903	35.7%
18-54	8,977	60.8%	3,666	69.1%	121,830	58.4%	954	63.3%	2,278	49.6%	6,394	58.4%	5,531	68.4%	3,961	54.6%	6,202	56.7%
55-59	282	1.9%	185	3.2%	5,107	2.4%	31	2.1%	234	5.1%	261	2.4%	128	1.6%	158	2.2%	257	2.3%
60-64	294	2.0%	135	2.4%	3,532	1.7%	21	1.4%	200	4.4%	182	1.7%	75	0.9%	113	1.6%	170	1.6%
65-69	77	0.5%	82	1.4%	2,498	1.2%	22	1.5%	165	3.6%	108	1.0%	43	0.5%	89	1.2%	145	1.3%
70-74	118	0.8%	65	1.1%	2,012	1.0%	8	0.5%	163	3.5%	96	0.9%	26	0.3%	70	1.0%	124	1.1%
75-79	80	0.5%	42	0.7%	1,104	0.5%	6	0.4%	125	2.7%	52	0.5%	14	0.2%	30	0.4%	76	0.7%
80-84	28	0.2%	27	0.5%	673	0.3%	3	0.2%	80	1.7%	28	0.3%	10	0.1%	9	0.1%	38	0.3%
85+	19	0.1%	17	0.3%	363	0.2%	3	0.2%	71	1.5%	19	0.2%	6	0.1%	20	0.3%	26	0.2%
<b>Females</b>	<b>13,872</b>	<b>100.0%</b>	<b>3,338</b>	<b>100.0%</b>	<b>190,921</b>	<b>100.0%</b>	<b>1,054</b>	<b>100.0%</b>	<b>4,471</b>	<b>100.0%</b>	<b>9,871</b>	<b>100.0%</b>	<b>6,156</b>	<b>100.0%</b>	<b>6,076</b>	<b>100.0%</b>	<b>9,553</b>	<b>100.0%</b>
0-17	5,083	36.6%	1,163	34.8%	68,552	35.9%	478	45.4%	1,274	28.5%	3,503	35.5%	2,079	33.8%	2,608	42.9%	3,658	38.3%
18-54	7,808	56.3%	1,663	49.8%	104,409	54.7%	509	48.3%	1,989	44.5%	5,493	55.6%	3,808	61.9%	2,985	49.1%	4,992	52.3%
55-59	337	2.4%	108	3.2%	5,056	2.6%	30	2.8%	217	4.9%	265	2.7%	114	1.9%	136	2.2%	214	2.2%
60-64	213	1.5%	112	3.4%	3,941	2.1%	9	0.9%	223	5.0%	175	1.8%	47	0.8%	97	1.6%	188	2.0%
65-69	157	1.1%	108	3.2%	3,103	1.6%	10	0.9%	173	3.9%	158	1.6%	33	0.5%	88	1.4%	172	1.8%
70-74	145	1.0%	73	2.2%	2,409	1.3%	10	0.9%	192	4.3%	123	1.2%	32	0.5%	65	1.1%	127	1.3%
75-79	55	0.4%	46	1.4%	1,701	0.9%	6	0.6%	160	3.6%	79	0.8%	23	0.4%	40	0.7%	81	0.8%
80-84	20	0.1%	27	0.8%	948	0.5%	1	0.1%	129	2.9%	38	0.4%	14	0.2%	29	0.5%	56	0.6%
85+	54	0.4%	38	1.1%	802	0.4%	1	0.1%	114	2.5%	37	0.4%	6	0.1%	28	0.5%	65	0.7%

Source: Census 2000 Summary File 1 (SF 1) 100-Percent Data

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

September 2004

Table 2B: Hispanic or Latino (Alone) Residents, Age and Sex

Sex and Age	Pikes Peak Region		Pueblo County		San Juan Basin Region		San Luis Valley Region		Southeast Region		Weld County		Western Slope Region		State Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>Total</b>	<b>59,747</b>	<b>100.0%</b>	<b>53,710</b>	<b>100.0%</b>	<b>8,605</b>	<b>100.0%</b>	<b>21,489</b>	<b>100.0%</b>	<b>15,834</b>	<b>100.0%</b>	<b>48,935</b>	<b>100.0%</b>	<b>9,441</b>	<b>100.0%</b>	<b>735,601</b>	<b>100.0%</b>
0-17	22,007	36.8%	17,621	32.8%	2,967	34.5%	7,227	33.6%	5,487	34.7%	18,905	38.6%	3,429	36.3%	268,722	35.2%
18-54	32,787	54.9%	27,395	51.0%	4,384	50.9%	10,442	48.6%	8,011	50.6%	25,970	53.1%	4,995	52.9%	407,060	55.3%
55-59	1,453	2.4%	1,919	3.6%	294	3.4%	826	3.8%	543	3.4%	1,308	2.7%	269	2.8%	19,912	2.7%
60-64	1,208	2.0%	1,665	3.1%	264	3.1%	754	3.5%	480	3.0%	959	2.0%	238	2.5%	15,325	2.1%
65-69	921	1.5%	1,639	3.1%	256	3.0%	726	3.4%	439	2.8%	690	1.4%	162	1.7%	12,150	1.7%
70-74	604	1.0%	1,502	2.8%	176	2.0%	539	2.5%	367	2.3%	460	0.9%	115	1.2%	9,417	1.3%
75-79	403	0.7%	1,052	2.0%	121	1.4%	438	2.0%	269	1.7%	323	0.7%	98	1.0%	6,520	0.9%
80-84	215	0.4%	513	1.0%	91	1.1%	296	1.4%	131	0.8%	161	0.3%	76	0.8%	3,580	0.5%
85+	149	0.2%	404	0.8%	52	0.6%	241	1.1%	107	0.7%	159	0.3%	59	0.6%	2,915	0.4%
<b>Males</b>	<b>30,577</b>	<b>100.0%</b>	<b>26,495</b>	<b>100.0%</b>	<b>4,413</b>	<b>100.0%</b>	<b>10,750</b>	<b>100.0%</b>	<b>8,496</b>	<b>100.0%</b>	<b>25,792</b>	<b>100.0%</b>	<b>5,081</b>	<b>100.0%</b>	<b>384,806</b>	<b>100.0%</b>
0-17	11,222	36.7%	9,009	34.0%	1,558	35.3%	3,689	34.3%	2,872	33.8%	9,788	37.9%	1,792	35.3%	132,851	34.5%
18-54	17,113	56.0%	13,523	51.0%	2,285	51.8%	5,261	48.9%	4,498	52.9%	14,021	54.4%	2,813	55.4%	219,373	57.0%
55-59	674	2.2%	918	3.5%	125	2.8%	414	3.9%	293	3.4%	660	2.6%	138	2.7%	9,905	2.6%
60-64	542	1.8%	790	3.0%	136	3.1%	395	3.7%	234	2.8%	518	2.0%	130	2.6%	7,547	2.0%
65-69	439	1.4%	730	2.8%	126	2.9%	342	3.2%	206	2.4%	336	1.3%	70	1.4%	5,604	1.5%
70-74	283	0.9%	690	2.6%	77	1.7%	265	2.5%	181	2.1%	220	0.9%	44	0.9%	4,306	1.1%
75-79	182	0.6%	473	1.8%	52	1.2%	177	1.6%	120	1.4%	138	0.5%	36	0.7%	2,818	0.7%
80-84	69	0.2%	221	0.8%	37	0.8%	118	1.1%	49	0.6%	55	0.2%	33	0.6%	1,399	0.4%
85+	53	0.2%	141	0.5%	17	0.4%	89	0.8%	43	0.5%	56	0.2%	25	0.5%	1,003	0.3%
<b>Females</b>	<b>29,170</b>	<b>100.0%</b>	<b>27,215</b>	<b>100.0%</b>	<b>4,192</b>	<b>100.0%</b>	<b>10,739</b>	<b>100.0%</b>	<b>7,338</b>	<b>100.0%</b>	<b>23,143</b>	<b>100.0%</b>	<b>4,360</b>	<b>100.0%</b>	<b>350,795</b>	<b>100.0%</b>
0-17	10,785	37.0%	8,612	31.6%	1,409	33.6%	3,538	32.9%	2,615	35.6%	9,117	39.4%	1,637	37.5%	125,871	35.9%
18-54	15,674	53.7%	13,872	51.0%	2,099	50.1%	5,181	48.2%	3,513	47.9%	11,949	51.6%	2,182	50.0%	187,687	53.5%
55-59	779	2.7%	1,001	3.7%	169	4.0%	412	3.8%	250	3.4%	648	2.8%	131	3.0%	10,007	2.9%
60-64	666	2.3%	875	3.2%	128	3.1%	359	3.3%	246	3.4%	441	1.9%	108	2.5%	7,778	2.2%
65-69	482	1.7%	909	3.3%	130	3.1%	384	3.6%	233	3.2%	354	1.5%	92	2.1%	6,546	1.9%
70-74	321	1.1%	812	3.0%	99	2.4%	274	2.6%	186	2.5%	240	1.0%	71	1.6%	5,111	1.5%
75-79	221	0.8%	579	2.1%	69	1.6%	261	2.4%	149	2.0%	185	0.8%	62	1.4%	3,702	1.1%
80-84	146	0.5%	292	1.1%	54	1.3%	178	1.7%	82	1.1%	106	0.5%	43	1.0%	2,181	0.6%
85+	96	0.3%	263	1.0%	35	0.8%	152	1.4%	64	0.9%	103	0.4%	34	0.8%	1,912	0.5%

Source: Census 2000 Summary File 1 (SF 1) 100-Percent Data

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

September 2004

Table 2C: Black (Alone) Residents, Age and Sex

Sex and Age	Boulder County		Central Mountain Region		DRCOG Denver Metro Area		East Central Region		Huerfano-Las Animas Region		Larimer County		North Central Mountain Region		Northeast Region		Northwest Region	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>Total</b>	<b>2,117</b>	<b>100.0%</b>	<b>2,748</b>	<b>100.0%</b>	<b>115,432</b>	<b>100.0%</b>	<b>580</b>	<b>100.0%</b>	<b>276</b>	<b>100.0%</b>	<b>1,650</b>	<b>100.0%</b>	<b>470</b>	<b>100.0%</b>	<b>547</b>	<b>100.0%</b>	<b>772</b>	<b>100.0%</b>
0-17	427	1.5%	54	0.6%	35,748	8.9%	65	2.5%	28	0.3%	452	2.2%	91	0.6%	97	0.7%	256	1.2%
18-54	1,488	5.2%	2,620	28.9%	63,908	16.0%	484	18.9%	235	2.6%	1,120	5.4%	357	2.5%	425	3.2%	459	2.2%
55-59		0.0%	38	0.4%	4,462	1.1%	9	0.4%	6	0.1%	36	0.2%	6	0.0%	13	0.1%	19	0.1%
60-64	75	0.3%	12	0.1%	3,382	0.8%	10	0.4%	2	0.0%	12	0.1%	9	0.1%	4	0.0%	13	0.1%
65-69	18	0.1%	9	0.1%	2,816	0.7%	5	0.2%	0	0.0%	15	0.1%	2	0.0%	2	0.0%	7	0.0%
70-74		0.0%	7	0.1%	2,130	0.5%	5	0.2%	1	0.0%	8	0.0%	2	0.0%	4	0.0%	5	0.0%
75-79		0.0%	0	0.0%	1,453	0.4%	2	0.1%	0	0.0%	2	0.0%	2	0.0%	0	0.0%	4	0.0%
80-84		0.0%	6	0.1%	859	0.2%	0	0.0%	1	0.0%	1	0.0%	0	0.0%	0	0.0%	4	0.0%
85+		0.0%	2	0.0%	674	0.2%	0	0.0%	3	0.0%	4	0.0%	1	0.0%	2	0.0%	5	0.0%
<b>Males</b>	<b>1,191</b>	<b>8.1%</b>	<b>2,601</b>	<b>45.3%</b>	<b>57,805</b>	<b>27.7%</b>	<b>501</b>	<b>33.2%</b>	<b>240</b>	<b>5.2%</b>	<b>953</b>	<b>8.7%</b>	<b>312</b>	<b>3.9%</b>	<b>449</b>	<b>6.2%</b>	<b>475</b>	<b>4.3%</b>
0-17	199	1.3%	30	0.5%	18,202	8.7%	37	2.5%	13	0.3%	226	2.1%	51	0.6%	46	0.6%	128	1.2%
18-54	896	6.1%	2,500	43.5%	32,574	15.6%	443	29.4%	216	4.7%	678	6.2%	247	3.1%	384	5.3%	307	2.8%
55-59	32	0.2%	37	0.6%	2,157	1.0%	6	0.4%	5	0.1%	22	0.2%	3	0.0%	10	0.1%	12	0.1%
60-64	40	0.3%	12	0.2%	1,596	0.8%	7	0.5%	2	0.0%	10	0.1%	6	0.1%	3	0.0%	11	0.1%
65-69	8	0.1%	9	0.2%	1,319	0.6%	5	0.3%	0	0.0%	8	0.1%	2	0.0%	2	0.0%	6	0.1%
70-74	16	0.1%	6	0.1%	923	0.4%	1	0.1%	1	0.0%	6	0.1%	1	0.0%	3	0.0%	5	0.0%
75-79	0	0.0%	0	0.0%	550	0.3%	2	0.1%	0	0.0%	1	0.0%	1	0.0%	0	0.0%	2	0.0%
80-84	0	0.0%	5	0.1%	300	0.1%	0	0.0%	1	0.0%	1	0.0%	0	0.0%	0	0.0%	2	0.0%
85+	0	0.0%	2	0.0%	184	0.1%	0	0.0%	2	0.0%	1	0.0%	1	0.0%	1	0.0%	2	0.0%
<b>Females</b>	<b>926</b>	<b>6.7%</b>	<b>147</b>	<b>4.4%</b>	<b>57,627</b>	<b>30.2%</b>	<b>79</b>	<b>7.5%</b>	<b>36</b>	<b>0.8%</b>	<b>697</b>	<b>7.1%</b>	<b>158</b>	<b>2.6%</b>	<b>98</b>	<b>1.6%</b>	<b>297</b>	<b>3.1%</b>
0-17	228	1.6%	24	0.7%	17,546	9.2%	28	2.7%	15	0.3%	226	2.3%	40	0.6%	51	0.8%	128	1.3%
18-54	592	4.3%	120	3.6%	31,334	16.4%	41	3.9%	19	0.4%	442	4.5%	110	1.8%	41	0.7%	152	1.6%
55-59	10	0.1%	1	0.0%	2,305	1.2%	3	0.3%	1	0.0%	14	0.1%	3	0.0%	3	0.0%	7	0.1%
60-64	35	0.3%	0	0.0%	1,786	0.9%	3	0.3%	0	0.0%	2	0.0%	3	0.0%	1	0.0%	2	0.0%
65-69	10	0.1%	0	0.0%	1,497	0.8%	0	0.0%	0	0.0%	7	0.1%	0	0.0%	0	0.0%	1	0.0%
70-74	25	0.2%	1	0.0%	1,207	0.6%	4	0.4%	0	0.0%	2	0.0%	1	0.0%	1	0.0%	0	0.0%
75-79	19	0.1%	0	0.0%	903	0.5%	0	0.0%	0	0.0%	1	0.0%	1	0.0%	0	0.0%	2	0.0%
80-84	0	0.0%	1	0.0%	559	0.3%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	2	0.0%
85+	7	0.1%	0	0.0%	490	0.3%	0	0.0%	1	0.0%	3	0.0%	0	0.0%	1	0.0%	3	0.0%

Source: Census 2000 Summary File 1 (SF 1) 100-Percent Data

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

September 2004

Table 2C: Black (Alone) Residents, Age and Sex

Sex and Age	Pikes Peak Region		Pueblo County		San Juan Basin Region		San Luis Valley Region		Southeast Region		Weld County		Western Slope Region		State Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>Total</b>	<b>33,855</b>	<b>100.0%</b>	<b>2,685</b>	<b>100.0%</b>	<b>205</b>	<b>100.0%</b>	<b>242</b>	<b>100.0%</b>	<b>815</b>	<b>100.0%</b>	<b>1,022</b>	<b>100.0%</b>	<b>338</b>	<b>100.0%</b>	<b>165,063</b>	<b>100.0%</b>
0-17	11,177	18.7%	725	1.3%	56	0.7%	80	0.4%	95	0.6%	322	0.7%	68	0.7%	50,361	6.8%
18-54	19,389	32.5%	1,475	2.7%	127	1.5%	142	0.7%	677	4.3%	641	1.3%	238	2.5%	94,373	12.8%
55-59	943	1.6%	90	0.2%	10	0.1%	6	0.0%	8	0.1%	22	0.0%	17	0.2%	5,745	0.8%
60-64	859	1.4%	83	0.2%	3	0.0%	1	0.0%	12	0.1%	10	0.0%	4	0.0%	4,531	0.6%
65-69	702	1.2%	94	0.2%	0	0.0%	3	0.0%	4	0.0%	11	0.0%	1	0.0%	3,803	0.5%
70-74	363	0.6%	72	0.1%	5	0.1%	2	0.0%	6	0.0%	9	0.0%	2	0.0%	2,642	0.4%
75-79	220	0.4%	55	0.1%	2	0.0%	5	0.0%	8	0.1%	5	0.0%	4	0.0%	1,739	0.2%
80-84	103	0.2%	47	0.1%	2	0.0%	1	0.0%	3	0.0%	1	0.0%	1	0.0%	1,019	0.1%
85+	99	0.2%	44	0.1%	0	0.0%	2	0.0%	2	0.0%	1	0.0%	3	0.0%	850	0.1%
<b>Males</b>	<b>17,891</b>	<b>58.5%</b>	<b>1,470</b>	<b>5.5%</b>	<b>129</b>	<b>2.9%</b>	<b>129</b>	<b>1.2%</b>	<b>717</b>	<b>8.4%</b>	<b>582</b>	<b>2.3%</b>	<b>255</b>	<b>5.0%</b>	<b>86,508</b>	<b>22.5%</b>
0-17	5,652	18.5%	383	1.4%	28	0.6%	42	0.4%	47	0.6%	164	0.6%	38	0.7%	25,671	6.7%
18-54	10,635	34.8%	859	3.2%	87	2.0%	76	0.7%	639	7.5%	394	1.5%	197	3.9%	51,457	13.4%
55-59	478	1.6%	53	0.2%	7	0.2%	5	0.0%	7	0.1%	10	0.0%	12	0.2%	2,874	0.7%
60-64	418	1.4%	46	0.2%	2	0.0%	0	0.0%	10	0.1%	6	0.0%	3	0.1%	2,191	0.6%
65-69	359	1.2%	39	0.1%	0	0.0%	1	0.0%	2	0.0%	4	0.0%	1	0.0%	1,859	0.5%
70-74	189	0.6%	36	0.1%	4	0.1%	0	0.0%	3	0.0%	2	0.0%	0	0.0%	1,169	0.3%
75-79	103	0.3%	29	0.1%	0	0.0%	4	0.0%	8	0.1%	2	0.0%	1	0.0%	698	0.2%
80-84	37	0.1%	12	0.0%	1	0.0%	0	0.0%	1	0.0%	0	0.0%	1	0.0%	354	0.1%
85+	20	0.1%	13	0.0%	0	0.0%	1	0.0%	0	0.0%	0	0.0%	2	0.0%	235	0.1%
<b>Females</b>	<b>15,964</b>	<b>54.7%</b>	<b>1,215</b>	<b>4.5%</b>	<b>76</b>	<b>1.8%</b>	<b>113</b>	<b>1.1%</b>	<b>98</b>	<b>1.3%</b>	<b>440</b>	<b>1.9%</b>	<b>83</b>	<b>1.9%</b>	<b>78,555</b>	<b>22.4%</b>
0-17	5,525	18.9%	342	1.3%	28	0.7%	38	0.4%	48	0.7%	158	0.7%	30	0.7%	24,690	7.0%
18-54	8,754	30.0%	616	2.3%	40	1.0%	66	0.6%	38	0.5%	247	1.1%	41	0.9%	42,916	12.2%
55-59	465	1.6%	37	0.1%	3	0.1%	1	0.0%	1	0.0%	12	0.1%	5	0.1%	2,871	0.8%
60-64	441	1.5%	37	0.1%	1	0.0%	1	0.0%	2	0.0%	4	0.0%	1	0.0%	2,340	0.7%
65-69	343	1.2%	55	0.2%	0	0.0%	2	0.0%	2	0.0%	7	0.0%	0	0.0%	1,944	0.6%
70-74	174	0.6%	36	0.1%	1	0.0%	2	0.0%	3	0.0%	7	0.0%	2	0.0%	1,473	0.4%
75-79	117	0.4%	26	0.1%	2	0.0%	1	0.0%	0	0.0%	3	0.0%	3	0.1%	1,041	0.3%
80-84	66	0.2%	35	0.1%	1	0.0%	1	0.0%	2	0.0%	1	0.0%	0	0.0%	665	0.2%
85+	79	0.3%	31	0.1%	0	0.0%	1	0.0%	2	0.0%	1	0.0%	1	0.0%	615	0.2%

Source: Census 2000 Summary File 1 (SF 1) 100-Percent Data

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

September 2004

Table 2D: Asian (Alone) Residents, Age and Sex

Sex and Age	Boulder County		Central Mountain Region		DRCOG Denver Metro Area		East Central Region		Huerfano-Las Animas Region		Larimer County		North Central Mountain Region		Northeast Region		Northwest Region	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>Total</b>	<b>8,371</b>	<b>100.0%</b>	<b>337</b>	<b>100.0%</b>	<b>63,405</b>	<b>100.0%</b>	<b>137</b>	<b>100.0%</b>	<b>88</b>	<b>100.0%</b>	<b>3,917</b>	<b>100.0%</b>	<b>876</b>	<b>100.0%</b>	<b>180</b>	<b>100.0%</b>	<b>870</b>	<b>100.0%</b>
0-17	1,928	23.0%	81	24.0%	16,453	25.9%	46	33.6%	16	18.2%	918	23.4%	172	19.6%	43	23.9%	227	26.1%
18-54	5,820	69.5%	222	65.9%	38,482	60.7%	75	54.7%	48	54.5%	2,650	67.7%	638	72.8%	104	57.8%	524	60.2%
55-59	307	3.7%	10	3.0%	2,153	3.4%	7	5.1%	11	12.5%	114	2.9%	28	3.2%	5	2.8%	32	3.7%
60-64	94	1.1%	9	2.7%	2,031	3.2%	3	2.2%	1	1.1%	68	1.7%	19	2.2%	2	1.1%	22	2.5%
65-69	93	1.1%	6	1.8%	1,466	2.3%	3	2.2%	2	2.3%	61	1.6%	11	1.3%	7	3.9%	25	2.9%
70-74	45	0.5%	5	1.5%	1,268	2.0%	0	0.0%	4	4.5%	49	1.3%	3	0.3%	6	3.3%	19	2.2%
75-79	47	0.6%	3	0.9%	960	1.5%	1	0.7%	2	2.3%	34	0.9%	4	0.5%	10	5.6%	13	1.5%
80-84	26	0.3%	1	0.3%	391	0.6%	2	1.5%	3	3.4%	14	0.4%	1	0.1%	3	1.7%	6	0.7%
85+	11	0.1%	0	0.0%	201	0.3%	0	0.0%	1	1.1%	9	0.2%	0	0.0%	0	0.0%	2	0.2%
<b>Males</b>	<b>4,158</b>	<b>100.0%</b>	<b>182</b>	<b>100.0%</b>	<b>30,236</b>	<b>100.0%</b>	<b>64</b>	<b>100.0%</b>	<b>34</b>	<b>100.0%</b>	<b>1,860</b>	<b>100.0%</b>	<b>444</b>	<b>100.0%</b>	<b>98</b>	<b>100.0%</b>	<b>333</b>	<b>100.0%</b>
0-17	915	22.0%	39	21.4%	8,053	26.6%	20	31.3%	5	14.7%	452	24.0%	81	18.2%	26	26.5%	86	25.8%
18-54	2,938	70.7%	133	73.1%	18,410	60.9%	41	64.1%	20	58.8%	1,287	68.5%	331	74.5%	53	54.1%	210	63.1%
55-59	171	4.1%	3	1.6%	1,019	3.4%	2	3.1%	4	11.8%	52	2.8%	15	3.4%	4	4.1%	10	3.0%
60-64	35	0.8%	4	2.2%	971	3.2%	1	1.6%	0	0.0%	22	1.2%	10	2.3%	1	1.0%	6	1.8%
65-69	32	0.8%	0	0.0%	569	1.9%	0	0.0%	1	2.9%	26	1.4%	5	1.1%	4	4.1%	7	2.1%
70-74	28	0.7%	1	0.5%	520	1.7%	0	0.0%	0	0.0%	15	0.8%	2	0.5%	2	2.0%	3	0.9%
75-79	24	0.6%	1	0.5%	460	1.5%	0	0.0%	2	5.9%	15	0.8%	0	0.0%	7	7.1%	8	2.4%
80-84	15	0.4%	1	0.5%	164	0.5%	0	0.0%	1	2.9%	9	0.5%	0	0.0%	1	1.0%	2	0.6%
85+	0	0.0%	0	0.0%	70	0.2%	0	0.0%	1	2.9%	2	0.1%	0	0.0%	0	0.0%	1	0.3%
<b>Females</b>	<b>4,213</b>	<b>100.0%</b>	<b>155</b>	<b>100.0%</b>	<b>33,169</b>	<b>100.0%</b>	<b>73</b>	<b>100.0%</b>	<b>54</b>	<b>100.0%</b>	<b>2,037</b>	<b>100.0%</b>	<b>432</b>	<b>100.0%</b>	<b>82</b>	<b>100.0%</b>	<b>537</b>	<b>100.0%</b>
0-17	1,013	24.0%	42	27.1%	8,400	25.3%	26	35.6%	11	20.4%	466	22.9%	91	21.1%	17	20.7%	141	26.3%
18-54	2,882	68.4%	89	57.4%	20,072	60.5%	34	46.6%	28	51.9%	1,363	66.9%	307	71.1%	51	62.2%	314	58.5%
55-59	136	3.2%	7	4.5%	1,134	3.4%	5	6.8%	7	13.0%	62	3.0%	13	3.0%	1	1.2%	22	4.1%
60-64	59	1.4%	5	3.2%	1,060	3.2%	2	2.7%	1	1.9%	46	2.3%	9	2.1%	1	1.2%	16	3.0%
65-69	61	1.4%	6	3.9%	897	2.7%	3	4.1%	1	1.9%	35	1.7%	6	1.4%	3	3.7%	18	3.4%
70-74	17	0.4%	4	2.6%	748	2.3%	0	0.0%	4	7.4%	34	1.7%	1	0.2%	4	4.9%	16	3.0%
75-79	23	0.5%	2	1.3%	500	1.5%	1	1.4%	0	0.0%	19	0.9%	4	0.9%	3	3.7%	5	0.9%
80-84	11	0.3%	0	0.0%	227	0.7%	2	2.7%	2	3.7%	5	0.2%	1	0.2%	2	2.4%	4	0.7%
85+	11	0.3%	0	0.0%	131	0.4%	0	0.0%	0	0.0%	7	0.3%	0	0.0%	0	0.0%	1	0.2%

Source: Census 2000 Summary File 1 (SF 1) 100-Percent Data

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

September 2004

Table 2D: Asian (Alone) Residents, Age and Sex

Sex and Age	Pikes Peak Region		Pueblo County		San Juan Basin Region		San Luis Valley Region		Southeast Region		Weld County		Western Slope Region		State Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>Total</b>	<b>13,279</b>	<b>100.0%</b>	<b>926</b>	<b>100.0%</b>	<b>264</b>	<b>100.0%</b>	<b>227</b>	<b>100.0%</b>	<b>282</b>	<b>100.0%</b>	<b>1,508</b>	<b>100.0%</b>	<b>368</b>	<b>100.0%</b>	<b>94,781</b>	<b>100.0%</b>
0-17	2,837	21.4%	233	25.2%	54	20.5%	56	24.7%	43	15.2%	291	19.3%	102	27.7%	23,621	24.9%
18-54	8,516	64.1%	581	62.7%	183	69.3%	125	55.1%	150	53.2%	991	65.7%	227	61.7%	59,459	62.7%
55-59	534	4.0%	25	2.7%	9	3.4%	6	2.6%	18	6.4%	50	3.3%	9	2.4%	2,946	3.1%
60-64	405	3.0%	24	2.6%	6	2.3%	6	2.6%	7	2.5%	32	2.1%	7	1.9%	2,616	2.8%
65-69	422	3.2%	29	3.1%	5	1.9%	8	3.5%	12	4.3%	32	2.1%	6	1.6%	2,179	2.3%
70-74	307	2.3%	15	1.6%	4	1.5%	10	4.4%	18	6.4%	36	2.4%	12	3.3%	1,772	1.9%
75-79	155	1.2%	12	1.3%	1	0.4%	11	4.8%	18	6.4%	42	2.8%	3	0.8%	1,264	1.3%
80-84	68	0.5%	5	0.5%	1	0.4%	4	1.8%	8	2.8%	29	1.9%	0	0.0%	625	0.7%
85+	35	0.3%	2	0.2%	1	0.4%	1	0.4%	8	2.8%	5	0.3%	2	0.5%	299	0.3%
<b>Males</b>	<b>5,434</b>	<b>100.0%</b>	<b>426</b>	<b>100.0%</b>	<b>116</b>	<b>100.0%</b>	<b>112</b>	<b>100.0%</b>	<b>154</b>	<b>100.0%</b>	<b>673</b>	<b>100.0%</b>	<b>150</b>	<b>100.0%</b>	<b>44,557</b>	<b>100.0%</b>
0-17	1,426	26.2%	117	27.5%	24	20.7%	31	27.7%	22	14.3%	134	19.9%	45	30.0%	11,535	25.9%
18-54	3,517	64.7%	264	62.0%	80	69.0%	63	56.3%	85	55.2%	434	64.5%	90	60.0%	28,062	63.0%
55-59	141	2.6%	8	1.9%	6	5.2%	1	0.9%	11	7.1%	25	3.7%	3	2.0%	1,457	3.3%
60-64	117	2.2%	12	2.8%	2	1.7%	2	1.8%	4	2.6%	15	2.2%	4	2.7%	1,127	2.5%
65-69	83	1.5%	14	3.3%	1	0.9%	3	2.7%	7	4.5%	8	1.2%	2	1.3%	822	1.8%
70-74	68	1.3%	7	1.6%	2	1.7%	4	3.6%	9	5.8%	18	2.7%	2	1.3%	653	1.5%
75-79	43	0.8%	4	0.9%	0	0.0%	4	3.6%	9	5.8%	19	2.8%	2	1.3%	547	1.2%
80-84	27	0.5%	0	0.0%	1	0.9%	3	2.7%	4	2.6%	17	2.5%	0	0.0%	255	0.6%
85+	12	0.2%	0	0.0%	0	0.0%	1	0.9%	3	1.9%	3	0.4%	2	1.3%	99	0.2%
<b>Females</b>	<b>7,845</b>	<b>100.0%</b>	<b>500</b>	<b>100.0%</b>	<b>148</b>	<b>100.0%</b>	<b>115</b>	<b>100.0%</b>	<b>128</b>	<b>100.0%</b>	<b>835</b>	<b>100.0%</b>	<b>218</b>	<b>100.0%</b>	<b>50,224</b>	<b>100.0%</b>
0-17	1,411	18.0%	116	23.2%	30	20.3%	25	21.7%	21	16.4%	157	18.8%	57	26.1%	12,086	24.1%
18-54	4,999	63.7%	317	63.4%	103	69.6%	62	53.9%	65	50.8%	557	66.7%	137	62.8%	31,397	62.5%
55-59	393	5.0%	17	3.4%	3	2.0%	5	4.3%	7	5.5%	25	3.0%	6	2.8%	1,489	3.0%
60-64	288	3.7%	12	2.4%	4	2.7%	4	3.5%	3	2.3%	17	2.0%	3	1.4%	1,489	3.0%
65-69	339	4.3%	15	3.0%	4	2.7%	5	4.3%	5	3.9%	24	2.9%	4	1.8%	1,357	2.7%
70-74	239	3.0%	8	1.6%	2	1.4%	6	5.2%	9	7.0%	18	2.2%	10	4.6%	1,119	2.2%
75-79	112	1.4%	8	1.6%	1	0.7%	7	6.1%	9	7.0%	23	2.8%	1	0.5%	717	1.4%
80-84	41	0.5%	5	1.0%	0	0.0%	1	0.9%	4	3.1%	12	1.4%	0	0.0%	370	0.7%
85+	23	0.3%	2	0.4%	1	0.7%	0	0.0%	5	3.9%	2	0.2%	0	0.0%	200	0.4%

