

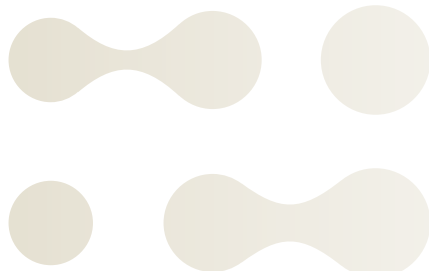
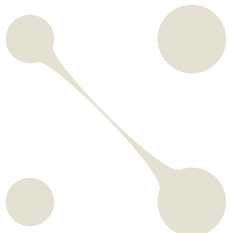
# Aging Well

*in Boulder County*



## DATA REPORT

*Released June 2024*



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## Municipal Data Overview (Pages 38-52)

## Report Structure and Purpose

This is an update to Aging in Boulder County: Past, Present, Future Report from Sept. 2019. As with the last report, this is intended to be used to inform local dialogues, planning initiatives, and advocacy that will encourage and foster a more age-friendly Boulder County.

This report is organized by the AARP and WHO Domains of Livability, which recognize the impacts of our built and social environments on healthy aging. We have expanded on the eight domains of livability to include a domain focused on Disaster Preparedness. In addition, this report highlights the strengths and needs of eight subpopulations of older adults and caregivers and their unique considerations.

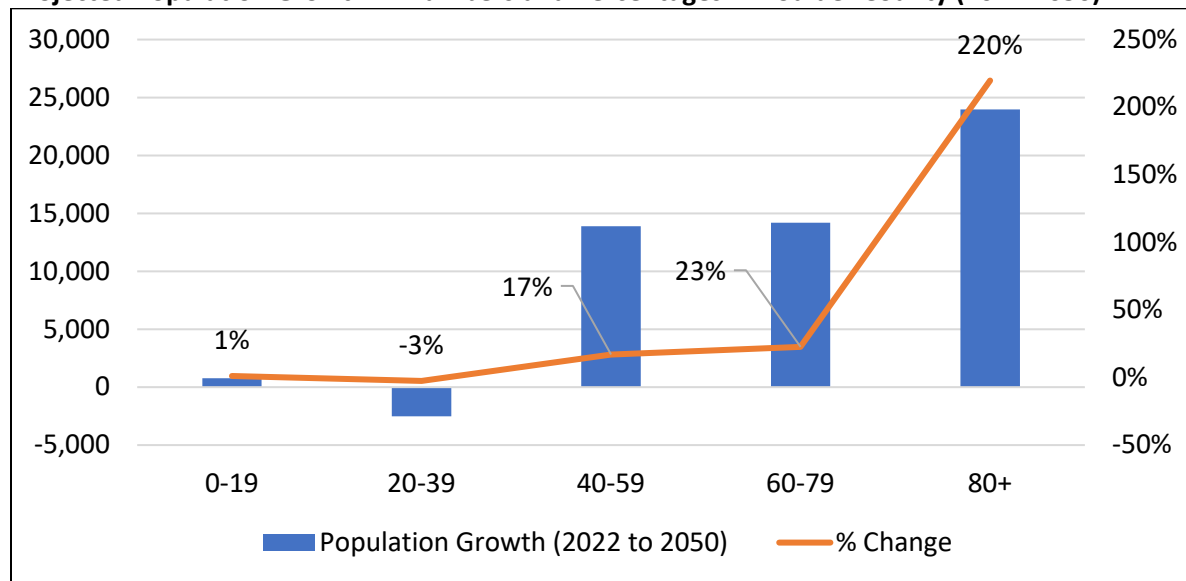
## Questions?

Please contact the Boulder County AAA at [bcaaa@bouldercounty.gov](mailto:bcaaa@bouldercounty.gov) or 303-906-7509.

## Executive Summary

We are all aging. Boulder County’s older adult (60+) population is growing faster than ever before. The last of the Baby Boomer generation will be turning 60 in 2024. According to projections from the State Demography Office, Boulder County’s total population will increase by 15%, or around 50,000 people, from 2022 to 2050. The largest growth of an age group in this three-decade period will be in our 80+ population, projected to increase by 220%.

**Projected Population Growth in Numbers and Percentages in Boulder County (2022-2050)**



While the needs of those who are 80 and older are not homogenous, we know that needs change as we age, and we must change and strengthen our community for this population shift. The population of the United States is moving from “pyramid” to “pillar,” meaning that the distribution across age groups will be closer to equal with a changed birth rate and advances in medicine that make living longer possible. The shifts we make to prepare for the increase in older adults now will positively impact generations to come.

### Impacts of Ageism

Although our country is shifting to a more equal distribution of age categories, ageism abounds. For the most part, we will discuss ageism toward older adults (60+) in this report, but do not want to move on without acknowledging that age discrimination is faced by people of all ages. Internalized and societal ageism, among other factors, has driven people to seek resources when they are in crisis, which increases case complexity. “As a public health problem, ageism is an important social determinant of health that has too long been neglected. But ageism is also a development and human rights issue with serious consequences.”<sup>1</sup> Over the lifespan, ageism intersects with racism, sexism, classism, transphobia, heterosexism, ableism, and more to drive disadvantage. Read more in on this topic in the [Respect & Social Inclusion](#) section of this report.

<sup>1</sup> Global Report on Ageism. (2021). World Health Organization. <https://iris.who.int/bitstream/handle/10665/340208/9789240016866-eng.pdf?sequence=1>

## Dementia

The Alzheimer’s Association estimates there are five to seven million Americans (age 65+) with mild cognitive impairment due to Alzheimer’s disease in 2023.<sup>2</sup> As of 2019, the number of deaths per 100,000 due to Alzheimer’s Disease was 1,909. Caregivers of people living with Alzheimer’s or other dementias in Colorado was estimated at 160,000 in 2022. The time estimate for caregiving duties was 186,000,000 hours.<sup>3</sup> The impact of dementias is not only to those with the diagnosis, but their family/informal caregivers, paid caregivers, and the broader community. All people should be welcome in Boulder County, including those living with dementia. Unpaid caregivers may need job flexibility to assist their care recipient or face a change in job status or inability to retire due to financial strain, among other issues. Learn more in the [Family/Informal Caregivers](#) section of this report.

## Racial Equity

The United States is founded in white supremacy culture. This culture can be difficult to identify, and it can be especially difficult to track the impacts. Racial disparities are caused by systems, policies, lack of consideration, and white supremacy culture. Individualism highly values and rewards autonomy and independence and leads to isolation. No one gets through their life alone, which can be especially true at the beginning and end of our lives. Boulder County’s BIPOC communities deserve equity in opportunity and resource access. The goal beyond equity is to fix the system and policies that hold disparities in place, leading to justice. Learn more in the [BIPOC Residents](#) section of this report.

## COVID-19

Many older adults experienced feelings of isolation which were difficult to manage, especially solo agers. For some, these challenges continue as they have lost connections or continue to be fearful of exposure to COVID. Some services were lost during the pandemic and have not been reinstated. Like other issues, the negative impacts of the pandemic are interwoven with other topic areas like ageism. COVID-19 has further exposed the oftentimes pervasive, silent, and harming impacts of ageism. The need to end ageism has perhaps never been more urgent, with COVID-era memes characterizing COVID as a “boomer remover,” and critical care standards that move older adults to the back of the triage line.

## Priority Areas

The issues that stand out with the highest priority in this Data Report are centered around **Economic Stability** and include in no specific order:

- **Aging in Home & Community** – We know that demand for aging-related health, social, and supportive services will increase as the older adult population continues to increase for the next three decades. The older adult population is increasing while the share of family caregivers is decreasing, and the affordability of the community is not sustainable for paid caregivers.
- **Supporting Caregivers** –
  - **Family/Unpaid:** There are emotional, physical, and financial burdens for those in caregiving roles, regardless of the age of their care recipient. The stress and burden experienced by caregivers can impact their health and well-being. At times, this impact can cause caregivers to pre-decease their care recipient.
  - **Workforce/Paid:** A single person working in Boulder County must make at least \$41,058 per year to meet the Self-Sufficiency Standard. If a single parent has a preschooler in

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<sup>2</sup> Special Report: Mapping a Better Future for Dementia Care Navigation. (2024). Alzheimer’s Association. <https://www.alz.org/media/Documents/alzheimers-facts-and-figures-special-report.pdf>

<sup>3</sup> 2024 Alzheimer’s Disease Facts and Figures. (2024). Alzheimer’s Association. <https://www.alz.org/media/Documents/alzheimers-facts-and-figures.pdf>

Boulder County, the figure increases to \$80,435. The 2023 median salary in Boulder County for Personal Care and Home Health Aides was \$34,923. This figure is \$40,186 for Certified Nursing Assistants.<sup>4</sup>

- **Housing** - Accessibility, availability, and affordability of housing in Boulder County are critical concerns for older adults and the broader community. Maintaining one's home, modifying a home to suit changing needs, moving to different housing to suit one's needs, and increasing cost-burden for older homeowners and renters are just a few of the housing issues being faced. There are older adults in Boulder County who are precariously housed, newly homeless, and chronically homeless.
- **Transportation** - Transportation options in Boulder County are not meeting the evolving needs of its residents. Oftentimes people think of transportation for older adults as only needed for medical appointments. Those who need transportation support may need it for shopping, errands, and social engagement. Nearly all Boulder County older adults expressed a desire for expanded and reliable public transportation options. Current issues include a lack in reliability, a limit in hours per day and weekend travel opportunities, and limits in which regions transportation options reach.

### **Funding**

The common denominator in the barriers to aging well is the lack of funding needed for the critical supports, like home- and community-based services (HCBS). As of the writing of this report, Colorado's 16 Area Agencies on Aging are back to Fiscal Year 2019 funding levels. This is despite an increase in our older adult population, the high cost of living in Colorado, the increased cost to provide services, and increasing inflation. Our community, state, and nation are facing a serious human services crisis, especially for our aging population. Current funding levels are nowhere near enough to provide adequate support for older adults and their caregivers. We hope the information contained in this report is a call to action for individuals and organizations wanting to make a change in the aging space.

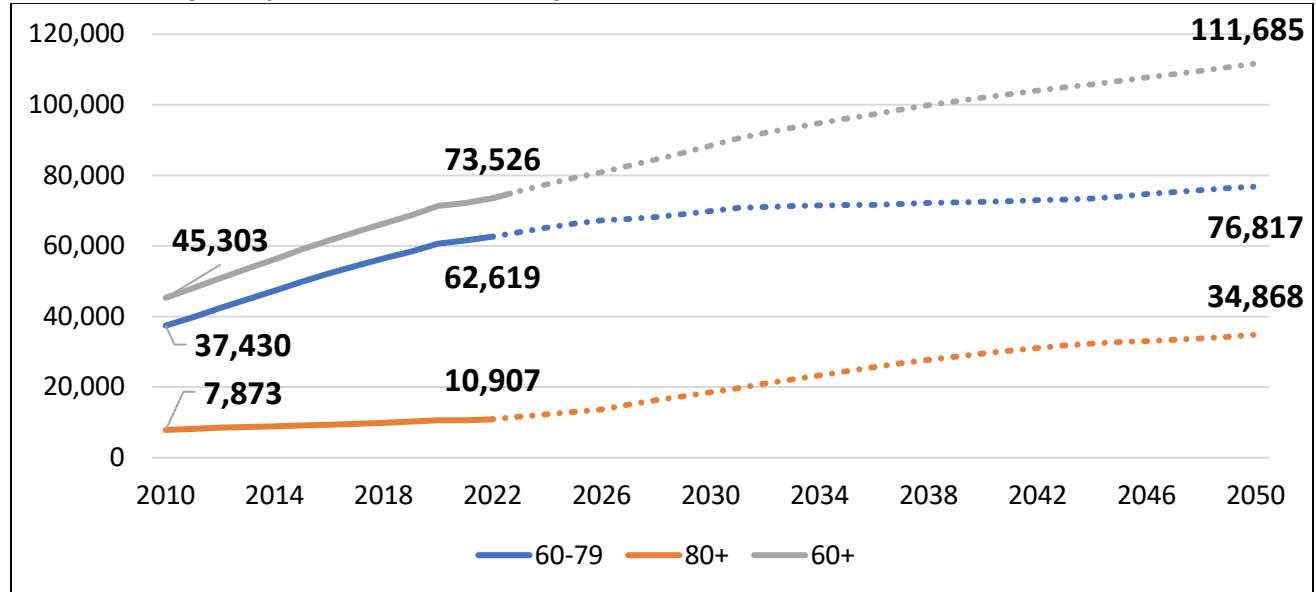
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<sup>4</sup> Lightcast. (2024). Lightcast <https://lightcast.io/about/data>

## Demographics

As of July 2023, Boulder County’s 60+ population was 73,526. This figure is expected to increase to 111,685 by 2050. Our 60+ population has increased for nearly two decades, with Baby Boomers beginning to reach the age of 60 in 2006. The last of the Baby Boomers are turning 60 in 2024. We are in the midst of a transition where the growth of the population aged 60-74 will slow, and the growth of the population segment aged 75+ will greatly increase. **From 2022 to 2050, Boulder County’s 80+ population is projected to increase by 220%, from under 11,000 to nearly 35,000.** This will be the fastest growing age group over this time frame.

**Boulder County’s Projected Growth – 60+ Population<sup>5</sup>**



Some characteristics that are more present in our 60+ population than the overall population are living alone, living with a disability, not being in the labor force, and being housing cost burdened – spending 30% or more of their income on housing alone.

**Characteristics of Boulder County’s Overall Population and Population 60+<sup>6</sup>**

	Overall Population	Population 60+
<b>Living Alone</b>	29.5%	42.2%
<b>Bachelor’s Degree or Higher</b>	63.2%	58.7%
<b>Veterans</b>	4.7%	11.5%
<b>Living with a Disability</b>	8.5%	20.3%
<b>Not in the Labor Force</b>	32.6%	64.2%
<b>Homeowner</b>	62.3%	80.2%
<b>Housing Cost-Burdened</b>	22%	24.1%
<b>Renter</b>	37.7%	19.8%
<b>Housing Cost-Burdened</b>	56.3%	63.3%

<sup>5</sup> Population Estimates by Age. (Accessed June 20, 2024). State Demography Office.

<https://demography.dola.colorado.gov/>

<sup>6</sup> United States Census Bureau. (2018-2022). Table S0102: Population 60 Years and Over in the United States.

<https://data.census.gov/table/ACSST5Y2022.S0102?g=050XX00US08013>

## Communities of Color

We acknowledge that Census data has flaws, and specifically an undercount of undocumented populations<sup>7</sup>, but it is our most reliable source of population information. Across Boulder County, 6.1% of our 60+ population identify as Latino. The highest concentration by municipality of older Latinos is in Longmont, at 9%.<sup>8</sup> Overall, 8.5% of Boulder County's 60+ population report they are BIPOC.<sup>9</sup> Boulder County's older adults are less diverse than the overall population. Around three-quarters (76.2%) of Boulder County's overall population identifies as white alone, not Hispanic or Latino. This percentage is higher for older adults at 88.1%.<sup>10</sup>

### Race in Boulder County (Census, 2022)<sup>11</sup>

	All Ages	60+
<b>One Race</b>		
White	82.8%	90.5%
Black or African American	0.9%	0.7%
American Indian and Alaska Native	0.4%	0.3%
Asian	4.6%	3%
Native Hawaiian and Other Pacific Islander	0.1%	0.1%
Some other race	2.8%	1.4%
<b>Two or More Races</b>		
Two or More Races	8.4%	4%

## Poverty & Income

The cost of living in Boulder County is high. The majority (86%) of Boulder County's older adults said the cost of living in their community is fair or poor.<sup>12</sup> Overall, rates of poverty are higher for people of color in Boulder County. Many programs use Federal Poverty Level (FPL) to determine eligibility. The income threshold for a single person household at 185% FPL is \$25,142.<sup>13</sup> Of older adults in Boulder County, an estimated 11,744, have an income up to 185% of the FPL.

### Number of Older Adults Below Specified 2023 FPL Thresholds<sup>14, 15, 16</sup>

There are narratives in our community and beyond that all older adults are homeowners with financial security in retirement. This is certainly true for some in our community, but not for all.

<sup>7</sup> The 2020 Census May Have Missed a Big Share of Noncitizens, The Bureau Estimates. (May 9, 2023). NPR.

<https://www.npr.org/2023/05/08/1174824891/2020-census-noncitizens>

<sup>8</sup> Boulder County GIS. (2022: ACS 5-Year Estimates) United States Census Bureau.

