

AGING IN THE PIKE PEAKS REGION

Aging Begins with Birth

A report from
The Innovations in Aging Collaborative

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INTRODUCTION

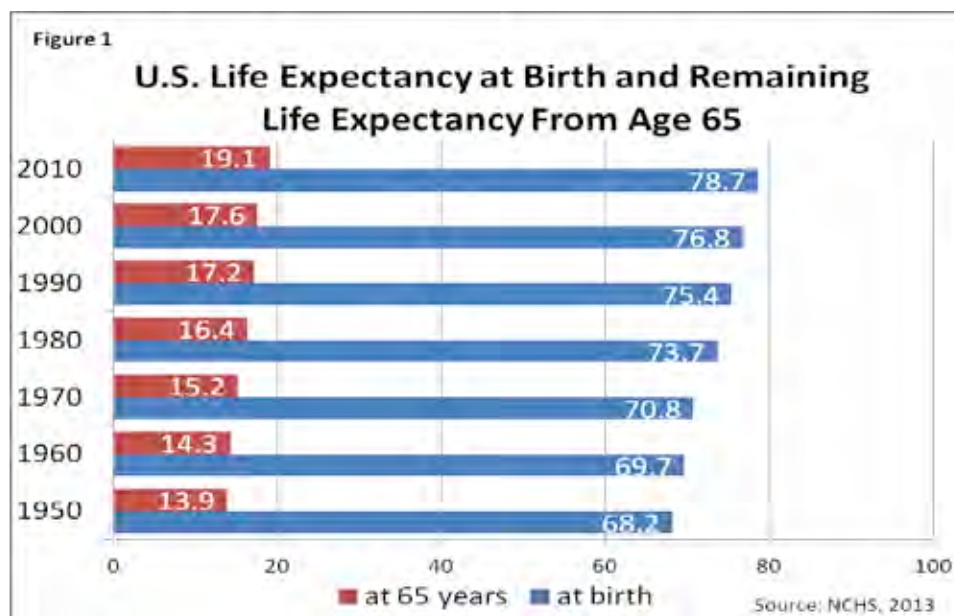
If you live long enough, you will get old. Perhaps even sooner, what will happen to society in the near future when an estimated 20 percent of the U.S. population will be over the age of 65? Aging is an issue that affects our communities, culture, and individual lives even sooner than we might realize.

A 2012 report by the National Caregiver Alliance pointed out that almost 29 percent of the U.S. adult population provided care to someone who was ill, disabled, or aged. It was more likely they were taking care of an aging parent or grandparent than of a child. One out of six of these caregivers, whose average age was 49.2 years, also was working part- or full-time.

The confluence of three demographic trends has brought the issue of aging to the center of Innovation in Aging Collaborative's (IIAC) attention.

The first trend results from the surge of births following World War II. Between 1946 and 1964, 26 million more babies were born than in the previous 18 years and 10 million more than in the following 18 years.

The second trend is the increase in life expectancy. Prior to the 1930s, life expectancy for newly born Americans was less than 60 years. When the Social Security retirement age was established at 65 in 1935, there were only 6.7 million Americans who were 65 or older. The average life expectancy of an American male was 58 years; it was 62 years for an American female. As people age, their life expectancy increases (Figure 1) given that they have already survived many potential causes of death at younger ages. The remaining life expectancy for a 65-year old male in 2015 is 19.3 years and 21.6 years for a 65-year old female. About one out of every four 65-year-olds today will live past age 90, and one out of ten will live past age 95.



The third trend is the declining American birthrate that followed 1964 (Table 1). [All demographic figures in this report are from the Colorado State Demography Office unless otherwise noted.] In 1965 it dropped to the pre-war level of 19.4 live births per thousand of population. By 2012 it was 12.6 births per thousand, the lowest point since such statistics were first collected and less than half the 1957 peak of 25.3.

Taken together, these three trends point to enormous demands that will be put on Social Security and Medicare, as well as on the local public and private organizations that serve the needs of the over-65 population.

Summarizing a Fox News discussion about the future of the Baby Boom, *The Week* magazine (January 3, 2011) raised four key questions:

- Can Medicare handle the Baby Boom?
- Have they saved enough to retire?
- Are boomers prepared for the challenges of aging?
- Can the rest of us survive the boomers retirement?

This is not a conversation with which most people are comfortable. A Kentucky Aging Readiness Study (2005-2007) documented this denial. Common responses were:

- You're not talking about me.
- That's a long ways away.
- I'm too busy to think about that.
- The government will take care of me.

Table 1: Birthrate per Thousand

Year	Rate
1945	20.4
1950	24.1
1955	25.0
1960	23.7
1965	19.4
1970	18.4
1975	14.8
1980	15.9
1985	15.8
1990	16.7
1995	14.8
2000	14.7
2005	14.0
2010	13.0
2011	12.7
2012	12.6

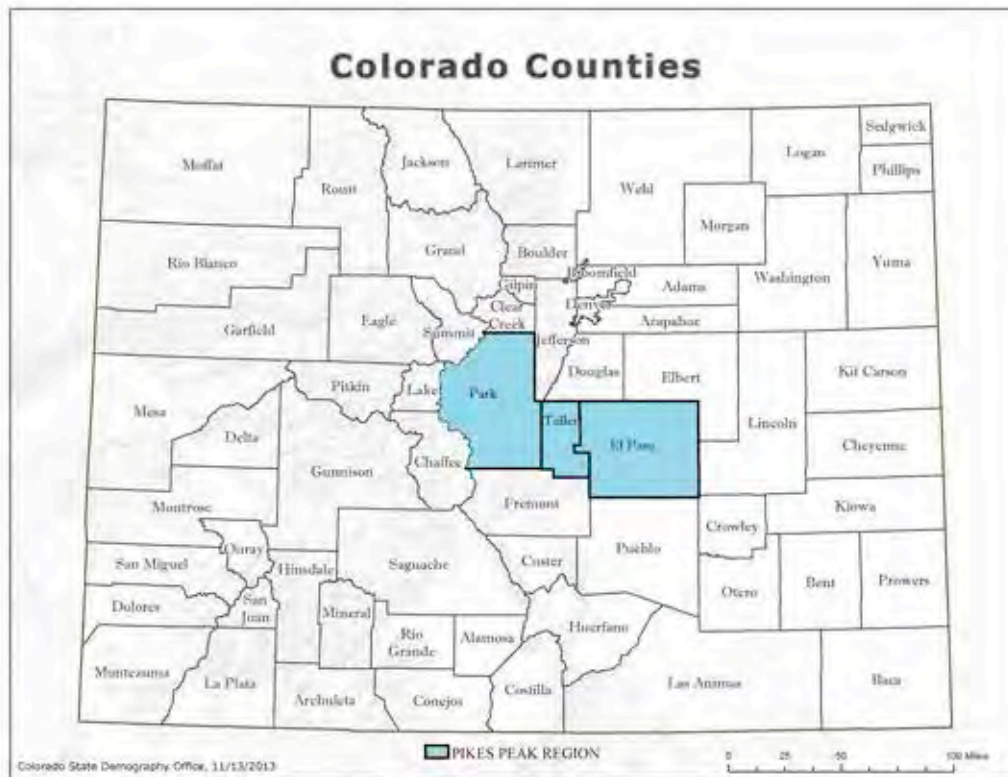
NCHS, 2013

The Older Americans Act stipulates that seniors are entitled to economic security in their retirement. But there is no comprehensive national plan to head off the consequences of today's rapidly aging population. Most state plans call for action in some areas of aging, but most don't require action. And there is little or no additional funding for improvements in senior programs.

The new demographic data described in this report, which updates a study done for Innovations in Aging Collaborative (Appendix A) in 2011, outlines both promising opportunities and an enormous need to respond in new and better ways. The growth of the older adult population provides opportunities for new jobs, products, and services, along with challenges that will require collaboration. The growth in the millennial generation provides a source of workers to meet this new demand. Paraphrasing Dr. Margaret Chan, director-general of the World Health Organization, the societies that adapt to this aging demographic can reap a sizeable longevity dividend and will have a competitive advantage over those that do not.

Such benefits can be realized in our community. What innovative programs and projects can we encourage that will make the Pikes Peak region a better place in which to age? We hope this updated report will highlight what is possible and provide a basis for additional conversations on this subject, and we welcome your comments and questions.

Figure 2



According to the 2010 census, there were nearly 68,000 residents of El Paso, Teller, and Park counties (the Pikes Peak region) who were age 65 or older (Figure 2).

I. THE AGING POPULATION IN EL PASO COUNTY

The 78.3 million Americans born between 1946 and 1964—commonly referred to as the Baby Boom generation—comprise 26 percent of the U.S. population. The leading edge began turning 65 in 2011, and every day for the next 19 years, 7,000 to 10,000 more people will reach retirement age. In Colorado, 155 residents turn 65 every day.

In 1990, Baby Boomers counted for 38 percent of Colorado’s population, a disproportionate share significantly higher than the national average of 33 percent. This was the result of the generation being attracted to Colorado in the 1970s during Baby Boomers’ most mobile age groups. Colorado offered ample opportunities for education, jobs, and recreation.

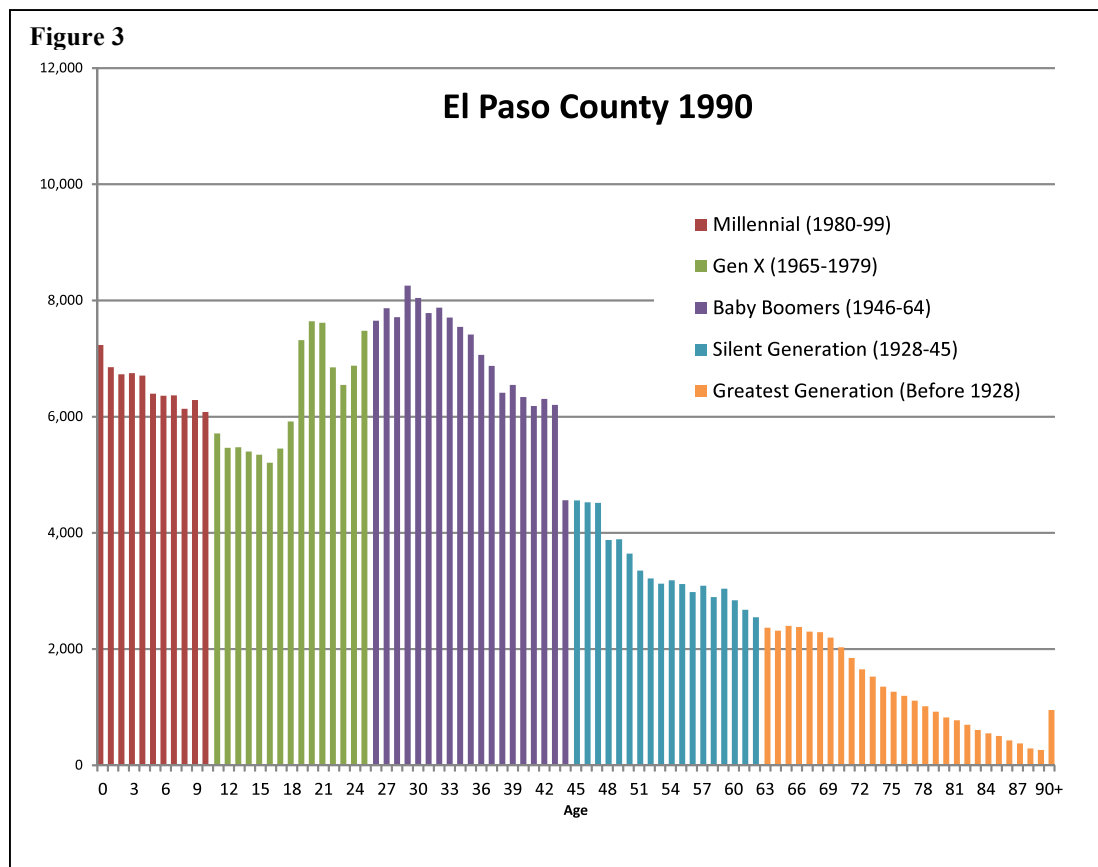
The attractiveness of Colorado during the high-growth decade of the ’90s increased the total population, including many members of the generations following the Baby Boom. As a result, Colorado’s share of residents within the Baby Boom was no longer disproportionate to the national average by 2000. As is true for the entire United States, Colorado has had more Millennials than Baby Boomers since 2013. This population shift occurred in El Paso County in 2008.

Since the majority of migrants to Colorado are young (between the ages of 24 to 35), Colorado remains one of the youngest states in the nation. The inflow of young residents also keeps the state’s percentage of residents over 65 relatively low within the total population. This however, will change rapidly as the Baby Boom continues to age and swell the population over age 65 in Colorado (Table 2).

Table 2: Residents 65 and Older

	2010	2015
El Paso County	10.0%	12.0%
Park County	11.9%	17.0%
Teller County	13.3%	19.4%
Pikes Peak Region	10.2%	12.4%

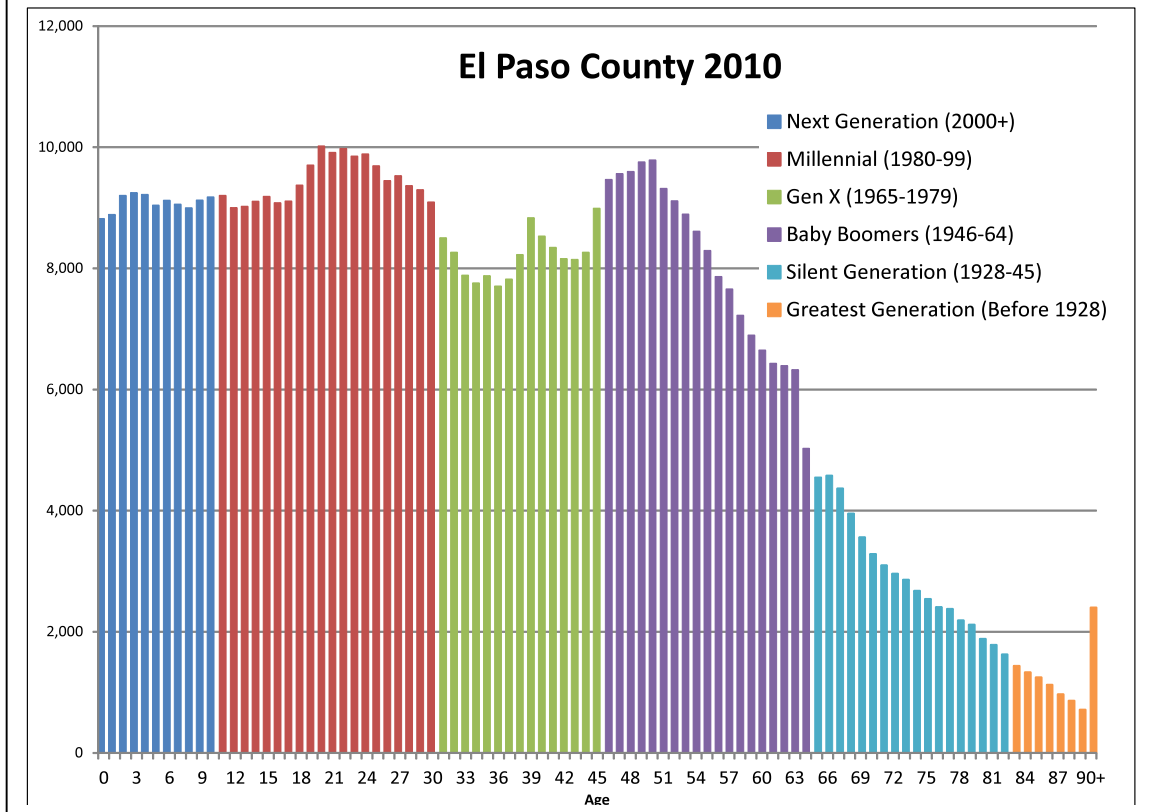
El Paso County is among several counties along the Front Range of Colorado contributing significantly to the increase in the Colorado population over age 65. The following Figures 3 to 5 highlight the El Paso County population by single year of age and generation in 1990, 2010, and 2020, respectively. In 1990, the Baby Boomers (in purple) are the largest generation, then ages 26-44. On the far left, in red, is the beginning of the Millennial generation. Generation X (in green), also known as the Baby Bust or the Echo Boom), forms the drop, or saddle, in the level of the population following the Baby Boom. Generation X includes the almost 65 million people born between 1981 and 1995. The spike in the number of 19- to 24-year-olds in El Paso County is due to the presence of the military. On the far right of the charts are members of the Greatest Generation (in orange), those persons born before 1928. Following the Greatest Generation chronologically was the Silent Generation (in light blue). Members of the Silent Generation were the children of the Great Depression and World War II. These events were both marked by years of unusually low fertility rates. As a result, there are proportionately fewer members of this generation in Colorado and in the nation as compared to other generations. They were also the generation turning age 65 in 1990.



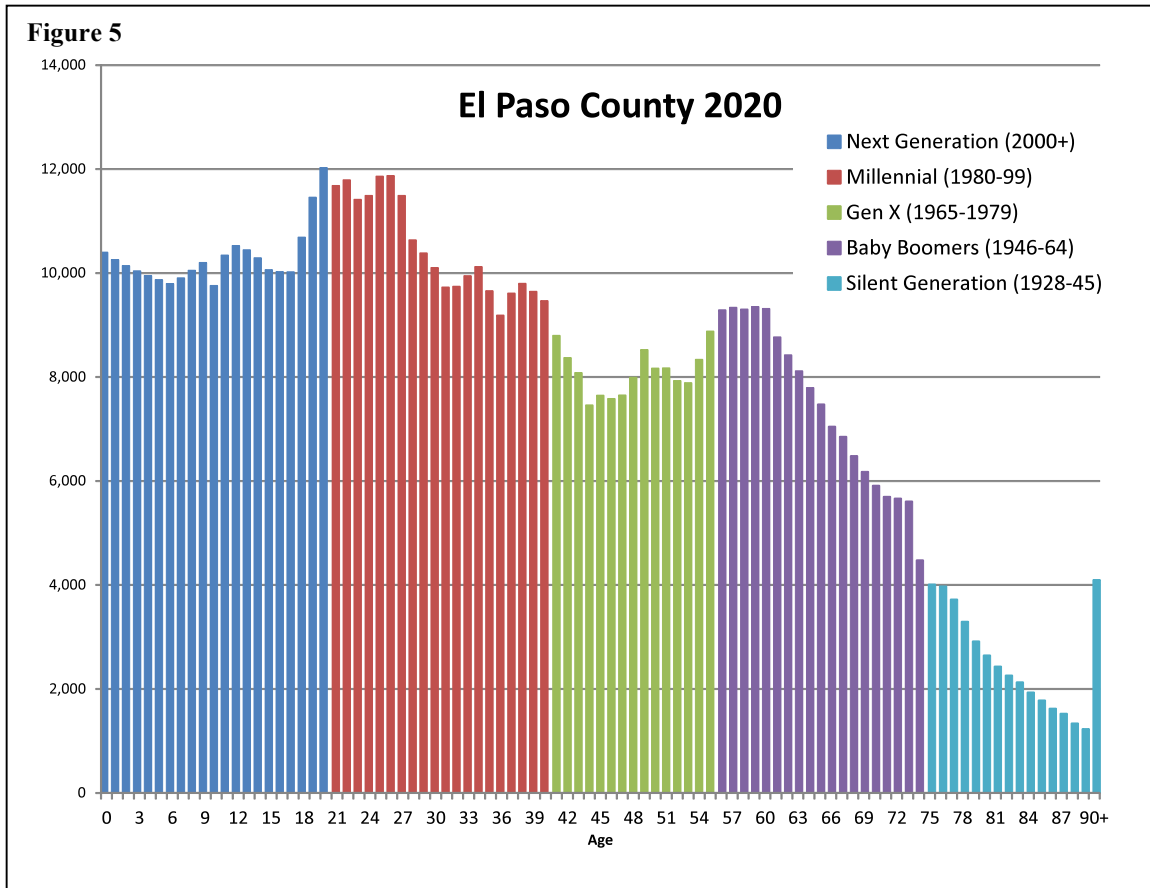
Most in-migrants to the Front Range of Colorado, including El Paso County, have been and continue to be young (ages 24 to 35). During the high-growth 1990s, El Paso County attracted many individuals from the generations following the Baby Boom: Generation X and Millennials. By 2010, Colorado and El Paso County no longer had a disproportionate share of Baby Boomers. Both had about one quarter of its population in the Baby Boom generation (Figure 4), sharply below the 38 percent and 34 percent in 1990.

The El Paso County population over age 65 grew from 45,000 seniors in 2000 to 62,800 by 2010. The rate of growth in the county's senior population between 2000 and 2010 was nearly double that of the county's total population: 39 percent versus 21 percent. Even with such growth, the share of seniors in the county will remain proportionate to the nation because the large numbers within younger generations will continue to replace Boomers in their current age group. The impact in El Paso County will only be increases in the older population.

Figure 4



Given the current age distribution of the Baby Boom and the fact that nearly a quarter of El Paso County's population falls within the Baby Boom, the county is projected to experience the third largest number increase in the over-65 population of all Colorado counties between 2010 and 2020 with an increase of just over 40,000 (Figure 5). El Paso County increases are expected to be close behind those of Jefferson County (43,000) and Arapahoe County (42,000) during the same time period.



Looking beyond 2020, Baby Boomers will live to 83 on average, and many will live well into their 90s and beyond. The over-85 age cohort (Table 3) is growing faster than any other group. Within El Paso County, the over-85 age cohort is forecast to continue increasing rapidly through the year 2040 with the fastest increases occurring after 2030 when the oldest Baby Boomers turn 85.

The Colorado State Demography Office (SDO) projects that the 65 and over population in the Pikes Peak region will increase from 68,000 in 2010 to 176,500 in 2040. This 160 percent increase is triple the 53 percent increase of the total population. SDO also estimates that during the same time period, the 85 and over population in the Pikes Peak region will more than triple, growing 337 percent from 7,550 in 2010 to 33,000 by 2040.

Table 3: Increase in 85+

	Pikes Peak Region	El Paso County	Park County	Teller County
2010-2015	5.1%	5.0%	7.8%	11.7%
2015-2020	4.7%	4.4%	8.2%	11.1%
2020-2025	3.9%	3.6%	8.8%	7.4%
2025-2030	5.6%	5.3%	10.4%	9.3%
2030-2035	6.6%	6.5%	7.2%	7.8%
2035-2040	4.3%	4.4%	3.3%	3.7%

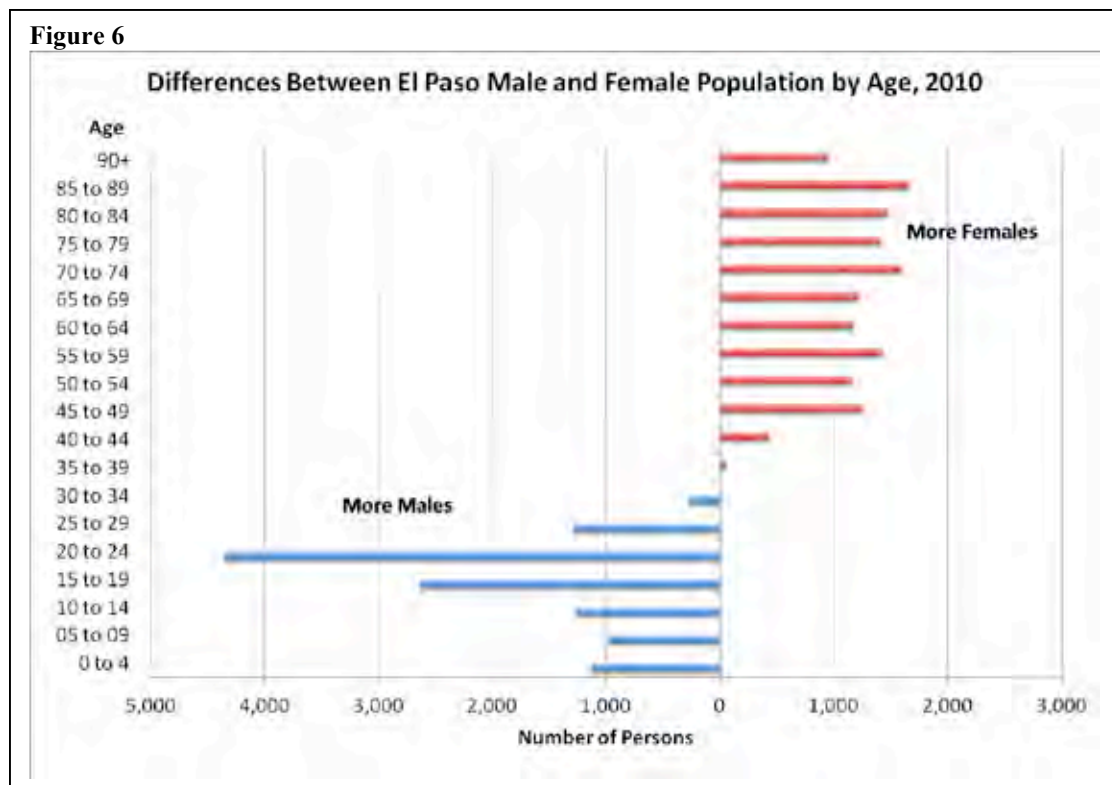
The increase in seniors within El Paso County and the entire Pikes Peak region will come from two sources. Based on historic trends, many current residents will retire in

Colorado. There will also be in-migration of older retirees who want to be near their Baby Boom children. However, in the past more people over age 65 moved out of the Pikes Peak region than moved in. Between 2000 and 2012, there was a net loss of 6,569 seniors—5,005 from El Paso County, 952 from Park County, and 612 from Teller County.

The 2011 Community Assessment Survey of Older Adults (CASOA) by the National Research Center in Boulder found that 63 percent of current residents are very likely to remain in the community throughout their retirement and another 25 percent are somewhat likely to stay. Eighty percent rated the community an excellent or good place to live.

Male/Female Imbalance

In El Paso County, older women outnumber older men, and younger men outnumber older women. According to the 2010 Census, there were 76 men for every 100 women among those 65 and older (Figure 6). For all groups under age 35, men outnumbered women.

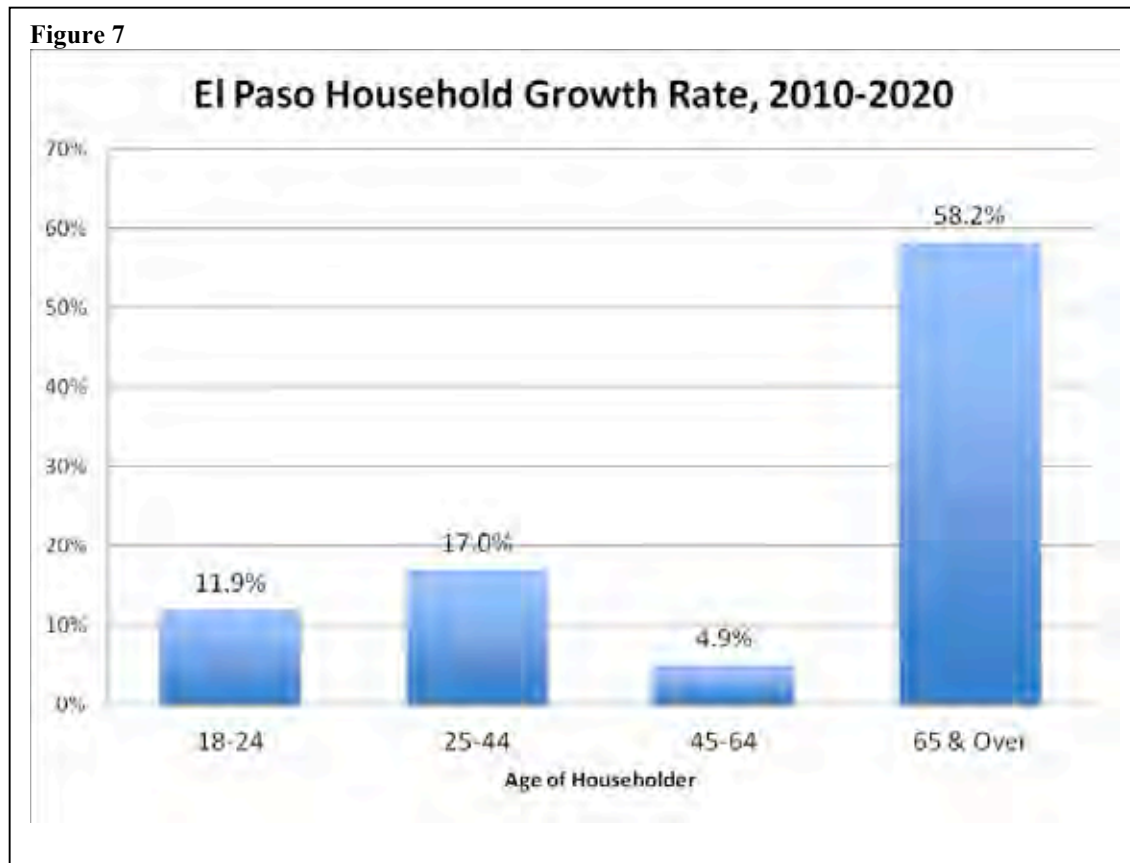


While women in the older population are expected to continue to outnumber men, the percentage of women in Colorado’s over-65 population are projected to decline, falling from 57.2 percent in 2010 to 52.5 percent in 2040. Males will rise from 42.8 percent to 47.5 percent. This is the result of two factors. First, long-term male life expectancy is increasing faster than that of females. Second, over the 10 years or so “younger over-65s”—those 65-74—are increasing more rapidly than “older over-65s”—those 75-85+. The share of the population from 65-74 will increase from 56.4 percent in 2010 to 62.3 percent in 2020. Males make up a higher share in this relatively younger age group.

Household Composition

As the population over age 65 increases in the Pikes Peak region, the number of households headed by a person over age 65 will increase as well. A household consists of all the people who occupy a housing unit, including related family members and all unrelated people. According to the 2010 Census, 17 percent of El Paso County households, were headed by a person over age 65. Of these, 42.5 percent lived alone. In El Paso County, 42.9 of those households were occupied by one senior living alone.

The fastest growth of senior-headed households within the Pikes Peak region will occur this decade. El Paso County is expected to experience an increase of 58 percent in the number of senior-headed households between 2010 and 2020 (Figure 7).



Over the next three decades, the growth rate of senior-headed households is expected to outpace that of households headed by persons under age 65. As a result, senior-headed households are expected to grow from 17 percent in 2010 to almost 30 percent by 2040 in El Paso County.

These changes are significant, as increases in the share of older households will exert downward pressure on household income, a result of both smaller household sizes with fewer potential earners, as well as a smaller share of households with earnings. Potential results are growing poverty and income inequality, according to the State Demography Office. Also, people's expenditures change as they age. This trend may affect city and county sales tax revenues as spending on taxable goods declines and shifts to nontaxable goods and services.

Veterans

El Paso County has a larger share of retired veterans within its senior population than does Colorado or the nation. It also has a larger share of veterans within its civilian population over age 18. In 2010, among all other large counties (at least 65,000 total population) in the nation, El Paso County ranked 18th with veterans comprising 31.7 percent of its population over age 65. The county with the highest share in the nation is Okaloosa County, Florida, (home to Eglin Air Force Base, Hurlburt Field, and Duke Field) with veterans forming 35.8 percent of its population over age 65.

According to the 2008-2012 five-year American Community Survey (ACS), there are 405,895 veterans in Colorado, 37 percent of whom are age 65 or over. El Paso County is home to nearly 20,000 of the veterans over age 65, making up a quarter of El Paso County's veterans whose total population is just under 80,000. Although the county has a larger share of retired veterans, it also has a much larger share of younger veterans.

Nearly 70 percent of the over-65 civilian male population in El Paso County are veterans. This compares to 56 percent of the Colorado male population over age 65 who are veterans. The share of female veterans over age 65 of the total over-65 civilian female population is 2 percent within Colorado and 3 percent in El Paso County.

Table 4 includes the number of veterans, the veteran share of the 65+ population, and the veteran share of the total population in the U.S., Colorado, and El Paso County.

Table 4: Veteran Status El Paso County

Veteran Status	United States	Colorado	El Paso County
Total civilian population 18+	234,029,580	3,790,432	434,349
Total veterans 18+	21,853,912	405,895	79,897
Veteran share	9.3%	10.7%	18.4%
Total civilian population 65+	40,671,441	558,343	62,924
Total veterans share 65+	9,259,086	148,629	19,928
Veteran share 65+	22.8%	26.6%	31.7%

Source: U.S. Bureau of the Census, 2008-2012 5-year American Community Survey.

Census data define a veteran as someone 18 and older who is not currently on active duty, but who once served on active duty in the United States Army, Navy, Air Force, Marine Corps, or Coast Guard, or who served in the Merchant Marine during World War II. This definition includes people who served for even a short time. In El Paso County, 50 percent of veterans of all ages served during the Gulf War.

The highest concentration of over-65 veterans by percentage of all residents over age 65 (Table 5) is in the north Colorado Springs area including Monument, followed by south Colorado Springs and Security/Widefield. The largest total numbers of veterans over age 65 are located in western Colorado Springs.

Table 5: Veteran Concentrations 65+

	Veterans 65+	Population 65+	Share of Veterans
Teller and Fountain area outside Colorado Springs	2,640	9,297	28%
Colorado Springs West	5,689	18,511	31%
Colorado Springs Central	4,907	16,411	30%
Colorado Springs East and Cimarron Hills	2,744	8,287	33%
Colorado Springs South and Security/Widefield	3,566	9,855	36%
Colorado Springs North and Monument	4,401	10,934	40%

U.S. Bureau of the Census, 2012 ACS –year Public Use Microdata.

Throughout the Pikes Peak region, veterans have a higher median household income and higher educational attainment than their nonveteran counterparts. According to the Census Bureau, people with higher education tend to have lower mortality rates and better overall health than their less-educated peers, as well as better cognitive functioning in older age. Those with higher incomes can afford better health care, possibly better living conditions, nutritional status, and medical-treatment-seeking behavior (Kinsella and He, 2009). Veterans are also less likely than nonveterans to have incomes below the poverty level (Table 6).

Table 6: Poverty Status of Veterans El Paso County

Poverty Status	United States	Colorado	El Paso
% of 65+ below poverty	9.4%	8.1%	6.7%
% of 65+ Nonveteran below poverty	10.8%	9.3%	8.0%
% of 65+ Veterans below poverty	4.7%	4.9%	3.9%

Source: U.S. Bureau of the Census, 2010 Census.

According to the ACS, 3.9 percent of veterans over the age of 65 in El Paso County had incomes below the poverty level, while 8 percent of nonveterans over the age of 65 had incomes below the poverty level.

Diversity

As the population within Colorado and the Pikes Peak region ages, it will also become more diverse. According to the 2010 Census, 15 percent of seniors in Colorado identified themselves as Hispanic, Black, Asian, or other minority, while 40 percent of the population age 18 or under identified themselves as Hispanic, Black, Asian, or other minority. As this much more diverse younger population ages during the next several decades, the population within older age groups will become more diverse. These changes will occur fastest in counties with a large Diversity Gap, the difference between the minority share of the under-18 population and the minority share of the over-65 population.

Changes in diversity in El Paso County will happen quickly for Colorado and El Paso County because of the respective Diversity Gaps (Table 7).

Table 7: Minority Population El Paso County

	Share of Minority 18 and Under	Share of Minority 65 and Over	Diversity Gap (Minority 65+ - Minority <18)
Colorado	39.8%	15.2%	24.6%
El Paso	34.5%	14.2%	20.3%

Source: U.S. Bureau of the Census, 2010 Census.

Where Do El Paso County Seniors Live Today?

El Paso County seniors are concentrated in 15 of the county's 75 census tract groupings (Table 8, Figure 8). More than 26 percent of El Paso County seniors—16,377—live in five census tract groups. Roughly half—29,744—reside in the following 15 census tract groupings:

There is a heavy concentration of seniors in the northwest part of the county on both sides of I-25. Palmer Lake, Monument, the Air Force Academy and the area east of I-25 bounded by West Baptist Road to the north and State Highway 83 to the east and south have large numbers of seniors.

