



Community Assessment Survey
for Older Adults™

The Denver Regional Council of
Governments, CO
2010

Full Report



3005 30th Street • Boulder, Colorado 80301
www.n-r-c.com • 303-444-7863

Contents

Introduction	1
About CASOA	2
CASOA™ Methods	2
Structure of the CASOA™ Report	4
Key Findings	5
Recommendations and Conclusions	10
Age Wave in the DRCOG Region	17
Demographics	17
A Profile of Older Adults in the DRCOG Region	17
Residential Stability	19
The DRCOG Region as a Place for Older Residents	21
A Closer Look at Older Adult Needs	23
Health and Wellness	23
Information and Planning	30
Productive Activities	32
Community Design and Land Use	43
Appendix A: Older Adult Needs	48
Appendix B: Complete Set of Survey Frequencies	50
Frequencies Excluding Don't Know Responses	50
Frequencies Including Don't Know Responses	60
Appendix C: Survey Methodology	74
Data Collection Methods Used in the CASOA™	74
Estimates of the Contribution of Older Adults to the Economy	78
Community Summary Scores	79
Needs Summary Scores	81
Appendix D: References	84
Appendix E: Survey Materials	87

I n t r o d u c t i o n

With more than one-half of the Baby Boom generation now age 50 and older, the nation is increasingly becoming populated by older adults. One-third of the U.S. population will reach this senior milestone by 2010. Aging not only occurs to nations and individuals, it happens to communities. Hoping for healthy older adults cannot transform the inevitable declines that most people face as they age. Even a healthier America will not avert the need to assist older adults who are frail. The Older Americans Act (OAA) currently supports a national aging services network that provides home and community-based services to over eight million older adults. Services provided by the network include home-delivered meals, nutrition education, transportation, adult day care, health promotion and the support of caregivers.¹ But the OAA alone cannot ride to the rescue of those among the 75 million aging Baby Boomers who will press unprecedented demands on this country's social services. And the OAA cannot keep all older adults well and independent. More must be done and done by more actors. The traditional model of government service to needy recipients is unsustainable.

Therefore, much of the planning for this demographic swell must be led not just by Congress and national organizations, but by city councilors, Area Agency on Aging advisory boards, county commissioners, faith communities, service club members, college presidents, hospital administrators, business owners and community members. An aging world need not be a place where human resources diminish and productivity flags. With proper planning, communities filled with older adults can become centers of high quality human scale living, anchored by the contributions of civically engaged older residents.

American communities can choose a future that both protects vulnerable older adults and challenges those who thrive. A well-conceived and updated community will provide care to older adults that need it at the same time empowering older adults with far greater opportunities than exist now to age successfully and contribute. But not every community faces the same future nor do all older residents seek the same services. Whatever the unique needs in each community, one common circumstance will prevail. Resources will have to be reallocated. As populations age there will be changes in taste that will affect local news, arts, politics and even groceries, but needs that require more planning will emerge and anticipation of those needs, rather than surprise confrontation, will lead to communities that prosper because they are comfortable for and attractive to older adults.

This report offers a picture of community need that creates a model of local challenges and priority solutions. This needs assessment will show current and projected shifts in the age profile of older adults living in the DRCOG region. In its monograph, "Active Living for Older Adults," the International City/County Management Association (ICMA) calls for involving "older residents early in the decision-making process,"² and to do that with, among other tools, surveys and focus groups of older adults themselves. Older adult needs cannot be understood clearly without talking to older adults, so a statistically valid survey of older residents is essential to hear the voice of the people who are to be served.

About CASOA

The Community Assessment Survey for Older Adults (CASOA™) was developed to provide a statistically valid survey of the strengths and needs of older adults as reported by older adults themselves in communities across America. This report is intended to enable local governments, community-based organizations, the private sector and other community members to understand more accurately and predict more carefully the services and resources required to serve an aging population. With this report, the Denver Regional Council of Governments (DRCOG) region 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 CASOA™ are to:

- Identify community strengths in serving older adults.
- Articulate the specific needs of older adults in the region.
- Estimate contributions made by older adults to the community.
- Develop estimates of and projections of older adult residents' needs into the future.

The results of this exploration will provide useful information for planning and resource development as well as strengthen advocacy efforts and stakeholder engagement. The ultimate goal of the assessment is to create empowered communities that support vibrant older adult populations.

The CASOA™ questionnaire contains many questions related to the life of older residents in the community. Survey participants were asked to rate their overall quality of life, as well as aspects of quality of life in the DRCOG region. They also evaluated characteristics of the community and gave their perceptions of safety in the DRCOG region. The questionnaire assessed the individual needs of older residents and involvement by respondents in the civic and economic life of the DRCOG region.

CASOA™ Methods

The survey and its administration are standardized to assure high quality survey methods and comparable results across CASOA™ jurisdictions. Participating older adult households were selected at random and the household member who responded was selected without bias. Multiple mailings gave each household more than one prompt to participate with a self-addressed and postage-paid envelope to return the survey. Results were statistically weighted to reflect the proper demographic composition of older adults in the entire community.

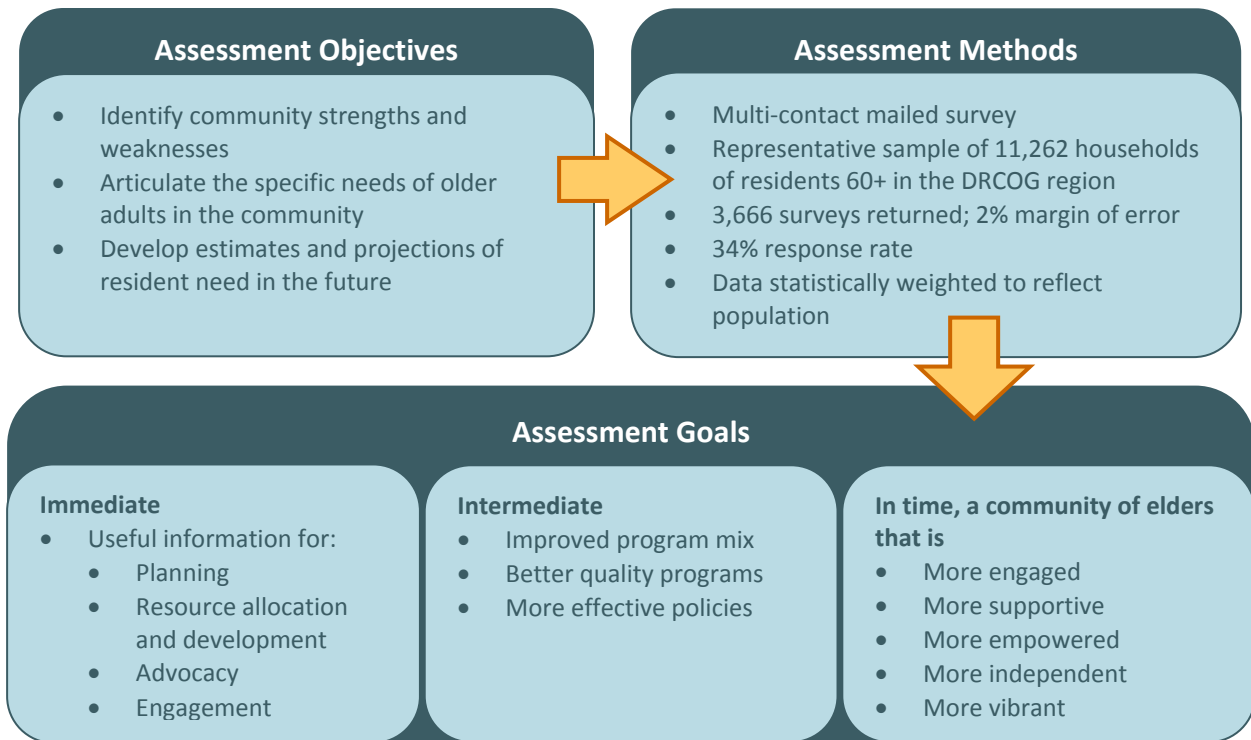
DRCOG augmented the sample of older adults to provide stand-alone brief reports for each of several geographic areas, including Adams, Arapahoe, Broomfield, Clear Creek, Denver, Douglas and Gilpin counties. Jefferson County (also in the DRCOG region) conducted its own CASOA™ project; data from that study is included in DRCOG's overall results. This full report of results provides expanded analytic detail and descriptive text for the DRCOG region, overall. Another report is provided that compares results of select survey questions by demographics subgroups. Each report is available under separate cover. Also included under separate cover are results by demographic characteristics.

The survey was mailed in June 2010 to a random selection of 7,512 older adult households in the DRCOG region; the Jefferson County surveys were mailed in May 2010 to a random selection of

3,750 older adult households in the county. Older adult households were contacted three times about participation in the survey. A total of 2,062 completed surveys were obtained for the DRCOG survey and 1,604 surveys were completed for the Jefferson County survey, for a total of 3,666 completed surveys. The overall response rate was 34% and the margin of error for the 3,666 completed surveys is plus or minus 2% around any given percent and one point around any given average rating for the entire sample.

For more information on how to read and interpret this report, as well as additional methodological information, refer to *Appendix C: Survey Methodology*.

Figure 1: CASOA™ Methods and Goals

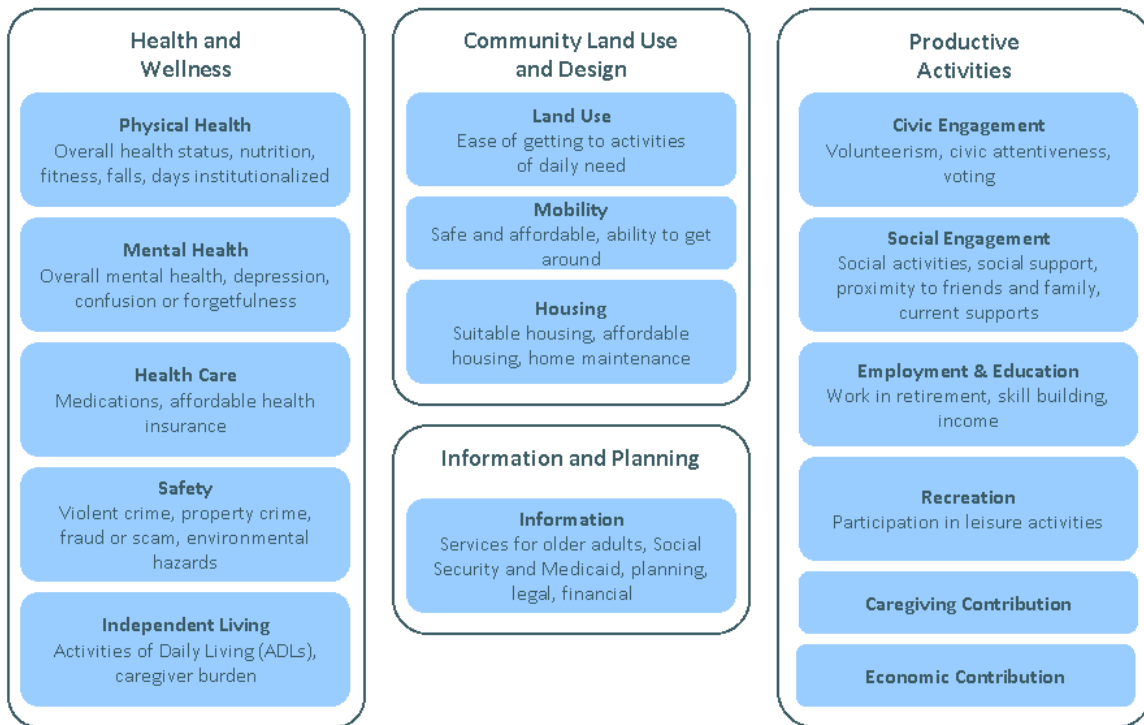


Structure of the CASOA™ Report

This report is based around four categories of community: health and wellness; community land use and design; participation in productive activities and community resources for information and planning. Within each chapter of the report, data related to community readiness to serve older adults and specific strengths and needs of older adults are presented. Each chapter and section begins with older residents' ratings of the DRCOG region and is followed by resident behaviors and needs. Preceding these areas of strength and need is a demographic profile of older adults in the DRCOG region and general ratings of the DRCOG region as a place for older residents.

It should be noted that when a table for a question that only permitted a single response does not total to exactly 100%, it is due to the common practice of percentages being rounded to the nearest whole number.

Figure 2: Community Needs and Strengths Assessed through CASOA™



Key Findings

The report describes how older residents view the DRCOG region as a community that creates a thriving environment for its 386,000 older adults and then describes residents' self-reported needs. The CASOA™ assessed the DRCOG region's needs and strengths through a mailed survey of randomly sampled older adults in the community.

DRCOG Opportunities and Challenges

Older adults may not complain, but not every community leaves older adults raving about the quality of community life or the services available for active living and aging in place.

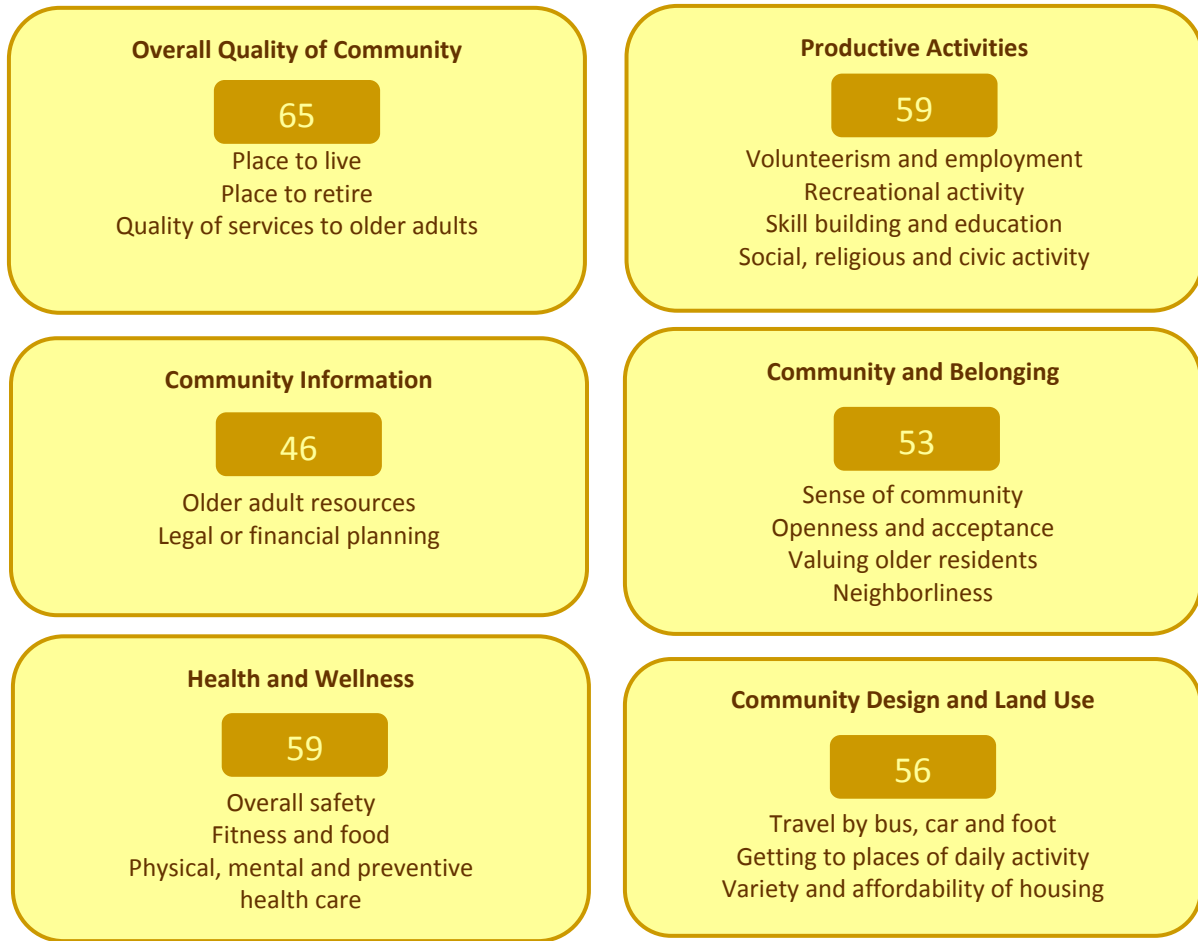
Communities that assist older adults to remain as or become active community participants provide the requisite opportunities for recreation, transportation, culture, education, communication, social connection, spiritual enrichment and health care. It is not a package mix, so each community must identify what its older adults seek and what the community provides.

The judgments of the residents for whom community planning takes place, provide the elements of an equation that describes overall community quality in the DRCOG region.

Survey respondents were asked to rate 29 aspects of the community related to six community dimensions. Ratings for individual questions were converted to an average scale of 0 (the lowest rating, e.g., "poor") to 100 (the highest rating, e.g., "excellent") and then combined to provide one overall rating (index) for each of the six areas. (For more information on how the summary scores were calculated, see *Appendix C: Survey Methodology*.)

It was found, overall, that the DRCOG region was rated favorably by its older residents. Most of the DRCOG region's older residents gave high ratings to the community as a place although ratings of the region as a place for retirement were lower. Summary scores were calculated for categories of community quality to provide a broad picture of the perceived fit between what the community offered to older adults and what older residents needed. Summary ratings for the DRCOG region demonstrated that older resident felt the area of Overall Community Quality was provided best. Opportunities for Community Information was rated less favorably.

Figure 3: Readiness Summaries of the DRCOG Region



Scale: 0=Lowest/most negative, 100=Highest/most positive

Older Resident Needs in the DRCOG Region

Older adults, more than others, face difficulties with aspects of everyday life. For many older adults these difficulties vastly exceed the minor physical pains or small losses of function that characterize almost everyone’s circumstances after a certain age. When individual problems are added together, a group picture emerges that provides a useful description of the entire community in the DRCOG region. Nationally, 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. This study explores specific problems or stressors encountered by older adults in the DRCOG region, such as physical and emotional difficulties and injuries that have compromised their independence. Presented are the current individual areas of need and from those, the magnitude of broader categories of need.

Typically, it is understood that the self-reported needs of older adults represents a minimum level, a conservative estimate attenuated by respondents’ strong desire to feel and appear self-reliant and further reduced by the silent whisper of some older adults who, no matter how sensitive the attempt, are too frail to participate in any survey enterprise.

Nonetheless, clear patterns of needs and strengths emerged from this assessment. Forty individual survey questions about specific problems faced by older community members, as well as respondent sociodemographics, participation levels and community engagement were grouped into 16 larger areas to provide a broad picture of older residents in the DRCOG region. These 16 areas were split into Core Life Needs (12 areas) and Social and Engagement Opportunities (four areas). The overall summary score for each of the 16 categories is provided in the following two tables, along with the proportion and calculated number of residents who reported the need or opportunity.

The greatest Core Life Need was in the area of physical health. Among Social and Engagement Opportunities, civic engagement rose to the top. Across all 16 needs areas, older residents reported the lowest prevalence of need in the area of social support, although these needs can be quite serious for the 8% of seniors affected.

It should be understood that the percent of the population that experiences a problem is not a measure of how difficult a problem is to endure for the people who share it. Some needs or opportunities, though rare as a percent of residents, have a particularly devastating impact on residents' quality of life – for example, needing help transferring from bed to wheelchair or having a problem with safety, so it is important to consider both the prevalence of the need or opportunity and its centrality to residents' sustained independence.

Table 1: Older Adult Core Life Needs in the DRCOG Region

	Percent of respondents	Number affected in 2010 (N=386,373) ¹
Physical health	49%	152,039
Mental health	36%	112,632
Home maintenance	34%	106,769
Housing	31%	96,313
Health care	28%	89,981
Financial	27%	86,606
Employment and education	26%	81,308
Mobility	17%	54,225
Caregiver burden	14%	42,915
Institutionalization risk	13%	42,828
Safety	12%	38,194
Social support	8%	26,781

¹Source: Colorado State Demography Office, Population by Age and Gender

Table 2: Older Adult Social and Engagement Opportunities in the DRCOG Region

	Percent of respondents	Number affected in 2010 (N=386,373) ¹
Civic engagement	69%	213,319
Information and planning	57%	179,093
Social engagement	35%	112,601
Recreation, arts and culture	23%	70,760

¹Source: Colorado State Demography Office, Population by Age and Gender

Populations at High Risk

As people age, many learn to take better care of themselves, 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 the private sector and government. Numbers of needs and the groups with the most needs are shown in Table 3 and Table 4. Although needs were spread across the board, residents reporting the largest percent of unresolved needs in the DRCOG region were more likely to be older, not White, Hispanic, lower income, renters and those living alone.

Table 3: Risk Status of Older Population

Number of items (out of 40) rated as a “moderate” or “major” problem	Percent of respondents
No problems	25%
1 to 9 problems	54%
10 or more problems	21%
Total	100%

Table 4: Risk Status of Older Population by Sociodemographic Characteristics

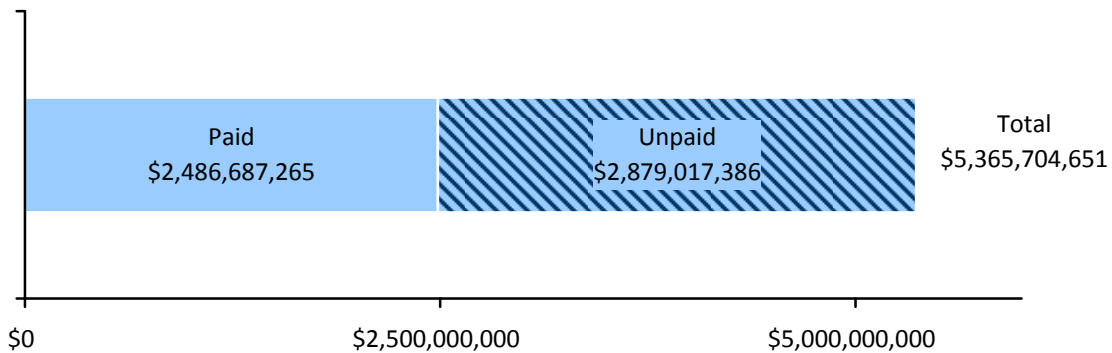
Number of items (out of 40) rated as a “moderate” or “major” problem	No problems	1 to 9 problems	10 or more problems	Total	Average number of problems	Number with at least 1 problem in 2010 (N=386,373) ¹
Overall	25%	54%	21%	100%	7	232,627
Female	24%	54%	22%	100%	8	132,122
Male	26%	54%	20%	100%	7	95,287
60 to 74 years	26%	54%	21%	100%	7	150,503
75 to 84 years	25%	56%	19%	100%	7	53,104
85 or over	16%	55%	29%	100%	8	23,364
White	26%	55%	19%	100%	7	191,244
Not white	18%	51%	32%	100%	9	30,341
Hispanic	17%	54%	29%	100%	9	29,955
Not Hispanic	26%	54%	20%	100%	7	191,295
Less than \$25,000	13%	45%	42%	100%	11	77,037
\$25,000 to \$74,999	27%	57%	16%	100%	7	89,789
\$75,000 or more	36%	59%	5%	100%	4	38,168
Rent	19%	45%	36%	100%	10	43,069
Own	26%	56%	18%	100%	7	184,469
Lives alone	21%	53%	26%	100%	8	89,636
Lives with others	27%	55%	18%	100%	7	137,555

¹Source: Colorado State Demography Office, Population by Age and Gender

Contributions of Older Adults to the DRCOG Region

Advantages of a community with a significant number of older adults can be read in lower crime statistics and smaller costs for infrastructure that requires fewer schools, less road maintenance, less crime fighting and smaller landfills for unrecoverable resources. But the advantages that older adults provide to the DRCOG region extend beyond the passive benefits of lower cost. Older residents have time and inclination to offer productive work whether paid or not. In the DRCOG region, older adults provide significant paid and unpaid contributions. In addition to their paid work, older adults contributed to the DRCOG region through volunteering, providing informal help to family and friends and offering more extensive caregiving. The value of these unpaid contributions by older adults in the DRCOG region was estimated to be nearly \$3 billion in a 12-month period. Adding the value of their paid work, the total value of their contribution was just over \$5 billion in a 12-month period. (See Economic Contribution of Older Adults, page 42, for a detailed breakdown of the contributions by category and *Appendix C: Survey Methodology* for more information on the calculations.)

