Gap Analysis of Home and Community-based Services for an Aging Population in the NWCCOG Region

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EXECUTIVE SUMMARY

Background and Methods

To better plan for the upcoming needs of the senior population in its region, the Northwest Colorado Council of Governments (NWCCOG) commissioned a gap analysis of services for its aging population. The purpose of the analysis is to provide an in-depth understanding of home-based services not tied to an institutional setting, determine the adequacy of these services and the unmet needs for such services in the NWCCOG region.

This study is based on a number of primary and secondary data sources, including: a survey of 492 older residents; a survey of 47 key actors (senior service providers, government staff and elected officials); a facility and service analysis; and a review of reports related to the older adult population in the region and statewide published in the past six years.

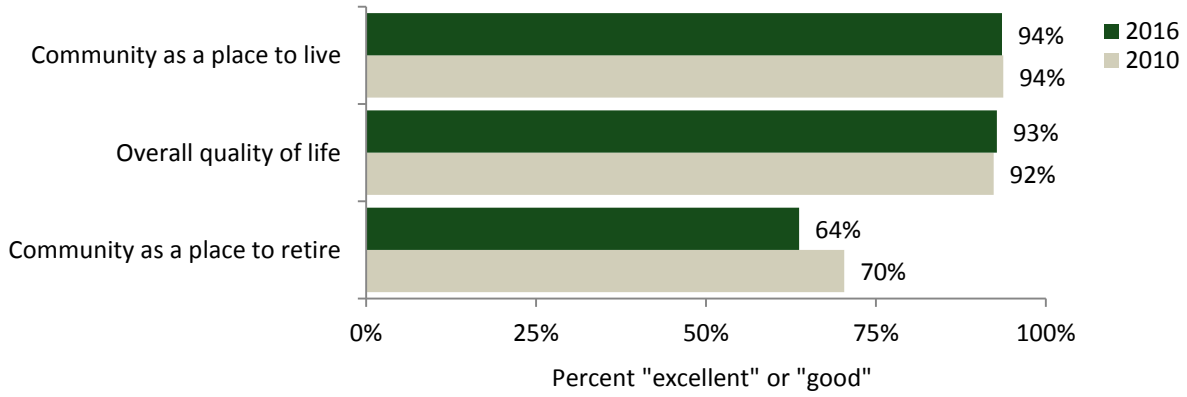
Regional Growth

The number of adults aged 65 and older in the NWCCOG region is predicted to double by 2030 and triple by 2050. However, not all counties are predicted to experience the same rates of growth. Eagle County is expected to see the most growth while Jackson County may see a decrease in its overall and older adult populations.

NWCCOG Region as a Place for Older Adults

While older adults almost universally think the region is a good place to live and that it provides a good quality of life, some are concerned about the region as a place to retire (29% rate this as fair and 7% as poor). This rating as a place to retire is lower than ratings seen across the nation, while the ratings for a place to live and overall quality of life are higher than ratings seen across the nation.

Figure 1: Northwest Colorado as a Place for Older Residents



Data Source: NWCCOG CASOA™ 2010 and 2016

Key Drivers of Community Quality

A key driver analysis was completed to assess which community features were most highly associated with resident satisfaction with the NWCCOG region as a place to live and retire.

The items that most strongly impacted ratings of the community as a place to live were opportunities to volunteer, overall feeling of safety in your community, ease of travel by car in your community and availability of preventive health services. The items that most strongly impacted ratings of the community as a place to retire were opportunities to attend social events or activities, availability of affordable quality food, variety of housing options, and cost of living in your community.

In line with the results that most rated their community as a good place to live, but fewer rated it as a good place to retire, most of the of the key drivers related to the region as a place to live received high ratings while half of the key drivers related to the region as a place to retire received lower ratings.

Figure 2: NWCCOG Region Key Driver Community Livability Chart (2016)

Key Driver Place to Live	Amenities	Key Driver Place to Retire
	Fitness opportunities	
✸	Opportunities to volunteer	
	Recreation opportunities	
✸	Overall feeling of safety in your community	
	Opportunities to attend religious or spiritual activities	
	Opportunities to attend social events or activities	✸
	Ease of getting to the places you usually have to visit	
	Opportunities to attend or participate in meetings about local government or community matters	
✸	Ease of travel by car in your community	
	Ease of walking in your community	
	Sense of community	
	Valuing residents age 60 and older in your community	
	Openness and acceptance of the community towards residents age 60 and older of diverse backgrounds	
	Neighborliness of your community	
	Opportunities to enroll in skill-building or personal enrichment classes	
✸	Availability of preventive health services	
	Ease of travel by public transportation in your community	
	Availability of affordable quality food	✸
	Availability of affordable quality physical health care	
	Availability of information about resources for older adults	
	Employment opportunities	
	Availability of financial or legal planning services	
	Availability of affordable quality mental health care	
	Variety of housing options	✸
	Availability of daytime care options for older adults	
	Cost of living in your community	✸
	Availability of long-term care options	
	Availability of affordable quality housing	

Highest Rated ⮝⮝⮝

⮟⮟⮟ Lowest Rated

Source: NWCCOG CASOA™

Cost of Living in the Region

As reflected in the key driver analysis, one of the major challenges to retiring in a resort region is the cost of living.

Housing Colorado analyzed 2014 housing costs in Colorado and found that on average a household would need to have just over two full-time jobs at minimum wage to afford a two bedroom home at fair market rent, and would need 1.2 full time jobs if they were making the average renter's wage for their county. Housing was less affordable than the Colorado average in three of the NWCCOG counties (Pitkin, Summit and Eagle), more affordable in Jackson County and closer to average in Grand County.

Table 1: Affordability of Housing Costs in NWCCOG Region Counties (2014)

	Monthly fair market rent (FMR) for a two bedroom home	Number of full-time jobs at minimum wage needed to afford FMR for a two bedroom home	Number of full-time jobs at mean renter wage needed to afford FMR for a two bedroom home
Colorado	$916	2.2	1.2
Pitkin County	$1,331	3.2	1.4
Summit County	$1,233	3.0	2.1
Eagle County	$1,194	2.9	1.8
Grand County	$890	2.1	2.1
Jackson County	$695	1.7	1.0

Source: Housing Colorado; http://c.ymcdn.com/sites/www.housingcolorado.org/resource/resmgr/Advocacy/2014-OOR-CO_Profile.pdf

In the survey of older adults, respondents were given a list of potential problems they may have experienced in the past 12 months and asked if each was a major, moderate, or minor problem or not a problem for them. One in three older residents in the NWCCOG region reported problems with having enough money to meet daily expenses in 2016 and half were having issues finding affordable health insurance. Many also said they had at least a minor problem with affording medications and having enough money to pay property taxes.

Table 2: Older Adult Needs Related to Cost of Living by Year

Thinking back over the past 12 months, how much of a problem, if at all, has each of the following been for you?	Percent at least a "minor" problem	
	2016	2010
Finding affordable health insurance	49%	42%
Having adequate information or dealing with public programs such as Social Security, Medicare and Medicaid	43%	33%
Dealing with financial planning issues	40%	34%
Having enough money to meet daily expenses	34%	31%
Affording the medications you need	28%	28%
Having enough money to pay your property taxes	24%	32%
Feeling financially burdened by providing care for another person	17%	NA
Having safe and affordable transportation available	17%	20%

Sources: NWCCOG CASOA™2010 and 2016.

Community Engagement and Physical Health

Of the other issues on the list, those affecting the largest number of older residents were lack of information about available services for older adults, feeling heard in the community, poor physical health, and staying physically fit and doing heavy or intense housework, yard or home maintenance.

Table 3: Other Prevalent Older Adult Needs

Thinking back over the past 12 months, how much of a problem, if at all, has each of the following been for you?	Percent at least a "minor" problem	
	2016	2010
Feeling like your voice is heard in the community	49%	45%
Your physical health	45%	48%
Doing heavy or intense housework	41%	40%
Staying physically fit	40%	44%
Maintaining your home	37%	28%
Maintaining your yard	37%	31%

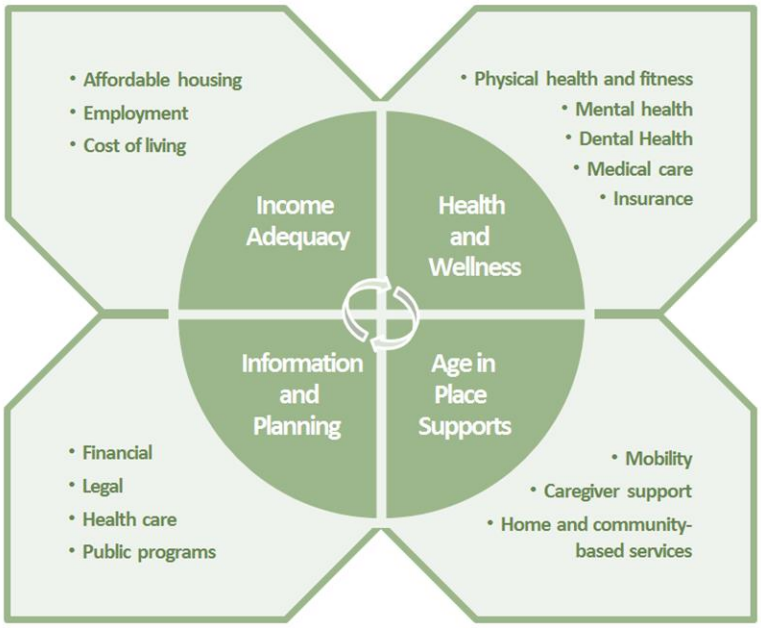
Sources: NWCCOG CASOA™2010 and 2016.

The Major Gaps Preventing Older Residents from Aging in Community

Most seniors are flourishing in the NWCCOG region. Almost all rated the region as an excellent or good place to live (94%) and most said it was an excellent or good place to retire (64%). Older adults generally said they were healthy, mobile and engaged. Most feel safe and plan to stay in the community as they age.

Nonetheless, there are needs in the NWCCOG region older adult population that are likely to increase dramatically as the aging population increases over the next decades. The largest gaps identified in this assessment include: 1) income adequacy, 2) health and wellness opportunities, 3) services and programs that allow residents to age in place, and 4) information and planning. A number of these issues affect residents of all ages in the region, such as health care, employment, housing and transportation, and some are unique to the senior segments of the NWCCOG region's population.

Figure 3: Gaps Identified in Study

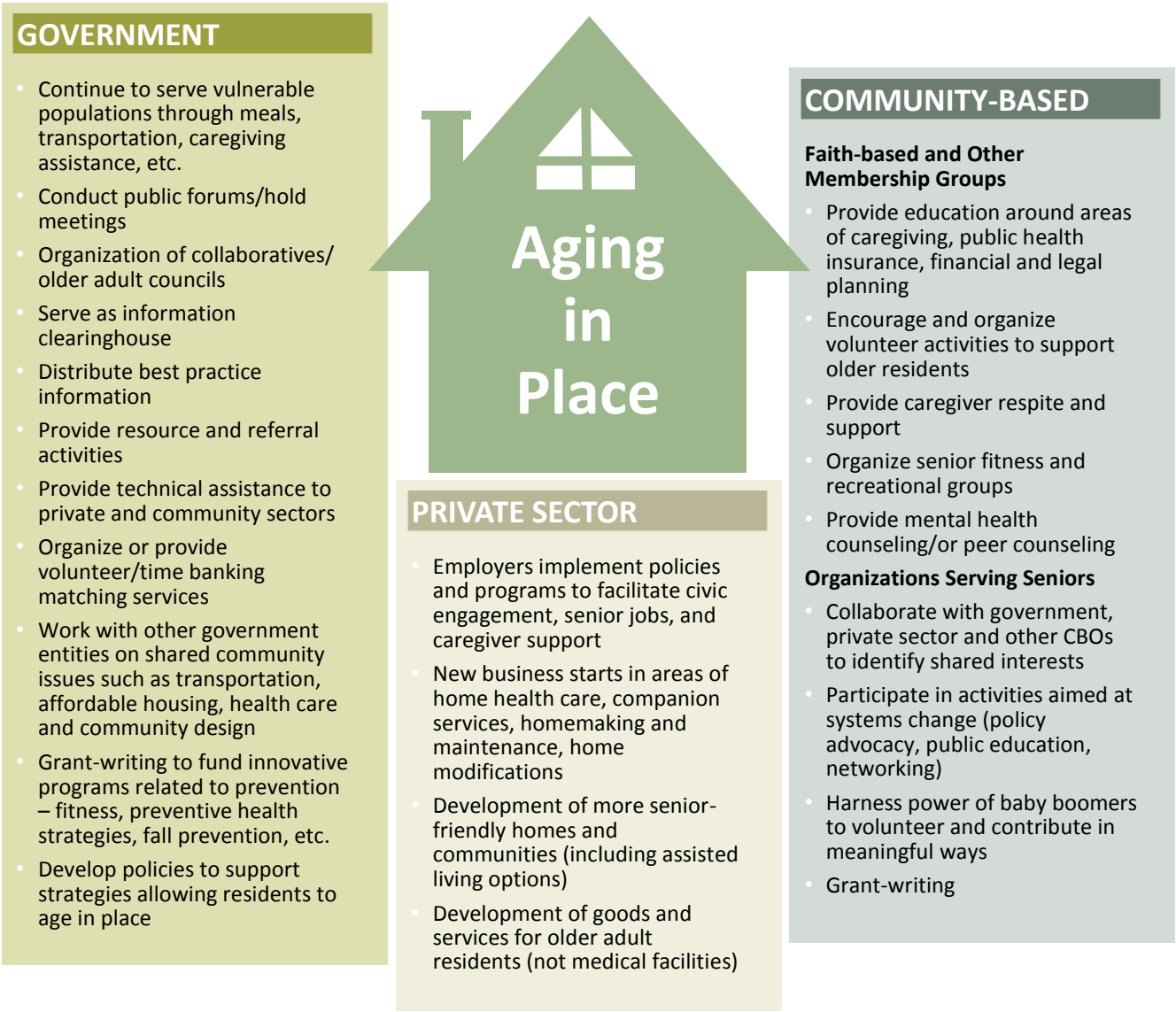


Recommendations

No single agency will later be able to deal successfully with all of the needs of older adults in the NWCCOG region. To manage the needs and promote the strengths of older adults, communities can greatly benefit by adopting a number principles of community empowerment.

A series of recommendations have been provided at the end of this report aimed at government, community-based organizations and the private sector. An overview of these opportunities is provided below.

Figure 4: Service Opportunities by Community Sector (2016)



GAP ANALYSIS BACKGROUND AND INTRODUCTION

With more than one-third of Americans now age 50 and older, the nation is increasingly becoming populated by older adults. The 65+ age group is growing at a faster rate than the U.S population[1]. Aging not only occurs to nations and individuals, it happens to communities. The NWCCOG region is no different.

To better plan for the upcoming needs of the senior population in the region, the Northwest Colorado Council of Governments (NWCCOG) commissioned National Research Center, Inc. (NRC), an independent research and evaluation firm, to complete a gap analysis of services for its aging population. The purpose of the analysis is to provide an in-depth understanding of home-based services not tied to an institutional setting and to determine the adequacy of these services and the unmet needs for such services in the NWCCOG region.

This study is based on a number of primary and secondary data sources including: a survey of 492 older residents (Community Assessment Survey for Older Adults (CASOA™)), a survey of 47 key actors (senior service providers, government staff and elected officials), analysis of secondary population data, a review of reports published about the NWCCOG region between 2011 and 2016 and an update of a list of senior services currently provided in NWCCOG jurisdictions (*see Figure 5: 2016 Study Platform, Data Sources, Methods and Goals*). For more information on the study methods, see *Appendix G: Methodology.*

Data from all of the research components are synthesized in this report to present a picture of the gaps in services to older adults in the NWCCOG region. Results of the individual study components appear in more detailed form in the report's appendices.

A similar gap analysis was conducted in 2010 by NRC for NWCCOG. It was inspired by the "Seniors in Our Mountain Communities" project in which local elected officials, service providers, volunteers and community members in the NWCCOG region worked together to identify challenges and opportunities related to the area's growing older adult population as well as what was needed to plan for the region's future.

Where relevant, comparisons are made between 2010 and 2016 survey results. The jurisdictions that participate in the NWCCOG have changed from 2010 to 2016. Where comparisons are made between the 2010 and 2016 CASOA™ survey results, we have adjusted the 2010 results to match the 2016 region (reanalyzing the 2010 data to include only those participants in the 2016 region). For the Key Actor survey, we were not able to adjust past results, so 2010 results include respondents from some jurisdictions no longer participating in NWCCOG.

Figure 5: 2016 Study Platform, Data Sources, Methods and Goals

PLATFORM	**Kick-off conference call** • March 2016 with NWCCOG staff and regional stakeholders **Continued online collaboration:** • Gather secondary data, relevant research and reports related to older adults statewide and in the NWCCOG region • Create an inventory of providers of services for older adults statewide and in the NWCCOG region • Review interim report documents, survey materials and lists of key actors
DATA SOURCES AND METHODS	**Older adult survey (CASOA™)** • Mailed survey to 2,166 older adults, with 492 completed surveys • Comparisons to results of the 2010 survey **Key actor survey** • Invitation sent to 155 key actors (older adult service providers, senior coordinators, government staff, elected officials) • 47 completed surveys **Service inventory** • Aggregation of United Way's 211 Colorado health and human services directory, review of 2010 inventory, online searches and key stakeholder review **Secondary data analysis** • Review and synthesis of relevant reports and publications produced from 2011-2016
GOALS	**Immediate goals** • Provide an analysis of home and community-based services existing in the region • Provide an analysis of the adequacy of these services • Identify gaps or unmet needs in the region • Make recommendations for next steps **Long-term goals** • Allow older residents to age in place • Prevent unnecessary or premature nursing home placement

THE AGING OF THE NWCCOG REGION

The Aging of America

The number of people in the United States over the age of 65 is projected to double from 40 million in 2010 to 81 million in 2040. Additionally, a dramatic increase in the average age of the older population is expected. While 5.7 million persons were age 85 and older in 2010, further declines in mortality could lead to a five-fold increase in that number by 2050.[2]

This bubble in the demographic charts is largely the Baby Boom generation, the cohort of 75 million Americans born between 1946 and 1964—the largest generation ever—grown in no small part because of the optimism and prosperity that followed WWII. In the year 2016, the first wave of the Baby Boom generation reached age 70.

The Aging of the NWCCOG Region

The NWCCOG region includes, Eagle, Grand, Jackson, Pitkin and Summit counties along with the City of City of Steamboat Springs (in Routt County) and the City of Glenwood Springs and Town of Carbondale (both in Garfield County).

According to the Colorado State Demography Office, the estimated population for the five counties and three cities was about 149,000 in 2016.

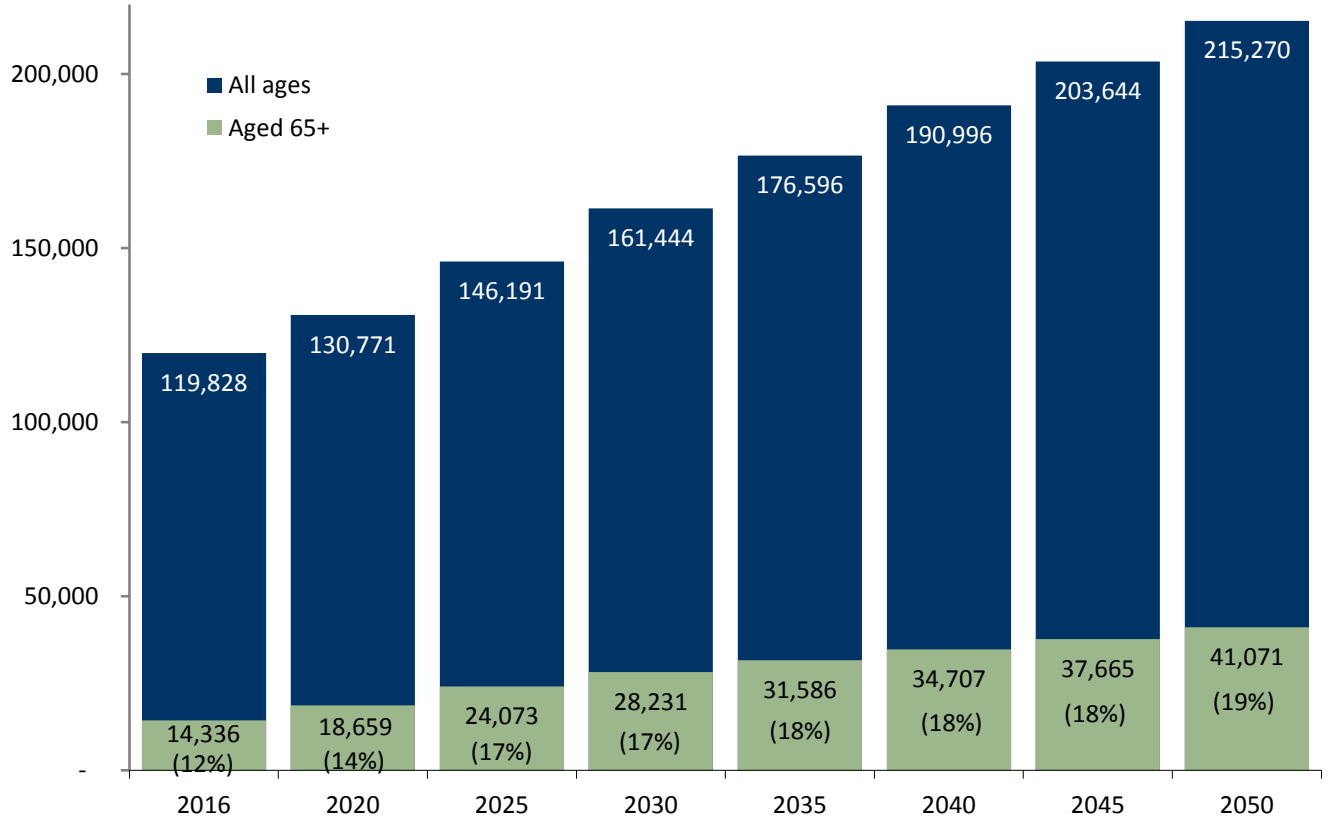
Table 4: 2016 Population, NWCCOG Region

	All ages	Aged 65+	Percent 65+
Eagle County	54,872	5,122	9%
Grand County	14,957	2,347	16%
Jackson County	1,344	308	23%
Pitkin County	17,910	3,024	17%
Summit County	30,745	3,669	12%
All counties	**119,828**	**14,471**	**12%**
Town of Carbondale	6,646	NA	
City of Glenwood Springs	9,909		
City of Steamboat Springs	12,399		
All NWCCOG jurisdictions	**148,782**		

Sources: Counties: Colorado Division of Local Government, State Demography Office

Projections for population growth are only available at the county level, but the population of the five NWCCOG counties is expected to increase by 80% between 2016 and 2050, bringing the NWCCOG counties' total number of residents from about 120,000 to nearly 215,000. At the same time, the number of adults aged 65 and older in the five-county region is predicted to about triple from approximately 14,000 to 41,000.

Figure 6: Projected Population, NWCCOG Region Counties (2016-2050)



Source: Colorado Division of Local Government, State Demography Office, accessed 2016-11-15: https://dola.colorado.gov/demog_webapps/pag_category.jsf
**Population projections are made at the county level; this data includes all of Eagle, Grand, Jackson, Pitkin and Summit Counties and excludes Glenwood Springs and Carbondale in Garfield County and Steamboat Springs in Routt County.*

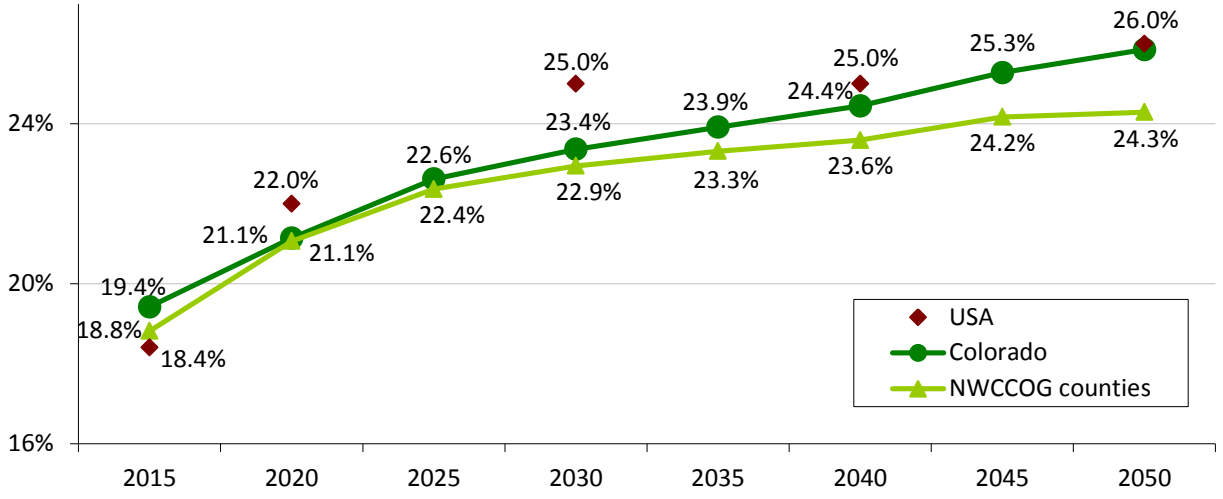
Table 5: Projected Population, NWCCOG Region Counties (2016-2050)

Age range	2016	2020	2025	2030	2035	2040	2045	2050
1-17	24,716	26,144	28,477	31,718	35,929	39,406	41,896	43,858
18-54	65,357	70,189	78,108	85,047	91,334	97,240	103,457	108,703
55-59	7,206	6,888	6,907	7,628	8,157	9,286	9,061	10,409
60-64	8,078	8,733	8,468	8,654	9,417	10,189	11,415	11,096
65-74	10,506	12,836	14,973	15,682	15,748	16,682	18,127	19,986
75+	3,965	5,981	9,258	12,715	16,011	18,193	19,688	21,218
Total	**119,828**	**130,771**	**146,191**	**161,444**	**176,596**	**190,996**	**203,644**	**215,270**

Source: Colorado Division of Local Government, State Demography Office, https://dola.colorado.gov/demog_webapps/pag_category.jsf, accessed 2016-11-15. Population projections are made at the county level; this data includes all of Eagle, Grand, Jackson, Pitkin and Summit Counties and excludes Glenwood Springs and Carbondale in Garfield County and Steamboat Springs in Routt County.

The largest area of growth is expected in the 75 and older group (*Table 5: Projected Population, NWCCOG Region Counties (2016-2050)*). The increase in seniors in these mountain communities is expected to show smaller increases than will be seen nationally or statewide (*Figure 7: Projections of Population Aged 60 and over (2016 to 2050)*)

Figure 7: Projections of Population Aged 60 and over (2016 to 2050)



Sources: USA Department of Health & Human Services, Administration on Aging, Projected Future Growth of the Older Population Colorado Division of Local Government, State Demography Office, https://dola.colorado.gov/demog_webapps/pag_category.jsf, accessed 2016-11-15. Population projections are made at the county level; this data includes all of Eagle, Grand, Jackson, Pitkin and Summit Counties and excludes Glenwood Springs and Carbondale in Garfield County and Steamboat Springs in Routt County.

Table 6: Projected Rate of Population Growth in the NWCCOG Region Counties (5 year growth rate)

Age range	2016-2020	2020-2025	2025-2030	2030-2035	2035-2040	2040-2045	2045-2050
1-17	6%	9%	11%	13%	10%	6%	5%
18-54	7%	11%	9%	7%	6%	6%	5%
55-64	2%	-2%	6%	8%	11%	5%	5%
65-74	22%	17%	5%	0%	6%	9%	10%
75+	51%	55%	37%	26%	14%	8%	8%
All	9%	12%	10%	9%	8%	7%	6%

Source: Colorado Division of Local Government, State Demography Office, https://dola.colorado.gov/demog_webapps/pag_category.jsf, accessed 2016-11-15. Population projections are made at the county level; this data includes all of Eagle, Grand, Jackson, Pitkin and Summit Counties and excludes Glenwood Springs and Carbondale in Garfield County and Steamboat Springs in Routt County.

Table 7: Projected Rate of Population, NWCCOG Region Counties (Percent Increase over 2016)

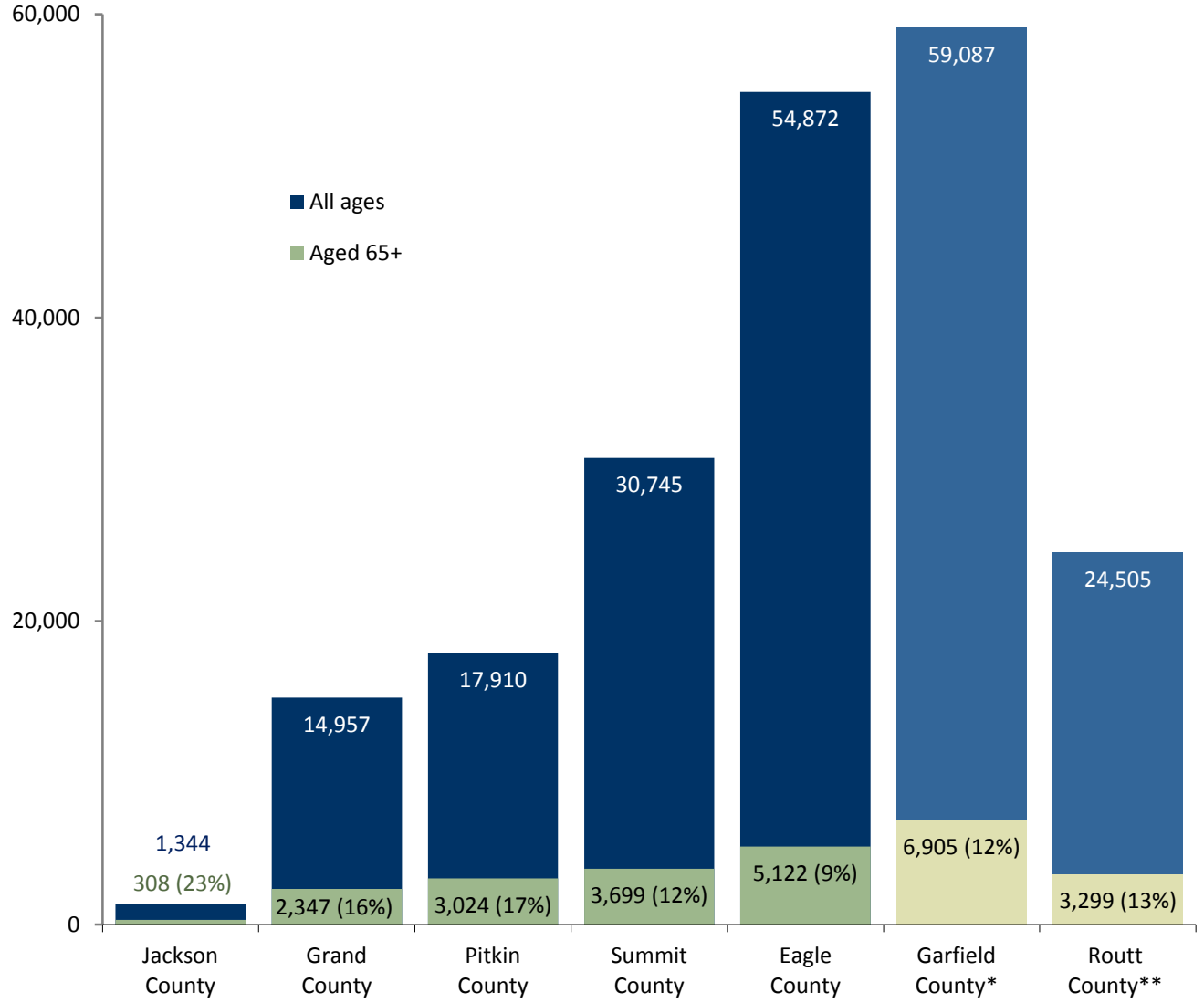
Age range	2016-2020	2016-2025	2016-2030	2016-2035	2016-2040	2016-2045	2016-2050
1-17	6%	15%	28%	45%	59%	70%	77%
18-54	7%	20%	30%	40%	49%	58%	66%
55-64	2%	1%	7%	15%	27%	34%	41%
65-74	22%	43%	49%	50%	59%	73%	90%
75+	51%	134%	221%	304%	359%	397%	435%
All	9%	22%	35%	47%	59%	70%	80%

Source: Colorado Division of Local Government, State Demography Office. Population projections are made at the county level; this data includes all of Eagle, Grand, Jackson, Pitkin and Summit Counties and excludes Glenwood Springs and Carbondale in Garfield County and Steamboat Springs in Routt County. https://dola.colorado.gov/demog_webapps/pag_category.jsf, accessed 2016-11-15.

Older Adult Populations by County

While Jackson County had the smallest population, it had the highest proportion of older adults. Of the five NWCCOG counties, the largest number of older adults lived Eagle County. Garfield and Routt counties are not part of NWCCOG, but do contain three members of NWCCOG (the City of Glenwood Springs, the Town of Carbondale and the City of Steamboat Springs).

Table 8: 2016 Population, NWCCOG Region Counties



**Glenwood Springs and Town of Carbondale were 29% of the Garfield County population in 2015*
***City of Steamboat Springs was 51% of the Routt County population in 2015*
Source: Colorado Division of Local Government, State Demography Office. Population projections are made at the county level; this data includes all of Eagle, Grand, Jackson, Pitkin and Summit Counties and excludes Glenwood Springs and Carbondale in Garfield County and Steamboat Springs in Routt County. https://dola.colorado.gov/demog_webapps/pag_category.jsf, accessed 2016-11-15. (City of

Although the number of older adults overall in the five-county region is expected to nearly triple (185% increase) from 2016 (~14,000) to 2050 (~41,000), not all counties are predicted to experience the same rates of growth. Eagle County is expected to about quadruple its older adult population, while the smallest county, Jackson, may see a decrease in its overall and older adult populations.

Table 9: Projected Population, NWCCOG Region Counties (2016-2050)

County	2016	2020	2025	2030	2035	2040	2045	2050	Increase from 2016-2050
Eagle County									
Aged 65+	5,122	7,185	9,933	12,336	14,294	16,063	17,653	19,177	274%
All ages	54,872	60,579	68,393	76,581	85,174	93,481	100,406	106,459	94%
Percent 65+	9%	12%	15%	16%	17%	17%	18%	18%	9%
Grand County									
Aged 65+	2,347	3,162	4,172	4,844	5,245	5,497	5,769	6,182	163%
All ages	14,957	16,322	18,490	20,621	22,668	24,577	26,345	28,069	88%
Percent 65+	16%	19%	23%	23%	23%	22%	22%	22%	6%
Jackson County									
Aged 65+	308	327	340	332	303	274	251	239	-22%
All ages	1,344	1,314	1,282	1,258	1,231	1,199	1,170	1,146	-15%
Percent 65+	23%	25%	26%	26%	25%	23%	21%	21%	-2%
Pitkin County									
Aged 65+	3,024	3,425	3,822	3,960	4,098	4,176	4,236	4,654	54%
All ages	17,910	18,806	19,829	20,791	21,714	22,605	23,458	24,311	36%
Percent 65+	17%	18%	19%	19%	19%	18%	18%	19%	2%
Summit County									
Aged 65+	3,669	4,718	5,964	6,923	7,819	8,865	9,906	10,953	199%
All ages	30,745	33,750	38,197	42,193	45,809	49,133	52,265	55,284	80%
Percent 65+	12%	14%	16%	16%	17%	18%	19%	20%	8%
Five-county region (total)									
Aged 65+	14,470	18,817	24,231	28,395	31,759	34,875	37,815	41,205	185%
All ages	119,828	130,771	146,191	161,444	176,596	190,995	203,644	215,269	80%
Percent 65+	12%	14%	16%	16%	17%	18%	19%	20%	8%
Garfield County *(City of Glenwood Springs and Town of Carbondale were 29% of county population in 2015)*									
Aged 65+	6,905	9,072	11,792	14,142	16,034	17,843	19,753	21,913	217%
All ages	59,087	63,734	71,646	80,222	88,537	96,678	104,683	112,684	91%
Percent 65+	12%	14%	16%	18%	18%	18%	19%	19%	7%
Routt County *(City of Steamboat Springs was 51% of county population in 2015)*									
Aged 65+	3,299	4,044	4,786	5,116	5,359	5,610	5,951	6,560	99%
All ages	24,505	26,088	28,639	32,284	35,868	39,137	42,183	45,110	84%
Percent 65+	13%	16%	17%	16%	15%	14%	14%	15%	2%

Source: Colorado Division of Local Government, State Demography Office. https://dola.colorado.gov/demog_webapps/pag_category.jsf, accessed 2016-11-15

Demographic Trends Affecting Older Adults in the NWCCOG Region

Older adulthood is changing in America and the NWCCOG region. Predicted trends that will likely affect the region and its senior populations include five primary categories, described below.

