

ELDER NEEDS IN CENTRAL MASSACHUSETTS

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**Central Massachusetts Agency on Aging
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Elder Needs in Central Massachusetts

In the Fall of 2009 Central Massachusetts Agency on Aging undertook a survey of people aged 60 and older in the 61 communities comprising our service area focusing on demographic characteristics and needs. This survey followed the same procedure as earlier surveys in 1993, 1997, 2001 and 2005. Major findings included:

- The sampling for the survey indicated that as of December 31, 2008 the 60+ population of Central Massachusetts living in the community was approximately 141,000. This is 11% higher than the 126,596 counted in the 2000 census.
- Financial issues such as finding employment and help with financial assistance were much more important compared to earlier surveys. In addition, the poverty rate was higher than in any past survey and the percentage of self-identified caregivers reporting a financial burden due to their caregiving role showed an eight-fold increase.
- Residents of smaller communities reported less than half the poverty rate of larger communities as well as a generally lower level of both need and unmet need. The main exception to this pattern was in transportation.
- Compared to the 2005 results, there was an increase in the proportion of respondents indicating a high risk of depression. This seems to be related to economic circumstances.
- The Elder Economic Security Standard developed at UMass/Boston was used as a tool to look at the economic status of elders in Central Massachusetts. The data indicated that approximately one-third of Central Massachusetts elder households may fall below the EESS and thus face at least some degree of financial hardship.
- Compared to past surveys, the 2009 survey found higher rates of problems with one or more disabilities than in past surveys, even with the population being younger than in the past.
- In looking at nutritional status, the 2009 survey population showed a higher proportion of elders at an elevated level of nutritional risk, again with a younger population profile overall.

AREA PROFILE & NEEDS ASSESSMENT

**Table 1. Central Massachusetts and Massachusetts Population Aged 60+
2000 – 2020**

	2000	2010 est*	2020 est*
CMAA	126,956	148,550	201,326
MASS	1,096,567	1,272,323	1,632,168
% of MA 60+ Pop	11.6%	11.7%	12.3%

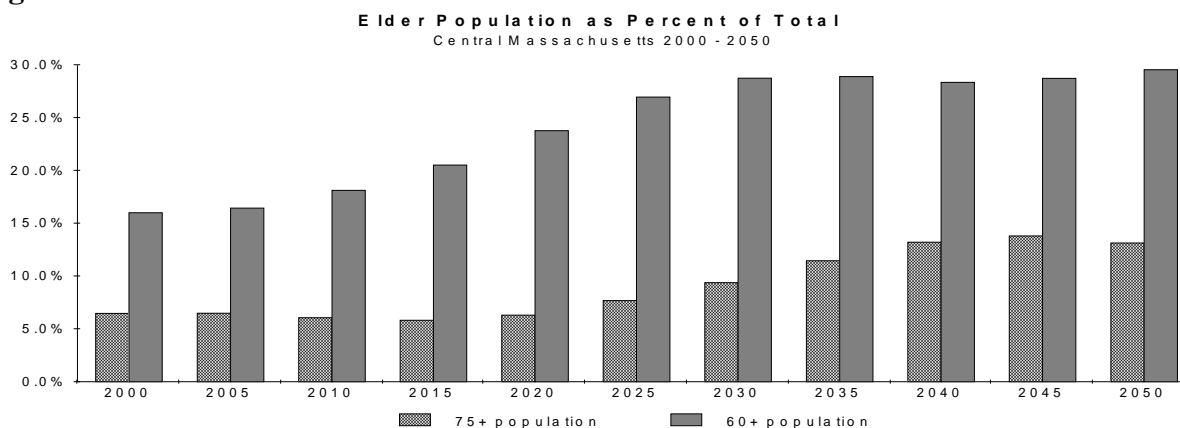
**Estimates from The Research Unit, Executive Office of Elder Affairs, based on MISER projections*

Based on the 2000 census, 11.6% of Massachusetts elders live in the CMAA Planning and Service Area (PSA). In comparison to the 1990 census, there has been a general pattern of elder population decline in older cities and mill towns but increases in the suburban and rural areas. These trends are also reflected in the MISER estimates and are consistent with the street list-based sampling for the 2009 needs survey.

This shift of elders out of older cities may mean that community-based providers might experience increased transportation costs in reaching a more geographically dispersed elder population in the future; a trend that CMAA continues to monitor.

Looking forward, MISER estimates that the 2010 elder population for Central Massachusetts will be 148,550. This is similar to CMAA's estimate of 146,500 and is reasonably consistent with the approximate figure of 141,000 elders as of December 31, 2008 derived from 2009 community street lists. We expect that the 60+ portion of the population of Central Massachusetts will increase from 16% in 2000 to about 28% in 2030 due to the aging of the baby boomer generation. At the same time, we expect the 75+ portion of the population to remain approximately level or even decline somewhat from 2010 until 2021 when the baby boomers once again will produce rapid growth in this age cohort (see Figure 1.).

Figure 1.