Figure 4: Estimated Annual Economic Contributions of Older Adults in the DRCOG Region



Recommendations and Conclusions

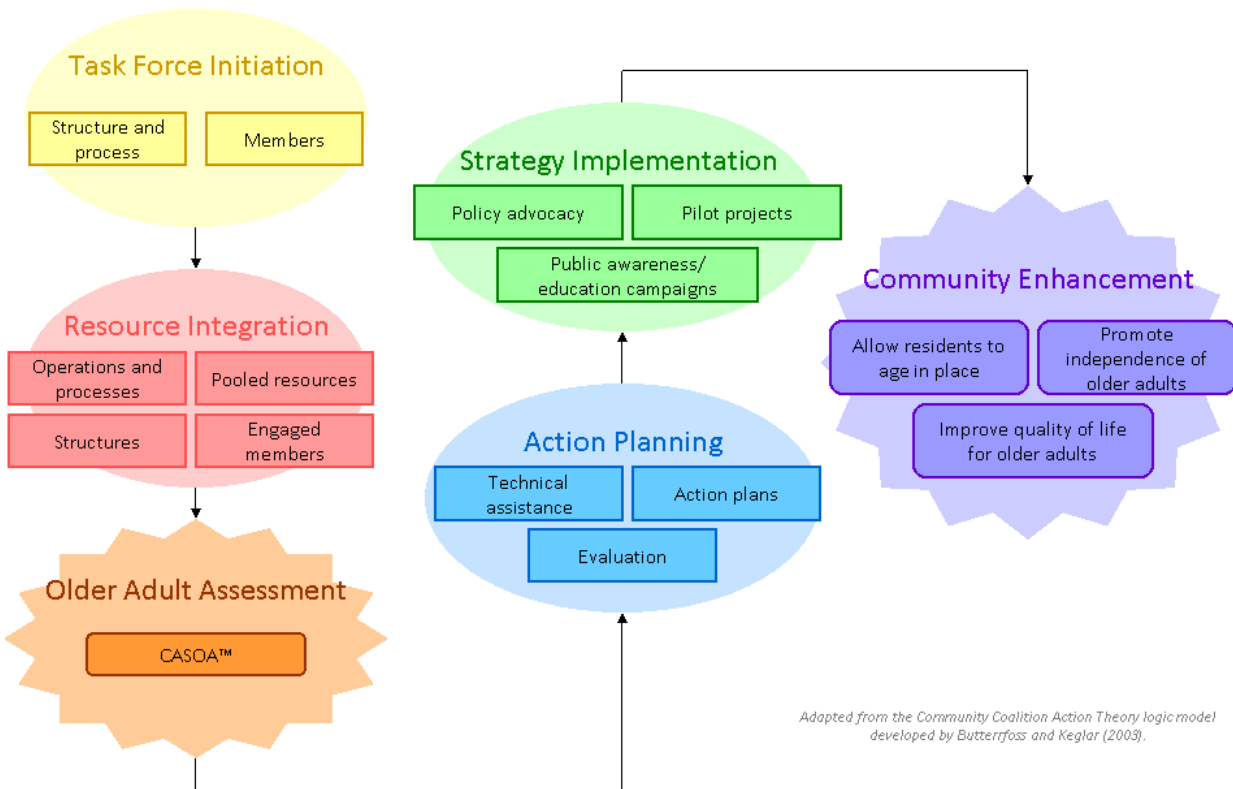
The CASOA™ assessment provides a wealth of data about the strengths and needs of the DRCOG region’s older adult population. Most seniors are flourishing in the DRCOG region. By and large, they are mobile, healthy and engaged in a variety of productive activities. Older residents experience a good quality of life in the DRCOG region and most plan to stay in the community.

Nonetheless, there are needs evident in the DRCOG region’s older adult population which are likely to increase dramatically as the population ages over the next decades. Areas where older residents in the DRCOG region demonstrated the highest need included civic engagement, information and planning, physical health and mental health.

Strengthening the Community with an Older Adult Coalition

Results that matter get acted upon, so an important first step to help ensure that the results of this assessment are used is to establish or empower an existing older adult task force or coalition that can decide which of these results matter. Given the upcoming significant growth in the number of seniors in the DRCOG region, the need for collaboration is great among government, community-based organizations and the private sector. Whether large or small, well-endowed or under-funded, coalitions help strengthen communities through developing planning capacity, increasing collaborative problem solving, promoting cooperation, developing advocacy capacity and increasing information access.³ A model of how an older adult coalition or task force might proceed with CASOA™ data is presented in the figure below.

Figure 5: A Model of Older Adult Coalition Functioning



Adapted from the Community Coalition Action Theory logic model developed by Butterfoss and Keglar (2003).

As presented in the preceding graphic, the coalition could use data from CASOA™ to develop an action plan that would identify areas for policy work, design public information campaigns and strategies to generate resources to fund pilot projects in the community. In addition, the consortium may serve as a “learning group” where various members or outside experts provide periodic lectures or host discussions on issues important to serving older adults, identifying trends in senior programming and the best practices to promote successful aging.

A coalition of older adults not only may serve as the vehicle by which recommendations for action arrive at the desk of staff and elected officials, but such a coalition offers an opportunity for its members to engage in relevant community service. Engaging with neighbors helps knit together a community of individuals, who, without that engagement, could face social isolation and the threat of dependency.

Opportunity 1: Civic Engagement

Similar to residents of the same age in many communities across the nation, older residents in the DRCOG region demonstrated significant needs in the area of civic engagement. Civic activity, whether it is through volunteering or participating in community decision-making, not only provides benefit to communities but also serves seniors themselves. Studies have found that volunteering in later life is associated with physical and functional health, lower injury rates and better psychological well-being. Those who volunteer are less likely to become injured or to die prematurely.⁴

The power of the next generation of older adults can be harnessed to the benefit of the community in the coming years. The literature on older adult civic activities finds that seniors are very well engaged in electoral participation (i.e., voting) and more engaged, than the average American, in volunteering and community service. It remains to be seen how Baby Boomers will compare to their older counterparts when it comes to making unpaid community contributions to society during their retirements. If DRCOG seeks to increase the civic engagement of older residents in the region, its decision makers may wish to consider a number of the following actions:

1. Increase participation of older residents in local governing and community decision-making

As local governments consider the diversity of their planning boards and oversight committees, the age of participants should become one of the diversity criteria. As communities age, there will be a natural accumulation of older adults who may be interested in serving. Older adults will need to be made aware of the opportunities to contribute. Sometimes special accommodation may need to be made to permit an older adult with the motivation but without the mobility or physical health to become civically engaged.

2. Actively promote senior volunteerism

Opportunities

1. Increase participation of older residents in local governing and community decision-making
2. Actively promote senior volunteerism
3. Consider community design and land use policy to “build community”

Barriers, both real and perceived, to older adult volunteering include the difficulty of linking supply (volunteers) with demand (volunteer opportunities), insufficient public awareness about volunteer opportunities, workplace policies too inflexible to encourage employees to volunteer, insufficient transportation and ageism.⁵ One basic and potentially powerful step to get older adults involved is simply to ask them.⁶ A study found that older adults were five times more likely to volunteer if only they were invited.⁷ The Corporation for National and Community Service Web site⁸ lists effective practices on recruiting senior volunteers.

The oncoming wave of baby boomers has the potential to be the backbone of civic activity. The Center for Social Development suggests an “institutional capacity” perspective to leverage older adult engagement:

- Access: opportunities must be available that address barriers such as transportation, physical health, need for continued employment, lack of knowledge of a specific issue and lack of technological skills.
- Expectations: Community expectations can shape volunteerism. “Norming” can convey civic engagement as a societal obligation.
- Information: Public education about needs and contributions of older volunteers can be beneficial and help shape the expectations of younger adults for their retirement years.
- Incentives: Older adults are most interested in volunteer work that gives them “a chance to give back,” utilizes skills and shows impact.
- Facilitation: A range of activities can help recruit and sustain older volunteers including orientation, readings, computer training and other education. Sometimes financial incentives are used to facilitate volunteerism through minimal stipends or tax credits.

Promising practices to increase older adult volunteerism include offering governments incentive programs such as travel reimbursements⁹ and tax credits/abatement,¹⁰ the development of an on-line clearinghouse of volunteer opportunities¹¹ offering non-cash incentives¹² and “time banking” opportunities,¹³ innovative programs including the Volunteer Generation Fund,¹⁴ Encore fellowships,¹⁵ Experience Corps¹⁵ and Silver Scholarships.¹⁵

For more information on senior volunteerism, the New York State Commission on National and Community Service has created a summary of recent literature on the best practices in older adult volunteerism in the white paper: NGA Policy Academy on Civic Engagement Older Adults, Baby Boomers, and Volunteerism Annotated Bibliography.¹⁰

3. Consider community design and land use policy to “build community”

New Urbanists and smart growth advocates argue the importance of community planning and land use to provide opportunities for civic life and activity. For more information on urban design guidelines that promote community building, see the Urban Design Advisory Service’s *Seniors Living Policy: Urban Design Guidelines for Infill Development*,¹⁶ *Livable Communities for Older People*,¹⁷ and the *Beyond 50.50 Survey*.¹⁷

Opportunity 2: Information and Planning

The DRCOG region's older residents expressed needs for general information and planning as well as for specific information about services offered to seniors and help with Social Security and Medicare. Financial and legal planning also were areas where a sizable number of older residents in the DRCOG region could benefit from community assistance. Communities interested in increasing community capacity for information and planning services might consider the following actions:

Opportunities

1. Increase public awareness of programs and services
2. Develop an on-line clearinghouse for all services offered to seniors in community
3. Offer information and planning activities on a large scale

1. Increase public awareness of programs and services

Increasing older adult awareness of services may help decrease unmet needs as well as frustration when older adults look for information. Better information may promote quality of life when residents learn about opportunities such as health screenings, and physical and social activities.

As local governments act to engage older adults in creating senior-friendly communities, it is essential to understand where residents learn about local affairs. Transmission of information represents half the effort in most successful communication relationships (reception representing the other half), so it is important to reach a large number of readers, viewers and listeners at the media fountain where they typically drink. Maximize communication across a range of media by focusing resources on the outlets that attract the segments of older adults sought and save resources that otherwise would fund less effective sources.

Regional newspapers, the local newspaper, television and local government's newsletter represent important media for increasing awareness of local service opportunities and relevant policies. Working with employers and faith-based organizations can provide additional outlets for information flow.

2. Develop a clearinghouse for all services offered to seniors in community

There is need not only to increase knowledge about services offered by local government but also information about services provided by other organizations. Valuable services are currently offered by private, public and nonprofit agencies with a lack of centralized location for people to find out about services (or without most local older adults being aware of that central repository). Increasing knowledge about services to older adults may decrease the burdens placed on local government by spreading the demand among government and non-governmental agencies.

This information clearinghouse might be pursued best through the older adult task force or coalition recommended above. The goal would be to assemble an entire resource directory of all services for older adults offered in the DRCOG region and the nearby communities. Once completed, the directory should be available online as well as at each facility offering older adult services.

3. Offer information and planning activities on a large scale

Local governments and community-based nonprofits already offer information seminars, lectures and workshops on a variety of relevant quality of life topics for older adults – like estate planning, dealing with Medicare and improving health. Nevertheless, stepping up the number, frequency and dispersal of these live information offerings will reach more residents in need and help reduce needs in two ways: 1) by driving participants to service providers who can help to mitigate those needs and 2) by educating residents to solve by themselves the manageable problems they confront.

To maximize the dispersion of these information sessions, consider working with employers and faith-based communities to provide seminars and encourage information sharing and planning. “Resource kits” can be printed and distributed through community organizations to increase dissemination.

Opportunity 3: Physical Health and Mental Health

Older residents often cite good health as the key to successful aging.¹⁸ The DRCOG region is fortunate that most of its older adult residents report good health. However, health promotion and continued prevention of chronic disease will aid in maintaining the quality of life of older residents in the DRCOG region.

Communities seeking to maintain and improve the health of their older residents might consider the following actions:

1. Actively promote good health practices

Awareness of and support for the implementation of four strategies that have proven effective in promoting the health of older adults may continue to help keep older adults in the DRCOG region healthy: 1) Healthy lifestyle promotion (physical activity, eating a healthy diet, not using tobacco, etc.), 2) Early detection of disease (health screenings, regular checkups, immunizations), 3) Injury prevention (e.g., housing modifications) and 4) Promotion of self-management techniques (e.g., arthritis self-help course).¹⁹

At least one-third of the DRCOG region’s older respondents reported that the opportunities for affordable quality health care and mental health care as well as preventive health services were “fair” or “poor.” Understanding specifically what older residents see as opportunities missed for their health care needs will provide details about the interventions that will be successful. Are current facilities or preventive services too few, not welcoming, poorly located or too expensive? What kind of preventive services are desired that do not seem to be available – screening fairs, in-office tests? For what kinds of mental health issues do residents encounter barriers to treatment – isolation, depression, anxiety, the costs of treatment, the stigma of care? These are the kinds of questions that can be answered with guided discussions whose purpose is to understand more fully the depth of health problems with which older residents in the DRCOG region cope.

2. Provide attractive fitness opportunities for older residents

Opportunities

1. Actively promote good health practices
2. Provide attractive fitness opportunities for older residents
3. Consider community design features to promote active-living communities
4. Promote access to fruits, vegetables and healthy eating choices
5. Improve access to screenings and programs for depression, anxiety and Alzheimer’s/dementia

When seniors lose the ability to do things on their own, it usually does not happen simply because they age. More often it is because they have become inactive. It is estimated that 46% of people aged 65-74 and 56% of people 75 and older are sedentary.²⁰ An article in the *Journal of Active Aging* reports: “The biggest message to bring across is that with every increasing decade of age, people become less and less active; but the evidence shows that with every increasing decade, exercise becomes more important in terms of quality of life, independence and having a full life. So as of now, Americans are not on the right path.”¹⁴ Research fuels new physical activity recommendations for older adults.²¹

Some promising programs to get older residents moving include: pedometer or walking programs; outdoor recreation opportunities such as hiking, biking, bird watching, mind-body exercises such as Pilates and yoga, and organized events such as races and triathlons uniquely for seniors. Other fitness programs for seniors are provided in the American Society on Aging’s *Live Well, Live Long: Steps to Better Health Series*.²² Not only should these programs be promoted actively through recreation and senior centers but also through employers, schools, faith communities and other community-based organizations. Programs aimed not only at seniors will help to establish good habits among young people, too, and may diminish obesity and sedentary behavior across all ages.

3. Consider community design features to promote active-living communities

Much is published about the importance of the built environment and its role in promoting physical activity. A recent review of literature on environmental factors that affect physical activity has found many significant associations between health and the accessibility of facilities, opportunities for physical activity, pedestrian-friendly street plans²³ and safety.²⁴ Focusing on community planning and design features that emphasize concepts of New Urbanism and Smart Growth may have strong impacts not only on older adult physical activity but also on traffic, environmental quality, community safety and opportunities for building social capital.²⁵⁻²⁸ For more information on planning communities that promote active aging, see the Partnerships for Prevention’s guide: *Creating Communities for Active Aging*,²⁹ the Active Living Leadership’s *Primer on Active Living for Government Officials*³⁰ and Robert Wood Johnson Foundation’s *Leadership for Healthy Communities*.³¹

4. Promote access to fruits, vegetables and healthy eating choices

Food security refers to the ability to access, at all times, enough food for an active, healthy life.³² Nationally, more than 1.6 million households with seniors are estimated to be “food insecure” and the rate of food insecurity triples for elders in poverty.³³ Nationally, food insecure seniors were 2.3 times more likely to report fair/poor health status and had higher nutritional risk than their younger counterparts.³⁴ However, communities can make a difference. In a recent study of 17 community-led health programs, communities that provided greater access to fresh produce showed greater increases in resident fruit and vegetable consumption.²³ Innovative programs to promote healthful eating for older residents include: 1) Senior Community-supported Agriculture (CSA) projects (a strategy that allows senior consumers to purchase shares of a local farmers harvest), 2) “farm to institution” programs where local farmers deliver produce for cafeterias of hospitals, nursing homes and assisted living facilities, and 3) the USDA funded Senior Farmers’ Market Nutrition Program.³⁵ Information on projects aimed at increasing the food security of seniors appears at www.foodsecurity.org and more information on food security issues and older

adults is on America's Second Harvest Fact sheet on Senior Hunger.³⁴ In addition to these resources, the USDA has produced a food security toolkit that provides a series of tools to help communities assess their food security and target areas and populations in need.³⁶

5. Improve access to screenings and programs for depression, anxiety and Alzheimer's/dementia

Programs for mental health can be provided not only by mental health centers. Recreation centers, faith-based organizations and the offices of medical doctors offer opportunities to test older adults' cognitive abilities and symptoms of depression, anxiety, Alzheimer's/dementia and substance abuse. Health fairs can include written screening tests for signs of dementia and for symptoms of other mental health problems.³⁷ In brochures, on Web sites or in media broadcasts, candid communication from local government and Area Agencies on Aging about the prevalence of mental health problems associated with aging will reduce the stigma associated with admitting problems or reporting them when suspected by friends and family. Where such reporting should occur and the likely steps that follow self report or reporting by others must be widely disseminated to older residents and other adults in the area.³⁸

Conclusions

In summary, this assessment captured the perspective of the DRCOG region's older residents, demonstrating widespread agreement that seniors are generally satisfied with the current quality of life in the community. Attendant to the older adult residents in the DRCOG region is widespread (albeit not uniform) good health, engagement in social and physical activities and a positive outlook on conditions here. The DRCOG region is doing a good job of providing opportunities for older residents, but there are limitations to continued success that need to be addressed before the full force of the growth in the number of older adults hits.

If no changes occurred in the older adult population, the community would continue to offer a good quality of life for its residents. However, as the aging population overtakes the DRCOG region (as it will in the U.S. and abroad), the current resources available to older adults will not suffice. Services will need to be expanded and re-configured to suit the older-old and the younger-old; new techniques will need to be employed to educate residents about programs and facilities; more effective partnerships and networking will be required to provide integrated service opportunities; and new community land use and design policies will need to be adopted.

A periodic sounding of the DRCOG region's older adults will provide ongoing assessment of the progress you make as the spring of older adults bubbles into the community. Conducting the CASOA™ puts the DRCOG region vastly ahead of most communities in the U.S. because planning for the coming wave of older adults most often is accomplished by the assertions of hard working service providers, who, despite their commitment to the well-being of older adults, cannot speak as articulately for older adults as older adults can speak for themselves.

An AARP executive noted about America's aging: "It would be hard to overstate the significance of these shifts... But from here on, every planning decision made in every community must take into account the impact on older residents, who can no longer be an afterthought. The ability of our institutions to adapt to an aging nation will be one of the great American challenges of the 21st century."³⁹

Demographics

The graying of America can be understood in simple population counts. The number of people in the United States over the age of 65 is projected to more than double from 35 million in 2000, to 71 million in 2030. Additionally, a dramatic increase in the average age of the older population is expected. While 4.2 million persons were age 85 and older in 2000, further declines in mortality could lead to a five-fold increase in the number by 2040.⁴⁰

This bubble in the demographic charts is largely the Baby Boom generation, the cohort of 75 million Americans born between 1946 and 1964, the largest generation ever, grown in no small part because of the optimism and prosperity that followed WWII. In the year 2006, the first wave of the Baby Boom generation reached the age of 60.

The Baby Boom generation is beginning to enter older adulthood, creating a new disruption in social institutions akin to what occurred when they were younger: crowding hospitals, schools, and colleges, transforming markets, trends and the workplace.⁴¹ In their later years, Boomers likely will have a similar impact on retirement, health, housing, transportation, education, community and family life.⁴²

The “demographic revolution” that began in 1946 is expected to result in a broad array of challenges and opportunities in the near future and will create a great shift in national priorities.⁴¹ Trends that are apparent include:

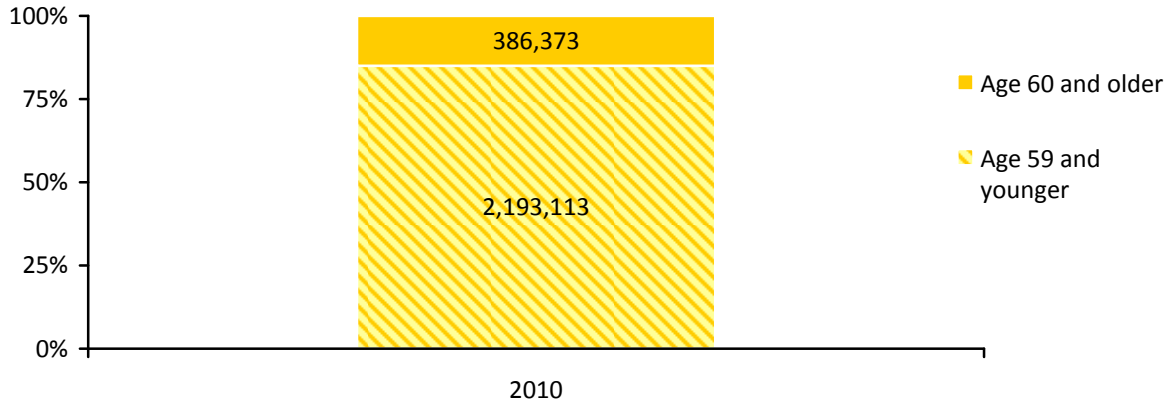
- Advances in medical and related sciences, coupled with trends in exercise and healthy lifestyles suggest that people will not only live longer but the number of Americans who live up to and beyond 85 years of age will continue to grow⁴³
- Older adults will be wealthier and better educated than past generations⁴³
- Baby Boom retirees will have a stronger desire to make contributions beyond traditional retirement⁴⁴
- People are likely to stay in the workforce longer than ever before⁴⁵⁻⁴⁷
- The older adult population will be more racially and ethnically diverse⁴³
- The epicenter of economic and political power will shift from the young to the old⁴³

How the increase in older Americans fully will affect society largely remains speculation. However, what is clear is that the current demographic trends are likely to change fundamentally the way older adult life is lived.

A Profile of Older Adults in the DRCOG Region

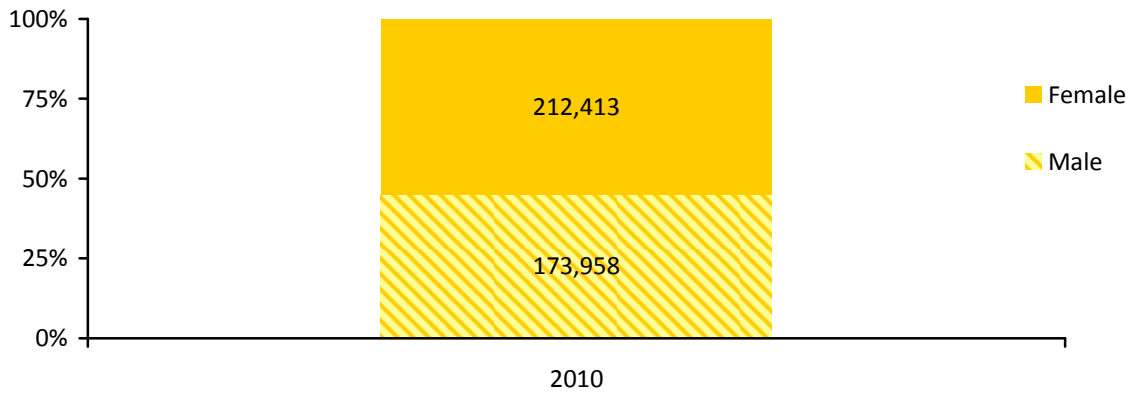
In 2010, there were estimated to be 386,373 older adults (persons 60 and over) living in the DRCOG region. The following charts display the DRCOG region’s older adult demographic profile.

Figure 6: Older Adult Portion of the Total Population of the DRCOG Region



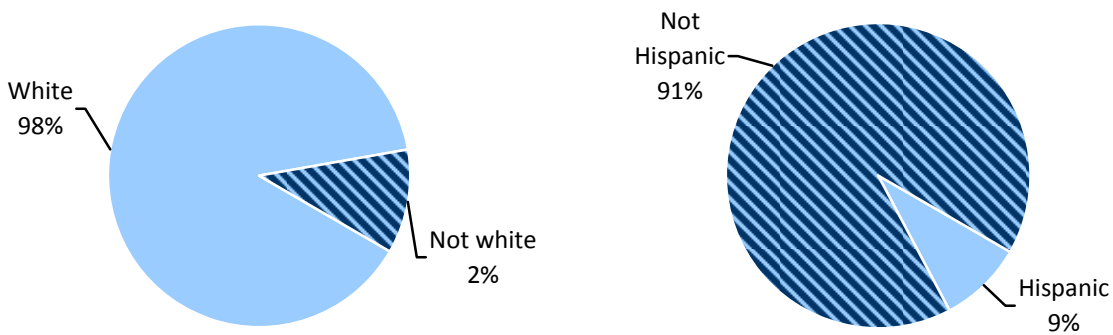
Source: Colorado State Demography Office, Population by Age and Gender

Figure 7: Male and Female Portions of the Older Adult Population of the DRCOG Region



Source: Colorado State Demography Office, Population by Age and Gender

Figure 8: Race and Ethnicity of the Older Adult Population of the DRCOG Region



Source: U.S. Census, 2000

Residential Stability

According to a survey by AARP, more than 8 in 10 adults over age 45 want to live roughly where they live now “as long as possible.”⁴⁸ That does not necessarily mean the exact same dwelling, but it does mean within only a few miles and in a state of self-sufficiency, if possible. To “age in place” implies both personal strength and provision of community assistance as needed. In different communities, older adults have different intentions, so it is essential to understand what older adults in the DRCOG region are anticipating in their retirement. By learning directly from older adults, planning can begin for the services required for them to remain independent and the community can attract other older adults who are likely to find those kinds of services appealing.