<sup>9</sup> Table S0103. Population 60 Years and Over in the United States: Boulder County, CO. (2022: ACS 5-Year Estimates). United States Census Bureau. <https://data.census.gov/table/ACSST5Y2022.S0102?g=050XX00US08013>

<sup>10</sup> Ibid.

<sup>11</sup> Ibid.

<sup>12</sup> Community Assessment Survey for Older Adults (CASOA). (2022). National Research Center/Polco.

<sup>13</sup> Housing and Human Services. (2023). HHS Poverty Guidelines for 2023. <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>

<sup>14</sup> Ibid.

<sup>15</sup> Table S0102: Population 60 Years and Over in the United States. (2022: ACS 5-Year Estimates). United States Census Bureau. <https://data.census.gov/table/ACSST5Y2022.S0102?q=S0102&g=050XX00US08013>

<sup>16</sup> Population Estimates by Age. (Accessed June 20, 2024). State Demography Office.

<https://demography.dola.colorado.gov/>



	1 Person/2 People	# of Boulder County Older Adults
Below 100% FPL	\$14,580/\$19,720	4,499
Below 150% FPL	\$21,870/\$29,580	7,975
Below 185% FPL	\$26,973/\$36,482	11,744

### A Self-Sufficiency Standard Proxy

A higher percentage of Boulder County’s older adults said having enough money to meet daily expenses is “at least a minor problem,” increasing from 28% in 2018<sup>17</sup> to 38% in 2022<sup>18</sup>. While 89% of older adults said having enough food to eat is “not a problem,” 47% said the availability of affordable, quality food is “fair or poor.” The latter increased by 11 points, from 36%, in the 2018 administration of the CASOA. Nutrition is a main area where people cut costs when budgets tighten for increased costs or unexpected expenses. Prescriptions are another area that often gets cut during these times. Lower-income older adults in Boulder County report lower overall health quality than higher income older adults. The cost of living in Boulder County is high. One of the ways the Boulder County Area Agency on Aging (BCAAA) has seen this is the increased demand and use of financial assistance.

Below is an estimate of monthly household expenses for a single older adult on Medicare for major expenses. These figures exclude taxes and emergency costs. Every person and situation is different.

### Monthly Household Costs for Single Older Adults (65+) in Boulder County

	Housing <sup>19</sup>	\$1,823
	Food <sup>20</sup>	\$423
	Transportation ( <i>includes insurance premiums and car/maintenance costs</i> ) <sup>21,22</sup>	\$1,343
	Health Care ( <i>excludes long-term care costs, assumes Medicare beneficiary</i> ) <sup>23</sup>	\$583
	Cell Phone/Connection/Miscellaneous ( <i>miscellaneous is 10% sum of total costs</i> ) <sup>24,25</sup>	\$625
<b>Self-Sufficiency Income</b>		
	Monthly	<b>\$4,797</b>
	Annual	<b>\$57,564</b>

<sup>17</sup> Community Assessment Survey for Older Adults (CASOA). (2018). National Research Center.

<sup>18</sup> Community Assessment Survey for Older Adults (CASOA). (2022). National Research Center/Polco.

<sup>19</sup> Fair Market Rents. (2024). HUD USER. [https://www.huduser.gov/portal/datasets/fmr.html#query\\_2024](https://www.huduser.gov/portal/datasets/fmr.html#query_2024)

<sup>20</sup> Official USDA Food Plans: Monthly Cost Liberal Plan for 51–70-Year-Old Male. (Feb. 2024). USDA.

<https://www.fns.usda.gov/cnpp/usda-food-plans-cost-food-monthly-reports>

<sup>21</sup> 2021 Auto Insurance Database Average Premium Supplement. (Sept. 2023). National Association of Insurance Commissioners. [https://content.naic.org/sites/default/files/adps-21\\_0.pdf](https://content.naic.org/sites/default/files/adps-21_0.pdf)

<sup>22</sup> Annual New Car Ownership Costs Boil Over \$12K. (Aug. 30, 2023). AAA.

<https://newsroom.aaa.com/2023/08/annual-new-car-ownership-costs-boil-over-12k/>

<sup>23</sup> Medicare Households Spend More on Health Care Than Other Households. (March 14, 2024). Kaiser Family Foundation. <https://www.kff.org/medicare/issue-brief/medicare-households-spend-more-on-health-care-than-other-households/>

<sup>24</sup> What’s Working: Wireless Phone Bills in Colorado are Lower Than the National Average. (Dec. 2, 2023). The Colorado Sun. <https://broadband.colorado.gov/learning-center/broadband-101/choosing-broadband-service>

<sup>25</sup> Choosing Broadband Service. (Accessed June 18, 2024). Colorado Governor’s Office of Information Technology. <https://broadband.colorado.gov/learning-center/broadband-101/choosing-broadband-service>

## Outdoor Spaces & Buildings

Public places are key for people to gather. Whether indoors or out, people of all ages and abilities need green spaces, seating, sidewalks, and accessible buildings to enjoy. Most older residents in Boulder County (85%) rate the overall quality of the natural environment in their community as excellent or good.

### Accessibility in public spaces in Boulder County benefits everyone.

Nearly half (44%) of Boulder County's older adults rated public places where people want to spend time as fair or poor. One quarter (25%) of the older adults in Boulder County report the ease of walking in their community as fair or poor.

Boulder County Parks & Open Space (BCPOS) published a report in March 2020 called "[Use Preferences and Visitor Experiences of People with Disabilities on Parks & Open Space.](#)" Most respondents shared walking or hiking on trails (includes using mobility devices) and viewing wildlife as activity preferences. Participants gave the following reasons for choosing specific open space properties to visit: accessibility, convenience (close, minimal driving time), flat and paved, good amenities (benches, restrooms, and picnic tables), places to sit and rest, safe and hazard free, selected for an activity (picnicking, sports, fishing, all-terrain hand cycling, etc.), and shade.

As a result of the report, BCPOS updated their webpages, adding photos and sharing available amenities, sharing information on the number of designated accessible parking, and listed recommended properties and trails for folks that use wheelchairs. Benches are now in closer proximity in some properties to accommodate body rest for those using the spaces. [Accessibility on Open Space](#) is an example of responsiveness to the disability community.

Four in 10 (39%) older adults in our community rated the overall design of their community's residential and commercial areas as fair or poor. Universal Design Principles must be considered when making spaces usable by all people. These principles include:

1. Equitable Use – The design is useful and marketable to people with diverse abilities.
2. Flexibility in Use – The design accommodates a wide range of individual preferences and abilities.
3. Simple and Intuitive Use – Use of the design is easy to understand, regardless of the user's experience, knowledge, language skills, or current concentration level.
4. Perceptible Information – The design communicates necessary information effectively to the user, regardless of ambient conditions or the user's sensory abilities.
5. Tolerance for Error – The design minimizes hazards and the adverse consequences of accidental or unintended actions.
6. Low Physical Effort – The design can be used efficiently and comfortably and with a minimum of fatigue.
7. Size and Space for Approach and Use – Appropriate size and space is provided for approach, reach, manipulation, and use regardless of user's body size, posture, or mobility.<sup>26</sup>

Learn more about welcoming English as a Second Language communities into public spaces in [BIPOC Residents](#).

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<sup>26</sup> Universal Design Principles. (Accessed Dec. 15, 2023). Berkeley Disability Access & Compliance. <https://dac.berkeley.edu/services/campus-building-accessibility/universal-design-principles>

## Transportation

“Transportation is a crucial issue that intersects with climate policy, social equity, affordability, and public health.”<sup>27</sup> Everyone should have transportation options – driving should not be the only way to get around. Bicycle lanes benefit drivers and nondrivers. Pedestrians need sidewalks that are safe and accessible and streets that can be crossed safely. Public transportation options should include large-scale options like buses and smaller options like rideshare services. Paratransit, tailored to support individuals with disabilities, is a critical component of our transportation system. Our residents aged 80+ will be dramatically increasing in number and as a proportion of our population over the next three decades. As a community, we need to meet the current transportation crisis and support the growth of multi-modal transportation to benefit all Boulder County residents.

### Current transportation options in Boulder County are not meeting resident needs.

Having safe and affordable transportation available is at least a minor problem for one-third (34%) of Boulder County’s older adults.<sup>28</sup> The cost of transportation is increasing in many areas – vehicle maintenance, workforce of drivers, cost per trip, and more. After conducting a systemwide Fare Study and Fare Equity Analysis, RTD fare costs decreased in 2024. Transportation is important not only for medical appointments, but also for getting the things we need and social engagement. Older adults, people with disabilities, and low-income individuals are at risk of isolation due to limited mobility options. There is a need to expand transportation options for adults who are not able to use fixed route buses or who want to travel for non-medical purposes.

Older adults have the right to access spaces for recreation and socialization too. Nearly all older adults expressed a desire for expanded and reliable public transportation options. Transportation options are sometimes unreliable, limited to certain times, or do not reach certain regions. “Highest priorities for transit among older adults include expanded service area, increased frequency, and more evening and weekend services.”<sup>29</sup> Older adults are expected to outlive their ability to drive for nine to 11 years, so education on retiring from driving is crucial. This challenging retirement can lead to isolation and lack of autonomy.

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<sup>27</sup> Boulder County Mobility & Access for All Ages and Abilities. (May 2022). Final Report.

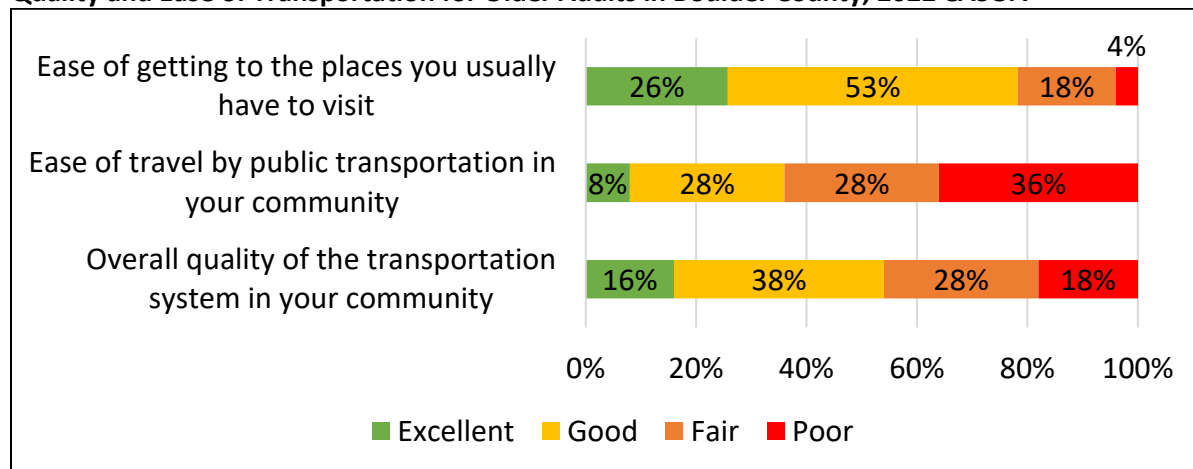
<https://assets.bouldercounty.gov/wp-content/uploads/2022/07/maaaa-final-report-202205.pdf>

<sup>28</sup> Community Assessment Survey for Older Adults (CASOA). (2022). National Research Center/Polco.

<sup>29</sup> Boulder County Mobility & Access for All Ages and Abilities. (May 2022). Final Report.

<https://assets.bouldercounty.gov/wp-content/uploads/2022/07/maaaa-final-report-202205.pdf>

**Quality and Ease of Transportation for Older Adults in Boulder County, 2022 CASOA<sup>30</sup>**



The [2022 Final Report from Boulder County’s Mobility and Access for All Ages and Abilities](#) outlines the following challenges faced by providers’ clients and customers:

- Accessible vehicles are not always available.
- Bus stops are not close enough to residences and/or destinations.
- Transportation options are too expensive.
- Important destinations are not serviced by public transit.
- Transit trips to some destinations are too time-consuming.
- Customers are not able to schedule a same-day ride or trip.
- Information on local transit services is not always available or easy to understand.<sup>31</sup>

<sup>30</sup> Community Assessment Survey for Older Adults (CASOA). (2022). National Research Center/Polco.

<sup>31</sup> Boulder County Mobility & Access for All Ages and Abilities. (May 2022). Final Report. <https://assets.bouldercounty.gov/wp-content/uploads/2022/07/maaaa-final-report-202205.pdf>

## Housing

Access to safe, affordable housing supports people’s physical and mental health. Over 17 million households eligible for federal rental assistance do not receive it due to limited funding.<sup>32</sup> Both renters and homeowners experience housing cost-burden in Boulder County, meaning they pay 30% or more of their monthly income on housing costs. Nearly one in four (24%) older adult homeowners and 63% of older adult renters are housing cost burdened.<sup>33</sup> “To compensate, households often cut back on food and medical care, which can be detrimental for those with chronic health conditions.”<sup>34</sup> Many older adults are on fixed incomes, which do not rapidly rise in proportion to changes in cost of living and inflation. Three-quarters (76%) of Boulder County’s older adults say the variety of housing options is fair or poor<sup>35</sup>, making it difficult to safely age in home and community.

### Accessibility, availability, and affordability of housing in Boulder County are critical concerns for older adults, caregivers, and the broader community.

Nearly all (88%) of Boulder County’s older adults say the availability of affordable quality housing in their community is fair or poor. Almost all (85%) say that availability of accessible housing is fair or poor. Accessible housing can include homes with a no step entry, single floor living, and wide hallways and doorways. Nearly one-third (29%) of older adults in our community say “having housing to suit their needs” is at least a minor problem. One-third of Boulder County older adults reported falling or injuring themselves at least once in the past 12 months.<sup>36</sup> Affordability challenges are disproportionately felt by older people of color. Longstanding disparities in access to well-paying jobs and homeownership opportunities have resulted in higher rates of homeownership for white households and greater financial insecurity for older Black and Hispanic households.<sup>37</sup> Four in 10 (41%) LGBTQ+ people are concerned about hiding their identity to access suitable housing as they age.<sup>38</sup> In 2022, Homeless Solutions for Boulder County was able to identify a concerning and growing trend regarding an increase of those entering homelessness for the first time and high levels of need in the aging population at Coordinated Entry. One in 10 (12%) of those experiencing homelessness in Boulder County are 60 or older. There has been a steady increase of homelessness in the aging population, with a 37% increase from 2022 to 2023. Most of the older population experiencing homelessness reported some form of disability with most noting a physical disability (57%). The majority (70%) of older individuals using Coordinated Entry reported first time homelessness over the past three years.<sup>39</sup> Many more older adults are precariously housed in older age with risk of homelessness.

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<sup>32</sup> Center on Budget and Policy Priorities. (Jan. 17, 2020). Housing and Health Partners Can Work Together to Close the Housing Affordability Gap. <https://www.cbpp.org/research/housing/housing-and-health-partners-can-work-together-to-close-the-housing-affordability>

<sup>33</sup> Table S0102: Population 60 Years and Over in the United States. (2022: ACS 5-Year Estimates). United States Census Bureau. <https://data.census.gov/table/ACSST5Y2022.S0102?q=S0102&g=050XX00US08013>

<sup>34</sup> Joint Center for Housing Studies of Harvard University. (Aug. 18, 2022). Housing for America’s Older Adults: For Problems We Must Address. <https://www.jchs.harvard.edu/blog/housing-americas-older-adults-four-problems-we-must-address>

<sup>35</sup> Community Assessment Survey for Older Adults (CASOA). (2022). National Research Center/Polco.

<sup>36</sup> Ibid.

<sup>37</sup> Joint Center for Housing Studies of Harvard University. (Aug. 18, 2022). Housing for America’s Older Adults: For Problems We Must Address. <https://www.jchs.harvard.edu/blog/housing-americas-older-adults-four-problems-we-must-address>

<sup>38</sup> LGBTQ Dignity: Caregiving, Health and Housing Experiences of Adults 45+. (June 2022.) AARP. [https://www.aarp.org/content/dam/aarp/research/surveys\\_statistics/life-leisure/2022/lgbtq-community-dignity-2022-infographic.doi.10.26419-2Fres.00549.002.pdf](https://www.aarp.org/content/dam/aarp/research/surveys_statistics/life-leisure/2022/lgbtq-community-dignity-2022-infographic.doi.10.26419-2Fres.00549.002.pdf)

<sup>39</sup> Coordinated entry data from Boulder County staff. (March 12, 2024). Homeless Solutions for Boulder County.

Demand for home and community-based services has and will continue to increase.

“Home and Community-Based Services (HCBS) refers to services and supports that are provided to consumers in their homes or offered in the community including home-delivered meals, home health care, homemaker/chore services, transportation, caregiver services, and more.”<sup>40</sup> Over half (56%) of older adults in our community say maintaining their home or yard is at least a minor problem. More than half (57%) say doing heavy or intense housework is at least a minor problem. With limited, affordable housing options including long-term care and independent living, many older adults and family caregivers will need the support of HCBS to age safely, in the places we call home.