Source: Census 2000 Summary File 1 (SF 1) 100-Percent Data



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

September 2004

Table 2E: American Indian (Alone) Residents, Age and Sex

Sex and Age	Boulder County		Central Mountain Region		DRCOG Denver Metro Area		East Central Region		Huertano-Las Animas Region		Larimer County		North Central Mountain Region		Northeast Region		Northwest Region	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>Total</b>	<b>1,879</b>	<b>100.0%</b>	<b>1,020</b>	<b>100.0%</b>	<b>18,758</b>	<b>100.0%</b>	<b>240</b>	<b>100.0%</b>	<b>599</b>	<b>100.0%</b>	<b>1,668</b>	<b>100.0%</b>	<b>610</b>	<b>100.0%</b>	<b>425</b>	<b>100.0%</b>	<b>1,531</b>	<b>100.0%</b>
0-17	649	34.5%	171	16.8%	5,301	28.3%	65	27.1%	174	29.0%	465	27.9%	139	22.8%	135	31.8%	422	27.6%
18-54	1,098	58.4%	731	71.7%	11,617	61.9%	149	62.1%	329	54.9%	1,064	63.8%	418	68.5%	251	59.1%	901	58.9%
55-59	31	1.6%	36	3.5%	673	3.6%	10	4.2%	30	5.0%	55	3.3%	24	3.9%	13	3.1%	73	4.8%
60-64	24	1.3%	32	3.1%	473	2.5%	5	2.1%	21	3.5%	28	1.7%	13	2.1%	11	2.6%	40	2.6%
65-69	13	0.7%	23	2.3%	288	1.5%	1	0.4%	11	1.8%	26	1.6%	8	1.3%	5	1.2%	31	2.0%
70-74	28	1.5%	10	1.0%	183	1.0%	4	1.7%	14	2.3%	14	0.8%	2	0.3%	6	1.4%	32	2.1%
75-79	19	1.0%	10	1.0%	123	0.7%	3	1.3%	9	1.5%	12	0.7%	2	0.3%	0	0.0%	17	1.1%
80-84	17	0.9%	1	0.1%	70	0.4%	2	0.8%	8	1.3%	2	0.1%	3	0.5%	2	0.5%	5	0.3%
85+	0	0.0%	6	0.6%	30	0.2%	1	0.4%	3	0.5%	2	0.1%	1	0.2%	2	0.5%	10	0.7%
<b>Males</b>	<b>757</b>	<b>100.0%</b>	<b>683</b>	<b>100.0%</b>	<b>9,530</b>	<b>100.0%</b>	<b>122</b>	<b>100.0%</b>	<b>327</b>	<b>100.0%</b>	<b>850</b>	<b>100.0%</b>	<b>328</b>	<b>100.0%</b>	<b>246</b>	<b>100.0%</b>	<b>782</b>	<b>100.0%</b>
0-17	246	32.5%	85	12.4%	2,686	28.2%	33	27.0%	96	29.4%	241	28.4%	76	23.2%	76	30.9%	210	26.9%
18-54	447	59.0%	534	78.2%	5,944	62.4%	77	63.1%	186	56.9%	535	62.9%	218	66.5%	148	60.2%	479	61.3%
55-59	15	2.0%	19	2.8%	391	4.1%	4	3.3%	16	4.9%	32	3.8%	18	5.5%	6	2.4%	37	4.7%
60-64	9	1.2%	21	3.1%	246	2.6%	4	3.3%	9	2.8%	14	1.6%	8	2.4%	7	2.8%	11	1.4%
65-69	4	0.5%	12	1.8%	105	1.1%	0	0.0%	2	0.6%	15	1.8%	5	1.5%	5	2.0%	16	2.0%
70-74	20	2.6%	7	1.0%	81	0.8%	1	0.8%	9	2.8%	9	1.1%	0	0.0%	1	0.4%	16	2.0%
75-79	8	1.1%	3	0.4%	52	0.5%	1	0.8%	4	1.2%	2	0.2%	1	0.3%	0	0.0%	9	1.2%
80-84	8	1.1%	0	0.0%	16	0.2%	1	0.8%	4	1.2%	0	0.0%	1	0.3%	2	0.8%	3	0.4%
85+	0	0.0%	2	0.3%	9	0.1%	1	0.8%	1	0.3%	2	0.2%	1	0.3%	1	0.4%	1	0.1%
<b>Females</b>	<b>1,122</b>	<b>100.0%</b>	<b>337</b>	<b>100.0%</b>	<b>9,228</b>	<b>100.0%</b>	<b>118</b>	<b>100.0%</b>	<b>272</b>	<b>100.0%</b>	<b>818</b>	<b>100.0%</b>	<b>282</b>	<b>100.0%</b>	<b>179</b>	<b>100.0%</b>	<b>749</b>	<b>100.0%</b>
0-17	403	35.9%	86	25.5%	2,615	28.3%	32	27.1%	78	28.7%	224	27.4%	63	22.3%	59	33.0%	212	28.3%
18-54	651	58.0%	197	58.5%	5,673	61.5%	72	61.0%	143	52.6%	529	64.7%	200	70.9%	103	57.5%	422	56.3%
55-59	16	1.4%	17	5.0%	282	3.1%	6	5.1%	14	5.1%	23	2.8%	6	2.1%	7	3.9%	36	4.8%
60-64	15	1.3%	11	3.3%	227	2.5%	1	0.8%	12	4.4%	14	1.7%	5	1.8%	4	2.2%	29	3.9%
65-69	9	0.8%	11	3.3%	183	2.0%	1	0.8%	9	3.3%	11	1.3%	3	1.1%	0	0.0%	15	2.0%
70-74	8	0.7%	3	0.9%	102	1.1%	3	2.5%	5	1.8%	5	0.6%	2	0.7%	5	2.8%	16	2.1%
75-79	11	1.0%	7	2.1%	71	0.8%	2	1.7%	5	1.8%	10	1.2%	1	0.4%	0	0.0%	8	1.1%
80-84	9	0.8%	1	0.3%	54	0.6%	1	0.8%	4	1.5%	2	0.2%	2	0.7%	0	0.0%	2	0.3%
85+	0	0.0%	4	1.2%	21	0.2%	0	0.0%	2	0.7%	0	0.0%	0	0.0%	1	0.6%	9	1.2%

Source: Census 2000 Summary File 1 (SF 1) 100-Percent Data

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

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Table 2E: American Indian (Alone) Residents, Age and Sex

Sex and Age	Pikes Peak Region		Pueblo County		San Juan Basin Region		San Luis Valley Region		Southeast Region		Weld County		Western Slope Region		State Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>Total</b>	<b>5,059</b>	<b>100.0%</b>	<b>2,251</b>	<b>100.0%</b>	<b>5,394</b>	<b>100.0%</b>	<b>869</b>	<b>100.0%</b>	<b>816</b>	<b>100.0%</b>	<b>1,581</b>	<b>100.0%</b>	<b>752</b>	<b>100.0%</b>	<b>44,241</b>	<b>100.0%</b>
0-17	1,486	29.4%	685	30.4%	1,866	34.6%	284	32.7%	236	28.9%	513	32.4%	188	25.0%	13,143	29.7%
18-54	3,088	61.0%	1,261	56.0%	3,090	57.3%	472	54.3%	465	57.0%	918	58.1%	459	61.0%	26,748	60.5%
55-59	186	3.7%	76	3.4%	137	2.5%	33	3.8%	36	4.4%	45	2.8%	33	4.4%	1,488	3.4%
60-64	105	2.1%	64	2.8%	110	2.0%	27	3.1%	29	3.6%	43	2.7%	26	3.5%	1,044	2.4%
65-69	85	1.7%	60	2.7%	88	1.3%	20	2.3%	18	2.2%	22	1.4%	20	2.7%	670	1.5%
70-74	47	0.9%	44	2.0%	49	0.9%	13	1.5%	20	2.5%	24	1.5%	11	1.5%	510	1.2%
75-79	30	0.6%	32	1.4%	27	0.5%	8	0.9%	4	0.5%	10	0.6%	5	0.7%	317	0.7%
80-84	16	0.3%	17	0.8%	20	0.4%	7	0.8%	4	0.5%	1	0.1%	4	0.5%	171	0.4%
85+	16	0.3%	12	0.5%	27	0.5%	5	0.6%	4	0.5%	5	0.3%	6	0.8%	150	0.3%
<b>Males</b>	<b>2,567</b>	<b>100.0%</b>	<b>1,162</b>	<b>100.0%</b>	<b>2,641</b>	<b>100.0%</b>	<b>428</b>	<b>100.0%</b>	<b>459</b>	<b>100.0%</b>	<b>839</b>	<b>100.0%</b>	<b>386</b>	<b>100.0%</b>	<b>22,634</b>	<b>100.0%</b>
0-17	759	29.6%	370	31.8%	953	36.1%	151	35.3%	127	27.7%	271	32.3%	88	22.8%	6,767	29.9%
18-54	1,574	61.3%	654	56.3%	1,488	56.3%	216	50.5%	276	60.1%	488	59.4%	252	65.3%	13,784	60.9%
55-59	100	3.9%	38	3.3%	69	2.6%	19	4.4%	17	3.7%	21	2.5%	16	4.1%	772	3.4%
60-64	51	2.0%	25	2.2%	52	2.0%	13	3.0%	17	3.7%	22	2.6%	13	3.4%	509	2.2%
65-69	40	1.6%	28	2.4%	25	0.9%	13	3.0%	8	1.7%	12	1.4%	5	1.3%	309	1.4%
70-74	19	0.7%	19	1.6%	22	0.8%	6	1.4%	12	2.6%	7	0.8%	6	1.6%	233	1.0%
75-79	11	0.4%	13	1.1%	11	0.4%	3	0.7%	1	0.2%	6	0.7%	4	1.0%	131	0.6%
80-84	6	0.2%	10	0.9%	8	0.3%	6	1.4%	0	0.0%	0	0.0%	1	0.3%	70	0.3%
85+	7	0.3%	5	0.4%	13	0.5%	1	0.2%	1	0.2%	2	0.2%	1	0.3%	59	0.3%
<b>Females</b>	<b>2,492</b>	<b>100.0%</b>	<b>1,089</b>	<b>100.0%</b>	<b>2,753</b>	<b>100.0%</b>	<b>441</b>	<b>100.0%</b>	<b>357</b>	<b>100.0%</b>	<b>742</b>	<b>100.0%</b>	<b>366</b>	<b>100.0%</b>	<b>21,607</b>	<b>100.0%</b>
0-17	727	29.2%	315	28.9%	913	33.2%	133	30.2%	109	30.5%	242	32.6%	100	27.3%	6,376	29.5%
18-54	1,514	60.8%	607	55.7%	1,602	58.2%	256	58.0%	189	52.9%	420	56.6%	207	56.6%	12,964	60.0%
55-59	86	3.5%	38	3.5%	88	2.5%	14	3.2%	19	5.3%	24	3.2%	17	4.6%	716	3.3%
60-64	54	2.2%	39	3.6%	58	2.1%	14	3.2%	12	3.4%	21	2.8%	13	3.6%	535	2.5%
65-69	45	1.8%	32	2.9%	43	1.6%	7	1.6%	10	2.8%	10	1.3%	15	4.1%	361	1.7%
70-74	28	1.1%	25	2.3%	27	1.0%	7	1.6%	8	2.2%	17	2.3%	5	1.4%	277	1.3%
75-79	19	0.8%	19	1.7%	16	0.6%	5	1.1%	3	0.8%	4	0.5%	1	0.3%	186	0.9%
80-84	10	0.4%	7	0.6%	12	0.4%	1	0.2%	4	1.1%	1	0.1%	3	0.8%	101	0.5%
85+	9	0.4%	7	0.6%	14	0.5%	4	0.9%	3	0.8%	3	0.4%	5	1.4%	91	0.4%

Source: Census 2000 Summary File 1 (SF 1) 100-Percent Data

**Table 3: Language Spoken by Residents Age 65 and Older**

Language	Boulder County		Central Mountain Region		DRCOG Denver Metro Area		East Central Region		Huerfano-Las Animas Region	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Speak only English	18,721	90.6%	9,754	93.2%	168,102	86.8%	3,450	95.6%	2,760	65.5%
Speak Spanish	802	3.9%	410	3.9%	13,635	7.0%	75	2.1%	1,321	31.4%
Speak English 'very well'	415	2.0%	328	3.1%	8,353	4.3%	49	1.4%	1,003	23.8%
Speak English 'well'	147	0.7%	59	0.6%	2,702	1.4%	6	0.2%	277	6.6%
Speak English 'not well'	125	0.6%	23	0.2%	1,184	0.6%	15	0.4%	41	1.0%
Speak English 'not at all'	115	0.6%	0	0.0%	1,396	0.7%	5	0.1%	0	0.0%
Speak other Indo-European languages	904	4.4%	259	2.5%	8,187	4.2%	78	2.2%	126	3.0%
Speak English 'very well'	667	3.2%	190	1.8%	4,865	2.5%	70	1.9%	105	2.5%
Speak English 'well'	175	0.8%	55	0.5%	1,592	0.8%	4	0.1%	21	0.5%
Speak English 'not well'	44	0.2%	14	0.1%	1,177	0.6%	4	0.1%	0	0.0%
Speak English 'not at all'	18	0.1%	0	0.0%	553	0.3%	0	0.0%	0	0.0%
Speak Asian and Pacific Island languages	187	0.9%	18	0.2%	3,327	1.7%	7	0.2%	0	0.0%
Speak English 'very well'	52	0.3%	7	0.1%	804	0.4%	5	0.1%	0	0.0%
Speak English 'well'	52	0.3%	4	0.0%	665	0.3%	0	0.0%	0	0.0%
Speak English 'not well'	42	0.2%	7	0.1%	972	0.5%	0	0.0%	0	0.0%
Speak English 'not at all'	41	0.2%	0	0.0%	886	0.5%	2	0.1%	0	0.0%
Speak other languages	50	0.2%	23	0.2%	471	0.2%	0	0.0%	5	0.1%
Speak English 'very well'	27	0.1%	23	0.2%	239	0.1%	0	0.0%	5	0.1%
Speak English 'well'	13	0.1%	0	0.0%	79	0.0%	0	0.0%	0	0.0%
Speak English 'not well'	10	0.0%	0	0.0%	98	0.1%	0	0.0%	0	0.0%
Speak English 'not at all'	0	0.0%	0	0.0%	55	0.0%	0	0.0%	0	0.0%
<b>TOTAL</b>	<b>20,664</b>	<b>100.0%</b>	<b>10,464</b>	<b>100.0%</b>	<b>193,722</b>	<b>100.0%</b>	<b>3,610</b>	<b>100.0%</b>	<b>4,212</b>	<b>100.0%</b>

Source: Census 2000 Summary File 3 (SF 3) - Sample Data

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

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Table 3: Language Spoken by Residents Age 65 and Older

Language	Larimer County		North Central Mountain Region		Northeast Region		Northwest Region	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Speak only English	22,440	93.4%	4,593	90.6%	9,743	93.3%	22,020	94.6%
Speak Spanish	631	2.6%	193	3.8%	421	4.0%	645	2.8%
Speak English 'very well'	412	1.7%	107	2.1%	198	1.9%	424	1.8%
Speak English 'well'	114	0.5%	38	0.7%	91	0.9%	117	0.5%
Speak English 'not well'	87	0.4%	20	0.4%	40	0.4%	56	0.2%
Speak English 'not at all'	18	0.1%	28	0.6%	92	0.9%	48	0.2%
Speak other Indo-European languages	743	3.1%	253	5.0%	250	2.4%	545	2.3%
Speak English 'very well'	536	2.2%	183	3.6%	187	1.8%	446	1.9%
Speak English 'well'	139	0.6%	45	0.9%	37	0.4%	90	0.4%
Speak English 'not well'	43	0.2%	14	0.3%	26	0.2%	9	0.0%
Speak English 'not at all'	25	0.1%	11	0.2%	0	0.0%	0	0.0%
Speak Asian and Pacific Island languages	132	0.5%	20	0.4%	16	0.2%	53	0.2%
Speak English 'very well'	33	0.1%	10	0.2%	16	0.2%	28	0.1%
Speak English 'well'	58	0.2%	6	0.1%	0	0.0%	8	0.0%
Speak English 'not well'	32	0.1%	4	0.1%	0	0.0%	17	0.1%
Speak English 'not at all'	9	0.0%	0	0.0%	0	0.0%	0	0.0%
Speak other languages	86	0.4%	9	0.2%	12	0.1%	2	0.0%
Speak English 'very well'	62	0.3%	9	0.2%	12	0.1%	0	0.0%
Speak English 'well'	16	0.1%	0	0.0%	0	0.0%	2	0.0%
Speak English 'not well'	8	0.0%	0	0.0%	0	0.0%	0	0.0%
Speak English 'not at all'	0	0.0%	0	0.0%	0	0.0%	0	0.0%
<b>TOTAL</b>	<b>24,032</b>	<b>100.0%</b>	<b>5,068</b>	<b>100.0%</b>	<b>10,442</b>	<b>100.0%</b>	<b>23,265</b>	<b>100.0%</b>

Source: Census 2000 Summary File 3 (SF 3) - Sample Data

**Table 3: Language Spoken by Residents Age 65 and Older**

Language	Pikes Peak Region		Pueblo County		San Juan Basin Region		San Luis Valley Region	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Speak only English	41,909	88.9%	16,417	75.9%	7,930	88.3%	3,583	60.3%
Speak Spanish	2,059	4.4%	4,509	20.9%	710	7.9%	2,309	38.9%
Speak English 'very well'	1,357	2.9%	3,062	14.2%	484	5.4%	1,354	22.8%
Speak English 'well'	478	1.0%	1,176	5.4%	185	2.1%	651	11.0%
Speak English 'not well'	168	0.4%	241	1.1%	31	0.3%	232	3.9%
Speak English 'not at all'	56	0.1%	30	0.1%	10	0.1%	72	1.2%
<b>Speak other Indo-European languages</b>	<b>2,256</b>	<b>4.8%</b>	<b>611</b>	<b>2.8%</b>	<b>174</b>	<b>1.9%</b>	<b>37</b>	<b>0.6%</b>
Speak English 'very well'	1,566	3.3%	472	2.2%	135	1.5%	23	0.4%
Speak English 'well'	557	1.2%	101	0.5%	30	0.3%	10	0.2%
Speak English 'not well'	95	0.2%	38	0.2%	9	0.1%	4	0.1%
Speak English 'not at all'	38	0.1%	0	0.0%	0	0.0%	0	0.0%
<b>Speak Asian and Pacific Island languages</b>	<b>865</b>	<b>1.8%</b>	<b>75</b>	<b>0.3%</b>	<b>0</b>	<b>0.0%</b>	<b>4</b>	<b>0.1%</b>
Speak English 'very well'	304	0.6%	51	0.2%	0	0.0%	4	0.1%
Speak English 'well'	356	0.8%	17	0.1%	0	0.0%	0	0.0%
Speak English 'not well'	82	0.2%	7	0.0%	0	0.0%	0	0.0%
Speak English 'not at all'	123	0.3%	0	0.0%	0	0.0%	0	0.0%
<b>Speak other languages</b>	<b>75</b>	<b>0.2%</b>	<b>12</b>	<b>0.1%</b>	<b>163</b>	<b>1.8%</b>	<b>5</b>	<b>0.1%</b>
Speak English 'very well'	34	0.1%	3	0.0%	81	0.9%	0	0.0%
Speak English 'well'	31	0.1%	9	0.0%	36	0.4%	0	0.0%
Speak English 'not well'	6	0.0%	0	0.0%	31	0.3%	0	0.0%
Speak English 'not at all'	4	0.0%	0	0.0%	15	0.2%	5	0.1%
<b>TOTAL</b>	<b>47,164</b>	<b>100.0%</b>	<b>21,624</b>	<b>100.0%</b>	<b>8,977</b>	<b>100.0%</b>	<b>5,938</b>	<b>100.0%</b>

Source: Census 2000 Summary File 3 (SF 3) - Sample Data

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

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Table 3: Language Spoken by Residents Age 65 and Older

Language	Southeast Region		Weld County		Western Slope Region		State Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Speak only English	6,629	83.0%	13,840	84.9%	11,485	93.3%	363,376	87.4%
Speak Spanish	1,285	16.1%	1,840	11.3%	555	4.5%	31,400	7.6%
Speak English 'very well'	645	8.1%	830	5.1%	285	2.3%	19,306	4.6%
Speak English 'well'	395	4.9%	478	2.9%	160	1.3%	7,074	1.7%
Speak English 'not well'	198	2.5%	262	1.6%	89	0.7%	2,812	0.7%
Speak English 'not at all'	47	0.6%	270	1.7%	21	0.2%	2,208	0.5%
<b>Speak other Indo-European languages</b>	<b>50</b>	<b>0.6%</b>	<b>546</b>	<b>3.3%</b>	<b>247</b>	<b>2.0%</b>	<b>15,266</b>	<b>3.7%</b>
Speak English 'very well'	39	0.5%	420	2.6%	176	1.4%	10,080	2.4%
Speak English 'well'	3	0.0%	96	0.6%	52	0.4%	3,007	0.7%
Speak English 'not well'	8	0.1%	27	0.2%	16	0.1%	1,528	0.4%
Speak English 'not at all'	0	0.0%	3	0.0%	3	0.0%	651	0.2%
<b>Speak Asian and Pacific Island languages</b>	<b>17</b>	<b>0.2%</b>	<b>67</b>	<b>0.4%</b>	<b>0</b>	<b>0.0%</b>	<b>4,788</b>	<b>1.2%</b>
Speak English 'very well'	7	0.1%	30	0.2%	0	0.0%	1,351	0.3%
Speak English 'well'	10	0.1%	30	0.2%	0	0.0%	1,206	0.3%
Speak English 'not well'	0	0.0%	0	0.0%	0	0.0%	1,163	0.3%
Speak English 'not at all'	0	0.0%	7	0.0%	0	0.0%	1,068	0.3%
<b>Speak other languages</b>	<b>5</b>	<b>0.1%</b>	<b>10</b>	<b>0.1%</b>	<b>24</b>	<b>0.2%</b>	<b>952</b>	<b>0.2%</b>
Speak English 'very well'	3	0.0%	10	0.1%	9	0.1%	517	0.1%
Speak English 'well'	0	0.0%	0	0.0%	15	0.1%	201	0.0%
Speak English 'not well'	2	0.0%	0	0.0%	0	0.0%	155	0.0%
Speak English 'not at all'	0	0.0%	0	0.0%	0	0.0%	79	0.0%
<b>TOTAL</b>	<b>7,986</b>	<b>100.0%</b>	<b>16,303</b>	<b>100.0%</b>	<b>12,311</b>	<b>100.0%</b>	<b>415,782</b>	<b>100.0%</b>

Source: Census 2000 Summary File 3 (SF 3) - Sample Data

**Table 4: Type of Household in Which Persons 65 and Older Were Living**

Household type	Boulder County		Central Mountain Region		DRCOG Denver Metro Area		East Central Region		Huerfano-Las Animas Region	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
In households	19,510	94.4%	9,726	92.9%	184,003	95.0%	3,404	94.3%	3,884	92.2%
In family households	13,013	63.0%	6,483	62.0%	122,376	63.2%	2,363	65.5%	2,496	59.3%
In non-family households	6,497	31.4%	3,243	31.0%	61,627	31.8%	1,041	28.8%	1,388	33.0%
Males living alone	1,299	6.3%	806	7.7%	13,796	7.1%	245	6.8%	358	8.5%
Females living alone	4,789	23.2%	2,250	21.5%	43,321	22.4%	739	20.5%	948	22.5%
Other non-family households	409	2.0%	187	1.8%	4,510	2.3%	57	1.6%	82	1.9%
In group quarters	1,154	5.6%	738	7.1%	9,719	5.0%	206	5.7%	328	7.8%
<b>TOTAL</b>	<b>20,664</b>	<b>100.0%</b>	<b>10,464</b>	<b>100.0%</b>	<b>193,722</b>	<b>100.0%</b>	<b>3,610</b>	<b>100.0%</b>	<b>4,212</b>	<b>100.0%</b>

Source: Census 2000 Summary File 4 (SF 4) - Sample Data

**Table 4: Type of Household in Which Persons 65 and Older Were Living**

Household type	Larimer County		North Central Mountain Region		Northeast Region		Northwest Region	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
In households	22,538	93.8%	4,904	96.8%	9,694	92.8%	21,705	93.3%
In family households	15,665	65.2%	3,455	68.2%	6,375	61.1%	14,682	63.1%
In non-family households	6,873	28.6%	1,449	28.6%	3,319	31.8%	7,023	30.2%
Males living alone	1,367	5.7%	427	8.4%	754	7.2%	1,649	7.1%
Females living alone	5,113	21.3%	795	15.7%	2,435	23.3%	4,912	21.1%
Other non-family households	393	1.6%	227	4.5%	130	1.2%	462	2.0%
In group quarters	1,494	6.2%	164	3.2%	748	7.2%	1,560	6.7%
<b>TOTAL</b>	<b>24,032</b>	<b>100.0%</b>	<b>5,068</b>	<b>100.0%</b>	<b>10,442</b>	<b>100.0%</b>	<b>23,265</b>	<b>100.0%</b>

Source: Census 2000 Summary File 4 (SF 4) - Sample Data

**Table 4: Type of Household in Which Persons 65 and Older Were Living**

Household type	Pikes Peak Region		Pueblo County		San Juan Basin Region		San Luis Valley Region	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
In households	45,035	95.5%	20,642	95.5%	8,490	94.6%	5,607	94.4%
In family households	31,158	66.1%	13,848	64.0%	5,971	66.5%	3,903	65.7%
In non-family households	13,877	29.4%	6,794	31.4%	2,519	28.1%	1,704	28.7%
Males living alone	3,132	6.6%	1,645	7.6%	685	7.6%	500	8.4%
Females living alone	9,683	20.5%	4,686	21.7%	1,667	18.6%	1,113	18.7%
Other non-family households	1,062	2.3%	463	2.1%	167	1.9%	91	1.5%
In group quarters	2,129	4.5%	982	4.5%	487	5.4%	331	5.6%
TOTAL	47,164	100.0%	21,624	100.0%	8,977	100.0%	5,938	100.0%

Source: Census 2000 Summary File 4 (SF 4) - Sample Data

**Table 4: Type of Household in Which Persons 65 and Older Were Living**

Household type	Southeast Region		Weld County		Western Slope Region		State Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
In households	7,239	90.6%	15,549	95.4%	11,664	94.7%	393,594	94.7%
In family households	4,648	58.2%	10,803	66.3%	8,136	66.1%	265,375	63.8%
In non-family households	2,591	32.4%	4,746	29.1%	3,528	28.7%	128,219	30.8%
Males living alone	626	7.8%	1,095	6.7%	985	8.0%	29,369	7.1%
Females living alone	1,851	23.2%	3,438	21.1%	2,289	18.6%	90,029	21.7%
Other non-family households	114	1.4%	213	1.3%	254	2.1%	8,821	2.1%
In group quarters	747	9.4%	754	4.6%	647	5.3%	22,188	5.3%
TOTAL	7,986	100.0%	16,303	100.0%	12,311	100.0%	415,782	100.0%

Source: Census 2000 Summary File 4 (SF 4) - Sample Data



Table 5: Tenure (Rent versus Own Status) of Households with Householder 60 and Over

Tenure (Rent versus Own Status)	Boulder County		Central Mountain Region		DRCDG Denver Metro Area		East Central Region		Huerfano-Las Animas Region	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>Owner occupied</b>	<b>14,510</b>	<b>78.9%</b>	<b>7,539</b>	<b>83.8%</b>	<b>130,105</b>	<b>77.4%</b>	<b>2,605</b>	<b>84.5%</b>	<b>2,977</b>	<b>83.2%</b>
Householder 60 to 64 years	4,201	22.8%	1,825	20.3%	34,137	20.3%	646	21.0%	508	14.2%
Householder 65 to 74 years	5,818	31.6%	3,305	36.7%	54,824	32.6%	1,037	33.6%	1,183	33.1%
Householder 75 to 84 years	3,604	19.6%	1,814	20.2%	33,687	20.0%	716	23.2%	1,006	28.1%
Householder 85 years and over	887	4.8%	595	6.6%	7,457	4.4%	206	6.7%	280	7.8%
<b>Renter occupied</b>	<b>3,885</b>	<b>21.1%</b>	<b>1,461</b>	<b>16.2%</b>	<b>38,027</b>	<b>22.6%</b>	<b>478</b>	<b>15.5%</b>	<b>601</b>	<b>16.8%</b>
Householder 60 to 64 years	796	4.3%	235	2.6%	7,259	4.3%	91	3.0%	106	3.0%
Householder 65 to 74 years	1,142	6.2%	413	4.6%	13,425	8.0%	162	5.3%	224	6.3%
Householder 75 to 84 years	1,092	5.9%	558	6.2%	11,598	6.9%	137	4.4%	208	5.8%
Householder 85 years and over	855	4.6%	255	2.8%	5,745	3.4%	88	2.9%	63	1.8%
<b>TOTAL</b>	<b>18,395</b>	<b>100.0%</b>	<b>9,000</b>	<b>100.0%</b>	<b>168,132</b>	<b>100.0%</b>	<b>3,083</b>	<b>100.0%</b>	<b>3,578</b>	<b>100.0%</b>

Source: Census 2000 Summary File 4 (SF 4) - Sample Data

Table 5: Tenure (Rent versus Own Status) of Households with Householder 60 and Over

Tenure (Rent versus Own Status)	Larimer County		North Central Mountain Region		Northeast Region		Northwest Region	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>Owner occupied</b>	<b>15,984</b>	<b>82.1%</b>	<b>4,530</b>	<b>82.1%</b>	<b>7,013</b>	<b>81.4%</b>	<b>15,531</b>	<b>81.5%</b>
Householder 60 to 64 years	3,774	19.4%	1,673	30.3%	1,367	15.9%	3,571	18.7%
Householder 65 to 74 years	6,875	35.3%	1,944	35.2%	2,883	33.5%	6,706	35.2%
Householder 75 to 84 years	4,199	21.6%	781	14.2%	2,142	24.9%	4,195	22.0%
Householder 85 years and over	1,136	5.8%	132	2.4%	621	7.2%	1,059	5.6%
<b>Renter occupied</b>	<b>3,483</b>	<b>17.9%</b>	<b>987</b>	<b>17.9%</b>	<b>1,600</b>	<b>18.6%</b>	<b>3,535</b>	<b>18.5%</b>
Householder 60 to 64 years	635	3.3%	386	7.0%	242	2.8%	641	3.4%
Householder 65 to 74 years	1,049	5.4%	342	6.2%	512	5.9%	1,183	6.2%
Householder 75 to 84 years	1,173	6.0%	179	3.2%	544	6.3%	1,157	6.1%
Householder 85 years and over	626	3.2%	80	1.5%	302	3.5%	554	2.9%
<b>TOTAL</b>	<b>19,467</b>	<b>100.0%</b>	<b>5,517</b>	<b>100.0%</b>	<b>8,613</b>	<b>100.0%</b>	<b>19,066</b>	<b>100.0%</b>

Source: Census 2000 Summary File 4 (SF 4) - Sample Data

**Table 5: Tenure (Rent versus Own Status) of Households with Householder 60 and Over**

Tenure (Rent versus Own Status)	Pikes Peak Region		Pueblo County		San Juan Basin Region		San Luis Valley Region	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>Owner occupied</b>	<b>33,632</b>	<b>81.1%</b>	<b>14,868</b>	<b>82.2%</b>	<b>6,697</b>	<b>85.3%</b>	<b>4,402</b>	<b>82.0%</b>
Householder 60 to 64 years	9,180	22.1%	2,966	16.4%	1,730	22.0%	1,000	18.6%
Householder 65 to 74 years	14,829	35.8%	6,223	34.4%	2,945	37.5%	1,838	34.2%
Householder 75 to 84 years	8,157	19.7%	4,608	25.5%	1,588	20.2%	1,222	22.8%
Householder 85 years and over	1,466	3.5%	1,071	5.9%	434	5.5%	342	6.4%
<b>Renter occupied</b>	<b>7,840</b>	<b>18.9%</b>	<b>3,222</b>	<b>17.8%</b>	<b>1,151</b>	<b>14.7%</b>	<b>965</b>	<b>18.0%</b>
Householder 60 to 64 years	1,521	3.7%	517	2.9%	259	3.3%	190	3.5%
Householder 65 to 74 years	2,658	6.4%	1,126	6.2%	466	5.9%	345	6.4%
Householder 75 to 84 years	2,665	6.4%	1,024	5.7%	309	3.9%	300	5.6%
Householder 85 years and over	996	2.4%	555	3.1%	117	1.5%	130	2.4%
<b>TOTAL</b>	<b>41,472</b>	<b>100.0%</b>	<b>18,090</b>	<b>100.0%</b>	<b>7,848</b>	<b>100.0%</b>	<b>5,367</b>	<b>100.0%</b>