The Surge of Baby Boomers

The Baby Boom generation is beginning to enter older adulthood, creating a new disruption in social institutions akin to what occurred when they were younger: crowding hospitals, schools and colleges, transforming markets, trends and the workplace.[3] In their later years, Boomers likely will have a similar impact on retirement, health, housing, transportation, education, community and family life.[4]

The "demographic revolution" that began in 1946 is expected to result in a broad array of challenges and opportunities in the near future and will create a great shift in national priorities. [5] Trends that are apparent include:[6]

- The older adult population has become more racially and ethnically diverse.
- There is an increase in the proportion of older adults who live alone, requiring different types of supports for aging.
- Older adults are likely to stay in the workforce longer than ever before. Labor force participation has increased.
- Alzheimer's disease is increasing in prevalence, moving from the seventh leading cause of death among the older adults in 2000 to the fifth in 2010.
- Internet usage among the older population increased 31% from 2000 to 2010.
- Advances in medical and related sciences, coupled with trends in exercise and healthy lifestyles, suggest that people will not only live longer but the number of Americans who live up to and beyond 85 years of age will continue to grow.[7]

The cost implications of the large cohort aging are expected to result in decreased incomes, downward pressures on tax revenues and increased health care costs. These costs may pose a variety of challenges to both the public and private sector in the areas of housing, transportation, health and long-term support services and labor force adaption.[8]

Ethnic and Race Diversity

In general, the United States is becoming more ethnically and racially diverse. The US Census Bureau projects that: [9]

- Nearly one in five Americans (18%) will be immigrants in 2050, compared with 13% in 2014.
- The Hispanic/Latino population, already the nation's largest minority group, will triple in size and will account for most of the nation's population growth through 2050. Hispanics will make up 28% of the U.S. population in 2060, compared to 17% in 2014 (and 14% in 2005).
- Because the non-Hispanic white population will increase more slowly than other racial and ethnic groups, whites will become a minority (49.7%) by 2044.

While the changes in race and ethnicity bring with them the richness of diverse cultures, U.S. communities, including the NWCCOG region, will have to make adjustments – not yet fully understood – to embrace the new faces of America.

Amenity Migration and Portable Careers

As employment opportunities become increasingly portable, people are choosing to live in areas that further their lifestyle, goals and values. Towns traditionally benefiting from tourism but geographically distant from base employment hubs are starting to see their economies and demographics shift as telecommuters and entrepreneurs choose to make these attractive, more remote areas their homes. Jonathon Schechter of the Charture Institute reports that "nice places" are where the rest of the world is heading.[10] The Charture Institute identified a series of counties and towns they call "America's Places of Ecological and Aesthetic Significance (PEAS)" – most of these being resort and mountain towns. The NWCCOG's Eagle, Pitkin, Routt and Summit counties were selected as the top PEAS in the nation. Paired with the fact that many Boomers choose to retire in places they vacation, this may lead to amenity-migrants choosing to spend their older years in the region.

Second Homeownership

One result of aging Boomers is being felt already in the NWCCOG region – the national increase in second-home ownership. Although Baby Boomers are not purchasing second homes at a higher rate than other older generations, the sheer size of the Baby Boom cohort will significantly increase the number of second home purchases. An increase in the number of vacation homes brings with it demographic consequences for the region such as increased resident age and wealth. But as seen in many other tourism communities, more second homes also bring the challenges of a flagging sense of community since housing turnover is high (45% dispose of second homes within six years) and second homeowners tend not to spend much time in their vacation communities (half spend two weeks or less in their homes). The integration of the part-time older residents (and swell of service need) will be a challenge for the communities in the region.

Cost of Housing

Colorado home prices have increased steadily and significantly since 2012 increases and led the nation in 2015.[11] The increasing cost of housing and lack of affordable housing is affecting all of Colorado's communities, particularly the urban and rural resort areas.

Second-home buying "amenity migrants" have driven up the prices of homes in many rural resort mountain towns in Colorado that local residents have difficulty affording the rents and purchase prices of homes. In a 2015 conference hosted by the Rocky Mountain Land Institute, the average prices of a single family home in Summit County was $890,000 and 60% were second homes.[12]

Housing Colorado analyzed housing costs in Colorado counties and calculated the wages required to afford housing in each county (*Table 10: Affordability of Housing Costs in NWCCOG Region Counties*). One informative metric they provide is how many full-time jobs at the mean renter's wage would be needed to afford a two-bedroom dwelling at the fair market rate. By this measure, Jackson County is most affordable as it would take one full time job at the mean renter's salary to afford a 2 bedroom dwelling; however, it would require 1.7 full time jobs at the minimum wage. Summit County is least affordable; it would take 2.1 full time jobs at the mean renter's salary or three full time jobs at the minimum wage to afford a two-bedroom dwelling at fair market rate.

Table 10: Affordability of Housing Costs in NWCCOG Region Counties (2014)

		HOUSING COSTS			AREA MEDIAN INCOME			RENTER HOUSEHOLDS				
	Hourly wage needed to afford 2 BR FMR	2 BR/FMR	Income needed to afford 2 BR FMR	Full-time jobs at minimum wage needed to afford 2 BR FMR	Annual AMI	Rent Affordable at AMI	Rent affordable at 30% of AMI	Number (2008-2012)	% of total households (2008-2012)	Estimated mean hourly renter wage (2014)	Rent affordable at mean wage	Full-time jobs at mean renter wage needed to afford 2 BR FMR
Colorado	$17.61	$916	$36,623	2.2	$73,407	$1,835	$551	668,802	34%	$14.90	$775	1.2
Eagle County	$22.96	$1,194	$47,760	2.9	$86,900	$2,173	$652	6,608	36%	$12.85	$668	1.8
Grand County	$17.12	$890	$35,600	2.1	$76,000	$1,900	$570	1,279	24%	$8.19	$426	2.1
Jackson County	$13.37	$695	$27,800	1.7	$65,300	$1,633	$490	158	26%	$13.89	$722	1.0
Pitkin County	$25.60	$1,331	$53,240	3.2	$102,600	$2,565	$770	2,546	35%	$18.00	$936	1.4
Summit County	$23.71	$1,233	$49,320	3.0	$90,800	$2,270	$681	3,592	32%	$11.08	$576	2.1

BR = Bedroom
FMR = Fair Market Rent Fiscal Year 2014 (HUD, 2013).
AMI = Area Median Income Fiscal Year 2014 (HUD, 2013).
Source: Housing Colorado; http://c.ymcdn.com/sites/www.housingcolorado.org/resource/resmgr/Advocacy/2014-OOR-CO_Profile.pdf

The Need for Home and Community-based Services

Despite the best efforts of friends, family and government, frailties that threaten independence accrue as people age. The federal government's Older Americans Act, coupled with public and private programs offered by local government and businesses, seek to support older adults when they cannot fully support themselves.

Often this dependence leads older adults to assisted living and long-term care situations. In rural areas, the lack of nursing homes, assisted living facilities and the community-based services to support aging residents can force migration to areas with greater opportunity.

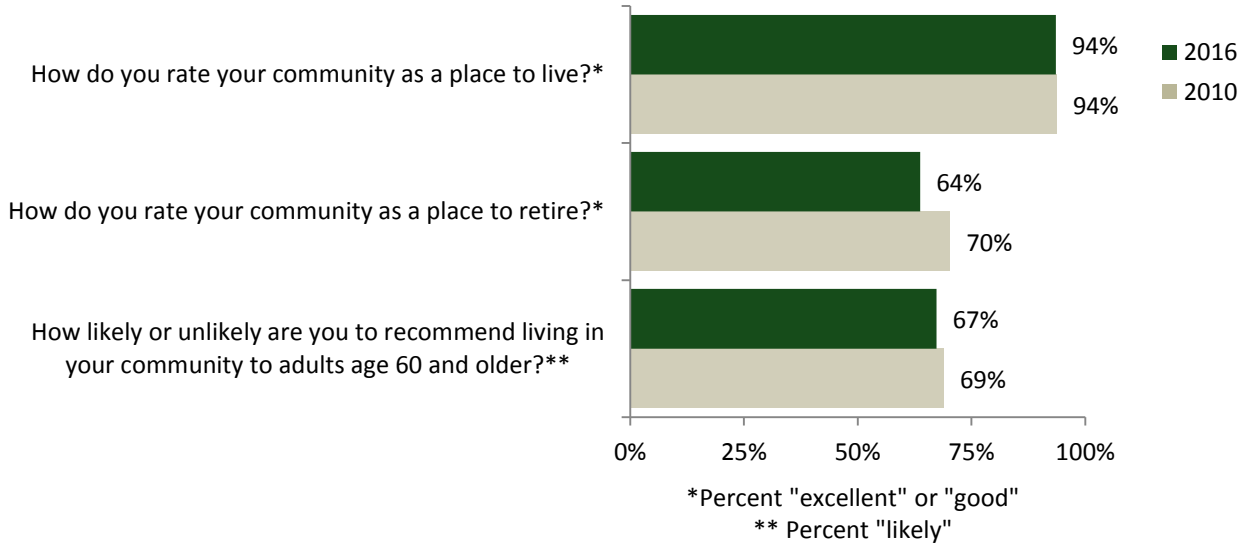
How the increase in older adults fully will affect society largely remains speculation. However, what is clear is that the current demographic trends are likely to change fundamentally the way older adult life is lived. As with the rest of the nation, the NWCCOG region will need to plan strategically for the aging of its residents.

Aging in Community: The NWCCOG Region as a Place for Older Adults

Quality of Communities

Older residents in the NWCCOG region give their communities high marks as a place to live, and this satisfaction was consistent across demographic groups (see *Table 11: NWCCOG as a Place to Live by Respondent Sociodemographic Characteristics).* The region received more neutral ratings as place to retire. Once a community has evolved programs and policies that successfully offer an attractive environment to older adults, one of the most telling signs of success is the willingness of residents to recommend that jurisdiction to other older adults. Generally, residents will not recommend a community to friends unless that community is seen to be offering the right services with optimal effectiveness. In the NWCCOG region, about 67% said they would likely recommend their community to other older adults.

Figure 8: NWCCOG as a Place for Older Residents by Year



Source: NWCCOG CASOA™ 2010 and 2016

When compared to national benchmarks, residents in the NWCCOG rated their communities as a place to live much higher than residents who lived elsewhere. However, when asked to rate their communities as a place to retire, NWCCOG seniors gave ratings much lower than older adults across the nation. NWCCOG older residents also were much less likely to recommend their communities to other seniors.

Figure 9: NWCCOG as a Place for Older Residents, Compared to National Benchmark (2016)

Much Higher than Nation	Much Lower than Nation
● Your community as an excellent or good place to live	■ Your community as an excellent or good place to retire ■ Likely to recommend living in your community to older adults

Source: NWCCOG CASOA™2016

Table 11: NWCCOG as a Place to Live by Respondent Sociodemographic Characteristics (2016)

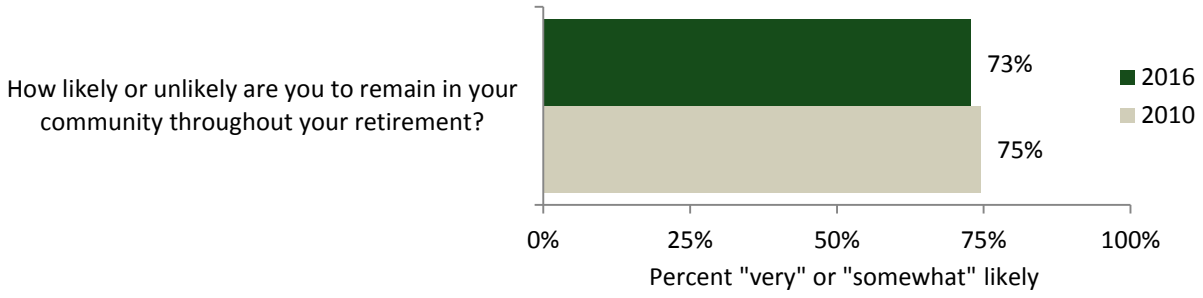
How do you rate your community as a place to live?		Percent of respondents reporting "good" or "excellent"
Overall		94%
Age	60 to 64 years	93%
	65 to 74 years	94%
	75 or over	95%
Sex	Female	95%
	Male	92%
Race	White	94%
	Not white	95%
Hispanic	Hispanic	93%
	Not Hispanic	94%
Income	Less than $25,000	86%
	$25,000 to $74,999	91%
	$75,000 or more	97%
Tenure	Rent	94%
	Own	94%
Lives alone	Lives alone	89%
	Lives with others	95%

**Characteristics that have been shaded grey can be considered significantly different.*

Likelihood of Remaining in Region

According to a survey by AARP, more than 88% of adults over age 65 nationwide wanted to remain in their homes for as long as possible, and 92 percent said they wanted to remain in their communities as long as possible.[13] To "age in place" implies both personal strength and provision of community assistance as needed. Three-fourths of the older residents in the NWCCOG region reported being likely to remain in their community throughout retirement, with 46% responding they were "very likely" to stay. This was similar to 2010 and is significantly below the national benchmark. Those expressing the highest likelihood in staying tended to be those reporting an annual income of $75,000 or more.

Figure 10: Likelihood of Remaining in Community by Year



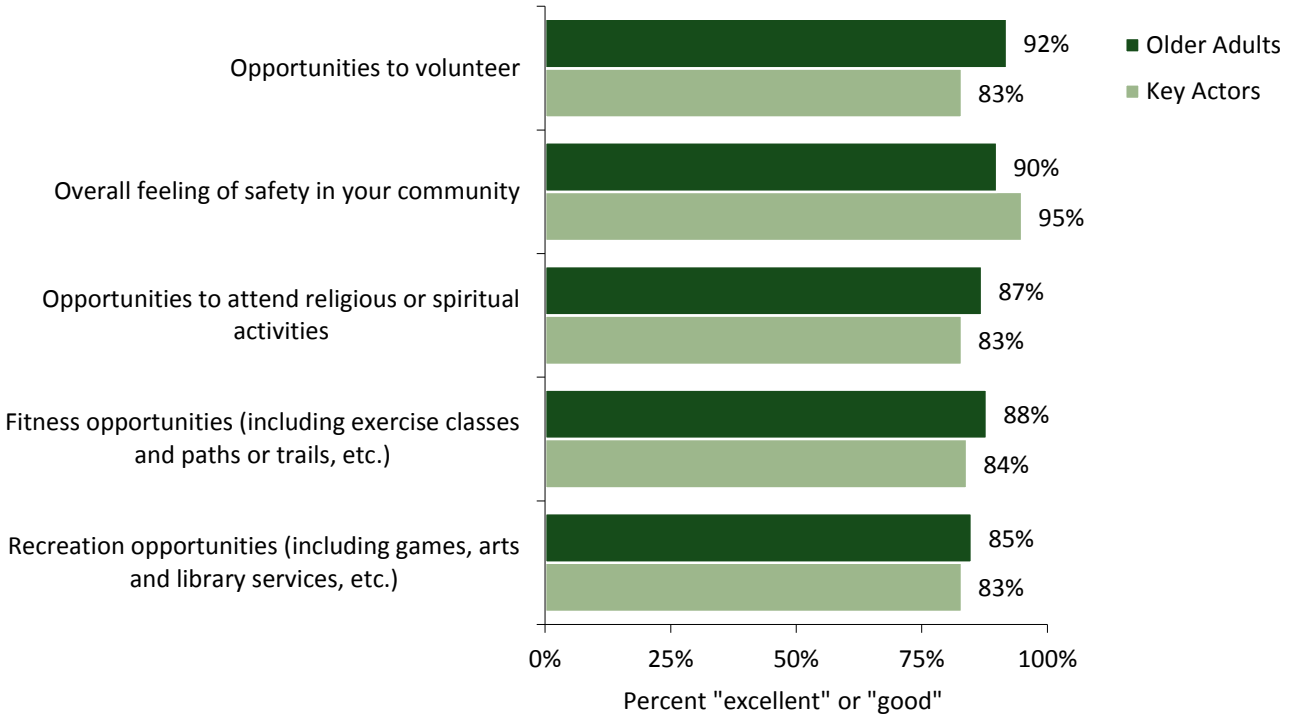
Source: NWCCOG CASOA™ 2010 and 2016

Community Livability of the NWCCOG region

To foster aging in place, communities must offer a variety community amenities and supports. In this gap analysis, both older residents and key actors were asked to rate a series of 25 features as they relate to older adults in their communities.

Residents and key actors were in agreement about the best features of the region: opportunities to volunteer, community safety and opportunities for religious/spiritual activity, fitness and recreation. (See Appendix D: CASOA Responses Compared with Key Actor Responses for more information.)

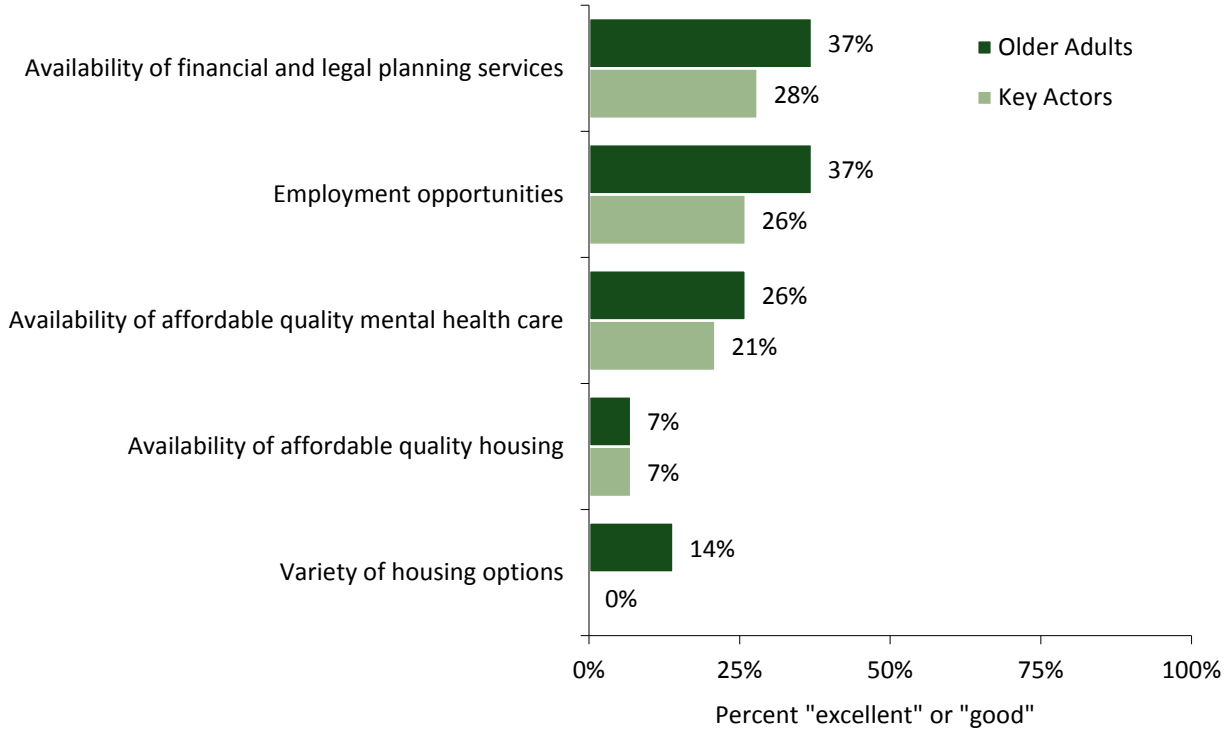
Figure 11: Top Rated Community Characteristics – Older Adults vs. Key Actors (2016)



Source: NWCCOG CASOA™ and Gap Analysis Key Actor Survey

Residents and key actors also agreed on the lowest-rated community features: employment opportunities, housing (both variety and affordability), mental health services and the availability of legal and financial services.

Figure 12: Lowest Rated Community Characteristics – Older Adults vs. Key Actors (2016)



Source: NWCCOG CASOA™ and Gap Analysis Key Actor Survey

Comparing results of the 2010 survey to 2016, ratings increased the most for employment opportunities (from 17% to 37% excellent/good) and the ease of getting to the places you usually have to visit (from 70% to 80% excellent/good). Other ratings that saw improvements were fitness opportunities, recreation opportunities, ease of getting to the places you usually have to visit, ease of walking in your community and opportunities to enroll in skill-building or personal enrichment classes.

Table 12: Ratings of Community Characteristics – Older Adults vs. Key Actors by Year

Please rate each of the following characteristics as they relate to your community adults age 60 or older. Percent positive (excellent/good)	CASOA		Key Actor	
	2016	2010	2016	2010
Opportunities to volunteer	92%	90%	83%	85%
Overall feeling of safety in your community	90%	92%	95%	80%
Fitness opportunities (including exercise classes and paths or trails, etc.)	88%	81%	84%	85%
Opportunities to attend religious or spiritual activities	87%	85%	83%	88%
Recreation opportunities (including games, arts, and library services, etc.)	85%	77%	83%	74%
Opportunities to attend social events or activities	80%	70%	74%	77%
Ease of getting to the places you usually have to visit	79%	72%	46%	41%
Opportunities to attend or participate in meetings about local government or community matters	77%	80%	76%	69%
Ease of travel by car in your community	76%	73%	64%	70%
Ease of walking in your community	73%	67%	40%	49%
Valuing residents age 60 and older in your community	73%	66%	74%	67%
Sense of community	71%	69%	86%	74%
Openness and acceptance of the community towards residents age 60 and older of diverse backgrounds	69%	64%	62%	58%
Neighborliness of your community	66%	67%	88%	72%
Availability of preventive health services (e.g., health screenings, flu shots, educational workshops)	65%	63%	66%	70%
Opportunities to enroll in skill-building or personal enrichment classes	63%	52%	51%	53%
Ease of travel by public transportation in your community	61%	NA	38%	NA
Availability of affordable quality food	60%	57%	55%	57%
Availability of affordable quality physical health care	46%	41%	30%	39%
Availability of information about resources for adults age 60 and older	38%	43%	56%	59%
Employment opportunities	37%	17%	26%	17%
Availability of financial or legal planning services	37%	30%	28%	35%
Availability of affordable quality mental health care	26%	30%	21%	32%
Availability of daytime care options for adults age 60 and older	17%	NA	10%	14%
Variety of housing options	14%	18%	0%	7%
Cost of living in your community	12%	NA	NA	NA
Availability of affordable quality housing	7%	14%	7%	13%

Source: NWCCOG CASOA™ and Gap Analysis Key Actor Survey

Older Resident Key Drivers of Community Quality

Because not all of these community features contribute equally to the quality of life of older residents, an analysis was done to look at the community features most highly associated with resident satisfaction with the NWCCOG region as a place to live and a place to retire. These key drivers are presented along with the quality ratings of each of the community amenities to demonstrate community areas that may warrant more attention (see *Figure 13: NWCCOG Region Key Driver Community Livability Chart*).

Key drivers for the community as a place to live included opportunities to volunteer, overall feeling of safety in your community, ease of travel by car in your community and availability of preventive health services.

Key drivers of community ratings as a place to retire included: opportunities to attend social events or activities, availability of affordable quality food, variety of housing options, and cost of living in your community.

Many of the features considered important to older residents (key drivers) were rated positively or neutrally in the NWCCOG region. Those features that were identified as important to older residents and were rated less favorably were the variety of housing options and cost of living in your community. The variety of housing options was also a key driver in 2010 and was rated less positively in that survey as well.

Figure 13: NWCCOG Region Key Driver Community Livability Chart (2016)

Highest Rated

Key Driver Place to Live	Amenities	Key Driver Place to Retire
	Fitness opportunities	
✸	Opportunities to volunteer	
	Recreation opportunities	
✸	Overall feeling of safety in your community	
	Opportunities to attend religious or spiritual activities	
	Opportunities to attend social events or activities	✸
	Ease of getting to the places you usually have to visit	
	Opportunities to attend or participate in meetings about local government or community matters	
✸	Ease of travel by car in your community	
	Ease of walking in your community	
	Sense of community	
	Valuing residents age 60 and older in your community	
	Openness and acceptance of the community towards residents age 60 and older of diverse backgrounds	
	Neighborliness of your community	
	Opportunities to enroll in skill-building or personal enrichment classes	
✸	Availability of preventive health services	
	Ease of travel by public transportation in your community	
	Availability of affordable quality food	✸
	Availability of affordable quality physical health care	
	Availability of information about resources for older adults	
	Employment opportunities	
	Availability of financial or legal planning services	
	Availability of affordable quality mental health care	
	Variety of housing options	✸
	Availability of daytime care options for older adults	
	Cost of living in your community	✸
	Availability of long-term care options	
	Availability of affordable quality housing	

Lowest Rated

Source: NWCCOG CASOA™2016

In addition to the quantitative data gathered on community livability, key actors also were asked to name the biggest strengths and challenges for older adults aging in place in their counties. Key actors often identified the quality of senior services, support from community and community organizations and an environment that promotes fitness and healthy living as the strengths. The biggest challenges often were reported as a lack of community resources/funding; the lack of quality, affordable health care; and the general cost of living in the region. See *Appendix A: Key Actor Survey Responses* for more detailed information on key actor opinions.

These were the same strengths most mentioned in 2010, but the challenges most often reported in 2010 were a lack of community resources/funding; the lack of quality, affordable health care; and the general cost of living in the region.

Figure 14: Regional Strengths and Challenges (Key Actors, 2016)

Biggest strengths in your community related to older adults aging in place

- Quality services/programs (67%)
- Community support/organizations (62%)
- Healthy community/physical environment (17%)

Biggest challenges in your community related to older adults aging in place

- Housing (37%)
- In-home care/assistance/homemaker services (30%)
- Physical environment/location (28%)
- Health care (26%)

Source: NWCCOG Gap Analysis Key Actor Survey

Also, key actors were asked what single change they would make in their counties to help older adults age in place. The most common responses related to the need for housing. Many of the comments related to the need for more housing, especially more affordable housing options. The second most common response was in-home care assistance/homemaker services.

Table 13: Single Change to Help Older Adults Age in Place by Year (Key Actors)

If there was one change you could make within your community to help older adults age in place, what would it be?	2016	2010
Housing	37%	14%
In-home care/assistance/homemaker services	24%	8%
Assisted living, long-term care and nursing home facilities	10%	16%
Community resources/funding	10%	10%
Transportation	10%	14%
Health care	5%	8%
General cost of living	2%	2%

Source: NWCCOG Gap Analysis Key Actor Survey

Synthesis of Secondary Data on Community Livability

Many studies have been conducted in the state and NWCCOG region and a number have focused specifically on issues of community livability. Key themes crossing the reports are very similar to those found in the older adult survey data and the key actor survey in this study: cost of living, health care, and transportation. Many of the reports published in the last five years focused also on processes – planning, education and outreach, promoting partnerships, and performance measurement (See *Appendix F: Secondary Data Review*). These same themes were also found in the 2010 gap analysis literature review.

Figure 15: Key Gaps in Community Livability (Secondary Data Review, 2016)

- The high cost of living, lack of housing options (supply, variety and affordability)
- An undersupply of health care (medical, mental, dental, and preventive)
- Community resources allowing older adults to age in place
- The challenges providing transportation services in rural and mountain settings

Source: NWCCOG Gap Analysis Secondary Data Review

OLDER ADULT NEEDS IN THE NWCCOG REGION

This gap analysis focused on the unmet needs of older residents in the NWCCOG region. Although there are a multitude of information sources to assess unmet need, the best source is the voices of the older residents themselves. Thus in this analysis, the responses of older residents are highlighted.

Older Adult Report of Needs

When asked which issues had been most problematic for them in the 12 months prior to the survey, the issues affecting the largest number of older residents in 2016 were lack of information about available services for older adults, feeling heard in the community, finding affordable health insurance and poor physical health. Other top issues revolved around the issue of income (having adequate information or dealing with public programs such as Social Security, Medicare and Medicaid, gaining work in retirement and dealing with financial planning issues) and home-making and maintenance (doing heavy or intense housework, yard maintenance, or home maintenance.)

This was mostly similar to the 2010 results, but more were concerned about affordable health insurance, dealing with public programs such as Social Security, Medicare and Medicaid, dealing with financial planning issues and home and yard maintenance. Fewer were concerned about finding work in retirement and feeling bored.

Table 14: Older Adult Needs by Year

Thinking back over the past 12 months, how much of a problem, if at all, has each of the following been for you?	Percent at least a "minor" problem		Number affected in 2016 (N=28,000)	Number affected in 2020 (N= 34,200)	Number affected in 2025 (N= 40,500)
	2016	2010			
Not knowing what services are available to adults age 60 and older in your community	51%	56%	14,280	17,442	20,655
Feeling like your voice is heard in the community	49%	45%	13,720	16,758	19,845
Finding affordable health insurance	49%	42%	13,720	16,758	19,845
Your physical health	45%	48%	12,600	15,390	18,225
Having adequate information or dealing with public programs such as Social Security, Medicare and Medicaid	43%	33%	12,040	14,706	17,415
Doing heavy or intense housework	41%	40%	11,480	14,022	16,605
Dealing with financial planning issues	40%	34%	11,200	13,680	16,200
Staying physically fit	40%	44%	11,200	13,680	16,200
Getting the health care you need	37%	34%	10,360	12,654	14,985
Maintaining your home	37%	28%	10,360	12,654	14,985
Maintaining your yard	37%	31%	10,360	12,654	14,985
Dealing with the loss of a close family member or friend	34%	29%	9,520	11,628	13,770
Having enough money to meet daily expenses	34%	31%	9,520	11,628	13,770
Having interesting social events or activities to attend	34%	31%	9,520	11,628	13,770
Having friends or family you can rely on	30%	21%	8,400	10,260	12,150
Feeling depressed	29%	33%	8,120	9,918	11,745
Finding work in retirement	29%	40%	8,120	9,918	11,745
Affording the medications you need	28%	28%	7,840	9,576	11,340

Thinking back over the past 12 months, how much of a problem, if at all, has each of the following been for you?	Percent at least a "minor" problem		Number affected in 2016 (N=28,000)	Number affected in 2020 (N= 34,200)	Number affected in 2025 (N= 40,500)
	2016	2010			
Experiencing confusion or forgetfulness	28%	33%	7,840	9,576	11,340
Maintaining a healthy diet	28%	26%	7,840	9,576	11,340
Feeling bored	27%	33%	7,560	9,234	10,935
Getting the oral health care you need	27%	32%	7,560	9,234	10,935
Getting the vision care you need	27%	NA	7,560	9,234	10,935
Building skills for paid or unpaid work	26%	30%	7,280	8,892	10,530
Feeling lonely or isolated	24%	25%	6,720	8,208	9,720
Having enough money to pay your property taxes	24%	32%	6,720	8,208	9,720
Dealing with legal issues	23%	26%	6,440	7,866	9,315
Having interesting recreational or cultural activities to attend	23%	26%	6,440	7,866	9,315
Feeling emotionally burdened by providing care for another person	22%	NA	6,160	7,524	8,910
Finding productive or meaningful activities to do	22%	27%	6,160	7,524	8,910
Finding meaningful volunteer work	20%	21%	5,600	6,840	8,100
Having housing to suit your needs	18%	13%	5,040	6,156	7,290
Being treated unfairly or discriminated against because of your age	17%	NA	4,760	5,814	6,885
Feeling financially burdened by providing care for another person	17%	NA	4,760	5,814	6,885
Having safe and affordable transportation available	17%	20%	4,760	5,814	6,885
Feeling physically burdened by providing care for another person	16%	NA	4,480	5,472	6,480
Performing regular activities, including walking, eating and preparing meals	16%	18%	4,480	5,472	6,480
Falling or injuring yourself in your home	15%	14%	4,200	5,130	6,075
Being a victim of fraud or a scam	14%	11%	3,920	4,788	5,670
Being a victim of crime	9%	7%	2,520	3,078	3,645
Figuring out which medications to take and when	7%	NA	1,960	2,394	2,835
No longer being able to drive	6%	9%	1,680	2,052	2,430
Being physically or emotionally abused	5%	5%	1,400	1,710	2,025
Having enough food to eat	4%	2%	1,120	1,368	1,620

Sources: NWCCOG CASOA™2010 and 2016.
The estimated population projections for the five-county area can be found in Table 5: Projected Population, NWCCOG Region Counties (2016-2050). Age breakdowns are not available for Carbondale, Glenwood Springs and Steamboat Springs, but in 2016 their overall populations were equivalent to 24% of the population in the five-counties. For this estimate of the total number of people aged 60 or over in the NWCCOG region, the estimate of the number in the five-county region is increased by 24% to account for the cities/towns.

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

When comparing the problems reported by older adults to national benchmarks, the proportion of older adults with most problems identified in the survey was lower in the NWCCOG region than in the nation.

Figure 16: NWCCOG Older Adult Needs, Compared to National Benchmark (2016)

Much Fewer with Problem than Nation	Much More with Problem than Nation
Finding Productive activities Feeling like voice heard Volunteer work Not knowing what older adult services are available Social events Recreational/cultural events Physically burdened by caregiving Legal issues Finding work in retirement Building skills for paid or unpaid work Physical health Heavy or intense housework Yard maintenance Staying fit Maintaining a healthy diet Depression Confusion/forgetfulness Bored Lonely/isolated Activities of daily living (ADLs) Not being able to drive Falling/injuring self Having enough food to eat Safe affordable transportation	Finding affordable health insurance Getting the health care you need
Fewer with Problem than Nation	**More with Problem than Nation**
Emotionally burden by caregiving Financially burdened by caregiving Having enough money to meet daily expenses Having enough money to pay property tax Home maintenance Figuring out medications Affording medications Oral health	Financial issues Having friends/family to rely on

Source: NWCCOG CASOA™2016

Key Actor Report of Needs

Key actors (senior service providers, government staff and elected officials) were asked about the same set of issues, but answers were significantly different than older residents. (See *Appendix D: CASOA Responses Compared with Key Actor Responses.*) Key actors felt that all of the problems were substantially more prevalent in the older adult population than reported by the older residents. Issues showing the largest spread in opinion were experiencing confusion or forgetfulness, home maintenance, home falls/injuries and no longer being able to drive.

The key actor data may not conform with the resident data for a number of reasons, but the most likely reason might be that many of the key actors focus their time and services on the older adults of higher need – those older, more frail and of lower income (as directed by the AOA). Problems are significantly more prevalent in this sub-population of older residents. The older resident data presented in this study is based on the responses of a wider range of older residents living in the community, including the younger and more active Baby Boomers.

Figure 17: Top Issues Rated by Key Actors (2016)

Percent reporting "moderate" or "major" problem

- Experiencing confusion or forgetfulness (85%)
- Maintaining one's home (84%)
- Having tooth or mouth problems (83%)
- Maintaining one's yard (81%)
- Having enough money to meet daily expenses (81%)

Source: NWCCOG Gap Analysis Key Actor Survey

Balancing the Needs to the Young Old and the Old Old

The Older Americans Act (AoA) is not structured to meet the needs of all older residents, but more to target vulnerable populations: those with the greatest economic or social needs. Amendments to the Act target members of minority or ethnic groups, rural residents, older adults at risk for institutionalization and those with limited English proficiency. That means that AoA funds serve a small number of older residents (about 5% received regular or intensive services and 8% received occasional assistance).[14]

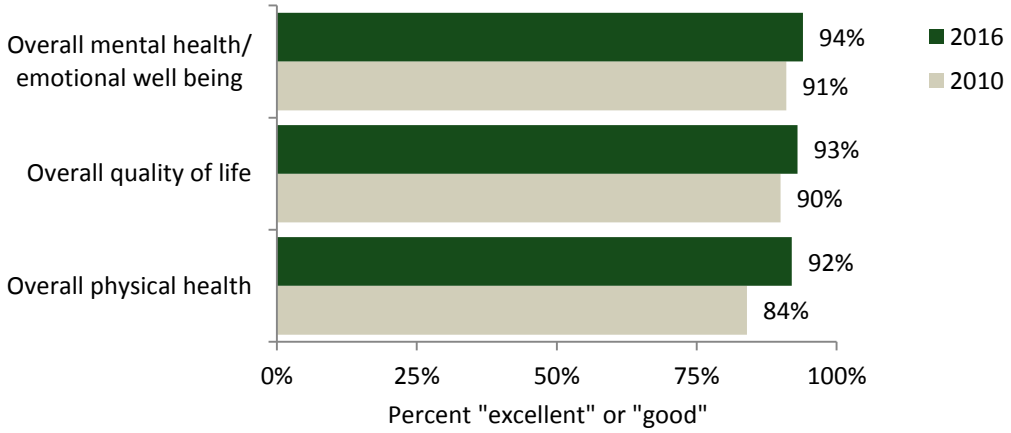
Nonetheless, a greater awareness of preventive services is starting to shape Federal Government policy. Over the years, the AoA has undergone amendments allowing more flexibility in spending and also funding programs aimed at the widespread senior population. With the reauthorization of the AoA in 2011, additional flexibility with funding may allow for Title III funds to focus on prevention and sustaining the health and wellness of younger seniors.

FACILITATING OLDER ADULTS AGING IN NON-INSTITUTIONAL SETTINGS

The Health of Older Adults in the NWCCOG Region

Across the U.S., the vast majority of older adults have said clearly that they prefer to remain in their own home – not a group setting – as they age. The good news is that older adults in the mountain region rated their quality of life, the mental health and their physical health positively overall and only about 2% of those residing in the community spent time in a nursing home in 2016.

Figure 18: Health and Quality of Life of Older Residents in the NWCCOG Region by Year



Source: NWCCOG CASOA™ 2010 and 2016

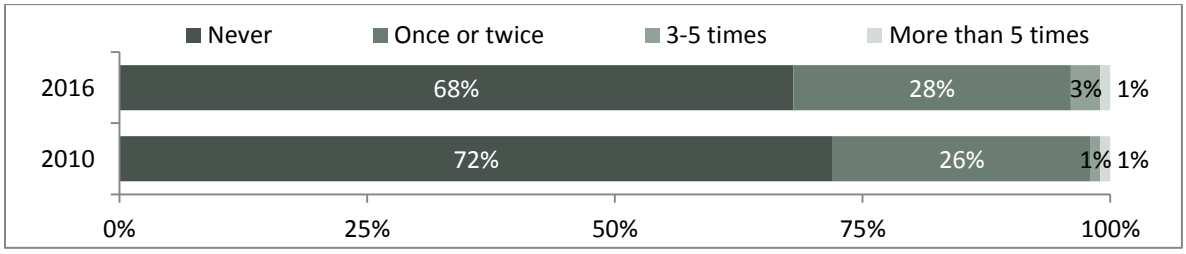
However, frailties that threaten independence accrue as people age. Fewer older residents in the region reported being hospitalized in 2016 (19%), compared to 2010 (24%), while more reported falling or injuring themselves in 2016 (32%) compared to 2010 (28%).

