Status of Seniors
in Mecklenburg County

May 20, 2003

Mecklenburg County
Department of Social Services
Richard W. Jacobsen, Jr., Director
John K. Skidmore, Deputy Director
Services For Adults Division
Carol R. Baker, Ph.D., Director

Mecklenburg County Human Services Council
Department of Social Services Committee:
Gainor Eisenlohr, Chair
Thad Brown, Diane Chan, Olma Echeverri,
Tom Masters, Marcus Sloane,
Keith Smith, Becca Thompson

Report Prepared For:

Mecklenburg County
Board of County Commissioners:
Tom Cox, Chairman
Dan Ramirez, Vice Chairman
Parks Helms
Dumont Clarke
Bill James
Norman A. Mitchell, Sr.
Jim Puckett
Ruth Samuelson
Valerie C. Woodard

County Manager:
Harry L. Jones, Sr.

Table of Contents

Tables

Charts

Appendix

Introduction

The Mecklenburg County Vision 2015 states that "In 2015, Mecklenburg will be a community of pride and choice for people to LIVE, WORK, and RECREATE". Vision 2015 also states that "Our senior citizens will have the choice to age with dignity in their homes."

Concern over the rapidly growing older adult population in the United States is evident in a statement from the Federal Reserve Chairman, Alan Greenspan, in January 2002 at a Senate Budget Committee Hearing. Greenspan advised preparation for "significant problems" after 2010 because of a "demographic time-bomb" of baby boomers nearing retirement. "Though it's a decade away, we must be acutely aware of the long-term outlook," Greenspan said. He also suggested that Congress should pay special attention to the reform of Social Security, [and Medicare, and Medicaid] to ensure stable retirement funding. "What's required is a level of economic output after 2010 adequate to produce a real level of resources for [a] dignified retirement".

In preparation for the unprecedented growth in the age 60+ older adult population, the Mecklenburg Board of County Commissioners (BOCC) adopted a resolution in May 2002 to "…develop an annual Status of Seniors Report" focusing on various aspects of senior living.[1] Development of the report was a collaborative effort involving the following organizations:

- The Mecklenburg Department of Social Services Committee (of the Mecklenburg County Human Services Council) – which sought the May 2002 resolution, and established partnerships with the other organizations.
- The Charlotte-Mecklenburg Council On Aging, The Area Agency On Aging (AAA), United Way of Central Carolinas, and the Charlotte-Mecklenburg Aging Coalition which assisted in both the design of the survey and the report.
- The Services For Adults Division (SFA) of the Mecklenburg Department of Social Services whose staff obtained background information and prepared the report.

Since this is the first report, it will be both broad and exploratory in nature. The goal is to provide background information for the strategic planning process, which is scheduled to begin in the fall of 2003. This report will:

1) describe the demographic make-up of Mecklenburg's older adult population relative to other counties, the state, and the nation,

provide information on the current status of Mecklenburg's residents in the areas of: health, independent living, information and access to services, service provision, and identify areas for further study in the conclusion.

[1] Resolution of the Mecklenburg County Board of County Commissioners, May 9, 2002, Appendix item G

I. Executive Summary

As Chairman Alan Greenspan noted, the baby boom generation will grow rapidly from 2010 until the year 2030, at which point it will contain about as many people as all of the children age 17 and younger in 2030. We must prepare our services system for this coming service challenge.

Demographics The typical older adult in Mecklenburg is about 71 years old, a white/Caucasian woman with an annual income of $35,000 to $40,000, who lives alone in a home she owns, is in good mental and physical health, has attended some college and has an active life style with relatives or friends within a two hour drive.

- Over 85% take prescription drugs and probably their biggest concern is the cost of prescription drugs; however, a majority said this is not *currently* a significant problem for them.
- Most do not have a transportation need, but 15% do need assistance, other than family or friends, to get around.
- There is a *good probability* that most have good mental health.
- Almost all older adults prepare their own meals, think they receive an adequate diet, and most are not on a special diet of any kind.
- The *typical* older adult is at risk of having physical and or mental impairments.
- In 1999 there were 5,193 (8.3%) persons age 65+ that lived below the poverty level of $8,240 for one person.

The current older adult population will continue to strain public and private resources as its growth outpaces the population growth of the state and the nation for the rest of this decade. By the time that most baby boomers begin to retire in 2010, Mecklenburg will experience a 20 year rapid growth of our older adult population that will not begin to recede until mid century.

Health Based on local survey and focus group data, and buttressed by state and national data, it is clear that older adults in the future will be healthy longer, but they will continue to consume a disproportionate share of all health resources. Based on the data there are five areas that currently warrant particular attention:

It is clear that in most respects, the older adult population is more focused on actions they can take to keep their good health – even if they do not always do what they should to maintain their health.

- *Overall Health* Of the older adults in Mecklenburg, 84% perceive their health to be good to excellent, but some of the data does not indicate quite as positive a picture. There are disparities in quality of perceived overall health by race and income both in Mecklenburg and on a national level. While 16% of older adults in Mecklenburg say their health is fair or poor, they are disproportionately low income and/or minorities.

- *Prescription Drugs* By far the biggest concern documented in the local survey and the literature, corroborated by the focus groups, is the cost of prescription drugs and how to deal with the affordability. The data clearly show that cost forces a significant number of people to do without their medications, or to forego other essentials such as utilities.
- *Weight & Exercise* Both weight control and regular exercise play a major role in the actual level of the health of older adults. Those who have never been significantly overweight stand a much better chance of reaching their 90th year, even if they have chronic diseases.
- *Chronic diseases and memory loss* These illnesses, which were the most often mentioned concerns in the Mecklenburg focus groups, significantly hamper older adults' ability to age in place. The data also show that depression is more common among the low-income population.
- *Nutrition* The nutrition of older adults is better than in past decades; however there are still to many older adults who do not eat the way they know they should.

All of these are pressing issues that will only become more difficult to solve if they are left unaddressed.

Independent Living

The increasing prevalence of independence exhibited by today's older adults will grow even more widespread when the baby boomers retire. The Independent Living section of the report addresses most areas (aside from areas of health and income) that are integral to maintaining a good quality of life and having a dignified retirement.

- Data clearly show that *relationships with friends and family* are the most important factor, followed closely by health, in having a vital and meaningful life. A large majority of older adults in Mecklenburg County want to stay in their homes as long as possible, but this intent assumes certain circumstances and the availability of certain community services.
- Leisure and recreation activities were frequently mentioned as things that keep them physically and mentally active. A federal report (Older Americans 2000) has stated that, "Those who continue to interact with others tend to be healthier, physically and mentally, than those who become socially isolated."
- In 2002, 20% of older adults in Mecklenburg who needed caregiving help were not receiving the help they needed with tasks that were difficult for them.
- A 1997 MetLife study concluded that "the aggregate costs of caregiving in lost productivity to U.S. business [conservatively] is $11.4 billion per year and could be as much as $29 billion."
- In 2002, almost 26% of older adults spent 30% or more of their income on housing costs and this percentage rose to 45.9% if their income was under $20,000 annually.
- More than 34,000 seniors in Mecklenburg County (or 43% of our senior population) can be defined as at risk or frail due to their difficulty performing one or more basic tasks of daily living such as meal preparation and bathing. Most

respondents with incomes over $20,000 reported being "well" while most low-income residents fell in the "at risk" category.

- Older adults see transportation (i.e., "the car") as a key means to maintain independence. In the 2002, the Older Adults survey 87% drive themselves or ride with family or friends. "Without such mobility, many older persons report a sense of loss and feelings of isolation from the world of their younger years." (MIT study)
- Drivers focused overwhelmingly on the personal automobile as their first choice. Non-drivers identified riding with a friend or family member as the most preferred alternative to driving.[1]
- Most older adults will work until they are 65 or 66 and many will work at least part time, well beyond the traditional retirement age - some because they have to, some because they enjoy working, or to give them "something to do."

In 1988, Ken Dychtwald wrote Age Wave, in which he predicted that:

> *"The physical environment you live in will change. To fit the pace, physiology, and style of a population predominately in the middle and later years of life, the typeface in books will get larger, and traffic lights will change more slowly, steps will be lower, bathtubs less slippery, chairs more comfortable, and reading lights brighter. Neighborhoods will be safer, and food will be more nutritious."*[2]

Information and Access to Services

- Mecklenburg focus group participants were asked where they obtain information about services and programs. The responses were varied, but most learned of programs and services by word of mouth at places they frequent (services, where they volunteer, clubs, etc.) groups that they belong to, and from friends and family.
- The 2002 Older Adults Survey found that over 21% indicated an unmet need for information about services and programs for older adults. In the UNC Charlotte Urban Institute Annual Survey, approximately 39% of caregivers said they had problems finding needed services.
- In addition, national research has found that 45% of older adults are online and 90% of those who are online use the computer to stay in touch with family and friends, and 70% use it to research health information.

Services

- Service providers in Mecklenburg County provide the full continuum of 13 core services that the North Carolina Institute of Medicine Task Force on Long-Term Care has recommended be present in each County.
- Mecklenburg County and United Way provide funding to some of the private non-profit providers, and the County government allocates more matching funds than are required for most of the older adult services that it provides.

[1] AARP March 2001, Transportation and Older Persons: Perceptions and Preferences, pg. vi

[2] http://www.amazon.com, see Age Wave, see all 45 pages excerpted, pg. 12

- The UNC Charlotte Urban Institute surveys found that at least 15% of employers in Mecklenburg County provide financial retirement planning, long-term care insurance, and/or time off to care for a sick or elderly relative to their employees.
- The review of national, state and local literature and data clearly indicates that maintaining an independent living status for older adults is a multifaceted endeavor that requires the involvement of many helping organizations. It is also clear from the local data and focus groups, that there are many public and private services available in Mecklenburg County to assist with independent living even if the available service levels are not always able to meet the need.

These positive aspects of services, and the continuing struggle to meet the current needs, clearly point to the need for more thoughtful and better coordinated service delivery.

*C***onclusions**

By the time the youngest baby boomers retire in about 2030 there will be virtually the same number of older adults as there will be children between the ages of 0-17. That is a sobering thought that *all* types of services must begin preparing for now.

Independence Based on the findings from the 2002 Mecklenburg Older Adults Survey, and reinforced by the five Focus Groups, it is clear that older adults strongly want to stay in their own homes as long as is feasible. This is also strongly evident from national data. However, for ALL older adults to stay where they are more comfortable physically, mentally, and socially, they need assistance in securing a broad variety of services to help them maintain their independence. While many will be able to pay the full cost of these types of services, many will not be able.

The issues that appear to get the highest priority from the data and focus groups are the cost of prescription drugs, transportation, availability and access to leisure activities, independent living services, and housing. Taken together, all are vital to living an independent and dignified life. One other need surfaced in the focus groups, which is not documented in the data – two-way communication with the older adult population. Every focus group expressed sincere appreciation and interest in being asked their opinion and being given a voice in the future of their peers.

Social Interaction & Stimulation It was very evident from the Focus Groups that older adults want (and need) regular social interaction and stimulation to keep them healthy physically and mentally. In order for this to happen, they need increased amounts of the full range of "support" type services, and more varied and stimulating types, from leisure activities and information services to adequate staffing levels to provide services in their homes, and to provide transportation. There are some natural opportunities for most people to receive this additional stimulation and support, such as religious communities, clubs, Senior Centers, Shepherd Centers, etc. However, most of these types of activities require transportation, and persons who are largely homebound need at least daily contact of more than a few minutes, with another person.

Retirement & Future Care It is evident from local and national data, again reinforced by the Focus Groups, that many older adults have not made plans about their finances, housing, or in-home care. Most of the focus group participants that had not made plans said that they did not want to think about it.

There is an increasing realization that some of the need for mobility can be met by the co-location of many services that could be decentralized around the county. There is also a growing interest in seeing the development of more communities where daily shopping and visiting activities can be performed by walking to them. This may also be enhanced, in Charlotte-Mecklenburg, by the new land use policy of concentrating development around the transit centers.

Escalating Demands Between now and the year 2010, the 60+ population will need more services and better coordinated services, as documented in this report under the "Current Status" sections. However, as the Baby Boom begins to retire in 2010, both public and private services will experience a very long and steep upward slope in demand for all kinds of services, from leisure and recreation services, to health and housing services, to information services.

Next Steps

This "Status of Seniors Report" will be presented to Board of County Commissioners, United Way, the Charlotte-Mecklenburg Aging Coalition, and at the Charlotte-Mecklenburg Council On Aging's *Successful Aging Forum* on May 22, 2003. The report will serve as a potential environmental scan in preparation for a September 2003 Strategic Planning Conference.

The Steering Committee listed in the appendix of the report will assemble a Executive Advisory Board to guide the strategic planning process during the next year. It is expected that the strategic planning process will focus on topic areas that may include more than just the traditional service areas.

Future Studies

While this study is extensive, it does not discuss various issues such as actual and perceived safety, local health care costs and services, or older adult immigration. These, and other issues not covered or lightly covered, may become part of subsequent Status of Seniors Reports.

Limitations of the Research

Much of the research in this report relied upon the results of the 2002 Mecklenburg Older Adults Survey. Some results are reported within this document in the form of projections to the actual 60 and over population in Mecklenburg County. The projections were obtained by weighting the original data set based on income, race, and age.

As with any survey based on a sample, some sampling error is involved. Sampling error is a statistical estimate of how much the sample results may differ

from results obtained if every person in the population were interviewed. In this case, the population is Mecklenburg County residents age 60 and over. The sampling tolerance for the 602 completed interviews is plus-or-minus 3.4 percentage points at a 95% confidence level. This means that in 19 of 20 such samples, results will differ by no more than plus-or-minus 3.4 percentage points from results obtained if every individual age 60 and older in Mecklenburg County were interviewed.

When subgroups of the data sets, such as groups based on age, race, sex, or other variables such as functional status, housing, or health, are analyzed, the subgroup will contain fewer interviews which increases the size of the sampling error. As the base for analysis decreases, the expected sampling error increases. Any analysis that is based on less than 100 respondents is unreliable and should be considered with caution.

II. Findings

A. Demographics

1. Overview

Based on the 2002 Mecklenburg Older Adults survey, most older adults (age 60 or older) rated their own health as good, very good or excellent (approximately 20% in each category) compared to others their age. However, as many as 24% (or 19000 cases) may need additional testing for depression according to the indicators used in the survey. Most older adults are taking prescription medications (85% or 68600) and are very concerned about being able to afford their medications over the next two years (39% or 30900).

Almost all (91% or 73900) have family or friends within a two hour drive to whom they could turn if they needed help. Most (87% or 74600 responses) get around town by driving themselves or riding with friends/family -very few (under 5% or less than 4,000) used public transportation or taxis and very few older adults (3% or 2700 cases) have missed a doctor's appointment or run out of food due to lack of transportation.

Most older adults live in their own homes and prepare their own meals (65% or 62300). Older adults believe they are receiving adequate daily nutrition and about half (42,100 cases) are on a special diet of some kind. Based on a scale that considers their difficulty with accomplishing certain daily living tasks, most older adults in Mecklenburg (56% or 45500) would be classified as "well" (no difficulty).

Our current older adult population will continue to strain our public and private resources as its growth outpaces the growth of the state and the nation for the rest of this decade. By the time that most Baby Boomers begin to retire in 2010, we will experience a 20-year rapid growth of our older adult population that will not begin to recede until mid century.

2. Current Profile

According to the 1990 US Census, the older adult population (age 65 and over) was 31.2 million; at the time of the 2000 Census, that figure had grown to over 34.8 million. The older adult population is expected to grow by 13.8% through 2010 and by another 77% through 2030 when the last of the baby boomers will reach the expected retirement age.[3] A growing dilemma among those that serve seniors is how to meet the needs of an increasingly large population of older adults age 60 and over. Before one can study the needs of the older adult population, one must examine their demographic composition - past, present, and future.

[3] Source: "Projections of the Total Resident Population by 5-Year Age Groups, and Sex with Special Age Categories: Middle Series, 2006 to 2010 and 2025 to 2045," http://www.census.gov/population/www/projections/natsum-T3.html, Population Projections Program, Population Division, U.S. Census Bureau, Washington, D.C. *Used data for population age 65 and over.*

a. Where are our Older Adults?

Typically one thinks of Florida as being the *Mecca,* of sorts, for older adults in the US. The climate and relatively low cost of living have made it an attractive state for seniors. There are however, large concentrations of seniors in other areas of the country and some states are seeing unprecedented growth in the number of seniors. Evidence that the older adult population is fast growing can be seen in the Southern Region of the US. In the South, the age 65 and over segment of the population grew by more than 19% compared to the Midwest where the growth was less than 7.5%. One article reported that "…many states in the South have made concerted efforts to lure seniors who, at least in their immediate post-retirement years, tend to contribute much more to the local economies and tax bases than they cost." [4]

North Carolina does not have the largest older adult population per capita, but it does have one of the fastest growing. A 19% growth rate made North Carolina one of 12 states where the 65 and over population increased. U.S. Census figures show that the percentage of people age 60 and over was 2.2 percent higher in North Carolina than the U.S. average in 2000.[5] Compared to other counties of similar size in North Carolina, Mecklenburg has the largest 60 and over population and the second highest percentage of individuals over age 74, which one author describes as the most "needy elderly."[6]

The 2002 Older Adults Survey report shows that 92% of the older adults in Mecklenburg tend to live in a home that they rent or own. The 1997 and 2001 editions of the AARP "Profile of Older Americans" shows that, while there is a small but significantly growing percentage of persons age 65+ in nursing homes (4% in 1995 and 4.5% in 2000), the percentage tended to increase with age.

Table 1

	Percentage of U.S. Population Living in a Nursing Home		
Year	Age 65-74	Age 75-84	Age 85 and over
1995 [a]	1.0%	5.0%	15.0%
2000 [b]	1.1%	4.7%	18.2%

[a.] AARP Program Resources Department et al. Profile of Older Americans 1997 (Washington, D.C., December 1996), 4.
[b]AARP, Profile of Older Americans 2001, 7.

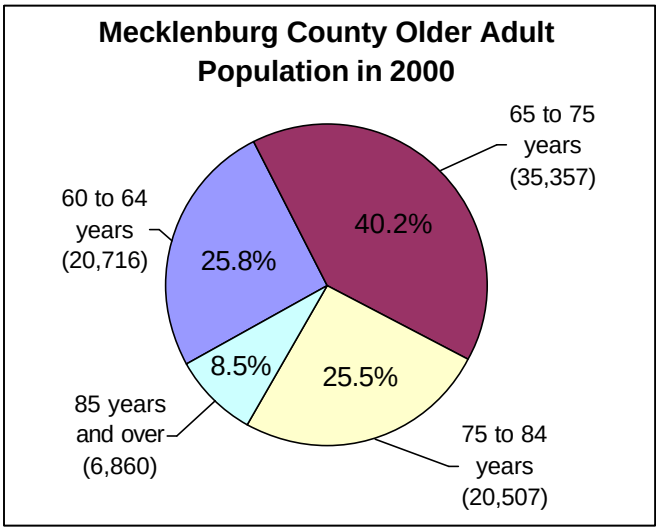
Only 4.6% of persons 65+ had moved since 1997 compared to 17.5% of persons under age 65. Both figures have moved downward slightly from the prior 5 years. According to the 2000 US Census, only 4.2% of persons' age 65 and older moved during the previous year compared to 16.6% of younger persons. When the 65+ group did move, it was usually within the same county. Based upon those statistics, older adults are choosing to age in place rather than move to a different county or state.

[4] William H. Frey, "Seniors in Suburbia," American Demographics, November 2001, 18.
[5] US Census Bureau, Paul Overberg, James West, and Anne Carey, "Age Breakdown," Graphic presentation on www.usatoday.com, 2003.
[6] Frey, "Seniors in Suburbia," 19.

b. Who are our Older Adults?

In 1990, there were 66,617 individuals age 60 and over in Mecklenburg County. As a whole, the 1990 profile of the 60 and over county population was: female (59.9%), White/Caucasian (80.7%), and 11.3% were in poverty.[7] A decade later, the Mecklenburg County population was 695,454 in 2000 of which 80,440 are age 60 or over.

Chart 1



Source: U.S. Census Bureau, Census 2000 Table DP-1. Profile of General Demographic Characteristics.

1) Racial / Ethnic Composition

In 1990, the Black (African American) population was approximately 18.6% of the total 60 and over population in Mecklenburg County. As of the 2000 U.S. Census, that figure has grown to approximately 19%. Other minority populations have also seen growth in the past decade. The growth of the age 60+ minority populations have not grown as fast their total population. Mecklenburg's Asian and Pacific Islander (age 60 and over) population has grown from barely 0.5% in 1990 to 1.61% in 2000. The 60 and over population of Hispanic origin has also seen an increase, from 452 older adults in 1990 to over 1,000.

2) Language Abilities

The influx of immigrants into the county over the past few decades, has led to an increase in the number of people whose primary language is not English or those who speak another language in the home. According to the Office of Civil Rights, millions of people in the United States who are unable to read, write, speak, or understand English (also known as Limited English Proficient or LEP) "… at a level that permits them to interact effectively with health care providers and social service agencies". Which means

[7] US Census, 1990 Census of Population and Housing -Summary Tape File 1: Mecklenburg County, US Bureau of the Census. 1989 Data.

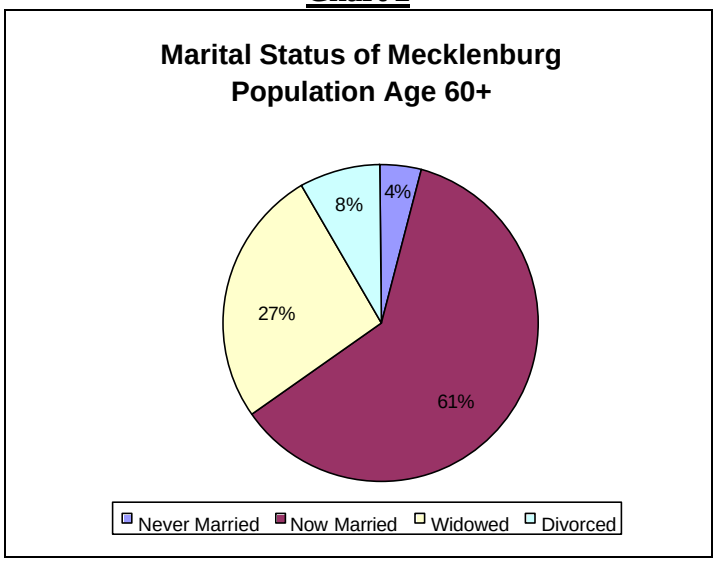
that "…LEP persons are often excluded from programs, experience delays or denials of services, or receive care and services based on inaccurate or incomplete information."[8]
In Mecklenburg:

- Approximately 25,934 individuals over the age of 4 speak English "not well" or "not at all". Almost 1,000 of these persons are age 65 or over.
- Of those who are living in linguistically isolated households (meaning a household in which everyone over 13 has at least some difficulty with English), approximately 2.7% are over age 64. [9]

3) Marital Status

In the United States, men are living longer, and creating fewer widows who usually choose not to remarry. In 1996 there were 5 times as many widows as widowers but in 1999 there were only 4 times as many.[10]

Chart 2



Source: U.S. Census Bureau, Census 2000 Summary File 3 (SF3) -Sample Data, Table PCT7.

4) Education

In Mecklenburg (2002), about 26.3% of older adults had attained an educational level of high school graduate and 18.2% were college graduates.[11] In 1995 in the U.S., 64% of the age 65+ population had a high school degree and 13% had a Bachelor's degree." [12] By 1999 these figures had risen to 68% with a high school diploma and 15% with a Bachelor's degree.