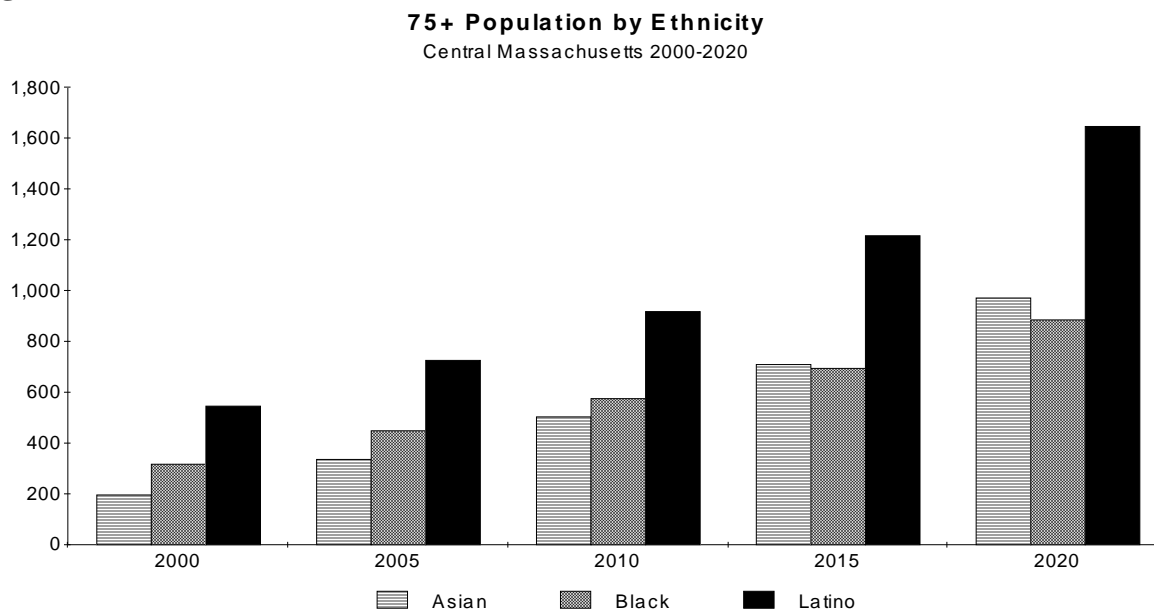
Since it is the population aged 75 and older that is most likely to need supportive services, we expect the demand for such services to level off to some degree for the next few years. However, if those over 75 years of age continue to live increasingly longer than in the past and if there is a greater emphasis on helping them to remain in the community, the “baby bust” legacy of the Great Depression will not lead to a decline in the demand for community-based support services.

Minority Populations

Based on the 2000 census, federally-defined minority groups (Black, Hispanic, Asian, Native American and Pacific Islanders), made up 4.4% of the elder population of Central Massachusetts. This is related to the significant immigrant component of all of these groups except Native Americans, who constitute 0.1% of the 60+ population. While in the past, the Black population was little impacted by immigration, this has changed since the 1990's with a substantial influx of people from Africa and the Caribbean.

Groups having a large immigrant base consistently have a younger age profile than the indigenous population. Also, Blacks have historically had a younger age profile in the United States for a variety of reasons related to discrimination and socio-economic status. As a result, minority elders are comparatively fewer in number. Thus, while 16% of the overall population is aged 60+, for minorities in Central Massachusetts the census figure for 2000 is 9.1%. This represents a considerable change from 1990 when elders made up only about 5% of the minority population. As immigrant populations age in place we expect this proportion to increase.

Figure 2.



We expect that the number of minority elders will approximately double from 2000 levels in the 2010 census when that information becomes available. This reflects a much faster growth rate than for the overall population, even with the aging of the baby boomers. By 2040 we expect that the age profile of these groups will begin to approximate that of the overall population of Central

Massachusetts, with the minority elder population comprising about 25% of the minority population in this region, and, if current residential patterns hold, a much higher percentage of urban residents.

Over the next ten years we also expect that the minority population aged 75 and older, the age group that is most likely to need community-based support services, will more than triple for Asians and Latinos and more than double for Blacks (see Figure 2). The actual numbers are projected to increase from the 1,103 minority elders in this category as of 2000 to about 3,100 by 2020.

The problems that the aging of immigrants potentially pose for the elder service network in Central Massachusetts may be mitigated to some extent by the greater degree of acculturation to American society that these older elders are likely to present. In most cases they will have spent substantial portions of their adult lives in this country. At the same time, we should expect continued immigration of sufficient magnitude such that cultural and linguistic barriers will remain an issue for some elders in this age group.

Limited English Proficiency (LEP)

Limited proficiency in speaking and understanding English is not limited to the Federally-defined minority elders. In fact there has been significant migration of various European ethnic groups to Central Massachusetts in recent years (e.g. Albanian, Polish, Russian). This is in addition to pockets of earlier immigrant groups (e.g. Portuguese, Italian, French). To the extent that elders from these groups have migrated with younger family members, language may pose a barrier to service access.

Table 2 includes the six Central Massachusetts communities that had over 100 LEP elders identified by the 2000 census and requires some explanation for categories other than Spanish.

Table 2.
Distribution of Limited English Proficiency Residents Aged 65+ - 2000 Census

	% Spanish	% Other Indo-Euro	% Asian	% Other
Worcester	28%	56%	11%	5%
Leominster	33%	53%	10%	4%
Fitchburg	42%	43%	13%	2%
Milford	0%	89%	0%	11%
Southbridge	56%	40%	4%	0%
Franklin	21%	52%	27%	0%
Shrewsbury	0%	71%	29%	0%

Worcester is most complex, having notable elder populations speaking Greek, Russian and Albanian in addition to the largest Vietnamese and African populations in Central

Massachusetts. In addition, since the 2000 census there has been a rise in immigration from the Middle East, especially Iraq.

The Fitchburg/Leominster area has the largest Laotian and Hmong communities in the region.

In Milford, the Portuguese community comprises most of the LEP elders. While there is a growing Brazilian presence, this is a recent phenomenon and the Brazilian population profile is much younger. This applies to the local Hispanic population as well.

In Southbridge there is a notable Polish community linked to the neighboring towns of Dudley and Webster as well as the largest Laotian community outside of Fitchburg/Leominster and Worcester.

Franklin has the largest Chinese population outside Worcester and the adjacent towns.

Finally, Shrewsbury has an established South Asian community as well as a growing East Asian and Southeast Asian population.

Lacking current census information we have looked at Massachusetts Department of Education data on students with limited English proficiency to help identify communities with increasing immigration and thus greater potential for growth in the elder LEP population. The greatest meaningful rates of growth in the LEP student population were found in the following communities.

Table 3.

Change in LEP Student Enrollment

	1999-2000	2006-2007	% change
Shrewsbury	32	183	472%
Gardner	22	108	391%
Leominster	267	754	182%
Worcester	1492	3866	159%
Milford	115	215	87%

It is our expectation that these communities are likely to experience a greater degree of growth in their LEP elder population due to increased immigration. However, as noted above, immigrant populations generally have younger age profiles and so we do not expect any increase to be directly proportional to the increase in LEP students.