In fact, according to the Census Bureau, fewer than 5% of people 55 and older move in any given year, and the bulk of those do not go very far: 49% of movers stay within the same county, and only 25% move to a different state. Of those who do cross state lines, the major lure is not weather, tax relief or a new adventure: people usually move to be closer to family.⁴⁹ A majority of the DRCOG region’s older residents have lived in the community for more than 20 years. Further, most reported they would recommend the community to others and plan to stay for retirement.

Figure 9: Length of Residency in the DRCOG Region

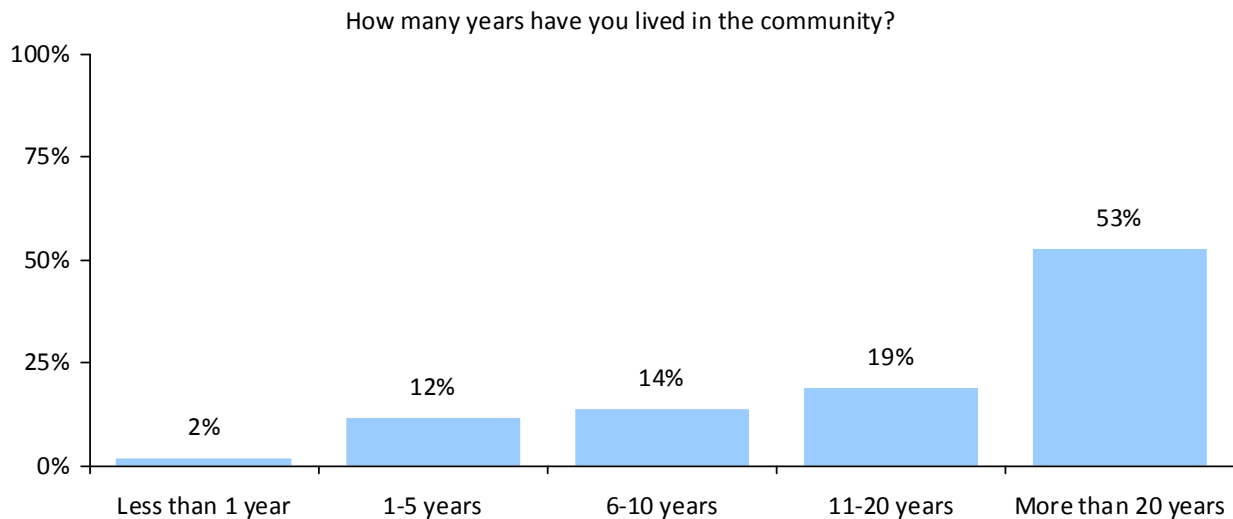
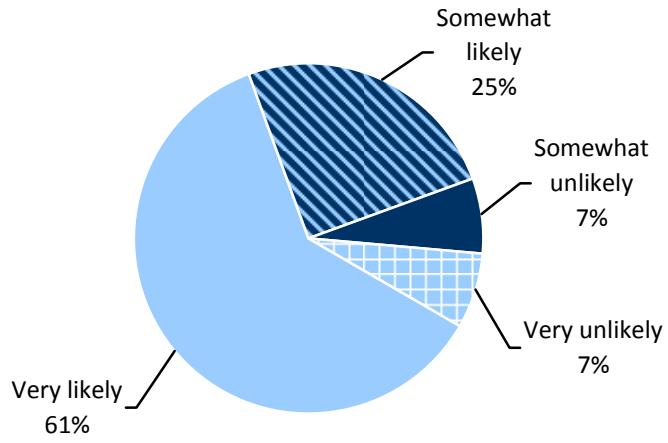


Figure 10: Likelihood of Remaining in the DRCOG Region Throughout Retirement

How likely or unlikely are you to remain in the community throughout your retirement?

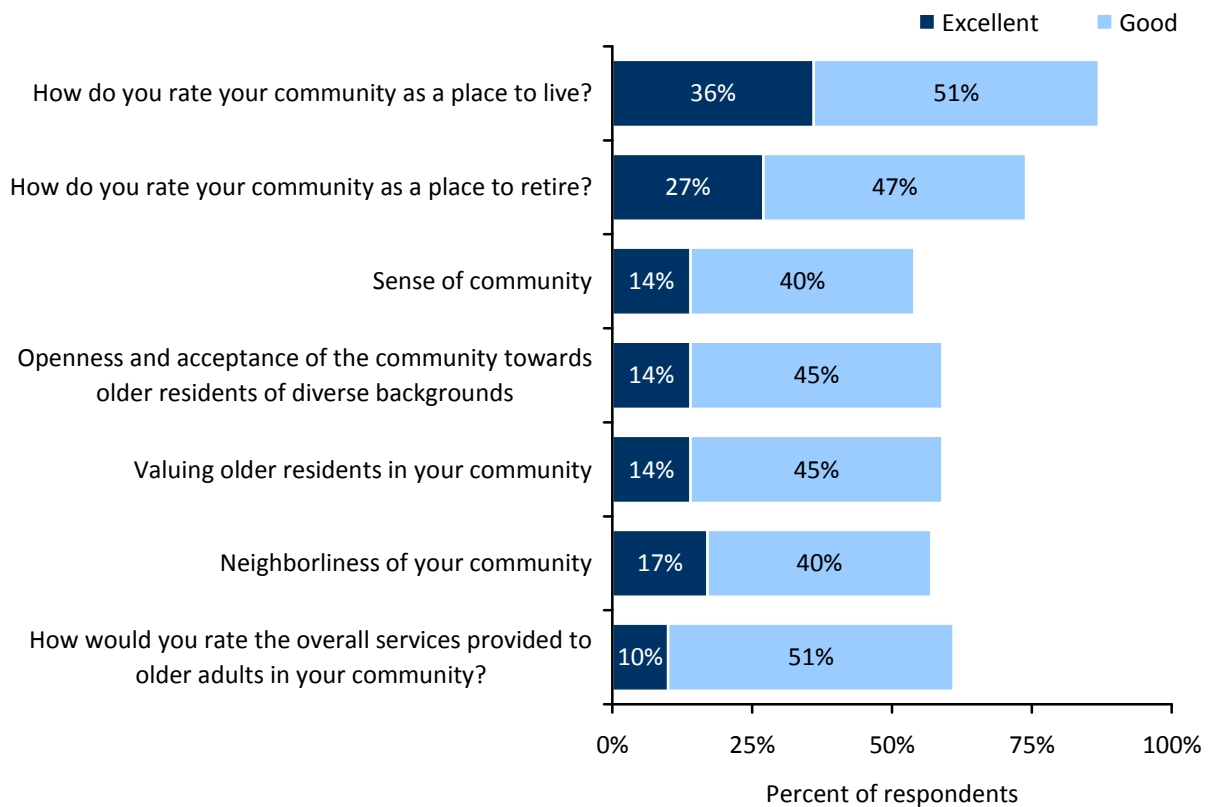


The DRCOG Region as a Place for Older Residents

CASOA™ contained a number of questions related to the life of older residents in the community. Survey participants were asked to rate the overall quality of the community, as well as other aspects of community life in the DRCOG region. The questionnaire assessed use of the amenities of the community and involvement by respondents in the civic and economic life of the DRCOG region.

Most of the DRCOG region’s older residents gave high ratings to the community as a place to live and many said it was a “good” or “excellent” place to retire. Services offered to older adults were considered “excellent” or “good” by 6 in 10 older residents in the DRCOG region.

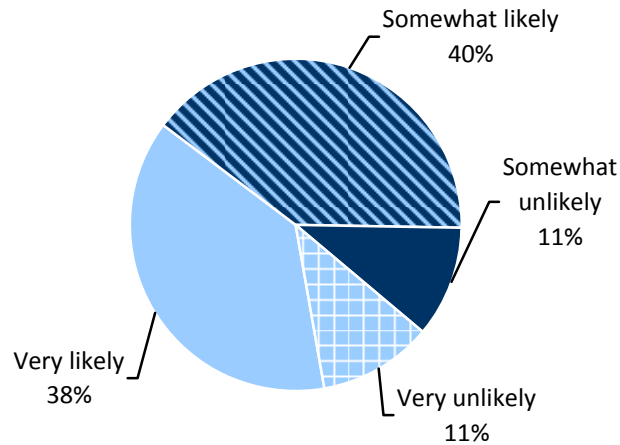
Figure 11: The DRCOG Region as a Place for Older Residents



Once a community has evolved programs and policies that successfully offer an attractive environment to older adults, one of the most telling signs of success is the willingness of residents to recommend that jurisdiction to other older adults. Generally, residents will not recommend a community to friends unless that community is seen to be offering the right services with optimal effectiveness. A place cannot be just “okay” for a person to become a reference for it. Just how successful the DRCOG region has been in creating an attractive setting for older adults can be sensed by the number of older residents that say they will recommend it to others. In the DRCOG region, most reported they would recommend the community.

Figure 12: Older Residents’ Likelihood of Recommending the DRCOG Region to Others

How likely are you to recommend living in the community to older adults?

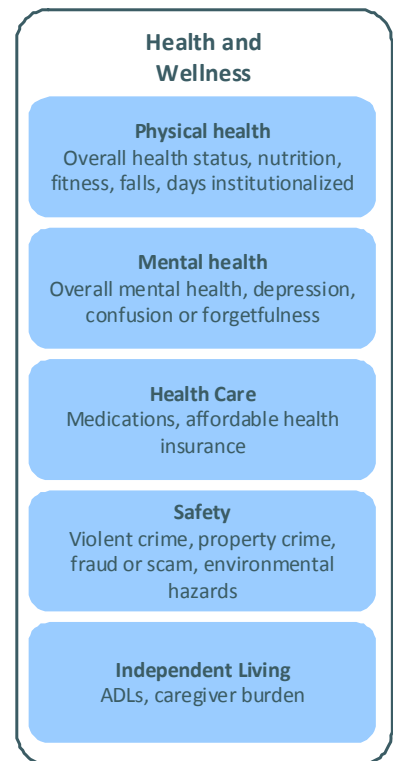


A Closer Look at Older Adult Needs

Community areas of health and wellness, community land use and design, productive activities and information and planning contribute significantly to the quality of community life for older residents. Each of these topics is covered in greater detail in the following sections. Within each chapter of the report, data related to specific strengths and needs of older adults are presented. Each chapter, and section within, begins with older residents' ratings of the DRCOG region and is followed by resident behaviors and needs.

Health and Wellness

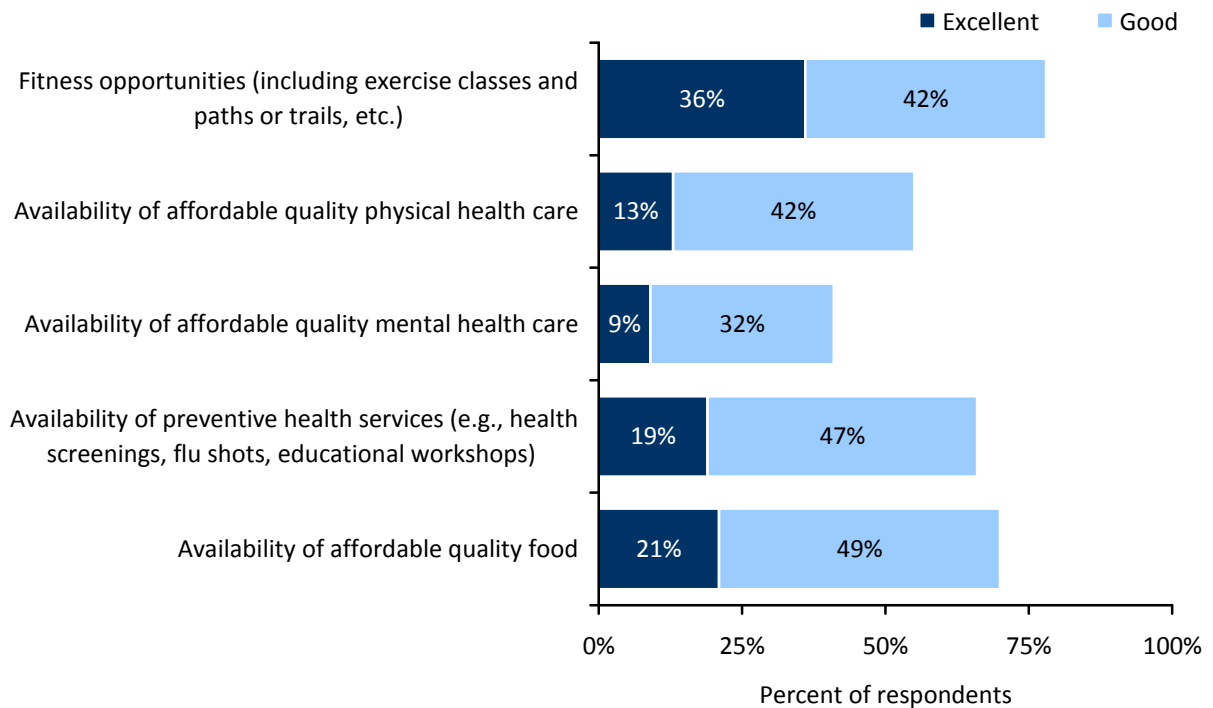
The Centers for Disease Control and Prevention (2004) have argued, "Poor health is not an inevitable consequence of aging" yet community supports are needed to help maintain the health and independence of a growing senior population. Of all the attributes of aging, health poses the greatest risk and the biggest opportunity. If the community cannot assist the independence of residents who experience the inevitable decline in health that accompanies aging, the potential economic contribution of older residents will be lost to hospitals and nursing homes. Health and wellness, for the purposes of this study, included not only physical and mental health, but issues of independent living and caregiving, and safety affecting older residents.



Physical, Mental and Cognitive Health

CASOA™ assessed a variety of physical and mental health issues commonly affecting people as they age as well as provided older residents the opportunity to rate health opportunities in the DRCOG region. Fitness opportunities was rated most positively for the DRCOG region, while the availability of affordable quality mental health care was rated least favorably by older residents.

Figure 13: Older Residents' Ratings of Health and Wellness Opportunities in the DRCOG Region



Older residents were asked to rate their overall health, mental health and quality of life as well as report on any sentinel events such as falls and institutionalization. Most older residents rated their overall physical and mental health, and their overall quality of life with positive ratings. About 31% reported injuring themselves from a fall and 3% reported having spent time in a nursing home or rehabilitation facility in the 12 months prior to the survey.

Figure 14: Health and Quality of Life of Older Residents in the DRCOG Region

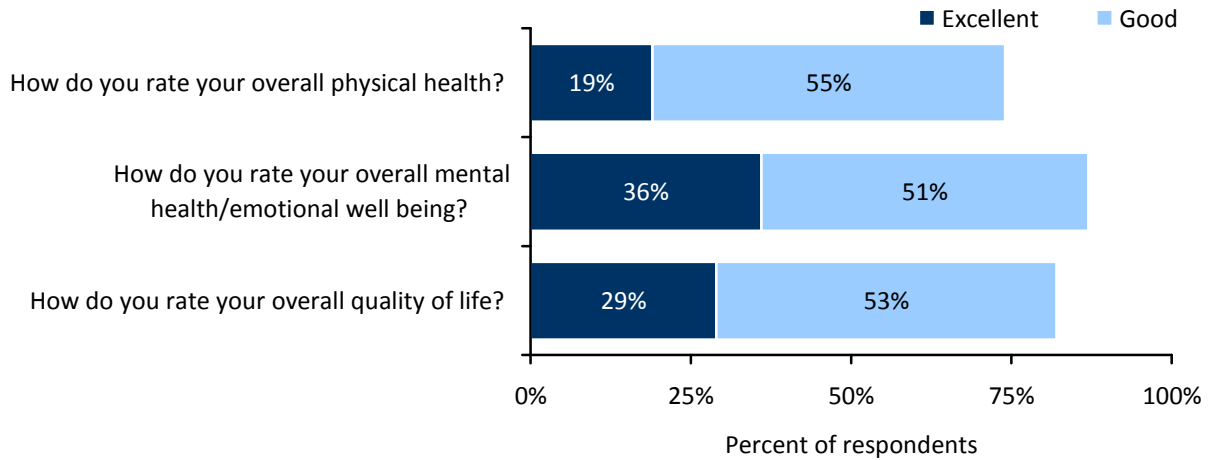
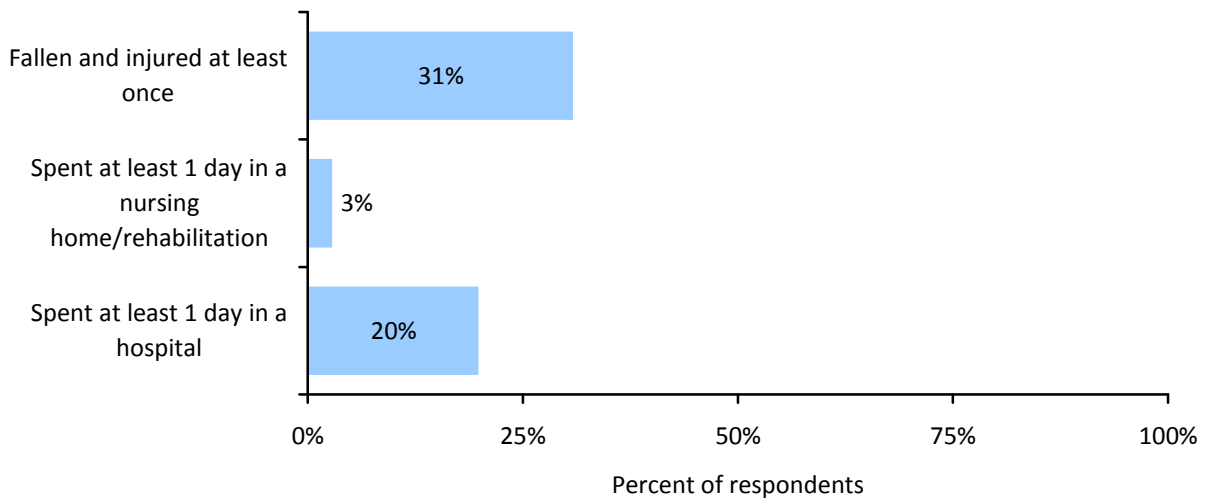
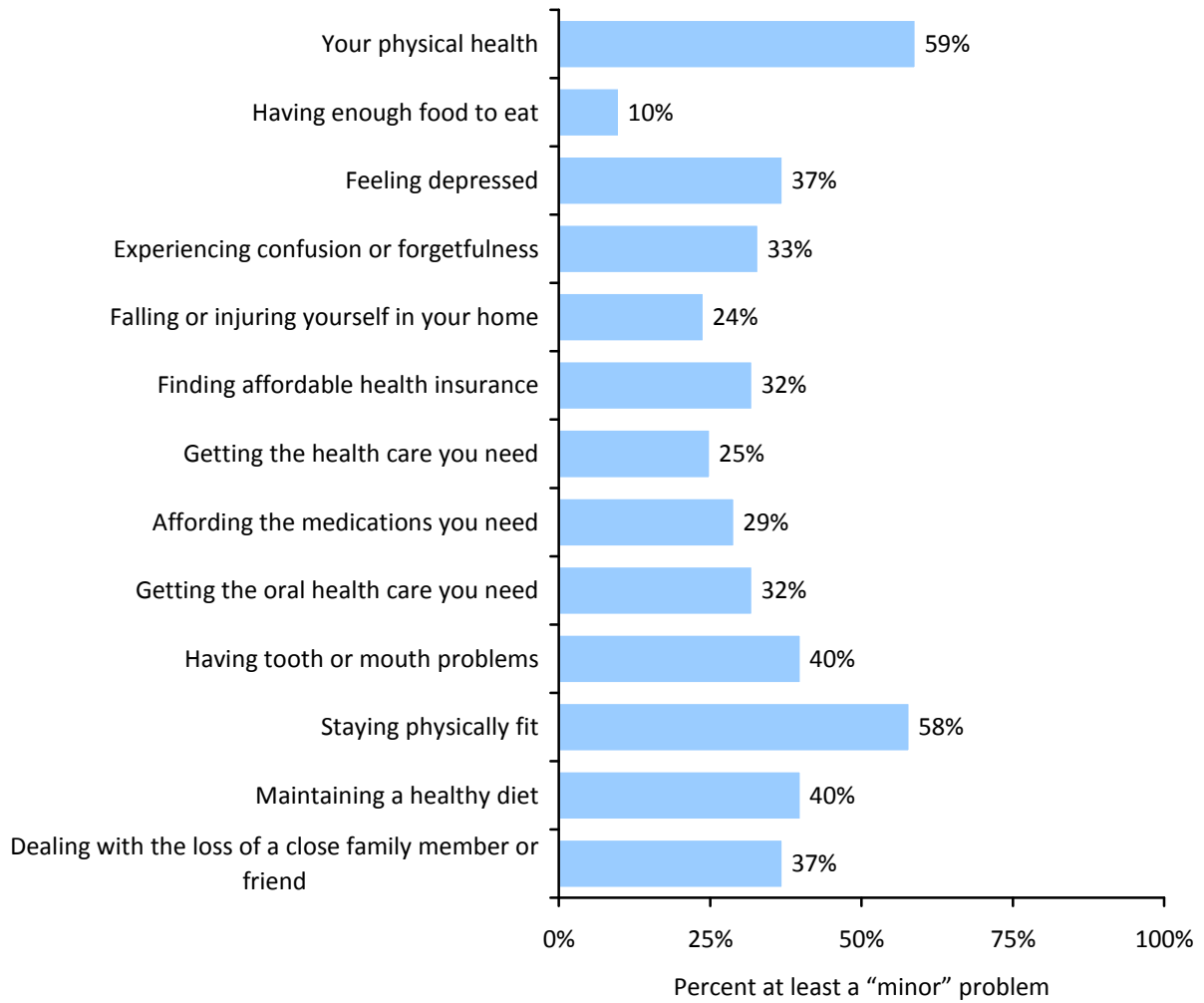


Figure 15: Falls, Hospitalizations and Institutionalizations of Older Residents in the DRCOG Region in Prior 12 Months



Finally, respondents reported the extent to which they had experienced problems with various health related issues in the 12 months prior to the survey. Respondents most frequently reported having problems with physical health and staying physically fit, while problems with having enough food to eat was reported by the fewest respondents.

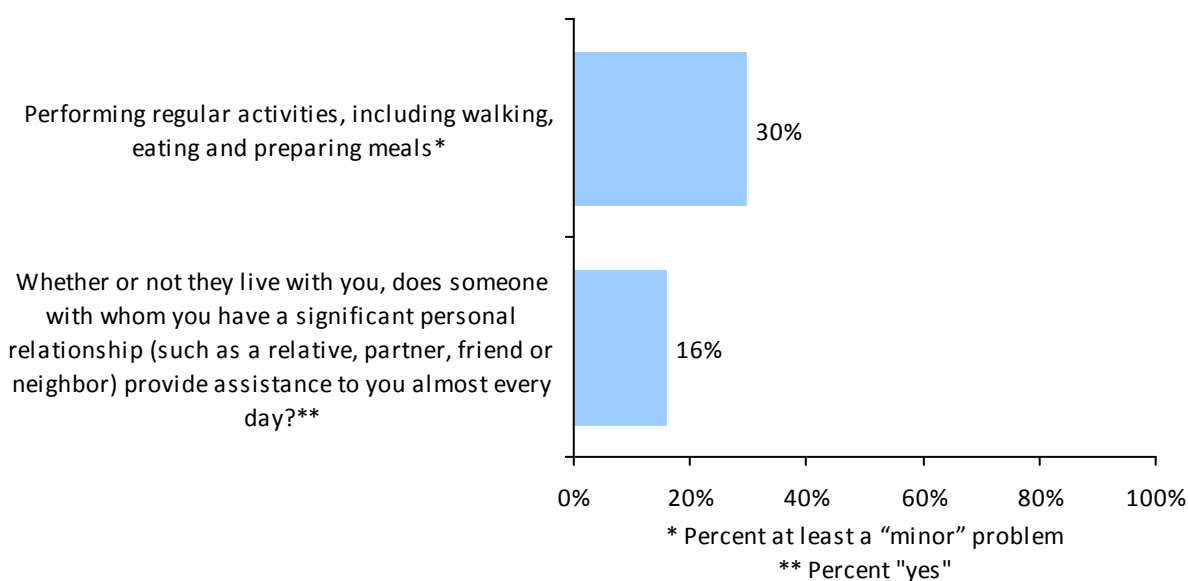
Figure 5: Health and Wellness Needs



Independence and Caregiver Burden

Activities of daily living (ADL) usually include the basic activities of daily life, such as bathing, dressing, moving from bed to chair. Other activities of daily living, usually referred to as instrumental activities of daily living (IADL), include doing laundry, preparing meals, managing the household, and so on. Inability to do one or more ADL or IADL means less independence. As the older adult population increases and those 85 years and older become the fastest growing segment, the demand for caregiving will increase dramatically. Survey results showed that approximately 30% of the respondents were at risk of institutionalization because they reported needing at least “minor” help performing activities of daily living such as walking, eating and preparing meals.

