

Aging in Boulder County

Past, Present, Future Report
September 2019



**AREA AGENCY
ON AGING**

Community Services Department

Report Structure and Purpose

This report is organized based on the AARP and WHO Age-Friendly Communities framework, which uses a foundation of eight domains that constitute an age-friendly community. In addition to the eight domains below, we have highlighted six subpopulations, specific segments of our community's population who may encounter greater barriers or be at higher health and/or social risk. The purpose of this report is to communicate to our community the past, present, and future demographic trends and perceptions and experiences of older adults who live in Boulder County. This report is intended to be used to inform local dialogues and planning initiatives that will encourage and foster a more age-friendly Boulder County.

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Executive Summary

Boulder County is experiencing an unprecedented change in its population: the proportion of older adult residents (people age 60 and older) is greater and growing faster than ever before. Between 2020 and 2050, the county's overall population increase is projected to be 33%. Compare that against the older adult population increase of 58% and the 80+ population increase of 244%.¹ We are getting older.

Communities across the globe are realizing a similar demographic trend. Through a common "Age-Friendly Communities" framework developed by AARP and the World Health Organization, communities are drawing attention to this trend, bringing residents and stakeholders together to understand, advocate, and enhance systems and thinking to better support active and healthy aging for all. Boulder County is one of these communities.

This report offers a synthesis of the experiences and demographic trends of older adults in Boulder County and was created to generate dialogue and draw attention to our strengths and challenges as a community, one that strives to be as age-friendly as possible. The findings of this report, alongside the feedback and ideas we receive from the community, will result in a new Age Well Strategic Plan for Boulder County in 2020.

The qualitative and quantitative data used in this report were derived from primary and secondary sources. A multi-stakeholder group that included county, municipal, and nonprofit organizations held 22 community conversations throughout Boulder County in the summer of 2018, drawing a total of 277 participants who shared their perspectives and experiences of aging, caregiving, or working with older adults in our community. A key informant survey was conducted to gain insights and perspectives from 183 professionals, advocates, and volunteers across industries and sectors in Boulder County that interface with older adults.

In 2018, the Colorado Association of Area Agencies on Aging contracted with National Research Center, Inc. to conduct the Community Assessment Survey of Older Adults™ (CASOA) for each Colorado county in 2018, a project funded by the NextFifty Initiative. Boulder County conducted the CASOA in 2010 and 2014 for strategic planning purposes. For Boulder County's 2018 CASOA effort, 688 surveys were returned for a +/- 4% margin of error on a statistically valid sample of the county's older adult population. Other data sources used in this report include the Colorado State Demography Office, as well as many other local, state level, and national data sources that help paint a picture of the current and future state of aging in Boulder County.

What follows in this executive summary are the highlights from our qualitative and quantitative research. For more detailed information, please continue reading this report beyond the executive summary.

The proportion of older adults in Boulder County is dramatically increasing relative to all other age groups and will stabilize by 2040.

The rising number and rate of older adults in the county's population will continue until around the year 2040, when it will hold steady for the foreseeable future. This counters some popular assumptions that the aging population, driven by the Baby Boomers, is a one-time fluctuation. In reality, adults in the Generation X and Millennial generations will maintain these levels for decades to come.

Adults 80+ years old are projected to increase 244% by 2050.

Some of the most striking demographic data projections for Boulder County involves the “older old” segments of our population. In volume as well as growth, we are on the cusp of a dramatic increase in older adults age 80+, many of whom wish to remain in their Boulder County homes and communities for the remaining years of their lives.

Older adults in Boulder County are more active than in most other communities, but as we live longer, incidence of chronic disease and disability are rising.

Boulder County’s older adults tend to be more physically active than the Colorado average, with 86% engaging in moderate or vigorous physical activity² compared to the state average of 76%³. Still, the leading causes of death and disability in Boulder County are related to chronic diseases, many of which are experienced in greater number and depth as we age.⁴ Included in the top 10 causes of death in Boulder County are cancer, heart disease, chronic lower respiratory diseases, Alzheimer’s, and Parkinson’s.⁵ Over half of the US adult population has at least one chronic condition, and four in ten adults have at least two. With a higher number and rate of older adults in our population, we will also see higher rates of multiple chronic conditions as well as disabilities.

There are groups in our community who have unique needs.

Not everyone experiences aging, systems, and services the same way. Racial and ethnic minorities, LGBTQ+ adults, long-term care residents, mountain residents, low-income residents, and many others experience particular challenges and gaps in navigating and accessing services and resources in our community.

Ageism exists in our community and many images of aging are not true to lived experiences.

Ageism feeds stereotypes and discrimination toward older adults. Just over half (56%) of older adults in our community rate valuing residents age 60 and older in your community as “excellent or good”, leaving nearly half not feeling valued in their community. One-quarter (26%) of Boulder County’s older adults report being treated unfairly or discriminated against because of their age.⁶ Outdated concepts and perceptions of older adults, including viewing older adults as burdens, only adds to the feeling of being less valued. Acknowledging the diversity of experience of older age creates a vibrant community.

Formal and informal caregivers are in short and decreasing supply.

Informal caregivers are typically family or close friends who are unpaid in the support of their care recipient. Across the U.S., a quarter (23%) of adults ages 45 to 64 are serving as a caregiver to an aging adult, making them the most likely age group to provide informal caregiving.⁷ The number of county residents who are 45 to 64 years old is expected to decrease compared to those 65+ in the community, creating a greater need for stronger formal and informal support systems for older adults.

Service and resource needs differ by community, but there are shared concerns across all communities.

Boulder County has a mix of rural/mountain regions and foothill municipalities of varying sizes. Louisville has a higher percentage of older adults, while Longmont has the highest number of older adults, and Boulder has the highest number of older adults living alone. Each community, including Erie and Lafayette, has older adults living with disabilities who may need additional services to support health and well-being. Since the last Age Well Boulder County Strategic Plan in 2014, the number and share of older adults has increased in every community in Boulder County.

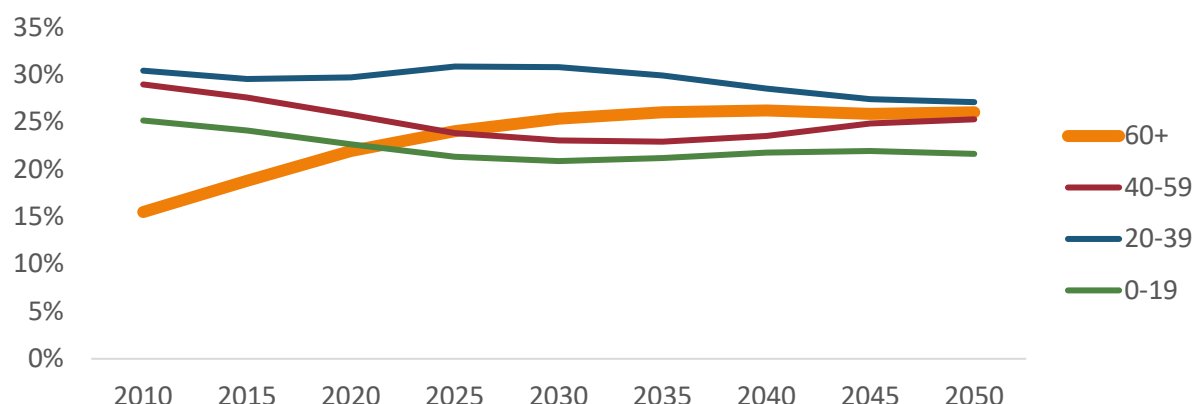
The major concerns of older adults and service providers in Boulder County center around four areas with availability, affordability, and accessibility of each standing out as barriers:

- **Housing:** The positive rating of availability and affordability of housing within Boulder County dropped 18 percentage points since the first administration of the CASOA eight years ago, from 27% in 2010 to only 9% in 2018.
- **Transportation:** Having safe and affordable transportation is at least a minor problem for one in five (18%) Boulder County older adults. Just over one-third (35%) of our community's older adults rate the ease of travel by public transportation in their community as "excellent or good".⁸
- **Services:** Half of Boulder County's older adults say not knowing what services are available to adults age 60 and older in their community is at least a minor problem. Participants in the 2018 Community Conversations were asked "What keeps you or someone you know from accessing services or participating in classes/events?" The top responses included transportation (26%), information (19%), disability (14%), and cost (11%).
- **Social Isolation:** Isolation is a cross-cutting concern across domains and geographies within Boulder County. One-third (31%) of local older adults report feeling lonely or isolated as at least a minor problem.⁹ In the Community Conversations, the issue of social connection came through as loss of a spouse, living alone, lack of friendship, and shrinking social networks.

DEMOGRAPHICS

The rising number and rate of older adults in the county's population will continue until around the year 2040, when it will hold steady for the foreseeable future. This counters some popular assumptions that the aging population, driven by the Baby Boomers, is a one-time fluctuation. In reality, adults in the Generation X and Millennial generations will maintain these levels for decades to come.

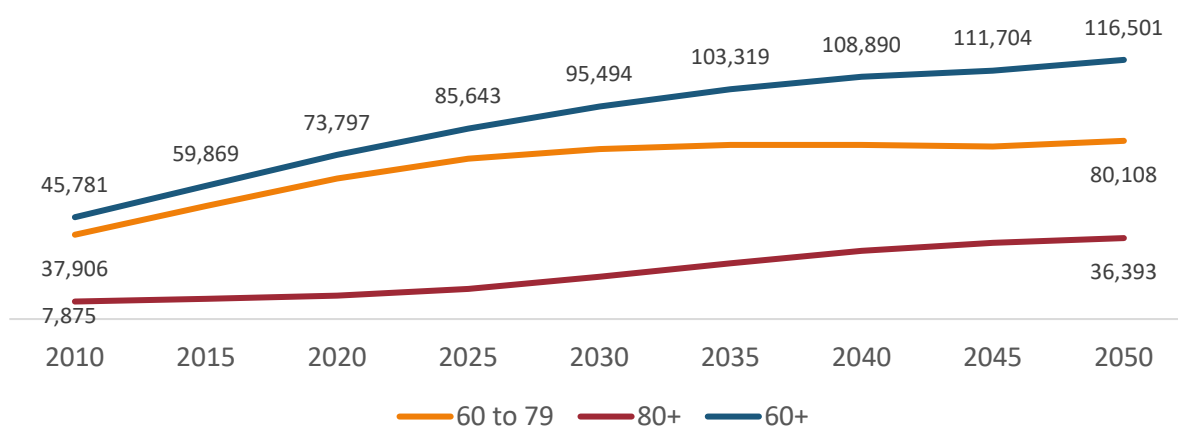
Percentage of Boulder County's Population by Age Group¹⁰



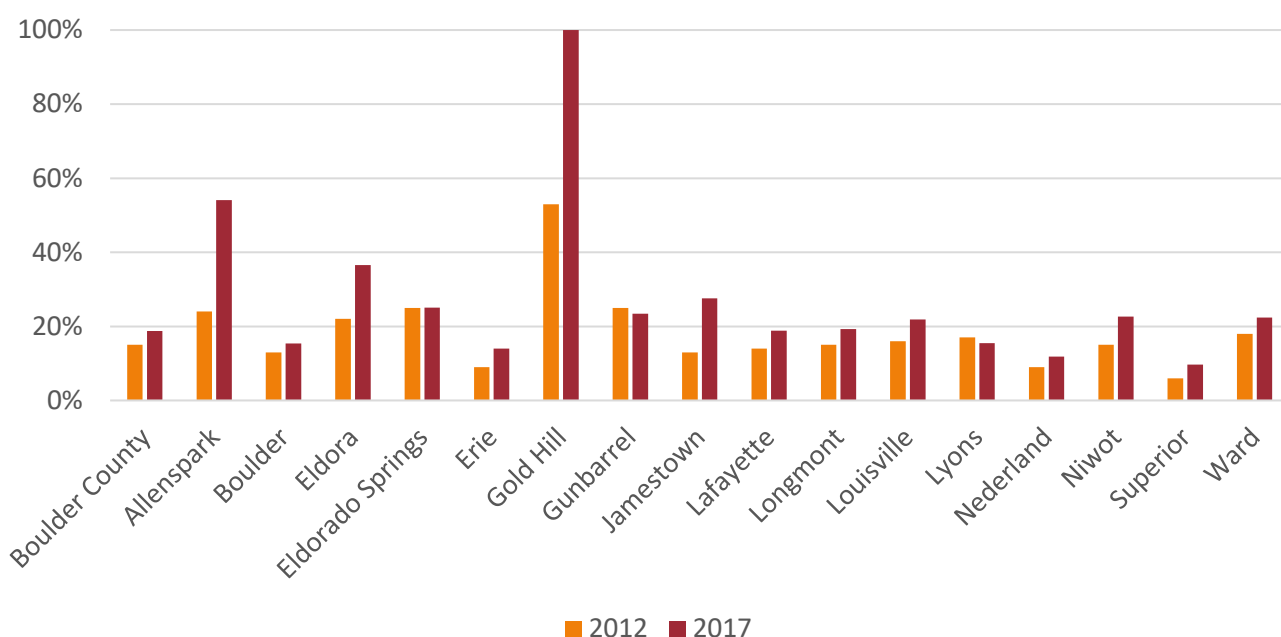
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Boulder County's Projected Growth – 60+ Population¹¹



Proportion of Older Adults in Boulder County Communities, 2012 & 2017¹²



There are thousands of low-income older adults aging in Boulder County.

The federal poverty level (FPL) for a single adult in 2019 is \$12,490 and \$16,910 for two adults.¹³ 4,308 older adults in Boulder County, or 7% of the older adult population, are living at or below the federal poverty level. This figure is higher for minority older adults, at 10%.¹⁴ 185 percent of the FPL for one adult is \$23,107, and \$31,284 for two adults.¹⁵ Sixteen percent, or 10,104, of older adults in the county have incomes 185 or less of the FPL. If current trends continue, this number is expected to increase over 20%, to 12,522, by 2023.¹⁶ Fewer Boulder County older adults (60%) are living with incomes below \$75,000 per year¹⁷ than older adults across the state (70%)¹⁸.

DOMAIN 1 - OUTDOOR SPACES & BUILDINGS

People of all ages and abilities should be able to access and use green spaces, safe streets, sidewalks, outdoor seating, and buildings. Boulder County prides itself on its natural beauty, parks, and open spaces. Many programs are in place to help people with a range of mobility enjoy the beautiful outdoor spaces across the county. Whether it be uneven sidewalks making a neighborhood park just out of reach or an entrance to a building with steps, not all public spaces are accessible to people living with limited mobility across the county.



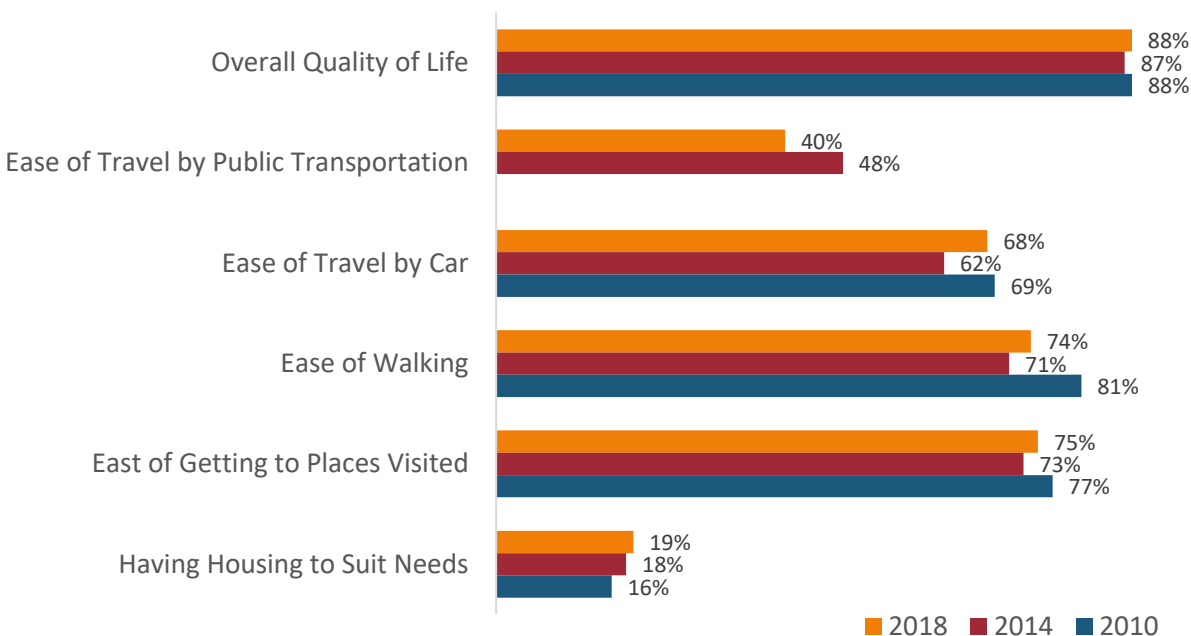
Public spaces and infrastructure in Boulder County can be more age-friendly.