Related to this consideration of potential linguistic barriers, it was interesting to note that in a focus group of Latino elders in Worcester the consensus was that language was not a significant problem. The participants indicated that they had little difficulty finding services in Spanish. The Hispanic community in Worcester has its roots in the early 1960's and after a half century of growth, local insurance agencies, banks, health care providers, retailers, automotive services and so on frequently have staff who speak Spanish. Spanish-speaking elders can thus usually access what they need in a linguistically comfortable environment by patronizing those businesses and

providers that are owned and operated by Latinos or have Spanish-speaking staff. Currently, this does not seem apply to the same extent elsewhere in the region or for other language groups.

Income Characteristics

According to recent household income [data](#) from the Census Bureau, incomes for households headed by someone aged 65 or older were skewed toward the lower end of the scale (Table 4). With the greater reliance on fixed sources of income in these older age categories this result is to be expected.

Table 4. Percent Distribution of Households by Age and Income Category - 2007

Age of Householder	Lowest Quintile	Second Quintile	Middle Quintile	Fourth Quintile	Highest Quintile
Under 65	16.0	17.9	21.0	22.3	22.8
65-74	27.5	25.8	19.6	14.4	12.7
75+	43.8	30.5	12.6	7.5	5.6

Source: U.S. Census Bureau, Current Population Survey, 2008 Annual Social and Economic Supplement. Table HINC-05

Given this context, we can turn to local data concerning income. Based on Needs Assessment Surveys of People Aged 60+ in Central Massachusetts we can look at the distribution of income over time. The three income levels are defined as “low income” (less than \$18,311 for 2009), “middle income” (\$18,311 to \$29,530 for 2009) and “high income” (more than \$29,531 for 2009). Note that these levels do not conform with those used by the Census Bureau in the report cited above.

Reviewing the information summarized in Table 5, the trend toward an increasing income gap between higher and lower socio-economic groups in the United States that characterized the 1980's and 1990's seems to persist.

Table 5. Percent Distribution of Central Massachusetts Survey Respondents by Income Category *

<u>Income Category</u> *	1997	2001	2005	2009
Low	24.9%	23.3%	25.3%	24.5%
Middle	25.7%	23.6%	20.9%	20.9%
High	49.4%	53.1%	53.8%	54.6%
Below poverty	10.9%	10.6%	8.1%	12.5%

** Income categories are based on the poverty level guidelines for different household sizes for the year prior to the survey.*

To the extent that we can generalize from this data, it appears that the trend is for most Central Massachusetts elders to be better off financially while those at the very bottom continue to fall further behind. The 50% increase in the proportion of elder households falling below the poverty level in the 2009 survey compared to the 2005 results is a significant development and probably reflects the current economic difficulties in the United States.

The statewide results for Massachusetts for the 1997 to 2005 period reflect a similar trend. As in Central Massachusetts, the proportion of the sample falling below the poverty line declined; from 14.5% in 1997 and 12.0% in 2001 to 9.9% in 2005. Generalizing from the Central Massachusetts results, we can anticipate that there may have been a similar increase in elder poverty levels statewide. However, given that the cost of living in Massachusetts is much higher than the national average, the poverty line standard arguably understates the real degree of economic need.

Elder Economic Security Standard

The Gerontology Institute at the University of Massachusetts/Boston has developed an *Elder Economic Security Standard* (EESS) for each county in Massachusetts based on 2006 data. This standard assesses the county-specific costs associated with paying for housing, food, health care, transportation and other miscellaneous expenses. Taking the result for Worcester County as a proxy for Central Massachusetts (52 of CMAA's 61 communities are part of Worcester County), and applying the income data from the 2005 and 2009 needs assessment surveys should provide a better picture of the economic status of elders in this area.

The *Elder Economic Security Standard* focuses on individuals and couples living independently. Therefore we only looked at these types of households in our review of the Central Massachusetts 2005 and 2009 survey data. In addition, there was no is to distinguish what proportion of homeowners are mortgage-free. Given the recent mortgage "bubble" and the number of vendors offering reverse mortgages, it is likely that at least some of these homeowners still have liens on their property.

Table 6. Percent of CMAA Survey Respondents Below the Elder Economic Security Standard for Worcester County – 2005 and 2009

	<u>2005</u>	<u>2009</u>
Elder Persons Living in Their own Homes	38%	48%
Elder Couples Living in Their own Homes	23%	11%
Elder Persons Living in Private Rental Housing	71%	50%
Elder Couples Living in Private Rental Housing	14%	25%
Elder Persons Living in Public Rental Housing	96%	95%
Elder Couples Living in Public Rental Housing	NA	100%

These results must be taken as an approximation since the income categories do not match exactly with those employed in the EESS. However, while recognizing the small sample size in

some of the above categories, it is clear that, as we might expect, individuals are more economically vulnerable than couples. The data also indicated that approximately one-third of Central Massachusetts elder households may fall below the EESS and thus face at least some degree of financial hardship.

Perceived Health Status

The proportion of elders who rated their health as good or excellent has continued to increase (see Table 7). This seems to reflect improving health status among the overall elder population, a situation that has been widely recognized. The 2009 sample continues the pattern of a progressively younger average age of the sampled population compared to the 2005 and 2001 survey respondents. This result is probably related to the changing age structure.

In 2009 an increased proportion of elders living in the community rated their health status as “fair” while a smaller proportion characterized their health as “poor”. Both are reversals of the prior trend of decreasing numbers in the “fair” category and increasing numbers in the “poor” group. However, collectively these two categories continue to represent a progressively smaller percentage of the elder population of the region.