Table 15: Days Spent in Facilities (2016)

Thinking back over the past 12 months, how many days did you spend in...		No days (zero)	One to two days	Three to five days	Six or more days	Total
As a patient in a hospital	2016	81%	8%	7%	3%	100%
	2010	76%	15%	5%	4%	100%
In a nursing home or in-patient rehabilitation facility	2016	98%	1%	0%	2%	100%
	2010	98%	0%	0%	2%	100%

Source: NWCCOG CASOA™ 2016

Figure 19: Falls of Older Residents in the NWCCOG Region in Prior 12 Months by Year



Source: NWCCOG CASOA™ 2010 and 2016

The self-reports of health by older adults in the NWCCOG region are significantly more positive than ratings given by seniors across the nation.

Figure 20: NWCCOG Older Adult Needs, Compared to National Benchmark (2016)

Much Higher than Nation	Much Lower than Nation
● Ate 5+ fruits and vegetables per day ● Participated in moderate or vigorous physical activity	
Higher than Nation	**Lower than Nation**
● Ratings of overall physical health ● Ratings of overall mental health/emotional well being	■ Spent at least 1 day in hospital

Source: NWCCOG CASOA™2016

Further, 19% of older residents living in the region reported receiving assistance almost every day from someone and 16% reported having at least some problem performing activities of daily living in 2016.

Table 16: Assistance Needed in the NWCCOG Region by Year

	Percent affected currently		Number affected in 2016 (N=28,000)	Number affected in 2020 (N= 34,200)	Number affected in 2025 (N= 40,500)
	2016	2010			
Performing regular activities, including walking, eating and preparing meals*	16%	18%	4,480	5,472	6,480
Whether or not they live with you, does someone provide assistance to you almost every day?**	19%	13%	5,320	6,498	7,695
At risk for institutionalization***	18%	13%	5,040	6,156	7,290

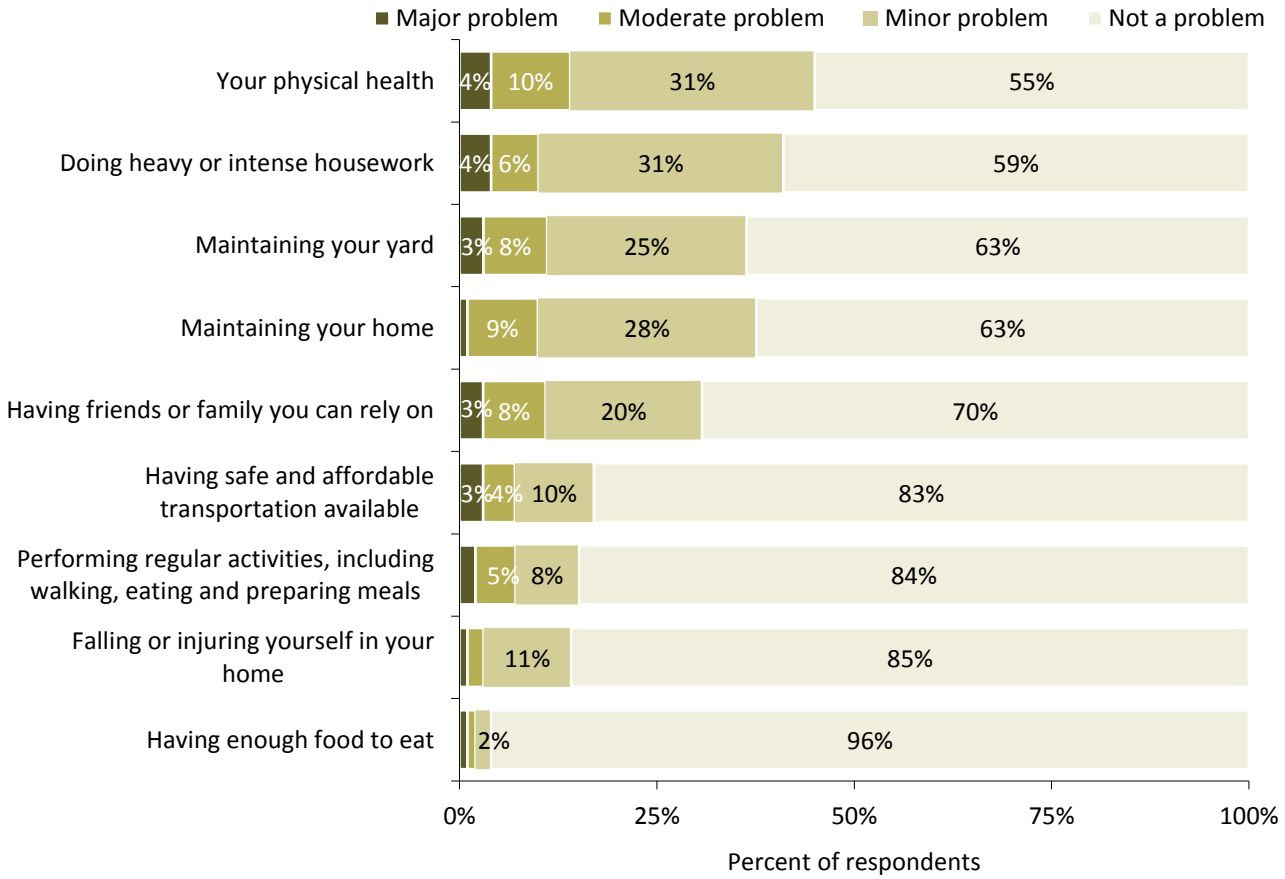
Source: NWCCOG CASOA™ 2010 and 2016
** Percent at least a "minor" problem*
*** Percent "rarely," "sometimes," "usually," or "always"*
****Has at least a minor problem with performing regular activities, or receives assistance almost every day, or physical health is poor, or mental health is poor, or spent at least 1 day in a nursing home or rehabilitation facility*
[1]Source: Colorado State Demography Office, Population by Age and Gender for: Clear Creek, Eagle, Garfield, Grand, Jackson, Lake, Pitkin, Routt and Summit counties; https://dola.colorado.gov/demog_webapps/pag_category.jsf

Home and Community Based Services

As was presented earlier in this report, many of the issues most commonly facing older residents in the region, beyond health, related to housekeeping and home maintenance. Reliable transportation also was an issue for 1 in 4 older residents (see *Figure 21: In-Home Service Needs of Older Residents in the NWCCOG Region*).

When compared to national benchmarks, NWCCOG older adult residents were less likely to have all of these problems, with the exception that more than the national average said having friends/family to rely on was a problem for them. (See *Figure 16: NWCCOG Older Adult Needs, Compared to National Benchmark* on page 29.)

Figure 21: In-Home Service Needs of Older Residents in the NWCCOG Region



Source: NWCCOG CASOA™ 2016

Caregiving in the NWCCOG Region

More than 10 million people nationwide have disabling conditions that affect their ability to live independently and almost 80% of these residents are seniors. While care is most often provided by family members and is unpaid, its value has been estimated at $470 billion annually.[15]

With a significant number of older residents needing help in the mountain communities, caregiving is not only prevalent, but necessary. Overall, in 2016 45% of older adults in the region reported providing care for someone else, down from 58% in 2010. Almost 1 in 10 older residents reported providing a significant amount of care (more than 20 hours per week). This care includes grandchildren, older adults and other family and friends.

Table 17: Caregiving Contributions of Older Residents in the NWCCOG Region by Year

During a typical week, how many hours do you spend providing care for one or more individuals with whom you have a significant personal relationship (such as spouse, other relative, partner, friend, neighbor or child), whether or not they live with you?	2016	2010
Caregiver	45%	58%
Not a caregiver	55%	42%

Source: NWCCOG CASOA™2010 and 2016

Table 18: Caregiving Recipients of Older Resident in the NWCCOG Region (2016)

During a typical week, how many hours do you spend providing care for one or more individuals with whom you have a significant personal relationship (such as spouse, other relative, partner, friend, neighbor or child), whether or not they live with you?	Never (no hours)	1 to 3 hours	4 to 5 hours	6 to 10 hours	11 to 20 hours	20 or more hours	Total	Average number of hours of those who provide care*
One or more individuals age 55 or older	63%	14%	5%	6%	3%	8%	100%	10
One or more individuals age 18 to 59	81%	9%	4%	3%	1%	3%	100%	7
One or more individuals under age 18	86%	8%	3%	1%	0%	2%	100%	8

Source: NWCCOG CASOA™2016

**Average number calculated from the mid-point of the ranges of those who provide care.*

About one in five older adults in the NWCCOG region said that feeling emotionally burdened by providing care for another person was at least a minor problem for them and about one in six felt physical or financial burdens from caregiving. When compared to national benchmarks, NWCCOG older adult residents were less likely to have these problems. (See *Figure 16: NWCCOG Older Adult Needs, Compared to National Benchmark* on page 29). Overall, 10% said they had at least a minor problem with the physical, emotional and/or financial burden of caregiving.

Table 19: Caregiving Burden of Older Residents in the NWCCOG Region (2016)

Thinking back over the last 12 months, how much of a problem, if at all, has each of the following been for you?	2016
Feeling physically burdened by providing care for another person *(percent at least a minor problem)*	16%
Feeling emotionally burdened by providing care for another person *(percent at least a minor problem)*	22%
Feeling financially burdened by providing care for another person *(percent at least a minor problem)*	17%
Caregiver burden *(percent who have a moderate or major problem being burdened physically, emotionally or financially by providing care for another person)*	10%
Number affected by caregiver burden	1,833

Source: NWCCOG CASOA™2016 (not asked in 2010)

Caregivers tended to be female and of younger age, although there was a high prevalence of caregiving across all demographic groups. Many of the caregivers also were employed full-time or looking for work.

Table 20: Proportion of Older Adults who are Caregivers by Respondent Demographics (2016)

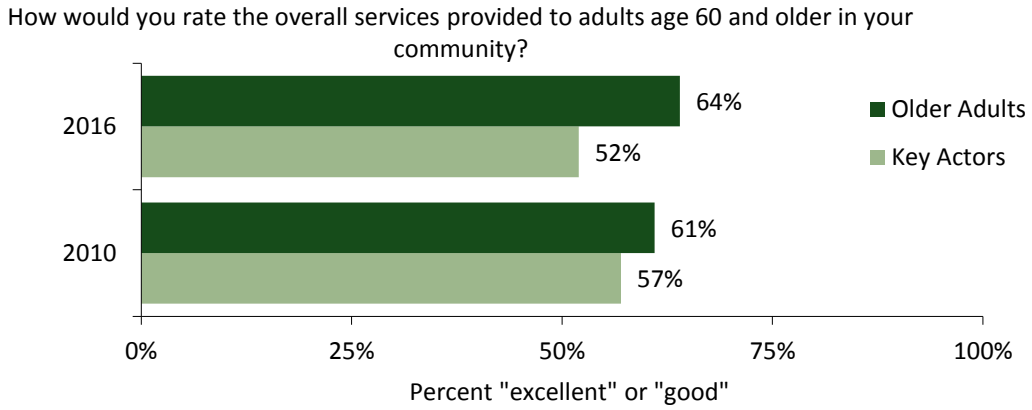
		Age			Sex		Employment Status		
	Overall NWCCOG	60-64	65-74	75+	Female	Male	Fully retired	Working full or part time	Unemployed, looking for paid work
2016	45%	48%	46%	45%	55%	41%	48%	44%	74%

Source: NWCCOG CASOA™2016 (not asked in 2010)

Current Services Offered to Older Adults in the NWCCOG Region

With the increase of the older adult population in the NWCCOG region, an increased need for senior services follows. While 64% of older adults thought the services provided to them were excellent or good, many thought they were fair (29%) or poor (7%). This was much better than the national benchmark, but is something to watch as increased demand for services will create more challenges to local governments and community-based service providers.

Figure 22: Ratings of Overall Services – Older Adults vs. Key Actors (2016)



Source: NWCCOG CASOA™ and NWCCOG Gap Analysis Key Actor Survey

NWCCOG Region Service Analysis

As part of this gap analysis, the services and amenities currently offered to older adults were compiled through the use of the 211 Web site, the key actor survey and secondary data. The table below presents the availability ratings of 43 services in the NWCCOG region as a whole based on the key actor survey. Following is a table that presents the absence/presence of senior services in each county based on 211 data and other secondary data (see *Appendix C: CASOA Results by County* for more detailed listing of services by county).

Table 21: Key Actor Perceptions of Service Availability (2016)

The following is a list of services that might be offered to older adults in a community to allow them to age in place. Please indicate if these services are presently available to seniors in your community. If you are uncertain, please choose "don't know".	Available	Not available	Don't know
Immunizations	90%	0%	10%
Education, socialization, and recreational activities	90%	8%	3%
Fitness programs	87%	3%	10%
Volunteer opportunities for program participants	87%	0%	13%
Medicare, Medicaid and other health insurance counseling	85%	8%	8%
Education events (nutrition, crime, accident prevention, etc.)	85%	3%	13%
Home delivered meals	85%	8%	8%
Health screenings	79%	5%	15%
Transportation	79%	13%	8%
Group meals	79%	8%	13%
Information and referral	75%	13%	13%
Utilities assistance	71%	5%	24%
Benefits/programs counseling	69%	13%	18%
Mental health counseling	67%	5%	28%
Caregiver information and referral	61%	11%	29%
Case management (one-on-one help accessing resources in the community)	59%	15%	26%
Hearing screenings/services	56%	23%	21%
Personal Emergency Response Systems (for falls in the home, etc.)	56%	13%	31%
Intergenerational programming, including volunteer opportunities	56%	18%	26%
Caregiver support groups	55%	16%	29%
Legal services	54%	13%	33%
Homemaker/in-home help (non-medical)	54%	26%	21%
Health classes	53%	18%	29%
Dental services	49%	21%	31%
Personal care (for those who may not be able to dress or bathe themselves, etc.)	49%	26%	26%
Nutrition education	49%	10%	41%
Home safety modifications (such as grab bars and wheelchair ramps)	46%	18%	36%
In-home medical care	46%	18%	36%
Prescription assistance	44%	13%	44%
Affordable housing programs	44%	46%	10%
Nutrition counseling (one-on-one)	41%	8%	51%
Property tax assistance	41%	8%	51%
Respite care	39%	18%	42%

The following is a list of services that might be offered to older adults in a community to allow them to age in place. Please indicate if these services are presently available to seniors in your community. If you are uncertain, please choose "don't know".	Available	Not available	Don't know
Financial counseling	36%	23%	41%
Vision screening/eye care	36%	26%	38%
Day care for adults	32%	45%	24%
Caregiver mental health counseling	31%	26%	44%
Memory care/dementia support services	26%	49%	26%
Companion services	16%	42%	42%
Vocational training/older worker career job placement services	10%	41%	49%
Design guidelines to encourage senior friendly housing (universal design)	5%	59%	36%
Temporary, alternative living arrangements	3%	62%	36%
LGBT (Lesbian, Gay, Bisexual, and Transgender) services	3%	26%	71%
Design guidelines to encourage "visitability" of senior households	0%	64%	36%

Source: NWCCOG Gap Analysis Key Actor Survey

According to the key actors, the services most prevalent in the NWCCOG region were immunizations, education, socialization, and recreational activities, fitness programs, and volunteer opportunities. The services most often missing were design guidelines to encourage senior friendly housing and visitability; LGBT (Lesbian, Gay, Bisexual, and Transgender) services; temporary, alternative living arrangements; vocational training; and memory care/dementia support services. Fewer than 20% of key informants reported these services were available in their counties.

In terms of county-specific offerings, Garfield, Pitkin and Summit offered the largest variety of services (Table 22). These counties also had county-level senior agencies that serve as major clearinghouses of information, offer case management and conduct more extensive social and education programs. Grand County also provides a significant number of programs given its size. The more rural counties were able to offer fewer services to their aging residents. (See *Appendix C: CASOA Results by County* for more detailed findings on service delivery.)

Table 22: Non-institutional Services Provided in the Region by Area (2016)

Non-Institutional Services Provided	Eagle County	Grand County	Jackson County	Pitkin County	Summit County	Town of Carbondale	City of Glenwood Springs	City of Steamboat Springs	Statewide Services	Country-wide Services
Housing •Senior/Independent housing •Affordable housing •Respite or short-term housing •Assisted living facilities •Other housing types (e.g., medical centers)	✓	✓		✓	✓	✓	✓	✓	✓	✓
Healthcare and Wellness •Home health services •Wellness (Immunizations, health screenings) •Insurance and Medicare information and counseling •Access to Medicare providers or other low-cost medical and dental care •Tele-medicine •Mental health (including dementia)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Adult Day Services	✓				✓		✓	✓		
Nutrition •Congregate Meals •Home Delivered Meals •Grocery delivery •Nutrition education	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Workforce/Volunteerism •Volunteer Opportunities •Workforce Centers	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Transportation	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Information and Referral	✓	✓	✓	✓	✓		✓	✓	✓	✓
Caregiver Resources	✓	✓	✓	✓	✓		✓	✓		✓
Education, socialization and recreational activities •Senior Centers •Classes/Events/Socialization	✓	✓	✓	✓	✓	✓	✓	✓		
Financial/Legal Assistance •Legal aid/assistance •Benefit/programs counseling •Financial Advice •Financial Assistance	✓	✓	✓	✓	✓		✓	✓	✓	✓
In-home help/modifications •Home safety modifications •Homemaker services •Personal Care •Home builders		✓		✓	✓		✓	✓	✓	✓

Source: NWCCOG Gap Analysis Facility/Service Inventory

Priority Services

When the key actors were asked to rate the priority of each of 44 services presently or in the near future, those receiving the highest ratings were mental health counseling, Medicare, Medicaid and other health insurance counseling, fitness programs, health screenings and respite care.

Growing in importance from 2010 to 2016 were mental health counseling and respite care, and prescription assistance.

Table 23: Service Priorities for Key Actors Compared by Year

In your opinion, how much of a priority is each of the services to your county presently or in the near future.	2016 Highest priority	2010 Highest priority
Mental health counseling	87%	64%
Medicare, Medicaid and other health insurance counseling	85%	81%
Fitness programs	85%	77%
Health screenings	85%	83%
Respite care	84%	68%
Prescription assistance	82%	64%
Dental services	82%	68%
Information and referral	81%	80%
Caregiver information and referral	81%	72%
Affordable housing programs	80%	64%
Memory care/dementia support services	80%	66%
Immunizations	79%	85%
Transportation	79%	86%
Home delivered meals	79%	73%
Case management (one-on-one help accessing resources in the community)	78%	74%
Hearing screenings/services	78%	71%
Home safety modifications (such as grab bars and wheelchair ramps)	78%	64%
Homemaker/in-home help (non-medical)	76%	60%
Personal Emergency Response Systems (for falls in the home, etc.)	76%	68%
Vision screening/eye care	75%	69%
Caregiver mental health counseling	74%	73%
Caregiver mental health counseling	74%	77%
LGBT (Lesbian, Gay, Bisexual, and Transgender) services	72%	NA
Day care for adults	73%	52%
In-home medical care	73%	62%
Temporary, alternative living arrangements	71%	51%
Personal care (for those who may not be able to dress or bathe themselves, etc.)	71%	64%
Education, socialization, and recreational activities	71%	66%
Intergenerational programming, including volunteer opportunities	70%	49%
Benefits/programs counseling	68%	67%
Financial counseling	66%	56%
Volunteer opportunities for program participants	65%	60%
Utilities assistance	65%	78%
Companion services	65%	45%
Health classes	65%	67%
Design guidelines to encourage senior friendly housing (universal design)	63%	55%
Group meals	59%	74%
Education events (nutrition, crime, accident prevention, etc.)	58%	55%

In your opinion, how much of a priority is each of the services to your county presently or in the near future.	2016 Highest priority	2010 Highest priority
Design guidelines to encourage "visitability" of senior households	58%	50%
Legal services	55%	55%
Property tax assistance	52%	51%
Nutrition education	50%	49%
Nutrition counseling (one-on-one)	50%	38%
Vocational training/older worker career job placement services	41%	36%

Source: NWCCOG Gap Analysis Key Actor Survey

The key actors were asked what additional services were needed in their counties in an open-ended question. The most common responses were more housing, community resources/funding, in-home care/ homemaker services and transportation.

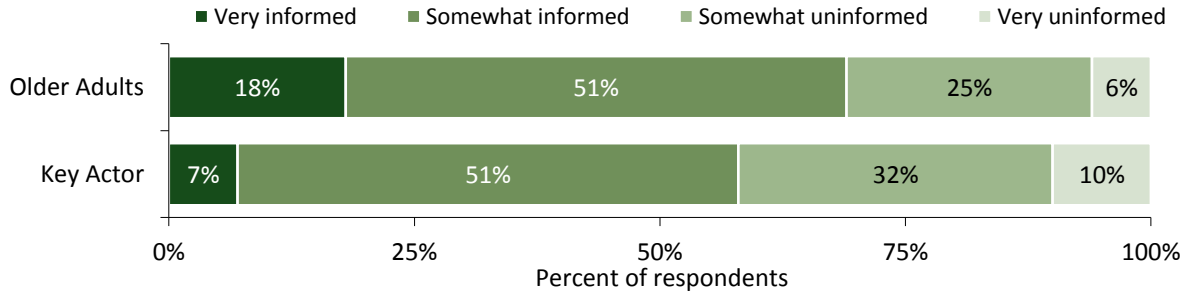
Table 24: Additional Services Needed (Key Actors, 2016)

Thinking about the current services and programs offered to older adults in your county, what additional services or amenities are most needed?	2016
Housing	31%
Community resources/funding	23%
In-home care/assistance/homemaker services	23%
Transportation	23%
Health care	20%
Assisted living, long-term care and nursing home facilities	14%

Total may exceed 100% as respondents could select more than one category.
Source: NWCCOG Gap Analysis Key Actor Survey

Finally, both older residents and key actors were asked how well-informed seniors were about services provided to older adults in their counties. Few felt older residents were "very" informed about community offerings, but a majority thought they were at least "somewhat" informed.

Figure 23: Informed About Available Services and Activities: Older Adults vs. Key Actors (2016)



Source: NWCCOG CASOA™ and NWCCOG Gap Analysis Key Actor Survey

Table 25: Informed About Available Services and Activities by Year

	CASOA		Key Actor	
Percent positive (very informed/somewhat informed)	2016	2010	2016	2010
In general, how informed or uninformed do you feel about services and activities available to adults age 60 and older in your community?	69%	63%	59%	65%

Source: NWCCOG CASOA™ 2010 and 2016

Conclusions and Recommendations

Like other communities in Colorado, the NWCCOG region's fastest growth in the next decades will be among residents older than 60. The growth in the older adult population will bring both opportunities and challenges to this mountain region.

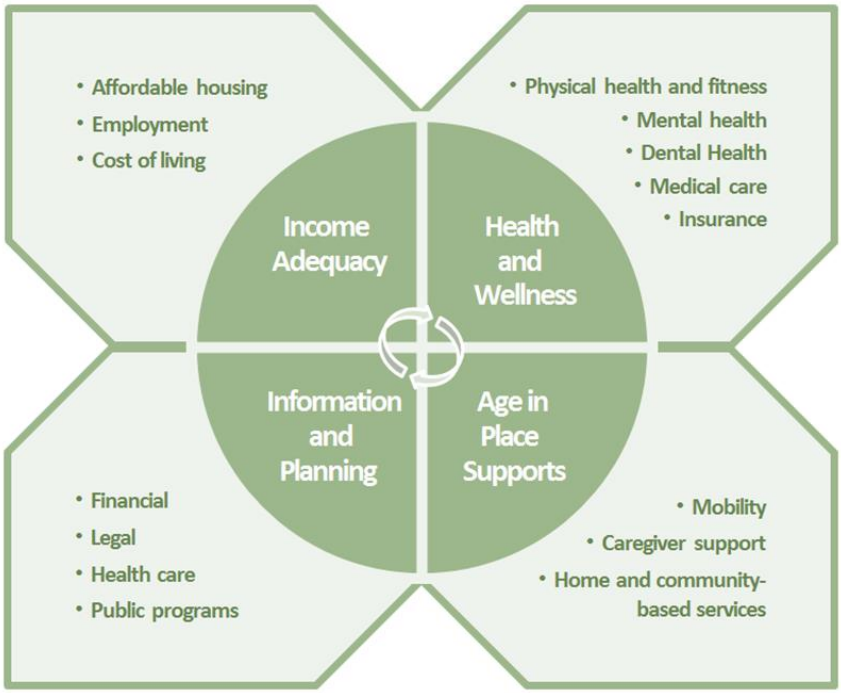
To facilitate older adults aging in place, NWCCOG communities must provide the requisite opportunities for recreation, transportation, education, employment, social connection, healthcare and healthy lifestyles. It is not a package mix, so each community must identify what its older adults seek, what the community provides and what shortcomings must be faced. The goal of this analysis was to determine the largest gaps in community services that foster aging in the NWCCOG region in non-institutional settings.

Gaps in the NWCCOG Region

Most seniors are flourishing in the NWCCOG region. By and large, they are healthy, mobile and engaged in a variety of productive activities. Older residents experience a good quality of life in the NWCCOG region and most plan to stay in the community. Opportunities for volunteerism, fitness, recreation and leisure activities abound. Seniors overwhelmingly feel safe in the region.

Nonetheless, there are needs evident in the NWCCOG region older adult population that are likely to increase dramatically as the aging population increases over the next decades. The largest gaps identified in this assessment include: 1) income adequacy, 2) health and wellness opportunities, 3) services and programs that allow residents to age in their homes and communities, and 4) information and planning. A number of these issues affect residents of all ages in the region, such as health care, employment, housing and transportation and some are unique to the senior segments of the NWCCOG region population.

Figure 24: Gaps Identified in Study



Income Adequacy

The rising cost of living in the NWCCOG region is an issue for all residents in the mountain communities, but may affect the senior population more dramatically. "Income adequacy" looks at household income with a focus on good and services essential to health and welfare including housing, food, health care, transportation and miscellaneous items such as clothing, paper products, cleaning products, etc. In this gap analysis, the top issues emerging for residents related to economics and the cost the cost of living, housing, and health care were all significant issues affecting many older residents in the NWCCOG region. These issues meaningfully increased from 2010. One in three older residents reported problems "having enough money to meet daily expenses" in 2016.

About 64% of older adults in the NWCCOG region rated their communities as an "excellent" or "good" place to retire, a rating well below the national benchmark and down 6% from 2010. In the key driver analyses of national and NWCCOG older resident community ratings, it was found that the cost of living is highly influential on seniors' ratings of places to retire.

Affordable Housing

A lack of affordable housing was the one of the largest issues identified by both residents and key actors in the 2016 assessment. Increased growth and housing costs across Colorado have created greater demand for the scarce mountain properties in the high country. Affordable housing opportunities in many of the towns are not only becoming less prevalent but many times are being pushed farther and farther away from community hubs and services. These distances exacerbate issues with senior mobility, social connections and community cohesion.

Affordable Health Care

Nearly one-half of NWCCOG residents reported having problems finding affordable health insurance and more than four in ten struggled obtaining adequate information or dealing with public programs such as Social Security, Medicare and Medicaid. The shortage of medical care facilities and providers in the region fuels these struggles more so.

Employment Opportunities

Although many view the ages over 60 as "retirement" years, older adults are more often continuing to stay in the workforce. Factors such as increased longevity, declining pensions and an interest in ongoing productive activity has contributed to an ever-growing older adult workforce.

This gap analysis found that the employment opportunities for older residents, although rated more positively than in 2010 and above the national benchmark, was still significantly lacking in the region, as were the opportunities for adult education, job training and acquisition of new skills. Given the cost of living in the region and influx of Baby Boomers into retirement age, employment has become an increasing issue with older adults desiring to age in communities where the cost of living is high.

Healthy Aging

Colorado Seniors are some of the healthiest in the nation[16] and NWCCOG older adults share the same fortune. Seniors in the region rated their health and health-related behaviors much higher than seniors in other communities across the U.S. However, one-half of the older adults in the NWCCOG region still reported issues with their physical health and ability to stay fit. In addition, a number of gaps were identified in the area of health care. A lack of adequate physical and mental health services to meet the

needs of residents, particularly the older and frailer seniors, was found. Lack of long term care, home health assistance and dental care also were identified as a need for a number of older adults. The cost of health insurance and lack of knowledge around Medicaid and Medicare also were identified as regional gaps.

Support for Aging in Place

The personal and public benefits of seniors aging in their homes and communities are immense. However, to foster aging outside of institutions, communities must provide a series of supports and programs.

Caregiver Support

Family and other non-paid caregivers are providing a substantial amount of care to older residents in the region, not only helping to offset the lack of home health, assisted living and nursing home care available in the mountain communities, but also allowing seniors to age in their own homes. About 60% of the NWCCOG's older adults reported being caregivers to anyone, while 45% of older residents provided care for another senior. Caregivers are often at risk for stress and for more adverse life events. Although a number of services exist to help assist caregivers throughout towns in the region, a significant unmet need for respite care, adult day care facilities and additional caregiver support services was found in this study.

Home and Community-Based Services

Four in ten older adults in the NWCCOG region reported struggling with heavy housework and more than one-third experienced issues maintaining their yards. A demand for services aimed at more frail older residents such as homemaking, companion care and home health also were found in this study.

Mobility

As in most senior needs assessments, transportation was found to be a problem in this study. Mobility is a key to independence and those without safe, reliable transportation are at extreme risk for institutionalization. Although many of the communities provide transportation services for older residents, this continues to be an issue in this region due to the low density of populations, dispersed services and weather. Although ratings of mobility mostly increased from 2010, transportation needs will likely increase significantly as the population increases and the communities that make up NWCCOG continue to grow.

Housing Suitability

Many of the options for housing in the region do not address senior needs or align with universal design or visitability standards. Although a number of the communities in the region have adopted building codes or guidelines, many have not and the older housing stock—which is often more available to older adults—is still often lacking these features.

A lack of housing options for frail older residents has also been problematic for the region.

Information and Assistance

A number of the communities in the NWCCOG region have made a strong effort to provide information on services available to seniors. However, there is still a lack of resident knowledge about community services, events and amenities. A majority of older residents are not well informed and many desire more information. In addition to information on the availability of local services, a significant number of older residents expressed interest in learning more and receiving more assistance in the areas of public benefit

plans (e.g., Medicaid, Medicare), financial planning and legal assistance. Providing community residents with information about available programs and resources must be a long-term commitment that continues in an ongoing manner over time.

Comparison from 2010 to 2016

The gaps found in the 2016 study are very similar to those found in 2010. Notable changes in resident ratings include more positive views about employment opportunities and finding work. Affordable housing, information about public programs and affordable health insurance issues were more prevalent in 2016.

Key actors reported more need in the areas of mental health, companion services, intergenerational programming, temporary alternative living arrangements and adult day care. The need for group meals was rated as a higher priority by key actors in 2016, compared to the 2010 study.

Opportunities in the NWCCOG Region

Myriad opportunities exist to improve community livability for older adults and prevent institutionalization in the NWCCOG region. The results of this gap analysis are paired with national literature on successful aging to describe key strategies to accommodate the major population changes that are occurring in these mountain towns. The recommendations are organized into the larger categories of planning; education, outreach and assistance; community collaboration and partnership; shifting paradigms to see older adults as resources, using the built environment to foster successful aging, promotion of healthy lifestyles, promotion on home and community-based services; and understanding the interconnectedness of the issues around successful aging. More specific recommendations are provided within each section. These recommendations are not ordered in any priority, but more of a menu system to provide NWCCOG counties and towns a variety of options to increase the probability that their older residents will age successfully in their communities.

1) Planning

As John Dewey once said, “A problem well defined is a problem half solved.” Every organization plans, whether it be haphazard or not. AAAs must create significant plans every four years. However, given the myriad issues and myriad actors in the older adult environment, the scope of the Four-Year Area Plans may not be as inclusive or systems-based as most communities need to adapt and evolve to their changing demographics. Although strategic planning can vary significantly in terms of time and resources, there are a number of characteristics that help create more successful strategic plans.

Characteristics of Successful Strategic Plans:

- Set an appropriate scope, timeframe and resource allotment
- Play to organizational strengths
- Align with your organizational culture
- Have actionable, tangible steps
- List expected outputs and outcomes
- Assign responsibility
- Revisit (progress against goals are regularly monitored and considered)[17]
- Include the right stakeholders in development and implementation.

An important component of any strategic plan is a baseline assessment of community needs and strengths. This study, along with the Region 12 Four-Year Plan, provides the foundation for NWCCOG to develop significant strategies to create livable communities for older adults in the region.

2) Outreach, Education and Assistance

Education and outreach are essential elements for strengthening and extending the work of older adult government agencies. They can take many forms, including marketing and public relations; community education and advocacy; collaborations, alliances, and partnerships; networking and more. Outreach is the mechanism for building a base of support. Increased networking and greater outreach mean access to more people. Without effective outreach efforts, organizations may limit their access to resources and fail to establish a positive image or reputation within the community. Public outreach is more than just broadcasting to residents. Good outreach should target diverse audiences within community-based organizations such as schools, faith communities and community associations; business associations for possible partnerships, volunteers, donations and media access; volunteer groups, local media and other government agencies.

The *Colorado Aging Framework (CAF): A Guide for Policymakers, Providers and Others for Aging Well in Colorado* suggests the following strategies to increase awareness of Colorado's demographic age shift and its implications:

- Conduct county or community-specific public forums on the implications of changing population
- Engage academic and non-profit research community on changing demographics and implications. Include topics of interest to older adults
- Engage media outlets to produce stories on changing demographics and topics interesting to older adults
- Identify an entity to develop and maintain a central, publically accessible database of best practices and promising programs
- Analyze data to identify needs and gaps to inform the development of programs and services[18].

As more older adults are embracing technology, senior service agencies will increase their abilities significantly to communicate with older residents and other stakeholders in cost-efficient, time sensitive manners.

Information and Assistance

This study found that many older residents in the NWCCOG region struggled with finding information about community services and public assistance programs. Many also reported issues with legal and financial planning. The promotion and maintenance of financial security is an important issue in keeping older adults healthy and out of institutions. Senior capacity can be built through the council of the AAA or volunteers on financial, legal issues and benefit enrollment.

3) Community Collaboration and Partnership

Area Agencies on Aging (AAA) have been granted federal and local funds to assess the needs of older adults and then to mitigate those needs. Senior service providers know that not all needs can be accommodated and not all problems can be solved by the aging services network, so providers are increasingly anxious about the future demands. No single agency can now nor will later be able to deal successfully with all of the needs of older adults in the NWCCOG region. Not only must an attempt be made to meet these needs, but strengths must be cultivated if communities are to benefit from the

resource that the large number of older adults represents. To manage the needs and promote the strengths of this group, communities and the nation can greatly benefit by adopting a number of principles of community empowerment.

The metaphor of village cooperation has been used to describe the community-wide partnerships required to create the right environment to raise a healthy child. The same village metaphor obtains for supporting the healthy aging of community elders. Not only will community organizations need to collaborate to increase the civic engagement and quality of life of older adults, but governments at all levels – municipal, county, state and federal—and the private sector– will need to plan together to keep older adults among the active participants and leaders in community decision-making.

Many collaboratives and partnerships have formed at the national and state levels to work together to address the needs of older adults in the past five years. Government's role in the next decades will continue to focus on collaborating with the public and private sector to plan, educate, advocate and leverage resources. A systems-level approach to service delivery will be essential.

4) A Paradigm Shift: Older Adults as Resources

Traditionally, older adults have been viewed as service recipients: populations that absorb care and community resources like dry towels that soak up water. Older adults who are healthier and with resources that permit them more time now are challenging this idea by proving that communities can leverage the power of older folks by engaging them in community service and caregiving. Many seniors are now opting to stay in the workforce or reenter the workforce in encore or "second" careers. By offering older adults the opportunities to provide valued community services, a self-sustaining system can be created whereby a population with time and energy is activated through the support it provides to a community that develops increasing needs for assistance. The community likewise benefits from the help and the symbiotic system flourishes.

Empowering Older Adults

The Administration on Aging has advanced a framework for modernizing the Aging Services Network. Key components of this framework provides more opportunities for older adults to learn and access services, play a greater role in determining the type of services received and their delivery, and empowering seniors to live healthier and more active lives[19]. Changing the role of older adults in government service delivery not only empowers individuals but works to build partnerships in addressing community problems.

Promoting Volunteerism

As with many other rural areas across the nation, older adult volunteerism and community contribution is significant in the NWCCOG region. However, additional strategies and programs should be pursued to tap deeper into this community-based resource.

Barriers, both real and perceived, to older adult volunteering include the difficulty of linking supply (volunteers) with demand (volunteer opportunities), insufficient public awareness about volunteer opportunities, workplace policies too inflexible to encourage employees to volunteer, insufficient transportation and ageism[20]. One basic and potentially powerful step to get older adults involved is simply to ask them.[21] A study found that older adults were five times more likely to volunteer if only they were invited.[22]

To increase older adult volunteerism, communities in the NWCCOG region might pursue a number of the following promising practices:

- Offer incentive programs to increase volunteerism through a number of incentive programs including travel reimbursements and tax credits/abatement[23]
- Develop an online clearinghouse of volunteer opportunities[24]
- Support programs and services that facilitate the exchange of non-cash incentives and "time banking" opportunities[25]
- Encourage "Virtual Villages" (e.g. Village to Village networks—web-based networks of volunteers and services)[26].

Supporting Older Adult Employment

The options for older adult employment in the NWCCOG region are suboptimal. With the high cost of living, a relatively healthy senior population and the emergence of the Baby Boomers, senior employment will be increasingly popular and even a necessity for many.

