

Aging

Problem:

Unmet physical, mental, and social needs of an aging population due to complex and limited resources/ services and inadequate personal planning.

Communities across the United States, including Washington County, are beginning to see a rapid increase in the population aged 65 and over. In 2011, the largest baby boom generation, those born between 1946 and 1964, will begin to turn 65.¹ By 2030, when the baby boomers have reached the age of 65, the number of older Americans is expected to reach 71 million, roughly 20% of the U.S. population.² At that point, approximately 1 in 5 people in Washington County will be 65 years or older.³ Washington County residents will also be living longer. Minnesota ranks second in the U.S. (after Hawaii) for life expectancy at 76.5 years for males and 81.3 years for females.⁵

A common response in the 2008 Community Health Assessment Senior Survey, as in typical surveys of the elderly, is that people want to stay in their own homes and communities as they age. In order to assist the elderly to remain in the community and maintain safety, health, independence and community connectedness, access to services and supports will need to be provided. These services and supports include health care, housing, transportation, public safety, financial planning, and health education.

Health and Well-being

Health Care: Accessible, available and affordable health care is a growing concern among the elderly. Access can refer to location of the provider and if transportation is available. Availability is important – there may not be a provider for a certain service available at the time of need or the service may not be covered under an insurance plan. Affordability refers primarily to the rising costs of co-pays, medical insurance premiums and prescription drugs.



Chronic Diseases: Older adults have expressed concerns with chronic diseases such as Alzheimer's, diabetes, heart disease, cancer, stroke and arthritis. The average 75-year-old has three chronic conditions and uses five prescription medications⁶ These chronic conditions can limit the ability of the older adult to complete tasks such as dressing, eating or bathing. Access to affordable health care and preventative education is key to help decrease chronic disease in the community (see Chronic Disease section).

In Washington County, the three leading causes of death for those age 65 years and older is cancer, heart disease and stroke. In 2007, the leading causes of hospitalization for individuals age 65 and older was heart disease, cancer, stroke, infections/parasites and pneumonia.

Alzheimer's Disease: Five percent of men and women age 65-74 and nearly half of the population age 85 and older have Alzheimer's Disease. The number of people with this disease doubles every five years after age 65.¹² Research has found risk factors for Alzheimer's to be similar to heart disease and stroke; high blood pressure, high cholesterol, and low folic acid which may increase the risk for Alzheimer's, along with a possible genetic link. Currently, there are 1,319 deaths from Alzheimer's in Minnesota each year, with white females having the highest rates, followed by African American females. Hispanic persons have the lowest

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death rates, with male Hispanics' rate being the lowest of all groups, at 10 per 100,000.¹² In Washington County, Alzheimer's disease accounted for 3.5% of all deaths in 2006, making it the 7th leading cause of death that year.

Osteoporosis: Osteoporosis (low bone mass) is a major public health threat for an estimated 44 million Americans. About 10 million people have the disease and almost 34 million more are at risk for developing osteoporosis due to low bone mass. Of those with osteoporosis, 8 million are women and 2 million are men. Osteoporosis leads to an increased risk of fracture, especially of the hip, spine, and wrist. Any bone can be affected, but fractures of the hip and spine are a special concern. A hip fracture commonly requires hospitalization and major surgery. It can impair a person's ability to walk unassisted and may cause prolonged or permanent disability or even death. Spinal or vertebral fractures also have serious consequences, including loss of height, severe back pain, and deformity. In 2005, osteoporosis-related fractures were responsible for an estimated \$19 billion in costs.¹¹ Local data on osteoporosis is not available.

Food: An estimated 4 million older adults in the U.S. suffer from the inability to afford, prepare or access food.⁷ Adequate, accessible and affordable nutrition options are critical to health and wellness and prevention or management of chronic diseases. Home delivered meals and congregate dining may improve socialization for a population that may otherwise be isolated. Concern was expressed by seniors in the 2008 Community Health Assessment Senior Survey about the ability to physically prepare food as one ages and about the rising costs of food.