Coming south, still east of I-25, there are concentrations of seniors south of East Woodman Road and east of Powers Boulevard and along the east side of I-25 east of the south entrance to the Air Force Academy. More seniors are in Cragmoor area east to Academy Boulevard and south to Constitution. Another cluster is found south of Constitution between Academy Boulevard and Powers Boulevard.

To the west of I-25 there is a cluster south of Highway 24 on both sides of South 21st Street. There are many seniors in the Broadmoor area, as well as Security-Widefield and Fountain, south of Colorado Springs. There aren't a lot of seniors in southeastern El Paso County, but there are more in the northeast, including Peyton, Calhan, and Ramah.

By percentage, the highest concentrations of seniors in El Paso County exist in some of the county's least populous census tracts (Table 9). Census Tract 79, the Kissing Camels/Garden of the Gods neighborhood, is over one-third seniors. The second highest is Census Tract 31, the Broadmoor neighborhood, with over 25 percent seniors.

Other heavy concentrations are in the North End east of I-25/south of Fillmore Street; a large area west of Highway 83 bound by Union Avenue, Academy Boulevard, and Palmer Park Boulevard; and a smaller area between Constitution Avenue and North Carefree Circle in the Villa Loma/Village Seven neighborhoods.

**Table 8: Highest Population of 65+
El Paso County**

Census Tract	65 years and older
37	4,048
45	3,834
33	3,047
51	3,005
39	2,443
1	1,958
47	1,784
72	1,501
21	1,281
25	1,261
2	1,160
31	1,128
24	1,124
3	1,085
59	1,085

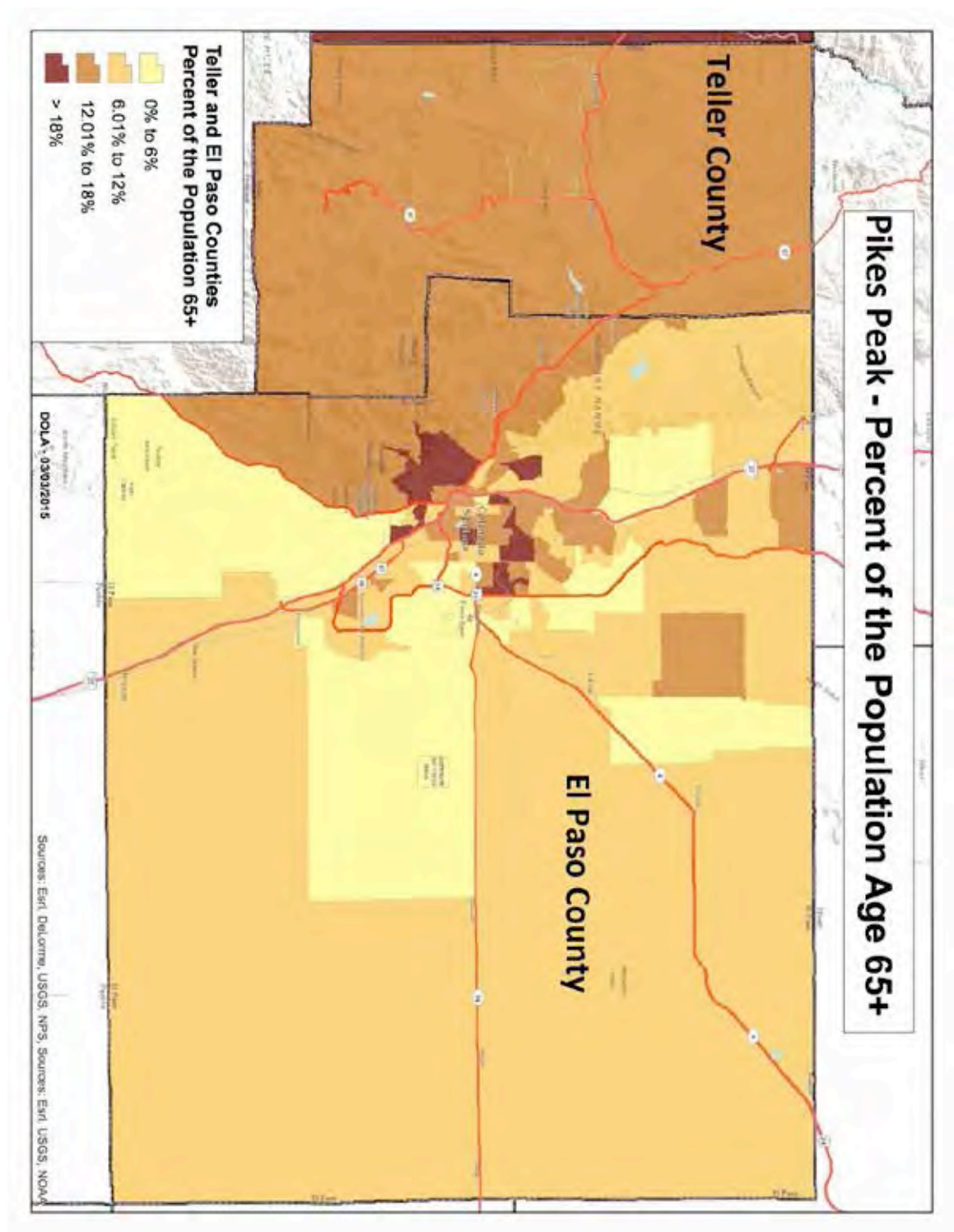
Source: U.S. Bureau of the Census, 2010 Census.

**Table 9: Highest Percentage of 65+
El Paso County**

Census Tract	65 years and over	Total Population
79	34.3%	2,216
31	25.5%	4,423
24	24.5%	4,589
4	23.6%	2,285
1	21.6%	9,071
58	20.6%	2,933
66	20.5%	2,539
10	19.7%	2,303

Source: U.S. Bureau of the Census, 2010 Census.

Figure 8: El Paso and Teller County Percentage 65+



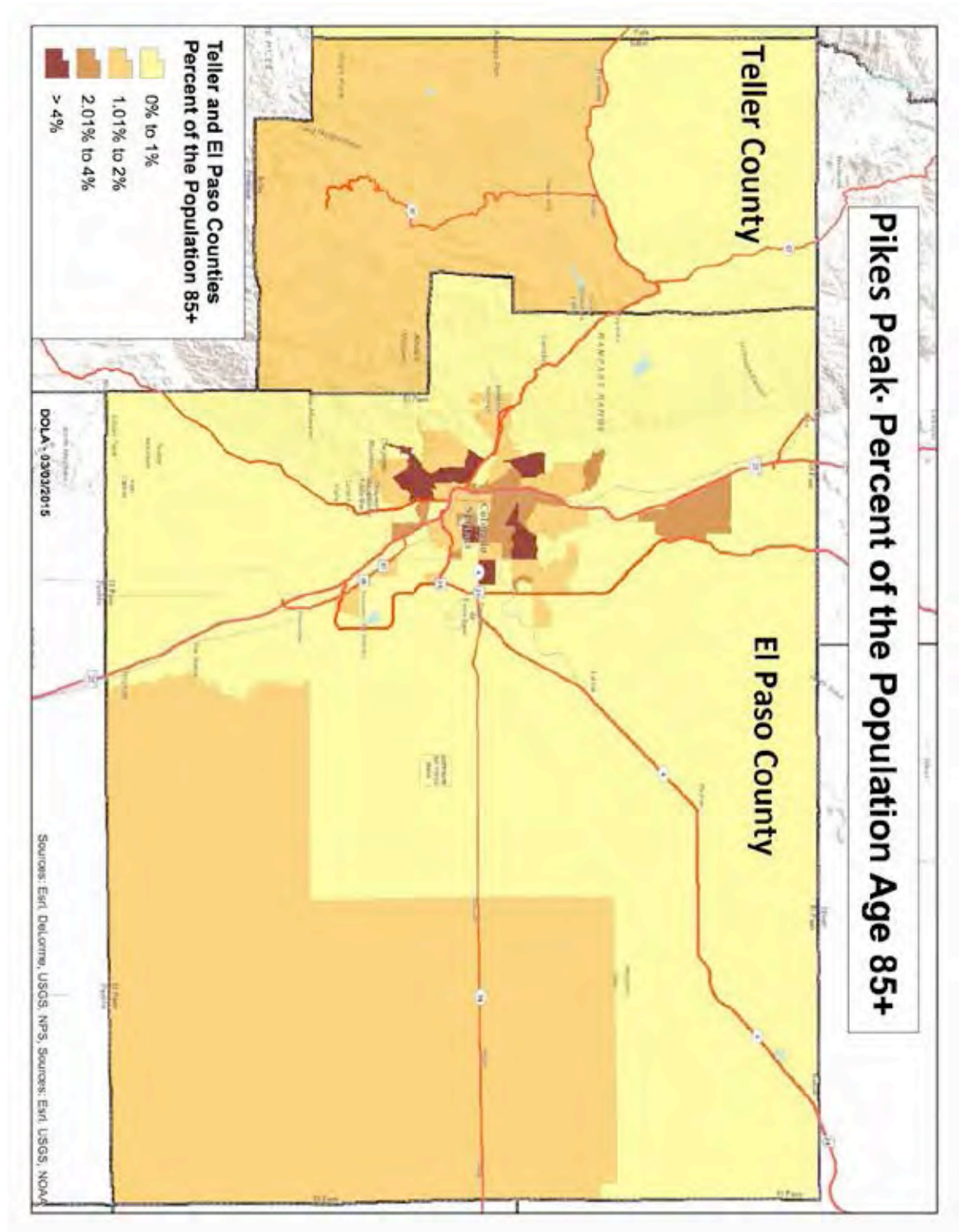
The Frail Elderly

The frail elderly population—those 85 and older—also live within concentrated areas in El Paso County (Table 10, Figure 9). These concentrations are likely due to the locations of assisted living or skilled nursing facilities rather than aggregations of single person households. An older person’s likelihood of living in a nursing home increases sharply with age. About 1 percent of people in their upper 60s and 3 percent in their upper 70s are nursing home residents. However, the proportion rises to about 20 percent for those in their lower 90s, more than 30 percent for people in their upper 90s, and nearly 40 percent for centenarians.

Table 10: Highest Percentage of 85+ El Paso County

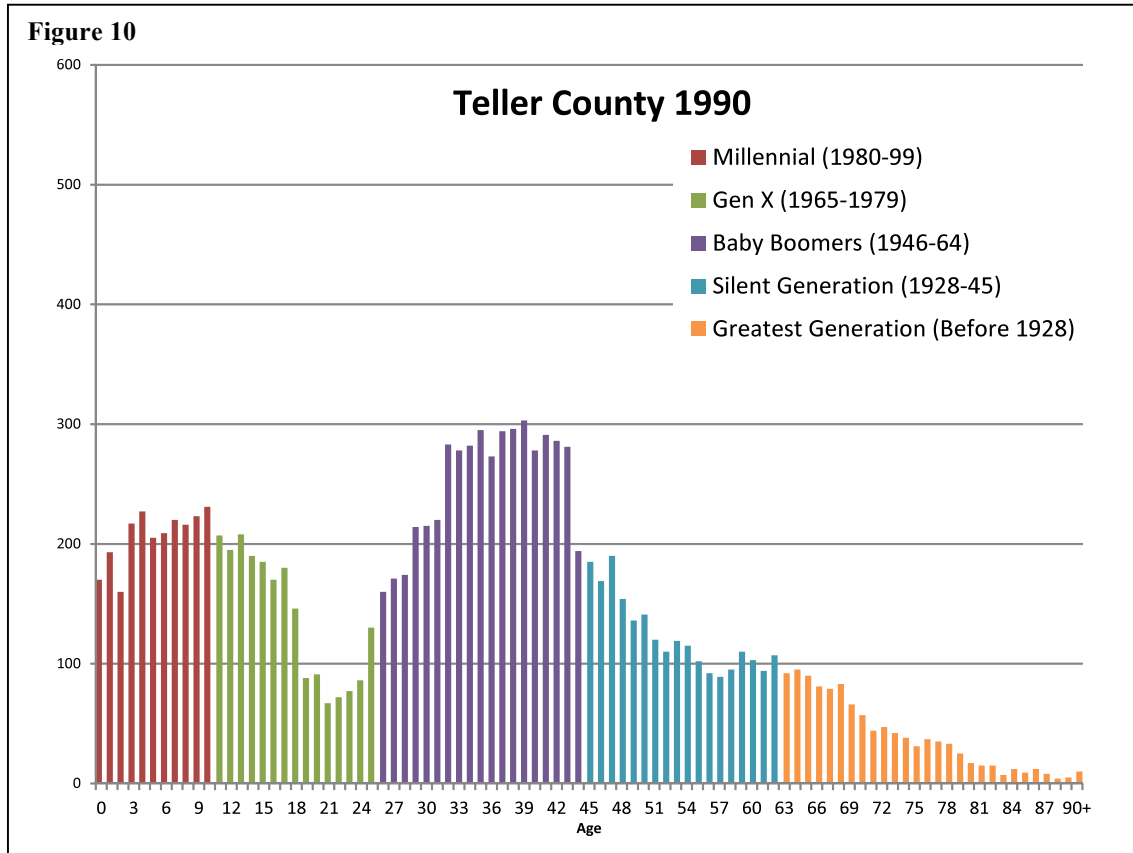
County	Census Tract	85 years and over	Total Population
El Paso			
	24	9.7%	4,589
	21.01	7.7%	3,672
	4	6.0%	2,285
	1.01	5.1%	5,902
	27	4.6%	2,997
	79	4.6%	2,216

Figure 9: El Paso and Teller County Percentage Age 85+

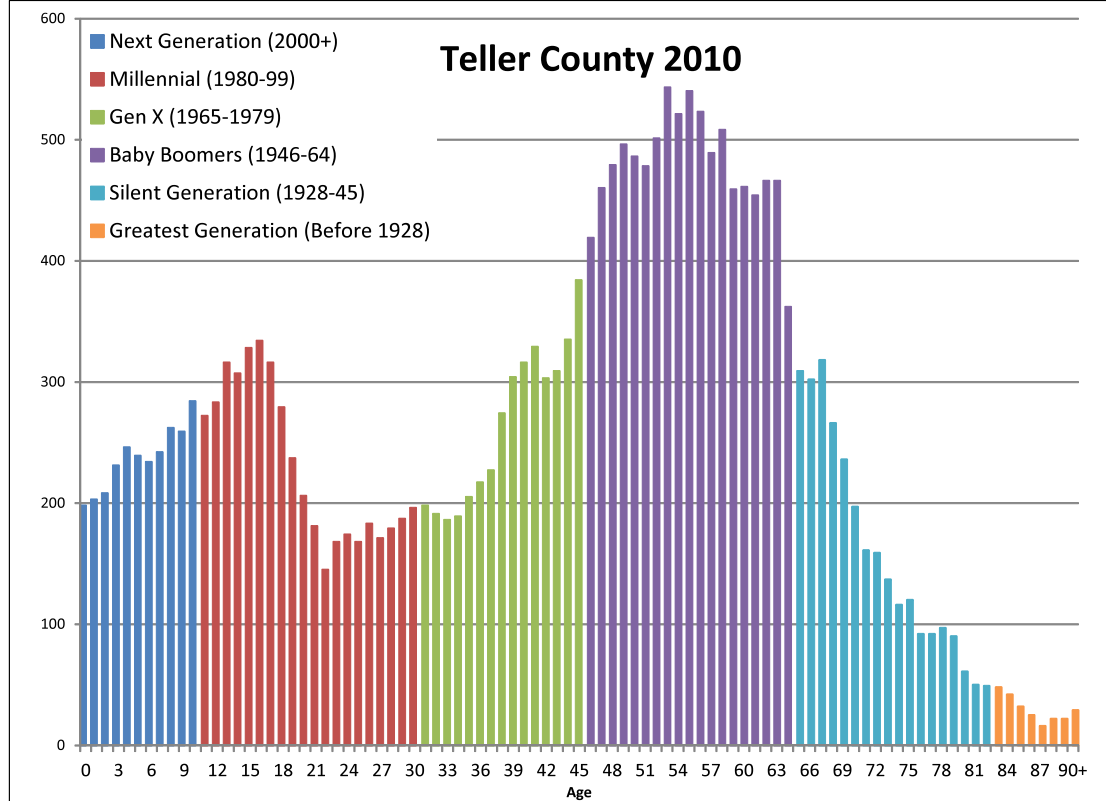


II. THE AGING POPULATION IN TELLER COUNTY

Similar to the El Paso County population, Teller County is also contributing to the increase in the Colorado population over age 65. The following chart (Figure 10) highlights the Teller County population by single year of age and generation in 1990.

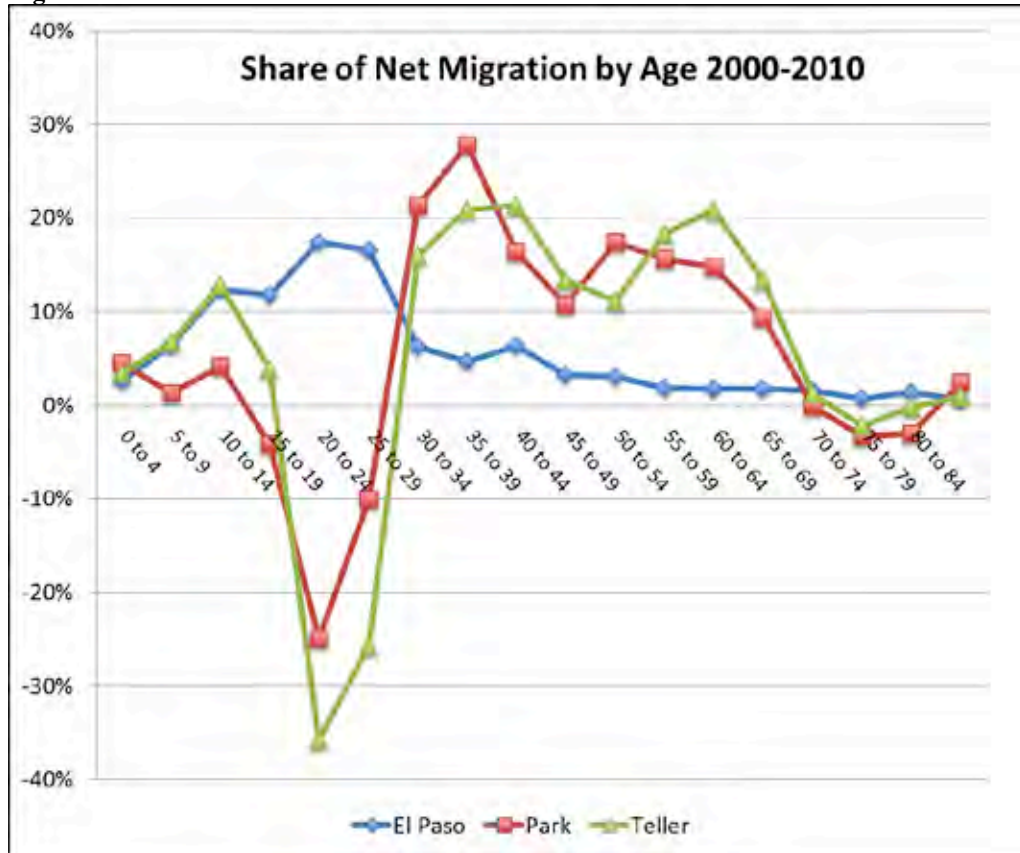


Consistent with the total Colorado and El Paso County population, Teller County had a large share of its population within the Baby Boom age groups—39 percent—the highest of all counties within the Pikes Peak region. However, Teller County did not experience the same level of in-migration of young persons during the last two decades as did El Paso County. As a result, in 2010 Teller County still had close to 40 percent of its population within Baby Boom age groups (Figure 11).

Figure 11

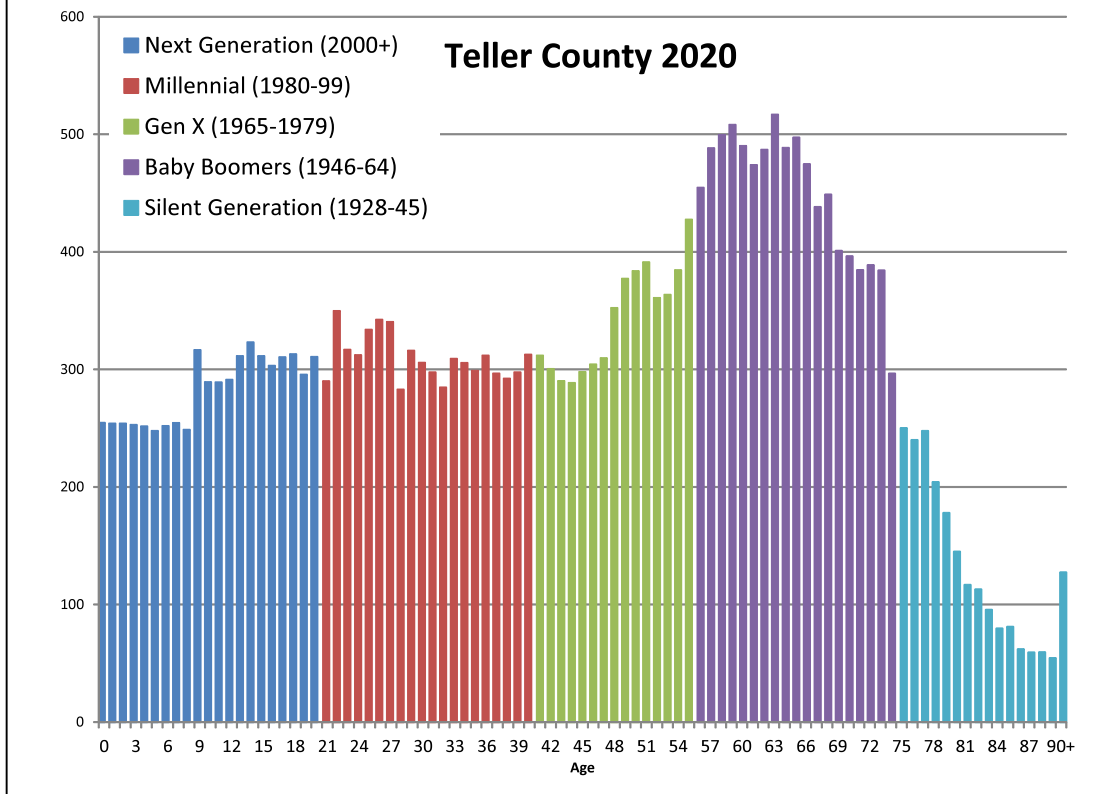
The ages of migrants within the Pikes Peak region are different by county. The following Figure 12 shows the age distribution of net migrants to the three counties within the Pikes Peak region from 2000 to 2010. While the largest share of net migrants (in-migrants minus out-migrants) to El Paso County are young adults, Teller County has more young adults moving out of the county than moving in. This results in net out-migration of the young and higher shares of net in-migration for older adults ages 30 to 65. The combination of a larger population share of Baby Boomers and continued net migration of older persons will result in extreme rapid aging for Teller County.

Figure 12



Teller County's population over age 65 is expected to nearly double between 2010 and 2020 (Figure 13), growing from 3,100 persons to approximately 6,200 as aging Baby Boomers replace the smaller number of persons within the Silent Generation. Teller County's over-65 population is forecast to continue increasing to 7,800 in 2040, a 151 percent increase from 2010. The rate triples the forecasted increase in Teller County's total population: 48 percent. In 2010, Teller County was the 35th youngest county in Colorado (out of 64) with 13 percent of its population over age 65. However, given its current age distribution, the continued aging of the Baby Boom to 65 and beyond, and the age of migrants to the county, Teller County is projected to become the sixth oldest county in Colorado by 2030 with almost a quarter of the population over age 65.

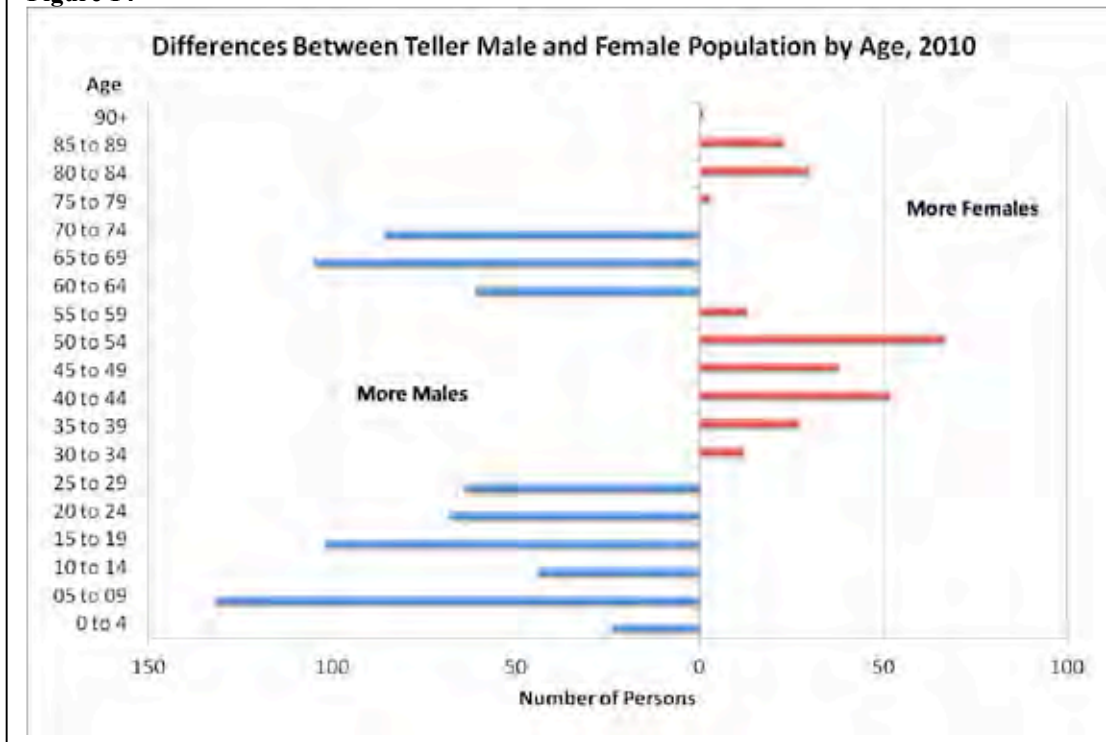
Figure 13



Male/Female Imbalance

According to the 2010 Census, women outnumbered men in the oldest age groups (80+) in Teller County. However, men outnumbered women in the 60-74 age groups (Figure 14), markedly different from the sex imbalances in El Paso County. This is the result of both a higher number of men aging into the 60-69 age categories and the out-migration of women from Teller County after age 70 during this past decade.

Figure 14

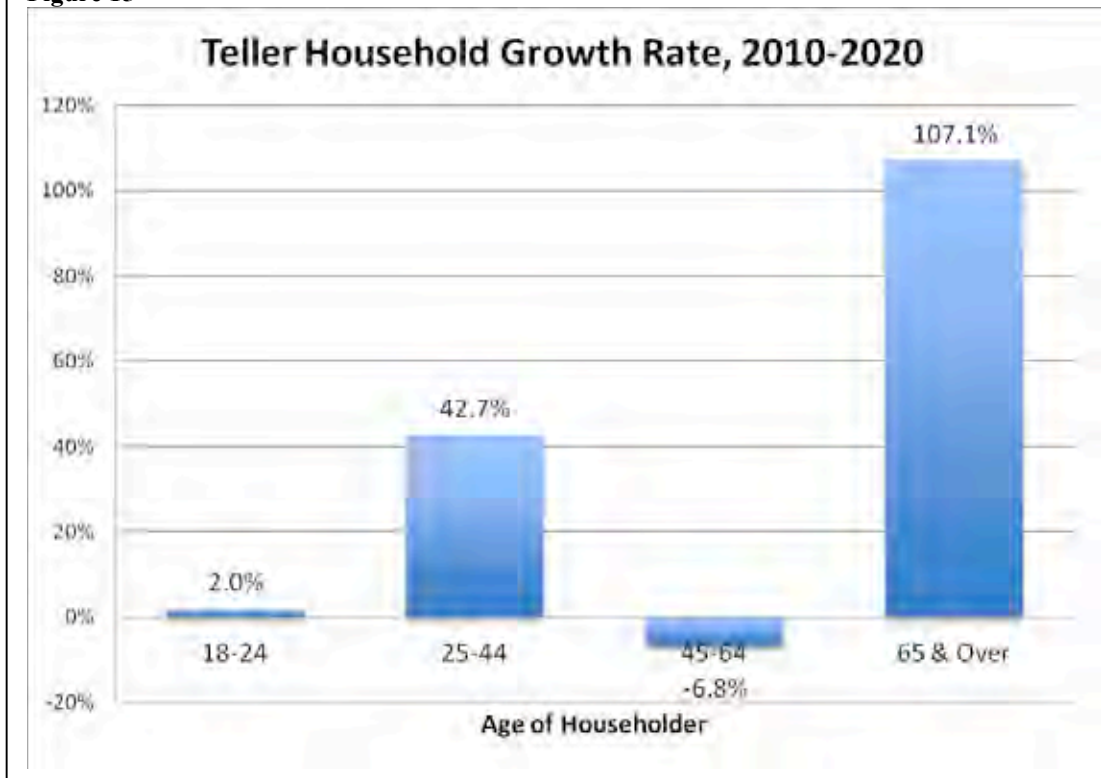


Household Composition

As the population over age 65 increases in Teller County, the number of households headed by a person over age 65 will increase as well. According to the 2010 Census, 19 percent of Teller County households were headed by a person over age 65. Of these, 37.2 percent were occupied by one senior living alone.

The fastest growth of senior-headed households within the Pikes Peak region will occur this decade, with the fastest growth occurring in Teller County. This county is expected to experience a 107-percent increase in the number of senior-headed households between 2010 and 2020 (Figure 15).

Figure 15



Over the next three decades, the rapid growth rate of senior-headed households is expected to outpace that of households headed by persons under age 65. As a result, senior-headed households are expected to grow from 19 percent in 2010 to 32 percent of all households in Teller County by 2040.

These changes are significant, as increases in the share of older households will exert downward pressure on household income, a result of both smaller household sizes with fewer potential earners, as well as a smaller share of households with earnings. Potential results are growing poverty and income inequality, according to the State Demography Office. Also, people's expenditures change as they age. This trend may affect city and county sales tax revenues as spending on taxable goods declines and shifts to nontaxable goods and services.

Veterans

According to the 2009-2013 ACS, veterans comprise just over 50 percent of the civilian male population over age 65 in Teller County, close to 900 veterans in 2013 (Table 11). This compares to 56 percent of the Colorado male population over age 65 who are veterans. The share of female veterans over age 65 of the total over-65 civilian female population is 1 percent in Teller County. More Teller County veterans served during the Vietnam era (38 percent) than in any other war.

Table 11: Veteran Status Teller County (Male and Female)

Veteran Status	United States	Colorado	Teller County
Total civilian population 18+	234,029,580	3,790,432	18,379
Total veterans 18+	21,853,912	405,895	3,310
Veteran share	9.3%	10.7%	18.0%
Total civilian population 65+	40,671,441	558,343	3,075
Total veterans share 65+	9,259,086	148,629	905
Veteran share 65+	22.8%	26.6%	29.4%

Source: U.S. Bureau of the Census, 2008-2012 5-year American Community Survey.

As mentioned earlier, veterans throughout the Pikes Peak region have a higher median household income and higher educational attainment than their nonveteran counterparts. Veterans are also less likely than nonveterans to have incomes below the poverty level (Table 12).

Table 12: Poverty Status of Veterans Teller County

Poverty Status	United States	Colorado	Teller
% of 65+ below poverty	9.4%	8.1%	6.5%
% of 65+ Nonveteran below poverty	10.8%	9.3%	6.8%
% of 65+ Veterans below poverty	4.7%	4.9%	5.8%

U.S. Bureau of the Census, 2008-2012 Five Year American Community Survey.

According to the ACS, Teller County veterans had a lower poverty rate than nonveterans. However, Teller County veterans over age 65 had a higher poverty rate than Colorado, 5.8 percent versus 4.9 percent, respectively.

Diversity

As the population within the Pikes Peak region and Teller County ages, it will also become more diverse. As this much more diverse younger population ages over the next several decades, the population within older age groups will become more diverse. These changes will occur fastest in counties with a large Diversity Gap, the difference between the minority share of the under-18 population and the minority share of the over-65 population.

Changes in diversity in Teller will not happen as quickly as they will for El Paso County or the state because of the county's smaller Diversity Gap (Table 13).

Table 13: Minority Population Teller County

	Share of Minority	Share of Minority	Diversity Gap
	18 and Under	65 and Over	(Minority 65+ - Minority <18)
Colorado	39.8%	15.2%	24.6%
Park	11.4%	4.6%	6.9%

Source: U.S. Bureau of the Census, 2010 Census.

Where Do Teller County Seniors Live Today?

The Teller County senior population is relatively evenly dispersed. The highest concentration of Teller County seniors lives in the southwestern part of the county near Cripple Creek (Figure 16). The highest concentration (1.2 percent) of Teller County's frail elderly population—those 85 and older—live in Census Tract 102.1, which includes Cripple Creek (Figure 17).