---

[8] Office For Civil Rights, Policy Guidance: Title VI Prohibition Against National Origin Discrimination As It Affects Persons With Limited English Proficiency (December 5, 2001), 1.
[9] U.S. Census Bureau, Census 2000 Summary File 3 (SF3) -Sample Data, Tables P19 and PCT13.
[10] Profile of Older Americans 1997 and 2000, AARP
[11] "Mecklenburg 2002 Older Adults Survey", Mecklenburg County, North Carolina. Percentages obtained using weighted data.
[12] AARP, Profiles of Older Americans, 1997

5) Income

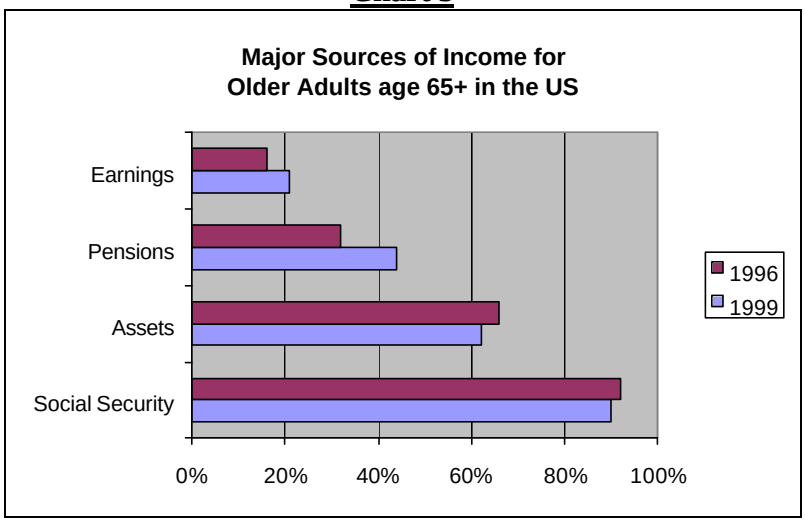
In Mecklenburg County, approximately 45% of households containing an individual age 65 and over had an annual income under $35,000.[13] The income for persons age 65 and over in the United States increased between 1996 and 1999. Nationally, the percentage of households (where the head of the household was 65 or over) with incomes greater than $35,000 increased from 40% to 46.9% nationally. The percentage of persons age 65 and over with incomes less than $15,000 decreased from 15.9% in 1996 to 11.5% in 1999.[14]

The 2002 Older Adult Survey found that in Mecklenburg:

- "Social Security" was the most common source of income (36.3%) followed by Retirement/Investments & Pension (25.4%).
- The lowest ranking sources of income were "Disability or SSDI" (3.0%) and other income from church or family (approximately 3.1%).
- Approximately 12% of respondents listed an income source from "Salary or Job".
- Most respondents received their income from two or more sources.

The following chart shows the percentages of major sources of income in the nation varied slightly between 1996 and 1999.

Chart 3



In the "65+ in the United States" report by the US Census Bureau, 14% of Social Security recipients also received income from another source.

6) Poverty

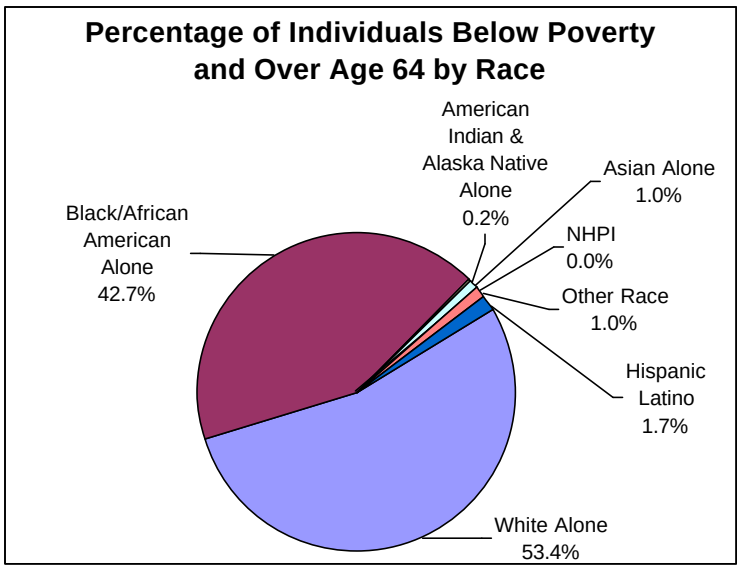
A 1994 report by the Social Security Administration found that, but for Social Security, 42% of recipients would be below the federal poverty level.[15] In 1996, 10.8% of the 65+ population was below the federal poverty level, which at that time was $7,740. By 1999

[13] U.S. Census Bureau, Census 2000 Table DP-1. Profile of General Demographic Characteristics.
[14] AARP, Profiles of Older Americans, 1997 and 2000
[15] Income of the Aged Chartbook, Social Security Administration, June 1996

the figure had dropped to 9.7% – an historic low. In 1999, the poverty rates were 8.3% for whites, 22.7% for African-Americans, and 20.4% for Latinos.

At 12/7%, North Carolina had the tenth highest poverty rate for the elderly from 1997-1999. In 2002, the Public Policy Institute of AARP, published a report ranking North Carolina third in the nation of those in poverty with 16.9% of persons over age 64 in poverty, which for a one-person household was $8,590. Also in North Carolina, 34.2% of women over 84 who needed long term care were in poverty in 1999.[16] In Mecklenburg, 8.3% (or 5,193) of individuals in poverty during 1999 were over age 64.[17]

Chart 4



Source: US Census Bureau table P87 & P159: Poverty Status in 1999 (population for whom poverty status is determined)
Data Set: Census 2000 Summary File 3 (SF 3) - Sample Data

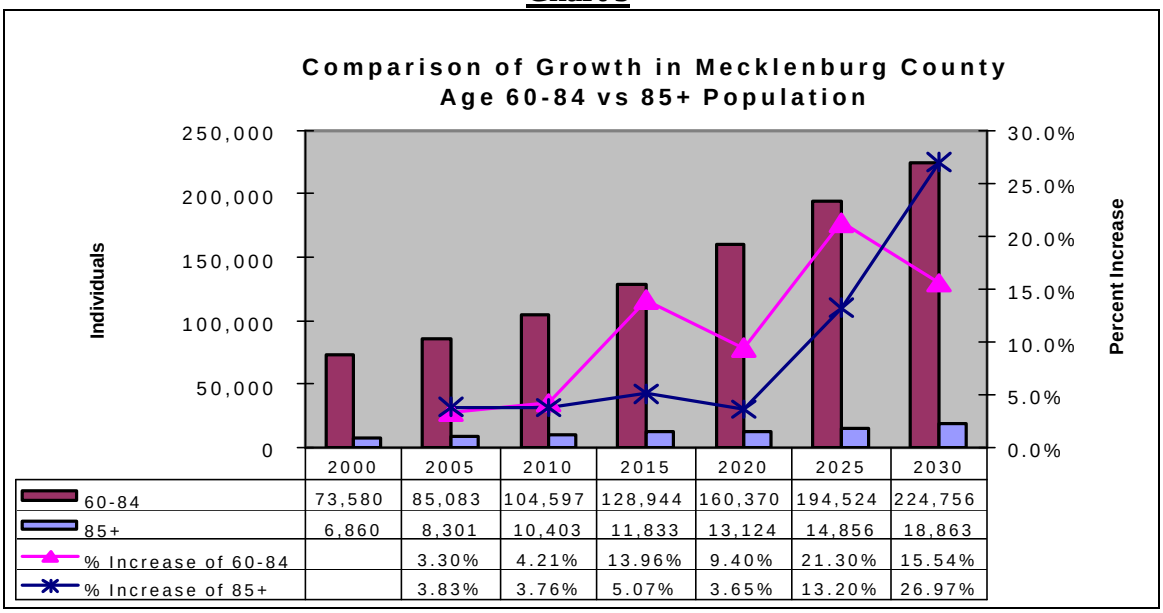
3. The Demographic Future

a. Population Growth

What changes will occur in the 60 and over population? The eldest of the Baby Boomer Generation (those born between 1946 and 1964) will reach age 65 in 2011. Based on state projections, it appears that for Mecklenburg County, the number of adults age 60 and over will continue to increase an average of 3.5% each year over the next thirty years.

[16] Public Policy Institute, "Across the States 2002, Profiles of Long-Term Care", AARP (2002), pg. 14.
[17] Census 2000 Table DP-3. See Appendix Section for more information about poverty levels and status.

Chart 5



	2000	2005	2010	2015	2020	2025	2030
60-84	73,580	85,083	104,597	128,944	160,370	194,524	224,756
85+	6,860	8,301	10,403	11,833	13,124	14,856	18,863
% Increase of 60-84		3.30%	4.21%	13.96%	9.40%	21.30%	15.54%
% Increase of 85+		3.83%	3.76%	5.07%	3.65%	13.20%	26.97%

Data source: Projected County Total Age Groups. Tables April 2000 through April 2030. North Carolina State Demographics. North Carolina Office of State Budget and Management June 2002.

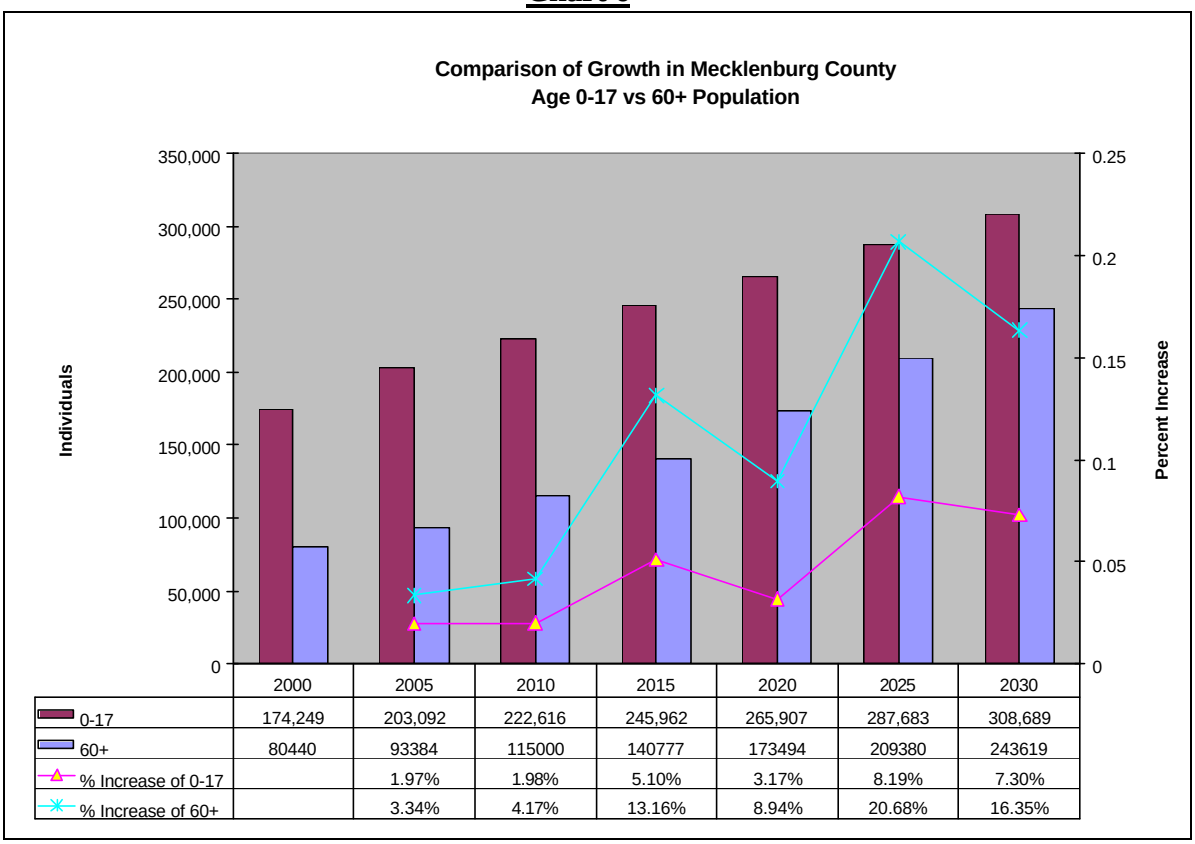
Based on the above chart, Mecklenburg County is projected to experience an increase in the number of individuals age 60 to 84 between 2010 and 2015. Another large increase is expected to occur between 2020 and 2025. In contrast, the 85 and over population is expected to remain somewhat steady for the next 17 years. Then, beginning in 2020, the number of Mecklenburg residents age 85 or over will dramatically increase over the subsequent 10 years.

As of the 2000 US Census, the number of children (age 17 and under) in Mecklenburg was increasing at a higher rate than the number of people over 60.[18] That situation changed in 2003 according to North Carolina Projections. Mecklenburg's older adult population is now increasing at a greater rate than the child population. By 2030, when the youngest Baby Boomer turns 66, there will only be a difference of five percentage points between the two populations.[19] The following chart shows the amount of increase between now and 2030.

[18] US Census 2000.

[19] Projected County Total Age Groups. North Carolina State Demographics. North Carolina Office of State Budget and Management June 2002. http://www.demog.state.nc.us/

Chart 6



	2000	2005	2010	2015	2020	2025	2030
0-17	174,249	203,092	222,616	245,962	265,907	287,683	308,689
60+	80440	93384	115000	140777	173494	209380	243619
% Increase of 0-17		1.97%	1.98%	5.10%	3.17%	8.19%	7.30%
% Increase of 60+		3.34%	4.17%	13.16%	8.94%	20.68%	16.35%

Data Source: Projected County Total Age Groups. Tables April 2000 through April 2030. North Carolina State Demographics. North Carolina Office of State Budget and Management June 2002.

Several news articles and studies have focused on the growth of the age 60 and over population and how to meet that population's needs. Market Researcher, Daniel Yankelovich says that over the next 25 to 30 years "a dizzying array of life styles will have gained mainstream acceptance… While this freedom has enlarged individual choice, autonomy and diversity, it is also linked to a very assertive form of individualism, a sense that my needs come first."[20] This clearly describes the baby boom generation. In the same article, Ken Dychtwald suggests that "we (the Baby Boom generation) have shaped our world – everything from the height of steps, to the length of traffic lights at street crossings, to the structure and function of medical systems – to who we've always been. And who we've always been is young. But the age wave is coming fast. The youth-oriented world as we know it will soon be rendered obsolete."[21]

b. Racial and Ethnic Diversity

In a paper published in the fall of 2000, the authors explore racial diversity in California, and particularly Los Angeles, as an example of the future. [22]

[20] Alison Stein Wellner, "Demographic Diamonds", American Demographics, April 2003, 35.
[21] Rebecca Gardyn, "Demographic Diamonds", 38.
[22] David E. Hayes-Bautista PhD, et al., "Recognizing Diversity in Aging", Generations, UCLA

The authors suggest there are three areas where racial diversity trends will be particularly important: epidemiology and medical services; program eligibility; and communication. "In short, the demographic trends that will have great consequences for the United States in the coming decades can be seen in California now. This situation in California does indeed provide a preview of the implications of the 'browning of the graying America'."[23]

As the Mecklenburg population continues to age and grow more diverse, the diversity of our services must also grow. For example, the Latino Focus Group (held in March 2003) participants stated that their ideal situation for the future would include living in a place (i.e. retirement community) in which their customs are celebrated and where they can interact in their native language.[24]

[23] David E. Hayes-Bautista Ph.D., et al., "Recognizing Diversity in Aging", 23.
[24] For details about the focus groups, see the Appendix Section of this report.

B. Health

1. Overview

Based on local survey and focus group data, and buttressed by state and national data, it is clear that older adults in the future will be healthy longer, but they will continue to consume a disproportionate share of all health resources. Based on the data there are five areas that currently warrant particular attention:

- **P**rescription medicines are probably the biggest concern to more older adults
- **H**ealth care cost and availability is also a major concern
- **O**verall health and physical health continue to both improve and be a concern, as older adults work harder to maintain their health
- **N**utrition understanding continues to grow with a majority of, but not all, older adults
- **M**ental health is a quiet concern to growing numbers of older adults, and their families, especially in the realms of both depression and dementia

It is clear that in most respects, the older adult population is more focused on actions they can take to keep their good health. Older adults perceive their overall health to be good to excellent, but other data does not indicate quite as positive a picture. There are disparities in quality of perceived overall health by race and income in Mecklenburg and on a national level. Both weight control and regular exercise play a major role in the actual level of the health of older adults. Those who have never been significantly over weight, stand a much better chance of reaching their 90th year, even if they have chronic diseases.

Chronic diseases and memory loss illnesses were mentioned as concerns in the Mecklenburg focus groups. Depression was seldom mentioned. By far the biggest concern documented in the local survey and the literature, corroborated by the focus groups, is the cost of prescription drugs. The survey results indicated that cost forced people to forego other things or do without the essentials. The nutrition of older adults is better than in past decades, however there are still far to many older adults who lack proper nutrition.

2. Current Status

On the whole, older persons have more health problems and consume more health resources than they did when they were younger. However, this trend of using more health resources can be expected to somewhat moderate in the future. This section reviews some of the data and trends that may have an impact on maintaining the health of today's older adults for a longer period of time than their parents. What follows substantiates the assertion that socioeconomic status and race are determinative factors with regard to health and well being.

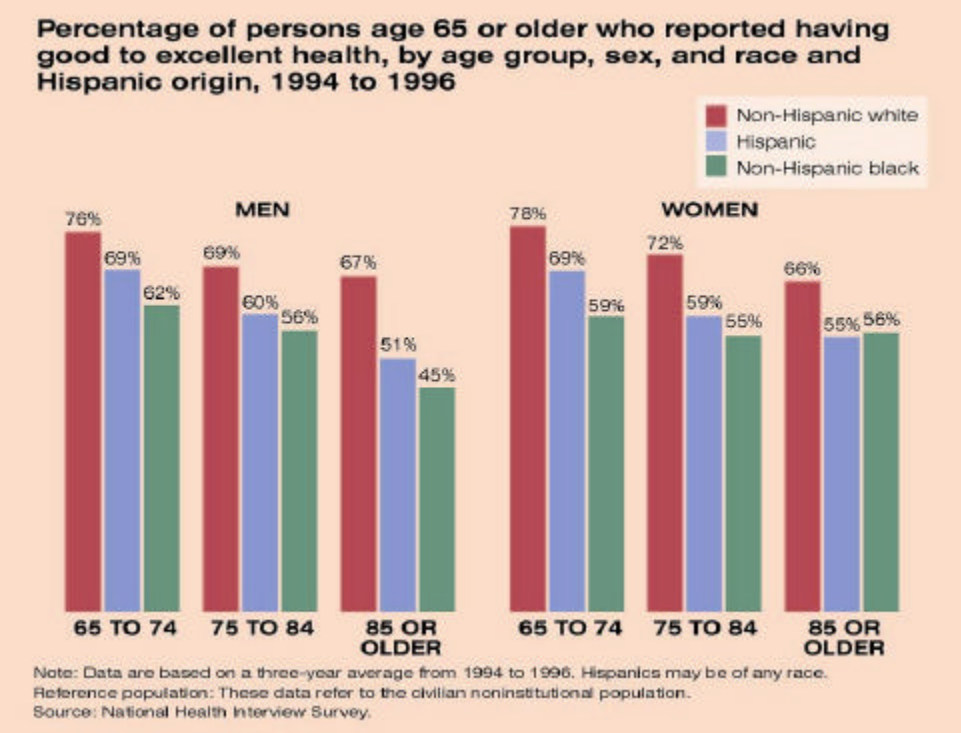
a. Overall Health & Well-Being

There are several aspects of health care that are key to measuring the status of seniors. Those aspects include overall health & well being, disabilities, mental health, prescription drugs, and nutrition.

According to one report, 76% of Americans age 50-79 say their health, relative to others their age, is "very good" or "good".[25] In the same age group, 63% stated that exercise is the best thing that they can do for their health and 71% say exercise is "very important". In contrast, 66% of those in "fair" or "poor" health have either never exercised regularly, or have done so only occasionally. The steps that respondents considered most important to staying healthy and fit included eating right (81%), maintaining a healthy weight (78%), and getting enough exercise (77%). However, according to an article on American consumers, over 58% of all Americans were overweight 25 years ago, and today 60% are above their ideal weight while 15% of all adults are overweight by at least 30%.[26]

In the Older Americans 2000 Report, 72% of older Americans reported their health as excellent, very good, or good, between 1994 and 1996.[27]

Chart 7



Source: Older Americans 2000: Key Indicators of Well-Being, pg. 27

[25] Roper ASW, "Exercise, Attitudes and Behaviors: Key Findings from a AARP Survey of Midlife and Older Adults", AARP (2002).
[26] Peter Francese, "Consumers Today", American Demographics, April 2003, 29.
[27] "Older Americans 2000: Key Indicators of Well-Being", Federal Interagency Forum on Aging-Related Statistics, pg. 27.

In Mecklenburg County, approximately 83.9% of older adults reported their health as excellent, very good, or good compared to others their age.[28] This data is in line with national data from the Older Americans 2000 Report. In 1994 and 1996, 27% and 28% respectively, of the 65+ U.S. Population assessed their health as fair or poor. In Mecklenburg, approximately 16.1% of older adults over age 59 described their health as fair or poor. These Mecklenburg County figures have not changed markedly from 1997 when a local survey found that 19.9% of the respondents were "Not Satisfied" with their physical health.[29]

However, significant differences were found when the well-being of Mecklenburg respondents was cross tabulated with income and race. Analysis of the Mecklenburg 2002 Survey results revealed that over 12% of low-income respondents reported poor health compared to only 2.5% of respondents with higher incomes. The previous chart from the Older Americans 2000 report indicates that Non-Hispanic Whites were more likely to describe their health as good to excellent than Hispanics or Non-Hispanic Blacks.

A similar statistically significant difference was also found among the Mecklenburg Older Adult Survey participants. A majority of Black/African Americans rated their health as *good* compared to the majority of White/Caucasians who rated their health as *very good*. The results also showed that a larger percentage of Black/African Americans described their health as poor (a difference of 5.6 percentage points compared to White/Caucasians). Based on the data presented, minority older adults and older adults with low incomes *perceived* their health to be fair or poor more often than older adults who are White/Caucasian or have higher incomes.

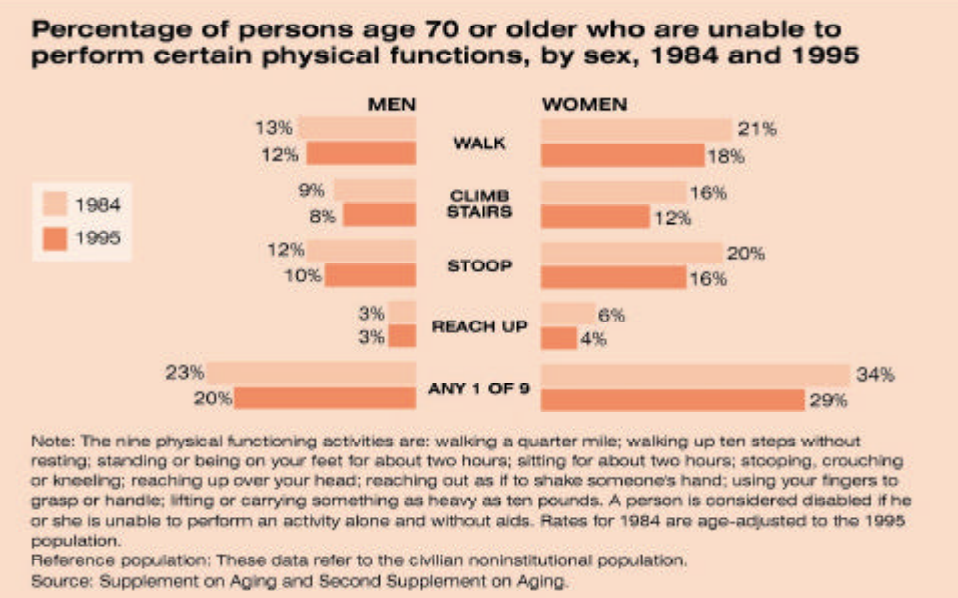
As for physical health, 40.9% of Mecklenburg's non-institutionalized age 65 and over population is disabled. Mecklenburg County has a slightly higher percentage of disabled (among those age 65 and over) compared to Wake County, North Carolina (39.7%) and a slightly lower percentage compared to Guilford County North Carolina (42.4%).[30]

b. Disabilities

Some common disabling conditions of the older adult population include memory impairment (Alzheimer's/dementia), arthritis, diabetes, cancer, stroke, hypertension, and heart disease. These diseases among others "…negatively affect quality of life, contributing to declines in functioning and the inability to…" age in place.[31]

[28] Mecklenburg 2002 Older Adults Survey. For details see the Appendix Section of this report.
[29] "1997 Aging Issues Report", Mecklenburg County, 19. (only adults over age 54 were surveyed)
[30] Census 2000 Table DP-1.
[31] "Older Americans 2000", 24-25.