The proportion of Boulder County's older adults reporting ease of walking in your community as "excellent or good" has decreased by 10 percentage points from 2010 (81%)¹⁹ to 2018 (71%)²⁰. In 2018, Louisville's older adults rated ease of walking the highest at 83% and Erie's older adults rated ease of walking the lowest at 56%.²¹

Older adults want more opportunities to engage with their communities.

Just over half (51%) of Boulder County's older adults report visiting a neighborhood park at least two times a month.²² During the 2018 Community Conversations, 10% of participants shared they anticipate needing a "community" if they want to remain in their homes as they age. "Community" includes feelings of connection with neighbors, a buddy system, and opportunities for intergenerational activities. Participants who discussed community as a need were interested in opportunities for social interaction to combat isolation.²³

Community Design and Land Use Factors Rated as "Excellent or Good"²⁴



DOMAIN 2 - TRANSPORTATION

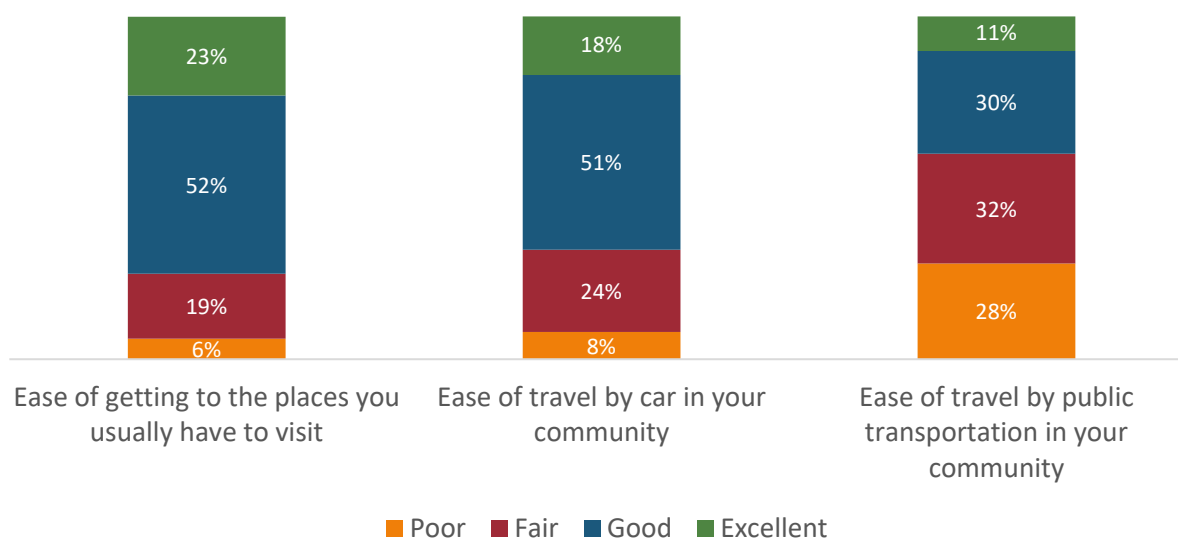
Driving is the primary way Boulder County's older adults get to the places they need to visit. The normal process of aging can reduce driving ability and driving cessation can lead to an increased risk of depression, a decreased quality of life and health, and isolation, while greatly increasing safety for the former driver.²⁵



Transportation is one of the most critical concerns among older adults in Boulder County.

A quarter of Boulder County's older residents rate the ease of getting to the places they normally visit as "poor or fair".²⁶ This figure is higher across Colorado at 34%.²⁷ The number of residents rating their ease of travel as "poor or fair" increases when looking at different modes of transportation, with 60% of residents giving a low rating to ease of travel by public transportation in your community. Boulder and Louisville residents gave the highest ratings of public transportation in their communities, while Erie residents gave the lowest rating.²⁸

Boulder County Older Adults Ease of Travel²⁹



Current transportation options in Boulder County are not meeting the evolving demands and expectations of its aging residents.

Three-quarters (76%) of our community's older adults report that they plan to remain in their community throughout retirement. Transportation helps everyone connect to services and enables them to live independently. One in five (18%) local older adults report having safe and affordable transportation available is at least a minor problem. These figures and the need for accessible, reliable, affordable transportation are expected to increase over the next 30 years as Boulder County experiences a significant demographic shift.³⁰

There are many alternatives for most individuals who prefer not to drive and find it necessary to shift from driving to a different modality. Public transit is one local option that can meet the need of those

who are not driving. Currently, the public transit system in Boulder County has some limitations. Older adults responding to the online survey for the Boulder County Transportation Master Plan (TMP) update prioritized the following areas for improvement in public transit:

- Expanded service area (38%),
- Increased frequency (37%), and
- More evening/weekend services (28%).³¹

Older adults want improved roadways and expanded public transit options.

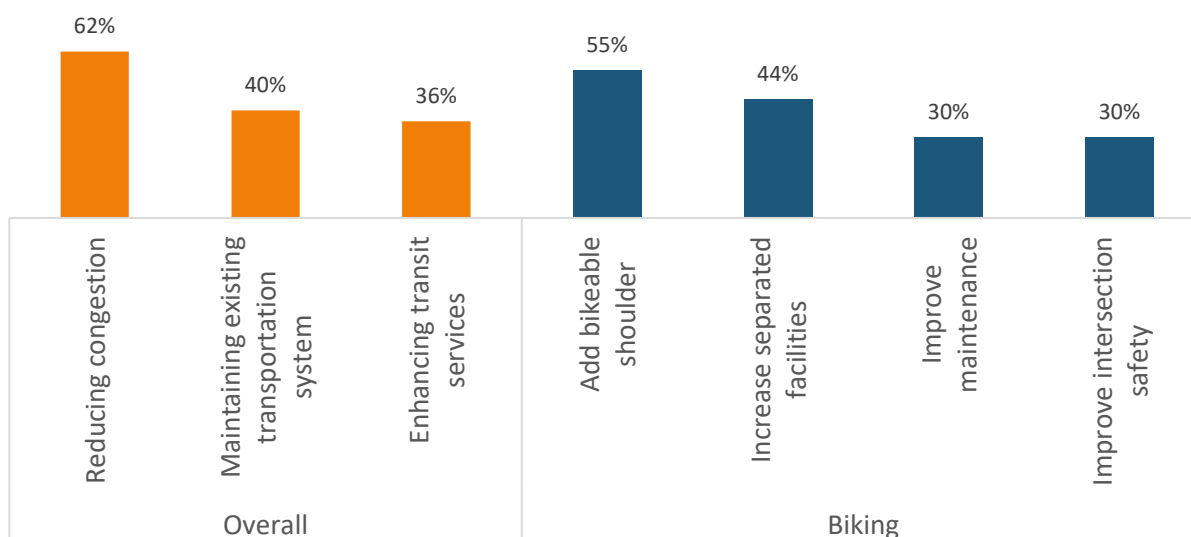
Four in every five (81%) older adults in Boulder County drive alone at least once a week. Older adult respondents were like the rest of the population surveyed for the TMP with the highest mode being driving alone, but older adults are less likely to carpool/vanpool or taxi/Uber/Lyft. Nearly one-third (31%) of Boulder County's older adults report biking at least once per week as a mode of transportation.

Transportation Modes by Utilization in Boulder County Older Adults³²

Transportation Mode	Mode Used At least Once/Week
Drive alone	81%
Walk	43%
Bike	31%
Transit (bus)	28%
Get a ride	26%
Paratransit	14%
Taxi, Uber, Lyft	7%
Carpool/vanpool	5%
Wheelchair/mobility device	2%
Other	1%

Respondents to the TMP Update were asked about local improvements that are needed overall and with specific modes of transportation:

Older Adults Report of Needed Transportation Improvements by Mode³³



DOMAIN 3 - HOUSING

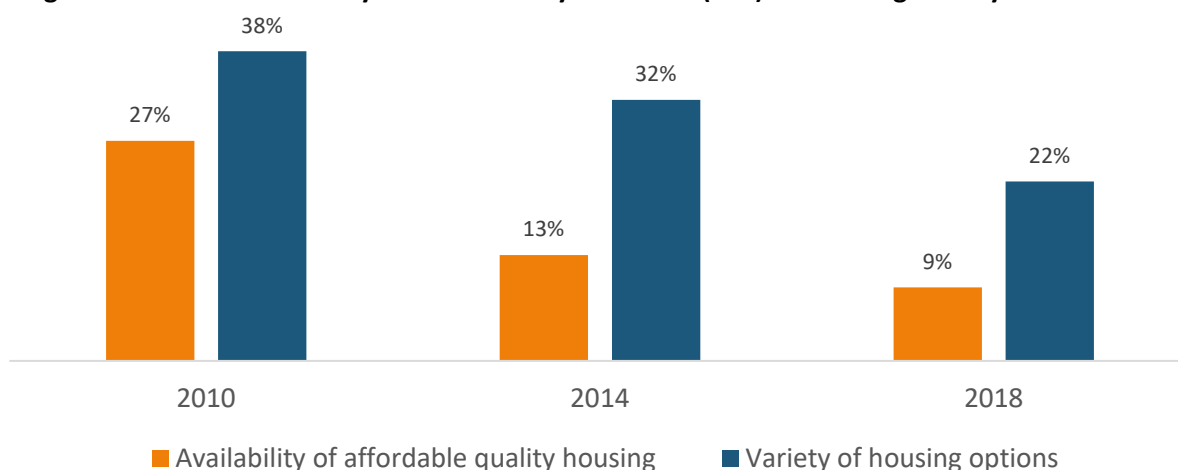
Remaining connected to communities through old age is possible if living environments are designed or modified for an aging population, and if communities include a wide range of housing types that accommodate all levels of mobility, frailty, and income levels. Most Boulder County older adults (77%) own a single-family home. Nearly one-fifth (18%) own a townhouse, condominium, duplex or apartment. These figures have not significantly shifted over time. Our older adults have rated housing variety and affordability each year since the initial delivery of the CASOA



survey. The rating of the availability of affordable, quality housing as “excellent or good” has dropped 18 percentage points over eight years, while variety of housing options has dropped 16 percentage points.³⁴ Both older adults who rent and those who own their homes experience housing burden, meaning they pay 30% or more of their monthly income on housing costs. Just over one-quarter (26%) of older adult homeowners are housing burdened, while 57% of older adult home renters experience housing burden.³⁵

Housing options and opportunities for older adults are limited.

Rating of “Excellent or Good” by Boulder County Residents (60+) on Housing Variety and Affordability



One-fifth (19%) of Boulder County’s older residents say having housing to suit their needs is at least a minor problem. Nearly one quarter (23%) of older adults in Boulder County report having enough money to pay their property taxes is at least a minor problem.

When asked if they plan to remain in their community throughout retirement, 76% of our older adults report they are “very” or “somewhat” likely to remain.³⁶ This is a drop of 15 percentage points from the 2014 administration of the CASOA.³⁷ Older adults have also been asked to rate their community as a place to retire. This measure has also shifted from 2010 when 77% rated it as “excellent or good”³⁸ to 2018, when only 65% gave the same rating³⁹.

Though we’ve seen some relief in the Boulder County housing market in 2019, overall prices are still high and appropriate stock is low. The Joint Center for Housing Studies of Harvard University found that

older adult households currently own many of the nation’s existing homes, which are increasingly in need of modification or repair to enable safe aging-in-place. In addition, the demand for smaller, more accessible homes will increase significantly.⁴⁰

Long-term care housing options and opportunities are also limited.

In 2014, 53% of Boulder County older adults reported the availability of long-term care options “poor or fair”.⁴¹ This figure increased by 13 percentage by 2018. Alongside this data, only 42% of older adults feel very or somewhat informed about long-term care options.⁴² The 2018 Key Informant shows long-term care supply is generally meeting demand, from a service provider perspective.⁴³

Daytime care options for older adults can be integral for caregivers who need respite or are continuing in their careers. Nearly seven in 10 (69%)⁴⁴ older adults in Boulder County report availability of daytime care options as “poor or fair”, an 11-percentage point increase from 2014⁴⁵. The cost of LTC is projected to increase 143% locally from 2018 to 2048.

Average Monthly Costs for Long-Term Care in Boulder Metro Region⁴⁶

	2018	2028	2038	2048
Homemaker Services <i>Used for household tasks</i>	\$5,339	\$7,175	\$9,643	\$12,959
Home Health Aide <i>Provide more extensive personal care</i>	\$5,339	\$7,175	\$9,643	\$12,959
Adult Day Health Care <i>Community-based center offering a break to caregivers</i>	\$1,463	\$1,966	\$2,642	\$3,551
Assisted Living Facility <i>Personal care and health services, intermediate level of LTC</i>	\$5,000	\$6,720	\$9,031	\$12,136
Nursing Home Care (Semi-Private Room) <i>Personal care, room and board, supervision, medication, therapies, rehabilitation, nursing care</i>	\$9,343	\$12,556	\$16,874	\$22,678
Nursing Home Care (Private Room)	\$10,275	\$13,809	\$18,558	\$24,940

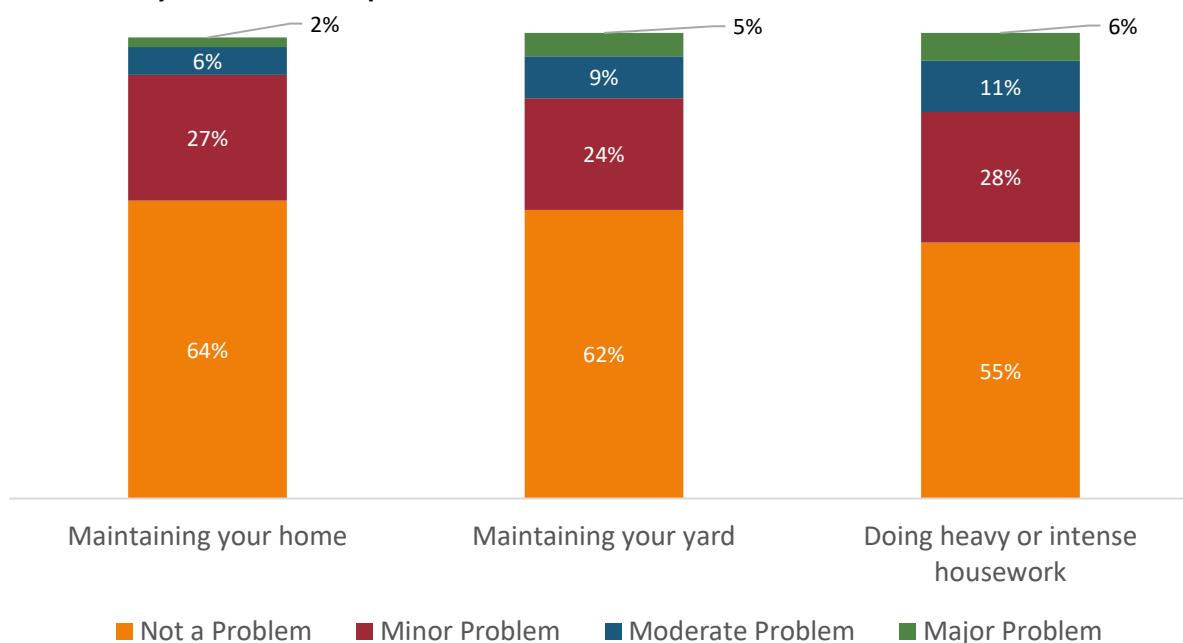
More middle-income older adults will face financial challenges.

Housing and care options available to older people depend largely on the financial resources available to them. Mean earnings for older adults in Boulder County is \$79,060,⁴⁷ and monthly costs for long-term care in the Boulder metro region average around \$5,000 for assisted living and \$9,343 for a skilled nursing facility.⁴⁸ The math does not add up, especially for middle-income residents who need to access skilled nursing. Projections show that by 2029, 60 percent of middle-income older adults will have mobility limitations and 20% will have high health care and functional needs. While many middle-income older adults will likely need the level of care provided in LTC, it is projected that 54% of middle-income older adults will not have adequate financial resources to meet their needs and pay for these services.⁴⁹

Demand for home-based services will increase.

One-third (35%) of older adults in our community say that maintaining their home is at least a minor problem. This figure has remained steady over eight years. Fewer people report maintaining their yard as “at least a minor problem.”⁵⁰ This figure was 44% in 2010⁵¹ and has dropped to 38% in 2018.