Figure 16: El Paso and Teller County Percentage 65+

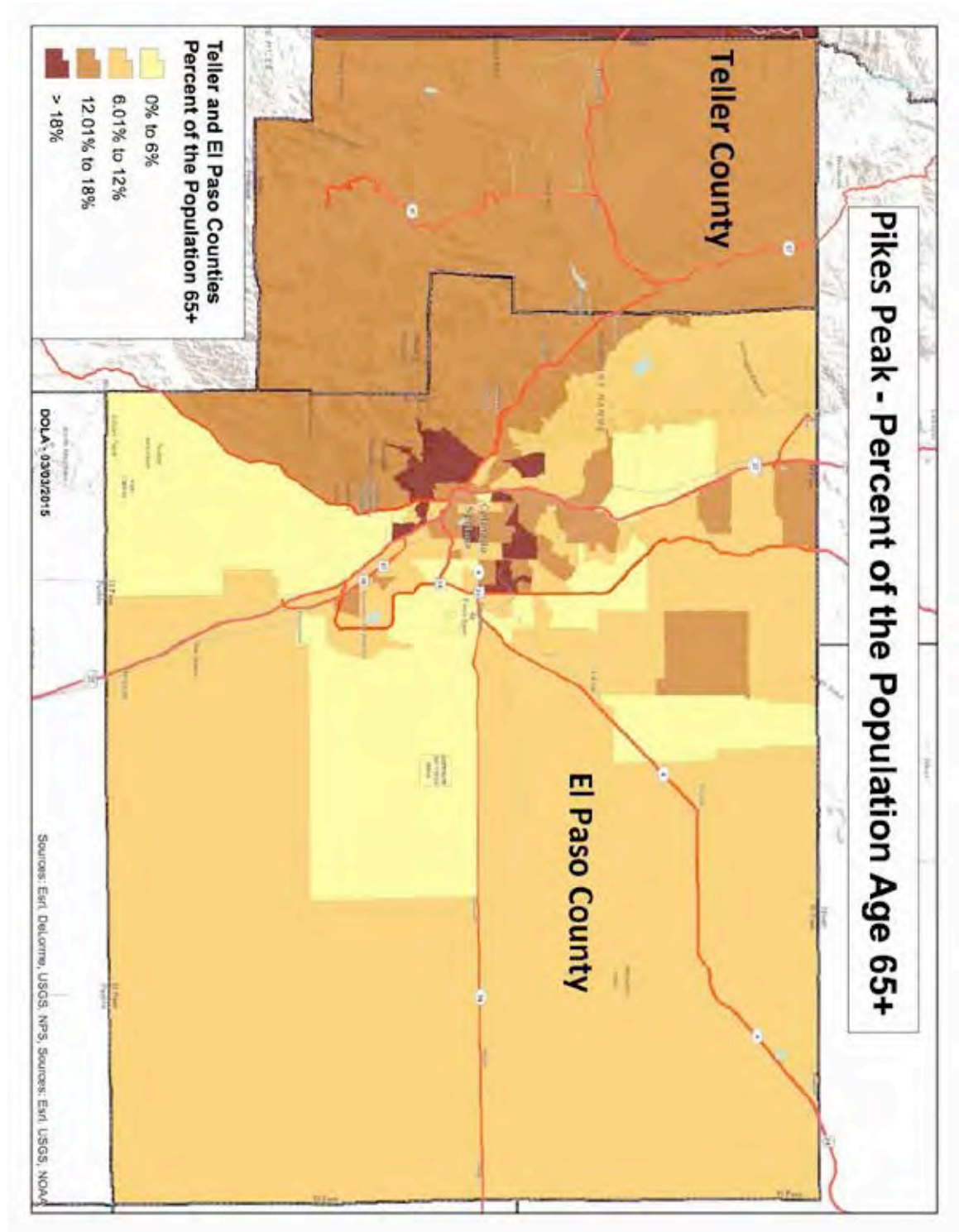
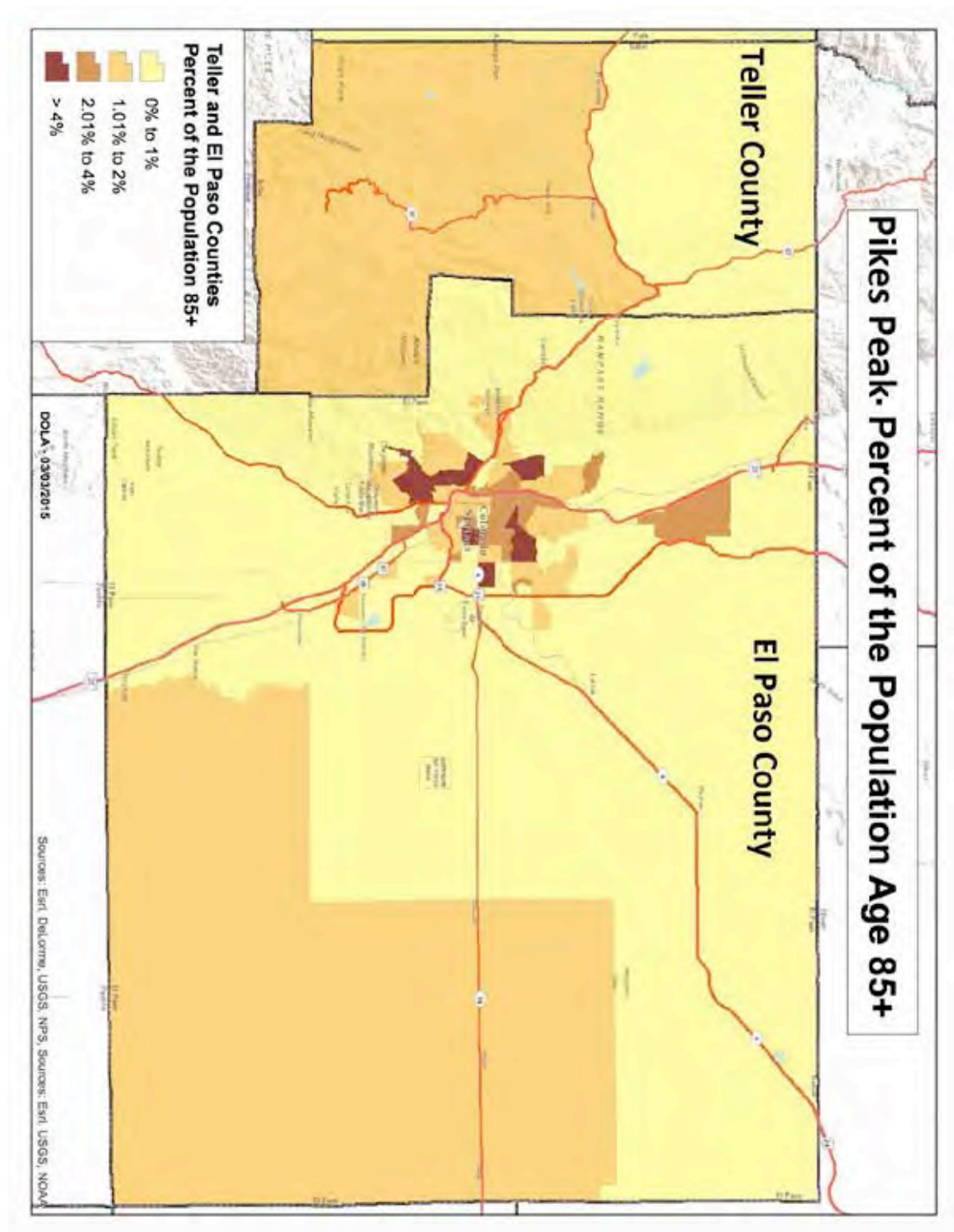
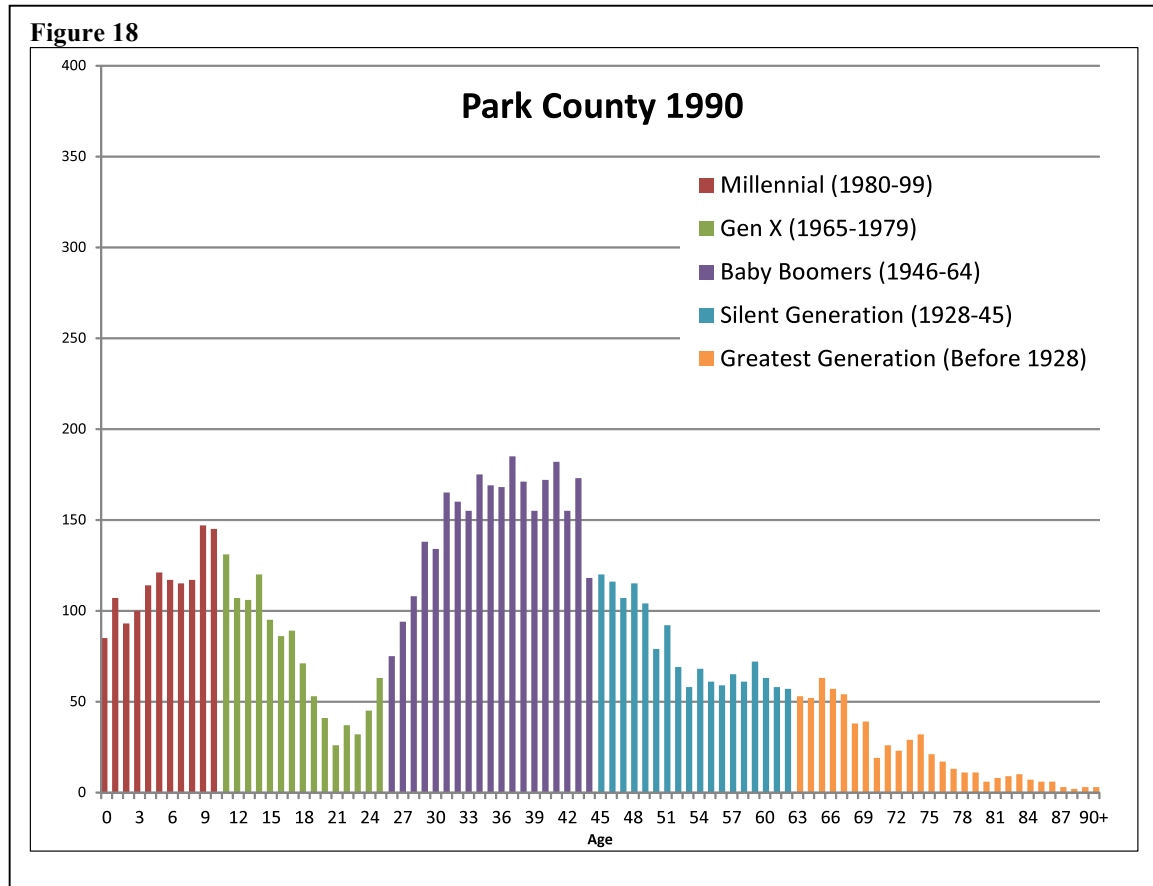


Figure 17: El Paso and Teller County Percentage Age 85+



III. THE AGING POPULATION IN PARK COUNTY

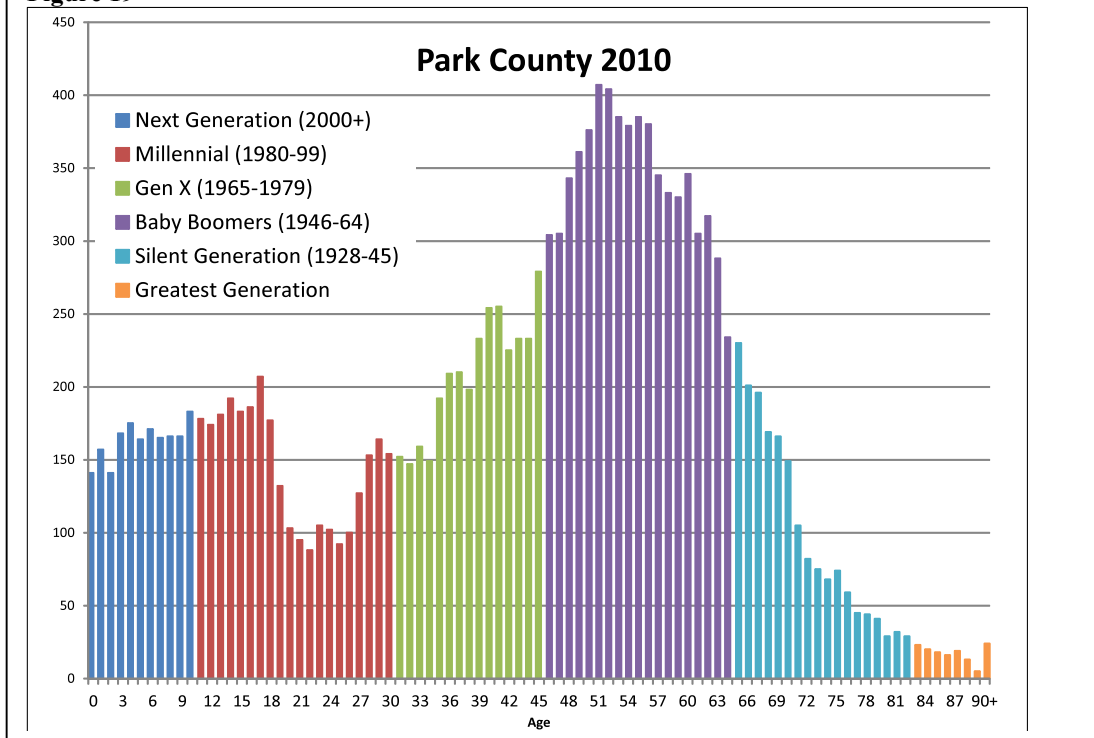
Consistent with the total Colorado and El Paso County populations, a large share of Park County's population fell within the Baby Boom age groups in 1990: 38 percent. The following chart (Figure 18) highlights the Park County population by single year of age and generation in 1990.



By 2010 (Figure 19), given the age distribution of migrants over the previous two decades, 40 percent of Park County's population were Baby Boomers, while only 12 percent of the population was 65 and over.

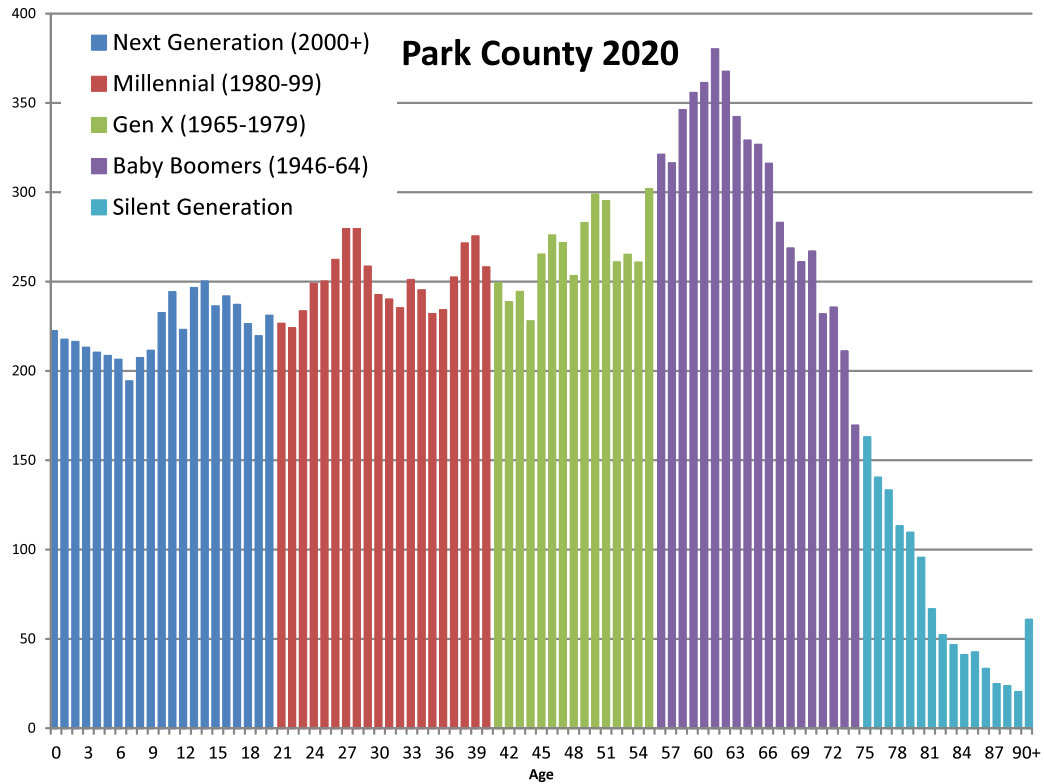
Park County experienced growth similar to El Paso County in its total and senior populations. The Park County population over age 65 in 2010 was just under 1,900, growing from 1,050 in 2000: an 80-percent increase. The total population in Park County increased 11 percent during the same time period.

Figure 19



Park County's population over age 65 is expected to double between 2010 and 2020 (Figure 19), growing from 1,900 persons to 3,800. Looking beyond 2020, Park County's population over age 65 is forecast to continue increasing and reach 4,700 senior residents by 2040, a 144 percent increase from 2010.

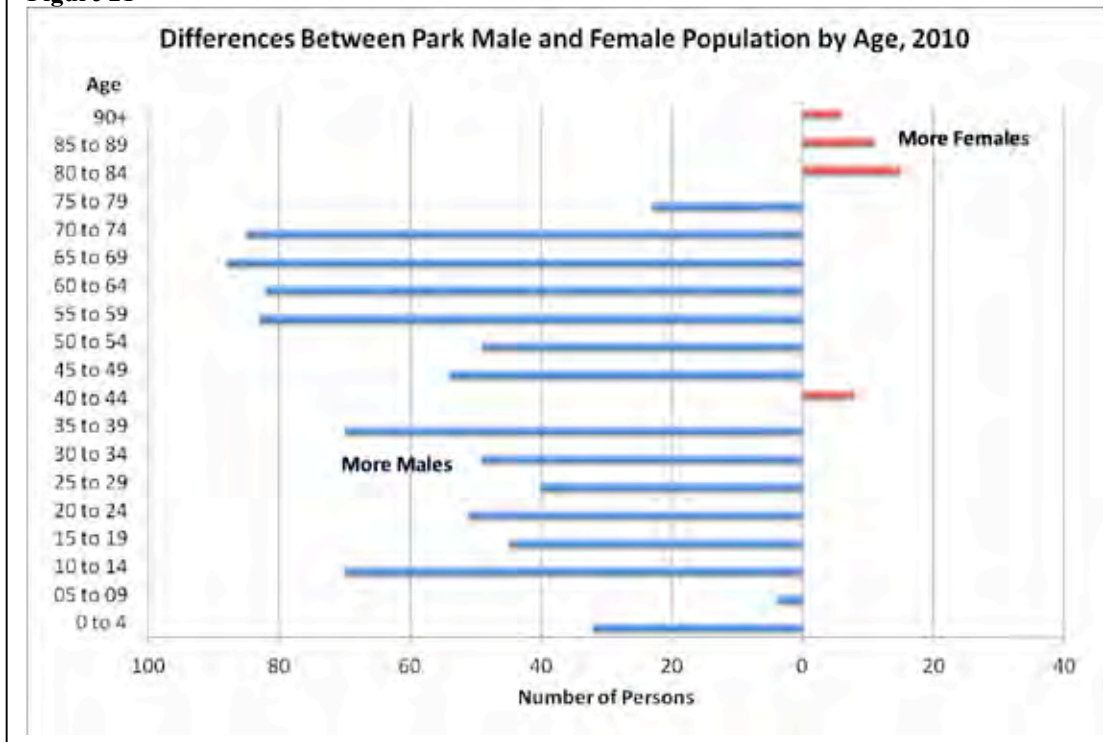
Figure 19



Male/Female Imbalance

According to the 2010 Census, women outnumbered men in the oldest age groups (80+) in Park County, but men outnumbered women in the 60-79 age groups (Figure 21).

Figure 21

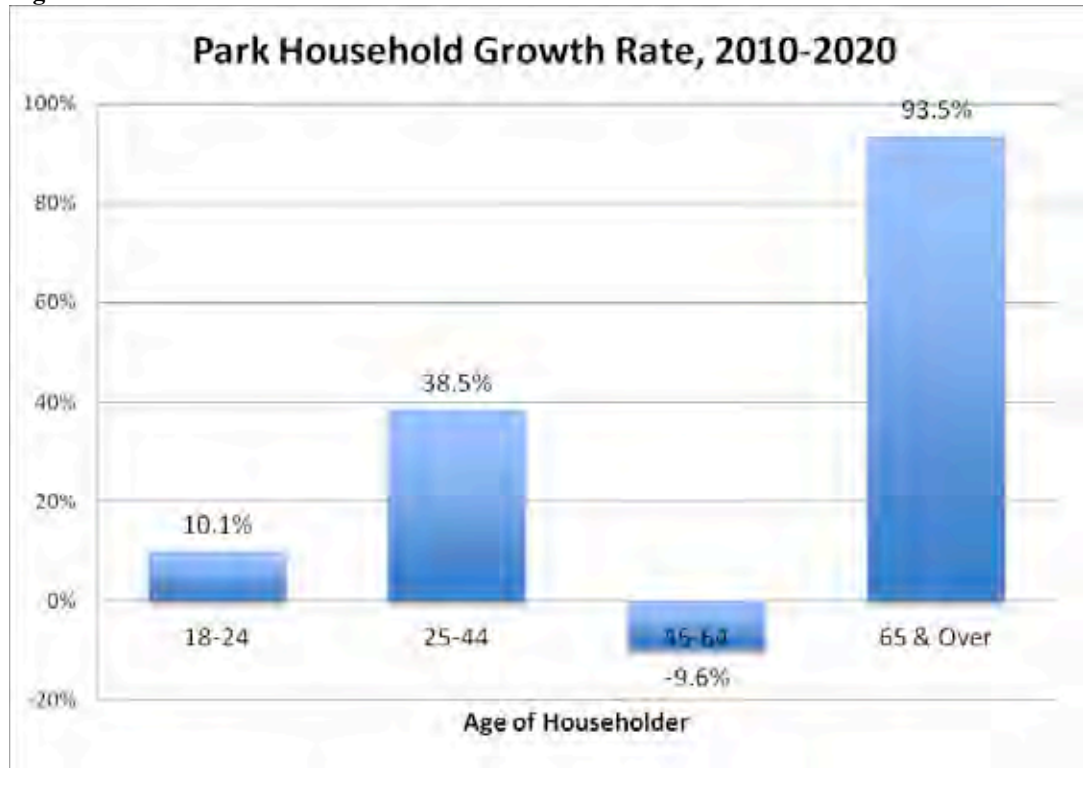


This is the result of both a higher number of men aging into the 60-69 age categories and the out-migration of women from Park County after age 70 this past decade.

Household Composition

As the population over age 65 increases in the Pikes Peak region, the number of households headed by a person over age 65 will increase as well. According to the 2010 Census, 28 percent of Park County households were headed by a person over age 65. Of these, 42.5 percent lived alone. In Park County, 35.3 percent of households headed by a person over age 65 were occupied by a senior living alone.

The fastest growth of senior-headed households within Park County will occur this decade. Park County senior-headed households are expected to increase 94-percent between 2010 and 2020 (Figure 22). Given the rapid growth rates of senior-headed households, the share of senior-headed households in Park County will grow from 17 percent in 2010 to 26 percent by 2040.

Figure 22

As with the entire Pikes Peak region, the expected increases in the share of older households will exert downward pressure on household income, a result of both smaller household sizes with fewer potential earners, as well as a smaller share of households with earnings.

Veterans

According to the 2009-2013 ACS, within Park County, just under 30 percent of the civilian male population over age 65 are veterans (Table 14). This compares to 56 percent of the Colorado male population over age 65 who are veterans. The share of female veterans over age 65 of the total over-65 civilian female population is 3 percent. More Park County veterans served during the Vietnam era (38 percent) than in any other war.

Table 14: Veteran Status Park County

Veteran Status	United States	Colorado	Park County
Total civilian population 18+	234,029,580	3,790,432	13,088
Total veterans 18+	21,853,912	405,895	1,786
Veteran share	9.3%	10.7%	13.6%
Total civilian population 65+	40,671,441	558,343	1,938
Total veterans share 65+	9,259,086	148,629	579
Veteran share 65+	22.8%	26.6%	29.9%

Source: U.S. Bureau of the Census, 2008-2012 5-year American Community Survey.

Veterans are also less likely than nonveterans to have incomes below the poverty level (Table 15).

Table 15: Poverty Status of Veterans Park County

Poverty Status	United States	Colorado	Park
% of 65+ below poverty	9.4%	8.1%	8.0%
% of 65+ Nonveteran below poverty	10.8%	9.3%	8.2%
% of 65+ Veterans below poverty	4.7%	4.9%	7.3%

U.S. Bureau of the Census, 2008-2012 Five Year American Community Survey.

According to the ACS, 7.3 percent of veterans over age 65 in Park County had incomes below the poverty level. However, Park County veterans over the age of 65 had a higher poverty rate than Colorado, El Paso County, or Teller County senior veterans, 7.3 percent versus 4.9 percent, 3.9 percent, and 5.8 percent respectively.

Diversity

As the population within Colorado and the Pikes Peak region ages, it will also become more diverse. According to the 2010 Census (Table 16), 4.6 percent of seniors in Park County identified themselves as Hispanic, Black, Asian, or other minority, while 11.4 percent of the population age 18 or under identified themselves as Hispanic, Black, Asian, or other minority. As this much more diverse younger population ages during the next several decades, the population within older age groups will become more diverse. These changes will not occur as quickly as they will in El Paso County, which has a larger Diversity Gap, the difference between the minority share of the under-18 population and the minority share of the over-65 population.

Changes in diversity in Teller and Park County will not happen as quickly as they will for El Paso County or the state because of those counties' smaller Diversity Gap (Table 10).

Table 16: Minority Population Park County

	Share of Minority 18 and Under	Share of Minority 65 and Over	Diversity Gap (Minority 65+ - Minority <18)
Colorado	39.8%	15.2%	24.6%
Park	11.4%	4.6%	6.9%

Source: U.S. Bureau of the Census, 2010 Census.

Where Do Park County Seniors Live Today?

As in Teller County, the senior population in Park County is relatively evenly dispersed (Figure 23). The share of seniors to the total population by census tract ranges from a high of 19 percent to a low of 11 percent. The largest number of seniors lies north of Highway 285 in Park County. The highest concentration of Park County's senior population lives in the southeastern part of the county, including the areas surrounding Spinney State Park, Eleven Mile State Park, and within Guffey.

The geography and population distribution of Park County present a special set of challenges in serving the senior population. The county encompasses 2,194 square miles.. Approximately 11 communities and 3,500 residents over age 60 are distributed across this rural area. Individuals who age in place often find that life becomes more difficult as they become less mobile or need more assistance. Services are often far away. There are no hospitals, doctors, or clinics in Park County. Residents are served by Peak Vista Health Centers in Divide and Cripple Creek, both in Teller County. More of Park County's frail elderly population—11 percent of those 85 and older—live in Census Tract 5 than in any other area (Figure 24).

Figure 23: Park County Percentage 65+

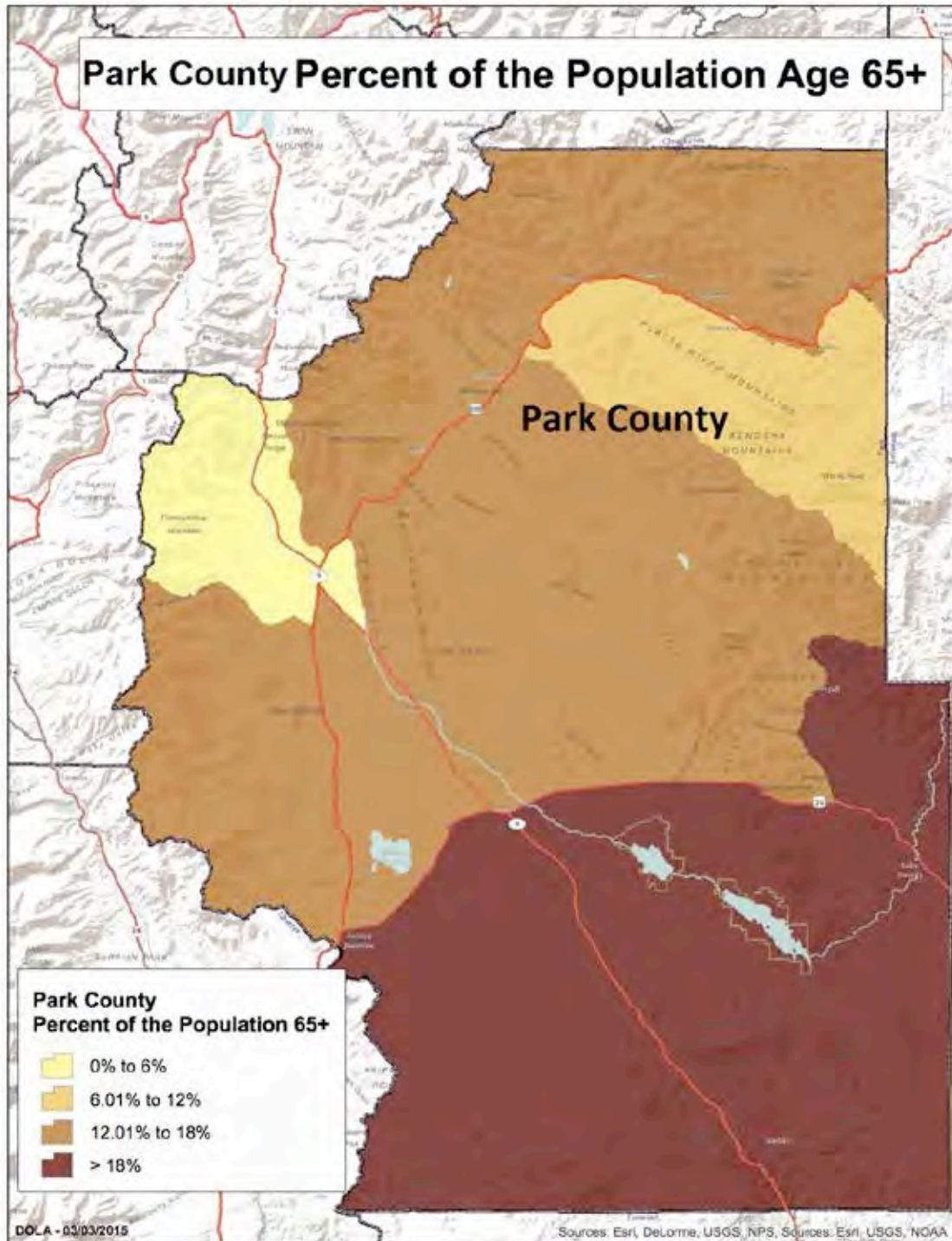
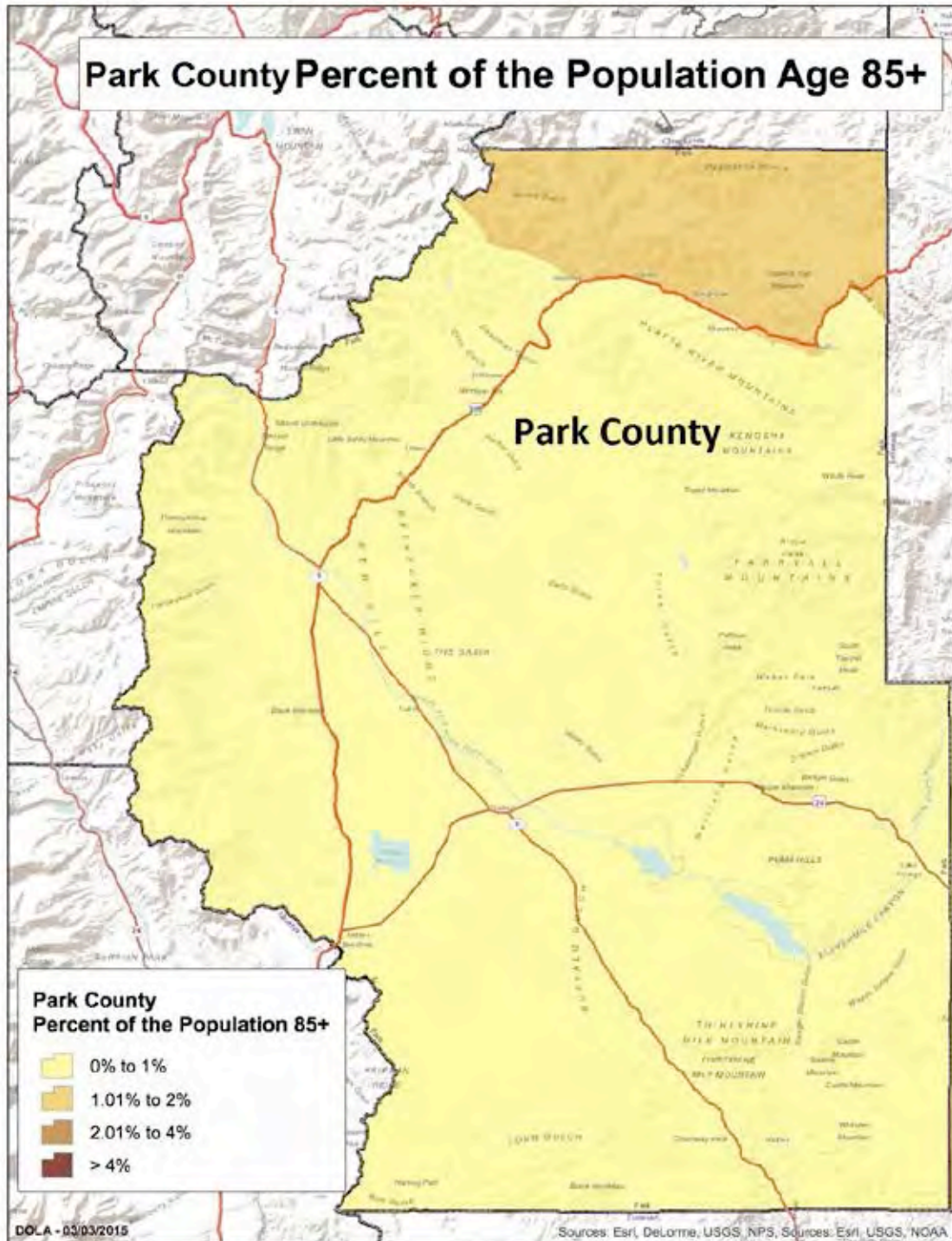


Figure 24: Park County Percent Age 85+



IV. ECONOMIC CHALLENGES OF AGING

Recently some economists have argued that one reason for the lackluster recovery from the Great Recession (December 2007 to June 2009) is the exit of the Baby Boom from the workforce. The percentage of the population in the labor force has fallen from 67.1 percent in 2000 to 62.7 percent in March 2015, the lowest since 1977. [All labor statistics in this report are taken from the U.S. Bureau of Labor Statistics.] As the population ages, a smaller share of the population will be working while a rising share will draw down savings and pensions and require increasingly expensive medical attention. That larger share will also be paying less in taxes.

Since the writings of Thomas Malthus in the 18th Century, economists have worried that population growth would get in the way of economic growth. Malthus argued that population growth would outstrip the food supply. Of course, that didn't occur.

According to a study by Felix and Watson at the Kansas City Federal Reserve Bank, the average state income tax liability of an individual from 65-74 is \$621, less than half that of individuals between 35 and 64. For someone 75 and over, it drops to \$272, lower than every age group except those under 25.

The same trend is occurring with sales tax revenues nationally. A household headed by someone 65 or older contributes \$280.05 annually to the sales tax base. This is 71 percent of what the 32-44 age group contributes and 68 percent of what the 43-64 age group contributes. Only a household headed by a person under 25 contributes less. In 2011, Colorado had the second largest per capita decline in sales tax revenues.

A major consideration for seniors as they age is their ability to finance their living and health care expenses after retirement. Lifestyle modifications often included limiting driving, cutting back on vacation plans, and reducing spending on restaurant meals, entertainment, and clothing.

Median household income (the income that half are above and half below) in the Pikes Peak region shows that senior households have a lower annual income than any age group except households under 25 (Table 17).

Table 17: Median Household Income by Age of Householder (2013 dollars)

	Colorado	El Paso County	Park County	Teller County
Total	\$58,433	\$57,1254	\$61,570	\$59,040
Householder <25	\$27,232	\$30,128	\$29,861	\$21,875
Householder 25-44	\$62,301	\$57,553	\$67,415	\$61,500
Householder 45-64	\$71,648	\$72,422	\$66,097	\$63,971
Householder 65 and older	\$41,741	\$45,167	\$45,284	\$46,944

Source: ACS 2009-2013.

An AARP survey in December 2010 found that Baby Boomers are becoming less confident about their ability to finance retirement through their own savings or pensions and are relying more on expected Social Security benefits. A stunning 45 percent of Americans households with people still in their working years have nothing saved for retirement. Among 50- to 64-year-olds, 75 percent have less than \$28,000 put away.

Data from the 2013 American Community Survey found that 9 percent of Colorado seniors fell below the official poverty level. The poverty rate for seniors in the Pikes Peak region over the past five years has averaged 7 percent, slightly lower than the rate for

Colorado. Official poverty estimates are prepared using a set of thresholds for before-tax income for families of different sizes. The thresholds represent a minimum diet multiplied by three to allow for expenditures on other goods. According to the Kaiser Family Foundation, this estimate does not take into account health care costs, the impact of taxes, government assistance programs, and varying poverty standards based on geographic location. In response, the Census Bureau releases an alternative poverty measure that considers health care costs and is adjusted based on geographic-specific cost of living for basic good, services, and housing. This measure raised the nationwide poverty rate for seniors to 15 percent and the poverty rate for seniors in Colorado from 7 percent to 15 percent in 2009-2011. The American Psychological Association reports that 20 percent of Americans over 85 live in poverty. In the CASOA survey, 33 percent of respondents reported problems with having enough money to meet daily expenses; 12 percent reported problems with having enough food to eat.

There are many good reasons to argue senior poverty may decline with the aging of the baby boomer generation. One reason for a possible decline is the stronger attachment of Baby Boomers to the labor force, especially women. Stronger labor force attachment is correlated with lower poverty rates. In the Pikes Peak region, the labor force of those over 65 will more than double over the next 10 years with increasing rates of participation for older workers (Table 18). Participation rates of the over 65-population decline after 2020 when a larger share of potential workers in the over-65 age group will be 75 and older.