Chart 8



Source: Older Americans 2000: Key Indicators of Well-Being, pg. 24

A 1997 study of aging issues in Mecklenburg reported, as one would expect, that "health problems appear to be more prevalent" among older seniors (those 75 and over) than younger seniors.

- Only 7% of those over age 75 report having problems related to stroke compared to 2.3% reported by adults age 55 to 64.
- Over 13% of adults age 75 and over listed cancer as a current problem compared to roughly 6% of adults age 55-64.
- Nearly one quarter of respondents over age 75 said they have memory problems, while persons age 55-64 were half as likely to report such problems."[32]

c. Mental Health

An individual's physical and overall health is frequently related to his or her mental health. When it comes to mental health, 2% of respondents to the 1997 Mecklenburg Aging Survey described their state of mind as usually unhappy or very unhappy. Approximately 9% of respondents to the 2002 Mecklenburg Older Adult survey reported feeling down, depressed, or hopeless and having little interest or pleasure in doing things for at least two weeks.[33] Out of those who had those feelings, less than 25% had sought help.

The U.S. Preventative Services Task Force Panel has used the combined responses to the following two questions to indicate a probable need for depression screening:

1) Over the past two weeks have you ever felt down, depressed, or hopeless? and

[32] "1997 Aging Issues Report", 13. (only adults over age 54 were surveyed)

[33] See Mecklenburg 2002 Older Adult Survey Questions 19 and 19A respectively in Appendix 3. 1997 Aging Issues Report, Charlotte-Mecklenburg Aging Coalition.

2) Over the past two weeks have you felt little interest or pleasure in doing things? According to the Task Force, "an affirmative response to these questions may indicate the need for the use of more in-depth diagnostic tools". A Task Force article on screening, states that "depression increases health care utilization and costs $17 billion in lost work days each year."[34]

In the 2002 Older Adults Survey there appeared to be some disparity when mental health was compared to income. Of those earning less than $20,000, 35% felt down, depressed, or hopeless, while only 11% of those earning $20,000 or more felt the same way.

d. Prescription Medicines

According to the Centers for Medicare and Medicaid Services (formerly HCFA, prescription drug expenditures have grown from $69.1 billion in 1996 to $121.8 billion in 2000.[35] The Mecklenburg 2002 Older Adult Survey showed that 85.5% of those age 60 or over are taking prescription drugs. According to the 2002 Charlotte-Mecklenburg Annual Survey results, 30.2% of respondents age 65 or older spend between $1 and $50 per month on prescription drugs. Within the same age group, 25% spend between $101 and $300 on their medications.[36]

Paying for medications is a primary concern for older adults. In Mecklenburg, 39% of older adults (people over 59) said they are “very concerned” about being able to afford the cost of medications over the next two years. The level of concern did not vary significantly when cross-analyzed with level of education or income.

In the 1997 Aging Issues Report, the cost of medicine was an expense that was “difficult to pay for” according to 20.3% of the respondents – second only to health care which received 22.1% of the responses.[37] In the 2002 Older Adults survey, 79.2% of Mecklenburg residents are either paying for their medications themselves, through family, or via private health insurance or flexible spending accounts. Only 4.7% of respondents with incomes under $20,000 had taken advantage of the special programs available in the county (such as MedAssist, patient assistance programs, or sliding fee scale programs).

Due to the high cost of medications and their limited incomes, older adults often have to decide whether to use their money to pay for their medications or forego the medications in favor of more pressing needs such as food or rent. Based on the Mecklenburg 2002 Older Adults Survey, the County's older adults said the cost of prescription drugs made them decide to:

- not take the prescription as frequently as prescribed (44.7%).
- not to purchase the medications (39.7%).

---

[34] Najar, Barbara, "U.S. Preventative Services Task Force Finds Sufficient Evidence to Recommend Screening Adults For Depression," Agency for Healthcare Research & Quality, 2002

[35] Presentation by LarsonAllen CPA Consultants to Charlotte Mecklenburg Aging Coalition in February 2003, National Healthcare Expenditures for January 2002

[36] "2002 Charlotte-Mecklenburg Annual Survey", UNC Charlotte Urban Institute, (Fall 2002).

[37] 1997 Aging Issues Report, 19.

- do without other essentials such as food, utilities, or paying rent (15.6%).

This type of decision making is also a common problem in other states across the nation such as Washington and New York. A survey of Washington state adults age 50 and over found that between 20% and 27% of respondents had taken at least one of the same three measures mentioned in the Mecklenburg survey, while 74% had asked for generics, and 33% "price shopped".[38] The Washington survey also found that 18% of the respondents had a "major problem" paying for prescription drugs in the past year, and an additional 22% had a "minor problem".

Some New York seniors (12%) did not fill their prescription, while 15% skipped doses to make the prescription last longer, and 20% did not fill their prescription one or more times or skipped doses. The percentages were slightly lower for persons with prescription drug coverage and significantly higher those without coverage.[39]

Older adults should "ask for samples – but the elderly won't ask. It should be offered so they don't have to ask. It is a pride thing".
-a quote from a participant in the Mecklenburg Focus Groups

The Older Americans 2000: Key Indicators of Well-Being report shows that the amount spent on health care for seniors whose income was in the lowest 20% of the population was just 4.2% of their total expenditures compared to 8.8% for those in the top 40% of the income range. This suggests that low-income seniors are not buying as many medicines due to a lack of income.

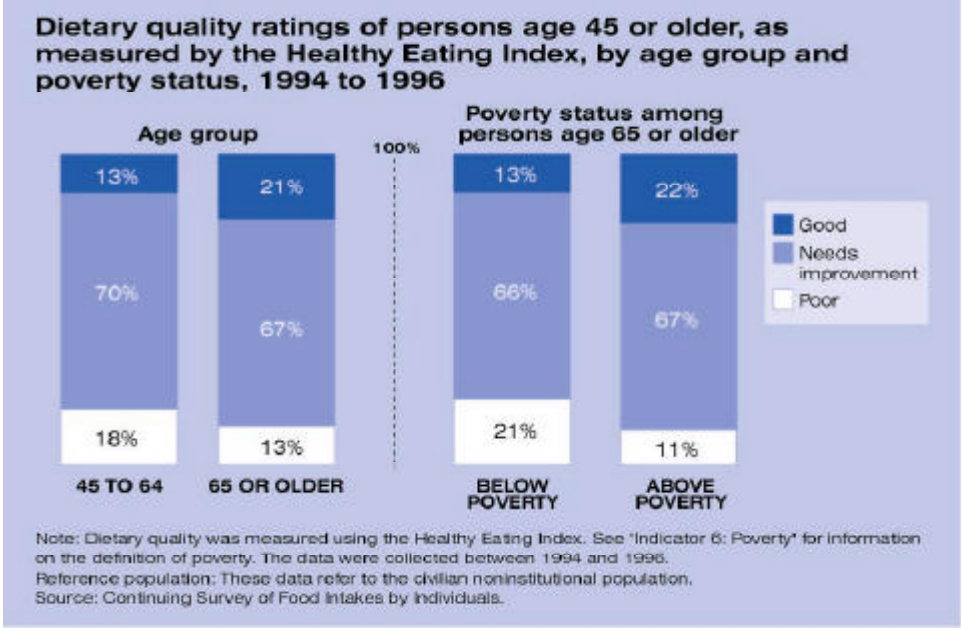
e. Nutrition

The 2002 Mecklenburg Older Adults Survey finds that less than 2% of respondents are not sure what constitutes adequate nutrition. In contrast, over 90% of respondents on a special diet knew which foods they needed to eat or to avoid to maintain that diet. Respondents to the survey were also asked if they had a need for certain services. Approximately 8% (or 4200) indicated they were in need of a hot lunch (whether in a congregate setting or home delivered).

The Older Americans 2000 report found that older persons living in poverty were more likely to report a poor diet (21%) than those living above the poverty level (11%).

[38] "AARP Washington Drug Survey", Knowledge Management for AARP (December 2002).
[39] "New York Seniors and Prescription Drugs: Seniors Remain at Risk despite State Efforts", The Commonwealth Fund (December 2002), 11.

Chart 9



Source: Older Americans 2000: Key Indicators of Well-Being, pg. 36

When asked about special diets to "regulate their blood sugar levels, lower their sodium or salt intake, reduce their cholesterol, or reduce their blood pressure" the majority indicated they were not on a special diet. Of the respondents who are on a special diet, approximately 30% (based on responses, not cases) had annual incomes under $20,000. There seemed to be some relationship between those on a diet to regulate their blood sugar (17.1%) and those on a diet to reduce their sodium intake (18%). A similar finding was seen among those who were on diets to reduce their cholesterol (33.2%) and those on diets to lower their blood pressure (31.7%).

Reuters News Service reports that researchers from the University of California, Irvine have determined that elderly people who reported weighing the least at age 21 and who participated regularly in physical exercise as senior citizens were the most likely to eventually celebrate their 90th birthday. [40] Apparently in this instance, what's good for the young is also good for the elderly.

In addition, the elderly participants who had the highest body mass indices (BMI) in their golden years were also more likely to die before age 90, compared with those who had a lower BMI. Those seniors who exercised at least 30 minutes a day were 24 percent to 31 percent less likely to die before age 90, compared with those who exercised less than 30 minutes daily or not at all. "Although exercise is known to help maintain ideal weight,

[40] Dr. Maria M. Corrada, Annlia Paganini-Hill, and Claudia H. Kawas, Reuters, presented during the 55th annual meeting of the American Academy of Neurology in Honolulu.

exercise increased the chance of survival beyond its effect on weight and body mass,"[41]Corrada told Reuters.

These remarkable findings, about healthy weight and exercise contributing to longevity, held true even when the elderly participants suffered from life-threatening health problems, such as high blood pressure, heart attacks, diabetes, and cancer.

[41] Ibid.

C. Independent Living

1. Overview

The increasing prevalence of independence exhibited by today's older adults will grow even more widespread among older adults when members of the Baby Boomer generation retire. This section of the report addresses some areas (aside from areas of health and income) that are integral to maintaining a good quality of life and having a dignified retirement. A typical older adult has lived in Mecklenburg County for several years, moved here recently to be near family members, or come for the climate and amenities.

A large majority of older adults in Mecklenburg County want to stay in their homes as long as possible, but this intent assumes certain circumstances and the availability of certain community services. Data clearly show that relationships with friends and family are the most important factor, followed closely by health, and a vital and meaningful life.

Leisure and recreational activities were frequently mentioned as things that keep adults physically and mentally active. A federal report (Older Americans 2000) has stated that, "Those who continue to interact with others tend to be healthier, both physically and mentally, than those who become socially isolated."[42]

In 2002 approximately 46% of older adults in Mecklenburg were not receiving the help that they needed with certain difficult tasks.[43] At some point, most adults will become caregivers for their parents or another older relative or friend. Caregiving may involve calling to check on a person a few times a week to extended daily visits assisting with personal care and financial management. Some care can be provided via long distance caregiving or locally. In either case it will consume time and resources. A 1997 MetLife study concluded that "the aggregate costs of caregiving in lost productivity to U.S. business is [conservatively to be] $11.4 billion per year and could be as much as $29 billion."[44]

Older adults see transportation as a key means to maintain independence. In the 2002 Older Adults survey 87% drive themselves or ride with family or friends. "Without such mobility, many older persons report a sense of loss and feelings of isolation from the world of their younger years."[45]

Most older adults will work until they are 65 or 66 and many will work full time or at least part time well beyond the traditional retirement age. Some will because they have to and some because they enjoy it or to give them "something to do." Many employers

[42] Older Americans 2000: Key Indicators of Well-Being, pg. 32
[43] Based on the 2002 Mecklenburg Older Adults Survey.
[44] The MetLife Study of Employer Costs for Working Caregivers, June 1997, Metropolitan Life Insurance, Pg. 7
[45] Transportation and Older Persons: Perceptions and Preferences, Center for Transportation Studies and Age Lab, MIT, for AARP, 2001, pg. v.

have not sufficiently considered the benefits of tapping into the skills and knowledge of older workers, or how to go about motivating them not to retire.

In 1988, Dychtwald wrote *Age Wave*, in which he predicted:

> "The physical environment you live in will change. Because the man-made world we inhabit is now designed for youth, the form and fit of everything well be redesigned. To fit the pace, physiology, and style of a population predominately in the middle and later years of life, the typeface in books will get larger, and traffic lights will change more slowly, steps will be lower, bathtubs less slippery, chairs more conformable, and reading lights brighter. Neighborhoods will be safer, and food will be more nutritious."[46]

A Roper Starch Worldwide report entitled *An AARP Segmentation Analysis*, found that the Baby Boomer's "self-reliance, independence, and indulgence are all lifelong traits that will lead, no doubt, to a uniquely Boomer retirement." "Recent Roper Reports Trends substantiate that Baby Boomers are bringing an increasingly self-reliant approach to retirement, with 67% [in 1999] of them putting aside money for retirement, up from just 56% in 1995."[47] However, there is not an indication from the literature or the Mecklenburg 2003 focus groups that Boomers have considered what they will do when they retire or no longer have to care for an elderly parent. One focus group participant said, "I have never given it much thought about where I would go" and another participant said that he needs to think more about where he would live, although he would prefer not to think about it.

2. Current Status of Aging in Place

The Mecklenburg 2002 Older Adults Survey findings show that most seniors do not expect to move within the next five years, have family nearby, and live in a home that they rent or own. The survey findings, as well as the comments of the 2003 focus group participants, show that Mecklenburg's older adults want to age in place, as long as possible.

a. Functional Status

The Mecklenburg Department of Social Services' Senior Citizens Nutrition Program (SCNP) divided its customers into three different functional status categories based on the number of activities of daily living (ADL) and instrumental activities of daily living (IADL) that individuals have difficult completing.[48]

- Frail – the client has three or more ADL impairments.
- At Risk – the client has one or more IADL impairments and/or the client has one, but less than three ADL impairments.

[46] http://www.amazon.com, see Age Wave, see all 45 pages excerpted, pg. 12

[47] Baby Boomers Envision Their Retirement: An AARP Segmentation Analysis, February 1999, by Roper Starch, pg. 72.

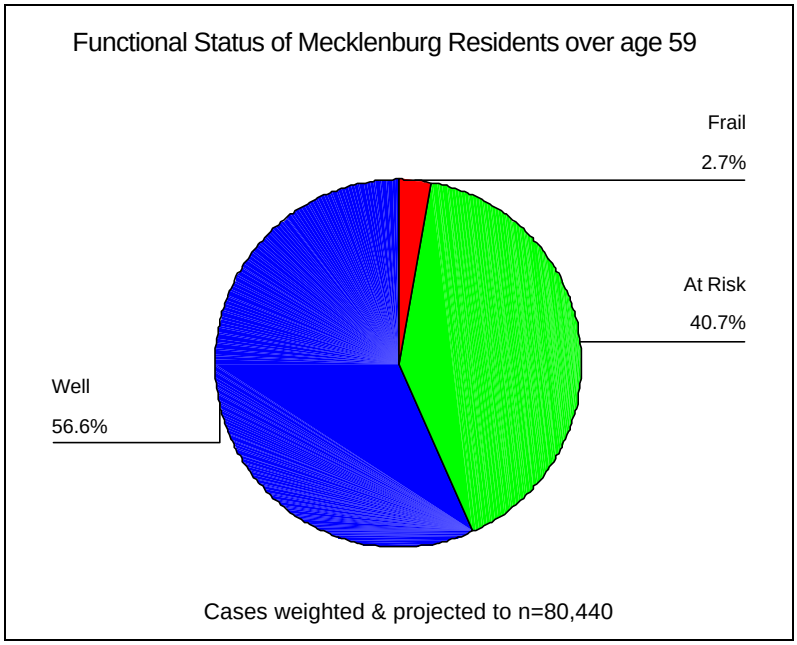
[48] The SCNP's criteria also includes client's cognitive status. The Older Adult Survey did not include an assessment of respondent's cognitive ability. ADLs include activities such as walking, bathing, showering, transferring in and out of beds or chairs. IADLs include using the telephone, housework, money management, and meal preparation.

- Well – the client has no (zero) IADL impairments and no (zero) ADL impairments.

Using the SCNP criteria and the responses to the Mecklenburg 2002 Older Adult Survey:

- An estimated 2,179 of Mecklenburg's older adults are can be classified as Frail.
- An estimated 32,713 of Mecklenburg's older adults are can be classified as At Risk.
- An estimated 45,549 of Mecklenburg's older adults are can be classified as Well.

Chart 10



The estimated figures are based on a sample data set (of 602 survey respondents) which was weighted to reflect the total Mecklenburg older adult population of 80,440.

Based on the Mecklenburg 2002 Older Adult Survey, only 24 of the 602 respondents, were classified as frail. Given the low sample size (n=24), it is problematic to generalize the responses of the "frail" sample to the larger 60 and over population. However, the survey does provide enough information for a case study of the "frail" sample.

Case Study of the "frail" sample

- 22 of the 24 fell into the low income (under $20,000/year) category. Only two respondents had yearly incomes of $40,000 or more.
- The "frail" traveled around town primarily by either driving themselves or being driven by family/friends. Few respondents used other modes of transportation. Non of the frail respondents indicated that the usually walk to get around town.
- Regarding special diets: about half of the "frail" were on a special diet to either regulate their blood sugar, lower their sodium/salt intake, or reduce their cholesterol. Approximately two thirds were on a diet to reduce their blood pressure.
- Interestingly, most of the "frail" (17 individuals) prepare their own meals at least some of the time. Only 5 reported receiving home delivered meals.
- Most of the "frail" respondents (19) live in a home that they own (as do those in the other functional classifications).
- Of those classified as "frail", 15 spent more than 30% of their income on housing while only five spent less than 30%. The remaining four respondents did not respond.

Note: any projection of the "frail" numbers to the age 60 and over population as a whole is not recommended. The margin of error around any of these projections is very wide.

Below are some additional facts and figures based upon weighted 2002 Older Adult Survey results and the related functional status classifications.[49]

Income (Categories: low-income was defined as less than $20,000 per year.)

- Most respondents with incomes greater than $20,000 are "well"
- Most low-income respondents fell into the "at risk" category.
- Generally, the higher the income, the greater the percentage of respondents classified as "well".
- In the At Risk Category, most respondents (approx. 65.5% or 21,400) had incomes greater than $20,000.

Age (categories: 60-64; 65 to 74; 75 to 84; 85 or older)

- Most respondents in each age group were categorized as "well" except for those 85 or older -the majority of whom were classified as being "at risk".
- The older the respondent, the greater the likelihood of his being classified as "frail".
- For people age 65-74 and 75-84, the vast majority are either "well" or "at risk".

Race (categories: the original survey had five racial categories. For the purposes of analysis, the five categories were condensed into “white/Caucasian" and “minority.”)

- 77% of all respondents were Caucasian.
- Further analysis showed that there was little variation between the functional status of respondents and their race.

[49] the numbers have been projected to reflect Mecklenburg's 60 and over population where n=80,440

Needs

There was need for Information on Services and Programs for Older Adults and recreation across all functional statuses.

Transportation

- Generally, traveling by automobile (that they either drive themselves or are driven by family/friends) or riding the bus were the most common modes of transportation for both the "at risk" and "well" categories.
- The lower the functional status (from "at risk" to "frail" for example), the higher the number of respondents who said they had missed a doctor's appointment due to lack of transportation.

Prescription Drugs

- Across all functional groups, people struggle with the cost of prescription drugs.

Nutrition

Special Diet

- The majority of respondents on special diets to regulate their blood sugar or lower sodium/salt intake, and reduce blood pressure were "at risk".
- The majority of respondents on special diets to reduce their cholesterol were "well".

Who Prepares Their Meals

- The percentage of those whose meals are prepared by family/friends, did not vary greatly by functional status.

Social Contact

- The survey asked if respondents had family or friends within two hours of where they live that they could turn to for help if needed. The responses did not seem to vary when compared to functional status.
- The more limited the functional status of the respondent, the more likely they were to indicate that their health had limited their social activities.
- Of those who were classified as "well", only 4% said that their health has limited their social activities.

Self-Rated Health

- Respondents' own perceptions of their health, matched the "frail", "at risk" and "well" categorizations of the survey. For example, 69% of "well" respondents reported excellent or very good health, while 38% of the "at risk" respondents said the same.

Mental Health

- For those who felt down, depressed or hopeless over a two week period, the responses did not vary greatly across the functional status categories.

Housing

- Of those who expected to move someplace else within the next five years due to health problems or inability to maintain their home:

- 55% (4740) were "at risk"
- 35% (3000) were "well"
- 8.6% (under 800) were "frail"
- further analysis showed a weak relationship between respondent's functional status and the likelihood of moving.

- Of those who said that they spend more than 30% of their income on housing costs:
  - 49% (10200) were "At Risk"
  - 45% (9300) were "Well"
  - 5% (1190) were "Frail"
- The majority of the frail spent more than 30% of their income on housing. In both the "at risk" and "well", the majority (between 64 and 78 percent) spent less than 30% on housing.

The data from the 2002 survey described in the previous pages of this report, seem to be in line with the 1999 data compiled by the U.S. Administration on Aging, which showed the percentage by age of those with an ADL or IADL impairment:

Table 2
ADL/IADL Impairments by Age

Age	ADL only	IADL only
60-69	2.3%	5.0%
70-74	4.4%	7.5%
75-84	8.6%	13.9%
85+	20.0%	22.3%

In North Carolina, the *projected* number of persons with significant ADL impairments, by age:

- By 2010 there will be 36,887 (3.33% of the total population) persons age 65+ with 3 or more ADL impairments.
- By 2010 there will be 24,898 (5.61% of the total population) persons age 75+ with 3 or more ADL impairments.

b. Caregiving

What is Caregiving? Caregiving can be provided by a paid worker or an unpaid relative or friend. Generally caregiving can be described as providing care to a person who is aged 50 or older to help them take care of themselves. It may include help with personal needs or household chores. It might be taking care of a person's finances, arranging for outside services, or visiting regularly to see how they are doing.[50]

The Family Caregiving In The U.S. report describes the typical family caregiver as, "a married woman in her mid forties who works full-time, is a high school graduate, and has an annual household income of $35,000." There are 22% who are age 35 or under, 24% who are ages 50 to 64, and 12% who are 65 or older. The study found that 23% have some college education and 29% are college graduates. Those with children in the

[50] Family Caregiving in the U.S., Finding from a National Survey, National Alliance for Caregiving, 1997, pg. 6

household under age 18 compose 41% of caregivers. The retired compose 16% of caregivers, and 52% are working full time, 12% work part time and 41% have household incomes under $30,000.

A 1996 survey by the National Alliance for Caregiving found that 23% of all U.S. households contain at least one caregiver.[51] One Mecklenburg focus group participant (50-59 group) said that getting old "is losing what you had. It is just sad. I do not know what I will do when I get old". Another commented that she "does not know what happens to seniors who do not have someone to take care of them." A woman noted that "I am aggressive for my mother. You have to be."

> **" There is no support for the family caregiver. It is costly and very tiring." "People should be able to [more easily] claim [dependent] parents on their tax returns."** *–comments from Mecklenburg 2003 focus group participant age 50-59.*

In some cases, individuals are not receiving help from caregivers. Approximately 46.2% of older adults in Mecklenburg were not receiving the help that they needed with difficult tasks (such as walking, bathing, etc.). [52] All of these findings indicate a high demand for caregiving - especially if that individual wishes to "age in place".