Source: Census 2000 Summary File 4 (SF 4) - Sample Data

**Table 5: Tenure (Rent versus Own Status) of Households with Householder 60 and Over**

Tenure (Rent versus Own Status)	Southeast Region		Weid County		Western Slope Region		State Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>Owner occupied</b>	<b>5,372</b>	<b>81.1%</b>	<b>11,181</b>	<b>78.2%</b>	<b>9,097</b>	<b>84.6%</b>	<b>286,043</b>	<b>79.6%</b>
Householder 60 to 64 years	1,066	16.1%	2,870	20.1%	2,206	20.5%	72,720	20.2%
Householder 65 to 74 years	2,214	33.4%	4,645	32.5%	3,561	33.1%	120,830	33.6%
Householder 75 to 84 years	1,598	24.1%	2,897	20.3%	2,610	24.3%	74,824	20.8%
Householder 85 years and over	494	7.5%	769	5.4%	720	6.7%	17,669	4.9%
<b>Renter occupied</b>	<b>1,251</b>	<b>18.9%</b>	<b>3,109</b>	<b>21.8%</b>	<b>1,662</b>	<b>15.4%</b>	<b>73,257</b>	<b>20.4%</b>
Householder 60 to 64 years	233	3.5%	710	5.0%	268	2.5%	14,089	3.9%
Householder 65 to 74 years	448	6.8%	1,039	7.3%	665	6.2%	25,199	7.0%
Householder 75 to 84 years	410	6.2%	922	6.5%	442	4.1%	22,718	6.3%
Householder 85 years and over	160	2.4%	438	3.1%	287	2.7%	11,251	3.1%
<b>TOTAL</b>	<b>6,623</b>	<b>100.0%</b>	<b>14,290</b>	<b>100.0%</b>	<b>10,759</b>	<b>100.0%</b>	<b>359,300</b>	<b>100.0%</b>

Source: Census 2000 Summary File 4 (SF 4) - Sample Data

**Table 6: Highest Level of Education Completed by Residents Age 65 and Older**

Level of Education	Boulder County		Central Mountain Region		DRCOG Denver Metro Area		East Central Region		Huerfano-Las Animas Region	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Less than 9th grade	1,320	6.4%	982	9.4%	18,968	9.8%	503	13.9%	1,033	24.5%
9th to 12th grade, no diploma	1,804	8.7%	1,568	15.0%	26,135	13.5%	566	15.7%	743	17.6%
High school graduate (includes equivalency)	5,418	26.2%	3,930	37.6%	58,976	30.4%	1,504	41.7%	1,215	28.8%
Some college, no degree	4,525	21.9%	2,139	20.4%	40,707	21.0%	537	14.9%	523	12.4%
Associate degree	508	2.5%	267	2.6%	5,183	2.7%	76	2.1%	155	3.7%
Bachelor's degree	3,701	17.9%	998	9.5%	26,923	13.9%	316	8.8%	259	6.1%
Graduate or professional degree	3,388	16.4%	580	5.5%	16,830	8.7%	108	3.0%	284	6.7%
<b>Total</b>	<b>20,664</b>	<b>100.0%</b>	<b>10,464</b>	<b>100.0%</b>	<b>193,722</b>	<b>100.0%</b>	<b>3,610</b>	<b>100.0%</b>	<b>4,212</b>	<b>100.0%</b>

Source: Census 2000 Summary File 3 (SF 3) - Sample Data

**Table 6: Highest Level of Education Completed by Residents Age 65 and Older**

Level of Education	Larimer County		North Central Mountain Region		Northeast Region		Northwest Region	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Less than 9th grade	1,703	7.1%	298	5.9%	1,978	18.9%	2,353	10.1%
9th to 12th grade, no diploma	2,464	10.3%	384	7.6%	1,694	16.2%	3,578	15.4%
High school graduate (includes equivalency)	7,247	30.2%	1,048	20.7%	4,054	38.8%	7,828	33.6%
Some college, no degree	4,971	20.7%	1,049	20.7%	1,647	15.8%	5,045	21.7%
Associate degree	679	2.8%	165	3.3%	160	1.5%	813	3.5%
Bachelor's degree	3,808	15.8%	1,350	26.6%	621	5.9%	2,267	9.7%
Graduate or professional degree	3,160	13.1%	774	15.3%	288	2.8%	1,381	5.9%
<b>Total</b>	<b>24,032</b>	<b>100.0%</b>	<b>5,068</b>	<b>100.0%</b>	<b>10,442</b>	<b>100.0%</b>	<b>23,265</b>	<b>100.0%</b>

Source: Census 2000 Summary File 3 (SF 3) - Sample Data

**Table 6: Highest Level of Education Completed by Residents Age 65 and Older**

Level of Education	Pikes Peak Region		Pueblo County		San Juan Basin Region		San Luis Valley Region	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Less than 9th grade	3,326	7.1%	4,155	19.2%	1,187	13.2%	1,636	27.6%
9th to 12th grade, no diploma	5,720	12.1%	3,597	16.6%	1,473	16.4%	841	14.2%
High school graduate (includes equivalency)	14,443	30.6%	7,109	32.9%	2,494	27.8%	1,557	26.2%
Some college, no degree	11,180	23.7%	3,459	16.0%	1,597	17.8%	933	15.7%
Associate degree	2,131	4.5%	661	3.1%	264	2.9%	97	1.6%
Bachelor's degree	6,086	12.9%	1,604	7.4%	1,172	13.1%	455	7.7%
Graduate or professional degree	4,278	9.1%	1,039	4.8%	790	8.8%	419	7.1%
<b>Total</b>	<b>47,164</b>	<b>100.0%</b>	<b>21,624</b>	<b>100.0%</b>	<b>8,977</b>	<b>100.0%</b>	<b>5,938</b>	<b>100.0%</b>

Source: Census 2000 Summary File 3 (SF 3) - Sample Data

**Table 6: Highest Level of Education Completed by Residents Age 65 and Older**

Level of Education	Southeast Region		Weld County		Western Slope Region		State Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Less than 9th grade	1,751	21.9%	3,232	19.8%	1,497	12.2%	45,922	11.0%
9th to 12th grade, no diploma	1,417	17.7%	2,398	14.7%	2,051	16.7%	56,433	13.6%
High school graduate (includes equivalency)	2,548	31.9%	5,208	31.9%	4,210	34.2%	128,789	31.0%
Some college, no degree	1,385	17.3%	3,086	18.9%	2,180	17.7%	84,963	20.4%
Associate degree	161	2.0%	281	1.7%	225	1.8%	11,826	2.8%
Bachelor's degree	455	5.7%	1,115	6.8%	1,356	11.0%	52,486	12.6%
Graduate or professional degree	269	3.4%	983	6.0%	792	6.4%	35,363	8.5%
<b>Total</b>	<b>7,986</b>	<b>100.0%</b>	<b>16,303</b>	<b>100.0%</b>	<b>12,311</b>	<b>100.0%</b>	<b>415,782</b>	<b>100.0%</b>

Source: Census 2000 Summary File 3 (SF 3) - Sample Data

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

September 2004

Table 7: Employment Status of Residents 60 and Older

Employment Status	Boulder County		Central Mountain Region		DRCOG Denver Metro Area		East Central Region		Huerfano-Las Animas Region	
	Number	Percent employed	Number	Percent employed	Number	Percent employed	Number	Percent employed	Number	Percent employed
<b>Total 60+</b>	<b>28,661</b>		<b>13,920</b>		<b>261,286</b>		<b>4,802</b>		<b>5,394</b>	
Employed	7,100	24.8%	2,416	17.4%	64,849	24.8%	1,371	28.6%	916	17.0%
Age 60-64	7,997		3,456		67,564		1,192		1,182	
Employed	4,162	52.0%	1,256	36.3%	35,015	51.8%	646	54.2%	467	39.5%
Age 65-69	6,138		3,032		56,386		1,003		1,049	
Employed	1,661	27.1%	563	18.6%	15,863	28.1%	347	34.6%	180	17.2%
Age 70-74	4,790		2,778		49,536		885		1,123	
Employed	836	17.5%	326	11.7%	8,342	16.8%	194	21.9%	132	11.8%
Age 75 +	9,736		4,654		87,800		1,722		2,040	
Employed	441	4.5%	271	5.8%	5,629	6.4%	184	10.7%	137	6.7%
<b>Male 60+</b>	<b>12,547</b>		<b>6,433</b>		<b>112,344</b>		<b>2,278</b>		<b>2,392</b>	
Employed	4,254	33.9%	1,346	20.9%	36,330	32.3%	858	37.7%	519	21.7%
Age 60-64	4,065		1,749		32,586		646		577	
Employed	2,545	62.6%	679	38.8%	19,198	58.9%	395	61.1%	269	46.6%
Age 65-69	2,823		1,495		26,187		493		448	
Employed	972	34.4%	302	20.2%	8,765	33.5%	209	42.4%	103	23.0%
Age 70-74	2,104		1,331		21,783		413		540	
Employed	457	21.7%	186	14.0%	5,016	23.0%	126	30.5%	57	10.6%
Age 75 +	3,555		1,858		31,788		726		827	
Employed	280	7.9%	179	9.6%	3,351	10.5%	128	17.6%	90	10.9%
<b>Females 60+</b>	<b>16,114</b>		<b>7,487</b>		<b>148,942</b>		<b>2,524</b>		<b>3,002</b>	
Employed	2,846	17.7%	1,070	14.3%	28,519	19.1%	513	20.3%	397	13.2%
Age 60-64	3,932		1,707		34,978		546		605	
Employed	1,617	41.1%	577	33.8%	15,817	45.2%	251	46.0%	198	32.7%
Age 65-69	3,315		1,537		30,199		510		601	
Employed	689	20.8%	261	17.0%	7,098	23.5%	138	27.1%	77	12.8%
Age 70-74	2,686		1,447		27,753		472		583	
Employed	379	14.1%	140	9.7%	3,326	12.0%	68	14.4%	75	12.9%
Age 75 +	6,181		2,796		56,012		996		1,213	
Employed	161	2.6%	92	3.3%	2,278	4.1%	56	5.6%	47	3.9%

Source: Census 2000 Summary File 4 (SF 4) - Sample Data

## Report of Results

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

September 2004

Table 7: Employment Status of Residents 60 and Older

Employment Status	Larimer County		North Central Mountain Region		Northeast Region		Northwest Region		Pikes Peak Region		Pueblo County	
	Number	Percent employed	Number	Percent employed	Number	Percent employed	Number	Percent employed	Number	Percent employed	Number	Percent employed
<b>Total 60+</b>	<b>31,735</b>		<b>8,330</b>		<b>64,929</b>		<b>64,929</b>		<b>64,929</b>		<b>27,365</b>	
Employed	7,189	22.7%	3,132	37.6%	15,344	23.6%	15,344	23.6%	15,344	23.6%	4,062	14.9%
Age 60-64	7,703		3,262		17,765		17,765		17,765		5,741	
Employed	3,759	48.8%	1,836	56.3%	8,417	47.4%	8,417	47.4%	8,417	47.4%	2,066	36.0%
Age 65-69	6,915		2,016		15,045		15,045		15,045		5,856	
Employed	1,923	27.8%	733	36.4%	3,943	26.2%	3,943	26.2%	3,943	26.2%	1,001	17.1%
Age 70-74	6,201		1,413		11,970		11,970		11,970		5,653	
Employed	1,036	16.7%	404	28.6%	1,918	16.0%	1,918	16.0%	1,918	16.0%	634	11.2%
Age 75+	10,916		1,639		20,149		20,149		20,149		10,115	
Employed	471	4.3%	159	9.7%	1,066	5.3%	1,066	5.3%	1,066	5.3%	381	3.8%
<b>Male 60+</b>	<b>13,855</b>		<b>4,417</b>		<b>28,357</b>		<b>28,357</b>		<b>28,357</b>		<b>11,942</b>	
Employed	4,228	30.5%	1,961	44.4%	8,960	31.6%	8,960	31.6%	8,960	31.6%	2,223	18.6%
Age 60-64	3,764		1,810		8,476		8,476		8,476		2,770	
Employed	2,131	56.6%	1,100	60.8%	4,863	57.4%	4,863	57.4%	4,863	57.4%	1,135	41.0%
Age 65-69	3,202		1,052		6,875		6,875		6,875		2,787	
Employed	1,110	34.7%	473	45.0%	2,230	32.4%	2,230	32.4%	2,230	32.4%	561	20.1%
Age 70-74	2,785		824		5,479		5,479		5,479		2,592	
Employed	669	24.0%	281	34.1%	1,222	22.3%	1,222	22.3%	1,222	22.3%	340	13.1%
Age 75+	4,104		731		7,527		7,527		7,527		3,793	
Employed	318	7.7%	107	14.6%	645	8.6%	645	8.6%	645	8.6%	187	4.9%
<b>Females 60+</b>	<b>17,880</b>		<b>3,913</b>		<b>36,572</b>		<b>36,572</b>		<b>36,572</b>		<b>15,423</b>	
Employed	2,961	16.6%	1,171	29.9%	6,384	17.5%	6,384	17.5%	6,384	17.5%	1,859	12.1%
Age 60-64	3,939		1,452		9,289		9,289		9,289		2,971	
Employed	1,628	41.3%	736	50.7%	3,554	38.3%	3,554	38.3%	3,554	38.3%	931	31.3%
Age 65-69	3,713		964		8,170		8,170		8,170		3,069	
Employed	813	21.9%	260	27.0%	1,713	21.0%	1,713	21.0%	1,713	21.0%	440	14.3%
Age 70-74	3,416		589		6,491		6,491		6,491		3,061	
Employed	367	10.7%	123	20.9%	696	10.7%	696	10.7%	696	10.7%	294	9.6%
Age 75+	6,812		908		12,622		12,622		12,622		6,322	
Employed	153	2.2%	52	5.7%	421	3.3%	421	3.3%	421	3.3%	194	3.1%

Source: Census 2000 Summary File 4 (SF 4) - Sample Data

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

September 2004

Table 7: Employment Status of Residents 60 and Older

Employment Status	San Juan Basin Region		San Luis Valley Region		Southeast Region		Weld County		Western Slope Region		State Total	
	Number	Percent employed	Number	Percent employed	Number	Percent employed	Number	Percent employed	Number	Percent employed	Number	Percent employed
<b>Total 60+</b>	<b>12,157</b>		<b>8,011</b>		<b>10,149</b>		<b>22,093</b>		<b>16,452</b>		<b>558,918</b>	
Employed	2,672	22.0%	1,672	20.9%	2,344	23.1%	5,333	24.1%	3,326	20.2%	131,387	23.5%
Age 60-64	3,180		2,073		2,163		5,790		4,141		143,136	
Employed	1,356	42.6%	929	44.8%	1,065	49.2%	2,915	50.3%	1,755	42.4%	70,636	49.3%
Age 65-69	2,835		1,699		2,136		4,810		3,391		121,465	
Employed	667	23.5%	342	20.1%	539	25.2%	1,316	27.4%	814	24.0%	32,318	26.6%
Age 70-74	2,424		1,484		1,993		4,202		3,127		106,030	
Employed	392	16.2%	199	13.4%	424	21.3%	708	16.8%	442	14.1%	17,270	16.3%
Age 75+	3,718		2,755		3,857		7,291		5,793		188,287	
Employed	257	6.9%	202	7.3%	316	8.2%	394	5.4%	315	5.4%	11,163	5.9%
<b>Male 60+</b>	<b>5,804</b>		<b>3,766</b>		<b>4,462</b>		<b>9,790</b>		<b>7,700</b>		<b>245,430</b>	
Employed	1,593	27.4%	1,072	28.5%	1,455	32.6%	3,200	32.7%	1,991	25.9%	75,715	30.8%
Age 60-64	1,719		1,063		1,085		2,885		2,139		70,234	
Employed	834	48.5%	553	52.0%	601	55.4%	1,713	59.4%	1,040	48.6%	40,013	57.0%
Age 65-69	1,383		816		955		2,282		1,564		56,671	
Employed	365	26.4%	227	27.8%	309	32.4%	797	34.9%	457	29.2%	18,347	32.4%
Age 70-74	1,237		750		972		1,972		1,603		48,209	
Employed	218	17.6%	152	20.3%	286	29.4%	424	21.5%	309	19.3%	10,523	21.8%
Age 75+	1,465		1,137		1,450		2,651		2,394		70,316	
Employed	176	12.0%	140	12.3%	259	17.9%	266	10.0%	185	7.7%	6,832	9.7%
<b>Females 60+</b>	<b>6,353</b>		<b>4,245</b>		<b>5,687</b>		<b>12,303</b>		<b>8,752</b>		<b>313,488</b>	
Employed	1,079	17.0%	600	14.1%	889	15.6%	2,133	17.3%	1,335	15.3%	55,672	17.8%
Age 60-64	1,461		1,010		1,078		2,905		2,002		72,902	
Employed	522	35.7%	376	37.2%	464	43.0%	1,202	41.4%	715	35.7%	30,623	42.0%
Age 65-69	1,452		883		1,181		2,528		1,827		64,794	
Employed	302	20.8%	115	13.0%	230	19.5%	519	20.5%	357	19.5%	13,971	21.6%
Age 70-74	1,187		734		1,021		2,230		1,524		57,821	
Employed	174	14.7%	47	6.4%	138	13.5%	284	12.7%	133	8.7%	6,747	11.7%
Age 75+	2,253		1,618		2,407		4,640		3,399		117,971	
Employed	81	3.6%	62	3.8%	57	2.4%	128	2.8%	130	3.8%	4,331	3.7%

Source: Census 2000 Summary File 4 (SF 4) - Sample Data

## Report of Results

Table 8: Median Household Income by Age

Householder Age	Boulder County	Central Mountain Region	DRCOG Denver Metro Area	East Central Region	Huerfano-Las Animas Region	Larimer County	North Central Mountain Region	Northeast Region	Northwest Region
Householder Age Less Than 25	\$21,958	\$24,033	\$30,183	\$27,424	\$13,545	\$23,034	\$34,668	\$23,431	\$24,130
Householder Age 25-34	\$51,436	\$33,930	\$48,894	\$46,714	\$29,229	\$46,988	\$54,443	\$34,792	\$38,539
Householder Age 35-44	\$71,324	\$39,821	\$59,631	\$57,007	\$34,739	\$58,452	\$60,178	\$40,450	\$46,329
Householder Age 45-54	\$71,723	\$45,056	\$65,778	\$59,899	\$33,930	\$64,640	\$67,832	\$43,669	\$51,740
Householder Age 55-64	\$65,165	\$41,182	\$56,954	\$50,934	\$30,591	\$57,248	\$62,913	\$37,236	\$42,898
Householder Age 65-74	\$41,884	\$28,998	\$37,082	\$31,865	\$21,976	\$37,694	\$48,063	\$27,481	\$29,625
Householder Age 75+	\$28,362	\$19,083	\$26,793	\$21,816	\$17,537	\$26,614	\$34,660	\$20,206	\$21,520

Source: Census 2000 Summary File 3 (SF 3) - Sample Data

Table 8: Median Household Income by Age

Householder Age	Pikes Peak Region	Pueblo County	San Juan Basin Region	San Luis Valley Region	Southeast Region	Weld County	Western Slope Region	State Median
Householder Age Less Than 25	\$26,118	\$18,520	\$19,924	\$15,222	\$19,225	\$21,623	\$18,602	\$26,174
Householder Age 25-34	\$43,234	\$33,028	\$35,354	\$28,410	\$29,615	\$42,696	\$36,638	\$45,709
Householder Age 35-44	\$55,101	\$41,189	\$42,410	\$30,996	\$32,540	\$51,045	\$43,536	\$55,979
Householder Age 45-54	\$59,209	\$45,862	\$47,655	\$37,192	\$38,993	\$56,393	\$44,228	\$60,823
Householder Age 55-64	\$52,671	\$36,809	\$43,030	\$33,064	\$35,120	\$48,984	\$42,572	\$52,768
Householder Age 65-74	\$36,842	\$27,277	\$32,953	\$21,040	\$24,543	\$30,466	\$29,734	\$34,520
Householder Age 75+	\$27,991	\$21,388	\$21,954	\$16,670	\$18,406	\$21,352	\$20,387	\$24,729

Source: Census 2000 Summary File 3 (SF 3) - Sample Data



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

September 2004

Table 9: Poverty Ratio of Persons 65 and Older

Income Level	Boulder County		Central Mountain Region		DRCOG Denver Metro Area		East Central Region		Huerfano-Las Animas Region	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>Persons 65 Years and Over</b>	<b>19,635</b>	<b>100.0%</b>	<b>9,793</b>	<b>100.0%</b>	<b>186,447</b>	<b>100.0%</b>	<b>3,417</b>	<b>100.0%</b>	<b>3,897</b>	<b>100.0%</b>
Less Than 50% of Poverty Level	410	2.1%	259	2.6%	3,899	2.1%	81	2.4%	99	2.5%
50% to 74% of Poverty Level	320	1.6%	120	1.2%	2,759	1.5%	35	1.0%	133	3.4%
75% to 99% of Poverty Level	385	2.0%	442	4.5%	6,199	3.3%	189	5.5%	375	9.6%
100% to 124% of Poverty Level	612	3.1%	564	5.8%	7,323	3.9%	227	6.6%	259	6.6%
125% to 129% of Poverty Level	169	0.9%	133	1.4%	1,963	1.1%	39	1.1%	121	3.1%
130% to 149% of Poverty Level	529	2.7%	462	4.7%	6,637	3.6%	152	4.4%	233	6.0%
150% to 174% of Poverty Level	631	3.2%	574	5.9%	7,589	4.1%	128	3.7%	251	6.4%
175% to 184% of Poverty Level	423	2.2%	175	1.8%	3,635	1.9%	107	3.1%	100	2.6%
185% to 199% of Poverty Level	476	2.4%	413	4.2%	4,672	2.5%	140	4.1%	136	3.5%
200% of Poverty Level and over	15,680	79.9%	6,651	67.9%	141,771	76.0%	2,319	67.9%	2,190	56.2%
<b>Persons 65-74 Years</b>	<b>10,810</b>	<b>100.0%</b>	<b>5,616</b>	<b>100.0%</b>	<b>104,922</b>	<b>100.0%</b>	<b>1,883</b>	<b>100.0%</b>	<b>2,106</b>	<b>100.0%</b>
Less Than 50% of Poverty Level	231	2.1%	99	1.8%	1,818	1.7%	45	2.4%	43	2.0%
50% to 74% of Poverty Level	128	1.2%	55	1.0%	1,384	1.3%	17	0.9%	46	2.2%
75% to 99% of Poverty Level	162	1.5%	195	3.5%	2,854	2.7%	99	5.3%	198	9.4%
100% to 124% of Poverty Level	250	2.3%	213	3.8%	3,232	3.1%	73	3.9%	106	5.0%
125% to 129% of Poverty Level	72	0.7%	43	0.8%	952	0.9%	23	1.2%	58	2.8%
130% to 149% of Poverty Level	222	2.1%	225	4.0%	2,970	2.8%	66	3.5%	118	5.6%
150% to 174% of Poverty Level	288	2.7%	289	5.1%	3,708	3.5%	39	2.1%	148	7.0%
175% to 184% of Poverty Level	154	1.4%	126	2.2%	1,557	1.5%	55	2.9%	71	3.4%
185% to 199% of Poverty Level	190	1.8%	204	3.6%	2,231	2.1%	48	2.5%	81	3.8%
200% of Poverty Level and over	9,113	84.3%	4,167	74.2%	84,216	80.3%	1,418	75.3%	1,237	58.7%
<b>Persons 75 Years and Over</b>	<b>8,825</b>	<b>100.0%</b>	<b>4,177</b>	<b>100.0%</b>	<b>81,525</b>	<b>100.0%</b>	<b>1,534</b>	<b>100.0%</b>	<b>1,791</b>	<b>100.0%</b>
Less Than 50% of Poverty Level	179	2.0%	160	3.8%	2,081	2.6%	36	2.3%	56	3.1%
50% to 74% of Poverty Level	192	2.2%	65	1.6%	1,375	1.7%	18	1.2%	87	4.9%
75% to 99% of Poverty Level	223	2.5%	247	5.9%	3,345	4.1%	90	5.9%	177	9.9%
100% to 124% of Poverty Level	362	4.1%	351	8.4%	4,091	5.0%	154	10.0%	153	8.5%
125% to 129% of Poverty Level	97	1.1%	90	2.2%	1,011	1.2%	16	1.0%	63	3.5%
130% to 149% of Poverty Level	307	3.5%	237	5.7%	3,667	4.5%	86	5.6%	115	6.4%
150% to 174% of Poverty Level	343	3.9%	285	6.8%	3,881	4.8%	89	5.8%	103	5.8%
175% to 184% of Poverty Level	269	3.0%	49	1.2%	2,078	2.5%	52	3.4%	29	1.6%
185% to 199% of Poverty Level	286	3.2%	209	5.0%	2,441	3.0%	92	6.0%	55	3.1%
200% of Poverty Level and over	6,567	74.4%	2,484	59.5%	57,555	70.6%	901	58.7%	953	53.2%

Source: Census 2000 Summary File 4 (SF 4) - Sample Data

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

September 2004

Table 9: Poverty Ratio of Persons 65 and Older

Income Level	Larimer County		North Central Mountain Region		Northeast Region		Northwest Region	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>Persons 65 Years and Over</b>	<b>22,955</b>	<b>100.0%</b>	<b>5,032</b>	<b>100.0%</b>	<b>9,700</b>	<b>100.0%</b>	<b>22,411</b>	<b>100.0%</b>
Less Than 50% of Poverty Level	162	0.7%	93	1.8%	184	1.9%	415	1.9%
50% to 74% of Poverty Level	270	1.2%	81	1.6%	244	2.5%	383	1.7%
75% to 99% of Poverty Level	585	2.5%	146	2.9%	502	5.2%	951	4.2%
100% to 124% of Poverty Level	795	3.5%	153	3.0%	597	6.2%	1,373	6.1%
125% to 129% of Poverty Level	220	1.0%	34	0.7%	144	1.5%	194	0.9%
130% to 149% of Poverty Level	880	3.8%	81	1.6%	403	4.2%	1,096	4.9%
150% to 174% of Poverty Level	1,162	5.1%	222	4.4%	606	6.2%	1,348	6.0%
175% to 184% of Poverty Level	422	1.8%	79	1.6%	311	3.2%	561	2.5%
185% to 199% of Poverty Level	631	2.7%	102	2.0%	448	4.6%	762	3.4%
200% of Poverty Level and over	17,828	77.7%	4,041	80.3%	6,261	64.5%	15,328	68.4%
<b>Persons 65-74 Years</b>	<b>12,963</b>	<b>100.0%</b>	<b>3,429</b>	<b>100.0%</b>	<b>5,227</b>	<b>100.0%</b>	<b>12,176</b>	<b>100.0%</b>
Less Than 50% of Poverty Level	51	0.4%	61	1.8%	95	1.8%	229	1.9%
50% to 74% of Poverty Level	75	0.6%	46	1.3%	100	1.9%	196	1.6%
75% to 99% of Poverty Level	269	2.1%	76	2.2%	191	3.7%	413	3.4%
100% to 124% of Poverty Level	316	2.4%	73	2.1%	298	5.7%	449	3.7%
125% to 129% of Poverty Level	83	0.6%	18	0.5%	53	1.0%	85	0.7%
130% to 149% of Poverty Level	390	3.0%	36	1.0%	180	3.4%	395	3.2%
150% to 174% of Poverty Level	489	3.8%	109	3.2%	298	5.7%	585	4.8%
175% to 184% of Poverty Level	189	1.5%	54	1.6%	153	2.9%	321	2.6%
185% to 199% of Poverty Level	272	2.1%	72	2.1%	213	4.1%	393	3.2%
200% of Poverty Level and over	10,829	83.5%	2,884	84.1%	3,646	69.8%	9,110	74.8%
<b>Persons 75 Years and Over</b>	<b>9,992</b>	<b>100.0%</b>	<b>1,603</b>	<b>100.0%</b>	<b>4,473</b>	<b>100.0%</b>	<b>10,235</b>	<b>100.0%</b>
Less Than 50% of Poverty Level	111	1.1%	32	2.0%	89	2.0%	186	1.8%
50% to 74% of Poverty Level	195	2.0%	35	2.2%	144	3.2%	187	1.8%
75% to 99% of Poverty Level	316	3.2%	70	4.4%	311	7.0%	538	5.3%
100% to 124% of Poverty Level	479	4.8%	80	5.0%	299	6.7%	924	9.0%
125% to 129% of Poverty Level	137	1.4%	16	1.0%	91	2.0%	109	1.1%
130% to 149% of Poverty Level	490	4.9%	45	2.8%	223	5.0%	701	6.8%
150% to 174% of Poverty Level	673	6.7%	113	7.0%	308	6.9%	763	7.5%
175% to 184% of Poverty Level	233	2.3%	25	1.6%	158	3.5%	240	2.3%
185% to 199% of Poverty Level	359	3.6%	30	1.9%	235	5.3%	369	3.6%
200% of Poverty Level and over	6,999	70.0%	1,157	72.2%	2,615	58.5%	6,218	60.8%

Source: Census 2000 Summary File 4 (SF 4) - Sample Data

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

September 2004

Table 9: Income Level of Persons 65 and Older

Income Level	Pikes Peak Region		Pueblo County		San Juan Basin Region		San Luis Valley Region	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>Persons 65 Years and Over</b>	<b>45,423</b>	<b>100.0%</b>	<b>20,702</b>	<b>100.0%</b>	<b>8,621</b>	<b>100.0%</b>	<b>5,645</b>	<b>100.0%</b>
Less Than 50% of Poverty Level	931	2.0%	520	2.5%	173	2.0%	171	3.0%
50% to 74% of Poverty Level	671	1.5%	397	1.9%	226	2.6%	224	4.0%
75% to 99% of Poverty Level	1,461	3.2%	881	4.3%	496	5.8%	430	7.6%
100% to 124% of Poverty Level	1,404	3.1%	1,145	5.5%	448	5.2%	519	9.2%
125% to 129% of Poverty Level	411	0.9%	243	1.2%	132	1.5%	95	1.7%
130% to 149% of Poverty Level	1,494	3.3%	1,111	5.4%	434	5.0%	503	8.9%
150% to 174% of Poverty Level	1,716	3.8%	1,340	6.5%	369	4.3%	399	7.1%
175% to 184% of Poverty Level	736	1.6%	563	2.7%	168	1.9%	166	2.9%
185% to 199% of Poverty Level	1,162	2.6%	653	3.2%	181	2.1%	172	3.0%
200% of Poverty Level and over	35,437	78.0%	13,849	66.9%	5,994	69.5%	2,966	52.5%
<b>Persons 65-74 Years</b>	<b>26,747</b>	<b>100.0%</b>	<b>11,417</b>	<b>100.0%</b>	<b>5,218</b>	<b>100.0%</b>	<b>3,152</b>	<b>100.0%</b>
Less Than 50% of Poverty Level	364	1.4%	296	2.6%	82	1.6%	97	3.1%
50% to 74% of Poverty Level	297	1.1%	215	1.9%	106	2.0%	126	4.0%
75% to 99% of Poverty Level	738	2.8%	508	4.4%	235	4.5%	190	6.0%
100% to 124% of Poverty Level	719	2.7%	528	4.6%	267	5.1%	257	8.2%
125% to 129% of Poverty Level	180	0.7%	135	1.2%	57	1.1%	65	2.1%
130% to 149% of Poverty Level	755	2.8%	534	4.7%	175	3.4%	267	8.5%
150% to 174% of Poverty Level	776	2.9%	611	5.4%	162	3.1%	214	6.8%
175% to 184% of Poverty Level	371	1.4%	257	2.3%	115	2.2%	86	2.7%
185% to 199% of Poverty Level	646	2.4%	322	2.8%	119	2.3%	89	2.8%
200% of Poverty Level and over	21,901	81.9%	8,011	70.2%	3,900	74.7%	1,761	55.9%
<b>Persons 75 Years and Over</b>	<b>18,676</b>	<b>100.0%</b>	<b>9,285</b>	<b>100.0%</b>	<b>3,403</b>	<b>100.0%</b>	<b>2,493</b>	<b>100.0%</b>
Less Than 50% of Poverty Level	567	3.0%	224	2.4%	91	2.7%	74	3.0%
50% to 74% of Poverty Level	374	2.0%	182	2.0%	120	3.5%	98	3.9%
75% to 99% of Poverty Level	723	3.9%	373	4.0%	261	7.7%	240	9.6%
100% to 124% of Poverty Level	685	3.7%	617	6.6%	181	5.3%	262	10.5%
125% to 129% of Poverty Level	231	1.2%	108	1.2%	75	2.2%	30	1.2%
130% to 149% of Poverty Level	739	4.0%	577	6.2%	259	7.6%	236	9.5%
150% to 174% of Poverty Level	940	5.0%	729	7.9%	207	6.1%	185	7.4%
175% to 184% of Poverty Level	365	2.0%	306	3.3%	53	1.6%	80	3.2%
185% to 199% of Poverty Level	516	2.8%	331	3.6%	62	1.8%	83	3.3%
200% of Poverty Level and over	13,536	72.5%	5,838	62.9%	2,094	61.5%	1,205	48.3%