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

Someone turning 65 today has an almost 70% chance of needing some type of long-term care services<sup>41</sup> and support in their remaining years. While one-third of today’s 65-year-olds may never need long-term care support, 20% will need it for longer than five years.<sup>42</sup> The average annual cost for a semi-private room in a nursing facility in Boulder County in 2023 is \$144,175.<sup>43</sup> As a private pay figure, this is unattainable for most people. Medicare does not pay for long-term care except for short rehabilitation stays. Residents who have Medicaid coverage can use it to pay for long-term care. However, there are a limited number of long-term care beds accepting Medicaid as the payor in Boulder County. There is a process called “spenddown” for individuals to qualify for Medicaid and use it as the payor for assisted living or nursing home care. Across the US, 1.6 million people used Medicaid as the payor for long-term care in 2020.<sup>44</sup> Medicaid is the largest payor of long-term care in the United States.<sup>45</sup> Long-term care homes must complete a certification process to offer Medicaid-funded beds to the community. The process to certify is arduous and the funding received through Medicaid does not cover the cost incurred by the homes providing the care.

**Average Monthly and Annual Costs for Long-Term Care in Denver Metro Region<sup>46</sup>**

		2023	2050
Homemaker Services (20 hours/week)* <i>Used for household tasks</i>	Monthly	\$3,467	\$7,701
	Annual	\$41,600	\$92,406
Assisted Living Facility <i>Personal care and health services, intermediate level of LTC</i>	Monthly	\$4,600	\$10,218
	Annual	\$55,200	\$122,615
Nursing Home Care (Semi-Private Room) <i>Personal and nursing care, room, medication, rehabilitation</i>	Monthly	\$12,015	\$26,689
	Annual	\$144,175	\$320,254

*\*This figure is specific to the Denver area, while the others are for Boulder County.*

<sup>40</sup> USAging. (2023). Home and Community-Based Services. <https://www.usaging.org/hcbs>

<sup>41</sup> For purposes of Medicaid eligibility and payment, long-term care services are those provided to an individual who requires a level of care equivalent to that received in a nursing facility.

<sup>42</sup> Administration for Community Living. (Oct. 3, 2023). How Much Care Will Your Need? <https://acl.gov/ltc/basic-needs/how-much-care-will-you-need>

<sup>43</sup> Cost of Care Survey. (Accessed April 24, 2024). Genworth. <https://www.genworth.com/aging-and-you/finances/cost-of-care.html>

<sup>44</sup> Kaiser Family Foundation. (Aug. 14, 2023). How Many People Use Medicaid Long-Term Services and Supports and How Much Does Medicaid Spend on Those People? <https://www.kff.org/medicaid/issue-brief/how-many-people-use-medicare-long-term-services-and-supports-and-how-much-does-medicare-spend-on-those-people/>

<sup>45</sup> U.S. and Global Approaches to Financing Long-Term Care: Understanding the Patchwork. (Feb. 16, 2023). The Commonwealth Fund. <https://www.commonwealthfund.org/publications/issue-briefs/2023/feb/us-global-financing-long-term-care-patchwork#>

<sup>46</sup> Cost of Care Survey. (Accessed April 24, 2024). Genworth. <https://www.genworth.com/aging-and-you/finances/cost-of-care.html>

## Social Participation

Regardless of a person’s age, social isolation and loneliness are often as debilitating a health condition as having a chronic illness or disease. Social isolation significantly increases a person’s risk of dying prematurely from all causes. This risk rivals those of smoking, obesity, and physical inactivity.<sup>47</sup>

**“Social Isolation** is the lack of relationships with others and little to no social support or contact. It is associated with risk even if people don’t feel lonely.

**Loneliness** is feeling alone or disconnected from others. It is feeling like you do not have meaningful or close relationships or a sense of belonging. It reflects the difference between a person’s actual and desired level of connection. This means that even a person with a lot of friends can feel lonely.”

Loneliness impacts some groups more than others, including older adults, adults living alone, people with chronic diseases and disabilities, immigrants, and LGBTQ+ folks.<sup>48</sup> Forty-two percent of older adults (60+) in Boulder County live alone. *Additional information on social isolation in these groups is in the Subpopulation section of this report.*

The pandemic increased reports of social isolation and loneliness among older adults.

In our Sept. 2019 Data Report, we stated, “There is a growing risk of social isolation and loneliness among older adults.”<sup>49</sup> The risk was growing without a global pandemic. Risks were only exacerbated over the years since our last report. Over one-third (37%) of Boulder County’s older adults say feeling lonely or isolated is at least a minor problem. This figure was 31% in 2018. Nearly four in 10 (39%) older adults in our community say opportunities to attend social events or activities is fair or poor.<sup>50</sup> This figure has increased sharply since 2018 when it was 26%.<sup>51</sup> Social isolation is more prevalent for LGBTQ+ older adults than for the overall aging population. Older LGBTQ+ adults are two times as likely to be single and live alone than their heterosexual counterparts.<sup>52</sup>

### **Social isolation and loneliness have been linked to increased risk for:**

Heart disease and stroke.	Suicidality and self-harm.
Type 2 diabetes.	Dementia.
Depression and anxiety.	Earlier death. <sup>53</sup>
Addiction.	

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<sup>47</sup> Social Isolation and Loneliness in Older Adults: Opportunities for the Health Care System. (2020). National Academies of Science, Engineering, and Medicine. <https://nap.nationalacademies.org/catalog/25663/social-isolation-and-loneliness-in-older-adults-opportunities-for-the>

<sup>48</sup> Health Risks of Social Isolation and Loneliness. (Accessed Dec. 6, 2023). CDC. <https://www.cdc.gov/emotional-wellbeing/social-connectedness/loneliness.htm>

<sup>49</sup> Aging in Boulder County: Past, Present, Future Report. September 2019. <https://assets.bouldercounty.gov/wp-content/uploads/2019/09/aaa-ppf-report-2109.pdf>

<sup>50</sup> Community Assessment Survey for Older Adults (CASOA). (2022). National Research Center/Polco.

<sup>51</sup> Community Assessment Survey for Older Adults (CASOA). (2018). National Research Center.

<sup>52</sup> Improving the Lives of LGBT Older Adults, Movement Advancement Project and SAGE, 2010.

<sup>53</sup> Health Risks of Social Isolation and Loneliness. (Accessed Dec. 6, 2023). CDC. <https://www.cdc.gov/emotional-wellbeing/social-connectedness/loneliness.htm>

Risk factors for social isolation and loneliness can include the death of a spouse or partner, retirement, loss of mobility, and lack of transportation.<sup>54</sup> Loneliness and social isolation are not addressed in a vacuum. It takes transportation services to get folks to and from events, including on evenings and weekends. Transportation needs to be affordable and accessible for the community.

The Joint Center for Housing Studies shares, “Our research shows that many older adults live in places that lack livability features, such as neighborhood services, transportation alternatives, safe streets, and opportunities for engagement. These all contribute to well-being, and can even combat isolation and loneliness, both serious health issues. Most (74%) of older adults said the “availability of mixed-use neighborhoods where people live close to places where they can eat, shop, work, and receive services” is fair or poor.<sup>55</sup> An inclusive, accessible community ensures that all residents, regardless of age, disability, mobility, health challenges, financial status, and more, can participate in public activities.

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<sup>54</sup> Social isolation, loneliness in older people pose health risks. (Accessed Dec. 7, 2023). NIH: National Institute on Aging. <https://www.nia.nih.gov/news/social-isolation-loneliness-older-people-pose-health-risks>

<sup>55</sup> Community Assessment Survey for Older Adults (CASOA). (2022). National Research Center/Polco.



## Respect & Social Inclusion

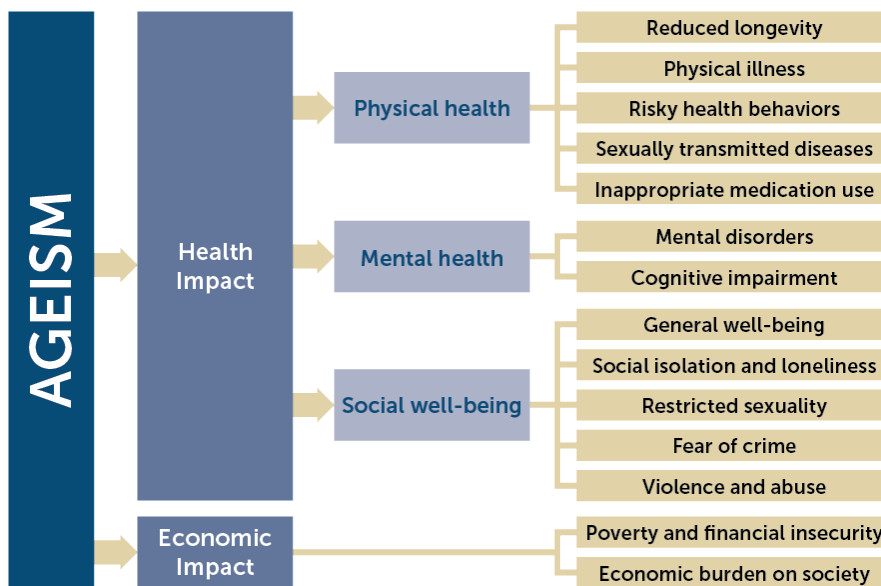
Everyone wants to feel valued and be a part of something. The World Health Organization says, “An **age-friendly** world enables people of all ages to actively participate in community activities and treats everyone with respect, regardless of their age. It is a place that makes it easy for older people to stay connected to people that are important to them. And it helps people stay healthy and active even at the oldest ages and provides appropriate support to those who can no longer look after themselves.”

Stigma and negative perceptions about aging exist in Boulder County. The individual and societal impacts of ageism are devastating.

Ageism shortens lives; leads to poorer physical health and worse health behaviors; impedes recovery from disability; results in poorer mental health; exacerbates social isolation and loneliness; and reduces quality of life.<sup>56</sup> Nearly half (45%) of Boulder County older adults rate valuing older residents in their community as fair or poor. One quarter (24%) of older adults in our community say being treated unfairly or discriminated against because of their age is at least a minor problem. During Community Conversations, older adults reported being disregarded, talked down to, being invisible, ignored, and expected to have cognitive decline. Latino participants, in particular, reported discriminatory experiences in public places. One participant shared, “I feel like what happens to the senior community is we just push them under the rug.”<sup>57</sup> Four in 10 (39%) Boulder County older adults said feeling like their voice is heard in the community is at least a minor problem.<sup>58</sup>

“Ageism takes a heavy economic toll on individuals and society, contributing to financial insecurity and poverty and costing society billions of dollars.” – World Health Organization

### Impacts of Ageism<sup>59</sup>



<sup>56</sup> Global Report on Ageism. (2021). World Health Organization.

<https://iris.who.int/bitstream/handle/10665/340208/9789240016866-eng.pdf?sequence=1>

<sup>57</sup> Community Conversations 2022. <https://boco.org/BCAAReports>

<sup>58</sup> Community Assessment Survey for Older Adults (CASOA). (2022). National Research Center/Polco.

<sup>59</sup> Global Report on Ageism. (2021). World Health Organization.

<https://iris.who.int/bitstream/handle/10665/340208/9789240016866-eng.pdf?sequence=1>

Vulnerable populations, including older adults, are often targeted for frauds and scams.

One startling shift since the 2018 CASOA is the increase in older adults reporting being a victim of a fraud or scam over a 12-month period. In 2018 the figure was 13%, which increased by 9 percentage points to 22% in 2022. Contributing factors may include the increased use of technology in the past four years and awareness of such crimes. Further, 15% of Boulder County’s older adults reported being a victim of a crime in 2022, holding steady from 2018.<sup>60</sup>

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.<sup>61</sup> In 2023 the Federal Trade Commission shared 34% of fraud reports were made by individuals 60 and older with a total loss of \$504 million. In the same report, those under the age of 60 made up the remaining 66% of reports with a total loss of \$800 million. Since 2020 and the onset of COVID-19, there has been an increase in fraud, scams, and identity theft.<sup>62</sup> 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. Just under half (47%) of victims blame themselves for being defrauded and 61% feel they were defrauded because they were too trusting.<sup>63</sup>

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

“Elder abuse is a single or repeated act or a lack of appropriate action occurring within any relationship in which there is an expectation of trust, that causes harm or distress to an older person. Elder abuse can take various forms, such as financial, physical, psychological, and sexual. It can also be the result of neglect.” – World Health Organization<sup>64</sup>

Boulder County older adults were asked, “Thinking back over the last 12 months, how much of a problem, if at all, has being physically or emotionally abused been for you?” Six percent of people said physical or emotional abuse has been at least a minor problem for them. This figure does not include older adults who live in assisted livings or nursing homes. Negative stereotypes of older people (e.g., as dependent and burdensome), prejudices and discrimination dehumanize older adults, and could contribute to making violence against older people more permissible.<sup>65, 66, 67</sup> “According to a recent

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<sup>60</sup> Community Assessment Survey for Older Adults (CASOA). (2018 & 2022). National Research Center/Polco.

<sup>61</sup> Exploring the Risks and Consequences of Elder Fraud Victimization: Evidence from Health and Retirement Study. (2017). University of Michigan, Michigan Retirement and Disability Research Center.

<https://mrdrc.isr.umich.edu/pubs/exploring-the-risks-and-consequences-of-elder-fraud-victimization-evidence-from-the-health-and-retirement-study/>

<sup>62</sup> Fraud Reports. (2023). Federal Trade Commission.

<https://public.tableau.com/app/profile/federal.trade.commission/viz/FraudReports/AgeFraud>

<sup>63</sup> Non-Traditional Costs of Financial Fraud: Report of Survey Findings. (2015). Applied Research & Consulting LLC. <https://www.saveandinvest.org/sites/default/files/Non-Traditional-Costs-Of-Financial-FraudSurvey-Findings.pdf>

<sup>64</sup> Global Report on Ageism. (2021). WHO. <https://iris.who.int/bitstream/handle/10665/340208/9789240016866-eng.pdf?sequence=1>

<sup>65</sup> Elder Abuse: Global Situation, Risk Factors, and Prevention Strategies. (2016). The Gerontologist. [https://academic.oup.com/gerontologist/article/56/Suppl\\_2/S194/2605277](https://academic.oup.com/gerontologist/article/56/Suppl_2/S194/2605277)

<sup>66</sup> Ageism: Prejudice Against Our Feared Future Self. (2005). Journal of Social Issues. <https://spssi.onlinelibrary.wiley.com/doi/10.1111/j.1540-4560.2005.00402.x>

<sup>67</sup> European report on preventing elder maltreatment. (2011). World Health Organization.

<https://iris.who.int/bitstream/handle/10665/107293/9789289002370-eng.pdf?sequence=1&isAllowed=y>

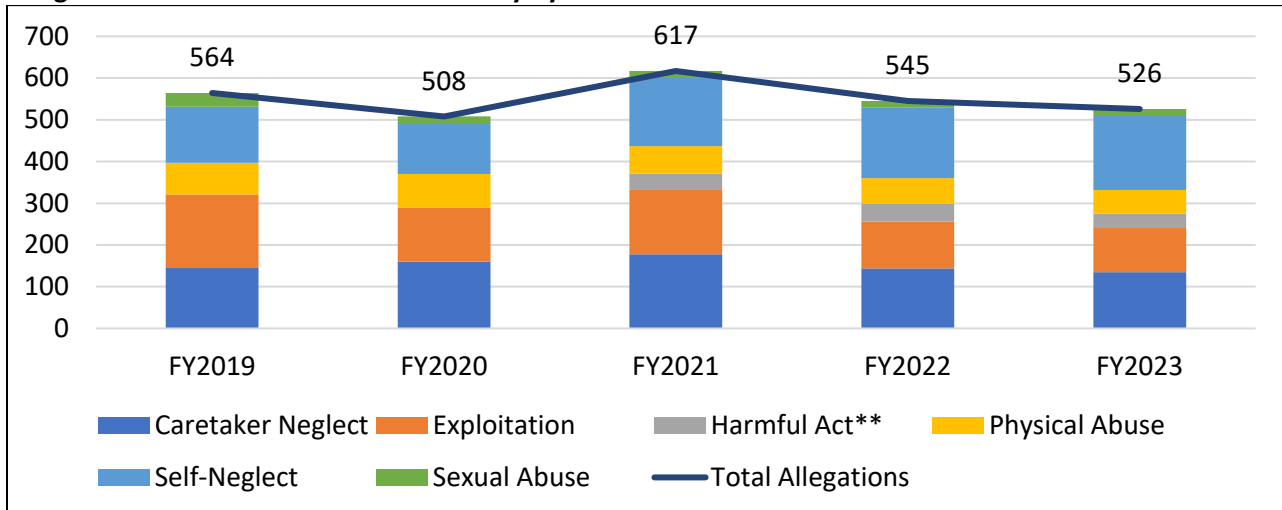
global review of the prevalence of violence against older people, some 15.7% of older people – or almost one in six – are victims of abuse.<sup>68</sup>

Boulder County Adult Protective Service (APS) staff investigates reports of abuse, neglect, including self-neglect, or financial exploitation of at-risk adults who are unable to protect themselves due to a physical or mental limitation. APS staff assesses the need for protective services and provide services to reduce the identified risk to the adult. These services may include case coordination, short-term case management, guardianship, or representative payee, and information and referral. Below is information about APS figures from Boulder County. *“Report”* means an oral, electronic, or written report of suspected mistreatment or self-neglect of a suspected at-risk adult, received by the county department. *“Case”* means the process by which a county department provides services to an at-risk adult. A case begins when a report identifies an at-risk adult and allegations that qualify as a mistreatment or self-neglect, and the report is screened in for investigation and assessment. The county department may continue to provide services under a case after the investigation has concluded.