Exercise: Exercise has been proven to improve health and cognition, decrease chronic disease and increase muscle strength, balance and bone density. A wide variety of safe and affordable exercise options should be made available to the aging population depending on a person's current level of functioning.

Mental Health: According to *Mental Health: A Report of the Surgeon General*, 8-20% of older adults in the community (and up to 37% in primary health care settings) have symptoms of depression. Many experts predict that the aging baby boom population will usher in a major increase in demand for mental health services.¹ Treatment options for mental health are limited and the stigma that accompanies mental health issues may decrease the number of individuals who seek professional help. Mental health issues may then cause social isolation leading to loneliness and other health problems or concerns (see Mental Illness section).

Limited social engagement or social isolation can decrease an aging adult's physical health, mental health, and cognition. Remaining active in the community provides an opportunity to feel connected with others and increase overall health. Access to social opportunities, volunteering, or continuing to work for the aging population will help to maintain the health and well-being of the aging population.

Caregiving: In Minnesota, 92% of long-term care services provided to frail elderly are provided by family members and other informal sources, such as friends and neighbors.¹ A decrease in the number of caregivers in the future will happen for many reasons, including: longer life expectancy of the aging population, a decrease in the number of younger family members, and an increase in the number of caregivers who are still in the workforce. Another newer caregiving trend is grandparents who care for their grandchildren or other family members. Support, education and resources are needed for the growing number of caregivers to help them remain healthy and to educate them regarding supports and services available in the community.

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Housing

According to a study provided by Maxfield Research, Comprehensive Housing Needs Assessment for Washington County, 2007:

- ◆ The greatest growth in Washington County from 2007 to 2020 will be among people age 55 to 74, as their population is projected to nearly double in 13 years.
- ◆ 12% of total housing demand in Washington County between 2007 and 2030 is expected to be senior housing (including rentals, for-sale, congregate, assisted living and memory care).
- ◆ Total projected rental demand from 2007 to 2030 will be 8,900 units. Of those, 5,400 units (61% of the rental demand) will be senior rentals.
- ◆ Very few new single-family homes priced under \$325,000 (in 2007 dollars) are projected to be built to satisfy demand from moderate-income buyers.
- ◆ There is a limited supply of supportive housing to serve individuals and families suffering from severe mental illness and/or chemical addiction.
- ◆ Average monthly rents for senior rental housing in the county reflect the level of services provided in the building. Costs range from an average of \$980 for a one bedroom apartment to \$4,080 for a memory care assisted living.
- ◆ There are 19 affordable senior housing developments in Washington County. Vacancy rates are very low because affordable housing is need driven, as opposed to being driven by consumer choice.
- ◆ The average re-sale price for a single family home in Washington County in January 2007 through June 2007 was \$345,777.
- ◆ There are over 114 adult foster care facilities in the county. Foster care can service a person with developmental disabilities, mental illness, traumatic brain injury or the elderly.

With the increase in the aging population, there is a growing need for safe, affordable, appropriate, accessible and maintained senior housing.

Aging adults have the choice to “age-in-place” (continue to live in their own home) or to relocate to a residence that may more appropriately meet their needs. Washington County residents who choose to continue to live in their own homes as they age may need to make modifications to their home to accommodate their changing needs and also to remain safe at home. Residents who choose to “age-in-place” may also need additional assistance with home maintenance. All housing options should be close to accessible transportation or within walking distance from health services, social opportunities and basic needs (such as shopping).

Transportation

By 2030, 25% of licensed drivers in the United States will be over the age of 65.⁷ The aging process can affect the ability to drive due to physical and cognitive limitations. This may cause social isolation, limit access to health services and result in loneliness and depression. Access to transportation is a key factor in assuring that seniors remain mobile and independent. It was identified as one of the primary challenges for meeting the needs of the aging population in the future by the International City/County Management Association, the National Association of Area Agencies on Aging and the National Association of Counties.