Boulder County Older Adults Reports of Home Maintenance Issues⁵²



Older adults with physical limitations who lack stable, affordable housing that meet their needs are susceptible to negative health outcomes, and risk of serious injury from falls can be elevated in homes with certain types of hazards and obstacles.^{53,54,55} Nearly one in five (18%) older adults in Boulder County report that falling or injuring themselves in their home is at least a minor problem.⁵⁶

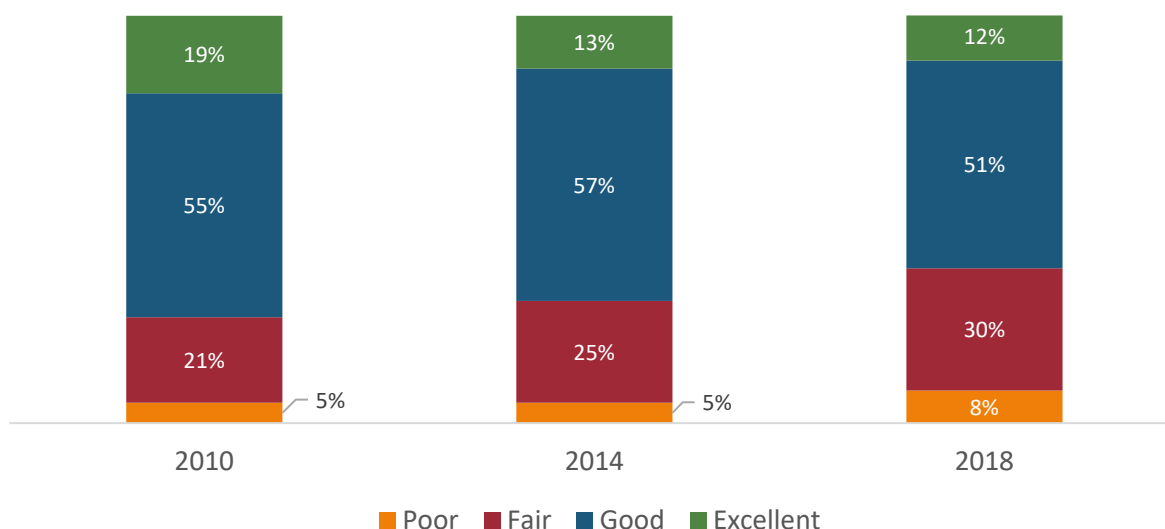
DOMAIN 4 - SOCIAL PARTICIPATION

Maintaining and creating new social connections can be advantageous for healthy aging, while loneliness can be as debilitating as having a chronic illness or disease. Social isolation risk is linked to poor mental and physical health, cognitive decline, and premature chronic disease and death.⁵⁷ Researchers have predicted that loneliness will reach epidemic proportions by 2030, unless action is taken.⁵⁸



One-third (31%) of Boulder County's older adults report feeling lonely or isolated as at least a minor problem, a figure that has held steady over eight years of surveying.⁵⁹ Nearly one-third (28%) of Boulder County's 60+ population live alone, a risk factor for social isolation.⁶⁰ When asked about overall services provided to adults 60 and older in their community, 63% rate overall services as "excellent or good", an 11 percentage point drop since 2010 (74%).

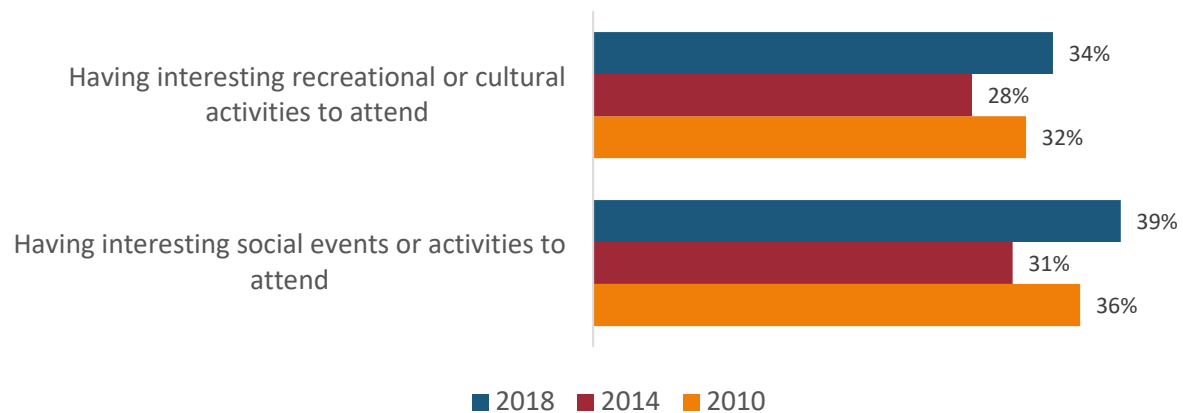
Rating of Overall Services Provided to Adults 60+ in Your Community by Year^{61, 62, 63}



There is a growing risk of social isolation and loneliness among older adults.

One-third of Boulder County's older adults report that feeling bored is at least a minor problem, even though nearly three-quarters (74%) rate opportunities to attend social events or activities as "excellent or good"⁶⁴, a six-percentage point drop from 2014 (80%)⁶⁵. Over time, around three-quarters of Boulder County's older adults have rated availability of services at the senior center as "excellent or good". Around one-quarter (26%) of Boulder County's older adults say finding productive or meaningful activities to do is at least a minor problem. The rating of having interesting activities as "at least a minor problem" has changed over time, with an increase in this issue experienced from 2014 to 2018.⁶⁶

County Older Adult Ratings of Having Interesting Activities as “At Least a Minor Problem”^{67,68,69}



Risk factors for social isolation and loneliness can include the death of a spouse or partner, retirement, loss of mobility, and lack of transportation.⁷⁰ Both loneliness and social isolation are associated with poorer health behaviors including smoking, physical inactivity, and poorer sleep.⁷¹ Social isolation and loneliness are each linked to higher risks for health challenges such as a weakened immune system, heart disease, obesity, anxiety, depression, cognitive decline, Alzheimer’s disease and death.⁷² An accessible community ensures that all residents, regardless of disability, mobility, or health challenges, can participate in public activities.

Some groups experience more social isolation than others.

Additional information on social isolation in the LGBTQ+, Family Caregivers, and Mountain Residents appendices of this report.

DOMAIN 5 - RESPECT & SOCIAL INCLUSION

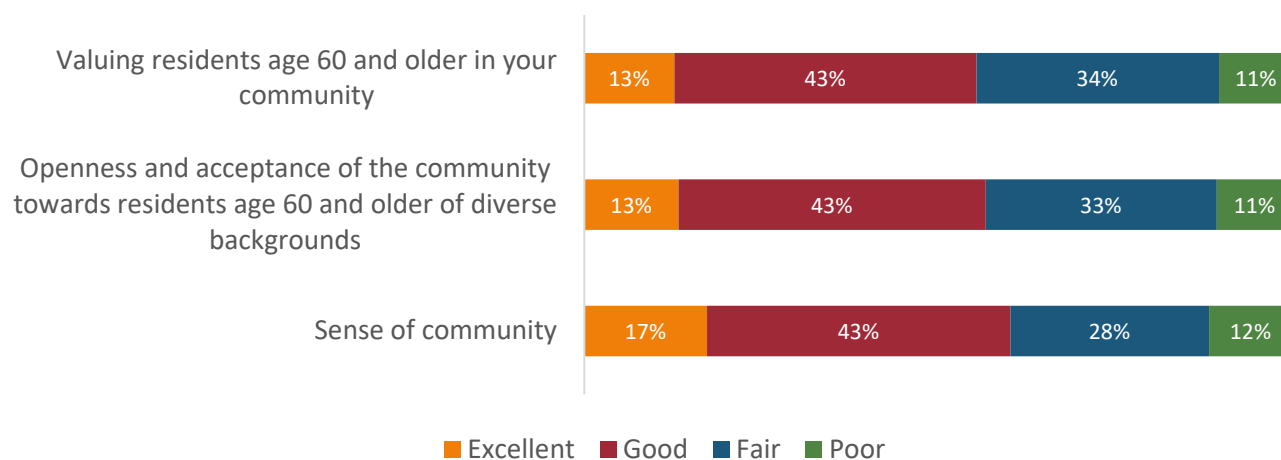
A community is inclusive when all residents feel respected, safe, and when they can truly be themselves. Respect and social inclusion are predictors of health and well-being for older adults, and a key determinant of active aging is participation, which is driven by social inclusion.⁷³ A healthy community is one that is pro-aging, connects with older adults, and educates one another on how to identify abuse, scams, and fraud.



While most older adults feel valued and accepted in Boulder County, there are many who feel otherwise.

Forty-four percent of Boulder County's older adults feel like there are aspects of their communities that do not value or accept older adults⁷⁴, a figure slightly lower than the Colorado average of 48%.⁷⁵ Some low-income residents have said they feel invisible, frustrated, and patronized because of their age and/or income.⁷⁶ Positive feelings of openness and acceptance of the community towards residents age 60 and older of diverse backgrounds has dropped nine percentage points from 2010 (65%)⁷⁷ to 2018 (56%)⁷⁸. This rating is similar to Colorado's, which is 58%.⁷⁹

Measures of Sense of Community and Value, 2018⁸⁰



Some Latino participants in Community Conversations reported that they felt discriminated against, with one participant commenting, “We feel like we are Latino, we are not preferred, not equal.” Another participant said they had been asked the same questions repeatedly, saying “We want results. We never get results.” These comments indicate community defined barriers as described through the Resiliency for All efforts that have taken place in Longmont, which includes resource information, discrimination and fear, language/communications, cultural sensitivity, and outreach/engagement/education. For a more details description of the demographic trends and experiences of older Latino residents, please see the appendix.

One in four (26%)⁸¹ older adults in our community report being treated unfairly or discriminated against because of their age is at least a minor problem, an increase from 2014 (22%)⁸², and similar to the state average (28%)⁸³. Ageism sustains inequalities between age groups,⁸⁴ and has been shown to cause

cardiovascular stress, lowered level of self-efficacy and decreased productivity. Prejudice exists from observable biological declines and may be distorted by awareness of disorders like dementia. Ageism ingrained in our society can become self-fulfilling by promoting stereotypes of decline, social isolation, lack of physical activity, and economic burden.⁸⁵

One in ten older adults in Boulder County is a victim of a crime, fraud, or scam.

One in ten (11%) older adults in the county report being a victim of a crime and 13% report being a victim of a fraud or scam as at least a minor problem.⁸⁶ While the vast majority of our community's older adults did not report these issues, for those who do experience this the impact can be devastating.

Older adults can be attractive targets for fraud and financial exploitation since they are around the peak of their wealth accumulation. Recouping financial losses after fraud for those in retirement may be impossible.⁸⁷ Nonmonetary consequences of fraud can include emotional pain and suffering and feelings of shame and depression and are widespread among victims of financial fraud. Nearly two-thirds (65%) report experiencing at least one type of nonmonetary consequence to a serious degree. The most commonly cited nonmonetary consequences of financial fraud include severe stress (50%), difficulty sleeping (38%), and depression (35%). Just under half (47%) of victims blame themselves for being defrauded and 61% feel they were defrauded because they were too trusting.⁸⁸

Rates of elder abuse in Boulder County are low, but the effects are significant.

There are many forms of abuse an older adult may experience including financial abuse, physical abuse, emotional/psychological abuse, neglect, abandonment, or sexual abuse. In 2018, there were 1,322 reports of abuse, neglect, or financial exploitation of at-risk adults across Boulder County.⁸⁹ With changes in mandatory reporting on July 1, 2016, reporting requirements for elder abuse have increased the number of suspected elder abuse cases reported. The effects of elder abuse can include injuries, nutrition and hydration issues, sleep disturbances, increased susceptibility to new illnesses, increased risks for premature death, learned helplessness, and PTSD, among others.⁹⁰

DOMAIN 6 - CIVIC PARTICIPATION & EMPLOYMENT

The demographic shift described in this document means that there will continue to be more older adults in our communities seeking paid and volunteer opportunities that are financially, socially, and spiritually rewarding. When it comes to the workplace, this shift requires understanding and addressing stigmas of aging, fostering intergenerational opportunities, promoting flexible work schedules, training and education, rethinking retirement, and more.



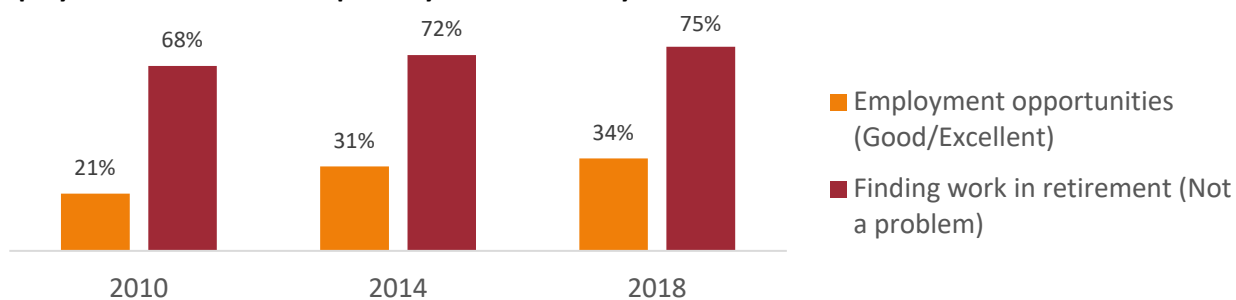
Older workers represent a significant talent pool that can fill gaps in a workplace, help employers with their long-term growth strategies, and support our community by finding meaningful opportunities to volunteer their time. For older adults in Boulder County who reported they had not yet retired, the average age of expected retirement was 73 years old. Older adults provide significant contributions to the communities in which they live. Volunteering drives social connection and positive health outcomes. The estimated annual economic contribution of Boulder County's older adults via volunteer work is \$122,336,042.⁹¹

More older adults in Boulder County are working later in life.

U.S. employers reporting talent shortages cited lack of applicants (29%), lack of experience (20%), and lack required hard skills (19%) as their top three issues in filling positions.⁹² Activating an older adult workforce can address each of these issues. According to the American Working Conditions Survey, older adults who choose to remain in the workforce prefer:

- Meaningful work,
- Flexibility in hours worked and schedule,
- Constructive work relationships, and
- To do work that isn't as fast-paced.⁹³

Employment & Job Search Reports by Boulder County Older Adults^{94,95,96}

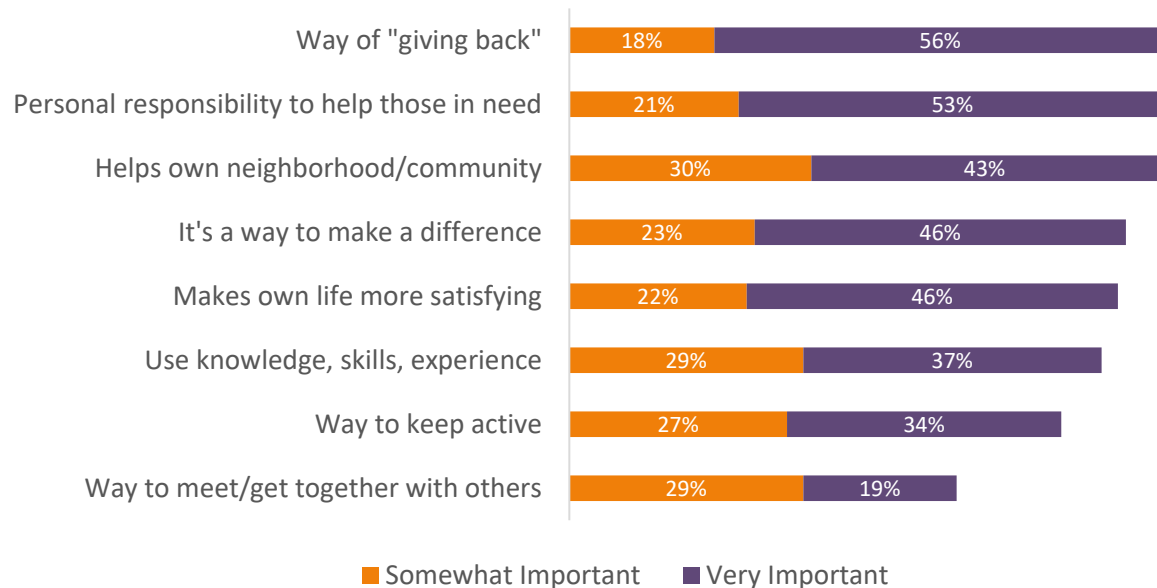


Older adults want more employment and volunteer opportunities that utilize their skills and expertise and benefit their communities.