Source: Census 2000 Summary File 4 (SF 4) - Sample Data

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

September 2004

Table 9: Income Level of Persons 65 and Older

Income Level	Southeast Region		Weid County		Western Slope Region		State Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>Persons 65 Years and Over</b>	<b>7,247</b>	<b>100.0%</b>	<b>15,606</b>	<b>100.0%</b>	<b>12,113</b>	<b>100.0%</b>	<b>398,644</b>	<b>100.0%</b>
Less Than 50% of Poverty Level	246	3.4%	259	1.7%	169	1.4%	8,071	2.0%
50% to 74% of Poverty Level	187	2.6%	345	2.2%	264	2.2%	6,659	1.7%
75% to 99% of Poverty Level	495	6.8%	717	4.6%	677	5.6%	14,931	3.7%
100% to 124% of Poverty Level	504	7.0%	754	4.8%	602	5.0%	17,279	4.3%
125% to 129% of Poverty Level	128	1.8%	175	1.1%	162	1.3%	4,363	1.1%
130% to 149% of Poverty Level	412	5.7%	961	6.2%	652	5.4%	16,040	4.0%
150% to 174% of Poverty Level	552	7.6%	974	6.2%	841	6.9%	18,702	4.7%
175% to 184% of Poverty Level	223	3.1%	297	1.9%	286	2.4%	8,252	2.1%
185% to 199% of Poverty Level	309	4.3%	659	4.2%	380	3.1%	11,296	2.8%
200% of Poverty Level and over	4,191	57.8%	10,465	67.1%	8,080	66.7%	293,051	73.5%
<b>Persons 65-74 Years</b>	<b>3,974</b>	<b>100.0%</b>	<b>8,977</b>	<b>100.0%</b>	<b>6,496</b>	<b>100.0%</b>	<b>225,113</b>	<b>100.0%</b>
Less Than 50% of Poverty Level	101	2.5%	99	1.1%	62	1.0%	3,773	1.7%
50% to 74% of Poverty Level	69	1.7%	209	2.3%	126	1.9%	3,195	1.4%
75% to 99% of Poverty Level	222	5.6%	293	3.3%	265	4.1%	6,908	3.1%
100% to 124% of Poverty Level	242	6.1%	380	4.2%	200	3.1%	7,603	3.4%
125% to 129% of Poverty Level	59	1.5%	86	1.0%	75	1.2%	2,044	0.9%
130% to 149% of Poverty Level	223	5.6%	469	5.2%	277	4.3%	7,302	3.2%
150% to 174% of Poverty Level	323	8.1%	520	5.8%	384	5.9%	8,943	4.0%
175% to 184% of Poverty Level	111	2.8%	135	1.5%	115	1.8%	3,870	1.7%
185% to 199% of Poverty Level	197	5.0%	380	4.2%	213	3.3%	5,670	2.5%
200% of Poverty Level and over	2,427	61.1%	6,406	71.4%	4,779	73.6%	175,805	78.1%
<b>Persons 75 Years and Over</b>	<b>3,273</b>	<b>100.0%</b>	<b>6,629</b>	<b>100.0%</b>	<b>5,617</b>	<b>100.0%</b>	<b>173,531</b>	<b>100.0%</b>
Less Than 50% of Poverty Level	145	4.4%	160	2.4%	107	1.9%	4,298	2.5%
50% to 74% of Poverty Level	118	3.6%	136	2.1%	138	2.5%	3,464	2.0%
75% to 99% of Poverty Level	273	8.3%	424	6.4%	412	7.3%	8,023	4.6%
100% to 124% of Poverty Level	262	8.0%	374	5.6%	402	7.2%	9,676	5.6%
125% to 129% of Poverty Level	69	2.1%	89	1.3%	87	1.5%	2,319	1.3%
130% to 149% of Poverty Level	189	5.8%	492	7.4%	375	6.7%	8,738	5.0%
150% to 174% of Poverty Level	229	7.0%	454	6.8%	457	8.1%	9,759	5.6%
175% to 184% of Poverty Level	112	3.4%	162	2.4%	171	3.0%	4,382	2.5%
185% to 199% of Poverty Level	112	3.4%	279	4.2%	167	3.0%	5,626	3.2%
200% of Poverty Level and over	1,764	53.9%	4,059	61.2%	3,301	58.8%	117,246	67.6%

Source: Census 2000 Summary File 4 (SF 4) - Sample Data

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

September 2004

Table 10: Disability Status of Persons 65 and Older

Disability Status (Adults 65+)	Boulder County		Central Mountain Region		DRCOG Denver Metro Area		East Central Region		Huerfano-Las Animas Region	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>Total</b>	<b>19,635</b>	<b>100.0%</b>	<b>9,793</b>	<b>100.0%</b>	<b>186,447</b>	<b>100.0%</b>	<b>3,417</b>	<b>100.0%</b>	<b>3,897</b>	<b>100.0%</b>
With one type of disability	3,558	18.1%	1,996	20.4%	35,672	19.1%	696	20.4%	798	20.5%
Sensory disability	869	4.4%	482	4.9%	8,111	4.4%	147	4.3%	155	4.0%
Physical disability	1,649	8.4%	1,104	11.3%	16,949	9.1%	357	10.4%	374	9.6%
Mental disability	314	1.6%	74	0.8%	1,940	1.0%	44	1.3%	43	1.1%
Self-care disability	40	0.2%	14	0.1%	198	0.1%	6	0.2%	7	0.2%
Go-outside-home disability	686	3.5%	322	3.3%	8,474	4.5%	142	4.2%	219	5.6%
With two or more types of disability	3,813	19.4%	2,018	20.6%	37,169	19.9%	654	19.1%	850	21.8%
Includes self-care disability	1,519	7.7%	699	7.1%	14,453	7.8%	254	7.4%	355	9.1%
Does not include self-care disability	2,294	11.7%	1,319	13.5%	22,716	12.2%	400	11.7%	495	12.7%
No disability	12,264	62.5%	5,779	59.0%	113,606	60.9%	2,067	60.5%	2,249	57.7%
<b>Males</b>	<b>8,248</b>	<b>100.0%</b>	<b>4,380</b>	<b>100.0%</b>	<b>78,004</b>	<b>100.0%</b>	<b>1,562</b>	<b>100.0%</b>	<b>1,643</b>	<b>100.0%</b>
With one type of disability	1,722	20.9%	936	21.4%	16,083	20.6%	350	22.4%	420	25.6%
Sensory disability	550	6.7%	331	7.6%	4,976	6.4%	91	5.8%	105	6.4%
Physical disability	736	8.9%	454	10.4%	6,932	8.9%	176	11.3%	176	10.7%
Mental disability	147	1.8%	18	0.4%	837	1.1%	12	0.8%	26	1.6%
Self-care disability	6	0.1%	6	0.1%	70	0.1%	3	0.2%	4	0.2%
Go-outside-home disability	283	3.4%	127	2.9%	3,268	4.2%	68	4.4%	109	6.6%
With two or more types of disability	1,401	17.0%	817	18.7%	13,576	17.4%	241	15.4%	329	20.0%
Includes self-care disability	522	6.3%	278	6.3%	4,612	5.9%	81	5.2%	98	6.0%
Does not include self-care disability	879	10.7%	539	12.3%	8,964	11.5%	160	10.2%	231	14.1%
No disability	5,125	62.1%	2,627	60.0%	48,345	62.0%	971	62.2%	894	54.4%
<b>Females</b>	<b>11,387</b>	<b>100.0%</b>	<b>5,413</b>	<b>100.0%</b>	<b>108,443</b>	<b>100.0%</b>	<b>1,855</b>	<b>100.0%</b>	<b>2,254</b>	<b>100.0%</b>
With one type of disability	1,836	16.1%	1,060	19.6%	19,589	18.1%	346	18.7%	378	16.8%
Sensory disability	319	2.8%	151	2.8%	3,135	2.9%	56	3.0%	50	2.2%
Physical disability	913	8.0%	650	12.0%	10,017	9.2%	181	9.8%	198	8.8%
Mental disability	167	1.5%	56	1.0%	1,103	1.0%	32	1.7%	17	0.8%
Self-care disability	34	0.3%	8	0.1%	128	0.1%	3	0.2%	3	0.1%
Go-outside-home disability	403	3.5%	195	3.6%	5,206	4.8%	74	4.0%	110	4.9%
With two or more types of disability	2,412	21.2%	1,201	22.2%	23,593	21.8%	413	22.3%	521	23.1%
Includes self-care disability	997	8.8%	421	7.8%	9,841	9.1%	173	9.3%	257	11.4%
Does not include self-care disability	1,415	12.4%	780	14.4%	13,752	12.7%	240	12.9%	264	11.7%
No disability	7,139	62.7%	3,152	58.2%	65,261	60.2%	1,096	59.1%	1,355	60.1%

Source: Census 2000 Summary File 4 (SF 4) - Sample Data

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

September 2004

Table 10: Disability Status of Persons 65 and Older

Disability Status (Adults 65+)	Larimer County		North Central Mountain Region		Northeast Region		Northwest Region	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>Total</b>	<b>22,955</b>	<b>100.0%</b>	<b>5,032</b>	<b>100.0%</b>	<b>9,700</b>	<b>100.0%</b>	<b>22,411</b>	<b>100.0%</b>
With one type of disability	4,119	17.9%	802	15.9%	2,014	20.8%	4,352	19.4%
Sensory disability	994	4.3%	290	5.8%	549	5.7%	1,088	4.9%
Physical disability	2,127	9.3%	277	5.5%	904	9.3%	2,280	10.2%
Mental disability	297	1.3%	36	0.7%	116	1.2%	291	1.3%
Self-care disability	7	0.0%	13	0.3%	15	0.2%	14	0.1%
Go-outside-home disability	694	3.0%	186	3.7%	430	4.4%	679	3.0%
With two or more types of disability	4,363	19.0%	550	10.9%	1,552	16.0%	4,549	20.3%
Includes self-care disability	1,603	7.0%	164	3.3%	519	5.4%	1,706	7.6%
Does not include self-care disability	2,760	12.0%	386	7.7%	1,033	10.6%	2,843	12.7%
No disability	14,473	63.0%	3,680	73.1%	6,134	63.2%	13,510	60.3%
<b>Males</b>	<b>9,797</b>	<b>100.0%</b>	<b>2,592</b>	<b>100.0%</b>	<b>4,205</b>	<b>100.0%</b>	<b>9,732</b>	<b>100.0%</b>
With one type of disability	1,772	18.1%	448	17.3%	992	23.6%	2,017	20.7%
Sensory disability	577	5.9%	172	6.6%	353	8.4%	666	6.8%
Physical disability	799	8.2%	142	5.5%	346	8.2%	970	10.0%
Mental disability	139	1.4%	33	1.3%	61	1.5%	91	0.9%
Self-care disability	4	0.0%	0	0.0%	7	0.2%	3	0.0%
Go-outside-home disability	253	2.6%	101	3.9%	225	5.4%	287	2.9%
With two or more types of disability	1,755	17.9%	262	10.1%	749	17.8%	1,888	19.4%
Includes self-care disability	496	5.1%	55	2.1%	227	5.4%	622	6.4%
Does not include self-care disability	1,259	12.9%	207	8.0%	522	12.4%	1,266	13.0%
No disability	6,270	64.0%	1,882	72.6%	2,464	58.6%	5,827	59.9%
<b>Females</b>	<b>13,158</b>	<b>100.0%</b>	<b>2,440</b>	<b>100.0%</b>	<b>5,495</b>	<b>100.0%</b>	<b>12,679</b>	<b>100.0%</b>
With one type of disability	2,347	17.8%	354	14.5%	1,022	18.6%	2,335	18.4%
Sensory disability	417	3.2%	118	4.8%	196	3.6%	422	3.3%
Physical disability	1,328	10.1%	135	5.5%	558	10.2%	1,310	10.3%
Mental disability	158	1.2%	3	0.1%	55	1.0%	200	1.6%
Self-care disability	3	0.0%	13	0.5%	8	0.1%	11	0.1%
Go-outside-home disability	441	3.4%	85	3.5%	205	3.7%	392	3.1%
With two or more types of disability	2,608	19.8%	288	11.8%	803	14.6%	2,661	21.0%
Includes self-care disability	1,107	8.4%	109	4.5%	292	5.3%	1,084	8.5%
Does not include self-care disability	1,501	11.4%	179	7.3%	511	9.3%	1,577	12.4%
No disability	8,203	62.3%	1,798	73.7%	3,670	66.8%	7,683	60.6%

Source: Census 2000 Summary File 4 (SF 4) - Sample Data

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

September 2004

Table 10: Disability Status of Persons 65 and Older

Disability Status (Adults 65+)	Pikes Peak Region		Pueblo County		San Juan Basin Region		San Luis Valley Region	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>Total</b>	<b>45,423</b>	<b>100.0%</b>	<b>20,702</b>	<b>100.0%</b>	<b>8,621</b>	<b>100.0%</b>	<b>5,645</b>	<b>100.0%</b>
With one type of disability	9,226	20.3%	4,351	21.0%	1,663	19.3%	1,368	24.2%
Sensory disability	2,065	4.5%	892	4.3%	521	6.0%	313	5.5%
Physical disability	4,967	10.9%	2,012	9.7%	730	8.5%	595	10.5%
Mental disability	533	1.2%	202	1.0%	113	1.3%	149	2.6%
Self-care disability	20	0.0%	20	0.1%	2	0.0%	4	0.1%
Go-outside-home disability	1,641	3.6%	1,225	5.9%	297	3.4%	307	5.4%
With two or more types of disability	9,014	19.8%	5,300	25.6%	1,931	22.4%	1,471	26.1%
Includes self-care disability	3,629	8.0%	2,116	10.2%	710	8.2%	663	11.7%
Does not include self-care disability	5,385	11.9%	3,184	15.4%	1,221	14.2%	808	14.3%
No disability	27,183	59.8%	11,051	53.4%	5,027	58.3%	2,806	49.7%
<b>Males</b>	<b>19,506</b>	<b>100.0%</b>	<b>8,868</b>	<b>100.0%</b>	<b>3,977</b>	<b>100.0%</b>	<b>2,624</b>	<b>100.0%</b>
With one type of disability	4,151	21.3%	1,872	21.1%	886	22.3%	756	28.8%
Sensory disability	1,289	6.6%	470	5.3%	368	9.3%	242	9.2%
Physical disability	2,013	10.3%	775	8.7%	356	9.0%	287	10.9%
Mental disability	247	1.3%	82	0.9%	41	1.0%	97	3.7%
Self-care disability	14	0.1%	2	0.0%	0	0.0%	2	0.1%
Go-outside-home disability	588	3.0%	543	6.1%	121	3.0%	128	4.9%
With two or more types of disability	3,487	17.9%	2,229	25.1%	804	20.2%	603	23.0%
Includes self-care disability	1,259	6.5%	724	8.2%	278	7.0%	223	8.5%
Does not include self-care disability	2,228	11.4%	1,505	17.0%	526	13.2%	380	14.5%
No disability	11,868	60.8%	4,767	53.8%	2,287	57.5%	1,265	48.2%
<b>Females</b>	<b>25,917</b>	<b>100.0%</b>	<b>11,834</b>	<b>100.0%</b>	<b>4,644</b>	<b>100.0%</b>	<b>3,021</b>	<b>100.0%</b>
With one type of disability	5,075	19.6%	2,479	20.9%	777	16.7%	612	20.3%
Sensory disability	776	3.0%	422	3.6%	153	3.3%	71	2.4%
Physical disability	2,954	11.4%	1,237	10.5%	374	8.1%	308	10.2%
Mental disability	286	1.1%	120	1.0%	72	1.6%	52	1.7%
Self-care disability	6	0.0%	18	0.2%	2	0.0%	2	0.1%
Go-outside-home disability	1,053	4.1%	682	5.8%	176	3.8%	179	5.9%
With two or more types of disability	5,527	21.3%	3,071	26.0%	1,127	24.3%	868	28.7%
Includes self-care disability	2,370	9.1%	1,392	11.8%	432	9.3%	440	14.6%
Does not include self-care disability	3,157	12.2%	1,679	14.2%	695	15.0%	428	14.2%
No disability	15,315	59.1%	6,284	53.1%	2,740	59.0%	1,541	51.0%

Source: Census 2000 Summary File 4 (SF 4) - Sample Data

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

September 2004

Table 10: Disability Status of Persons 65 and Older

Disability Status (Adults 65+)	Southeast Region		West County		Western Slope Region		State Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
<b>Total</b>	<b>7,247</b>	<b>100.0%</b>	<b>15,606</b>	<b>100.0%</b>	<b>12,113</b>	<b>100.0%</b>	<b>398,644</b>	<b>100.0%</b>
With one type of disability	1,663	22.9%	3,605	23.1%	2,605	21.5%	78,488	19.7%
Sensory disability	291	4.0%	906	5.8%	813	6.7%	18,486	4.6%
Physical disability	855	11.8%	1,779	11.4%	1,207	10.0%	38,166	9.6%
Mental disability	139	1.9%	147	0.9%	132	1.1%	4,570	1.1%
Self-care disability	19	0.3%	14	0.1%	3	0.0%	396	0.1%
Go-outside-home disability	359	5.0%	759	4.9%	450	3.7%	16,870	4.2%
With two or more types of disability	1,750	24.1%	3,236	20.7%	2,581	21.3%	80,801	20.3%
Includes self-care disability	684	9.4%	1,198	7.7%	1,075	8.9%	31,347	7.9%
Does not include self-care disability	1,066	14.7%	2,038	13.1%	1,506	12.4%	49,454	12.4%
No disability	3,834	52.9%	8,765	56.2%	6,927	57.2%	239,355	60.0%
<b>Males</b>	<b>3,102</b>	<b>100.0%</b>	<b>6,726</b>	<b>100.0%</b>	<b>5,531</b>	<b>100.0%</b>	<b>170,497</b>	<b>100.0%</b>
With one type of disability	717	23.1%	1,813	27.0%	1,357	24.5%	36,292	21.3%
Sensory disability	186	6.0%	588	8.7%	599	10.8%	11,563	6.8%
Physical disability	306	9.9%	816	12.1%	508	9.2%	15,792	9.3%
Mental disability	66	2.1%	84	1.2%	51	0.9%	2,032	1.2%
Self-care disability	3	0.1%	9	0.1%	0	0.0%	133	0.1%
Go-outside-home disability	156	5.0%	316	4.7%	199	3.6%	6,772	4.0%
With two or more types of disability	699	22.5%	1,194	17.8%	1,072	19.4%	31,106	18.2%
Includes self-care disability	218	7.0%	366	5.4%	375	6.8%	10,434	6.1%
Does not include self-care disability	481	15.5%	828	12.3%	697	12.6%	20,672	12.1%
No disability	1,686	54.4%	3,719	55.3%	3,102	56.1%	103,099	60.5%
<b>Females</b>	<b>4,145</b>	<b>100.0%</b>	<b>8,880</b>	<b>100.0%</b>	<b>6,582</b>	<b>100.0%</b>	<b>228,147</b>	<b>100.0%</b>
With one type of disability	946	22.8%	1,792	20.2%	1,248	19.0%	42,196	18.5%
Sensory disability	105	2.5%	318	3.6%	214	3.3%	6,923	3.0%
Physical disability	549	13.2%	963	10.8%	699	10.6%	22,374	9.8%
Mental disability	73	1.8%	63	0.7%	81	1.2%	2,538	1.1%
Self-care disability	16	0.4%	5	0.1%	3	0.0%	263	0.1%
Go-outside-home disability	203	4.9%	443	5.0%	251	3.8%	10,098	4.4%
With two or more types of disability	1,051	25.4%	2,042	23.0%	1,509	22.9%	49,695	21.8%
Includes self-care disability	466	11.2%	832	9.4%	700	10.6%	20,913	9.2%
Does not include self-care disability	585	14.1%	1,210	13.6%	809	12.3%	28,782	12.6%
No disability	2,148	51.8%	5,046	56.8%	3,825	58.1%	136,256	59.7%

Source: Census 2000 Summary File 4 (SF 4) - Sample Data



Table 11: Grandparents Caring for Grandchildren, Grandparents of Any Age

Grandparents Caring for Grandchildren	Boulder County		Central Mountain Region		DRCOG Denver Metro Area		East Central Region		Huerfano-Las Animas Region	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total Number of Grandparents	147,460	100.0%	39,846	100.0%	1,205,363	100.0%	20,775	100.0%	13,959	100.0%
Not living with own grandchildren under 18 years	145,004	98.3%	38,977	97.8%	1,168,870	97.0%	20,333	97.9%	13,469	96.5%
Living with own grandchildren under 18 years	2,456	1.7%	869	2.2%	36,493	3.0%	442	2.1%	490	3.5%
Grandparent not responsible for own grandchildren under 18 years	1,503	1.0%	366	0.9%	22,250	1.8%	296	1.4%	235	1.7%
Grandparent responsible for own grandchildren under 18 years	953	0.6%	503	1.3%	14,243	1.2%	146	0.7%	255	1.8%
Less than 6 months	115	0.1%	83	0.2%	1,765	0.1%	18	0.1%	27	0.2%
6 to 11 months	153	0.1%	93	0.2%	1,635	0.1%	9	0.0%	28	0.2%
1 or 2 years	253	0.2%	119	0.3%	3,472	0.3%	47	0.2%	89	0.6%
3 or 4 years	93	0.1%	77	0.2%	2,172	0.2%	7	0.0%	3	0.0%
5 years or more	339	0.2%	131	0.3%	5,199	0.4%	65	0.3%	108	0.8%

Source: Census 2000 Summary File 3 (SF 3) - Sample Data

Table 11: Grandparents Caring for Grandchildren, Grandparents of Any Age

Grandparents Caring for Grandchildren	Larimer County		North Central Mountain Region		Northeast Region		Northwest Region	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total Number of Grandparents	135,001	100.0%	63,898	100.0%	38,515	100.0%	102,756	100.0%
Not living with own grandchildren under 18 years	132,428	98.1%	63,178	98.9%	37,466	97.3%	100,306	97.6%
Living with own grandchildren under 18 years	2,573	1.9%	720	1.1%	1,049	2.7%	2,450	2.4%
Grandparent not responsible for own grandchildren under 18 years	1,595	1.2%	467	0.7%	510	1.3%	1,175	1.1%
Grandparent responsible for own grandchildren under 18 years	978	0.7%	253	0.4%	539	1.4%	1,275	1.2%
Less than 6 months	144	0.1%	27	0.0%	71	0.2%	268	0.3%
6 to 11 months	104	0.1%	40	0.1%	100	0.3%	100	0.1%
1 or 2 years	208	0.2%	30	0.0%	133	0.3%	288	0.3%
3 or 4 years	187	0.1%	60	0.1%	103	0.3%	169	0.2%
5 years or more	335	0.2%	96	0.2%	132	0.3%	450	0.4%

Source: Census 2000 Summary File 3 (SF 3) - Sample Data

**Table 11: Grandparents Caring for Grandchildren, Grandparents of Any Age**

Grandparents Caring for Grandchildren	Pikes Peak Region		Pueblo County		San Juan Basin Region		San Luis Valley Region	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total Number of Grandparents	300,569	100.0%	80,726	100.0%	46,509	100.0%	25,433	100.0%
Not living with own grandchildren under 18 years	292,088	97.2%	77,233	95.7%	45,506	97.8%	24,517	96.4%
Living with own grandchildren under 18 years	8,481	2.8%	3,493	4.3%	1,003	2.2%	916	3.6%
Grandparent not responsible for own grandchildren under 18 years	4,793	1.6%	1,513	1.9%	490	1.1%	390	1.5%
Grandparent responsible for own grandchildren under 18 years	3,688	1.2%	1,980	2.5%	513	1.1%	526	2.1%
Less than 6 months	501	0.2%	189	0.2%	59	0.1%	88	0.3%
6 to 11 months	543	0.2%	248	0.3%	57	0.1%	79	0.3%
1 or 2 years	868	0.3%	625	0.8%	123	0.3%	141	0.6%
3 or 4 years	610	0.2%	224	0.3%	100	0.2%	43	0.2%
5 years or more	1,166	0.4%	694	0.9%	174	0.4%	175	0.7%

Source: Census 2000 Summary File 3 (SF 3) - Sample Data

**Table 11: Grandparents Caring for Grandchildren, Grandparents of Any Age**

Grandparents Caring for Grandchildren	Southeast Region		Weld County		Western Slope Region		State Total	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Total Number of Grandparents	28,122	100.0%	91,974	100.0%	51,581	100.0%	2,392,487	100.0%
Not living with own grandchildren under 18 years	27,178	96.6%	88,423	96.1%	50,608	98.1%	2,325,584	97.2%
Living with own grandchildren under 18 years	944	3.4%	3,551	3.9%	973	1.9%	66,903	2.8%
Grandparent not responsible for own grandchildren under 18 years	445	1.6%	1,835	2.0%	516	1.0%	38,379	1.6%
Grandparent responsible for own grandchildren under 18 years	499	1.8%	1,716	1.9%	457	0.9%	28,524	1.2%
Less than 6 months	81	0.3%	239	0.3%	63	0.1%	3,738	0.2%
6 to 11 months	102	0.4%	279	0.3%	85	0.2%	3,655	0.2%
1 or 2 years	80	0.3%	307	0.3%	75	0.1%	6,858	0.3%
3 or 4 years	72	0.3%	283	0.3%	71	0.1%	4,274	0.2%
5 years or more	164	0.6%	608	0.7%	163	0.3%	9,999	0.4%

Source: Census 2000 Summary File 3 (SF 3) - Sample Data

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

September 2004

Table 12: Projected Growth of the State of Colorado by Region

Year and Age	Boulder County		Central Mountain Region		DRCOG Denver Metro Area		East Central Region		Huerfano-Las Animas Region		Larimer County		North Central Mountain Region		Northeast Region		Northwest Region	
	Number	Percent change	Number	Percent change	Number	Percent change	Number	Percent change	Number	Percent change	Number	Percent change	Number	Percent change	Number	Percent change	Number	Percent change
2000	0-17	61,090	15,658	..	557,652	..	10,353	..	5,341	..	60,041	..	24,981	..	19,339	..	46,686	..
	18-54	169,624	40,600	1,240,084	..	19,514	..	11,150	..	149,607	..	80,403	..	34,129	..	94,850	..	
	55-59	11,658	3,996	96,648	..	1,830	..	1,386	..	11,286	..	5,341	..	3,200	..	8,805	..	
	60-64	7,883	3,392	69,006	..	1,294	..	1,202	..	8,005	..	3,376	..	2,942	..	7,093	..	
	65-69	6,035	3,133	56,035	..	1,051	..	992	..	6,833	..	2,257	..	2,715	..	6,382	..	
	70-74	4,942	2,721	49,560	..	857	..	1,011	..	6,035	..	1,504	..	2,551	..	6,099	..	
	75-79	4,086	2,082	41,252	..	699	..	834	..	4,994	..	884	..	2,162	..	5,020	..	
	80-84	2,945	1,344	25,730	..	511	..	636	..	3,364	..	450	..	1,542	..	3,310	..	
	85+	2,787	1,246	22,176	..	489	..	595	..	2,966	..	362	..	1,559	..	2,837	..	
2004	0-17	63,930	15,722	596,101	6.9%	9,824	-5.1%	5,356	0.3%	61,782	2.9%	28,400	13.7%	19,501	0.8%	49,224	5.4%	
	18-54	172,484	42,241	1,278,993	3.1%	21,777	11.6%	11,992	7.6%	155,870	4.2%	81,220	1.0%	36,210	6.1%	103,095	8.7%	
	55-59	16,463	4,780	129,633	34.1%	2,353	28.6%	1,682	21.4%	14,776	30.9%	7,593	42.2%	3,843	20.1%	11,300	28.3%	
	60-64	10,341	3,754	87,868	27.3%	1,638	26.6%	1,401	16.6%	10,414	30.1%	4,744	40.5%	3,071	4.4%	8,340	17.6%	
	65-69	6,912	3,150	61,819	10.3%	1,155	9.9%	1,128	13.7%	7,335	7.3%	2,863	26.8%	2,669	-1.7%	6,632	3.9%	
	70-74	5,170	2,776	49,368	-0.4%	871	1.6%	951	-5.9%	6,142	1.8%	1,870	24.3%	2,404	-5.8%	5,775	-5.3%	
	75-79	4,063	2,165	40,731	-1.3%	676	-3.3%	854	2.4%	5,007	0.3%	1,094	23.8%	2,094	-5.9%	5,115	1.9%	
	80-84	3,003	1,497	29,270	13.8%	508	-0.6%	639	0.5%	3,638	8.1%	597	32.7%	1,534	-0.5%	3,614	9.2%	
	85+	2,761	1,232	23,025	3.8%	452	-7.6%	627	5.4%	3,058	3.1%	387	6.9%	1,503	-3.6%	3,012	6.2%	
2008	0-17	65,685	16,413	632,045	6.0%	9,986	1.6%	5,684	6.1%	62,930	1.9%	32,859	15.7%	20,777	6.5%	52,876	7.4%	
	18-54	175,146	45,107	1,313,704	2.7%	24,078	10.6%	13,092	9.2%	160,392	2.9%	85,131	4.8%	38,200	5.5%	111,105	7.8%	
	55-59	20,430	5,634	154,649	19.3%	2,878	22.3%	1,828	8.7%	18,464	25.0%	9,644	27.0%	4,630	20.5%	13,805	22.2%	
	60-64	14,608	4,478	117,075	33.2%	2,149	31.2%	1,617	15.4%	13,499	29.6%	6,772	42.7%	3,572	16.3%	10,449	25.3%	
	65-69	8,759	3,413	76,470	23.7%	1,410	22.1%	1,313	16.4%	9,162	24.9%	4,022	40.5%	2,761	3.4%	7,566	14.1%	
	70-74	5,815	2,798	52,849	7.1%	986	13.2%	997	4.8%	6,375	3.8%	2,330	24.6%	2,264	-5.8%	5,906	2.3%	
	75-79	4,256	2,325	40,814	0.2%	676	0.0%	814	-4.7%	5,087	1.6%	1,447	32.3%	1,950	-4.1%	4,914	-3.9%	
	80-84	3,019	1,569	29,832	1.9%	494	-2.8%	645	0.9%	3,682	1.2%	756	26.6%	1,458	-5.0%	3,805	5.3%	
	85+	2,855	1,338	25,569	11.0%	453	0.2%	627	0.0%	3,262	6.7%	482	24.5%	1,436	-4.5%	3,273	8.7%	

## Report of Results

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

September 2004

Table 12: Projected Growth of the State of Colorado by Region

Year and Age	Boulder County		Central Mountain Region		DRCOG Denver Metro Area		East Central Region		Huerfano-Las Animas Region		Larimer County		North Central Mountain Region		Northeast Region		Northwest Region	
	Number	Percent change	Number	Percent change	Number	Percent change	Number	Percent change	Number	Percent change	Number	Percent change	Number	Percent change	Number	Percent change	Number	Percent change
0-17	67,747	3.2%	17,860	8.8%	676,756	7.1%	10,653	6.7%	6,065	6.7%	67,914	7.9%	37,199	13.2%	22,322	7.4%	58,073	9.8%
18-54	176,044	0.5%	48,442	7.4%	1,363,689	3.8%	26,229	8.9%	14,035	7.2%	169,803	5.9%	89,170	4.7%	40,079	4.9%	118,911	7.0%
55-59	22,833	11.8%	6,210	10.2%	171,209	10.7%	3,399	18.1%	1,951	6.7%	21,330	15.5%	11,190	16.0%	5,459	17.9%	15,730	13.9%
60-64	18,878	29.2%	5,408	20.8%	146,569	25.2%	2,703	25.8%	1,813	12.1%	17,533	29.9%	8,896	31.4%	4,282	19.9%	13,140	25.8%
65-69	12,053	37.6%	4,035	18.2%	100,489	31.4%	1,810	28.4%	1,466	11.7%	11,904	29.9%	5,633	40.1%	3,116	12.9%	9,241	22.1%
70-74	7,094	22.0%	2,955	5.6%	63,533	20.2%	1,152	16.8%	1,194	15.7%	7,733	21.3%	3,192	37.0%	2,337	3.2%	6,945	10.8%
75-79	4,698	10.4%	2,340	0.6%	42,718	4.7%	777	14.9%	829	1.8%	5,261	3.4%	1,785	23.4%	1,804	-7.5%	4,930	0.3%
80-84	3,117	3.2%	1,718	9.5%	30,042	0.7%	486	-1.6%	620	-3.9%	3,803	3.3%	1,021	35.1%	1,403	-3.8%	3,714	-2.4%
85+	2,903	1.7%	1,450	8.4%	27,523	7.6%	454	0.2%	631	0.6%	3,460	6.1%	613	27.2%	1,388	-3.3%	3,529	7.8%
0-17	73,668	8.7%	21,934	22.8%	770,258	13.8%	13,602	27.7%	6,961	14.8%	80,923	19.2%	45,152	21.4%	25,713	15.2%	71,473	23.1%
18-54	178,546	1.4%	55,598	14.8%	1,435,516	5.3%	31,854	21.4%	15,973	13.8%	193,611	14.0%	100,435	12.6%	43,662	8.9%	140,203	17.9%
55-59	22,868	0.2%	7,095	14.3%	189,694	10.8%	4,090	20.3%	1,962	0.6%	21,378	0.2%	12,603	12.6%	6,082	11.4%	16,254	3.3%
60-64	22,801	20.8%	6,517	20.5%	176,801	20.6%	3,883	43.7%	1,986	9.5%	21,901	24.9%	11,464	28.9%	5,635	31.6%	16,217	23.4%
65-69	18,821	56.2%	5,489	36.0%	146,293	45.6%	2,774	53.3%	1,814	23.7%	18,739	57.4%	9,216	63.6%	4,417	41.8%	13,804	49.4%
70-74	13,288	87.3%	4,228	43.1%	109,257	72.0%	1,906	65.5%	1,517	31.5%	13,280	71.7%	6,160	93.0%	3,032	29.7%	10,066	53.8%
75-79	7,420	58.0%	2,823	20.6%	64,095	50.0%	1,133	45.8%	1,062	28.1%	8,026	52.6%	3,310	85.4%	1,993	9.9%	6,357	28.9%
80-84	4,016	28.8%	1,807	5.2%	35,454	18.0%	628	29.2%	702	13.2%	4,460	17.3%	1,653	61.9%	1,321	-5.8%	3,957	6.5%
85+	3,217	10.8%	1,683	16.1%	29,436	7.0%	497	9.5%	624	-1.1%	3,797	9.7%	1,056	72.3%	1,280	-7.8%	3,672	4.1%