**Reports and Cases from Adult Protective Services in Boulder County by Fiscal Year (FY)<sup>69</sup>**

	<b>Total Reports</b> <i>(received in FY)</i>	<b>Carryover Cases</b> <i>(received in a prior FY and still open in referenced FY)</i>	<b>New Cases</b> <i>(received in FY)</i>	<b>Total Cases</b> <i>(open at some point in FY)</i>
FY2019	1,383	103	393	496
FY2020	1,511	73	361	434
FY2021	1,642	78	422	500
FY2022	1,756	124	399	523
FY2023	1,804	112	399	511

**Allegations\* from Cases in Boulder County by Fiscal Year**



\*Cases can have more than one allegation.

\*\*Harmful Act allegations were added in Sept. 2020.

<sup>68</sup> Global Report on Ageism. (2021). WHO. Accessed at <https://iris.who.int/bitstream/handle/10665/340208/9789240016866-eng.pdf?sequence=1>

<sup>69</sup> Data emailed from the System Administration & Data Analytics Unit of the CO Department of Human Services on March 18, 2024.

## Community Participation & Employment

Why does work need to be an all or nothing experience? An age-friendly community encourages older people to be actively engaged in community life and has opportunities for residents to work for pay or volunteer their skills.

### Many older adults are working later in life.

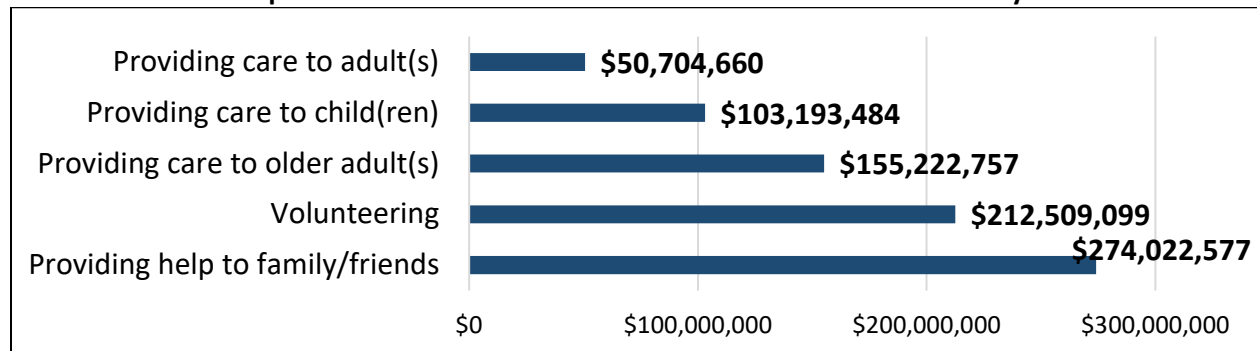
When it comes to the workplace, the demographic shift we are undergoing requires understanding and addressing stigmas of aging, fostering intergenerational opportunities, promoting flexible work schedules, training and education, rethinking retirement, and more. Over one-third (36%) of Boulder County's older adults are either still working, both full-time and part-time, or are unemployed and looking for paid work. For those older adults who are working, 37% report they do not expect to retire until age 73 or older. "Money continues to be a key driver of job change among adults age 50+, with nearly two in five reporting that they need the money (39%)."<sup>70</sup> Nearly one-third (30%) said finding work in retirement is at least a minor problem.<sup>71</sup>

Many older adults find job seeking and reskilling difficult in later life. Over half (57%) of Boulder County's older adults said their opportunities to build work skills were fair or poor.<sup>72</sup> Nearly three-fourths (73%) of older adults say the quality of employment opportunities for older adults are fair or poor. This figure is up eight points from 65% in 2018. Alongside this, most older adults in Boulder County (59%) say not knowing what services are available for older adults in our community is at least a minor problem.<sup>73</sup> Boulder County Workforce served 8,666 older adults (65+) over a nearly ten-year period (Jan. 1, 2014-Dec. 31, 2023), with a peak in 2020 of 1,871.

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

Older adults provide significant contributions to the communities in which they live. The estimated annual economic contribution of Boulder County's older adults via unpaid work is \$795,652,576.<sup>74</sup>

### **Estimated Annual Unpaid Economic Contribution of Older Adults in Boulder County in 2022<sup>75</sup>**



<sup>70</sup> Understanding the Great Resignation and Impact of COVID-19 on Work for the 50+. (Feb. 22, 2024). AARP. <https://www.aarp.org/research/topics/economics/info-2022/great-resignation-workforce-trends-older-adults.html>

<sup>71</sup> Community Assessment Survey for Older Adults (CASOA). (2022). National Research Center/Polco.

<sup>72</sup> Ibid.

<sup>73</sup> Ibid.

<sup>74</sup> Ibid.

<sup>75</sup> Ibid.

Volunteering drives social connection and positive health outcomes. Nearly half (46%) of Boulder County’s older adults volunteer at least one hour per week.<sup>76</sup> The percentage of Boulder County’s older adults who said opportunities to volunteer are excellent or good has dropped dramatically since 2014. The figure shifted from 93% in 2014, to 86% in 2018, and now 76% in the 2022 administration of the CASOA. Aside from supporting the community, volunteering offers significant health benefits including improved physical and mental health, stress reduction, and social connection.<sup>77</sup>

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. Nearly three in ten (28%) Boulder County older adults say finding productive or meaningful activities to do at least a minor problem, a consistent issue over each administration of the CASOA.<sup>78</sup>

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<sup>76</sup> Community Assessment Survey for Older Adults (CASOA). (2022). National Research Center/Polco.

<sup>77</sup> The Health Benefits of Volunteering: A Review of Recent Research. (April 2007). Corporation for National & Community Service.

[https://americorps.gov/sites/default/files/evidenceexchange/FR\\_2007\\_TheHealthBenefitsofVolunteering\\_1.pdf](https://americorps.gov/sites/default/files/evidenceexchange/FR_2007_TheHealthBenefitsofVolunteering_1.pdf)

<sup>78</sup> Community Assessment Survey for Older Adults (CASOA). (2022). National Research Center/Polco.

## Communication & Information

The way we communicate has changed in ways we could not have imagined a decade ago. While technology use has increased greatly since March 2020, we recognize that not everyone is interested in using tech for communication.

### People of all ages tend to seek resources when they have multiple emergent needs.

The percentage of Boulder County’s older adults who shared that not knowing what services are available to older adults in their community is at least a minor problem rose from the 2018 to 2022 administration of the CASOA, from 50%<sup>79</sup> to 59%<sup>80</sup>. This is a statistically significant change. With three in four (75%) older adults in Boulder County planning to remain in their community throughout their retirement, it is critical that awareness of the services available to assist with aging in the community is high across age groups. Two-thirds (66%) of older adults rated overall services provided to older adults in their community as “excellent or good.” Just over half (54%) rated availability of information about resources for older adults as “excellent or good.”<sup>81</sup>

Communication and information are tied to every domain and subpopulation in this report. Those wishing to learn about aging and caregiving services should be able to find basic information and resource connection on their own or through their friends, family, and neighbors, but there are barriers. Negative aging self-perceptions are associated with a higher likelihood of health care delay and more perceived barriers to care.<sup>82</sup> Ageism, among other factors, can delay service utilization increasing case complexity.

About one in four (28%) Boulder County older adults reported using a senior center in their community in the past 12 months.<sup>83</sup> Our community’s Senior and Age Well Centers are physical hubs for resources, information, and assistance for older adults and caregivers. When asked about services clients accessed with the most frequency in the past 12 months, Boulder County’s aging network said:

- 1) Information and Referral/Resource Navigation
- 2) Financial Assistance (incl. housing stability via rent and mortgage payments)
- 3) Nutrition (groceries, prepared meals, and/or nutrition counseling)
- 4) (TIE) Social Participation (incl. community spaces, meal sites, volunteer opportunities)  
(TIE) Benefit Navigation<sup>84</sup>

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<sup>79</sup> Community Assessment Survey for Older Adults (CASOA). (2018). National Research Center.

<sup>80</sup> Community Assessment Survey for Older Adults (CASOA). (2022). National Research Center/Polco.

<sup>81</sup> Ibid.

<sup>82</sup> Self-Perceptions of Aging and Perceived Barriers to Care: Reasons for Health Care Delay. (2017). The Gerontologist. <https://pubmed.ncbi.nlm.nih.gov/28854604/>

<sup>83</sup> Community Assessment Survey for Older Adults (CASOA). (2022). National Research Center/Polco.

<sup>84</sup> Key Informant Survey 2023. <https://boco.org/BCAAARports>

## Community & Health Services

Every person of every age gets hurt, becomes ill, grieves, experiences depression, or simply needs some help at some point. It is essential that everyone can access the services they need to live and thrive.

**Home- and community-based services (HCBS)** refers to services and supports that are provided to consumers in their homes or offered in the community including home-delivered meals, home health care, homemaker/chore services, transportation, caregiver support services, and much more.

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

It is more economical to age in home than to age in long-term care. Homeowners may be able to make modifications to their homes that allow them to age comfortably in their space as their needs change (i.e., wider entrances, walk-in showers, grab bars). Alongside modifications, assistance from an occupational therapist can help people learn how to protect themselves from injury in their living space. One-third (33%) of Boulder County's older adults reported falling or injuring themselves at least once in the past 12 months.<sup>85</sup> This figure is up from 26% in 2018.<sup>86</sup> Those renting in our community in need of accessible housing may find greater barriers to meet their needs. Rightsizing is sometimes necessary when modifications cannot fully address the mobility and safety needs of an older adult. Alongside modifications, medical and/or non-medical in-home services can help someone age comfortably. Non-medical home services can include home-delivered meals, chore services, transportation, caregiver support services, and more. In-home medical services that can support people aging in their homes include chronic disease management, medication management, physical therapy, and more. There are limited long-term care options in our community that are affordable, especially for those who utilize Medicaid to pay for assisted living or skilled nursing.

Local aging services providers see demand outpacing supply in certain areas. When asked about availability of services as they relate to adults aged 60 and older and their family or unpaid caregivers, 44% of Boulder County's aging service providers said "homemaker, chore, and personal care services" had low availability. This service had the highest number of respondents rating the availability low.<sup>87</sup> The issue is complicated. The cost of HCBS, need for increased pay and housing opportunities for those providing HCBS, and demand driven by an increasing 60+ population means this is a critical need.

Residents experience challenges accessing and affording the healthcare services they need.

There are growing gaps in the continuum of care that can jeopardize health and recovery. Over half (53%) of our community's older adults say their physical health is at least a minor problem. Many of the issues outlined in the 2019 Data Report persist. The cost of healthcare makes access prohibitive for many people, regardless of age. About one-third of older adults in Boulder County are saying it's at least a minor problem to get the healthcare they need (33%), oral health care they need (31%), and the vision care they need (27%). For 25% of older adults, affording needed medications is at least a minor problem.

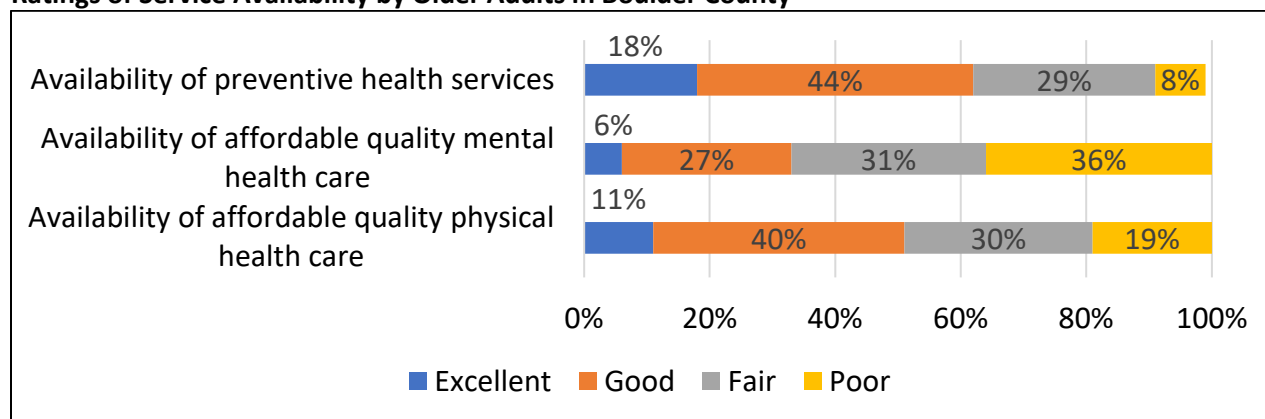
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<sup>85</sup> Community Assessment Survey for Older Adults (CASOA). (2022). National Research Center/Polco.

<sup>86</sup> Community Assessment Survey for Older Adults (CASOA). (2018). National Research Center.

<sup>87</sup> Key Informant Survey 2023. <https://boco.org/BCAAARports>

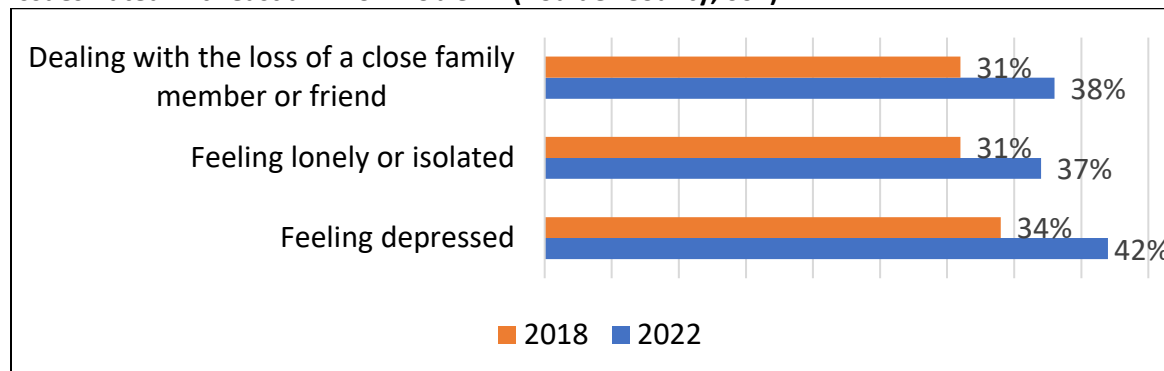
### Ratings of Service Availability by Older Adults in Boulder County<sup>88</sup>



Addressing mental and behavioral health needs is a key goal across the county, with partners alongside the BCAA sharing that older adults are a key subpopulation in need of support.

Two key local efforts resulted in reports headlining the mental health needs of older adults in 2023, including the [Boulder County Behavioral Health Roadmap 2023](#) and [Boulder County Public Health’s Community Health Assessment 2023](#).

### Issues Rated “At Least a Minor Problem” (Boulder County, 60+)<sup>89</sup>



Over one-fifth of Boulder County’s adults ages 55-64 report experiencing at least eight days where their mental health was not good in the past 30 days.<sup>90</sup> Measures of key mental health indicators for Boulder County’s older adults worsened from 2018 to 2022. While causal data is not presented alongside the measures, it is assumed that COVID-19 is a likely contributing factor these negative shifts. One-third of Boulder County’s aging services providers reported that the availability of mental health services is low. Four in five (82%) of aging services providers said the demand for mental health services is high.<sup>91</sup>

*“The rate of deaths by suicide per 100,00 is higher among older adults compared to the rate across all Boulder County residents. Across age groups, rates are highest among males aged 55+. Females aged 55-64 years have higher rates of suicide than females in all other age groups.”*

<sup>88</sup> Community Assessment Survey for Older Adults (CASOA). (2022). National Research Center/Polco.