In order to support older adult engagement in the workforce, communities in the NWCCOG region should:

- Work with employers to provide "elder-friendly" workplaces to allow part-time and flex time schedules, alter policies regarding retirement benefits to help employees phase out rather than quit "cold turkey", offer retraining for job opportunities after "retirement" and review all policies to assure they are purged of unintended ageist stereotypes.
- Support adult education and enrichment programs. Programs to support technology use and online learning are especially important in for older adults in rural areas.
- Support development of workforce readiness skills. The 21st-century skills of collaboration, creativity, communication and creative thinking will help older adults adjust to the new landscape of encore careers available.
- Collaborate with job placement organizations in the region.
- Develop micro-businesses that use older adult workers. In this analysis, a large demand for adequate services in the areas of housekeeping, home maintenance, companion care and home health care was uncovered. Many of these jobs rely on skills that older adults themselves have accumulated over the years. Match up those who have need with those who can do!
- Work with communities to modify their economic development plans to address the new economic realities.

5) Use of the Built Environment in Fostering Successful Aging

Much has been written about community land use design as a central mechanism by which the quality of life of older adults can be sustained and improved. In the absence of thoughtful strategies and intentional plans, American communities have tended to be built in sprawling pieces like shattered mirrors that reflect little attention to efficiency of movement, diversity of housing choice or interconnectedness of neighbors. Most suburbs have been developed by the draw of inexpensive land and for the competencies of automobiles. Better community designs create "livable" communities, which offer smaller street widths to encourage healthy outdoor activities such as walking and bicycling, more abundant and more affordable housing options to maximize diversity, and better connection with neighbors to foster safety and build social capital. They also provide land use mixes which allow people to access services more simply.

Housing

Availability and costs of appropriate housing can be a significant barrier to older adults trying to age in place. The gap is particularly large in the NWCCOG region. Although many communities in the region focus on some guidelines and policies around senior housing, affordable housing will continue to be a struggle for this region for many years to come. Although housing costs are largely determined by supply and demand, the NWCCOG region might want to consider the following practices to decrease senior housing burden:

- Consider zoning regulations that encourage affordable housing options.
- Develop programs that reduce housing costs such as real estate tax relief or deferral, home energy assistance, senior homeowner exemption and rent increase exemption.
- Partner with developers and builders to provide affordable senior housing projects.
- Provide education and technical assistance around home financing (including reverse mortgages) and financial planning.
- Support home modification and repair services.
- Promote senior home safety assessments for fall prevention.
- Pursue community-based housing options such as Naturally Occurring Retirement Communities (NORCs) and Green House homes[27] .
- Encourage the implementation of communal/shared housing options.[28]
- Encourage modifications to city ordinances to support community-based housing options (e.g. Universal design, NORCs, Livable Communities and others).[29]

For more strategies on methods to advance affordable housing for older adults see the *Colorado Aging Framework: A Guide for Policymakers, Providers and Others for Aging Well in Colorado*.[30]

Mobility

Transportation and mobility issues afflict most rural areas where adults are growing old, but the NWCCOG region tends to have more of these problems, or to have the same problems with greater intensity. Many studies have been undertaken and many recommendations made regarding the need for more public transportation and increased mobility options, and yet the rural and geographic constraints of this region make public transportation especially expensive. The distances, terrain and weather conspire to make automobile travel especially difficult for older adults in the NWCCOG region.

Older adults too often ignore physical impairments that should sideline them from their role as driver, so as the population ages, roads will become more dangerous without attractive alternatives to the car. Solutions to these complex problems can include, as examples, programs that mitigate the need for older adults to travel – such as delivery services, online shopping and virtual in-home health care; programs that offer inexpensive on-call or frequent shuttle service; and more. Promising practices the jurisdictions in the NWCCOG region might want to consider include:

- Work with elected officials and community planners to consider community designs that obviate the need for a car.
- Develop a “time bank” or other volunteer programs to support senior transportation.
- Partner with community-based organizations and the insurance industry to expand and promote driver safety for older adults. [31]

- Encourage cities to adopt ordinances that support the creation and/or coordination of transportation options. [32]

For more strategies to encourage transportation for older adults see *the Colorado Aging Framework: A Guide for Policymakers, Providers and Others for Aging Well in Colorado*. [33]

6) Promotion of Healthy Lifestyles

Good health rarely comes without effort. The public health literature clearly shows the benefits that come from physical activity, nutrition, cognitive exercise and preventive healthcare, but the lifestyles that support these choices must be encouraged and nurtured. Opportunities to promote healthy lifestyles can come from anywhere on the socio-ecologic model – from public policies that require walk-friendly streetscapes to programs that bring to grocery stores fresh local fruits and vegetables to diabetes prevention trainings. "Active aging" as defined by the World Health Organization is:

> *Allowing people to realize their full potential for physical, mental and social well being throughout the life course as well as participating in society according to an individual's needs, desires, and capacities, while providing them with adequate protection, security and care they require.*[34]

Nationally, significant efforts have been made to promote wellness through healthier living and older adults face many of the same lifestyle challenges that are faced by other community members. Still, the geriatric literature offers scores of reports about senior health promotion practices.

Although Colorado ranks high (11th best state in nation) for healthy aging on the 2016 Health Report Card[35], additional opportunities to aid older adults live healthy lifestyles should be pursued to facilitate active aging. Strategies to help seniors stay healthy in the region include:

- Pursue programs that will attract medical providers and facilities to the region.
- Coordinate medical services across counties and AAAs.[36]
- Actively promote good health practices including immunizations, health screenings, and management of chronic diseases.
- Consider community design features to promote active-living communities.
- Provide counsel and assistance related to health insurance programs.

For more information on the health of Colorado's older adults, please see the Colorado Cross-Agency Collaboration report: *Measuring Health in Adults 65 and Over: Colorado 2016*.[37]

7) Promotion of Home and Community-Based Services

The increase in services aimed to facilitate seniors aging in their own homes has increased dramatically with the new changes in Federal policy and funding streams. These services help older, more frail residents maintain their independence and delay or avoid institutional settings and they are much more cost-efficient than nursing home care.

In the NWCCOG region, a significant need was reported for many in-home services, including homemaking, home maintenance, yard maintenance, home health care and companion services. Although in-home services are offered by the private sector and some government organizations, those services generally are offered only to residents with the financial wherewithal to afford them or those with little means. Also, it is often difficult to provide affordable in-home services in a region with a high

cost of living and geographically dispersed population. Some suggestions for addressing these issues in the NWCCOG region include:

- Support the development of home and community-based service delivery businesses.
- Support home and community-based services with volunteerism.
- Support programs and services that facilitate the exchange of non-cash incentives and "time banking" opportunities.
- Encourage "Virtual Villages" (e.g. Village to Village networks—web based networks of residents and services)[38]

For information on methods to promote community living, please see: *Community Living Advisory Group Report. Final Recommendations 2014*[39] and *Colorado Aging Framework: A Guide for Policymakers, Providers and Others for Aging Well in Colorado*. [40]

Supporting Caregivers

Older adults form the backbone of home-based services by providing care to many of the frail older adults in the NWCCOG region. However, caregiving needs are expected to explode as the Baby Boomers enter later stages of retirement when compromised health will make them less self-sufficient. The ratio of older adults to caregivers in Colorado in projected to be 7.4 in 2020[41]. The sheer volume of older adults coupled with declines in family size and prevalence of divorce/blended families will result in more care given and received by older Americans.

Caregivers have been found to struggle with many issues, but the most common need is often options for respite. The lack of affordable in-home respite services is an issue nationally and is more significant in rural areas and areas with a high cost of living. A number of strategies may help ease the gap:

- Support adult day care services. Adult day care, offered in only four of the eight NWCCOG region communities, is a very cost-effective way to support older adults and provide respite for caregivers.
- Develop and institute a volunteer-base of homemakers and companions to provide in-home assistance to elders in need.
- Work with community-based organizations and the private sector to develop new businesses in in-home service provision. Consider older residents as the primary developers and producers of these services.
- Collaborate with employers to make "caregiver friendly" workplaces. Educating employers on ways to create a more "caregiving" friendly workplace could lead to changes in employment policies (e.g., allowing flextime schedules, promoting teleworking, less stringent rules for use of sick and vacation time) and employee benefits (e.g., caregiver support groups and volunteerism organized through the workplace.)
- Explore the use of tax credits, income/pension replacement, paid medical leave or other strategies for supporting caregiving.[42]

For more information on caregiver respite, please see the report from the *Colorado Respite Care Task Force, 2016*.[43] For more information on strategies to increase caregiving see *Colorado Aging Framework: A Guide for Policymakers, Providers and Others for Aging Well in Colorado.*[44]

The Gains of Aging outside the Institutional Setting

Many of the recommendations in this report support older adults aging in place – although some strategies are more preventive and others more curative. Often dependence comes as residents age, and too frequently this dependence leads the older adult to a long-term care situation. By implementing many of the new programs allowing seniors to age in the community, the NWCCOG region can create and enhance a climate of "interdependence" rather than "dependent isolation" for its oldest residents in the coming years. The U.S. Department of Health and Human Services estimates that about 70 percent of individuals over age 65 will require at least some type of long-term care services during their lifetime and that care is likely to endure, on average, for three years. [45]

A primary goal of the Older Americans Act is to avoid the institutionalization of older residents, seeking to support older residents as they age in their communities. The 2016 cost comparison of older adult options demonstrates the great cost savings in preventing premature nursing home placement. (Note: These comparisons are for full-time care – older residents needing only partial care would accrue much more savings.) New programs aimed to compensation for caregivers may provide even more savings.

Table 26: Cost of Care Comparisons (2016)

	Median Annual Rate for Care*					
	Nursing Home Private Room	Nursing Home Semi-Private Room	Home Health Aide	Homemaker Services	Assisted Living Facility	Adult Day Health Care
USA	$92,378	$82,125	$46,332	$45,760	$43,539	$17,680
Colorado	$97,546	$83,220	$54,912	$51,480	$48,750	$16,900
Boulder	$110,909	$95,265	$55,484	$57,772	$54,000	$16,770
Colorado Springs	$92,163	$82,862	$56,056	$50,336	$58,068	$18,200
Denver Area	$102,930	$90,703	$54,912	$52,624	$51,000	$16,900
Fort Collins	$90,338	$84,680	$58,344	$52,052	$54,600	$16,510
Grand Junction	$103,094	$80,300	$45,760	$45,760	$45,540	$16,120
Greeley	$97,674	$88,148	$25,168	$25,168	$42,600	$24,700
Pueblo	$90,520	$80,274	$49,718	$49,718	$33,000	N/A
CO – Rest Of State	$79,205	$74,825	$57,772	$57,772	$37,800	$22,360

Source: Colorado State Specific Data from the Genworth 2016 Cost Of Care Survey, Genworth Financial April, 2016

**Assisted Living Facility annual rates are based on monthly rate multiplied by 12 months. Nursing Home annual rates are based on daily rates, multiplied by 365 days. Homemaker Services and Home Health Aides annual rates are based on 44 hours/week multiplied by 52 weeks.*

The NWCCOG region is challenged to provide care to its most frail, older residents. Although some would like to see additional nursing homes built, others would like to see a stronger emphasis placed on the development of community living options. By embracing many of the recommendations in this report, the region should be able to minimize future out-of-home placements for older adults, even as they become ill and lose independence.

8) Understand the Interconnectedness Issues

Like the dispersal of development in traditional suburbs, the problems of older adults too often are seen as distinct conditions spread across a landscape of dwindling life. Each problem is thought to merit a unique and separate solution that takes little account of the answers to other challenges in the lives of aging adults. Many of the problems residents face as they age are interconnected. For example, sustaining

physical health requires well-designed communities, opportunities for productive activity, health screenings, organizational supports for social connectedness and strong community health care. Current federal and state policies may not synchronize and, in fact, can conflict, promoting one solution at the expense of another. For example, some subsidized housing rules require premature institutionalization of older adults because programs for in-home caregiving are absent or underfunded. However, the modernization of the federal policies and programming will allow for more holistic strategies (e.g., housing and community-based services, mobility and community design) to support older adults in the future.

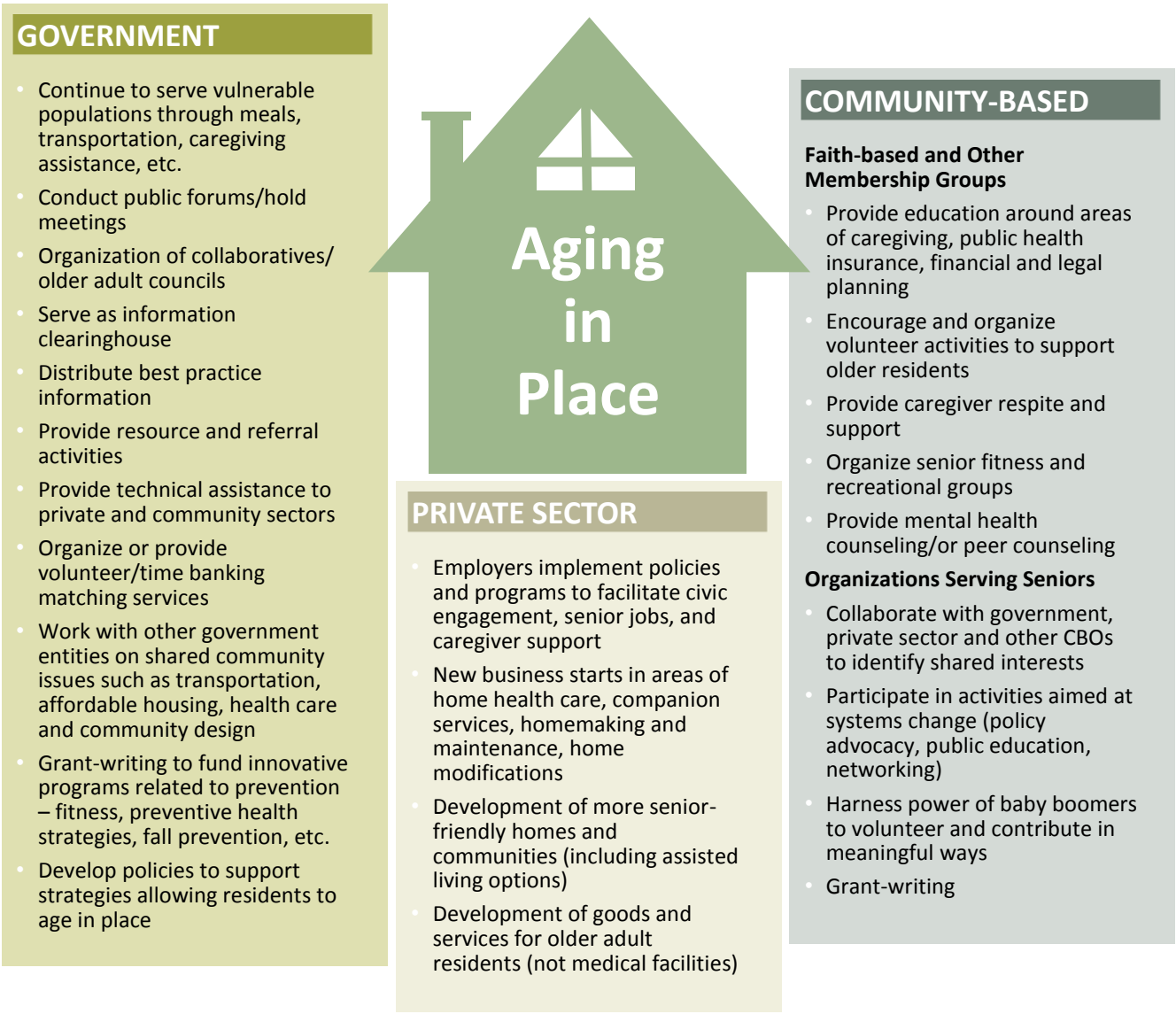
Further, many of the gaps in community livability for older adults affect residents of all ages – affordable housing, employment opportunities, transportation and access to health care. Many policies and practices that improve older adult wellness and independence also foster healthier, higher quality lifestyles for all community inhabitants. When issues become larger than just a senior problem, there is greater community support for solutions. Identifying and collaborating with partners in other sectors will bring economies of scale to the senior community livability movement and broader political support.

The Future of Older Adults in the NWCCOG Region

The 76 million aging Baby Boomers who will press unprecedented demands on this country's already strained social, housing and transportation services will require a new way of thinking about services for older Americans. More present work must be done and done by more actors. The model of service to needy older adults, built primarily on the policies and funding of the federal government, is unsustainable and is being revised step by step. Therefore, much of the planning for this demographic swell must be led not just by Congress and national organizations, but by city councilors, Area Agency on Aging advisory boards, county commissioners, faith communities, service club members, college presidents, hospital administrators, business owners and community members. An aging world need not be a place where human resources diminish and productivity flags. With proper planning, communities filled with older adults can become centers of high quality human scale living, anchored by the contributions of civically engaged older residents. Imagine communities filled with older adults who have the wherewithal to purchase consumer goods and services, participate in local politics, learn new skills, live at home, share their accumulated wisdom, help their neighbors, broker their talents – in short, imagine a healthy group of civically engaged adults who take little or only what they truly need and give a lot.

Figure 25 below presents many of the actions that might be taken by the various community sectors in the NWCCOG region.

Figure 25: Service Opportunities by Community Sector (2016)



American communities can choose a future that both protects vulnerable older adults and challenges those who thrive. A well-conceived and updated community will provide care to older adults that need it while at the same time empowering older adults with far greater opportunities than exist now to age successfully and contribute. But not every community faces the same future, nor do all older residents seek the same services. Older adults in the NWCCOG community face many of the same issues as seniors across the nation – housing, transportation and health care. However, issues with rural and frontier populations, climate and high costs of living provide additional challenges to the counties and cities in Colorado mountain resort areas.

Whatever the unique needs in each community, one common circumstance will prevail. Resources will have to be rethought and reallocated. As populations age there will be changes in taste that will affect local news, arts, politics and even groceries, but needs that require more planning will emerge and anticipation of those needs, rather than surprise confrontation, will lead to communities that prosper because they are comfortable for and attractive to older adults. As with the rest of the nation, the NWCCOG region and its counties and municipalities will need to plan strategically for the aging of its residents. This report provides the foundation for this ongoing strategic planning.

APPENDIX A: KEY ACTOR SURVEY RESPONSES

Complete Responses Excluding Don't Know

Table 27: Question 1

Which county do you live in:	Percent of Respondents
Eagle	26%
Garfield	13%
Grand	15%
Jackson	6%
Pitkin	9%
Routt	9%
Summit	21%
Other	2%
Total	100%

Table 28: Question 2

Which county(s) do you represent/serve (Check all that apply):	Percent of Respondents
Clear Creek	4%
Eagle	36%
Garfield	17%
Grand	23%
Jackson	15%
Lake	6%
Pitkin	19%
Routt	15%
Summit	26%
Other	9%

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

Table 29: Question 3

What is your role:	Percent of Respondents
Elected official/community leader	30%
Regional Advisory Council member	11%
Senior services or senior center coordinator	13%
Service provider (non-profit)	17%
Service provider (government)	17%
Other	13%

Table 30: Question 4

What do you believe are the biggest strengths in your community related to older adults aging in place?	Percent of Respondents
Community support/organization	62%
Healthy community/physical environment	17%
Quality services/programs	67%

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

Table 31: Question 5

What do you believe are the biggest challenges in your community related to older adults aging in place?	Percent of Respondents
Community resources/funding	21%
Health care	26%
General cost of living	21%
Assisted living, long-term care and nursing home facilities	21%
Physical environment/location	28%
In-home care/assistance/homemaker services	30%
Housing	37%
Transportation	21%
Other	16%

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

Table 32: Question 6

Please rate each of the following characteristics as they relate to your community adults age 60 or older:	Excellent	Good	Fair	Poor
Opportunities to volunteer	45%	38%	17%	0%
Employment opportunities	8%	18%	50%	24%
Opportunities to enroll in skill-building or personal enrichment classes	10%	41%	28%	21%
Recreation opportunities (including games, arts, and library services, etc.)	24%	60%	14%	2%
Fitness opportunities (including exercise classes and paths or trails, etc.)	42%	42%	14%	2%
Opportunities to attend social events or activities	21%	52%	26%	0%
Opportunities to attend religious or spiritual activities	24%	59%	15%	2%
Opportunities to attend or participate in meetings about local government or community matters	24%	52%	21%	2%
Availability of affordable quality housing	2%	5%	12%	81%
Variety of housing options	0%	0%	14%	86%
Availability of long-term care options	0%	5%	25%	70%
Availability of daytime care options for adults age 60 and older	0%	10%	24%	66%
Availability of home health care/personal care services	2%	17%	37%	44%
Availability of homemaker services	0%	5%	54%	41%
Availability of physical rehabilitation facility inpatient care	5%	21%	31%	44%
Availability of information about resources for adults age 60 and older	7%	49%	35%	9%
Availability of financial or legal planning services	0%	28%	57%	15%
Availability of affordable quality physical health care	3%	28%	60%	10%
Availability of LGBT (Lesbian, Gay, Bisexual, and Transgender) services for adults age 60 and older	0%	7%	27%	67%
Availability of affordable quality mental health care	0%	21%	41%	38%
Availability of preventive health services (e.g., health screenings, flu shots, educational workshops)	17%	49%	32%	2%
Availability of affordable quality food	12%	43%	45%	0%
Sense of community	26%	60%	14%	0%
Openness and acceptance of the community towards residents age 60 and older of diverse backgrounds	24%	38%	38%	0%
Ease of travel by public transportation in your community	14%	24%	29%	33%
Ease of travel by car in your community	10%	55%	33%	2%
Ease of walking in your community	5%	36%	48%	12%
Ease of getting to the places you usually have to visit	5%	41%	44%	10%
Overall feeling of safety in your community	41%	54%	5%	0%
Valuing residents age 60 and older in your community	12%	63%	26%	0%
Neighborliness of your community	23%	65%	12%	0%
Cost of living in your community	2%	5%	29%	64%

Table 33: Question 7

If there was one change you could make within your community to help older adults age in place, what would it be?	Percent of Respondents
Community resources/funding	10%
Health care	5%
General cost of living	2%
Assisted living, long-term care and nursing home facilities	10%
In-home care/assistance/homemaker services	24%
Housing	37%
Transportation	10%
Other	2%

Table 34: Question 8

How would you rate the overall services provided to adults age 60 and older in your community?	Percent of Respondents
Excellent	5%
Good	48%
Fair	40%
Poor	7%

Table 35: Question 9

In general, how informed or uninformed do you think older residents are about services and activities available to them in your community?	Percent of Respondents
Very informed	7%
Somewhat informed	51%
Somewhat uninformed	32%
Very uninformed	10%

Table 36: Question 10

How much of a problem, if at all, do you think the following issues are for older adults in your community?	Not a problem	Minor problem	Moderate problem	Major problem
Having suitable housing	2%	2%	20%	76%
Maintaining their physical health	3%	28%	56%	13%
Performing regular activities, including walking, eating and preparing meals	3%	34%	61%	3%
Having enough food to eat	6%	35%	59%	0%
Doing heavy or intense housework	0%	12%	61%	27%
Having safe and affordable transportation available	10%	30%	30%	30%
No longer being able to drive	3%	17%	31%	49%
Feeling depressed	0%	14%	50%	36%
Confusion or forgetfulness	0%	17%	60%	23%
Home maintenance	3%	16%	50%	32%
Yard maintenance	3%	11%	58%	29%
A lack of productive or meaningful activities	3%	51%	40%	6%

How much of a problem, if at all, do you think the following issues are for older adults in your community?	Not a problem	Minor problem	Moderate problem	Major problem
Having friends or family to rely on	3%	22%	47%	28%
Falls/injuries	0%	6%	54%	40%
Finding affordable health insurance	0%	0%	29%	71%
Getting good health care	3%	20%	63%	15%
Affording their medications	3%	16%	38%	44%
Figuring out which medications to take and when	0%	23%	57%	20%
Getting oral health care	3%	24%	44%	29%
Getting vision care	0%	17%	60%	23%
Having enough money to meet daily expenses	0%	19%	56%	25%
Having enough money to pay property taxes	0%	24%	56%	20%
Staying physically fit	5%	53%	34%	8%
Maintaining a healthy diet	5%	35%	49%	11%
Having interesting recreational or cultural activities to attend	36%	33%	31%	0%
Having interesting social events or activities to attend	32%	39%	26%	3%
Feeling bored	3%	48%	35%	13%
Feeling like their voices are heard in the community	6%	38%	38%	18%
Finding meaningful volunteer work	30%	46%	22%	3%
Feeling physically burdened by providing care for another person	7%	14%	55%	24%
Feeling emotionally burdened by providing care for another person	7%	4%	61%	29%
Feeling financially burdened by providing care for another person	7%	7%	48%	38%
Dealing with legal issues	0%	38%	47%	16%
Having adequate information or dealing with public programs such as Social Security, Medicare and Medicaid	3%	32%	49%	16%
Finding work in retirement	3%	22%	42%	33%
Building skills for paid or unpaid work	7%	47%	20%	27%
Not knowing what services are available to adults age 60 and older in their community	8%	45%	33%	15%
Feeling lonely or isolated	3%	13%	52%	32%
Dealing with the loss of a close family member or friend	0%	14%	68%	18%
Being a victim of crime	31%	59%	9%	0%
Being a victim of fraud or a scam	9%	50%	26%	15%
Being physically or emotionally abused	14%	61%	25%	0%
Dealing with financial planning issues	0%	21%	58%	21%
Age discrimination	11%	33%	44%	11%

Table 37: Question 11

Thinking about the current services and programs offered to older adults in your community, what additional services or amenities are most needed?	Percent of Respondents
Community resources/funding	23%
Health care	20%
Assisted living, long-term care and nursing home facilities	14%
In-home care/assistance/homemaker services	23%
Housing	31%
Transportation	23%
Other	31%

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

Table 38: Question 12

The following is a list of services that might be offered to older adults in a community to allow them to age in place. Please indicate if these services are presently available to seniors in your community. If you are uncertain, please choose "don't know".	Available	Not available
Case management (one-on-one help accessing resources in the community)	79%	21%
Information and referral	86%	14%
Medicare, Medicaid and other health insurance counseling	92%	8%
Financial counseling	61%	39%
Legal services	81%	19%
Benefits/programs counseling	84%	16%
Education events (nutrition, crime, accident prevention, etc.)	97%	3%
Health screenings	94%	6%
Health classes	74%	26%
Hearing screenings/services	71%	29%
Immunizations	100%	0%
Fitness programs	97%	3%
Vision screening/eye care	58%	42%
Dental services	70%	30%
Prescription assistance	77%	23%
Mental health counseling	93%	7%
Memory care/dementia support services	34%	66%
Personal Emergency Response Systems (for falls in the home, etc.)	81%	19%
Home safety modifications (such as grab bars and wheelchair ramps)	72%	28%
Homemaker/in-home help (non-medical)	68%	32%
Personal care (for those who may not be able to dress or bathe themselves, etc.)	66%	34%
In-home medical care	72%	28%
Transportation	86%	14%
Group meals	91%	9%
Home delivered meals	92%	8%
Nutrition counseling (one-on-one)	84%	16%
Nutrition education	83%	17%
Caregiver mental health counseling	55%	45%
Caregiver support groups	78%	22%
Caregiver information and referral	85%	15%

The following is a list of services that might be offered to older adults in a community to allow them to age in place. Please indicate if these services are presently available to seniors in your community. If you are uncertain, please choose “don't know”.	Available	Not available
Respite care	68%	32%
Day care for adults	41%	59%
Temporary, alternative living arrangements	4%	96%
Companion services	27%	73%
Affordable housing programs	49%	51%
Property tax assistance	84%	16%
Utilities assistance	93%	7%
Design guidelines to encourage senior friendly housing (universal design)	8%	92%
Design guidelines to encourage "visitability" of senior households	0%	100%
Education, socialization, and recreational activities	92%	8%
Volunteer opportunities for program participants	100%	0%
Intergenerational programming, including volunteer opportunities	76%	24%
Vocational training/older worker career job placement services	20%	80%
LGBT (Lesbian, Gay, Bisexual, and Transgender) services	9%	91%

Table 39: Question 13

In your opinion, how much of a priority is each of the services to your community presently or in the near future.	1-Higher priority	2	3	4	5-Lower priority
Case management (one-on-one help accessing resources in the community)	47%	31%	13%	3%	6%
Information and referral	34%	47%	13%	3%	3%
Medicare, Medicaid and other health insurance counseling	47%	38%	9%	3%	3%
Financial counseling	22%	44%	28%	0%	6%
Legal services	15%	39%	30%	3%	12%
Benefits/programs counseling	24%	44%	21%	3%	9%
Education events (nutrition, crime, accident prevention, etc.)	16%	42%	32%	10%	0%
Health screenings	36%	48%	9%	3%	3%
Health classes	23%	42%	29%	3%	3%
Hearing screenings/services	31%	47%	22%	0%	0%
Immunizations	38%	41%	9%	6%	6%
Fitness programs	39%	45%	15%	0%	0%
Vision screening/eye care	38%	38%	25%	0%	0%
Dental services	45%	36%	18%	0%	0%
Prescription assistance	39%	42%	15%	3%	0%
Mental health counseling	45%	42%	6%	3%	3%
Memory care/dementia support services	53%	27%	13%	3%	3%
Personal Emergency Response Systems (for falls in the home, etc.)	33%	42%	9%	9%	6%
Home safety modifications (such as grab bars and wheelchair ramps)	28%	50%	6%	9%	6%
Homemaker/in-home help (non-medical)	42%	33%	18%	3%	3%
Personal care (for those who may not be able to dress or bathe themselves, etc.)	53%	18%	24%	3%	3%
In-home medical care	45%	27%	18%	6%	3%

In your opinion, how much of a priority is each of the services to your community presently or in the near future.	1-Higher priority	2	3	4	5-Lower priority
Transportation	67%	12%	9%	6%	6%
Group meals	28%	31%	25%	6%	9%
Home delivered meals	42%	36%	9%	6%	6%
Nutrition counseling (one-on-one)	10%	40%	27%	17%	7%
Nutrition education	10%	40%	27%	17%	7%
Caregiver mental health counseling	39%	35%	16%	6%	3%
Caregiver mental health counseling	42%	32%	13%	10%	3%
Caregiver information and referral	44%	38%	9%	6%	3%
Respite care	48%	35%	13%	3%	0%
Day care for adults	37%	37%	17%	7%	3%
Temporary, alternative living arrangements	32%	39%	14%	7%	7%
Companion services	16%	48%	26%	3%	6%
Affordable housing programs	63%	17%	9%	9%	3%
Property tax assistance	19%	32%	29%	6%	13%
Utilities assistance	21%	44%	21%	3%	12%
Design guidelines to encourage senior friendly housing (universal design)	44%	19%	16%	3%	19%
Design guidelines to encourage "visitability" of senior households	35%	23%	19%	3%	19%
Education, socialization, and recreational activities	24%	47%	21%	0%	9%
Volunteer opportunities for program participants	21%	44%	26%	3%	6%
Intergenerational programming, including volunteer opportunities	15%	55%	21%	9%	0%
Vocational training/older worker career job placement services	3%	38%	41%	13%	6%
LGBT (Lesbian, Gay, Bisexual, and Transgender) services	29%	43%	14%	0%	14%

Complete Responses Including Don't Know

Table 40: Question 1

Which county do you live in:	Percent of Respondents
Eagle	26%
Garfield	13%
Grand	15%
Jackson	6%
Pitkin	9%
Routt	9%
Summit	21%
Other	2%
Total	100%

Table 41: Question 2

Which county(s) do you represent/serve (Check all that apply):	Percent of Respondents
Clear Creek	4%
Eagle	36%
Garfield	17%
Grand	23%
Jackson	15%
Lake	6%
Pitkin	19%
Routt	15%
Summit	26%
Other	9%

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

Table 42: Question 3

What is your role:	Percent of Respondents
Elected official/community leader	30%
Regional Advisory Council member	11%
Senior services or senior center coordinator	13%
Service provider (non-profit)	17%
Service provider (government)	17%
Other	13%

Table 43: Question 4

What do you believe are the biggest strengths in your community related to older adults aging in place?	Percent of Respondents
Community support/organization	62%
Healthy community/physical environment	17%
Quality services/programs	67%

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

Table 44: Question 5

What do you believe are the biggest challenges in your community related to older adults aging in place?	Percent of Respondents
Community resources/funding	21%
Health care	26%
General cost of living	21%
Assisted living, long-term care and nursing home facilities	21%
Physical environment/location	28%
In-home care/assistance/homemaker services	30%
Housing	37%
Transportation	21%
Other	16%

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

Table 45: Question 6

Please rate each of the following characteristics as they relate to your community adults age 60 or older:	Excellent	Good	Fair	Poor	Don't know
Opportunities to volunteer	44%	37%	16%	0%	2%
Employment opportunities	7%	16%	44%	21%	12%
Opportunities to enroll in skill-building or personal enrichment classes	9%	37%	26%	19%	9%
Recreation opportunities (including games, arts, and library services, etc.)	23%	58%	14%	2%	2%
Fitness opportunities (including exercise classes and paths or trails, etc.)	42%	42%	14%	2%	0%
Opportunities to attend social events or activities	21%	51%	26%	0%	2%
Opportunities to attend religious or spiritual activities	23%	56%	14%	2%	5%
Opportunities to attend or participate in meetings about local government or community matters	23%	51%	21%	2%	2%
Availability of affordable quality housing	2%	5%	12%	79%	2%
Variety of housing options	0%	0%	14%	84%	2%
Availability of long-term care options	0%	5%	23%	65%	7%
Availability of daytime care options for adults age 60 and older	0%	9%	23%	63%	5%
Availability of home health care/personal care services	2%	16%	35%	42%	5%
Availability of homemaker services	0%	5%	49%	37%	9%
Availability of physical rehabilitation facility inpatient care	5%	19%	28%	40%	9%
Availability of information about resources for adults age 60 and older	7%	49%	35%	9%	0%
Availability of financial or legal planning services	0%	26%	53%	14%	7%
Availability of affordable quality physical health care	2%	26%	56%	9%	7%
Availability of LGBT (Lesbian, Gay, Bisexual, and Transgender) services for adults age 60 and older	0%	2%	10%	24%	64%
Availability of affordable quality mental health care	0%	19%	37%	35%	9%
Availability of preventive health services (e.g., health screenings, flu shots, educational workshops)	16%	47%	30%	2%	5%
Availability of affordable quality food	12%	42%	44%	0%	2%
Sense of community	26%	58%	14%	0%	2%
Openness and acceptance of the community towards residents age 60 and older of diverse backgrounds	23%	37%	37%	0%	2%
Ease of travel by public transportation in your community	14%	23%	28%	33%	2%
Ease of travel by car in your community	9%	53%	33%	2%	2%
Ease of walking in your community	5%	35%	47%	12%	2%
Ease of getting to the places you usually have to visit	5%	40%	43%	10%	2%
Overall feeling of safety in your community	40%	51%	5%	0%	5%
Valuing residents age 60 and older in your community	12%	63%	26%	0%	0%
Neighborliness of your community	23%	65%	12%	0%	0%
Cost of living in your community	2%	5%	28%	63%	2%

Table 46: Question 7

If there was one change you could make within your community to help older adults age in place, what would it be?	Percent of Respondents
Community resources/funding	10%
Health care	5%
General cost of living	2%
Assisted living, long-term care and nursing home facilities	10%
Physical environment/location	0%
In-home care/assistance/homemaker services	24%
Housing	37%
Transportation	10%
Other	2%

Table 47: Question 8

How would you rate the overall services provided to adults age 60 and older in your community?	Percent of Respondents
Excellent	5%
Good	48%
Fair	40%
Poor	7%
Don't know	0%

Table 48: Question 9

In general, how informed or uninformed do you think older residents are about services and activities available to them in your community?	Percent of Respondents
Very informed	7%
Somewhat informed	50%
Somewhat uninformed	31%
Very uninformed	10%
Don't know	2%

Table 49: Question 10

How much of a problem, if at all, do you think the following issues are for older adults in your community?	Not a problem	Minor problem	Moderate problem	Major problem	Don't know
Having suitable housing	2%	2%	20%	76%	0%
Maintaining their physical health	3%	28%	55%	13%	3%
Performing regular activities, including walking, eating and preparing meals	3%	33%	57%	3%	5%
Having enough food to eat	5%	30%	50%	0%	15%
Doing heavy or intense housework	0%	10%	50%	23%	18%
Having safe and affordable transportation available	10%	30%	30%	30%	0%
No longer being able to drive	3%	15%	28%	43%	13%
Feeling depressed	0%	10%	35%	25%	30%

How much of a problem, if at all, do you think the following issues are for older adults in your community?	Not a problem	Minor problem	Moderate problem	Major problem	Don't know
Confusion or forgetfulness	0%	13%	45%	18%	25%
Home maintenance	3%	15%	48%	30%	5%
Yard maintenance	3%	10%	55%	28%	5%
A lack of productive or meaningful activities	3%	45%	35%	5%	13%
Having friends or family to rely on	3%	20%	43%	25%	10%
Falls/injuries	0%	5%	48%	35%	13%
Finding affordable health insurance	0%	0%	25%	60%	15%
Getting good health care	3%	20%	63%	15%	0%
Affording their medications	3%	13%	30%	35%	20%
Figuring out which medications to take and when	0%	18%	43%	15%	25%
Getting oral health care	3%	20%	38%	25%	15%
Getting vision care	0%	15%	53%	20%	13%
Having enough money to meet daily expenses	0%	15%	45%	20%	20%
Having enough money to pay property taxes	0%	15%	35%	13%	38%
Staying physically fit	5%	50%	33%	8%	5%
Maintaining a healthy diet	5%	33%	45%	10%	8%
Having interesting recreational or cultural activities to attend	36%	33%	31%	0%	0%
Having interesting social events or activities to attend	31%	38%	26%	3%	3%
Feeling bored	3%	38%	28%	10%	21%
Feeling like their voices are heard in the community	5%	33%	33%	15%	13%
Finding meaningful volunteer work	28%	44%	21%	3%	5%
Feeling physically burdened by providing care for another person	5%	10%	41%	18%	26%
Feeling emotionally burdened by providing care for another person	5%	3%	44%	21%	28%
Feeling financially burdened by providing care for another person	5%	5%	36%	28%	26%
Dealing with legal issues	0%	30%	38%	13%	20%
Having adequate information or dealing with public programs such as Social Security, Medicare and Medicaid	3%	30%	45%	15%	8%
Finding work in retirement	3%	20%	38%	30%	10%
Building skills for paid or unpaid work	5%	36%	15%	21%	23%
Not knowing what services are available to adults age 60 and older in their community	8%	45%	33%	15%	0%
Feeling lonely or isolated	3%	10%	40%	25%	23%
Dealing with the loss of a close family member or friend	0%	10%	48%	13%	30%
Being a victim of crime	25%	48%	8%	0%	20%
Being a victim of fraud or a scam	8%	43%	23%	13%	15%
Being physically or emotionally abused	10%	44%	18%	0%	28%
Dealing with financial planning issues	0%	18%	48%	18%	18%
Age discrimination	8%	23%	30%	8%	33%