Source: Colorado Department of Local Affairs

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

September 2004

Table 12: Projected Growth of the State of Colorado by Region

Year and Age	Pikes Peak Region		Pueblo County		San Juan Basin Region		San Luis Valley Region		Southeast Region		Weld County		Western Slope Region		State Total		
	Number	Percent change	Number	Percent change	Number	Percent change	Number	Percent change	Number	Percent change	Number	Percent change	Number	Percent change	Number	Percent change	
2000	0-17	152,383	..	36,675	..	19,671	..	13,066	..	13,733	..	51,775	..	20,377	..	1,108,822	..
	18-54	314,278	..	71,214	..	44,290	..	23,117	..	25,921	..	101,798	..	45,095	..	2,465,675	..
	55-59	24,202	..	6,692	..	4,513	..	2,346	..	2,474	..	7,619	..	4,935	..	196,931	..
	60-64	17,707	..	5,928	..	3,354	..	1,944	..	2,198	..	5,948	..	4,105	..	145,376	..
	65-69	15,372	..	5,717	..	2,835	..	1,789	..	2,096	..	4,774	..	3,557	..	121,573	..
	70-74	11,990	..	5,605	..	2,375	..	1,440	..	1,976	..	4,080	..	3,017	..	105,763	..
75-79	9,712	..	4,574	..	1,740	..	1,171	..	1,626	..	3,331	..	2,484	..	86,651	..	
80-84	6,109	..	3,022	..	1,167	..	827	..	1,195	..	2,221	..	1,707	..	56,080	..	
85+	4,663	..	2,627	..	917	..	716	..	1,115	..	2,014	..	1,589	..	48,658	..	
2004	0-17	156,648	2.8%	37,749	2.9%	20,010	1.7%	12,894	-1.3%	12,971	-5.5%	58,704	13.4%	21,902	7.5%	1,170,719	5.6%
	18-54	330,823	5.3%	77,214	8.4%	46,864	5.8%	24,130	4.4%	25,623	-1.1%	117,969	15.9%	48,440	7.4%	2,574,945	4.4%
	55-59	32,033	32.4%	8,466	26.5%	5,724	26.8%	2,816	20.0%	2,998	21.2%	10,100	32.6%	6,002	21.6%	260,562	32.3%
	60-64	22,262	25.7%	6,468	9.1%	4,217	25.7%	2,170	11.6%	2,347	6.8%	7,427	24.9%	4,678	14.0%	181,141	24.6%
	65-69	16,329	6.2%	5,588	-2.3%	3,119	10.0%	1,778	-0.6%	1,985	-5.3%	5,658	18.5%	3,793	6.6%	131,913	8.5%
	70-74	13,376	11.6%	5,329	-4.9%	2,532	6.6%	1,506	4.6%	1,832	-7.3%	4,396	7.7%	3,147	4.3%	107,445	1.6%
75-79	9,757	0.5%	4,664	2.0%	1,906	9.5%	1,138	-2.8%	1,540	-5.3%	3,463	4.0%	2,482	-0.1%	86,689	0.0%	
80-84	7,021	14.9%	3,316	9.7%	1,266	8.5%	847	2.4%	1,136	-4.9%	2,490	12.1%	1,818	6.5%	62,194	10.9%	
85+	5,171	10.9%	2,767	5.3%	1,032	12.5%	724	1.1%	1,117	0.2%	2,104	4.5%	1,619	1.9%	50,591	4.0%	
2008	0-17	162,089	3.5%	39,111	3.6%	21,421	7.1%	13,219	2.5%	13,140	1.3%	64,533	9.9%	23,840	8.8%	1,236,597	5.6%
	18-54	346,012	4.6%	82,527	6.9%	50,434	7.6%	25,074	3.9%	25,393	-0.9%	130,361	10.5%	52,581	8.5%	2,678,337	4.0%
	55-59	36,627	20.6%	9,808	15.9%	6,983	22.0%	3,333	18.4%	3,538	18.0%	12,487	23.6%	6,956	14.2%	313,594	20.4%
	60-64	29,231	31.3%	7,873	21.7%	5,384	27.7%	2,561	18.0%	2,685	14.4%	9,543	28.5%	5,576	19.2%	237,073	30.9%
	65-69	19,624	20.2%	5,982	7.1%	3,836	23.0%	1,908	7.3%	2,097	5.6%	6,780	19.8%	4,258	12.3%	159,360	20.8%
	70-74	14,204	6.2%	5,019	-5.8%	2,728	7.7%	1,512	0.4%	1,672	-8.7%	4,954	12.7%	3,286	4.4%	113,695	5.8%
75-79	10,786	10.5%	4,561	-2.2%	2,110	10.7%	1,176	3.3%	1,453	-5.6%	3,686	6.4%	2,576	3.8%	88,631	2.2%	
80-84	7,084	0.9%	3,444	3.9%	1,391	9.9%	806	-4.8%	1,082	-4.8%	2,563	3.7%	1,840	1.2%	63,490	2.1%	
85+	6,049	17.0%	3,014	8.9%	1,138	10.3%	750	3.6%	1,073	-3.9%	2,269	7.8%	1,690	4.4%	55,277	9.3%	

## Report of Results

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

September 2004

Table 12: Projected Growth of the State of Colorado by Region

Year and Age	Pikes Peak Region		Pueblo County		San Juan Basin Region		San Luis Valley Region		Southeast Region		Weld County		Western Slope Region		State Total		
	Number	Percent change	Number	Percent change	Number	Percent change	Number	Percent change	Number	Percent change	Number	Percent change	Number	Percent change	Number	Percent change	
2012	0-17	172,588	6.5%	40,932	4.7%	23,396	9.2%	13,814	4.5%	13,459	2.4%	72,516	12.4%	26,300	10.3%	1,327,594	7.4%
	18-54	359,396	3.9%	87,920	6.5%	54,206	7.5%	25,701	2.5%	25,139	-1.0%	147,028	12.8%	57,005	8.4%	2,802,797	4.6%
	55-59	44,457	15.1%	10,725	9.3%	7,701	10.3%	3,594	7.8%	3,825	8.1%	14,581	16.8%	7,484	9.2%	351,678	12.1%
	60-64	36,606	25.2%	9,446	20.0%	6,697	24.4%	3,106	21.3%	3,273	21.9%	11,964	25.4%	6,548	17.4%	296,863	25.2%
	65-69	25,359	29.2%	6,990	16.9%	4,824	25.8%	2,201	15.4%	2,289	9.2%	8,635	27.4%	4,917	15.5%	204,962	28.6%
	70-74	16,372	15.3%	5,288	5.4%	3,294	20.7%	1,579	4.4%	1,754	4.9%	5,925	19.6%	3,674	11.8%	133,581	17.5%
	75-79	11,513	6.7%	4,234	-7.2%	2,238	6.1%	1,190	1.2%	1,319	-9.2%	4,088	10.9%	2,684	4.2%	92,408	4.3%
	80-84	7,738	9.2%	3,440	-0.1%	1,569	12.8%	823	2.1%	1,039	-4.0%	2,775	7.4%	1,887	2.6%	65,195	2.7%
	85+	6,566	8.5%	3,214	6.6%	1,260	10.7%	740	-1.3%	1,025	-4.5%	2,423	6.8%	1,759	4.1%	58,937	6.6%
	2020	202,554	17.4%	46,549	13.7%	27,981	19.6%	15,353	11.1%	14,155	5.2%	92,528	27.6%	31,917	21.4%	1,540,721	16.1%
18-54	387,882	7.9%	99,184	12.8%	63,103	16.4%	27,123	5.5%	24,761	-1.5%	185,994	26.5%	67,697	18.8%	3,051,141	8.9%	
55-59	47,906	7.8%	11,071	3.2%	7,658	-0.6%	3,466	-3.6%	3,945	3.1%	18,057	23.8%	7,913	5.7%	382,043	8.6%	
60-64	46,301	26.5%	10,830	14.7%	7,752	15.8%	3,441	10.8%	3,765	15.0%	16,067	34.3%	7,559	15.4%	362,920	22.3%	
65-69	37,647	48.5%	9,593	37.2%	7,061	46.4%	3,022	37.3%	3,148	37.5%	13,206	52.9%	6,491	32.0%	301,535	47.1%	
70-74	27,448	67.7%	7,467	41.2%	5,188	57.5%	2,179	38.0%	2,282	30.1%	9,472	59.9%	5,005	36.2%	221,775	66.0%	
75-79	16,375	42.2%	4,870	15.0%	3,318	48.3%	1,385	16.4%	1,428	8.3%	6,046	47.9%	3,343	24.6%	132,974	43.9%	
80-84	9,266	19.7%	3,258	-5.3%	1,923	22.6%	852	3.5%	933	-10.2%	3,605	29.9%	2,169	14.9%	76,004	16.6%	
85+	7,784	18.6%	3,288	2.3%	1,563	24.0%	775	4.7%	940	-8.3%	2,864	18.2%	1,902	8.1%	64,379	9.2%	

Source: Colorado Department of Local Affairs

## Appendix B: Detailed Methodology

### Older Adult Survey

#### Sample Selection

Approximately 8,900 older residents in the state participated in the survey. The sample of residents in the area 60 years of age and older was purchased from several reliable vendors. In some instances, the purchased list was supplemented with voter registration lists. Residents were stratified by AAA region, and smaller counties<sup>1</sup> within the AAAs were oversampled to ensure enough completed surveys would be received from the smaller counties to produce meaningful comparisons of each jurisdiction.

Although the purchased list of known senior households contained names of the residents 60 years and older, the birthday method<sup>2</sup> was used within the household to help increase the inclusivity of the list. The household resident who was 60 years and older and had the most recent birthday (regardless of year) was surveyed.

#### Quotas

An overall quota of 375 completed interviews was set for 14 of the AAAs. The DRCOG Denver Metro Area had a quota of 2,000 completed interviews (250 completes for each of the eight counties within the region), and Boulder County had a quota of 1,875 completed interviews (375 completes for five areas of residence: the cities of Boulder, Lafayette, Longmont and Louisville, and Unincorporated Boulder County). An additional quota system based on race, ethnicity and age was used to ensure that a representative number of these populations participated in the survey. These race, ethnicity and age quotas<sup>3</sup> were based on the expected population norm for each region. In the case of the Pikes Peak Region, an additional county-level quota was set: 270 completes for El Paso County, 55 completes for Teller County and 50 completes for Park County. Age, race and ethnicity quotas remained at the AAA level.

For the DRCOG Denver Metro Area, the county-level quotas could not be met for Gilpin and Clear Creek Counties. The remaining completes were distributed among the remaining six counties in the region. Additional methodological information related to the DRCOG Denver Metro Area can be found in the report, *Strengths and Needs Assessment of Older Adults in the Denver Metro Area*. For Boulder County, the completed interview quotas could not be met for the cities of Lafayette and Louisville and Unincorporated Boulder County. Calling ceased when the sample for these areas had been exhausted. For more detailed information regarding Boulder County, see the report, *Strengths and Needs Assessment of Older Adults in Boulder County*.

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<sup>1</sup> Custer, Clear Creek, Dolores, Gilpin, Hinsdale, Jackson, Kiowa, Lake, Mineral, Moffat, Ouray, Park, Rio Blanco, Routt, San Juan, San Miguel, Sedgwick and Teller counties.

<sup>2</sup>The birthday method is a respondent selection method which helps to randomly select an individual within a household. It is similar to a Kisch or Trodahl method, but easier to implement.

<sup>3</sup> The race and ethnicity quota was defined as white not Hispanic or not white and/or Hispanic. The age quotas were defined as age 60 to 74, 75 to 84 or over age 85.

**Table 66: Completed Interviews by County and Region**

Region/county	Unweighted number of complete interviews	Region/county	Unweighted number of complete interviews
<b>Northeast Region</b>		<b>San Luis Valley Region</b>	
Logan	80	Alamosa	95
Morgan	93	Conejos	58
Phillips	38	Costilla	50
Sedgwick	109	Mineral	19
Washington	25	Rio Grande	95
Yuma	30	Saguache	58
<i>Region total</i>	<i>375</i>	<i>Region total</i>	<i>375</i>
<b>Larimer County</b>		<b>San Juan Basin Region</b>	
Larimer	375	Archuleta	32
<i>Region total</i>	<i>375</i>	Dolores	48
<b>Weld County</b>		La Plata	161
Weld	375	Montezuma	123
<i>Region total</i>	<i>375</i>	San Juan	11
<b>DRCOG Denver Metro Area</b>		<i>Region total</i>	<i>375</i>
Adams	290	<b>Western Slope Region</b>	
Arapahoe	290	Delta	127
Broomfield	250	Gunnison	27
Clear Creek	203	Hinsdale	19
Denver	335	Montrose	114
Douglas	290	Ouray	55
Gilpin	52	San Miguel	33
Jefferson	290	<i>Region total</i>	<i>375</i>
<i>Region total</i>	<i>2,000</i>	<b>Northwest Region</b>	
<b>Boulder County</b>		Garfield	34
Boulder	1,653	Mesa	179
<i>Region total</i>	<i>1,653</i>	Moffat	70
<b>Pikes Peak Region</b>		Rio Blanco	45
El Paso	270	Routt	47
Park	50	<i>Region total</i>	<i>375</i>
Teller	55	<b>North Central Mountain Region</b>	
<i>Region total</i>	<i>375</i>	Eagle	80
<b>East Central Region</b>		Grand	109
Cheyenne	38	Jackson	64
Elbert	88	Pitkin	68
Kit Carson	166	Summit	54
Lincoln	83	<i>Region total</i>	<i>375</i>
<i>Region total</i>	<i>375</i>	<b>Central Mountain Region</b>	
<b>Southeast Region</b>		Chaffee	61
Baca	50	Custer	73
Bent	32	Fremont	170
Crowley	28	Lake	71
Kiowa	59	<i>Region total</i>	<i>375</i>
Otero	148	<b>Huerfano-Las Animas Region</b>	
Prowers	58	Huerfano	137
<i>Region total</i>	<i>375</i>	Las Animas	238
<b>Pueblo County</b>		<i>Region total</i>	<i>375</i>
Pueblo	375	<b>State total</b>	
<i>Region total</i>	<i>375</i>	<b>8,903</b>	



## Response Rate

The survey was administered by Aspen Media and Market Research, and the data were recorded electronically using a Computer-Assisted Telephone Interviewing system (CATI).<sup>4</sup> Phone calls were made from April 14, 2004 to July 7, 2004. A majority of the interviews were completed during the daytime hours, although calls were made on the weekend and during the evening, also. All phone numbers were dialed at least three times before being replaced with another number, with at least one of the attempts on either a weekend or weekday. The dispositions of the numbers dialed during the survey are listed in the table on the following page.

A total of 75,509 phone numbers were dialed during the survey administration. Some of these numbers are considered ineligible for the survey. Of the approximately 46,188 households called,<sup>5</sup> 8,903 completed interviews providing a response rate of 19%. Approximately 17,424 households refused the survey.

**Table 67: Disposition of all Numbers Called for the 2004 Strengths and Needs Assessment of Older Adults in the State of Colorado**

<b>Complete</b>	<b>8,903</b>
Partial	0
Refusal	16,232
Household-level refusal	1,101
Respondent never available	4,920
Language problem	1,161
Always busy	422
No answer	19,299
Call blocking	432
Out of sample - other strata than originally coded	1,534
Fax/data line	847
Disconnected number	5,078
Cell phone	93
Business, government office, other organizations	1,096
Quota filled	12,382
Other	1,918
<b>Total phone numbers used</b>	<b>75,509</b>
I=Complete Interviews	8,903
P=Partial Interviews	0
R=Refusal and break off	17,424
NC=Non Contact	4,920
O=Other	2,614
e <sup>6</sup> =estimated proportion of cases of unknown eligibility that are eligible	61%
UH=Unknown household	20,153
UO=Unknown other	0
<b>Response Rate<sup>7</sup></b>	<b>19%</b>

<sup>4</sup> CATI is a software program that automatically dials phone numbers, logs dispositions and records responses to completed interviews.

<sup>5</sup> Disconnected, fax/data line or business phone numbers were not included as eligible households. For 20,153 phone numbers where the eligibility status of the household was unknown, 61% were estimated to be eligible. This proportion was assumed to hold for those households not contacted, or where the household refused, and therefore prevented knowing the eligibility status, and only 61% of these numbers were included in the final response rate calculation.

<sup>6</sup> Estimate of e is based on proportion of eligible households among all numbers for which a definitive determination of status was obtained (a very conservative estimate).

## Confidence Intervals

It is customary to describe the precision of estimates made from surveys by a “level of confidence” (or margin of error). The 95 percent confidence level for the older adult survey is generally no greater than plus or minus 1 percentage point around any given percent reported for the entire sample (8,903 completed surveys). For each region from the older adults survey, the margin of error rises to approximately plus or minus 5% since sample sizes ranged from 375 (for the majority of the AAAs) to 2,000 (DRCOG Denver Metro Area).

## Data Weighting

The demographic characteristics of the survey sample were compared to those found in the 2000 Census estimates and other population norms for older adults in each of the 16 AAAs in the state, and were statistically adjusted to reflect the larger population when necessary. In addition to weighting the data within each AAA, an additional weight was applied to include each AAA region in its correct proportion of the state.

The largest differences in opinion for each region were as follows:

- ◆ Pikes Peak and East Central regions: sex, age, and housing unit type.
- ◆ Northeast Region, Weld County, Pueblo County, San Juan Basin Region, Western Slope Region, Northwest Region, Central Mountain Region and Huerfano-Las Animas Region: sex, age, race and housing unit type.
- ◆ North Central Mountain Region and Larimer County: sex, age, race and tenure.
- ◆ DRCOG Denver Metro Area and Boulder County: sex, age, race, ethnicity and tenure.
- ◆ Southeast and San Luis Valley regions: sex, age, race, ethnicity and housing unit type.

Consequently, sample results were weighted using the population norms to reflect the appropriate percent of those residents in each county’s population. Other discrepancies between the whole population and the sample were also aided by the weighting due to the inter-correlation of many socioeconomic characteristics, although the percentages were not the same in the sample compared to the population norms. The results of the weighting scheme are presented in the following tables.

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<sup>7</sup> The response rate is calculated as  $1/((I+P) + (R+NC+O) + e(UH+UO))$ .

**Table 68: Northeast Region Weighting Table**

	Population Norm*	Unweighted Data	Weighted Data
<b>Sex and Age**</b>			
Male	44%	31%	43%
Female	56%	69%	57%
Age 60-74	61%	61%	59%
Age 75-84	27%	27%	29%
Age 85+	12%	11%	12%
Male 60-74	29%	19%	26%
Male 75-84	12%	9%	12%
Male 85+	4%	2%	4%
Female 60-74	32%	42%	33%
Female 75-84	16%	18%	17%
Female 85+	8%	9%	8%
<b>Housing and Tenure†</b>			
Attached	19%	7%	20%
Detached	81%	93%	80%
Rent	19%	12%	20%
Own	81%	88%	80%
<b>Race and Ethnicity**</b>			
White	97%	89%	97%
Not White	3%	11%	3%
Hispanic	5%	9%	5%
Not Hispanic	95%	91%	95%
<b>Income‡</b>			
Less than \$15,000	30%	26%	26%
\$15,000 to less than \$30,000	33%	38%	39%
\$30,000 and higher	38%	37%	35%
<b>Education‡</b>			
High school or less	74%	57%	56%
Some college or more	26%	43%	44%
<b>State Regions</b>			
Portion of State	2.4%	4.2%	2.4%

*Northeast Region consists of Logan, Morgan, Phillips, Sedgwick, Washington and Yuma Counties.*

\* Norms based on 2000 Census

\*\* For the population age 60+

† For the population age 55+

‡ For the population age 65+

**Table 69: Larimer County Weighting Table**

	Population Norm*	Unweighted Data	Weighted Data
<b>Sex and Age**</b>			
Male	44%	32%	44%
Female	56%	68%	56%
Age 60-74	65%	65%	65%
Age 75-84	26%	26%	27%
Age 85+	9%	9%	9%
Male 60-74	31%	23%	31%
Male 75-84	11%	8%	11%
Male 85+	3%	1%	2%
Female 60-74	34%	42%	34%
Female 75-84	15%	18%	15%
Female 85+	6%	8%	6%
<b>Housing and Tenure†</b>			
Attached	23%	15%	20%
Detached	77%	85%	80%
Rent	17%	7%	17%
Own	83%	93%	83%
<b>Race and Ethnicity**</b>			
White	97%	91%	97%
Not White	3%	9%	3%
Hispanic	3%	7%	4%
Not Hispanic	97%	93%	69%
<b>Income‡</b>			
Less than \$15,000	19%	15%	14%
\$15,000 to less than \$30,000	28%	28%	30%
\$30,000 and higher	53%	57%	57%
<b>Education‡</b>			
High school or less	47%	33%	31%
Some college or more	53%	67%	69%
<b>State Regions</b>			
Portion of State	5.7%	4.2%	5.7%

\* Norms based on 2000 Census

\*\* For the population age 60+

† For the population age 55+

‡ For the population age 65+

**Table 70: Weld County Weighting Table**

	Population Norm*	Unweighted Data	Weighted Data
<b>Sex and Age**</b>			
Male	45%	31%	45%
Female	55%	69%	55%
Age 60-74	66%	66%	65%
Age 75-84	25%	25%	25%
Age 85+	9%	9%	9%
Male 60-74	32%	24%	31%
Male 75-84	10%	6%	10%
Male 85+	3%	1%	3%
Female 60-74	34%	42%	34%
Female 75-84	15%	18%	15%
Female 85+	6%	8%	6%
<b>Housing and Tenure†</b>			
Attached	27%	17%	27%
Detached	73%	83%	73%
Rent	21%	14%	19%
Own	79%	86%	81%
<b>Race and Ethnicity**</b>			
White	93%	86%	93%
Not White	7%	14%	7%
Hispanic	12%	14%	9%
Not Hispanic	88%	86%	91%
<b>Income‡</b>			
Less than \$15,000	28%	23%	28%
\$15,000 to less than \$30,000	30%	29%	28%
\$30,000 and higher	43%	47%	48%
<b>Education‡</b>			
High school or less	66%	48%	46%
Some college or more	34%	52%	54%
<b>State Regions</b>			
Portion of State	3.9%	4.2%	3.9%

\* Norms based on 2000 Census

\*\* For the population age 60+

† For the population age 55+

‡ For the population age 65+

**Table 71: DRCOG Denver Metro Area Weighting Table**

	Population Norm*	Unweighted Data	Weighted Data
<b>Sex and Age**</b>			
Male	43%	36%	43%
Female	57%	64%	57%
Age 60-74	66%	70%	66%
Age 75-84	25%	24%	25%
Age 85+	8%	7%	9%
Male 60-74	31%	26%	30%
Male 75-84	10%	9%	10%
Male 85+	2%	2%	3%
Female 60-74	35%	43%	36%
Female 75-84	15%	16%	15%
Female 85+	6%	4%	7%
<b>Housing and Tenure†</b>			
Attached	27%	22%	30%
Detached	73%	78%	70%
Rent	22%	12%	20%
Own	78%	88%	80%
<b>Race and Ethnicity**</b>			
White	89%	81%	87%
Not White	11%	19%	13%
Hispanic	9%	13%	9%
Not Hispanic	91%	87%	91%
<b>Income‡</b>			
Less than \$15,000	22%	14%	16%
\$15,000 to less than \$30,000	26%	26%	26%
\$30,000 and higher	53%	60%	58%
<b>Education‡</b>			
High school or less	54%	33%	30%
Some college or more	46%	67%	70%
<b>State Regions</b>			
Portion of State	46.4%	22.5%	46.3%

*DRCOG Denver Metro Area consists of Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas, Gilpin and Jefferson Counties.*

*\* Norms based on 2000 Census*

*\*\* For the population age 60+*

*† For the population age 55+*

*‡ For the population age 65+*

**Table 72: Boulder County Weighting Table**

	Population Norm*	Unweighted Data	Weighted Data
<b>Sex and Age**</b>			
Male	44%	37%	43%
Female	56%	66%	57%
Age 60-74	66%	62%	64%
Age 75-84	24%	28%	25%
Age 85+	9%	10%	10%
Male 60-74	31%	23%	30%
Male 75-84	10%	9%	10%
Male 85+	3%	2%	3%
Female 60-74	35%	39%	34%
Female 75-84	15%	19%	15%
Female 85+	7%	8%	8%
<b>Housing and Tenure†</b>			
Attached	23%	20%	25%
Detached	77%	80%	75%
Rent	19%	12%	20%
Own	81%	88%	80%
<b>Race and Ethnicity**</b>			
White	95%	94%	95%
Not White	5%	6%	5%
Hispanic	4%	4%	3%
Not Hispanic	96%	96%	97%
<b>Income‡</b>			
Less than \$15,000	19%	13%	13%
\$15,000 to less than \$30,000	23%	24%	22%
\$30,000 and higher	58%	63%	65%
<b>Education‡</b>			
High school or less	42%	24%	21%
Some college or more	58%	76%	79%
<b>State Regions</b>			
Portion of State	5.6%	18.6%	5.6%

\* Norms based on 2000 Census

\*\* For the population age 60+

† For the population age 55+

‡ For the population age 65+

**Table 73: Pikes Peak Region Weighting Table**

	Population Norm*	Unweighted Data	Weighted Data
<b>Sex and Age**</b>			
Male	44%	39%	44%
Female	56%	61%	56%
Age 60-74	69%	79%	69%
Age 75-84	24%	17%	27%
Age 85+	7%	4%	7%
Male 60-74	32%	31%	32%
Male 75-84	10%	6%	10%
Male 85+	2%	2%	2%
Female 60-74	37%	49%	37%
Female 75-84	14%	10%	14%
Female 85+	5%	2%	15%
<b>Housing and Tenure†</b>			
Attached	22%	9%	22%
Detached	78%	91%	78%
Rent	18%	8%	15%
Own	82%	92%	85%
<b>Race and Ethnicity**</b>			
White	91%	93%	95%
Not White	9%	7%	8%
Hispanic	5%	5%	6%
Not Hispanic	95%	95%	94%
<b>Income‡</b>			
Less than \$15,000	19%	14%	16%
\$15,000 to less than \$30,000	26%	26%	29%
\$30,000 and higher	54%	60%	56%
<b>Education‡</b>			
High school or less	50%	34%	33%
Some college or more	50%	66%	67%
<b>State Regions</b>			
Portion of State	11.6%	4.2%	11.6%

*Pikes Peak Region consists of El Paso, Park and Teller Counties.*

\* Norms based on 2000 Census

\*\* For the population age 60+

† For the population age 55+

‡ For the population age 65+



**Table 74: East Central Region Weighting Table**

	Population Norm*	Unweighted Data	Weighted Data
<b>Sex and Age**</b>			
Male	47%	37%	47%
Female	53%	63%	53%
Age 60-74	65%	67%	66%
Age 75-84	25%	25%	24%
Age 85+	10%	7%	10%
Male 60-74	33%	27%	33%
Male 75-84	11%	9%	11%
Male 85+	3%	2%	3%
Female 60-74	33%	41%	33%
Female 75-84	13%	17%	13%
Female 85+	7%	6%	7%
<b>Housing and Tenure†</b>			
Attached	15%	6%	15%
Detached	85%	94%	85%
Rent	14%	8%	15%
Own	86%	92%	85%
<b>Race and Ethnicity**</b>			
White	97%	95%	95%
Not White	3%	5%	5%
Hispanic	2%	2%	2%
Not Hispanic	98%	98%	98%
<b>Income‡</b>			
Less than \$15,000	29%	20%	24%
\$15,000 to less than \$30,000	27%	34%	32%
\$30,000 and higher	44%	45%	44%
<b>Education‡</b>			
High school or less	71%	58%	60%
Some college or more	29%	42%	40%
<b>State Regions</b>			
Portion of State	0.9%	4.2%	0.9%

*East Central Region consists of Cheyenne, Elbert, Kit Carson and Lincoln Counties.*

*\* Norms based on 2000 Census*

*\*\* For the population age 60+*

*† For the population age 55+*

*‡ For the population age 65+*

**Table 75: Southeast Region Weighting Table**

	Population Norm*	Unweighted Data	Weighted Data
<b>Sex and Age**</b>			
Male	45%	33%	45%
Female	55%	67%	55%
Age 60-74	61%	62%	62%
Age 75-84	28%	28%	28%
Age 85+	11%	11%	10%
Male 60-74	30%	21%	30%
Male 75-84	12%	10%	12%
Male 85+	3%	3%	3%
Female 60-74	32%	41%	32%
Female 75-84	16%	18%	16%
Female 85+	7%	8%	7%
<b>Housing and Tenure†</b>			
Attached	17%	5%	17%
Detached	83%	95%	83%
Rent	19%	9%	17%
Own	81%	91%	83%
<b>Race and Ethnicity**</b>			
White	92%	82%	84%
Not White	8%	18%	16%
Hispanic	18%	16%	17%
Not Hispanic	82%	84%	83%
<b>Income‡</b>			
Less than \$15,000	36%	29%	33%
\$15,000 to less than \$30,000	28%	34%	32%
\$30,000 and higher	36%	37%	35%
<b>Education‡</b>			
High school or less	72%	56%	55%
Some college or more	28%	44%	45%
<b>State Regions</b>			
Portion of State	1.8%	4.2%	1.8%

*Southeast Region consists of Baca, Bent, Crowley, Kiowa, Otero and Prowers Counties.*

*\* Norms based on 2000 Census*

*\*\* For the population age 60+*

*† For the population age 55+*

*‡ For the population age 65+*

**Table 76: Pueblo County Weighting Table**

	Population Norm*	Unweighted Data	Weighted Data
<b>Sex and Age**</b>			
Male	43%	32%	42%
Female	57%	68%	58%
Age 60-74	63%	63%	62%
Age 75-84	28%	27%	25%
Age 85+	9%	10%	13%
Male 60-74	29%	21%	29%
Male 75-84	11%	9%	9%
Male 85+	3%	2%	4%
Female 60-74	34%	42%	30%
Female 75-84	16%	18%	16%
Female 85+	7%	7%	9%
<b>Housing and Tenure†</b>			
Attached	20%	10%	19%
Detached	80%	90%	81%
Rent	18%	10%	14%
Own	82%	90%	86%
<b>Race and Ethnicity**</b>			
White	91%	69%	91%
Not White	9%	31%	9%
Hispanic	25%	38%	22%
Not Hispanic	75%	62%	78%
<b>Income‡</b>			
Less than \$15,000	28%	21%	16%
\$15,000 to less than \$30,000	33%	38%	40%
\$30,000 and higher	39%	42%	44%
<b>Education‡</b>			
High school or less	69%	53%	48%
Some college or more	31%	47%	52%
<b>State Regions</b>			
Portion of State	4.9%	4.2%	5.0%