Transportation is the key to community access. Community supports are only as valuable as the access allows. Without a widespread accessible transportation system, community supports can not be used to their full

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potential. Older adults who can not drive any longer may have access to needed services if there is transportation that is available, adequate, and affordable. Roads can be made safer for older adults who are able to drive. Left hand turn lanes, larger road signs and grooved lane dividers can help to accommodate older drivers (see Transportation section).

Public Safety

Aging adults may be vulnerable during emergencies such as floods, fires, extreme heat or cold and terrorism. Specialized needs of the aging population should be taken into consideration during emergencies and emergency planning (see Emergency Preparedness section). First responders need to be trained to recognize physical limitations of older adults which may require additional resources and time spent on response activities. First responders should also be able to recognize signs of dementia and medication needs of older adults. During emergencies, older adults who are living alone may need to be contacted to determine if their basic needs are being met.

Supportive Services

The latest estimates project that 69% of the elderly population will develop disabilities before they die and 35% will eventually need nursing home level of care. Close to 20% of those age 65 and over will need at least three years of long-term care, in their home or in a congregate setting.¹

Many elderly would like to “age-in-place.” The aging population may be able to remain at home with accessible, affordable and appropriate service and support options. These supportive services may include, but are not limited to: home health aid, homemaker, chore, skilled nursing, home delivered meals, physical therapy, financial case management, caregiver support, education, training, and adult day services. These services may be difficult to access due to limited awareness of resources available, lack of knowledge of how to access services and limited providers of services.

Maintaining independence and safety in the community with services when appropriate is less expensive than residing in a nursing home. The average annual cost for a private room in a nursing home in the Minnesota metropolitan area is \$62,355 and \$76,460 nationally. The average annual cost for a semi-private room in a nursing home is \$53,229 and \$68,408 nationally. Average costs for a Medicare certified home health aide is \$21,840 annually for 15 hours of care per week.⁸

Increasing knowledge of services and supports available to the aging community may decrease chronic disease, decrease mental illness, increase awareness of services and supports available for mental illness, increase physical activity, and assist in maintaining independence, safety, health and community connectedness.

Financial Planning

Many older adults are not adequately prepared for retirement due to the increase in life expectancy, the increase in medical and pharmacy costs, the decrease in the value of pensions and other retirement savings plans, and the rise in the overall cost of living. A study completed by the University of Minnesota indicates that about 29% of Minnesotans are at a very high risk of having inadequate income for retirement. Another 17% were at moderate to high risk of income insecurity in retirement. In total, this equates to about 46% of Minnesotans being at-risk of having inadequate incomes for retirement.¹

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Saving for retirement and future needs is a major concern for aging adults. If the aging population does not plan for retirement and does not have adequate retirement income, government programs such as Medicaid, food programs, and housing programs may be strained. People may be unable to maintain their current standard of living and additional assistance may be needed for those with limited incomes.

Community Feedback

Through a series of community input tools, residents expressed a wide variety of growing concerns for the aging population in Washington County. When asked about key health and environmental concerns, respondents of the Senior Survey listed rising health care costs, air quality, water quality, physical activity needs, nutrition and vision issues. When asked what they needed help with or wanted information about, common responses were help with chores, health information for seniors, transportation, exercise, water quality and caregiving. Additional topics of concern were housing and the rising cost of living.

Respondents to the Community Health Assessment on-line survey expressed a *major concern* or *some concern* for the following issues:

◆ Mental health issues of seniors	88.4%
◆ Living independently	88.0%
◆ Abuse & neglect of seniors	87.4%
◆ Transportation needs among seniors	87.0%
◆ Motor vehicle safety among seniors	85.7%
◆ Falls among seniors	81.7%
◆ Poor nutrition in seniors	76.0%
◆ Physical inactivity among seniors	72.0%

Respondents stated a *major concern* or *some concern* for various chronic diseases:

◆ Stroke	86.7%
◆ Heart disease	86.2%
◆ Cancer	86.0%
◆ Diabetes	85.2%
◆ High blood pressure	85.1%
◆ Arthritis	82.1%

Several comments listed Alzheimer's/dementia as a major concern also.