A 1997 Comparative Analysis of Caregiver Data examined trends in caregiving.[53] Some of the implications and trends the study found were:

- Although more households are reporting involvement in caregiving, the intensity and levels of caregiving are lower than 10 years ago
- We can expect to see more caregiving in the workforce
- Workplace issues for employed caregivers are likely to increase
- Caregivers may generally be less involved in ADL assistance
- "As the prevalence of caregiving increases, more households will be involved in long-distance caregiving …"

There are paid and unpaid caregivers. Paid caregivers are frequently Certified Nursing Assistants (CNA's) or may be a home health worker, a chore worker or a "sitter" who may not have limited special skills. There were approximately 82,000 active CNA's in the state[54] and it is estimated that approximately 10% worked in Mecklenburg as of 2000. Frequently, a caregiver is a family member or a close friend who is not paid for their time. They usually provide assistance to an older adult to help with personal needs or household chores. It might involve taking care of a person's finances (balancing a check book and writing checks), assisting with some personal care, arranging for outside services, or visiting regularly to see how they are doing.

---

[51] "Family Caregiving in the U.S.", 8.
[52] Source: Mecklenburg 2002 Older Adults Survey, question 13. Data weighted and based on n= 80,440.
[53] Comparative Analysis of Caregiver Data for Caregivers to the Elderly 1987 and 1997, National Alliance for Caregiving, June 1997
[54] NC Department of Health & Human Services – Long-Term Care Cabinet

In the U.S. 23% of all households that contain at least one caregiver.[55] In Mecklenburg, 19% of the total surveyed population (n=850) have a friend or family member with a disability or who is 60 years of age or older receiving care.[56] Out of that 19%, in 11.0% of the cases, the respondent is providing the care. In 8% of the cases, the care is being provided by someone else. Of those respondents who are caregivers:

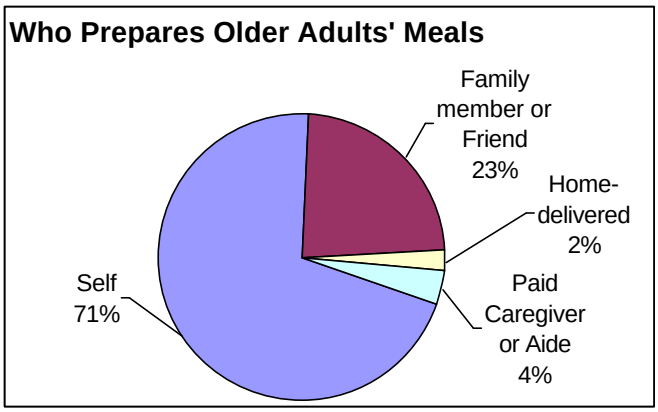
- 28% are between the ages of 45 and 54.
- Respondents over age 54 encompass only 23% of the surveyed population, however they account for 37% of the caregivers.
- Approximately 64% are employed.

Caregiving for the unpaid caregivers can be a time consuming and taxing activity. An increasing number of unpaid caregivers hold full time jobs and frequently find it difficult to be away from work to care for their older family member or friend. For the paid caregivers, the pay is uniformly low and the quality of care is not uniformly good. This issue is highlighted in the section of this report about the Long Term Care Continuum.

The 1997 Aging Issues Report, showed that approximately 29.5% of individuals age 60 or over expected to become a caregiver for another older adult in the next five years. The Mecklenburg 2002 Older Adult survey also asked about the likelihood of being involved with the care of an older adult within the next five years. Survey results showed that 33.8% are somewhat or very likely to become a caregiver. Based on those two surveys, it appears that the likelihood of becoming a caregiver is increasing.

Older adults' reliance upon caregivers (whether paid or volunteer) is further evidenced by responses to a few other questions in the survey. Even though a majority of older adults prepare their own meals, 29.5% have their meals prepared by a family member or friend, a paid caregiver or aide, or have the meals delivered to their home.

Chart 11



Source: Mecklenburg 2002 Older Adult Survey, question 9
Note: figures come from a multiple response question, based on weighted data.

[55] Family Caregiving in the U.S., Finding from a National Survey, National Alliance for Caregiving, 1997, pg. 8
[56] Based on the 2002 Charlotte-Mecklenburg Annual Survey, UNC Charlotte Urban Institute, November 2002.

The National Alliance for Caregiving study categorized caregivers into 5 levels of caregiving demand. The levels range from one to five, with one being the least demanding, typically providing no more than eight hours per week and not including assistance with personal care activities such as dressing or bathing. Level five is the most demanding, and provides assistance with at least two personal care activities for more than 40 hours per week. *(See table in the Appendix for Mean Hours of Care Provided per week by Caregiver levels)*

Only 40.5% of level 5 caregivers are employed part or full time, while 70.1% of level one caregivers are employed. More than 69% of caregivers live less than one hour away and 94% live less than two hours away. "There was a significant … increase in the numbers of respondents who reported that their care recipient lived more than 20 minutes away – [from] 16% in 1987, [to] … 24% in 1997. For the employed caregivers, the increase was" even greater - from 14% in 1987, to 34% in 1997.[57]

The 2002 UNC Survey also posed several caregiving related questions. Out of the 11% of all persons surveyed in Mecklenburg County who are caregivers, 15.7% provide transportation and 14.8% are providing assistance with activities of daily living (ADL) tasks such as taking medications, reading, shopping etc. The remaining caregivers were providing assistance with the following tasks:

Table 3
Percent of Caregivers Providing Selected Services

Purchasing or Picking up medications	12.9%
Housekeeping Chores	12.4%
Money Management	12.0%
Financial Support	11.4%
Meal Preparation or picking up meals	11.4%
Personal Care	9.0%
Other tasks (such as visiting/companionship)	.4%

According to the survey, most caregivers were providing at least five different types of care for their disabled or elderly relative/family member.

The most prevalent tasks performed by caregivers are transportation (79.3%), grocery shopping (77.3%), housework (73.6%), and preparing meals (60.0%). The most prevalent ADL's performed by caregivers are getting in and out of chairs (36.8%), dressing (31.4%), bathing (26.6%), and toileting (26.2%).[58] (See table in the Appendix for Utilization of Services and Satisfaction with Services & Information By Caregivers)

Some suggestions of actions that would assist and encourage more persons to be caregivers for older adults include:

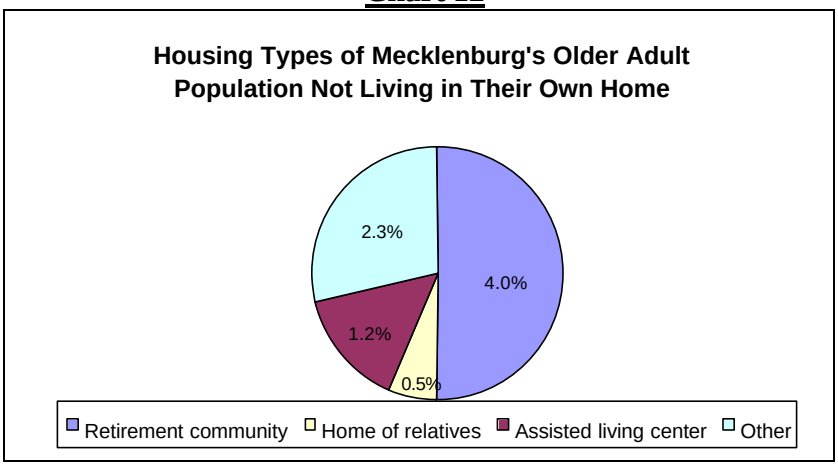
[57] Comparative Analysis of Caregiver Data for Caregivers to the Elderly 1987-1997, Trends, item 7.
[58] Family Caregiving in the U.S., Finding from a National Survey, National Alliance for Caregiving, 1997, pg. 18-19

a. conduct and market free classes on skills/techniques for family caregiving as well as coping mechanisms to deal with stress
b. provide more support from employers in flexibility and benefits
c. improve benefits and pay for paid caregivers

c. Housing

In Mecklenburg, a majority of older adults (72,953) live in a non-institutional residence that they own or rent. The remainder live in a retirement community, with relatives, a care facility (assisted living or nursing home) or have other arrangements.[59]

Chart 12

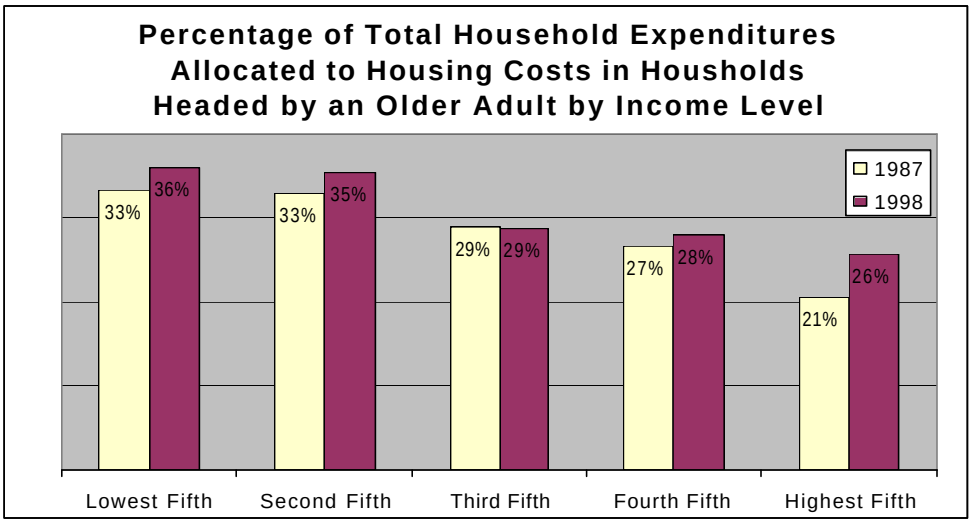


The rising cost of housing is a growing concern for many Americans. Between 1987 and 1998, the percentage of total annual household expenditures allocated to housing in the US increased slightly among households headed by an older adult across all income brackets except for those with incomes in the middle income bracket ($15,636 to $31,271 in 1998).[60]

[59] based on those who responded to the telephone survey (does not include older adults living in institutions such as nursing homes) and weighted to reflect the total population.

[60] Source Older Americans 2000: Key Indicators of Well-Being. Federal Interagency Forum on Aging-Related Statistics. pg. 20. In the report, the term older adults was defined as age 65 or over

Chart 13



Source: Older Americans 2000: Key Indicators of Well-Being. Federal Interagency Forum on Aging-Related Statistics. pg. 65
Note: income fifths based on income as a percentage of the poverty threshold during that year.

According to the Mecklenburg 2002 Older Adults Survey, 25.9% spend more than 30% of their income on housing costs (utilities and rent or mortgage). Those who reported spending 30% or more on housing also:

- Seem to have the same needs (information and recreation) as those who spend less on housing. However, some of their needs (such as housing, regular checkups, medical care, and respite) were disproportionately higher compared to their percentage within the total population
- Choose to forego essentials (such as food, utilities, etc.) more so than those who spend less than 30% on housing.
- Of those who had missed a doctor's appointment due to lack of transportation, 60% or (1500) also spend over 30% of their income on housing.
- A higher proportion of those who spent more than 30% on housing said they were likely to move in five years (due to health problems or inability to maintain their home) compared to those who spend less on housing.

Of the respondents with an annual income of less than $20,000, 45.9% are spending more than 30% of their income on housing, compared to the 22.1% of those with an income of $20,000 or higher. Based on the 1997 Aging survey, 34% of older adults did not think that there was enough affordable housing in the Charlotte-Mecklenburg area.[61]

A national research report entitled, Progress in Housing of Older Persons, discussed older adult housing issues and conditions.[62] Seventy-nine percent of older households (whose head is at least 65 years old) owned homes, compared to 63% of younger households. Eighty one percent of older owners lived in single-family detached homes and 83% of

[61] 1997 Aging Issues Report pg. 15
[62] Progress in Housing of Older Persons, January 1997, AARP

older homeowners own their homes free and clear. Twenty-one percent of older households rent and of those, 52% are age 75 or older. Single persons accounted for 44% of older households and of those, 34% were renters.

Although housing costs (as a percent of income) were lower for older households, 15% of older homeowners, and 65% of older renters still spent an excessive amount of their income on housing costs. This problem was especially severe for older single-persons and minority households. Except for incomplete plumbing, the incidence of quality problems tends to be lower for older households.

The Progress in Housing report concludes that while "remarkable progress in improving the housing conditions of older persons over the last 15 years … the data also reveal that certain groups of older households remain in need of assistance, … those age 75 and older, women living along, minorities, and renters."

d. Transportation

Even though Mecklenburg has a variety of transportation options, older adults in the county rely primarily upon their personal vehicle or on family and friends to get around town.

> **"I would hate to lose my independence".**
> **"I am most concerned about being able to continue driving."**
> *-comments from participants in the age 60 to 69 Mecklenburg Focus Group*

Several participants in the Mecklenburg 2003 focus groups mentioned transportation as a key means to independence. A man in the Latino focus group said that the things "that most concern me are transportation and the language barrier."

In the 1997 Aging Issues Report, 8.6% of respondents used a city bus, but this declined with age. In 1997, the large majority either drove themselves, used family or friends, or used taxis. The Mecklenburg County 2002 Older Adults Survey found that 87% of older adults primarily drive themselves or ride with family or friends rather than choosing public transportation. The public transportation options available in Mecklenburg, plus taxis, were used by less than 8.4% of the respondents. According to the survey results, approximately 8.5% of Mecklenburg older adults age 75 or over use public transportation, compared to 5% of persons age 75 and older nationwide.[63] Of persons with incomes less than $20,000, 8.9% rode the bus compared to 3.2% of those with incomes over $20,000.

Over 3% of Mecklenburg residents surveyed had missed a doctor's visit or run out of food due to lack of transportation. This compares to 12% in the AARP Understanding Transportation Survey who said lack of transportation sometimes interfered with similar types of activities.[64]

[63] Transportation and Older Persons: Perception and Preferences, MIT study, prepared for AARP.
[64] AARP Understanding Senior Transportation Survey, 1999

Not being able to participate in social activities or go where they want to because of a lack of transportation, was a concern among almost all focus group participants of all ages. A study entitled *Transportation and Older Persons: Perceptions and Preferences*, states that

> "Mobility … is the means by which individuals maintain their connection to society. Ready access to family, friends, social activities, health care, and goods and services are vital to full participation in daily life. Without such mobility, many older persons report a sense of loss and feelings of isolation from the world of their younger years."[65]

"In many cases, the car was perceived as synonymous with transportation. Drivers focused overwhelmingly on the personal automobile as their first choice; non-drivers identified riding with a friend or family member as the most preferred alternative to driving. All participants identified public transportation, taxis, senior vans, or walking as less attractive alternatives than driving or being driven."[66]

The *Understanding Senior Transportation* report states that personal mobility (as measured by how often a person leaves home) declines with advancing age. [67] The better a person's health and disability status (HDS), the more likely they are to drive, to walk regularly, to have gone out the previous day, and they are less likely to participate in "ride share". Over one-fifth of persons age 50-74 had excellent HDS compared to one in ten who were age 80+. The study found that driving is the usual mode of transportation for 75% of adults over 50 followed by "ride share" for about 13%. Ride share significantly increases to 40% for those age 85+. Walking, public transportation, taxis, and community or senior vans were each cited as their usual transportation mode by fewer than 5% of the respondents. [68]

Several cities are working on alternative approaches to encourage seniors to use public transportation. San Diego for example, issued 90,000 free transit passes as part of its second annual "Seniors on the Go" promotion. The approach seemed to work since 17% of older citizens use public transit far above the national average of roughly 4%. In a separate initiative, AARP is publishing a booklet called, *Staying Independent Without a Car*, which will include a worksheet for creating a personal transportation strategy.

Although the MIT study was not generalized to a broad cross section of older adults, it does suggest some direction such as:

- Facilitation of safe driving as persons age (for example, improving road design or tailoring driver education to the needs of older drivers)
- Facilitation of the transition from driving to non-driving
- Development of alternatives to driving, including public transportation, that incorporate more of the positive attributes of the automobile.

---

[65] Transportation and Older Persons: Perception and Preferences, MIT study, prepared for AARP, pg. v.
[66] Ibid, pg. vi.
[67] AARP Understanding Senior Transportation Survey, 1999
[68] HDS index combines individuals' subjective assessments of their health status with measures of their self-reported disabilities with respect to five tasks: reading, hearing, lifting, climbing stairs, and walking.

- Encouragement of ride-giving by friends and family
- Expanded dissemination of the information on community resources; and
- Development of taxi services that are more customer-friendly. (pg. vii)

e. Leisure and Recreation

As our society has become more health and fitness conscious, we have increasingly engaged in leisure activities from travel, to dancing to regular exercising.

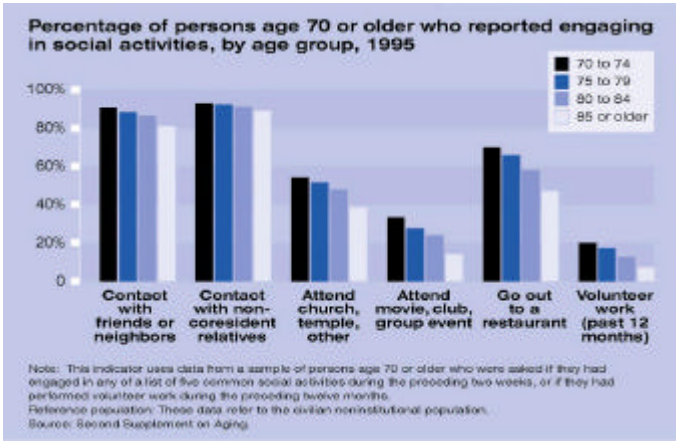
> "Men and women benefit from social activity at older ages. Those who continue to interact with others tend to be healthier, both physically and mentally, than those who become socially isolated. Interactions with friends and family members can provide emotional and practical support that enable older persons to remain in the community and reduce the likelihood they will need formal health care services."[69]

Older adults seem to be no different from younger persons in their desire for recreation. In 1997, Mecklenburg's older adults identified recreation as the third highest service need. In 2002 recreation was reported as the second highest need for older adults.[70] Over 7,000 older adults in Mecklenburg identified recreation as a need.[71]

"I review the newspaper for shows and activities that are going on in the area. I like to do something outside of the house every day."
-comment from a participant in the Mecklenburg age 70 and over focus group

Other focus group participants frequently mentioned civic and religious activities, household chores and things that keep them physically and mentally active. The Hispanic focus group particularly emphasized family centered activities and mentioned fewer activities outside of their home and community, due in large part they said, to the language and culture barriers.

Chart 14



Source: Older Americans 2000: Key Indicators of Well-Being

[69] Older Americans 2000: Key Indicators of Well-Being
[70] based on the Mecklenburg 2002 Older Adult Survey results.
[71] based on weighted data from the Mecklenburg 2002 Older Adult Survey.

Approximately 16% (13,116) of Mecklenburg's older adults said that their health had limited their social activities. However, most of the 2003 Mecklenburg focus group participants indicated that they still try to remain active in various ways.

Several participants in Mecklenburg's age 60-69 focus group stated that they performed quite a bit of volunteer work on a regular basis. This finding seems to be in line with the Roper Study which found that most older adults wanted to perform good deeds for others.[72] The age 70 and over focus group participants enjoy a variety of leisure activities in an average day, as did those in the Latino focus group. Participants in the 50-59 age focus group however, had less time to spend volunteering, recreating, and having fun because of the time they devoted to their family caregiving obligations. The quantity of recreation activities among the focus group participants did not change very much relative to age as one might think; rather, it depended more upon the amount of time the individual had to spend.

A study by the National Tour Association found that the 55 to 64 age group "is more health conscious, independent, physically active and well traveled.[73] An earlier study finds that they generally want to experience interesting and adventurous activities that expand their education and knowledge, and increasingly they want to be flexible in how they experience their recreation and leisure. [74]

f. Employment

A June 3, 2002 article in U.S. News and World Report entitled 'Retirement Realities' quoted a 1999 survey of boomer attitudes by Roper Starch Worldwide for AARP, which said that 80% "planned to work at least part time in retirement. Yet the percentage of current *retirees* who actually work is far less, fewer than one third."

The older adult workforce in Mecklenburg is shown in the following table:

Table 4
Older Adult Labor Force Participation[75]

		Women	Men	Total
Age 55 - 64	Number in Labor Force	14,884	18,105	32,989
	Percent in Labor Force	56.5%	75.08%	65.38%
Age 65 and over	Number in Labor Force	4,694	5,884	10,578
	Percent in Labor Force	12.97%	25.4%	17.83%
Age 75 and over	Number in Labor Force	1,342	1,371	2,713
	Percent in Labor Force	7.6%	15.1%	10.51%

A 2000 survey and report by AARP on 'American Business and Older Employees', studied the working options of older employees 50 years of age and older.[76] Older

[72] 2002 Update: A Survey of Adult Funstyles, AARP 2002, by Roper ASW
[73] National Tour Association, Market Assessment Plan for the Future Senior Market, 2000
[74] National Tour Association, Future Senior Market, November 1997
[75] 2000 Census, U.S. Census Bureau, Summary File 3 (SF3) – Sample Data, PCT35

workers were seen as "having a good work ethic and [seen as a source of] experience, knowledge, and stability in the workplace. However, they were also characterized as inflexible, averse to change, and resistant to learning and understanding new technologies."[77]

The survey contained 29 qualities that are most desirable in any employee. The managers who participated in companion focus groups indicated it was easier to teach a worker a skill than it was to instill other aspects of a good work ethic.

Table 5
Most Desired Employee Qualities and, Those of Older Adults

Employee Qualities Most Desired Overall (according to HR Managers)	Top Qualities Of Older Employees (according to HR Managers)
1 Commitment to doing quality work	1 Loyalty and dedication to the company
2 Get along with co-workers	2 Commitment to doing quality work
3 Solid performance record	3 Someone you can count on in a crisis
4 Basic Skills in reading, writing, arithmetic	4 Solid performance record
5 Someone you can county on in a crisis	5 Basic skills in reading, writing, arithmetic
6 Willing to be flexible about doing different tasks	6 Solid experience in job and/or industry
7 Loyalty and dedication to the company	7 Get along with co-workers

Few Human Resources (HR) managers could name preparations their companies are making to address the issue of how to keep their older employees. The table below shows, that most HR managers think some approaches could promote greater utilization of older employees, but few businesses are pursuing them.

Table 6
Approaches to Better Retain Older Employees

Approaches to more fully utilizing older employees	Approaches Considered very or moderately effective (%)	Business Has implemented the Approach (%)
Benefit packages targeted toward older employees	68	18
Part-time work arrangements with continuation of benefits	64	30
Educating managers about ways to unitize older employees	60	25
Increased availability of part-time work for older employees (regardless of benefits)	55	36
Skill training for older employees	55	44

[76] Survey respondents consisted of 400 randomly selected senior level human resource executives whose companies had at least 50 employees.
[77] American Business and Older Employees, A summary of Findings, 2000, AARP, pg. 4

Implications for employers and employees:

- Demographic projections confirm the slow growth rate of the workforce, which compels business to recognize the aging of the workforce and plan accordingly.
- The aging of their workforce should encourage businesses to make better use of current workers in order to maintain high productivity.
- Older workers should recognize that the economy in the near future will not reward tenure as much as it will value the ability of workers to use information in innovative ways.

Some things that employers should consider to prepare for an aging workforce are:

- Use the older workforce to add diversity to brainstorming, creating, and planning
- Older workers have a wealth of workplace experience
- Eighty percent of Baby Boomers believe they will continue to work during retirement
- Older workers are willing and able to learn new things

D. Information and Access to Services

1. Overview

Focus group participants were asked where they obtain information about services and programs. The responses were varied, but most learned of programs and services by word of mouth at places they frequent (service agencies, at religious activities, where they volunteer, clubs, etc.) groups that they belong, to and from friends and family.

The 2002 Older Adults Survey found that over 21% indicated a need for information about services they are not currently receiving, and in the UNCC Annual Survey 56% of caregivers said they had problems finding needed services. In addition, research has found that 45% of older adults are online and 90% of those who are online use the computer to stay in touch with family and friends and 70% use it to research health information.