Table 50: Question 11

Thinking about the current services and programs offered to older adults in your community, what additional services or amenities are most needed?	Percent of Respondents
Community resources/funding	23%
Health care	20%
General cost of living	0%
Assisted living, long-term care and nursing home facilities	14%
Physical environment/location	0%
In-home care/assistance/homemaker services	23%
Housing	31%
Transportation	23%
Other	31%

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

Table 51: Question 12

The following is a list of services that might be offered to older adults in a community to allow them to age in place. Please indicate if these services are presently available to seniors in your community. If you are uncertain, please choose "don't know".	Available	Not available	Don't know
Case management (one-on-one help accessing resources in the community)	59%	15%	26%
Information and referral	75%	13%	13%
Medicare, Medicaid and other health insurance counseling	85%	8%	8%
Financial counseling	36%	23%	41%
Legal services	54%	13%	33%
Benefits/programs counseling	69%	13%	18%
Education events (nutrition, crime, accident prevention, etc.)	85%	3%	13%
Health screenings	79%	5%	15%
Health classes	53%	18%	29%
Hearing screenings/services	56%	23%	21%
Immunizations	90%	0%	10%
Fitness programs	87%	3%	10%
Vision screening/eye care	36%	26%	38%
Dental services	49%	21%	31%
Prescription assistance	44%	13%	44%
Mental health counseling	67%	5%	28%
Memory care/dementia support services	26%	49%	26%
Personal Emergency Response Systems (for falls in the home, etc.)	56%	13%	31%
Home safety modifications (such as grab bars and wheelchair ramps)	46%	18%	36%
Homemaker/in-home help (non-medical)	54%	26%	21%
Personal care (for those who may not be able to dress or bathe themselves, etc.)	49%	26%	26%
In-home medical care	46%	18%	36%
Transportation	79%	13%	8%
Group meals	79%	8%	13%
Home delivered meals	85%	8%	8%
Nutrition counseling (one-on-one)	41%	8%	51%

The following is a list of services that might be offered to older adults in a community to allow them to age in place. Please indicate if these services are presently available to seniors in your community. If you are uncertain, please choose "don't know".	Available	Not available	Don't know
Nutrition education	49%	10%	41%
Caregiver mental health counseling	31%	26%	44%
Caregiver support groups	55%	16%	29%
Caregiver information and referral	61%	11%	29%
Respite care	39%	18%	42%
Day care for adults	32%	45%	24%
Temporary, alternative living arrangements	3%	62%	36%
Companion services	16%	42%	42%
Affordable housing programs	44%	46%	10%
Property tax assistance	41%	8%	51%
Utilities assistance	71%	5%	24%
Design guidelines to encourage senior friendly housing (universal design)	5%	59%	36%
Design guidelines to encourage "visitability" of senior households	0%	64%	36%
Education, socialization, and recreational activities	90%	8%	3%
Volunteer opportunities for program participants	87%	0%	13%
Intergenerational programming, including volunteer opportunities	56%	18%	26%
Vocational training/older worker career job placement services	10%	41%	49%
LGBT (Lesbian, Gay, Bisexual, and Transgender) services	3%	26%	71%

Table 52: Question 13

In your opinion, how much of a priority is each of the services to your community presently or in the near future.	1-Higher priority	2	3	4	5-Lower priority	Don't know
Case management (one-on-one help accessing resources in the community)	43%	29%	11%	3%	6%	9%
Information and referral	32%	44%	12%	3%	3%	6%
Medicare, Medicaid and other health insurance counseling	46%	37%	9%	3%	3%	3%
Financial counseling	20%	40%	26%	0%	6%	9%
Legal services	14%	37%	29%	3%	11%	6%
Benefits/programs counseling	23%	43%	20%	3%	9%	3%
Education events (nutrition, crime, accident prevention, etc.)	14%	37%	29%	9%	0%	11%
Health screenings	35%	47%	9%	3%	3%	3%
Health classes	20%	37%	26%	3%	3%	11%
Hearing screenings/services	29%	43%	20%	0%	0%	9%
Immunizations	37%	40%	9%	6%	6%	3%
Fitness programs	37%	43%	14%	0%	0%	6%
Vision screening/eye care	34%	34%	23%	0%	0%	9%
Dental services	43%	34%	17%	0%	0%	6%
Prescription assistance	37%	40%	14%	3%	0%	6%
Mental health counseling	42%	39%	6%	3%	3%	6%
Memory care/dementia support services	46%	23%	11%	3%	3%	14%
Personal Emergency Response Systems (for falls in the	31%	40%	9%	9%	6%	6%

In your opinion, how much of a priority is each of the services to your community presently or in the near future.	1-Higher priority	2	3	4	5-Lower priority	Don't know
home, etc.)						
Home safety modifications (such as grab bars and wheelchair ramps)	26%	46%	6%	9%	6%	9%
Homemaker/in-home help (non-medical)	40%	31%	17%	3%	3%	6%
Personal care (for those who may not be able to dress or bathe themselves, etc.)	51%	17%	23%	3%	3%	3%
In-home medical care	43%	26%	17%	6%	3%	6%
Transportation	63%	11%	9%	6%	6%	6%
Group meals	26%	29%	24%	6%	9%	6%
Home delivered meals	40%	34%	9%	6%	6%	6%
Nutrition counseling (one-on-one)	9%	34%	23%	14%	6%	14%
Nutrition education	9%	34%	23%	14%	6%	14%
Caregiver mental health counseling	34%	31%	14%	6%	3%	11%
Caregiver mental health counseling	37%	29%	11%	9%	3%	11%
Caregiver information and referral	40%	34%	9%	6%	3%	9%
Respite care	43%	31%	11%	3%	0%	11%
Day care for adults	31%	31%	14%	6%	3%	14%
Temporary, alternative living arrangements	26%	31%	11%	6%	6%	20%
Companion services	14%	43%	23%	3%	6%	11%
Affordable housing programs	63%	17%	9%	9%	3%	0%
Property tax assistance	17%	29%	26%	6%	11%	11%
Utilities assistance	20%	43%	20%	3%	11%	3%
Design guidelines to encourage senior friendly housing (universal design)	40%	17%	14%	3%	17%	9%
Design guidelines to encourage "visitability" of senior households	31%	20%	17%	3%	17%	11%
Education, socialization, and recreational activities	23%	46%	20%	0%	9%	3%
Volunteer opportunities for program participants	20%	43%	26%	3%	6%	3%
Intergenerational programming, including volunteer opportunities	14%	51%	20%	9%	0%	6%
Vocational training/older worker career job placement services	3%	34%	37%	11%	6%	9%
LGBT (Lesbian, Gay, Bisexual, and Transgender) services	17%	26%	9%	0%	9%	40%

Verbatim Responses to Key Actor Survey

Following are verbatim responses to the open-ended question on the survey, sorted alphabetically. The verbatim responses were not edited for grammar or punctuation.

Which county do you live in: Other

- Alexandria, VA

Which county(s) do you represent/serve: Other

- As needed, front range & out of state
- Moffat
- n4a
- Park

What is your role: Other

- CEO, n4a
- Housing Authority
- Housing Director
- Senior Corps Program Director
- Service Provider
- volunteer

What do you believe are the biggest strengths in your community related to older adults aging in place?

- High Country RSVP (Retired Senior Volunteer Program)
- Local support for senior programs
- Access to transportation, meals and exercise and educational programs.
- Active physically and mild cognitively impaired seniors have many options for activities (cultural, outdoor, music, programs offered at senior center etc.) Free transportation
- Active, vibrant community with a lot of opportunities for social interaction. Strong senior center programs and attendance.
- Already many older adults live here, generally older folks who live here are healthy - they have to be, some help is available, good primary care doctors, lots of activities for older adults.
- An awareness by the community of the need, and an attitude that we can make things right"
- An unusually fit population and healthy culture.
- Basalt is still a small town so neighbors know one another and help keep an eye on each other, especially the neighborhood's senior citizens and kids. RFTA bus service is safe and reliable and there are park-and-ride lots in every community.
- Beautiful county with a hospital, public transportation available in the city of Steamboat Springs.
- Centura - hospital and home health. Senior Center, Northwest Council and Alpine Agency.
- Commitment of leadership to make change.
- Community institutions that incorporated older adults into their programs and activities.
- Diverse community, varied activities suitable for many ability levels, nearby medical care is above average.
- Facilities and organizations
- Garfield County Senior Programs"
- Granby in centrally located within Grand County.
- Grand County having the foresight to have affordable housing available for our seniors.
- Healthy lifestyles"
- I believe that in smaller, rural communities, there are more personal relationships with service providers and service recipients that further strengthens creative use of resources and meeting the needs of an individual.

- I think we have some outreach services.
- Intentional collaboration among for profit and non-profit service providers to help seniors age in place."
- Local senior center which provides/offers many services…lunch 3/wk, meals on wheels, social gatherings, "field trips", misc classes/programs/opportunities
- Many activities for seniors"
- New Castle Peak Senior Care Facility, small and dedicated staff at Eagle County providing services at our senior center, access to transportation
- Nutrition services: congregate meals, meals on wheels, commodities boxes
- Our neighborly involvement within the community. We look out for each other as good neighbors and friends.
- Providing some affordable housing and offering many senior services, exercise programs and excellent congregate and home-delivered meals through our nutrition site.
- Routt county council on aging, family members if live here, funding assistance
- Senior Center, volunteers,
- Senior living complex
- Strong senior programs offering a wide range of services, local governments that are aware of seniors as part of the community to be served, active and involved seniors who make their voices heard.
- That they get to stay in their familiar homes, in a beautiful place.
- That we have so many and they watch out for each other
- The community center and other community resources.
- The community services we offer and are available to 60+.
- The Grand County Council on Aging is critical to helping our seniors get around the county and to Doctor appointments. Cliffview Assisted Living, Solar Senior housing and Silver Spruce are also very helpful in providing placed for our seniors to live.
- The support that Eagle (residents), Summit, Jackson and Pitkin get from their County is super. Grand could step up more for their seniors,
- The Town is aware of the difficulty of finding affordable housing for Senior residents that is not assisted living, but just Senior housing.
- There are a lot of supportive nonprofit and government agencies that offer help.
- There are quite a few programs and services for seniors.
- They don't have to adjust to another huge change in their live by being able to stay in their home.
- Very active community and good information
- We have a strong support network to keep older adults active

What do you believe are the biggest challenges in your community related to older adults aging in place?

- Cost of living, near absence of senior care facilities. Castle Peak Senior Center, scheduled to open in Eagle in the next month or so, is a welcome exception, and much needed facility and resource. However, it will be out of the range of some in terms o affordability. The cost issue also affects the ability to hire and retain good providers who are able to afford to live here.

- Finding transportation for seniors who no longer drive and are not mobile or close enough to conveniently get to doctor's appointment, physical therapy, shopping, errands, etc. by local RFTA bus routes.
- In Eagle the new facility for seniors, if affordable is a nice addition.
- In home affordable respite care is piece meal, misperception of Timberline Adult Day Services and the high quality day time care provided to allow the caregiver much needed respite and importance of socialization while blending the ages and diagnoses of adults living in Summit and surrounding counties successfully.
- No transitional housing.
- Affordable and accessible service to age in place."
- Affordable housing options
- Climate, snow, mobility
- Continued financing to provide affordable housing
- Cost of and inventory of smaller, more affordable housing, transportation, physicians who take Medicare, social isolation if you are disabled.
- Cost of living, access to medical facilities
- Elevation, snow, ice, cost of living
- Far fewer senior housing options than in urban areas.
- Financial resources.
- Finding land that can be used for building Senior housing for those Seniors who no longer want to live in a big house or are not able to take care of that big home any longer.
- Funding for the Council on Aging. The winters are harsh in our county, and ensuring the Council on Aging vehicles are able to get to the seniors homes is often a challenge. The vehicles really need to be either all wheel drive or 4 wheel drive to be able to get into some of the driveways during our winter months. Financial assistance to ensure the vehicles have adequate tires is also critical.
- Getting help to seniors in rural areas of Pitkin County. Also, the need for rides to doctor's appointments in Glenwood and beyond. No real specialty doctors in Aspen.
- Growth in older population demographics, lack of local physicians accepting Medicare, increasing high cost of living including property taxes with little or no increase in SS or other retirement income
- Homemaker services and respite is hard to come by."
- Housing prices, lack of senior housing, and a lack of universal access for many businesses. Many developers have built multi-family units that keep height limits under three stories so they don't have to provide elevators.
- I still like the focus on TRANSPORTATION. In rural areas we serve that is so IMPORTANT."
- I work with low income seniors who solely live on Social Security. They don't have money to have in home help nor is there enough funding available to help them stay in their home when sick or choosing to pass away at home.
- It is getting harder for them to take care of each other. We need to have someone that can go in and check on each one of them just to make sure that they are doing ok.
- Lack of a range of senior housing, including assisted living and nursing homes. Lack of services directed specifically at non-English speaking seniors (workshops and informational materials are often made available in English only).

- Lack of affordable and adaptive housing suitable for older people
- Lack of family here, visiting caretaker services
- Lack of in home services, chore services, money management, mental health etc
- Lack of local Assisted Living facility and skilled nursing long term care facility."
- Lack of services. Lack of service provider choices.
- Long snowy winters, large geographic area with limited public transportation. Very high cost of living, high housing costs
- Long term care and housing options in the county.
- No affordable housing for the middle and lower economical classes of seniors. Castle Peak was long waited for and now it seems not many will be able to afford it. The Golden Eagle Senior apartments have a three (3) waiting period. Most seniors, once thy get to a certain age and need assistance, have to move out of town. We hear a lot of talk of helping people aging in place, but we do not see in progress in housing.
- No independent, assisted or skilled nursing facilities. Availability of affordable care givers, and lack of sufficient numbers of care givers. The weather and altitude. The lack of adequate planning on the part of seniors - this may be a good public service and educational outreach effort that could help. People are not prepared for the issues associated with aging bodies and the reality of how Summit is lacking so much. Family members are not informed enough about safety.
- Our community is very rural - so transportation continues to be a problem for frail seniors after 5pm M-F and Saturday and Sunday. The need for volunteers in western Garfield County for helping seniors with their handyman/home improvement/adaptation needs Respite care for caregivers. Adult Day Care Programs.
- Rising housing costs, inadequate access to health care and social services, altitude and weather.
- Services and Home Health
- Services and service providers are not as prevalent as they are in bigger cities.
- Simple altitude is also a detriment for those with compromised lung function. Not fixable, just a reality that will prevent some from staying in the area."
- So many folks live in rural areas. Pitkin County is huge. We share our county boundary with five other counties."
- The cost of living, and there are not enough assisted living facilities or senior independent housing.
- The many doctors who do not take Medicare, weather in winter, lack of affordable housing, lack of care facilities.
- There is no hospital closer than 60 miles. We also have no pharmacy.
- To provide more affordable housing and reasonably priced medical assistance to accommodate seniors who are moving into the County to live with family members.
- Transportation to Denver or Grand Junction.
- Transportation, affordable dwellings, the need for expanded medical services.
- Transportation, health care, healthy nutrition, financial security
- We do not have any care facilities and limit scope of medical care
- We need more space for additional senior living complexes and affordable housing.

If there was one change you could make within your community to help older adults age in place, what would it be?

- A larger senior center facility that would remain easily accessible (located on the aspen area on the/a local bus service line
- Affordable accessible housing
- Affordable housing
- Affordable housing
- Affordable housing options
- Affordable in home services.
- Affordable independent living options
- Better transportation
- Build a CCRC for seniors. Lots of boomers coming out of the woodwork so need will most likely double
- Develop long-term care options and educate the community about what that means and why it is important, especially in an alpine environment
- Easier public transportation options and help with basic need transportation
- Educate community members of the importance of RESPITE for caregivers either day program or in home (once again working diligently to create an affordable option for in home respite)
- Enhance provision of affordable or free in home services
- Find affordable land to create a tiny house community for Seniors based on their income.
- Find suitable affordable housing
- Greater breath of health care
- Handyman Help.
- Have affordable low income housing and assisted living facilities strictly for Colorado residents.
- Have availability of personal care services.
- Have home care someone to see them once in a while to make sure that they are ok
- Have more physicians take Medicare.
- Hire an ombudsperson - not a long term care ombudsman, but an ombudsman to help individual seniors with the issues they face in trying to age in place
- Home health; home care services available
- Housing
- Long term care options
- Make housing more affordable and convenient (help for older people to maintain their homes)
- More affordable housing
- More affordable housing.
- More and more diverse housing options
- More in home care
- More resources
- More senior housing options and levels of care.
- Proactive and Engaged Planning for the Next 5 Years
- Provide a variety of suitable, affordable housing options.
- Provide better affordable housing.
- Services and Home Health Care
- Services when they are sick or dying to allow them to stay home

- Some sort of financial subsidy or support for facilities and care givers who are focused on senior health (physical and mental).
- That it would be more affordable but difficult to change as we are a world-class destination resort area.
- Transportation Services - And I mean a mix between public and private resources.
- Transportation to and from Denver/Grand Junction

Thinking about the current services and programs offered to older adults in your community, what additional services or amenities are most needed?

- Again, affordable housing and assisted living.
- "Respite care for caregivers of all ages
- A better way to spread the word about all the programs and services available to seniors in our county.
- A new and larger senior center with room to have more simultaneous activities; better connections to public transportation
- Additional affordable mental health services for older adults, assistance with navigating medical bills, advocacy for healthcare (patient advocates for doctor appointments).
- Adult day care
- Affordable housing
- Affordable housing, transportation and affordable higher levels of care (assisted living and skilled nursing care). It is however wonderful we now have Castle Peak, Eagle!"
- Affordable personal care
- Affordable senior AND Disabled adult, Assisted Living and possibility of skilled nursing long term care facility
- Again…a larger senior center facility (space) to allow for current programs/service to expand and to allow for new as needed/requested programs/services
- Also a better explanation as to who is eligible."
- Assistance with home maintenance, shopping, cooking
- Better Access to the ancillary health care services.
- From what I know of the community, transportation and housing options are critical.
- Help filing forms to Garfield human services, dealing with end of life issues such as wills, transportation, and just knowing there is someone who can help if needed
- Help looking after house.
- Home health
- Home visitors and companionship, help with IADL's - shopping, managing finances, household tasks, meals, etc. - affordable and dependable
- Housing is going to be more and more of an issue. The cost of rental is too high and most of them are substandard.
- I keep coming back to medical; services and care facilities
- I think that housing, food, and health care services (physical, oral, and behavioral) are the key. Affordability of all of these things is the most crucial issue, as well as connecting seniors to the programs that will make a difference.
- Integrated to all ages, its one of the reasons I opposed the community center being built in isolation of other ages/programming

- Long term care facility, more options for skilled in home providers. Affordable housing.
- Low-impact, low-cost local exercise programs
- Medical and pharmacy.
- Mental health services; better transportation options; more housing choices and housing that is designed and planned specifically for older adults; affordable senior care services (from in-home help to residential care and memory care).
- More adult oriented skills and joint activities.
- More affordable housing and health care.
- More fun and affordable programming for seniors. Also, we need a larger space to be able to branch out with other activities. We are currently one large room.
- More ways to engage seniors in our community once they are no longer involved in sports.
- Most services are available. One issue is that seniors who are not connected to the senior centers may not have access to this information.
- Platform for communicating services
- Safe and reliable transportation to Front Range for services.
- Senior Housing"
- Transportation and health services
- Transportation to and from Doctors, grocery shopping and getting to the Senior center in Eagle
- Transportation to-from Denver/Grand Junction
- We could benefit from a larger senior center. It would allow us to offer more programs for seniors. The center is now just one big open room, so there is no privacy.

Comparisons by Key Actor Role

Table 53: Question 6 by Key Actor Role

Percent of respondents who rated the following as "excellent" or "good":	What is your role?						Overall
	Elected official/ community leader	Regional Advisory Council member	Senior services or senior center coordinator	Service provider (non-profit)	Service provider (government)	Other	
Opportunities to volunteer	75%	100%	100%	100%	67%	67%	83%
Employment opportunities	31%	25%	17%	20%	40%	20%	26%
Opportunities to enroll in skill-building or personal enrichment classes	33%	100%	50%	71%	50%	25%	51%
Recreation opportunities (including games, arts, and library services, etc.)	85%	100%	83%	86%	83%	60%	83%
Fitness opportunities (including exercise classes and paths or trails, etc.)	85%	100%	83%	86%	67%	83%	84%
Opportunities to attend social events or activities	85%	80%	83%	71%	20%	83%	74%
Opportunities to attend religious or spiritual activities	92%	100%	83%	86%	33%	100%	83%
Opportunities to attend or participate in meetings about local government or community matters	92%	60%	83%	86%	33%	83%	76%
Availability of affordable quality housing	0%	20%	0%	0%	17%	20%	7%
Variety of housing options	0%	0%	0%	0%	0%	0%	0%
Availability of long-term care options	8%	0%	0%	0%	17%	0%	5%
Availability of daytime care options for adults age 60 and older	8%	20%	17%	0%	0%	20%	10%
Availability of home health care/personal care services	17%	80%	0%	0%	17%	20%	20%
Availability of homemaker services	8%	0%	0%	0%	0%	20%	5%
Availability of physical rehabilitation facility inpatient care	25%	50%	17%	50%	17%	0%	26%
Availability of information about resources for adults age 60 and older	46%	100%	67%	57%	50%	33%	56%
Availability of financial or legal planning services	8%	80%	67%	33%	0%	0%	28%

Percent of respondents who rated the following as "excellent" or "good":	What is your role?						Overall
	Elected official/ community leader	Regional Advisory Council member	Senior services or senior center coordinator	Service provider (non-profit)	Service provider (government)	Other	
Availability of affordable quality physical health care	25%	60%	50%	17%	0%	40%	30%
Availability of LGBT (Lesbian, Gay, Bisexual, and Transgender) services for adults age 60 and older	0%	0%	0%	25%	0%	.%	7%
Availability of affordable quality mental health care	17%	25%	50%	14%	0%	25%	21%
Availability of preventive health services (e.g., health screenings, flu shots, educational workshops)	62%	60%	83%	86%	60%	40%	66%
Availability of affordable quality food	54%	60%	67%	43%	33%	80%	55%
Sense of community	92%	80%	83%	71%	100%	83%	86%
Openness and acceptance of the community towards residents age 60 and older of diverse backgrounds	77%	80%	67%	29%	40%	67%	62%
Ease of travel by public transportation in your community	31%	60%	50%	29%	17%	60%	38%
Ease of travel by car in your community	46%	80%	83%	43%	100%	60%	64%
Ease of walking in your community	31%	40%	67%	57%	17%	40%	40%
Ease of getting to the places you usually have to visit	54%	80%	83%	29%	0%	20%	46%
Overall feeling of safety in your community	92%	100%	100%	100%	100%	75%	95%
Valuing residents age 60 and older in your community	92%	100%	67%	57%	67%	50%	74%
Neighborliness of your community	92%	100%	83%	86%	83%	83%	88%
Cost of living in your community	8%	0%	0%	0%	17%	20%	7%

Table 54: Question 8 by Key Actor Role

Percent of respondents who rated the following as "excellent" or "good":	What is your role?						Overall
	Elected official/community leader	Regional Advisory Council member	Senior services or senior center coordinator	Service provider (non-profit)	Service provider (government)	Other	
How would you rate the overall services provided to adults age 60 and older in your community?	31%	100%	83%	29%	60%	50%	52%

Table 55: Question 9 by Key Actor Role

Percent of respondents who rated the following as "very informed" or "somewhat informed":	What is your role?						Overall
	Elected official/community leader	Regional Advisory Council member	Senior services or senior center coordinator	Service provider (non-profit)	Service provider (government)	Other	
In general, how informed or uninformed do you feel about services and activities available to adults age 60 and older in your community?	62%	75%	100%	29%	50%	40%	59%

Table 56: Question 10 by Key Actor Role

Percent of respondents who rated the following as "moderate problem" or "major problem":	What is your role?						Overall
	Elected official/ community leader	Regional Advisory Council member	Senior services or senior center coordinator	Service provider (non-profit)	Service provider (government)	Other	
Having suitable housing	100%	80%	100%	100%	100%	80%	95%
Maintaining their physical health	83%	80%	33%	71%	80%	50%	69%
Performing regular activities, including walking, eating and preparing meals	64%	80%	50%	71%	60%	50%	63%
Having enough food to eat	44%	75%	67%	17%	100%	75%	59%
Doing heavy or intense housework	78%	75%	83%	100%	100%	100%	88%
Having safe and affordable transportation available	50%	80%	50%	57%	80%	60%	60%
No longer being able to drive	64%	75%	80%	83%	100%	100%	80%
Feeling depressed	67%	67%	100%	100%	100%	75%	86%
Confusion or forgetfulness	50%	100%	100%	100%	100%	50%	83%
Home maintenance	67%	80%	83%	100%	100%	75%	82%
Yard maintenance	75%	80%	100%	100%	100%	75%	87%
A lack of productive or meaningful activities	38%	40%	0%	43%	100%	75%	46%
Having friends or family to rely on	60%	75%	67%	71%	100%	100%	75%
Falls/injuries	90%	100%	100%	100%	80%	100%	94%
Finding affordable health insurance	100%	100%	100%	100%	100%	100%	100%
Getting good health care	83%	100%	50%	86%	60%	80%	78%
Affording their medications	100%	75%	60%	67%	80%	100%	81%
Figuring out which medications to take and when	71%	67%	60%	83%	80%	100%	77%
Getting oral health care	60%	75%	67%	80%	100%	75%	74%
Getting vision care	80%	80%	83%	80%	100%	75%	83%
Having enough money to meet daily expenses	75%	67%	67%	100%	80%	100%	81%
Having enough money to pay property taxes	83%	50%	50%	80%	80%	100%	76%
Staying physically fit	50%	80%	0%	17%	40%	75%	42%
Maintaining a healthy diet	55%	80%	33%	50%	60%	100%	59%
Having interesting recreational or cultural activities to attend	36%	40%	0%	29%	80%	0%	31%

Percent of respondents who rated the following as "moderate problem" or "major problem":	What is your role?						Overall
	Elected official/ community leader	Regional Advisory Council member	Senior services or senior center coordinator	Service provider (non-profit)	Service provider (government)	Other	
Having interesting social events or activities to attend	40%	40%	0%	14%	80%	0%	29%
Feeling bored	71%	25%	33%	40%	100%	0%	48%
Feeling like their voices are heard in the community	38%	60%	33%	83%	75%	60%	56%
Finding meaningful volunteer work	40%	0%	0%	14%	75%	20%	24%
Feeling physically burdened by providing care for another person	67%	100%	60%	86%	100%	67%	79%
Feeling emotionally burdened by providing care for another person	100%	100%	60%	100%	100%	67%	89%
Feeling financially burdened by providing care for another person	100%	67%	60%	100%	100%	67%	86%
Dealing with legal issues	88%	75%	20%	43%	100%	50%	63%
Having adequate information or dealing with public programs such as Social Security, Medicare and Medicaid	55%	80%	50%	86%	40%	100%	65%
Finding work in retirement	73%	100%	83%	67%	60%	75%	75%
Building skills for paid or unpaid work	78%	33%	33%	40%	25%	33%	47%
Not knowing what services are available to adults age 60 and older in their community	33%	80%	0%	71%	60%	60%	48%
Feeling lonely or isolated	78%	50%	100%	83%	100%	75%	84%
Dealing with the loss of a close family member or friend	100%	100%	60%	83%	100%	67%	86%
Being a victim of crime	0%	0%	20%	0%	40%	0%	9%
Being a victim of fraud or a scam	45%	25%	50%	17%	40%	100%	41%
Being physically or emotionally abused	38%	0%	20%	20%	40%	0%	25%
Dealing with financial planning issues	88%	80%	50%	83%	80%	100%	79%
Age discrimination	57%	100%	40%	60%	50%	33%	56%

Table 57: Question 12 by Key Actor Role

Percent of respondents who rated the following as "available":	What is your role?						Overall
	Elected official/ community leader	Regional Advisory Council member	Senior services or senior center coordinator	Service provider (non-profit)	Service provider (government)	Other	
Case management (one-on-one help accessing resources in the community)	88%	100%	80%	50%	100%	67%	79%
Information and referral	90%	100%	100%	71%	75%	75%	86%
Medicare, Medicaid and other health insurance counseling	92%	75%	100%	100%	100%	50%	92%
Financial counseling	71%	67%	80%	40%	50%	0%	61%
Legal services	75%	100%	100%	71%	67%	67%	81%
Benefits/programs counseling	89%	100%	83%	86%	75%	67%	84%
Education events (nutrition, crime, accident prevention, etc.)	100%	100%	100%	83%	100%	100%	97%
Health screenings	100%	75%	80%	100%	100%	100%	94%
Health classes	89%	75%	60%	50%	50%	100%	74%
Hearing screenings/services	78%	67%	67%	67%	100%	33%	71%
Immunizations	100%	100%	100%	100%	100%	100%	100%
Fitness programs	100%	100%	100%	86%	100%	100%	97%
Vision screening/eye care	57%	0%	67%	67%	75%	50%	58%
Dental services	88%	50%	67%	75%	60%	50%	70%
Prescription assistance	100%	100%	60%	60%	67%	100%	77%
Mental health counseling	100%	100%	100%	67%	100%	100%	93%
Memory care/dementia support services	13%	0%	67%	40%	50%	50%	34%
Personal Emergency Response Systems (for falls in the home, etc.)	86%	67%	100%	67%	100%	50%	81%
Home safety modifications (such as grab bars and wheelchair ramps)	83%	33%	50%	80%	100%	67%	72%
Homemaker/in-home help (non-medical)	67%	100%	67%	50%	60%	75%	68%
Personal care (for those who may not be able to dress or bathe themselves, etc.)	83%	75%	83%	50%	50%	33%	66%
In-home medical care	67%	67%	83%	100%	50%	50%	72%

Percent of respondents who rated the following as "available":	What is your role?						Overall
	Elected official/ community leader	Regional Advisory Council member	Senior services or senior center coordinator	Service provider (non-profit)	Service provider (government)	Other	
Transportation	64%	100%	100%	100%	100%	67%	86%
Group meals	100%	50%	100%	100%	80%	100%	91%
Home delivered meals	90%	100%	100%	86%	100%	75%	92%
Nutrition counseling (one-on-one)	75%	100%	100%	50%	100%	100%	84%
Nutrition education	83%	100%	83%	50%	100%	100%	83%
Caregiver mental health counseling	50%	0%	80%	50%	67%	33%	55%
Caregiver support groups	71%	100%	83%	80%	100%	33%	78%
Caregiver information and referral	80%	100%	83%	100%	100%	33%	85%
Respite care	50%	100%	60%	75%	50%	75%	68%
Day care for adults	25%	25%	50%	67%	50%	50%	41%
Temporary, alternative living arrangements	0%	25%	0%	0%	0%	0%	4%
Companion services	0%	67%	33%	0%	25%	50%	27%
Affordable housing programs	55%	75%	50%	50%	40%	0%	49%
Property tax assistance	86%	100%	83%	67%	100%	.%	84%
Utilities assistance	88%	100%	100%	83%	100%	100%	93%
Design guidelines to encourage senior friendly housing (universal design)	13%	50%	0%	0%	0%	0%	8%
Design guidelines to encourage "visitability" of senior households	0%	0%	0%	0%	0%	0%	0%
Education, socialization, and recreational activities	82%	100%	100%	100%	80%	100%	92%
Volunteer opportunities for program participants	100%	100%	100%	100%	100%	100%	100%
Intergenerational programming, including volunteer opportunities	89%	75%	100%	40%	50%	100%	76%
Vocational training/older worker career job placement services	0%	0%	33%	33%	33%	.%	20%
LGBT (Lesbian, Gay, Bisexual, and Transgender) services	0%	.%	0%	0%	0%	100%	9%

Table 58: Question 13 by Key Actor Role

Percent of respondents who rated the following as "highest priority":	What is your role?						Overall
	Elected official/ community leader	Regional Advisory Council member	Senior services or senior center coordinator	Service provider (non-profit)	Service provider (government)	Other	
Case management (one-on-one help accessing resources in the community)	56%	75%	67%	100%	100%	100%	78%
Information and referral	70%	75%	83%	100%	100%	75%	81%
Medicare, Medicaid and other health insurance counseling	73%	100%	100%	83%	100%	75%	85%
Financial counseling	50%	100%	67%	100%	0%	50%	66%
Legal services	45%	75%	50%	83%	0%	50%	55%
Benefits/programs counseling	55%	75%	50%	83%	100%	75%	68%
Education events (nutrition, crime, accident prevention, etc.)	56%	75%	67%	50%	0%	75%	58%
Health screenings	90%	75%	83%	83%	67%	100%	85%
Health classes	60%	100%	60%	50%	50%	75%	65%
Hearing screenings/services	80%	50%	83%	83%	100%	75%	78%
Immunizations	82%	75%	83%	83%	67%	75%	79%
Fitness programs	100%	100%	100%	50%	67%	75%	85%
Vision screening/eye care	70%	50%	83%	83%	50%	100%	75%
Dental services	80%	50%	83%	83%	100%	100%	82%
Prescription assistance	64%	100%	83%	83%	100%	100%	82%
Mental health counseling	78%	75%	83%	100%	100%	100%	87%
Memory care/dementia support services	60%	100%	80%	100%	100%	75%	80%
Personal Emergency Response Systems (for falls in the home, etc.)	73%	75%	80%	100%	33%	75%	76%
Home safety modifications (such as grab bars and wheelchair ramps)	80%	50%	67%	100%	100%	75%	78%
Homemaker/in-home help (non-medical)	70%	50%	50%	100%	100%	100%	76%
Personal care (for those who may not be able to dress or bathe.)	73%	25%	50%	100%	67%	100%	71%
In-home medical care	73%	50%	67%	83%	100%	75%	73%

Percent of respondents who rated the following as "highest priority":	What is your role?						Overall
	Elected official/ community leader	Regional Advisory Council member	Senior services or senior center coordinator	Service provider (non-profit)	Service provider (government)	Other	
Transportation	91%	50%	83%	80%	67%	75%	79%
Group meals	70%	25%	50%	80%	67%	50%	59%
Home delivered meals	60%	75%	67%	100%	100%	100%	79%
Nutrition counseling (one-on-one)	38%	50%	33%	67%	50%	75%	50%
Nutrition education	38%	25%	33%	67%	50%	100%	50%
Caregiver mental health counseling	67%	50%	67%	100%	100%	75%	74%
Caregiver mental health counseling	67%	50%	83%	83%	100%	75%	74%
Caregiver information and referral	78%	100%	83%	83%	67%	75%	81%
Respite care	88%	75%	83%	100%	67%	75%	84%
Day care for adults	63%	100%	80%	67%	67%	75%	73%
Temporary, alternative living arrangements	67%	75%	75%	67%	100%	67%	71%
Companion services	56%	50%	40%	83%	100%	75%	65%
Affordable housing programs	82%	75%	50%	100%	100%	80%	80%
Property tax assistance	40%	25%	67%	60%	100%	50%	52%
Utilities assistance	55%	50%	67%	67%	100%	75%	65%
Design guidelines to encourage senior friendly housing (universal design)	60%	75%	60%	67%	67%	50%	63%
Design guidelines to encourage "visitability" of senior households	60%	75%	60%	50%	67%	33%	58%
Education, socialization, and recreational activities	73%	100%	83%	67%	67%	25%	71%
Volunteer opportunities for program participants	64%	75%	67%	50%	100%	50%	65%
Intergenerational programming, including volunteer opportunities	73%	50%	67%	83%	100%	50%	70%
Vocational training/older worker career job placement services	30%	0%	33%	67%	100%	50%	41%
LGBT (Lesbian, Gay, Bisexual, and Transgender) services	0%	.%	0%	100%	100%	100%	67%

APPENDIX B: CASOA RESULTS 2016

Complete responses excluding don't know

Table 59: Question 1: Quality of Community

Please circle the number that comes closest to your opinion for each of the following questions.	Excellent	Good	Fair	Poor	Total
How do you rate your community as a place to live?	58%	36%	4%	2%	100%
How do you rate your community as a place to retire?	30%	34%	27%	9%	100%

Table 60: Question 2: Community Characteristics

Please rate each of the following characteristics as they relate to NWCCOG adults age 60 or over:	Excellent	Good	Fair	Poor	Total
Opportunities to volunteer	56%	36%	7%	1%	100%
Employment opportunities	8%	29%	40%	23%	100%
Opportunities to enroll in skill-building or personal enrichment classes	26%	37%	24%	13%	100%
Recreation opportunities (including games, arts, and library services, etc.)	55%	31%	11%	4%	100%
Fitness opportunities (including exercise classes and paths or trails, etc.)	67%	21%	9%	3%	100%
Opportunities to attend social events or activities	40%	40%	15%	5%	100%
Opportunities to attend religious or spiritual activities	42%	45%	9%	4%	100%
Opportunities to attend or participate in meetings about local government or community matters	33%	44%	18%	5%	100%
Availability of affordable quality housing	3%	5%	29%	64%	100%
Variety of housing options	3%	11%	36%	50%	100%
Availability of long-term care options	5%	9%	27%	60%	100%
Availability of daytime care options for adults age 60 and older	5%	12%	29%	54%	100%
Availability of information about resources for adults age 60 and older	9%	29%	40%	22%	100%
Availability of financial or legal planning services	6%	31%	40%	24%	100%
Availability of affordable quality physical health care	14%	32%	26%	28%	100%
Availability of affordable quality mental health care	5%	21%	35%	39%	100%
Availability of preventive health services (e.g., health screenings, flu shots, educational workshops)	17%	48%	26%	9%	100%
Availability of affordable quality food	14%	46%	26%	14%	100%
Sense of community	28%	43%	22%	8%	100%