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Community Feedback continued

Many suggestions for aging action planning were suggested at a community partner meeting held in the spring of 2008 and included:

- ◆ Focus on caregiving needs, particularly with assisting families with reducing the caregiving burden
- ◆ Focus on a caregiver coordinator model to work as the primary caregiver or coach – one person who coordinates all services for the senior. This is a model currently being used by Human Services, Inc. and by Family Means
- ◆ Provide more education on aging resources
- ◆ Fund more adult day and caregiver support programs
- ◆ Create a one-stop-shop resource center where seniors could get all types of help and resources on a variety of topics (a facility/website/live voice, etc)
- ◆ Improve the transportation system for the aging population. Coordinate and expand current transportation stops with transportation agencies. Install more benches at bus stops for seniors and reduce layover times between transfers, so time spent waiting is reduced

Additional information on transportation was received through a transportation survey conducted by the Washington County Transportation Networking group (for senior results, see Transportation section).

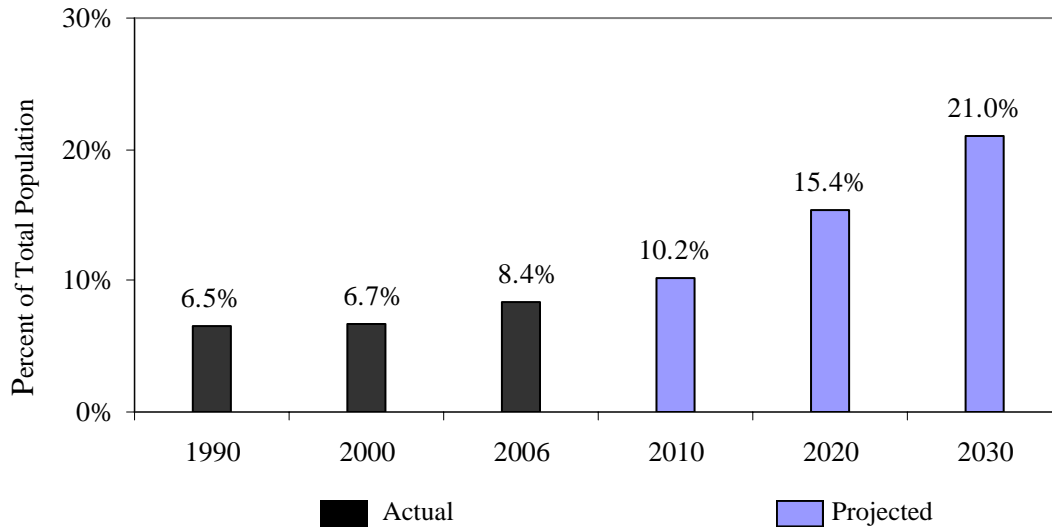
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Key Data

Figure 1.

Population Age 65 & Over - Washington County



Source: U.S. Census Bureau, Minnesota Demographic Center forecasts

Figure 2.

Washington County Meals on Wheels Service Provided by Human Services, Inc. (HSI)

Description	2002	2003	2004	2005	2006	2007
Number of meals served	56,409	59,175	59,987	59,516	60,478	66,025
Number of homebound persons served	511	531	515	492	437	513

Clients: Frail elderly and/or those with disabilities who are homebound and unable to manage meal preparation who need a noon meal to meet their nutritional requirements. Ninety-one percent of homebound persons served in 2007 were age 65 and over.