Participation in volunteer opportunities are predictive of many positive health outcomes, including: better mental and physical health^{97,98}, life satisfaction⁹⁹, self-esteem¹⁰⁰, happiness,¹⁰¹ and lower depressive symptoms.¹⁰² Older adults report their reasons for volunteering center on having an impact

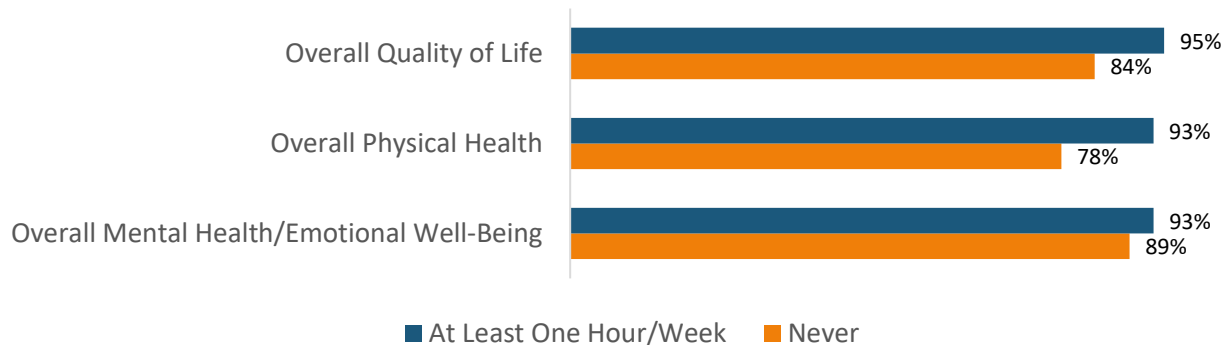
in their community and are less focused on personal gain. Older adults in Boulder County volunteer for many reasons, the most popular being as a way to give back, to help those in need, and to help their own neighborhoods and communities.

Older Adults' Top Reasons for Volunteering¹⁰³



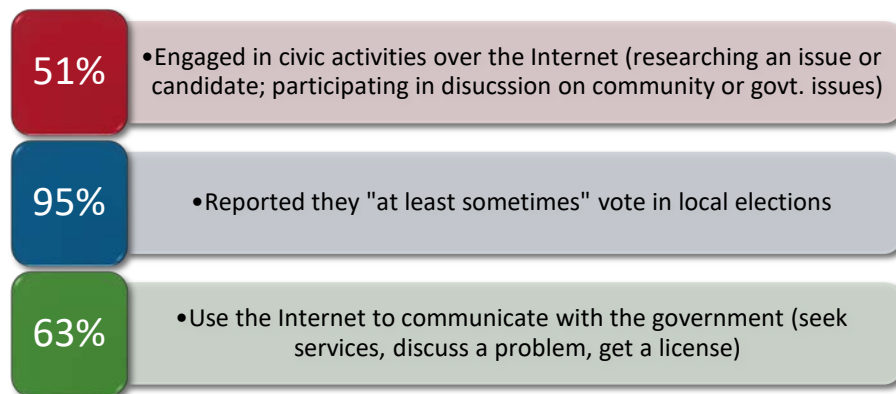
Most local older adults (86%) rate volunteer opportunities in the community as “excellent or good”.¹⁰⁴ This figure has dropped by seven percentage points locally since 2014 (93%)¹⁰⁵, but far exceeds ratings at the state level (65%)¹⁰⁶. Locally, nearly one in five (22%) older adult say finding meaningful volunteer work is at least a minor problem.¹⁰⁷ This figure is higher across Colorado (32%).¹⁰⁸ Nearly half of the county’s older adults (45%)¹⁰⁹ spend at least one hour per week volunteering their time to a group or activity in their community, and we find that of those who spend at least one hour per week volunteering, they experience fewer problems with feeling bored, lonely, or isolated compared to those who spend no time volunteering.¹¹⁰ Across the state, fewer older adults are spending less time volunteering, with only 38% reporting at least one hour of volunteer work in a typical week statewide.¹¹¹

Health Reports of “Excellent or Good” of Volunteers vs. Non-Volunteers¹¹²



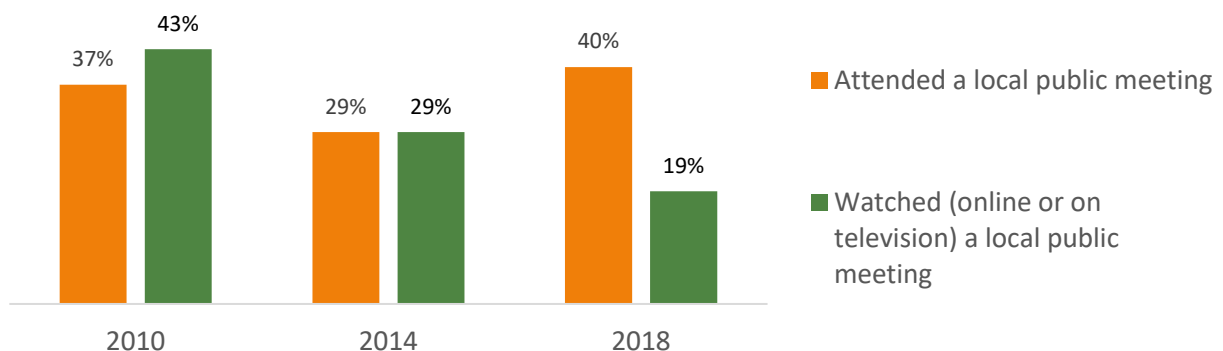
Just over half of older adults in Boulder County have problems with feeling like their voice is heard in the community.

In 2018, 56% of older adults report feeling like their voice is heard in the community is at least a minor problem¹¹³, which is comparable to past years' ratings locally and statewide (57%)¹¹⁴. The percent of older adults who felt opportunities to attend or participate in meetings about local government or community matters were "excellent or good" dropped 8 percentage points from 2010 (77%)¹¹⁵ to 2018 (69%)¹¹⁶. Across Colorado, older adults rating these opportunities as "excellent or good" was lower than Boulder County, sitting at 65% in 2018.¹¹⁷



Over time, fewer older adults have reported participating in a local public meeting by watching online or on a television, while the percentage of people attending a local public meeting increased by 11 percentage points from 2014 to 2018. Compared to the state, Boulder County's older adults report higher rates of public meeting attendance.

Boulder County Older Adults Participation in Public Meetings^{118,119,120}



With a changing demographic in Boulder County, where older adults – and especially older older adults (80+) – will be increasing, broader institutional and policy-level change initiatives will better support an evolving age-friendly community.

DOMAIN 7 - COMMUNICATION & INFORMATION

An age-friendly community recognizes the importance of disseminating information in a variety of ways to reach their audience. In an ideal world, every person in Boulder County knows where to turn for help and assistance in understanding and navigating their options for public and private services that relate to older age and caregiving.



Over half (59%) of older adults in the county report that the availability of information about resources for adults age 60+ as “excellent or good”¹²¹, a six-percentage point drop from 2010¹²², but significantly higher than the Colorado average of 41%¹²³. Older adults in Boulder County are split on knowing what services are available in their community, with half reporting this as not being a problem and the other half reporting this as at least a minor problem. This measure has held steady over eight years.¹²⁴ At the state level, 60% of older adults report not knowing what services are available is at least a minor problem.¹²⁵

More older adults are saying they feel very or somewhat informed about services and activities available to adults age 60 and older in their communities from 2014 (55%)¹²⁶ to 2018 (60%)¹²⁷, though the current measure is still far below the 69% of older adults reporting they felt very or somewhat informed in 2010¹²⁸. Across Colorado, only 43% of older adults say they feel very or somewhat informed about local services or activities.¹²⁹

People tend to seek resources when they have already encountered a challenging situation.

Oftentimes, people do not know what they need until they need it. The Aging and Disability Resource Center (ADRC) of the Boulder County Area Agency on Aging, as well as local senior services divisions, assist residents with access to community programs and information. In 2018, around 85% of calls to the ADRC were for specific resources and assistance, whereas around 15% were general resource inquiries seeking to understand how to broadly navigate resources and make decisions.¹³⁰ A challenge for all service providers is to promote resources effectively enough to provide

Stigma and negative perceptions about aging and older adults discourage people from seeking available aging services.

There are many versions of aging in our society – an older adult on the front of a fitness magazine or one that is viewed as frail and lonely. The former may make an older adult feel like they aren’t living up to the perception of what aging should be, the latter may make someone feel like a burden. These perceptions can have a negative physical and mental impact on older adults. Negative aging self-perceptions are associated with a higher likelihood of health care delay and more perceived barriers to care.¹³¹

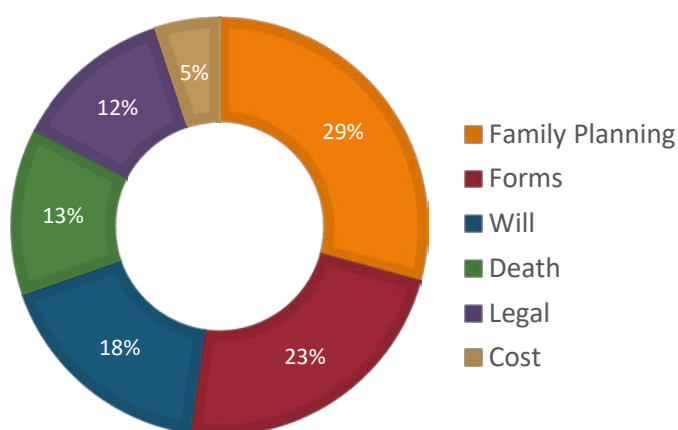
Some Community Conversations participants reported that they felt “discarded”, “invisible”, or “disrespected” due to their age. Three times as many older adults report not feeling respected or valued as those who did. When asked “In your community, are you feeling valued and respected, and like your

voice is being heard?” older adults frequently focused on the importance of connections, housing, and community spaces. One participant in a Community Conversation feels like they are “being defined by [their] age and demographics.” Another participant emphasized that everyone is different: “It’s as if everybody likes the same things – we are not all the same.”¹³²

Few people are informed about end-of-life planning.

During the 2018 Community Conversations, participants were asked “What additional information or supports do you need in order to be prepared to make decisions about end-of-life wishes/concerns and communicate those wishes to the important people in your life?” Family planning was noted with the highest frequency as a needed local support, followed by navigating and completing forms and preparing wills.

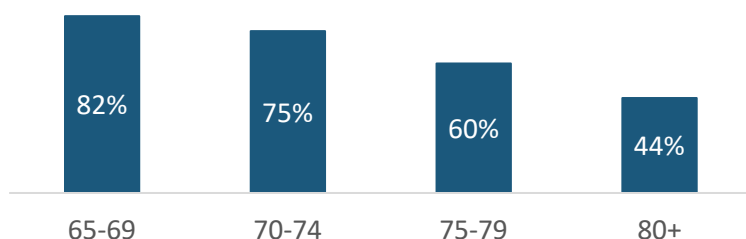
Local Supports Needed to Address End-of-Life Wishes/Concerns¹³³



Most older adults in Boulder County are online and plugged in, but many barriers still exist.

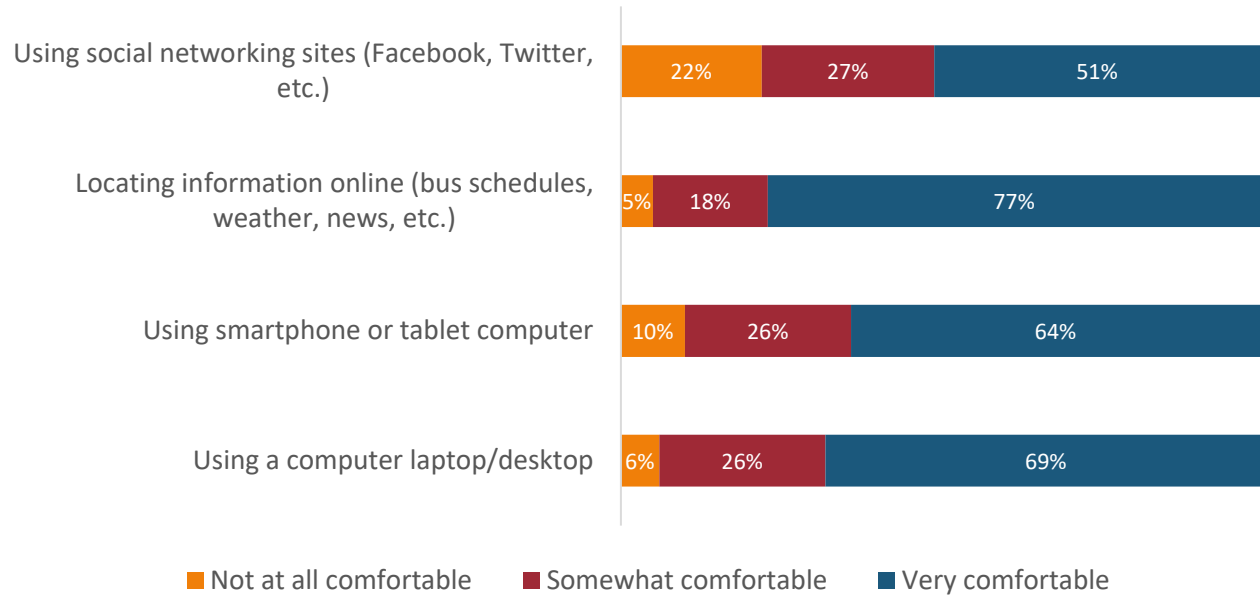
Eighty-one percent of older adults in the county say they use email, texting, or video to communicate on a daily basis. The same share of people uses the internet for the news or weather. Seventy-five percent use the internet on a daily or weekly basis to find answers to questions, while 23% of older adults never use the internet to find information on community resources and events.¹³⁴ In Colorado, 30% of older adults never use the internet for find information on resources. Older adults (80+) are less likely to use the Internet.

Internet Use by Older Adult Age Groups¹³⁵



Most Boulder County older adults report they feel very comfortable using a device, locating information online, and using social networking sites. These figures are in line with statewide reports of comfort with technology.

Boulder County Older Adults Level of Comfort with Technology¹³⁶



DOMAIN 8 - COMMUNITY & HEALTH SERVICES

Based on the demographic shifts Boulder County will continue to experience over the next three decades, there will be an increasing need for accessible, affordable, and navigable public and private aging-related health, social, and supportive services.

Demand for aging-related health, social, and supportive services will increase for 30 more years.



COMMUNITY SERVICES

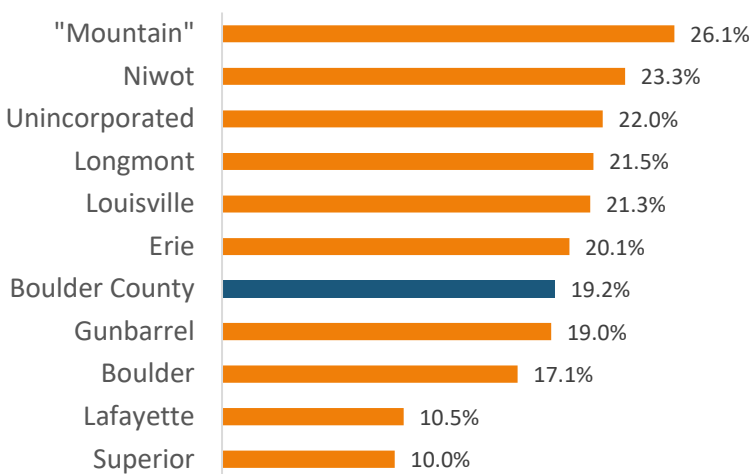
Our community offers a rich ecosystem of aging services and supports that benefit a wide range of individuals and families. This broad, growing network of public and private, for-profit and non-profit organizations as well as advocacy groups, multi-stakeholder initiatives, and special projects and programs, work to ensure that people know where to go and have what they need to live safely and comfortably. The quality, availability, accessibility, and affordability of services in our community depends on many economic, cultural, and political factors.

The perceived quality of services for older adults in Boulder County is higher than the state average but has declined since 2010.

Sixty-three percent of older adults in Boulder County rate the overall quality of services provided to adults age 60 and older as positive¹³⁷, higher than the Colorado average of 54%¹³⁸ and 11-percentage points lower than our county's rating in 2010 (74%)¹³⁹. Similar downward trend exists at the state level, which suggests that this challenge is greater than the boundaries of our community and could be attributed to a range of factors such as changes in consumer preferences and expectations, or certain types of services that may be driving this perception.