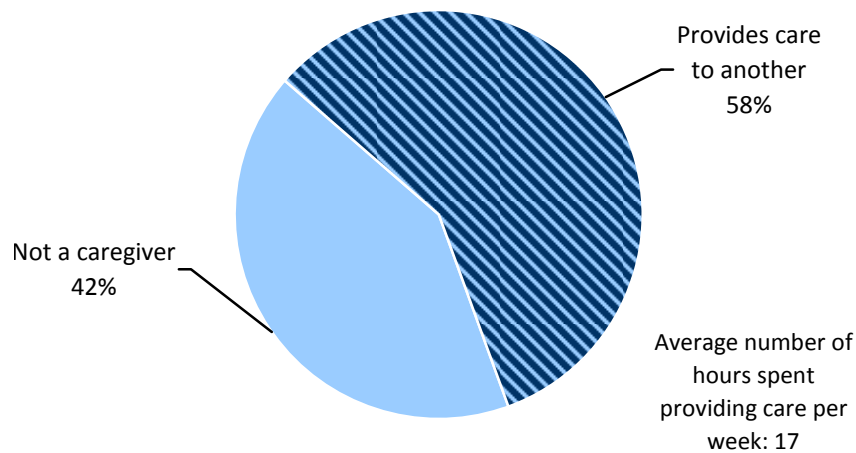
Figure 6: Independence Needs



Caregiver Burden

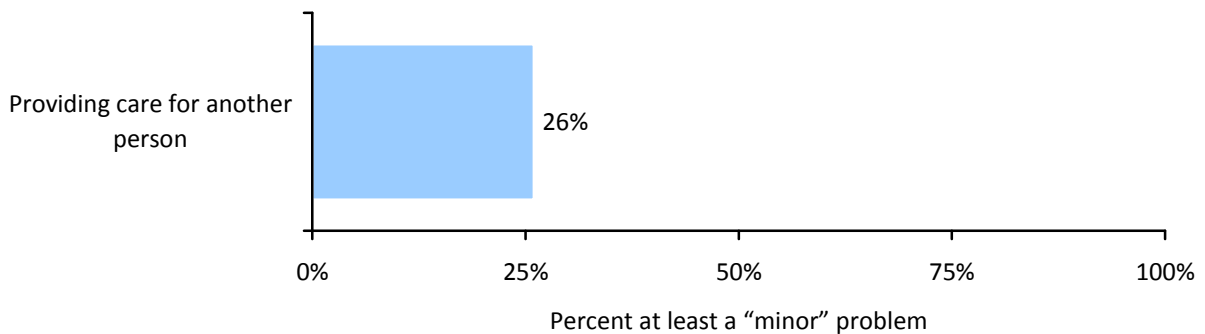
Providing care to a loved one or friend offers an opportunity for contribution and deserved sense of personal worth. Although most caregivers report little physical strain, emotional stress or financial hardship as a result of being a caregiver, many of those who provide care most suffer from depression, isolation and other forms of physical and emotional hardship.⁵⁰ The “caregiving crunch” is predicted to be a potential problem and the average American will spend more years caring for parents than for their own children.⁴¹ About 6 in 10 of older respondents were caregivers and 26% reported bearing caregiving responsibilities which were problematic.

Figure 16: Caregivers in the DRCOG Region



Note: A respondent was considered a caregiver if they reported providing one or more hours of care to one or more individuals. The average number of hours is for all caregivers.

Figure 17: Caregiver Burden



Safety

Even when older adults are exposed to the same community environment as younger people, older folks feel less safe. No doubt they are aware of their increasing vulnerability even when the ambient dangers of crossing the street or walking the dog are unchanged. For older adults to feel as safe as younger adults, a community must provide extraordinary services intended to enhance the personal feelings of safety of older adults. In this assessment, older residents reported their overall perceptions of safety in the DRCOG region, as well as any problems with being a victim of crime, frauds or scams or being abused.

Older residents reported feeling safe in the DRCOG region. A relatively small proportion of seniors in the DRCOG region reported problems with crime or abuse in the 12 months prior to the survey. Nonetheless, these crimes can have serious consequences for older residents.

Figure 18: Older Resident Ratings of Safety Overall in the DRCOG Region

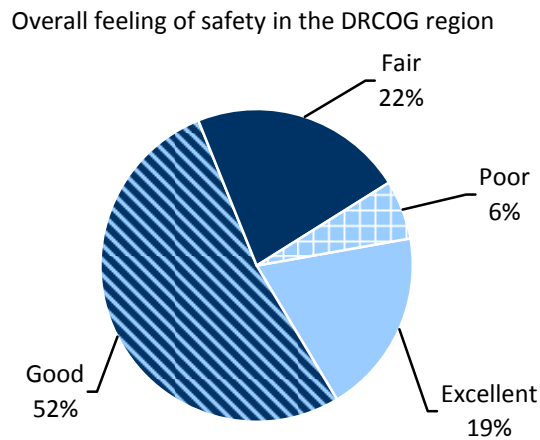
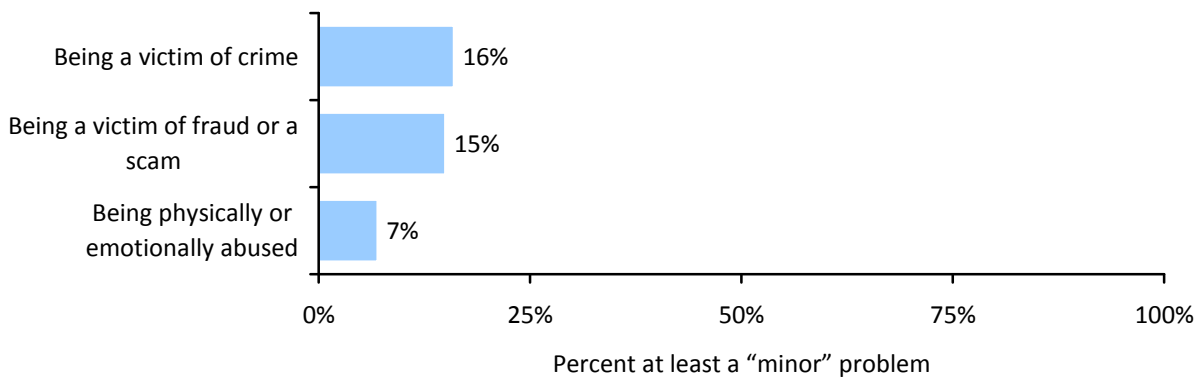


Figure 19: Safety Needs



Information and Planning

Sometimes residents of all ages fail to take advantage of services offered by a community because they just are not aware of the opportunities. The primary role of government in creating a community that delivers many and high quality services targeted to older adults is to make the service offerings widely known. The education of a large community of older adults is not simple, but when more residents are made aware of attractive, useful and well-designed programs, more residents will benefit from becoming participants.

Information and Planning

Information

Services for older adults, Social Security and Medicaid, planning, legal, financial

In the DRCOG region, about 60% of survey respondents reported being “somewhat” or “very” informed about services and activities available to older adults. Further, about half rated the availability of information about resources for older adults as “excellent” or “good.”

Figure 20: Awareness of Older Adult Services and Activities

In general, how informed or uninformed do you feel about services and activities available to older adults?

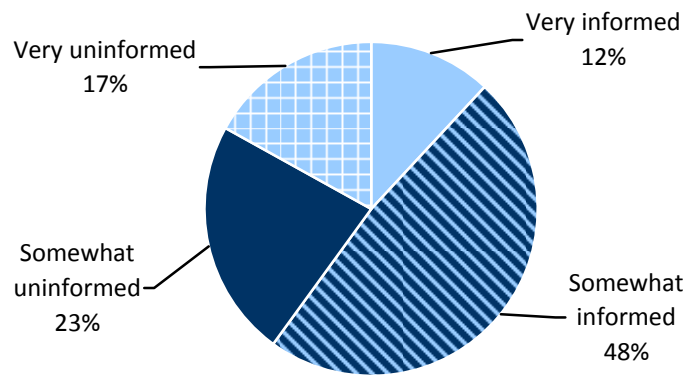
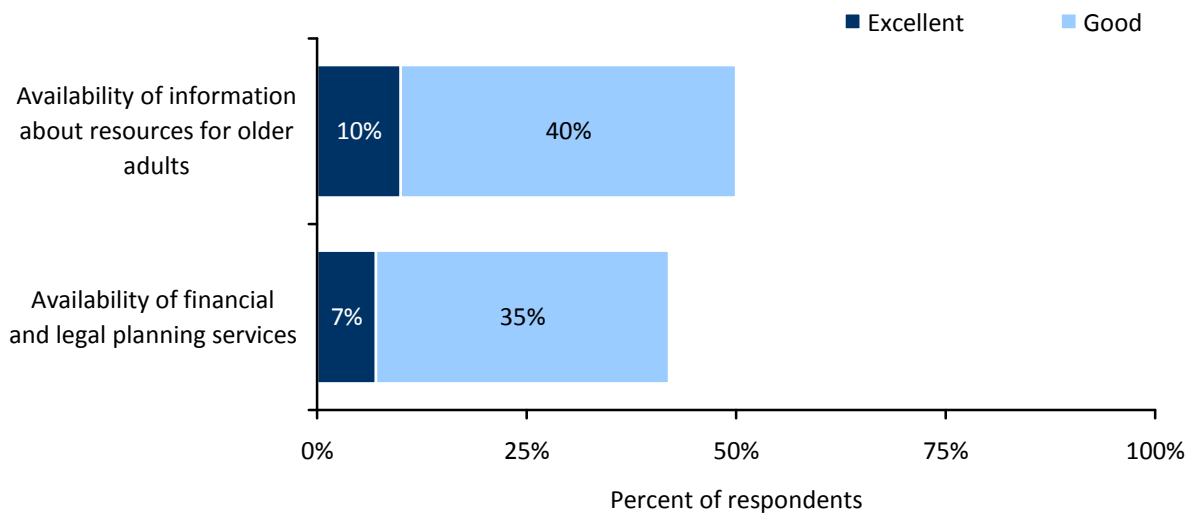
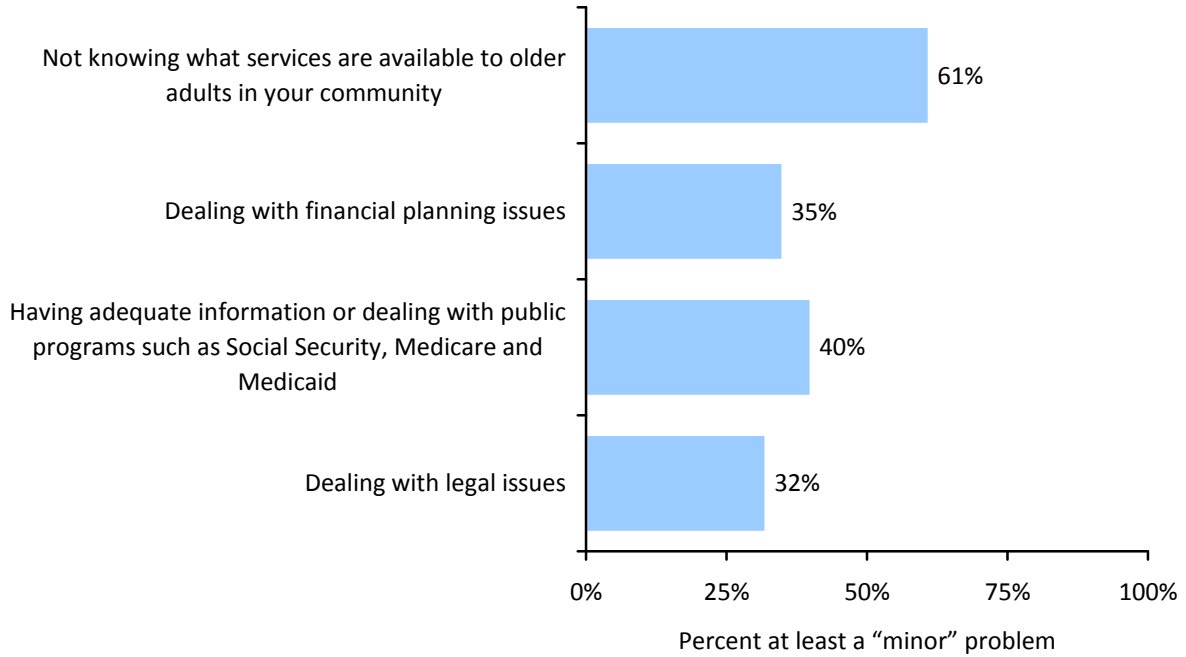


Figure 21: Availability of Information on About Older Adult Resources in the DRCOG Region



About 6 in 10 seniors reported having at least “minor” problems with “not knowing what services were available to older adults” in the DRCOG region and the most pressing information/planning needs were dealing with financial planning and legal issues.

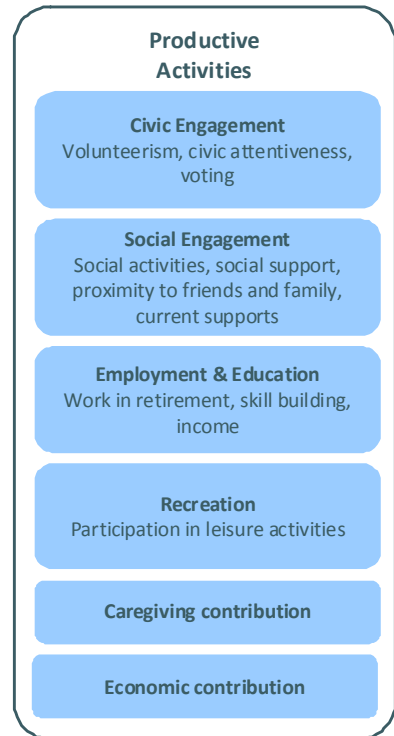
Figure 22: Older Resident Financial Needs in the DRCOG Region



Productive Activities

Productivity is the touchstone of a thriving old age. 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 and contribute to successful aging.⁵¹ 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, for example, volunteer activities or part time work.

In this section of the report, the extent of older adults' engagement in the DRCOG region is identified. Older residents' participation in social and leisure programs such as those offered by the library, cultural facilities, recreation and senior centers is described and how much time older adults spend attending or viewing civic meetings, volunteering and providing help to others in the community is revealed. Residents' perceptions of the community opportunities for engagement in meaningful activity are discussed and their contribution to the community is explored.

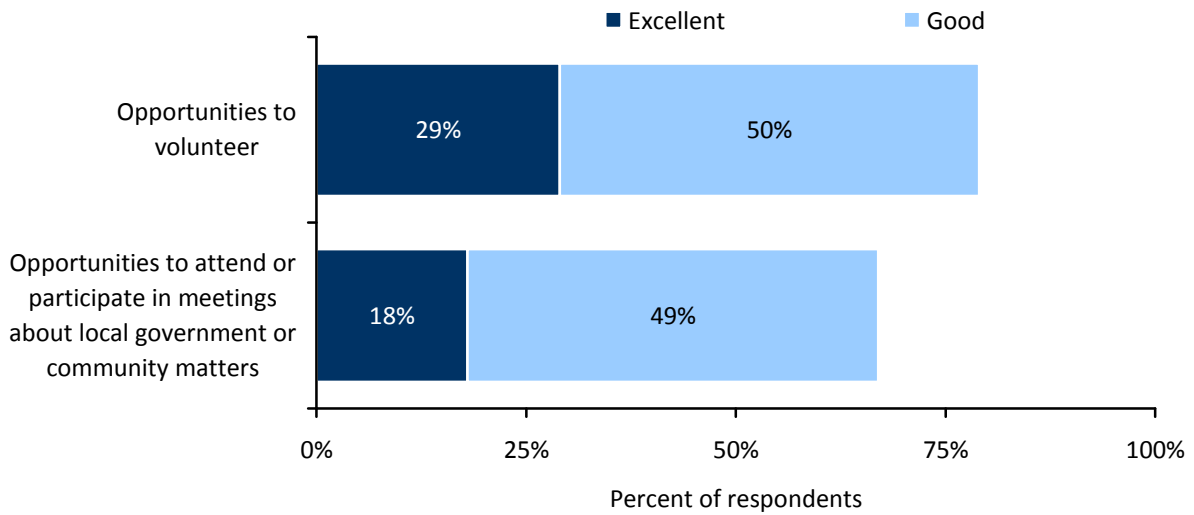


Civic Engagement

Research has demonstrated that in communities where residents care about local politics and social conditions, where they feel engaged and effective, there is more so-called social capital. This results in more trust of local government officials, support for community-wide solutions recommended by elected council members, re-election of those councilors⁵² and collective self-restraint in the face of community need.^{52, 53} Researchers even have discovered that American states with the highest levels of resident civic engagement⁵⁴ are “more effective and more innovative.” Where there is strong civic engagement, researchers have seen less crime, less poverty, more employment, better and more sustainable policies and more frequent resident cooperation.⁵⁵ Civic activity, whether volunteering, participating in religious or political groups or being active in community decision-making, not only provides benefit to communities but also serves seniors themselves. Studies have found that volunteering in later life is associated with better physical and mental health, and civically engaged seniors are less likely to become injured or to die prematurely.⁴

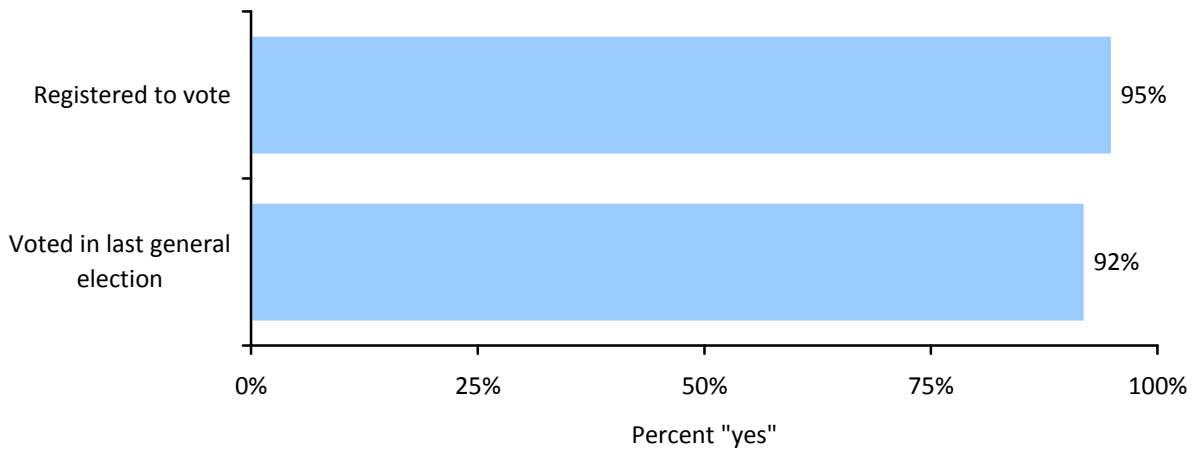
Older residents rated the volunteer opportunities in the DRCOG region favorably. About two-thirds of respondents rated DRCOG's opportunities to attend or participate in meetings about local government or community matters with a positive rating.

Figure 23: Older Resident Ratings of Civic Engagement Opportunities in the DRCOG Region



The DRCOG region seniors showed the largest amount of civic engagement in the area of electoral participation. Almost all reported they were registered to vote; 92% indicated they had voted in the last general election.

Figure 24: Electoral Participation of older Adults in the DRCOG Region



In terms of civic attentiveness, 34% reported attending a public meeting of local elected officials or other local public meeting in the DRCOG region and another 42% reported watching such a meeting on television, the Internet or other media in the past year. Older residents in the DRCOG region participated in civic life through volunteerism and participation in civic groups. About 4 in 10 respondents participated in some kind of volunteer work. Twelve percent participated in a civic club. About 3 in 10 older adults in the DRCOG region had problems finding meaningful activities.

Figure 25: Civic Engagement of Older Adults in the DRCOG Region

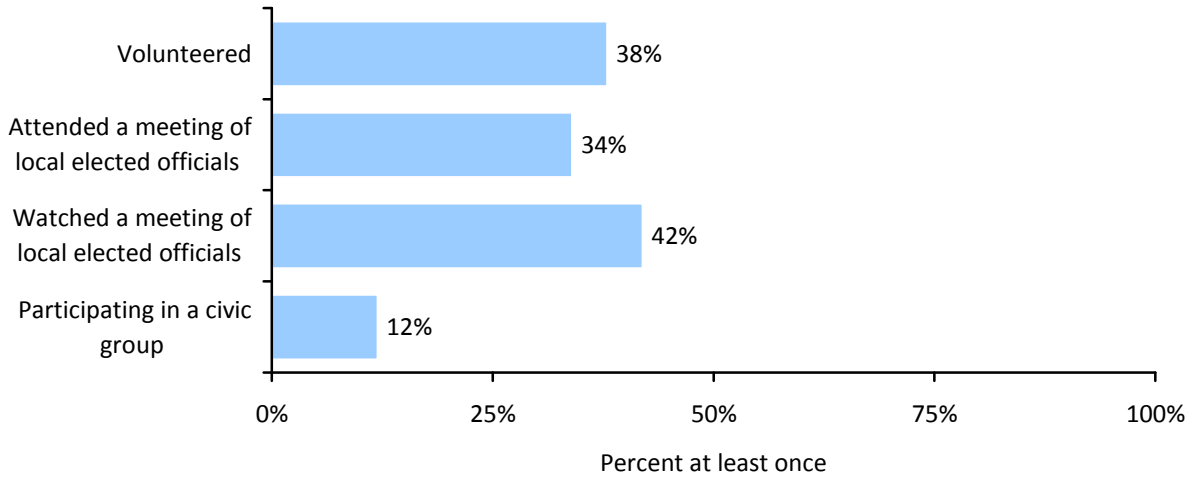


Figure 26: Hours Spent in Volunteerism

During a typical week, how many hours do you spend volunteering your time to some group/activity in the community?

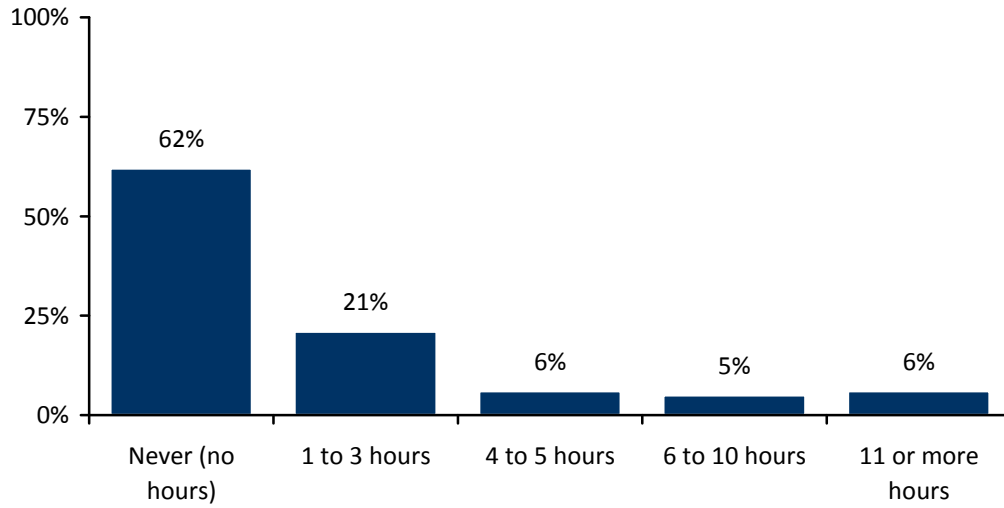
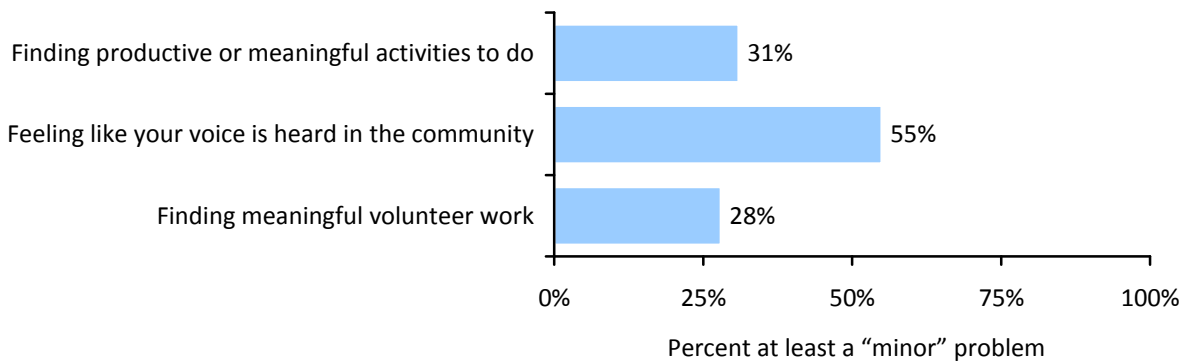


Figure 27: Civic Engagement Needs in the DRCOG Region



Social Engagement and Support

Communities are the foundation for social life. They are, as sociologist Eric Klinenberg writes, “the soil out of which social networks grow and develop or, alternatively, wither and devolve.”^{56, 57} The DRCOG region has a great potential to foster increased social engagement of its older residents. A sizable percent of older residents rated the opportunities to attend social activities in the DRCOG region as “excellent” or “good” and reported frequent participation in social activities such as communicating/visiting with friends and family.