Table 7. Distribution of Respondents by Self-Reported Health Status – 1997 to 2009

<u>Health Status</u>	1997	2001	2005	2009
Excellent	19.4%	20.0%	21.0%	25.3%
Good	52.6%	52.7%	55.5%	51.7%
Fair	24.3%	21.8%	17.6%	19.7%
Poor	3.4%	5.1%	5.9%	3.3%
don't know	0.3%	0.3%	0.0%	0.0%

2009 Needs Survey Summary

In an attempt to measure the relative importance of different identified needs, CMAA staff has historically used a "Need Index" that takes into account the level of need, the level of unmet need and the proportion of overall need that is unmet. Based on this ranking, the following categories were highlighted in the 2009 survey:

Financial Issues:

- help with applying for financial assistance (#1)
- preparing tax forms (#2)
- finding employment opportunities (#4)
- paying property taxes (#6)
- coping with large debt (#7)
- help with handling bills (#13)

Housing and Household Issues:

- home repairs (#3)

Social Support and Counseling Issues:

- finding volunteer opportunities (#5)
- coping with depression (#8)
- coping with disability (#9)
- finding exercise programs (#10)
- finding social opportunities (#12)
- access to education programs (#14)
- finding dating opportunities (#15)

Transportation:

- to medical appointments (#11)

Overall, issues related to personal finance are much more highly ranked than in the past. This is to be expected given the state of the economy in the Fall of 2009. A similar increase was evident in the 2001 survey which was also conducted during a time of financial hardship.

In addition, there was a notable increase in the proportion of respondents indicating they were experiencing problems coping with a sensory or physical disability. Considering that the sample population profile becomes progressively younger from 2001 through 2005 to 2009 this result was unexpected and seems inconsistent with the pattern of elders continuing to report better health status as noted above.

Another source of information on elder needs is elder contacts with CMAA's Information and Referral service, *SeniorConnection*. The most frequent requests during FY 2009 were:

- Information on home care services
- Public benefits
- Health & in-home services
- Requests for CMAA informational publications
- Housing issues
- Health benefits
- Legal issues
- Institutional care
- Transportation
- Financial assistance

Collectively these accounted for 89% of all I&R calls. In general, they parallel the issues highlighted by the needs survey.

Trends in Need Levels

Results from the *2009 Needs Assessment of People Aged 60+ in Central Massachusetts* are compared with past survey results in Table 8.

Table 8. Central Massachusetts Needs Assessment Results Comparison - 1997 to 2009

NEED:	% in Need				% w/ Unmet Need			
	<u>1997</u>	<u>2001</u>	<u>2005</u>	<u>2009</u>	<u>1997</u>	<u>2001</u>	<u>2005</u>	<u>2009</u>
Transportation								
medical appointments	11.9%	13.2%	6.1%	10.2%	3.7%	3.5%	1.7%	2.1%
social events	7.6%	9.7%	4.1%	5.7%	3.2%	3.0%	1.0%	1.1%
errands	9.3%	12.6%	4.1%	8.5%	3.2%	3.2%	0.3%	1.1%
Legal Assistance								
consumer issues	6.8%	5.7%	2.0%	2.6%	3.9%	2.5%	1.7%	1.5%
insurance issues	8.4%	5.9%	3.0%	2.9%	4.5%	2.1%	1.3%	1.5%
tenant rights	5.4%	4.4%	1.0%	1.1%	3.0%	1.8%	0.3%	0.4%
immigration issues	4.6%	3.1%	0.0%	0.4%	2.4%	1.5%	0.0%	0.0%
Home Repairs	12.2%	21.0%	10.3%	11.6%	4.6%	7.3%	6.5%	5.8%
Employment Opportunities	3.7%	3.1%	2.7%	7.2%	2.1%	2.3%	2.7%	5.4%
Volunteer Opportunities	6.0%	4.8%	3.0%	6.1%	3.6%	3.3%	2.0%	3.9%
Help w/ Financial Assistance	5.9%	10.4%	6.5%	15.2%	3.6%	6.2%	4.1%	7.4%
Preparing Tax Forms	15.4%	20.5%	15.3%	23.7%	3.2%	3.5%	2.0%	2.1%
Handling Bills	5.6%	9.5%	5.9%	9.8%	1.8%	1.7%	2.1%	1.4%
Problems with:								
confusion/forgetfulness	6.6%	9.1%	2.7%	4.7%	3.9%	2.7%	0.7%	0.7%
disability	8.7%	8.4%	3.8%	11.2%	3.2%	2.3%	0.7%	2.2%
abuse/neglect	3.6%	3.1%	0.6%	1.1%	2.1%	1.4%	0.3%	0.4%
Depression	7.4%	10.0%	n.d.*	10.6%	3.9%	2.3%	n.d.*	2.6%

* n.d. - This question was misprinted on the 2005 survey. As a result, the data was discarded.

In every case the proportion of survey respondents needing assistance increased compared to 2005. This is a reversal of the downward trend from 2001 to 2005 and is most notable with respect to finance-related needs such as “employment opportunities”, help with financial assistance” and “handling bills”. The latter two also spiked up in the 2001 survey during the last recession.

Another trend reversal, as demonstrated above, is in the proportion of respondents reporting problems in dealing with a disability. The extreme degree of change from 2005 and the fact that the 2009 percentage is higher than the 1997 and 2001 surveys which had older population profiles demand some further research.

The picture is more mixed in terms of the level of unmet needs. In most cases the level of unmet need has declined over the years and the 2009 results show little change from this trend in many categories.

The notable departures from this pattern relate to “employment opportunities”, “volunteer opportunities” and “help with financial assistance”. In the case of the first and last, these are clearly related to current economic conditions. Many younger elders have been displaced from the workforce and the extent to which they have difficulty in finding new employment will have significant implications for their financial status in coming years. With the general shift from defined benefit retirement plans to defined contribution plans (e.g. 401k, 403b) a greater number of retirees may find themselves facing financial hardship. This may put increased pressure on publicly-funded housing and other support systems.

Elder Needs in Small and Rural Communities

CMAA needs assessment research has included a focus on small and rural communities in Central Massachusetts. This research has contrasted these smaller towns with survey responses from elders living in larger urban and suburban communities.

Table 9 summarizes the contrast between the smaller and larger communities in Central Massachusetts. For purposes of this study the small communities included:

Ashburnham	Ashby	Barre	Berlin
Bolton	Boylston	Brookfield	Douglas
East Brookfield	Hardwick	Hubbardston	Mendon
Millville	New Braintree	North Brookfield	Oakham
Princeton	Rutland	Sterling	Warren
Upton	West Brookfield		

Each of these communities had a population below 8,000 according to 2007 U.S. Census Bureau estimates and lacked within its boundaries one or more of the following: supermarket, pharmacy or doctor’s office.