There are nearly 8,000 Veterans aged 65+ across Boulder County, with a higher proportion in the mountain and unincorporated parts of the county. Many older adults, including Veterans may need a mix of resources and services to achieve their health goals while aging.

Proportion of 65+ Population who are Veterans, by Boulder County Location¹⁴⁰



More than one in three older adults in Boulder County have problems maintaining their homes as they age.

Physical decline inevitably results in gradual reductions in physical ability. Slightly fewer Boulder County older adults seem to be having challenges maintaining their homes as they age, as the percentage reporting problems with doing heavy or intense housework decreased between 2010 and 2018, from 53%¹⁴¹ to 45%¹⁴²; across Colorado, this measure hasn't significantly changed in eight years, and was at 54% in 2018¹⁴³. That being said, nearly half of the older adults in our community face some kind of challenge doing heavy or intense housework, and more than one in three have problems maintaining their homes and yards as they age.

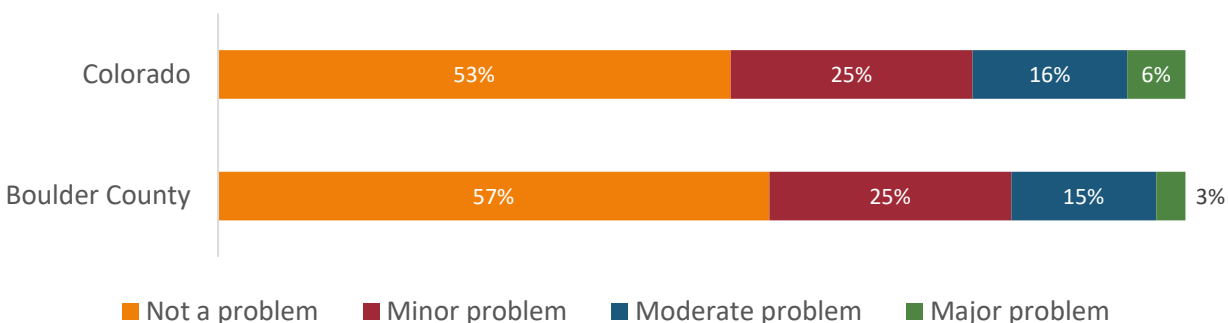
Participants in Community Conversations echoed these findings – and related challenges – when discussing their plans and needs for remaining in their homes through old age:

- *“I’m aging in-house for 27 years, and I’ve watched myself become more and more helpless, like needing help in the garden, cleaning, someone climbing up on the roof to check the leaves.”*
- *“There is a problem finding help with household chores like snow removal, even when people are willing to pay.”*
- *“We need funds to address snow shoveling, wood stacking, etc.; winters are the biggest challenge (in the mountains).”¹⁴⁴*

Older adults experience challenges navigating and accessing benefits programs.

Boulder County’s older adults report at least a minor problem with having adequate information or dealing with public programs such as Social Security, Medicare, and Medicaid has increased by seven percentage points from 2014 (36%)¹⁴⁵ to 2018 (43%)¹⁴⁶. Across Colorado, the current figure sits at 47%.¹⁴⁷

Older Adults Having Adequate Information on Social Security, Medicare, and Medicaid¹⁴⁸



Aging services providers see demand outpacing supply in certain areas.

In a survey of 183 services professionals in Boulder County, housing and transportation was rated as the highest in-demand services for older adults, followed by information and referral services. Professionals rate political advocacy, housing, family conflict resolution, and employment assistance as the least available services in the county. The most in-demand and the least available services are housing, transportation, and financial services.

Older Adult Services in Boulder County: Availability & Demand¹⁴⁹



Further information and data on home maintenance needs for Boulder County's older adults can be found in **Domain 3**.

HEALTH SERVICES

An age-friendly community supports the independence and longevity of their aging residents by increasing opportunities to improve health, safety, and well-being while providing accessible, available, and affordable physical and mental health care services. While the average lifespan in the US is 79 years, the average health-span is 63 years – meaning we spend, on average, 16 years of our lives in poor health.¹⁵⁰

Availability of preventive health services for older adults seems to be declining.

About two-thirds of older adults in the county rate the availability of preventive health services, like health screenings, flu shots, and health education workshops, favorably.¹⁵¹ This is higher than the Colorado average of 56%¹⁵², but lower than the Boulder County rating in 2014, when it was 75%¹⁵³. When discussing available health and community-based services at the 2018 Community Conversations, medical services was a clear priority area for participants, who were interested in being able to age in

their home by using mobile medical services, including physical therapy, registered nurses, physician's assistants, and the use of technology for health monitoring and alerts.¹⁵⁴

Lower-income older adults in Boulder County report lower overall health quality than higher income older adults.

Our community offers many opportunities for healthy lifestyles and fosters a culture of active living and aging as demonstrated through community survey data. That being said, popular perceptions and assumptions often leave out the hidden realities of many people in our community. For example, there are significant differences in self-reported overall physical health by income groups in Boulder County.

Rating of Overall Physical Health as “Excellent or Good” by Income¹⁵⁵



Older adults experience variations in the availability and affordability of health-related services in Boulder County.

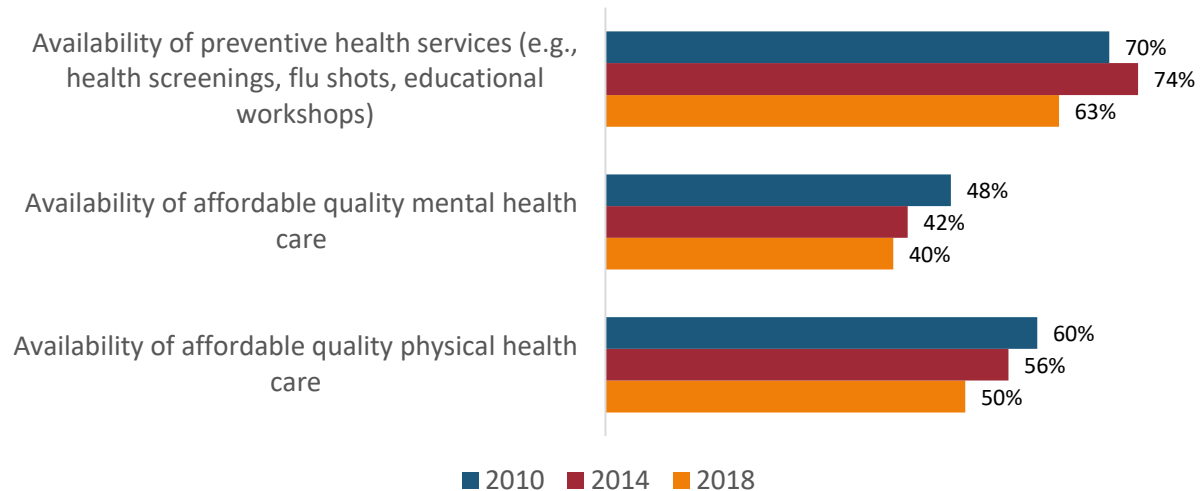
Older residents' experiences accessing some health-related services haven't dramatically changed over the years. Problems finding affordable health insurance, getting needed health care, and affording medications have, on average, remained unchanged at levels slightly lower than the state average.

Getting needed oral care has become a moderately higher problem area for older adults, while experiences receiving timely and affordable quality mental health care has steadily declined from 48% of older adults rating this favorably in 2010¹⁵⁶ to 40% in 2018¹⁵⁷. This trend follows the state average, albeit less dramatically - Colorado has seen a 12% reduction in favorable ratings of available and accessible quality mental health services for older adults between 2010¹⁵⁸ and 2018¹⁵⁹.

During the 2018 Community Conversations, participants also reported they are concerned about being able to afford community and health services as they age. Participants called out:

- Affordable health care,
- Accessible health care,
- Quality health care,
- Range of care options, and
- Social and mental wellness support.¹⁶⁰

Availability of Needed Care Rated “Excellent or Good” by Boulder County Older Adults^{161,162,163}



There are gaps in the continuum of care that can jeopardize health and recovery.

The continuum of health care for older adults involves all of the types of settings and environments, as well as affiliated professionals, that accommodate individuals through medical life events or functional decline, from the home environment through independent living, assisted living, skilled nursing, subacute care, and hospital care. There are often many challenges to ensuring that an individual who may need to spend any amount of time in any of these settings can do so with the least amount of health, social, and financial risk possible.

Transitions between settings of care can create vulnerabilities for individuals as well as their families, and current systems are not designed to support seamless migration from one setting to another. Furthermore, individuals returning to their homes after a stay in a hospital or skilled nursing environment may face unexpected challenges fueled by new limitations in functional ability, lacking post-discharge home preparation planning, or a limited formal or informal support structure to ensure an individual's health and well-being.

Hospital admissions and readmissions in Boulder County are on par with the state average.

While our older residents may be living longer, healthier lives, they seem to be visiting the hospital at the same rate as they were nearly ten years ago. The percentage of older adults in Boulder County who spend at least one day in a hospital per year has held steady at around 22%¹⁶⁴, akin to the Colorado average of 21%¹⁶⁵. A similar trend exists with hospital readmissions figures for Boulder County, where older adults return to a hospital soon after a discharge. According to the Centers for Medicare and Medicaid Services, the average readmissions rate per 100 admissions in Boulder County in 2017 was 15%, on par with the Colorado average and one percentage point higher than in 2012.¹⁶⁶

Closing

This report was compiled to provide the Boulder County community with local information and insights on the past, present, and future demographic characteristics and lived experiences of older adults. The information articulated and referenced in this document can help local governments, community-based organizations, and the private sector anticipate and plan for future programs, services, resources, and solutions that will undoubtedly look different than many those of the past and present.

By recognizing the population changes that are before us, by listening to the perspectives and experiences of older Boulder County residents, and by better understanding the resources and solutions our community has and that our community needs, we hope to see a strengthening of multi-stakeholder coordination, collaboration, and advocacy for a more age-friendly community. The voices of our older residents, which are growing in number, are asking for it.

Appendix A: Subpopulations

FAMILY CAREGIVERS

Many people find themselves, at some point in their lives, assuming the role of informal caregiver¹⁶⁷ - to a spouse, partner, adult child, a sibling, parent, friend, a neighbor, or other person in their life.

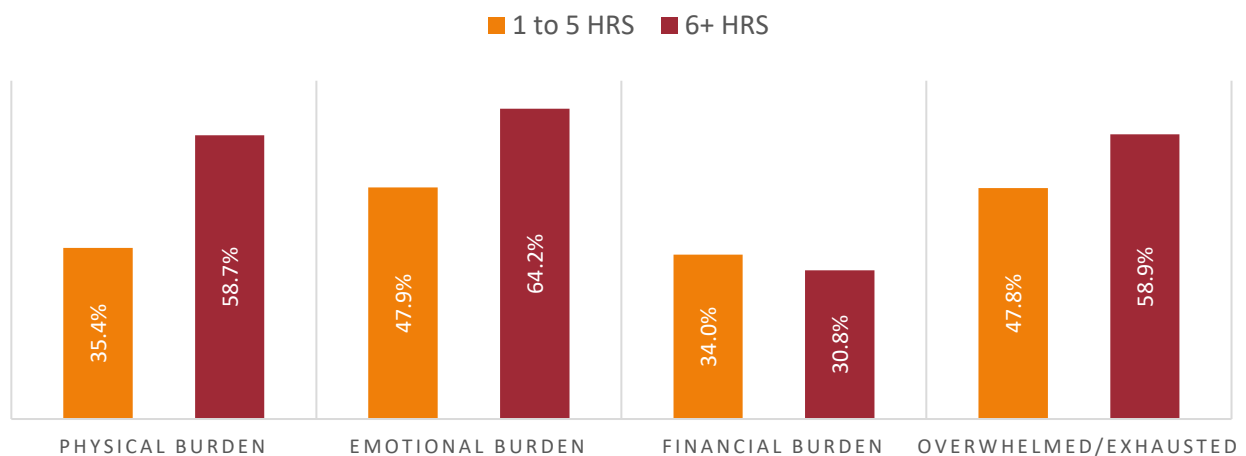
Caregiving can be an extremely challenging and stressful experience, and can place great pressure on one's well-being, job status, financial situation, and more. The amount of people providing some level of informal care to another person is enormous, while at the same time services, resources, and programs targeting informal caregiving are few and not well known.

Twenty-five percent of Boulder County older adults (60+) are providing an average of 9.1 hours of care per week to an older adult, for a total estimated annual economic contribution of \$102,623,586.¹⁶⁸ If these unpaid caregivers were no longer caregiving, the existing strain to find paid caregivers would increase, and health care and long-term care utilization would likely increase.

Caregivers experience stress and burden that can impact their health and well-being.

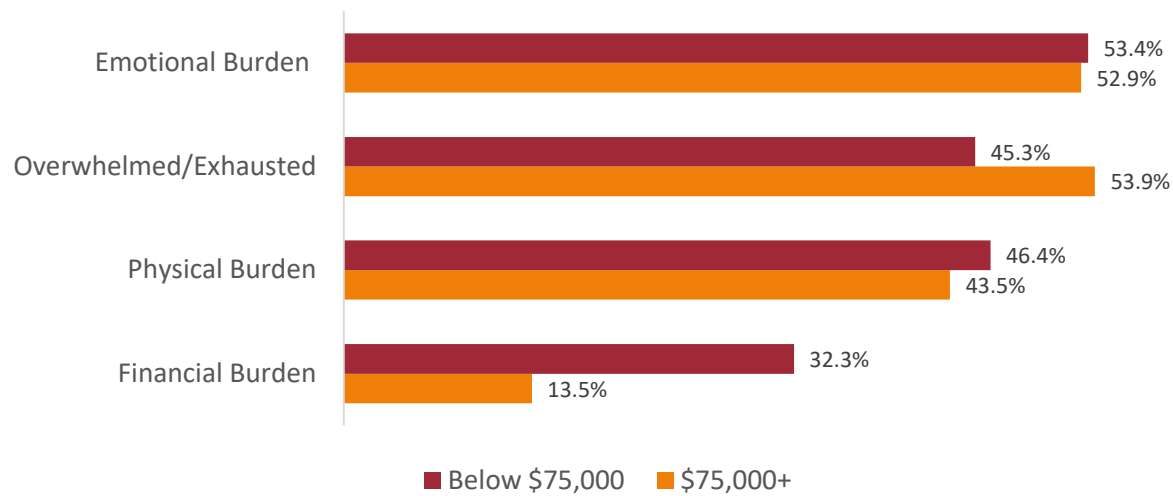
In Boulder County, those providing 6+ hours of care per week reported a higher level of physical and emotional burden and felt more overwhelmed/exhausted than those with fewer caregiving hours.

Caregiver Burden by Number of Hours Caregiving for an Older Adult (60+) in Boulder County¹⁶⁹



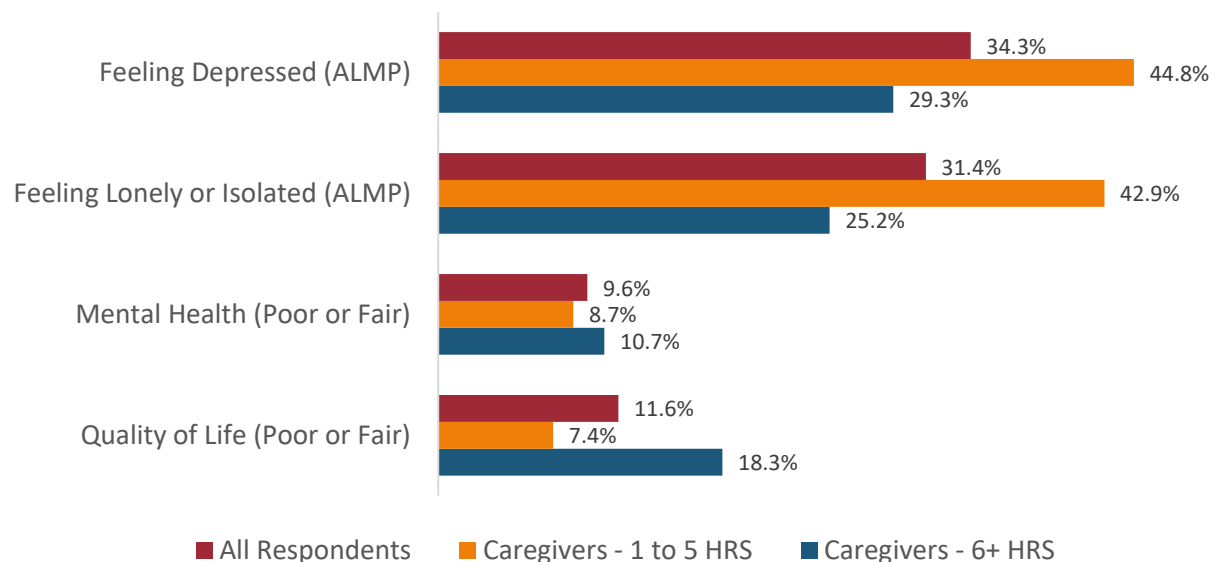
When examining burden felt by level of income, those making a higher income reported feeling more overwhelmed or exhausted than those making a lower income. Those making a lower income reported financial burden at a much higher rate than those with a higher income.