<sup>89</sup> Ibid.

<sup>90</sup> Boulder County Behavioral Health Roadmap 2023. [https://assets.bouldercounty.gov/wp-content/uploads/2023/08/BHMap\\_Final\\_singles810b.pdf](https://assets.bouldercounty.gov/wp-content/uploads/2023/08/BHMap_Final_singles810b.pdf)

<sup>91</sup> Key Informant Survey 2023. <https://boco.org/BCAAARports>



## Disaster Preparedness

Disasters can affect anyone at any time. Preparedness requires residents to commit to the following and more:

- create a support system;
- have a backup power supply for oxygen and other medical devices;
- prepare emergency supplies like food and water; and
- keep a supply of medications and other medical needs on hand.

In the past ten years alone, Boulder County has experienced many hazards, with the 2013 flood; Calwood, Fourmile, NCAR, and Marshall fires; two ricin poisonings; a widespread Hepatitis A outbreak; a Meningococcal Disease outbreak; the Table Mesa mass shooting; the mpox outbreak; and the COVID-19 pandemic, among other incidents.

Emergency planning includes preparation for the whole population while considering those who need additional assistance due to “access and functional needs.” These may include individuals with disabilities, individuals with limited English proficiency, individuals with limited access to transportation, individuals with limited access to financial resources, older adults, and others deemed “at risk.”<sup>92</sup>

### Personal preparedness and awareness are key for residents to stay safe during a disaster.

Immediately after or during an emergency, essential services may be unavailable and local disaster relief and first responders may not be able to reach community members. It is important that every individual, family, business, and organization are prepared to be self-sustaining for the first 72-hours following an emergency. Timely and effective emergency alerts can help minimize people’s risk or vulnerability. One way to make a community healthy is having a sense of close community. About two in five (39%) of Boulder County’s older adults said the neighborliness of their community is fair or poor.<sup>93</sup> A plan of action and community connection can save lives.

Every person who lives in, conducts business in, or is caregiving for someone in Boulder County should sign up for [BOCO ALERT](#), which provides updates on emergencies and severe weather. With the recognition that not everyone has the technology or the technology education to utilize the system in place, alternatives include:

- Connecting with neighbors who can share alerts they receive,
- Work with neighbors, friends, or family who can sign you up for and manage your alerts, and
- Receive the alert as a family or unpaid caregiver who then connects with the impacted resident.

### As the impacts of climate change continue, residents must prepare for extreme heat and severe winters.

Climate change has not only led to increased extreme weather, but it is also worsening both infectious disease patterns and increasing the risk for future natural disasters in Boulder County. “Rising global average temperature is associated with widespread changes in weather patterns. Scientific studies indicate that extreme weather events such as heat waves and large storms are likely to become more frequent or more intense with human-induced climate change. Long-term changes in climate can directly or indirectly affect many aspects of society in potentially disruptive ways. For example, warmer average temperatures could increase air conditioning costs and affect the spread of diseases like Lyme

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<sup>92</sup> Access and Functional Needs Toolkit. (2021). CDC.

[https://www.cdc.gov/orr/readiness/00\\_docs/cdc\\_access\\_and\\_functional\\_needs\\_toolkit\\_march2021.pdf](https://www.cdc.gov/orr/readiness/00_docs/cdc_access_and_functional_needs_toolkit_march2021.pdf)

<sup>93</sup> Community Assessment Survey for Older Adults (CASOA). (2022). National Research Center/Polco.

disease. More frequent and intense extreme heat events can increase illnesses and deaths, especially among vulnerable populations, and damage some crops.”<sup>94</sup> Having backup power, emergency supplies, and enough medication on hand for a disaster is costly. Over one-third (38%) of Boulder County’s older adults say “having enough money to meet daily expenses” is at least a minor problem.<sup>95</sup>

Long-term care homes must commit to ensuring the safety of their residents by preparing for emergencies and disasters.

This includes planning for all hazards that impact Boulder County; identifying watchpoints for when staff and residents should evacuate versus shelter in place; and ensuring that staff have the necessary training and resources.

One best practice is to partner with other long-term care homes for transportation and placement resources in the event of an evacuation. Regular and consistent communication with residents about emergency plans and exercising various scenarios in a safe environment will also help ensure all are prepared for emergencies and disasters.

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<sup>94</sup> Climate Change Indicators. (2023). United States Environmental Protection Agency. <https://www.epa.gov/climate-indicators/weather-climate>

<sup>95</sup> Community Assessment Survey for Older Adults (CASOA). (2022). National Research Center/Polco.

## BIPOC Residents

“Racism is a system – consisting of structures, policies, practices, and norms – that assigns value and determines opportunity based on the way people look or the color of their skin. This results in conditions that unfairly advantage some and disadvantage others throughout society.”<sup>96</sup>

People of color experience higher rates of illness and death across health conditions and have a reduced life expectancy when compared to their white counterparts. The pandemic disproportionately impacted people of color.

The systematic discrimination of people of color in the United States over centuries, and today, make it difficult, if not impossible, for BIPOC residents to access services that help them age well.

Nearly four in 10 (39%) Boulder County older adults say “openness and acceptance of the community towards older residents of diverse backgrounds” is fair or poor.<sup>97</sup> Community Conversations were held across Boulder County in 2022. Two conversations were held in Aug. 2022 with Spanish speakers where participants shared:

- There is a distrust of services with some participants sharing they have been ignored, told incorrect information, and/or overcharged for services.
- Older members of the Latine community often experience discrimination based on race and exacerbated with ageism. Discrimination has come from community members, program staff, and law enforcement.
- Members of the Latine community can sometimes experience embarrassment asking for help due to a cultural expectation to not ask for help.
- Members of the Latine community are sometimes overlooked.
- Informal networks and word-of-mouth are critical for sharing information about available services.

Families of color typically have more communal cultural values than white families or families assimilated into whiteness. Households with BIPOC older adults in Boulder County tend to be more multigenerational and have significantly lower household income. Culturally, many families of color prefer to take care of their own family members instead of using long-term services and supports. Many benefits used by families in our country do not consider multigenerational families and household income can be a barrier to accessing services that can be helpful.

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<sup>96</sup> Racism Is a Serious Threat to the Public’s Health. (Sept. 18, 2023). CDC.  
<https://www.cdc.gov/minorityhealth/racism-disparities/index.html>

<sup>97</sup> Community Assessment Survey for Older Adults (CASOA). (2022). National Research Center/Polco.

## Family/Informal Caregivers

Over the course of our lives, most of us will take on the responsibility of informal caregiving – to a partner, adult child, sibling, parent, friend, or another person in our lives. Individuals assume caregiving roles for different durations, with many providing care for at least six months, often resembling a part-time job commitment. The mental and physical health of caregivers, along with their sense of purpose in life, are linked to improved well-being and reduced mortality rates.<sup>98</sup> The economic contribution of older adults providing unpaid care to other older adults in Boulder County is \$155,222,757 per year.<sup>99</sup>

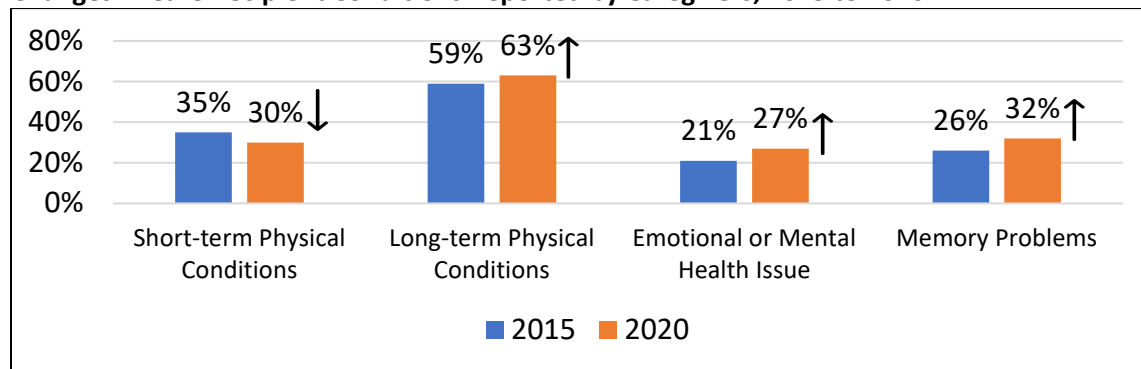
*“I took care of my late mom for the last two years of her life. And if I hadn’t been able to drive her to all her appointments and to the grocery store and to the emergency room, I just can’t imagine how she would have survived. I don’t think she would have.”* Community Conversation Participant

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

As of 2016, there were seven **potential** family caregivers per older adult in the U.S. By 2030, it is estimated there will be only four **potential** family caregivers per older adult.<sup>100</sup> Caregivers in 2020 reported that the adults who receive care have greater health and functional needs than 2015 reports. The rising prevalence of multiple conditions necessitating care, indicated by caregivers reporting an average of 1.7 condition categories for their recipients, up from 1.5 in 2015, implies that they are caring for recipients with potentially more intricate medical or support requirements.<sup>101</sup>

- Fourteen percent of the U.S. population (37.1 million people) provide unpaid care for those 60+.
- Most unpaid caregivers (59%) are women.
- The most likely age group to provide care to older adults are people 55 to 64 years old (21%), followed by those 45 to 54 years old (20%), and those ages 65 and older (15%).
- Most (61%) of those providing care to an older adult are employed.<sup>102</sup>

**Changes in Care Recipient Conditions Reported by Caregivers, 2015 to 2020<sup>103</sup>**



<sup>98</sup> Polenick CA, Sherman CW, Birditt KS, Zarit SH, Kales HC. Purpose in life among family care partners managing dementia: links to caregiving gains. *Gerontologist*. (2019) 59:e424–32. 10.1093/geront/gny063

<sup>99</sup> Community Assessment Survey for Older Adults (CASOA). (2022). National Research Center/Polco.

<sup>100</sup> Hoffman D, Zucker H. A Call to Preventive Action by Health Care Providers and Policy Makers to Support Caregivers. *Prev Chronic Dis* 2016;13:160233.

<sup>101</sup> Caregiving in the U.S. 2020. (May 2020). AARP. <https://www.caregiving.org/wp-content/uploads/2021/01/full-report-caregiving-in-the-united-states-01-21.pdf>

<sup>102</sup> Celebrating National Family Caregivers Month with BLS Data. (Nov. 30, 2023) U.S. Bureau of Labor Statistics. <https://www.bls.gov/blog/2023/celebrating-national-family-caregivers-month-with-bls-data.htm>

<sup>103</sup> Caregiving in the U.S. 2020. (May 2020). AARP. <https://www.caregiving.org/wp-content/uploads/2021/01/full-report-caregiving-in-the-united-states-01-21.pdf>

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

Nearly one-quarter (23%) of American caregivers say caregiving has made their health worse.<sup>104</sup> Nearly one-third (31%) of older adults in Boulder County are providing care for another older adult. Nearly one in five (17%) people who are 45 or older who are not currently caregivers expect to provide care or assistance in the next two years to a friend or family member with a health problem or a disability.<sup>105</sup>

### Caregiver Burden Reported by Boulder County Older Adults

	At least a minor problem
<b>Feeling PHYSICALLY burdened by providing care for another person</b>	16%
<b>Feeling EMOTIONALLY burdened by providing care for another person</b>	23%
<b>Feeling FINANCIALLY burdened by providing care for another person</b>	14%

Caregivers experience financial and employment challenges with long-lasting impacts.

It's common for caregivers to spend a significant portion of their income on caregiving expenses. The fact that, on average, caregivers spend a quarter (26%) of their annual income on caregiving expenses, underscores the substantial impact that caregiving can have on one's finances. Over three-quarters (78%) of caregivers regularly spend their own money to help the person they care for. Annually, caregivers spending their own money on caregiving expenses spent \$7,242 on average.<sup>106</sup> This highlights the importance of considering financial planning, financial assistance, and support mechanisms for caregivers to help alleviate some of this burden.

<b>Average Annual Caregiver Expense (Total)</b>	<b>\$7,242</b>
Household Expenses	\$3,791
Medical Expenses	\$1,225
Caregiver Personal Spending (respite, travel, etc.)	\$1,058
Personal Care Expenses (for recipient)	\$768
Recreation, Education, Legal, & Other Expenses	\$400

Gen X caregivers report the highest out-of-pocket costs compared to other generations of caregivers at \$8,502. Financial strain tends to be higher for younger caregivers (Millennial and Gen Z) partly because they have not had as many opportunities to generate wealth. Among the lowest income caregivers, those most highly financially strained (earning no more than \$34,999 annually) were non-white/non-Asian caregivers caring for someone who needs assistance with at least one activity of daily living.<sup>107</sup>

Financial setbacks were reported by nearly half (47%) of caregivers. Setbacks are defined as cutting back on spending, dipping into personal savings, and reducing how much caregivers save for their own retirement.<sup>108</sup> Longer-term financial impacts on working caregivers who leave the labor force because of the demands of caregiving can be life-altering.

<sup>104</sup> Ibid.

<sup>105</sup> Caregiving for Family and Friends – A Public Health Issue. (2018). CDC.

<https://www.cdc.gov/aging/caregiving/pdf/caregiver-brief-508.pdf>

<sup>106</sup> Caregiving Out-of-Pocket Costs Study. (June 2021). AARP.

[https://www.aarp.org/content/dam/aarp/research/surveys\\_statistics/ltc/2021/family-caregivers-cost-survey-2021.doi.10.26419-2Fres.00473.001.pdf](https://www.aarp.org/content/dam/aarp/research/surveys_statistics/ltc/2021/family-caregivers-cost-survey-2021.doi.10.26419-2Fres.00473.001.pdf)

<sup>107</sup> Ibid.

<sup>108</sup> Ibid.

## Paid Caregivers/Direct Care Workforce

The direct care workforce supports individuals with disabilities, older adults in their homes, in long-term care, and more with tasks including eating, bathing, grocery shopping, housekeeping, medication management, and other activities of daily living. Direct care workers are often called personal care aides, home health aides, or nursing assistants. In a home setting, direct care workers ensure people can age in their home safely.

In the [Sept. 2019 Data Report](#), we stated, “Long-term care communities face staffing challenges.” For this June 2024 Data Report, we want to update this statement to, “The longstanding shortages in the direct care workforce are making it extremely difficult for people to age in their homes. The existing shortages were exacerbated by the COVID-19 pandemic. The cost of living in Boulder County makes it a difficult place for our essential direct care workforce to live and thrive.”

One way we can get a sense of the difficulty our direct care workforce faces in Boulder County is by looking at the Self-Sufficiency Standard, which is, “a measure that calculates how much income a family must earn to meet basic needs, with the amount varying by family composition and where they live.”<sup>109</sup> This standard takes into account housing, child care, food, transportation, health care, taxes, miscellaneous expenses, and tax credits. The most recent standard was released in Nov. 2022. We want to acknowledge that housing costs, overall cost of living, and inflation have changed the landscape for the standard since it was released. We believe the following numbers are low, as of June 2024.

### Self-Sufficiency Wages by Household Composition for Boulder County, CO 2022<sup>110</sup>

	Adult	Adult & Preschooler	Two Adults & Infant	Two Adults, Preschooler, & School-Age
Hourly (per adult)	\$19.44	\$38.08	\$22.01	\$25.44
Monthly	\$3,422	\$6,703	\$7,747	\$8,955
Annual	\$41,058	\$80,435	\$92,961	\$107,462

When reviewing the median salaries for direct care workers below, it is clear that they do not meet the Self-Sufficiency Standard in Boulder County, both for single adults and families.

### Median Salary for Direct Care Workforce Positions in Boulder County, CO<sup>111</sup>

	Median Salary
Personal Care Aide	\$34,923
Home Health Aide	\$34,923
Nursing Assistant (certified or not)	\$40,186

The demand for the direct care workforce will only continue to increase in the decades to come. “Over the past decade, the direct care workforce added nearly 1.6 million new jobs, growing from 3.2 million workers in 2012 to 4.8 million in 2022.”<sup>112</sup> The job growth centers around home- and community-based services, with the home care workforce projected to increase by 35% in the next decade.<sup>113</sup>

<sup>109</sup> The Self-Sufficiency Standard for Colorado 2022. (Nov. 2022). Colorado Center on Law and Policy. [https://copolicy.org/wp-content/uploads/2022/11/CO22\\_SSS.pdf](https://copolicy.org/wp-content/uploads/2022/11/CO22_SSS.pdf)

<sup>110</sup> Ibid.