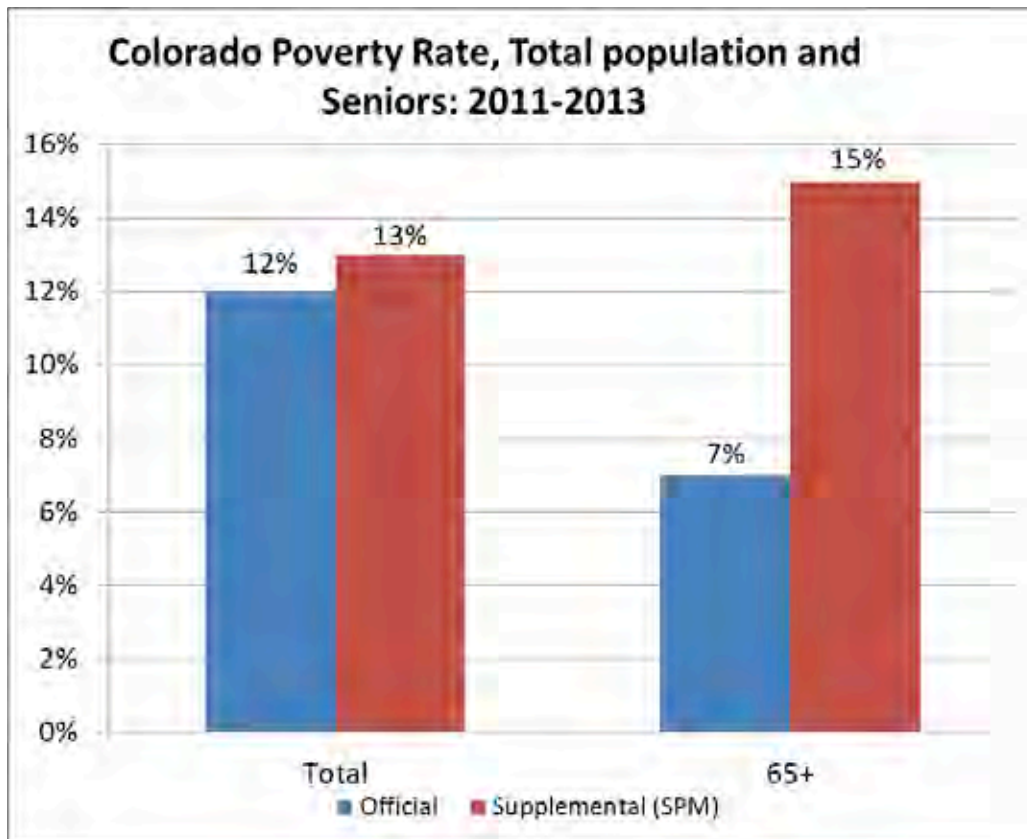
Table 18: Labor Force Participation Rate 65+

County	Labor Force 65+			Labor Force Participation Rate 65+		
	2010	2020	2030	2010	2020	2030
El Paso	11,025	22,971	30,779	18.0%	23.3%	21.8%
Park	348	849	1,041	18.0%	22.8%	21.3%
Teller	554	1,219	1,346	18.1%	23.0%	21.4%

Colorado reached a peak in the share of persons in the labor force relative to the total population in 2009. This has declined ever since. As a result, there will be more dependents for each person in the labor force within the state and region. Female labor force participation reached a peak in 2000.

Another reason to argue that senior poverty may decrease is the fact that poverty is lower among the better educated. Baby Boomers are better educated than the generations reaching retirement before them. As a result, poverty rates are projected to decline over time for foreign-born seniors, never-married seniors, divorced seniors, and Hispanic seniors. However, because these subgroups of the population represent a rising share of the total senior population, the overall senior poverty rate may rise (Figure 25).

Figure 25



Although median senior income is below that of all but the youngest age group, seniors on average are wealthier (Table 19).

Housing wealth accounts for most of the wealth of low income and minority households: 44.5 percent for whites, 61.1 percent for blacks, and 60.7 percent for Hispanics. Eighty percent of people over 65 are homeowners and nearly two thirds of these homeowners have paid off their mortgage.

In retirement, a single person's living costs are 40 to 50 percent higher than those of someone living as part of a couple. The implication is that older singles need to set aside even more of their current income to cover retirement expenses.

Table 19: Median Net Worth (thousands of 2013 dollars)

Age Group	2010	2013
< 35	\$10.0	\$10.4
35-44	\$45.2	\$46.7
45-54	\$126.3	\$105.3
55-64	\$192.3	\$165.9
65-74	\$221.5	\$232.1
75 and older	\$232.3	\$194.8

Table 20: Single Population Age 50-64

	50-64
El Paso County	33.2%
Teller County	26.2%
Park County	30.0%
Colorado	35.9%

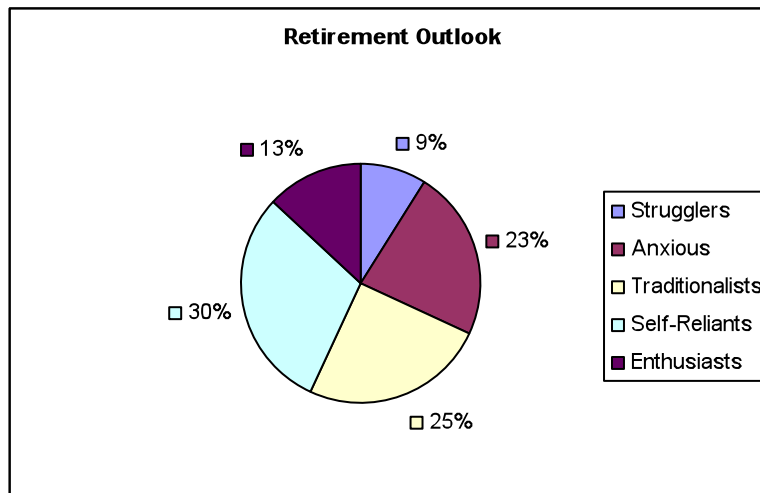
In 2013, between 26.3 percent and 33.2 percent of residents age 50-64 in the Pikes Peak region were single (Table 20).

Already Social Security is the primary income source for people over 65. As of 2013, Social Security paid an average of \$15,528 per year to retired individuals. Nine out of ten individuals age 65 and older receive Social Security benefits, and total Social Security

benefits represent about 38 percent of the total income of the elderly. Among elderly Social Security beneficiaries, 52 percent of married couples and 74 percent of unmarried persons receive 50 percent or more of their income from Social Security. Twenty-two percent of married couples and 47 percent of unmarried persons rely on Social Security for 90 percent or more of their income.

In the Harvard-MetLife study on retirement outlook, “Reinventing Aging,” about 32 percent of respondents defined themselves as Strugglers or Anxious (Figure 26). They tended to be unmarried, less healthy, have little or no money saved for retirement, and viewed retirement as a time of hardship. Among those financially prepared for retirement, Traditionalists have moderate retirement savings and higher expectations of intergenerational family support but expect to work during retirement. The Self-Reliant and Enthusiasts have significant retirement savings. The Self-Reliant expect to continue working part-time and to volunteer, but Enthusiasts expect to be free of work and responsibilities with little anticipation of volunteering.

Figure 26: Retirement Outlook



Many Baby Boomers expect to have to work after 65, at least on a part-time basis. Nevertheless, 89 percent of older adults and 84 percent of younger adults say they are confident they can maintain a high quality of life throughout their senior years.

A 2010 survey by AARP found that financial security and improving their health were the top concerns of Baby Boomers. Like their parents, they want to age in place, but the majority considered work to be a part of retirement.

Health Care Costs

U.S. health care spending increased 3.6 percent in 2013 to reach \$2.9 trillion or \$9,255 per person. It accounted for 17.4 percent of the U.S. economy, unchanged since 2009. Spending on freestanding nursing care facilities and Continuing Care Retirement Communities (CCRCs) increased 2.4 percent to \$155.8 billion. The Rocky Mountain Region, which includes the Pikes Peak region, had the lowest level of total personal health care spending per capita, 15 percent below the national average.

Health care costs are likely to be much higher than pre-retirees expect. Fidelity estimated that a 65-year-old couple retiring in 2012 should plan on spending \$240,000 out of pocket, assuming the man lives 17 more years and the woman 20 more. Medicare pays for an average of only 51 percent of health care services, according to the Employee Benefit Research Institute. The PPACG Area Agency on Aging estimates that 55 percent of the residents in skilled nursing facilities and assisted living facilities in the Pikes Peak region have exhausted their own finances and are reliant on Medicaid to pay for their long-term care.

Half of health care spending is used to treat just 5 percent of the U.S. population. After adjustment for inflation, health care costs have increased significantly among older Americans. In 1991 they averaged \$9,224 per person (\$15,793 in 2014 dollars); in 2010 they averaged \$19,110 for an elderly female and \$17,530 for an elderly man. Spending per elderly female was 9 percent more than spending per male, in part because nursing home spending for females is approximately twice that for males.

Rising Cost of Services

A near-term concern, and quite possibly a long-term one, is the rising cost of providing services. Just as the elderly on fixed incomes are punished by higher food and energy costs, the service-providing agencies are seeing their expenses rise more quickly than their budgets.

Total compensation for employees in the Health Care and Social Assistance (HCSA) sector has risen steadily since 2005, although it slowed in recent years. In December 2014, the employment cost index for total compensation in the HCSA sector was 123.9 percent of that amount in December 2005 (Table 21).

Table 21: Total Compensation: Health Care and Social Assistance
(Employment Cost Index)

	December 2005	December 2014
HCSA	100	123.8
Hospitals	100	123.9
Nursing and Residential Care Facilities	100	119.5

After increasing more than 3 percent annually from 2005 through 2008, compensation increases slowed to 2.0 percent in 2014.

Research at the National Bureau of Economic Research found that the introduction of competition—allowing patients a choice of hospitals—led to lower costs and better patient outcomes. Pay for performance—tying reimbursement to meeting particular quality thresholds—did not affect quality of care. However, the reduction of Medicare reimbursement to hospitals in the late 1990s led to significant increases in patient mortality.

One person we interviewed pointed out that the only way to bend the cost curve is to have healthier seniors.

Benefit Cuts

There is growing uncertainty about the financial solvency of Social Security, Medicare, and Medicaid, the three government programs on which seniors are most dependent. Nearly 50 million people already receive Medicare assistance, and an individual enters

the program every eight seconds. The aging of the Baby Boom will boost enrollment by 1.6 million annually over the next two decades, bringing it to 81 million beneficiaries by 2030. Medicare's annual cost is projected to rise to 18 percent of the federal budget, up from 15 percent today.

Proposed Medicare cuts include increasing outpatient premiums from 25 percent to 35 percent, raising the age of eligibility to 67, requiring 10 percent c-payment for home health care services, and requiring copayment for the first 20 days in a skilled care nursing facility.

A study by Fitch Ratings as cited in *Bloomberg* suggests that Medicaid, the default public long-term care program, may eclipse education spending in state budgets over the next decade. Medicaid is the biggest share of federal aid to states, making it a target for federal budget cuts. Robin Fisher, vice president of Franklin Templeton Investments, cites pressure from cuts in Medicare reimbursement, rate cuts, and Medicaid eligibility changes as one of the top credit risks for hospitals.

The U.S. Department of Health and Human Services provides projections of various alternatives and notes the uncertainty surrounding the outcome of the Affordable Care Act. Under even the most optimistic scenarios, the funding of health care and retirement for a mushrooming senior population faces grave challenges over the next decade.

Plans are being circulated in Washington, D.C., to cut pension and health care benefits for active and retired military. The current defined benefit pension plan and inexpensive lifetime health insurance represent an expanding portion of both the Pentagon budget and the national debt, and together finance these programs.

Housing Affordability

The cost of housing is a major factor influencing where older people live and the quality of their life. Some people continue to live in housing too big for them because they cannot afford to move or lack information about affordable housing options.

Long-Term Care

For those primarily dependent on Social Security, there is a troubling gap between income and the cost of long-term care. A 2012 AARP study points out that 27 percent of the cost of long-term services and support is paid out of pocket. In the Colorado Springs area, the median cost of a nursing home is 202 percent of the median household income of those 65+, and the median cost of home health care is 83 percent of that median household income (Table 22).

Table 22: 2012 Long-Term Services and Support in the Colorado Springs Area

Median Household Income 65+	Median Cost Nursing Home	% of Median Income	Median Cost Home Health Care	% of Median Income
\$42,421	\$85,775	202%	\$35,100	83%

Memory care assisted living units are the fastest growing residential care option in our community. Rates are all private pay and are higher than traditional assisted living.

Commodity Costs

The rising cost of essentials such as energy and food is a particular concern for the elderly. In recent years, a majority of adults expected to pay \$5 or more for a gallon of

gas, and 58 percent nationally said rising energy costs were causing financial hardship. Recent declines in energy costs are likely to be temporary, so this will remain an ongoing concern.

The price of *electricity* soared from 2005 through 2008 and then moderated from 2009 through 2012 (Table 23). It rose 3.1 percent in both 2013 and 2014.

To save money, seniors may use less heat and electricity than is considered healthy. Colorado Springs Utilities (CSU) offers payment assistance through customer-supported Project COPE and through partnerships with state and federal programs such as the Low-Income Energy Assistance Program (LEAP) and the Home Energy Assistance Program (HEAP). While data by age cohort was not available, Project COPE served 3,786 households in 2014, giving out \$984,154 in assistance. In 2013 it provided \$996,296 in assistance to 3,702 households in Colorado Springs.

Table 23: Electricity Prices

	Cost Per Kilowatt Hour	Annual % Change
2005	0.102	10.9%
2006	0.110	7.8%
2007	0.115	4.5%
2008	0.124	7.8%
2009	0.124	0.0%
2010	0.125	0.8%
2011	0.127	1.6%
2012	0.127	0.0%
2013	0.131	3.1%
2014	0.135	3.1%

The price of *processed food* rose 41.4 percent between 2005 and 2014 and then fell 1.6 percent from March 2014 to March 2015. Rising food costs affect seniors in three ways:

- 1) Food costs consume a rising share of the income of seniors living independently.
- 2) More seniors are forced to rely on meals provided by senior assistance groups. In the Pikes Peak Region, such groups include Silver Key's Meals on Wheels and Fountain Valley Senior Services' Rural Area Meal Program and Breakfast Corner. In 2014 the Golden Circle Nutrition Program provided 127,127 meals in 21 locations in El Paso and Teller counties. That program has been moved to Silver Key and is expected to provide 140,000 meals in 22 locations in 2015. Silver Key provided an additional 60,245 meals through Meals on Wheels in 2014, up 15.7 percent from 2013.
- 3) The cost to agencies of providing these services rises.

With rising demand for food and energy in the developing world, commodity prices are likely to increase rapidly over the next 30 years. China and India, with a combined population of over two billion, will play a critical role.

Overspending

Another AARP survey in July 2011 found that 10 percent of those over 50 often or always have trouble limiting their spending. In the CASOA survey, 32 percent of respondents reported having problems dealing with financial planning issues. Financial education and budgeting may be a service that retired Baby Boomers will need. The University of Colorado-Colorado Springs already offers an inexpensive (\$35 in 2015) education course for retirees on making sure they don't outlive their money.

V. AN AGE-FRIENDLY CITY

The elderly are generally considered a special needs group, although a more realistic picture is that older adults represent a very wide range of abilities and interests. They participate in civic life and access services in diverse ways. An age-friendly city facilitates participation by seniors in leadership as well as supportive services.

Many retirees moving to the Pikes Peak region will seek ways to contribute or participate in the arts, new learning experiences, outdoor recreation, and indoor leisure. The housing needs of many retirees will be quite distinct from those of older adults with sensory impairments or limitations in mobility. The diversity in the population suggests the region needs to offer engagement opportunities and supportive services for persons with a wide range of functional abilities.

In recent years, metropolitan areas have paid more attention to becoming “age-friendly” or a “great place to retire.” The Milken Institute, a think tank devoted to increasing global prosperity, produces a Best Cities for Successful Aging Index. It looks at 78 quality of life indicators, identifying those that provide intellectual stimulation, access to quality health care, educational opportunities, and job retraining that the older generation wants. Colorado Springs ranked 49th among 359 metropolitan areas. It was 30th for people 65-79 and 73rd for those 80+.

Various surveys and studies have identified a number of problems already facing seniors in Pikes Peak region, as well as additional problems arising as the senior population increases. The Pikes Peak United Way 2013 Quality of Life Indicators (QLI) report looked at the Colorado Springs Metropolitan Area (El Paso and Teller counties). Several questions focused specifically on the senior population.

The 2011 Community Assessment Survey for Older Adults (CASOA) included Colorado Springs as one of the 175 communities and 35,000 adults age 55 and older. Where comparisons were available, local results were noted as being higher, lower, or similar to the benchmark (Table 24). The scale runs from 0, at worst, to 100, the best possible rating. Unfortunately, this study has not been repeated since 2011.

Table 24: Colorado Springs Benchmark Comparisons

	City average rating	Rank	Communities compared	Comparison to benchmark
Health and Wellness Index	35	8	16	Similar
Community Design and Land Use Index	48	10	16	Similar
Productive Activities Index	59	7	16	Similar
Community and Belonging Index	47	16	16	Lower
Quality of Community Index	63	9	16	Similar
Community Information Index	49	4	16	Similar

In 2006, the World Health Organization (WHO) began work with groups in 33 cities around the world (including only two in the U.S) to determine the advantages and barriers older people experience in eight areas of city living. They convened focus groups of older people, caregivers, and service providers in the public, voluntary, and private sectors to develop a set of age-friendly city checklists. This led to a guide for individuals

and groups to stimulate action in their own cities in the following eight areas of urban life:

1. outdoor spaces and buildings
2. transportation
3. housing
4. social participation
5. respect and social inclusion
6. civic participation and employment
7. communication and information
8. community support and health services.

In 2012, AARP began a relationship with WHO to assess, implement, and evaluate its recommendations for an age-friendly community. AARP has now documented 40 age-friendly communities, and the organization believes that the size of its membership helps when doing advocacy. AARP emphasizes that while people over 50 vote, they don't put on their aging hat when making decisions.

Other cities in the U.S. are now beginning the five-year process to be recognized by WHO as an Age-Friendly City. Boston has recently partnered with AARP and the University of Massachusetts-Boston Department of Gerontology to achieve this status.

We have used the WHO guidelines to organize our discussion of the challenges facing seniors in the Pikes Peak region.

1. Outdoor Spaces and Buildings

An age-friendly city is not just “elderly-friendly.” Barrier-free buildings and streets, for example, also enhance the mobility and independence of people with disabilities and young families with small children.

The WHO study identified a number of characteristics of the urban landscape and built environment that contribute to age-friendliness. The ideal urban landscape includes:

- a pleasant and clean environment
- green spaces with quiet, contained areas and toilet facilities
- availability of seating
- age-friendly pavement without narrow, uneven, cracked sidewalks or high curbs
- safe pedestrian crossings with lights that don't change too quickly
- accessibility, including wheelchair ramps
- a secure environment free of violence, crime, drugs, and homelessness
- separate paths for pedestrians and cyclists.

Colorado Springs ranked 14th among 50 cities for its parks, according to the 2013 Quality of Life Indicators. Seventy three percent of residents live within a 10 minute walk of a park, and 14.4 percent of the city area is park land—the national average is 9.3 percent.

Characteristics of age-friendly buildings include:

- elevators and escalators
- ramps
- wide doorways and passages
- stairs that aren't too steep with railings and steps that aren't too high
- nonslip flooring

- rest areas with comfortable seating
- adequate signage
- public toilets with handicap access.

We are not aware of any asset analysis of the age-friendly characteristics of buildings in the Pikes Peak region.

2. Transportation

As retirees become less able to drive, their need for alternative transportation increases. Accessible, affordable public transportation is a key factor in influencing active aging. Without transportation it is difficult to participate in social and civic activities or to access community and health services.

Public Transport Services include buses, trams, and trolleys. They need to be frequent and reliable with good connections to health care, senior centers, shopping, and public spaces. According to the Urban Land Institute analysis, density (population per square mile) in the Pikes Peak region is low (Table 25). The large land area and low density makes supporting a robust public transportation system difficult.

Table 25: Pikes Peak Region Density

	Colorado Springs	El Paso County	Teller County	Park County
Area (sq miles)	194.9	2,129.6	559.0	2,210.7
Population	416,427	622,263	23,250	16,206
Density	2,140.6	292.6	41.9	7.4

Public transportation is often difficult for seniors to use because of high steps and lack of wheelchair access. The print on timetables may be too small for older eyes. Drivers need to be trained to be courteous and sensitive to elders' needs. It is important to have designated seating for the elderly and the disabled and for drivers to wait for them to be seated before starting off. Shelters and seating at transport stops are helpful, although persons with disabilities point out that this sometimes makes it difficult for them to move around. Taxis have the advantage of convenience, but are often too expensive and lack space to transport wheelchairs.

The 2010 Quality of Life Indicators identified transportation as a key issue affecting quality of life for seniors in El Paso and Teller counties. Among patients reporting problems accessing medical services, 35 percent said they did not have access to the necessary transportation. Unfortunately, this question was not addressed in the 2013 QLI.

Local bus service, provided by Mountain Metropolitan Transit (MMT), is extremely limited in the Pikes Peak region, although it has improved since 2010. Beginning in 2007, the city public transportation budget was cut severely. However, the city's general fund transit budget increased 65 percent between 2011 and 2015, enabling new routes to be added and Saturday, Sunday, and holiday service to be restored on a limited number of routes. In 2013, MMT provided almost 10,000 trips daily on fixed-route buses. Free, automated carpool matching service, school car pools, and vanpool programs are also offered.

MMT, in conjunction with the PPACG Area Agency on Aging, offers a Senior Ambassadors program to train people in how to ride the bus. A volunteer will help clients

plan a trip, meet them at a bus stop, and accompany them on the ride to a destination they plan to frequent. In return, volunteers get a free bus pass.

Even when bus service is available, there are often problems involved with getting to the bus stop and getting on and off the bus. Over 4 percent of seniors responding to the 2010 QLI survey reported physical barriers to using public transportation, and 8.5 percent of respondents reported being unable to afford the needed transportation. Colorado Springs offers a paratransit service, Metro Mobility, for individuals who are unable to use MMT fixed-route bus service because of a disability, as well as a Taxi Choice Option for rides of seven miles or less in wheelchair accessible vehicles. In 2015, both cost \$3.50 one way with an additional 50 cent charge for a companion. A personal care assistant rides free, and service animals are allowed.

Colorado Springs ranked 20 on the CASOA 0-100 scale for ease of bus travel in the community. Only 12 percent of respondents reported using public transportation in the last 12 months, and 20 percent reported having mobility needs. Only 62 percent reported excellent or good ease of getting to the places they usually had to visit. And 29 percent reported problems with having safe, affordable transportation available. As a result, the city ranked very low (14 of 16) among the cities surveyed.

Community Transport Services include shuttle buses and personal drivers. More than 71 percent of seniors in the 2010 QLI survey reported using public transportation provided by a nonprofit. Silver Key provided 49,613 rides in 2014, down 2.8 percent from 2013. These transportation services are provided to any senior, not just those who meet an income test. The number of assisted trips increased by 9.2 percent in 2014. Volunteer drivers are frequently used for unassisted trips, but most assisted trips, which are more physically demanding, use paid drivers. All drivers are carefully background checked and drug tested.

Senior Driving: Driving one's own car will remain an important transportation option for seniors. Data shows that the swelling number of older drivers has not increased the incidence of traffic accidents. A study from the Insurance Institute for Highway Safety shows that drivers age 70 and older are less likely to be involved in crashes than previous generations and are less likely to be killed or seriously injured if they do crash. They have enjoyed bigger declines in fatal crash rates per driver and per vehicle mile driven than middle-age drivers: those 35-54. The greatest rate of decline was among drivers age 80 and older.

However, Dr. Jonathan King, head of the National Institute of Aging, points out that as drivers age, arthritis makes it difficult or impossible to turn one's head to look in the side mirror. Vision changes make driving at night difficult. Ability to pay attention decreases, making it difficult to concentrate on what is important while driving.

Helpful features to assist older drivers include respected, priority parking bays for older and handicapped people that are wide enough for loading wheelchairs, along with drop-off and pickup locations. Offering or requiring refresher courses when licenses are renewed is an age-friendly advantage a community can provide. Colorado residents age 61 and older are required to renew their licenses every five years. They may renew by mail after age 66 only if they submit results of a vision test performed within the last six months.

3. Housing

Adequate housing is essential to safety and well-being. The WHO survey found universal value for housing and support that allow older people to age comfortable and safely within the community to which they belong.

According to AARP, nearly 90 percent of people over 65 indicate they want to stay in their home as long as possible. Four of five in that age bracket believe their current home is where they will always live. The four primary reasons elders prefer to remain at home are:

- to provide their children with an inheritance
- to remain in a place with emotional meaning and memories
- to keep their highest performing financial asset
- to finance their largest personal expenditure: long-term care.

A move resulting in the loss of functional independence is particularly difficult for the elderly and can result in confusion and diminished self-help capacity. When the time comes, as it frequently does, that a senior can no longer remain at home, he or she needs adequate, affordable options.

Colorado Springs has several examples of graduated care campuses. According to this model, relatively healthy older persons (typically over 80) initially move into independent housing with the option of moving into more supportive environments as needed. Local options include Liberty Heights, Brookdale's Village at Skyline, Palisades at Broadmoor Park, MacKenzie Place, and Life Care Center of Colorado Springs.

There are numerous ways senior housing might be improved as new facilities are built for retiring Baby Boomers:

- locate new senior housing closer to where older people have lived in order to retain links with friends and family
- build multigenerational housing or housing with space to allow interaction between the generations
- scatter small clusters of senior housing throughout the city rather than building one huge complex.

Too often, building with an intergenerational aspect is an afterthought. Jon Pyoons at the University of Southern California-Davis describes this as Peter Pan housing—houses built for those who think they will never get old. Builders need to become interested in designing and constructing multigenerational homes with features such as wider doors and hallways and first-floor bedrooms and full baths. But architects we interviewed claim there is little interest and almost no market for such homes.

One way to encourage intergenerational housing is to add standards to the building code for all new construction. For example, new homes should include fiber optics to enable monitoring devices that can track vital signs and call for emergency assistance when needed.

The CASOA survey gave Colorado Springs a 38 on the 0-100 scale for availability of affordable quality housing and 44 for the variety of housing options. Thirty-one percent of respondents reported a lack of housing to fit their needs, and 42 percent reported

problems with home maintenance. On the positive side, 39 percent reported excellent or good availability of affordable housing.

Realtors point out that Baby Boomers may not want to remain in their own homes. They are seeing significant interest among retiring Baby Boomers to leave their large suburban homes and move to the city, where they can drive less—or not at all—and walk to restaurants, stores, and social events. They are also attracted by the abundance of part-time jobs and the presence of universities, which offer athletic and learning activities. The biggest disincentive of making such a move is the cost of housing.

Assisted Living Residences provide meals, housing, and support services for individuals who do not need skilled nursing care. Most facilities offer both private and shared rooms. Personal services include a physically safe environment, supervision, assistance with activities of daily living such as medication administration, bathing, dressing, eating, laundry, recreational activities, and arrangements for transportation. Protective oversight includes monitoring needs to ensure the residents receive the services and care necessary to protect their health, safety, and well-being.

In El Paso County there are 61 assisted living residences. Thirty-one accept Medicaid and private pay, and an additional 30 are private pay only. Thirty-two offer respite care, and 12 provide memory care. Monthly fees range from \$1,600 to \$6,500. There are no assisted living facilities in Park or Teller County. There is a lack of residential treatment facilities in the Pikes Peak region to provide live-in care and treatment for substance abuse, mental illness, or other behavioral problems.

Adequate storage space in a new care facility and small residences housing a few older people rather than huge, multistory buildings are often cited by seniors as desirable.

Nursing homes are also called skilled nursing facilities, long-term care facilities, and nursing care facilities, and they are licensed by the state through the Health Facilities and Emergency Medical Services Division. Most nursing homes are certified to provide services to eligible Medicare and Medicaid beneficiaries and are required to meet federal Center for Medicare/Medicaid Services (CMS) regulations. They provide meals and housing along with medical, nursing, psychosocial, and rehabilitation services for individuals who require 24-hour nursing supervision or need extensive help with everyday tasks.

Nursing homes are operated by for-profit and non-profit organizations. They vary in size and offer different programs. Three subacute rehabilitation facilities in the Pikes Peak region do not service long-term care needs; the rest provide long term care services to chronically ill persons, including those with chronic mental illness. Many nursing homes also offer short-term or extended care rehabilitative services and special units for people with Alzheimer's disease or other types of dementia.

There are 23 nursing homes in El Paso County and one in Teller County, with a second scheduled to open in 2015. Twenty-two are Medicare certified; 18 are Medicaid certified and four provide memory care. There are no nursing homes in Park County. Five state veterans' homes are available to eligible veterans and their spouses. All five are Medicaid certified. Four are Medicare certified, and four provide memory care.

Transitional Care Services serve chronic disease patients who are well enough to be discharged from a hospital, but not free of all concerns. These patients are commonly readmitted to the hospital within a short period of time. It is projected that patient compliance combined with nonthreatening, comprehensive, specialized transitional care units could reduce hospital readmissions by more than 10 percent.

Hospice and Palliative Care: Hospice care is a unique package of services and programs that address the physical, emotional, and spiritual needs of terminally ill individuals and their caregivers and families. The concept was introduced in the United States more than 30 years ago. It includes both traditional hospice care and palliative care. All hospice care is palliative care, but all palliative care is not hospice care.

Palliative care focuses on the relief of pain and symptom management for patients living with complex, progressive, or life-limiting conditions. It is appropriate at any stage of an illness and can be provided at the same time as curative treatment. Costs are normally covered by Medicare, Medicaid, and private insurance. Currently only 40 percent of potentially eligible Americans utilize hospice care.

Hospice care addresses the physical, emotional, and spiritual needs of terminally ill patients and their families. It is often delivered in the patient's home. It emphasizes palliative medicine—pain relief—and support services rather than cure-oriented therapies and interventions. Management of pain and symptoms is a cornerstone of hospice care. Certified nursing assistants help with bathing, grooming, changing bed linens, and other everyday activities. Medical equipment and supplies often are delivered to the home. Counselors and chaplains provide emotional and spiritual support.

Hospice services also include bereavement assistance to the family and caregivers after the death of the hospice patient. Pikes Peak Hospice and Palliative Care (PPHPC) has a children's grief support program for children age 3-18 and a summer grief camp to help children work through loss. Grief support for adults is offered for 13 months following the death of a loved one. Eighty percent of natural deaths are touched by hospice.

Hospice services can be delivered in the home, in a licensed health care facility such as a nursing home, in a residential facility, in an inpatient hospice facility, or through a hospice day care center. Very few hospice patients are in an inpatient facility. Of PPHPC's current patients, 132 were at home, 35 were in assisted living, 50 were in nursing homes, and only 15 were in the licensed inpatient unit at Penrose Hospital Main. Seventy-five percent are covered by Medicare (covered since 1983), 15 percent by Medicaid, and 10 percent by private insurance. An interdisciplinary team consisting of a physician, a registered nurse, clergy or counselors, volunteers, and other specialists work with the terminally-ill person and his or her family or caregivers. Ten of the state's 62 hospice programs are located in El Paso County. Another program located in Woodland Park serves Teller and Park counties. Fifty-eight of the programs are Medicare/Medicaid certified, though others may be in the process of becoming certified.

The long-term care system is already feeling the strain caused by the tremendous increase of older adults who are frail and have disabilities. Many seniors face an 18-36 month dependency period at the end of life. The good news is that the length of the dependency period does not appear to increase as we live longer. Yet as the senior population in El

Paso County triples over the next 30 years, additional facilities of all type will be needed—as will solutions for the challenges of additional financing and staffing.

4. Social Participation

An AARP study reports that the percentage of people over 45 who are chronically lonely increased rapidly from 20 percent in 2000 to 35 percent in 2010. Brigham Young University researchers found that isolation and loneliness are as bad for a person's health as smoking 15 cigarettes a day or being an alcoholic. Their data from 35 years of studies on loneliness identified a 26-percent greater risk of premature death for people who feel lonely and found that living alone or being socially isolated increased the risk of early death by 30 percent. A significant minority of respondents to the CASOA survey reported there were insufficient social events, recreational or educational opportunities for seniors in El Paso County.

WHO found that social participation and social support are strongly connected to good health and well-being throughout life. Participating in leisure, social, cultural, and spiritual activities in the community allows older people to enjoy respect and esteem and to maintain or establish supportive and caring relationships. One YMCA director pointed out that “termination blues” often occur as people age and that it is important that they have a place to get together socially. Both age-targeted and age-integrated opportunities for social participation are needed.

Data consistently show that social participation is easier when opportunities are close to home, varied, and frequently occurring. This is a particular challenge in the rural and remote areas that characterize parts of the Pikes Peak region, specifically eastern El Paso County, Park County, and parts of Teller County. The Canadian federal and provincial governments are leading a project to identify age-friendly community features in small towns, but the results are not available. We are not aware of similar studies being conducted in the U.S.

Affordability, access, and awareness are the biggest hurdles to social participation. The capacity to participate in formal and informal social activities depends not only on the offer of activities, but also on having adequate access to information about activities and transportation to reach them. Elders may need to receive personal invitations to participate and should remain on mailing and telephone lists unless they specifically ask to be removed. Activities such as a stroll in a garden or socializing within faith communities can provide free social participation activities, as well as the channels to distribute information and coordinate transportation access to them.

There is a particular lack of socialization opportunities for men. One barrier to participation is restricted admission, such as the requirement to be a member of an organization to participate. Another barrier is a growing immigrant population who may not share the same language and background as the majority population. Provisions for people who are hearing-impaired or disabled are also important to make social events more accessible.

Intergenerational Activities: Intergenerational activities are considered to be more desirable than activities for older people alone. Older people pass on traditional practices, experiences, and knowledge, while younger people help older people learn about newer

practices to navigate a rapidly changing world. These opportunities can be provided by sharing space and facilities. The Intergenerational Foundation, a national organization based locally, sponsors Intergeneration Month in September in which all organizations are encouraged to offer events that foster social interaction across generations.

For example, the UCCS volleyball team coached and supported a volleyball team of women over 65. The team was formed for the purpose of better understanding what it was like for older women to learn a new sport and what participating in competitive sport meant to those who had not previously been considered athletic.

School classes or groups can also use assignments to interview a grandparent or other senior about life experiences. By connecting and reporting on such interactions, students can gain new perspectives on historical, cultural, and societal changes within personal contexts. And seniors are able to share valuable wisdom and insight while being drawn into valuable and health-giving social and personal relationships.

A senior living center in Arvada that was located next to an elementary school found a way to connect different generations. Proximity created a problem at first because some of the children found the elderly people walking around “their” lake to be scary. One teacher created an “Adopt a Grandparent” program which soon spread schoolwide. Older students interviewed their new neighbors and wrote biographies. Others did research about what life was like 80 years ago. Young students read to their new grandpas and celebrated the children’s lost teeth with their new grandmas. Children connected with mentors who often provided support that was missing in single parent homes.

It wasn’t only the children who benefited. Senior center employees saw their residents’ outlook on life improve when they had a reason to get up for the kids. They looked forward

When our granddaughter was a high school sophomore, she e-mailed:

Dear Papa: I am taking a Life skills class at Overlake. We have a project where we have to interview a grandparent about their life to see a new perspective. We have to write a paper based on the interview about skills needed to live a well-lived life. There are 20 questions that I am hoping you will answer. If you could e-mail me back with your answers as soon as possible that would be great. I love you.

This led to an in-depth e-mail discussion of major events, lessons learned, life skills needed, changes in attitudes, regrets, joys, biggest lessons learned. After reading the exchange, an older granddaughter wrote:

I remember when I had a similar assignment in 6th or 7th grade. We spent a whole car ride from Denver to the Springs and back doing the interview. You told the most wonderful stories about growing up, playing music and acting, starting a family, and being pastor in the South during the Civil Rights movement. I always regretted not being a better writer at the time to be better able to capture all your wisdom for my teachers and classmates. I should have just brought you in to class and done the interview in person—I would have gotten an A for sure.

But not all young people have a grandparent readily available for such discussions. Other ways must be found to connect the generations.

to the cards and letters, holiday sing-alongs, and craft projects that teachers designed for their students' learning. What began as a response to teach the youngsters tolerance for people who are different has grown into a partnership that benefits two communities.

At the University of Denver, three large financial gifts are being used to establish the Knoebel Center for the Study of Aging, which is targeted for completion in 2015. The Center will focus on research that addresses aging and aging-related conditions. It will be focused on biomedical and social sciences research and discovery, with the intent of increasing the healthy years of life. The center's lab will occupy a floor in the Daniel Felix Ritchie School of Engineering, with new faculty positions in molecular life-science and bioengineering. In addition, the university's partnership with Denver Health has been expanded. This partnership provides a unique resource for the region that will achieve important advances in the study of aging.

Persons with illnesses and their caregivers, who are often older people themselves, are particularly vulnerable to feeling isolated. Day programs, respite options, and opportunities to socialize without the presence of the patient are all ways to help caregivers continue to connect with society. Similarly, programs for persons who share the experience of illness or disability can be helpful. An example is programming offered by local offices of the Alzheimer's Association or the Parkinson's Association. Special programming for persons in early stages of these diseases connect people at a point when they are vulnerable and uncertain about how their social world will change.