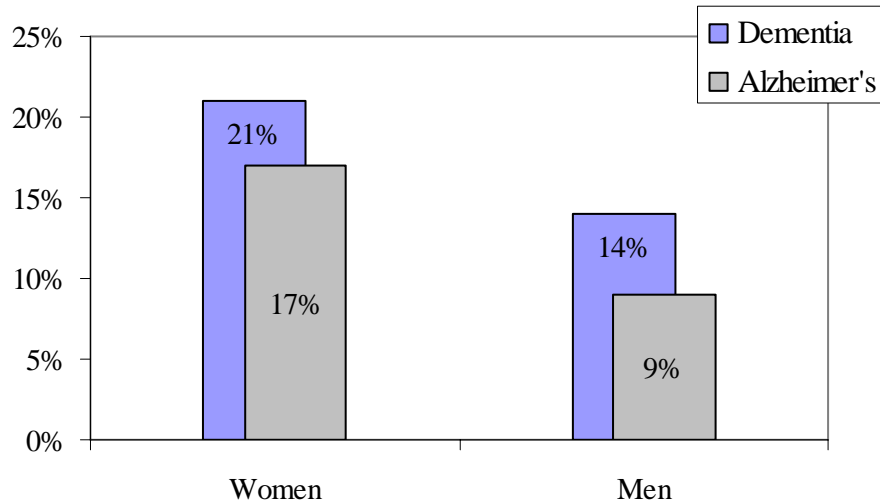
Source: Human Services, Inc., Year End Outcomes Report 2007

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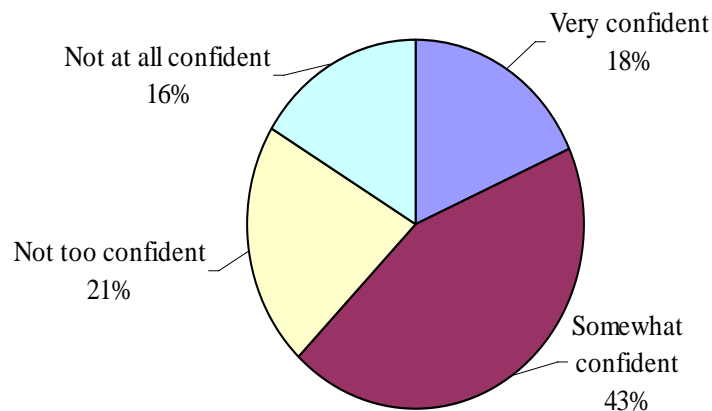
Figure 3. **Percent Who Will Develop Dementia and Alzheimer's Disease in Their Remaining Lifetime if They Live to be at Least Age 55**



Source: Framingham Heart Study, 2008 Alzheimer's Disease Facts and Figures, Alzheimer's Association. U.S. population.

Figure 4.

Confidence to Live Comfortably Through Retirement, Working Adults, U.S., 2008



Source: Employee Benefit Research Institute, Retirement Confidence Survey 2008. * Working adults surveyed, U.S.

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Figure 5.

**Top 10 Causes of Death Adults Aged 65 or Older
Washington County, 2006**

Cause	Total Number of Deaths	Percent of All Deaths
Cancer	194	24.8%
Heart Disease	160	20.5%
Stroke	49	6.3%
Chronic Lower Respiratory Disease	47	6.0%
Alzheimer's	36	4.6%
Diabetes	31	4.0%
Unintentional Injury	21	2.7%
Hypertension	17	2.2%
Nephritis (kidney disease)	15	1.9%
Pneumonia & Influenza	10	1.3%

Source: Minnesota Department of Health, Minnesota County Health Tables, 2006

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Figure 6.

Costs of Long-term Care in Minnesota, 2008		
Type of Care	Monthly Cost	Annual Cost
Nursing Home (private room)	\$5,196	\$62,355
Nursing Home (semi-private room)	\$4,436	\$53,229
Assisted Living (private 1-bdrm)	\$3,677	\$44,125
Home Health Aide (Medicare certified) ¹	\$1,820	\$21,840
Home Health Aide (non-Medicare certified) ¹	\$1,325	\$19,500

¹ Home health aide costs based on average hourly rates for 15 hours per week.
Source: Genworth Financial Costs of Care Survey, 2008

Figure 7.