Please rate each of the following characteristics as they relate to NWCCOG adults age 60 or over:	Excellent	Good	Fair	Poor	Total
Openness and acceptance of the community towards residents age 60 and older of diverse backgrounds	27%	42%	23%	8%	100%
Ease of travel by public transportation in your community	28%	33%	17%	23%	100%
Ease of travel by car in your community	29%	48%	20%	4%	100%
Ease of walking in your community	35%	38%	19%	9%	100%
Ease of getting to the places you usually have to visit	31%	48%	17%	4%	100%
Overall feeling of safety in your community	47%	43%	9%	1%	100%
Valuing residents age 60 and older in your community	24%	48%	20%	7%	100%
Neighborliness of your community	24%	41%	26%	8%	100%
Cost of living in your community	1%	12%	37%	50%	100%

Table 61: Question 3: Overall Service to Older Adults

	Excellent	Good	Fair	Poor	Total
How would you rate the overall services provided to adults age 60 and older in your community?	12%	52%	29%	7%	100%

Table 62: Question 4: Level of Knowledge about Services and Activities for Older Adults

In general, how informed or uninformed do you feel about services and activities available to adults age 60 and older in your community?	Percent of respondents
Very informed	18%
Somewhat informed	51%
Somewhat uninformed	25%
Very uninformed	6%
Total	100%

Table 63: Question 5: Quality of Life and Health

Please circle the number that comes closest to your opinion for each of the following questions.	Excellent	Good	Fair	Poor	Total
How do you rate your overall physical health?	42%	49%	7%	2%	100%
How do you rate your overall mental health/emotional well-being?	51%	43%	5%	1%	100%
How do you rate your overall quality of life?	52%	41%	5%	2%	100%

Table 64: Question 6: Problems Faced by Older Adults

The following questions list a number of problems that older adults may or may not face. Thinking back over the last 12 months, how much of a problem, if at all, has each of the following been for you?	Not a problem	Minor problem	Moderate problem	Major problem	Total
Having housing to suit your needs	82%	7%	7%	4%	100%
Your physical health	55%	31%	10%	4%	100%
Performing regular activities, including walking, eating and preparing meals	84%	8%	5%	2%	100%
Having enough food to eat	96%	2%	1%	1%	100%
Doing heavy or intense housework	59%	31%	6%	4%	100%
Having safe and affordable transportation available	83%	10%	4%	3%	100%
No longer being able to drive	94%	2%	1%	3%	100%
Feeling depressed	71%	22%	4%	3%	100%
Experiencing confusion or forgetfulness	72%	25%	2%	1%	100%
Maintaining your home	63%	28%	9%	1%	100%
Maintaining your yard	63%	25%	8%	3%	100%
Finding productive or meaningful activities to do	78%	15%	5%	1%	100%
Having friends or family you can rely on	70%	20%	8%	3%	100%
Falling or injuring yourself in your home	85%	11%	2%	1%	100%
Finding affordable health insurance	51%	13%	16%	20%	100%
Getting the health care you need	63%	21%	11%	5%	100%
Affording the medications you need	72%	16%	7%	5%	100%
Figuring out which medications to take and when	93%	5%	1%	1%	100%
Getting the oral health care you need	73%	17%	7%	4%	100%
Getting the vision care you need	73%	17%	8%	3%	100%
Having enough money to meet daily expenses	66%	21%	9%	4%	100%
Having enough money to pay your property taxes	76%	13%	7%	4%	100%
Staying physically fit	60%	26%	10%	4%	100%
Maintaining a healthy diet	72%	21%	6%	1%	100%
Having interesting recreational or cultural activities to attend	77%	15%	5%	3%	100%
Having interesting social events or activities to attend	66%	22%	8%	4%	100%
Feeling bored	73%	19%	5%	2%	100%
Feeling like your voice is heard in the community	51%	23%	19%	6%	100%

The following questions list a number of problems that older adults may or may not face. Thinking back over the last 12 months, how much of a problem, if at all, has each of the following been for you?	Not a problem	Minor problem	Moderate problem	Major problem	Total
Finding meaningful volunteer work	80%	14%	4%	2%	100%
Feeling physically burdened by providing care for another person	84%	9%	4%	3%	100%
Feeling emotionally burdened by providing care for another person	78%	12%	5%	4%	100%
Feeling financially burdened by providing care for another person	83%	9%	4%	4%	100%
Dealing with legal issues	77%	12%	9%	2%	100%
Having adequate information or dealing with public programs such as Social Security, Medicare and Medicaid	57%	25%	14%	4%	100%
Finding work in retirement	71%	13%	9%	7%	100%
Building skills for paid or unpaid work	74%	16%	8%	3%	100%
Not knowing what services are available to adults age 60 and older in your community	49%	30%	15%	5%	100%
Feeling lonely or isolated	76%	18%	4%	2%	100%
Dealing with the loss of a close family member or friend	66%	23%	8%	3%	100%
Being a victim of crime	91%	6%	2%	1%	100%
Being a victim of fraud or a scam	86%	8%	3%	3%	100%
Being physically or emotionally abused	95%	4%	0%	1%	100%
Dealing with financial planning issues	60%	25%	11%	4%	100%
Being treated unfairly or discriminated against because of your age	83%	11%	4%	2%	100%

Table 65: Question 7: Days Spent in Facilities

Thinking back over the past 12 months, how many days did you spend in...	No days (zero)	One to two days	Three to five days	Six or more days	Total
A hospital	81%	8%	7%	3%	100%
A nursing home or in-patient rehabilitation facility	98%	1%	0%	2%	100%

Table 66: Question 8: Falls in Last 12 Months

Thinking back over the past 12 months, how many times have you fallen and injured yourself? Was it…	Percent of respondents
Never	68%
Once or twice	28%
3-5 times	3%
More than 5 times	1%
Total	100%

Table 67: Question 9: Recommend Living in Community

How likely or unlikely are you to recommend living in your community to adults age 60 and older?	Percent of respondents
Very likely	32%
Somewhat likely	36%
Somewhat unlikely	18%
Very unlikely	14%
Total	100%

Table 68: Question 10: Likelihood of Remaining in Community Throughout Retirement

How likely or unlikely are you to remain in your community throughout your retirement?	Percent of respondents
Very likely	46%
Somewhat likely	26%
Somewhat unlikely	12%
Very unlikely	16%
Total	100%

Table 69: Question 11: Participation in Activities

In the last 12 month, about how many times, if ever, have you participated in or done each of the following?	2 times a week or more	2-4 times a month	Once a month or less	Not at all	Total
Used a senior center in your community	4%	5%	13%	78%	100%
Used a recreation center in your community	20%	12%	18%	50%	100%
Used a public library in your community	12%	28%	31%	29%	100%
Used bus, rail, subway or other public transportation instead of driving	10%	10%	23%	57%	100%
Visited a neighborhood park	24%	26%	31%	19%	100%

Table 70: Question 12: Attendance of Public Meetings

Thinking about local public meetings (of local elected officials like City Council or County Commissioners, advisory boards, town halls, HOA, neighborhood watch, etc.), in the last 12 months, about how many times, if at all, have you or other household members attended or watched a local public meeting?	2 times a week or more	2-4 times a month	Once a month or less	Not at all	Total
Attended a local public meeting	0%	9%	43%	48%	100%
Watched (online or on television) a local public meeting	1%	7%	18%	73%	100%

Table 71: Question 13: Hours Spent Doing Activities

During a typical week, how many hours, if any, do you spend doing the following?	Never (no hours)	1 to 3 hours	4 to 5 hours	6 to 10 hours	11 or more hours	Total
Participating in a club (including book, dance, game and other social)	62%	24%	9%	3%	2%	100%
Participating in a civic group (including Elks, Kiwanis, Masons, etc.)	87%	11%	1%	1%	0%	100%
Communicating/visiting with friends and/or family	2%	25%	26%	23%	24%	100%
Participating in religious or spiritual activities with others	58%	28%	7%	3%	4%	100%
Participating in a recreation program or group activity	37%	29%	15%	9%	11%	100%
Providing help to friends or relatives	14%	49%	19%	7%	11%	100%
Volunteering your time to some group/activity in your community	61%	22%	7%	7%	3%	100%

Table 72: Question 14: Hours Spent Providing Care

During a typical week, how many hours do you spend providing care for one or more individuals with whom you have a significant relationship (such as spouse, other relative, partner, friend, neighbor or child), whether or not they live with you?	Never (no hours)	1 to 3 hours	4 to 5 hours	6 to 10 hours	11 to 20 hours	20 or more hours	Total
One or more individuals age 55 or older	63%	14%	5%	6%	3%	8%	100%
One or more individuals age 18 to 54	81%	9%	4%	3%	1%	3%	100%
One or more individuals under age 18	86%	8%	3%	1%	0%	2%	100%

Table 73: Question 15: Regularity Doing Activities

How often, if at all, do you do each of the following, considering all of the times you could?	Never	Rarely	Sometimes	Usually	Always	Total
Eat at least 5 portions of fruits and vegetables a day	5%	12%	27%	41%	15%	100%
Participate in moderate or vigorous physical activity	2%	6%	20%	43%	29%	100%
Receive assistance from someone almost every day	81%	12%	4%	2%	2%	100%
Vote in local elections	4%	1%	4%	14%	77%	100%

Table 74: Question D1: Length of Residency

How many years have you lived in your community?	Percent of respondents
Less than 1 year	2%
1-5 years	9%
6-10 years	7%
11-20 years	22%
More than 20 years	61%
Total	100%

Table 75: Question D2: Housing Unit Type

Which best describes the building you live in?	Percent of respondents
Single family home	68%
Townhouse, condominium, duplex or apartment	27%
Mobile home	4%
Assisted living residence	0%
Nursing home	0%
Other	1%
Total	100%

Table 76: Question D3: Tenure (Rent or Own)

Do you currently rent or own your home?	Percent of respondents
Rent	9%
Own (with a mortgage payment)	45%
Own (free and clear; no mortgage)	47%
Total	100%

Table 77: Question D4: Monthly Housing Costs

About how much is your monthly housing cost for the place you live (including rent, mortgage payment, property tax, property insurance and homeowners' association (HOA) fees)?	Percent of respondents
Less than $300 per month	12%
$300 to $599 per month	16%
$600 to $999 per month	14%
$1,000 to $1,499 per month	19%
$1,500 to $2,499 per month	23%
$2,500 or more per month	17%
Total	100%

Table 78: Question D5: Total Number of Household Members

How many people, including yourself, live in your household?	Percent of respondents
1 person (live alone)	28%
2 people	63%
3 people	5%
4 or more people	3%
Total	100%

Table 79: Question D6: Number of Older Adult Household Members

How many of these people, including yourself, are 55 or older?	Percent of respondents
1 person	44%
2 people	56%
3 people	0%
4 or more people	0%
Total	100%

Table 80: Question D7: Retirement Status

What is your employment status?	Percent of respondents
Fully retired	45%
Working full time for pay	32%
Working part time for pay	21%
Unemployed, looking for paid work	2%
Total	100%

Table 81: Question D8: Expected Age of Retirement

[If not yet fully retired] At what age do you expect to retire completely and not work for pay at all?	Percent of respondents
60 to 64	3%
65 to 69	30%
70 to 74	40%
75 or older	27%
Total	100%

Table 82: Question D9: Household Income

How much do you anticipate your household's total income before taxes will be for the current year? (Please include in your total income money from all sources for all persons living in your household.)	Percent of respondents
Less than $15,000	6%
$15,000 to $24,999	8%
$25,000 to $49,999	19%
$50,000 to $74,999	20%
$75,000 to $99,999	18%
$100,000 or more	30%
Total	100%

Table 83: Question D10: Respondent Ethnicity/Origin

Are you Spanish, Hispanic or Latino?	Percent of respondents
Yes	3%
No	97%
Total	100%

Table 84: Question D11: Respondent Race

What is your race?	Percent of respondents
American Indian or Alaskan Native	0%
Asian, Asian Indian or Pacific Islander	0%
Black or African American	0%
White	98%
Other	2%

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

Table 85: Question D12: Respondent Age

In which category is your age?	Percent of respondents
60-64 years	43%
65-69 years	23%
70-74 years	18%
75-79 years	9%
80-84 years	5%
85-89 years	2%
90-94 years	1%
95 years or older	0%
Total	100%

Table 86: Question D13: Respondent Gender

What is your gender?	Percent of respondents
Female	47%
Male	53%
Total	100%

Table 87: Question D14: Respondent Sexual Orientation

What is your sexual orientation?	Percent of respondents
Heterosexual	98%
Lesbian	0%
Gay	1%
Bisexual	1%
Total	100%

Complete responses including don't know

Table 88: Question 1: Quality of Community

Please circle the number that comes closest to your opinion for each of the following questions.	Excellent		Good		Fair		Poor		Don't know		Total	
How do you rate your community as a place to live?	58%	277	36%	170	4%	19	2%	12	0%	0	100%	478
How do you rate your community as a place to retire?	29%	138	34%	158	27%	126	9%	42	1%	5	100%	469

Table 89: Question 2: Community Characteristics

Please rate each of the following characteristics as they relate to NWCCOG adults age 60 or over:	Excellent		Good		Fair		Poor		Don't know		Total	
Opportunities to volunteer	54%	263	34%	168	7%	34	1%	3	4%	21	100%	489
Employment opportunities	6%	31	24%	118	34%	163	20%	96	16%	78	100%	486
Opportunities to enroll in skill-building or personal enrichment classes	24%	114	34%	162	22%	104	12%	59	9%	44	100%	482
Recreation opportunities (including games, arts, and library services, etc.)	54%	266	31%	150	10%	51	4%	19	0%	2	100%	488
Fitness opportunities (including exercise classes and paths or trails, etc.)	67%	329	21%	102	9%	45	3%	13	0%	0	100%	489
Opportunities to attend social events or activities	39%	189	39%	192	15%	73	5%	22	3%	14	100%	491
Opportunities to attend religious or spiritual activities	35%	171	38%	185	8%	39	3%	15	16%	78	100%	488
Opportunities to attend or participate in meetings about local government or community matters	32%	155	42%	203	17%	83	4%	21	5%	26	100%	488
Availability of affordable quality housing	3%	12	4%	20	26%	128	59%	285	8%	41	100%	486
Variety of housing options	3%	16	10%	48	33%	161	46%	224	7%	35	100%	484
Availability of long-term care options	4%	19	7%	35	22%	105	49%	236	18%	89	100%	485
Availability of daytime care options for adults age 60 and older	3%	15	8%	38	19%	91	35%	172	35%	171	100%	487
Availability of information about resources for adults age 60 and older	7%	35	24%	116	33%	160	18%	86	19%	91	100%	489
Availability of financial or legal planning services	4%	21	23%	110	29%	141	17%	84	26%	127	100%	483
Availability of affordable quality physical health care	12%	61	30%	145	24%	115	26%	128	8%	38	100%	487
Availability of affordable quality mental health care	4%	17	13%	64	22%	108	25%	122	36%	171	100%	482
Availability of preventive health services (e.g., health screenings, flu shots, educational workshops)	16%	78	45%	220	25%	120	9%	44	5%	22	100%	484
Availability of affordable quality food	14%	68	45%	222	26%	126	14%	68	2%	7	100%	490
Sense of community	27%	130	42%	202	21%	102	8%	36	3%	12	100%	482

Please rate each of the following characteristics as they relate to NWCCOG adults age 60 or over:	Excellent		Good		Fair		Poor		Don't know		Total	
Openness and acceptance of the community towards residents age 60 and older of diverse backgrounds	25%	120	39%	191	21%	104	7%	34	8%	38	100%	487
Ease of travel by public transportation in your community	27%	130	32%	155	16%	78	22%	107	4%	19	100%	489
Ease of travel by car in your community	29%	141	47%	233	20%	96	4%	21	0%	1	100%	491
Ease of walking in your community	34%	167	38%	183	18%	90	9%	42	1%	5	100%	487
Ease of getting to the places you usually have to visit	31%	152	48%	236	17%	81	4%	20	0%	0	100%	490
Overall feeling of safety in your community	47%	231	42%	208	9%	46	1%	6	0%	0	100%	491
Valuing residents age 60 and older in your community	22%	106	43%	210	18%	87	7%	32	10%	51	100%	487
Neighborliness of your community	24%	114	41%	196	26%	124	8%	38	2%	9	100%	481
Cost of living in your community	1%	3	12%	57	37%	181	50%	244	1%	6	100%	490

Table 90: Question 3: Overall Service to Older Adults

How would you rate the overall services provided to adults age 60 and older in your community?	Percent of respondents	Count
Excellent	10%	50
Good	45%	217
Fair	25%	122
Poor	6%	30
Don't know	14%	69
Total	100%	488

Table 91: Question 4: Level of Knowledge about Services and Activities for Older Adults

In general, how informed or uninformed do you feel about services and activities available to adults age 60 and older in your community?	Percent of respondents	Count
Very informed	18%	86
Somewhat informed	51%	251
Somewhat uninformed	25%	124
Very uninformed	6%	29
Total	100%	491

Table 92: Question 5: Quality of Life and Health

Please circle the number that comes closest to your opinion for each of the following questions.	Excellent		Good		Fair		Poor		Don't know		Total	
How do you rate your overall physical health?	42%	206	49%	242	7%	32	2%	9	0%	0	100%	489
How do you rate your overall mental health/emotional well-being?	51%	248	43%	211	5%	23	1%	6	0%	1	100%	489
How do you rate your overall quality of life?	52%	254	41%	201	5%	26	2%	10	0%	0	100%	490

Table 93: Question 6: Problems Faced by Older Adults

The following questions list a number of problems that older adults may or may not face. Thinking back over the last 12 months, how much of a problem, if at all, has each of the following been for you?	Not a problem		Minor problem		Moderate problem		Major problem		Don't know		Total	
Having housing to suit your needs	81%	398	7%	35	7%	34	4%	20	0%	2	100%	489
Your physical health	55%	265	31%	150	10%	50	4%	17	0%	1	100%	484
Performing regular activities, including walking, eating and preparing meals	84%	411	8%	41	5%	24	2%	12	0%	1	100%	489
Having enough food to eat	96%	466	2%	10	1%	6	1%	3	0%	2	100%	487
Doing heavy or intense housework	59%	287	31%	150	6%	29	4%	20	1%	4	100%	491
Having safe and affordable transportation available	82%	398	10%	48	4%	21	2%	12	2%	8	100%	488
No longer being able to drive	86%	412	2%	9	1%	5	2%	12	9%	43	100%	481
Feeling depressed	70%	344	22%	109	4%	20	3%	14	1%	3	100%	490
Experiencing confusion or forgetfulness	71%	350	24%	119	2%	11	1%	5	1%	5	100%	491
Maintaining your home	63%	308	28%	135	9%	42	1%	4	0%	1	100%	491
Maintaining your yard	62%	296	24%	118	8%	39	3%	15	3%	13	100%	481
Finding productive or meaningful activities to do	78%	381	15%	76	5%	26	1%	5	1%	3	100%	491
Having friends or family you can rely on	69%	340	19%	95	8%	37	3%	14	1%	4	100%	491
Falling or injuring yourself in your home	84%	412	11%	54	2%	12	1%	5	1%	7	100%	489
Finding affordable health insurance	50%	243	13%	65	15%	75	20%	98	2%	10	100%	489
Getting the health care you need	62%	303	21%	102	11%	52	5%	27	1%	4	100%	488
Affording the medications you need	71%	346	16%	78	7%	32	5%	25	1%	6	100%	487
Figuring out which medications to take and when	91%	446	5%	24	1%	6	1%	5	1%	7	100%	488
Getting the oral health care you need	72%	354	17%	82	6%	32	4%	18	1%	5	100%	490
Getting the vision care you need	71%	348	16%	80	7%	36	3%	12	3%	13	100%	489

The following questions list a number of problems that older adults may or may not face. Thinking back over the last 12 months, how much of a problem, if at all, has each of the following been for you?	Not a problem		Minor problem		Moderate problem		Major problem		Don't know		Total	
Having enough money to meet daily expenses	66%	321	21%	101	9%	46	4%	17	0%	2	100%	488
Having enough money to pay your property taxes	75%	358	13%	63	7%	34	4%	20	1%	6	100%	480
Staying physically fit	60%	284	26%	126	10%	48	4%	18	0%	1	100%	476
Maintaining a healthy diet	72%	342	21%	100	6%	28	1%	4	0%	1	100%	476
Having interesting recreational or cultural activities to attend	76%	359	15%	69	5%	23	3%	14	2%	7	100%	472
Having interesting social events or activities to attend	64%	307	22%	102	8%	36	4%	20	2%	10	100%	476
Feeling bored	72%	346	19%	92	5%	26	2%	11	1%	3	100%	478
Feeling like your voice is heard in the community	43%	204	20%	92	16%	77	5%	24	16%	73	100%	470
Finding meaningful volunteer work	71%	334	13%	59	3%	15	2%	10	12%	54	100%	473
Feeling physically burdened by providing care for another person	78%	368	8%	40	3%	15	3%	13	8%	38	100%	474
Feeling emotionally burdened by providing care for another person	72%	341	11%	53	5%	23	4%	19	9%	41	100%	477
Feeling financially burdened by providing care for another person	76%	362	8%	39	4%	19	3%	16	9%	41	100%	477
Dealing with legal issues	73%	348	12%	56	9%	42	2%	8	5%	22	100%	475
Having adequate information or dealing with public programs such as Social Security, Medicare and Medicaid	55%	261	24%	112	13%	63	4%	20	4%	21	100%	476
Finding work in retirement	55%	254	10%	47	7%	32	5%	25	23%	109	100%	467
Building skills for paid or unpaid work	56%	259	12%	55	6%	27	2%	11	23%	107	100%	460
Not knowing what services are available to adults age 60 and older in your community	44%	209	27%	129	14%	66	5%	23	9%	45	100%	472
Feeling lonely or isolated	75%	357	18%	87	4%	18	2%	9	1%	3	100%	474
Dealing with the loss of a close family member or friend	64%	304	22%	105	8%	36	3%	12	4%	17	100%	475
Being a victim of crime	86%	409	6%	28	2%	8	1%	6	5%	23	100%	475
Being a victim of fraud or a scam	82%	389	8%	38	3%	13	3%	13	4%	20	100%	473
Being physically or emotionally abused	92%	430	4%	19	0%	2	1%	3	3%	16	100%	470
Dealing with financial planning issues	59%	281	25%	117	11%	51	4%	19	2%	8	100%	476
Being treated unfairly or discriminated against because of your age	78%	371	11%	52	4%	19	2%	8	5%	25	100%	474

Table 94: Question 7: Days Spent in Facilities

Thinking back over the past 12 months, how many days did you spend in...	No days (zero)		One to two days		Three to five days		Six or more days		Total	
A hospital	81%	382	8%	40	7%	35	3%	14	100%	470
A nursing home or in-patient rehabilitation facility	98%	427	1%	2	0%	0	2%	7	100%	436

Table 95: Question 8: Falls in Last 12 Months

Thinking back over the past 12 months, how many times have you fallen and injured yourself? Was it…	Percent of respondents	Count
Never	68%	323
Once or twice	28%	135
3-5 times	3%	17
More than 5 times	1%	2
Don't know	0%	0
Total	100%	478

Table 96: Question 9: Recommend Living in Community

How likely or unlikely are you to recommend living in your community to adults age 60 and older?	Percent of respondents	Count
Very likely	30%	140
Somewhat likely	34%	158
Somewhat unlikely	17%	81
Very unlikely	13%	63
Don't know	6%	29
Total	100%	471

Table 97: Question 10: Likelihood of Remaining in Community Throughout Retirement

How likely or unlikely are you to remain in your community throughout your retirement?	Percent of respondents	Count
Very likely	45%	210
Somewhat likely	25%	120
Somewhat unlikely	11%	53
Very unlikely	15%	71
Don't know	4%	19
Total	100%	472

Table 98: Question 11: Participation in Activities

In the last 12 month, about how many times, if ever, have you participated in or done each of the following?	2 times a week or more		2-4 times a month		Once a month or less		Not at all		Total	
Used a senior center in your community	4%	18	5%	25	13%	63	78%	382	100%	488
Used a recreation center in your community	20%	97	12%	60	18%	88	50%	242	100%	488
Used a public library in your community	12%	58	28%	136	31%	150	29%	141	100%	485
Used bus, rail, subway or other public transportation instead of driving	10%	48	10%	48	23%	111	57%	277	100%	484
Visited a neighborhood park	24%	117	26%	125	31%	153	19%	90	100%	485

Table 99: Question 12: Attendance of Public Meetings

Thinking about local public meetings (of local elected officials like City Council or County Commissioners, advisory boards, town halls, HOA, neighborhood watch, etc.), in the last 12 months, about how many times, if at all, have you or other household members attended or watched a local public meeting?	2 times a week or more		2-4 times a month		Once a month or less		Not at all		Total	
Attended a local public meeting	0%	0	9%	43	43%	212	48%	235	100%	491
Watched (online or on television) a local public meeting	1%	6	7%	35	18%	88	73%	354	100%	484

Table 100: Question 13: Hours Spent Doing Activities

During a typical week, how many hours, if any, do you spend doing the following?	Never (no hours)		1 to 3 hours		4 to 5 hours		6 to 10 hours		11 or more hours		Total	
Participating in a club (including book, dance, game and other social)	62%	286	24%	112	9%	42	3%	14	2%	10	100%	465
Participating in a civic group (including Elks, Kiwanis, Masons, etc.)	87%	413	11%	51	1%	7	1%	5	0%	0	100%	476
Communicating/visiting with friends and/or family	2%	12	25%	118	26%	124	23%	110	24%	116	100%	479
Participating in religious or spiritual activities with others	58%	263	28%	127	7%	34	3%	13	4%	20	100%	457
Participating in a recreation program or group activity	37%	173	29%	138	15%	70	9%	43	11%	51	100%	474
Providing help to friends or relatives	14%	64	49%	230	19%	88	7%	34	11%	52	100%	467
Volunteering your time to some group/activity in your community	61%	281	22%	103	7%	32	7%	31	3%	15	100%	462

Table 101: Question 14: Hours Spent Providing Care

During a typical week, how many hours do you spend providing care for one or more individuals with whom you have a significant relationship (such as spouse, other relative, partner, friend, neighbor or child), whether or not they live with you?	Never (no hours)		1 to 3 hours		4 to 5 hours		6 to 10 hours		11 to 20 hours		20 or more hours		Total	
One or more individuals age 55 or older	63%	296	14%	67	5%	24	6%	28	3%	16	8%	36	100%	466
One or more individuals age 18 to 54	81%	370	9%	43	4%	17	3%	13	1%	3	3%	11	100%	457
One or more individuals under age 18	86%	390	8%	36	3%	11	1%	5	0%	2	2%	10	100%	455

Table 102: Question 15: Regularity Doing Activities

How often, if at all, do you do each of the following, considering all of the times you could?	Never		Rarely		Sometimes		Usually		Always		Total	
Eat at least 5 portions of fruits and vegetables a day	5%	27	12%	57	27%	131	41%	201	15%	71	100%	486
Participate in moderate or vigorous physical activity	2%	8	6%	32	20%	96	43%	211	29%	142	100%	488
Receive assistance from someone almost every day	81%	394	12%	57	4%	21	2%	8	2%	10	100%	490
Vote in local elections	4%	18	1%	4	4%	21	14%	70	77%	375	100%	488

Table 103: Question D1: Length of Residency

How many years have you lived in your community?	Percent of respondents	Count
Less than 1 year	2%	8
1-5 years	9%	42
6-10 years	7%	32
11-20 years	22%	109
More than 20 years	61%	298
Total	100%	489

Table 104: Question D2: Housing Unit Type

Which best describes the building you live in?	Percent of respondents	Count
Single family home	68%	334
Townhouse, condominium, duplex or apartment	27%	133
Mobile home	4%	18
Assisted living residence	0%	0
Nursing home	0%	0
Other	1%	5
Total	100%	490

Table 105: Question D3: Tenure (Rent or Own)

Do you currently rent or own your home?	Percent of respondents	Count
Rent	9%	42
Own (with a mortgage payment)	45%	218
Own (free and clear; no mortgage)	47%	227
Total	100%	487

Table 106: Question D4: Monthly Housing Costs

About how much is your monthly housing cost for the place you live (including rent, mortgage payment, property tax, property insurance and homeowners' association (HOA) fees)?	Percent of respondents	Count
Less than $300 per month	12%	54
$300 to $599 per month	16%	74
$600 to $999 per month	14%	64
$1,000 to $1,499 per month	19%	89
$1,500 to $2,499 per month	23%	110
$2,500 or more per month	17%	80
Total	100%	472

Table 107: Question D5: Total Number of Household Members

How many people, including yourself, live in your household?	Percent of respondents	Count
1 person (live alone)	28%	136
2 people	63%	304
3 people	5%	26
4 or more people	3%	16
Don't know	0%	0
Total	100%	483

Table 108: Question D6: Number of Older Adult Household Members

How many of these people, including yourself, are 55 or older?	Percent of respondents	Count
1 person	44%	210
2 people	56%	262
3 people	0%	0
4 or more people	0%	0
Don't know	0%	0
Total	100%	472

Table 109: Question D7: Retirement Status

What is your employment status?	Percent of respondents	Count
Fully retired	45%	218
Working full time for pay	32%	154
Working part time for pay	21%	102
Unemployed, looking for paid work	2%	11
Total	100%	484

Table 110: Question D8: Expected Age of Retirement

[If not yet fully retired] At what age do you expect to retire completely and not work for pay at all?	Percent of respondents	Count
60 to 64	3%	6
65 to 69	30%	60
70 to 74	40%	80
75 or older	27%	55
Total	100%	201

Table 111: Question D9: Household Income

How much do you anticipate your household's total income before taxes will be for the current year? (Please include in your total income money from all sources for all persons living in your household.)	Percent of respondents	Count
Less than $15,000	6%	27
$15,000 to $24,999	8%	37
$25,000 to $49,999	19%	86
$50,000 to $74,999	20%	92
$75,000 to $99,999	18%	81
$100,000 or more	30%	136
Total	100%	458

Table 112: Question D10: Respondent Ethnicity/Origin

Are you Spanish, Hispanic or Latino?	Percent of respondents	Count
Yes	3%	15
No	97%	464
Total	100%	479

Table 113: Question D11: Respondent Race

What is your race?	Percent of respondents	Count
American Indian or Alaskan Native	0%	2
Asian, Asian Indian or Pacific Islander	0%	1
Black or African American	0%	1
White	98%	467
Other	2%	9

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

Table 114: Question D12: Respondent Age

In which category is your age?	Percent of respondents	Count
60-64 years	43%	202
65-69 years	23%	110
70-74 years	18%	83
75-79 years	9%	42
80-84 years	5%	24
85-89 years	2%	9
90-94 years	1%	3
95 years or older	0%	0
Total	100%	474

Table 115: Question D13: Respondent Gender

What is your gender?	Percent of respondents	Count
Female	47%	229
Male	53%	258
Total	100%	487

Table 116: Question D14: Respondent Sexual Orientation

What is your sexual orientation?	Percent of respondents	Count
Heterosexual	98%	457
Lesbian	0%	2
Gay	1%	2
Bisexual	1%	3
Total	100%	465

APPENDIX C: CASOA RESULTS BY COUNTY

Detailed results from the implementation of the CASOA™ survey are provided under separate cover. Below we show community livability and older adult needs compared by county.

Table 117: Question 1: Quality of Community

Percent of respondents who rated the following as "excellent" or "good":	Geographic Area								Overall
	Eagle	Grand	Jackson	Pitkin	Summit	Carbondale	Glenwood Springs	Steamboat Springs	
How do you rate your community as a place to live?	96%	87%	86%	95%	99%	95%	85%	84%	94%
How do you rate your community as a place to retire?	67%	66%	54%	59%	81%	40%	57%	70%	67%

Table 118: Question 2: Community Characteristics

Percent of respondents who rated the following as "excellent" or "good":	Geographic Area								Overall
	Eagle	Grand	Jackson	Pitkin	Summit	Carbondale	Glenwood Springs	Steamboat Springs	
Opportunities to volunteer	91%	85%	79%	92%	96%	90%	91%	95%	91%
Employment opportunities	32%	8%	3%	25%	39%	57%	42%	23%	28%
Opportunities to enroll in skill-building or personal enrichment classes	60%	14%	2%	68%	74%	87%	79%	62%	58%
Recreation opportunities (including games, arts, and library services, etc.)	80%	60%	47%	89%	94%	82%	91%	95%	82%
Fitness opportunities (including exercise classes and paths or trails, etc.)	86%	59%	46%	95%	95%	91%	89%	100%	85%
Opportunities to attend social events or activities	78%	55%	33%	79%	88%	90%	79%	81%	76%
Opportunities to attend religious or spiritual activities	89%	78%	73%	88%	84%	89%	95%	91%	86%
Opportunities to attend or participate in meetings about local government or community matters	79%	57%	63%	84%	87%	100%	74%	91%	79%
Availability of affordable quality housing	10%	10%	15%	13%	9%	10%	5%	7%	10%
Variety of housing options	14%	13%	3%	15%	26%	21%	5%	11%	16%
Availability of long-term care options	12%	6%	4%	12%	4%	41%	29%	36%	14%

Percent of respondents who rated the following as "excellent" or "good":	Geographic Area								Overall
	Eagle	Grand	Jackson	Pitkin	Summit	Carbondale	Glenwood Springs	Steamboat Springs	
Availability of daytime care options for adults age 60 and older	13%	5%	0%	20%	17%	45%	32%	17%	17%
Availability of information about resources for adults age 60 and older	26%	29%	55%	49%	62%	19%	36%	54%	40%
Availability of financial or legal planning services	35%	12%	4%	43%	46%	26%	35%	40%	34%
Availability of affordable quality physical health care	49%	25%	20%	44%	54%	38%	40%	42%	44%
Availability of affordable quality mental health care	30%	10%	27%	37%	38%	12%	23%	15%	28%
Availability of preventive health services (e.g., health screenings, flu shots, educational workshops)	62%	49%	20%	73%	73%	84%	51%	79%	64%
Availability of affordable quality food	60%	55%	37%	49%	68%	71%	70%	62%	59%
Sense of community	68%	64%	55%	66%	77%	76%	77%	85%	70%
Openness and acceptance of the community towards residents age 60 and older of diverse backgrounds	66%	64%	52%	62%	78%	71%	64%	66%	67%
Ease of travel by public transportation in your community	67%	8%	47%	79%	70%	78%	55%	64%	61%
Ease of travel by car in your community	82%	70%	59%	64%	82%	95%	55%	83%	75%
Ease of walking in your community	76%	47%	55%	77%	74%	88%	56%	77%	70%
Ease of getting to the places you usually have to visit	79%	56%	55%	83%	86%	86%	61%	77%	76%
Overall feeling of safety in your community	90%	88%	89%	94%	94%	91%	74%	91%	91%
Valuing residents age 60 and older in your community	62%	71%	86%	66%	77%	94%	74%	64%	70%
Neighborliness of your community	63%	65%	74%	65%	66%	100%	65%	81%	66%
Cost of living in your community	11%	24%	31%	6%	13%	5%	13%	9%	12%

Table 119: Question 3: Overall Services to Older Adults

	Geographic Area								Overall
	Eagle	Grand	Jackson	Pitkin	Summit	Carbondale	Glenwood Springs	Steamboat Springs	
Percent of respondents who rated the overall quality of services to older adults as "excellent" or "good"	55%	51%	68%	66%	77%	83%	54%	69%	62%

Table 120: Question 4: Level of Knowledge about Services and Activities for Older Adults

	Geographic Area								
	Eagle	Grand	Jackson	Pitkin	Summit	Carbondale	Glenwood Springs	Steamboat Springs	Overall
Percent of respondents who felt "somewhat" or "very" informed about the services and activities for older adults	59%	59%	66%	70%	75%	60%	76%	75%	66%

Table 121: Question 5: Quality of Life and Health

Percent of respondents who rated the following as "excellent" or "good":	Geographic Area								
	Eagle	Grand	Jackson	Pitkin	Summit	Carbondale	Glenwood Springs	Steamboat Springs	Overall
How do you rate your overall physical health?	87%	81%	64%	93%	91%	100%	82%	95%	88%
How do you rate your overall mental health/emotional well-being?	93%	90%	79%	94%	96%	100%	92%	97%	93%
How do you rate your overall quality of life?	94%	86%	87%	90%	97%	100%	92%	95%	93%