Adult Day Care: Adult day care services are provided under the Medicaid waiver program for eligible clients and through the Department of Veterans Affairs for eligible veterans. These services are alternatives to long-term nursing facility care. They include health and social services, individual therapeutic and psychological activities furnished on a regularly scheduled basis in an adult day services center. Facilities may provide basic services or specialized services. Specialized services include intensive health supportive services for participants with a primary diagnosis of Alzheimer's and related disorders, multiple sclerosis, brain injury, chronic mental illness, developmental disability, or post-stroke impairments that require extensive rehabilitative therapies. There are six adult day care programs in El Paso County, one under development in Teller County, and none in Park County.

Community Centers: Community centers provide seniors important opportunities for social interaction. For over 26 years the Colorado Springs Senior Center has been an important resource for the elderly population. More than 150 classes and events are offered each month, including fitness, the arts, self improvement, health services, social opportunities, and trips. About 65 groups use the center for meetings, and it has served an average of 125 Golden Nutrition Circle lunches each weekday. In 2010 the City of Colorado Springs ceased funding for the Senior Center. However, with the 2015 plan for the city to take back ownership of the property and act on the Colorado Housing Authority's termination of fiscal management, the city will now have the burden of management. As this report was being finalized, the city had committed to a limited amount of financial support for the property while it executed a management contract with the YMCA of Pikes Peak Region.

Interviews by the IIAC board with other community centers around Colorado Springs identified a lack of services for seniors. One center director commented that a number of grandparents in the area take care of grandchildren, but the center provides no support services. Although there are 11,400 senior centers across the U.S., the challenge is ongoing to turn them into places for intergenerational contacts and services. Programs need to go beyond old people teaching children to read or young people teaching older folks technology.

5. Respect and Social Inclusion

Respect and social inclusion of older people depends on more than societal change. Factors such as culture, gender, health status, and economic status play a large role. The extent to which older people participate in the social, civic, and economic life of their communities is closely linked to their experience of inclusion.

Other citizens are sometimes impatient with older people who move more slowly, and older drivers may be the recipients of rude gestures. Seniors perceive it as disrespectful when younger passengers do not give up their seats on a bus or treating an older person like a child.

Ageism: The term *ageism* was coined by Robert Butler in 1969 in an article entitled “Age-ism: Another Form of Bigotry.” He defined it as a systematic stereotyping of and discriminating against people because they are old, just as racism and sexism accomplish this with skin color and gender. A resurgence of interest in the topic has generated research in the last decade that documents the profound impact of ageism on self-esteem and the aspirations of older adults, as well as on the behavior of others toward older adults. As one person we interviewed pointed out, “Just try to find a non-ageist greeting card for someone celebrating a decade birthday.”

Our society glorifies youth and tends to consider older people as useless, less intelligent, stingy, and a burden. Stereotypes paint seniors as low in competence. There is often the perception that they are a drain on the public resources. Older people who are ill or disabled are particularly likely to be viewed negatively.

The WHO survey underlined the great need to facilitate and organize encounters between the generations. Some participants argued that older people themselves should take the first step in meeting younger generations. A common view was that education about aging should begin in primary school. Successful tools include seniors speaking at elementary schools, age-friendly advertising with attractive depictions of aging, media profiles of local older people such as seniors on boards of directors at community organizations, and “Ask Older People” programs in which seniors offer advice on topics such as gardening. Intergenerational volunteering that utilizes young retirees, college students in social and health services, and schoolchildren can work well.

As seniors remain in the workforce longer, ageism in the workplace could become *the* diversity issue of the 21st century. Younger workers often view older workers as denying them jobs, clogging their career paths, and preventing deserved promotions. Older workers may resent being supervised by someone younger and be scornful of new phenomena such as workplace social networking. Many of these problems arise from the misplaced belief that the number of jobs is finite, a zero sum game in which each winner

displaces a loser. In fact, high elderly employment rates are associated with high youth employment. When people work, they earn income that they spend on goods and services produced by other workers.

Only 10 percent of respondents to the CASOA survey found Colorado Springs to be a community that is open and accepting toward older residents of diverse backgrounds. Whether this is the result of prejudice or thoughtlessness, it must be addressed.

Elder Abuse: New legislation was signed into law in Colorado in May 2014 and implemented July 1, 2014, establishing mandatory reporting regulations for physicians, surgeons, medical examiners and coroners, bank employees, and social work practitioners, among others, to report to law enforcement suspicions of abuse, neglect, or exploitation of at risk elders. Colorado was one of the last states to take this action. Accompanying funding allowed the addition of two full-time positions and a new computerized system to log and document cases in El Paso County.

Silver Key highlighted in our interview the problem of elder abuse and noted that there are fewer alternatives and fewer resources than are available to victims of domestic violence. Silver Key only had 66 guardianship clients in Colorado Springs in 2014, who received 2,174 hours of service. In 2013, the El Paso County Department of Human Services reported 1,026 referrals for adult protection services for suspected elder abuse, exploitation, and neglect.

The National Committee for the Prevention of Elder Abuse confirmed that spiraling rates of elder mistreatment are reported by both practitioners and researchers. In a recent national study of Adult Protective Services, the agency that typically receives first reports concerning elder abuse, there were 832.6 reports for every 100,000 people over the age of 60.

A National Research Council study that looked at verbal, financial and physical mistreatment found that most mistreatment was perpetrated by someone other than an immediate family member. Up to 10 percent of Americans over age 65 have suffered mistreatment by a caregiver or close contact, compared to 13.6 percent of children aged two to 17.

The National Elder Abuse Incidence Study estimated that 84 percent of incidents are not reported to authorities, denying victims the protection and support they need. These vulnerable elders are subject to injury and to premature death, often from caregivers and family members. Elder abuse is estimated to cost Americans tens of billions of dollars annually in health care, social services, investigative and legal costs, and lost income and assets.

Colorado state auditors found that probate courts statewide have not followed laws enacted to protect vulnerable adults and children from abuse by guardians and conservators. Guardians and conservators provided only 52 percent of the required reports.

Financial abuse is also a problem for the elderly. It is up to the caregiver generation to be sure aging parents and others get the help they need to manage their finances and avoid becoming victimized, says Richard Cordray, director of the Consumer Financial Protection Bureau. The Bureau offers a free guide, "Managing Someone Else's Money."

Unfortunately, thousands of cases of elderly financial abuse occur each year, often at the hands of friends, family, or caregivers.

Fraud: A 2010 AARP survey looked at consumer fraud and the demographic and behavioral differences between victims and the general population. It found that people over 50 were more susceptible to various persuasive tactics. They were more likely to:

- Attend sales presentation when offered a free meal, hotel, or prize.
- Enter their names in a drawing to win a prize.
- Allow salespeople into their homes.
- Open and read every piece of mail received.

Victims over 50 were more interested than the general public in:

- An investment that promised a guaranteed return.
- An opportunity to apply for federal grant assistance.
- Reducing a mortgage.
- A free certificate of deposit to save money.
- A necklace at a reduced price for a limited time.
- New technology.

According to the AARP study, seniors were particularly likely to fall for lottery scams: 2.7 percent of those 65 to 74 did so. In these scams, a fee is assessed to collect one's winnings, and victims lose an average of \$715. Victims often are duped more than once.

Seniors are also less likely to take preventative measures such as signing up for a Do Not Call list or checking references of businesses before buying. Some seniors may allow door-to-door salespeople to come in and give their pitch because they are lonely.

The National Consumers League reports that Colorado is a hot spot for fraud. The state ranked 13th in the U.S. for per capita identity theft complaints filed with the Federal Trade Commission. The Colorado Springs metro area ranked third. In 2014, El Paso County residents made 5,204 fraud complaints to law enforcement agencies, a rate of 767.2 complaints per every 100,000 people. This was the third highest in the nation according to the Consumer Sentinel Network. Nineteen percent of respondents to the CASOA survey reported problems with being a victim of a fraud or scam.

6. Civic Participation and Employment

People do not stop contributing to their community just because they reach age 65 or retire. Many want to continue to contribute through paid employment, voluntary work, or engagement in the political process. Studies show that it is subjective age—how old one feels—rather than objective age that determines a worker's productivity. However, the WHO survey pointed out that physical barriers and cultural stigmatization discourage civic participation among those who would like to find employment and volunteer opportunities tailored to their needs and interests.

Civic Participation: Seniors are interested in and willing to participate in civic events. There is a wide variety of possible activities, including serving on community boards, helping with elections, and lobbying about the concerns of older people. Better information would lead to more participation, as would transportation to civic functions,

physical accessibility, aids for the hearing-impaired, and addressing safety concerns for seniors at large civic events.

Volunteer Activities: Volunteering provide a sense of self-worth, opportunities to remain active, and ways to maintain social connections and avoid isolation. Some communities have visible volunteer coordination agencies. But it is often difficult to find out about volunteer opportunities or to get to and from volunteer jobs. Tasks may need to be scaled to the physical limitations of the volunteer. Unreimbursed expenses for gas or liability issues may impede the ability or willingness to volunteer. Nevertheless, often all that is needed is a personal invitation to volunteer.

Encore Leadership is a program of Leadership Pikes Peak for community members, ages 55 and older. Its goal is to engage and support the growing population of seasoned talent in their quest to find meaningful and valuable opportunities in their next stage of life. The four-month program fosters a continued development of skills and a sense of civic engagement; it results in a group of citizens modeling the way for aging well.

There are economic benefits to the community as well. In 2014, 600 active volunteers provided 25,395 hours of service to Pikes Peak Hospice and Palliative Care, valued at \$517,984. Silver Key reported that 459 volunteers provided 46,048 hours of service valued at almost \$1.2 million.

Paid Employment: Participants in the WHO focus groups rejected policies of mandatory retirement. Some elders feel that they need to work because of low income and limited government support. Others continue to work because they enjoy their jobs and the knowledge that they are contributing to the economy. Yet despite having the experience and qualifications for existing jobs, seniors sometimes find themselves channeled into menial, low paid, and generally undesirable jobs.

Older workers in both paid and volunteer jobs cited a desire for flexible work hours. Seasonal and temporary employment, as well as project-oriented jobs, are also desirable. Older workers may need lighter workloads and more flexible sick leave. Sometimes training in the use of the latest technology is needed to compete in the workplace.

Entrepreneurial Opportunities: Many older people are well-suited to self employment for many reasons, including high educational achievement, financial resources, strong credit ratings, and work experience. Many new businesses are started by retirees, and the survival rate of new businesses increases with the owner's age. Cautionary notes include risking savings, foregoing years of conventional employment where additional resources might have been amassed, and dubious self-selection decisions. Seniors have less time to recover from failures and may not have a reliable fallback option such as a guaranteed income stream.

Many seniors are opportunity entrepreneurs rather than necessity entrepreneurs. They are more motivated to embark on a new career for the desire to be recognized, to keep busy and, to give back to society rather than for the income.

One type of entrepreneur is referred to as the solopreneur, an entrepreneur who works alone. This format may be especially suited to seniors who want flexible hours instead of punching a time clock.

The Colorado Springs Small Business Development Center offers free consulting and training programs for individuals wanting to start or grow a small business.

7. Community and Information

It is vital for active aging to stay connected with events and people and to get timely, practical information to manage life and meet personal needs. Yet participants in the WHO survey frequently cited fear of missing information and of being left out of the mainstream. Technology was seen as both a useful tool and as an instrument of social exclusion. For example, replacing bank tellers with ATM machines has eliminated one source of personal interaction.

The primary sources of useful information for the elderly are radio, television, newspapers, and, for some, the Internet. Direct personal delivery, the telephone, and distribution in key locations are highly valued. Governments and voluntary organizations are seen as having a major role. Also recommended are free publications and public access to newspapers, computers, and the Internet at community centers and the library.

The older generations are also increasing their use of social media. According to the Pew Research Center's "Social Media Update 2014," 63 percent of 50-64 year olds use social media, as well as 56 percent of the over-65 generation. However, few use Twitter: 12 percent of the 50-64 group and 10 percent of the over-65 group, although the latter figure doubled since 2013.

Frequent barriers are lack of awareness of available information about services or lack of knowledge about how to locate needed information. On the other hand, information overload is also a problem. Most desirable for seniors is information targeted to older people through dedicated newspapers, regular columns in the general press, or specialized radio and television programs.

Information on services for seniors is available from at least two other sources. Established in 1968, LeadingAge Colorado (formerly Colorado Association of Homes and Services for the Aging) is Colorado's largest and oldest nonprofit organization representing providers of senior housing and aging services to Colorado's elderly. There are 127 member organizations belong to LeadingAge Colorado, including assisted living communities, CCRCs, independent living senior housing, nursing homes, and Programs of All-Inclusive Care for the Elderly (PACE). Information is available with addresses and contact information for facilities throughout the Pikes Peak region.

The Senior Information and Assistance Center (SIAC), part of the Pikes Peak Area Council of Governments Area Agency on Aging, provides information on the cost, availability, and location of services for older adults and their caregivers. A local directory of age-friendly services is often suggested. The *Yellow Book: Senior Information and Assistance Directory*, published by the SIAC for over 45 years, offers information on hundreds of services for older adults in El Paso, Park, and Teller counties.

The Center utilizes social work professionals to help individuals and families develop comprehensive plans of action to achieve their long-term goals of maintaining independence. There is a separate Network of Care website for seniors and adults with disabilities.

Nationally, AAA offers information and assistance for accessing local resources. A national website helps people identify AAA in any region by entering the relevant zip code at the website www.eldercare.gov.

Older adults, caregivers, and service providers can also call the United Way's 211, a free English and Spanish phone number that serves residents of 12 Colorado counties, including the three in the Pikes Peak region. Trained information specialists staff the hotline from 8:00 to 5:00 Monday through Friday. They utilize a comprehensive database of over 7,200 resources including federal, state, and local government agencies, private nonprofits, faith and community-based organizations, and up-to-date community resources. Individuals can learn about low-cost nutritious meals, home-based care, transportation for medical appointments, insurance counseling, affordable housing, and dental care, to name just a few. A similar service is the PPACG AAA's Senior Information Hotline at 719-471-2096.

However, the visual and auditory presentation of information present the biggest universal barriers to communicating with older people. Buttons on mobile phones and electronics are too small. ATMs and ticket machines are poorly lit. Auditory information often is spoken too quickly. Official forms are difficult to understand. Not all seniors can afford a personal computer or use the Internet. Automated answering systems can be difficult to navigate.

To help overcome these barriers, computer training adapted to the needs of the elderly and free computer access at libraries and community centers are extremely helpful. Many older people prefer to speak to a human being, and they would prefer having the option to leave a message for someone to call them back.

8. Community Support and Health Services

The Baby Boom is aging with many health problems that were less common in previous generations, according to national surveys. They are far more likely to be obese than the previous Silent Generation—38.7 percent versus 29.4 percent. And only 13.2 percent of the Baby Boom reported excellent health versus 32 percent of in the Silent Generation. They are more likely to have diabetes, high blood pressure, and high cholesterol than their parents 20 years earlier. More than half report they do not exercise regularly.

Availability of Essential Health Services: Across Colorado, county Human Services Departments provide multiple services to all age groups including senior citizens. Services vary from county to county but generally include:

- *Adult Protective Services*, including assessment and intervention when appropriate in matters in which civil allegations have been reported in regard to abuse, neglect, self-neglect, or exploitation.
- *Adult Financial Assistance* for seniors' basic needs, such as food (SNAP), burial assistance, and medical assistance.
- *Adult Medical Assistance*, including nursing home, assisted living, 30-day medical, home and community based services, food assistance, and home care allowance.

The PPCG AAA also provides services provided by the Older Americans Act and Title III, such as rural home-delivered meals and specialized publications for vision-impaired older adults.

In the WHO study, focus groups identified the availability of sufficient good quality, appropriate, and accessible health care as an ongoing concern. Decentralizing services, including co-locating services in existing sites where seniors already congregate, and providing transportation by volunteers are desirable.

The most frequently cited services the elderly want and need include:

- geriatric clinics and hospital beds
- adult day care
- community centers that provide health and social services
- care for the mentally ill
- mental health services
- respite care and training for caregivers
- rehabilitation and palliative care
- availability and affordability of medical equipment
- disease and injury prevention
- health promotion and nutritional guidance
- home care with a consistent provider.

A community register of older people living alone is also desirable as seniors express concern that in emergency situations such as natural disaster they will be overlooked.

According to the 2012 El Paso County Health Indicators Report, the leading causes of death among El Paso County residents are 65 and older are:

- cancer
- heart disease
- chronic lower respiratory disease
- cerebrovascular disease
- Alzheimer's disease.

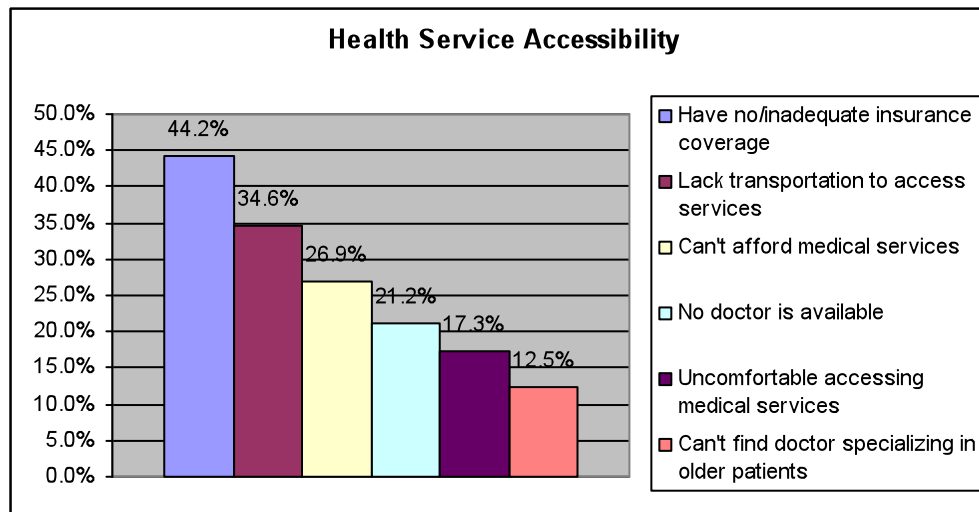
Deaths from Alzheimer's increased 68 percent between 2000 and 2010. Yet the Colorado Springs Metropolitan Statistical Area has a substantially lower incidence of Alzheimer's—18.6 per 100,000 residents—than Colorado—25.8 per 100,000—and the U.S.—24.1 per 100,000.

The 2013 Quality of Life Study reported that the Colorado Springs MSA has a serious shortage of primary care physicians and psychiatrists. In El Paso County there are 0.6 primary care providers for each 1,067 residents. This is 25 percent below the state average and would need to increase 40 percent to meet the American Council on Graduate Medical Education's recommendation that patient care generalists comprise 40 percent of total physicians. Colorado Springs also has 37 percent fewer psychiatrists than the U.S. average.

The 2010 QLI queried seniors about their ability to access medical services (Figure 27). (The questions were not repeated in the 2013 study.) Inadequate or no insurance was the biggest barrier—the figure was 36 percent in the CASOA survey. People also reported

they were unable to find a doctor that specialized in older patients and/or were unable to find any type of doctor.

Figure 27: Health Service Accessibility



According to the U.S. Department of Health and Human Services' (HHS) "Funding Opportunity Announcement: Fiscal Year 2015," there is a:

.... dramatic shortage of all types of health care workers, especially those in long-term primary care settings. Across the health professions, there is inadequate geriatric training in both the formal and informal primary care workforce. In addition, the professional, paraprofessional, and caregiver geriatric workforces continue to have inadequate education in how to integrate geriatrics knowledge and skills into primary care. With the re-emergence of patient-centered care, there is a clear need for education and training of patients to improve their self-management skills and knowledge, as well as their understanding of acute and chronic disease management as it relates to their own health, and how to work within the healthcare delivery system.

HHS also cited lack of the necessary transportation. However, Silver Key pointed out that its 30 vehicles are not fully utilized because many people are not aware of the available transportation services for medical care.

Despite the regional shortcomings, 56 percent of respondents to the CASOA survey reported excellent or good availability of affordable quality physical health care. This ranked the city similar (100 of 188) to other communities that were surveyed. Seventy percent said availability of preventative health services was good or excellent, higher than the average.

Mental Health: According to the Area Agency on Aging, an estimated 15,000 seniors in El Paso County have diagnosable psychological conditions, but most do not receive care. Almost 13 percent of seniors surveyed reported lack of access to needed mental health services. While depression is less prevalent in noninstitutionalized seniors than in young adults, seniors have the highest suicide rate of any age group. Suicide is most common among Caucasian men who live alone. The suicide rate for individuals 65 and older in the

Colorado Springs MSA is 19.4 per 100,000, comparable to the statewide rate of 20.4 per 100,000 but above the U.S. rate of 14.7 per 100,000.

Community Mental Health Centers provide the following services for the mentally ill:

- outpatient services
- inpatient services
- partial hospitalization
- emergency care services
- consultative and educational services.

Community Mental Health Centers are licensed by the Colorado Department of Public Health and Environment (CDPHE). Community Mental Health Clinics provide outpatient services and consultative services but are not licensed by the department.

There is one Community Mental Health Center in the Pikes Peak region, AspenPointe, serving El Paso, Park, and Teller counties. It is Medicare and Medicaid certified and provides behavioral health services, counseling services, career services, substance abuse treatment, employment, education, housing, jail diversion/reintegration, and care management. As one of the largest nonprofits in Colorado Springs, AspenPointe traces its roots back more than 135 years to the Springs Relief Society.

According to Sara Qualls, director of the Gerontology Center at the University of Colorado-Colorado Springs, the Pikes Peak region offers few mental health providers with expertise in, or even a practice focused on, older adults. Nationally, a few providers specialize in this population, one that tends to have multiple illnesses that interact in complicated ways with mental well-being. Few accept Medicare, the primary insurer of older adults, so access is particularly restricted. The UCCS Aging Center, a mental health training center operated by the Psychology Department has over 10 years of clinical experience in delivering mental health services for the elderly and their caregivers. Services are either free or on a sliding scale and include psychotherapy, caregiver services, a Memory Clinic, and neuropsychological evaluations.

The most frail older adults tend to be relatively isolated due to mobility constraints, transportation issues, and general lack of energy for regular trips to outpatient clinics. This particularly frail population is also at a higher risk of cognitive impairment, anxiety and depression, yet finds it essentially impossible to have home-based mental health care. Primary care and social service agencies already engaged in serving older adults need mental health partnerships to create a truly integrated health model. However, Medicare reimbursement offers multiple disincentives for such integrated care models. Individual therapy cannot be billed at home, and Medicare also disallows billing for team meetings (as does private insurance) or consultation with other professionals.

Seniors with post-traumatic stress disorder (PTSD) will become an increasing problem as Vietnam veterans age. The problem will be even more severe when veterans from Iraq and Afghanistan retire, as multiple tours of duty in war zones have increased the incidence and severity of PTSD. Several interviewees wondered aloud where they will find the financing and personnel prepared to deal with them. One psychologist told us:

Already there are not enough resources relative to the current (or the expected) population of Iraq and Afghanistan veterans. Multiple tours take their toll, both in

terms of the obvious impact on families and on the veterans themselves. It is clear that the human stress response is set up to maximize our chances for survival during a 60 yard dash to avoid being eaten by a lion. We are not set up to live well under conditions of high stress and arousal, nor are we well suited to cope physiologically with the self-induced states of arousal created by PTSD. You don't cure PTSD; you dilute it by building back into peoples' lives all the things that had been excluded by their living their lives the PTSD-way, such as intimacy, friendship, employment, and membership in a community.

Add in the fact that we have lots and lots of veterans with head injuries who will need long term support. People with traumatic brain injury and PTSD have a double whammy as each makes the individual less able to manage the other. What the long-term course of life will be for these damaged brains remains to be seen. If the keys to successful aging are social support, flexibility/adaptability, and realistic appraisal of oneself and one's circumstances, PTSD and/or traumatic brain injury are often key limiters for each of these.

Another phenomenon is the onset of PTSD symptoms when people retire, after a career marked by workaholic behavior or danger that keeps the combat rush going. With PTSD, you can run but you cannot hide. A useful way to look at PTSD is as a condition of nonrecovery. In other words, after something bad happens, most people go through a period of emotional and cognitive turmoil, but eventually find a place for themselves in the new world they create. For some, however, the nonrecovery occurs because of the pattern of avoidance that is set in place (e.g., drugs or alcohol).

According to Dr. Qualls, the Department of Veterans Affairs (VA) has been a major innovator in services for older adults that are delivered by interprofessional teams, including home based primary care. Major initiatives in the past decade have added thousands of mental health providers to the VA teams and trained all personnel in evidence-based protocols for treating mental disorders, including PTSD.

In the Pikes Peak region, the VA facility has been severely limited by size and scope of services in the Colorado Springs Community Based Outpatient Center. Capacity was added with the 2014 opening of the PFC Floyd K. Lindstrom Outpatient Clinic in Colorado Springs, but it is still inadequate to meet the size and range of needs in the region. Innovative programs are needed that partner community resources with military and the VA in the region.

Memory Loss and Dementia:

Seniors with mild dementia often find they are discriminated against at senior centers. A pastor in Sun City, Arizona, told us that as soon as someone showed signs of mental or physical deterioration, they were shunned by the rest of the community.

Despite the lack of mental health services, Colorado Springs ranked above average in the CASOA survey. Forty-four percent of respondents reported excellent or good availability of affordable quality mental health care. Thirty-eight percent reported problems with feeling depressed.

Dental Care: Affordable dental care is also a problem for seniors. Thirty-nine percent of seniors in the CASOA survey reported problems with getting the oral health care they needed. Medicare does not cover dental services. Out-of-pocket spending accounts for 42 percent of all dental services.

Senior Mobile Dental (SMD) provides on-site dental and dental hygiene care to low-income seniors in Colorado who have trouble accessing dental care. SMD actively works with assisted living and skilled nursing facilities, along with public locations such as senior centers, to provide professional mobile dental hygiene services to the elderly.

Integrated Care Model: Health care for seniors needs an integrated model of care—one that jointly considers physical, mental, dental, and other health factors as part of a single clinical experience.

In Colorado Springs, the Lane Center for Academic Health Sciences opened in 2014 with 50,000 square feet of space on North Nevada Avenue near the UCCS campus. The site is home to five health and wellness clinics operated by UCCS as the HealthCircle. It also houses the Family Health Center operated by Peak Vista Community Health Center. There is space for the new Colorado Springs branch of the CU School of Medicine, where the first cohort of third year students will arrive in fall 2016.

The Lane Center supports academic programs in health and wellness with clinics that serve as education and research training sites, as well as innovation centers. In addition to services offered by each clinic, the Lane Center exists to create innovative service delivery models that integrate primary care, behavioral health, nutrition, and exercise with a special focus on prevention and management of chronic disease in adults.

These efforts will bring together students in need of clinical opportunities, particularly from the UCCS' unique psychology doctoral program that specializes in the needs of older adults, as well as students from the Beth-El College of Nursing and Health Science and the local branch of the CU School of Medicine.

The integrative model in development at the Lane Center builds on the successful partnership between the public university (UCCS) and private enterprise, Palisades at Broadmoor Bluffs, that operated from 2008 to 2012. The partnership created an innovation center in senior housing where faculty, students, and staff of UCCS collaborated with the owners (Dunn and Associates) and staff of the Palisades to infuse research-based best practices to improve the well-being of residents. Findings from that innovation center have been published and now inform the integrated work at the Lane Center.

Peak Vista Community Health Centers, with 25 outpatient centers spread across 15 service locations, is the health care home for one in 10 residents of the Pikes Peak and East Central Plains regions. In the Pikes Peak region, clinics are located as far west as Cripple Creek, Victor, and Divide and as far east as Peyton. Peak Vista employs 600 staff. One hundred of these are doctors, dentists, and mid-level providers, who provide medical, dental, and behavioral healthcare for 1,150 patients every day.

However, Peak Vista does find it difficult to recruit doctors and staff for outlying clinics. To help address this problem, Peak Vista has announced two new programs to help expand access to health care in the Pikes Peak region. The first is a three-year program to

help new doctors learn medicine by caring for patients in a clinical setting. For years Colorado Springs has ranked as one of the largest cities in the U.S. without a program offering on-the-job training to medical school graduates. The second program is a year-long fellowship that will introduce recently graduated Advance Practice Registered Nurses to a collaborative model of primary care and vulnerable population care.

In recent years, Peak Vista also opened two senior centers in Colorado Springs to meet the increasing needs of the growing senior population. However, both have been converted to family centers. Peak Vista found there was a lack of family physicians who were willing to take only seniors and that it was difficult to find other providers with either the interest or the necessary competency. Although 86 percent of Peak Vista patients are at or below 200 percent of the federal poverty level (\$22,980 for a single person), only six percent of its patients are 55 or older. However, Peak Vista has increased its senior patients by 90 percent since 2000 and is accepting new patients with no waiting list.

Senior health care will provide opportunities for more collaboration as changes in Medicare are implemented, including an emphasis on wellness models. The changes in Medicare, along with the growing number of primary healthcare providers nearing retirement age, also mean more challenges for seniors to find providers who will accept Medicare. Colorado Springs has unique opportunities with the change in Memorial Hospital ownership and collaborations already underway between providers to create a more robust, integrated model for care of seniors.

Personal Services: There is a growing need for assistance with everyday activities. Nine percent of those over 65 need some help with activities such as medication administration, bathing, dressing, eating, laundry, recreational activities, and arrangements for transportation. Fifty percent of those over 85 require these services.

PACE (Program of All-Inclusive Care for the Elderly) is a program of Rocky Mountain Health Care. Under the supervision of a Home Care Services Coordinator, seniors in Colorado Springs receive medical and support services to help them live as independently as possible.

The Park County Senior Coalition is a nonprofit that works to provide basic services and address the social isolation of seniors and their caregivers in rural Park County. Its mission is to help seniors maintain the highest quality of life by remaining in their homes as long as possible. The coalition provides transportation, homemaking vouchers, handyman services, meal delivery, respite vouchers, information, and referral services at no cost to seniors 60 and over. Functional assessments for Medicaid are done by Rocky Mountain Options for Long Term Care, which is based in Colorado Springs.

According to the Bureau of Labor Statistics, health care and social assistance is expected to add the largest number of jobs between 2012 and 2022, almost five million, and to become the largest industry group, overtaking state and local government. The Colorado Department of Labor and Employment reports that by 2017 Colorado will need to add 7,530 health care practitioners and technical workers, 3,679 healthcare support workers, and 6,751 personal care and service workers. Those projected new jobs are 11 percent of projected employment gains.

VI. LESSONS LEARNED FROM OTHER COMMUNITIES

Over the course of updating this report, representatives from the Innovations in Aging Collaborative traveled to several North American communities that have developed innovative programs to become age-friendly places to live, work, and retire. This section contains some of the best ideas gleaned from the trip, organized primarily according to the eight WHO categories.

1. Outdoor Spaces and Buildings

According to architects at the University of Kansas (KU), seniors need neighborhoods where they can walk to the store, to social activities, and to public transportation. But living downtown is often too expensive, and shuttles are far from ideal. The New City Initiative at KU is an academic exercise that brought together students and experts in gerontology, demographics, sociology, psychology, health care, environmental studies, law, architecture, design, transport, and engineering to design a community that will meet the retirement needs of the Baby Boom and attract residents of all ages.

8-80 Cities is a nonprofit organization based in Toronto, Canada, dedicated to contributing to the transformation of cities into places where people can walk, bike, access public transit, and visit vibrant parks and public places. The approach is to engage people and communities across multiple sectors to inspire the creation of cities that are easily accessible, safe, and enjoyable for all. The 8-80 rule states, “Think of an older adult. Think of a child. Would you send them out together for a walk to the park? If you would, it is safe enough. If you wouldn’t, it needs to be improved.”

2. Transportation

Some cities have made progress in providing transportation services for seniors. The Ride Connection (TRC) in Portland, Oregon, is a 25-year-old nonprofit that provided 435,000 rides in 2014. Although its services are mainly used by older adults, TRC’s philosophy is that what is good for seniors is good for everyone.

TRC provides services to encourage and assist people to use public transportation. The Last Mile provides connections to support people using public transportation when the bus doesn’t go all the way. A Riders Club offers fun outings using public transportation led by an experienced, enthusiastic rider in an effort to make people more likely to use public transportation for other things. RideWise Travel training offers 20 to 40 minutes of phone counseling to help someone figure out how to use public transportation.

Other TRC programs use both private vehicles and accessible vehicles. Drivers are vetted and trained and provided an operational manual. A shared vehicle program utilizes partner organizations’ vehicles that aren’t used all the time. Customers are not charged for services, although a sign on buses suggests making a donation. Two pilot programs are underway to promote ride sharing and carpooling at the state level.

The Ride Together program operates Monday through Friday, 8:30 to 4:30. Rides must be requested four days in advance and are schedule two days in advance. Even with 600 drivers, two-thirds of whom are volunteers, Ride Together is unable to meet every request. Young mothers with children who accompany them enjoy the opportunity to

volunteer, and seniors love the interaction with little ones. Drivers are reimbursed 40 cents per miles, up to \$50 per month, but half of their drivers provide more service.

In Orlando, Florida, iTNOrlando provides “dignified transportation for seniors.” Based on a program that has been operated successfully for over 21 years in Portland, Maine, it provides door-through-door, arm-through-arm transportation services to seniors and adults with visual impairments. The program operates 24 hours a day, seven days a week, 365 days a year. Rides must be scheduled one day in advance by 4 p.m. Last year iTNOrlando provided 55,000 rides.

The program strives for a 50/50 balance between volunteer and paid drivers. Paid drivers receive minimum wage plus 45 cents per occupied mile. Volunteer drivers get free services such as oil changes and tire rotations. There are 87 volunteer drivers, 30 of whom drive regularly. One volunteer drives from 8:00 to 5:00, five days a week.

The cost is \$4 per pick-up and \$1.50 per mile, plus a donation of \$60 a year for an individual or \$75 a year for a couple. Although this looks expensive at first glance, iTNOrlando points out that the cost of maintaining and operating a car totals about \$4,580 annually. For \$3,000 one can have 26 rides per month with none of the responsibilities or unexpected expenses of car ownership. Users open a transportation account, so no cash is exchanged during a trip. An individual may donate a personal vehicle for ride credits for himself or another member.

Other innovative programs use service club members as volunteer drivers. A Deals and Wheels program in Orlando has realtors provide free rides to seniors.

Denver and Portland are looking at developing a transportation program for seniors based on the Uber model. People are already using Uber to provide connection to public transportation. In Denver, for example, 23 percent of Uber trips in February 2015 began or ended within a quarter mile of an RTD light-rail station.

3. Housing

The ideal community of the future, according to KU architect Dennis Domer, will include intergenerational housing that integrates people of all ages, conditions, races, and socioeconomic circumstance. It will have landscapes that encourage people of different ages to come together through intentional programming. Homes will be designed for aging in place. Skilled nursing and memory care will be integrated into the community through decentralization, providing housing that is typical of the housing for other people and that does not stigmatize residents.

Being able to care for one’s home can be a major barrier for some older people. Services can be costly, and it can be difficult to find and organize service people to undertake the repairs, even if they are affordable. Some seniors raise concerns about strangers coming into their homes to do maintenance work. Various types of vetted vendor programs developed for some of the following virtual villages can alleviate this problem. Programs that provide financial assistance for home modification, as well as the volunteer assistance that characterizes virtual villages, help keep people out of assisted living.

Virtual Villages: Virtual villages are nonprofit organizations devoted to linking older residents to neighborhood social and cultural activities and health-related and reliable home-maintenance services, all with the intention of encouraging and assisting older

residents to remain in their homes. Neighborhood volunteers of all ages provide a large proportion of the services and activities. Villages typically hire an administrator, are overseen by a board comprised of local residents, and operate from donations and membership dues.

The village model originated in the Beacon Hill neighborhood of Boston, Massachusetts, in 2002. It arose out of the desire of community members to be able to remain in their own homes as they aged, which necessitated being able to access services that addressed their changing lifestyles.

By 2015 there were over 140 open villages and 125 developing villages across the country that were members of the Village to Village Network (VtVN). Members in Colorado include A Little Help in Denver, which has been in existence since 2011, Columbine Community Village in Littleton, and Aging in Place Roxborough, which is under development in Littleton.