In general, levels of perceived need and unmet need were consistently lower among small community respondents. This pattern is similar to the one found during the 1998 CMAA survey of rural and small communities. Exceptions to this general picture were related to unmet need for transportation and assistance in dealing with depression. Both of these are probably related to a lack of locally-based service resources addressing these issues.

Table 9.**Central Massachusetts Needs Comparison - Large and Small Communities - 2009**

NEED:	In Need		% change		w/ Unmet Need		% change
	Large	Small	Large to Small		Large	Small	Large to Small
Transportation							
Medical	10.7%	9.1%	-15.0%		2.1%	1.7%	-19.7%
Social	5.9%	4.2%	-28.0%		0.4%	2.5%	505.1%
Errands	8.8%	5.0%	-43.1%		0.8%	1.7%	99.2%
Legal Assistance							
consumer issues	2.6%	2.5%	-1.3%		1.3%	1.7%	31.6%
insurance issues	3.4%	2.6%	-24.7%		1.7%	1.7%	0.4%
tenant rights	1.3%	0.9%	-34.5%		0.4%	0.0%	-100.0%
immigration issues	0.4%	0.0%	-100.0%		0.0%	0.0%	0.0%
Home Repairs	12.6%	5.1%	-59.3%		6.7%	2.6%	-61.9%
Employment Opportunities	7.1%	5.2%	-27.3%		5.0%	4.3%	-14.2%
Volunteer Opportunities	6.3%	3.4%	-44.8%		3.8%	2.6%	-31.0%
Help w/ Financial Assistance	16.7%	9.1%	-45.7%		7.8%	4.5%	-41.4%
Preparing Tax Forms	24.4%	19.7%	-19.3%		2.0%	2.5%	21.0%
Handling Bills	9.9%	5.7%	-41.9%		1.2%	0.8%	-33.6%
Problems with:							
confusion/forgetfulness	4.2%	4.2%	0.0%		0.0%	0.0%	0.0%
Disability	11.8%	7.7%	-34.9%		2.1%	1.7%	-19.0%
abuse/neglect	0.9%	0.9%	0.0%		0.0%	0.0%	0.0%
Depression	9.9%	10.8%	9.3%		1.7%	3.3%	93.3%
large debt/credit card bills	5.1%	7.6%	48.7%		3.4%	4.2%	23.9%

Some specific differences between rural and small communities and their larger neighbors include:

- Small community residents were twice as likely to report their health as being “poor” (5.4% to 2.7%). This is consistent with results from the 1998 CMAA survey of rural and small

communities (6.6% to 3.2%). This difference cannot be explained by the age distribution which is largely the same for the two samples with the small community sample being slightly younger.

- Small community residents were also slightly more likely to report their health as “good” or “excellent” when compared to residents of larger communities (79.2% vs. 76.6%).
- In the 1998 survey the small community sample demonstrated a slightly higher poverty rate (11.9% to 10.6%) and had a larger proportion falling into the low income group (31.2% to 24.5%). This changed radically in the 2009 survey (see Table 10) with the small community sample having a much lower poverty rate (5.9% to 13.6%) and a notably smaller proportion of respondents falling into the low income group (18.6% vs. 24.5%).

Table 10. Income Level by Community Type

	Small Communities	Large Communities
High Income	61.0%	55.4%
Middle Income	20.3%	20.2%
Low Income	18.6%	24.5%
Below Poverty	5.9%	13.6%

- Based on survey responses, older residents of smaller communities appear more likely to be looking for employment opportunities and less likely to be working full-time (see Table 11).

Table 11. Employment Status by Community Type

	Small Communities	Large Communities
Full Time	15.8%	17.3%
Part Time	13.2%	13.1%
Looking for Work	6.1%	3.8%
Retired	64.9%	65.8%

Regarding the provision of services in rural and small communities, we can make the following observations:

1. There is little access to **public transportation**:

- Little or no taxi service
- Local bus service rare or non-existent
- In most cases where people do not have access to transportation via their personal social network, they must rely on volunteer transportation programs operated by local organizations or do without.

2. **Distance from service providers** such as physicians, dentists, pharmacies, day care & other services can be a barrier to getting care.

- People often have to drive great distances to reach service providers.
- When service providers are in the area, they often do not accept medicaid patients.
- Access to prescriptions can be a problem, especially for elders who don't drive. Formerly, many local pharmacies offered prescription delivery service, but these have declined in number due to the expansion of national drug store chains. While mail order pharmacy services can fill this gap for monthly prescriptions, this is not very helpful for short-term or emergency prescriptions.

3. There is often a **lack of awareness of service availability** on the part of rural residents. The offices of most service providers are located in central places and our experience is that publicity regarding services is far more frequent in these core areas (that is where the bulk of potential clients are). There are often more limited means of reaching rural residents.

4. **Attitudes** in rural areas may also be a factor. Rural residents often feel they are more resilient than "city folks" and may deny the need for assistance, or believe they can get by without it. This is an adaptation to their reality. Often the needed assistance is not readily available for them.

5. **Social networks** are perhaps more critical in rural areas since neighbors and family are often the only local source of support and assistance. For those who are not part of the local social network, their isolation is compounded.

6. **Reimbursement rates** for service providers do not consider the greater time and transportation costs associated with service delivery in rural areas where the population is more widely distributed. Under current reimbursement systems that make no distinction regarding local geography, service provision in rural areas often puts providers in an untenable financial position with respect to providing services in these locations. *This may be the most important barrier to service provision.*

Nutritional Risk in Central Massachusetts

While not part of the 2005 survey, the 2009 survey re-assessed nutritional risk among respondents. Similar data on nutritional status was collected in the 2001 survey of Central Massachusetts elders. Based on these data, there are very real differences in the level of risk for different age and sex categories.