Figure 28: Older Resident Ratings of Social Engagement Opportunities in the DRCOG Region

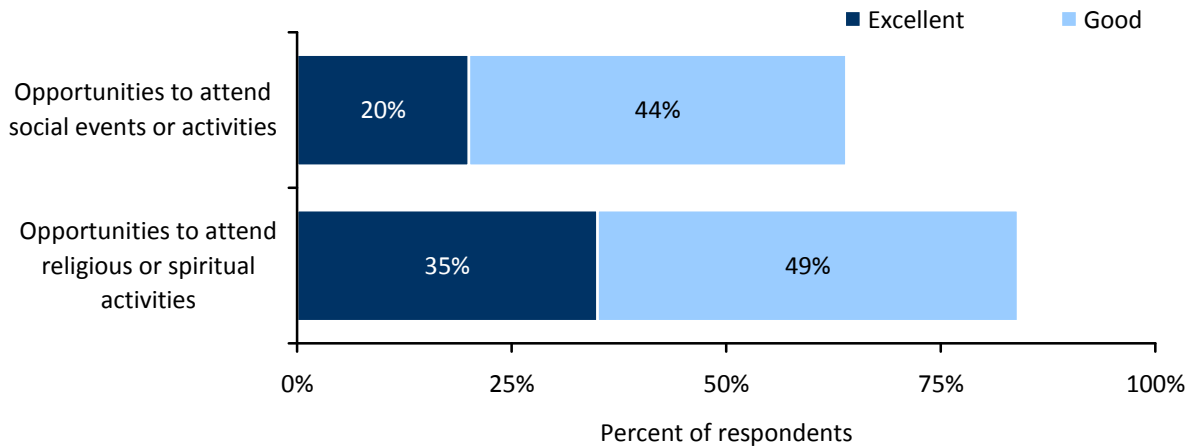
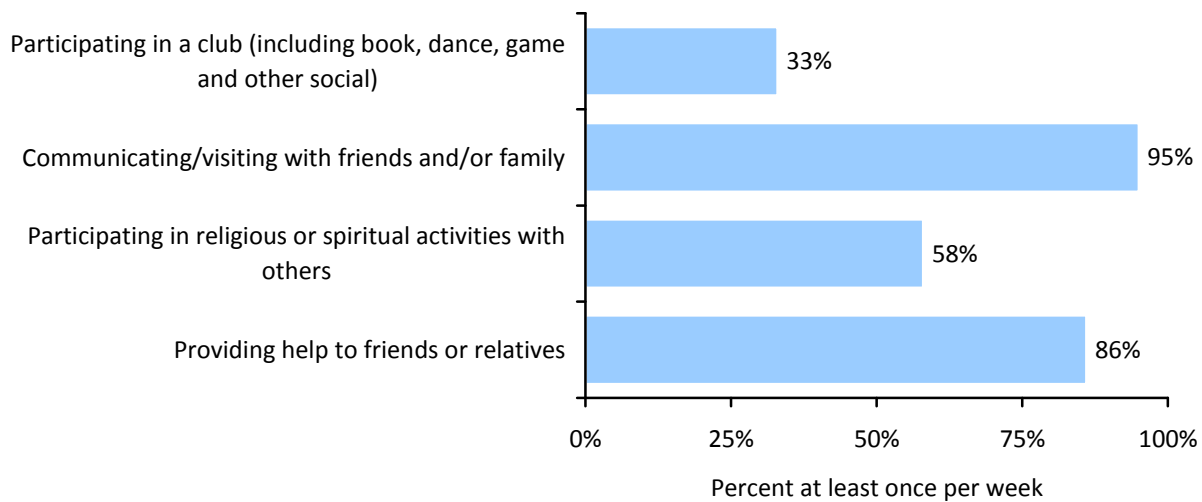
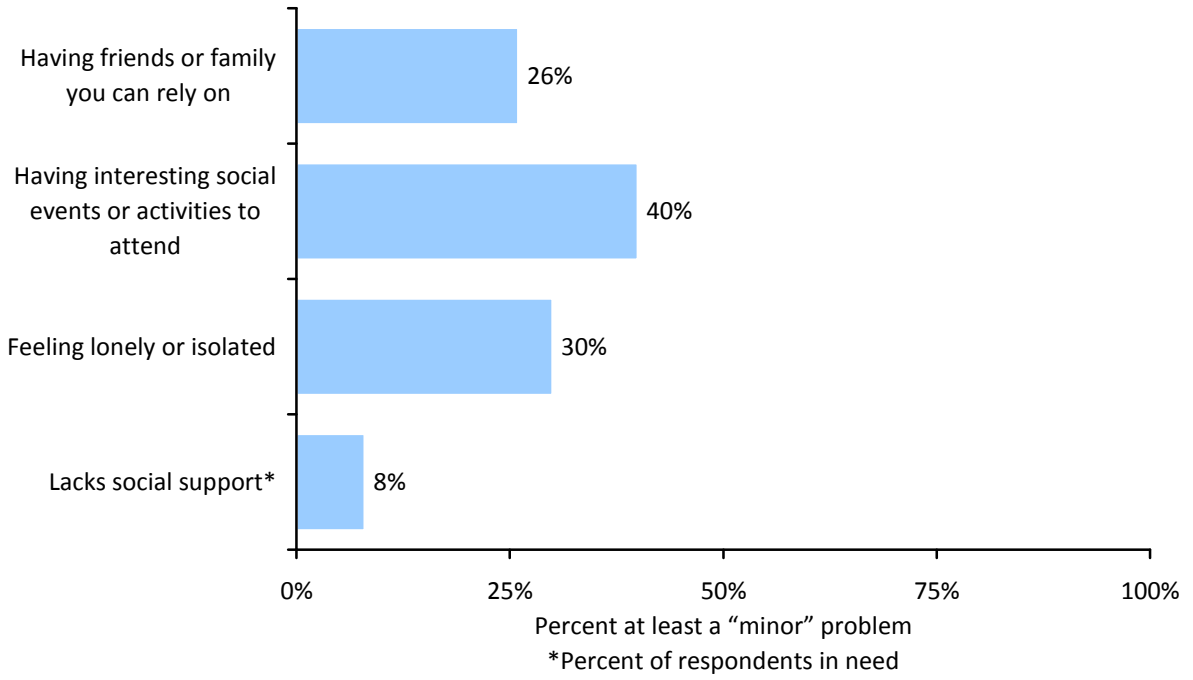


Figure 29: Social Engagement of Older Residents in the DRCOG Region



About 8% of older residents in the DRCOG region were determined to lack appropriate social supports, although 30% reported at least a “minor” problem “feeling lonely or isolated” and 26% reported at least a “minor” problem with “having friends or family you can rely on” in the 12 months prior to the survey. (For more information on calculation of social support, see *Appendix C: Survey Methodology*).

Figure 30: Older Resident Social Engagement Needs in the DRCOG Region



Caregiving Contributions of Older Residents

More than 10 million people nationwide have disabling conditions that affect their ability to live independently⁵⁸ and almost 80% of these residents are seniors. While care is most often provided by family members and is unpaid, its value has been estimated at \$350 billion annually.⁵⁹

About 60% of older residents in the DRCOG region were estimated to provide care for others at an average of 17 hours per week (see Figure 16: Caregivers in the DRCOG Region, page 28). Senior caregivers most commonly care for other older adults in the DRCOG region.

Table 7: Caregiving Contributions of Older Resident in the DRCOG Region

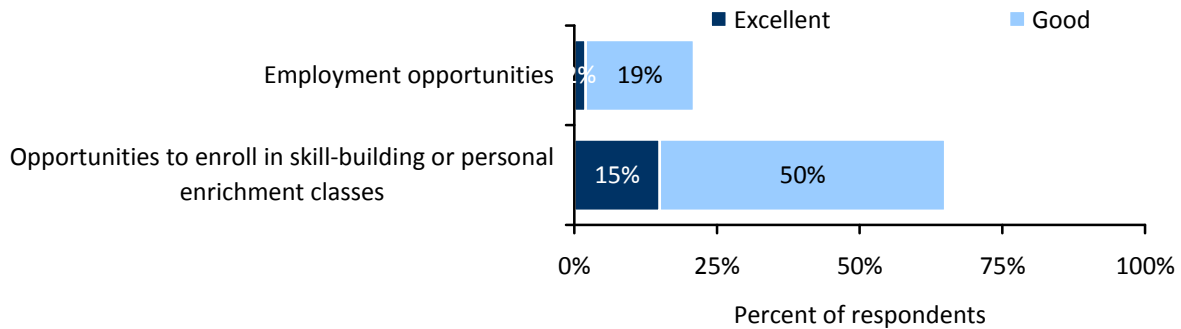
During a typical week, how many hours do you spend providing care for one or more individuals with whom you have a significant personal relationship (such as spouse, other relative, partner, friend, neighbor or child), whether or not they live with you?	Never (no hours)	1 to 3 hours	4 to 5 hours	6 to 10 hours	11 to 20 hours	20 or more hours	Total	Average number of hours of those who provide care*
One or more individuals age 60 or older	60%	17%	6%	5%	2%	10%	100%	11
One or more individuals age 18 to 59	71%	13%	5%	3%	2%	6%	100%	10
One or more individuals under age 18	70%	11%	5%	5%	3%	7%	100%	11

* Average number calculated from the mid-point of the ranges.

Employment and Education

Recent studies have estimated that 70-80% of those 45 and older plan to continue working in their “retirement” years.⁴⁵ Financial stability is not the only reason; one study notes that pure enjoyment of work (35% of those questioned) or just a desire to try something new (5%) also will keep people on the job.⁴⁵ Opportunities to enroll in skill-building and personal enrichment classes in the DRCOG region were rated somewhat positively by older residents, while employment opportunities were rated less favorably.

Figure 31: Older Resident Ratings of Employment and Education Opportunities in the DRCOG Region



Survey results showed that about 28% of older residents were still working for pay and about 4% would like to find a job.

Figure 32: Employment Status of Older Residents in the DRCOG Region

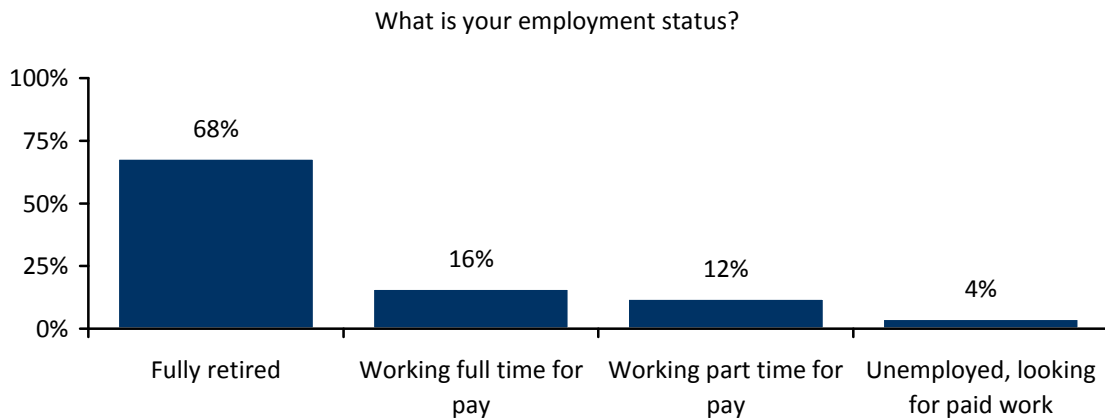


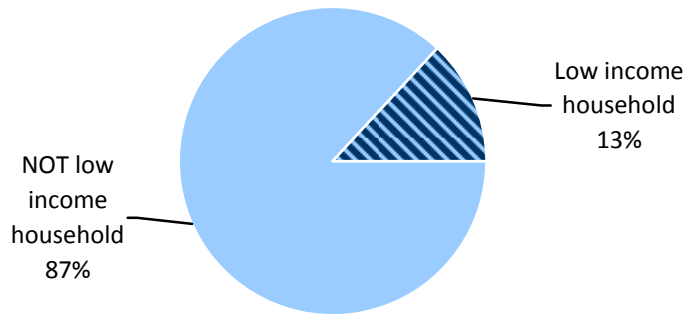
Table 8: Expected Retirement Age of Older Residents in the DRCOG Region

[If not yet fully retired] At what age do you expect to retire completely and not work for pay at all?	Percent of respondents
60 to 64	9%
65 to 69	38%
70 to 74	31%
75 or older	22%
Total	100%
Average age of expected retirement	71

Household Finances

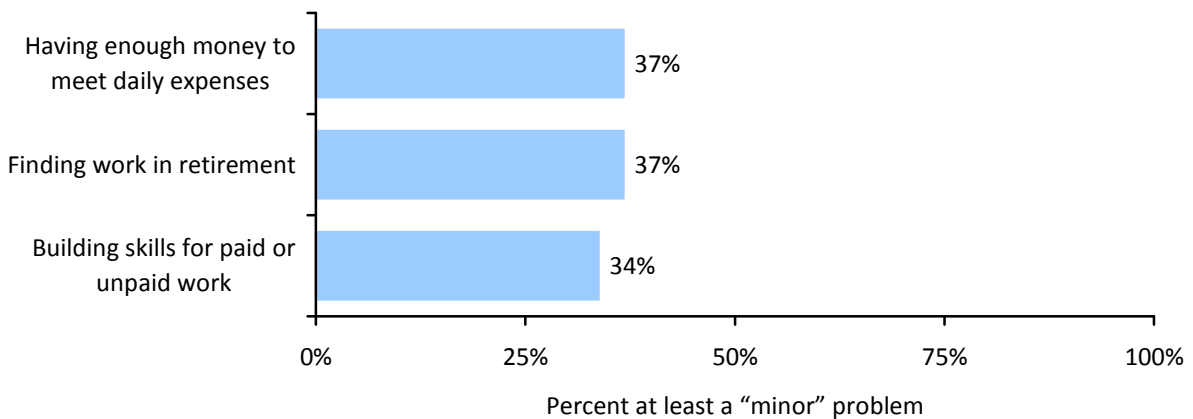
Household income reported on the survey was used to estimate the proportion of older residents with low incomes (30% of median income or lower). Based on income data from HUD,⁶⁰ respondents' reported annual income and household size, 13% of seniors in the DRCOG region have incomes that are at or below 30% of the area's median income. Further, 37% of older residents reported having problems meeting daily expenses and 37% reported problems finding work in retirement.

Figure 33: Low Income Older Resident Households in the DRCOG R



Respondents were considered "low income" if their household income was at or below the income limits set by HUD for Section 8 programs.

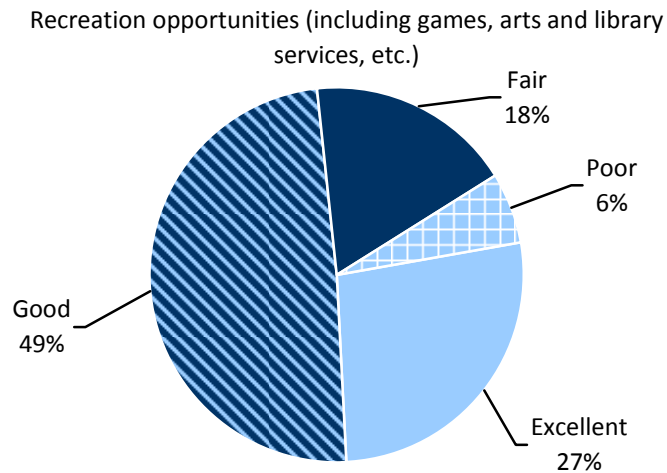
Figure 34: Older Resident Financial Needs in the DRCOG Region



Recreation, Culture and Arts

Once work becomes a part time endeavor or thing of the past, residents have the time for and require the health benefits from regular leisure activities, including the invigoration derived from regular exposure to the arts. Recreation, culture and the arts often replace work as the primary activity that brings older residents in contact with the outside world. And extensive opportunities for recreation and the arts make a community more attractive. The older residents of communities where varied and attractive recreation and arts opportunities can be found will be likely to report more participation in these health supporting activities. Recreation opportunities in the DRCOG region were viewed positively by CASOA™ respondents.

Figure 35: Older Residents' Rating of Recreation Opportunities in the DRCOG Region



In the DRCOG region, some routinely participated in recreation, arts and leisure activities. Approximately 26% of seniors reported using a senior center in the past year. About 4 in 10 older residents reported at least “minor” needs in the area of recreation or boredom.

Figure 36: Recreation Participation of Older Residents in the DRCOG Region

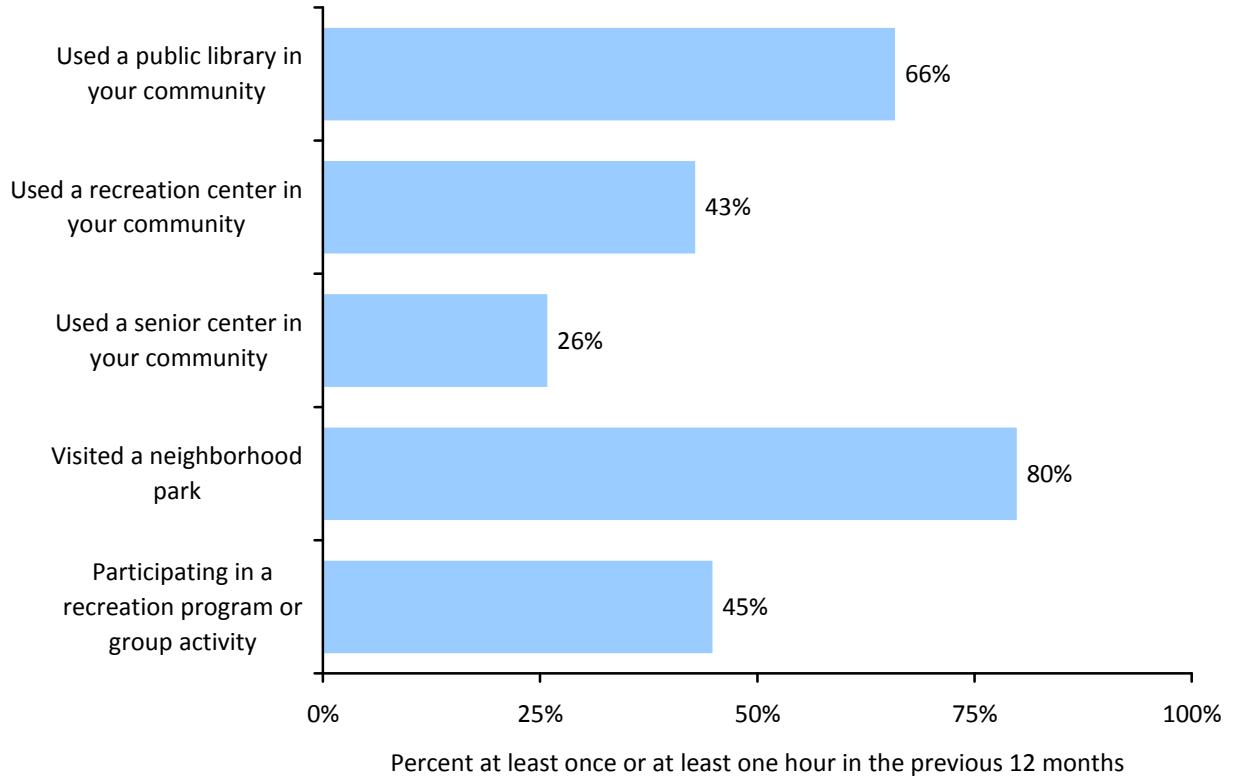
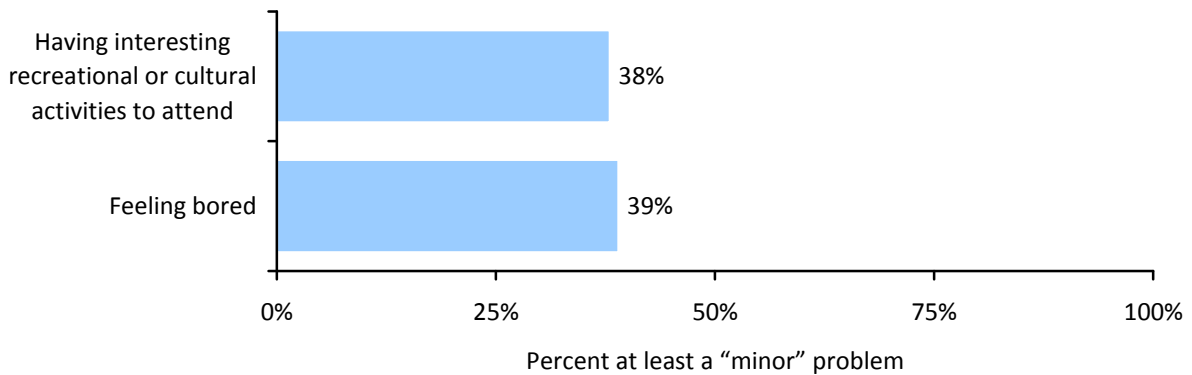


Figure 37: Older Resident Recreation, Culture and Arts Needs in the DRCOG Region



Economic Contribution of Older Adults

Productive behavior is defined by Rowe and Kahn as “any activity, paid or unpaid, that generates goods or services of economic value.”⁵¹ Productive activities include both paid and unpaid work of many kinds as well as services to friends, family or neighbors. Older adults provide significant paid and unpaid contributions to the communities in which they live. In addition to their paid work, older adults contributed to the DRCOG region through volunteering, providing informal help to family and friends, and caregiving. The value of these paid and unpaid contributions by older adults in the DRCOG region was estimated to be more than \$5 billion in a 12-month period.

Table 9: Economic Contribution of Older Adults in the DRCOG Region

	Percent of older adults	Number of older adults	Average number of hours*	Average hourly rate**	Annual total
Providing care to older adult(s)	40%	121,737	11.0	\$10.49	\$672,929,426
Providing care to adult(s)	29%	91,137	9.7	\$10.49	\$428,229,203
Providing care to child(ren)	30%	92,064	11.0	\$11.33	\$529,469,451
Providing help to family and friends	86%	262,417	5.3	\$12.59	\$847,062,575
Volunteering	38%	115,205	4.9	\$13.92	\$401,326,731
Working part time	12%	36,738	15.0	\$23.35	\$641,331,761
Working full time	16%	49,551	32.0	\$23.35	\$1,845,355,504
Total		768,849			\$5,365,704,651

* Respondents were asked to select a range of hours. The average number of hours was calculated from the mid-point of the response scale. For example, a response of “1 to 3 hours” equated to 2 hours and a response of “never” was assumed to be zero hours. In cases where the respondent chose a response that indicated “11 or more hours” or “20 or more hours,” the number of hours was calculated as 125% of 11 and 125% of 20 (i.e., 13.75 and 25 respectively). Working full time was assumed to be 32 hours per week and working part time was assumed to be 15 hours per week.

** 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 in the Denver-Aurora, CO MSA. Providing care for older adults and adults was assumed to be the equivalent of “Personal and Home Care Aides.” Providing care for children was assumed to be the equivalent of “Child Care Workers.” Providing help to family and friends was assumed to be the equivalent of “Personal Care and Service Workers, All Other.” Volunteering was assumed to be the equivalent of “Office Clerks, General.” Working full time and part time was assumed to be the equivalent of “All Occupations.”

Community Design and Land Use

The movement in America towards designing more “livable” communities – those with mixed-use neighborhoods, higher-density development, increased connections, shared community spaces, and more human-scale design – will become a necessity for communities to age successfully. “Smart growth” is not only beneficial for the environment, but holds great promise for the mobility, independence and civic life of its older residents. This survey assessed resident needs and opinions of the community in the areas of land use, mobility options and housing.



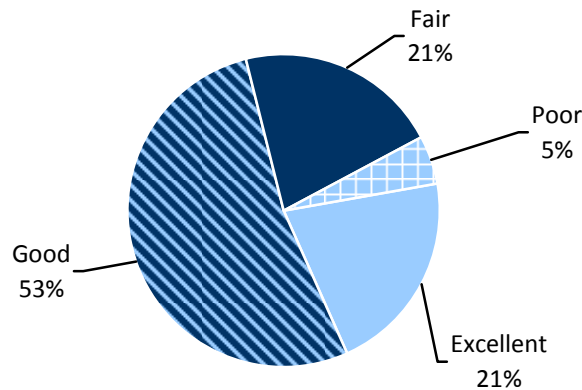
Land Use

Generally, communities that have planned for older adults tend to emphasize access – a community design that facilitates movement and participation. For residents to remain independent contributors to community quality, local government programs or policies can ease their participation in social and civic activities. This ease of participation comes from land use and economic planning that locates services in or in the proximity of residences, provides convenient transportation alternatives when services are too far to reach by walking and makes walking routes attractive.

The ease of getting to typical places visited was rated by senior residents. About 74% gave a rating of “excellent” or “good.”

Figure 38: Older Residents’ Ratings of Getting to Typical Places Visited in the DRCOG Region

Ease of getting to the places you usually have to visit



Mobility

The last symbol of independence for many older adults is their automobile. Even after they should have given up driving, many older adults remain behind the wheel. Alternatives to the automobile, if attractive and pervasive, can help some relinquish their cars while still maintaining their mobility. This variety of mobility options is necessary for older residents to remain independent as they age. Understanding the varied mobility options that older adults in the DRCOG region find

acceptable will help planners track their own success in providing the choices that will keep older adults independent longer.