\* Norms based on 2000 Census

\*\* For the population age 60+

† For the population age 55+

‡ For the population age 65+

**Table 77: San Luis Valley Region Weighting Table**

	Population Norm*	Unweighted Data	Weighted Data
<b>Sex and Age**</b>			
Male	47%	34%	47%
Female	53%	66%	53%
Age 60-74	66%	66%	65%
Age 75-84	25%	25%	27%
Age 85+	9%	9%	8%
Male 60-74	33%	22%	99%
Male 75-84	11%	9%	11%
Male 85+	3%	3%	3%
Female 60-74	33%	43%	33%
Female 75-84	15%	17%	15%
Female 85+	6%	6%	5%
<b>Housing and Tenure†</b>			
Attached	24%	9%	24%
Detached	76%	91%	76%
Rent	18%	10%	20%
Own	82%	90%	80%
<b>Race and Ethnicity**</b>			
White	84%	80%	84%
Not White	16%	20%	16%
Hispanic	38%	30%	28%
Not Hispanic	62%	70%	72%
<b>Income‡</b>			
Less than \$15,000	42%	29%	30%
\$15,000 to less than \$30,000	27%	36%	37%
\$30,000 and higher	31%	35%	33%
<b>Education‡</b>			
High school or less	68%	45%	45%
Some college or more	32%	55%	55%
<b>State Regions</b>			
Portion of State	1.4%	4.2%	1.4%

*San Luis Valley Region consists of Alamosa, Conejos, Costilla, Mineral, Rio Grande and Saguache Counties.*

\* Norms based on 2000 Census

\*\* For the population age 60+

† For the population age 55+

‡ For the population age 65+

**Table 78: San Juan Basin Region Weighting Table**

	Population Norm*	Unweighted Data	Weighted Data
<b>Sex and Age**</b>			
Male	47%	37%	47%
Female	53%	63%	53%
Age 60-74	69%	69%	69%
Age 75-84	23%	23%	23%
Age 85+	7%	7%	8%
Male 60-74	35%	26%	35%
Male 75-84	10%	9%	10%
Male 85+	2%	2%	2%
Female 60-74	34%	43%	34%
Female 75-84	13%	14%	13%
Female 85+	5%	5%	6%
<b>Housing and Tenure†</b>			
Attached	26%	5%	26%
Detached	74%	95%	74%
Rent	15%	6%	20%
Own	85%	94%	80%
<b>Race and Ethnicity**</b>			
White	94%	92%	94%
Not White	6%	8%	6%
Hispanic	8%	10%	9%
Not Hispanic	92%	90%	91%
<b>Income‡</b>			
Less than \$15,000	27%	18%	27%
\$15,000 to less than \$30,000	27%	26%	23%
\$30,000 and higher	46%	55%	50%
<b>Education‡</b>			
High school or less	57%	42%	40%
Some college or more	43%	58%	60%
<b>State Regions</b>			
Portion of State	2.2%	4.2%	2.2%

*San Juan Basin Region consists of Archuleta, Dolores, La Plata, Montezuma and San Juan Counties*

\* Norms based on 2000 Census

\*\* For the population age 60+

† For the population age 55+

‡ For the population age 65+

Table 79: Western Slope Region Weighting Table

	Population Norm*	Unweighted Data	Weighted Data
<b>Sex and Age**</b>			
Male	47%	34%	46%
Female	53%	66%	54%
Age 60-74	65%	65%	64%
Age 75-84	25%	25%	27%
Age 85+	10%	10%	10%
Male 60-74	32%	25%	32%
Male 75-84	11%	7%	22%
Male 85+	3%	2%	3%
Female 60-74	32%	40%	31%
Female 75-84	14%	18%	16%
Female 85+	6%	7%	7%
<b>Housing and Tenure†</b>			
Attached	25%	10%	24%
Detached	75%	90%	76%
Rent	15%	7%	19%
Own	85%	93%	81%
<b>Race and Ethnicity**</b>			
White	97%	93%	98%
Not White	3%	7%	2%
Hispanic	5%	7%	5%
Not Hispanic	95%	93%	95%
<b>Income‡</b>			
Less than \$15,000	27%	24%	29%
\$15,000 to less than \$30,000	32%	30%	28%
\$30,000 and higher	42%	47%	43%
<b>Education‡</b>			
High school or less	63%	40%	42%
Some college or more	37%	60%	58%
<b>State Regions</b>			
Portion of State/Region	2.9%	7.1%	2.9%

*Western Slope Region consists of Delta, Gunnison, Hinsdale, Montrose, Ouray and San Miguel Counties.*

\* Norms based on 2000 Census

\*\* For the population age 60+

† For the population age 55+

‡ For the population age 65+

**Table 80: Northwest Region Weighting Table**

	Population Norm*	Unweighted Data	Weighted Data
<b>Sex and Age**</b>			
Male	45%	32%	46%
Female	55%	68%	54%
Age 60-74	64%	64%	64%
Age 75-84	27%	27%	26%
Age 85+	9%	9%	11%
Male 60-74	31%	24%	30%
Male 75-84	11%	6%	11%
Male 85+	3%	2%	4%
Female 60-74	33%	41%	33%
Female 75-84	15%	20%	15%
Female 85+	6%	7%	3%
<b>Housing and Tenure†</b>			
Attached	27%	14%	27%
Detached	73%	86%	73%
Rent	18%	10%	16%
Own	82%	90%	84%
<b>Race and Ethnicity**</b>			
White	97%	92%	97%
Not White	3%	8%	3%
Hispanic	4%	5%	3%
Not Hispanic	96%	95%	97%
<b>Income‡</b>			
Less than \$15,000	27%	24%	23%
\$15,000 to less than \$30,000	30%	31%	27%
\$30,000 and higher	43%	45%	50%
<b>Education‡</b>			
High school or less	58%	45%	40%
Some college or more	42%	55%	60%
<b>State Region</b>			
Portion of State	5.7%	4.2%	5.7%

*Northwest Region consists of Garfield, Mesa, Moffat, Rio Blanco and Routt Counties.*

\* Norms based on 2000 Census

\*\* For the population age 60+

† For the population age 55+

‡ For the population age 65+

Table 81: North Central Mountain Region Weighting Table

	Population Norm*	Unweighted Data	Weighted Data
<b>Sex and Age**</b>			
Male	54%	39%	53%
Female	46%	61%	47%
Age 60-74	82%	82%	83%
Age 75-84	14%	15%	14%
Age 85+	4%	3%	3%
Male 60-74	46%	30%	45%
Male 75-84	7%	7%	7%
Male 85+	1%	2%	1%
Female 60-74	37%	51%	37%
Female 75-84	7%	8%	7%
Female 85+	2%	2%	2%
<b>Housing and Tenure†</b>			
Attached	29%	17%	23%
Detached	71%	83%	77%
Rent	18%	7%	18%
Own	82%	93%	82%
<b>Race and Ethnicity**</b>			
White	97%	96%	97%
Not White	3%	4%	3%
Hispanic	4%	3%	3%
Not Hispanic	96%	97%	97%
<b>Income‡</b>			
Less than \$15,000	15%	10%	10%
\$15,000 to less than \$30,000	18%	23%	23%
\$30,000 and higher	67%	66%	67%
<b>Education‡</b>			
High school or less	32%	27%	25%
Some college or more	68%	73%	75%
<b>State Region</b>			
Portion of State	1.2%	4.2%	1.2%

North Central Mountain Region consists of Eagle, Grand, Jackson, Pitkin and Summit Counties.

\* Norms based on 2000 Census

\*\* For the population age 60+

† For the population age 55+

‡ For the population age 65+



**Table 82: Central Mountain Region Weighting Table**

	Population Norm*	Unweighted Data	Weighted Data
<b>Sex and Age**</b>			
Male	47%	39%	49%
Female	53%	61%	51%
Age 60-74	66%	66%	69%
Age 75-84	25%	25%	25%
Age 85+	9%	9%	6%
Male 60-74	33%	27%	36%
Male 75-84	11%	9%	12%
Male 85+	3%	3%	1%
Female 60-74	33%	39%	33%
Female 75-84	14%	16%	13%
Female 85+	6%	6%	5%
<b>Housing and Tenure†</b>			
Attached	25%	6%	22%
Detached	75%	94%	78%
Rent	16%	8%	19%
Own	84%	92%	81%
<b>Race and Ethnicity**</b>			
White	97%	91%	97%
Not White	3%	9%	3%
Hispanic	6%	9%	7%
Not Hispanic	94%	91%	93%
<b>Income‡</b>			
Less than \$15,000	28%	20%	23%
\$15,000 to less than \$30,000	34%	33%	32%
\$30,000 and higher	38%	48%	45%
<b>Education‡</b>			
High school or less	62%	41%	40%
Some college or more	38%	59%	60%
<b>State Region</b>			
Portion of State	2.5%	4.2%	2.5%

*Central Mountain Region consists of Chaffee, Custer, Fremont and Lake Counties*

*\* Norms based on 2000 Census*

*\*\* For the population age 60+*

*† For the population age 55+*

*‡ For the population age 65+*

**Table 83: Huerfano-Las Animas Region Weighting Table**

	Population Norm*	Unweighted Data	Weighted Data
<b>Sex and Age**</b>			
Male	45%	32%	45%
Female	55%	68%	55%
Age 60-74	61%	65%	61%
Age 75-84	28%	28%	28%
Age 85+	11%	7%	11%
Male 60-74	29%	22%	30%
Male 75-84	12%	9%	12%
Male 85+	4%	2%	4%
Female 60-74	31%	43%	32%
Female 75-84	16%	19%	16%
Female 85+	8%	6%	7%
<b>Housing and Tenure†</b>			
Attached	22%	5%	22%
Detached	78%	95%	78%
Rent	18%	7%	20%
Own	82%	93%	80%
<b>Race and Ethnicity**</b>			
White	90%	79%	79%
Not White	10%	21%	21%
Hispanic	34%	24%	24%
Not Hispanic	66%	76%	76%
<b>Income‡</b>			
Less than \$15,000	39%	30%	37%
\$15,000 to less than \$30,000	29%	33%	29%
\$30,000 and higher	32%	38%	34%
<b>Education‡</b>			
High school or less	71%	44%	45%
Some college or more	29%	56%	55%
<b>State Region</b>			
Portion of State	0.9%	4.2%	0.9%

*Huerfano-Las Animas Region consists of Huerfano and Las Animas Counties.*

\* Norms based on 2000 Census

\*\* For the population age 60+

† For the population age 55+

‡ For the population age 65+

## **Data Analysis**

The surveys were analyzed using SPSS (Statistical Package for the Social Sciences). Frequency distributions and average (mean) ratings are presented in the body of the report along with cross-tabulations and comparisons of average ratings by respondent characteristics.

## Model for Aging Well: Algorithms and Statistical Procedures

As described in this report, a model of aging well was developed in order to understand the relationship between strengths and aging well, including self-reported quality of life and quality of health, the absence of hospitalization, institutionalization and falls, as well as living in the community.

Included in this Appendix is a description of some of the procedures undertaken for the development of the model.

Data were collected from a statewide sample of older adults. Statistical tests such as factor analysis, reliability analysis and correlation tests were used to construct the model. Factor analysis was conducted to identify the underlying factors (“strengths”) of older adult life that could be gleaned from the survey questions. Factor analysis identified the individual items (such as whether the respondent was able to perform everyday activities, was limited physically or exercised three or more days a week, etc.) sharing a common theme such as physical activity. The factor analysis resulted in 12 main strengths of older adult strengths with Eigenvalues of one or greater which were grouped into three main categories: physical health, outlook on life and being socially connected to people and activities. Individual items with factor loadings of .4 or greater sharing an underlying theme comprise of the strengths older adult included in Table 55. Reliability analysis of the resulting strength was used to confirm that each strength had an acceptable level of internal consistency when the items were grouped together (Chronbach’s alpha values appear in Table 84 below). Most of the factors reached an acceptable level of internal consistency of .7. However, a few had moderate or minimal internal consistency (<.7) (Robinson, Shaver, & Wrightsman, 1991).

**Table 84: Factor Analysis**

Factor/Strength	Chronbach’s alpha
Physical activity	.619
Nutrition and food security	.747
Instrumental activities of daily living (IADLs)	.748
Activities of daily living (ADLs)	.675
Mental health	.696
Personal strength	.750
Valued by community	.589
Faith	.753
Practical support	.725
Social support	.673
Engagement	.556
Has a hobby or creative pursuit	NA (single item factor)

A survey respondent was assumed to have a given strength if they had the required responses to the individual variables that made up that strength. (See Table 55 in the report for definitions of each of the 12 strengths.)

Following the formation of the strengths, Pearson correlations were conducted to examine the association between older adult strengths and aging well, including quality of life, quality of health, absence of hospitalization, lack of institutionalization and falls, as well as living in the community. The number of strengths possessed grouped and cross-tabulated by the outcomes of aging well.

## **Estimates and Projections of Service Use and Cost**

Estimates of the number of clients currently receiving services from the AAAs and the number of units of service provided were reported for seven specific service categories: congregate meals, home-delivered meals, assisted transportation, transportation, homemaker, personal care and chore. These estimates were derived by examining 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). All but one of these services are a “registered service,” meaning that the AAAs or the contracted service providers complete an intake form for each older adult receiving services, and a unique tracking id is assigned to each client, allowing an unduplicated count of the number of people receiving a specific service. These unduplicated counts were found in the SAMS database. For transportation, which is not a registered service, the estimate of clients served from the AAS480 was used. To project future utilization, it was assumed that the same proportion of older adults receiving services currently would receive services in the future. This can be thought of as a “straight-line” projection, one often used in budgeting. This method of projection assumes a similar rate of “penetration” of the AAA-delivered services among older adults in future years as is currently observed. It can be thought of as a baseline; some may believe that, due to the needs of older adults or the available resources, AAAs should or will provide less service in the future per older adult; others may believe the AAAs should or will provide more. A projection of the current penetration rate (also used for the cost forecasting) allows those reviewing this information to see what will happen in the future if similar levels of service continue to be offered. Because these utilization rates are strongly driven by the funding available to a AAA, increases or decreases in overall funding or funding for a particular service will impact utilization rates.

Where questions were included on the survey that allowed estimation of proportion of older adults needing a service, approximations of the magnitude of this need according to the survey are shown. To establish the total number of units of service needed, it was assumed that the same number of units of service per client provided to current clients would be used by those determined to need the service from the survey. This assumption was used as the survey offered a broad-stroke picture of the needs of older adults, and was not sensitive enough to detect the levels of service that might be needed. This assumption presumes that, while there may be considerable variation from individual to individual receiving services from the AAAs, the average amount of service provision provided would be similar among those currently receiving services and any potential new clients. As with the projections of the utilization figures, projections of need as determined through the survey were made by assuming similar proportions of older adults would need these services in the future. The survey questions used to estimate need for each service category are shown in Table 85.

The SAMS database and the AAS480 data 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 eight 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 (see explanation above) and assuming cost inflation to be 2.5% per year. For eleven 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 of dollars spent equivalent to the growth in the older adult population and assuming cost inflation to be 2.5% per year.

**Table 85: Mapping of Survey Questions to Categories of AAA Services from the SAMS database**

Broad Category	Estimating the Number of Older Adults per 1,000 Needing or Utilizing AAA Services	Source of Data for Number of Clients Served
<p>2003 SAMS Svc Categories</p> <p>Unit of Service</p> <p><b>Congregate Meals</b></p> <p>Congregate Meals, Congregate Meals (State-Only), CDBG Meals, Guest Meals, Staff Meals</p> <p><u>unit of service</u> one meal</p>	<p><b>Definition</b></p> <p>Provision, to an eligible client or other eligible participant at a nutrition site, senior center or some other congregate setting.</p> <p>Criteria: 60 years old or older or spouse who is 60 or older.</p>	<p><b>Survey Questions to Identify Need</b></p> <p>Anyone determined to have need according to the following questions                      Q10 - Anyone who reports needing “some” or “a lot of” help getting enough or the right kinds of food to eat                      OR Q7 - Anyone who has had a “minor” or “major problem” in the past 12 months with “having enough food to eat” (e)                      OR Q11 - Anyone reporting “sometimes” or “frequently” to any part of question (a,b,c)                      OR Q24 – Anyone reporting that they cannot do this at all or can do with help: prepare your meals (a)                      OR Q12 – Anyone reporting they do not eat two or more complete meals a day                      AND                      One or fewer ADLs (Q24k,l,m,n,o,p) and NOT “cannot do at all” “use available transportation” (Q24h)</p>
<p><b>Home-delivered meals</b></p> <p>Home-Delivered Meals, Home-Delivered Meals (State-Only)</p> <p><u>unit of service</u> 1 meal</p>	<p><b>Definition</b></p> <p>Provision, to an eligible client or other eligible participant at the client's place of residence, a meal</p> <p>Criteria: Homebound, determined by provider, no real indicators. Affordability may not be indicator.</p>	<p><b>Survey Questions to Identify Need</b></p> <p>Anyone determined to have need according to the following questions                      Q10 - Anyone who reports needing “some” or “a lot of” help getting enough or the right kinds of food to eat                      OR Q7 - Anyone who has had a “minor” or “major problem” in the past 12 months with “having enough food to eat” (e)                      OR Q11 - Anyone reporting “sometimes” or “frequently” to any part of question (a,b,c)                      OR Q24 – Anyone reporting that they cannot do this at all or can do with help: prepare your meals (a)                      OR Q12 – Anyone reporting they do not eat two or more complete meals a day                      AND                      Two or more ADLs (Q24k,l,m,n,o,p) OR “cannot do at all” “use available transportation” (Q24h)</p>

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

September 2004

Broad Category		Estimating the Number of Older Adults per 1,000 Needing or Utilizing AAA Services	Source of Data for Number of Clients Served
2003 SAMS Svc Categories			
Unit of Service	Definition	Survey Questions to Identify Need	
<p><b>Assisted transportation</b></p> <p>Assisted Transportation, Assisted Transportation (State-Only)</p> <p><u>unit of service</u> one-way trip</p>	<p>Provision of assistance, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation</p> <p>Criteria: <i>more limited based on ADLs - May need assistance getting and off vehicle.</i></p> <p>Door to door.</p>	<p>Anyone determined to have need according to the following questions                      Q7 - Anyone who has had a "minor" or "major problem" in the past 12 months: "having inadequate transportation" (d)                      OR Q27 - Anyone reporting they need "some" or "a lot of" help getting or arranging transportation                      OR Q28 - Anyone reporting that it is "frequently" or "sometimes" difficult to arrange transportation (a,b,c,d)                      OR Q24 - Anyone reporting can "do with some help" or "cannot do at all": use available transportation (h)                      OR Q26 - Anyone reporting that when they have trouble getting transportation, it is because they "have to rely on others" or "have trouble getting around without someone to help" (1,6)                      OR Q25 - Anyone reporting that for most local trips, they "don't leave the house because I don't have transportation" (98)  <b>AND</b>                      Q24 - Anyone who "cannot do" or "can do with help" any of the activities: "Walk", "Get in and out of bed or a chair" (k,p)</p>	<p><u>State:</u> from non-grouped SAMS</p> <p><u>regions:</u> from non-grouped SAMS</p>
<p><b>Transportation</b></p> <p>Transportation, Transportation (State-Only)</p> <p><u>unit of service</u> one-way trip</p>	<p>Provision of a means of going from one location to another. Does not include any other activity.                      "Curb to curb"</p>	<p>Anyone determined to have need according to the following questions                      Q7 - Anyone who has had a "minor" or "major problem" in the past 12 months: "having inadequate transportation" (d)                      OR Q27 - Anyone reporting they need "some" or "a lot of" help getting or arranging transportation                      OR Q28 - Anyone reporting that it is "frequently" or "sometimes" difficult to arrange transportation (a,b,c,d)                      OR Q24 - Anyone reporting can "do with some help" or "cannot do at all": use available transportation (h)                      OR Q26 - Anyone reporting that when they have trouble getting transportation, it is because they "have to rely on others" or "have trouble getting around without someone to help" (1,6)                      OR Q25 - Anyone reporting that for most local trips, they "don't leave the house because I don't have transportation" (98)  <b>AND NOT</b>                      Q24 - Anyone who "cannot do" or "can do with help" any of the activities: "Walk", "Get in and out of bed or a chair" (k,p)</p>	<p><u>State:</u> from AAS480</p> <p><u>regions:</u> from AAS480</p>

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

September 2004

Broad Category		Estimating the Number of Older Adults per 1,000 Needing or Utilizing AAA Services	Source of Data for Number of Clients Served
Unit of Service	Definition	Survey Questions to Identify Need	
<p><b>Homemaker</b></p> <p>Homemaker, Homemaker (State-Only)</p> <p><u>unit of service</u> 1 hour</p>	<p>Providing assistance to persons with the inability to perform one or more of the following instrumental activities of daily living: preparing meals, shopping for personal items, managing money, using the telephone or doing light housework.</p>	<p>Anyone determined to have need according to the following questions: Q24 - Anyone who "cannot do" or "can do with help" any of the activities: Prepare your meals, Shop for personal items, Manage your medications, Manage your money, Use a telephone, Do light housework like dusting, vacuuming (a,b,c,d,e,f) <b>AND</b> Q35a,b,c,d,e Anyone getting only "a little" or "no support" from <u>any</u> listed source</p>	<p><u>State:</u> from non-grouped SAMS</p> <p><u>regions:</u> no estimates to be made</p>
<p><b>Personal Care</b></p> <p>Personal Care, Personal Care (State-Only)</p> <p><u>unit of service</u> 1 hour</p>	<p>Providing 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: eating, dressing, bathing, toileting, transferring in and out of bed/chair or walking.</p>	<p>Anyone determined to have need according to the following questions: Q24 - Anyone who "cannot do" or "can do with help" any of the activities : Walk, Eat, Dress yourself, Bathe, Use the toilet , Get in and out of bed or a chair (k,l,m,n,o,p)  OR Q7 - Anyone who has had a "major problem" in the past 12 months "performing everyday activities such as walking, bathing, getting in and out of a chair (n)  <b>AND</b> Q35a,b,c,d,e Anyone getting only "a little" or "no support" from <u>any</u> listed source</p>	<p><u>State:</u> from non-grouped SAMS</p> <p><u>regions:</u> no estimates to be made</p>

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

September 2004

Broad Category	Definition	Survey Questions to Identify Need	Source of Data for Number of Clients Served
<p>2003 SAMS Svc Categories</p>			
<p><b>Unit of Service</b></p> <p><b>Chore</b></p> <p>2. Chore, Chore (State-Only)</p> <p><u>unit of service</u></p> <p>1 hour</p>	<p>Providing assistance to persons having difficulty with one or more of the following instrumental activities of daily living: heavy housework, yard work or sidewalk maintenance.</p>	<p>Anyone determined to have need according to the following questions</p> <p>Q24 - Anyone who "cannot do" or "can do with help" any of the activities: "do interior or exterior repairs" or "do heavy housework like moving furniture, washing windows, lawn work" (g,i); AND on Q39 indicates they live in a single family home, townhome/condominium/apartment or mobile home</p> <p><b>OR</b></p> <p>Q 24 Anyone who "cannot do" or "can do with help" any of the activities: Do yard work and snow shoveling (j) AND on Q39 indicates they live in a single family home or mobile home</p> <p><b>AND</b></p> <p>Q35a,b,c,d,e Anyone getting "a little" or "no support" from any listed source</p>	<p><u>State:</u></p> <p>from non-grouped SAMS</p> <p><u>regions:</u></p> <p>from non-grouped SAMS</p>
<p><b>Legal assistance</b></p> <p>Legal Assistance, Legal Assistance (State-Only)</p> <p><u>unit of service</u></p> <p>1 hour</p>	<p>Provision of legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney.</p>	<p>Anyone determined to have need according to the following questions</p> <p>Q7 - Anyone who has had a "major problem" in the past 12 months: "Dealing with legal issues" or "Being financially exploited" (m,k)</p>	<p>no estimates to be made</p>

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

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Broad Category	Definition	Survey Questions to Identify Need	Source of Data for Number of Clients Served
<p>2003 SAMS Svc Categories</p> <p>Unit of Service</p> <p><b>Material Aid</b></p> <p>Material Aid, Material Aid (state-only)</p> <p><u>unit of service</u> 1 piece of "equipment" or aid</p> <p><b>Respite Caregiver Support</b></p> <p>NFCSP (Respite) – Monitoring, Adult Day Care/Health, Homemaker, Institutional Respite, Personal Care Respite and Respite (State Only)</p> <p><u>unit of service</u> 1 unit</p>	<p>Eyeglasses, dentures, hearing aids, grab bars, etc. for very low income</p>	<p>Anyone determined to have need according to the following questions            Q23 - Anyone who answers, "Yes" to needing and not being able to afford:            Eyeglasses, Hearing aids, Walkers, Wheelchairs, Canes, or Dentures (a,b,c,d,e,f)</p> <p>Anyone answering Q31, part 6 "RESPITE, FREE TIME FOR MYSELF"  <b>OR</b>            Q32 – Anyone reporting they have felt "sometimes" or "frequently" burdened by their caregiving</p>	<p>no estimates to be made</p> <p>no estimates to be made</p>

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

September 2004

Broad Category	Definition	Survey Questions to Identify Need	Source of Data for Number of Clients Served
2003 SAMS Svc Categories		Estimating the Number of Older Adults per 1,000 Needing or Utilizing AAA Services	
Unit of Service			
<b>Caregiver (Non-Respite) Support</b>	This support has been for the person providing the care.	Anyone answering Q31, with: part 2 "ORGANIZED SUPPORT GROUPS" OR part 3 "INFORMAL ADVICE OR EMOTIONAL SUPPORT" OR part 4 "FORMAL ADVICE OR EMOTIONAL SUPPORT (FROM A THERAPIST, COUNSELOR, PSYCHOLOGIST OR DOCTOR) – ON ISSUES SUCH AS CARING FOR GRANDCHILDREN AND OTHER CAREGIVING ISSUES" OR part 5 "SERVICES OR INFORMATION ON SERVICES (SUCH AS BABYSITTING, SUPERVISION, BENEFITS, TRANSPORTATION)PERVISION, BENEFITS, TRANSPORTATION)" OR part 7 "LEGAL ASSISTANCE" OR part 8 "EQUIPMENT (SUCH AS TOYS, CLOTHING, ETC.)"	no estimates to be made
NFCSP - Caregiver Training, Individual Counseling,			
Information & Assistance, Material Aid,			
Outreach, Screening/Evaluation , Transportation			
<u>unit of service</u> 1 unit			

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Broad Category	Definition	Survey Questions to Identify Need	Source of Data for Number of Clients Served
<p>2003 SAMS Svc Categories</p>	<p><b>Unit of Service</b></p>	<p>Estimating the Number of Older Adults per 1,000 Needing or Utilizing AAA Services</p>	<p>no estimates to be made</p>
<p><b>Adult day care/Adult day health</b></p>	<p>Provision of personal care for dependent adults in a supervised, protective, congregate setting during some portion of a twenty-four hour day. Services offered in conjunction of adult day care/adult day health typically include social and recreational activities, training, counseling, meals for adult day care and services such as rehabilitation, medications assistance and home health aide services for adult day health.</p>	<p>no estimates to be made</p>	<p>no estimates to be made</p>
<p>Adult Day Care/Adult Day Health, Adult Day Care/Health (State-Only)</p>	<p><u>unit of service</u> 1 hour</p>	<p>no estimates to be made</p>	<p>no estimates to be made</p>
<p><b>Nutrition education</b></p>	<p>Program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants or participants and caregivers in a group or individual setting overseen by a dietitian or individual of comparable expertise.</p>	<p>no estimates to be made</p>	<p>no estimates to be made</p>
<p>Nutrition Education, Nutrition Education (State-Only)</p>	<p><u>unit of service</u> 1 session</p>	<p>no estimates to be made</p>	<p>no estimates to be made</p>
	<p>Criteria: 60 years old or older or spouse who is 60 or older.</p>		

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Broad Category		Estimating the Number of Older Adults per 1,000 Needing or Utilizing AAA Services	Source of Data for Number of Clients Served
2003 SAMS Svc Categories			
Unit of Service	Definition	Survey Questions to Identify Need	Source of Data for Number of Clients Served
<p><b>Nutrition counseling</b></p> <p>Nutrition Counseling, Nutrition Counseling (State-Only)</p> <p><u>unit of service</u> 1 hour</p>	<p>Provision of individualized advice and guidance to individuals, who are at nutritional risk, because of their health or nutritional history, dietary intake, medications use or chronic illnesses, about options and methods for improving their nutritional status, performed by a health professional in accordance with state law and policy.</p> <p>Criteria: 60 years old or older or spouse who is 60 or older.</p>	no estimates to be made	no estimates to be made
<p><b>Health Promotion</b></p> <p>Health Promotion, Health Promotion (State-Only)</p> <p>Screening (State-Only)</p>	<p>Health fairs, workshops, education to promote healthy lifestyles, help to reverse affects of disease or maintain a chronic condition</p> <p>Screenings could be such things as BP screenings, osteoporosis screen, screens sponsored by health fairs</p>	no estimates to be made	no estimates to be made
<b>Counseling</b>	Mental health counseling	no estimates to be made	no estimates to be made
Counseling			
<u>unit of service</u> 1 hour			

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Broad Category	Definition	Survey Questions to Identify Need	Source of Data for Number of Clients Served
2003 SAMS Svc Categories  Unit of Service  Individual Counseling  Individual Counseling  unit of service 1 hour	Mental health counseling	no estimates to be made	no estimates to be made
<b>Info &amp; Education</b>  Information and Assistance, Information and Assistance (State-Only), Education  unit of service 1 contact	Service for older individuals that (A) provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology; (B) assesses the problems and capacities of the individuals; (C) links the individuals to the opportunities and services that are available; (D) to the maximum extent practicable, ensures that the individuals receive the services needed by the individuals, and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures.	no estimates to be made	no estimates to be made

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

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Broad Category		Estimating the Number of Older Adults per 1,000 Needing or Utilizing AAA Services	
2003 SAMS Svc Categories	Unit of Service	Definition	Survey Questions to Identify Need
<b>Ombudsman</b>			
OMB-Complaint Resolution, OMB-Education			no estimates to be made
<b>Outreach</b>			
Outreach, Outreach (State-Only)		Interventions initiated by an agency or organization for the purpose of identifying potential clients (or their care givers) and encouraging their use of existing services and benefits.	no estimates to be made
<u>unit of service</u> 1 contact			
<b>Reassurance</b>			
Reassurance and Reassurance (State-Only)		<i>Phone calls too make sure an elderly person is ok, usually daily by volunteers</i>	no estimates to be made
<u>unit of service</u> 1 contact			

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Broad Category		Estimating the Number of Older Adults per 1,000 Needing or Utilizing AAA Services	Source of Data for Number of Clients Served
2003 SAMS Svc Categories			
<p>Unit of Service</p> <p><b>Case management</b></p> <p>Case Management</p> <p><u>unit of service</u></p> <p>1 hour</p>	<p><b>Definition</b></p> <p>Assistance either in the form of access or care coordination in circumstances where the older person and/or their caregivers are experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers. Activities of case management include assessing needs, developing care plans, authorizing services, arranging services, coordinating the provision of services among providers, follow-up and reassessment, as required.</p>	<p><b>Survey Questions to Identify Need</b></p> <p>no estimates to be made</p>	<p>no estimates to be made</p>

## Estimates of the Contribution of Older Adults to the Economy

The calculations of the economic contributions of older adults in the state were rough estimates using data from a variety of sources.

### Estimation of Older Adults' Earned Income

The proportion of older adults who work was estimated by examining the responses to question #8 from the older adults survey ("During a typical week, how many hours do you spend doing the following?"), item j ("working for pay"). Those who worked 1 to 5 hours per week were assumed to work 3 hours per week on average. Those who worked 6 or more hours per week were assumed to work 25 hours per week on average. The proportion of survey respondents was multiplied by the number of adults 60 and over in the state to ascertain the number of employed older adults. To determine the average paid wage, information from the Bureau of Labor Statistics was examined.(U.S. Department of Labor: Bureau of Labor Statistics) As shown in Table 86 below, the proportion of adults 55 and over in each industrial sector was found, and the proportion calculated. Then the hourly wage of a benchmark occupation for each sector was found. A weighted average was calculated based on the proportion of adults 55 and older in each industrial sector. This figure was used as the multiplier for the average number of hours worked by older adults.