Caregiver Burden by Level of Income in Boulder County¹⁷⁰



Caregivers providing one to five hours of caregiving per week report problematic feelings of depression and/or loneliness or isolation at a much higher rate than those caregiving 6+ hours. One-fifth of those caregiving 6+ hours per week rate their quality of life as “poor or fair”. Measures of physical health were similar across low- and high-hour caregivers when compared to all older adults. Over one-third (36.5%) of caregivers who are 60+ in Boulder County report feeling lonely or isolated as at least a minor problem.¹⁷¹

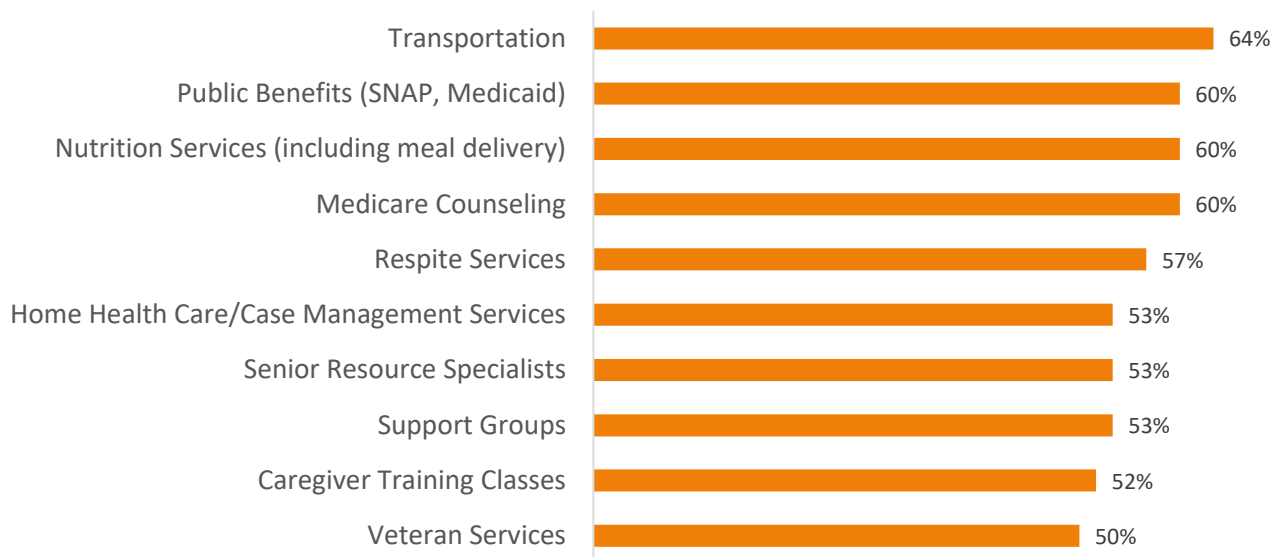
Health Report from All Older Adults vs. Low- and High-Hour Caregivers in Boulder County^{172,173,174}



Service providers play a critical role in connecting caregivers and recipients with needed services to reduce burden. Nearly half (47%) of service providers surveyed across Boulder County reported that they work directly with informal caregivers. These providers reported a broad mix of services they offer directly or refer caregivers to. Community Conversations conducted in 2018 with family caregivers

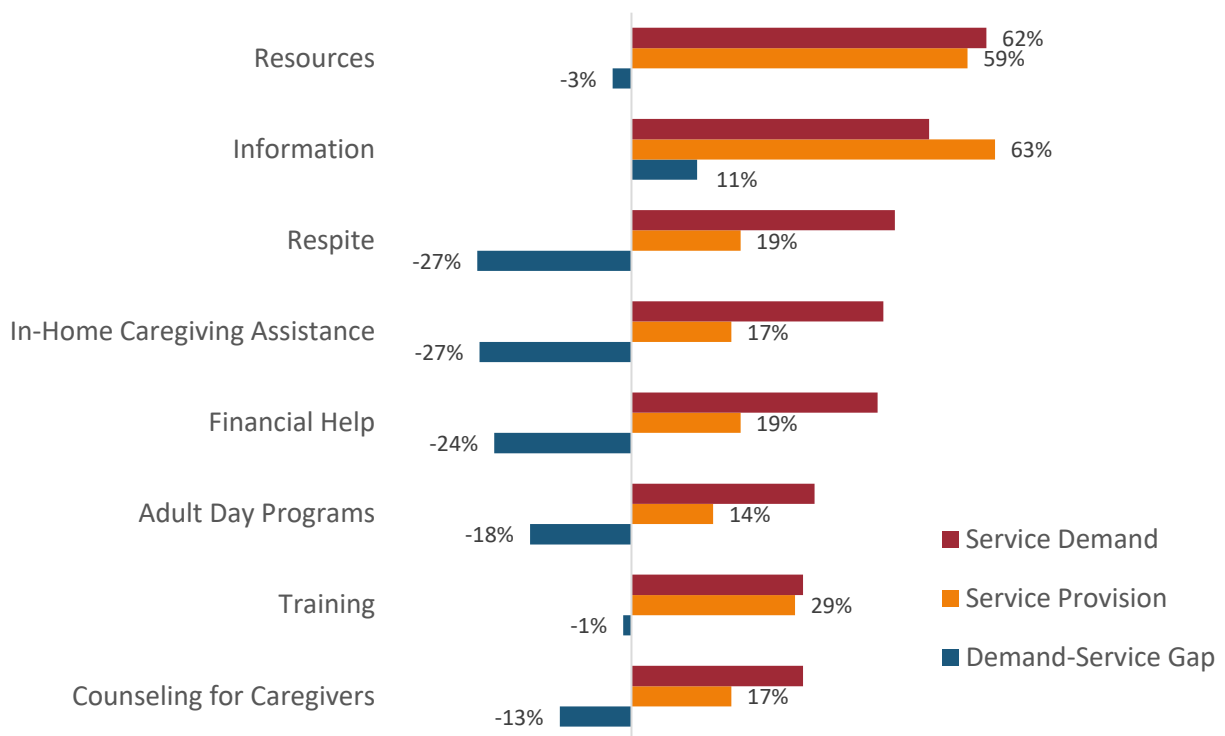
confirmed the need for navigating and accessing community-based services that can ease the stress and complexity of caregiving, including transportation services, education, and peer support groups.

Resources Shared with Caregivers by Boulder County Service Providers¹⁷⁵



Service providers shared their perspectives on demand for services by caregivers and services available to caregivers in Boulder County. The areas with the greatest service-demand gap, meaning available services that are not meeting the demand, are respite, in-home caregiving, and financial help.

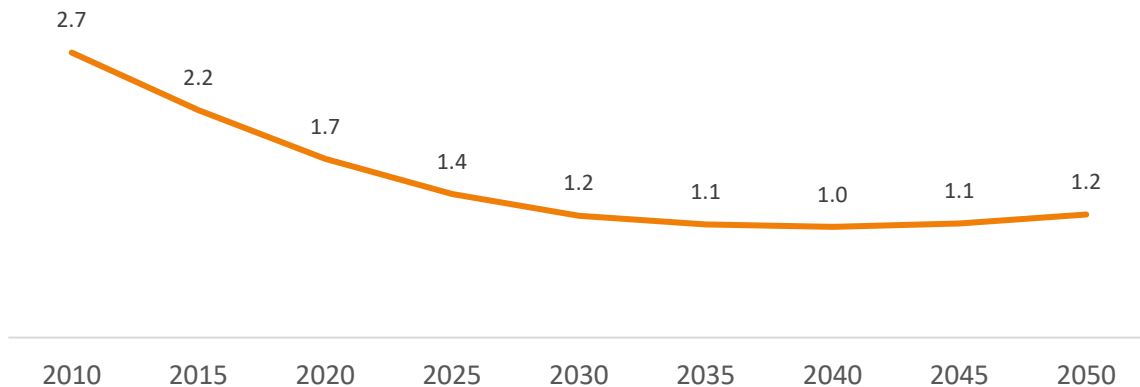
Service Provision-Demand Gap in Boulder County¹⁷⁶



The older adult population is increasing, while the share of family caregivers is decreasing.

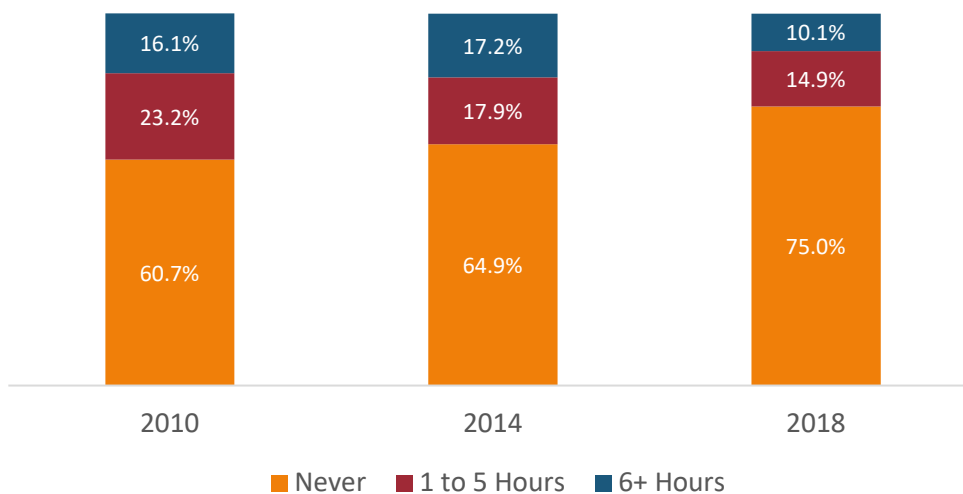
Across the U.S., a quarter (23%) of adults ages 45 to 64 are serving as a caregiver to an aging adult, making them the most likely age group to provide informal caregiving. Nearly one in five (17%) older adults (65+) serve as informal caregivers for an older adult.¹⁷⁷ Over the next 30 years, the proportion of people 45 to 64 years old compared to those 65 and older in Boulder County is expected to decrease. This does not tell the whole story of caregiving for Boulder County older adults, but the trend is cause for concern as the rate of available caregivers in our community will decrease.

Ratio Showing Population Decline of People Aged 45 to 64 Compared to Those 65+ in Boulder County¹⁷⁸



Over the eight-year period of CASOA data collection, the proportion of those 60 and older providing informal caregiving for an older adult has decreased by 15 percentage points. The trend of fewer informal caregivers per older adult is expected to continue with the broad demographic shift over the coming three decades.

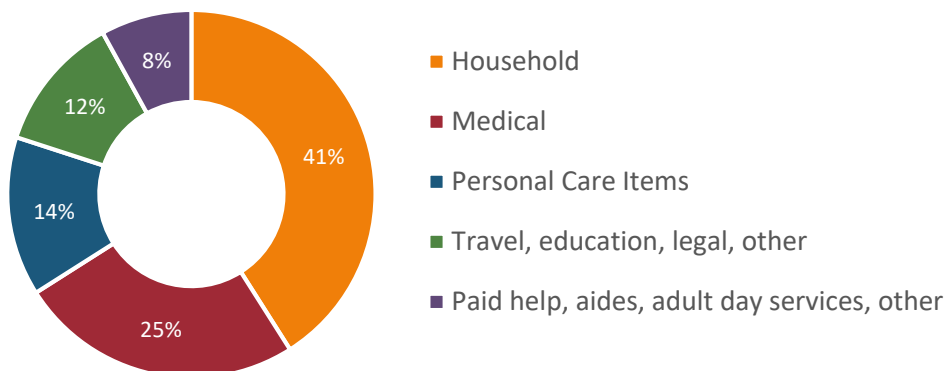
Amount of Time Caregiving in Boulder County – 2010, 2014, 2018¹⁷⁹



Caregivers experience financial and employment challenges that can jeopardize their job security, ability to obtain basic needs, and their retirement.

Nearly four out of five family caregivers (78%) incur out-of-pocket expenses because of caregiving. On average, family caregivers spend \$7,000 a year on out-of-pocket costs related to caregiving, accounting for 20% of their income. Household expenses can include items like rent/mortgage payments and home modifications. Medical expenses may include items such as insurance costs and in-facility care.

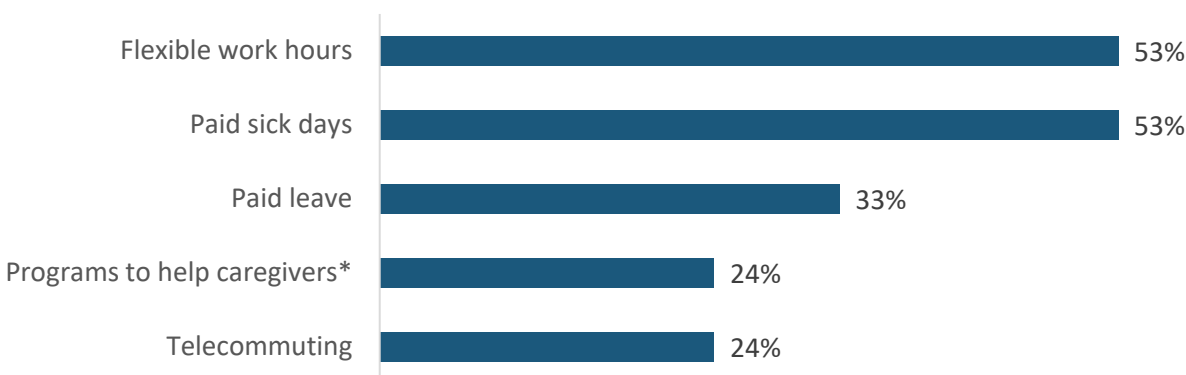
Out-of-Pocket Cost Categories for Informal Caregivers in the U.S.¹⁸⁰



Activities of Daily Living (ADLs) include tasks such as assisting a care recipient with getting in and out of beds and chairs, getting dressed, and getting to and from the restroom. Instrumental ADLs (IADLs) include shopping, housework and cleaning, transportation, and arranging care services. Caregivers assisting with two or more ADLs or IADLs experience higher financial strain than those assisting with one or fewer ADL or IADL.¹⁸¹

In a national survey of caregivers, 60% of those caring for someone 50+ were employed at some point in the past year while concurrently caregiving, working 34.8 hours a week on average. Over half (56%) report that their supervisor is aware of their caregiving responsibility. A caregiver's retirement can be put in jeopardy if they need to cut back hours or leave work to provide care.

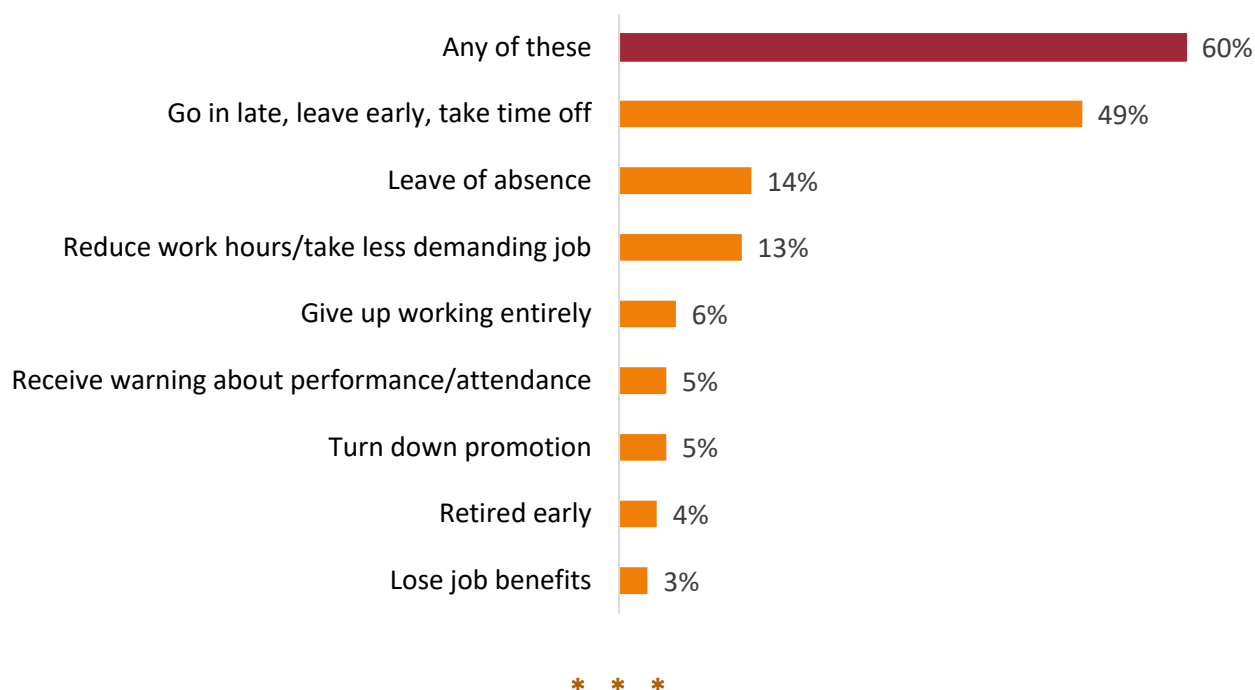
Caregiver Reports of Workplace Benefits in the U.S.¹⁸²



*Programs to help caregivers include information, referral, and employee assistance programs.