VtVN is a partnership of Beacon Hill Village and Capitol Impact Partners that was created to provide technical assistance to communities that are planning a village approach. It enables communities to effectively manage aging and offers a Village 101 Toolkit to help establish new villages. Villages are run by volunteers and paid staff who coordinate access to affordable services. These may include walking a dog, doing yard work, picking up prescriptions, taking members shopping or to the airport, stacking wood, and shoveling snow.

The average annual membership dues are \$450, with subsidies for people who cannot afford the membership costs. However, dues account for only half of funding, according to Judy Willet, national director of the Village to Village Network. The rest comes from foundations and donations. Already 15 villages have closed because of finances.

One advantage of the virtual village is that it can be adapted to different environments. Monadnock at Home, in rural New Hampshire, services eight small communities that lack services that might be found in a large city. However, the village model has not had much success in low income or minority communities. One suggestion is to develop villages in partnership with Black churches.

A Little Help began in 2005 after a group of Denver neighbors learned about the senior village model from an AARP article on Beacon Hill Village. Believing that this was the kind of approach folks wanted as they aged in their homes and communities, the founding group shared the model with their neighbors, held community meetings, and assessed interest in starting a similar organization. They received a positive response from the community, raised funds, formed a board of directors, registered with the state of Colorado, and were granted nonprofit status as Washington Park Cares in 2007. The organization grew as a grassroots nonprofit through 2010.

In 2011, Washington Park Cares became A Little Help (ALH) and hired the organization's first full-time, professional executive director. A Little Help has grown sixfold from 50 members and 100 volunteers and currently employs 2.5 full-time staff, with plans to hire a volunteer coordinator. It is one of the few intergenerational villages in the country-

Looking to the future, ALH is implementing a community-based *promotores* model. *Promotores* are lay community members who receive specialized training to provide basic health education in a community. They serve as liaisons between the community and health professionals, human service organizations, and social service organizations. They also often play the roles of advocate, educator, mentor, outreach worker, role model, and interpreter.

ALH is developing strategic partnerships with health care organizations, corporations, foundations, and naturally-occurring retirement communities (NORCs) to deepen volunteer services and community impact. ALH works with the Denver Office on Aging, University of Colorado Anschutz Medical Campus, and the Ministerial Alliance to identify and address gaps in care.

Dues of \$225 for an individual member receiving services and \$250 for a household only pay about 5 percent of the costs of running ALH. The remaining funding comes from grants, private donors, donations from members, and in-kind contributions of time and talent given by volunteers.

ALH is using the hub and spoke model to launch grassroots sites in surrounding communities. In 2015, its growth goals include A Little Help villages in Lakewood and Colorado Springs. It is also developing its transportation service program to address the complex needs of mobility for older adults. The goal is to build community, celebrate elders, and fill the service gaps that other agencies are not providing.

Virtual villages offer an important option for a large group of retirees. The following themes and tips emerged from our visits to villages in Washington D.C., Denver, Orlando, and Portland.

- Begin with a committed group of volunteers and a leader who can make others believe a village is going to happen. Remember, fabulous ideas don't work if the stakeholders don't like them.
- Start small. We heard this repeatedly.
- Don't duplicate services already provided by local government and private groups. This was another frequent theme.
- Hire professional staff to coordinate volunteers and services. The transition from being primarily volunteer-run to more professional can be difficult.
- Provide training for your volunteers. A handbook helps. And do background checks. Member safety is important.
- Beware of founder's syndrome. As founders age, they tend to be away for long periods and to cut back on the time they volunteer, but they still want to retain control. Creating emeritus positions on the board for founders is not a good idea.
- Villages appeal primarily to the middle class. The poor get government funding, and the rich don't need it.

- Communities of faith are natural places to create villages. One village in the D.C. area, for example, is comprised of Orthodox Russian Christians from Kerala, India.
- Diversity is a challenge. In many cultures, family takes care of the aging, and many groups that work with minorities don't have aging as a priority.
- Villages will fail if they don't have a good, experienced community organizer, local leadership, and an over-reliance on nonprofit support. There must be someone to tell the volunteers what to do.
- Involve high school students in service learning projects with older people in the village. Service learning is a requirement of the International Baccalaureate program. Students can collect oral histories, for example.
- Transportation is the most requested service. Many groups, such as churches, have vans that are not used all the time. These could be used to provide transportation for village members.
- Attempting to allocate services through time banks takes too much staff time.
- Develop a vetted vendor program including discounts for village members.
- Consider collecting and loaning medical equipment.

One village director believes that the VtVN model of services provided primarily by volunteers is not sustainable. It works today when there is a large number of young elderly and a much smaller group of frail elderly with relatively low expectations. But that will change dramatically as the Baby Boom ages and is followed by the much smaller Generation X. He argues that fee for services is the direction we must move.

Other village models are described in Appendix B.

Other Independent Living Models: The Villages (part of the Orlando Combined Statistical Area), in Sumter County, Florida, is an active retirement community that was conceived over 50 years ago. Sumter County is the oldest (in terms of average age) metro area in the country. Its over-65 population is 46.7 percent, followed by Punta Gorda, Florida, with 35.3 percent. The median age in Sumter County is 62.7 years, 20 years older than that of the state as a whole. In 2013 it was the fastest growing metro area in the U.S., up 5.4 percent.

Accessory Dwelling Units are small units—under 800 square feet—that are built in conjunction with a main home. An accessory dwelling unit is a simple and old idea: having a small second dwelling attached to or on the same grounds as a regular single-family house. These may take the form of an apartment over the garage, a tiny house on a foundation in the backyard, or a basement apartment.

Accessory dwelling units cannot be bought or sold separately from a main home. The Institute for the Ages in Portland suggests that this age-friendly solution to senior housing should be encouraged by waiving building fees.

Congregate Care: Virtual villages work for some seniors, but others prefer to move to some type of congregate care when they are ready to leave their single-family home. Although most Americans report that they prefer to live in their own homes until they

die, the realities of social isolation and need to reduce work and add services can make senior housing a more viable option than anticipated. Individuals choose congregate housing for many reasons: to reduce the demands of housing and yard maintenance, to enhance socialization opportunities, and to have ready access to services as needed. A major challenge is helping people identify their readiness to move, prepare for the move, and transition into a new social culture effectively.

A second significant challenge is the affordability of housing for seniors. Low income housing programs always maintain a waitlist because older adults living on basic Social Security benefits cannot afford market rates. In Colorado Springs, 20 percent of the 2,468 vouchers for housing subsidies go to seniors, less than 500 a year. [See Appendix D for a list of Colorado Springs Housing Authority senior housing in Colorado Springs.]

The vast majority of senior housing campuses operate as rental facilities that seniors can access if they have substantial retirement savings, often including the proceeds from the sale of their existing home. Although each level of the continuum of senior housing is not always found in a single place, some campuses contain multiple levels of housing, including independent homes, senior apartments, assisted living, memory care, and, sometimes, skilled nursing facilities.

Campuses that are organized around a purchase option are accessible primarily by individuals with resources to purchase entry into a Continuing Care Retirement Community after which a monthly fee supports the services used. Often the fee increases as the level of supportive services grows, although some of the CCRCs we visited took pride in maintaining the buy-in fee level throughout a resident's lifetime.

The *Green House Project* is comprised of 167 homes in 27 states and houses 1,735 people, with more homes being added all the time. These homes serve as alternatives to nursing home care. Seniors live in cottages with private rooms and private baths. They participate, when able, in food preparation and eat in a communal setting that is more like a home dining room than a cafeteria. Residents are free to choose when to eat. The Robert Wood Johnson Foundation has provided grants for these projects. The program reports that seniors in this setting often begin once again to feed themselves, carry on conversations, gain weight, and sometime resume walking. Colorado's first Green House opened in Loveland in October 2014.

Terwilliger Place in Portland, Oregon, is one of only three resident-led CCRCs in the U.S. The other two are in Philadelphia. This is a buy-in model for relatively affluent people 62 and older that provides "enhanced assisted living." In-home care services are provided in independent living, before a resident moves to assisted living. There are about 200 staff for 325 residents, including registered nurses available 24/7, who can provide 98 percent of the services a nursing home would provide. Management estimates that one-third of seniors can afford a CCRC. Residents must undergo a financial assessment before they move in, but no resident is ever asked to move out for financial reasons.

Terwilliger Place considers itself to be an intellectual community. It was begun for teachers and now consists primarily of retired professionals, judges, and professors. Residents teach classes, and staff do not attend unless invited.

The board, which is comprised of a majority of residents, makes decision about what services will be provided by staff and what will be provided by the residents, such as fresh flowers. The Finance Committee, which is composed of four residents plus the CEO and CFO, makes all investment decisions. There is a Resident Council made up of 44 representatives, one from each floor. This group selects and plans activities, meeting monthly with the meetings broadcast on in-house TV. Problems among residents go first to floor reps and, if they cannot settle it, to the Resident Council.

Baby Boomers are starting to move in to Terwilliger Place, and there are now two generations living there. The proportion of residents under 69 has risen from 2 percent to 10 percent. Each resident must be at least 62. If a younger resident, even a spouse for instance, were permitted, then Terwilliger Place would be required to accept anyone over 18 who qualified.

Legal reasons would probably prevent setting up a self-governing community today.

Campus Village: *Campus Village* at the University of Kansas will be an intergenerational community providing affordable housing with progressive architecture and barrier-free design. Baby Boomers are used to using technology and plan to continue to do so. It will be a sustainable community, a learning community, and a source of opportunities to serve and to mentor youth.

The campus village will range from 20 to 60 acres. There will be housing for the middle-income resident who can afford housing from \$150,000 to \$300,000, as well as lower-income residents who need rent-controlled affordable housing. Residents will have walkable access to core commercial and clinical services. The village will connect to nature walks on contiguous land and to public parks, gardens walkways, and bicycle paths. Telecare (security and safety) and Telehealth (early illness detection systems, fall prediction, and detection systems) will be available through wireless technology. Special facilities that attract families with children, such as a community swimming pool, are important.

Co-Housing: We found only a few examples of true co-housing of young adults and seniors. Instead, the more common model was to make activities in which young adults participated easily accessible to the elderly.

Judson Manor, an independent living retirement community in Cleveland, Ohio, is allowing three students from the nearby Cleveland Institute of Music to live at the home rent-free in exchange for monthly performances. One student said it was “more like family than a job—the residents are all my grandparents.”

Six university students in Deventer, Netherlands, live rent-free in a retirement home in exchange for 30 hours a month of activities such as playing games, shopping, or simply hanging out with the 160 residents—tasks the professional staff doesn’t always have time to do.

Oak Hammock at the University of Florida (UF) is a continuing-care retirement center developed in partnership with several colleges at the university. It was originally created by the university president as a high-end place for faculty to retire. The 382 residents range in age from mid-60s to mid-90s. Many are retirees from the university or the university hospital. There is a waiting list of 140 in 2015.

The College of Medicine provides the services of a medical director who also serves as the primary attending physician for some residents of the skilled nursing facility. UF physicians hold regular clinic hours. The College of Dentistry provides a licensed dental hygienist, and a dental faculty member schedules visits to Oak Hammock.

There is a fully equipped 22,000 square-foot fitness center offering a wellness program managed by the College of Human Fitness and Performance. Students serve as lifeguards and personal trainers for the residents and administer annual fitness tests.

Graduate students from the College of Pharmacy are on-site once a week to answer questions about medications, general health, and Medicare concerns. The College of Veterinary Medicine provides a monthly on-site clinic, and students provide dog washes and sitter services. Fine arts students perform for residents. And residents may volunteer for approved research projects at the university.

All residents have access to university athletics, courses (for credit or noncredit), and other activities. The Institute for Learning in Retirement offers courses organized and taught by volunteers from the University, other nearby colleges, and local residents. One resident told us, “Choosing your retirement home is your second most important life decision after choosing your spouse. The University of Florida relationship is what separates us from other retirement communities in Gainesville.”

The 136-acre property is adjacent to the university, with a wildlife reserve, and walking trails. Residents also have gardens and bee hives.

Special Interests: Another type of congregate care housing is organized around particular interests or needs. In Pomona, California, *Pilgrim Place* was established in 1915 as a home for missionaries on furlough. It now serves as a residence for 320 retirees who have served as leaders in religions or charitable nonprofit organizations. It is an intentional community that offers one- to three-bedroom homes and apartments, assisted living, and skilled nursing. People must move in between their 62nd and 78th birthdays and must have spent at least 15 years in full-time employment in an eligible organization.

The *Burbank Senior Artists Colony* in North Hollywood, California is dedicated to providing arts, wellness, and lifelong earnings programs for seniors. It has 141 apartments, and it houses a professional theater group. Membership is open to professional artists and actors, those who always wanted to act or paint, and longtime patrons of the arts. Classes and workshops are taught by college-level professionals. There are two other similar colonies in California, with others planned in Minneapolis/St. Paul, Portland, Oregon, San Francisco, and St. Louis.

Multnomah County, Oregon, offers a guide to *LGBT Friendly Senior Housing* in Oregon, based on an LGBT Equality Survey. The county offers a movie, *Gen Silent*, around which training has been built to understand aging in the LGBT community. They also offer information on Adult Care Homes whose operators have attended a series of trainings about the culture, needs, and concerns of LGBT adults and who attend annual trainings to build on their competency. Portland has the second highest concentration of lesbian, gay, bisexual, and transgender people in the nation, 5.4 percent. Boulder, Colorado, offers a similar guide for LGBT elders.

4. Social Participation

Elders in Action is an interesting 21-year-old nonprofit based in Portland, Oregon. The group works to help clients ages 23-90+ to live independently by connecting them with someone who can help. Elders in Action utilizes 150 volunteers whose average age is 62 to serve as personal advocates, provide options counseling, follow up police investigations of elder crime, and help businesses become more age-friendly. The group has developed a list of best practices that includes aisles wide enough for wheelchairs, accessible restrooms, and places to sit while waiting for transportation.

Personal advocates volunteer and go through an extensive training program that includes one day of initial training and two hours of monthly training. The monthly training includes an hour to share problems and experiences followed by a speaker on such issues as fraud, affordable housing, Indian gaming problems, and identity theft. All advocates are background checked.

Elders in Action points out that people are migrating out of city centers to find lower rents. When seniors do so, they leave their church and other activities behind, which means they often become isolated. As a solution, Elders in Action recently hosted a senior speed dating program that watched the movie “The Age of Love,” which comes with a kit of instructions. Twenty-eight women and eight men participated.

A few schools are attempting to engage their students with elders. The *Volunteers Organized in Community Engagement (VOICE)* in Winter Park, Florida, was developed to harness the energy and experience of older adult volunteers to reduce the incidence of childhood obesity, which has more than tripled in children ages 6-11. Volunteers, who participate in the OASIS Catch Healthy Habits program, go to K-5 afterschool programs to help kids learn about health choices through hands-on activities. Volunteers and kids prepare and share healthy snacks, and the volunteers lead the kids through a variety of fun games to boost physical activity. With 55 adults and 350 children, a nine-month program costs \$76.53 per participant.

“Lifelong Learning Opportunities in Winter Park & Surrounding Areas—a Resource Directory,” a brochure underwritten by a charitable foundation, lists 109 learning opportunities. These opportunities include the two year old *Center for Lifelong Learning at Rollins College*, which enrolled 1,100 students its first year (they had expected 100). The seniors program, for “anyone as young as 50,” offers 75-90 classes on topics that range from art, history, and religion to cooking and mah-jongg. Most students are well educated and want academically challenging classes. The students love field trips and this year enjoyed their first study abroad trip to Italy.

Most class instructors are Rollins professors. Classes meet for 90 minutes once a week for four weeks. The short commitment period is popular with seniors, who want to travel and visit family. Most classes are offered in a dedicated classroom on the Rollins campus; a few are taught off campus, in a retirement center, for example. Most senior students live nearby and want the Rollins campus experience. An advisory council that includes students, instructors, and a foundation representative reviews class requests and decides what will be taught. They avoid financial advisory classes and instructors with no credentials in the field they want to teach. One class included students from the college.

The model was extremely popular, and the center hopes to have more like it. There are no exams and usually no textbook. Class size ranges from five to 35 students.

The initial program was funded by a grant from the Winter Park Health Foundation, but the program expects to be self-sustaining by 2016, three years after it was founded. The program tried a membership model—\$200 for up to six classes—but found it to be a tracking nightmare, so students now pay \$60 per class. Almost no money is spent on marketing. Word of mouth, e-mails, and a booth at a 50+ Expo provide a steady stream of students.

The *University of Central Florida* takes a different approach. Its Learning Institute for Elders has nearly 400 members who pay \$100 a year with another 100 on their wait-list. Classes meet weekly in a large ballroom. Members are offered many of the same perks that regular students have, including student ID cards, use of the library and computer labs, parking, discount tickets to on-campus shows and events, and student admittance to sporting events.

At Furman University in Greenville, South Carolina, the Osher Lifelong Learning Institute shares space with the continuing education center. The program has its own building with classrooms and computer labs. Students raised \$6 million of the \$10 million cost.

5. Respect and Social Inclusion

Staff at the AARP Foundation, which focuses on hunger, housing, income, and isolation, pointed out that there are two types of isolation. Subjective isolation or loneliness is linked to poor health outcomes. Objective isolation is linked to such things as:

- How often do you get out?
- How many friends do you have?
- Do you do any volunteer work?

The Foundation is working to develop a screening tool to measure objective isolation. Once the tool is available, the AARP Foundation may provide grants for groups that want to use it.

The foundation is working on two initiatives related to isolation: the Campaign to Increase Social Connection and Mentor Up. One proposal is to develop a virtual senior center that will allow homebound seniors to connect with a physical center.

The *Senior Resource Alliance* in central Florida is developing a curriculum around abuse and neglect training. It will be marketed to managed care providers.

6. Civic Participation and Employment

Several communities we visited have used a survey of strengths and weaknesses as the starting point for developing an age-friendly plan of action.

Survey of Needs: Multnomah County, Oregon, which includes Portland, has a Citizen Involvement Committee. The committee hosted forums on the status of county age-friendly services and their hopes for the future. Discussion groups that followed examined:

- how to make county services more age-friendly

- how the county can plan to meet future needs of the aging population
- what services, research, and funding should be prioritized.

Housing, transportation, and meaningful engagement emerged as the overriding themes.

In 2008 Multnomah County engaged Portland State University's Institute on Aging (PSUIA) to conduct a needs assessment of the target population served by the Multnomah County Aging and Disability Services to assist in planning for the future.

Key findings included a series of concerns:

- difficulty of finding affordable housing
- need for repairs and modifications to enable seniors to remain in their homes as they age
- need for evacuation assistance during an emergency or natural disaster
- need for information on types of support services available
- need for the proper kinds of food
- worry about financial stability in retirement.

There were also a number of positive findings:

- Most older adults had family or friends who provided personal care and transportation services.
- Most (64 percent) rated their physical health as excellent or good.
- Most had regular medical screenings and vaccinations and were aware of costs covered by Medicare.
- Most felt down or depressed only occasionally and believed this was normal.
- Almost all reported being physically active.
- Most volunteered or planned to volunteer.
- More than half (52 percent) used the Internet as a source of information.

The Portland Plan was released in April 2012. Its purpose was to guide the city to build strong partnerships, align resources, and be more resilient, innovative, and accountable. The PSUIA was distressed to discover that, despite the fact that Portland was one of only two U.S. cities accepted as pioneer members of the WHO Global Network of Age-friendly Cities, the needs of the elderly were almost completely ignored in the plan. PSUIA negotiated a two page insert titled "Portland is a Place for All Generations" that defined 10 actions to make Portland a more physically accessible and age-friendly city.

Strategic Planning: Portland is now in the process of developing a 2035 comprehensive plan. Goals include the following:

- every resident within a 20-minute walk of a commercial hub
- a call center, along with people at senior centers, to answer questions for those who don't want to use the Internet
- prioritizing spending according to need rather than spreading funding equally.

The Community Partnership for Older Adults, a Robert Wood Johnson Foundation program authorized to make up to \$25 million available to approximately 35 grantee community partnerships from 2002 to 2010, was designed to mobilize communities to work on long-term care issues and to bring about improvement in the service system. In the longer term, the hope is these initial activities will lead to changes in how people actually experience the process of accessing and receiving services and create

improvements in the actual structure, scope, and quality of the long-term care delivery system.

Utilizing a \$750,000 grant from the foundation, Washtenaw County (Ann Arbor, Michigan), developed a Blueprint for Aging, a collaboration of seniors, nonprofits, businesses, and government agencies working to improve services and quality of life for older adults in the county. The report includes a four-year strategic plan emphasizing long-term systems change to address these needs as the over-60 population in Washtenaw County is expected to triple by 2030. Active projects include the Older Adult Data Bank, the Elder Justice Coalition, Caregiver Support Services, and the Senior Crisis Intervention Program.

7. Community and Information

The *National Council on Aging* has an online tool at BenefitsCheckUp.org that helps seniors sort through more than 2,000 state, federal, and private programs. They have helped more than 4.1 million people find over \$15.1 billion worth of benefits.

The *Multnomah County* (Portland, Oregon) live 24-hour telephone information service is a good example of an easy-to-access service that is widely known throughout the community. The attention of a real person who is helpful, clear, and unhurried is highly valued by older adults.

One Senior Place in the Orlando, Florida, area leases space to more than 70 senior-focused businesses. It is a for-profit one-stop information and retail center for the elderly. Tenants include health and long-term care insurance providers, financial advisers, senior housing providers, doctors, guardians for the elderly, lawyers, medical supply companies, hospice care providers, and more. The center also provides free seminars and hosts college courses, club meetings, political candidate forums, and exercise classes. One Senior Place has 14,442 square feet in Altamonte Springs and 13,000 square feet in Brevard County with 12 employees and \$1.2 million in annual revenues.

8. Community Support and Health Services

House Calls: According to a study published in the *Journal of the American Geriatrics Society*, total Medicare costs were 17 percent lower for house call patients over a two-year period of patient follow-up, although death rates were similar. Medicare paid for 2.8 million house calls in 2012, up from about 1.5 million a decade earlier. A model house call program at MedStar Washington Hospital Center is improving care for some of Medicare's most frail and expensive patients.

The Rocky Mountain's Program of All-Inclusive Care for the Elderly (PACE) delivers the entire continuum of medical and supportive services, including home health care, to seniors living in El Paso County with chronic care needs, while promoting and maintaining their independence in their homes for as long as possible.

Aging Veterans: Recognizing the seriousness of the problems faced by aging veterans, the University of West Florida's Center for Applied Psychology and the Center on Aging, in sponsorship with the Pensacola Naval Hospital Deployment Health and Wellness Center, hosted a workshop on aging veterans. The featured presenter was a clinical psychologist with the National Center for PTSD. The workshop focused on identifying

and treating aging veterans who experience late onset stress symptoms based on early trauma and on the challenges faced during the aging process.

Physical Activity: The Central Florida YMCA in Winter Park has programs for both seniors and their caregivers, which include time for the caregivers to socialize. The physical therapy program of a local hospital is housed there, which makes it easy for patients to continue their fitness regime. The Central Florida YMCA hopes to develop the country's first medical fitness program certified through the Medical Fitness Association, which would allow physicians to refer patients to them. Evidence-based programs include Enhanced Fitness for arthritis sufferers, Pedaling for Parkinson's, and Moving for Better Balance. Wellness coaches help seniors with guided exercise programs. Over 50 percent of this YMCA's members are 65 or older. Thirty members are over 90, and two are over 100.

Brain Fitness: The Brain Fitness Club has met two days a week for four hours at a local Methodist church in the Orlando, Florida area since 2007. The club is for those diagnosed with memory loss, not for the worried well. It provides a safe place for people with memory loss to go, a place where they are not embarrassed when they forget. The purpose is to challenge participants, not embarrass them. There are no wrong answers.

The club was created by a nurse with two decades of experience in cognitive assessment and dementia-specific program development. The local College of Nursing works with participants on how to pack a brain healthy sack lunch to bring to club meetings.

The year-long curriculum is divided into three 14-week sessions limited to 16 people. Cost is \$1,000 per semester, with financial assistance provided for those who need it. Participants are welcome to repeat the program.

The focus is on cognitive stimulation and physical coordination. Having fun is important. Sessions include a 30-minute walk, as research has shown that those who walk 30 minutes three times a week experience less memory loss. Participants are encouraged to wear a pedometer, because research shows that doing so leads to more walking. Participants also spent 30 minutes with four graduate students and a professor from the University of Central Florida (UCF). Socialization is the best part of the program. As the leader said, "We are a family." At the end of each session, participants are asked for feedback through two simple questions such as:

- 1) Did you like today's session? Thumbs up or thumbs down.
- 2) Did it make you think?

One successful Brain Fitness program paired participants with college freshmen who asked elders to tell them what iconic photos were about. In another exercise, students from a university communications class interviewed elders about their life stories, then transcribed the interviews. The interviews were entered into a computer program, which generated a word cloud. The elders brought in family pictures that the students framed with the word cloud. The students presented the framed pictures to their elders and told them what they had learned from the experience.

UCF is enthusiastic about the Brain Fitness Club and wants to send more students than the program can use, either as interns or for a capstone class. The concept has been presented to the statewide Methodist church for adoption. A detailed how-to manual is

being developed, as well as webinars to coach new facilitators, two for each group of 16. Additional programs that are successful include ballroom dancing, a choir for people with Alzheimer's, and ping-pong for Alzheimer's sufferers.

A side benefit of the program is four hours of respite care for caregivers. During the final 30 minutes of each session, there is a room where caregivers can gather for a self-facilitated support group.

During the two weeks between semesters, group leaders evaluate participants. The program slows the process of memory loss, but it doesn't prevent it. When the decline comes, it tends to be very quick and steep. One of the most difficult things is to transition participants out of the class when the time comes.

Care for Caregivers: The financial savings to society that result from keeping an elder at home come at a cost to a caregiver's sense of well-being and quality of life. Many caregivers are themselves seniors who neglect their own health. Nearly 40 percent experience some medical issue either during or after having been a caregiver. Assessments of medical needs and resources need to include services for the caregivers themselves. Surveys show that they are often desperate for information.

Share the Care, Inc. (STC) is a nonprofit in central Florida that exists to provide services, education, training, and support to family caregivers, enabling them to maintain their family member at home and to delay or eliminate the need for institutional care. STC receives federal, state, and local government grants as well as national and local foundation support. It is an approved Medicaid provider.

STC provides a professional care manager to meet with the caregiver and the patient, to develop a comprehensive plan, and to work with the caregiver to put it in action. The nonprofit recommends community resources, support groups, and how-to training. Approximately 70 percent of caregivers suffer from symptoms of depression, so experienced staff provides in-home counseling service. The organization has five adult day care centers, neighborhood care centers located in church and community centers to provide short breaks for caregivers for shopping or errands, in-home respite care, crisis care, and overnight care in assisting living centers. A caregiver support group meets monthly with respite care for the patient available nearby.

STC is developing a Caregiver Services Network (CSN) in the Orlando area with six nonprofits that already offer services to the low-income community. Through CSN these providers will provide affordable products and services to the fee-paying audience.

Possible services include:

- adult day care
- in-home sitters and companions
- homemaker and shopping assistance
- personal care, such as bathing and grooming
- transportation
- environmental modification to provide accessibility
- durable medical equipment
- mental health counseling.

The CSN will address the reality that too much money needed for the truly needy goes to providing services for those who can afford to pay. More attention needs to be paid to differentiating between these two groups and charging for services where appropriate.

The *National Center for Creative Aging (NCCA) Creative Caregiving Guide* is a free, web-based resource specifically designed for the families and professional caregivers of adults with Alzheimer's disease and related cognitive disorders.

The *Pabst Foundation Creative Caregiving Initiative* focuses on the potential of the arts to impact wellness and to expand the realization that the arts can be used by caregivers in the home. The founder, who was a caregiver for a mother dying of cancer and a husband dying of leukemia, found that the arts helped her to substitute purpose for anger, hope for despair, and dignity and self-worth in place of depression. The Foundation's mission is to help caregivers who feel alone and frustrated to understand that they have a team of support waiting for them any time through the *Creative Caregiving Initiative*. One goal is to help the caregiver keep the patient at home. Often art provides a way to connect with a patient or loved one with memory loss. For patients, art can deflect anger, divert attention from pain, and create memory and legacy.

Arts and Aging: Interesting work is being done elsewhere to integrate the arts into programs for aging Americans and their caregivers. The arts provide a promising intervention to improve quality of life, increase individual health and well-being and build community connectivity for older adults. The NCCA is dedicated to fostering an understanding of the vital relationship between creative expression and healthy aging and to developing programs that build on this understanding. They have developed *Creativity Matters: The Arts and Aging Toolkit* as a resource.

The arts also can be used to help healthy older adults remain healthy. Hospitals can use the arts to help keep patients from being readmitted. Florida Hospital has entered into a partnership with the Dr. Phillips Center for the Performing Arts to change the way they care for the aging population, including people with dementia, Alzheimer's disease, and other age-related conditions.

The *Pikes Peak Threshold Singers* was formed by Pikes Peak Hospice for the sole purpose of singing at the bedsides of people on the threshold of life. They find that music creates strong connection and deep impact for those in the room.

The arts can provide perspective about when it is time to let go and accept death. A California group has elders role play end of life issues, which leads to meaningful discussions.

Elder Care: Companies that provide accommodations for parents often don't have similar accommodations for the special needs of workers taking care of elderly relatives. As one person we interviewed pointed out, elder care is the new day care.

Employee assistance programs need to be educated about the services available to workers through organizations such as Silver Key. The Family Caregiver Support Center, part of the PPACG AAA, provides families with professional guidance in preparing an individualized care plan and getting the support services they needed. The center also provides personal care and chore services, homemaker services, and respite care. There is no charge for any service provided directly by the center. Help is offered to any adult

over 18 who is caring for a person over 60 or any adult over 60 who is the primary caregiver of a related child under 18.

Private geriatric care managers, who are almost always private pay, can assist family members with hands-on involvement and longer-term care as needed. There are several in the Pikes Peak Region.

Custodial Grandparents: At the other end of the spectrum, difficult family circumstances may lead to custodial grandparent care. Of the 75 million children in the U.S., 5.5 million live in households headed by grandparents, a number that rose by almost a million between 2005 and 2013. An estimated 900,000 children are being raised solely by their grandparents. These grandparents struggle with modern schoolwork, modern morality, and sheer exhaustion.

These grandchildren have higher levels of emotional and behavioral problems. Often parents drop in for disruptive, fleeting visits. According to the 2013 QLI, custodial grandparents face a wide array of stressors, including strained relationships with birth parents, social stigma, financial pressure, and their own age-related health concerns. In El Paso and Teller counties, the number of grandparents raising grandchildren peaked in 2007 and then declined steadily until 2009, when the number nearly doubled. As the economic recovery got underway, the numbers resumed their decline, from over 6,000 grandparents responsible for grandchildren in 2007 to fewer than 4,000 in 2011.

Pemberton Park in Kansas City, Missouri, is a purpose-built apartment complex for grandparents raising grandchildren. All but three of its 36 households are headed by women. The publicly subsidized apartments are reserved for those over 55 or under 21. It is staffed by a part-time social worker, and there is a computer lab and a playground regularly patrolled to keep drug dealers away. About a dozen similar projects exist across the U.S.

VII. OPPORTUNITIES AND CHALLENGES FACING THE COMMUNITY

In testimony before the Special Committee on Aging in 2003, Assistant Secretary for Aging Josefina Carbonell emphasized the need to re-energize old programs and develop new ones. New technologies in recruitment, education and training, record keeping and patient care will be required. Although most elderly prefer to remain at home and in their communities, 75 percent of public long-term care funding goes to institutional care.

Public foundations are investing in reviewing the structures to support aging in place. In Colorado, the Rose Community Foundation is funding a long-term initiative to engage people over 55 in opportunities for ongoing work, community service, and lifelong learning. It is one of 30 community foundations across the U.S. comprising the Community Experience Partnership, a long-term initiative to tap the vast potential of what they describe as America's largest, best-educated, and healthiest generation to tackle a variety of pressing local issues.

Following extensive local assessment, Boomers Leading Change in Health was chosen by the Rose Foundation as *the* social issue to address at the local level. One opportunity that emerged was a chance for 23 individuals over 50 to work for 11 months in AmeriCorps as healthcare navigators, community health workers, or assistant volunteer coordinators. No healthcare experience was required, and a living allowance of \$12,100 was paid for full-time members.

The 2015 White House Conference on Aging plans to focus on the opportunities of aging, not the limitations. It is easy to forget that retirees are a basic industry. A basic industry is one that brings new dollars into a community, with a multiplier effect that creates new jobs not only in the industry itself (through health care, for instance) but in the businesses that serve the industry (janitorial services, for example) and the employees of both groups (real estate agents, grocery, retail, restaurant employees, and more). Economists refer to this as direct, indirect and induced employment.

Retirees bring into the community new dollars in the form of their pensions, their investment income, and their savings. The spending of these income streams is no different in its impact from that of a company that produces widgets for sale outside the region or a tourist attraction that entices spending from nonresidents.

The challenges facing the Pikes Peak region as the senior population triples (from 61,788 in 2010 to 172,394 in 2040 according to U.S. Census projections) are also opportunities. Jobs for health care workers, new technologies to assist the elderly, new ways to deliver health care and support for many more family caregivers, to name only a few, all provide employment and business opportunities for Pikes Peak region residents.

Jobs

The over-65 group spends less on goods and relies more on services. They spend more money on both health care and travel.

The rising demand for workers in the health and social services sector will provide many job opportunities in Pikes Peak region. In an economic environment where 9.4 percent of

Coloradans wanting to work are unemployed or underemployed (2014), this is an enormous opportunity.

Pikes Peak Community College offers courses in counseling, pharmacology, dentistry, emergency medical services (including geriatric emergencies), health professions (including home care assistant), holistic health, medical office technology, nursing (including home health aide), pharmacy technician, psychology (including psychology of death and dying), radiology, and social work. Private institutions are also training students in paraprofessional fields such as medical assistant, Certified Nursing Assistant, and phlebotomist.

The University of Colorado-Colorado Springs (UCCS) offers degree programs focused on aging: at the undergraduate level as a minor in gerontology, at the graduate level as a doctoral program in clinical geropsychology, and in a continuing education program that leads to the Professional Advancement Certificate in Gerontology. Within the Beth-El College of Nursing and Health Sciences, the Nurse Practitioner MSN program offers an adult aging track, and the Health Promotions program offers a senior fitness focus area. The Gerontology Center has faculty affiliates from almost every college on campus, representing many academic disciplines.

The U.S. Department of Health and Human Services, in testimony before Congress in 2003, estimated that the demand for direct care workers in long-term care settings will increase by over 200 percent (from 1.9 million workers to between 5.7 and 6.6 million) by 2050. The department recommended exploring new technologies in recruitment, education and training, record keeping, and patient care. It also recommended changing the health care model from one that treats the sick to one that successfully promotes better health by improving nutrition and increasing physical activity. Emphasis and money need to move from institutional care for the elderly to providing support for family caregivers, including respite care services. HHS estimated that paying for care provided by friends and relatives would cost more than the amount spent on formal home care and nursing home care combined. Therefore, supporting family caregivers is more cost-effective.

In the third quarter of 2014, there were 1,915 establishments in the Colorado Springs MSA in the Health Care and Social Assistance sector with 35,577 employees. This was 13.6 percent of wage and salary employment.

The Colorado Department of Labor and Employment (CDLE) does 10-year projections for various occupational groupings. Over the 10 years ending in 2023, health care and social assistance is expected to increase by 22.6 percent to 41,431 jobs, a gain of 10,179 jobs. Registered nurses, nursing assistants, and personal care aides are projected to have the most rapid growth (Table 26).

Table 26: El Paso/Teller County Employment Projections (2013-2023)

Industry	Annual % Change	Annual New Jobs
Health Care and Social Assistance	2.9%	1,179
Registered Nurses	2.6%	230
Nursing Assistants	2.4%	107
Personal Care Aides	3.7%	98

The three-county population of the Pikes Peak region is expected to increase by 17.1 percent over that time and the senior population to increase by 58.1 percent. This suggests that the bulk of the job increase needs to be in occupations that serve the senior community. In 2010 there was one health care/social assistance worker for 2.2 seniors. The projection is that there will be one for 1.9 seniors in 2023. [Note: Most of these workers do not serve the senior community only.] In 2015 there were 1,275 job openings in health care/social assistance. But low wages in the sector—\$21.75 an hour or \$45,240 a year—present a problem.