2. Current Status

The Mecklenburg Older Adult Survey identified a need for information on services and programs for older adults. Mecklenburg focus group participants were asked where they obtain information about services and programs. The responses were varied but most learned of programs and services by word of mouth at services they visit, groups that they belong to, and from friends and family. Some of the additional places they learned of services were:

- Newspaper
- Radio
- Telephone book
- At volunteer activities

These sources of information come with limitations. By the time seniors get the information, it may be out of date, incorrect, or incomplete (especially if it is by word of mouth), leading people to miss out on a service for which they might be eligible.

Several of the focus group participants and 21.4% of the Mecklenburg 2002 Older Adults survey indicated a need for information on services or programs for older adults. A relatively new source of information that older adults are increasingly using is the Internet. According to Forrester Research, it is currently estimated that 45% of seniors are online. Over 90% of those seniors use the computer to stay in touch with friends and families while 70% use it to research health information.[78]

More and more Internet sites devoted to keeping Mecklenburg's older adults informed are appearing on the World Wide Web. A few of these sites are listed in the Appendix of this report. The 2002 UNC-Charlotte Urban Institute Annual Survey asked caregivers in

[78] Presentation by LarsonAllen CPA Consultants to Charlotte Mecklenburg Aging Coalition in February 2003

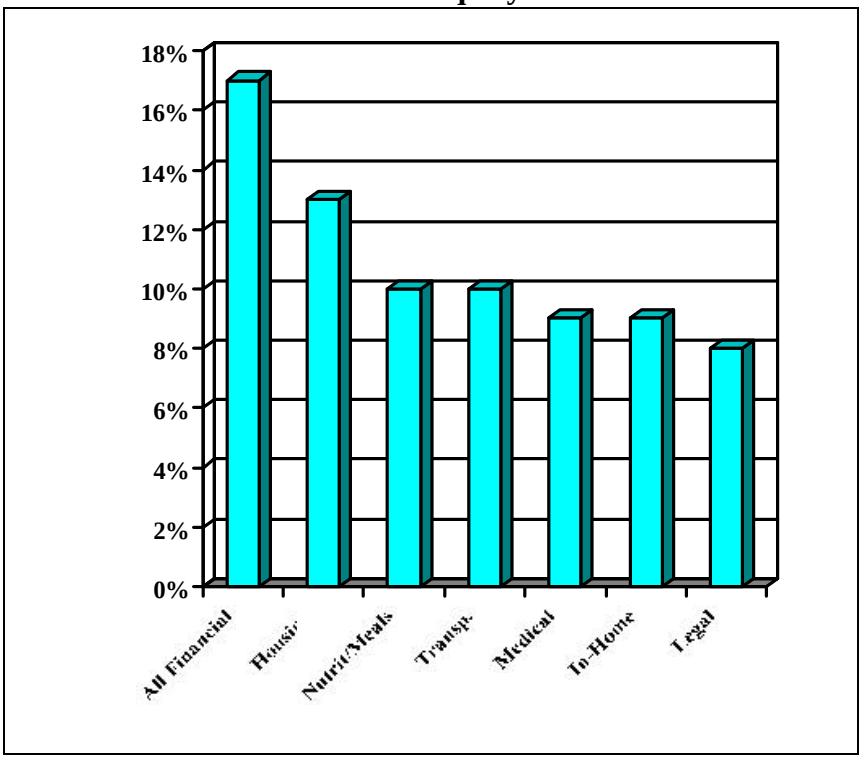
particular what if any problem they have experienced obtaining services for someone for whom they are caring. Fifty six percent of the respondents said they had problems finding or were not able to find, the needed services. To alleviate this issue of lack of information and of having problems accessing services, Just1Call was created through the work of a cross section of community service providers.

a. Just1Call

This is a service provided at no charge, that was formed to answer "questions and to help … access information and services that can improve the quality of…" older and/or disabled adults and their caregivers.

The typical J1C customer in 2002 was a first time caller who is a woman under 60 years of age who either lives alone or with other family members (not a spouse), in a lower middle income zip code, and who needs information on financial assistance, and/or housing services.

Chart 15
J1C Areas of Inquiry in 2002



Most of the callers under 60 years of age are disabled. Over 70% of the referrals to J1C are by other service professionals. The other 30% of the referrals come from the J1C brochure, newspaper/magazine articles or ads, television ads, and friends.

The percentage of callers for which resources are identified grew from 93% for calendar 2002 to 97% for the first three months of 2003, and the percentage of callers receiving service after a J1C referral was in excess of 95% for 2003. Also, 93% of callers over the

past two years have been calling for themselves and not for a family member or friend. Approximately one half of the 15,000 annual calls to J1C are screened (where additional information is collected to assist the caller), and approximately 20% of these have their zip code collected. Four zip codes, that have per capita incomes below the county average, account for one third of all screened calls.

The following are some roughly comparable data between the Mecklenburg County Just1Call service, and the federal Eldercare Locator. The following table shows volume of calls for specific types of information.

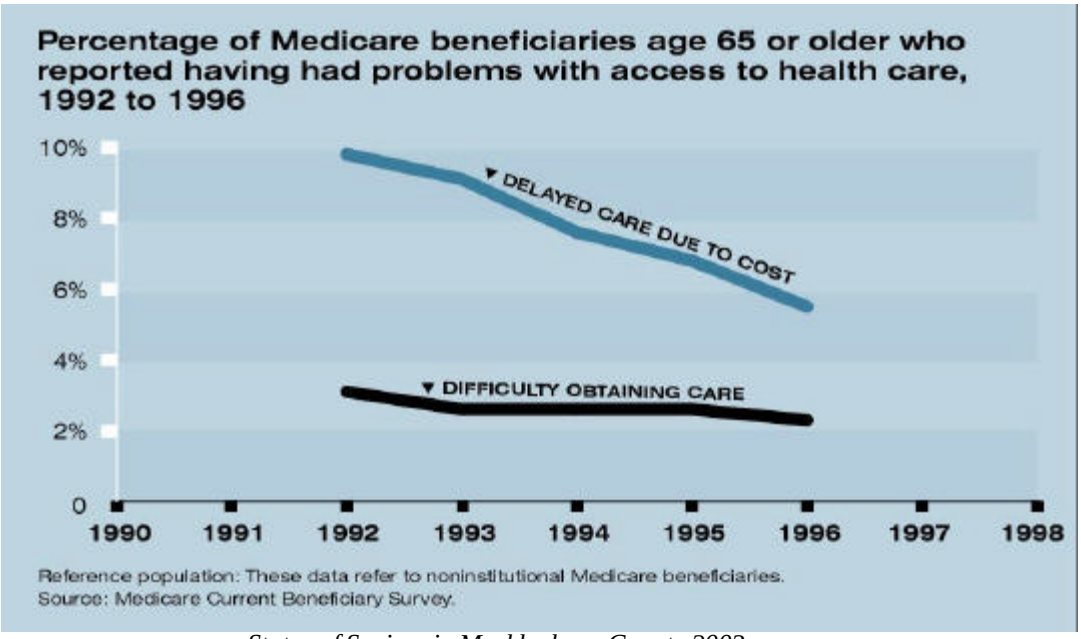
Table 7
J1C and Federal Elder Care Locator Call Volume

Information about	Percent of calls to Just1Call	Percent of calls to the federal *Eldercare Locator*
Adult Day Care/Respite	1%	2.6%
Consumer Fraud	*	.02%
Elder Abuse/Neglect	*	1.9%
Financial Assistance	14%	10.6%
Home Repairs	3%	2.2%
Housing/Shelter	13%	6.3%
In-Home Care	4%	17.0%
Legal Services	8%	5.2%
Meals	10%	*
Medical Equip./Services	9%	*
Transportation	10%	7.4%

*Data is not available

The Elder Care Locator data also shows that Financial Assistance calls increased over 67% between 2000 and 2002, followed by Adult Day Care/Respite (30.4%), Elder Abuse & Neglect (28.7%), Home Repairs (23.9%), and Consumer Fraud (20.5%). The federal Eldercare Locator finds that only 46.5% of its callers are the older or disabled adult themselves compared to 93% for J1C during the last two years.

Chart 16



Source: Older Americans 2000: Key Indicators of Well-Being.
Federal Interagency Forum on Aging-Related Statistics, pg. 43.

b. Caregiving

In a 1996 survey by the National Alliance for Caregiving, 16% of caregivers have sought information on how to receive financial information services for the person to whom they provide care and, surprisingly, there was not a significant difference demographically among those seeking information.[79]

The report found that of those not using these types of services, between 61% and 96% said they did not need them. "The second most frequent reason (18%) for not using a service was not being aware of it. An unusually high percentage of caregivers (15%) said they or their care recipient were too proud to use adult day care or a senior center, compared to less than 2%"[80] for any other service/device. "Surprisingly, very few caregivers cited cost as a barrier to obtaining needed services."[81]

These findings suggests there is an opportunity to raise the level of awareness about this topic with both the adult children and older parents who do not think about independent living issues (25% to 30%) and those who do not talk about it (about 35%). Awareness can be accomplished by sharing positive experiences with peers, and by professionals through interventions with educational programs, and through "engineering social and environmental factors."

[79] Family Caregiving in the U.S., Finding from a National Survey, National Alliance for Caregiving, 1997, pg. 27
[80] Ibid., pg. 29
[81] Ibid., pg. 29

E. Services

1. Overview

Service providers in Mecklenburg County provide the full continuum of 13 core services that the North Carolina Institute of Medicine Task Force on Long-Term Care has recommended be present in each County.

One study by Wall Street Research found that home health care services were 30-60% less expensive than those in an institutional setting. The Congressional Budget Office estimates that the cost of all types of long term care services will grow from $123 billion in 1999 to $207 billion in 2020 to meet the service demands.

The review of national, state and local literature and data clearly indicates that maintaining an independent living status for older adults is a multifaceted endeavor that requires many helping organizations. It is also clear from the local data and focus groups that there are many public and private services available in Mecklenburg County to assist with independent living, even if the available service levels are not always able to meet the need.

These positive aspects of services, and the continuing struggle to meet the current needs, clearly point to the need for more thoughtful and better coordinated service delivery. The strategic planning process that is proposed for this fall is overdue and clearly *needed.* One of the circumstances, which will greatly assist this planning process, is that most of the current service providers know each other and work with each other at least periodically. The strategic planning process should be a major step in preparing this community to meet the current older adult needs and for the baby boom needs after 2010.

2. Current Status - What is Mecklenburg Doing Now?

a. Continuum of Care - Structure of Services

Long term care (LTC) is generally thought of as any combination of needed services that enable individuals to live as independently as possible. A continuum of service that can range from a family member providing unpaid care, to more formal services such as transportation or a periodic homemaker visit, to care in a facility (assisted living or nursing).

The North Carolina Institute of Medicine's Task Force on Long-Term Care addressed the needs of the community (state) and concluded that:

- There is little or no sharing of client assessment information across multiple agencies working with an individual and his or her family. Thus, individuals and families are often subjected to multiple assessments, and coordination of services between agencies may be lacking.
- Coordinated and continuous care planning and care management is limited. Care managers can not monitor changes in functional or health status as individuals move throughout the long-term care system.

- It is difficult for public programs to plan for long-term care services because the state lacks data about the use of long-term care services and the functional or health status of people using different types of services.[82]

Furthermore, the Task Force determined that "…every individual should have a choice of long-term care services that would best meet their needs and would result in highest quality, cost-effective care provided in the least restrictive setting." [83]

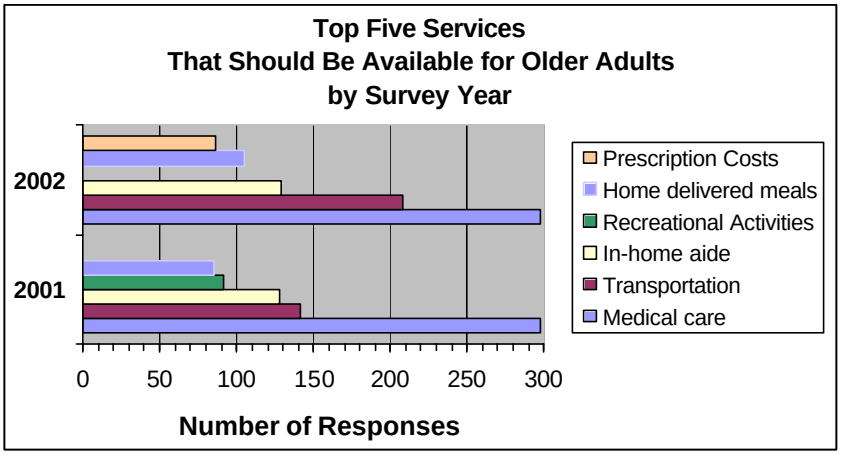
The task force recognized that it was impractical to assume all services to be available throughout the state and/or community level. The Task Force identified 13 "core" services (providing the backbone of LTC) that "should be available and accessible to [all] consumers (elderly and their caregivers) both geographically and economically."[84]

The 25th anniversary issue of *American Demographics* highlights two trends, which are significant to public and private service providers. First, the population – including older adults following the independent life styles of the baby boomers – will become more diverse and create an ever-growing list of market segments. They call this bee-hiving which "is the growth of tight-knit, alternative communities sharing common values and passions."[85] Second, the older adult market will be increasingly sought by businesses largely because of its enormous size.

b. Types of Services and Who Provides Them?

In the 2001 and 2002 UNC Charlotte Urban Institute Survey, Mecklenburg County residents were asked which services they thought should be available for older adults. Medical care by far was the number one response. Respondents also noted other services that should be available to older adults:

Chart 17



Source: 2001 & 2002 Charlotte-Mecklenburg Annual Survey UNC charlotte Urban Institute

[82] Long-Term Care Plan For North Carolina, N.C. Institute of Medicine Task Force on Long-Term Care, Jan. 2001, 3.
[83] Division of Aging, N.C. Department of Health and Human Services, "The 1999-2003 State Aging Services Plan," March 1999, pg.48.
[84] Long-Term Care Plan For North Carolina, 4.
[85] Alison Stein Wellner, "The Next 25 Years", American Demographics, April 2003, 24-27.

All of the services listed above are available in Mecklenburg County to varying degrees in the private, government, and non-profit sectors. Some services such as, recreational activities, are available in all three sectors.

1) Government Services

The Federal and State governments require the county to provide certain services, and in some cases, set the levels at which these services must be provided. Mecklenburg County has several mandated services that it provides for older adults. At present, there are approximately 15 mandated services provided by the Services for Adults Division (SFA) of the Mecklenburg County Department of Social Services.

Of these identified "core services", the Services For Adults Division (SFA) of the Mecklenburg County Department of Social Services, is a direct provider of the following mandated services:

- Transportation,
- Home delivered meals,
- In-Home aide services, and
- Respite care, adult day care/day health, or attendant care.

In addition, SFA is indirectly involved (or in partnership) with the remaining identified "core services" of:

- LTC information and assistance services,
- Housing and home repair and modification assistance,
- Durable medical equipment and supplies,
- Medical alert or related services,
- Nursing services,
- Home health care,
- Nursing homes,
- Adult care homes (various types), and
- Care management services.

Currently in Mecklenburg, and in most communities across the country, local governments provide the "softer" quality of life services (Recreation, Libraries, Health and Human services, etc.). In most communities, when it comes to providing services for older adults, the local and or state government provide almost all of the public services including some health and safety services, usually with significant amounts of Federal pass-through funds.

In Mecklenburg County, the Board of County Commissioners have chosen to provide older adult services beyond the mandated services, and the mandated service levels. They have also provided many community organizations with annual grants for the benefit of all older adults, whether they actively partake in specific services or not.

In addition, there are almost 300 for-profit and not-for-profit organizations in the county that have one or more programs to the general older adult population. These generally

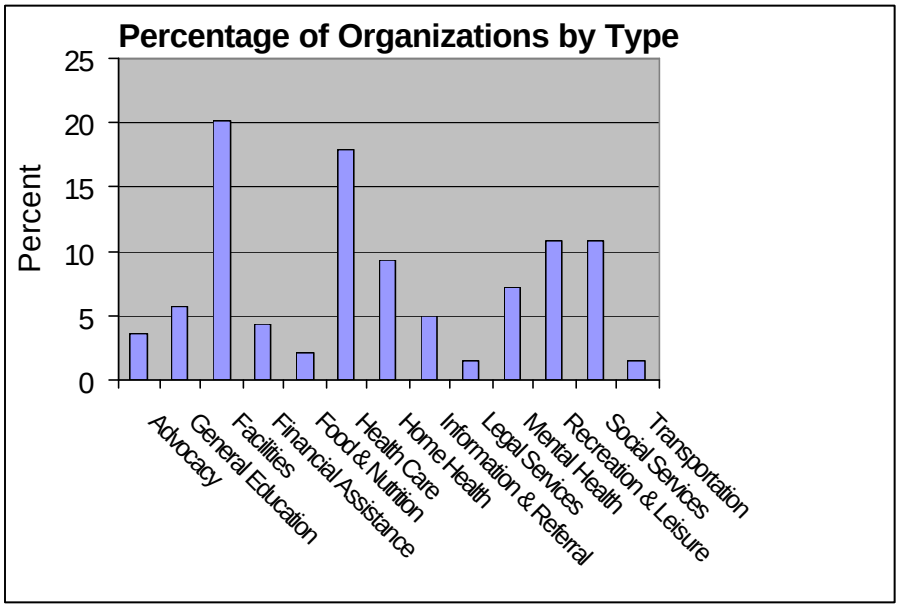
range from residential facilities and hospitals, to various types of in-home care and other services to keep older adults active both socially and physically.

2) Private/Non-Profit Services

In November 2002, Mecklenburg County sent out a provider survey to 262 private and non-profit agencies located throughout the county. Of those, 118 agencies responded for a total of 141 programs (some agencies had more than one program for older adults). The responding agencies were grouped as follows:

- 20% operated residential facilities
- 18% provided health care
- 9.4% provided home health type services
- 10.8% provided leisure or recreation services, and
- 10.8% provided various social services

Chart 18



Source: 2002 Mecklenburg Provider Survey

The provider survey results showed that among the respondents:

Budget

- Over 62% had budgets under $250,000. Approximately 25% had a budget between zero and $49,999.

Staff/Volunteers

- Two-thirds of the programs surveyed had less than four full-time equivalent (FTE) employees. The maximum number of FTEs reported was 317.
- 59.4% had 10 or less volunteers, and only 23.6% had between 11 and 50 volunteers,
- Just over 56% reported less than 500 hours of work by volunteers per year,

Funding Sources

- The most common sources were donations and customer fees; state and county funding were almost equal at 6.9% and 8.4%
- Of those receiving funding from United Way, 30.8% were health care programs, and of those partly through customer fees, 34.8% were categorized as residential facilities. Of those programs that reported receiving donations, 16.9% were categorized as recreation and leisure programs.

Eligibility Criteria

- Most programs used as least one or more criterion to determine eligibility. The most common eligibility criteria was age (31.5%) followed by income (18.5%).

Customers Served

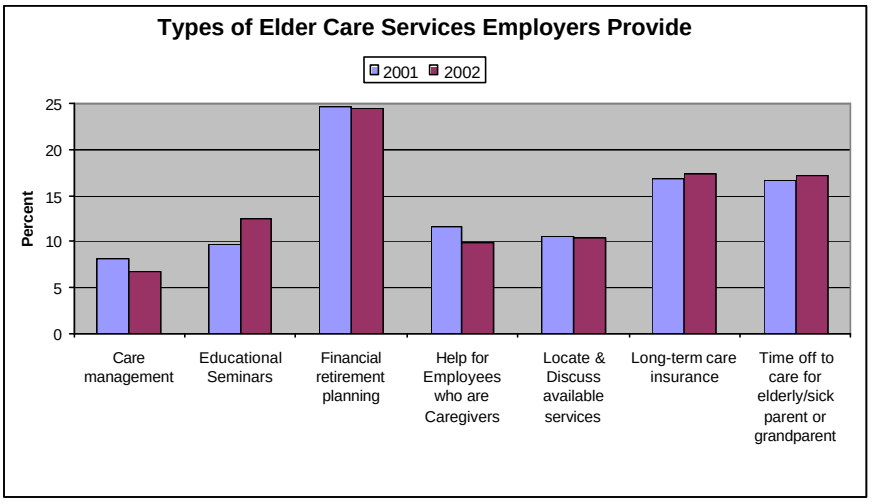
- The question about the number of persons served annually was answered by 48.9% of programs surveyed. Of those who responded, 77% serve less than 1,000 people annually.

Based on the survey responses, it is clear that older adult service providers, other than government, are small agencies with a limited amount of staff, volunteers, and financial resources that do an extraordinary job of providing services.

3) Employer Services

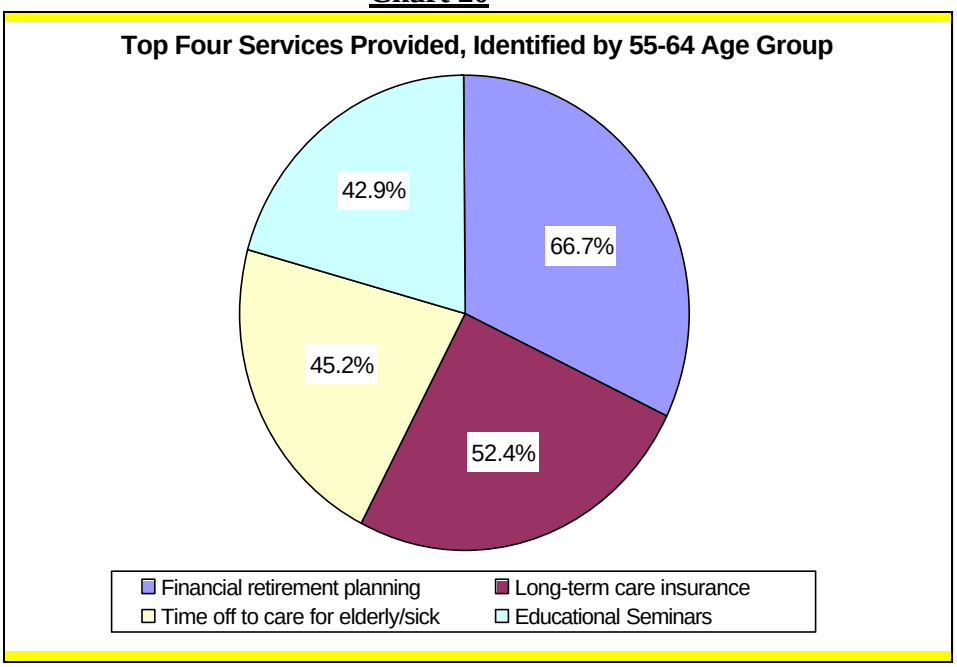
Respondents (age 18 and over) in both the 2002 and the 2001 UNCC/Urban Institute Surveys were asked what types of Elder Care their company provided. The majority (24.5%) of the 2002 survey respondents' employers provided financial retirement planning advice. This is consistent with the 2001 survey results where 24.7% of respondent's employers provided that type of service. The remaining responses in 2002 were almost identical percentage-wise to those of the 2001 survey.

Chart 19



Among the 55-64 year old respondents to the 2002 survey, the top four employer services provided were:

Chart 20



4) Transportation

Currently there are two providers of public transportation; the Charlotte Area Transit System (CATS), and the Mecklenburg Transportation System (MTS). CATS encompasses the Specialized Transportation Service serving anyone who has a physical disability for a $1 fare. CATS also operates a fixed route bus system which will be incorporated into a rapid transit system over the next few years. In addition the metropolitan area has taxi, van and limousines for hire. There is also specialty transportation by the American Red Cross to some medical care services. The County (MTS) operates its transportation service primarily to serve older and disabled adults. It provide transportation services for the Senior Citizens Nutrition Program, and many of the adult day care / day health centers and all of the Adult Medicaid transportation. In addition it operates the General Purpose Service for anyone age 60 or older, funded with part of the ½ cent sales tax collected for transportation. The County Transportation service also provides some "rural" transportation services outside of Charlotte.