Comparing the results from 2001 and 2009, there has been an increase in the proportion of elders falling into elevated nutritional risk categories from 49% to 55%. Since taking 3 or more drugs is considered a risk factor, this increase may be partially related to a change in medical practice with physicians today being much more aggressive in prescribing anti-hypertensive and anti-cholesterol medications as well as daily sub-clinical aspirin to a much wider range of patients than in the past. A countervailing factor is that the age structure of the 2009 sample is younger than that for the 2001 survey. Given this demographic change, the increase in elevated nutritional risk is unexpected and worrisome. Economic factors may be playing a role, but 2001 was also at time of recession and financial hardship.

Women continue to be at higher levels of nutritional risk compared to men, but only marginally so (see Table 12). While men showed almost a 50% increase in the moderate risk category there was a slight decline in the proportion at high risk. For women, there was a decrease in those with a moderate level of nutritional risk that almost balanced out the increase in those showing a high level of risk.

Table 12. Nutritional Risk by Gender

Nutritional Risk	Male Risk		Female Risk	
	<u>2001</u>	<u>2009</u>	<u>2001</u>	<u>2009</u>
Low	57.8%	47.1%	46.0%	45.1%
Moderate	25.2%	37.0%	33.3%	28.0%
High	17.0%	15.9%	20.6%	26.8%

A comparison of elders living alone with those who are not living alone suggests that this gender difference is related to the much higher rate of nutritional risk among women. Older women are far more likely than men to be living alone. In the CMAA sample, 36% of women lived by themselves while only 12% of men lived alone.

Table 13. Nutritional Risk by Living Situation

Living Situation	Level of Nutritional Risk		
	High	Moderate	Low
Men Living Alone	43.8%	12.5%	43.8%
Women Living Alone	44.1%	23.7%	32.2%
Men Not Living Alone	12.4%	39.7%	47.9%
Women Not Living Alone	16.3%	30.8%	52.9%

Overall, the major risk factors for elevated nutritional risk are increasing age, low income and living situation. All of these factors apply to both men and women, however, women are more likely to be negatively affected by the latter two issues.

While overall, these results coincide with those from the 1997 and 2001 needs survey, the fact that risk levels are tending to increase even as the average age of 60+ population becomes younger is a concern. The 2009 increase in the proportion of elders below the poverty line in Central Massachusetts may indicate that an increasing financial gap between the “haves” and the “have nots” is having measurable nutritional consequences.

Disability

Reflecting national trends, the statewide proportion of elders reporting problems with a physical or sensory disability in needs assessment surveys showed a slight general decline from 1993 through 2001. In the 2005 survey there was a significant drop in reporting problems with a disability of this nature. For all of these years, the results for CMAA paralleled the statewide pattern. It was thus a surprise to see the substantial increase in elders reporting disability issues in 2009. The rate was higher, in fact, than that in 1993.

Table 14. Percentage of Elder Respondents with Problems Coping with Disability

	<u>1993</u>	<u>1997</u>	<u>2001</u>	<u>2005</u>	<u>2009</u>
Mass	10.4%	10.5%	10.1%	3.8%	no data
CMAA	10.0%	8.7%	8.4%	4.8%	11.2%
60-74	6.0%	5.2%	7.7%	4.1%	8.8%
75+	17.0%	16.1%	9.6%	7.1%	15.6%

A number of factors may be related to this result.

Some recent research has indicated that disability rates among non-institutionalized elders may be on the rise again after a steady decline since the 1980's.

Other research has argued that there is an increased rate of obesity among aging Baby Boomers with consequent increase in related health problems (e.g. diabetes, arthritis and other joint problems) that can produce activity limitations.

In recent years there has been a concerted effort to keep elders out of nursing homes and even return them to a community setting, often with government-funded support services. In Massachusetts the state home care program plays a major role in this endeavor. In addition, the availability of assistive technology can help overcome the limitations imposed by disability. Taken together, these factors can be expected to lead to an increase in elderly residents in the community with ADL and IADL limitations.

Even with all of these factors operating, the increase from 2005 to 2009 still seems extreme. However, the comparison with 2001 rates is less so. This implies that the 2005 survey results may be an aberration.

The long-term decline in reported disability nationally can be related to a number of factors. These include:

Diet & Lifestyle Changes

- Greater focus on healthy behavior linked to higher levels of education among the general public and increased awareness of health issues.

- Better access to health information via all media outlets and especially the internet which allows for individuals to better research their own health issues.
- Occupational changes have increased the number of people holding service and knowledge-related jobs that pose low risk for injury.

Improved Medical and Restorative Care

- Increased availability of joint replacement procedures.
- Organ transplants becoming are more common.
- Enhanced cardiac intervention options (e.g. stents, angioplasty)
- Vision procedures (e.g. cataract surgery)

Applied Technology

- Greater availability of scooters for mobility
- On-line shopping
- Direct deposit and electronic fund transfers
- Cell phones
- Specialized communication options for deaf and visually impaired elders.

All of these reduce the impact of physical limitations; particularly with respect to Instrumental Activities of Daily Living (IADLs).

Caregiver Needs in Central Massachusetts

CMAA research on Central Massachusetts caregivers has focused on those caregivers aged 60 and older.

- Approximately 9% of elder respondents identified themselves as having responsibility for providing housing, personal care, financial assistance or social/emotional support to an elder.
- Of these elders who are providing care, most indicate that they have no difficulty in providing the required care, while about 42% of elder caregivers indicate that they need assistance.
- Approximately one quarter of all caregivers aged 60 and older experienced some degree of intra-family disagreement over care giving decisions.
- In Central Massachusetts, 28% of elders who are caregivers report that a support group and discussion with other caregivers would be helpful.
- After the need for more information, the most frequently cited need of caregivers was the need for support from other caregivers or professionals, with 28% citing such a need.
- A quarter of those providing care responded that they were suffering from physical or mental health problems due to care giving.

- In 2005 2% of those providing care reported having financial problems due to care giving. In 2009 that percent grew to 16%. This probably reflects the financial strains that many families are facing in the current economic circumstances.
- Finally, caregivers may not always recognize that they are being impacted by the stress of their responsibilities. Caregivers need resources that may improve their loved one's quality of life, as well as their own.