Table 122: Question 6: Problems Faced by Older Adults

Percent of respondents who reported at least a "minor" problem with the following:	Geographic Area								Overall
	Eagle	Grand	Jackson	Pitkin	Summit	Carbondale	Glenwood Springs	Steamboat Springs	
Having housing to suit your needs	16%	10%	10%	22%	13%	22%	33%	10%	16%
Your physical health	44%	49%	80%	47%	44%	33%	54%	39%	47%
Performing regular activities, including walking, eating and preparing meals	15%	22%	37%	13%	15%	0%	31%	11%	17%
Having enough food to eat	2%	4%	11%	3%	3%	0%	8%	3%	3%
Doing heavy or intense housework	41%	46%	65%	45%	32%	32%	39%	27%	41%
Having safe and affordable transportation available	24%	23%	24%	14%	11%	0%	30%	10%	18%
No longer being able to drive	9%	8%	14%	5%	4%	10%	18%	3%	7%
Feeling depressed	31%	26%	49%	39%	25%	29%	23%	36%	31%
Experiencing confusion or forgetfulness	28%	33%	44%	33%	27%	26%	25%	33%	30%
Maintaining your home	35%	29%	34%	33%	26%	56%	49%	31%	33%
Maintaining your yard	35%	38%	29%	31%	30%	53%	39%	35%	34%
Finding productive or meaningful activities to do	27%	33%	30%	23%	15%	19%	12%	21%	24%
Having friends or family you can rely on	26%	26%	20%	30%	25%	29%	16%	29%	26%
Falling or injuring yourself in your home	12%	18%	20%	15%	10%	9%	34%	13%	14%
Finding affordable health insurance	49%	43%	60%	51%	38%	45%	44%	47%	46%
Getting the health care you need	38%	47%	46%	32%	30%	19%	19%	37%	36%
Affording the medications you need	31%	22%	36%	37%	22%	24%	23%	27%	28%
Figuring out which medications to take and when	5%	13%	16%	9%	7%	0%	0%	10%	7%
Getting the oral health care you need	26%	37%	52%	32%	21%	50%	31%	14%	29%
Getting the vision care you need	18%	45%	48%	36%	24%	28%	17%	21%	27%
Having enough money to meet daily expenses	35%	27%	47%	40%	19%	46%	44%	37%	33%
Having enough money to pay your property taxes	33%	23%	20%	41%	16%	15%	10%	32%	28%
Staying physically fit	40%	50%	56%	41%	37%	47%	37%	47%	42%
Maintaining a healthy diet	24%	27%	44%	28%	26%	24%	30%	36%	27%
Having interesting recreational or cultural activities to attend	27%	28%	42%	24%	16%	18%	25%	24%	24%
Having interesting social events or activities to attend	36%	36%	46%	32%	24%	35%	27%	39%	32%

Percent of respondents who reported at least a "minor" problem with the following:	Geographic Area								Overall
	Eagle	Grand	Jackson	Pitkin	Summit	Carbondale	Glenwood Springs	Steamboat Springs	
Feeling bored	29%	35%	49%	30%	24%	43%	26%	28%	30%
Feeling like your voice is heard in the community	48%	35%	38%	55%	47%	46%	52%	61%	47%
Finding meaningful volunteer work	20%	23%	30%	20%	17%	26%	29%	18%	20%
Feeling physically burdened by providing care for another person	14%	19%	13%	12%	15%	4%	20%	29%	16%
Feeling emotionally burdened by providing care for another person	25%	19%	13%	14%	19%	10%	27%	38%	22%
Feeling financially burdened by providing care for another person	19%	13%	7%	12%	15%	9%	28%	29%	17%
Dealing with legal issues	21%	25%	36%	29%	26%	5%	9%	30%	24%
Having adequate information or dealing with public programs such as Social Security, Medicare and Medicaid	42%	29%	46%	41%	31%	57%	49%	42%	38%
Finding work in retirement	29%	39%	49%	42%	26%	33%	24%	47%	34%
Building skills for paid or unpaid work	24%	36%	52%	29%	20%	48%	14%	45%	28%
Not knowing what services are available to adults age 60 and older in your community	59%	59%	28%	54%	45%	60%	64%	34%	53%
Feeling lonely or isolated	23%	22%	39%	31%	21%	26%	14%	36%	25%
Dealing with the loss of a close family member or friend	34%	29%	45%	36%	26%	23%	11%	41%	31%
Being a victim of crime	7%	12%	22%	8%	6%	10%	9%	8%	8%
Being a victim of fraud or a scam	11%	13%	19%	11%	13%	5%	11%	26%	13%
Being physically or emotionally abused	4%	5%	9%	9%	4%	0%	0%	3%	5%
Dealing with financial planning issues	36%	33%	49%	49%	26%	53%	37%	48%	37%
Being treated unfairly or discriminated against because of your age	18%	13%	11%	15%	15%	24%	16%	31%	17%

Table 123: Question 7: Days Spent in Facilities

Percent of respondents who spent at least 1 day...	Geographic Area								Overall
	Eagle	Grand	Jackson	Pitkin	Summit	Carbondale	Glenwood Springs	Steamboat Springs	
As a patient in a hospital	21%	26%	23%	20%	20%	5%	30%	15%	21%
In a nursing home or in-patient rehabilitation facility	2%	2%	2%	1%	2%	0%	8%	0%	2%

Table 124: Question 8: Falls in Last 12 Months

Percent of respondents who had at least 1 fall.	Geographic Area								Overall
	Eagle	Grand	Jackson	Pitkin	Summit	Carbondale	Glenwood Springs	Steamboat Springs	
Thinking back over the past 12 months, how many times have you fallen and injured yourself? Was it?	28%	32%	36%	29%	28%	50%	38%	31%	30%

Table 125: Question 9: Recommend Living in Community

	Geographic Area								Overall
	Eagle	Grand	Jackson	Pitkin	Summit	Carbondale	Glenwood Springs	Steamboat Springs	
Percent of respondents "somewhat" or "very" likely to recommend living in the community	73%	71%	26%	55%	77%	63%	74%	71%	68%

Table 126: Question 10: Likelihood of Remaining in Community Throughout Retirement

	Geographic Area								Overall
	Eagle	Grand	Jackson	Pitkin	Summit	Carbondale	Glenwood Springs	Steamboat Springs	
Percent of respondents "somewhat" or "very" likely to remain in the community throughout their retirement	71%	78%	75%	75%	70%	63%	86%	72%	74%

Table 127: Question 11: Participation in Activities

Percent of respondents who participated in or did the following at least once:	Geographic Area								Overall
	Eagle	Grand	Jackson	Pitkin	Summit	Carbondale	Glenwood Springs	Steamboat Springs	
Used a senior center in your community	14%	16%	48%	29%	52%	26%	0%	18%	26%
Used a recreation center in your community	54%	31%	38%	48%	68%	48%	50%	57%	51%
Used a public library in your community	74%	83%	53%	61%	82%	86%	68%	86%	74%
Used bus, rail, subway or other public transportation instead of driving	43%	9%	8%	72%	36%	80%	45%	33%	41%
Visited a neighborhood park	85%	77%	54%	84%	87%	87%	81%	85%	83%

Table 128: Question 12: Attendance of Public Meetings

Percent of respondents who attended at least once:	Geographic Area								Overall
	Eagle	Grand	Jackson	Pitkin	Summit	Carbondale	Glenwood Springs	Steamboat Springs	
Attended a local public meeting	56%	55%	45%	51%	63%	30%	41%	70%	55%
Watched (online or on television) a local public meeting	42%	18%	8%	56%	23%	34%	17%	24%	34%

Table 129: Question 13: Hours Spent Doing Activities

Percent of respondents who spent at least 1 hour doing the following:	Geographic Area								Overall
	Eagle	Grand	Jackson	Pitkin	Summit	Carbondale	Glenwood Springs	Steamboat Springs	
Participating in a club (including book, dance, game and other social)	43%	34%	28%	29%	44%	43%	40%	39%	38%
Participating in a civic group (including Elks, Kiwanis, Masons, etc.)	13%	13%	16%	20%	14%	0%	13%	14%	15%
Communicating/visiting with friends and/or family	97%	96%	91%	99%	98%	100%	100%	97%	97%
Participating in religious or spiritual activities with others	46%	41%	58%	34%	47%	56%	69%	30%	44%
Participating in a recreation program or group activity	62%	38%	37%	64%	67%	71%	67%	58%	59%
Providing help to friends or relatives	87%	90%	88%	81%	87%	86%	83%	95%	87%
Volunteering your time to some group/activity in your community	46%	50%	37%	49%	55%	34%	45%	46%	49%

Table 130: Question 14: Hours Spent Providing Care

Percent of respondents who provided at least 1 hour of care to...	Geographic Area								Overall
	Eagle	Grand	Jackson	Pitkin	Summit	Carbondale	Glenwood Springs	Steamboat Springs	
One or more individuals age 60 or older	36%	42%	54%	40%	30%	39%	44%	39%	38%
One or more individuals age 18 to 59	20%	27%	26%	23%	15%	29%	33%	19%	22%
One or more individuals under age 18	14%	21%	7%	14%	17%	22%	17%	14%	16%

Table 131: Question 15: Regularity Doing Activities

Percent of respondents who always or usually doing the following:	Geographic Area								Overall
	Eagle	Grand	Jackson	Pitkin	Summit	Carbondale	Glenwood Springs	Steamboat Springs	
Eat at least 5 portions of fruits and vegetables a day	71%	46%	43%	35%	53%	77%	56%	60%	56%
Participate in moderate or vigorous physical activity	74%	60%	50%	66%	80%	100%	70%	72%	72%
Percent who received assistance from someone almost every day	17%	21%	17%	14%	11%	32%	38%	13%	17%
Vote in local elections	89%	91%	89%	91%	93%	91%	90%	100%	91%

APPENDIX D: CASOA RESPONSES COMPARED WITH KEY ACTOR RESPONSES

Table 132: Community Characteristics by Respondent Type (Older Adult Question 2/Key Actor Question 6)

Please rate each of the following characteristics as they relate to your community adults age 60 or older Percent positive (excellent/good)	CASOA		Key Actor	
	2010	2016	2010	2016
Opportunities to volunteer	90%	92%	85%	83%
Employment opportunities	17%	37%	17%	26%
Opportunities to enroll in skill-building or personal enrichment classes	52%	63%	53%	51%
Recreation opportunities (including games, arts, and library services, etc.)	77%	85%	74%	83%
Fitness opportunities (including exercise classes and paths or trails, etc.)	81%	88%	85%	84%
Opportunities to attend social events or activities	70%	80%	77%	74%
Opportunities to attend religious or spiritual activities	85%	87%	88%	83%
Opportunities to attend or participate in meetings about local government or community matters	80%	77%	69%	76%
Availability of affordable quality housing	14%	7%	13%	7%
Variety of housing options	18%	14%	7%	0%
Availability of daytime care options for adults age 60 and older	NA	17%	14%	10%
Availability of information about resources for adults age 60 and older	43%	38%	59%	56%
Availability of financial or legal planning services	30%	37%	35%	28%
Availability of affordable quality physical health care	41%	46%	39%	30%
Availability of affordable quality mental health care	30%	26%	32%	21%
Availability of preventive health services (e.g., health screenings, flu shots, educational workshops)	63%	65%	70%	66%
Availability of affordable quality food	57%	60%	57%	55%
Sense of community	69%	71%	74%	86%
Openness and acceptance of the community towards residents age 60 and older of diverse backgrounds	64%	69%	58%	62%
Ease of travel by public transportation in your community	NA	61%	NA	38%
Ease of travel by car in your community	73%	76%	70%	64%
Ease of walking in your community	67%	73%	49%	40%
Ease of getting to the places you usually have to visit	72%	79%	41%	46%
Overall feeling of safety in your community	92%	90%	80%	95%
Valuing residents age 60 and older in your community	66%	73%	67%	74%
Neighborliness of your community	67%	66%	72%	88%
Cost of living in your community	NA	12%	NA	NA

Table 133: Overall Service to Older Adults by Respondent Type (Older Adult Question 3/Key Actor Question 8)

Percent positive (excellent/good)	CASOA		Key Actor	
	2010	2016	2010	2016
How would you rate the overall services provided to adults age 60 and older in your community?	61%	64%	57%	52%

Table 134: Level of Knowledge about Services and Activities by Respondent Type (Older Adult Question 4/Key Actor Question 9)

Percent positive (very informed/somewhat informed)	CASOA		Key Actor	
	2010	2016	2010	2016
In general, how informed or uninformed do you feel about services and activities available to adults age 60 and older in your community?	63%	69%	65%	59%

Table 135: Problems Faced by Older Adults by Respondent Type (Older Adult Question 6/Key Actor Question 10)

The following questions list a number of problems that older adults may or may not face. Thinking back over the last 12 months, how much of a problem, if at all, has each of the following been for you? Percent moderate problem/ major problem	CASOA		Key Actor	
	2010	2016	2010	2016
Finding affordable health insurance	27%	36%	77%	100%
Feeling like their voices are heard in the community	20%	26%	54%	56%
Not knowing what services are available to adults age 60 and older in their community	23%	21%	67%	48%
Having adequate information or dealing with public programs such as Social Security, Medicare and Medicaid	16%	18%	51%	65%
Finding work in retirement	28%	16%	80%	75%
Getting good health care	16%	16%	45%	78%
Dealing with financial planning issues	11%	15%	66%	79%
Maintaining their physical health	21%	14%	57%	69%
Staying physically fit	18%	14%	47%	42%
Having enough money to meet daily expenses	12%	13%	81%	81%
Affording their medications	14%	12%	73%	81%
Yard maintenance	12%	12%	81%	87%
Having interesting social events or activities to attend	10%	12%	30%	29%
Having enough money to pay property taxes	15%	11%	73%	76%
Building skills for paid or unpaid work	15%	11%	65%	47%

The following questions list a number of problems that older adults may or may not face. Thinking back over the last 12 months, how much of a problem, if at all, has each of the following been for you? Percent moderate problem/ major problem	CASOA		Key Actor	
	2010	2016	2010	2016
Dealing with the loss of a close family member or friend	14%	11%	58%	86%
Dealing with legal issues	12%	11%	64%	63%
Having suitable housing	7%	11%	75%	95%
Having friends or family to rely on	6%	11%	58%	75%
Doing heavy or intense housework	15%	10%	65%	88%
Getting oral health care	14%	10%	79%	74%
Getting vision care	NA	10%	NA	83%
Feeling emotionally burdened by providing care for another person	NA	10%	NA	89%
Home maintenance	8%	9%	84%	82%
Having interesting recreational or cultural activities to attend	12%	8%	30%	31%
Feeling bored	10%	8%	57%	48%
Feeling financially burdened by providing care for another person	NA	8%	NA	86%
Feeling depressed	9%	7%	78%	86%
Maintaining a healthy diet	9%	7%	54%	59%
Performing regular activities, including walking, eating and preparing meals	8%	7%	47%	63%
Having safe and affordable transportation available	8%	7%	64%	60%
Feeling lonely or isolated	10%	6%	69%	84%
A lack of productive or meaningful activities	6%	6%	44%	46%
Being a victim of fraud or a scam	5%	6%	39%	41%
Finding meaningful volunteer work	4%	6%	31%	24%
Feeling physically burdened by providing care for another person	NA	6%	NA	79%
Age discrimination	NA	6%	NA	56%
No longer being able to drive	4%	4%	75%	80%
Confusion or forgetfulness	8%	3%	85%	83%
Falls/injuries	4%	3%	75%	94%
Being a victim of crime	4%	3%	14%	9%
Having enough food to eat	1%	2%	35%	59%
Figuring out which medications to take and when	NA	2%	NA	77%
Being physically or emotionally abused	2%	1%	30%	25%

APPENDIX E: FACILITY INVENTORY

As part of this analysis, an inventory of existing senior services was completed. Sources used to create the inventory include: the 211 service locator Web site, internet search engines and other published reports existing in the region as well as review and input from NWCCOG staff. This inventory may best be considered as a living document, as it is difficult to be 100% inclusive of all services and activities occurring in a geographic region, and even if inclusive in a point in time these service providers will change over time.

Table 136: Housing

	Senior/Independent housing	Affordable housing	Respite or short-term housing	Assisted living facilities	Other
Eagle County	• Golden Eagle Senior Apartments (Eagle) • Seniors on Broadway (Eagle) • Castle Peak Senior Care • (Eagle) (opening Fall 2016)	• Riverview Apartments-Section 8 housing (Eagle/Vail) • Lake Creek Village Apartments (Edwards) • Eagle County Housing Authority			
Grand County	• Silver Spruce Apartments (Kremmling) • Grand Living Senior Homes (Granby) • Cliffview Assisted Living (Kremmling)	• Grand County Housing Authority	• Cliffview Assisted Living (Kremmling) (offers short term overnight respite)	• Cliffview Assisted Living (Kremmling)	• Middle Park Hospital (Kremmling)–beds available for long term care consumers
Jackson County					
Pitkin County	• Aspen Country Inn (seniors prioritized)	• Aspen Pitkin Housing Authority • Truscott Phase 1 Apartments (Aspen) • Smuggler Mountain Apartments (Aspen)		• Whitcomb Terrace Assisted Living (Aspen)	• Aspen Valley Hospital (Aspen) – beds available for long term care consumers

	Senior/Independent housing	Affordable housing	Respite or short-term housing	Assisted living facilities	Other
Summit County		• Grand County Housing Authority (serves Clear Creek and Summit Counties as well) • Summit Combined Housing Authority	• Timberline Adult Day Services (Frisco)—offers respite		• St. Anthony Summit Medical Center (Frisco)—beds available for long term care consumers
City of Glenwood Springs	• Manor I & II • Sunnyside Retirement Center	• Garfield County Housing Authority • Glenwood Green	• Glenwood Springs Harmony House • Grace Health Care of Glenwood Springs	• Open Gate Assisted Living • Creekside Assisted Living	
City of Steamboat Springs	• Selbe Apartments • Mountain View Apartments • Aspen View Apartments • Casey's Pond Senior Living	• Independent Life Center (referrals) • Yampa Valley Housing Authority • Hillside Village Apartments • Fish Creek Mobile Home Park • The Reserves at Steamboat Springs (currently under construction)	• Rollingstone Respite House		
Town of Carbondale	• Crystal Meadows Senior Housing			• Heritage Park Care Center (Assisted Living)	
Statewide Services		• Colorado Housing and Finance Authority			• The Colorado Housing Counseling Coalition (CHCC) • Colorado Choice Transitions (CCT)
Nationwide Services		• U.S. Department of Housing and Urban Development (HUD)			• LongTermCare.gov-U.S. Department of Health and Human Services

Table 137: Healthcare and Wellness

	Home health services	Wellness (Immunizations, health screenings)	Insurance and Medicare information and counseling	Access to Medicare providers or other low-cost medical and dental care	Tele-medicine	Mental health (including dementia)
Eagle County	• HomeCare & Hospice of the Valley • Aspen Home Health Care • Columbine Home Health • InnovAge Home Care • Visiting Angels • PeopleCare Health Services • To The Rescue	• Eagle County Health and Human Services (Aging Services) • Vail Valley Medical Center • Columbine Home Health • Mountain Family Health Centers (multiple locations)	• Eagle County Health and Human Services (Aging Services) • Connect for Health Colorado – West Mountain Region • Senior Health Insurance Program (SHIP)	• Smiles for Seniors – APDHA Aspen to Parachute Dental Health Alliance (Carbondale) • Mountain Family Health Centers (multiple locations) • Low Income Senior Dental Program (run through the AAAA)		• Mind Springs Health • Colorado Health Network • Mountain Family Health Centers (multiple locations) • Mind Springs Health Outpatient Clinic (multiple locations) • Aspen Hope Center
Grand County	• Northwest Colorado Health (formerly Northwest Colorado Visiting Nurse Association)	• Grand County Public Health	• Grand County Rural Health Network Patient Navigator Program • Northwest Colorado Center for Independence • Senior Health Insurance Program (SHIP)	• Low Income Senior Dental Program (run through the AAAA)	• Health Advisor, Grand County Rural Health Network	• Mind Springs Health • Colorado Health Network
Jackson County	• Visiting Angels • PeopleCare Health Services		• Senior Health Insurance Program (SHIP)	• Low Income Senior Dental Program (run through the AAAA)		• Mind Springs Health • Colorado Health Network

	Home health services	Wellness (Immunizations, health screenings)	Insurance and Medicare information and counseling	Access to Medicare providers or other low-cost medical and dental care	Tele-medicine	Mental health (including dementia)
Pitkin County	• Aspen Home Health Care • InnovAge Home Care • Visiting Angels • PeopleCare Health Services • HomeCare & Hospice of the Valley	• Columbine Home Health • Pitkin County Senior Services-periodically at the Senior Center • Mountain Family Health Centers (multiple locations)	• Pitkin County - Senior Services: Senior Care Management Program • Connect for Health Colorado – West Mountain Region • Senior Health Insurance Program (SHIP)	• Smiles for Seniors – APDHA Aspen to Parachute Dental Health Alliance (Carbondale) • Mountain Family Health Centers (multiple locations) • Low Income Senior Dental Program (run through the AAAA)		• Mind Springs Health • Colorado Health Network • Mountain Family Health Centers (multiple locations) • Aspen Hope Center
Summit County	• Centura Home Health – Bristlecone • Visiting Angels • PeopleCare Health Services • InnovAge Home Care (beginning 2017) • To The Rescue	• Summit County Public Health	• Summit County Social Services • Summit County Seniors Services • Northwest Colorado Center for Independence • Senior Health Insurance Program (SHIP)	• Low Income Senior Dental Program (run through the AAAA)		• Mind Springs Health • Colorado Health • Network

	Home health services	Wellness (Immunizations, health screenings)	Insurance and Medicare information and counseling	Access to Medicare providers or other low-cost medical and dental care	Tele-medicine	Mental health (including dementia)
City of Glenwood Springs	• Columbine Home Health • Aspen Home Health Care • InnovAge Home Care • Visiting Angels • PeopleCare Health Services • HomeCare & Hospice of the Valley	• Garfield County Public Health	• RSVP Medicare Assistance Program			• Mind Springs Health • Colorado Health Network
City of Steamboat Springs	• Northwest Colorado Health (formerly Northwest Colorado Visiting Nurse Association) • PeopleCare Health Services	• Northwest Colorado Health (formerly Northwest Colorado Visiting Nurse Association) - Aging Well Program • Independent Life Center • Lions Club	• Routt County Department of Human Services • Northwest Colorado Center for Independence	• Low Income Senior Dental Program (run through the AAAA)		• Mind Springs Health • Colorado Health • Networks
Town of Carbondale	• InnovAge Home Care • Visiting Angels • PeopleCare Health Services • HomeCare & Hospice of the Valley			• Smiles for Seniors – APDHA Aspen to Parachute Dental Health Alliance (Carbondale) • Low Income Senior Dental Program (run through the AAAA)		

	Home health services	Wellness (Immunizations, health screenings)	Insurance and Medicare information and counseling	Access to Medicare providers or other low-cost medical and dental care	Tele-medicine	Mental health (including dementia)
Statewide Services			• Senior Health Insurance Program (SHIP)	• UCHSC Dental School • Colorado Indigent Care Program (CICP) • Colorado Dental Health Care Program for Low Income Seniors (Department of Health Care Policy and Financing)	• Centura Health – Home Telehealth • HealthONE CO-DOC Telemedicine Network	• Colorado Department of Human Services-Colorado Public Mental Health System
Country-wide Services			• Senior Health • Insurance Program (SHIP)		• Medicaid Nurse Help Line 1-800-283-3221	

Table 138: Nutrition

	Congregate Meals	Home Delivered Meals	Grocery delivery	Nutrition education
Eagle County	• Eagle County Public Health Healthy Aging Program: Maloit Park Senior Space (Minturn) Golden Eagle Senior Center (Eagle) El Jebel Community Annex Building (El Jebel)	• Eagle County Public Health Healthy Aging Program	• Ski Country Grocer • Home Shop at City Market (Avon)	• Eagle County Public Health Healthy Aging Program
Grand County	• Grand County Senior Nutrition Services: • Granby Senior Center (Granby) • Silver Spruce Senior Apartments (Kremmling)	• Grand County Senior Nutrition		• Grand County Senior Nutrition
Jackson County	• Monthly senior pot luck @ Senior Center	• Jackson County Council on Aging		• Jackson County Council on Aging
Pitkin County	• Pitkin County Senior Center	• Pitkin County Senior Services	• Ski Country Grocer • Grocery Girls Aspen	• Pitkin County Senior Services
Summit County	• Summit County Mountain Meals Program	• Mountain Meals on Wheels Program	• Stocked Summit (Breckenridge) • Summit Store 2 Door (Dillon) • Peak Provisions • Breckenridge Grocery Express	• Summit County Seniors
City of Glenwood Springs	• Garfield County Senior Programs - Nutrition Program (Colorado Mountain College – Lucy Huntley Senior Center and Sunnyside Retirement Center)	• Meals On Wheels		• Garfield County Senior Programs
City of Steamboat Springs	• Routt County Council on Aging - Steamboat Springs Community Center	• Meals-On-Wheels - Routt County Council on Aging	• Fridge Fillers	
Statewide Services		• Colorado Choice Transitions (CCT) – only for transferring from a nursing home		

Table 139: Adult Day Services

	Adult Day Services
Eagle County	• Eagle Valley Senior Life
Summit County	• Timberline Adult Day Services
City of Glenwood Springs	• Cooper Corner Adult Day Care
City of Steamboat Springs	• Horizons Specialized Services

Table 140: Workforce/Volunteerism

	Volunteer Opportunities	Workforce Centers
Eagle County	• Retired Senior Volunteer Program (RSVP) Center • Buddy Mentors • Columbine Home Health • Alpine Area Agency on Aging Volunteer Program	• Edwards Workforce Center
Grand County	• Alpine Area Agency on Aging Volunteer Program	• Granby Workforce Center • Northwest Colorado Center for Independence
Jackson County	• Jackson County Council on Aging (JCCOA) • Alpine Area Agency on Aging Volunteer Program	
Pitkin County	• Pitkin County Senior Services • Alpine Area Agency on Aging Volunteer Program	
Summit County	• Mountain Mentors • Alpine Area Agency on Aging Volunteer Program	• Frisco Workforce Center • Northwest Colorado Center for Independence
Town of Carbondale		• Gordon Cooper Branch, Virtual Workforce Center
City of Glenwood Springs	• High Country Retired Senior Volunteer Program (RSVP)	• Glenwood Springs Workforce Center
City of Steamboat Springs	• Partners In Routt County	• Independent Life Center • Horizons Specialized Services • Steamboat Springs Workforce Center • Northwest Colorado Center for Independence
Statewide Services		• Senior Community Services Employment Program (SCSEP)
Country-wide Services		• AARP Senior Employment program

Table 141: Transportation

	Transportation
Eagle County	• Eagle County Health and Human Services (Aging Services) • ECO Transit • Town of Avon Transit • Town of Vail Transit • Vail Valley Salvation Army • Wheels for Eagle • Mountain Ride Transportation Resource Center
Grand County	• Grand County Council on Aging-Van Service • Mountain Ride Transportation Resource Center • Independent Life Center
Jackson County	• Jackson County Council on Aging (JCCOA) – Older Americans Transportation Services • Independent Life Center • Mountain Ride Transportation Resource Center
Pitkin County	• RFTA Bus Services for Seniors • Senior Van (through RFTA) • ADA Van (Paratransit) • Mt. Valley Dial-A-Ride • Taxi (subsidized by Senior Services) • D.A.S.H. (Drivers Assisting Senior Health) • Mountain Ride Transportation Resource Center
Summit County	• Summit Stage • Mountain Mobility • Mountain Ride Transportation Resource Center • Summit County Senior Center – provides volunteer drivers for medical services
Town of Carbondale	• The Traveler (Garfield County Senior Services) • ADA Van (Paratransit)
City of Glenwood Springs	• The Traveler (Garfield County Senior Services) • RFTA/City of Glenwood Springs Complimentary ADA Paratransit Service • Mountain Ride Transportation Resource Center

	Transportation
City of Steamboat Springs	• Independent Life Center • Steamboat Springs Transit • Routt County Council on Aging • Mountain Ride Transportation Resource Center
Statewide Services	• Colorado Choice Transitions (CCT)—limited to Medicaid recipients transitioning out of a nursing home back into the community

Table 142: Information and Referral

	Information and Referral
Eagle County	• Eagle County Health and Human Services (Aging Services) • Alpine Area Agency on Aging • Northwest Colorado Options for Long Term Care • Catholic Charities of the Western Slope – Senior Services
Grand County	• Grand County Council on Aging • Alpine Area Agency on Aging • Northwest Colorado Options for Long Term Care • Northwest Colorado Center for Independence
Jackson County	• Jackson County Council on Aging • Alpine Area Agency on Aging • Northwest Colorado Options for Long Term Care
Pitkin County	• Pitkin County - Senior Services • Alpine Area Agency on Aging • Catholic Charities of the Western Slope – Senior Services • Northwest Colorado Options for Long Term Care
Summit County	• Summit County Social Services • Alpine Area Agency on Aging • Summit County Seniors • Northwest Colorado Options for Long Term Care • Northwest Colorado Center for Independence
City of Glenwood Springs	• Garfield County Human Services • Northwest Colorado Options for Long Term Care

	Information and Referral
City of Steamboat Springs	• Routt County Council on Aging • Routt County Department of Human Services • Northwest Colorado Options for Long Term Care • Routt County Foundation for Senior Citizens • Northwest Colorado Center for Independence
Region al/Statewide Services	• Aging and Disability Resources for Colorado (ADRC) • Northwest Colorado Options for Long Term Care • Colorado Department of Health and Human Services - Division of Aging and Adult Services • United Way 2-1-1 • Single Entry Point (SEP) Agencies • Colorado Rural Health Center • Colorado Eldercare Planning Council
Country-wide Services	• National Association of Area Agencies on Aging (N4A) • Eldercare Locator

Table 143: Caregiver Resources

	Caregiver Resources
Eagle County	• Eagle County Economic Services - Caregiver Support Group • Alpine Area Agency on Aging – National Family Caregiver Support Program (including respite grants) • Pathfinders Caregiver Support • Eagle Valley Senior Life
Grand County	• Grand County Caregiver Support Group • Alpine Area Agency on Aging – National Family Caregiver Support Program (including respite grants)
Jackson County	• Alpine Area Agency on Aging – National Family Caregiver Support Program (including respite grants) • Jackson County Council on Aging Caregiver Support Group
Pitkin County	• Alzheimer's Support group - Senior Center • Pathfinders Caregiver Support
Summit County	• Alpine Area Agency on Aging – National Family Caregiver Support Program (including respite grants) • Caregiver Support Monthly meetings - Summit County Community and Senior Center • Bristlecone Home Care/Hospice - Respite Care

	Caregiver Resources
City of Glenwood Springs	• Garfield County Health and Human Services: Northwest Colorado Options for Long Term Care - Caregiver Support Program (financial support for those providing care to elderly) • Pathfinders Caregiver Support
City of Steamboat Springs	• Northwest Colorado Options for Long Term Care - Caregiver Support Program (financial support for those providing care to elderly)
Statewide Services	
Country-wide Services	• Caring.com • Family Caregiving Alliance • Strength for Caring • The Alzheimer's Association

Table 144: Education, Socialization and Recreational Activities

	Senior Centers	Classes/Events/Socialization
Eagle County	• Golden Eagle Community Senior Center • El Jebel Community Annex Building (El Jebel) • Maloit Park Senior Space (Minturn)	• Eagle County Health and Human Services (Aging Services) - Classes and activities offered at senior centers to the left
Grand County	• Grand County Senior Center (Granby)	
Jackson County	• JCCOA Senior Center (Walden)	
Pitkin County	• Senior Center (Aspen)	• Senior Center (Aspen)
Summit County	• Summit County Community and Senior Center (Frisco)	• Summit County Community and Senior Center (Frisco)
Town of Carbondale		• Seniors Matter (classes/activities)
City of Glenwood Springs	• Lucy Huntley Senior Center	• Garfield County Senior Programs – Well and Wise Program
City of Steamboat Springs	• Scott Community Center	• Independent Living Services - Independent Life Center
Statewide Services		
Country-wide Services		

Table 145: Financial/Legal Assistance

	Legal aid/assistance	Benefit/programs counseling	Financial Assistance
Eagle County	• Legal Services (Leadville Office) • Adult Protective Services (Eagle County Economic Services) • Northwest Colorado Legal Services Project		• Alpine Area Agency on Aging -financial assistance for dental and vision screenings • The LEAP program (Low-income Energy Assistance Program) administered through Eagle County Health and Human Services • Old Age Pension - Eagle County • Vail Valley Salvation Army
Grand County	• Northwest Colorado Legal Services Project		• Alpine Area Agency on Aging -financial assistance for dental and vision screenings • The LEAP program (Low-income Energy Assistance Program) administered through Grand County Old Age Pension - Grand County • Mountain Family Center • Mountain Parks Electric Operation Round Up
Jackson County	• Northwest Colorado Legal Services Project		• Alpine Area Agency on Aging -financial assistance for dental and vision screenings • The LEAP program (Low-income Energy Assistance Program) administered through Jackson County • Old Age Pension - Jackson County Social Services
Pitkin County	• Alpine Legal Services • Northwest Colorado Legal Services Project	• Pitkin County - Senior Services Care Management Program	• Alpine Area Agency on Aging -financial assistance for dental and vision screenings • The LEAP program (Low-income Energy Assistance Program) administered through Pitkin County • Old Age Pension - Pitkin County Social Services

	Legal aid/assistance	Benefit/programs counseling	Financial Assistance
Summit County	• Colorado Legal Services (Frisco Office) • Summit County Seniors - Ask a Lawyer Day • Summit County Adult Protective Services (Summit County Social Services) • Northwest Colorado Legal Services Project	• Summit County Seniors (Summit County Dept of Health and Human Services) (also offers financial and legal advice) • Northwest Colorado Center for Independence	• Alpine Area Agency on Aging -financial assistance for dental and vision screenings • The LEAP program (Low-income Energy Assistance Program) administered through Summit County • Old Age Pension - Summit County Dept. of Human Services
City of Glenwood Springs	• Alpine Legal Services	• Garfield County Health and Human Services: Northwest Colorado Options for Long Term Care (also administers financial support to pay for Medicaid-allowable expenses such as home-care and adult day care)	• The LEAP program (Low-income Energy Assistance Program) administered through Garfield County Health and Human Services • Old Age Pension - Garfield County
City of Steamboat Springs	• Northwest Colorado Legal Services Project	• Northwest Colorado Options for Long Term Care (also administers financial support to pay for Medicaid-allowable expenses such as home-care and adult day care) • Routt County Department of Human Services • Northwest Colorado Center for Independence	• Lions Club • LEAP-Routt County Department of Human Services • Old Age Pension-Routt County Department of Human Services
Statewide Services	• Colorado Legal Services • The Colorado Bar Association	• Colorado Benefits Management System (CBMS) • Single Entry Point (SEP) Agencies	• Low-Income Energy Assistance Program (administered by county) • Colorado Food Assistance Program (Office of Economic Security) • Property Tax Deferral Program for Seniors and Active Military Personnel
Country-wide Services		• National Council on Aging (Benefits Checkup Web site)	

Table 146: In-home Help/Modifications

	Home safety modifications	Homemaker services/personal care	Home builders
Eagle County			
Grand County	• Northwest Colorado Center for Independence	• Grand County Home Health • Northwest Colorado Health (formerly Northwest Colorado Visiting Nurse Association)	
Jackson County			
Pitkin County		• Columbine Home Health	
Summit County	• Northwest Colorado Center for Independence	• Bristlecone Home Care/Hospice – St. Anthony Summit Medical Center (Frisco)	
City of Glenwood Springs	• Garfield County Health and Human Services: Northwest Colorado Options for Long Term Care - Senior Equipment and Services Program	• Helping Hands for Seniors (handyman services) • Columbine Home Health	
City of Steamboat Springs	• Independent Life Center • Horizons Specialized Services	• Northwest Colorado Health (formerly Northwest Colorado Visiting Nurse Association) • Horizons Specialized Services	
Statewide Services	• Colorado Choice Transitions (CCT)	• Colorado Choice Transitions (CCT)	• Colorado Association of Home Builders
Country-wide Services			• Certified Aging-in-Place Program (National Association of Home Builders) –Searchable directory

APPENDIX F: SECONDARY DATA REVIEW

As part of this analysis, reports produced in and about the NWCCOG region were gathered and synthesized. Reports were included in the analysis if they 1) contributed information to older adult needs in the NWCCOG region and 2) they were a reflection of current needs (produced between 2010 and 2016).

Review of General Reports			
Survey/Study	Authors	Year	Key Findings/Conclusions
Colorado's Budget: Meeting the Challenges of Colorado's Aging Population (presentation 02/2016)	Bell Policy Center	2016	Due to increased longevity, the number of Americans needing long-term care will double by 2050. The aging population is driving Medicaid costs higher than any other state expense. Colorado's senior population will grow by almost 50% by 2024-2025. After people with disabilities, seniors are the most expensive demographic group to serve. At the projected rate of increase, seniors could consume almost half the Medicaid budget by 2024-2025. The General Fund contributes $0 to Medicaid expansion under the ACA. An aging population leads to lower General Fund revenues: • Fewer workers • More households living on retirement incomes and changing purchasing patterns • More elders living off savings At current rates, if nothing changes, almost all General Fund revenue will go to three departments by 2030 (K-12 education, health care and prisons). State revenues are constrained by an outdated revenue system and restrictive Constitution. Even though the state is not yet able to meet its needs in areas like education or transportation, the Constitution requires General Fund rebates to taxpayers. Takeaway: a State conversation is needed about updating our revenue system and funding priorities; also a state plan is needed, which is what the Strategic Action Planning Group on Aging is charged with producing.

Review of General Reports			
Survey/Study	Authors	Year	Key Findings/Conclusions
Colorado's Three-Year No Wrong Door Implementation Plan	Colorado Health Institute and the Colorado Department of Health Care Policy and Financing	2016	Colorado faces a demographic sea change over the ensuing decades. The state's LTSS entry point system(s) will face unprecedented demand. The current entry point system(s) is fragmented, lacks capacity to respond to current demand and is not prepared to handle the expected influx of users based on anticipated demographic shifts. To respond to these systemic issues facing the entry point system(s), the state has crafted a cutting-edge plan for a more efficient and consumer-friendly LTSS entry point system, known as a No Wrong Door (NWD) system. After gathering input from a wide range of stakeholders, including Colorado citizens and professionals in this field, the consensus is that the system needs to make the following changes: 1. Provide accurate and timely information delivered in a courteous and easily understandable format for anyone that needs information about how to get help in the home or community with the effects of aging or living with a disability. 2. Allow access to a person to help individuals in need of LTSS, or their loved ones, understand what programs and resources are available so that each individual/family can make informed choices. The goals are to connect people to the right services in the right place at the right time and, to the extent possible, to help individuals remain in their homes and communities. 3. Accelerate changes to current systems and processes so that an individual that might qualify for publically funded programs, such as Medicaid, can apply and enroll easily so that they can quickly receive needed services. 4. Provide direct assistance to individuals transitioning from one care setting to another or help transition from one program to another as their needs or eligibility requirements change. The NWD implementation plan detailed in this report describes the proposed model, developed in partnership with stakeholders, which will ensure that the following six broad functions are conducted statewide by the NWD system: Information, Referral and Awareness; Person-Centered Counseling; Streamlined Eligibility; Person-Centered Transition Support; Individual Populations, Partnerships and Stakeholder Involvement; and Quality Assurance and Continuous Improvement.