<sup>111</sup> Lightcast. (2024). Lightcast <https://lightcast.io/about/data>

<sup>112</sup> Direct Care Workers in the United States: Key Facts 2023. (Sept. 11, 2023). PHI.

<https://www.phinational.org/resource/direct-care-workers-in-the-united-states-key-facts-2023/>

<sup>113</sup> Ibid.

## LGBTQ+ Older Adults

Reports estimate there are around three million LGBT adults 50 and older<sup>114</sup>, with an expected increase to seven million by 2030.<sup>115</sup> The LGBTQ+ community are diverse, come from all walks of life, and include BIPOC people, and folk from all socioeconomic statuses. Older LGBTQ+ people came of age when discrimination against them was commonplace and legally codified throughout the United States.

*“LGBT older adults face significant and unique challenges to health and well-being as they age. They are more likely than their straight/cisgender peers to experience social and economic barriers that prevent healthy aging. Research has shown that the COVID-19 pandemic has increased economic and social instability for LGBT people of all ages.”<sup>116</sup>*

Older LGBTQ+ adults experience challenges accessing inclusive care. Though Colorado has not passed legislation banning gender-affirming care, the attack on transgender people is felt in our community. More older LGBT people than straight/cisgender people report needing help from a mental health professional but not getting it. When looking at the intersectionality of race and ethnicity against sexual orientation and gender identity, multiracial LGBT older adults experience anxiety and depression symptoms at higher levels than their white counterparts.<sup>117</sup> The issue is not only around access and affordability of care for LGBTQ+ people, but it is about knowledgeable health care providers who are educated and understanding about the needs of people.

The U.S. Trans Survey, a study conducted by the National Center for Transgender Equality<sup>118</sup> reports:

- Around one-third (34%) rated their health status as “fair or poor,”
- 28% of respondents did not see a doctor when they needed to in the last 12 months due to cost,
- 24% did not see a doctor when they needed to in the last year due to mistreatment fears, and
- Of those who saw a health care provider within the last 12 months, 48% reported having at least one negative experience because they were transgender such as being refused health care, being misgendered, having a provider use harsh or abusive language when treating them, or having a provider be physically rough or abusive when treating them.

Throughout life, transgender people experience from some of the highest rates of interpersonal violence. Due to a compounding of stressors – prejudice, stigma, sexual and gender-based victimization, and discrimination in employment, housing, and healthcare delivery – many LGBT older adults experience onset of functional limitations at an earlier age.<sup>119</sup>

LGBTQ+ people are, on average, poorer and have fewer financial resources than non-LGBTQ+ people. Financial security is a top issue for LGBTQ+ older adults. More LGBT adults who are 65 or older have income less than 100% of the federal poverty level than straight/cisgender older people, 19% and 15%

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<sup>114</sup> Out & Visible: The Experiences of Lesbian, Gay, Bisexual and Transgender Older Adults, Ages 45-75, SAGE, 2014.

<sup>115</sup> Outing Age 2010: Public Policy Issues Affecting Lesbian, Gay, Bisexual and Transgender Elders, The National Gay and Lesbian Task Force Policy Institute, 2010.

<sup>116</sup> LGBT Adults Aged 50 and Older in the US During the COVID-19 Pandemic. (Jan. 2023). UCLA School of Law Williams Institute. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Older-Adults-Jan-2023.pdf>

<sup>117</sup> Ibid.

<sup>118</sup> 2022 U.S. Trans Survey: Early Insights. (Feb. 2024). National Center for Transgender Equality. [https://transequality.org/sites/default/files/2024-02/2022%20USTS%20Early%20Insights%20Report\\_FINAL.pdf](https://transequality.org/sites/default/files/2024-02/2022%20USTS%20Early%20Insights%20Report_FINAL.pdf)

<sup>119</sup> LGBT Adults Aged 50 and Older in the US During the COVID-19 Pandemic. (Jan. 2023). UCLA School of Law Williams Institute. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Older-Adults-Jan-2023.pdf>

respectively. LGBT adults 65+ rent their homes rather than own homes at a higher rate than straight/cisgender older adults – 21% and 13%.<sup>120</sup> “Experiencing a lifetime of the overlapping cumulative effects of systemic racism and homophobia, together increases the risk for mental and physical health issues, through general stress mechanisms, as well as social and economic insecurity, among LGBT older adults of color.”<sup>121</sup>

In an AARP survey, capturing the experience of LGBTQ older adults, 87% were taking at least one medication on a regular basis and 49% were implementing strategies to manage their medication or navigate their health care because of affordability concerns. “At times, participants have delayed refilling their medication (19%), opted not to take medication (18%), or not to take a full dose (17%). With healthcare, some LGBTQ older adults have not gone to see a specialist when they needed to because of cost (21%).”<sup>122</sup>

Caregiving structures for LGBTQ+ people tend to include chosen family. Caregivers may face limits in their ability to provide care.

Public policies and institutional regulations regularly fail to recognize the legitimacy of non-biologic caregiving relationships, making it challenging to both the caregiver and care recipient.<sup>123</sup> LGBTQ+ older adults are four times less likely to have children than their heterosexual counterparts.<sup>124</sup> The large majority (82%) of LGBTQ people 45+ are concerned about having adequate family and/or social supports to rely on as they age.<sup>125</sup> LGBT caregivers are more likely to be caring in isolation, which can exacerbate stress and lead to caregiver burnout.<sup>126</sup> Caregiving resources, in general, lack LGBTQ+ inclusivity. Even when someone finds a connection to support their caregiving, lacking inclusivity can get in the way of true assistance.

LGBTQ+ older adults serving as caregivers in may not have the same state and federal privileges, such as medical leave, to care for a partner or medical decision-making processes for their partners as non-LGBTQ+ couples do. 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. There are legal options to assist with decision-making which are critical for LGBTQ+ individuals who may have family structures which are not protected by public policy. Desired outcomes for advanced care planning among LGB folks includes wanting a sense of agency, learning from others, and reducing conflict and confusion for loved ones.<sup>127</sup>

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<sup>120</sup> Ibid.

<sup>121</sup> Ibid.

<sup>122</sup> Dignity 2022: The Experience of LGBTQ Older Adults. (June 2022). AARP.

[https://www.aarp.org/content/dam/aarp/research/surveys\\_statistics/life-leisure/2022/lgbtq-community-dignity-2022-report.doi.10.26419-2Fres.00549.001.pdf](https://www.aarp.org/content/dam/aarp/research/surveys_statistics/life-leisure/2022/lgbtq-community-dignity-2022-report.doi.10.26419-2Fres.00549.001.pdf)

<sup>123</sup> Providing Palliative Care to LGBTQ Patients. (Sept. 2016.) Nursing Clinics of North America.

<https://www.sciencedirect.com/science/article/abs/pii/S0029646516300147?via%3Dihub>

<sup>124</sup> Improving the Lives of LGBT Older Adults, Movement Advancement Project and SAGE, 2010.

<sup>125</sup> LGBTQ Dignity: Caregiving, Health and Housing Experiences of Adults 45+. (June 2022.) AARP.

[https://www.aarp.org/content/dam/aarp/research/surveys\\_statistics/life-leisure/2022/lgbtq-community-dignity-2022-infographic.doi.10.26419-2Fres.00549.002.pdf](https://www.aarp.org/content/dam/aarp/research/surveys_statistics/life-leisure/2022/lgbtq-community-dignity-2022-infographic.doi.10.26419-2Fres.00549.002.pdf)

<sup>126</sup> Caregiving in the LGBT Community: A Guide to Engaging and Supporting LGBT Caregivers through Programming, SAGE, 2017.

<sup>127</sup> Motivations for Advance Care and End-of-Life Planning Among Lesbian, Gay, and Bisexual Older Adults. (Dec. 2020). Sage Journals: Qualitative Social Work. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7747803/>



## Long-Term Care Residents

Long-term care (LTC) in the context of this report includes both assisted livings and nursing homes. Nursing homes offer full-time medical care whereas residents can live independently with access to assistance, as needed, in assisted livings.

	Assisted Living Beds	Nursing Home Beds
Not Certified for Medicaid	1,617	79
Certified for Medicaid	48	1,058
TOTAL	<b>1,665</b>	<b>1,137</b>

Occupancy fluctuates, but based on the number of beds, there are nearly 3,000 residents of Boulder County living in long-term care. The CASOA is not administered in LTC, but we connected with residents in six Boulder County facilities to include their voices, needs, and wants in this report. Conversations were held with residents at:

Assisted Livings	Nursing Homes
Frasier (Boulder)	ProMedica Skilled Nursing (Boulder)
Brookdale (Longmont)	Life Care (Longmont)
Cinnamon Park (Longmont)	Mesa Vista (Boulder)

Residents shared their gratitude about their experiences as well as challenges living in LTC.

- Gratitude
  - Staff are helpful and caring.
  - Relationships with other residents are key.
  - Safe and accessible surroundings improve quality of life.
  - Residents appreciate activities onsite like arts/crafts, music, therapy dogs, and games.
- Challenges
  - Residents want to feel more welcomed in the broader community.
  - More visitors and classes are welcomed by residents.
  - Transportation is an issue. Inconsistent schedules were highlighted.
  - Staff are sometimes too busy to help with requests.
- Pandemic Impact
  - Residents shared a reduced sense of autonomy and an increase in isolation.
  - Transportation services were reduced during the pandemic and have not bounced back.
  - There were less visitors during COVID restrictions.
  - Masks were difficult for some residents to use due to discomfort or breathing issues.

### Demand for and costs of long-term care will continue to increase over the next three decades.

2024 marks the last Baby Boomers turning 60. Someone turning 65 years old today has almost a 70% chance of needing some type of long-term services and supports (LTSS). One-third of today's 65-year-olds may never need LTSS, but 20% will need it for longer than five years. One-third (35%) of people use nursing homes, while 13% use assisted livings.<sup>128</sup> As described in Domain 3: Housing, long-term care is expensive, and the cost is rising. From 2023 to 2050, the average annual cost of assisted living care in

<sup>128</sup> How Much Care Will You Need? (Modified on 2/18/2020). Administration for Community Living. <https://acl.gov/ltc/basic-needs/how-much-care-will-you-need>

Boulder County is projected to rise from \$55,200 to \$122,615. For nursing home care, the rise is project to be \$144,175 to \$320,254.<sup>129</sup>

The number of Medicaid-funded assisted living beds has decreased sharply over the years.

In the [Sept. 2019 Data Report](#), we stated, “There is a growing need for Medicaid-funded skilled nursing beds.” The need has only grown over this time. There have been assisted living closures and other facilities that have chosen to decertify from Medicaid, meaning an overall reduction in the number of Medicaid funded assisted living beds in Boulder County. The Golden West assisted living closure, the Mary Sandow closure, the Timberline closure, and reduction of Medicaid beds by attrition through means the loss of about 100 Medicaid assisted living beds in Boulder County. As of March 2024, there are a total of 48 assisted living beds in our community that are certified for Medicaid patients, meaning they *can* be used for Medicaid patients, but may not be.

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

The focus in long-term care (LTC) during the pandemic was on infection control while much of the daily care provided to residents suffered. Long-Term Care Ombudsman (LTCO) contact was largely limited to facilitating community with public health and navigating changing infection control orders from the Colorado Department of Public Health and Environment. LTCO were allowed to visit long-term care facilities again in Sept. 2021. Routine visits, monthly for nursing homes and quarterly for assisted living, did not resume until late 2022 after ombudsman completed precaution training and following specific protocol. Once resumed, the number of consultations and complaints in LTC dramatically increased.

The LTCO program tracks contacts in two ways. A consultation is a contact in which the ombudsman provides information. This can be related to regulations, resources, options, and more. Many times, this involves exploring strategies to get needs met for residents, families, and community members but consultations can also be with LTC staff. A contact becomes a complaint when the contact has a specific complaint about the care in LTC and only when an ombudsman has permission from the resident to take action to investigate and work toward resolution.

#### **Boulder County Long-Term Care Ombudsman Consultations**

	FY20*	FY21	FY22	FY23
<b>Consultations – Residents, Families, Community Members</b>	240	175	312	441
<b>Consultations – Providers</b>	129	89	144	201

#### **Boulder County Long-Term Care Ombudsman Complaints\***

	FY20	FY21	FY22	FY23
<b>Complaints – Assisted Living</b>	48	53	93	91
<b>Complaints – Nursing Homes</b>	54	84	117	142

*\*The pandemic restricted LTCO presence in facilities for parts of FY2020 and FY2021.*

Although the LTCO Program is federally mandated, Region 3B/Boulder County Area Agency on Aging received only \$20,747 in federal funding in FY24 to fund the program. This amount supports less than half an employee. With additional funding from Boulder County, the program was able to fund 2.5 FTE. An increased presence in LTC results in more reported concerns from residents/families and LTCO’s ability to address issues, improve care, and address quality of life for residents.

<sup>129</sup> Genworth. (2023). Cost of Care Survey. Retrieved from <https://www.genworth.com/aging-and-you/finances/cost-of-care.html>

## Mountain Residents

Boulder County can be defined by two geographical regions, the mountains to the west and foothills to the east. Our mountain communities are a vital part of Boulder County. **Challenges experienced in the foothills can be felt more acutely in the mountains.** Local organizations, their staff, and volunteers report feeling overwhelmed by the extent and intricacy of the needs in mountain communities.

Boulder County's mountain residents make up 1% of our total population. The 60+ and 65+ population of mountain residents are in line with population proportions in the county. Compared to Boulder County overall, there are more 65+ Veterans and 65+ people living with a disability in the mountains of Boulder County. There is a lower proportion of adults 65+ living alone in the mountains than in Boulder County overall. We acknowledge that Census data is not perfect, but there is not a better proxy for this western Boulder County data.

### Mountain Resident Snapshot<sup>130</sup>

	Boulder County	Boulder County Mountains
<b>60+ Residents (of Total)</b>	21% (69,484)	21% (770)
<b>65+ Residents (of Total)</b>	15% (50,239)	12% (435)
<b>65+ Living Alone (of 65+)</b>	30% (14,990)	16% (69)
<b>65+ Veterans (of 65+)</b>	14% (7,087)	63% (275)
<b>65+ Living with a Disability (of 65+)</b>	24% (11,930)	31% (137)

The Peak-to-Peak Housing & Human Services Alliance (P2PHSA) is a group of organizations that come together to discuss needs and resources in the region. In the 2023-2025 Workplan of the P2PHSA, needs of the broader community and older adults were gathered by members. Highlighted below are portions of the Workplan that connect to Aging in Place.

- There is a need for meal, grocery, and pharmacy deliveries for people who are unable to leave their homes both short- and long-term.
- Awareness of resources available in the region needs to increase. Current resources include basic needs, emergency financial help, and assistance to keep people housed.
- Support low- and middle-income housing options, including those for older adults. Consider housing proximity to jobs and public transportation.
- Identify and create home modification programs. Support home maintenance for all community members.
- Increase care options, both emergency and short-term for older adults and children.
- Create and support opportunities that address social isolation for all community members.
- Create and support regional transportation options while increasing awareness for what is already available.<sup>131</sup>

Home- and community-based services (HCBS) in western Boulder County are extremely limited.

When communities are far apart with variable topography and sometimes unpredictable weather conditions, it can be difficult to get to or receive services or communications. Many expenses are higher in the mountains, including housing, transportation, utilities, insurance costs, food costs, car maintenance, plowing, firewood, and much more.

<sup>130</sup> Boulder County GIS. (2022: ACS 5-Year Estimates) United States Census Bureau.