Percentage of People Living in Poverty Aged 65 and Over, Washington County		
	2005	2006
Percent of individuals aged 65 & over living in poverty	3.4%	4.8%
Total estimated number of seniors aged 65 and over	17,642	19,305
Total estimated number of seniors living in poverty	600	927

Source: American Community Survey (ACS) 2005, 2006, U.S.Census Bureau

Poverty statistics in ACS products adhere to standards specified by the Office of Management and Budget in Statistical Policy Directive 14. The poverty threshold for 2006 for a person aged 65 and older was \$9,699 and for 2005 is was \$9,367. Data for Washington County is not available prior to 2005 from the ACS.

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Key

Figure 8.

**2005 Survey of Older Minnesotans - Statewide Population 65+
Help with Functional Activities Because of a Health or Physical Problem**

Activity	Percent Receiving Help
Doing light housework	88.4%
Doing heavy housework	79.8%
Managing money	75.0%
Shopping for groceries	71.8%
Preparing own meals	70.7%
Mobility (getting outside)	58.5%
Personal care	56.4%
Getting dressed	45.6%
Using toilet	23.7%
Transfer from bed or chair	18.2%

Source: Status of Long-term Care in Minnesota, Minnesota Department of Human Services, June 2006, Survey of Older Minnesotans, 2005

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Key Data

Figure 9.

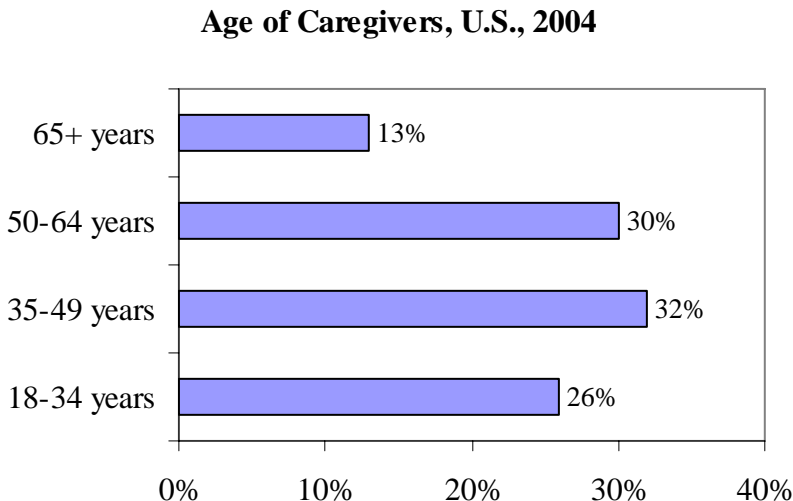


Figure 10.

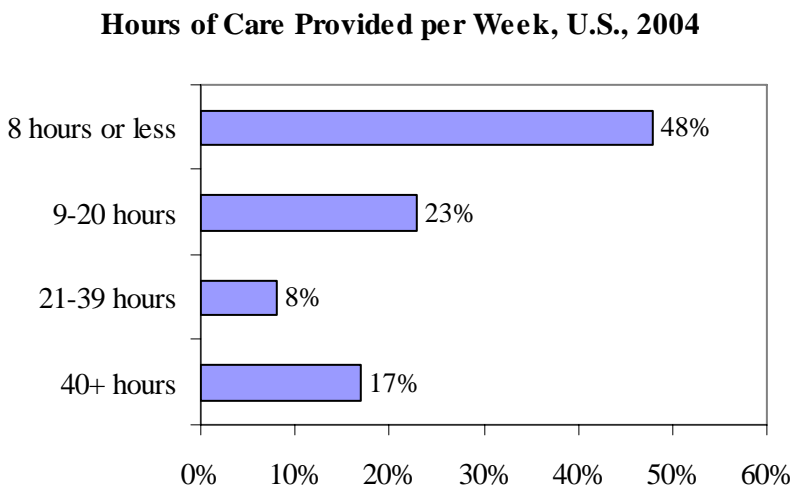
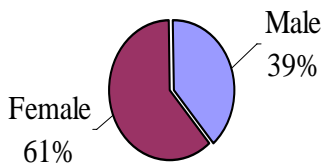


Figure 11.