Older residents rated the ease of travel for three modes in the DRCOG region: bus, car and walking. Of these, car travel was rated the most favorably, followed by walking. While a majority of older residents reported “never” using public transit, about a 28% reported using it up to 12 times in the 12 months prior to the survey and 8% reported frequent use (13 or more times in the last 12 months).

Figure 39: Older Residents’ Ratings of Mobility Options in the DRCOG Region

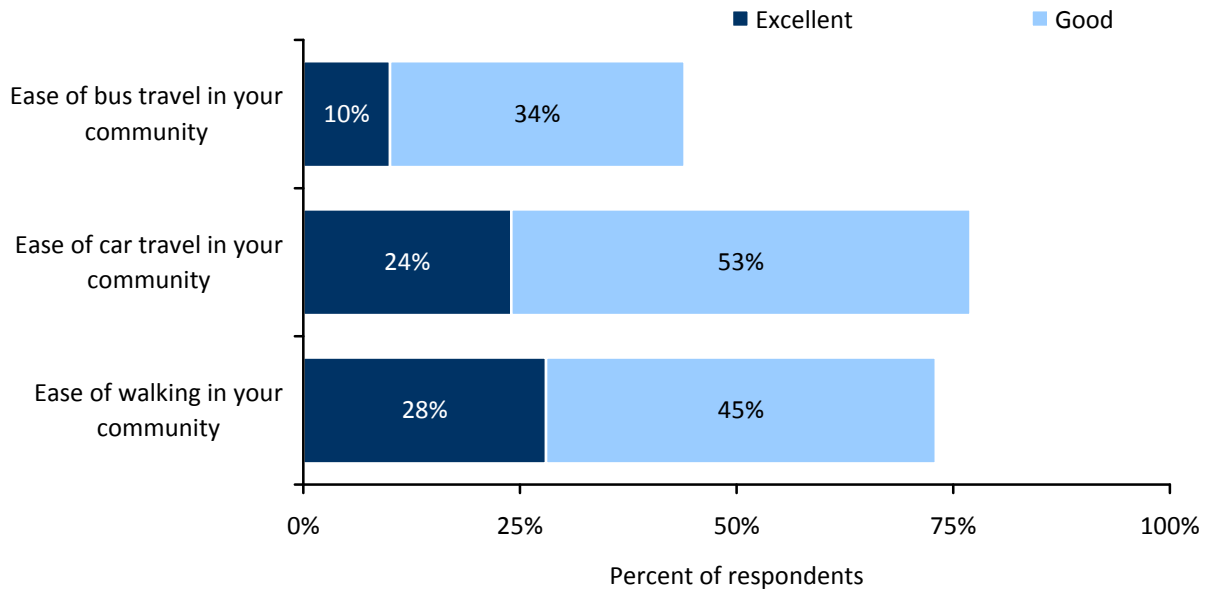
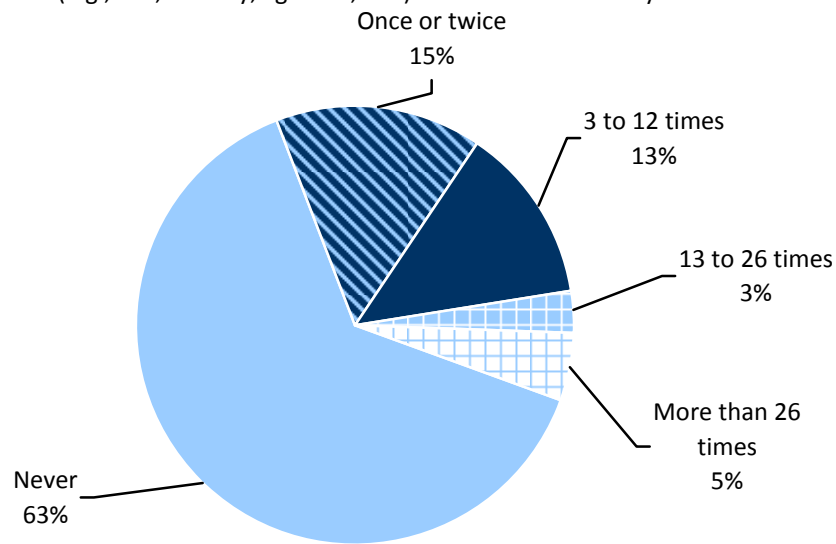


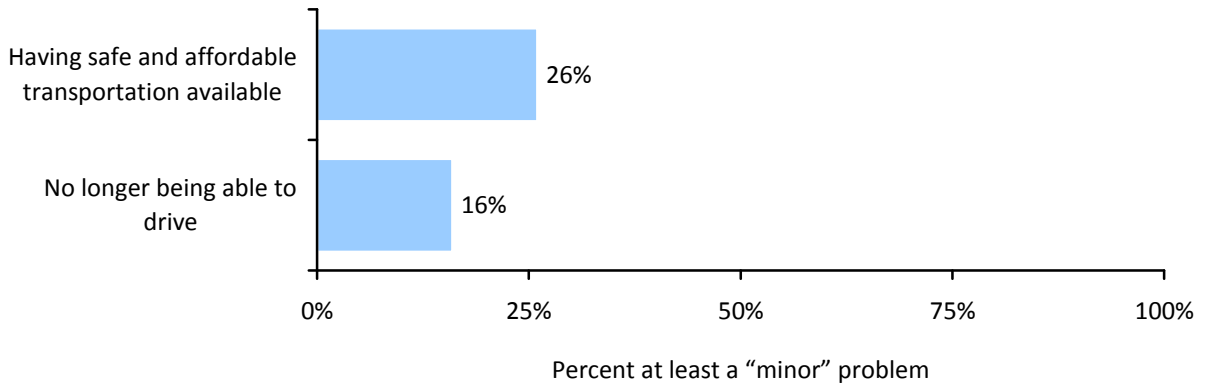
Figure 40: Public Transit Ridership of Older Residents in the DRCOG Region

During the past 12 months, how many times have you used public transit (e.g., bus, subway, light rail, etc.) within the community?



Approximately 26% of the older respondents reported having at least “minor” transportation problems in the 12 months prior to the survey.

Figure 41: Mobility Needs of Older Residents



Housing

Across the U.S., the vast majority of older adults have said clearly that they prefer to remain in their own home – not a group setting – as they age. It may be a different home than the one the kids grew up in, but older adults want to age in place. To foster this independence, communities must offer a variety of affordable housing opportunities as well as programs that modify homes to accommodate the diminution of strength and balance that accompanies aging.

Nearly half of older respondents rated the variety of housing in the DRCOG region positively and about 17% of older residents reported having issues finding housing suited to their needs. Additionally, based on Department of Housing and Urban Development (HUD)⁵¹ guidelines for affordable housing, 32% of older residents in the DRCOG region were found to spend too much of their monthly income on housing.

A need no less important than housing itself was the need for housing maintenance. An affordable house of the right size and design is not a house that will sustain an older resident unless the house is properly maintained. About 6 in 10 residents reported problems with housework, and approximately 4 in 10 had problems maintaining their homes or maintaining their yards.

Figure 42: Older Resident Ratings of Housing in the DRCOG Region

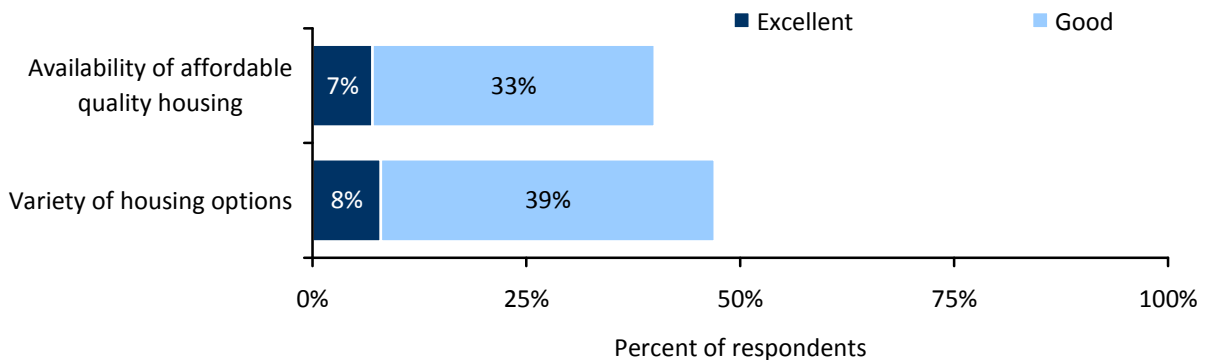


Figure 43: Housing Needs of Older Residents

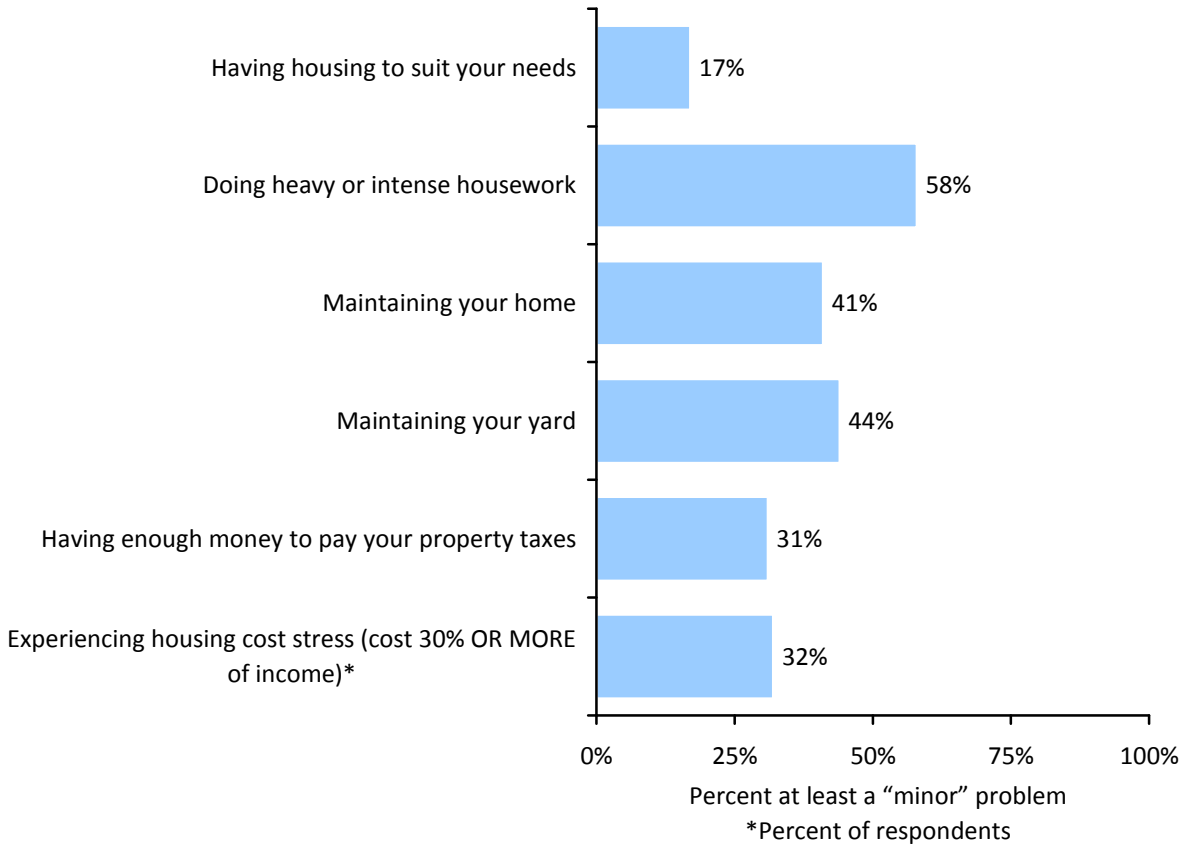
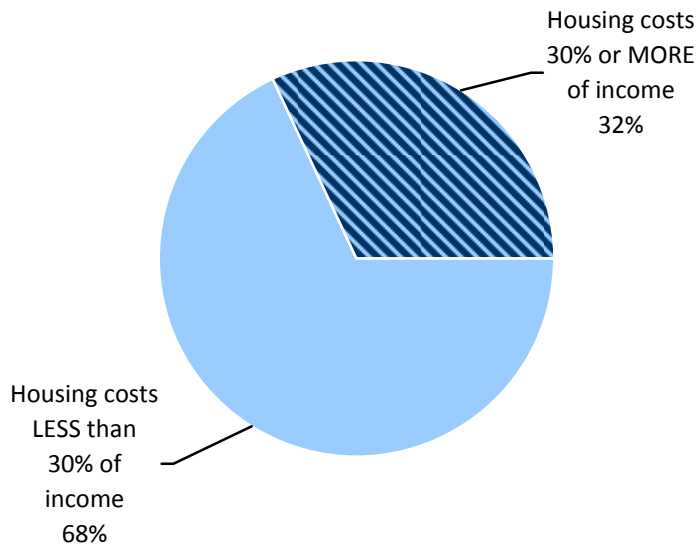


Figure 44: Housing Cost Relationship to Income



Appendix A: Older Adult Needs

The following table includes the 40 aspects of the community rated by the DRCOG region older residents responding to the survey and the calculated number of older residents affected in the DRCOG region.

Thinking back over the past 12 months, how much of a problem, if at all, has each of the following been for you?	Percent at least a "minor" problem	Number affected in 2010 (N=386,373) ¹
Not knowing what services are available to older adults in your community	61%	188,459
Your physical health	59%	183,709
Doing heavy or intense housework	58%	178,351
Staying physically fit	58%	179,882
Feeling like your voice is heard in the community	55%	176,689
Maintaining your yard	44%	136,336
Maintaining your home	41%	127,462
Having tooth or mouth problems	40%	125,437
Maintaining a healthy diet	40%	123,136
Having interesting social events or activities to attend	40%	123,362
Having adequate information or dealing with public programs such as Social Security, Medicare and Medicaid	40%	125,907
Feeling bored	39%	121,713
Having interesting recreational or cultural activities to attend	38%	117,989
Feeling depressed	37%	115,437
Having enough money to meet daily expenses	37%	116,262
Finding work in retirement	37%	117,925
Dealing with the loss of a close family member or friend	37%	116,047
Dealing with financial planning issues	35%	112,061
Building skills for paid or unpaid work	34%	107,986
Experiencing confusion or forgetfulness	33%	101,649
Finding affordable health insurance	32%	101,203
Getting the oral health care you need	32%	99,888
Dealing with legal issues	32%	101,812
Finding productive or meaningful activities to do	31%	95,441
Having enough money to pay your property taxes	31%	96,998
Performing regular activities, including walking, eating and preparing meals	30%	95,272
Feeling lonely or isolated	30%	93,718
Affording the medications you need	29%	89,189
Finding meaningful volunteer work	28%	88,899
Providing care for another person	28%	89,970
Having safe and affordable transportation available	26%	81,659

Thinking back over the past 12 months, how much of a problem, if at all, has each of the following been for you?	Percent at least a "minor" problem	Number affected in 2010 (N=386,373) ¹
Having friends or family you can rely on	26%	82,367
Getting the health care you need	25%	80,151
Falling or injuring yourself in your home	24%	75,476
Having housing to suit your needs	17%	54,728
No longer being able to drive	16%	49,749
Being a victim of crime	16%	50,671
Being a victim of fraud or a scam	15%	48,316
Having enough food to eat	10%	32,473
Being physically or emotionally abused	7%	23,890

¹Source: Colorado State Demography Office, Population by Age and Gender

Appendix B: Complete Set of Survey Frequencies

Frequencies Excluding Don't Know Responses

This appendix displays all response categories for all questions. The first set of frequencies excludes the “don’t know” option and the second set includes “don’t know” responses.

Question 1: Quality of Community					
Please circle the number that comes closest to your opinion for each of the following questions.	Excellent	Good	Fair	Poor	Total
How do you rate your community as a place to live?	36%	51%	11%	2%	100%
How do you rate your community as a place to retire?	27%	47%	20%	6%	100%

Question 2: Community Characteristics					
Please rate each of the following characteristics as they relate to adults age 60 or over in the DRCOG region:	Excellent	Good	Fair	Poor	Total
Opportunities to volunteer	29%	50%	16%	6%	100%
Employment opportunities	2%	19%	39%	40%	100%
Opportunities to enroll in skill-building or personal enrichment classes	15%	50%	24%	11%	100%
Recreation opportunities (including games, arts and library services, etc.)	27%	49%	18%	6%	100%
Fitness opportunities (including exercise classes and paths or trails, etc.)	36%	42%	15%	8%	100%
Opportunities to attend social events or activities	20%	44%	26%	10%	100%
Opportunities to attend religious or spiritual activities	35%	49%	13%	4%	100%
Opportunities to attend or participate in meetings about local government or community matters	18%	49%	25%	8%	100%
Availability of affordable quality housing	7%	33%	39%	21%	100%
Variety of housing options	8%	39%	35%	18%	100%
Availability of information about resources for older adults	10%	40%	32%	18%	100%
Availability of financial and legal planning services	7%	35%	36%	22%	100%
Availability of affordable quality physical health care	13%	42%	29%	15%	100%
Availability of affordable quality mental health care	9%	32%	32%	26%	100%
Availability of preventive health services (e.g., health screenings, flu shots, educational workshops)	19%	47%	24%	10%	100%
Availability of affordable quality food	21%	49%	22%	8%	100%
Sense of community	14%	40%	33%	13%	100%
Openness and acceptance of the community towards older residents of diverse backgrounds	14%	45%	31%	10%	100%
Ease of bus travel in your community	10%	34%	28%	28%	100%
Ease of car travel in your community	24%	53%	19%	3%	100%
Ease of walking in your community	28%	45%	20%	7%	100%

Question 3: Overall Services to Older Adults					
	Excellent	Good	Fair	Poor	Total
How would you rate the overall services provided to older adults in your community?	10%	51%	30%	10%	100%

Question 4: Level of Informedness about Services and Activities for Older Adults	
In general, how informed or uninformed do you feel about services and activities available to older adults in your community?	Percent of respondents
Very informed	12%
Somewhat informed	48%
Somewhat uninformed	23%
Very uninformed	17%
Total	100%

Question 5: Quality of Life and Health					
Please circle the number that comes closest to your opinion for each of the following questions.	Excellent	Good	Fair	Poor	Total
How do you rate your overall physical health?	19%	55%	20%	6%	100%
How do you rate your overall mental health/emotional well-being?	36%	51%	10%	2%	100%
How do you rate your overall quality of life?	29%	53%	15%	2%	100%

Question 6: Problems Faced by Older Adults					
The following questions list a number of problems that older adults may or may not face. Thinking back over the last 12 months, how much of a problem, if at all, has each of the following been for you?	Not a problem	Minor problem	Moderate problem	Major problem	Total
Having housing to suit your needs	83%	9%	6%	2%	100%
Your physical health	41%	34%	20%	6%	100%
Performing regular activities, including walking, eating and preparing meals	70%	17%	10%	3%	100%
Having enough food to eat	90%	6%	3%	1%	100%
Doing heavy or intense housework	42%	29%	17%	11%	100%
Having safe and affordable transportation available	74%	15%	8%	4%	100%
No longer being able to drive	84%	5%	4%	7%	100%
Feeling depressed	63%	24%	10%	4%	100%
Experiencing confusion or forgetfulness	67%	24%	7%	3%	100%
Maintaining your home	59%	28%	10%	4%	100%
Maintaining your yard	56%	26%	11%	7%	100%
Finding productive or meaningful activities to do	69%	19%	8%	3%	100%
Having friends or family you can rely on	74%	15%	7%	3%	100%
Falling or injuring yourself in your home	76%	16%	5%	3%	100%

Question 6: Problems Faced by Older Adults					
The following questions list a number of problems that older adults may or may not face. Thinking back over the last 12 months, how much of a problem, if at all, has each of the following been for you?	Not a problem	Minor problem	Moderate problem	Major problem	Total
Finding affordable health insurance	68%	14%	8%	10%	100%
Getting the health care you need	75%	14%	7%	5%	100%
Affording the medications you need	71%	15%	7%	6%	100%
Getting the oral health care you need	68%	14%	8%	9%	100%
Having tooth or mouth problems	60%	22%	9%	9%	100%
Having enough money to meet daily expenses	63%	21%	10%	6%	100%
Having enough money to pay your property taxes	69%	16%	10%	6%	100%
Staying physically fit	42%	34%	17%	7%	100%
Maintaining a healthy diet	60%	24%	12%	4%	100%
Having interesting recreational or cultural activities to attend	62%	21%	12%	6%	100%
Having interesting social events or activities to attend	60%	21%	13%	6%	100%
Feeling bored	61%	24%	9%	6%	100%
Feeling like your voice is heard in the community	45%	24%	19%	12%	100%
Finding meaningful volunteer work	72%	15%	8%	5%	100%
Providing care for another person	72%	14%	9%	6%	100%
Dealing with legal issues	68%	18%	8%	6%	100%
Having adequate information or dealing with public programs such as Social Security, Medicare and Medicaid	60%	21%	11%	8%	100%
Finding work in retirement	63%	13%	12%	13%	100%
Building skills for paid or unpaid work	66%	17%	9%	8%	100%
Not knowing what services are available to older adults in your community	39%	25%	19%	16%	100%
Feeling lonely or isolated	70%	16%	9%	4%	100%
Dealing with the loss of a close family member or friend	63%	17%	11%	9%	100%
Being a victim of crime	84%	8%	4%	3%	100%
Being a victim of fraud or a scam	85%	7%	4%	3%	100%
Being physically or emotionally abused	93%	4%	2%	1%	100%
Dealing with financial planning issues	65%	21%	10%	4%	100%

Question 7: Days Spent in Facilities					
Thinking back over the past 12 months, how many days did you spend in...	No days (zero)	One to two days	Three to five days	Six or more days	Total
As a patient in a hospital	80%	7%	7%	6%	100%
In a nursing home or in-patient rehabilitation facility	97%	0%	1%	2%	100%

Question 8: Falls in Last 12 Months	
Thinking back over the past 12 months, how many times have you fallen and injured yourself? Was it...	Percent of respondents
Never	69%
Once or twice	27%
3-5 times	3%
More than 5 times	1%
Total	100%

Question 9: Recommend Living in Community	
How likely or unlikely are you to recommend living in your community to older adults?	Percent of respondents
Very likely	38%
Somewhat likely	40%
Somewhat unlikely	11%
Very unlikely	11%
Total	100%

Question 10: Likelihood of Remaining in Community Throughout Retirement	
How likely or unlikely are you to remain in your community throughout your retirement?	Percent of respondents
Very likely	61%
Somewhat likely	25%
Somewhat unlikely	7%
Very unlikely	7%
Total	100%

Question 11: Participation in Activities					
In the last 12 month, about how many times, if ever, have you participated in or done each of the following?	Never	Once or twice	3 to 12 times	13 to 26 times	Total
Used a senior center in your community	77%	13%	7%	3%	100%
Used a recreation center in your community	64%	20%	10%	6%	100%
Used a public library in your community	38%	27%	24%	11%	100%
Attended a meeting of local elected officials or other local public meeting in your community	67%	24%	7%	2%	100%
Watched a meeting of local elected officials or other public meeting on cable television, the Internet or other media	59%	23%	13%	4%	100%
Used public transit (e.g., bus, subway, light rail, etc.) within your community	67%	16%	14%	4%	100%
Visited a neighborhood park	24%	27%	35%	13%	100%

Question 12: Hours Spent Doing Activities						
During a typical week, how many hours, if any, do you spend doing the following?	Never (no hours)	1 to 3 hours	4 to 5 hours	6 to 10 hours	11 or more hours	Total
Participating in a club (including book, dance, game and other social)	67%	19%	7%	3%	3%	100%
Participating in a civic group (including Elks, Kiwanis, Masons, etc.)	88%	7%	2%	1%	2%	100%
Communicating/ visiting with friends and/or family	5%	25%	25%	18%	27%	100%
Participating in religious or spiritual activities with others	42%	32%	10%	6%	9%	100%
Participating in a recreation program or group activity	55%	21%	11%	6%	7%	100%
Providing help to friends or relatives	14%	42%	19%	10%	15%	100%
Volunteering your time to some group/activity in your community	62%	21%	6%	5%	6%	100%

Question 13: Hours Spent Providing Care							
During a typical week, how many hours do you spend providing care for one or more individuals with whom you have a significant relationship (such as spouse, other relative, partner, friend, neighbor or child), whether or not they live with you?	Never (no hours)	1 to 3 hours	4 to 5 hours	6 to 10 hours	11 to 20 hours	20 or more hours	Total
One or more individuals age 60 or older	60%	17%	6%	5%	2%	10%	100%
One or more individuals age 18 to 59	71%	13%	5%	3%	2%	6%	100%
One or more individuals under age 18	70%	11%	5%	5%	3%	7%	100%

Question 14: Receives Care	
Whether or not they live with you, does someone provide assistance to you almost every day?	Percent of respondents
Yes	16%
No	84%
Total	100%

Question D1: Length of Residency	
How many years have you lived in your community?	Percent of respondents
Less than 1 year	2%
1-5 years	12%
6-10 years	14%
11-20 years	19%
More than 20 years	53%
Total	100%

Question D2: Housing Unit Type	
Which best describes the building you live in?	Percent of respondents
Single family home	77%
Townhouse, condominium, duplex or apartment	20%
Mobile home	2%
Assisted living residence	1%
Nursing home	0%
Other	1%
Total	100%

Question D3: Tenure (Rent or Own)	
Do you currently rent or own your home?	Percent of respondents
Rent	17%
Own (with a mortgage payment)	38%
Own (free and clear; no mortgage)	44%
Total	100%

Question D4: Monthly Housing Costs	
About how much is your monthly housing cost for the place you live (including rent, mortgage payment, property tax, property insurance and homeowners' association (HOA) fees)?	Percent of respondents
Less than \$300 per month	17%
\$300 to \$599 per month	26%
\$600 to \$999 per month	23%
\$1,000 to \$1,499 per month	15%
\$1,500 to \$2,499 per month	14%
\$2,500 or more per month	5%
Total	100%

Question D5: Total Number of Household Members	
How many people, including yourself, live in your household?	Percent of respondents
1 person (live alone)	37%
2 people	51%
3 people	8%
4 or more people	5%
Total	100%

Question D6: Number of Older Adult Household Members	
How many of these people, including yourself, are 60 or older?	Percent of respondents
1 person	52%
2 people	47%
3 people	0%
4 or more people	1%
Total	100%

Question D7: Retirement Status	
What is your employment status?	Percent of respondents
Fully retired	68%
Working full time for pay	16%
Working part time for pay	12%
Unemployed, looking for paid work	4%
Total	100%

Question D8: Expected Age of Retirement	
[If not yet fully retired] At what age do you expect to retire completely and not work for pay at all?	Percent of respondents
60 to 64	9%
65 to 69	38%
70 to 74	31%
75 or older	22%
Total	100%

Question D9: Household Income	
How much do you anticipate your household's total income before taxes will be for the current year? (Please include in your total income money from all sources for all persons living in your household.)	Percent of respondents
Less than \$15,000	12%
\$15,000 to \$24,999	19%
\$25,000 to \$49,999	27%
\$50,000 to \$74,999	19%
\$75,000 to \$99,999	12%
\$100,000 or more	11%
Total	100%

Question D10: Respondent Ethnicity/Origin	
Are you Spanish/Hispanic/Latino?	Percent of respondents
Yes	11%
No	89%
Total	100%

Question D11: Respondent Race	
What is your race?	Percent of respondents
American Indian or Alaskan native	1%
Asian or Pacific Islander	1%
Black, African American	3%
White/Caucasian	90%
Other	6%

Total may exceed 100% as respondents could select more than one option.