Housing Issues

Affordable housing is an important component in promoting independence and avoiding premature institutionalization among elders that reside in Central Massachusetts. As the population ages, we must recognize the increasing need for supportive services. To promote the health, safety, and well being of the elderly critical supportive services must be established. Home care and community-based services will ultimately prolong independence. Currently, resources offered for home and community-based care are minimal in comparison to the resources dedicated to facility-based, skilled nursing care.

Public housing residents comprised 7.4% of 2009 survey respondents. Three quarters of these are female. Looking at the age distribution of respondents residing in public housing we find over half of these elders are 75 years of age or over. In total, over one third need assistance performing household chores. This reemphasizes the need for additional supportive services in public housing facilities.

Table 15. Percentage Distribution of Income Category by Residential Category

Income Category	Own Home	Family Member's Home	Private Rental	Public Housing
Low	16.6	25.0	28.6	85.7
Middle	18.6	42.9	28.6	14.3
High	64.8	32.1	42.9	0.0
Below Poverty	5.9	22.7	23.8	38.1

As expected, public housing residents were also more likely to face challenging economic circumstances. While elders living in their own homes were in the strongest financial circumstances, those living with relatives or in private rental housing were only somewhat better off economically than those living in public housing. However there was a clear division between these two latter groups in terms of relative access to goods and services. Those living with family members generally had lower levels of deprivation than those living in their own homes (see Table 16). This is probably due to their families making sure they received what they needed even if the elder involved did not have the necessary financial resources.

Table 16. Percentage who “skipped” goods or services “due to shortage of money” by Residential Category.

Item:	Own Home	Family Member’s Home	Private Rental	Public Housing
Food	5.8	3.7	16.7	11.8
Utilities	4.3	0.0	16.7	6.7
Gas	6.5	8.0	20.0	15.4
Rent or Mortgage	3.5	0.0	12.5	5.6
Medical Appointment	4.3	0.0	17.6	11.8
Prescription Drugs	7.4	0.0	20.0	17.6
Dentist	14.3	7.7	21.1	35.3
Hearing Aid	8.5	4.3	25.0	44.4
Eye Glasses	8.1	7.4	25.0	16.7
Social Opportunity	8.5	8.3	15.4	23.1

Mental Health

The survey included a screening tool to assess risk of depression. While the proportion of elders at moderate risk remained essentially the same, the proportion at high risk is almost one-third higher than in 2005.

Table 17. Percentage of Survey Respondents at Elevated Risk for Depression 2005 and 2009

Risk Level	2005	2009
High Risk	9.4	13.5
Moderate Risk	8.3	8.1
Total at Elevated Risk	17.7	21.6

Interestingly, economic characteristics did not predict elevated risk overall, but lower income respondents were much more likely to be at a high level of risk for depression.

Table 18. Percentage of Survey Respondents at Elevated Risk for Depression by Elder Economic Security Standard (EESS) Level – 2009

Risk Level	<EESS	>EESS
High Risk	21.1	7.1
Moderate Risk	4.8	19.0
Total at Elevated Risk	25.9	26.2

This seems to imply that the current economic difficulties may be the cause of this increase in risk level.

Aging of the Baby Boom Generation

As noted in Figure 1 above, the “Baby Boom” generation has already begun to reach early-retirement age, and by 2020 they will begin to turn 75. This will pose significant challenges to the community-based elder service system. These challenges will include:

- A growing number of elders with disabilities due to increased longevity of both persons born with disabilities and those who acquired disabilities during their non-elderly years.
- A significant growth in the number of elders aged 85+ who are most vulnerable to aging related impairments.
- A growing racial and cultural diversity among elders.

It is important to note that, in general, the social characteristics and traits of the baby boomer generation will vary from those traditionally associated with elderly people. A significant proportion of the baby boomer population are likely to bring expectations for lifestyles and services that accommodate individual choice as well as a focus on preventative health care, healthy lifestyles, good nutrition, and adequate and flexible community-based activities and services.

As indicated in the results of Massachusetts statewide needs assessment surveys from 1993 to 2005, an increasing proportion of older people are likely to be well, healthy, mobile, and financially stable. Based on this pattern, it is more than likely that in succeeding groups of older people, the number of individuals who will wish to remain integrated as active, participating, productive members of their communities will grow. We anticipate a growing need to balance the issues of the well-elderly and frail-elderly. Therefore, ways must be found to utilize the talents, skills, and experience of this elder cohort.

While recognizing that Baby Boomers are distributed across all socioeconomic categories, on average they are better educated than their parents and have a greater familiarity with technology. In addition, Boomer women are more likely than their parents to have retirement assets of their own. These characteristics will have implications for both service delivery and household financial status.

Because of their numbers, the baby boomer cohort can be expected to place demands on society as consumers of both public and commercial services. Boomers, on average, have fewer children than their parents. As a result, we can expect that the family-based support network for them will be less extensive than is the case for their parents, thus increasing demands placed on community-based supports. This may lead to an increased need to train both agency staff and direct service workers (such as health care workers, teachers, bank tellers...) in aging issues and effective communication with elderly people. To competently respond to the greater diversity among older consumers there may be a demand for providing specialized training to specific worker and professional groups to assure that the needs of aging persons and people with disabilities can be met.

As this group ages we will see increases in the prevalence of chronic diseases and disabilities, chronic physical and mental health conditions, and the long term consequences of occupation-related diseases and injuries. This, in turn, will increase the demand for information and assistance, case management, long-term care insurance products, supportive assistance and long-term care services (both institutional and community-based), informal and formal caregivers, and housing modifications.

Socially, baby boomers differ from prior generations. Changes in traditional family structures and configurations have characterized the past three decades, affecting the dynamics of family and intergenerational interactions as well as the dynamics of the workplace. In addition to the more traditional household types such as those living alone because of divorce or spousal death, those never married and childless couples, the number of less traditional households and families has grown. These include:

- elderly and non-elderly unmarried cohabiting couples;
- grandparents as custodial parents;
- three- and four generation families in a household;
- lesbian and gay households;
- those married multiple times with multiple sets of extended family members, step children, and aging parents;
- households made up of groups of unrelated individuals;
- elderly parents caring for elderly adult children with developmental and other disabilities.