Because there is already a national and local shortage of gerontologists, mental health workers, and other medical professionals, the shortage will be even greater in 10 years unless a way is found to encourage more young people to go into occupations that serve seniors' needs for health care and social assistance. It is reasonable to expect that, as life expectancy increases, the need for these services will increase on a per capita basis as well as for the overall increased senior population.

Economic Development Opportunities

Entrepreneurs and existing companies are already aware of the opportunities at the intersection of business and aging. Leading-edge companies are rethinking aging and redesigning products, services, and environments to meet the changing needs and desires of seniors and to accommodate their degraded sensory capabilities. Opportunities exist for new and existing companies within fields such as:

- work space design (acoustics, lighting, furniture)
- retail space design
- living space design
- medical product design
- commercial product design
- financial products and services
- health care services
- travel services
- technology (for example, real-time, on-screen captioning for teleconferencing).

In Colorado Springs, AbleLink Technologies is adapting its collective experience in providing products to persons with intellectual disabilities for the elder population. Caring Transitions is a Colorado Springs company that specializes in helping older people move out of their homes into smaller quarters. Janska is an entrepreneurial startup that began by designing and marketing clothing for people with disabilities.

The UCCS Gerontology Center has over 30 years of research focused on identifying problems and solutions relating to aging challenges. Peak Age is an example of a Colorado Springs business that is driving UCCS intellectual property into commercial applications. RCS Pros, Inc. emerged from the collaboration of UCCS with the Palisades at Broadmoor Park to commercialize an electronic record system for assisted living facilities.

Several UCCS programs offer assistance to entrepreneurs in the Pikes Peak region with a history of working on aging-related products. Mind Studio is a lab that helps the community develop innovative ideas into commercially viable products. UCCS describes its Bachelor of Innovation as an “internationally unique interdisciplinary undergraduate

program” that engages student teams on projects in partnership with local businesses and organizations over several years to design and deliver innovative solutions. UCCS engineering faculty have multiple products for the market for older adults in advanced stages of development. This aligns with a strategic initiative for the college to focus on health engineering.

The business wisdom accumulated by a vibrant senior community is an economic development resource. SCORE is an all-volunteer, nonprofit group of active and retired business people. The Colorado Springs chapter of SCORE is comprised of more than 40 men and women who provide guidance and counseling to entrepreneurs in the Pikes Peak region. SCORE volunteers provide confidential business mentoring services, both in person and online. They lead seminars and workshops to help small business owners meet their goals and achieve success, providing subject matter expertise by industries and professional skills.

Front Range Executive Service Corps (FRESC) uses volunteers to provide high quality, affordable consulting services to help nonprofits, educational organizations, and governmental organizations achieve their missions more effectively and efficiently.

Services include:

- board development
- strategic planning and mission clarification
- organizational analysis and development
- financial management
- information management and technology evaluation
- marketing and public relations
- human resource management
- funding strategies
- coaching.

Volunteer consultants come from a variety of professional backgrounds. They are often seasoned professionals, educators, business executives, public sector managers, or nonprofit leaders.

Tourism

Colorado’s second largest industry, after manufacturing, in terms of bringing new dollars into the state is tourism. Active seniors enjoy travel. Road Scholar (formerly Elderhostel) has offered adventures in lifelong learning since 1975. The groups offers 5,500 educational tours in all 50 states and 150 countries.

Seniors often prefer to travel in the spring and fall, the shoulder seasons for tourism in Colorado when lodging, restaurants, and attractions are less crowded. Some seniors downsize drastically and choose several years of travel over a life of tending to possessions. Providing activities and programs for older tourists is a growing economic development opportunity for the Pikes Peak Region. As an already desirable retirement community, the Pikes Peak Region could focus on attracting these travelers to the area as well.

Amenities

The amenities that attract tourists and young professionals to an area frequently overlap with the wants and needs of retirees. A study by the Adams Group for the city of Estes Park found that a variety of restaurants and entertainment, along with golf and other recreational opportunities, benefit both tourists and retirees. While retirees often complained about the traffic and congestion brought by tourists, they enjoy the amenities that the city could not have supported without tourists and their traffic. By the same token, the city could not offer as many amenities to tourists without the additional dollars that flowed to them from the retired population.

As Colorado Springs looks at ways to attract young professionals to the city, as well as increase the important tourist industry, it also needs to work with groups that understand the interests and needs of retirees. All groups will benefit.

iHubs

iHubs or intergenerational hubs are an IIAC concept best described as places that:

- provide adequately for the safety, health, education, and basic necessities of life for people of all ages
- promise programs, policies, and practices that increase cooperation, interaction, and exchange between people of different generations
- enable all ages to share their talents and resources and support each other in relationships that benefit both individuals and their communities.

Examples of existing iHubs are libraries, YMCAs, and community centers. The virtual village is an iHub without walls. The iHub village works together to meet the emerging needs of a neighborhood-specific senior population through services such as volunteer services, collective purchasing agreements, referrals to local resources, a vetted vendor program, and volunteer-led work days and activities

Interest has been expressed in Colorado Springs in building virtual iHubs based around neighborhood associations. The need and opportunity to develop more of these communities, whether based on volunteer assistance or purchased concierge services, will grow as the senior population soars.

Faith Based Programs

Faith based organizations such as churches and synagogues are natural places to develop villages and other care programs. One international program that began over 30 years ago is Faith Community Nurses (formerly called Parish Nurses). The underlying premise is that health care does not occur only in hospitals. Churches and synagogues, for example, should include health ministries.

To be a Faith Community Nurse (FCN) one must be an RN and complete a foundations class. The nurse may be paid (sometimes by a local hospital) or volunteer. Ideally the nurse has an office at the church with a phone and locked files. Patient confidentiality is important. Members of the congregation serve in a Health Cabinet and may be volunteers on a wellness team. The FCN doesn't perform tasks a volunteer can do and doesn't make regular house calls. She will go to a home when a volunteer reports a problem, will assess, prioritize, and determine interventions, call a family meeting, or tell a patient when his or her current situation is becoming dangerous. Spirituality is an important part

of the program, and, where appropriate, the nurse will pray with the patient. Church members may visit the home occasionally to sing, preach, and pray.

The FCN will also lead educational programs at the church, bringing in volunteers as appropriate. Classes in nutrition, cooking, and writing advance directives are common. An exercise class might be offered.

In Colorado Springs there are approximately 30 Faith Community Nurse programs, some more active than others. Centura Health has an active program with FCNs in six sites who work with all ages, not just the elderly.

Time Banks

LinkAges is a cross-generational program developed by Dr. Paul Tang to get people of all ages helping and connecting with each other. The service is being tested in California. Members, who go through an orientation process, offer to volunteer their time and skills; they bank hours that they can later exchange for services they need. The program aims to reduce loneliness and harmful isolation by enabling human connections that help all parties. The service exchange provides an excuse to be a friend. Dr. Tang's prescription is "Take two friendships, and call me in the morning."

Most seniors have to rely on neighbors or social services when they need help. There are several reasons why. There is a high correlation between age and disabilities. Seniors rely more heavily than the population in general on public transportation, medical care, and specialized housing. Their mental health needs tend to be different from those of a younger population. And there were only 4.4 million multigenerational households in the United States in 2013.

Survey of Needs

Developing a comprehensive strategic plan for the community begins with assessing its strengths and weaknesses. However, scientifically constructed surveys administered by experienced firms can provide important data to providers and planners. Surveys conducted by inexperienced groups can be extremely misleading.

A number of surveys have been conducted in the Pikes Peak Region, and we have drawn from and cited them throughout this report. The PPACG AAA conducted surveys in 2004 and 2010 to examine the strengths and needs of older adults and to assess providers' perceptions of integrated care for seniors in the region. In 2006, Silver Key Senior Services conducted a survey to identify services not currently offered, to expand or improve existing services, to gauge client perceptions of services offered or received, and to establish the incidence of elder abuse and strengthen efforts to prevent it.

The most useful survey we used was the Community Assessment Survey for Older Adults (CASOA) conducted by the National Research Center in Boulder, Colorado, in 2011. Unfortunately, it has not been repeated. Data were provided on the state, the Pikes Peak region, El Paso, Park, and Teller counties, and the city of Colorado Springs.

Comprehensive Strategic Plan

In 2008, Jefferson County, Colorado, initiated the Strategic Plan for Aging Well in Jefferson County. Most recently, the county focused on distributing emergency preparedness kits to 100 physically or emotionally isolated seniors, creating and

distributing one-topic flyers that address needs for seniors, working with senior nutrition providers and agencies on senior hunger, and brainstorming ways to address the serious shortage of baby boomer's life savings.

In 2012 the Partnership of Douglas County Governments established a Senior Initiative to explore the implications of a growing senior population. It developed two strategic goals: to establish an effective two-way communication system with the senior community and to evaluate the awareness of current resources available to senior residents of Douglas County.

The PPACG AAA has recently completed a survey as part of its four-year planning process. It is developing a strategic plan to address a period of tremendous change and challenge that is being caused by the aging of the Baby Boom generation. The agency realizes that although younger Baby Boomers will not need services for 10 years or more, those between 75 and 84 will be the fastest growing cohort by percentage, followed by those 85+. This is occurring at a time when federal funding for the elderly has decreased dramatically.

A Strategic Plan for Aging in Colorado was before the Colorado legislature in April 2015. The bill passed as this report was being finalized and will create an independent strategic planning group to assess needs and recommend solutions to address the state's aging population.

Funding

Funding programs to benefit seniors is an ongoing challenge. It can be risky to rely on one or two big funders in the early stages of a project. Matching grant requirements and locally raised funds are generally more reliable. Often a local group will fund a \$5,000 or \$10,000 request. Big foundations have a relatively short attention span, and new leadership can mean a totally new focus. This happened at MetLife and several projects have come to an abrupt end as a result.

One innovative metro area featured in the IIAC 2011 report—Sarasota, Florida—highlighted its Institute for the Ages, which hosted the 7th International Positive Aging Conference in February 2014. However, the Institute, which relied on county, foundation, and individual grants supplemented by research contracts, lost the bulk of its funding a few months later and has scaled back to one paid employee.

Grantmakers in Aging pointed out the difference between foundation and government grants. The government model is fairness – develop a proposal and ask for the money. The foundation model is stewardship of someone else's money. First build a relationship with the foundation, then make the request. Read their website carefully to understand the language they use. As one grant maker told us, develop your elevator speech and test it on your mother. If she understands it and likes it, the foundation probably will.

The Senior Resource Alliance (SRA), part of the Area Agency on Aging of Central Florida, has as its goal to help older adults maintain dignity and independence in their homes and communities by providing coordinated and *cost effective* long-term care services. They look at their grants as a venture capital investment. A project is given three years to develop a revenue source that will make it self-sustainable. If, at the end of that period, the project is not self sustainable, it is out of business. The project should not

make a profit. About 10 percent of revenues can be used for staff and overhead; the rest should be used to provide services.

Information Availability

Silver Key and many others we interviewed pointed out that too many seniors lack information about services that are available or don't know that they are eligible to receive these services. Sixty-one percent of senior respondents to the CASOA survey reported at least minor problems with knowing what services are available to older adults in the Colorado Springs community. Forty-two percent reported problems with having adequate information for dealing with public programs such as Social Security, Medicare, and Medicaid.

Too many seniors interpret senior services as safety net services only available to lower income seniors. As a result, available services are sometimes underutilized. There is a need to expand information on the services available to all seniors, regardless of income level.

Housing

A variety of housing options will be needed for Baby Boomers as they age. One real estate attorney whom I interviewed pointed out that the Baby Boom has very different plans for retirement from earlier generations of seniors. They have no interest in retiring to age-restricted ghettos in the desert and little interest in any sort of retirement community. They want to stay put or retire to an urban center. Golf course usage is projected to fall by 40-70% as they pursue activities much different from current retirees. While this lack of interest in retirement communities may be partly attributable to age, other people we interviewed pointed out that young retirees are usually unwilling to plan for the time they can no longer live on their own. The topic bears need for further investigation.

Because people over age 65 typically release much more housing than they acquire, the aging Baby Boom will affect both price and supply in real estate markets. A large market for these homes is the approximate 65 million members of Generation X who may be buying them.

Some surveys show that most Baby Boomers say they want to age in place, while other surveys show that less than half do. It also isn't clear what "aging in place" means. The homes people need and prefer as they age change from multiple stories with large square footage and big lawns to homes with amenities such as single floors, wheelchair accessibility, and lower maintenance. An architect we interviewed who designs homes that include amenities needed by elders—whether residents, their family, or guests—told us there is little interest on the part of builders in these adaptations.

Condos and townhouses may be more desirable to the aging Baby Boom than the current stock of single-family homes. In Colorado Springs, 69.4 percent of housing is single-family, according to the 2009-2013 ACS. In Park County, 98 percent is single-family, and in Teller County 93.4 percent is single-family. Of owned units, only 8.8 percent were multifamily in El Paso County—only 1.1 percent and 1.6 percent in Park and Teller Counties, respectively.

New Senior Care Facilities

In addition to hospitals and clinics, seniors need access to a range of continuing care facilities. Independent living works well for the healthy, but facilities providing assistance with personal and health services are often needed at some point.

A study at Harvard University's Joint Center for Housing Studies identified the lack of existing housing stock to meet the escalating need for affordable, accessible, socially connected support and services. Disconnects between housing programs and the health care system put many older adults with disabilities or long-term care needs at risk of premature institutionalization.

Services for Caregivers

Services and support groups for caregivers are a growing need. More than 42 million caregivers in the United States provide free care for at least 20 hours per week to a loved one or friend. Caregiver support and service add up to approximately \$450 billion each year.

In 2009, the survey *Caregiving in the U.S.* was funded by MetLife Foundation. In collaboration with the National Alliance for Caregiving and AARP, interviews were conducted with 1,480 caregivers chosen at random. Key findings included:

- 29 percent of the adult population (63.7 million people) are caregivers.
- 66 percent of caregivers are female.
- Family caregivers provide an average of 20 hours of care per week.
- The average caregiver is 48 years old.
- Most caregivers care for a relative (86 percent), most often a parent (36 percent).
- Seven in 10 caregivers care for someone over age 50.
- Caregiving lasts an average of 4.6 years.

Many Baby Boomers find themselves taking care of older parents. Often they have children at home as well and have other jobs. Those that work arrive home late in the day when the patient is feeling down. Few resources exist to help caregivers deal with the frustration and anger they often feel. Eventually the caregiver may give up and put the patient in a nursing home.

Planning for the Future

Since 1840, life expectancy has increased by about three months with each passing year. An American newborn today can expect to live to 79. If the current trend continues, life expectancy will rise to 100 by the end of this century. The nuclear family is likely to become less important; life will be structured around friendship.

One challenge that arose consistently in our research and interviews was the difficulty in getting people to plan for this future. Most people don't want to deal with the issues of aging and nursing home care or even

A controversial article in *The Atlantic* titled "Why I Hope to Die at 75" argues that we live too long. The author, an oncologist, believes that old age robs people of their creativity and ability to contribute to work, society, and the world. He does not advocate euthanasia and physician assisted suicide. Rather he believes that by 75 we should stop getting regular preventative tests, screenings, or interventions. Curative treatment is out; only palliative care is permissible. Needless to say, the article created a storm of responses.

assisted care. The resistance to planning for this puts an enormous strain on spouses and family. It was sometimes described as the largest problem facing the elderly and as one that is likely to get worse.

The move to congregate care may be precipitated by an older adult's frailty (36 percent) or because of a spouse's frailty (7 percent). Some people describe the move as an opportunity for friendships and for optimizing life without the hassles of managing a home. Others struggle to adapt to the change. Although the transition is difficult to navigate, people often flourish after such a move. It is necessary to find ways to help people navigate this transition.

As we age, facing end of life issues becomes both important and difficult. One senior writes:

The issue of end of life is very dear to my heart. I am being treated for multiple myeloma. I was a social worker in long-term care facilities in the 1990s and now live in a CCRC and am seeing the problem from the resident's point of view. Little seems to have changed in 20 years. Administrators of these places are very nervous about "exposing" their population to such hard realities. Not wanting to confront end-of-life issues often comes from family members. Or from one family member who tells the others that they are killing their parent. These realities force us to take strong stands while we are still competent and some distance from having to face the final days or weeks or month. There isn't a right or wrong way to decide. But making our decision clear to all is our responsibility.

Another writes:

My husband is a retired pulmonary specialist who saw plenty of end-of-life cases. He would talk and talk to the family until he was sure they were ready and really wanting to let their loved one go. Then he would say, "Here is what I recommend" and be quite definitive that they should let the person go. That way they didn't have to struggle with guilt feelings; the doctor had made a firm recommendation. Of course, if the family clearly didn't want to do what he was recommending, he backed off.

VIII. A NEW VISION OF AGING

The noted psychologist Erik Erikson (1902-1994) organized life into eight stages that extend from birth to death. Since adulthood covers a span of many years, Erikson divided adulthood into stages covering the experiences of young adults, middle-aged adults, and older adults.

The last stage of life, Late Adulthood (55 or 65 to death), was a retrospective stage, a time to look back, take stock, acknowledge choices made, and try to make sense of all of it. Erikson called the feeling that one had made a contribution to life *integrity*. And he said that one's strength comes from accepting death as the completion of life.

On the other hand, said Erikson, some adults may reach this stage and despair at their experiences and perceived failures. They may fear death as they struggle to find a purpose to their lives, wondering, *Was it worth it?* It has been suggested that the frenetic pursuit of structured leisure activities in retirement communities is one way of postponing this day of reckoning. Alternatively, Erikson said that older adults may feel they have all the answers (not unlike adolescents) and end with a strong dogmatism that only their view has been correct

Current thinking, however, holds that the Baby Boom is more likely to view the years after 65 as the third stage of life, another 20 years or more, much too long to spend looking back. Today many people choose constructive ways to spend the third stage, directing their energy toward positive social purpose. While seniors may absorb new information at a slower rate, wisdom and creativity frequently are unaffected by aging.

Working after 65

According to a 2014 AARP study, 70 percent of experienced workers say they plan to work into retirement, either full or part time. Thirty-five percent cite extra income as the biggest reason. But one in four of the 65-74 age group said job enjoyment is the single most important reason they still work.

The over-65 labor force participation rate peaked in 1949 at 28.1 percent. It declined fairly steadily until 1985, when only 10.7 percent of those over 65 were still in the labor force. About that time the trend toward earlier retirement began changing. By the fourth quarter of 2014, 18.6 percent of those over 65 were in the labor force, the majority with full-time jobs. Of those over 75.8 percent were in the labor force. Changes in Social

Security that had raised the retirement age and eliminated or reduced the incentive to continue working, along with the end of most mandatory retirement requirements were partly responsible.

In *The Making of an Elder Culture*, Theodore Roszak argues that the Baby Boom is a new breed of older people. The aging Baby Boom will transform values, with time to return to the good things they left undone in their youth. They will demand less be spent on the military, space, and corporate welfare, and demand a robust welfare state. They believe they have a rightful claim on the national treasury through Social Security and Medicare, arguing that only big government can provide a decent retirement and first-class health care.

In Colorado from 2000 to 2010, the median age of those leaving the labor force was 66.8 years. This is expected to increase to 69.5 years over the next two decades. The Pikes Peak region labor force participation rate for persons over 65 was 18 percent in 2010 and is forecast to increase to 22.3 percent by the end of the decade as the oldest Baby Boomers swell the population in the 65-69 age group.

Those who continue working after 65 are at both ends of the income scale. The less affluent say they cannot afford to do otherwise; the wealthier derive satisfaction from their work. This is sometimes referred to as “necessity entrepreneurship” versus “opportunity entrepreneurship.” According to a Merrill Lynch study, 62 percent of retirees said their top reason for working in retirement was to stay mentally active, double the 31 percent who said they worked mostly for money. Jobs that aren’t physically demanding and flexible work schedules both contribute to the ability and willingness to work longer.

Of course, some people who plan to keep working are forced to retire when their health changes. The Merrill Lynch/Age Wave study found that 86 percent of people over 65 say they have chronic conditions, including heart disease, diabetes, cancer, and arthritis. Thirty-seven percent said they had to retire earlier than planned because of a health condition.

Bridge jobs—part-time or full-time work for pay that is different from where one spent most of his or her working life—have become the norm for between one-third and one-half of people exiting their careers, according to the Harvard-MetLife study. Others leave the work force entirely for a time, then later return. The Gerontological Society of America is sponsoring research and sessions at scientific meetings on the aging work force’s encore careers. The society points out that older Americans provide a source of experienced, skilled employees for small businesses.

These encore careers can include such opportunities as Teach for America. The Encore Fellowships Program offers year-long half-time fellowships to help individuals primarily from the corporate sector to transition into new chapters in nonprofit and social impact organizations. In 2011 Intel announced that all of its retirement eligible employees who wanted to do an Encore Fellowship and were matched would be supported with a \$25,000 stipend and health care coverage.

We have to revamp the idea of a linear pattern of accomplishment that ends at 50 or 60, argues Karl Pillemer, professor of gerontology at Cornell University. Dr. Pillemer interviewed more than 1,500 people age 70 or older and found that a large number said they had achieved a life dream or embarked on a worthwhile endeavor after age 65. David Galenson, professor of economics at the University of Chicago, points out that there are two kinds of practitioners in most fields: conceptual and experimental. Conceptual minds tend to be younger, but experimental minds take longer to gestate.

Remaining Physically Active

Research shows that exercise actually seems to slow down and even reverse the aging process and that people who exercise or meditate are less likely to suffer from chronic pain. The Buck Institute for Research on Aging, which opened in August 1999, has shown that strength training exercise reverses aging in human skeletal tissue. According

to Margaret Sabin, CEO of Penrose St. Francis Health Services, cardiovascular exercise along with good nutrition, stress reduction, and targeted use of the brain in new ways (such as taking a new route to a frequent destination, learning a language, or working puzzles) activates the brain cells that the body continues to produce into old age.

If the next generation of retirees won't be playing golf, what will they be doing? The Baby Boom generation has traditionally focused on being physically fit and that is unlikely to change in retirement. According to the United Health Foundation report on America's health rankings, 21.7 percent of Colorado seniors were physically inactive in 2014. The share of Colorado seniors who were obese (body mass index 30.0 or higher) declined to 19.6 percent in 2014 from 20.2 in 2013. Colorado ranked second behind Hawaii in low prevalence of obesity and third in low prevalence of physic inactivity.

The American Senior Fitness Association points out that the goal for seniors is functional fitness, which helps preserve independence and the capacity to pursue activities of daily living, hobbies, and sports. The time required to maintain function fitness may be less than expected. The association recommends two 30-minute sessions of strength training a week, along with 30 minutes of cardio exercise on most days. With a weekly investment of three to four hours, one should notice a change in energy level, appearance, and outlook in six to 10 weeks. Using a certified trainer in the early stages is recommended.

El Paso and Teller counties have an active Silver Sneakers program, a physical activity program for seniors. Participants have access to exercise equipment, land and water exercise classes, and various recreational programs. Membership is free to Medicare participants. In 2013 there were 9,300 participants in El Paso County, up 18 percent, and over 300 participants in Teller County, up 20 percent.

To help seniors remain active, a bank in Grand Junction, Colorado, instituted a senior walking program in a local mall. Before the mall opened for business, seniors gathered for a brisk walk followed by coffee and conversation. Senior volunteers with T-shirts and whistles kept everybody moving. The program was hugely successful, with several hundred seniors participating.

Volunteering

According to the Harvard-MetLife study, Baby Boomers have done less by every measure of civic engagement than their parents. They have a lower rate of voting and a lower rate of joining community groups. Contrary to conventional wisdom, the percentage of people who volunteer reaches a peak in midlife, not in retirement, and then gradually declines.

Nevertheless, about one-third of the Baby Boom say they plan to participate in community service after retirement. In Colorado, volunteerism among seniors increased to 29.3 percent in 2014 from 25.8 percent in 2013. If 29 percent of Pikes Peak region seniors are available to volunteer organizations, there will be a huge pool of volunteers that could overwhelm our social agencies (Table 27).

Table 27: Senior Volunteers

	Over-65 Population	Potential Volunteers
2010	67,856	19,678
2020	111,974	32,472
2030	160,118	46,434
2040	176,210	51,100

Agencies may lack the resources for professional volunteer management, so third parties will be needed to handle recruitment, training and referral of retired boomers.

If these volunteers continue to give one hour per week, the average in 2005, this will provide almost 1.7 million hours of senior volunteer time in the Pikes Peak region in 2020 and almost 2.7 million hours a year by 2040. This is compared to only 1.02 million hours in 2010. A broad range of volunteer opportunities will need to be offered, including one-time or episodic opportunities. Informal initiatives for groups of friends or neighbors should also be encouraged for those who prefer not to work through an agency.

Eighty-four percent of respondents to the CASOA survey reported there were excellent or good opportunities to volunteer in Colorado Springs. Thirty-five percent reported volunteering time to a group or activity in the community in the past 12 months, and 17 percent of those gave four or more hours a week.

Silver Key had 459 volunteers in 2013, who donated over 46,000 hours. Many are retirees (especially retired military) who find volunteering a way to transition into retirement. Silver Key also utilizes cyclical volunteers, snowbirds who spend winters in warmer climates but return to the Colorado Springs area each spring. The volunteers find these activities a way to build relationships that are missing once they leave the daily workforce.

Intergenerational Synergy

The groups IIAC interviewed frequently reminded us that what is good for the elderly is good for all ages. One pointed out that aging is a hard sell. Creating old communities doesn't sound appealing to politicians and their constituents, but creating a community for all ages, a city that is a great place to grow up *and* to grow older, is appealing on a broad level.

Generations United points out that the intergenerational aspect is often an afterthought. Instead, it needs to be part of planning from the beginning. Creating generation centers, such as libraries and YMCAs, rather than senior centers is one example. Involve local politicians and negotiate discounts for the use of city facilities if several generations are involved.

The Harvard-MetLife study encourages the development of community-based initiatives that bridge generations, allowing younger people to access the knowledge and experience of seniors, as well as reinforcing the value of people of all ages. Studies have found that young people in such programs show measurable improvements in school attendance, attitudes toward school and the future, and attitudes toward their elders. Adult volunteers enjoy sharing their experiences, feeling useful, and giving back to the community.

Lifelong Learning

Many universities and colleges are redefining their mission to include centers for lifelong learning. They are finding that there is a huge demand for these programs.

Colorado Springs has a vibrant and growing lifelong learning scene. UCCS, with 26,384 alumni living in Colorado and over 18,664 living in El Paso County, is developing an extensive program that will bring students and retirees together, benefiting both. Students of all ages return to UCCS to complete their college education. In 2009, UCCS

honored 89-year-old Jim Rynning who completed all of the university's upper-division physics courses, a goal postponed by World War II, the Korean War, career, and family. Rynning earned the respect of his classmates, some of whom were 70 years his junior, by sitting in the front row, answering questions, and completing all required assignments and exams.

Since the early 1980s, UCCS has encouraged those over 55 years of age to attend courses and to "listen in" to whatever topic is of interest to them. *Listening In* allows lifelong learners age 55 or older the opportunity to attend regular-session courses on a space-available basis with permission of the instructor. No academic credit is earned, but the program provides an opportunity for seasoned adults to share in the vast and varied resources of the university. Over 100 courses (excluding labs) are open, allowing community members to participate in subjects ranging from U.S. history to foreign films and nearly everything in between. However, due to its growth, the university is forced to turn away many applicants because the courses are already full.

Curiosity Unlimited was founded in 1977 by a group of Pikes Peak area citizens and CU alumni to provide a forum for stimulating community interest in UCCS, to create opportunities to become acquainted with UCCS faculty members, to study relevant issues through free on-campus lectures, and to engage in leisure time learning. More than 200 UCCS professors have lectured on their areas of expertise. As a result of enjoyable encounters with the lecturers, many members choose to participate in the *Listening In* program

Why would a college devote time and resources to a noncredit lifelong learning program? Pluses include:

- meeting a demand from both working and retired seniors
- building good relationships with potential financial supporters of the college
- providing mentors for college students
- involving the senior community in fundraising for the college
- engaging seniors who might send their children or grandchildren to the college

Another exceptional asset of the Colorado Springs community, focused solely on lifelong "learning for the fun of it," is the *PILLAR* Institute for Lifelong Learning. The independent nonprofit organization offers affordable classes, courses, special lectures, discussion groups, and educational travel focused on liberal arts and sciences. In 2014 *PILLAR* offered 720 different events serving over 8,000 participants at venues throughout the city. *PILLAR*'S curriculum is created and evaluated by community volunteers, and classes are taught by experienced educators, most of whom teach simply because they love teaching. Through a generous in-kind donation, *PILLAR* offers about half of its classes on the campus of Colorado Technical University. Through partnership arrangements, *PILLAR* also brings its classes into retirement centers and faith communities, as well as libraries and other facilities.

PILLAR is in the early stages of collecting demographic data on its membership, but research to date shows that the bulk of its membership was born between 1936 and 1955 (ages 60-79). Fifteen percent are 80 or older. Most are veterans or family members with a college degree or beyond.

Other institutions in the Pikes Peak region also meet the need for lifelong learning programs. *Pikes Peak Community College* offers a broad community college curriculum and noncredit extended studies classes for community members. *Colorado College* invites the community to attend lectures and other events. The *Pikes Peak Library District* offers a monthly senior center book club with discussion questions available in advance, free computer classes for seniors, Kindle downloads, and free computer usage.

Additional opportunities are available through the Colorado Springs *World Affairs Council* and various historical societies and museums. The *Cultural Office of the Pikes Peak Region (COPPeR)* is a nonprofit organization with the mission of “connecting residents and visitors with arts and culture to enrich the Pikes Peak region.” It works to elevate the visibility, value, and impact of the creative sector in El Paso and Teller counties.

Terminology

How are we going to refer to the mushrooming cohort of those who are 65 and over? *Retiree* is no longer an adequate descriptor. Many use the term *refirement* in place of retirement.

Colorado Springs Senior Medicine is now calling itself AgeWell Medical Associates. The Gerontological Society of America refers to the Encore Years. Others talk about the Young Old and the Old Old, still others about the Third Age and Fourth Age of life and others about Savvy Seniors. The Lifelong Learning Center at Rollins College talks about people “as young as 50” rather than seniors or people over a certain age. Portland refers to its Honored Citizens. There is an opportunity to come up with a consistent new terminology with which aging Baby Boomers identify and are comfortable.

IX. CONCLUSIONS

There is a broad range of opportunities and challenges facing the Pikes Peak region as its large Baby Boom population moves into the traditional retirement years. Funding will be a major problem. In 1965, when the Older Americans Act was passed, per person funding was \$9.50. That is unchanged today and, when adjusted for inflation, has fallen to \$3 per person. Other funding is stagnant, at best, and there is a lack of political will to increase it.

Nevertheless, the Pikes Peak region possesses many strengths. Those have been discussed throughout this report. Highlights mentioned by the organizations and individuals we interviewed include the natural environment, services for military retirees, Silver Key and other providers, and good cultural and educational opportunities.

What services need to be expanded or added? Among those mentioned were transportation throughout the region, including the need to add services in eastern El Paso County. Many professional service providers are poorly paid and may leave if they have opportunities for better paying jobs.

Who will take the lead in assuring opportunities are explored and needs are addressed before existing institutions and services are overwhelmed? Who is addressing the increasing cognitive challenges seniors will face as they live longer?

There is a role for:

- policymakers
- local and national nonprofits
- employers
- local and regional governments
- transportation providers
- the military
- faith-based institutions
- special interest clubs
- educational institutions
- news organizations
- public and private providers of funds
- others who need to be identified.

What can be done to enhance and expand services for seniors in the Pikes Peak Region? The agencies that work with seniors are already stressed. How are we going to fund them when the Baby Boom retires? A number of ideas and suggestions came out of our three site visits:

- Begin simply.
- Set up community forums to discuss age-friendly approaches and where they can be implemented throughout the region.
- Introduce the age-friendly concept to the provider community.
- Encourage the establishment an age-friendly business certification program.
- Begin the five-year process to become a WHO-certified age-friendly city.
- Deliver services more efficiently through better provider coordination.
- Work with homeowners associations to develop virtual villages.

- Make our higher education institutions even more intergenerational and age-friendly.
- Include work with the elderly as part of the International Baccalaureate service-learning program.
- Use our medical, educational, and arts institutions to duplicate Brain Fitness, Arts and Caregiving, and the CATCH programs.
- Senior housing centers such as Oak Hammock could be developed with Colorado College and/or UCCS.

Additional research needs to be done to determine why today's seniors decided to retire in the Pikes Peak region and whether they intend to remain here. It would be helpful to talk with impending retirees—the Baby Boom generation—to learn about their plans for retirement. The region's retired Baby Boomers will be better educated than their predecessors—28.8 percent have a bachelor's degree or higher. It is unlikely they will desire the same opportunities and services as their predecessors. However, while many of today's elderly are very independent and choose not to use the senior services available, the Baby Boom may have a different attitude. They are likely to argue “I paid my taxes. Now I want my services.” And they will want choices, not simply a Golden Circle meal put down in front of them.

In 2011 the Innovations in Aging Collaborative identified a lack of coordination between the agencies in the Pikes Peak region that provide services to seniors. Although there has been some improvement, the problem continues. Program leaders we interviewed pointed out that, while there is no shortage of clients, they are often going after the same funding pot. With the senior population soaring and the dollars needed to provide required services growing slowly and sometimes shrinking, it is foolish to allow this sort of waste and inefficiency to continue.

Collaboration among providers is not the same as consolidation. Existing examples of coordination and cooperation are the Lane Center at UCCS and Silver Key working with AspenPointe. When Silver Key moves into its new facility, more space will be available for additional coordination of services. AAA offers innovation and coordination grants.

Sometimes established boundaries don't make sense and lead to duplication of services. Funders need to emphasize the need for cooperation and refuse to fund duplicate programs. Silver Key, with the goal of greater collaboration with organizations providing similar services, is working to develop the Peak Ride Call Center. The Center will coordinate transportation requests among the various service providers in the region to achieve increased efficiency and better services to individuals in the region who need specialized transportation services.

Other organizations could be helpful as well. The goal of *iTNAmerica* is supporting sustainable, community-based transportation services for seniors throughout the world by building a senior transportation network through research, policy analysis, and education. *iTNAmerica* offers its 4,093 active members assistance with business plans, staff training, volunteer management, and community outreach, including national corporate sponsorship, and grant programs. Its custom built *iTNRides* software system plans and tracks rides to maximize efficiency and manages volunteer and membership accounts. There are currently no *iTNAmerica* members in Colorado.

The data is inescapable. The senior population in the Pikes Peak region will triple over the next 25 years. But it will be unlike the senior population of previous decades. We must develop new images of the elderly, new stories with alternative futures. Establishing goals, mileposts, and measures of success are critical to successful planning.

The most common way to think of aging is as a continuum, moving from a period of independence and community participation through one in which assistance is needed. Attention is paid to the amount and intensity of this assistance in the activities of daily living: managing appointments, transportation, and medications; shopping; basic self-care such as feeding, dressing, ambulating, bathing, transfer, and toileting. Many services can be brought to the home, but as the amount and intensity of the assistance goes up, isolation increases. Less time and energy are available for social connection and purposeful engagement. As social isolation increases, so does vulnerability to abuse and financial exploitation.

Many people we interviewed argued that there is a fourth stage of aging that most people refuse to think about—the time comes when one should no longer be living in one's own home, no matter how many services are available. This necessitates a move into assisted living in a group setting and often ends with nursing home or hospice care. One interviewee argued, a bit tongue in cheek, that she expects technological advances will make her invulnerable to having to leave her home. Others responded that, while this may occur in the lab, feasibility in the field is highly unlikely. Far too few dollars are invested in distribution systems and technology support in the social services field.

We must find ways to provide the products and services that will enable seniors to live safely and independently in the environment they choose and to have a safe and desirable place to go when independent living is no longer feasible. There is time to do this. To do otherwise is too expensive. But there is no time to waste.

APPENDIX A
A History of Innovations in Aging Collaborative

Innovations in Aging Collaborative (IIAC) was founded in 2009 by Barbara Yalich and BJ Scott who convened other community leaders interested in aging issues and the growing senior population in the Colorado Springs area. IIAC was initially supported by a \$50,000 grant from Inasmuch Foundation working in collaboration with UCCS Chancellor Pam Shockley-Zalabak, the CU Foundation, and the CU Aging Center and Gerontology Programs.