More than half of today's caregivers are employed, yet current federal policy and most states' family leave is unpaid, making it difficult for many employed caregivers, particularly low-wage workers, to take time off for caregiving.¹⁸³ Of those providing care for someone 50+, 60% reported that their work had been affected by caregiving.

Work Impacts Due to Caregiving in the U.S.¹⁸⁴



LGBTQ+

The LGBTQ+ community are diverse, come from all walks of life, and include racial and ethnic minorities, and people from all socioeconomic statuses. For the first time in U.S. history, there is an identifiable cohort of lesbian, gay, bisexual, transgender, queer, plus (LGBTQ+) elders¹⁸⁵, many of whom lack access to culturally competent health care and social services. An estimated 2.4 million adults age 65 and older self-identify as LGBT in the U.S.¹⁸⁶ It is likely that many more millions of older Americans may experience same-sex behavior or attraction, but do not identify as lesbian, gay, or bisexual.¹⁸⁷ Older LGBTQ+ adults are at significantly higher risk of being lower income, facing discrimination and stigma, poor health, experiencing social isolation, and premature death.

Six percent of older adults report their sexual orientation as lesbian, gay, or bisexual. Less than one percent of older adults report their sex as non-binary.¹⁸⁸ Estimates of LGBT individuals nationally vary widely, with the Williams Institute reporting 4.6% of Coloradans as LGBT¹⁸⁹ and the commonly cited Kinsey Reports which created an estimate of 10% for homosexuality in the general population.^{190, 191}

Older LGBTQ+ adults experience challenges accessing inclusive, gender-affirming health and social care.

In a 2017 survey of LGBTQ+ older adults in Boulder County, about four in five (82%) reported their voice is heard “somewhat”, “not really”, or “not at all” in the general Boulder County community.¹⁹² When

asked about additional resources needed to better serve Boulder County's LGBT older adults, service providers highlighted training for cultural competency for staff and in materials/websites, outreach to LGBT caregivers, and education about barriers to service access.¹⁹³ When LGBTQ older adults in Boulder County were asked about needed resources to help them age well, transportation was the most commonly cited needed resource. Second to that were advocacy in health-care settings and a community, neighborhood, or shared housing that brings together LGBTQ older adults.¹⁹⁴

AARP's 2017 survey of LGBT adults revealed that 60% of respondents were concerned about long-term care and, specifically, neglect (67%), abuse (62%), limited access to services (61%), and verbal or physical harassment (60%).¹⁹⁵ Nearly 90% of LGBT older adults want long-term care facilities that are culturally competent.¹⁹⁶ However, there are concerns from LGB and gender expansive communities¹⁹⁷ about not being able to be out or feeling forced to hide or deny their identity in long-term care settings. Most people in the gender expansive community (70%) report this concern, with lesbian women (56%), people who are bisexual (49%), and gay men (48%) reporting this concern to a lesser degree.¹⁹⁸ More than 20% of LGBT older adults do not disclose their sexual or gender identity to their doctor.¹⁹⁹

LGBTQ+ people are, on average, poorer and have fewer financial resources than their heterosexual counterparts.²⁰⁰

One-third of LGBTQ+ older adults live at or below 200% of the federal poverty level, double the overall poverty rate in the U.S.^{201,202} LGBT people are likelier to be subject to hiring or salary discrimination, making their earnings lower, which ultimately reduces Social Security payments and retirement savings. Transgender older adults are more likely to experience financial barriers regardless of age, income, and education.²⁰³ Gay and bisexual men earn between 10-32% less than heterosexual men when controlling for factors like education, occupation and region. Income for lesbian couples is lower than it is for opposite-sex households and households headed by gay men, and lesbian couples experience a "double gap" meaning that due to the gender wage gap, both earn less than men.²⁰⁴ Older LGBT adults also face challenges because of disparities in access to programs related to legal partnership, lifetime earnings, and opportunities to build savings.²⁰⁵

LGBTQ+ caregivers may face limits in their ability to provide care over the long-term, especially if decision-making is required for the care recipient.

While family members related by blood or marriage play a primary role in the support of older adults in the general population, many LGBTQ+ older adults care for one another. Existing research on LGB caregiving demonstrates that formal services are utilized less often than in other populations, and the duration of caregiving provided by friends or family may be shorter.^{206,207,208} Unlike the general population, among LGBT older adults, rates of caregiving for both women (30%) and men (26%) are high.²⁰⁹ When asked about providing informal care for a loved one or neighbor, the most commonly cited needed resource by LGBTQ older adults in the 2018 Community Conversations was support – a caregiver hotline and peer network.²¹⁰

About one-third of LGBT older adults do not have a will or durable power of attorney²¹¹, and LGBT older adults serving as primary caregivers for another LGBT older adult do not have the same state and federal privileges, such as medical leave, to care for a same-sex partner or medical decision-making processes for their partners as heterosexual couples do.²¹² Unmarried same-sex couples or those in alternative

family structures still face challenges that existed prior to marriage equality. Benefits that are automatically granted to a surviving marriage partner are not granted to surviving unmarried same-sex partners unless extensive estate planning and legal processes have occurred. This can be financially devastating for the surviving same-sex partner. Similar issues can arise if a partner needs to enter long-term care.²¹³

Social isolation is more prevalent for LGBTQ+ older adults than for the general older adult population.

Social isolation is an increased concern for LGBT older adults because they are twice as likely to age alone and four times less likely to have children²¹⁴ than their heterosexual counterparts. These considerations can be compounded by intersections of sex, race, ethnicity and disability. Nearly 60% of LGBT older adults report feeling a lack of companionship.²¹⁵ Over 50% of LGBT older adults report feeling isolated from others.²¹⁶



LONG-TERM CARE RESIDENTS

The market for housing and long-term care for older adults has greatly expanded in the past four decades to accommodate people with more complex needs. Long-term care (LTC) in the context of this report includes both assisted living and skilled nursing environments. Someone who is turning 65 years old today has a nearly 70% chance of needing LTC services and supports in the remainder of their life. Around 15% of people who will need LTC support will need it for longer than five years, and most people use in-home LTC, in the form of home health care and other in-home services, over facility-based options.²¹⁷ As described in **Domain 3**, long-term care is expensive, and the cost is rising.

The CASOA is not administered in LTC, reducing the ability to understand the needs and strengths of LTC residents and making comparisons to the overall older adult population. As of July 2019, there were 2,814 LTC beds in Boulder County – 1,203 in the eleven skilled nursing facilities across the county and 1,611 in the 29 assisted living facilities.²¹⁸ Occupancy fluctuates, but these figures give us some insight into how many people in our community may be accessing these services.

There is a growing need for Medicaid-funded skilled nursing beds.

Older adults generally have a desire to receive care in the least institutional setting, preferring to live and receive care in a setting that feels the most like home. Many residents who were once private-paying for care in skilled nursing facilities now often receive services in assisted living settings.²¹⁹ Most non-rehabilitation skilled nursing facilities (SNFs) in Boulder accept Medicaid, yet because reimbursement rates for Medicaid are lower than private pay rates, many SNFs maintain a lower percentage of Medicaid beds available and maintain waitlists for those using Medicaid. There are six assisted living facilities across Boulder County that accept Medicaid, but they do not provide the same level of care as a skilled nursing facility.

Long-term care communities face staffing challenges.

Long-term care facilities are designed to meet a person's daily needs and employ a wide range of professionals to do so. Many of the occupations that exist in LTC are considered some of the fastest

growing in Colorado, including food preparation, personal care, and janitorial services.²²⁰ Sadly, with the rising cost of living, particularly in Boulder County, as well as negative attitudes and perceptions of LTC jobs, facilities and residents, this creates staff recruitment and retention challenges for many LTC companies.²²¹ Within Boulder County, two of the top certifications found in job postings are Registered Nurse and Certified Nursing Assistant, both commonly found in LTC.²²²

Demand for elder rights advocacy in long-term care settings is high.

According to the Administration for Community Living, elder abuse is “any knowing, intentional, or negligent act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult.”²²³ Across the US, two of every three LTC staff report they have committed some kind of “abuse” in the past year.²²⁴ LTC residents and their decision-makers may have differences of opinion on desired care and outcomes. Long-term care ombudsman (LTCO) encourage LTC residents to drive the decisions about their care by working with residents, their decision-makers, and LTC staff. The top five complaints received by LTCOs across Colorado in 2018 were:

1. Resident Care
2. Quality of Life
3. Autonomy, Choice, Respect of Rights
4. Admission, Discharge, and Transfer
5. Resident Rights

There is clear demand for elder rights advocacy among LTC residents. In 2018, Boulder County LTCO had 1,642 contacts with the community through resident visitation (32%), consultation to residents/families (23%), consultations to facility staff (14%), technical assistance/training (6%), and other contacts (25%).²²⁵

* * *

LOW-INCOME RESIDENTS

In a high-cost area such as Boulder County, low-income residents face especially difficult challenges. Housing and transportation costs may eat up a large proportion of income; family caregivers may find themselves unable to help pay for needed care for their loved one, such as in-home care or essential respite services. Low-income residents may even find themselves rationing their own needed medication to pay for other necessities.

“Affordable living (defined as spending no more than 15% of a household’s income on transportation and no more than 30% on housing) has increasingly become a challenge for many county residents.” *Boulder County Mobility 4 All (M4A)*

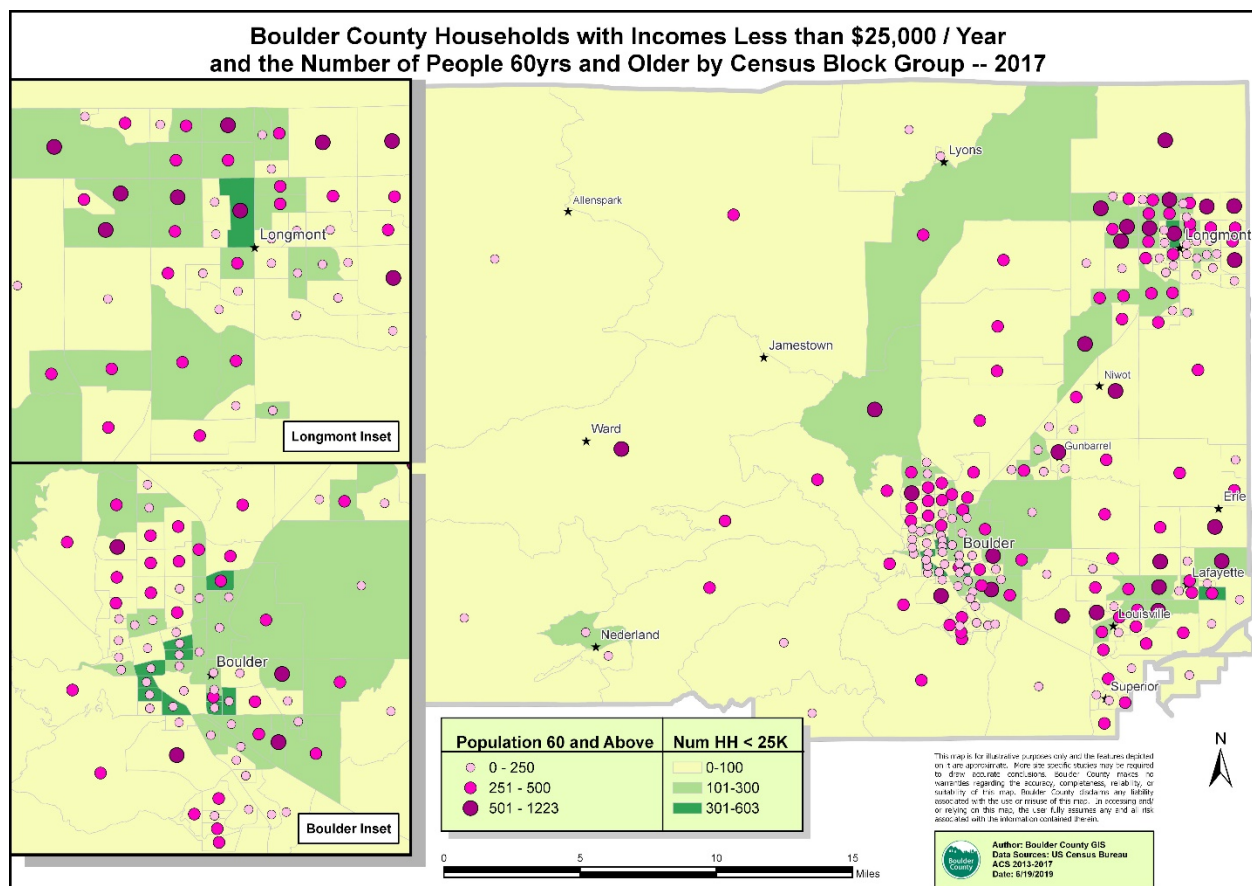
Older women experience a higher poverty rate (10.5%) than older men (7.5%), and a higher percentage of older adults living alone are poor (16.7%) as compared with adults living with families (5.7%). The highest rates of poverty among older adults are experienced by Latinos who live alone, at 37.2%.²²⁶

The federal poverty level (FPL) for a single adult in 2019 is \$12,490, and \$16,910 for two adults.²²⁷ 4,308 older adults in Boulder County, or 7% of the older adult population are living at or below the FPL. This figure is higher for minority older adults, at 10%.²²⁸

185 percent of the FPL for one adult is \$23,107 and \$31,284 for two adults.²²⁹ Of older adults in Boulder County, 16%, or 10,104, have an income of up to 185 percent of the FPL. If current trends continue, this number is expected to increase to 12,522 by 2023.²³⁰

There are areas in our community with higher concentrations of both older adults and low-income households.

The map below shows the concentration of older adults and households with income under \$25,000 per year. Across municipalities within Boulder County, there are areas with a high proportion of older adults with limited income (indicated by darker-colored circles and darker-colored geographic areas).



People relying on lower incomes feel cost of living stresses more acutely.

One of the 2018 Community Conversations was held with residents of lower incomes, and feedback from this group focused on affordability and financial challenges. Expressed needs related to aging in their homes were similar to conversations and survey responses from many older adults across our communities, centering around the affordability of their housing as well as the affordability of

transportation. Affordability was also highlighted as a barrier to social participation in local services, classes, programs and events.²³¹

Older adult renters are dramatically more cost-burdened than their home-owning counterparts.