**Table 86: Benchmark Occupation Wages Used to Calculate Average Hourly Wage of Employed Older Adults**

Industry	USA Employment 55 & Over (in 1,000s)	Percent	Benchmark Occupation	Median Hourly Wage-Colorado	Weighted
Mining	64	0.3%	Construction & Extractive	\$16.75	\$0.05
Construction	1,167	5.7%	Construction & Extractive	\$16.75	\$0.95
Manufacturing	2,473	12.0%	Production Occupations	\$12.67	\$1.53
Wholesale and Retail Trade	3,183	15.5%	Sales & Related	\$11.46	\$1.78
Transportation	1,136	5.5%	Transportation	\$12.59	\$0.70
Information Science	422	2.1%	Computer & Math	\$31.59	\$0.65
Financial Services	1,694	8.2%	Business and Financial	\$24.38	\$2.01
Business Services	2,093	10.2%	Business and Financial	\$24.38	\$2.48
Education & Health	4,790	23.3%	Education, Training & library	\$17.14	\$4.00
Leisure Services	1,124	5.5%	Art, Design, Sports & Media	\$17.63	\$0.96
Public Admin	1,087	5.3%	Office and Administrative	\$13.57	\$0.72
Other	1,309	6.4%	Personal Care	\$9.36	\$0.60
<b>Total</b>	<b>20,542</b>	<b>100.0%</b>	<b>Weighted Average</b>		<b>\$16.42</b>

To determine how much state income tax would be paid on this earned income, information from the Internal Revenue Service was gathered on the total amount of adjusted gross income reported on 2002 federal income tax returns, the total deductions taken, and the total statutory adjustments made to gross income.(Balkovic & Hartzok, 2004) The one piece of information not included in the report was the total adjustments that would be made to gross income due to contributions to an employer-sponsored retirement fund such as a 401(k) or contributions to a medical savings account. For the purposes of calculating the amount of earned income that would be taxable, it was assumed that these adjustments would be similar to the statutory adjustments. A “gross” income could then be calculated. By applying the same percentages observed at the national level to all income to the earned income of older adults in the state, the older adults earned taxable income was estimated. This was multiplied by the state income tax rate of 4.63%(Colorado Department of Revenue, 2004) to estimate amount in revenues that the state of Colorado received state income tax paid by Colorado working older adults.

**Table 87: Internal Revenue Estimates of Income, Adjustments and Deductions, Applied to the Estimates of Earned Income of Older Adults in the State of Colorado**

	<b>2002 IRS</b>	<b>Percent</b>	<b>Colorado Older Adults</b>
Adjusted Gross Income	\$6,039,405,382	98%	\$2,931,815,724
Statutory Adjustments	\$75,291,939	1%	\$36,550,302
Assumed Other Adjustments Similar to Statutory	\$75,291,939	1%	\$36,550,302
<b>TOTAL</b>	<b>\$6,189,989,260</b>		<b>\$3,004,916,328</b>
- Deductions	\$1,373,598,790	22%	\$666,810,435
<b>Taxable income</b>	<b>\$4,816,390,470</b>	<b>78%</b>	<b>\$2,338,105,892</b>

The proportion of older adults doing volunteer work, providing help to friends and neighbors, and providing care to family and friends was determined by looking at the responses to questions #9, #8 item e, and #31. As shown in Table 88, benchmark occupations and median hourly wages for each category were found.(U.S. Department of Labor: Bureau of Labor Statistics) These hourly wages were then multiplied by the number of older adults estimated to provide each type of support, and by the average number of hours estimated to be spent on these activities as determined from the survey.

**Table 88: Benchmark Occupations and Hourly Wage for Older Adult Support Activities**

Type of Occupation	Benchmark Occupation 2003 (Bureau of Labor Statistics)	Median Hourly Wage - Colorado
<b>31a. For how many family members or friends do you provide care? 31aa. For whom do you provide this care?</b>		
Spouse	Personal and Home Care Aides	\$8.42
Parent	Personal and Home Care Aides	\$8.42
Friend/neighbor	Personal and Home Care Aides	\$8.42
Adult child	Personal and Home Care Aides	\$8.42
Grandchild	Child Care Worker	\$8.48
Child	Child Care Worker	\$8.48
Partner	Personal and Home Care Aides	\$8.42
Other family Member	Personal and Home Care Aides	\$8.42
<b>9. During a typical week, how many hours do you spend doing volunteer work or helping out in your community?</b>	Landscaping and Groundskeeping Workers	\$10.36
<b>8. During a typical week, how many hours do you spend doing the following?</b>		
e. Providing help to friends or relatives	Maids and Housekeeping Cleaners	\$8.73

## **Key Informant Interviews**

Key informant interviews were conducted June 7 through June 28, 2004 by NRC research associate Deanna Hall LaFlamme. Key informants were selected from nine geographic areas of the state (which corresponded with AAA boundaries) and included the following professions: adult protection case workers and other social service workers, attorneys, clergy, county commissioners, nursing home directors, senior center staff, nutritional program staff, an ombudsman, medical professionals, transportation providers, State Representatives and State Senators.

Todd Swanson, State Division of Aging and Adult Services Program Specialist, recruited key informants for the interviews and scheduled interview times. Although 60 individuals were recruited for the interviews, only 53 interviews were completed. Seven interviews were not completed either due to scheduling conflicts on the part of the interviewee or a disconnected telephone number. Interviews ranged from 20 minutes to just over an hour.

Interviews were conducted primarily by telephone and most were voice-recorded. Two of the 53 interviews were conducted in person at the State Division of Aging and Adult Services offices in Denver with deaf individuals using an American Sign Language interpreter.

Notes were taken during each interview and contained both verbatim quotes and paraphrased comments. Notes were entered into a Microsoft Access database and were cleaned and coded using both inductive and deductive techniques. Notes were thematically coded into predetermined and emergent categories.

**Table 89: Number of Key Informants Interviewed by Region.**

AAA Region	Count of Respondents	Percent of Respondents
Region 1 Washington, Yuma, Logan, Morgan, Phillips, Sedgwick	8	15%
Region 4 El Paso, Park, Teller	8	15%
Region 9 Archuleta, Dolores, La Plata, Montezuma	6	11%
Region 10 Delta, Gunnison, Hinsdale, Montrose, Ouray, San Miguel	6	11%
Region 6 Baca, Bent, Crowley, Kiowa, Otero, Prowers	5	9%
Region 11 Garfield, Mesa, Moffat, Rio Blanco, Routt	5	9%
Region 8 Alamosa, Conejos, Costilla, Mineral, Rio Grande, Saguache	4	8%
Region 12 Eagle, Grand, Jackson, Pitkin, Summit	4	8%
Region 5 Cheyenne, Elbert, Kit Carson, Lincoln	2	4%
Not Applicable	5	9%
<b>Total</b>	<b>53</b>	<b>100%</b>

## Appendix C: Annotated Survey Instrument

The following tables contain the complete set of survey frequencies. Percentage points in tables may not always add to 100 due to rounding or the respondents having the option to select more than one answer.

Question 1: County of Residence	
What county do you live in?	Percent of respondents
Adams	7%
Alamosa	0%
Arapahoe	7%
Archuleta	0%
Baca	0%
Bent	0%
Boulder	6%
Broomfield	6%
Chaffee	0%
Cheyenne	0%
Clear Creek	5%
Conejos	0%
Costilla	0%
Crowley	0%
Custer	0%
Delta	1%
Denver	8%
Dolores	0%
Douglas	7%
Eagle	0%
Elbert	0%
El Paso	8%
Fremont	2%
Garfield	0%
Gilpin	1%
Grand	0%
Gunnison	0%
Hinsdale	0%
Huerfano	0%
Jackson	0%
Jefferson	7%
Kiowa	0%
Kit Carson	0%

Question 1: County of Residence	
What county do you live in?	Percent of respondents
Lake	0%
La Plata	1%
Larimer	6%
Las Animas	1%
Lincoln	0%
Logan	0%
Mesa	3%
Mineral	0%
Moffat	1%
Montezuma	1%
Montrose	1%
Morgan	1%
Otero	1%
Ouray	0%
Park	2%
Phillips	0%
Pitkin	0%
Prowers	0%
Pueblo	5%
Rio Blanco	1%
Rio Grande	0%
Routt	1%
Saguache	0%
San Juan	0%
San Miguel	0%
Sedgwick	1%
Summit	0%
Teller	2%
Washington	0%
Weld	4%
Yuma	0%
Total	100%



<b>Question 3: Respondent Age</b>	
<b>Please stop me when I reach the category that contains your age.</b>	<b>Percent of respondents</b>
60 to 64 years	25%
65 to 69 years	21%
70 to 74 years	21%
75 to 79 years	15%
80 to 84 years	9%
85 to 89 years	7%
90 to 94 years	2%
95 years and over	0%
Total	100%

<b>Question 4: Respondent Ethnicity/Origin</b>	
<b>Do you consider yourself to be Hispanic or Latino?</b>	<b>Percent of respondents</b>
Yes	8%
No	92%
Don't know/refused	0%
Total	100%

<b>Question 5: Respondent Race</b>	
<b>Which one or more of the following would you say is your race?</b>	<b>Percent of respondents*</b>
White	92%
Black or African American	1%
Asian	1%
Native Hawaiian or Other Pacific Islander	0%
American Indian, Alaskan Native	1%
Other	5%
Don't know/refused	0%

*\*Total may exceed 100% as respondents could select more than one category.*

<b>Question 6: Overall Quality of Life</b>	
<b>Overall, how do you rate your quality of life?</b>	<b>Percent of respondents</b>
Very good	44%
Good	45%
Neither good nor bad	8%
Bad	2%
Very bad	1%
Don't know/refused	0%
<b>Total</b>	<b>100%</b>

<b>Question 7: Potential Problems</b>				
<b>Thinking back over the last 12 months, how much of a problem has each of the following been for you?</b>	<b>Percent of respondents</b>			
	<b>Major problem</b>	<b>Minor problem</b>	<b>No problem</b>	<b>Total</b>
Your physical health	13%	32%	55%	100%
Having housing suited to your needs	2%	4%	94%	100%
Getting the health care you need	6%	11%	84%	100%
Having inadequate transportation	3%	6%	90%	100%
Feeling lonely, sad or isolated	4%	14%	82%	100%
Having enough food to eat	1%	4%	95%	100%
Affording the medications you need	11%	17%	72%	100%
Having financial problems	7%	17%	76%	100%
Feeling depressed	4%	17%	78%	100%
Being physically or emotionally abused	1%	2%	97%	100%
Being financially exploited	4%	8%	88%	100%
Being a victim of crime	2%	4%	95%	100%
Dealing with legal issues	3%	9%	88%	100%
Performing everyday activities such as walking, bathing or getting in and out of a chair	5%	14%	81%	100%
Having too few activities or feeling bored	3%	14%	83%	100%
Providing care for another person	5%	9%	86%	100%

<b>Question 8: Participation in Activities</b>				
<b>During a typical week, how many hours do you spend doing the following?</b>	<b>Percent of respondents</b>			
	<b>No hours</b>	<b>1 to 5 hours</b>	<b>6 or more hours</b>	<b>Total</b>
Participating in a club or civic group	62%	28%	10%	100%
Participating in religious or spiritual activities with others	39%	49%	12%	100%
Visiting with family in person or on the phone	7%	56%	36%	100%
Visiting with friends in person or on the phone	8%	59%	33%	100%
Providing help to friends or relatives	37%	45%	18%	100%
Participating in senior center activities	78%	17%	5%	100%
Caring for a pet	57%	17%	26%	100%
Doing housework or home maintenance	8%	44%	48%	100%
Participating in a hobby such as art, gardening, or music	25%	38%	37%	100%
Working for pay	74%	4%	22%	100%
Attending movies, sporting events or group events	53%	40%	7%	100%

<b>Question 9: Volunteerism</b>	
<b>During a typical week, how many hours do you spend doing volunteer work or helping out in your community?</b>	<b>Percent of respondents</b>
No hours	58%
1 to 5 hours	31%
6 to 10 hours	7%
11 to 20 hours	2%
More than 20 hours per week	1%
Don't know/refused	0%
Total	100%

<b>Question 10: Help Needed Getting Food</b>	
<b>In the past 2 months, how much help have you needed trying to get enough food or the right kinds of food to eat?</b>	<b>Percent of respondents</b>
A lot	1%
Some	5%
None	94%
Don't know/refused	0%
Total	100%

<b>Question 11: Frequency of Food Affordability Issues</b>				
The following are statements people have made about the food in their household. Please tell me how often this statement has been true for your household in the last 30 days.	Percent of respondents			
	Frequently	Sometimes	Never	Total
We were not able to afford enough food to eat	1%	3%	97%	100%
We were not able to afford the kinds of food we wanted to eat	3%	7%	90%	100%
We were not able to afford to eat healthier meals	2%	5%	93%	100%

<b>Question 12: Two or More Complete Meals a Day</b>	
Do you eat two or more complete meals a day?	Percent of respondents
Yes	91%
No	9%
Don't know/refused	0%
Total	100%

<b>Question 13: Unintentional Weight Loss in Last 6 Months</b>	
Have you lost ten or more pounds in the past 6 months without meaning to?	Percent of respondents
Yes	8%
No	92%
Don't know/refused	0%
Total	100%

<b>Question 14: Days Exercised</b>	
How many days per week do you engage in moderate physical activity for at least 30 minutes a day? Moderate physical activity would include activities like walking at a brisk pace, bicycling or gardening.	Percent of respondents
1 day	5%
2 days	8%
3 days	16%
4 days	8%
5 days	14%
6 days	7%
7 days	30%
Zero days	12%
Don't know/refused	0%
Total	100%

<b>Question 15: Overall Quality of Health</b>	
<b>In general, would you say that your health is excellent, very good, good, fair or poor?</b>	<b>Percent of respondents</b>
Excellent	20%
Very good	31%
Good	30%
Fair	13%
Poor	5%
Don't know/refused	0%
<b>Total</b>	<b>100%</b>

<b>Question 16: Days Spent in Various Facilities in Past 12 Months</b>					
<b>Thinking back over the past 12 months, please tell me how many days you spent in...</b>	<b>Percent of respondents</b>				
	<b>Zero days</b>	<b>1 to 2 days</b>	<b>3 to 5 days</b>	<b>6 days or more</b>	<b>Total</b>
A hospital	81%	7%	6%	6%	100%
A nursing home	99%	0%	0%	1%	100%
A rehabilitation facility	96%	0%	1%	3%	100%

<b>Question 17: Falls Requiring Medical Attention in Past 12 Months</b>	
<b>Thinking back over the past 12 months, how many times have you fallen and injured yourself seriously enough to need medical attention?</b>	<b>Percent of respondents</b>
No times	90%
Once or twice	9%
Three to five times	1%
More than five times	0%
Don't know/refused	0%
<b>Total</b>	<b>100%</b>

<b>Question 18: Has Doctor or Health Care Provider</b>	
<b>Do you have someone you think of as your doctor or health care provider?</b>	<b>Percent of respondents</b>
Yes	94%
No	6%
Don't know/refused	0%
<b>Total</b>	<b>100%</b>

<b>Question 19: Visited Doctor or Health Care Provider in Past</b>	
<b>Have you visited this doctor or health care provider in the past 12 months?</b>	<b>Percent of respondents</b>
Yes	93%
No	7%
Don't know/refused	0%
Total	100%

<b>Question 20: Exams in the Past 12 Months</b>				
<b>Have you had the following in the past 12 months?</b>	<b>Percent of respondents</b>			
	<b>Yes</b>	<b>No</b>	<b>Don't know/refused</b>	<b>Total</b>
Eye exam?	66%	34%	0%	100%
Hearing exam?	23%	77%	0%	100%
Dental exam?	64%	36%	0%	100%
Physical exam?	77%	23%	0%	100%

<b>Question 21: Health-Related Conditions</b>			
<b>Do you have any of the following conditions?</b>	<b>Percent of respondents</b>		
	<b>Yes</b>	<b>No</b>	<b>Total</b>
Blindness or severe vision impairment?	9%	91%	100%
Significant hearing loss?	18%	82%	100%
A condition that substantially limits your daily activities such as walking, climbing stairs, reaching, lifting or carrying?	28%	72%	100%
An emotional or mental illness that limits your daily activities?	2%	98%	100%

<b>Question 22: Insurance Coverage</b>			
<b>Which of the following kinds of health insurance do you have?</b>	<b>Percent of respondents</b>		
	<b>Yes</b>	<b>No</b>	<b>Total</b>
Medicaid	14%	86%	100%
Medicare	72%	28%	100%
Private insurer	72%	28%	100%
Other insurance	30%	70%	100%

<b>Question 23: Recent Health Needs that Could not be Afforded</b>			
<b>Have you recently needed any of the following, but could not afford them?</b>	<b>Percent of respondents</b>		
	<b>Yes</b>	<b>No</b>	<b>Total</b>
Eyeglasses	7%	93%	100%
Hearing aids	3%	97%	100%
Walkers	1%	99%	100%
Wheelchairs	1%	99%	100%
Canes	1%	99%	100%
Dentures	5%	95%	100%
Prescription medications	8%	92%	100%

<b>Question 24: Activities Ability</b>				
<b>Please tell me if you can do each of the following activities without any help, with some help or if you cannot do this at all. Can you...</b>	<b>Percent of respondents</b>			
	<b>Without any help</b>	<b>With some help</b>	<b>Cannot do this at all</b>	<b>Total</b>
Prepare your meals	96%	3%	1%	100%
Shop for personal items	93%	5%	2%	100%
Manage your medications	98%	2%	0%	100%
Manage your money	96%	3%	1%	100%
Use a telephone	99%	1%	0%	100%
Do light housework like dusting or vacuuming	91%	5%	4%	100%
Do heavy housework like moving furniture, or washing windows	59%	21%	20%	100%
Use available transportation	93%	4%	2%	100%
Do interior or exterior repairs	57%	23%	20%	100%
Do yard work and snow shoveling	65%	14%	21%	100%
Walk	93%	6%	1%	100%
Eat	99%	0%	0%	100%
Dress yourself	99%	1%	0%	100%
Bathe	98%	1%	0%	100%
Use the toilet	100%	0%	0%	100%
Get in and out of bed or a chair	98%	2%	0%	100%

<b>Question 25: Transportation Mode Used for Most of Local Trips</b>	
<b>For most of your local trips, how do you travel?</b>	<b>Percent of respondents</b>
Drive or ride in a car	95%
Take public transportation	2%
Take a senior van, shuttle, or minibus	2%
Take a taxi	0%
Walk	1%
Other	0%
Not applicable - never leave house	0%
Not applicable - don't have transportation	0%
Don't know/refused	0%
<b>Total</b>	<b>100%</b>

<b>Question 26: Transportation Needs</b>	
<b>When you have trouble getting the transportation you need, what would you say is the main reason?</b>	<b>Percent of respondents*</b>
Have to rely on others	17%
Not available when I need to go	13%
Can't afford it	6%
Unfamiliar with transportation options or system	1%
Car doesn't work/problems with vehicle	39%
Have trouble getting around without someone to help	4%
Don't know who to call	1%
Not available in my community	8%
Transportation does not go where I need to go	6%
Other	3%
Not applicable	0%
Weather	4%
Disability/health-related	3%
Too far/Distance-related	1%
Don't know	0%

*\*Total may exceed 100% as respondents could select more than one category.*



<b>Question 27: Frequency of Needing Transportation Help in Past 12 Months</b>	
<b>In the past 12 months, how much help have you needed getting or arranging transportation?</b>	<b>Percent of respondents</b>
A lot	2%
Some	9%
None	89%
Don't know/refused	0%
<b>Total</b>	<b>100%</b>

<b>Question 28: Frequency of Transportation Difficulties</b>				
<b>How often has it been difficult for you to arrange transportation for each of the following kinds of activities?</b>	<b>Percent of respondents</b>			
	<b>Frequently</b>	<b>Sometimes</b>	<b>Never</b>	<b>Total</b>
Medical trips	1%	5%	93%	100%
Shopping	1%	4%	94%	100%
Personal errands	1%	5%	94%	100%
Recreational or social trips	1%	4%	94%	100%

<b>Question 29: Caregiving Status</b>	
<b>Do you provide care for one or more family members or friends on a regular basis?</b>	<b>Percent of respondents</b>
Yes	19%
No	81%
Don't know/refused	0%
<b>Total</b>	<b>100%</b>

<b>Question 30: Overall Number of Family Members or Friends Cared For</b>	
<b>For how many family members or friends do you provide care?</b>	<b>Percent of respondents</b>
0	2%
1	71%
2	14%
3	7%
4	3%
5	1%
6	1%
7	1%
8	0%
9	0%
10	0%
11	0%
12	0%
14	0%
15	0%
19	0%
29	0%
35	0%
Don't know/refused	0%
Total	100%

<b>Questions 31aa to 31cc: Caregiving Categories</b>			
<b>For whom do you provide this care? How many do you care for? About how many hours per week do you spend providing care for this person or these persons? Is it...</b>	<b>Percent of respondents*</b>	<b>Average Number Cared For</b>	<b>Average Caregiving Hours Per Week</b>
Spouse	45%	1.0	14.3
Parent	16%	1.1	11.2
Friend/neighbor	10%	1.7	10.9
Adult child	5%	1.3	13.7
Grandchild	17%	2.0	16.2
Child	8%	1.3	12.1
Partner	1%	1.0	9.5
Other family member	15%	1.5	10.4
Other	1%	3.4	18.6
Don't know/refused	0%	--	--

\*Total may exceed 100% as respondents could select more than one category.

**Question 31a: Caregiving Help Needed**

<b>What kinds of help could you use more of in your caregiving?</b>	<b>Percent of respondents*</b>
Financial support	12%
Organized support groups	2%
Informal advice or emotional support (from family, friends or neighbors) - on issues such as caring for grandchildren and other caregiving issues	5%
Formal advice or emotional support (from a therapist, counselor, psychologist or doctor) - on issues such as caring for grandchildren and other caregiving issues	4%
Services or information on services (such as babysitting, supervision, benefits, transportation)	15%
Respite, free time for myself	6%
Legal assistance	1%
Equipment (such as toys, clothing, etc.)	1%
Other	3%
None	61%
Don't know/refused	0%

*\*Total may exceed 100% as respondents could select more than one category.*

**Question 32: Caregiving Burden**

<b>How often in the past two months have you felt burdened by your caregiving?</b>	<b>Percent of respondents</b>
Frequently	9%
Sometimes	26%
Never	64%
Don't know/refused	0%
<b>Total</b>	<b>100%</b>

**Question 33: Frequency of Caregiving Problems**

<b>The following are problems that some caregivers face. Is the person you care for...</b>	<b>Percent of respondents</b>			
	<b>Frequently</b>	<b>Sometimes</b>	<b>Never</b>	<b>Total</b>
Verbally aggressive?	3%	18%	79%	100%
Physically aggressive?	1%	9%	90%	100%
Sexually aggressive?	1%	6%	93%	100%
Uncooperative?	5%	26%	69%	100%

<b>Question 34: Agreement or Disagreement with Statements About Life</b>					
<b>How much do you agree or disagree with the following statements?</b>	<b>Percent of respondents</b>				
	<b>Strongly agree</b>	<b>Somewhat agree</b>	<b>Somewhat disagree</b>	<b>Strongly disagree</b>	<b>Total</b>
My community values older people.	52%	37%	7%	3%	100%
My family and friends rely on me.	48%	36%	9%	7%	100%
I am satisfied with the relationships in my life.	78%	18%	3%	1%	100%
I am willing to ask for and accept help from others.	50%	37%	8%	5%	100%
I feel like I have control over the things that happen to me.	63%	29%	5%	3%	100%
I take responsibility for my own actions.	91%	9%	0%	0%	100%
I have planned for my financial future.	66%	26%	5%	3%	100%
Religion or spirituality is important in my life.	67%	21%	7%	6%	100%
I have a sense of purpose.	72%	23%	3%	2%	100%
I can handle about anything that life throws at me.	67%	28%	3%	1%	100%
I feel hopeful about the future.	60%	30%	6%	3%	100%
I am generally a happy person.	78%	20%	2%	1%	100%
I generally feel peaceful and calm.	68%	28%	3%	1%	100%
My community values my language and traditions.	63%	31%	4%	2%	100%

<b>Question 35: Amount of Practical Support</b>					
<b>How much practical support do you receive these days from the following sources? Examples of practical support are being given a ride somewhere, having someone shop for you, loan you money or do a home repair for you.</b>	<b>Percent of respondents</b>				
	<b>A lot of support</b>	<b>Some support</b>	<b>A little support</b>	<b>No support</b>	<b>Total</b>
Your family	48%	21%	9%	22%	100%
Your friends	30%	26%	12%	32%	100%
Your neighbors	18%	25%	14%	43%	100%
A church or spiritual group	19%	16%	7%	57%	100%
A club or social group	8%	13%	7%	71%	100%
A non-profit or community agency	4%	7%	5%	84%	100%

**Question 36: Amount of Social Support**

How much social support do you receive these days from the following sources? Social support includes being cared for, loved, listened to and respected.	Percent of respondents				
	A lot of support	Some support	A little support	No support	Total
Your family	71%	18%	5%	6%	100%
Your friends	51%	32%	8%	10%	100%
Your neighbors	27%	36%	13%	25%	100%
A church or spiritual group	29%	20%	7%	44%	100%
A club or social group	14%	19%	7%	60%	100%
A non-profit or community agency	6%	8%	6%	80%	100%

**Question 37: Information Sources Used**

Following is a list of information sources. How often, if at all, do you use each source to find out about services and activities available to you?	Percent of respondents			
	Frequently	Sometimes	Never	Total
Newspaper	53%	32%	15%	100%
Radio	24%	41%	35%	100%
Television	47%	40%	13%	100%
Library	16%	35%	48%	100%
Internet	21%	24%	55%	100%
Word of mouth	28%	59%	13%	100%
Senior publications	17%	44%	39%	100%

**Question 39: Housing Unit Type**

Which of the following best describes where you live?	Percent of respondents
Single family home	74%
Townhouse, condominium, duplex or apartment	20%
Mobile home	3%
Assisted living residence	1%
Nursing home	0%
Other	1%
Subsidized housing	0%
Don't know/refused	0%
Total	100%

<b>Question 40: Tenure</b>	
<b>Do you currently rent or own your home?</b>	<b>Percent of respondents</b>
Rent	17%
Own	82%
Other	2%
Don't know/refused	0%
Total	100%

<b>Question 41: Number of Household Members</b>	
<b>How many people, including yourself, live in your household?</b>	<b>Percent of respondents</b>
1 person	36%
2 people	53%
3 people	7%
4 people	2%
5 or more people	2%
Total	100%

<b>Question 42: Household Member Categories</b>	
<b>Who lives with you?</b>	<b>Percent of respondents*</b>
Spouse (wife/husband)	86%
Significant other	1%
At least one child	9%
Child(ren) and his/her/their family	7%
Other relative(s)	4%
Unrelated adults/friends	2%
Grandchildren/ great-grandchildren	4%
Other	0%
Don't know/refused	0%

*\*Total may exceed 100% as respondents could select more than one category.*

<b>Question 43: Number of Adults Age 60 or Older in Household</b>	
<b>How many of these people, including yourself, are 60 or older?</b>	<b>Percent of respondents</b>
1	52%
2	47%
3	1%
4	0%
5	0%
9	0%
14	0%
40	0%
75	0%
98	0%
Don't know/refused	0%
Total	100%

<b>Question 44: Martial Status</b>	
<b>What is your marital status?</b>	<b>Percent of respondents</b>
Married	57%
Partnered, not married but living with partner of opposite sex	0%
Partnered, living with partner of same sex	0%
Widowed	27%
Divorced	10%
Separated	0%
Single (never married)	6%
Other	0%
Don't know/refused	0%
Total	100%

<b>Question 45: Educational Attainment</b>	
<b>How much formal education have you completed?</b>	<b>Percent of respondents</b>
0-11 years, no diploma	8%
High school graduate	27%
Some college with no degree	26%
Associate's degree	5%
Bachelor's degree	17%
Graduate or professional degree	18%
Don't know/refused	0%
Total	100%

<b>Question 46: Employment Status</b>	
<b>What is your employment status?</b>	<b>Percent of respondents</b>
Fully retired	71%
Retired but working part-time	10%
Working full-time	11%
Working part-time	4%
Unemployed, looking for work	2%
Homemaker (unemployed but not looking for work)	2%
Disabled	1%
Other	0%
Don't know/refused	0%
Total	100%

<b>Question 47: Military Service Status</b>	
<b>Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?</b>	<b>Percent of respondents</b>
Yes	32%
No	68%
Don't know/refused	0%
Total	100%

<b>Questions 48-50: Respondent Income</b>	
<b>What do you think your household's total income before taxes was for 2003? Please include in your total income money from all sources for all persons living in your household.</b>	<b>Percent of respondents</b>
Less than \$10,000	6%
\$10,000 to less than \$15,000	11%
\$15,000 to less than \$20,000	10%
\$20,000 to less than \$25,000	10%
\$25,000 to less than \$30,000	7%
\$30,000 to less than \$35,000	7%
\$35,000 to less than \$40,000	9%
\$40,000 to less than \$45,000	6%
\$45,000 to less than \$50,000	6%
\$50,000 to less than \$60,000	8%
\$60,000 to less than \$75,000	7%
\$75,000 or more	12%
Total	100%



Question 55: Respondent Gender	
Respondent gender	Percent of respondents
Male	45%
Female	55%
Total	100%

## Appendix D: Verbatim Responses to Open-ended Survey Questions

Question 25: For most of your local trips, how do you travel?

Responses to “Other.”

- ◆ Bike.
- ◆ If it's any distance I have to have transportation. I can see but don't.
- ◆ Plane.
- ◆ Bike.
- ◆ Air.
- ◆ Bicycle.
- ◆ Bike.
- ◆ Motorcycle.
- ◆ Motorcycle.
- ◆ By plane.
- ◆ Motorcycle.
- ◆ Fly.
- ◆ Scooter.
- ◆ Ride horses.
- ◆ SRDA.
- ◆ Motorcycle.
- ◆ Bike.
- ◆ Bicycle.
- ◆ Bicycle.
- ◆ Motorcycle.
- ◆ Bike.
- ◆ Mesability.
- ◆ Motor home.
- ◆ Bicycle.
- ◆ Bicycle.
- ◆ Rotary club.
- ◆ Motorcycle.
- ◆ Bike.

**Question 26: When you have trouble getting the transportation you need, what would you say is the main reason?**

Responses to "Other."

- ◆ My driving.
- ◆ I don't have a drivers license.
- ◆ Having too much pride.
- ◆ Stubbornness.
- ◆ Traffic.
- ◆ Congested roads.
- ◆ I don't want to go.
- ◆ If my mother takes it back.
- ◆ I have trouble getting to the airport.
- ◆ I can't drive in big cities.
- ◆ I'm not able to drive in denver.
- ◆ I do not like to drive.
- ◆ Traffic.
- ◆ Laziness.
- ◆ I wish I could find an easier method of transportation.
- ◆ I can't drive.
- ◆ If there isn't anyone to watch my husband.
- ◆ Long waits.
- ◆ I don't like to ask for help.
- ◆ Because I don't ask.
- ◆ It is in the evening that I ask for help. I don't like to drive in the evening.
- ◆ I don't feel like driving.
- ◆ Traffic conditions.
- ◆ Trying to find a place to park.
- ◆ I don't ask.
- ◆ If I have trouble with transportation, I just don't go anywhere.
- ◆ I don't like traveling at night.
- ◆ I had drinks.
- ◆ Facing traffic.

**Question 31aa 31ba 31ca: For whom do you provide this care?**

Responses to "Other."

- ◆ Private pay people.
- ◆ Everyone.
- ◆ A lady I work for.
- ◆ Senior health insurance workers (for the company).
- ◆ Hospice.
- ◆ Veterans/hospital patients/jail inmates.
- ◆ Person who lives with me.
- ◆ Tenant.

**Question 31a: What kinds of help could you use more of in your caregiving?**

Responses to "Other."

- ◆ Responses to "Other."
- ◆ Strength.
- ◆ The person receiving care to become more independent. Doing more things that she can do for herself more.
- ◆ Get my back repaired so I can do more.
- ◆ Physical ability.
- ◆ Sleep.
- ◆ I need a better back.
- ◆ A responsible person to help my mother.
- ◆ Prescription drugs help.
- ◆ Just about everything.
- ◆ If we stayed in maryland we would have gotten the support we need. We are supporting an adult child and the continuing liability of an adult child.
- ◆ The police, occasionally.
- ◆ Patience.
- ◆ Prescription coverage for my husband.

## Appendix E: Key Informant Interview Script

Discussion questions asked of key informants are listed below. Due to the flow of discussion or time limitations, all questions may not have been asked.

### State Older Adults Strengths and Needs Assessment Key Informant Interview Final Script – May 27, 2004

Thank you for agreeing to talk with me, and for your participation in this project. I anticipate the interview will last about 30 minutes, and appreciate any information you can provide. This interview is important for the success of this assessment, and it will serve to augment our understanding of the needs and strengths of older adults in smaller counties in Colorado. Your answers are completely confidential and will be coded and recorded without names. Although your responses will only be reported as part of a group, it is helpful for accuracy to record your responses. Is it okay if I tape record this interview?

I understand that you work in the \_\_\_\_\_ community (PROVIDED BY STATE FOR EACH KEY INFORMANT). Please consider this particular area or region when answering the interview questions.