Gender of Caregivers, U.S., 2004



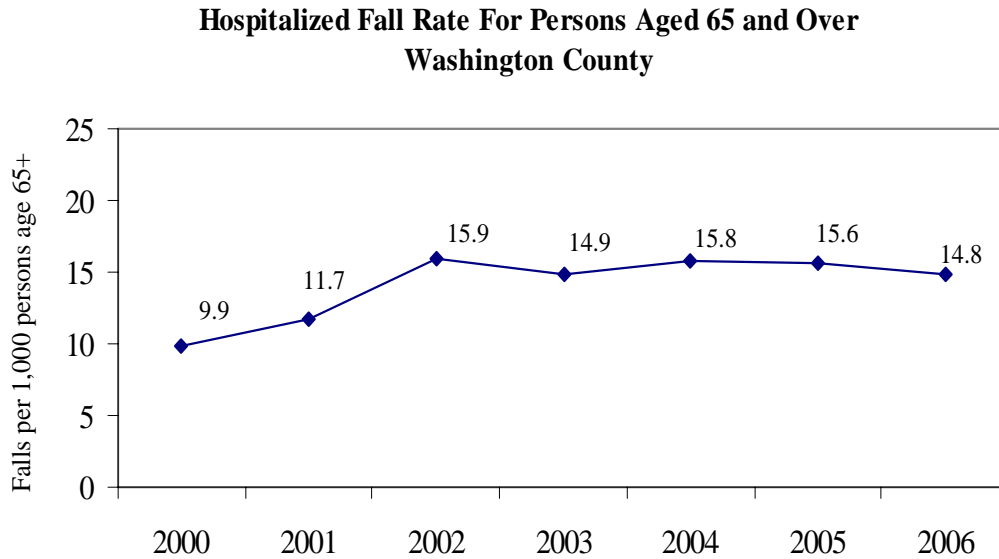
Source: Caregiving in the U.S., National Alliance for Caregiving and AARP, 2004

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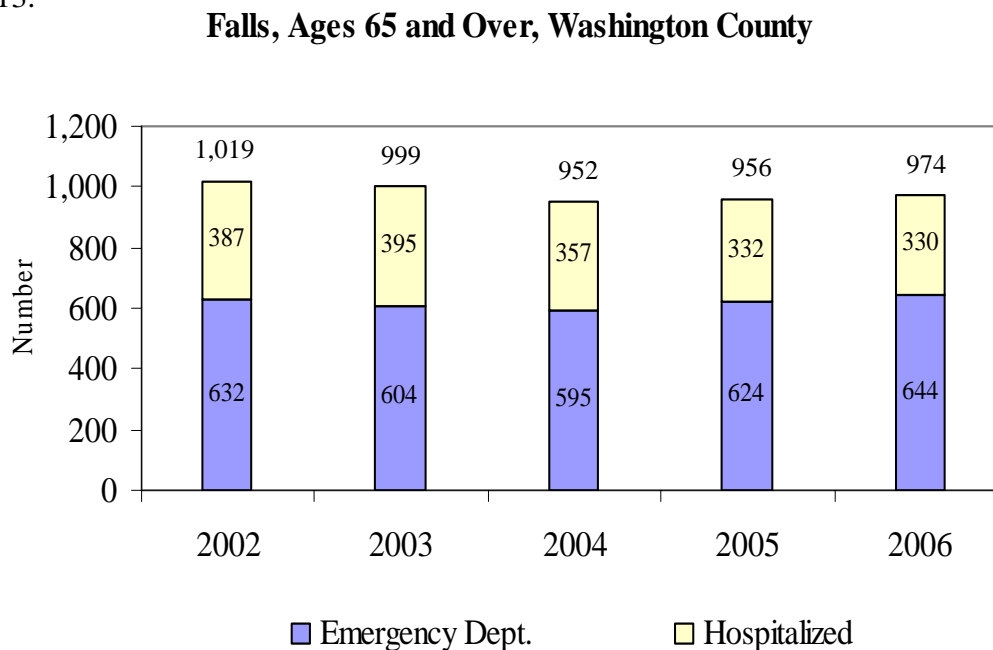
Key Data