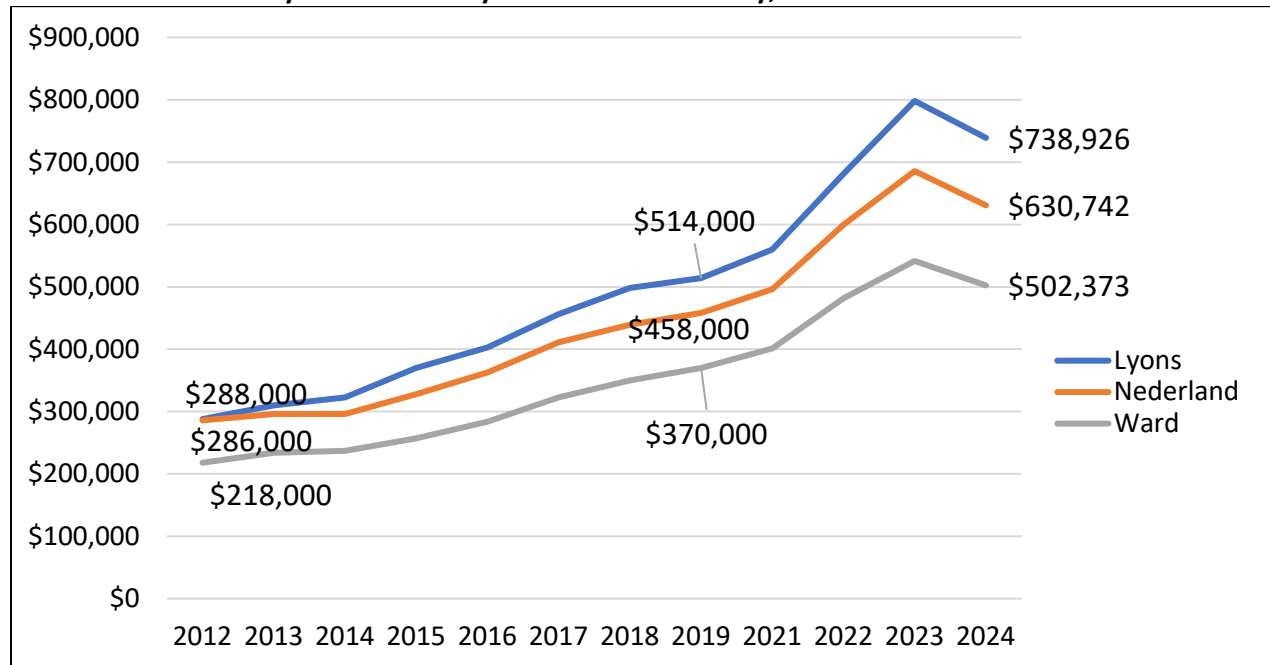
<sup>131</sup> P2P HHS Alliance 2023-2025 Workplan.

HCBS support people living independently in the community. Formal HCBS are services that folks receive in their own home or community rather than in institutional settings. The way people come by HCBS in the mountains oftentimes looks different than what we see in the foothills. Boulder County Area Agency on Aging (BCAAA) Resource Specialists provide support to mountain older adults and caregivers with services available in the area. With the acknowledgement that many services are limited in this area, Mountain Resource Specialists served 54 clients in 2023.

BCAAA Resource Specialists and our partner mountain providers connect clients with services, when available, tailored to their needs. In the western half of Boulder County, it is more common for assistance to include items like propane, firewood, solar power support than in the foothills. There are a lack of agencies serving our mountain older adults in need of caregiving – homemaker services, chore assistance, personal care, and more. Client-directed caregiving, which includes hiring community members, is a great option for helping people live independently. One example of this in [Colorado is Consumer-Directed Attendant Support Services \(CDASS\)](#). The most efficient way to assist a client who has multiple needs is to have them addressed by one caregiver or service, promoting community living.

Challenges with housing experienced in the foothills can be felt more acutely in the mountains. Affordability and limited housing stock are critical factors in housing constraints for older adults hoping to remain in the mountains. Home prices have continued to rapidly increase in western Boulder County since our last report, which makes staying in the community and right sizing difficult for many. There are no assisted living or skilled nursing options in the mountainous western half of Boulder County. For those needing the services offered in long-term care, a plan to move to eastern Boulder County or another community with this resource is essential.

**Median Home Value by Boulder County Mountain Community, 2012-2023<sup>132</sup>**



<sup>132</sup> Data points are from July of each year. United States Home Prices & Values. Zillow. <https://www.zillow.com/home-values/102001/united-states/>

## Justice-Involved Older Adults

The number and percentage of older adults (60+) booked into Boulder County Jail has steadily increased over the past 20 years. The Bridges Court Liaison Program identifies, advocates, and reduces barriers for participants with significant mental health needs and where competency has been raised. A recent snapshot of clients from this program in Boulder County indicates that 13 out of 90 clients (14%) are age 60 or older.<sup>133</sup> In 2001, individuals over age 50 were 9% of the Colorado Department of Corrections inmate population. In 2021 people age 50+ comprised 22% of the inmate population. The growth in an older inmate population is attributed to growth in our aging population, increased life expectancy among adults, and tougher sentencing laws. Per the Colorado Department of Corrections, “The aging population creates unique challenges for the criminal justice system, including higher medical costs, the need for special housing and programming, and a higher risk of victimization.”<sup>134</sup>

Older adults entering our community after incarceration experience unique challenges to service access.

“The growing population of older incarcerated adults, coupled with decarceration efforts and compassionate release programs, has led to more of this group being released. Older adults released from incarceration aren’t a uniform group, but they often have unique reentry needs that differ from younger people leaving incarceration. And despite the increased number of older people leaving prison...many communities aren’t equipped to meet their needs.”<sup>135</sup>

Incarceration is associated with earlier onset of age-related health needs and increased rates of mental illness compared to the overall population. Prison conditions including limited resources, inaccessibility, and understaffing in prison healthcare have created a condition where each year spent in prison takes two years off an individual’s life expectancy. Solitary confinement has been shown to shorten lives with detriments to physical, mental, and emotional health.<sup>136</sup> Some formerly incarcerated people can gain employment when they are released, and some cannot. Formerly incarcerated individuals do not always have ties to housing when they are released. To improve care for older people reentering the community, research suggests improving continuity of health care and access to health insurance, housing availability, and providing additional resources to safeguard health and safety of formerly incarcerated people. Current policy and lack of funding in reentry are barriers to successful transition to community.<sup>137</sup>

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<sup>133</sup> Data from Boulder County Community Justice Services staff on Nov. 16, 2023.

<sup>134</sup> FY 2022 Statistical Report. (2022). Colorado Department of Corrections.

[https://drive.google.com/file/d/123aaHE8ZHMvZUDloj7ewEF\\_8IERnLcNw/view](https://drive.google.com/file/d/123aaHE8ZHMvZUDloj7ewEF_8IERnLcNw/view)

<sup>135</sup> Four Ways to Support the Housing and Reentry Needs of Older Adults. (June 22, 2022). Housing Matters: An Urban Institute Initiative. <https://housingmatters.urban.org/articles/four-ways-support-housing-and-reentry-needs-older-adults>

<sup>136</sup> The Aging Prison Population: Causes, Costs, and Consequences. (Aug. 2, 2023). Prison Policy Initiative. <https://www.prisonpolicy.org/blog/2023/08/02/aging/>

<sup>137</sup> The Case for Transitional Services and Programs for Older Adults Reentering Society: A Narrative Review of US Departments of Correction and Recommendations. (Feb. 2023). International Journal of Prison Health. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10123961/>

## Solo Agers

Solo Agers are not only those who do not have children or family. They are the person out of partnerships who will live longer. They are people who do not expect to be cared for by family.

*“Prior to the boomers, most people married, had kids, and remained in the town where they grew up. There were fewer divorces, earlier and quicker deaths, and closer relationships with family. With the boomers came the pill, women’s liberation, equal opportunity legislation, and easier mobility. The rate of childlessness, whether by choice or by happenstance, almost doubled with the boomers (U.S. Census, 2021) and has remained high in subsequent generations.”<sup>138</sup>*

In broad strokes, the care and support that *anyone* can require as they age includes:

- Social/emotional support
- Health decisions
- Financial decisions
- Long-term supports and services
  - In-home medical and non-medical care, including activities of daily living
  - Long-term care, including assisted living or nursing home care

Unlike those who receive support from family, solo agers may rely upon friends, neighbors, and community organizations to assist in *all* these supports. Finding and building the right support system to meet needs can be intimidating.

Solo agers in Boulder County, and across the country, emphasize the need for developing a support system and knowing about available resources.

Outside of the big decisions that need to be made to ensure we are taken care of in older age and at the end of our lives, are the day-to-day need that can change due to illness or injury. Building a strong support system means that we still have access to food and medicine through our network when we are ill, we have someone to transport us to an appointment when we are unable to transport ourselves, and someone is checking in on us regularly. And that we can do the same for others in our network.

During the 2022 Community Conversations, the Front Range Solo Aging Network shared:

- Difficulty with developing a support system
- Need for financial and legal planning supports, including appointing a power of attorney (POA)
- Needs around housing include safety/security checks of homes, appropriate housing for aging
- Increased isolation driven by the pandemic
- Need for services that help people age in their home and community

For solo agers, there may be a more intentional focus than for non-solo agers on:

- Spending, saving, and investing,
- Creating lifetime income,
- Maintaining good physical and mental health, and
- Implementing sound risk-management strategies.<sup>139</sup>

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<sup>138</sup> Confronting the Challenges of Solo Aging. (June 21, 2023). American Society on Aging: Generations.

<https://generations.asaging.org/confronting-challenges-solo-aging>

<sup>139</sup> Key Financial Planning Considerations for Solo Agers. (June 21, 2023). American Society on Aging: Generations.

<https://generations.asaging.org/financial-planning-considerations-solo-agers>

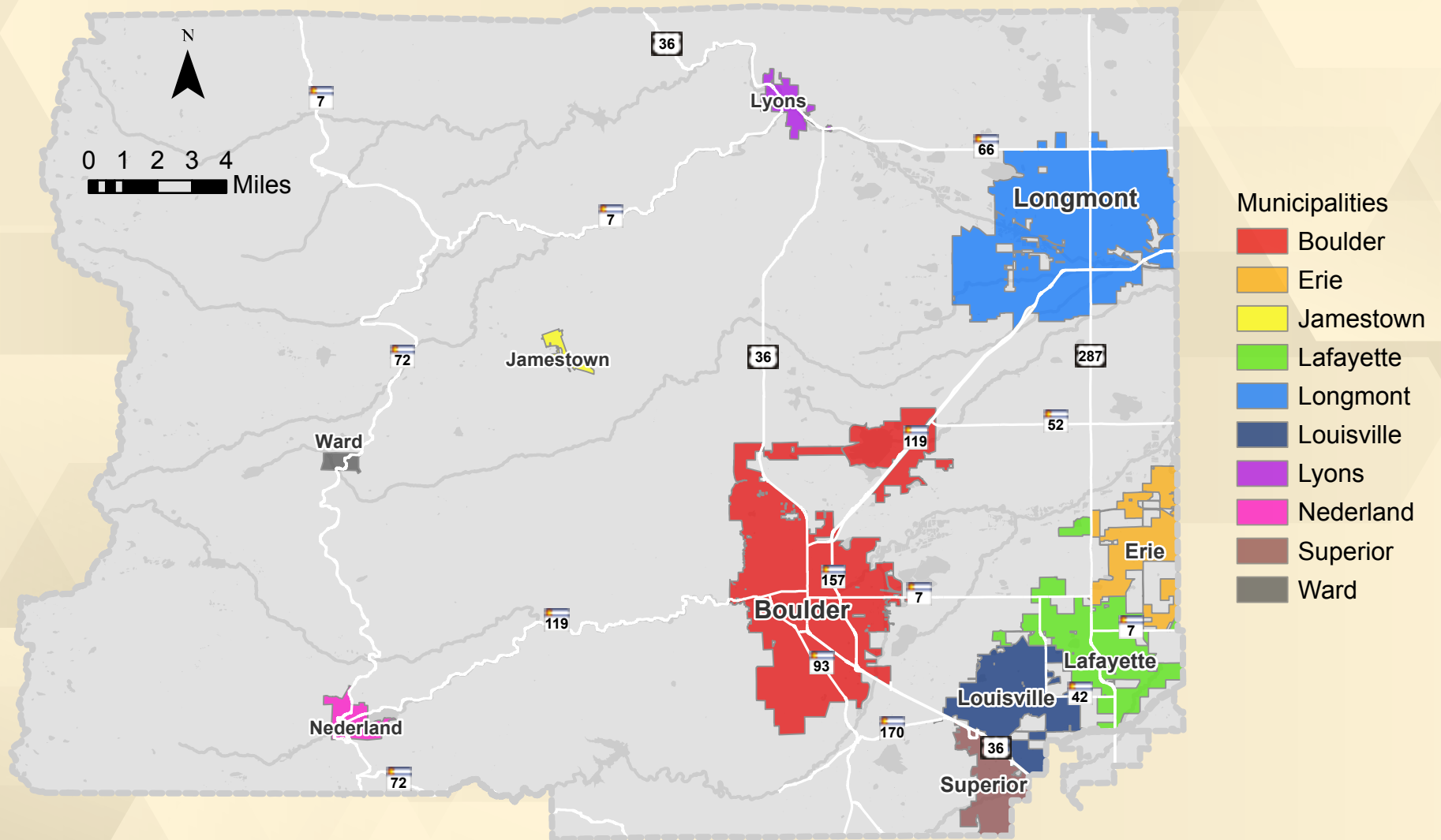
# Municipal Data Overview

## Demographic Overview

Source: Boulder County GIS. Data Sources: US Census Bureau, ACS 2018-2022.

Census data includes municipalities, regardless of county. Longmont and Erie are both in Boulder and Weld Counties.

Please Note: Boulder County, when used in this report, is inclusive of all residents including those in the municipalities listed as well as smaller towns, unincorporated areas, and the mountainous western half of the county. See map for reference.



### Population by Age

	Total Population	60+	65+	75+
Boulder County	328,658	69,454	50,239	19,092
City of Boulder	106,598	17,149	12,984	5,379
Town of Erie	30,447	4,447	2,974	1,036
City of Lafayette	30,295	6,191	4,409	1,412
City of Longmont	98,282	23,053	16,951	6,920
City of Louisville	20,920	4,568	3,137	1,167

At 60 years old, older adults in Boulder County become eligible for services provided by the Boulder County AAA.

At 65 years old, individuals become eligible for Medicare.

Those 75 and older are considered a priority population through the Older Americans Act.

### Population Living Alone

	Total – 65+ Living Alone	Female – 65+ Living Alone	Male – 65+ Living Alone
Boulder County	14,990	10,008	4,982
City of Boulder	4,670	2,963	1,707
Town of Erie	708	532	176
City of Lafayette	1,407	953	454
City of Longmont	4,989	3,684	1,305
City of Louisville	1,079	739	340

### Population 60+ Experiencing Housing Burden

	Housing Burden (Renters)	Housing Burden (Owners)
Boulder County	43,964	16,738
City of Boulder	10,907	4,064
City of Longmont	15,261	1,014

Data unavailable for other municipalities.

Housing burden for renters is when gross rent is 30% or more of their income.

Housing burden for homeowners is when monthly housing costs are 30% or more of their income.

### Population 65+ Identifying as Latino

	Latino
Boulder County	2,840
City of Boulder	503
Town of Erie	127
City of Lafayette	184
City of Longmont	1,539
City of Louisville	85



**Race and Hispanic or Latino Origin for Population 65+**

	Boulder County	City of Boulder	City of Longmont
White	91.1%	91.8%	89.9%
Black or African Americans	0.7%	0.7%	0.8%
American Indian and Alaska Native	0.3%	0.3%	0.5%
Asian	2.8%	3.6%	1.9%
Native Hawaiian and Other Pacific Islander	0.1%	0.3%	0%
Some Other Race	1.2%	0.2%	2%
Two or More Races	3.9%	3.2%	4.9%
Hispanic or Latino Origin (of any race)	5.7%	3.9%	9.1%
White Alone, Not Hispanic or Latino	89.1%	90.3%	86.7%

**Reported Disability in Adults in Boulder County**

	18-64 Years Old		65+ Years Old	
Boulder County	4.1%	13,635	23.7%	11,930
City of Boulder	3.7%	3,971	19.9%	2,588
Town of Erie	2.9%	881	24.9%	741
City of Lafayette	3.4%	1,042	23.1%	1,017
City of Longmont	5.1%	5,020	29.2%	4,949
City of Louisville	3.8%	802	22.6%	710

## Service Overview

Service units included in the county below are transportation, counseling, respite, homemaker and chore services, personal care, reassurance, nutrition, material aid, and more.

### 2023 Boulder County Area Agency on Aging Client Counts, Service Units, & Medicare Counseling Clients

	Clients	Service Units	Medicare Counseling
Boulder County	2,204	21,929	3,195
City of Boulder	875	4,660	1,038
Town of Erie	10	69	147
City of Lafayette	203	2,341	298
City of Longmont	540	2,037	1,255
City of Louisville	238	9,860	332

## 2022 Community Assessment Survey Report for Older Adults (CASOA) Snapshot

The Community Assessment Survey for Older Adults (CASOA) provides a statistically valid survey of the strengths and needs of older adults as reported by older adults themselves. This report is intended to enable local governments, community-based organizations, the private sector, and other community members to understand more thoroughly and predict more accurately the services and resources required to serve an aging population. With this data, community stakeholders can shape public policy, educate the public and assist communities and organizations in their efforts to sustain a high quality of life for older adults.

The CASOA survey instrument and its administration are standardized to assure high-quality survey methods and comparable results across communities. Households with an adult member 60 years or older were selected at random. To learn more about the survey, please visit [boco.org/BCAAARports](https://boco.org/BCAAARports).