Review of General Reports			
Survey/Study	Authors	Year	Key Findings/Conclusions
Who's In, Who's Out: A Look at Access to Employer-Based Retirement Plans and Participation in the States	Pew Charitable Trusts	2016	Because of the differences in retirement plan access and participation across the United States, legislators should consider the unique social and economic features of each state as they try to expand retirement saving through the workplace. • Access and participation rates vary widely across the states and regions. • Access and participation vary based on employer size and industry type. For example, just 22 percent of workers at firms with fewer than 10 employees reported having access to workplace savings plans or pensions. • Plan access and participation differ substantially by employee income. • Younger workers and workers with less formal education are less likely to have access to a workplace retirement plan. • Some of the largest differences are by race and ethnicity. Colorado's retirement plan access rate is reported at 62% while the participation rate is 52%. An estimated 400,000 Coloradans are without access to a retirement plan.

Review of General Reports			
Survey/Study	Authors	Year	Key Findings/Conclusions
Colorado Respite Care Task Force 2016 Report to: Members of the Senate Health and Human Services Committee Colorado General Assembly Members of the House Public Health Care and Human Services Committee Colorado General Assembly	Colorado Respite Care Task Force	2016	The Respite Care Task Force was established by HB 15-1233 to study respite care services in Colorado and report its findings to the General Assembly. The Task Force makes the following recommendations in the report: • That an outcomes assessment/return-on-investment study be completed to demonstrate the economic impact of respite care and its benefits for those served. • Development of a comprehensive statewide training system for respite care providers that includes a standardized training format. • Expansion of the Colorado Respite Coalition's website to serve as the designated website in Colorado for information about respite care and as an access point for services throughout the state. • Development of a centralized community outreach and education program about respite care services in Colorado that includes funding for start-up and ongoing activities, paid staff and leveraging of existing resources to support design and dissemination of materials. • In addition to General Fund and Medicaid dollars that fund some respite care services for certain populations, the Task Force recommends that the General Assembly consider a tax credit for fulltime caregivers and for caregivers' out-of-pocket expenses. • That the General Assembly allow for, and the Department of Health Care Policy and Financing work to, standardize the full continuum of respite care options across all Medicaid waiver programs. • That the State streamline the regulatory requirements for facility-based, short-term, overnight respite care.

Review of General Reports			
Survey/Study	Authors	Year	Key Findings/Conclusions
Measuring Health in Adults 65 and Over: Colorado 2016	The Colorado Cross-Agency Collaborative	2016	Recognizing that Colorado has a multitude of initiatives focusing on improving the health of Coloradans, the Department of Public Health and Environment (CDPHE), Human Services (CDHS), and Health Care Policy and Financing (HCPF) created the Colorado Cross-Agency Collaborative to establish a data strategy, identifying metrics that are pertinent to Colorado as well as identifying gaps where further work is needed. The report is divided into six domains that determine health outcomes of older adults. The domains are: economic determinants, health and social services, behavioral determinants, personal determinants, physical environments, and social environments. Datasets at each of the state health departments were assessed to identify indicators that corresponded with the framework on active aging. Focusing on metrics that determine healthy active aging will allow Colorado to foster a healthier environment for older adults by creating opportunities to live to their fullest potential and enjoy a high quality of life. Through this Collaborative, the state health agencies have aligned metrics that impact the health outcomes of older adults and identified measurement gaps such as the lack of quality of life measures and Medicaid data. Initiatives are already underway to address these gaps and provide data that accurately describes the health and well-being of older adults in Colorado.
The 2016 Colorado Health Report Card	The Colorado Health Foundation	2016	Colorado's seniors continue to score well compared with older adults across the nation. But their grade declined a bit this year to a B+ from last year's A-. A driving force behind the lower grade was a decrease in the proportion of those with a personal doctor or health care provider. Colorado's seniors are now 25th instead of last year's 19th. The proportion of seniors receiving the recommended immunizations and flu shots continues to decline, down to 52.8 percent from 53.9 percent last year. Colorado dropped two places, to ninth from seventh. In 2006, 62.2 percent of Colorado seniors were getting their recommended shots. Colorado's seniors reclaimed first place in physical health from Oregon with more than 77 percent of older adults getting active, up from 76.1 percent a year ago. There is a considerable economic divide when it comes to mental health. Nearly one of five seniors with annual incomes of less than $10,000 reported poor mental health, about four times the rate of seniors with annual incomes of $75,000 or more.

Review of General Reports			
Survey/Study	Authors	Year	Key Findings/Conclusions
2015 Healthy Aging Plan	Keystone Center for the Colorado Department of Public Health and Environment	2015	This Plan is intended to be an additional tool to inform the work of the Strategic Action Planning Group created by HB15-1033 to study issues related to the increasing number of older adults and to issue a comprehensive strategic action plan on aging. It also aligns with federal efforts regarding a National Prevention Strategy. The following five areas of focus are identified as priority areas offering opportunities for improvement related to healthy aging: addressing dementia, fall prevention, diabetes, suicide prevention (older adults are disproportionately at risk), and community-based and family-centered care.

Review of General Reports			
Survey/Study	Authors	Year	Key Findings/Conclusions
Does Colorado Need a Needs Assessment to Improve Services for Aging or Disabled Residents?	The Colorado Health Foundation	2015	The Long-term Services and Supports (LTSS) Needs Assessment meeting was hosted by The Colorado Health Foundation at the History Colorado Center in Denver. At this meeting, there was a shared belief that a well-designed needs assessment would lead to policy development and planning at the local level that could improve the lives of older adults and persons with disabilities. Such a needs assessment could help public and private leaders better focus on innovations and programs that make a real difference in the well-being of individuals and communities and potentially reduce spending and human capital on services that have little impact. A full assessment is needed at both state and community levels to understand supply and demand forces impacting LTSS. However, there was considerable uncertainty expressed about the value of investing in a needs assessment for long-term services and supports in Colorado, especially if it were to be conducted every few years, in light of other public priorities and what is already known about gaps in needed services. Significant design considerations include: the value of statewide versus county or community level data (or both) and the relative costs of each (sample size); the universe of services and social supports that would be included in the definition of “LTSS”; the specific populations that would be surveyed; and the amount of funding that could be sought from various sources. Different perspectives within the LTSS stakeholder community would have to be resolved before a needs assessment could to be designed along with estimated resource requirements, and the relative value of this exercise would have to be weighed compared to other LTSS investments and improvements. In light of competing demands for public (or private) resources, and resolving some of the challenges identified above, some uncertainty was expressed about the ultimate value of a “full blown” needs assessment for LTSS. One potential next step is to support the launch of a web-based resource where all relevant needs assessment tools and data can reside for the public to access. There would be links to methodologies, needs assessment resources, best practices, as well as national surveys, data and tools that relate to the broad area of long-term services and supports (e.g. housing and transportation authorities).

Review of General Reports			
Survey/Study	Authors	Year	Key Findings/Conclusions
Old Age Pension Dental Assistance Program Annual Report FY 2014-2015	Oral Health Program, Prevention Services Division Colorado Department of Public Health and Environment	2015	OAP DAP policies were created to be responsive to the relationship of oral health to overall health and the fact that more seniors are maintaining their natural teeth as they age. Specifically, program rules for preventive oral health services reimburse providers at higher rates and disallow the collection of copayments from participating seniors for these services. A total of $3,257,112 was appropriated from the General Fund in FY 14-15 for the OAP DAP program. The administration of the DAP program included execution of contracts for 31 contractors and collaboration with HCPF staff to ensure a smooth transition of the program and related data. In FY 2015, an estimated 1927 older adults received treatment in the program at an average cost of $1,023 per patient. During the 2014 legislative session, Senate Bill 180 was passed. The purpose of the legislation was to relocate and reorganize the OAP DAP, by moving the appropriation and authority for the program to the Colorado Department of Health Care Policy and Financing (HCPF). This bill created the new Colorado Dental Health Care Program for Low-Income Seniors. Dental health care service grants will be granted by HCPF on or after July 1, 2015. The bill repeals Colorado Revised Statute 25-21 on January 1, 2016, ending the OAP DAP at CDPHE. Given the new availability of state financed oral health care services for seniors in need under Medicaid, and the complexity of administering a grants program that finances care for a substantially similar population and set of eligible procedures, the need for an oral health grants program for low-income seniors is no longer evident. CDPHE recommends reallocating state appropriations, directed to this purpose, to other more pressing oral health and senior health service needs.

Review of General Reports			
Survey/Study	Authors	Year	Key Findings/Conclusions
Colorado Aging Framework: A Guide for Policymakers, Providers, and Others for Aging Well in Colorado	Colorado Department of Human Services and the Colorado Commission on Aging	2015	As Colorado's 'Baby Boomer' population grows older, a number of dynamic changes can be expected among older adults such as: longer life expectancies; decreasing incomes as Baby Boomers age out of the labor force; downward pressure on tax revenues; changes in purchasing patterns; and increasing costs in health care, among others. This combination of variables will pose wide-ranging public and private challenges for Colorado in areas such as housing, transportation, health and long-term support services, public financing and labor force adaption. These challenges also bring a number of opportunities – for new businesses, public-private partnerships, and increased labor force participation by older Coloradans. Compared to other states, Colorado will not experience the greatest increase in the actual number of older adults; however, the rate of change in Colorado is likely to be one of fastest in the nation. The report contains ten goals and a number of corresponding possible strategies to address each goal. The goals relate to topic areas such as public awareness of the age shift and its implications, affordable housing options to address the needs of individuals as they age, transportation options, health care, financial security, access to information and caregiver support, among others.
Colorado State Plan on Aging—Fiscal Years 2016-2019	Colorado Office of Community Access & Independence—Division of Aging & Adult Services	2015	Builds upon findings from previous four-year period and describes primary goals/objectives of the State Unit on Aging (SUA) for the next four years. Primary objectives include implementing effective programs for older adults in Colorado, obtaining data and conducting data analysis to determine outcomes and areas for improvement in existing programs, and focusing SUA involvement in future grants and initiatives. Three primary goals are identified: older adults in Colorado will 1) have the opportunity to live in their homes and have a high quality of life by remaining active, healthy and meaningfully engaged in their communities; 2) be aware of and will have access to services and supports necessary to assist them; and 3) live with dignity, safety and respect. A number of strategies to achieve these goals and performance measures are outlined in the report. While the SUA currently does not have the capacity to track outcomes and performance measures for services provided by AAAs and other funded programs, over the next four years, the SUA will develop a comprehensive data collection system to identify and track performance measures for all programs. Also, over the next two years, the SUA will conduct a thorough review and make improvements to the monitoring and oversight of funded programs and services.

Review of General Reports			
Survey/Study	Authors	Year	Key Findings/Conclusions
Community Living Advisory Group Report: Final Recommendations	Community Living Advisory Group	2014	This report presents the final consensus recommendations of the Community Living Advisory Group and its subcommittees, which have met in person each month since August 2012. The Advisory Group had six subcommittees: Care Coordination, Consumer Direction, Entry Point/Eligibility, Waiver Simplification, Workforce, and Regulations. Broad recommendations are as follows (there are more specific subsets of recommendations included in the report): • Improve the Quality and Coordination of Care • Establish a Comprehensive, Universal System of Access Points • Simplify the State's System of HCBS Waivers • Grow and Strengthen the Paid and Unpaid LTSS Workforce • Harmonize and Simplify Regulatory Requirements • Promote Affordable, Accessible Housing Promote Employment Opportunities for All
Retirement at Risk	Bell Policy Center	2014	Nearly 1 million Coloradans do not participate in workplace retirement plans. 765,000 employees have no retirement program at work. More than half of Colorado's private-sector workers do not participate in workplace retirement plans. Low-paid workers are not likely to be offered retirement plans. Typically, small businesses do not offer retirement plans. Hispanics are least likely to participate in retirement programs. The major reason low-income individuals do not participate in retirement plans is their employers do not offer them. These workers also tend to have periods when they are unemployed, which causes them to lose access to retirement plans. The researchers suggested that the best way to increase coverage for these workers is to create universal workplace retirement plans and to automatically enroll workers, with the option to drop out if workers do not want to participate. 1. Legislation (HB14-1377) has been introduced in the Colorado General Assembly to create the Colorado Retirement Security Task Force. Among the factors the task force is directed to consider are the barriers individuals face in establishing a secure retirement plan; access to employer-sponsored retirement plans and individual retirement products offered; and estimates of the average amount of savings, pensions and other financial resources residents have upon retirement.

Review of General Reports			
Survey/Study	Authors	Year	Key Findings/Conclusions
Colorado's Community Living Plan: Colorado's Response to the Olmstead Decision	Colorado Department of Health Care Policy and Financing; Colorado Department of Human Services; Colorado Department of Local Affairs	2014	On June 22, 1999, the United States Supreme Court found in Olmstead v. L.C. that unnecessary segregation of individuals with disabilities in institutions is a form of discrimination based on disability. Referring to the Americans with Disabilities Act (ADA), the Olmstead decision holds states accountable for providing community-based care whenever appropriate, rather than placing individuals with disabilities in institutional settings. Many states have drafted strategic plans (such as this one) as either a direct result of litigation or to comply with the Olmstead Decision. The plan's goals are as follows: 2. Proactively identify individuals in institutional care who want to move to a community living option and ensure successful transition through a person centered planning approach. 3. Proactively prevent unnecessary institutionalization of people who, with the right services and supports, could successfully live in the community. 4. Increase availability and improve accessibility of appropriate housing options in the most integrated setting to meet the needs of people moving to the community. 5. Support successful transition to community settings, ensure a stable and secure living experience, and prevent re-institutionalization through the provision of responsive community-based services and supports. 6. Increase the skills and expertise of the Direct Service Workforce (DSW) to increase retention, improve service quality and better meet the needs of consumer groups. 7. Improve communication strategies among long-term services and support (LTSS) agencies to ensure the provision of accurate, timely and consistent information about service options in Colorado. 8. Integrate, align and/or leverage (IAL) related systems efforts to improve plan outcomes, eliminate redundancies, and achieve implementation efficiencies. 9. Implement an evaluation plan that supports an objective and transparent assessment of implementation efforts and outcomes. 10. Ensure successful plan implementation and refinements over time through the creation of an Olmstead Plan Governance Structure and supportive workgroups

Review of General Reports			
Survey/Study	Authors	Year	Key Findings/Conclusions
Reaching Our Peak: Creating a Healthier Colorado	Colorado Health Institute	2013	A broad report on overall health issues in Colorado, but contains a section on aging: With the right mix of services and supports, seniors who are reluctant to leave home for a nursing facility or an assisted living center can age in place, while residents of nursing facilities may be able to return to their community or a residential setting. Alternatives to traditional long-term care also include transforming nursing facilities to operate more like private homes. Colorado is just beginning to create alternatives to traditional institutional care. Whether new models will emerge in sufficient numbers to serve the growing senior population remains unknown. Describes Colorado-specific approaches to supporting aging in place, including NORCs (see below), the Colorado Choice Transitions program (which aims to transition Medicaid patients from nursing facilities to community-based housing) and the Green House Home model (a national program for a residential setting with skilled nursing care on site). Naturally Occurring Retirement Communities (NORCs): can be apartment buildings, condominium complexes, or neighborhoods of single-family homes in which a significant number of older residents already live.
Eagle County Community Health Improvement Plan	Eagle County Public Health Agency	2013	This is a broad report of overall health issues in Eagle County, but it contains a section and action plan on Independently Aging in Place: Eagle County's fastest population growth will be residents older than 60. The largest area of growth is expected in the 75 and older group. The increase in older adults is expected to show larger increases than at the state or national level: with Baby Boomers getting older and more retirees moving into Eagle County, the senior population is anticipated to increase by 169% between 2010 and 2020, which will rank Eagle County as first in the state for growth in this demographic. Promoting aging in place in Eagle County will improve the health and quality of years lived by County residents and it is fiscally responsible for the County. Reducing the burden of chronic disease and decreasing falls will provide Eagle County with cost savings, and can also encourage economic development. By creating the systems and resources to allow seniors to "age in place", millions of dollars can be retained in the community as the current economic effect of older adults leaving Eagle County is estimated to be $43 million per year.

Review of General Reports			
Survey/Study	Authors	Year	Key Findings/Conclusions
Aging in Colorado	Colorado Department of Local Affairs—State Demography Office	2012	From 2000-2010, Colorado's growth in its 65 plus population was 4th fastest in the US: Colorado's population over 65 increased by 32% or 133,552. The growth in the 65+ population was faster than the total state population and is the first time in Colorado's history where the population over 65 grew at a faster rate than the state population. Colorado is aging fast (represented by a growth rate of the 65+) primarily due to the current relatively small share of the population over the age 65 and the large group of Baby Boomers and pre Baby Boomers aging into the 65+ age group. Migration and aging are the two factors leading to change in the population over 65. Net in-migration was only responsible for approximately 6,000 of the 133,552 increase Colorado's population over 65, the rest was due to people aging into the 65+ age cohort. It is forecast that the largest growth of leavers from the labor force will occur around the years 2020-2022 – basically when the peak of the "Baby Boom" generation reaches 65 years of age. As the number of people aging out of the labor force increases, more employment opportunities will be created through retirements than through "new" jobs. Understanding that Colorado could be facing a tight labor market in 2022 provides an opportunity to plan and take the most advantage of an increased demand for labor.
Long-Term Services and Supports in Colorado	Colorado Health Institute	2012	Provides a baseline overview of long-term support services (LTSS) in Colorado. Almost 70 percent of individuals 65 and older will require some form of LTSS. This means that upwards of 930,000 older Coloradans will likely require LTSS in 2030 and beyond. Studies show that adults with LTSS needs are more likely than those without to have incomes below the federal poverty level, be age 75 or older, live alone or be female. Medicaid is the largest funder of LTSS for elders and people with disabilities in both the nation and in Colorado. Shifting LTSS services from an institutional basis to more community-based care could not only create potential cost savings in the Medicaid budget but could also increase quality of life by allowing some individuals to remain in their homes as long as possible. Care transitions, for example moving from hospital discharge to home, are often planned poorly. This can lead to increased complications as communication within the health care system breaks down.

Review of General Reports			
Survey/Study	Authors	Year	Key Findings/Conclusions
The Elder Economic Security Standard Index for Colorado	The Colorado Center on Law and Policy; Wider Opportunities for Women; The Gerontology Institute at the University of Massachusetts, Boston	2011	This report presents the Elder Index for Colorado to benchmark basic living expense costs for elder households. It illustrates how expenses vary both by specific Colorado geographic areas and by the circumstances of elder households, including household size, homeowner or renter status, health status and the need for long-term care. The expenses are based on market costs and do not assume any public or private supports. Key findings: • In Colorado, elders cannot meet their basic living expenses if they live at the federal poverty level or the level of the average Social Security benefit. This is true of elders statewide, whether they rent or own a home. • Housing costs (mortgage or rent, taxes, utilities and insurance) put a heavy burden on some elder households, representing as much as half of their total expenses. • The Elder Index shows the significance of health care costs for Colorado elders who must purchase supplemental health and prescription drug coverage to Medicare. • Even elders who are currently making ends meet face an uncertain future if their life circumstances change, such as loss of a spouse/partner or a decline in health status. The need for home and community-based long-term care can more than double an elder's expenses, significantly increasing the income needed to meet basic needs.
Elders Living on the Edge: When Basic Needs Exceed Income in Colorado—Policy Brief	The Colorado Center on Law and Policy and Wider Opportunities for Women	2011	Policy recommendations: 1. Use the CO Elder Index and the CO Self-Sufficiency Standard. Both tools can be used to evaluate existing policies and programs and develop new strategies that address the needs of the aging workforce and older adults. 2. Defend retirement income and assets. Elder economic security is dependent upon the savings and investments workers can build at earlier stages in employment. 3. Support aging in place programs. Affordable housing, Medicaid Aged and Disabled Waivers, housing and utility assistance, home and community-based LTC services and financial and other supports for caregivers all ensure a quality of life for elders that has been earned while they were contributing to the general economy. 4. Re-establish lifelong learning and job skills training. Employment is no longer based on a static set of skills and education, and does not end with the acquisition of a single certificate or degree.

Review of Needs Assessments and Planning Studies				
Survey/Study	Authors	Year	Methods	Key Findings/Conclusions
Why States Need to Stop Counting and Start Measuring to Improve Quality in LTSS	National Association of States United for Aging and Disabilities (presentation 06/2016)	2016		Funding for seniors not keeping pace: from 1980-2015, there was an 86% population increase in adults age 65+ and a 64% funding decrease. The current funding levels are unable to meet the increased need. In 2010, one in eight adults was age 65+; this number will be one in five in 2030. More needs to be done to help seniors stay healthy: • 16% of seniors have no natural teeth • 800,000 dental-related ER visits per year • No Medicare coverage for dental care • Cost of fall-related injuries in 2012: $36 billion. Projected to be $60 billion in 2020. • 1 in 6 seniors are threatened by hunger • 40% of all seniors with disabilities suffer from hunger Aging in place is more cost-effective. In Colorado there is downward pressure on income, sales and property taxes while the cost of health services and Medicaid is increasing. What does this mean? Quality and performance can only improve if we stop measuring activities and start measuring outcomes.
Routt County Health & Human Service Plan 2015 - 2017	Routt County Human Resource Coalition and Routt County United Way	2015		Outlines accomplishments from prior period (2011-2014) as well as goals and mission areas for the current period. The health and human service sector is divided into five mission areas: basic needs, early childhood, youth services, community safety and health and behavioral health services. Much of the Plan focuses on children, but “increasing the number of seniors accessing available services” is identified as a prioritized community need. There are currently a number of unmet basic needs in Routt County, including affordable/accessible housing and lack of support for seniors to live independently. The Routt County Council on Aging aims to keep seniors living independently as long as possible through meeting their emergent transportation needs and by providing nutritious meals either at home or at the community centers. Part of accomplishing this will include a complete needs assessment of seniors in Routt County.

Review of Needs Assessments and Planning Studies				
Survey/Study	Authors	Year	Methods	Key Findings/Conclusions
AAAA Four-Year Area Plan	NWCCOG and Alpine Area Agency on Aging	2015	Public input sessions	The primary goal of the AAAA is to develop a comprehensive and coordinated system of services for its residents age 60+. Public hearings were conducted specifically on the Region 12 Four-Year Area Plan 2015-2019 allowing older adults, local government officials, key informants and other interested parties to add direction to, and comment upon, the indicated service provision and funding uses for the next four years. Soliciting and receiving public input is an ongoing process, however. The Plan describes in detail all current and future programs that apply to older/aging adults in Region 12, including care management services, disease prevention, information and referral, legal assistance, meals, caregiver support, transportation and abuse prevention, among others, and discusses prioritization in those areas based on severity of need, risk of institutionalization, cost-effectiveness and other factors. The Plan also includes a description of underserved populations within Region 12; compared to the rest of the U.S., Region 12 has lower poverty rates among seniors and is also one of the Colorado region s with the lowest senior poverty levels. Jackson County has the highest percentage in the region of those 60+ living in poverty (10%). Demographic projections are also discussed in the report; during the next four years, Colorado's total population will increase by 5%, but the increase for those aged 75-84 is projected to be 38% and for those 85+ is 33%, which is by far the greatest percent increases for those populations in the entire state. The Plan also contains a section on outcomes, strategies and performance indicators for unserved/underserved populations, caregiver programs, transportation programs, legal assistance programs, ombudsman programs, nutrition programs, information and assistance/referral and care management.

Review of Needs Assessments and Planning Studies				
Survey/Study	Authors	Year	Methods	Key Findings/Conclusions
Aging Well in Pitkin County Community Planning Initiative	Pitkin County Senior Services	2014		The Pitkin County Public Health Improvement Plan established priorities for Pitkin County for the next five years. One of those priorities was to address the needs of a growing older adult population by conducting a community strategic planning initiative to identify and implement strategies to create an "aging well" community. The year-long planning process included two community meetings, monthly workgroup sessions, interim steering committee meetings as needed, and a community-wide presentation of the results of the planning efforts. The Plan contains goals, objectives, and action steps to be initiated by 2017. Many steps were underway as of the writing of the final report. Fourteen goal areas related to aging well are identified in the report, including topic areas such as aging in place, safety, support networks, abuse prevention, physical and mental health care, volunteerism, lifelong learning, and access to resources and facilities for older adults. Objectives, action steps, timing, and the parties responsible for oversight and execution are also identified in the report.
Strategic Review of Housing—Aspen/Pitkin County	City of Aspen/Pitkin County Housing Authority	2012		It is reasonable to anticipate that employment trends in Pitkin County will ultimately increase demand on affordable housing. One possible offsetting factor to increased demand for affordable housing is the aging of current affordable housing residents, and potential turnover expected from this population. This turnover is theoretical, however, due to the influence of current policy allowing for individuals to remain in affordable housing after retirement. Pitkin County has experienced a significant increase in its population of seniors, which roughly doubled in size between 2000 and 2010. As these baby boomers continue to retire, there will likely be an increased probability for APCHA inventory to be overwhelmed by retiree occupants/owners. And with growth in the senior population expected to continue outpacing that of the younger, traditional workforce demographic, even with eventual turnover, new retirees will continue stretching existing inventory. It is estimated that approximately 25 existing housing units per year will be lost to retirement over the next 10 years. Thus there will need to be an additional 250 housing units within the next 10 years to support further retirement of workers in affordable housing units.

Review of Needs Assessments and Planning Studies				
Survey/Study	Authors	Year	Methods	Key Findings/Conclusions
Eagle County Housing Needs Assessment Update	Venturoni Surveys & Research, Inc. and the Economic Council of Eagle County	2012		Builds upon 2007 Housing Needs Assessment by Rees Consulting. Mostly examines the shift in housing needs based on revised jobs and employment forecasting for the County post-recession. Since the peak housing demand generated by the workforce in 2007, the number of jobs has dropped dramatically (a decline of 12% from 2007 to 2011). Counterintuitively, the population continued to increase through 2010, albeit quite slowly compared to recent decades. Demographers believe that this divergence in the number of jobs and people has been accompanied by a considerable drop in labor force participation rates, as discouraged workers have not left the county. In this update, the demand for affordable housing from the workers required to replace retiring members of the workforce is calculated in a different way than in the 2007 Needs Assessment. In that 2007 report, it was estimated that 40%, or 5,911, of the workers between 57 and 64 in 2007 would retire by 2015. This resulted in a housing demand of 3,284 units. The new estimates of housing demand from the replacement of retirees – 1,070 from 2011-2015 – is much lower than in the 2007 Needs Assessment report. Recommendation is that the County Housing Department pursues the development of appropriate senior retirement housing options that can provide for the future housing and health care needs of the elderly population. These retirement housing options would free up existing housing units that can be used for workforce housing needs.

Review of Needs Assessments and Planning Studies				
Survey/Study	Authors	Year	Methods	Key Findings/Conclusions
Summit County Public Health Needs Assessment 2012	Corona Insights	2012	Public opinion survey (English and Spanish); focus groups (English and Spanish); review of secondary data; key-informant surveys	The population of people age 65 and older in Summit County grew by over 100 percent between 2000 and 2010 (Summit was one of only five Colorado counties to do so). Additionally, it's projected that the population 65 and older will increase by over 250% from 2010 to 2030. Respondents over 65 were far more likely than their counterparts to consider the quality of life in Summit County 'very good,' with 87 percent giving this response. Low-cost health care options are viewed as necessary in Summit County, but many people don't think that Public Health needs to spend additional money to provide more services. It was widely discussed in the focus groups that much of the county's population is uninsured or underinsured, but it was also discussed that there are some good options for them that already exist. Most of the perceived areas for improvement in health care are related to increasing specialty care options, including geriatric care. Types of geriatric services that were most frequently discussed—and agreed upon to be lacking in Summit County—included doctors and rehab facilities, assisted living facilities, home health companies and home health equipment.
Northwest Colorado Community Food Assessment	LiveWell Northwest	2011	Secondary data collection; food retail mapping; a food availability survey of local stores; focus groups with community members; County-wide survey	Survey respondents indicate, and data show, that food prices are high. The county average cost of the Thrifty Food Plan is 34.3% higher than the national average for 2011 and the average cost of a meal is higher in Routt County than the state ($3.12 versus $2.43). The most common response regarding barriers to accessing fruits and vegetables, from those who did report having barriers, was food prices (29%). Survey respondents indicate, and national data shows, that food prices are high. The county average cost of the Thrifty Food Plan is 34.3% higher than the national average for 2011 and the average cost of a meal is higher in the County than the state ($3.12 versus $2.43). The assessments results, collectively, indicate that healthy foods are available for residents throughout the county, but they are not affordable for all residents. The national data on food "gaps", rates of food assistance program participation, lack of awareness of all available food assistance programs, and high costs of meals point to a significant issue of food insecurity in Routt County.

Review of Community and Targeted Surveys				
Survey/Study	Authors	Year	Methods	Key Findings/Conclusions
2015 City of Aspen Citizen Survey	National Research Center, Inc.	2015	Mail and online	No older-adult-specific questions; about 54% of respondents reported living in employee or affordable housing (either rent or own).
City of Steamboat Springs 2015 Community Survey	National Research Center, Inc.	2015	Mail and online	66% of respondents rated Steamboat Springs as an excellent or good place to retire. 67% of respondents thought that encouraging a mix of housing types for all ages and income levels was essential or very important, and 63% thought that providing affordable housing was essential or very important. About 18% of respondents were age 65 or older and 16% were retired.
Town of Gypsum Community Survey	Regional Institute of Health and Environmental Leadership and the Town of Gypsum	2015	Unknown	No older-adult-related topic areas; mainly addresses growth concerns for housing and the downtown area. No longer asks about retirement status.
Town of Avon Community Survey	Research & Polling, Inc.	2015	Mail/web	No questions related to older adults or senior services; however, survey results were crosstabulated by age.
Town of Vail Community Survey Results	RRC Associates, LLC	2014	Mail and web survey	Continues to track the proportion of retired persons in Vail. 19% of respondents were retired in 2014.
2014 Pitkin County Community Survey	ETC Institute	2014	Mail and phone	70% of respondents were very satisfied or satisfied with Senior Services, 24% were neutral and 6% were dissatisfied. More respondents were satisfied with Senior Services in 2014 (70%) than in 2004 (55%), and 29% of respondents thought that this issue was one of three health-related issues that should receive the most emphasis over the next two years.

Review of Community and Targeted Surveys				
Survey/Study	Authors	Year	Methods	Key Findings/Conclusions
2013 Town of Eagle Community Survey	Venturoni Surveys and Research, Inc.	2013	Mail/web survey of both voters and businesses (percentages to the right are of voters only)	About 14% of residents chose "good place for retirement" when asked why they lived in the town of Eagle. 13% of respondents listed "expansion of senior housing and care services" as one of the top three items that enhance their quality of life. 84% indicated that they purchased their medical prescriptions in Eagle (as opposed to elsewhere) and about 78% reported accessing health care in Eagle. About 49% indicated that senior housing and care was important to them. About 19% rated senior housing and care as good, about 49% rated it as neutral and about 24% rated it as poor. About 9% of survey respondents were retired.

APPENDIX G: METHODOLOGY

Key Actor Survey

The Key Actor Survey was conducted in September and October 2016. A total of 155 NWCCOG Key Actors who were involved in making decisions that affect the lives of seniors (whether through home and health care, recreation or larger policy issues that affect a community's quality of life) were sent a letter or email and asked to complete a survey about the needs of seniors in their community. Thirteen received a mailed invitation to complete the survey online, and 142 were sent an email and invited to complete the survey online. As of October 17, 2016, 47 of the 111 stakeholders who received an invitation had completed the survey. Their responses are summarized in this appendix.

Facility Inventory

An inventory of existing senior services was completed. NRC staff used the service inventory completed in 2010 as the basis for the new inventory. NRC staff compared the 2010 inventory to the 211 service locator Web site and added new services. Using the 211 and internet search engines, NRC staff confirmed which 2010 service providers were still providing services and removed those that were not. Additionally, internet search engines and published reports on services were used to find additional service providers in each county, city or town, or to confirm that specific services were not available in these sub-regions.

NWCCOG staff reviewed these lists and provided input on missing service providers and published reports that would help locate service providers.

Secondary Data Review

NRC staff gathered and synthesized reports produced in and about older adult needs and services in the NWCCOG region. Reports were included in the analysis if they 1) contributed information to older adult needs in the NWCCOG region, 2) they were a reflection of current needs and 3) were produced between 2010 and 2016. To begin this process, NWCCOG staff shared relevant documents that they were aware of by providing PDFs, URL links or information about potential sources. Additionally, NRC staff conducted Web searches, reviewed bibliographies from collected documents and reviewed websites known to do related research. All reports were reviewed and items relevant to older adults in the NWCCOG region were summarized in a literature review. See *Appendix F: Secondary Data Review* for a complete list of reports along with their descriptions.

CASOA™

Results from the implementation of the Community Assessment Survey for Older Adults (CASOA™) survey are provided in *Appendix B: CASOA Results 2016, Appendix C: CASOA Results by County* and *Appendix D: CASOA Responses Compared with Key Actor Responses*.

Additional detailed results from the CASOA™ implementation are provided under separate cover (CASOA™ reports). We outline the methodology on the following page.

The CASOA™ was developed to provide a statistically valid survey of the strengths and needs of older adults as reported by older adults themselves in communities across America. Findings are intended to enable local governments, community-based organizations, the private sector and other community members to understand more accurately and predict more carefully the services and resources required to serve an aging population. Results will help stakeholders to shape public policy, educate the public and assist communities and organizations in their efforts to sustain a high quality of life for older adults. The objectives of the CASOA™ are to:

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

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

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

Data Collection Methods Used in the CASOA™

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

Survey Questionnaire Development

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

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

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

Survey Sampling

"Sampling" refers to the method by which survey recipients are chosen. The "sample" refers to all those who were given a chance to participate in the survey. A sample of residents in the area 60 years of age and older was purchased from several reliable vendors. Although the purchased list of known senior households contained names of the residents 60 years and older, no name was printed on the survey envelope; instead, the survey was addressed to "resident."

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

Survey Administration

Survey mailings occurred in June 2016. Each sampled household received three mailings. The first mailing was a prenotification postcard announcing the upcoming survey. A week after the prenotification postcard was sent, the first wave of the survey was sent. The second wave was sent one week after the first. The survey mailings contained a letter from the directors of NWCCOG inviting the household to participate in the survey, a questionnaire and postage-paid envelope in which to return the questionnaire. Completed surveys were collected over six weeks.

Survey Response Rate and Confidence Intervals

Overall, 184 of the postcards were returned as undeliverable because they either had incorrect addresses or were received by vacant housing units. Of the 2,166 households receiving the survey mailings, 492 completed the survey, providing an overall response rate of about 23%.

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

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

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

The practical difficulties of conducting any resident survey may introduce other sources of error in addition to sampling error. Despite best efforts to boost participation and ensure potential inclusion of all

older adults, some selected households will decline participation in the survey (potentially introducing non-response error) and some eligible households may be unintentionally excluded from the listed sources for the sample (referred to as coverage error).

Survey Processing (Data Entry)

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

Once all surveys were assigned a unique identification number, they were entered into an electronic dataset. This dataset was subject to a data entry protocol of "key and verify," in which survey data were entered twice into an electronic dataset and then compared. Discrepancies were evaluated against the original survey form and corrected. "Range checks" (examination of the data for invalid values) as well as other forms of quality control were also performed.

Survey Data Weighting

The demographic characteristics of those completing the survey were compared to those found in the 2010 Census estimates and other population norms for residents age 60 and older living in the NWCCOG region because the more current American Community Survey (ACS) estimates were not available for all municipalities within the NWCCOG region and because ACS data for racial/ethnic information is not broken down by age group. Sample results were weighted using the population norms to reflect the appropriate percent of those residents. Other discrepancies between the whole population and the sample also were aided by the weighting due to the intercorrelation of many socioeconomic characteristics.

The variables used for weighting were ethnicity (Hispanic or not Hispanic), area (community within the NWCCOG region), and sex and age. This decision was based on the disparity between the survey respondent characteristics, the population norms for these variables and the saliency of these variables in detecting differences of opinion among subgroups.

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

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

The results of the weighting scheme for the NWCCOG region are presented in the following table.

Table 147: Weighting Scheme for the 2016 NWCCOG CASOA™

	Population Norm[1]	Unweighted Data	Weighted Data
Race and Ethnicity			
White	97%	97%	97%
Not white	3%	3%	3%
Not Hispanic	95%	99%	97%
Hispanic	5%	1%	3%
Sex and Age			
Female	47%	52%	47%
Male	53%	48%	53%
60-64 years of age	43%	35%	43%
65-74 years of age	41%	47%	41%
75+ years of age	17%	18%	17%
Females 60-74	20%	18%	20%
Females 75-84	19%	25%	19%
Females 85+	8%	8%	9%
Males 60-74	22%	17%	23%
Males 75-84	22%	21%	22%
Males 85+	8%	10%	8%
Area			
Eagle County	29%	17%	28%
Grand County	14%	15%	14%
Jackson County	2%	7%	2%
Pitkin County	17%	11%	17%
Summit County	20%	34%	20%
Carbondale	4%	3%	4%
Glenwood Springs	7%	5%	8%
Steamboat Springs	8%	8%	7%

[1]*Source: U.S. Census Bureau - Census 2010*

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