5) Prescription Medicines

As mentioned previously in this report, the cost of prescription medications is a concern for most older adults. Pharmaceutical companies partnering to help make prescription drugs more affordable is the latest trend. Through information lines, social workers, and large marketing campaigns, seniors are slowly finding out about these patient assistance programs and signing up.

Government officials in many states are also addressing the rising costs of prescriptions. Legislation has been proposed in the state of Washington to help contain costs and

promote the safe and effective use of clinically proven prescription drugs. The bill calls for: 1. Cost containment through bulk purchase, 2. Preferred prescription drug guidelines, and 3. A drug-assistance program for consumers who do not have adequate prescription drug coverage. Such legislation could be pursued for North Carolina.

6) Independent Living

According to the Congressional Budget Office (CBO) in March 1999, as the number of people available to provide caregiving declines, the number of frail elderly increases dramatically. The CBO estimated cost of paying for long term care services, in the home or in institutions, will grow from $123.1 billion to $207.3 billion in 2020, and to $346.1 billion in 2040 to meet the demand. Wall Street Research estimates that "on average," home health care services are roughly 30-60% less expensive than similar services provided in an institutional setting.[86]

A Mecklenburg focus group participant in the 50-59 group commented that it is hard to have caring responsible people as caretakers at all times. "We don't put enough value on the role of caretakers of adults. They are paid at the lowest level and do not have benefits." And another said, "Being appreciated is worth more than money; but the money and benefits do matter."

c. Who receives What in Mecklenburg?

In North Carolina (NC):[87]

- the per capita long-term care spending was $249 in 2001 making NC 23rd in the nation,
- the per capita home health spending was $10.36 in 2001 making NC 11th in the nation
- the per capita personal care spending was $27.02 in 2001 making 5th in the nation.

A large percentage of Mecklenburg's seniors are located in the southern central area of the county with high concentrations in the west and far eastern areas of the county. A series of maps and overlays are located in the appendix section of this report. The services overlays are by no means a complete listing of all the agencies that serve older adults, rather they are noted as an attempt to demonstrate where Mecklenburg's seniors are versus the locations of a variety of older adult programs and services.

A local provider stated that the "public and private sectors have done a better job of getting services out to the rural areas". However, based on the maps, it appears that that trend needs to continue to ensure access to services for those in living in the outer limits of the county. For example, the Mecklenburg Senior Nutrition Sites are well-spread, providing access to older adults throughout the county. Some other providers are only located in one part of the county that may not be near some of the other high concentrations of Mecklenburg's older adults.

[86] Presentation by LarsonAllen CPA Consultants to Charlotte Mecklenburg Aging Coalition in February 2003.

[87] Across the States 2002, Profiles of Long-Term Care, North Carolina, AARP Public Policy Institute, 2002

Table 8

Numbers of Services provided by Mecklenburg County[88]

	Fiscal Year 1999	Fiscal Year 2001	FY '03 (projected)	% Incr. 2000-2003
Adult Medicaid (active cases)	16,192	17,604	18,643	9.9%
Adult Protective Services (referrals)	745	703	648	-13%
Senior Citizens Nutrition (meals)	789,453	560,864	711,903	9.9%
Mecklenburg Transportation (trips)	484,788	540,945	536,766	12.7%
In-Home Aide (active cases)	1,322	1,061	1,047	17.6%
Just1Call	n/a	23,547	42,788	n/a

The Mecklenburg Provider Survey revealed that Mecklenburg County providers serve many more customers than the average private provider, but have similar concerns and program profiles.

- The staff size ranges from 9 for Just1Call to 115 for Adult Medicaid
- In addition to County funds, all receive varying amounts of State and Federal funds. Some receive donations and client fees and some receive Medicaid funds for their services.
- All programs have age and residency eligibility requirements and Medicaid is the only service with an income requirement
- The Senior Citizens Nutrition program was the only one utilizing volunteers, whose almost 400 volunteers give almost 30,000 hours annually.
- The number of customers served in Fiscal Year 2002 was:

Adult Medicaid	18,800 monthly
In-Home Aide Services	1,062 annually
Just1Call (calls –excludes web visits)	16,000 annually
Senior Citizens Nutrition	3,800 annually
Adult Social Work Services	29,426 annually[89]

Transportation does not have an unduplicated count of individuals served.

The biggest concerns for all of the county's older adult programs were the growth in demand for services, finding qualified staff to employ and funding constraints. Similar concerns were expressed by the private and non-profit sectors. Some programs keep a waiting list on occasion, but currently the Senior Citizens Nutrition program is the only program with a waiting list. One Program Manager was concerned about being able to "provide services to healthier, more mobile customers, before their needs become critical and costly."

d. What does Mecklenburg need?

The current system of LTC in Mecklenburg County consists of a large array of providers, all of whom are working every day to reduce the unmet LTC needs in the community.

Over 88% of programs in the 2002 Mecklenburg Provider Survey cited lack of funding or funding/budget cuts as their biggest concern. In most cases, lack of funding led to or created additional problems such as lack of space, forced reductions in staff, inability to

[88] Mecklenburg County Department Of Social Services, Management Information Report, December 31, 2002

[89] Centralized Intake accounts for approximately 90% of the annual figure.

hire highly qualified or additional staff, and not being able to meet future demands for services.

> **"Funding/budget. If this program's funding gets cut again, it will go under"** -the response of a local Mecklenburg provider of older adult services when she was asked to describe her biggest concern.

Another problem created by the lack of adequate funding is the service waiting list. Occasionally, when a program runs out of funding while the demand is still high, a list of individuals waiting for the service will be created until such time as the agency can begin taking on additional customers/clients. Although a majority of the surveyed providers did not respond to the questions about waiting lists, further analysis of the survey results indicated that most agencies either down-sized or ended the program altogether.

Mecklenburg's focus group participants were asked what they felt the government's role should be as far as older adults are concerned. Some participants in the age 60-69 group agreed that the government should do more to help seniors. One participant felt that since "we [seniors] have given to this country," seniors should not have to worry about how to pay for medications or medical care. However, in general, most participants did not seem to care, much less want to know, which level of government provided a service.

The focus group of local providers discussed local government's provision of older adult services. A few providers said that provision of transportation is very important, not only ensuring adequate public transportation, but also ensuring that there are enough sidewalks and traffic lights for safe crossing, and that older adults can access the services they need, whether they are socially or medically needed. One provider stated that government should look at the individual a bit more instead of just trying to serve the maximum number of people. In response to a question about what an ideal service system would look like, one participant said “neighborhoods around the county that have everything you need – a grocery, a pharmacy, clinics, leisure and recreation activities, a human services site, adult day care center, etc.

Some of the problems identified by the provider focus group include:

- mid-to low-income housing facilities are 100% full & cannot expand.
- Providers are seeing more facilities that are taking Medicaid, but can only accommodate a small number of residents.
- the numerous steps needed to meet government standards – Health Insurance Portability and Accountability Act (HIPAA).

3. Innovations/Comparisons with Others

An article titled *When the Old Age Home Is Your Own* suggests that many communities will need to ensure the availability of affordable services without compromising the health and safety of older adults. It describes "several models that have evolved to address issues faced by what is called a naturally occurring retirement community (NORC)." A NORC is essentially a "neighborhood not originally planned for seniors, but where most residents have grown old."[90] Examples are:

- The model with potentially the broadest impact is the social HMO. A form of Medicare, it arranges for such services as housekeeping and home-delivered meals as well as medical care. The social HMO is currently being tried in Los Angeles, Las Vegas, Portland and Brooklyn.
- "At the other end of the spectrum from social HMO's are the homegrown networks…" Heritage Harbor Health Group in Annapolis, Md., is a nonprofit run by some 1,400 members who live in a suburban community of single-family homes, townhouses, and high-rise apartments. Their annual membership fee (plus charitable contributions) supports an administrative staff and several nurses 24 hours a day 7 days a week." (other examples are in the Appendix)

The 2002 AARP report, compares data among the states. In 2000, there were only 13 states (3 in the south) that had regulations mandating CNA training for certification above 75 hours. North Carolina was not one of them. However, in 2000 North Carolina did:

- have 23 "Home Health Aides" per 1,000 persons age 65+, and ranked number 4 in the nation behind Connecticut.
- pay its Home Health Aides an average of $7.76 per hour, ranking the state number 39.[91]

North Carolina's Home and Community-Based services expenditures, as a percent of nationwide LTC expenditures, was 24.2% or ranked 13 with the highest expenditures by Oregon at 50.2%. A 2002 study by the Policy Institute of AARP reports that "… aging alone does not increase the elderly's health care needs or spending on them. Health status independently influences health care spending on the aged." [92] It goes on, "Today's elderly are healthier than even in the recent past, but disabilities are increasingly prevalent among adults well short of retirement. Increased disabilities – many due to obesity – among today's working-age adults could make it hard for them to achieve the long and healthy retirement their parents are having."[93]

In a 2000 study of a survey conducted by The National Council on Aging entitled American Perceptions of Aging in the 21st Century, many of the same questions were asked in a companion survey in 1974 and 2000.

---

[90] Hoffman, Old Age Home, 95.
[91] Public Policy Institute of AARP, "Across the States 2002, Profiles Of Long-Term Care", December 2002
[92] Policy Institute, "Back to Which Future: The U.S. Aging Crisis Revisited," AARP 2002, iii.
[93] Policy Institute, Back to Which Future: The U.S. Aging Crisis Revisited, 22.

A. Listing of Report Collaborators

Older Adult Strategic Planning Group:

Donna Arrington, United Way of Central Carolinas, Inc.
Carol Baker, Services For Adults -DSS
Gainor Eisenlohr, Mecklenburg County Human Services Council
Maryann Gilmore, Older Adult Wellness Council -United Way of Central Carolinas, Inc.
John Highfill, Services For Adults -DSS
Ruth Huey, Charlotte Mecklenburg Aging Coalition
Karen Johnson, Charlotte-Mecklenburg Council On Aging
Sindy McCrystle, Older Adult Wellness Council -United Way of Central Carolinas, Inc.
Kate Satchwill, Council On Aging
Chauna Wall, United Way of Central Carolinas, Inc.
Gayla Woody, Area Agency on Aging

County Staff:

Keri Carver, Program Analyst -Services For Adults Division of DSS
John Highfill, Special Projects Coordinator - Services For Adults Division of DSS
Helen Lipman, Office of Planning & Evaluation
Paul Martin, Office of Planning & Evaluation
Herb Petro, Office of Planning & Evaluation
Kim Sandoval, Office of Planning & Evaluation

Mecklenburg County Human Services Council - Social Services Committee:

John Skidmore (Deputy Director -DSS)

Thad Brown	•	Diane Chan	•	Olma Echeverri	•	Gainor Eisenlohr, Chair
Leigh Hicks	•	David Howard	•	Tom Masters	•	Keith Smith

Other Partners:

United Way of Central Carolinas, Inc.
Charlotte-Mecklenburg Aging Coalition
Charlotte-Mecklenburg Council On Aging
Centralina Area Agency On Aging

B. 2002 Older Adults Survey

Report:
A copy of the 2002 Older Adults Survey Report (which includes the detailed survey results) is available on the Charlotte-Mecklenburg County Website (www.charmeck.org).

Purpose of the Survey:
The Department of Social Services and the Social Services Committee (SSC), in partnership with the United Way of Central Carolinas and the Charlotte-Mecklenburg Aging Coalition, decided to use a telephone survey of Mecklenburg County older adults (defined as individuals age 60 and over) as the first step towards the Status of Seniors Report. The survey was exploratory in nature and was designed to help the Strategic Planning Group obtain a profile of older adults and a snapshot of their needs (met and unmet), their concerns for the future, and how older adults view their overall health.

Key Findings:
KPC Research administered the survey via telephone during October and November, 2002 (over the course of four weeks). The survey was given to two targeted samples:

- Sample 1 - was a general population sample (GPS) of 401 individuals within Mecklenburg County where the respondent was at least 60 years old.
- Sample 2 - was a low-income sample (LIS) of 201 individuals within Mecklenburg County where the respondent was at least 60 years old and had a household income of less than $20,000.

On the whole, the needs of the LIS were greater than those of the GPS. Below are some highlights of the survey data obtained from the two targeted samples.

- The majority of the GPS respondents (57.7%) rated their overall health as "very good" or "good", while the LIS showed higher percentages in the "good" and "fair" categories (a total of 54.5%).

- Of those who experienced feeling down, depressed, or hopeless, and had little interest in doing things over the past two weeks, less than half had sought help for those feelings.

- Difficult Tasks: 45.6% of the GPS and 60.7% of the LIS reported difficulty performing certain tasks in the past year. The majority had difficulty doing heavy housework (GPS=25.5%; LIS=20.3%) or walking (GPS=23.9%; LIS=22.1%). Only a little over half of the respondents (GPS n=103; LIS n=67) were actually receiving help with those difficult tasks.

- The majority of respondents (GPS=91.0%; LIS=93.0%) have family near by to whom they can turn for help if needed.

- "Recreation" and "information on services or programs for older adults" were the services most needed (out of those listed in the survey)among respondents.

- Over 80% of respondents in each sample were taking prescription drugs at the time of the survey. Over 70% of respondents in each sample were concerned about being able to pay for their prescription drugs in the future.

- Housing: 95.5% of GPS and 88.6% of LIS are still living in their own homes.

Note: According to the 2000 Census of the US Census Bureau, there are approximately 80,440 individuals age 60 or over in Mecklenburg County. To obtain numbers and percentages based on the total population, the Older Adult Survey data used in this Status of Seniors Report was based on weights to reflect the total 60 and over population.

Actual Survey:

2002 MECKLENBURG COUNTY OLDER ADULTS SURVEY
KPC RESEARCH, P.O. BOX 35334, CHARLOTTE, NC 28235-5334

Hello, I'm [YOUR NAME] **with KPC Research. We're conducting an important survey in Mecklenburg County about issues related to persons 60 or more years of age. United Way, the Charlotte Mecklenburg Aging Coalition, and Mecklenburg County sponsor are sponsoring this survey. Your answers will help agencies that work with older adults determine the types and quantity of services needed for older adults. Your answers are confidential and your name will not be used in any way. This survey will take about ten minutes. Let me assure you we are not selling anything. Have I reached** (INSERT PHONE NUMBER)? IF NOT, TERMINATE INTERVIEW.

I. Is this household located in Mecklenburg County?

YES **(CONTINUE)**.....1
NO **(TERMINATE – TE-1)**.....2
DK/REF **(TERMINATE – TE-1)**.....3

Because this is a scientific survey, I need to speak with a specific person in this household.

(USE THE HIGHLIGHTED RESPONDENT SELECTION)

A: May I speak to the **youngest man** age 60 or older currently living in this household? **IF NO MEN LIVE IN HOUSEHOLD, ASK AA**	AA. May I speak to the **youngest woman** 60 or older currently living in this household? **[ ] CHECK**
B: May I speak to the **oldest man** age 60 or older currently living in this household? **IF NO MEN LIVE IN HOUSEHOLD, ASK BB**	BB. May I speak to the **oldest woman** age 60 or older currently living in this household? **[ ] CHECK**
C: May I speak to the **oldest woman** age 60 or older currently living in this household? **IF NO WOMEN LIVE IN HOUSEHOLD, ASK CC**	CC. May I speak to the **oldest man** age 60 or older currently living in this household? **[ ] CHECK**
D: May I speak to the **youngest woman** age 60 or older currently living in this household? **IF NO WOMEN LIVE IN HOUSEHOLD, ASK DD**	DD. May I speak to the **youngest man** age 60 or older currently living in this household? **[ ] CHECK**

(IF PERSON DIFFERENT FROM PERSON WHO ANSWERED PHONE, REINTRODUCE)

(IF RESPONDENT QUESTIONS LEGITIMACY OF SURVEY, EXPLAIN THEY CAN CALL JOHN HIGHFILL, SPECIAL PROJECTS COORDINATOR WITH SERVICES FOR ADULTS, A DIVISION OF THE MECKLENBURG COUNTY DEPARTMENT OF SOCIAL SERVICES AT 704-336-4109 FOR VERIFICATION. EXPLAIN THAT IF MR. HIGHFILL IS NOT AT HIS DESK WHEN THE RESPONDENT CALLS, THE RESPONDENT CAN LEAVE A MESSAGE AND HE WILL CALL BACK THE SAME DAY. THEN SCHEDULE CALLBACK.)

Transportation Questions

1. First, how do you get around town to shop, visit friends, or get to appointments or activities? Do you… **(READ LIST. ACCEPT MULTIPLE RESPONSES)?**

Walk	01
Drive yourself or ride with family or friends	02
Take a taxi	03
Ride the bus	04
Take county transportation	05
Use Special Transportation Services or STS	06
Or some other way? SPECIFY?	07
I SELDOM GO OUT BECAUSE IT'S TOO DIFFICULT	08
DK/REFUSED	09

2. Have you ever missed a doctor's visit or run out of food in the past year because you did not have transportation?

Yes	1
No	2
DK/REF	3

Prescription Drug Questions

3. Do you currently take prescription drugs?

YES	1
NO **(GO TO Q5)**	2
DK/REF **(GO TO Q5)**	3

4. How are you paying for your prescription drugs? Will you **(READ LIST. ACCEPT MULTIPLE RESPONSES.)?**

Pay for them yourself	01
Will they be paid for by a family member other than your spouse	02
By private health insurance or Copay	03
From a Flexible Spending Account	04
By a pharmaceutical company's patient assistance program	05
By a sliding fee scale program through a pharmacy, clinic or copay	06
By Medicaid	07
By Medicare or a Medicare HMO	08
By Med Assist	09
By a doctor or doctor's samples	10
NONE OF THE ABOVE	11
DK/REFUSED	12

5. Has the cost of prescription medications ever made you decide . . . (READ LIST)

	YES	NO	DK/REF
A. Not to take them as frequently as prescribed	1	2	3
B. Not to purchase them	1	2	3
C. To do without other essentials such as food, utilities, or paying rent	1	2	3

6. How concerned are you about being able to afford the cost of needed prescription drugs over the next two years? Very concerned, somewhat concerned, not very concerned, or not at all concerned?

VERY CONCERNED.....1
SOMEWHAT CONCERNED.....2
NOT VERY CONCERNED.....3
NOT AT ALL CONCERNED.....4
DK/REFUSED.....5

Nutrition Questions

7. Are you on a special diet designed to . . . (READ LIST.)

	YES	NO	DK/REF
a. Regulate your blood sugar levels	1	2	3
b. Lower your sodium or salt intake	1	2	3
c. Reduce your cholesterol	1	2	3
d. Reduce your blood pressure	1	2	3

ASK Q8 IF Q7A=1, Q7B=1, Q7C=1 OR Q7D=1. ELSE GO TO Q9.

8. Do you know which foods you need to eat or to avoid to maintain your special diets?

YES.....1
NO.....2
DK/REFUSED.....3

9. Who prepares your meals? **(ACCEPT MULTIPLE RESPONSES. READ LIST.)**

Do you prepare them yourself 01
Are they prepared by a family member or friend 02
Are they home-delivered by a meal service or other program.....03
Prepared by a paid caregiver or aide.....04
Or are they prepared by someone else? SPECIFY_____ 05
DK/REFUSED.....06

10. Based on what you eat from day to day, do you feel that you are receiving adequate nutrition?

YES……..1
NO……2
NOT SURE WHAT IS CONSIDERED ADEQUATE NUTRITION….3
REFUSED……..…… 4

Self-Rated Health Status Questions

11. In general, compared to other people your age, would you say that your health is excellent, very good, good, fair or poor?

EXCELLENT 1
VERY GOOD 2
GOOD……..3
FAIR…… 4
POOR……..…..5
DK/REFUSE…….....6

Activities of Daily Living (ADLS & IADLS) Questions

12. In the past year, have you had any difficulty performing any of the following tasks by yourself? (READ LIST. ROTATE.)

	YES	NO	DK/REF
a. Using the telephone	1	2	3
b. Doing light housework, such as washing dishes or straightening up	1	2	3
c. Doing heavy housework, such as vacuuming, scrubbing floors, or washing windows	1	2	3
d. Preparing your own meals	1	2	3
e. Shopping for personal items, such as groceries or clothes	1	2	3
f. Walking	1	2	3
g. Bathing or showering	1	2	3
h. Getting in or out of bed or chairs	1	2	3
i. Managing money or keeping track of expenses or paying bills	1	2	3

ASK Q13 IF ANY ITEM IN Q12=1. ELSE GO TO Q15.

13. Do you receive help from another person with any of the tasks previously mentioned?

YES……1
NO (GO TO Q15)……...2
DK/REFUSED (GO TO Q15)….3

14. Who helps you with these tasks? **(ACCEPT MULTIPLE RESPONSES. READ LIST.)**

A family member or friend 01
A Neighbor 02
A nurse.....03
An in-home aide.....04
A housekeeper.....05
Someone else? SPECIFY_____.....06
DK/REFUSED.....07

Needs Questions

15. Do you have a need for any of the following services, but are not currently getting them? (READ LIST. ROTATE.)

	YES	NO	DK/REF
a. Hot lunch service -whether in a group setting or delivered to your home	1	2	3
b. Housing for older adults	1	2	3
c. Adaptive equipment such as a walker, cane, shower railing, wheel chair or ramp	1	2	3
d. Regular Medical Check-ups or Physicals	1	2	3
e. Other Medical Care	1	2	3
f. A temporary break from providing care to an elderly or disabled relative or friend	1	2	3
g. Legal services	1	2	3
h. Information on Services or Programs for Older Adults	1	2	3
i. Recreation	1	2	3
j. Some other service SPECIFY_____	1	2	3

16. How likely is it that you will be involved in caring for an older adult within the next five years? Very likely, somewhat likely, or not at all likely?
VERY LIKELY……1
SOMEWHAT LIKELY..2
NOT AT ALL LIKELY..3
DK/REFUSED…….4

Social Contact (loneliness factor) Questions

17. Do you have family or friends within two hours of where you live that you could turn to for help if needed?
YES…… 1
NO……..2
DK/REFUSED……... 3

18. Has your health limited your social activities, such as visiting with friends or family?
YES…… 1
NO…… 2
DK/REFUSED……... 3

"We are almost finished with the survey"

Mental Health Questions

19A. Over the past 2 weeks, have you ever felt down, depressed or hopeless? YES……1
NO…… 2
DK/REFUSED…..3

19. Over the past 2 weeks, have you felt little interest or pleasure in doing things? YES……1
NO…….……2
DK/REFUSED...3

(IF YES TO EITHER Q19A or Q19)

20. Have you ever sought help for these feelings?
YES…… ……1
NO……. ……2
DK/REFUSED…...3

"The following questions help us to group our questionnaires:"

Housing Questions

21. Which of the following best describes the type of residence you currently live in? (READ LIST. ONE RESPONSE ONLY.)

House or condo that you own.....1
House, condo or apartment that you rent.....2
Retirement community 3
Home of relatives.....4
Assisted living center.....5
OTHER SPECIFY_____.....6
DK/REFUSED.....7

22. Within the next five years, do you expect to move someplace else due to either increasing health problems or the inability to maintain your home?

YES..... 1
NO..... 2
DK/REFUSED..... 3

Basic Demographic Questions

23. What was the last grade of school you completed?

SOME HIGH SCHOOL (NOT H.S. GRADUATE) 1
HIGH SCHOOL GRADUATE 2
SPECIAL/TECHNICAL TRAINING (NOT COLLEGE) 3
SOME COLLEGE (NOT GRAD FROM 4-YEAR COLLEGE) 4
COLLEGE GRADUATE (FROM 4-YEAR COLLEGE).....5
POST-GRADUATE STUDY OR POST-GRAD DEGREE 6
DON'T KNOW/REFUSED 7

24. What is your Zip Code?

_____
DK/REFUSED..... 99999

25. What is your race?

WHITE/CAUCASIAN 1
BLACK/AFRICAN AMERICAN.....2
NATIVE AMERICAN/AMERICAN INDIAN.....3
ASIAN/PACIFIC ISLANDER 4
OTHER.....5
DK/REFUSED.....6

26. Are you of Hispanic or Latino descent?

YES..... 1
NO..... 2
DK/REFUSED.....3

27. What is your age?

AGE:_____

DK/REFUSED 99

(IF DK OR REFUSED SAY:) I don't need to know exactly. Could you tell me if you are 60 to 64, 65 to 74, 75 to 84, or 85 or older?