Question D12: Respondent Age	
In which category is your age?	Percent of respondents
60-64 years	31%
65-69 years	21%
70-74 years	15%
75-79 years	12%
80-84 years	12%
85-89 years	7%
90-94 years	2%
95 years or older	0%
Total	100%

Question D13: Respondent Gender	
What is your sex?	Percent of respondents
Female	57%
Male	43%
Total	100%

Question D14: Respondent Sexual Orientation	
What is your sexual orientation?	Percent of respondents
Heterosexual	98%
Lesbian	1%
Gay	0%
Bisexual	1%
Total	100%

Question D15: Voter Registration Status	
Are you registered to vote in your jurisdiction?	Percent of respondents
Yes	95%
No	5%
Ineligible to vote	0%
Total	100%

Question D16: Voted in Last General Election	
Many people don't have time to vote in elections. Did you vote in the last general election?	Percent of respondents
Yes	92%
No	7%
Ineligible to vote	0%
Total	100%

Frequencies Including Don't Know Responses

These tables contain the percentage of respondents for each response category as well as the N or total number of respondents for each category, next to the percentage. When the total N for a question does not equal the total number of all respondents, it is due to some respondents skipping the question.

Question 1: Quality of Community												
Please circle the number that comes closest to your opinion for each of the following questions.	Excellent		Good		Fair		Poor		Don't know		Total	
	How do you rate your community as a place to live?	36%	1,260	51%	1,761	11%	394	2%	65	0%	6	100%
How do you rate your community as a place to retire?	26%	891	46%	1,563	20%	671	6%	198	2%	63	100%	3,387

Question 2: Community Characteristics												
Please rate each of the following characteristics as they relate to adults age 60 or over in the DRCOG region:	Excellent		Good		Fair		Poor		Don't know		Total	
	Opportunities to volunteer	23%	816	39%	1,408	12%	439	4%	159	22%	775	100%
Employment opportunities	1%	51	12%	418	25%	880	25%	882	37%	1,286	100%	3,516
Opportunities to enroll in skill-building or personal enrichment classes	12%	404	38%	1,335	18%	627	9%	300	24%	844	100%	3,510
Recreation opportunities (including games, arts and library services, etc.)	25%	880	45%	1,604	16%	577	6%	204	8%	296	100%	3,561
Fitness opportunities (including exercise classes and paths or trails, etc.)	33%	1,160	38%	1,363	14%	487	7%	252	8%	284	100%	3,545
Opportunities to attend social events or activities	17%	607	37%	1,303	22%	769	8%	285	16%	560	100%	3,524
Opportunities to attend religious or spiritual activities	30%	1,074	43%	1,527	11%	399	3%	109	13%	454	100%	3,563
Opportunities to attend or participate in meetings about local government or community matters	15%	548	42%	1,475	22%	764	7%	243	15%	523	100%	3,553
Availability of affordable quality housing	5%	187	26%	927	31%	1,097	17%	591	21%	758	100%	3,560
Variety of housing options	7%	239	31%	1,107	28%	988	14%	498	20%	687	100%	3,520
Availability of information about resources for older adults	8%	289	33%	1,174	26%	929	14%	515	19%	662	100%	3,569
Availability of financial and legal planning services	5%	164	22%	781	23%	805	14%	484	36%	1,279	100%	3,512
Availability of affordable quality physical health care	11%	400	35%	1,251	25%	873	12%	443	17%	593	100%	3,560

Question 2: Community Characteristics												
Please rate each of the following characteristics as they relate to adults age 60 or over in the DRCOG region:	Excellent		Good		Fair		Poor		Don't know		Total	
	Availability of affordable quality mental health care	5%	175	18%	620	18%	620	14%	498	45%	1,584	100%
Availability of preventive health services (e.g., health screenings, flu shots, educational workshops)	17%	607	42%	1,495	21%	743	9%	314	12%	417	100%	3,576
Availability of affordable quality food	20%	714	46%	1,630	20%	725	8%	277	6%	212	100%	3,559
Sense of community	12%	435	36%	1,247	30%	1,035	11%	399	11%	374	100%	3,490
Openness and acceptance of the community towards older residents of diverse backgrounds	11%	376	35%	1,247	25%	862	8%	268	22%	763	100%	3,516
Ease of bus travel in your community	8%	290	27%	938	22%	779	22%	782	21%	721	100%	3,510
Ease of car travel in your community	23%	827	52%	1,844	19%	669	3%	112	3%	94	100%	3,545
Ease of walking in your community	27%	964	44%	1,579	20%	694	7%	255	2%	64	100%	3,557

Question 3: Overall Services to Older Adults		
How would you rate the overall services provided to older adults in your community?	Percent of respondents	Count
Excellent	7%	265
Good	39%	1,418
Fair	23%	827
Poor	7%	269
Don't know	23%	833
Total	100%	3,612

Question 4: Level of Informedness about Services and Activities for Older Adults		
In general, how informed or uninformed do you feel about services and activities available to older adults in your community?	Percent of respondents	Count
Very informed	12%	442
Somewhat informed	48%	1,747
Somewhat uninformed	23%	826
Very uninformed	17%	602
Total	100%	3,617

Question 5: Quality of Life and Health												
Please circle the number that comes closest to your opinion for each of the following questions.	Excellent		Good		Fair		Poor		Don't know		Total	
How do you rate your overall physical health?	19%	690	55%	2,003	20%	735	6%	203	0%	10	100%	3,642
How do you rate your overall mental health/emotional well-being ?	36%	1,303	51%	1,855	10%	375	2%	72	0%	17	100%	3,622
How do you rate your overall quality of life?	29%	1,065	53%	1,940	15%	543	2%	78	0%	5	100%	3,632

Question 6: Problems Faced by Older Adults

The following questions list a number of problems that older adults may or may not face. Thinking back over the last 12 months, how much of a problem, if at all, has each of the following been for you?	Not a problem		Minor problem		Moderate problem		Major problem		Don't know		Total	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Having housing to suit your needs	82%	2,936	9%	332	6%	200	2%	63	2%	65	100%	3,595
Your physical health	41%	1,452	34%	1,199	20%	706	6%	210	0%	7	100%	3,573
Performing regular activities, including walking, eating and preparing meals	69%	2,509	17%	611	10%	362	3%	123	0%	10	100%	3,616
Having enough food to eat	90%	3,220	6%	220	3%	106	1%	33	0%	10	100%	3,588
Doing heavy or intense housework	42%	1,510	29%	1,035	17%	622	11%	390	1%	42	100%	3,598
Having safe and affordable transportation available	70%	2,501	14%	495	7%	262	4%	143	5%	167	100%	3,568
No longer being able to drive	78%	2,731	5%	166	4%	124	6%	217	8%	278	100%	3,516
Feeling depressed	62%	2,202	23%	834	10%	340	4%	133	2%	60	100%	3,570
Experiencing confusion or forgetfulness	66%	2,386	23%	840	7%	242	3%	91	1%	32	100%	3,592
Maintaining your home	59%	2,109	28%	989	10%	341	4%	133	0%	16	100%	3,589
Maintaining your yard	53%	1,858	25%	877	11%	370	7%	232	5%	163	100%	3,499
Finding productive or meaningful activities to do	68%	2,424	18%	649	8%	296	3%	121	3%	91	100%	3,581
Having friends or family you can rely on	74%	2,684	15%	549	7%	258	3%	115	0%	12	100%	3,618
Falling or injuring yourself in your home	75%	2,679	16%	557	5%	176	3%	96	2%	71	100%	3,579
Finding affordable health insurance	66%	2,397	14%	513	8%	287	10%	348	2%	69	100%	3,613
Getting the health care you need	74%	2,665	14%	505	6%	232	5%	163	1%	41	100%	3,607
Affording the medications you need	71%	2,546	15%	544	7%	266	6%	209	1%	44	100%	3,609
Getting the oral health care you need	67%	2,408	14%	511	8%	278	9%	334	2%	55	100%	3,587
Having tooth or mouth problems	59%	2,127	22%	782	9%	310	9%	328	1%	37	100%	3,584
Having enough money to meet daily expenses	63%	2,271	21%	752	9%	342	6%	225	0%	15	100%	3,605
Having enough money to pay your property taxes	66%	2,323	15%	528	9%	324	6%	206	4%	159	100%	3,539
Staying physically fit	42%	1,498	34%	1,220	17%	612	7%	255	0%	15	100%	3,600
Maintaining a healthy diet	60%	2,162	24%	846	12%	446	4%	132	0%	10	100%	3,596

Question 6: Problems Faced by Older Adults												
The following questions list a number of problems that older adults may or may not face. Thinking back over the last 12 months, how much of a problem, if at all, has each of the following been for you?	Not a problem		Minor problem		Moderate problem		Major problem		Don't know		Total	
	Having interesting recreational or cultural activities to attend	59%	2,065	19%	684	11%	391	5%	188	5%	178	100%
Having interesting social events or activities to attend	56%	1,993	19%	688	12%	429	6%	194	6%	227	100%	3,532
Feeling bored	61%	2,143	23%	828	9%	324	6%	200	1%	44	100%	3,539
Feeling like your voice is heard in the community	34%	1,207	18%	640	15%	528	9%	336	24%	834	100%	3,544
Finding meaningful volunteer work	54%	1,865	11%	382	6%	209	4%	130	26%	897	100%	3,483
Providing care for another person	56%	1,947	11%	378	7%	232	5%	164	21%	739	100%	3,462
Dealing with legal issues	58%	2,013	16%	545	7%	238	5%	179	14%	499	100%	3,474
Having adequate information or dealing with public programs such as Social Security, Medicare and Medicaid	56%	1,988	20%	701	11%	377	8%	274	6%	214	100%	3,554
Finding work in retirement	42%	1,446	9%	292	8%	267	9%	299	33%	1,126	100%	3,430
Building skills for paid or unpaid work	44%	1,489	11%	385	6%	204	6%	191	33%	1,128	100%	3,396
Not knowing what services are available to older adults in your community	33%	1,150	21%	744	15%	547	14%	482	17%	607	100%	3,531
Feeling lonely or isolated	69%	2,448	16%	564	9%	326	4%	146	2%	59	100%	3,543
Dealing with the loss of a close family member or friend	60%	2,103	16%	567	11%	370	8%	284	5%	188	100%	3,512
Being a victim of crime	77%	2,707	8%	266	4%	129	3%	103	9%	324	100%	3,528
Being a victim of fraud or a scam	78%	2,739	6%	226	4%	143	3%	110	9%	310	100%	3,527
Being physically or emotionally abused	87%	3,087	4%	142	2%	60	1%	37	6%	209	100%	3,535
Dealing with financial planning issues	63%	2,231	20%	716	10%	351	4%	153	3%	105	100%	3,556

Question 7: Days Spent in Facilities												
Thinking back over the past 12 months, how many days did you spend in...	No days (zero)		One to two days		Three to five days		Six or more days		Don't know		Total	
	As a patient in a hospital	80%	2,688	7%	237	7%	238	6%	204	0%	0	100%
In a nursing home or in-patient rehabilitation facility	97%	3,088	0%	4	1%	19	2%	61	0%	0	100%	3,173

Question 8: Falls in Last 12 Months		
Thinking back over the past 12 months, how many times have you fallen and injured yourself? Was it...	Percent of respondents	Count
Never	69%	2,476
Once or twice	27%	958
3-5 times	3%	111
More than 5 times	1%	46
Don't know	0%	16
Total	100%	3,607

Question 9: Recommend Living in Community		
How likely or unlikely are you to recommend living in your community to older adults?	Percent of respondents	Count
Very likely	34%	1,217
Somewhat likely	36%	1,274
Somewhat unlikely	10%	339
Very unlikely	10%	345
Don't know	11%	374
Total	100%	3,549

Question 10: Likelihood of Remaining in Community Throughout Retirement		
How likely or unlikely are you to remain in your community throughout your retirement?	Percent of respondents	Count
Very likely	57%	2,040
Somewhat likely	24%	839
Somewhat unlikely	7%	246
Very unlikely	6%	228
Don't know	6%	214
Total	100%	3,566

In the last 12 month, about how many times, if ever, have you participated in or done each of the following?	Never		Once or twice		3 to 12 times		13 to 26 times		More than 26 times		Total	
	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count
Used a senior center in your community	74%	2,648	13%	461	6%	225	3%	105	4%	153	100%	3,593
Used a recreation center in your community	57%	2,024	17%	618	9%	308	6%	200	11%	397	100%	3,547
Used a public library in your community	34%	1,200	24%	851	21%	746	10%	355	11%	377	100%	3,529
Attended a meeting of local elected officials or other local public meeting in your community	66%	2,354	24%	846	7%	263	2%	59	2%	58	100%	3,580
Watched a meeting of local elected officials or other public meeting on cable television, the Internet or other media	58%	2,084	23%	816	13%	469	4%	135	2%	66	100%	3,570
Used public transit (e.g., bus, subway, light rail, etc.) within your community	63%	2,270	15%	536	13%	478	3%	125	5%	176	100%	3,584
Visited a neighborhood park	20%	727	23%	831	30%	1,066	11%	409	15%	554	100%	3,586

Question 12: Hours Spent Doing Activities														
During a typical week, how many hours, if any, do you spend doing the following?	Never (no hours)		1 to 3 hours		4 to 5 hours		6 to 10 hours		11 or more hours		Don't know		Total	
	Participating in a club (including book, dance, game and other social)	66%	2,365	19%	667	7%	263	3%	119	3%	124	1%	28	100%
Participating in a civic group (including Elks, Kiwanis, Masons, etc.)	88%	3,126	7%	245	2%	67	1%	40	2%	56	1%	21	100%	3,554
Communicating/ visiting with friends and/or family	4%	156	25%	871	25%	883	18%	635	26%	922	2%	67	100%	3,534
Participating in religious or spiritual activities with others	41%	1,450	32%	1,103	10%	357	6%	223	9%	319	1%	42	100%	3,494
Participating in a recreation program or group activity	54%	1,905	21%	745	11%	390	6%	195	7%	242	1%	41	100%	3,519
Providing help to friends or relatives	14%	493	41%	1,424	19%	655	10%	336	15%	510	2%	84	100%	3,501
Volunteering your time to some group/activity in your community	61%	2,164	21%	750	6%	218	5%	166	6%	201	2%	54	100%	3,554

Question 13: Hours Spent Providing Care																
During a typical week, how many hours do you spend providing care for one or more individuals with whom you have a significant relationship (such as spouse, other relative, partner, friend, neighbor or child), whether or not they live with you?	Never (no hours)		1 to 3 hours		4 to 5 hours		6 to 10 hours		11 to 20 hours		20 or more hours		Don't know		Total	
	One or more individuals age 60 or older	59%	2,025	17%	572	6%	192	5%	178	2%	76	10%	349	1%	36	100%
One or more individuals age 18 to 59	69%	2,280	13%	413	5%	175	3%	98	2%	76	6%	190	2%	57	100%	3,290
One or more individuals under age 18	70%	2,288	11%	350	5%	153	5%	149	3%	89	7%	221	1%	38	100%	3,289

Question 14: Receives Care		
Whether or not they live with you, does someone provide assistance to you almost every day?	Percent of respondents	Count
Yes	16%	567
No	84%	3,009
Total	100%	3,576

Question D1: Length of Residency		
How many years have you lived in your community?	Percent of respondents	Count
Less than 1 year	2%	86
1-5 years	12%	446
6-10 years	14%	494
11-20 years	19%	683
More than 20 years	53%	1,937
Total	100%	3,645

Question D2: Housing Unit Type		
Which best describes the building you live in?	Percent of respondents	Count
Single family home	77%	2,786
Townhouse, condominium, duplex or apartment	20%	718
Mobile home	2%	61
Assisted living residence	1%	33
Nursing home	0%	0
Other	1%	36
Total	100%	3,636

Question D3: Tenure (Rent or Own)		
Do you currently rent or own your home?	Percent of respondents	Count
Rent	17%	624
Own (with a mortgage payment)	38%	1,372
Own (free and clear; no mortgage)	44%	1,594
Total	100%	3,590

Question D4: Monthly Housing Costs		
About how much is your monthly housing cost for the place you live (including rent, mortgage payment, property tax, property insurance and homeowners' association (HOA) fees)?	Percent of respondents	Count
Less than \$300 per month	17%	576
\$300 to \$599 per month	26%	862
\$600 to \$999 per month	23%	771
\$1,000 to \$1,499 per month	15%	504
\$1,500 to \$2,499 per month	14%	490
\$2,500 or more per month	5%	175
Total	100%	3,378

Question D5: Total Number of Household Members		
How many people, including yourself, live in your household?	Percent of respondents	Count
1 person (live alone)	37%	1,317
2 people	51%	1,820
3 people	8%	269
4 or more people	5%	174
Don't know	0%	0
Total	100%	3,579

Question D6: Number of Older Adult Household Members		
How many of these people, including yourself, are 60 or older?	Percent of respondents	Count
1 person	52%	1,772
2 people	47%	1,601
3 people	0%	15
4 or more people	1%	24
Don't know	0%	0
Total	100%	3,412

Question D7: Retirement Status		
What is your employment status?	Percent of respondents	Count
Fully retired	68%	2,379
Working full time for pay	16%	575
Working part time for pay	12%	427
Unemployed, looking for paid work	4%	133
Total	100%	3,514

Question D8: Expected Age of Retirement		
[If not yet fully retired] At what age do you expect to retire completely and not work for pay at all?	Percent of respondents	Count
60 to 64	9%	77
65 to 69	38%	340
70 to 74	31%	279
75 or older	22%	198
Total	100%	893

Question D9: Household Income		
How much do you anticipate your household's total income before taxes will be for the current year? (Please include in your total income money from all sources for all persons living in your household.)	Percent of respondents	Count
Less than \$15,000	12%	387
\$15,000 to \$24,999	19%	619
\$25,000 to \$49,999	27%	886
\$50,000 to \$74,999	19%	628
\$75,000 to \$99,999	12%	376
\$100,000 or more	11%	354
Total	100%	3,250

Question D10: Respondent Ethnicity/Origin		
Are you Spanish/Hispanic/Latino?	Percent of respondents	Count
Yes	11%	382
No	89%	3,132
Total	100%	3,513

Question D11: Respondent Race		
What is your race?	Percent of respondents	Count
American Indian or Alaskan native	1%	47
Asian or Pacific Islander	1%	32
Black, African American	3%	117
White/Caucasian	90%	3,179
Other	6%	195
Total may exceed 100% as respondents could select more than one option.		

Question D12: Respondent Age		
In which category is your age?	Percent of respondents	Count
60-64 years	31%	1,101
65-69 years	21%	741
70-74 years	15%	548
75-79 years	12%	442
80-84 years	12%	426
85-89 years	7%	243
90-94 years	2%	69
95 years or older	0%	6
Total	100%	3,576

Question D13: Respondent Gender		
What is your sex?	Percent of respondents	Count
Female	57%	2,051
Male	43%	1,532
Total	100%	3,583

Question D14: Respondent Sexual Orientation		
What is your sexual orientation?	Percent of respondents	Count
Heterosexual	98%	3,188
Lesbian	1%	18
Gay	0%	14
Bisexual	1%	48
Total	100%	3,268

Question D15: Voter Registration Status		
Are you registered to vote in your jurisdiction?	Percent of respondents	Count
Yes	94%	3,429
No	5%	165
Ineligible to vote	0%	13
Don't know	1%	27
Total	100%	3,633

Question D16: Voted in Last General Election		
Many people don't have time to vote in elections. Did you vote in the last general election?	Percent of respondents	Count
Yes	92%	3,346
No	7%	261
Ineligible to vote	0%	12
Don't know	0%	8
Total	100%	3,627

Appendix C: Survey Methodology

Data Collection Methods Used in the CASOA™

The CASOA™ instrument and its administration are standardized to assure high quality survey methods and comparable results across CASOA™ communities. The CASOA™ was customized for DRCOG to reflect the correct local age definition of older adults and so that the mailing materials used official DRCOG graphics, contact information and signatures.

Survey Development

The CASOA™ questionnaire contains many questions related to the life of older residents in the community. The instrument includes questions related to overall quality of life, characteristics of the community, perceptions of safety in the community and of 40 different needs common to older adults.

The questionnaire grew from a synthesis of a number of data collection processes including a national search of needs assessments conducted by communities across the United States, a review of the literature on aging and the conduct of numerous surveys and large scale needs assessments by NRC. A blue-ribbon panel of national experts contributed to the concept and content of the CASOA™.

The items in the questionnaire were pilot tested on senior residents using a “think-aloud” method in which older adults were asked to complete the survey and describe their thought processes related to specific questions and question sets. The results of the pilot test were used to alter the questionnaire for better understanding by senior participants. The final questionnaire was tested in a set of diverse U.S. communities and modifications again were made as necessary.

Survey Sampling

“Sampling” refers to the method by which survey recipients are chosen. The “sample” refers to all those who were given a chance to participate in the survey. A sample of residents in the area 60 years of age and older was used. Although the purchased list of known senior households contained names of the residents 60 years and older, no name was printed on the survey envelope; instead, the survey was addressed to “Resident.” The list of households was compiled from a variety of public sources.

In order to select a random individual 60 years of age and older within the household, the cover letter requested that the questionnaire be given to the person 60 years of age and older who most recently celebrated their birthday (regardless of year of birth) to complete. This “birthday method” is a respondent selection method which helps to randomly select an individual within a household. It is similar to other more complex methodologies (e.g., “Kisch” or “Trodahl”), but easier to implement.

Survey Administration

Each sampled household received three mailings beginning in June 2010. Completed surveys were collected over the following six weeks. The first mailing was a prenotification postcard announcing the upcoming survey. A week after the prenotification postcard mailed the first wave of the survey was sent. The second wave mailed one week after the first. The survey mailings contained a letter

from the director of DRCOG's Area Agency on Aging inviting the household to participate in the CASOA™, a questionnaire and postage-paid envelope in which to return the questionnaire.

The DRCOG region mailing list included an oversampling of surveys sent to households of older adult residents with Hispanic surnames and rural households in Adams and Arapahoe counties. The survey also was translated in Spanish and provided upon request.

Survey Response Rate and Confidence Intervals

Overall, 339 of the 11,262 postcards sent to older residents living in the DRCOG region were returned as undeliverable because they either had addresses that were undeliverable as addressed or were received by vacant housing units. Of the 10,923 households receiving the survey mailings, 3,666 completed the survey, providing a response rate of 34%.