*Please Note: Town of Erie, displayed below, includes portions of Erie in both Boulder and Weld Counties. City of Louisville, as listed below, includes the 80027 area code which covers the Town of Superior.*

### Overview

#### How many years have you lived in your community?

	Less Than 2 Years	2-10 Years	11-20 Years	20 Years +
Boulder County	5%	16%	16%	63%
City of Boulder	4%	12%	14%	70%
Town of Erie	6%	35%	24%	35%
City of Lafayette	10%	18%	17%	55%
City of Longmont	5%	23%	22%	50%
City of Louisville	6%	26%	12%	56%

#### Your Community as a Place to Live

	Excellent/Good	Fair/Poor
Boulder County	91%	9%
City of Boulder	88%	12%
Town of Erie	95%	5%
City of Lafayette	82%	18%
City of Longmont	87%	13%
City of Louisville	96%	4%

#### Your Community as a Place to Retire

	Excellent/Good	Fair/Poor
Boulder County	69%	31%
City of Boulder	63%	37%
Town of Erie	80%	20%
City of Lafayette	58%	42%
City of Longmont	72%	28%
City of Louisville	39%	61%

### What is your employment status?

	Fully Retired	Working Full Time for Pay	Working Part Time for Pay	Unemployed, Looking for Paid Work
Boulder County	64%	19%	15%	2%
City of Boulder	59%	22%	17%	2%
Town of Erie	64%	20%	14%	2%
City of Lafayette	59%	24%	15%	2%
City of Longmont	62%	23%	12%	3%
City of Louisville	65%	18%	16%	1%

### At what age do you expect to retire completely and not work for pay at all? Asked of those who have not yet retired

	60-64	65-67	68-69	70-72	73 or Older
Boulder County	9%	17%	18%	19%	37%
City of Boulder	3%	15%	8%	20%	53%
Town of Erie	13%	36%	8%	21%	21%
City of Lafayette	11%	27%	13%	15%	34%
City of Longmont	8%	22%	14%	20%	36%
City of Louisville	9%	24%	10%	27%	30%

### Finding Work in Retirement

	Not a Problem	At Least a Minor Problem
Boulder County	70%	30%
City of Boulder	72%	28%
Town of Erie	72%	28%
City of Lafayette	58%	42%
City of Longmont	73%	27%
City of Louisville	76%	24%

### Economic Contribution of Older Adults in 2022

	Providing Care to Older Adult(s)	Providing Care to Child(ren)	Volunteering
Boulder County	\$155,222,757	\$103,193,484	\$212,509,099
City of Boulder	\$35,181,596	\$24,851,712	\$57,120,980
Town of Erie	\$9,458,702	\$11,772,115	\$9,040,120
City of Lafayette	\$18,047,393	\$12,145,713	\$16,507,959
City of Longmont	\$53,411,853	\$33,705,522	\$66,933,545
City of Louisville	\$10,613,280	\$7,423,696	\$13,832,295

The average hourly rate used for these calculations were \$16.10 for providing care to older adult(s), \$16.30 for providing care to child(ren), and \$22.67 for volunteering.

### Remain in Your Community Throughout Your Retirement

	Very or Somewhat Likely	Very or Somewhat Unlikely
Boulder County	75%	25%
City of Boulder	73%	27%
Town of Erie	75%	25%
City of Lafayette	78%	22%
City of Longmont	79%	21%
City of Louisville	83%	17%

### Cost of Living in Your Community

	Excellent/Good	Fair/Poor
Boulder County	14%	86%
City of Boulder	10%	90%
Town of Erie	24%	76%
City of Lafayette	19%	81%
City of Longmont	21%	79%
City of Louisville	28%	72%

### Having Enough Money to Meet Your Daily Expenses

	Not a Problem	At Least a Minor Problem
Boulder County	62%	38%*
City of Boulder	66%	34%
Town of Erie	77%	23%
City of Lafayette	55%	45%
City of Longmont	64%	36%
City of Louisville	69%	31%

*\*In 2018, having enough money to meet your daily expenses was at least a minor problem for only 29% of Boulder County older adults.*

### Making All Residents Feel Welcome

	Excellent/Good	Fair/Poor
Boulder County	63%	37%
City of Boulder	50%	50%
Town of Erie	64%	36%
City of Lafayette	57%	43%
City of Longmont	53%	47%
City of Louisville	73%	27%

### Feeling Like Your Voice is Heard in the Community

	Not a Problem	At Least a Minor Problem
Boulder County	61%	39%
City of Boulder	52%	48%
Town of Erie	61%	39%
City of Lafayette	64%	36%
City of Longmont	60%	40%
City of Louisville	63%	37%

### Overall Feeling of Safety in Your Community

	Excellent/Good	Fair/Poor
Boulder County	79%	21%
City of Boulder	70%	30%
Town of Erie	87%	13%
City of Lafayette	83%	17%
City of Longmont	70%	30%
City of Louisville	87%	13%

### Being a Victim of Fraud or a Scam

	Not a Problem	At Least a Minor Problem
Boulder County	85%	15%
City of Boulder	81%	19%
Town of Erie	75%	25%
City of Lafayette	80%	20%
City of Longmont	77%	23%
City of Louisville	85%	15%

**Valuing Older Residents in Your Community**

	Excellent/Good	Fair/Poor
Boulder County	56%	44%
City of Boulder	42%	58%
Town of Erie	54%	46%
City of Lafayette	46%	54%
City of Longmont	50%	50%
City of Louisville	68%	32%

**Being Treated Unfairly or Discriminated Against Because of Your Age**

	Not a Problem	At Least a Minor Problem
Boulder County	76%	24%
City of Boulder	72%	28%
Town of Erie	79%	21%
City of Lafayette	77%	23%
City of Longmont	79%	21%
City of Louisville	81%	19%

**Availability of Information About Resources for Older Adults**

	Excellent/Good	Fair/Poor
Boulder County	54%	46%
City of Boulder	52%	48%
Town of Erie	39%	61%
City of Lafayette	47%	53%
City of Longmont	52%	48%
City of Louisville	69%	31%

**Not Knowing What Services Are Available to Older Adults in Your Community**

	Not a Problem	At Least a Minor Problem
Boulder County	41%	59%*
City of Boulder	38%	62%
Town of Erie	35%	65%
City of Lafayette	43%	57%
City of Longmont	39%	61%
City of Louisville	47%	53%

\*In 2018, not knowing what services are available to older adults in your community was at least a minor problem for 50% of Boulder County older adults.

**How would you rate the overall services provided to older adults in your community?**

	Excellent/Good	Fair/Poor
Boulder County	66%	34%
City of Boulder	70%	30%
Town of Erie	62%	38%
City of Lafayette	60%	40%
City of Longmont	70%	30%
City of Louisville	83%	17%

## Overall Quality of the Transportation System (auto, bicycle, foot, bus) in Your Community

	Excellent/Good	Fair/Poor
Boulder County	54%	46%
City of Boulder	71%	29%
Town of Erie	46%	54%
City of Lafayette	64%	36%
City of Longmont	60%	40%
City of Louisville	80%	20%

## Ease of Travel by Public Transportation in Your Community

	Excellent/Good	Fair/Poor
Boulder County	36%	64%
City of Boulder	52%	48%
Town of Erie	10%	90%
City of Lafayette	37%	63%
City of Longmont	36%	64%
City of Louisville	55%	45%

## Ease of Getting to the Places You Usually Have to Visit

	Excellent/Good	Fair/Poor
Boulder County	79%	21%
City of Boulder	78%	22%
Town of Erie	81%	19%
City of Lafayette	81%	19%
City of Longmont	79%	21%
City of Louisville	91%	9%

## Having Safe and Affordable Transportation Available

	Not a Problem	At Least a Minor Problem
Boulder County	66%	34%*
City of Boulder	65%	35%
Town of Erie	62%	38%
City of Lafayette	64%	36%
City of Longmont	69%	31%
City of Louisville	78%	22%

\*In 2018, having safe and affordable transportation available was at least a minor problem for only 18% of Boulder County older adults.

**Your Overall Physical Health**

	Excellent/Good	Fair/Poor
Boulder County	80%	20%
City of Boulder	85%	15%
Town of Erie	91%	9%
City of Lafayette	82%	18%
City of Longmont	82%	18%
City of Louisville	89%	11%

**Availability of Affordable Quality Physical Health Care**

	Excellent/Good	Fair/Poor
Boulder County	51%	49%
City of Boulder	56%	44%
Town of Erie	52%	48%
City of Lafayette	47%	53%
City of Longmont	57%	43%
City of Louisville	66%	34%

**Thinking back over the past 12 months, how many times have you fallen or injured yourself?**

	Never	At Least One Time
Boulder County	67%	33%*
City of Boulder	68%	32%
Town of Erie	76%	24%
City of Lafayette	68%	32%
City of Longmont	70%	30%
City of Louisville	69%	31%

*\*In 2018, only 26% of Boulder County's older adults reported falling at least one time in the past 12 months.*

**Availability of Affordable Quality Food**

	Excellent/Good	Fair/Poor
Boulder County	52%*	48%
City of Boulder	53%	47%
Town of Erie	53%	47%
City of Lafayette	58%	42%
City of Longmont	56%	44%
City of Louisville	65%	35%

*\*In 2018, 64% of Boulder County's older adults rated availability of affordable quality food as excellent or good.*



### Your Overall Mental Health/ Emotional Wellbeing

	Excellent/Good	Fair/Poor
Boulder County	85%*	15%
City of Boulder	86%	14%
Town of Erie	95%	5%
City of Lafayette	90%	10%
City of Longmont	88%	12%
City of Louisville	90%	10%

\*In 2018, 91% of Boulder County's older adults rated their overall mental health/emotional wellbeing as excellent or good.

### Feeling Depressed

	Not a Problem	At Least a Minor Problem
Boulder County	58%	42%*
City of Boulder	57%	43%
Town of Erie	66%	34%
City of Lafayette	56%	44%
City of Longmont	59%	41%
City of Louisville	59%	41%

\*In 2018, 34% of Boulder County's older adults said feeling depressed was at least a minor problem.

### Getting the Vision Care You Need

	Not a Problem	At Least a Minor Problem
Boulder County	73%	27%*
City of Boulder	74%	26%
Town of Erie	85%	15%
City of Lafayette	71%	29%
City of Longmont	76%	24%
City of Louisville	80%	20%

\*In 2018, only 18% of Boulder County's older adults said getting the vision care they need is at least a minor problem.

### Availability of Affordable Quality Mental Health Care

	Excellent/Good	Fair/Poor
Boulder County	37%	63%
City of Boulder	38%	62%
Town of Erie	36%	64%
City of Lafayette	35%	65%
City of Longmont	44%	66%
City of Louisville	48%	52%

### Getting the Oral Health Care You Need

	Not a Problem	At Least a Minor Problem
Boulder County	69%	31%*
City of Boulder	73%	27%
Town of Erie	78%	22%
City of Lafayette	60%	40%
City of Longmont	72%	28%
City of Louisville	75%	25%

\*In 2018, only 24% of Boulder County's older adults said getting the oral health care they need is at least a minor problem.

### Affording the Medications You Need

	Not a Problem	At Least a Minor Problem
Boulder County	75%	25%
City of Boulder	74%	26%
Town of Erie	78%	22%
City of Lafayette	80%	20%
City of Longmont	72%	28%
City of Louisville	82%	18%

**Availability of Affordable Quality Housing**

	Excellent/Good	Fair/Poor
Boulder County	12%	88%
City of Boulder	8%	92%
Town of Erie	16%	84%
City of Lafayette	14%	86%
City of Longmont	18%	82%
City of Louisville	20%	80%

**Having Housing to Suit Your Needs**

	Not a Problem	At Least a Minor Problem
Boulder County	71%	29%*
City of Boulder	70%	30%
Town of Erie	77%	23%
City of Lafayette	64%	36%
City of Longmont	76%	24%
City of Louisville	79%	21%

*\*In 2018, only 19% of Boulder County's older adults said having housing to suit their needs was at least a minor problem.*

**Availability of Accessible Housing  
(e.g. homes with a no step entry, single-floor living, wide hallways, and doorways)**

	Excellent/Good	Fair/Poor
Boulder County	15%	85%
City of Boulder	15%	85%
Town of Erie	28%	72%
City of Lafayette	11%	89%
City of Longmont	24%	76%
City of Louisville	30%	70%

**Maintaining Your Home**

	Not a Problem	At Least a Minor Problem
Boulder County	44%	56%*
City of Boulder	46%	54%
Town of Erie	42%	58%
City of Lafayette	43%	57%
City of Longmont	49%	51%
City of Louisville	52%	48%

*\*In 2018, only 36% of Boulder County's older adults said maintaining their home was at least a minor problem.*

**Variety of Housing Options**

	Excellent/Good	Fair/Poor
Boulder County	23%	77%
City of Boulder	20%	80%
Town of Erie	27%	73%
City of Lafayette	22%	78%
City of Longmont	28%	72%
City of Louisville	34%	66%

**Feeling **Physically** Burdened by Providing Care for Another Person**

	Not a Problem	At Least a Minor Problem
Boulder County	82%	18%
City of Boulder	86%	14%
Town of Erie	76%	24%
City of Lafayette	85%	15%
City of Longmont	79%	21%
City of Louisville	82%	18%

**Feeling **Financially** Burdened by Providing Care for Another Person**

	Not a Problem	At Least a Minor Problem
Boulder County	84%	16%
City of Boulder	84%	16%
Town of Erie	79%	21%
City of Lafayette	78%	22%
City of Longmont	84%	16%
City of Louisville	90%	10%

**Feeling **Emotionally** Burdened by Providing Care for Another Person**

	Not a Problem	At Least a Minor Problem
Boulder County	76%	24%
City of Boulder	77%	23%
Town of Erie	68%	32%
City of Lafayette	77%	23%
City of Longmont	73%	27%
City of Louisville	76%	24%

**Your Overall Quality of Life**

	Excellent/Good	Fair/Poor
Boulder County	90%	10%
City of Boulder	87%	13%
Town of Erie	94%	6%
City of Lafayette	89%	11%
City of Longmont	90%	10%
City of Louisville	92%	8%

**Feeling Lonely or Isolated**

	Not a Problem	At Least a Minor Problem
Boulder County	63%	37%*
City of Boulder	58%	42%
Town of Erie	70%	30%
City of Lafayette	67%	33%
City of Longmont	68%	32%
City of Louisville	66%	34%

\*In 2018, 31% of Boulder County's older adults said feeling lonely or isolated is at least a minor problem.

**Having Friends and Family You Can Rely On**

	Not a Problem	At Least a Minor Problem
Boulder County	63%	37%
City of Boulder	64%	36%
Town of Erie	68%	32%
City of Lafayette	69%	31%
City of Longmont	69%	31%
City of Louisville	76%	24%

**Finding Productive or Meaningful Activities to Do**

	Not a Problem	At Least a Minor Problem
Boulder County	72%	28%
City of Boulder	73%	27%
Town of Erie	69%	31%
City of Lafayette	63%	37%
City of Longmont	72%	28%
City of Louisville	76%	24%

**Used a Senior Center in Your Community**

Notes: Not all communities in Boulder County have senior centers. Not all centers meant for those 60+ are called "senior centers" in our community.

	Yes	No
Boulder County	28%	72%
City of Boulder	20%	80%
Town of Erie	22%	78%
City of Lafayette	23%	77%
City of Longmont	28%	72%
City of Louisville	41%	59%

### Dealing with the Loss of a Close Family Member or Friend

	Not a Problem	At Least a Minor Problem
Boulder County	62%	38%*
City of Boulder	60%	40%
Town of Erie	60%	40%
City of Lafayette	70%	30%
City of Longmont	66%	34%
City of Louisville	63%	37%

*\*In 2018, 31% of Boulder County's older adults said dealing with the loss of a close family member or friend was at least a minor problem.*

### Openness and Acceptance of the Community Towards Older Residents of Diverse Backgrounds

	Excellent/Good	Fair/Poor
Boulder County	63%*	37%
City of Boulder	53%	47%
Town of Erie	60%	40%
City of Lafayette	62%	38%
City of Longmont	58%	42%
City of Louisville	68%	32%

*\*In 2018, 56% of Boulder County's older adults rated openness and acceptance of the community towards residents age 60 and older of diverse backgrounds as excellent or good.*

### Residents' Connection and Engagement with Their Community

	Excellent/Good	Fair/Poor
Boulder County	59%	41%
City of Boulder	58%	42%
Town of Erie	54%	46%
City of Lafayette	52%	48%
City of Longmont	57%	43%
City of Louisville	73%	27%