Each of these types of households will have specific needs that may fall outside those of more traditional household forms.

Addressing this complex of issues may require:

- Customizing programs, services, products, forms, information, and communication to fit the growing diversity in terms of household type, language, race, ethnic culture, disability, and other circumstances that will characterize the elder population.
- Increasing reliance on various existing and new technologies as efficient and effective methods of improving communication and interaction with elders. This may require targeting education and personal assistance to facilitate elders' ability to use/access the Internet and other technologies
- Recognizing the need to adapt technological solutions and tools to the age, language, racial, cultural, educational, and disability characteristics of elders paying special attention to reliability, security, and privacy issues associated with the Internet and data-sharing technologies.
- Increasing the availability of specialized/adaptive services needed by frail elders (i.e. transportation, housing, in-home, community support, rehabilitation, mental and health promotion).

- Making greater use of the talents and skills of retirees by providing accommodations to permit them to remain in the workforce longer and by expanding adult continuing education programs to prepare older people and retirees to work in needed occupations.
- Developing innovative and affordable housing that will increase the availability of options that provide supportive services in the least-restrictive environment for elders.

Impact of Recession on Elders

Major impacts of the recession on Elders and older Americans:

- Job losses – decreased earnings during peak earning years
- Stock market losses – drop in retirement savings
- Housing price decline – effect on net worth
- Social issues – expectations, mental health, abuse
- Tax revenue decline – cuts in government supported services

The recession has had a significant impact on employment among older workers. Based on Bureau of Labor Statistics definitions that exclude those “not in the labor force”, older workers (55+) have historically had relatively lower unemployment rates than other age groups (see Table 19). This appears to be changing.

Table 19

Unemployment Rate by Year

	<u>2007</u>	<u>2008</u>	<u>2009</u>
Total	4.7	6.7	9.3
55 plus	3.0	4.7	6.6

From 2007 to 2009 the rate of increase in the unemployment rate has grown faster for older workers (see Table 20).

Table 20

Percent Change in Unemployment Rate by Year

	<u>2007 to 2008</u>	<u>2008 to 2009</u>
Total	42.6%	38.8%
Aged 55 plus	56.7%	40.4%

The unemployment picture is not consistent across all ethnic groups (see Table 21). African Americans have higher rates than whites or Asians.

Table 21

Unemployment Rate by Age and Ethnicity - 2009

	Asian	Black	White
Total	7.3	14.8	8.5
55 plus	6.5	8.4	6.3

At the same time the rate of labor force participation among the 55+ population has increased (see Table 22). This may reflect an attitudinal change or it may be related to the elder population becoming younger as the Baby Boomers turn 60.

Table 22

Labor Force Participation Rate by Year

	2007	2008	2009
55 plus	38.8	39.8	40.0

This trend is also reflected in national research carried out by University of Michigan Institute for Social Research. Some of their results have looked at attitudinal changes between the beginning of the recession in 2008 and 2009.

Table 23 Future Work Plans by Year

	<u>2008</u>	<u>2009</u>
Plan to work full-time after 62	60%	65%
Plan to work full-time after 65	47%	57%

The change in work expectations is probably related to the altered financial circumstances faced by many older workers. The survey found that 62% of older workers reported stock market holdings in retirement or investment accounts with average losses ranging from 20 to 30 percent in 2008.

Since March 2009, the stock and bond markets have rebounded substantially. This has allowed those who remained invested to make back a significant part of their losses.

Another major component of financial security is home ownership. While the majority of homeowners in the Michigan survey sample did not have mortgages, among those that did 7% indicated that their mortgage debt exceeded the value of their property. However, only 0.3% of mortgage holders reported being in foreclosure. It seems that despite the monetary decline in home values, most elders are navigating this problem comparatively well.

In comparison, CMAA survey data shows an increase in the percentage of elders who had to “skip” a mortgage or rent payment for 1.5% to 3.6% between 2005 and 2009.

Additionally, the decline in home prices can have an impact in terms of the money elder homeowners can take from the sale of their property or in the amount available through a reverse mortgage.

The U of Michigan survey also found changes in emotional states and satisfaction levels that could be anticipated in a time of financial crisis.

Table 24	<u>Attitudinal Responses</u>	<u>2008</u>	<u>2009</u>
	No symptoms of depression	53%	44%
	4+ symptoms of depression	11%	18%
	Not satisfied with financial situation	17%	24%

For comparison purposes, CMAA survey results showed depression risk rising from 17.7% to 21.6% from 2005 to 2009.

Difficult financial times can increase the risk of elder financial abuse. A recent Metlife study looked at this issue and aggregated reports of elder financial exploitation, identifying categories of individuals who are likely perpetrators (see Table 25).

Table 25 Perpetrators of Financial Abuse

Perpetrator	Total	Percentage
Trusted Professionals	48	18.0
Family	45	16.9
Caregiver (non-agency)	29	10.9
Caregiver (agency)	25	9.3
Skilled Nursing Facility/Assisted Living	20	7.5
Medicaid/Medical Fraud	18	6.7
Befriending (“Sweetheart Scam”)	15	5.6
Home Repair Scam (includes travelers/handyman)	15	5.6
Stranger	14	5.3
Contractors	12	4.5
Criminal (robbery, burglary, rape, drugs, etc.)	8	3.0
Neighbor or Friend	8	3.0
Con Man	5	1.9
Phone Scam	4	1.5
Total	266*	99.8%**

***Does not equal 100 due to rounding. Number and percentage distribution of perpetrators of financial abuse—from Newsfeeds April 1, 2008—June 30, 2008 (n=266)*

**Note, 266 is the number of cases that provided perpetrator information. Total number of cases was 269; total number of articles addressing elder financial abuse in any form was 357 of total of 1,007 articles.*

<http://www.metlife.com/assets/cao/mmi/publications/studies/mmi-study-broken-trust-elders-family-finances.pdf>

Although these data were collected at the beginning of the recession and do not provide information on the frequency of elder financial abuse, it is interesting that only a fifth of the documented cases involve family and friends. Over the course of the recession we might expect that this proportion will increase.