28. Please tell me which of the following are a source of your income? (READ LIST. MARK ALL THAT APPLY. ROTATE. ITEM f MUST ALWAYS BE LAST.)

	YES	NO	DK/REF
a. Social Security	1	2	3
b. Disability or SSDI	1	2	3
c. Pension	1	2	3
d. Retirement such as savings or investments	1	2	3
e. Salary or job	1	2	3
f. Some other source SPECIFY_____	1	2	3

29. Using your best guess, do you spend more than 30% of your income on housing (which can include rent or mortgage and utilities)?

YES..... 1
NO..... 2
DK/REFUSED..... 3

30. Finally, which of the following categories best describes your total household income last year from all sources before taxes? (READ LIST)

Less than $10,000 1
$10,000 to $20,000 2
$20,000 to $40,000 3
$40,000 to $60,000 4
$60,000 to $100,000 5
or more than $100,000 6
DON'T KNOW.....7
REFUSED.....8

(IF DK OR REFUSED, SAY:) "We don't need to know exactly. Please choose the category you think would be closest. I'll be glad to read the categories again."

This concludes the survey. Thank you very much for your time and for helping us better understand the issues and needs faced by older adults. The results of this survey will be included in a future report on the Status of Older Adults in Mecklenburg County, and shared with the media in various ways.

C. Providers Survey

Report

More detailed information about this survey and the findings can be obtained by contacting the SFA Program Analyst via telephone: 704-353-0653 or email: carveka@co.mecklenburg.nc.us.

Purpose of the Survey

The providers survey, conducted in November of 2002, was mailed to 262 providers of older adult services within Mecklenburg County. The survey while not scientific, was designed to provide a general idea as to the number, type, and extent of services available to older adults in the county as well as the road blocks (ie waiting lists, limited resources, etc.) that organizations encounter while trying to provide services. Exactly 141 completed surveys were received.

Actual Survey

2002 MECKLENBURG COUNTY PROVIDER SURVEY

1. Organization/Agency Name: _____

2. Name and phone number of person completing form _____

Please complete the following information for each of your ***Older Adult*** services for your latest "program" year. **Please** be as accurate as you can **without** taking time to search for information.

3. Program Name: _____

4. Program Total Annual Budget: _____
(If your agency has more than one program, please give us the budget for this program. If it is not possible to break it out, please give us your annual agency budget)

5. Number of full-time equivalent staff positions for this program: _____

6. Number of volunteers: _____ Number of annual volunteer hours: _____

7a. Sources of funds: (Check all that apply)
_____United Way _____County _____Client fees
_____State _____Federal _____Private Grants
_____Donations _____Medicaid _____Medicare

7b. Eligibility determined by: (Check all that apply)
____Age ____Income ____Geography ____Residency
____Other - Please specify: _____

8. Number of individuals served annually: _____

9. If this program has a waiting list, what is the average number on the list: _____

10. Rank, in priority order, the main reasons that you keep a waiting list, with #1 being the most important reason and #5 being the least. Do not rank reasons that do not apply.
___ Lack of funds for free services
___ Lack of funds for sliding fee scale services
___ Not enough volunteers
___ Not enough qualified staff available
___ Not enough space
___ Other – Please specify: _____

11. May individuals receive more than one program from your organization? __Yes __No

12. Describe your biggest concern for the coming year. _____
_____

_____
_____

Please return to Mrs. Keri Carver, Services For Adults Division, Mecklenburg County Dept. of Social Services, 301 Billingsley Road, Charlotte, NC 28211 by November 27th, 2002. **Thanks**☺

D. UNC Charlotte Urban Institute Annual Survey

Report

More detailed information about this survey and the findings can be obtained by contacting the SFA Program Analyst via telephone: 704-353-0653 or email: carveka@co.mecklenburg.nc.us.

Purpose of the Survey

Every Fall since 1979, the University of North Carolina Charlotte Urban Institute have conducted a telephone survey of Mecklenburg County residents age 18 or over (sample size = 850 individuals). Questions are written and purchased by different entities and combined with demographic questions to create a rather extensive survey on a variety of subjects. The Services For Adults Division of the Mecklenburg County Department of Social Services has submitted questions for the past three years, the results of which were found to be very useful in this Status of Seniors Report.

Services For Adults Questions (year: 2002)

1. What types of "Elder Care" does your company/employer provide? Responses were grouped into the following categories:
   a) care management
   b) educational seminars
   c) financial retirement planning
   d) help to employees who are preparing for the care of their elderly relatives
   e) locate and discuss available services
   f) long-term care insurance
   g) time off to care for elderly/sick parents or grandparents
   h) other

2. What services do you think should be available for older adults? Responses were grouped into the following categories:
   a) assisted living facilities
   b) care management
   c) continuing education
   d) dental care
   e) exercise
   f) home delivered meals
   g) in-home aid
   h) medical care
   i) recreational activities
   j) respite care
   k) retirement homes
   l) senior centers
   m) transportation
   n) training/education about care for older adults
   o) other

3. How much do you spend on prescription drugs per month? (Read 1-8)
   1. $0
   2. $1-$50
   3. $51-$100
   4. $101- $300
   5. $301-$500
   6. $501-$999
   7. $1,000-$4,999
   8. $5,000 +

4. Are you providing care for a relative or friend who has a disability or is 60 years of age or older?
   1. Yes 2. No

5. What type of care are you providing? (asked of those who answered yes to question number four)
   a) Assistance with daily living activities such as taking medications, telephone use, reading, writing, shopping, etc.
   b) Housekeeping chores such as vacuuming, sweeping, mopping, laundry, making bed, etc.
   c) Meal preparation or picking up meals
   d) Financial Support

e) Money Management such as paying bills, purchasing money orders, assist with budget, or conducting bank business, etc.
f) Personal care such as bathing, grooming, feeding, walking, getting in and out of bed, wheelchair, tub, etc.
g) Purchasing or picking up of medications
h) Transportation
i) Other

6. Does this individual reside with you? 1. Yes 2. No

7. What problems have you had in getting care services (such as: assessments, counseling, support services, assistance with house cleaning, bathing, meals, recreational activities, continuing education, transportation, housing, or medical care) for a relative or friend who has a disability or is 60 years of age or older?
   a) 7a. No problems -was able to find, obtain/receive needed services
   b) 7b. No problems because never tried to obtain services
   c) 7c. Did not know where to obtain/apply for services
   d) 7d. Did not have enough time to search for or investigate services
   e) 7e. Could not afford services
   f) 7f. Did not qualify for services
   g) 7g. The application process was too confusing
   h) 7h. Did not find any services that met needs
   i) 7i. Other_____

Services For Adults Questions (year: 2001)
1. Are you aware of the Mecklenburg County Services For Adults Division?

2. What types of "Elder Care" does your company/employer provide? Responses were grouped into the following categories:
   a) care management
   b) educational seminars
   c) financial retirement planning
   d) help to employees who are preparing for the care of their elderly relatives
   e) locate and discuss available services
   f) long-term care insurance
   g) time off to care for elderly/sick parents or grandparents
   h) other

3. What services do you think should be available for older adults? Responses were grouped into the following categories:
   a) assisted living facilities
   b) care management
   c) continuing education
   d) dental care
   e) exercise
   f) home delivered meals
   g) in-home aid
   h) medical care
   i) recreational activities
   j) respite care
   k) retirement homes
   l) senior centers
   m) transportation
   n) training/education about care for older adults
   o) other

4. Would you seek or recommend using services for older adults that are available through the Mecklenburg County Department of Social Services?

Services For Adults Questions (year: 2000)
1. Have you purchased long-term care insurance? a) yes b) no c) don't know/no response

2. In your later years, as you grow older and need help with everyday tasks such as cooking, housekeeping and personal hygiene, whom do you anticipate helping you with your needs? (Do not read list. Accept multiple responses.)

	Yes	No	No Response
a. Spouse/Partner	1	2	8
b. Children	1	2	8
c. Other Family	1	2	8
d. Friends	1	2	8
e. Social Services	1	2	8
f. Paid help, in-home	1	2	8
g. Assisted living facility staff	1	2	8
h. Nursing home staff	1	2	8
i. Volunteers from churches or helping agencies	1	2	8
j. Self (ie no help)	1	2	8
k. Other (specify)_____	1	2	8

3. In your later years, as you grow older, how do you anticipate getting to the places you need to go like the grocery store, the doctor's office, or social activities? (Do not read list. Accept multiple responses.)

	Yes	No	No Response
a. Drive myself	1	2	8
b. Walk	1	2	8
c. Spouse/partner will drive	1	2	8
d. Children will drive	1	2	8
e. Other family member will drive	1	2	8
f. Friends will drive	1	2	8
g. Social services transportation	1	2	8
h. Public transportation	1	2	8
i. Paid help	1	2	8
j. Volunteers from churches or helping agencies	1	2	8
k. Other (specify)_____	1	2	8

4. In your later years, as you grow older, what kinds of recreational or leisure activities do you anticipate pursuing? (Do not read list. Accept multiple responses.)

	Yes	No	No Response
a. Doing hobbies (gardening, music, art, etc.)	1	2	8
b. Social clubs	1	2	8
c. Service clubs or volunteer activities	1	2	8
d. Religious clubs/activities	1	2	8
e. Playing games (board games, card games, etc.)	1	2	8
f. Sports/exercise activities	1	2	8
g. Cultural events (theater, ballet, opera, museum exhibitions, etc)	1	2	8
h. Spending time with family/friends	1	2	8
i. Travel	1	2	8
j. Other (specify)_____	1	2	8

E. 2003 Focus Groups

Report

More detailed information about the focus groups and participant responses can be obtained by contacting the SFA Program Analyst via telephone: 704-353-0653 or email: carveka@co.mecklenburg.nc.us or the SFA Special Projects Coordinator via telephone: 704-336-4109 or e-mail: highfjv@co.mecklenburg.nc.us

Purpose

In March of 2003, a total of five focus groups were held in an effort to add insight into what was learned from the 2002 Older Adults Survey and to better understand the needs and concerns of older adults in Mecklenburg County. The focus groups were held in various locations around the county, each lasting approximately one hour and a half.

Focus Group Descriptions & Questions

Provider Group: consisted of 11 providers representing a variety of older adult services. The services their organizations provide include: nutrition, socialization, home health, leisure activities, education, legal advice, housing, continuing care, assisted living, care management, information and assistance, day care, and social work services.

The facilitator first asked people to introduce themselves, mentioning who they work for, their position, and one or two of their past jobs in older adult services. Then the participants were asked to respond to the following questions:

- What are the things that you most often hear older adults describe as enjoyable and fun?
- Things that older adults frequently name as a big concern:
- Major barriers older adults face in being able to stay in the home and maintain their independence as they get older?
- What would eliminate those barriers?
- What do you thing the role of local government should be in service provision?
- Should the government provide more?
- What are the two most pressing needs facing lower, middle, and upper income Older Adults?
- If you were King or Queen for a month, how would the system of older adult services look different?
- What have older adults told you about living in Charlotte-Mecklenburg?
- Are there changes you would like to see in this community that would make it a better place for older adults to live?
- How do most of your customers learn about your service(s)?

Older Adult Focus Groups

(Note: Group One was asked a different set of questions from Groups Two through Four.)

Group 1: Mecklenburg residents age 50 to 59. This group represented the eldest portion of the Baby Boomer Generation. Seven females and no males (although several were asked) participated in the group. The facilitator asked people to introduce themselves, mentioning how long they have lived in the area, giving some background about themselves and talking about one plus and one minus of aging.

Participants' length of residency in Mecklenburg ranged from nine to over 40 years. Group 1 was asked the following questions:

- How do you find out where to get information?
- What public media do you use to get information?
- What are your biggest concerns for your own retirement?
- Do you see much exploitation of the elderly?
- What do you see as the main sources of your retirement income?
- What problems have you had in obtaining care-giving services?
- How would you like to see things—how should things be different?
- What do you do to take care of your own health?
- What do you do with your spare time?
- What do you want to be able to do?
- Where do you plan to live when you retire?
- What are the barriers to staying in your own home?
- What could you have done to make your life/retirement better?

Group 2: Mecklenburg residents of Hispanic descent age 60 and over. The primary language of all of the participants was Spanish, so the focus group was conducted entirely in Spanish. There were a total of 13 participants, 10 females and 3 males. The participants originated from various Latin American Countries such as: Cuba, Mexico, Peru, Puerto Rico, Columbia, and Ecuador. Participants' length of residency in Mecklenburg ranged from two to 33 years.

Group 3: Mecklenburg residents age 60 to 69. There were a total of five participants (four females and one male) in this focus group. Participants' length of residency in Mecklenburg ranged from four to over 60 years.

Group 4: Mecklenburg residents age 70 and over. A total of 17 individuals (14 females, 3 males) participated in this focus group. Participants' length of residency in Mecklenburg ranged from four to over 60 years.

The facilitator of Groups Two through Four asked people to introduce themselves, mentioning how long they have lived in the area, giving some background about themselves and talking about one plus and one minus of aging. The groups were also asked the following questions:

- In general, in an average day how do you spend your time?
- As you get older, what are the things that most concern you?
- How do you find out about where to get information and services? [Information & Awareness]
- What are you doing now to maintain or improve your health?
- As you get older and are not able to do everything for yourself, how will you manage for things like, paying bills, or preparing your on food? [ADL & IADL's]
- When you are not physically able to stay in your current home, what are your plans?[housing]
- What are the barriers to being able to stay in your home and maintaining your independence as you get older?
- A) If you currently are or have been a caregiver for a relative or close friend, what barriers or needs do/did you have/expect in that role? [Caregiving] B) As a recipient some day, what would be an ideal situation for you?
- Looking back over your life, what types of things might you have done to make your life &/or retirement better?

SUMMARIES OF FOCUS GROUPS - All held the week of March 17th, 2003

Age 50-59 (Boomer) Group

Caregiving presents a great challenge to this group. Most participants were caring for an individual with Alzheimer's or limited physical capabilities. They have made a lot of sacrifices to serve as caregivers. One female participant said she has had to give up many of her favorite activities and other things she likes to do so that she can shuttle her mother to and fro. When asked what they are doing to maintain their health, most participants turned the conversation back to their roles as caregivers or talked about the health of the person for home they are caring. Several participants said they are trying to stay positive using their faith or humor and keeping busy as a way to relieve stress.

60-69 Group

Based on their responses to the question of negative and positive aspects of aging, the majority of participants seemed to have a positive outlook. Their positive nature may have been due to their relative independence and mobility. Most maintained very active lives which included some type of regular recreation such as walking, swimming, and volunteer work. Their biggest concern was being able to maintain their independence as they aged. Several had not begun to think about what they would do or where they might live when they could longer care for themselves.

One participant (with agreement from the others) thought it would be a good idea to have people whose only task was to check in on the elderly to chat, to make sure they were okay or to ask if they needed anything. A big fear for some in the group was that they would be hurt or die and no one would know or find them until days later. This in fact had happened to an acquaintance of one participant.

The participants were asked what is different compared to when they were younger. Reponses included: visit the doctor more often, feel less stress than they used to mainly because they don't have to get up every morning (only one participant was still working), and they can do "what they want to do when they want to do it".

70 + Group

This group talked a great deal about the enjoyment of their relationships with friends and family and about their volunteer activities, and work with organizations and clubs in the community. Most of them were mentally and physically (some very) active, and most took some steps to maintain their health. They were all particularly concerned about the cost of prescription medicines and of health care. They were also concerned about their future health care needs and the associated costs. Many of the group seemed to mostly use their network of contacts, with friends and community organizations, to learn about activities and services in the community rather than the traditional media sources.

Latino Group

When asked about the positives and negatives of aging, most participants only discussed the positives. Participants said that thinking about the negatives did not help because they have so much to be thankful for (i.e. raising good children, their health, friends, etc.). Language seemed to be the biggest barrier these participants faced. They noticed a difference in the level of service when they went to a Spanish-Speaking provider versus using a translator with an English-speaking provider.

The participants originated from a variety of Latin American countries. There were two participants from Columbia, and one each from Ecuador, Peru, Cuba, and Mexico. Not all participants mentioned their home countries. Several participants were in the process of learning English by attending classes

held at the Senior Center. When asked where they want to live when/if their health declines, most said they would prefer a retirement home (i.e. assisted living or retirement community) that was economical and had all the amenities they might need. Their ideal would be a community or facility that catered to Latinos -their customs, food, and lifestyle. Most participants seemed to like Charlotte or the area that they lived in.

Provider Group

This group strongly echoed the other groups in terms of the importance of relationships, socialization, and getting out in the community for activities. Caregiving for persons with dementia illnesses was mentioned frequently as a big concern. In terms of the role of "government" they most frequently mentioned things that would help older adults stay active and involved in the community, and they were concerned about providing more of some services such as transportation and housing. When asked about "pressing needs facing middle and upper income older adults" they mentioned "paying for medications" and "fear of outliving [their] money." In addressing the needs of the low-income older adults they listed housing, transportation, and better collaborations between agencies. When asked about what an ideal system of services would look, they said that "neighborhoods around the county that have everything you need – grocery shopping, pharmacies, clinics, activities, adult day cares, etc."

F. Helpful Websites & / or Agencies related to older adult services

- *Services For Adults Division (SFA) of the Mecklenburg County Department of Social Services*
  Address: www.charmeck.org/Departments/dss/home.asp then click on the Services for Seniors and the Disabled hyperlink located on the right side of the page.
  Description: This website contains descriptions of all the SFA programs, how to apply for services, frequently asked questions, and contact information.

- *Centralina Council of Governments (CCOG) & Area Agency on Aging (CAAA)*
  Address: http://www.centralina.org/aaa/default.htm
  Description: CCOG is the state-designated lead regional organization for the area in and around Charlotte. It serves as a conduit of grants, a staff resource for members, and a forum for local governments to address current problems and future needs. CAAA supports and enhances the capacity of service and advocacy systems to promote independence, preserve dignity, and advocate for the rights of older and disabled adults and their families. CAAA serves a nine county area, which includes Mecklenburg County.

- *United Way of Central Carolinas, Inc.*
  Address: http://www.uwcentralcarolinas.org/
  Description: United Way of Central Carolinas, Inc. is an autonomous organization that supports 98 member agencies as well as other service providers that serve individuals in Cabarrus, Mecklenburg, Mooresville-South Iredell and Union counties.

- *Charlotte-Mecklenburg Council On Aging, Inc.*
  Address: http://www.char-meckcoa.org/
  Description: The mission of the Charlotte-Mecklenburg Council on Aging is to address, advocate and support the rights and needs of older adults on issues that affect them. The COA sponsors the annual Successful Aging Forum in May, a Candidates Forum, and currently has projects underway on Caregiving, Certified Nursing Assistants, and a Program for Senior Advocates. The Council also monitors state and federal legislation affecting older adults, and advocates for senior issues such as affordable housing, health and wellness services, and senior living options.

- *Charlotte Mecklenburg Aging Coalition (C-MAC)*
  Description: The Mission is *"…to facilitate inter-agency cooperation, identify critical issues, and promote response strategies."* Our working committees are: Advocacy, Marketing and Membership, Education, and Older Americans Month. Our regular meeting is the second Monday at 3:00 p.m. at the Charlotte-Mecklenburg Senior Center on Tyvola Road. We sponsor an annual Candidate Forum in collaborations with the Senior Center and the Council on Aging.

G. Board of County Commissioners Resolution:

RESOLUTION
of the Mecklenburg County
Board of County Commissioners

DIRECTING THE DEPARTMENT OF SOCIAL SERVICES AND SOCIAL SERVICES COMMITTEE TO DEVELOP A STATUS OF SENIORS REPORT

WHEREAS, the number of senior citizens in Mecklenburg County will double by the year 2020, increasing from 89,000 to 177,000; and

WHEREAS, the number of Adult Protective Service referrals has increased 19% over the last three years, from 648 in FY99 to 796 in FY02; and

WHEREAS, numerous community agencies and individuals are involved with providing various services to meet senior citizens' needs; and

WHEREAS, the Mecklenburg County Board of County Commissioners has established a vision that by the year 2015, "our senior citizens will have the choice to age with dignity in their homes"; and

WHEREAS, the Board's community vision also includes Mecklenburg County serving as a leader in establishing partnerships to achieve community-wide goals; and

WHEREAS, the month of May has been designated Older Americans Month in the United States; and

WHEREAS, the Mecklenburg County Board of County Commissioners has the opportunity to recognize Older Americans by establishing the goal that Mecklenburg residents be made aware of the changing needs of senior citizens; and

WHEREAS, all Mecklenburg County residents have a stake and role in ensuring the well-being of senior citizens.

NOW, THEREFORE, BE IT RESOLVED that the Mecklenburg County Board of County Commissioners resolves to direct the Department of Social Services and the Social Services Committee of the Human Services Council to develop an annual Status of Seniors Report to the Board of County Commissioners focusing on the quality of life for senior citizens in Mecklenburg County, including but not limited to issues of health, medical care, nutrition, safety, housing, transportation, independence, self-sufficiency and other quality of life factors. The Report will also assess community services available to meet current and future needs of senior citizens in Mecklenburg County, including public awareness and involvement in senior issues.

This is the ninth day of May, 2002.

_____

H. Parks Helms, Chairman
Mecklenburg County Board of Commissioners

H. Next Steps

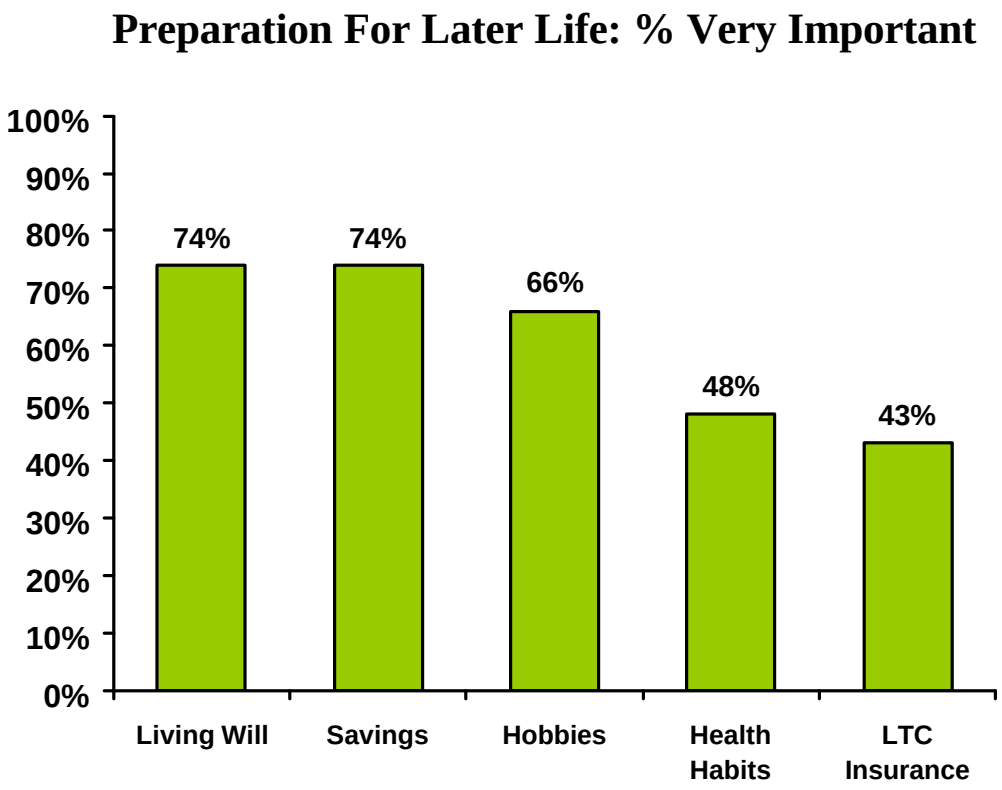
May 20, 2003	- **Present initial Status of Seniors Report to the Board of County Commissioners**
May 22, 2003	- **Present initial Status of Seniors Report at the 2003 Successful Aging Forum** - **Forum participants will have an opportunity to sign up for future strategic planning efforts.**
June 2003	- **The top key players from the government, business/private, and non-profit sectors will meet to discuss the next steps**
September 2003	- **Strategic Planning begins will <u>all</u> key players**

I. Complimentary Additional Information and Data

Quality of Life

In response to a question in a 2000 survey conducted by The National Council on Aging (NCOA),[1] persons age 65 + said it was very important to have a living will (74%) and to build up their savings (74%). The same question asked how important is it to have hobbies and other leisure time activities (66%), to changing your health habits (48%) and to have long term care insurance (43%).