It is customary to describe the precision of estimates made from surveys by a “level of confidence” and accompanying “confidence interval” (or margin of error). A traditional level of confidence, and the one used here, is 95%. The 95% confidence interval can be any size and quantifies the sampling error or imprecision of the survey results because some residents' opinions are relied on to estimate all residents' opinions. The confidence interval for the DRCOG CASOA™ is no greater than plus or minus two percentage points around any given percent reported for the entire sample and one point around average ratings.

A 95% confidence interval indicates that for every 100 random samples of this many residents, 95 of the confidence intervals created will include the “true” population response. This theory is applied in practice to mean that the “true” perspective of the target population lies within the confidence interval created for a single survey. For example, if 75% of residents rate a service as “excellent” or “good,” then a 4% margin of error (for the 95% confidence interval) indicates that the range of likely responses for the entire community is between 71% and 79%. This source of error is called sampling error. In addition to sampling error, other sources of error may affect any survey, including the non-response of residents with opinions different from survey responders.

For subgroups of responses, the margin of error increases because the sample size for the subgroup is smaller. For subgroups of approximately 100 respondents, the margin of error is plus or minus 10 percentage points.

The practical difficulties of conducting any resident survey may introduce other sources of error in addition to sampling error. Despite best efforts to boost participation and ensure potential inclusion of all older adults, some selected households will decline participation in the survey (potentially introducing non-response error) and some eligible households may be unintentionally excluded from the listed sources for the sample (referred to as coverage error).

Survey Processing (Data Entry)

Completed surveys received were assigned a unique identification number. Additionally, each survey was reviewed and “cleaned” as necessary. For example, a question may have asked a respondent to pick one response, but the respondent checked two; the cleaning process would involve randomly selecting one of the two selected responses to be recorded in the dataset.

Once all surveys were assigned a unique identification number, they were entered into an electronic dataset. This dataset was subject to a data entry protocol of “key and verify,” in which

survey data were entered twice into an electronic dataset and then compared. Discrepancies were evaluated against the original survey form and corrected. “Range checks” (examination of the data for invalid values) as well as other forms of quality control also were performed.

Survey Data Weighting

The demographic characteristics of those completing the survey were compared to those found in the 2000 Census estimates and other population norms for residents age 60 and older living in the DRCOG region because the more current American Community Survey (ACS) estimates were not available for all counties within the region and because ACS data for racial/ethnic information is not broken down by age group. Sample results were weighted using the population norms to reflect the appropriate percent of those residents. Other discrepancies between the whole population and the sample also were aided by the weighting due to the intercorrelation of many socioeconomic characteristics.

The variables used for weighting were sex, age, race, ethnicity, housing tenure (rent/own), housing unit type and geographic area. This decision was based on the disparity between the survey respondent characteristics, the population norms for these variables and the saliency of these variables in detecting differences of opinion among subgroups.

The primary objective of weighting survey data is to make the survey sample reflective of the larger older adult population of the community. This is done by: 1) reviewing the sample demographics and comparing them to the population norms from the most recent Census or other sources and 2) comparing the responses to different questions for demographic subgroups. The demographic characteristics that are least similar to the Census and yield the most different results are the best candidates for data weighting.

A special software program using mathematical algorithms is used to calculate the appropriate weights. Data weighting can adjust multiple demographic variables. Several different weighting “schemes” may be tested to ensure the best fit for the data.

The results of the weighting schemes for the DRCOG region overall are presented in the following table.

Figure 45: Weighting Scheme for the 2010 DRCOG CASOA™

	DRCOG Region U.S. Census Norm	Unweighted data	Weighted data
Sex and Age			
Age 60-74	66%	69%	67%
Age 75-84	25%	24%	24%
Age 85+	8%	7%	9%
Female	57%	55%	57%
Male	43%	45%	43%
Female 60-74	35%	36%	36%
Female 75-84	15%	14%	14%
Female 85+	6%	5%	6%
Male 60-74	31%	33%	31%
Male 75-84	10%	10%	10%
Male 85+	2%	2%	2%
Race and Ethnicity			
White	89%	93%	89%
Not White	11%	7%	11%
Hispanic	9%	7%	11%
Not Hispanic	91%	93%	89%
Housing			
Rent	22%	16%	18%
Own	78%	84%	82%
Detached	76%	83%	78%
Attached	24%	17%	22%
Area			
Adams County	15%	9%	16%
Arapahoe County	22%	10%	22%
City and County of Broomfield	1%	9%	1%
Clear Creek County	0.4%	9%	0.4%
City and County of Denver	30%	7%	28%
Douglas County	4%	6%	5%
Gilpin County	0.2%	6%	0.2%
Jefferson County	27%	44%	28%

Source: U.S. Census Bureau - Census 2000

Survey Data Analysis and Reporting

The survey dataset was analyzed using the Statistical Package for the Social Sciences (SPSS). For the most part, frequency distributions and mean ratings are presented in the body of the report. A complete set of frequencies for each survey question is presented in *Appendix B: Complete Set of Survey Frequencies*.

A variety of analyses were presented in the body of the report. The following sections summarize how these analyses were conducted or scores calculated.

Included under separate cover are results by demographic characteristics. Chi-square or ANOVA tests of significance were applied to these breakdowns of selected survey questions. A “p-value” of 0.05 or less indicates that there is less than a 5% probability that differences observed between groups are due to chance; in other words, a greater than 95% probability that the differences observed in the selected categories of our sample represent “real” differences among those populations. Where differences between subgroups are statistically significant, they are marked with grey shading in the appendices.

Estimates of the Contribution of Older Adults to the Economy

The calculations of the economic contributions of older adults in the DRCOG region were rough estimates using data from The U.S. Department of Labor Bureau of Labor Statistics (Metropolitan and Nonmetropolitan Area Occupational Employment and Wage Estimates). The source changes from DOLA to Census information when reporting for municipalities; the specific source is noted for each table.

The proportion of older adults who work was estimated by examining the responses to question D7 from the survey (“What is your employment status?”). Those working full time were assumed to work 32 hours per week and those working part time were assumed to work 15 hours per week. The proportion of survey respondents was multiplied by the number of adults 60 and over in community to ascertain the number of employed older adults. To determine the average paid wage, information from the Bureau of Labor Statistics for the Denver-Aurora, CO MSA was examined. Working full time and part time was assumed to be the equivalent of “All Occupations” (occupation code 00-0000).

The proportion of older adults doing volunteer work and providing help to friends and neighbors was determined by looking at the responses to question 14 (“During a typical week, how many hours, if any, do you spend doing the following?”), items f (“providing help to family and friends”) and g (“volunteering your time to some group/activity”). Those responding “1 to 3 hours” were assumed to spend two hours, “4 to 5 hours” were assumed to spend 4.5 hours, those responding “6 to 10 hours” were assumed to spend eight hours, and those responding “11 or more hours” were assumed to spend 13.75 hours (125% of 11). To determine the average hourly wage, “providing help to family and friends” was assumed to be the equivalent of “Personal Care and Service Workers, All Other” (occupation code 39-9099) and volunteering was assumed to be the equivalent of “Office Clerks, General” (occupation code 43-9061).

The proportion of older adults providing care to family and friends was determined by examining the responses to question 16. Those responding “1 to 3 hours” were assumed to spend two hours, “4 to 5 hours” were assumed to spend 4.5 hours, those responding “6 to 10 hours” were assumed to spend eight hours, and those responding “11 to 19 hours” were assumed to spend 15 hours, and those responding “20 or more hours” were assumed to spend 25 hours (125% of 20). To determine the average hourly wage, “providing care for older adults and adults” (items a and b) were assumed to be the equivalent of “Personal and Home Care Aides” (occupation code 39-9021) and “providing care for children” (item c) was assumed to be the equivalent of “Child Care Workers” (occupation code 39-9011).

Community Summary Scores

The community score presented in the body of the report represents the average of the questions included in the index. Although the evaluative or frequency questions were made on 4- or 5- point scales with 1 representing the best rating, the scales had different labels (e.g., “excellent,” “not a problem,” “very likely”). To calculate these average scores, the questions used in the index were converted to a common scale where 0 is the worst possible rating and 100 is the best possible rating. If everyone reported “excellent,” then the result would be 100 on the 0-100 scale. If the average rating for quality of life was right in the middle of the scale (half way between “good” and “fair”), then the result would be 50. 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 following table shows the individual questions comprising each summary score.

Index	Individual Variables Used in Index
Quality of Community	q1a. How do you rate your community as a place to live?
	q1b. How do you rate your community as a place to retire?
	q3. How would you rate the overall services provided to older adults in your community?
Community Information	q2k. Availability of information about resources for older adults
	q2l. Availability of financial and legal planning services
Health and Wellness Opportunities	q2e. Fitness opportunities (including exercise classes and paths or trails, etc.)
	q2m. Availability of affordable quality physical health care
	q2n. Availability of affordable quality mental health care
	q2o. Availability of preventive health services (e.g., health screenings, flu shots, educational workshops)
	q2p. Availability of affordable quality food
	q2x. Overall feeling of safety in your community
Opportunities for Productive Activities	q2a. Opportunities to volunteer
	q2b. Employment opportunities
	q2c. Opportunities to enroll in skill-building or personal enrichment classes
	q2d. Recreation opportunities (including games, arts and library services, etc.)
	q2f. Opportunities to attend social events or activities
	q2g. Opportunities to attend religious or spiritual activities
	q2h. Opportunities to attend or participate in meetings about local government or community matters
Community Design and Land Use	q2i. Availability of affordable quality housing
	q2j. Variety of housing options
	q2s. Ease of bus travel in your community
	q2u. Ease of car travel in your community
	q2v. Ease of walking in your community
Community and Belonging	q2q. Sense of community
	q2r. Openness and acceptance of the community towards older residents of diverse backgrounds
	q2y. Valuing older residents in your community
	q2z. Neighborliness of your community

Needs Summary Scores

The needs summary scores (indices) are based on the response patterns of older adults in the community. The table below shows each question included in the index and the required response to that question. So, for example, if a respondent indicated that her overall physical health (q5a) was “fair,” she would be counted as having a physical health issue along with other respondents who may have noted that they had a moderate or major problem with falling or maintaining a healthy diet, etc. Respondents with many physical health problems are counted only once in this category so that the total percent shown in the report graph represents the percent of older adults with at least one physical problem.

Index	Individual Variables Used in Index	Required Rating
Physical health	Must have at least one of the following:	
	q5a. How do you rate your overall physical health?	Fair or poor
	q7b. In a nursing home or in-patient rehabilitation facility	At least 1 day
	q6(a)b. Your physical health	Moderate or major problem
	q6(a)c. Performing regular activities, including walking, eating and preparing meals	Moderate or major problem
	q6(a)n. Falling or injuring yourself in your home	Moderate or major problem
	q6(b)v. Staying physically fit	Moderate or major problem
	q6(b)w. Maintaining a healthy diet	Moderate or major problem
	q6(a)s. Having tooth or mouth problems	Moderate or major problem
Mental health	Must have at least one of the following:	
	q5b. How do you rate your overall mental health/emotional well-being ?	Fair or poor
	q5c. How do you rate your overall quality of life?	Fair or poor
	q6(a)h. Feeling depressed	Moderate or major problem
	q6(a)i. Experiencing confusion or forgetfulness	Moderate or major problem
Independence/ Institutionalization risk	Must have:	
	q6(a)c. Performing regular activities, including walking, eating and preparing meals	Moderate or major problem
Safety	Must have at least one of the following:	
	q6(b)kk. Being a victim of crime	Moderate or major problem
	q6(b)ll. Being a victim of fraud or a scam	Moderate or major problem
Mobility	q6(b)mm. Being physically or emotionally abused	Moderate or major problem
	Must have at least one of the following:	
	q6(a)f. Having safe and affordable transportation available	Moderate or major problem
Housing	q6(a)g. No longer being able to drive	Moderate or major problem
	Must have at least one of the following:	

Index	Individual Variables Used in Index	Required Rating
	d4. About how much is your monthly housing cost for the place you live (including rent, mortgage payment, property tax, property insurance and homeowners' association (HOA) fees)?/ d9. How much do you anticipate your household's total income before taxes will be for the current year? (Please include in your total income money from all sources for all persons living in your household.)	Housing cost >30% of income
	q6(a)a. Having housing to suit your needs	Moderate or major problem
Home maintenance	Must have at least one of the following:	
	q6(a)e. Doing heavy or intense housework	Moderate or major problem
	q6(a)j. Maintaining your home	Moderate or major problem
	q6(a)k. Maintaining your yard	Moderate or major problem
Social engagement	Must have:	
	q12c. Communicating/ visiting with friends and/or family	Less than 4 hours
	Or	
	q6(b)y. Having interesting social events or activities to attend	Moderate or major problem
	Or all of the following:	
	q12a. Participating in a club (including book, dance, game and other social)	Never
	q12b. Participating in a civic group (including Elks, Kiwanis, Masons, etc.)	Never
	q12d. Participating in religious or spiritual activities with others	Never
q12e. Participating in a recreation program or group activity	Never	
Social support	Must have:	
	d5. Household size	1 (live alone)
	And at least one of the following:	
	q6(a)m. Having friends or family you can rely on	Moderate or major problem
Civic engagement	q6(b)ii. Feeling lonely or isolated	Moderate or major problem
	Must have d14 and d15:	
	d14. Are you registered to vote in your jurisdiction?	No
	d15. Many people don't have time to vote in elections. Did you vote in the last general election?	No
	Or q12b and q12g	
	q12b. Participating in a civic group (including Elks, Kiwanis, Masons, etc.)	Never (no hours)
	q12g. Volunteering your time to some group/activity in your community	Never (no hours)
Or q11d and q11e		

Index	Individual Variables Used in Index	Required Rating
	q11d. Attended a meeting of local elected officials or other local public meeting in your community	Never
	q11e. Watched a meeting of local elected officials or other public meeting on cable television, the Internet or other media	Never
Recreation, arts and culture	Must have at least one of the following:	
	q6(b)x. Having interesting recreational or cultural activities to attend	Moderate or major problem
	q6(b)z. Feeling bored	Moderate or major problem
Employment and education	Must have at least one of the following:	
	d7. What is your employment status?	Unemployed, looking for paid work
	q6(b)ff. Finding work in retirement	Moderate or major problem
	q6(b)gg. Building skills for paid or unpaid work	Moderate or major problem
Financial	Must have at least one of the following:	
	d9. How much do you anticipate your household's total income before taxes will be for the current year? (Please include in your total income money from all sources for all persons living in your household.)/ d5. How many people, including yourself, live in your household?	Less than 30% median income
	q6(a)t. Having enough money to meet daily expenses	Moderate or major problem
	q6(a)u. Having enough money to pay your property taxes	Moderate or major problem
Caregiver burden	Must have:	
	q6(b)cc. Providing care for another person	Moderate or major problem
Information and planning	Must have at least one of the following:	
	q4. In general, how informed or uninformed do you feel about services and activities available to older adults in your community?	Somewhat or very uninformed
	q6(b)dd. Dealing with legal issues	Moderate or major problem
	q6(b)ee. Having adequate information or dealing with public programs such as Social Security, Medicare and Medicaid	Moderate or major problem
	q6(b)hh. Not knowing what services are available to older adults in your community	Moderate or major problem
	q6(b)nn. Dealing with financial planning issues	Moderate or major problem
Health care	Must have at least one of the following:	
	q6(a)o. Finding affordable health insurance	Moderate or major problem
	q6(a)p. Getting the health care you need	Moderate or major problem
	q6(a)q. Affording the medications you need	Moderate or major problem
	q6(a)r. Getting the oral health care you need	Moderate or major problem

Appendix D: References

1. U.S. Department of Health and Human Services. *Choices for Independence: Modernizing the Older Americans Act*. U.S. Administration on Aging; March 9 2006.
2. Feldman E, Mishkovsky N, Kohler C. *Active Living for Older Adults: Management Strategies for Healthy and Livable Communities*. International City/County Management Association; September 2003.
3. Wolff T. A practical approach to evaluation coalitions. In: Backer T, ed. *Evaluation community collaborations*. New York, NY: Springer Publishing; 2002:95-165.
4. Namkee GC, Burr A, Mutchler JE, Caro FG. Formal and informal volunteer activity and spousal caregiving among older adults. *Research on Aging*. 2007;29:99-124.
5. National Governor's Association. Fast facts: Civic engagement and older Americans - volunteerism. <http://www.nga.org/Files/pdf/0607FASTFACTS.pdf>.
6. Adler RP, Goggin J. What do we mean by "civic engagement"? . *Journal of Transformative Education*. 2005;3:236-253.
7. Saxon-Harrod S, McCormack M, Hume K. *America's Senior Volunteers*. Washington, DC: Independent Sector; 2000:12.
8. Service CfNaC. Tools and training for volunteer and service programs. <http://www.nationalserviceresources.org/initiatives boomers boomers.php>.
9. Thompson E, Wilson, L. The Potential Of Older Volunteers In Long-Term Care. *The American Society on Aging*. 2003;25(1):58-63.
10. Bridgeland JM, Putnam, R.D. and Wofford, H.L. More To Give. Tapping The Talents Of The Baby Boomer, Silent And Greatest Generations. AARP. 2008:3-35.
11. Hoffman L. Increasing Volunteerism Among Older Adults: Benefits And Strategies For States. *NGA Center for Best Practices*. 2008:1-13.
12. Kaskie B, Imhof, S., Cavanaugh, J. & Culp, K. Civic Engagement As A Retirement Role For Aging Americans. *The Gerontologist*. 2008;48(3):368-377.
13. Lindblom D. Baby Boomers and The New Age of Volunteerism. . *Corporation for National Service*. 2001;Senior Service:ii-30.
14. Service CfNaC. Engaging Persons with Disabilities in National and Community Service Grants. 2010.
15. Careers E. Encore Fellowships. <http://www.encore.org/fellowships>.
16. Spencer A, Hancock L. *Seniors Living Policy: Urban Design Guidelines for Infill Development*. Sydney, Australia: Urban Design Advisory Services, Department of Infrastructure, Planning and Natural Resources; 2004:1-20.
17. LeGates R, Potepan, M., Blash, L., Gilbert, N. *LITERATURE REVIEW ON URBAN AND COMMUNITY DEVELOPMENT*: San Francisco State University Public Research Institute; 1996.
18. Boulder County Aging Services Division. Strengths Associated with Aging Well-2004 Update, Synthesis of Scientific Literature on Aging Well. September 29 2004.
19. Centers for Disease Control and Prevention. Healthy aging: Preserving function and improving quality of life among older Americans at a glance: National Center for Health Statistics, Department of Health and Human Services; 2007.
20. Centers for Disease Control and Prevention. National health interview survey: National Center for Health Statistics, Department of Health and Human Services; 2005.
21. Larkin M. Active aging professionals urged to implement evidence-based programs that include strength training, aerobics, balance, and flexibility for all populations *Journal on Active Aging*. 2007;6(5):29-34.
22. *Live well, live long: Steps to better health*: American Society on Aging; 2005.
23. National Research Center Inc. *Colorado Healthy People 2010: Obesity Prevention; Final Evaluation Summary Report*: The Colorado Trust; 2007.
24. Humpel N, Owen N, Leslie E. Environmental factors associated with adults' participation in physical activity: A review. *American Journal of Preventive Medicine*. 2002;22(3):188-199.
25. Barclay L. Obesity and the built environment: A newsmaker interview with James O. Hill, PhD. *Medscape Medical News*. May 19 2004.
26. Ewing R, Cervero R. Travel and the built environment: A synthesis *Journal of Transportation Research Board* 1780. 2001:87-114.

27. Greenwald M, Boarnet M. Built environment as determinant of walking behavior: Analyzing nonwork pedestrian travel in Portland, Oregon. *Journal of Transportation Research Board* 1780. 2001:33-42.
28. Handy S, Boarnet M, Eqing R, Killingsworth R. How the built environment affects physical activity: Views from urban planning. *American Journal of Preventive Medicine*. 2002;23(2S):64-72.
29. Partnership for Prevention. *Creating Communities for Active Aging*. Washington, D.C. 2001.
30. Active Living Leadership. *A Primer on Active Living for Government Officials*. Princeton, NJ: Robert Wood Johnson Foundation; 2005.
31. Robert Wood Johnson Foundation Leadership for Healthy Communities. Policies for Active Living and Community Design. *Active Living and Community Design* [<http://www.activelivingleadership.org/ResoComm-3903.html>]. Accessed November 29, 2007.
32. Nord M, Andrews M, Carlson S. Household food security in the United States: Department of Agriculture/Economic Research Service; 2005.
33. Nord M, Andrews M, Carlson S. Household food security in the United States, 2005. In: Service DoAER, ed; 2006.
34. America's second harvest fact sheet on senior hunger. www.secondharvest.org/learn_about_hunger/fact_sheet/senior_hunger.html.
35. USDA. Elderly Assitance Programs. http://www.nutrition.gov/nal_display/index.php?info_center=11&tax_level=2&tax_subject=394&topic_id=1772&placement_default=0.
36. Economic Research Service. Community food assessment toolkit. Washington, D.C.: U.S. Department of Agriculture; 2002.
37. Mark I. Weinberger AJR, Christian J. Nelson. Untangling the Complexities of Depression Diagnosis in Older Cancer Patients. *The Oncologist*. January 14, 2009 2009;14(1):60-66.
38. Prevention CfDCa, Network PRC-HAR, Forum aRCGMH. Effective Programs to Treat Depression in Older Adults: Implementation Strategies for Community Agencies. *PRC-HAN Conference*. Atlanta, GA; 2008.
39. LeaMond N. Public Policy Challenges to Creating Livable Communities. Paper presented at: Universal village: Livable communities in the 21st century; June 15, 2005; Washington, D.C.
40. White House Conference on Aging. *Report of the 2005 White House Conference on Aging: The Booming Dynamics of Aging: From Awareness to Action*. Washington, DC 2005.
41. Dychtwald KPD. *Age Power: How the 21st Century Will Be Ruled By The New Old*. New York: Jeremy P. Tarcher/Penguin Putnam, Inc.; 1999.
42. Generations Policy Initiative and the Harvard Institute for Learning in Retirement. The Age Explosion: Baby Boomers and Beyond. *Harvard Generations Policy Journal*. Winter 2004;1:33.
43. He W, Sengupta M, Velkoff VA, DeBarros KA. *65+ in the United States: 2005*. Washington, DC: U.S. Census Bureau; 2005.
44. The Booming Dynamics of Aging: From Awareness to Action. *2005 White House Conference on Aging Final Report* Washington, DC: 2005 White House Conference on Aging: Report to the President and the Congress; 2005.
45. Roper ASW & AARP. *Baby Boomers Envision Retirement II: Survey of Baby Boomers' Expectations for Retirement*: AARP; May 2004.
46. Rix SE. Aging and Work ~ A View From the United States: AARP; 2004:63.
47. Manteghi L. International Retirement Security Survey: AARP; 2005:27.
48. Harper L. *Fixing to Stay: A National Survey of Housing and Home Modification Issues*: American Association for Retired Persons (AARP); May 2000.
49. Kochera A, Straight A, Guterbock T. *Beyond 50.05: A Report to the Nation on Livable Communities: Creating Environments for Successful Aging*. Washington, DC: AARP Public Policy Institute; May 2005.
50. Campbell J, Leaver J. *Report from NTAC's National Experts Meeting on Emerging New Practices in Organized Peer Support*. Alexandria, VA: Substance Abuse and Mental Health Services Administration, Association of State Mental Health Program Directors, National Technical Assistance Center for State Mental Health Planning; March 17-18 2003.
51. Rowe JW, Kahn RL. *Successful Aging*. New York: Pantheon Books; 1998.
52. Rahn WM, Randolph TJ. A Tale of Political Trust in American Cities. *Public Opinion Quarterly*. Winter 2005;69(4):530-560.

53. Tyler TR, DeGoey P. Collective Restraint in Social Dilemmas: Procedural Justice and Social Identification Effects on Support for Authorities. *Journal of Personality and Social Psychology*. September 1995;69(3):482-497.
54. The American Democracy Project: Civic Engagement, Higher Education, and the 21st Century. <http://www.wku.edu/aa/civic%20engagement/adpcompleteproposal.pdf>.
55. Putnam RD. *Bowling alone: The collapse and revival of American community*. New York, NY: Simon and Schuster; 2000.
56. Klinenberg E. *Heat Wave: A Social Autopsy of Disaster in Chicago*: University of Chicago Press; 2003.
57. Walker J, Herbitter C. *Aging in the Shadows: Social Isolation Among Seniors in New York City*. New York: United Neighborhood Houses of New York; 2005.
58. Greene LV. New Directions in Work and Family Policy. *APA Briefing Paper on Work and Family Policy* [February 2004; <http://www.apa.org/ppo/issues/workandfam.html>. Accessed February 5, 2008.
59. Gibson MJ, Houser AN. *Valuing the Invaluable: A New Look at the Economic Value of Family Caregiving*. Washington, DC: AARP Public Policy Institute; June 2007.
60. FY 2007 Income Limits for Section 8 Programs Washington, D.C.: U.S. Department of Housing and Urban Development, Office of Policy Development and Research; 2007.

Appendix E: Survey Materials

The following pages contain copies of the survey materials sent to randomly selected older adult households within the DRCOG region.