IAC became a 501(c)3 nonprofit organization in December 2012 and formed its inaugural board of directors. Supported by another grant from Inasmuch Foundation and a new grant from the RNR Foundation, IIAC was able to hire its first executive director in January 2013, and the El Pomar Foundation generously provided free office space for IIAC at Columbine Cottage on the Penrose House campus.

In April of 2010, Innovations in Aging Collaborative held its inaugural Summit. Nearly 150 individuals (Champions for Aging) from across the region participated and represented the arts, government, human services, health care, business, and recreation and tourism. The Summit's goals were to start a conversation on how to make our community a remarkable place to age; to identify existing resources and assets; and to identify innovative ideas that would enhance the quality of life for older adults in the Pikes Peak Region.

Featured were two keynote speakers: Kathryn Lawler, manager of external affairs, Atlanta Regional Commission; and Stan Gryskiewicz, president, Association for Managers of Innovation (AMI). The presentations were followed by focused discussions on:

- 1) Lifelong Learning
- 2) Wellness and Recreation
- 3) Arts and Culture
- 4) Livable Communities
- 5) Economic Opportunities
- 6) Urban Planning and Transportation

IIAC embraced the following two goals after the Summit.

- 1) Support seniors in being active and mainstreamed.
- 2) Keep the focus on how and where seniors live.

Two strategies were recommended to accomplish these goals:

- 1) Maximize new technologies to collect, organize, and disseminate information.
- 2) Organize resources through private partnerships, public policy, and citizen efforts.

In April 2012, IIAC's work and innovation in aging ideas were the focus of the Association for Managers of Innovation (AMI) conference held in Colorado Springs. At the conclusion of the conference, AMI attendees participated in two more meetings to help explore next steps for our community and IIAC, including IIAC's second summit

held on April 21, 2012. This Summit reconvened stakeholders who attended the 2010 summit to update the community on IIAC's progress and future plans and to narrow the conversation to preferred actionable future projects. Key concepts of focus coming out of this Summit were:

- 1) Intergenerational Hubs (iHubs)
- 2) Workforce Issues—taking advantage of the talent of seniors
- 3) Connectivity using technology.

In June 2011, IIAC conducted a two-day workshop for community leaders from UCCS, Pikes Peak Community College, Penrose St. Francis Health Services, Peak Vista Community Health Centers Foundation, Silver Key, Chamber of Commerce, Pikes Peak Library, Council of Neighborhood Organizations, PILLAR, Young Professionals, churches, businesses, and other interested stakeholders. The outcomes from the summits and the workshop led the way for the creation for IIAC's scope of work.

In 2013 Innovations in Aging and Peak Vista Community Health Centers sought to identify what is working and what is not working in the community related to health and "aging in place," funded by the Colorado Trust's Convening for Colorado. This effort was called the *Convening to Support Aging in Place for the Pikes Peak Region*. In doing so, IIAC reached out to individuals and organizations that had been connected to its earlier gatherings and new partners to add a deeper understanding of the challenges. The convening participants were asked to provide feedback on factors affecting the capacity to age in place and to recommend action steps that could be taken collaboratively to address these factors. Over 100 stakeholders participated in the convening process.

The results of the convening validated the quantitative data that both the 2013 Quality of Life Indicators report and the 2011 Aging in El Paso County study had brought forward. By reengaging the community through bringing together senior stakeholders and service providers, Innovations in Aging has initiated the networking of advocates focused on the critical needs of older adults. The project called attention to issues central to the health and well-being of older adults in the Pikes Peak region, thus setting the stage to build a network of health equity advocates. The convening identified recommendations for the community to address to support aging in place and to improve access to health care for older adults, specifically mental health care for older adults.

In 2014 IIAC received funding from the city of Colorado Springs to address the major issues facing the city as the Baby Boomers in our community age and new retirees move into the area. Four convenings featuring thought leaders and regional experts were held to explore trends and models to address aging in the community.

- Encore Careers and Entrepreneurs 55+: New Visions for the "Retirement" Age
- The Business of Aging: Infrastructure, Information, and Institutional Innovation
- Housing Choices and Livable Communities
- Specialized Healthcare and Caregiving for Older Adults

The Pikes Peak Area Council of Governments Area Agency on Aging (PPACG AAA) administers programs and services funded through the Federal Older Americans Act and Colorado state funding for senior services. Its purpose is to develop, coordinate, and help

sustain a comprehensive system of services for older persons in El Paso, Park, and Teller counties, and to provide leadership and advocacy for the needs and concerns of the elderly. In January 2015 PPACG AAA learned of the planned update to IIAC's initial study. PPACG AAA approached IIAC with the idea of expanding this study to encompass all of El Paso, Teller, and Park counties. Innovations in Aging and PPACG AAA agreed to share data and PPACG AAA contributed to the cost of the report.

APPENDIX B

Other Virtual Villages

Beacon Hill Villages: Beacon Hill Villages in Boston, Massachusetts, was created by a dozen volunteers as a grassroots, self-governing, self-supporting consolidator of services. It emphasizes that it is not a social services model, but is about people taking care of themselves. Beacon Hill has three components:

- Connecting members to vetted, discounted providers and volunteers for services they want or need through a one-call concierge service
- Providing members opportunities for health and wellness programs, exercise classes, yoga, tai chi, home repairs, informal lunches, and discounted home care providers
- Organizing stimulating educational programs, seminars, and trips with the village community to support connectedness and friendships

Capitol Hill Village: Capitol Hill Village in Washington, D.C., is eight years old. The founders learned about the village concept from Beacon Hill Villages in Boston. A tight-knit group of aging social liberals set the groundwork, beginning with coffee klatches in people's homes. Others learned about it through word of mouth and a neighborhood parade.

Members pay \$530 to \$800 a year in dues. Membership covers about 45 percent of costs, and two membership levels are subsidized. There is a small endowment but they primarily rely on planned giving, a few grants, and fund-raising activities. A 2014 gala, for example, raised 20 percent of needed funds.

People join the Capitol Hill Village for several reasons. One group is comprised of younger members who want to meet other people, to volunteer, and to have the services available when they are older and need it. There is an associate membership category that allows one to participate in social activities, gives access to vetted vendors, and provides three vouchers a year for services.

Others wait to join until they need a lot of services, the classic free rider problem. As a result, there is a new category of short-term bridge membership for four months for \$800. At the end of the period, the individual is evaluated for permanent membership.

Fifty-four percent of members are in their 60s and 70s, while 20 percent are 80 or older. There are 4.5 staff members for 265 members. The rule of thumb is one staff member for each 100 new members. The group recently moved into its first rented space. There are town hall meetings to distribute information, but the board makes all decisions.

Staff and volunteers perform almost 93 percent of requested services, and 77 percent of members request at least one service a year. Transportation is the most frequent request, followed by in-home assistance, convenience services, home maintenance (primarily performed by commercial vendors), gardening help, technological assistance, and medical advocacy.

A new program pairs a village member with a trained volunteer, who serves as an advocate and liaison to Capitol Hill Village and other community agencies. There are book groups and 20 interest groups that meet at least monthly.

Neighbors Network: Neighbors Network is a virtual village in Winter Park, Florida, that believes the “village” label carries too much baggage and that the VtVN is too quick to have all the answers. The Winter Park Health Foundation funded a study to see if a geriatric nurse practitioner who believed that needed “neighborhoodness” could create a viable structure. A group that was interested in the idea met monthly for a year to develop organizational values. They include

1. *Be a collaborator.* Everyone is competing for the same dollars, so duplication of services makes no sense. For example, rather than providing transportation for members, Neighbors Network collaborates with iTN, providing volunteer drivers and banking hours for village members to use. The group also collaborates with Share the Care, Rollins College Lifelong Learning, and local faith communities.
2. *Be a neighbor.* You can’t have everything your own way. Be willing to compromise and to learn from others. Listen to what other members have to say.

After spending six months on background tasks, the village opened in October 2013 with a part-time coordinator of volunteers. An MBA class at Rollins College adopted Neighborhood Network and helped develop a marketing plan. The village works under the Area Agency on Aging rather than being a stand-alone nonprofit.

Members range in age from 58 to 94. One must be personally invited to become a village member. A candidate fills out a personal enrollment form and if he or she becomes a volunteer, a background check is conducted. To encourage membership, the village offers three months of free membership as an introduction when someone expresses an interest. Eighty percent go on to become paid members. There is also a community membership that includes social activities but not services. Eighty percent of this membership is tax deductible.

The village has a special day every month when students from Rollins College come to help with yard cleanup and to flip mattresses. The village signs up student volunteers at a booth at the Rollins Volunteer Fair. Requests for services go through the volunteer coordinator, not directly to volunteers. Volunteers collect papers to be shredded quarterly and deliver donations to where the donor wants them to go. A popular service is helping people get rid of stuff as they organize their new, smaller homes.

There are currently 35 members, which Neighbors Network hopes will grow to 75. At that point, its leaders expect their annual budget to be under \$50,000. They will apply for nonprofit status and the current advisory council will become the board of directors. They plan to increase their marketing to adult children of retirees.

Villages Northwest: Villages Northwest is under formation in Portland, Oregon. It began in 2011 with a website inviting people to come together to learn about the village concept. Leaders warn that it takes several years to develop a village.

Following advice from VtVN, they decided to adopt the hub and spoke model. The hub only provides support for the villages, such things as general liability insurance, accounting, preparing IRS Form 990s, and HR. Villages apply to join the network and

sign a contract to become an official member. If they decide to leave, they must form their own nonprofit or their funds cannot be released.

The hub has a paid executive director. Each village needs 1.5 FTEs: a full-time office manager and a half-time volunteer coordinator. The hub is developing a database (probably an adaptation of Club Express) for all villages to use. A common database is important when applying for grants.

In addition there is an advisory group comprised of experts from various fields and two members from each village. They meet every two months, monitor villages to be sure they aren't doing something they shouldn't, and provide coaching.

The village knows what services are available in the area and helps members connect with those services. Volunteers are background checked and trained, including in what they should not do. Vendors must apply to be a member of the vetted vendor program, are background checked, and are asked to provide a discount for members.

Following the principle that members should pay for services, Villages Northwest charges \$520 per year for a single member and \$780 for a couple. A third member of a household is charged \$180. Social memberships for younger members are available for \$300, \$200 of which is tax deductible. These members can vote and participate in social activities, but are not eligible for services.

WAVE: The Washington Area Village Exchange is a network of 48 villages in three states—Maryland (21), Virginia (12), West Virginia (1)—and the District of Columbia (14). Size ranges from one block to one zip code to 30,000 members. Some villages are operating while others are in various stages of development. WAVE is a 501(c)(3) nonprofit and is a member of the VtVN.

One of the oldest villages in WAVE is Bannockburn Neighbors Assisting Neighbors (NAN), consisting of about 450 households. It was formed in 2007 to support seniors who want to age in place. About 32 percent of the residents in the community are over 55, and 7 percent are over 80.

NAN is incorporated in Maryland as a 501(c)(3) nonprofit corporation run by a volunteer board and supported by a network of block coordinators and other volunteers. A block coordinator is a volunteer who is a point of contact for people requesting or offering assistance. The block coordinator is sensitive to and keeps tabs on what's happening on the block. NAN is among the few villages in WAVE that is intergenerational, requires no dues, and is all volunteer.

NAN is prepared to assist neighbors who need transportation, errands, equipment loans, household organization, help with chores, or those who would enjoy a social visit with neighbors. Needs may be short-term or long-term and do not have to be related to illness. NAN also tries to refer people to resources when the need extends beyond what NAN volunteers can provide.

APPENDIX C

Continuing Care Retirement Community Costs

Pilgrim Place: The cost includes a nonrefundable entrance fee of \$173.03 per square foot for a single person and \$216.29 for a couple along with monthly fees of \$412 per person for campus amenities, \$340 for noon meals in the dining room, and \$1.67 per square foot for independent units. There is also a deferred repayment entrance fee option. For a couple wanting a 1,000-square-foot unit, this comes to a nonrefundable entrance fee of \$216,290 plus monthly fees of \$3,174—or \$367,690 for a 90-percent refund at death or upon leaving the community. Residents are responsible for their own utilities and Internet service; garages or carports are an additional charge. Up to three households without sufficient assets are eligible to enter without an entrance fee but with a larger monthly fee.

Oak Hammock: There are villas and club homes, apartments (212), skilled nursing rooms (42), assisted living units (37), and memory care rooms (24). Square footage ranges from 2,350 square feet for the largest homes down to 488 square feet for the smallest apartments. The buy-in starts at \$101,800 and ranges up to \$569,900 with an additional entrance fee for a second person. The monthly fee ranges from \$2,298 to \$6,811 with an additional \$1,333 for a second person. There is formal and informal resort style dining, a sports bar, a cocktail lounge, country store, and ice cream parlor. Expansion is currently underway.

Terwilliger Place: Apartments range from \$59,000 for a studio to \$1 million for a three bedroom, with most in the \$250,000 to \$500,000 range. The monthly fee ranges from \$885 to \$3,800 and can go as high as \$8,000 for hospice care. The average fee is \$2,500 to \$2,600 per month.

APPENDIX D

Colorado Springs Housing Authority Senior Housing

Senior housing consists of several senior apartment buildings located throughout Colorado Springs as part of Public Housing and other Housing Assistance programs. All units in these senior buildings are carpeted and have private baths with either showers or tubs and private kitchens with stoves and refrigerators. All buildings are located near shopping areas and bus lines. The rent on these units varies from 30 percent of the adjusted gross income to paying a flat rent amount. Many of the buildings offer low-cost nutritious lunches provided by the Golden Circle Nutrition Program. An application for senior housing must be completed at the Housing Authority office.

Locations

Acacia Park Apartments, 104 E. Platte Ave., 80903. Located in beautiful downtown Colorado Springs. Four-story building, no balconies. One bedroom and efficiency units. Activities. New elevator. On-site laundry. Library lounge. Terrace with indoor sitting room, ballroom, exercise room, and billiards room. Golden Circle Nutrition Program lunch served Monday through Friday for suggested donation of \$2.25 per meal.

Katherine Bates Apartments, 2660 W. Uintah Ave., 80904. West central location. Three-story building with balconies. One bedroom units. On-site laundry. Elevator. Golden Circle Nutrition Program lunch served Monday through Friday for suggested donation of \$2.25 per meal.

Centennial Plaza Apartments, 516 E. Kiowa St., 80903. Just blocks from downtown. Eleven-story building with balconies and patios. Trash chutes on each floor. Sitting room with balcony near elevator on each floor. On-site laundry. New elevators. Golden Circle Nutrition Program lunch served Monday through Friday for suggested donation of \$2.25 per meal.

Prospect Lake Apartments, 812 S. Meade Ave., 80910. This newly renovated property is close to Prospect Lake in Memorial Park. Three-story building with balconies and patios. One bedroom and efficiency units. On-site laundry. Elevator. Golden Circle Nutrition Program lunch served Monday through Friday for suggested donation of \$2.25 per meal.

Southview Plaza Apartments, 1462 E. Fountain Blvd., 80910. Three-story building with balconies. One bedroom units, two bedroom units with two full baths. Elevator. Quiet location. On-site laundry. Flat rent senior building. Sitting room on second and third floors. Golden Circle Nutrition Program lunch served Monday through Friday for suggested donation of \$2.25 per meal.

Heritage Plaza Apartments, 1410 N. Hancock Ave., 80903. Three-story building without balconies. Barbeque area. One bedroom units. Elevator. Adjacent to the Colorado Springs Senior Center. On-site laundry. Golden Circle Nutrition Program lunch served Monday through Friday for suggested donation of \$2.25 per meal.

Casa de Cerro Apartments, 915 N. Yuma St., 80909. Three-story building with balconies and patios. One bedroom units. Gazebo with outdoor seating area. Close

to shopping, post office, and pharmacy. Golden Circle Nutrition Program lunch served Monday through Friday for suggested donation of \$2.25 per meal.

Crestview Apartments, 3880 Van Taylingen Dr., 80917. Three-story building without balconies. One bedroom units. Close to restaurants and shopping. On-site laundry. Patio off back entrance of building. Bingo Hall just one block from apartments. Golden Circle Nutrition Program lunch served Monday through Friday for suggested donation of \$2.25 per meal.

Franklin Square Apartments, 605 N. Franklin St., 80903. Three-story building without balconies. Newly remodeled common areas. Quiet location. Flat rent senior building. Outdoor patio off main entrance. Indoor reading areas. Elevator. On-site laundry. Golden Circle Nutrition Program lunch served Monday through Friday for suggested donation of \$2.25 per meal.

APPENDIX E

Long-Term Care Housing and Assessment Continuum (Rev. 2/15)

This continuum has been prepared by Age of America Associates, Inc., 905 Panorama Drive, Colorado Springs, CO 80904. (719) 634-2437 (voice/fax), StevBender@aol.com based on the original prepared CAHSA in 1986.

Senior housing and health care facilities often vary dramatically in regard to available services, costs, and facility operator admission/discharge policies. Consumers should use this continuum as a guide and be sure to clarify all questions with the facility operator before signing a contract for care.

	Independent Living: No state license required	Retirement Community: No state license required	Assisted Living: State license required	Nursing Facility: State license required
Level of Care Profile	Covers a broad range of housing options (i.e., residential houses, apartments, condominiums, townhouses, subsidized senior housing, etc.) for older persons who are functionally and socially independent.	Provides a living arrangement which integrates shelter and some services for older persons who do not need 24-hour protective oversight.	Provides a living arrangement which integrates shelter and services for frailer older persons who are functionally and/or socially impaired and may need 24-hour protective oversight.	
Primary Services	-A- - Age segregated buildings - Environmental security - Possible coordination of resident services, (i.e. transportation, activities, housekeeping, etc.) - OR no services are available	-B- 'A' plus: - Meals (1-3 per day) - Transportation - Activities - Housekeeping assistance - Assistance with coordination of community-based services	-C- 'A & B' plus: - Assistance with activities of daily living - Medication monitoring - 24-hour protective oversight - LPN/RN and social services are increasingly becoming available. - Secure (dementia) environments may be available	-D- 'A & B & C' plus: - All medication administration - 24-hour nursing supervision - Secure environments (dementia) may be available - Physical therapies and rehabilitation services

Resident Functional Assessment Criteria

	Independent Living	Retirement Community	Assisted Living	Nursing Facility
Mobility	Capable of moving about independently. Able to seek and follow directions. Able to evacuate independently in emergency. Or Ambulatory with cane or walker. Independent with wheelchair but needs help in an emergency.	Capable of moving about independently. Able to seek and follow directions. Able to evacuate independently in emergency. Or Ambulatory with cane or walker. Independent with wheelchair but may need help in an emergency.	Mobile but may require escort/assistance due to confusion, poor vision, weakness, or poor motivation Or Requires occasional assistance to move about but usually is independent with an assistive device.	May require assistance with transfers from bed, chair, toilet Or Requires transfer and transport assistance Or Requires turning and positioning in bed and wheelchair.
Nutrition	Able to prepare own meals. Eats meals without assistance.	Able to prepare own meals. Eats meals without assistance. Generally a minimum of one meal a day is available and may be included in monthly rent.	All meals and snacks provided. May require reminders or assistance getting to dining room. May require minimal assistance (i.e. opening cartons or other packages, cutting food, or preparing trays).	May be unable or unwilling to go to dining room. May be dependent on staff for eating/feeding needs Or Totally dependent on staff for nourishment (includes reminders to eat and/or feeding).
Hygiene	Independent in all care including bathing and personal laundry.	Independent in all personal care including bathing and personal laundry.	May require assistance with bathing or hygiene Or May require assistance, initiation, structure or reminders. Resident may be able to complete some tasks.	May be dependent on staff for all personal hygiene.

Housekeeping	Independent in performing functions (includes making bed, vacuuming, cleaning and laundry).	Independent in performing housekeeping functions (includes making bed, vacuuming, cleaning and laundry) Or May need assistance with heavy housekeeping, vacuuming, laundry and linens.	Housekeeping and laundry services provided.	Housekeeping and laundry services provided.
Dressing	Independent and dresses appropriately.	Independent and dresses appropriately.	May require occasional assistance with shoe laces, zippers, etc., and/or medical appliances or garments Or May require reminders, initiation, or motivation. Resident may be able to complete tasks.	May be dependent on staff for dressing.
Toileting	Independent and completely continent.	Independent and completely continent Or May have incontinence, colostomy, or catheter, but independent in caring for self through proper use of supplies.	Same as 'Retirement Community.' May have occasional problem with incontinence, colostomy, or catheter. May require assistance in caring for self through proper use of supplies.	May have problem with incontinence, colostomy, catheter, and requires assistance Or May be dependent and unable to communicate toileting needs.
Medications	Responsible for self-administration of all medications.	Responsible for self-administration of all medications Or May arrange for family or home health agency to establish a medication administration system.	May be able to self-administer medications Or Certified facility staff administer meds Or Facility staffed by RN/LPN administer medications.	Medications administered by licensed or certified personnel.

Mental Status	<p>Oriented to person, place and time And Memory is intact, but has occasional forgetfulness without consistent pattern of memory loss And Able to reason, plan, and organize daily events. Mental capability to identify environmental needs and meet them.</p>	<p>Oriented to person, place and time And Memory is intact, but has occasional forgetfulness without consistent pattern of memory loss And Able to reason, plan, and organize daily events. Mental capability to identify environmental needs and meet them.</p>	<p>May require occasional direction or guidance in getting from place to place Or May have difficulty with occasional confusion which may result in anxiety, social withdrawal, or depression Or Orientation to time or place or person may be impaired.</p>	<p>Judgment is likely to be poor and the resident may attempt tasks which are not within capacities Or May require strong orientation and reminder program. May need guidance in getting from place to place Or Disoriented to time, place, and person Or Memory is severely impaired. Usually unable to follow directions.</p>
Behavioral Status	<p>Deals appropriately with emotions and uses available resources to cope with inner stress And Deals appropriately with other residents and staff.</p>	<p>Deals appropriately with emotions and uses available resources to cope with inner stress And Deals appropriately with other residents and staff Or May require periodic intervention from staff to resolve conflicts with others in order to cope with situational stress.</p>	<p>May require periodic intervention from staff to facilitate expression of feelings in order to cope with inner stress Or May require periodic intervention from staff to resolve conflicts with others in order to cope with situational stress.</p>	<p>May require regular intervention from staff to facilitate expression of feelings and to deal with periodic outbursts of anxiety or agitation Or Maximum staff intervention is required to manage behavior Or Resident may be a physical danger to self or others Or Expectations are unrealistic and approach to staff is uncooperative.</p>

APPENDIX F

El Paso County Senior Population: 2010 Census

For maps and definitions of Census Tracts, see
<http://www.census.gov/geo/maps-data/maps/2010tract.html>

Census Tract	65 years and over		Census Tract	65 years and over
El Paso County	62,226			
1	1,958		37	4,048
2	1,160		45	3,834
3	1,085		33	3,047
4	539		51	3,005
5	320		39	2,443
6	548		1	1,958
7	525		47	1,784
8	392		72	1,501
9	250		21	1,281
10	454		25	1,261
11	479		2	1,160
13	993		31	1,128
14	401		24	1,124
15	265		3	1,085
16	178		59	1,085
17	113		49	1,078
18	240		60	996
19	636		13	993
20	811		46	993
21	1,281		74	971
22	282		57	969
23	283		76	969
24	1,124		56	957
25	1,261		52	880
27	492		77	844
28	716		67	813
29	661		73	812
30	615		20	811
31	1,128		75	795
33	3,047		79	760
34	533		28	716
37	4,048		29	661
38	15		19	636
39	2,443		55	620
40	53		30	615
41	582		58	604
42	418		41	582
43	515		6	548
44	13		68	544

45	3,834		4	539
46	993		34	533
47	1,784		7	525
48	521		48	521
49	1,078		66	520
50	427		62	518
51	3,005		43	515
52	880		78	514
53	430		71	511
54	477		27	492
55	620		11	479
56	957		54	477
57	969		65	470
58	604		10	454
59	1,085		80	435
60	996		53	430
61	178		50	427
62	518		64	423
63	356		42	418
64	423		69	402
65	470		14	401
66	520		8	392
67	813		63	356
68	544		5	320
69	402		23	283
70	272		22	282
71	511		70	272
72	1,501		15	265
73	812		9	250
74	971		18	240
75	795		16	178
76	969		61	178
77	844		17	113
78	514		40	53
79	760		38	15
80	435		44	13
Census Tract	65 years and over		Census Tract	65 years and over

APPENDIX G

Pikes Peak Region QuickFacts

People QuickFacts	El Paso	Teller	Park	Colorado
Population, 2014 estimate				5,355,866
Population, 2013 estimate	655,044	23,275	16,121	5,272,086
Population, 2010 (April 1) estimates base	622,263	23,350	16,206	5,029,324
Population, percent change - April 1, 2010 to July 1, 2014				6.50%
Population, percent change - April 1, 2010 to July 1, 2013	5.30%	-0.30%	-0.50%	4.80%
Population, 2010	622,263	23,350	16,206	5,029,196
Persons under 5 years, percent, 2013	7.00%	3.90%	3.90%	6.40%
Persons under 18 years, percent, 2013	25.30%	19.00%	16.90%	23.50%
Persons 65 years and over, percent, 2013	11.10%	16.50%	15.00%	12.30%
Female persons, percent, 2013	49.70%	49.00%	47.40%	49.80%
White alone, percent, 2013 (a)	84.00%	95.00%	95.20%	88.00%
Black or African American alone, percent, 2013 (a)	6.80%	0.70%	0.50%	4.40%
American Indian and Alaska Native alone, percent, 2013 (a)	1.30%	1.10%	1.20%	1.60%
Asian alone, percent, 2013 (a)	2.90%	0.80%	0.70%	3.00%
Native Hawaiian and Other Pacific Islander alone, percent, 2013 (a)	0.40%	0.10%	Z	0.20%
Two or More Races, percent, 2013	4.60%	2.30%	2.20%	2.80%
Hispanic or Latino, percent, 2013 (b)	15.90%	6.10%	5.70%	21.00%
White alone, not Hispanic or Latino, percent, 2013	70.80%	89.80%	90.50%	69.40%
Living in same house 1 year & over, percent, 2009-2013	77.80%	89.90%	87.00%	80.70%
Foreign born persons, percent, 2009-2013	7.20%	2.40%	3.40%	9.70%
Language other than English spoken at home, pct age 5+, 2009-2013	11.60%	5.10%	3.80%	16.80%
High school graduate or higher, percent of persons age 25+, 09-2013	93.60%	93.60%	95.60%	90.20%
Bachelor's degree or higher, percent of persons age 25+, 2009-2013	35.20%	31.60%	32.00%	37.00%
Veterans, 2009-2013	81,330	3,349	1,992	399,458
Mean travel time to work (minutes), workers age 16+, 2009-2013	21.7	31.7	44.2	24.5
Housing units, 2013	258,389	12,690	14,100	2,247,238
Homeownership rate, 2009-2013	63.70%	81.40%	88.50%	65.40%
Housing units in multi-unit structures, percent, 2009-2013	22.30%	5.30%	1.20%	25.90%
		\$226,90	\$247,30	
Median value of owner-occupied housing units, 2009-2013	\$213,500	0	0	\$236,200
Households, 2009-2013	237,039	9,434	7,038	1,977,591
Persons per household, 2009-2013	2.6	2.44	2.27	2.53
Per capita money income in past 12 months (2013 dollars), 09-2013	\$28,867	\$31,075	\$31,504	\$31,109
Median household income, 2009-2013	\$57,125	\$59,040	\$61,570	\$58,433
Persons below poverty level, percent, 2009-2013	12.40%	7.00%	9.10%	13.20%
Private nonfarm establishments, 2012	15,810	661	438	153,112
Private nonfarm employment, 2012	214,779	4,989	1,169	2,035,803
Private nonfarm employment, percent change, 2011-2012	1.20%	-1.60%	1.60%	3.20%
Nonemployer establishments, 2012	44,271	2,475	1,708	440,482

Business QuickFacts

	El Paso	Teller	Park	Colorado
Total number of firms, 2007	57,475	3,429	2,313	547,770
Black-owned firms, percent, 2007	2.50%	F	F	1.70%
American Indian- and Alaska Native-owned firms, percent, 2007	0.70%	S	F	0.80%
Asian-owned firms, percent, 2007	3.00%	S	F	2.60%
Native Hawaiian and Other Pacific Islander-owned firms, percent, 2007	0.10%	F	F	0.10%
Hispanic-owned firms, percent, 2007	4.90%	S	F	6.20%
Women-owned firms, percent, 2007	31.40%	31.00%	28.00%	29.20%

Manufacturers shipments, 2007 (\$1000)	D	0	0	46,331,953
Merchant wholesaler sales, 2007 (\$1000)	2,810,614	26,287	3,435	53,598,986
Retail sales, 2007 (\$1000)	7,950,151	169,017	55,409	65,896,788
Retail sales per capita, 2007	\$13,578	\$7,771	\$3,266	\$13,609
Accommodation and food services sales, 2007 (\$1000)	1,153,810	128,005	11,083	11,440,395
Building permits, 2013	3,541	46	56	27,517

Geography QuickFacts

	El Paso	Teller	Park	Colorado
Land area in square miles, 2010	2,126.80	557.06	2,193.8	103,641.89
Persons per square mile, 2010	292.6	41.9	7.4	48.5

(a) Includes persons reporting only one race.

(b) Hispanics may be of any race, so also are included in applicable race categories.

FN: Footnote on this item for this area in place of data

NA: Not available

D: Suppressed to avoid disclosure of confidential information

X: Not applicable

S: Suppressed; does not meet publication standards

Z: Value greater than zero but less than half unit of measure shown

F: Fewer than 100 firms

Source: US Census Bureau State & County QuickFacts

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Interviews

AARP Foundation: Beth Casey, Program Manager, Isolation Impact Area
Bannockburn Village: Miriam Kelty, Ph.D., founder
Brain Fitness: Peggy Bargmann, RN, BSN, Program Director
Capitol Hill Village: Julie Maggioncalda, Director of Volunteer and Social Services
City of Portland: Deborah Stein, Principal Planner, Bureau of Planning and Sustainability
Council of Neighbors and Organizations (CONO): Dave Munger, President
Elders in Action: Barbara Bernstein, Deputy Director
Mark Noonan, Community Engagement Manager
Faith Community Nursing: Cynthia Wacker, RN, MSN/Ed, FCN
Generations United: Donna Butts, Executive Director
Grantmakers in Aging: John Feather, Chief Executive Officer
Gerontology Center, UC Colorado Springs: Sara Honn Qualls, Ph.D., Director
Stephen M. Bender, LCSW, Associate Director Outreach Programs
Institute on Aging, Portland State University: Margaret Neal, Director
Alan DeLaTorre, Research Associate
Jay Bloom, President, Bloom Anew
iTNOrlando: Kimber Saint-Preux, Executive Director
Zain Durrani, Development and Operations Manager
Frederick Jones, Board President
Alexandra Mercier, Board Member
Montgomery County Area Agency on Aging: Pazit Aviv, Village Coordinator
Multnomah County:
Lee Girard, Community Services Manager, Department of County Human Services
Rebecca Miller, Planning and Development Specialist, Aging, Disabilities, and
Veterans Services Division
Neighbors Network: Annette Kelly, Chair
Pabst Foundation: Margery Pabst Steinmetz
Peak Vista Community Health Centers: Pam McManus, President and CEO
Rollins Center for Lifelong Learning: Jill Norburn, Director
Senior Resource Alliance: Randall Hunt, CEO
Share the Care: Mary Ellen Grant
Silver Key: Pat Ellis, President and CEO
Terwilliger Place: Leslie Foren, VP of Membership and Community Relations

University of Kansas: Dennis Domer, Project Director, New Cities Initiative
Joe Colistra, Associate Professor of Architecture

Winter Park Health Foundation: Patty Maddox, CEO
Diana Silvey, Program Director

YMCA: Laura Jones, Associate Executive Director

Useful Websites

80-80 Rule: <http://880cities.org/>

AARP Public Policy Institute: <http://www.aarp.org/ppi>

Accessory Dwelling Units: <http://accessorydwellings.org/what-adus-are-and-why-people-build-them/>

American Senior Fitness Association: <http://www.seniorfitness.net/>

America's Health Ratings:
<http://cdnfiles.americashealthrankings.org/SiteFiles/Reports/AHR-Senior-Report-2014.pdf>

Arts and Aging Toolkit: <http://artsandaging.org/>

Aspen Pointe: <http://www.aspenpointe.org/>

Bannockburn Village: <http://www.bannockburncommunity.org>

Best Cities for Successful Aging:
<http://assets1b.milkeninstitute.org/assets/Publication/ResearchReport/PDF/BCSA-2014-fnl-pgs.pdf>

Best Intergenerational Cities:
<http://www.gu.org/OURWORK/Programs/BestintergenerationalCommunities.aspx>

Bipartisan Policy Center: <http://bipartisanpolicy.org/topics/housing/>

Blueprint for Aging: <http://blueprintforaging.org>

Cohort Life Expectancy: <http://www.socialsecurity.gov/planners/lifeexpectancy.html>

Colorado Health Institute: <http://www.coloradohealthinstitute.org/>

Cultural Office of the Pikes Peak Region: <http://www.coppercolo.org/>

Demographic Data: <http://www.colorado.gov/cs/Satellite/DOLA-Main/CBON/1251590805419>

Dental Services: <http://www.seniormobiledental.org/>

Drive Smart Colorado: <http://www.drivesmartcolorado.com/programs/older-adult-driver/>

Dupont Circle Village: <http://dupontcirclevillage.org/default.aspx>

Elder Abuse: <http://www.preventelderabuse.org/>

Employment Data: <http://www.bls.gov>

Encore Leadership: <http://www.leadershippikespeak.org/programs/encore-leadership/>

Faith Community Nursing:
<http://www.churchhealthcenter.org/whatisfaithcommunitynursing>

Family Caregiver Support Center: <http://www.ppacg.org/aaa/caregiver>

Front Range Executive Services Corps: <http://www.frontrangeesc.org/>

Gerontological Society of America: <http://www.geron.org/>

Green House Project: <http://thegreenhouseproject.org/>
Housing for Disabled Veterans: <http://www.phhusa.org>
iTN America: <http://www.itnamerica.org/helping-seniors>
Knoebel Center for the Study of Aging: http://www.denverpost.com/ci_23293849/4-million-gifts-fund-aging-center-engineering-school
Leading Edge Colorado: <http://leadingedgecolorado.org/ProviderInformation.asp>
LGBT in Boulder: <http://www.bouldercounty.org/family/lgbtiq/pages/lgbt.aspx>
Life After 50: <http://www.lifeafter50online.com>
Managing Some Else's Money:
http://files.consumerfinance.gov/f/201310cfpb_lay_fiduciary_guides_agents.pdf
Military Retirees: <http://wallethub.com/edu/best-states-for-military-retorees/3915/>
National Center for Creative Aging: <http://artsandaging.org/>
National Institute on Aging: <http://nia.hih.gov>
National Institutes of Health: www.NIHSeniorHealth.gov
One Senior Place: www.OneSeniorPlace.com
PACE: <http://www.rmhcare.org/programs/rocky-mountain-pace/>
Peter Pan Houses: <http://aginginplace.com/peter-pan-housing/>
Population Projections: Colorado Demography Office: <http://www.colorado.gov/>
Promotores: <http://en.wikipedia.org/wiki/Promotoras>
Robert Wood Johnson Foundation: <http://www.rwjf.org/pr/product.jsp?id=14801>
Sarasota, Florida Institute for the Ages: <http://www.institutefortheages.org>
SCORE: <https://coloradosprings.score.org/chapters/colorado-springs-score/>
Senior Concierge Center: <http://smallbusiness.chron.com/tips-starting-senior-concierge-service-20129.html>
Senior Driving: <http://dev.seniordriving.aaa.com/>
Senior Information and Assistance: <http://www.ppacg.org/files/AAA/SeniorInfo.pdf>
Sumter County, Florida: <http://sumtercountyfl.gov/>
Teaching Gerontology: <http://www.csuchico.edu/icoa/resources/teachinggerontology/>
Village to Village Network: <http://www.vtvnetwork.org/>
WAVE: <http://wavevillages.org>