Chart 21

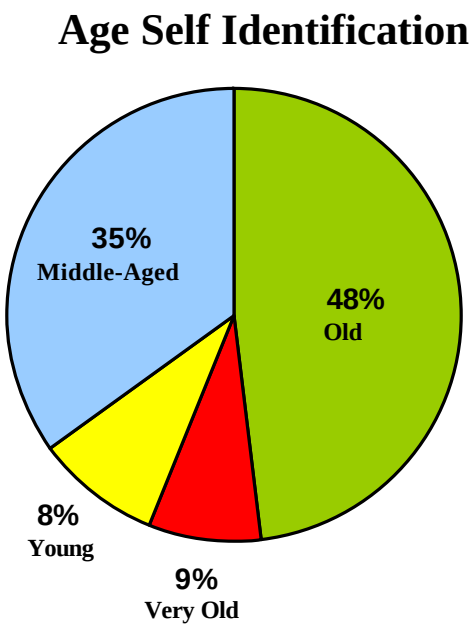


Source: 2002 Update, American Perceptions of Aging in the 21st Century, The National Council on the Aging, Inc.

In response to a question in the survey conducted by the NCOA, entitled American Perceptions of Aging in the 21st Century,[2] 93% of all persons said that if they knew they would live to be 75 years old, that would make them very or somewhat happy. The same study [following chart] found that "nearly half of people age 65 and older, (and 1/3 of people age 75 and older,) consider themselves to be middle aged or young." This self image is going to become even more widespread as the baby boom generation retires, beginning in about 2010.

[1] National Council On Aging, American Perceptions of Aging in the 21st Century, 2002 Update
[2] NCOA, American Perceptions of Aging in the 21st Century, 2002 Update

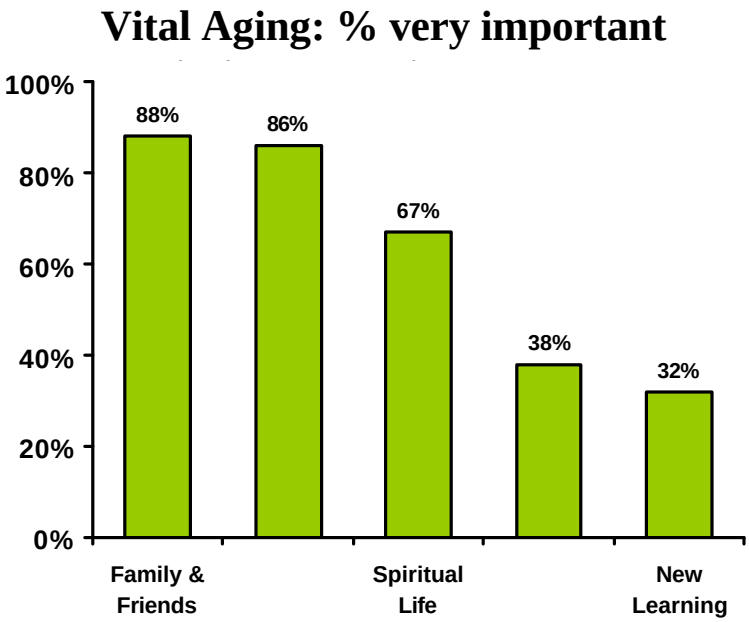
Chart 22



Source: NCOA, American Perceptions of Aging in the 21st Century, 2002 Update

In responding to a question asking what things are important to having a vital and meaningful life, the following chart shows a significant preference for maintaining relationships.

Chart 23



Source: 2002 Update, American Perceptions Source: of Aging in the 21st Century, The National Council On Aging, Inc.

As a comparison to activities that are important to older adults currently, the AARP Research Center[3] found that 98% of the general population of adults is "involved in at least one activity that connects them with people outside their household." The study found that 78% are involved in visiting with friends, 64% are involved in religious activities, and 61% are involved with hobbies outside of the household. This data tracks the activities that are important to the age 65 and over population in other studies. The paper also found that 72% of the total adult population "want to be living in the same geographical area five years from now."

Health Costs

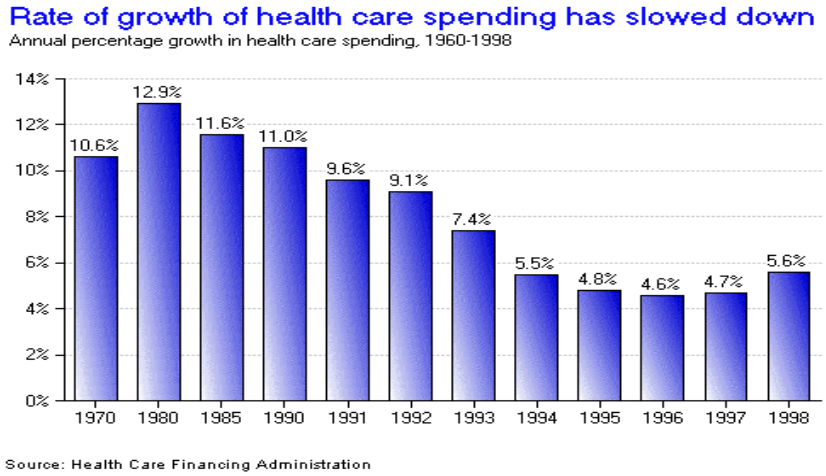
A "quick take" from Public Agenda, a nonpartisan, nonprofit public opinion research and citizen education organization (founded in 1975 by Daniel Yankelovich and Cyrus Vance), states that "59% of Americans worry a 'great deal' that the elderly won't be able to afford prescription drugs; and half say they worry 'a great deal' that the number of Americans without health insurance will continue to rise."

In a companion analysis, "Health Insurance Coverage:2000 in September 2001 by the U.S. Census", showed that North Carolina has 12.9% of its population without health insurance which is just below the mean of all states.

Since 1990, according to Health, United States, 2002, community hospital length of stay for the total population has declined from 7.2 days to 5.8 days, while the number of outpatient visits has increased from 301 million to 521 million. In a related positive development (see charts below) Public Agenda a non-profit policy analysis organization (http://publicagenda.org/issues) finds that health care spending has leveled off as a percentage of gross domestic product between 1970 and 2000 to an annual rate of 13.2% in 2000. Further, the rate of increase has dropped significantly from 10.6% in 1970 to 5.6% in 1998.

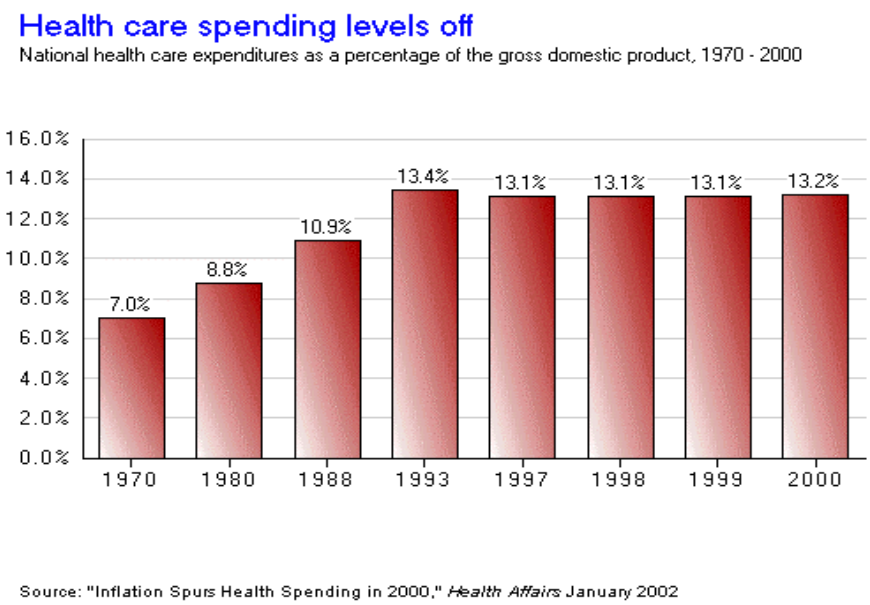
Chart24

[www.publicagenda.org/issues/factfiles_detail.cfm?issue_type=healthcare&list=1]



[3] AARP Research Center paper on: America's Social Fabric – Attached and Concerned,

Chart 25



[www.publicagenda.org/issues/factfiles_detail.cfm?issue_type=healthcare&list=2]

Caregiving

Table 9

Mean Hours of Care Provided per week by Caregiver Level[4]

Level of Care	Hours Per Week
All Caregivers	17.9
Level 1	3.6
Level 2	8.2
Level 3	9.1
Level 4	27.3
Level 5	56.5

[4] Family Caregiving in the U.S., Finding from a National Survey, National Alliance for Caregiving, 1997, pg. 27

Table 10
Utilization of Services and
Satisfaction with Services & Information By Caregivers[5]

Service	Percent Used	Met full need	Partially met need
Durable medical equipment	46.7%	81.4%	14.1%
Personal/nursing care	37.8%	69.6%	23.8%
Home modification	28.1	77.9%	17.6%
Home-delivered meal	15.6%	61.0%	25.3
Help with housework	15.6%	61.9%	30.5%
Financial information	15.5%	33.5%	40.7%
Transportation	14.9%	71.8%	24.8%
Respite care	14.1%	62.9%	32.4%
Adult day care/ Senior Center	9.5%	53.6%	30.7%
Support group	6.6%	53.4%	37.8%

Comparative Analysis of Caregiver Data [6]
a researcher at Towson State University for the National Alliance for Caregiving to examine trends in caregiving which are likely to persist until 2007. In aggregate, there was little difference in the caregiver profiles between '87 and '97, except in employment of caregivers which rose from 55% to 64%. A comparison of working caregivers shows that 59% said they were the primary caregiver in 1987, but in 1997 that had dropped to 35%. In '97, 36% report spending 8 hours or less caregiving, but in 1987, 52% reported this level of activity. In general this trend tracks national data that shows somewhat less informal caregiving between 1982 and 1994. "There was an observable increase in the numbers of respondents who reported that their care recipient lived more than 20 minutes away – 16% in 1987 and 24% in 1997. For the employed caregivers, the increase was from 14% in 1987 to 34% in 1997."

A March 2001 survey by AARP, entitled Can we Talk? Families Discuss Older Parents' Ability To Live Independently… Or Do They?, finds that over half (54%) of adult children think their parents will need help, but less than 27% of the parents agreed.[7] When presented with a hypothetical situation about an older woman, who is experiencing difficulty walking and going up and down stairs, 49% of the adult children and 43% of the older parents think she should tell her adult children about her difficulties.

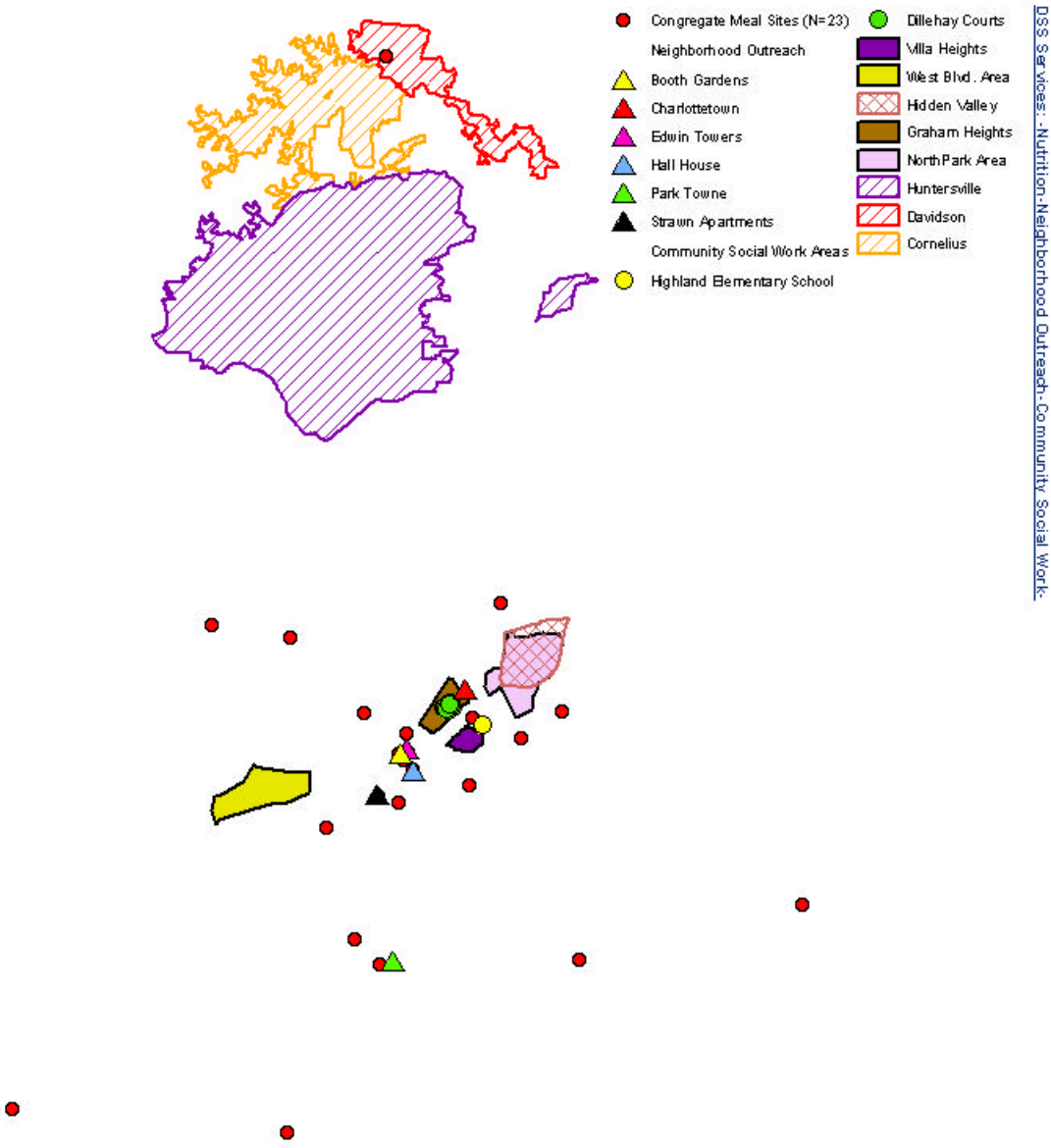
Some Innovations/Comparisons with Others

A NORC is essentially a "neighborhood not originally planned for seniors but where most residents have grown old." Examples are:

- A Howard County, Maryland, model is "aimed at coordinating both private and public agencies to provide comprehensive, aging-in-place programs for the whole county.

[5] Family Caregiving in the U.S., Finding from a National Survey, National Alliance for Caregiving, 1997, pg. 29
[6] Comparative Analysis of Caregiver Data for Caregivers to the Elderly 1987-1997, National Alliance For Caregiving
[7] Can we Talk? Families Discuss Older Parents' Ability To Live Independently… Or Do They?, Executive Summary, April 2001

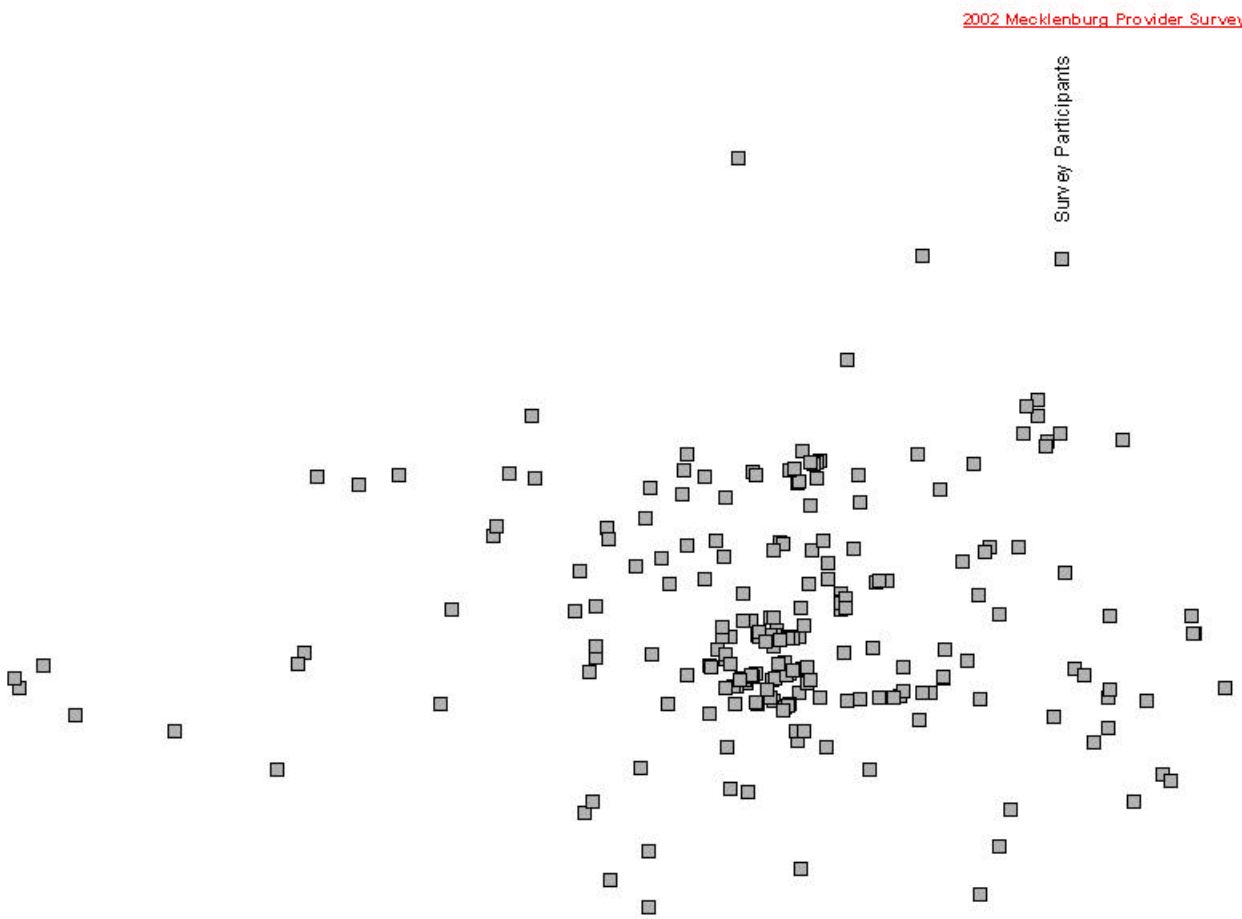
- The town of Northport, Michigan, has a similar group of 400 members who pay a one-time fee of $75 and annual dues that range from $50 to $150 annually, depending on their age. In addition, about 100 members serve as volunteers doing such things as driving other members to medical appointments.
- Penn South, in New York's Chelsea neighborhood, is a 10-building apartment complex with about 10,000 residents. The staff of nine health and social service professionals provide such services as advice on medications and diabetes screening. They also have an adult day care center with the cost of such services coming from rent, and state and city subsidies.



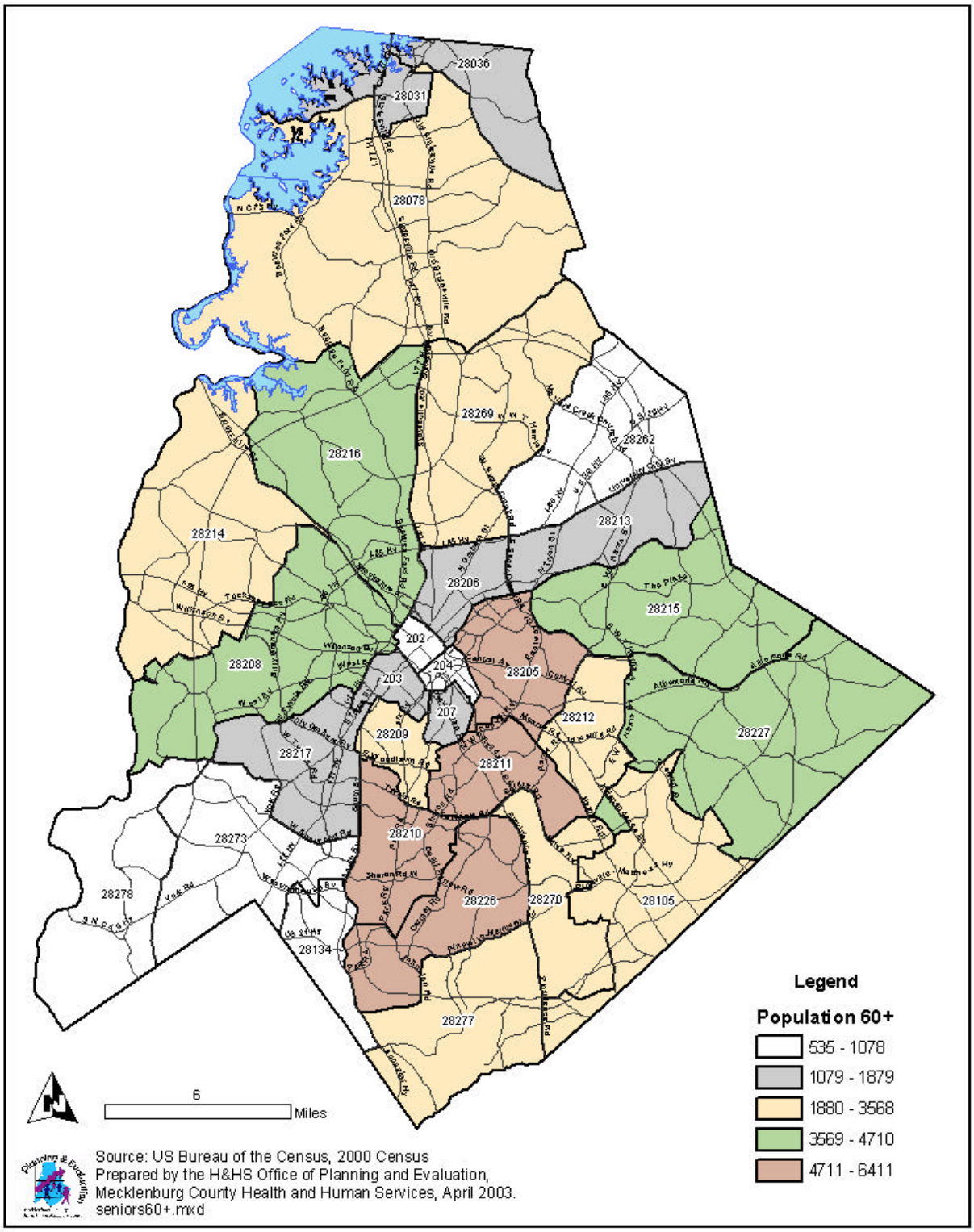
DSS Services: -Nutrition-Neighborhood Outreach-Community Social Work-

Selected Agencies with Multiple Locations

2002 Mecklenburg Provider Survey Participants



Distribution of Seniors Age 60+



Source: US Bureau of the Census, 2000 Census
Prepared by the H&HS Office of Planning and Evaluation,
Mecklenburg County Health and Human Services, April 2003.
seniors60+.mxd