Most Boulder County older adults (79%) own their homes. Of those who own their homes, 26% are considered cost-burdened, meaning they're paying 30% or more of their annual income on housing costs. One in five (21%) of our community's 60+ population are renters - 57% of whom are cost-burdened.²³²

Local service organizations report that over half of their clients are low-income. When asked about additional resources needed to better serve low-income residents, organizations said financial assistance (30.8%), housing (23.1%), and transportation (12.8%) are the priorities.²³³



MOUNTAIN RESIDENTS

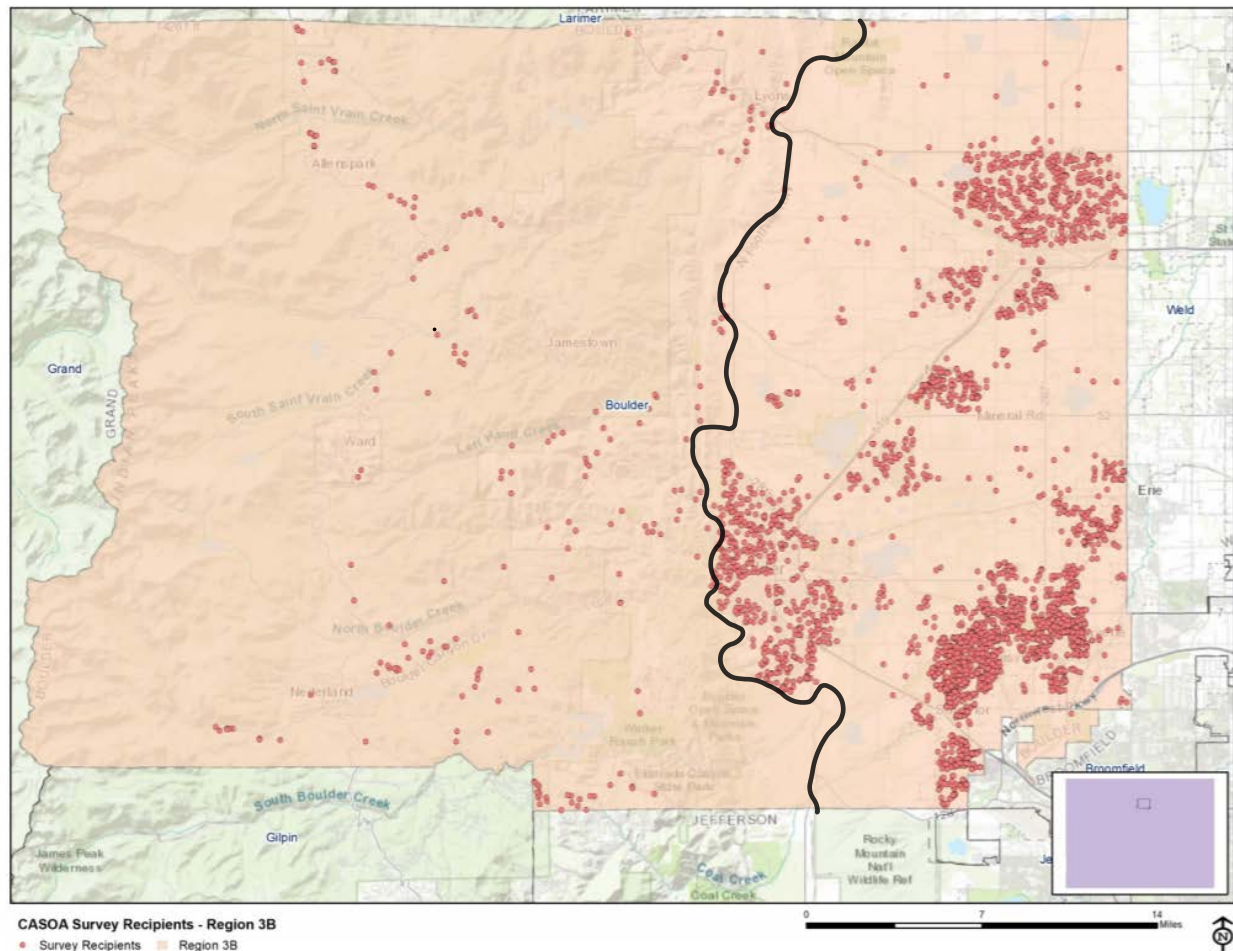
Boulder County can be defined by two geographical regions, the “mountain” or rural region to the west and the “plains” or foothills region to the east. One of the main distinguishing factors between these two regions are service access and availability, due to variable terrain, natural and open spaces, and low density of housing. Because of this, challenges experienced in the foothills can be felt more acutely in the mountains.

Mountain residents tend to experience particular challenges accessing services.

Long distances between communities and residents, combined with variable topography and limited access points can lead to limited services, higher travel costs, unpredictable weather conditions and natural disasters, and social isolation. Housing, as well as health and social services in Boulder County's mountain communities are limited in availability, affordability, and accessibility.

Our mountain communities are an integral part of the fabric that makes up Boulder County. Less than 1% of the county's population resides in mountain communities. Nearly one in five (19%) of our mountain residents are 60 or older, over one-third (34.4%) of older mountain residents (65+) are living alone, 26.1% of older mountain residents are Veterans, and over one in five (21.1%) are living with a disability.²³⁴ Local organizations, staff, and volunteers who are providing services express a feeling of being overwhelmed by the quantity and complexity of need in mountain communities.²³⁵

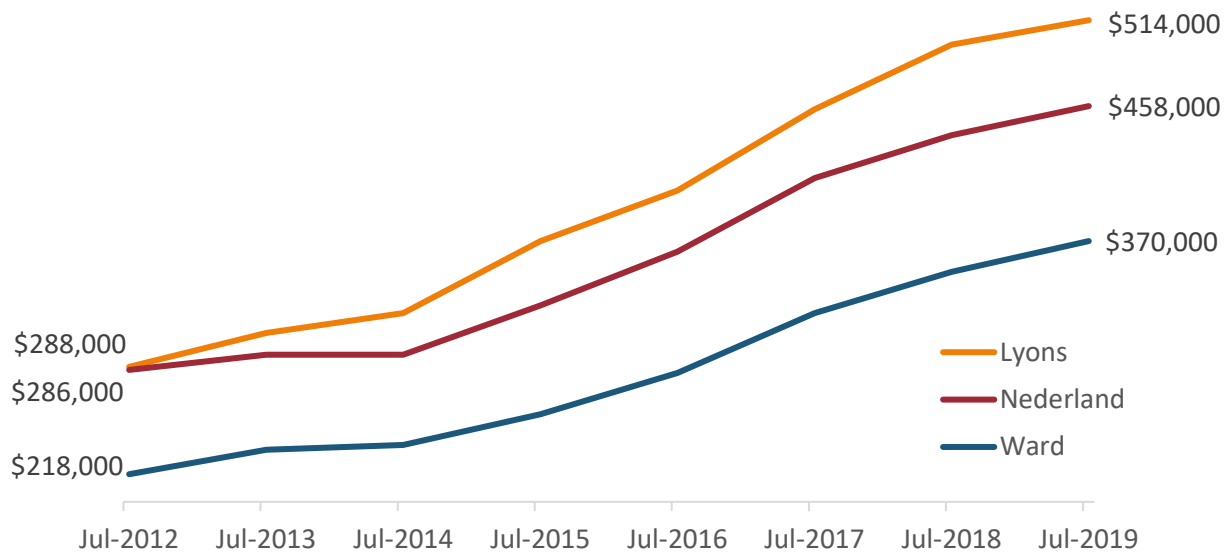
Respondents of the 2018 CASOA survey by location, separated by mountain and non-mountain parts of Boulder County (delineated by black line).



While limited housing stock and affordability pose challenges throughout the county, these issues can be felt more acutely in mountain communities.

Across Boulder County, positive ratings of the availability of affordable quality housing among older adults has decreased from 27% to 9% between 2010²³⁶ and 2018²³⁷. Lower population density in our mountain communities means there is less housing stock available. Less housing stock means more competition for available housing. More competition for available housing feeds into the price increases in Boulder County’s mountain communities. Home prices in Boulder County’s mountain communities have been rising for years and are projected to continue to increase. In the last seven years, the median home value in mountain communities has increased between 60-78%.

Median Home Value by Boulder County Mountain Community, 2012 to 2019²³⁸



Mountain residents face common and unique transportation challenges.

Mountain residents have shared that transportation is a large area of concern, with very limited availability and/or flexibility in their communities. Maintaining a vehicle can be costly and many needed health services are not located in mountain communities. When asked “In looking ahead at aging well, what are the elements or issues related to safety that are most important for the community to address,” a quarter (25.6%) of mountain participants reported transportation. It was the top answer related to safety, with a desire to be able to use a public transit option to visit places they may not be able to otherwise.²³⁹

Socially isolated mountain residents prefer help from a neighbor or friend than from a service provider.

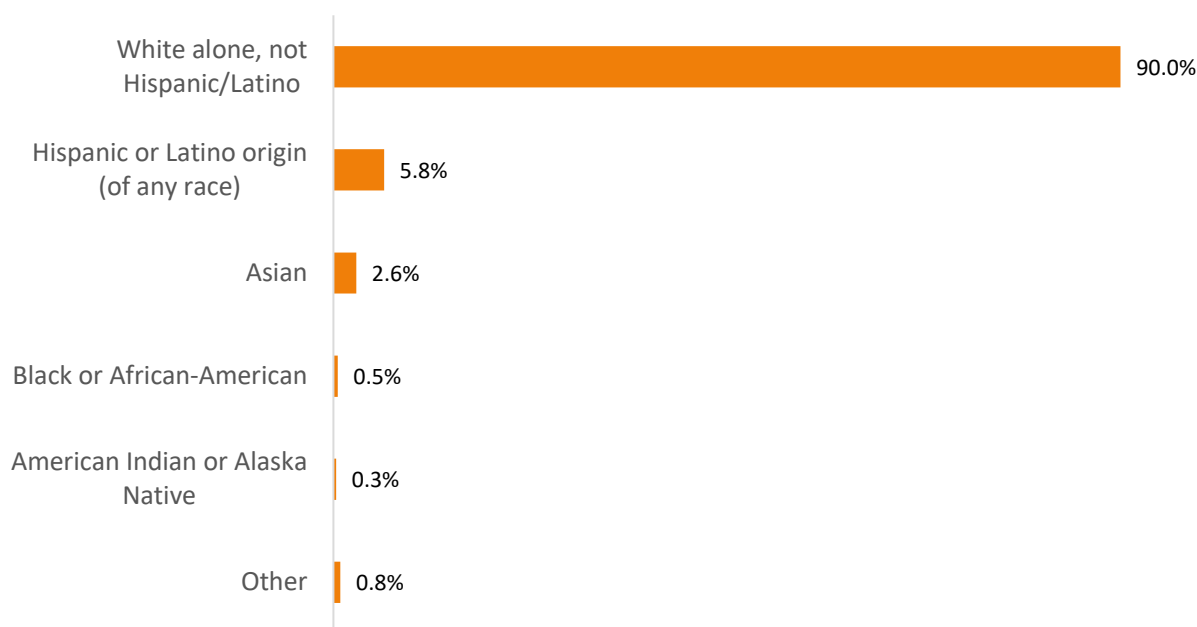
There is added difficulty to combatting social isolation and service connection in mountain communities compared to the foothills of Boulder County. Population density in the mountain region is 24.1 people per square mile, whereas Boulder County has 414.5 people per square mile (the above map of CASOA survey respondents represents this well); municipalities within the county have much higher population densities than the county overall.²⁴⁰ In our Community Conversations, social isolation for mountain residents was called out as widespread issue that is difficult to overcome. Older adults in the mountains are “fiercely independent” and don’t tend to ask for help unless it’s from a neighbor or friend. Service connection barriers in Boulder County’s mountain communities include access, affordability, and limited services and paid caregiver workforce.²⁴¹

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RACIAL & ETHNIC MINORITY RESIDENTS

Residents who belong to racial and ethnic minority groups face significant barriers to receiving equitable health care, accessing needed services, and affording the cost of living in Boulder County. Racial and ethnic minorities also face challenges receiving non-medical in-home services that reduce the burden of caregiving. In 2017, there were 6,290 minority older adults in Boulder County. This figure is projected to increase by nearly 25%, to 7,862 by 2023.²⁴²

Current Racial/Ethnic Breakdown of Older Adults in Boulder County, 2017



Racial and ethnic minority older adult households in Boulder County tend to be more intergenerational and have significantly lower household income.

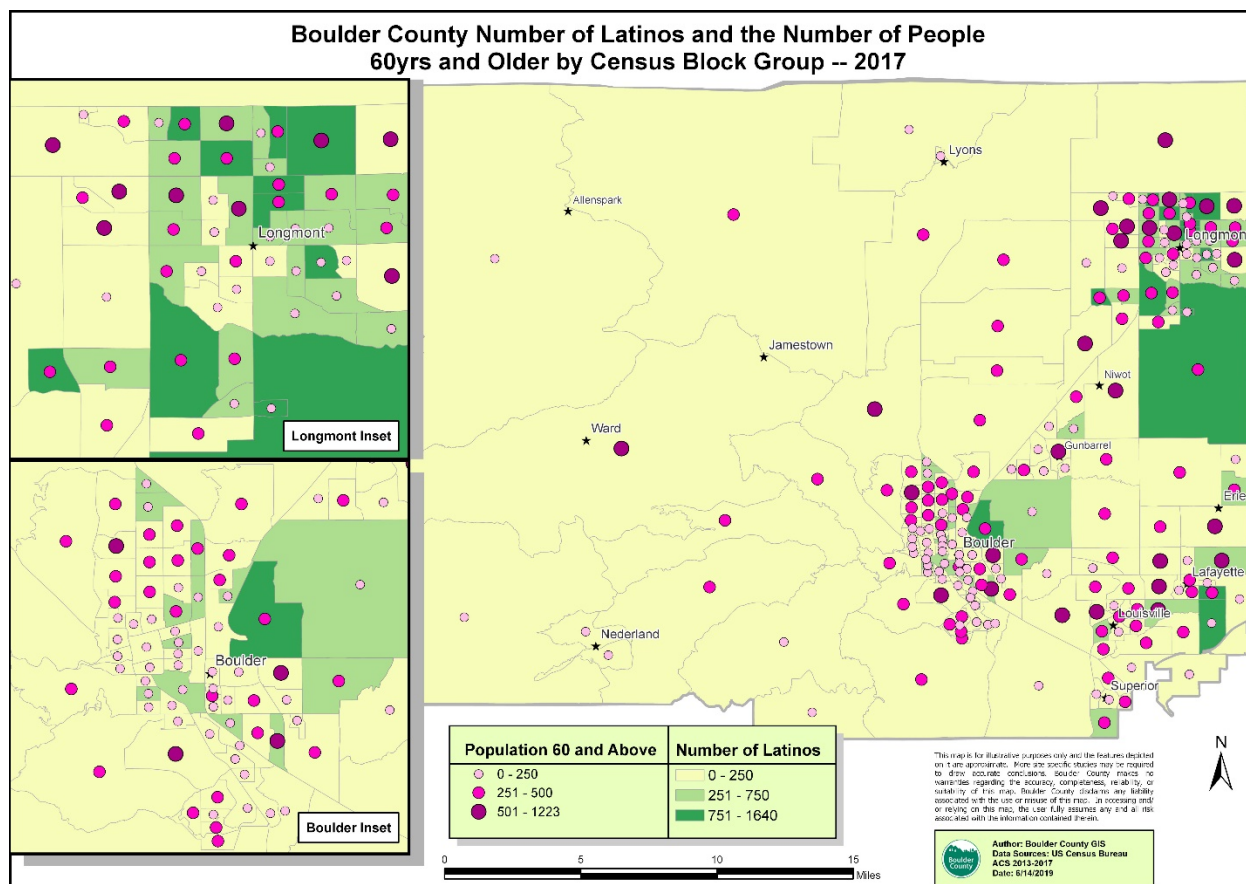
Multigenerational family living, which includes two or more adult generations, is rising fastest among Asians and Latinos. In 2014, 19% of the U.S. population were part of multigenerational homes.²⁴³ The median household income in Boulder County is \$103,677²⁴⁴; the median household income among Latino households in Boulder County is about half that figure, at \$51,350.²⁴⁵

Caregiving in many racial and ethnic minority groups is expected, and Latino caregivers often have limited access to information and resources that can reduce their caregiving burden.²⁴⁶ When asked about caregiving, Community Conversation participants were interested in support and help, education, and in-home assistance.²⁴⁷ Service providers who addressed ways to better support Boulder County's Latino community as part of the 2018 Key Informant Survey highlighted translation services and better connection to Latino communities as two priority areas of need.²⁴⁸

“The makeup of Boulder County requires calculated engagement tactics and strategies. Based on the data transcribed in our sessions there is a level of fear and instances of perceived discrimination that create significant barriers for community to ask for help.”

[Resilience for All](#)

The map below shows the concentration of older adults and concentration of Latinos in Boulder County. Across municipalities within Boulder County, there are certain areas with higher proportions of Latino older adults.



Racial and ethnic minorities in Boulder County continue to experience challenges accessing services.

Racial and ethnic minority residents of Boulder County experience service access challenges driven by language barriers, discrimination, and lack of trust. In Community Conversations, Latino participants shared that language barriers tend to be the biggest issue to navigating and accessing services. Older Latinos shared a strong interest in chore assistance in their homes, including help with cooking, yard work, and cleaning. Many participants also shared interest in in-home technology to assist in personal safety, including medical alert systems and security cameras. Latino older adults identified transportation as the biggest barrier to service connection in Boulder County.²⁴⁹

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