Figure 12.



Source: Minnesota Department of Health, Minnesota County Health Tables

Figure 13.



Source: Minnesota Department of Health, Injury and Violence Prevention Unit, MIDAS Report

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Community Assets

- ◆ Availability of home and community-based services, such as home delivered meals, nurse visits, chore services, assisted livings
 - ◆ Senior Linkage Line (information available by a telephone help-line)
 - ◆ Senior Centers located throughout the county
 - ◆ Subsidized housing is available
 - ◆ A variety of assisted living facilities and nursing homes
 - ◆ Faith based organizations providing services and outreach to seniors
 - ◆ Quality primary care services (hospitals and clinics)
 - ◆ Growing awareness of the aging of the baby boom generation and the related impact on society is growing
 - ◆ Family Means caregiver support and education
 - ◆ Home delivered meals for seniors
-

Community Gaps and Risks

- ◆ Limited amount of affordable housing
- ◆ Transportation options are limited
- ◆ Limited caregiver supports, respite
- ◆ Shortage of health care workers
- ◆ Limited health promotion programs for seniors
- ◆ Limited mental health and chemical health services specifically for seniors
- ◆ Volunteers decreasing for delivery of Meals on Wheels
- ◆ Limited access to services and supports in community due to:
 - Complex infrastructure and difficulty of navigating through options (health plans, Medicare Part D, etc)
 - Lack of knowledge of services and supports available in Washington County
 - Limited education and outreach to educate the community regarding services and supports available in community due to limited resources to provide such education
- ◆ Community-based, comprehensive and long-range planning to prepare for and address the needs of the aging population does not exist in the county.

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Summary

People age 65 and over will soon be the fastest growing population in Washington County. Meeting the needs of these residents will require communities, businesses, government, health care and non-profit organizations to work collaboratively. Supports, services and resources can be difficult to access due to a fragmented and complex infrastructure, limited resources, limited awareness of existing resources and how to access them, and also inadequate personal planning. Assessing and evaluating current policies, practices, programs, services and needs of the aging population is essential in order to ensure that the aging population is aware of and has access to appropriate and affordable supports, services and resources in the community.

Addressing the needs of the aging population will benefit persons of all ages who work, reside, and congregate in the community. It will also ensure that all residents are knowledgeable about community resources and supports and know how to access them. Program efforts and goals should ensure that the elderly maintain quality of life, safety, health, independence, and community connectedness.

Sources

- ¹ Department of Human Services, Minnesota Board on Aging: “Transform 2010”
- ² Centers for Disease Control and Prevention. Public Health and Aging: Trends in Aging-United States and Worldwide. *MMWR* 2003;52(06):101-106.
- ³ U.S. Census Bureau, Minnesota Demographic Center forecasts
- ⁴ Minnesota Department of Health: “Creating Healthy Communities for an Aging Population”
- ⁵ U.S. Census Bureau, Population Division, 2005 and Minnesota Demographic Center
- ⁶ The State of Aging and Health in America, 2004, Merck Institute of Aging and Health. www.cdc.gov/aging
- ⁷ The “Maturing of America – Getting communities on Track for an Aging Population,” International City/County Management Association, National Association of Area Agencies on Aging, the national Association of Counties, and Partners for Livable Communities. The project surveyed more than 10,000 local governments.
- ⁸ Genworth Financial Costs of Care Survey, 2008