1. What is your role in serving older adults in your area of the state?
2. How would you rate the overall quality of your area of the state as a place to live for older adults? Would you say excellent, good, fair or poor? Why?
3. What do you believe are the biggest contributions made by older adults in your area of the state?
4. What types of services or activities should be added in your area of the state that are not currently provided to help build on these strengths and contributions?
5. From your perspective, what do you think are the biggest areas of need for older adults in your area of the state? Why?

6. I am now going to read a list of problems that older people may face. Please tell me for each if you would say this has been a major problem, minor problem or no problem for older adults in your area of the state or for those you are in contact with? *(For each where “major problem” is selected, follow with prompt – Why do you see this as a major problem? What barriers do older adults face in getting their needs met in this area?)*

a. Getting health care ..... major  minor  no problem

Why do you see this as a major problem?  
What are the barriers older adults face trying to get their needs met in this area?

b. Inadequate transportation ..... major  minor  no problem

Why do you see this as a major problem?  
What are the barriers older adults face trying to get their needs met in this area?

c. Having enough food to eat ..... major  minor  no problem

Why do you see this as a major problem?  
What are the barriers older adults face trying to get their needs met in this area?

d. Performing activities of everyday living..... major  minor  no problem

Why do you see this as a major problem?  
What are the barriers older adults face trying to get their needs met in this area?

e. Caregiving..... major  minor  no problem

Why do you see this as a major problem?  
Is there a specific kind of caregiving that poses the biggest problem? What is it?  
What are the barriers older adults face trying to get their needs met in this area?

- 7. What older adult programming or services are working well in your area of the state?
- 8. What older adult programming or services are not provided as well in your area of the state?
- 9. What types of programs or services should be enhanced to improve the quality of life of older adults in your area of the state?
- 10. What do you see as the key challenges to providing services to older adults in the more rural communities in your area?
- 11. How do you think program and service use will change for your area of the state in the next 5 years? 10 years?
- 12. What ideas do you have to help facilitate older adult use of AAA (“triple A”) and county services?

13. How can AAAs, the State and service providers reach older adults who are underserved or not served in your area?
14. How can AAAs, the State and service providers in your area work together more effectively?
15. Is there anything else you would like to tell me about your older adult population, service provision, etc. that might be important as this assessment and planning process is being implemented?

Thank you very much for your time. Your responses are very important to this assessment process.

We have found that often individuals we interview have additional comments they'd like to make after we end our call. If in the next few days, you feel there is additional information you'd like to share with me, here's my phone number if you'd like to give me a call, 303-444-7863 and, again, my name is Deanna.

## **Appendix F: Survey Instrument**

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The following pages contain the survey instrument for the older adult survey.



# 2004 Strengths and Needs Assessment for Older Adults

## Final Version

[TEXT IN CAPS IS USED AS INSTRUCTIONS OR CODES FOR THE INTERVIEWER ONLY AND IS NOT READ ALOUD]

Hello, my name is \_\_\_\_\_ and I am calling on behalf of the State of Colorado's older adult services planning group. I am calling to get your opinion about some important issues facing people ages 60 and over in Colorado. I'd like to speak to the adult in the household who is 60 years old or older and who most recently had a birthday. Is that you? [REPEAT FIRST PARAGRAPH IF THE BIRTHDAY PERSON IS NOT THE PERSON WHO ANSWERED THE PHONE.] ...All of your answers will be kept in strict confidence and reported in group form only.

To make sure we reach residents in specific counties and demographic categories across the state, I have a couple of questions to ask you first.

### 1. What county do you live in? [DON'T READ LIST.]

1. ADAMS (REGION: 3A) → SKIP TO Q3
2. ALAMOSA (REGION: 8) → SKIP TO Q3
3. ARAPAHOE (REGION: 3A) → SKIP TO Q3
4. ARCHULETA (REGION: 9) → SKIP TO Q3
5. BACA (REGION: 6) → SKIP TO Q3
6. BENT (REGION: 6) → SKIP TO Q3
7. BOULDER (REGION: 3B)
8. BROOMFIELD (REGION: 3A) → SKIP TO Q3
9. CHAFFEE (REGION: 13) → SKIP TO Q3
10. CHEYENNE (REGION: 5) → SKIP TO Q3
11. CLEAR CREEK (REGION: 3A) → SKIP TO Q3
12. CONEJOS (REGION: 8) → SKIP TO Q3
13. COSTILLA (REGION: 8) → SKIP TO Q3
14. CROWLEY (REGION: 6) → SKIP TO Q3
15. CUSTER (REGION: 13) → SKIP TO Q3
16. DELTA (REGION: 10) → SKIP TO Q3
17. DENVER (REGION: 3A) → SKIP TO Q3
18. DOLORES (REGION: 9) → SKIP TO Q3
19. DOUGLAS (REGION: 3A) → SKIP TO Q3
20. EAGLE (REGION: 12) → SKIP TO Q3
21. ELBERT (REGION: 5) → SKIP TO Q3
22. EL PASO (REGION: 4) → SKIP TO Q3
23. FREMONT (REGION: 13) → SKIP TO Q3
24. GARFIELD (REGION: 11) → SKIP TO Q3
25. GILPIN (REGION: 3A) → SKIP TO Q3
26. GRAND (REGION: 12) → SKIP TO Q3
27. GUNNISON (REGION: 10) → SKIP TO Q3
28. HINSDALE (REGION: 10) → SKIP TO Q3
29. HUERFANO (REGION: 14) → SKIP TO Q3
30. JACKSON (REGION: 12) → SKIP TO Q3
31. JEFFERSON (REGION: 3A) → SKIP TO Q3

32. KIOWA (REGION: 6) → SKIP TO Q3
33. KIT CARSON (REGION: 5) → SKIP TO Q3
34. LAKE (REGION: 13) → SKIP TO Q3
35. LA PLATA (REGION: 9) → SKIP TO Q3
36. LARIMER (REGION: 2A) → SKIP TO Q3
37. LAS ANIMAS (REGION: 14) → SKIP TO Q3
38. LINCOLN (REGION: 5) → SKIP TO Q3
39. LOGAN (REGION: 1) → SKIP TO Q3
40. MESA (REGION: 11) → SKIP TO Q3
41. MINERAL (REGION: 8) → SKIP TO Q3
42. MOFFAT (REGION: 11) → SKIP TO Q3
43. MONTEZUMA (REGION: 9) → SKIP TO Q3
44. MONTROSE (REGION: 10) → SKIP TO Q3
45. MORGAN (REGION: 1) → SKIP TO Q3
46. OTERO (REGION: 6) → SKIP TO Q3
47. OURAY (REGION: 10) → SKIP TO Q3
48. PARK (REGION: 4) → SKIP TO Q3
49. PHILLIPS (REGION: 1) → SKIP TO Q3
50. PITKIN (REGION: 12) → SKIP TO Q3
51. PROWERS (REGION: 6) → SKIP TO Q3
52. PUEBLO (REGION: 7) → SKIP TO Q3
53. RIO BLANCO (REGION: 11) → SKIP TO Q3
54. RIO GRANDE (REGION: 8) → SKIP TO Q3
55. ROUTT (REGION: 11) → SKIP TO Q3
56. SAGUACHE (REGION: 8) → SKIP TO Q3
57. SAN JUAN (REGION: 9) → SKIP TO Q3
58. SAN MIGUEL (REGION: 10) → SKIP TO Q3
59. SEDGWICK (REGION: 1) → SKIP TO Q3
60. SUMMIT (REGION: 12) → SKIP TO Q3
61. TELLER (REGION: 4) → SKIP TO Q3
62. WASHINGTON (REGION: 1) → SKIP TO Q3
63. WELD (REGION: 2B) → SKIP TO Q3
64. YUMA (REGION: 1) → SKIP TO Q3
65. DON'T KNOW/REFUSED – TERMINATE –Thank you, but we need to speak with people in specific counties.

**2. What city or town do you live in?**

1. ALLENSPARK (REGION=OTHER)
2. BOULDER (REGION=BOULDER)
3. ELDORADO SPRINGS (REGION=OTHER)
4. ERIE (REGION=OTHER)
5. HYGIENE (REGION=OTHER)
6. JAMESTOWN (REGION=OTHER)
7. LAFAYETTE (REGION=LAFAYETTE)
8. LONGMONT (REGION=LONGMONT)
9. LOUISVILLE (REGION=LOUISVILLE)
10. LYONS (REGION=OTHER)
11. NEDERLAND (REGION=OTHER)
12. NIWOT (REGION=OTHER)
13. PINECLIFFE (REGION=OTHER)
14. SUPERIOR (REGION=OTHER)
15. WARD (REGION=OTHER)
16. GUNBARREL (REGION=BOULDER)
17. DON'T KNOW - TERMINATE

[TERMINATE IF REGIONAL QUOTAS FILLED.]

**3. Please stop me when I reach the category that includes your age. [READ LIST. SELECT ONE.]**

1. 60 to 64 years
2. 65 to 69 years
3. 70 to 74 years
4. 75 to 79 years
5. 80 to 84 years
6. 85 to 89 years
7. 90 to 94 years
8. 95 years and over
9. REFUSED - TERMINATE [DO NOT READ]

[TERMINATE IF AGE QUOTA IS FILLED FOR REGION.]

**4. Do you consider yourself to be Hispanic or Latino?**

1. Yes
2. No
3. DON'T KNOW/REFUSED- TERMINATE [DO NOT READ]

**5. Which one or more of the following would you say is your race? [MULTIPLE RESPONSE. PROBE.]**

1. White
2. Black or African American
3. Asian
4. Native Hawaiian or Other Pacific Islander
5. American Indian, Alaskan Native
6. Other
7. DON'T KNOW/REFUSED- TERMINATE [DO NOT READ]

[IF Q4=2 AND Q5=1, CODE AS "WHITE/NOT-HISPANIC", IF Q4=1 AND Q5=2, 3, 4, 5 OR 6, CODE AS "NON-WHITE"]

[USING COMBINATION OF Q4 AND Q5: TERMINATE IF ETHNICITY QUOTA IS FILLED FOR REGION.]

Now I'd like to ask you some questions about your quality of life.

**6. Overall, how do you rate your quality of life? Would you say it is very good, good, neither good nor bad, bad or very bad?**

1. Very good
2. Good
3. Neither good nor bad
4. Bad
5. Very bad
6. DON'T KNOW/REFUSED [DO NOT READ]

**7. I am now going to read a list of problems that people may face. Thinking back over the last 12 months, how much of a problem has each of the following been for you? How about [READ LIST. ROTATE A-P.], would you say this has been a major problem, minor problem or no problem?**

- a. Your physical health
- b. Having housing suited to your needs
- c. Getting the health care you need
- d. Having inadequate transportation
- e. Feeling lonely, sad or isolated
- f. Having enough food to eat
- g. Affording the medications you need
- h. Having financial problems
- i. Feeling depressed
- j. Being physically or emotionally abused
- k. Being financially exploited
- l. Being a victim of crime
- m. Dealing with legal issues
- n. Performing everyday activities such as walking, bathing or getting in and out of a chair
- o. Having too few activities or feeling bored
- p. Providing care for another person

- 1. Major problem
- 2. Minor problem
- 3. No problem
- 4. DON'T KNOW/REFUSED [DO NOT READ]

**8. During a typical week, how many hours do you spend doing the following? How about [READ LIST. ROTATE A-K.], do you spend no hours, 1 to 5 hours or 6 or more hours per week?**

- a. Participating in a club or civic group
- b. Participating in religious or spiritual activities with others
- c. Visiting with family in person or on the phone
- d. Visiting with friends in person or on the phone
- e. Providing help to friends or relatives
- f. Participating in senior center activities
- g. Caring for a pet
- h. Doing housework or home maintenance
- i. Participating in a hobby such as art, gardening, or music
- j. Working for pay
- k. Attending movies, sporting events or group events

- 1. No hours
- 2. 1 to 5 hours
- 3. 6 or more hours
- 4. DON'T KNOW/REFUSED [DO NOT READ]

9. During a typical week, how many hours do you spend doing volunteer work or helping out in your community? Do you spend no hours, 1 to 5 hours 6 to 10 hours, 11 to 20 hours or more than 20 hours per week?

1. No hours
2. 1 to 5 hours
3. 6 to 10 hours
4. 11 to 20 hours
5. More than 20 hours per week
6. DON'T KNOW/REFUSED [DO NOT READ]

## NUTRITION/FOOD SECURITY

10. In the past 2 months, how much help have you needed trying to get enough food or the right kinds of food to eat? Would you say...

1. A lot
2. Some
3. None
4. DON'T KNOW/REFUSED [DO NOT READ]

11. The following are statements people have made about the food in their household. Please tell me how often this statement has been true for your household in the last 30 days. How about [READ LIST. ROTATE A-C.], would you say this has been true frequently, sometimes or never for your household in the last 30 days?

- a. We were not able to afford enough food to eat
  - b. We were not able to afford the kinds of food we wanted to eat
  - c. We were not able to afford to eat healthier meals
- 
1. Frequently
  2. Sometimes
  3. Never
  4. DON'T KNOW/REFUSED [DO NOT READ]

12. Do you eat two or more complete meals a day?

1. Yes
2. No
3. DON'T KNOW/REFUSED [DO NOT READ]

13. Have you lost ten or more pounds in the past 6 months without meaning to?

1. Yes
2. No
3. DON'T KNOW/REFUSED [DO NOT READ]

## HEALTH/HEALTH CARE

**14. How many days per week do you engage in moderate physical activity for at least 30 minutes a day? Moderate physical activity would include activities like walking at a brisk pace, bicycling or gardening.**

1. 1 DAY
2. 2 DAYS
3. 3 DAYS
4. 4 DAYS
5. 5 DAYS
6. 6 DAYS
7. 7 DAYS
8. ZERO DAYS
9. DON'T KNOW/REFUSED [DO NOT READ]

**15. In general, would you say that your health is excellent, very good, good, fair or poor?**

1. Excellent
2. Very good
3. Good
4. Fair
5. Poor
6. DON'T KNOW/REFUSED [DO NOT READ]

**16. Thinking back over the past 12 months, please tell me how many days you spent in [READ LIST. ROTATE A-C.]...**

- a. A hospital
- b. A nursing home
- c. A rehabilitation facility

\_\_\_\_\_ NUMBER OF DAYS  
999. DON'T KNOW/REFUSED [DO NOT READ]

**17. Thinking back over the past 12 months, how many times have you fallen and injured yourself seriously enough to need medical attention? Was it...**

1. No times
2. Once or twice
3. Three to five times
4. More than five times
5. DON'T KNOW/REFUSED [DO NOT READ]

**18. Do you have someone you think of as *your* doctor or health care provider?**

1. Yes
2. No → SKIP TO Q20
3. DON'T KNOW/REFUSED → SKIP TO Q20 [DO NOT READ]

**19. Have you visited this doctor or health care provider in the past 12 months?**

1. Yes
2. No
3. DON'T KNOW/REFUSED [DO NOT READ]

**20. Have you had the following in the past 12 months? [READ LIST. ROTATE A-D.]**

- a. Eye exam?
  - b. Hearing exam?
  - c. Dental exam?
  - d. Physical exam?
- 
1. Yes
  2. No
  3. DON'T KNOW/REFUSED [DO NOT READ]

**21. Do you have any of the following conditions? [READ LIST. ROTATE A-D.]**

- a. Blindness or severe vision impairment?
  - b. Significant hearing loss?
  - c. A condition that substantially limits your daily activities such as walking, climbing stairs, reaching, lifting or carrying?
  - d. An emotional or mental illness that limits your daily activities?
- 
1. Yes
  2. No
  3. DON'T KNOW/REFUSED [DO NOT READ]

**22. Which of the following kinds of health insurance do you have? Do you have [READ LIST. ROTATE A-C. (ALWAYS ASK D LAST.)]**

- a. Medicaid
  - b. Medicare
  - c. Private insurer
  - d. Other insurance
- 
1. Yes
  2. No
  3. DON'T KNOW/REFUSED [DO NOT READ]



23. Have you recently needed any of the following, but could not afford them? How about [READ LIST. ROTATE A-G.]...

- a. Eyeglasses
- b. Hearing aids
- c. Walkers
- d. Wheelchairs
- e. Canes
- f. Dentures
- g. Prescription medications

- 1. Yes
- 2. No
- 3. NOT APPLICABLE [DO NOT READ]
- 4. DON'T KNOW/REFUSED [DO NOT READ]

### IN-HOME SERVICES

24. Please tell me if you can do each of the following activities without any help, with some help or if you cannot do this at all. Can you [READ LIST. ROTATE A-P.]... [RE-READ SCALE AS NECESSARY.]

- a. Prepare your meals
- b. Shop for personal items
- c. Manage your medications
- d. Manage your money
- e. Use a telephone
- f. Do light housework like dusting or vacuuming
- g. Do heavy housework like moving furniture, or washing windows
- h. Use available transportation
- i. Do interior or exterior repairs
- j. Do yard work and snow shoveling
- k. Walk
- l. Eat
- m. Dress yourself
- n. Bathe
- o. Use the toilet
- p. Get in and out of bed or a chair

- 1. Without any help
- 2. With some help
- 3. Cannot do this at all
- 4. DON'T KNOW/REFUSED [DO NOT READ]

## TRANSPORTATION

25. For most of your local trips, how do you travel? [OKAY TO READ LIST ONLY IF PROMPTING IS NECESSARY.]

1. DRIVE OR RIDE IN A CAR
2. TAKE PUBLIC TRANSPORTATION
3. TAKE A SENIOR VAN, SHUTTLE, OR MINIBUS
4. TAKE A TAXI
5. WALK
6. OTHER [SPECIFY]
97. NOT APPLICABLE – NEVER LEAVE HOUSE
98. NOT APPLICABLE – DON'T LEAVE HOUSE BECAUSE I DON'T HAVE TRANSPORTATION
99. DON'T KNOW/REFUSED [DO NOT READ]

26. When you have trouble getting the transportation you need, what would you say is the main reason? [DO NOT PROMPT. CHECK ALL THAT APPLY.]

1. HAVE TO RELY ON OTHERS
2. NOT AVAILABLE WHEN I NEED TO GO
3. CAN'T AFFORD IT
4. UNFAMILIAR WITH TRANSPORTATION OPTIONS OR SYSTEM
5. CAR DOESN'T WORK/PROBLEMS WITH VEHICLE
6. HAVE TROUBLE GETTING AROUND WITHOUT SOMEONE TO HELP
7. DON'T KNOW WHO TO CALL
8. NOT AVAILABLE IN MY COMMUNITY
9. TRANSPORTATION DOES NOT GO WHERE I NEED TO GO
10. OTHER [SPECIFY]
11. NOT APPLICABLE
99. DON'T KNOW

27. In the past 12 months, how much help have you needed getting or arranging transportation? Would you say...

1. A lot
2. Some
3. None
4. DON'T KNOW/REFUSED [DO NOT READ]

**28. How often has it been difficult for you to arrange transportation for each of the following kinds of activities? How about [READ LIST. ROTATE A-D.], would you say it has been difficult... [RE-READ SCALE AS NECESSARY.]**

- a. Medical trips
  - b. Shopping
  - c. Personal errands
  - d. Recreational or social trips
- 
- 1. Frequently
  - 2. Sometimes
  - 3. Never
  - 4. DON'T KNOW/REFUSED [DO NOT READ]

## CAREGIVING

**29. Do you provide care for one or more family members or friends on a regular basis?**

- 1. Yes
- 2. No → SKIP TO Q34
- 3. DON'T KNOW/REFUSED → SKIP TO Q34 [DO NOT READ]

**30. For how many family members or friends do you provide care?**

- \_\_\_\_\_ [NUMBER OF FAMILY MEMBERS OR FRIENDS]
- 99. DON'T KNOW/REFUSED → SKIP TO Q34 [DO NOT READ]

**31aa. For whom do you provide this care? [DO NOT PROMPT, RECORD FIRST ANSWER ONLY – YOU WILL BE ABLE TO RECORD ADDITIONAL ANSWERS LATER.]**

- 1. SPOUSE
- 2. PARENT
- 3. FRIEND/NEIGHBOR
- 4. ADULT CHILD
- 5. GRANDCHILD
- 6. CHILD
- 7. PARTNER
- 8. OTHER FAMILY MEMBER
- 9. OTHER [SPECIFY]
- 10. DON'T KNOW/REFUSED – SKIP TO Q31

**31ab. How many [INSERT PLURAL OF ANSWER FROM Q31AA] do you care for?**

- \_\_\_\_\_ [COUNT]
- 99. DON'T KNOW/REFUSED [DO NOT READ]

**31ac. About how many hours per week do you spend providing care for this person or these persons? Is it...**

- 1. 1-5 hours

2. 6-10 hours
3. 11-20 hours
4. More than 20 hours
5. DON'T KNOW/REFUSED [DO NOT READ]

**31ba. Who else do you provide care for? [DO NOT PROMPT, RECORD ONE ANSWER ONLY, YOU WILL BE ABLE TO RECORD ADDITIONAL ANSWERS LATER.]**

1. SPOUSE
2. PARENT
3. FRIEND/NEIGHBOR
4. ADULT CHILD
5. GRANDCHILD
6. CHILD
7. PARTNER
8. OTHER FAMILY MEMBER
9. OTHER [SPECIFY]
10. DON'T KNOW/REFUSED→SKIP TO Q31 [DO NOT READ]
11. NO OTHERS→SKIP TO Q31 [DO NOT READ]

**31bb. How many [INSERT PLURAL OF ANSWER FROM Q31BA] do you care for?**

- \_\_\_\_\_ [COUNT]
99. DON'T KNOW/REFUSED [DO NOT READ]

**31bc. About how many hours per week do you spend providing care for this person or these persons? Is it...**

1. 1-5 hours
2. 6-10 hours
3. 11-20 hours
4. More than 20 hours
5. DON'T KNOW/REFUSED [DO NOT READ]

**31ca. Who else do you provide care for? [DO NOT PROMPT, RECORD ONE ANSWER ONLY]**

1. SPOUSE
2. PARENT
3. FRIEND/NEIGHBOR
4. ADULT CHILD
5. GRANDCHILD
6. CHILD
7. PARTNER
8. OTHER FAMILY MEMBER
9. OTHER [SPECIFY]
  
10. DON'T KNOW/REFUSED→SKIP TO Q31 [DO NOT READ]
11. NO OTHERS→SKIP TO Q31 [DO NOT READ]

**31cb. How many [INSERT PLURAL OF ANSWER FROM Q31CA] do you care for?**

- \_\_\_\_\_ [COUNT]
99. DON'T KNOW/REFUSED [DO NOT READ]

**31cc. About how many hours per week do you spend providing care for this person or these persons? Is it...**

1. 1-5 hours
2. 6-10 hours
3. 11-20 hours
4. More than 20 hours
5. DON'T KNOW/REFUSED [DO NOT READ]

**31. What kinds of help could you use more of in your caregiving? [DO NOT PROMPT. CHECK ALL THAT APPLY.]**

1. FINANCIAL SUPPORT
2. ORGANIZED SUPPORT GROUPS
3. INFORMAL ADVICE OR EMOTIONAL SUPPORT (FROM FAMILY, FRIENDS OR NEIGHBORS) – ON ISSUES SUCH AS CARING FOR GRANDCHILDREN AND OTHER CAREGIVING ISSUES
4. FORMAL ADVICE OR EMOTIONAL SUPPORT (FROM A THERAPIST, COUNSELOR, PSYCHOLOGIST OR DOCTOR) – ON ISSUES SUCH AS CARING FOR GRANDCHILDREN AND OTHER CAREGIVING ISSUES
5. SERVICES OR INFORMATION ON SERVICES (SUCH AS BABYSITTING, SUPERVISION, BENEFITS, TRANSPORTATION)
6. RESPITE, FREE TIME FOR MYSELF
7. LEGAL ASSISTANCE
8. EQUIPMENT (SUCH AS TOYS, CLOTHING, ETC.)
9. OTHER [SPECIFY]
10. NONE
99. DON'T KNOW/REFUSED [DO NOT READ]

**32. How often in the past two months have you felt burdened by your caregiving? Would you say...**

1. Frequently
2. Sometimes
3. Never
4. DON'T KNOW/REFUSED [DO NOT READ]

**33. The following are problems that some caregivers face. [Is the person]/[Are the persons] [USE APPROPRIATE ONE BASED ON ANSWER TO Q30.] you care for [READ LIST. ROTATE A-D.]...**

- a. Verbally aggressive?
- b. Physically aggressive?
- c. Sexually aggressive ?
- d. Uncooperative?

1. Frequently
2. Sometimes
3. Never
4. DON'T KNOW/REFUSED [DO NOT READ]

## QUALITY OF LIFE

**34. How much do you agree or disagree with the following statements? Please use the scale: strongly agree, somewhat agree, somewhat disagree or strongly disagree. [READ LIST. ROTATE A-N.] [RE-READ SCALE AS NECESSARY.]**

- a. My community values older people.
- b. My family and friends rely on me.
- c. I am satisfied with the relationships in my life.
- d. I am willing to ask for and accept help from others.
- e. I feel like I have control over the things that happen to me.
- f. I take responsibility for my own actions.
- g. I have planned for my financial future.
- h. Religion or spirituality is important in my life.
- i. I have a sense of purpose.
- j. I can handle about anything that life throws at me.
- k. I feel hopeful about the future.
- l. I am generally a happy person.
- m. I generally feel peaceful and calm.
- n. My community values my language and traditions.

1. Strongly agree
2. Somewhat agree
3. Somewhat disagree
4. Strongly disagree
5. DON'T KNOW/REFUSED [DO NOT READ]

**35. How much practical support do you receive these days from the following sources? Examples of practical support are being given a ride somewhere, having someone shop for you, loan you money or do a home repair for you. How about from [READ LIST. ROTATE A-F.], would you say you receive... [RE-READ SCALE AS NECESSARY.]**

- a. Your family
- b. Your friends
- c. Your neighbors
- d. A church or spiritual group
- e. A club or social group
- f. A non-profit or community agency

- 1. A lot of support
- 2. Some support
- 3. A little support
- 4. No support
- 5. DON'T KNOW/REFUSED [DO NOT READ]

**36. How much social support do you receive these days from the following sources? Social support includes being cared for, loved, listened to and respected. How about from [READ LIST. ROTATE A-F.], would you say you receive... [RE-READ SCALE AS NECESSARY.]**

- a. Your family
- b. Your friends
- c. Your neighbors
- d. A church or spiritual group
- e. A club or social group
- f. A non-profit or community agency

- 1. A lot of support
- 2. Some support
- 3. A little support
- 4. No support
- 5. DON'T KNOW/REFUSED [DO NOT READ]

## INFORMATION SOURCES

37. Following is a list of information sources. How often, if at all, do you use each source to find out about services and activities available to you? How about [READ LIST. ROTATE A-G.], do you use this source frequently, sometimes or never?

- a. Newspaper
  - b. Radio
  - c. Television
  - d. Library
  - e. Internet
  - f. Word of mouth
  - g. Senior publications
- 
1. Frequently
  2. Sometimes
  3. Never
  4. DON'T KNOW/REFUSED [DO NOT READ]

## DEMOGRAPHICS

38. What is your zip code?

\_\_\_\_\_ [ENTER ZIP CODE]  
99999. DON'T KNOW/REFUSED [DO NOT READ]

39. Which of the following best describes where you live? Is it a...

1. Single family home
2. Townhouse, condominium, duplex or apartment
3. Mobile home
4. Assisted living residence
5. Nursing home
6. OTHER
7. DON'T KNOW/REFUSED [DO NOT READ]

40. Do you currently rent or own your home?

1. Rent
2. Own
3. OTHER
4. DON'T KNOW/REFUSED [DO NOT READ]



**41. How many people, including yourself, live in your household? [DO NOT PROMPT.]**

\_\_\_\_ [NUMBER OF HOUSEHOLD MEMBERS (INCLUDING RESPONDENT)] [IF =1, Q43=1, SKIP TO Q44.]

99. DON'T KNOW/REFUSED [DO NOT READ]

**42. Who lives with you? [DO NOT PROMPT. CHECK ALL THAT APPLY.]**

1. SPOUSE (WIFE/HUSBAND)
2. SIGNIFICANT OTHER
3. AT LEAST ONE CHILD
4. CHILD(REN) AND HIS/HER/THEIR FAMILY
5. OTHER RELATIVE(S)
6. UNRELATED ADULTS/FRIENDS
7. GRANDCHILDREN/ GREAT-GRANDCHILDREN
8. OTHER [SPECIFY]

99. DON'T KNOW/REFUSED [DO NOT READ]

**43. How many of these people, including yourself, are 60 or older? [DO NOT PROMPT.]**

\_\_\_\_ [NUMBER OF HOUSEHOLD MEMBERS 60 OR OLDER (INCLUDING RESPONDENT)]

99. DON'T KNOW/REFUSED [DO NOT READ]

**44. What is your marital status? [DO NOT PROMPT. PROBE FOR BEST ANSWER. CHECK ONLY ONE.]**

1. MARRIED
2. PARTNERED, NOT MARRIED BUT LIVING WITH PARTNER OF OPPOSITE SEX
3. PARTNERED, LIVING WITH PARTNER OF SAME SEX
4. WIDOWED
5. DIVORCED
6. SEPARATED
7. SINGLE (NEVER MARRIED)
8. OTHER [SPECIFY]

99. DON'T KNOW/REFUSED [DO NOT READ]

**45. How much formal education have you completed? Please stop me when I get to the correct response.**

1. 0-11 years, no diploma
2. High school graduate
3. Some college with no degree
4. Associate's degree
5. Bachelor's degree
6. Graduate or professional degree
7. DON'T KNOW/REFUSED

[DO NOT READ]

**46. What is your employment status? Are you...**

1. Fully retired
2. Retired but working part time
3. Working full time
4. Working part time
5. Unemployed, looking for work
6. Homemaker (unemployed but not looking for work)
7. OTHER [SPECIFY] [DO NOT READ]
8. DON'T KNOW/REFUSED [DO NOT READ]

**47. Have you ever served on active duty in the United States Armed Forces, either in the regular military or in a National Guard or military reserve unit?**

1. Yes
2. No
3. DON'T KNOW/REFUSED [DO NOT READ]

**48. What do you think your household's total income before taxes was for 2003? Please include in your total income money from all sources for all persons living in your household. Please remember your responses to this survey are given in complete anonymity and will be reported in group form only. Was your total income...**

1. Less than \$35,000
2. \$35,000 or more → SKIP TO Q50
3. DON'T KNOW/REFUSED [DO NOT READ]

**49. Please stop me when I reach the appropriate range.**

1. Less than \$10,000 → SKIP TO Q53
2. \$10,000 to less than \$15,000 → SKIP TO Q51
3. \$15,000 to less than \$20,000 → SKIP TO Q51
4. \$20,000 to less than \$25,000 → SKIP TO Q51
5. \$25,000 to less than \$30,000 → SKIP TO Q51
6. \$30,000 to less than \$35,000 → SKIP TO Q51
7. DON'T KNOW/REFUSED → SKIP TO Q51 [DO NOT READ]

**50. Please stop me when I reach the appropriate range.**

1. \$35,000 to less than \$40,000
2. \$40,000 to less than \$45,000
3. \$45,000 to less than \$50,000
4. \$50,000 to less than \$60,000
5. \$60,000 to less than \$75,000
6. \$75,000 or more
7. DON'T KNOW/REFUSED [DO NOT READ]

ONLY FOR RANDOM HALF OF RESPONDENTS WHO LIVE IN THE EIGHT COUNTY DRCOG REGION, ASK Q51 – Q54.

**51. Your local Area Agency on Aging will be conducting a series of discussions about the strengths and needs of older adults in the Denver-Metro region. Would you be willing to participate in one of these discussions in the month of May?**

1. Yes
2. No → SKIP TO Q55
3. MAYBE
4. DON'T KNOW/REFUSED → SKIP TO Q55 [DO NOT READ]

**52. Your personal information will remain completely confidential. May I please have your first name so that we can contact you regarding these discussions?**

- \_\_\_\_\_ [NAME]
2. NO/REFUSED → SKIP TO Q57, RECODE Q51 AS “NO” (2).

**53. Is this the phone number where we should contact you?**

1. Yes → SKIP TO Q55
2. No

**54. May I have the phone number where we should contact you?**

- \_\_\_\_\_ [PHONE NUMBER]
2. DON'T KNOW/NO/REFUSED, RECODE Q51 AS “NO” (2).

**55. RESPONDENT GENDER. [ONLY ASK IF IN DOUBT.]**

1. MALE
2. FEMALE

THOSE ARE ALL OF MY QUESTIONS. THANK YOU FOR YOUR TIME.

IF YOU ARE INTERESTED IN SERVICES AVAILABLE TO SENIORS IN YOUR COMMUNITY, PLEASE CALL THE TOLL FREE ELDERCARE LOCATOR NUMBER AT 1-800-677-1116.