



# **Aging in El Paso County, Colorado**

*Every nine seconds someone turns 65!*

## **A Report From Innovations in Aging Collaborative**

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Summit Economics

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## INTRODUCTION

If you live long enough, you will get old! What will happen to society in the near future when an estimated 20% of the U.S. population will be over the age of 65? The confluence of three demographic trends brings this issue to the center of our attention.

The first trend results from the surge in births following World War II. Between 1946 and 1964, 26 million more babies were born than in the previous 18 years and 10 million more than in the following 18 years.

The second trend is the increase in life expectancy. Prior to the 1930s, life expectancy at birth was less than 60 years. When the Social Security retirement age was established at 65 in 1935, there were only 6.7 million Americans 65 or over. The life expectancy of an American male was 58 years and of an American female was 62 years. Remaining life expectancy for men who reached age 65 was 12.7 years, and for women it was 14.7 years. Members of the baby boom generation who reached 65 in 2011 will live, on average, another 18 years.

The third trend is the declining birthrate after 1964. In 1965 it dropped to the pre-war level of 19.4 live births per thousand of population. By 2009 it was 13.8 births per thousand, the lowest point since those statistics were first collected and barely half the 1957 peak of 25.3.

Taken together, these three trends point to enormous future demands on Social Security, Medicare and local public and private services that serve the needs of the over-65 population.

Following a Fox News discussion about the future of baby boomers, *The Week* raised four key questions:

- Can Medicare handle this group?
- Have they saved enough to retire?
- Are boomers prepared for the challenges of aging?
- Can the rest of us survive the boomers' retirement?

In 2008 a group of concerned Colorado Springs citizens came together under the leadership of BJ Scott and Barbara Yalich. This grassroots effort among community leaders, the Innovations in Aging Collaborative, was funded by the Inasmuch Foundation under the auspices of the University of Colorado at Colorado Springs.

In April 2010 the group convened a community summit to begin a conversation about ways to accelerate the strategic planning necessary to prepare for a larger and longer living population. After hearing presentations by nationally recognized speakers, the 170 attendees broke into six discussion groups to address topics such as Life-long Learning, Arts and Culture, Wellness and Recreation, Living Communities, Economic Opportunities and Urban Planning and Transportation.

The new demographic described in this report outlines both promising opportunities and an enormous need to respond in new and better ways. The growth in the older adult population provides opportunities for new jobs, products and services, along with challenges that will require collaborations. What innovative

**Birthrate per Thousand**

Year	Rate
1945	20.4
1950	24.1
1955	25
1960	23.7
1965	19.4
1970	18.4
1975	14.8
1980	15.9
1985	15.8
1990	16.7
1995	14.8
2000	14.7
2005	14
2009	13.8

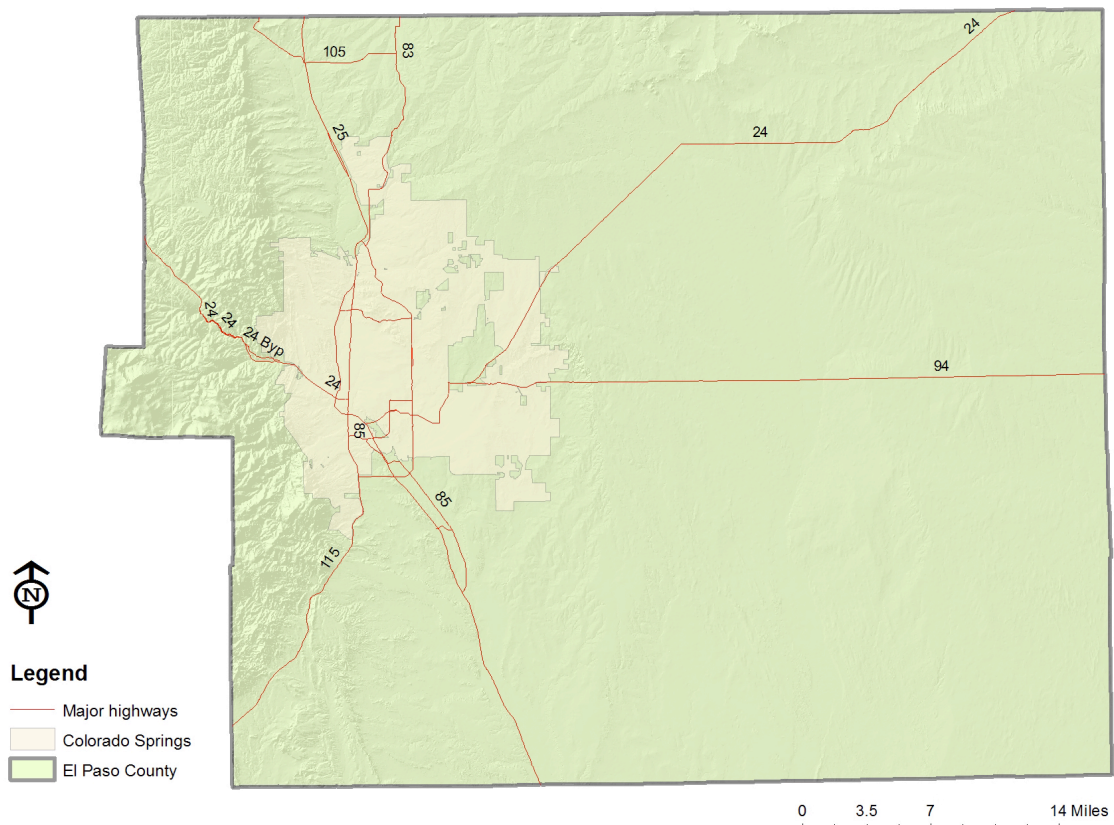
programs and projects can we encourage that will make Colorado Springs a better place in which to age?

We hope this new report will provide impetus for additional conversations and welcome your comments and questions.

## I. EL PASO COUNTY SENIORS TODAY

According to the 2010 Census, there were 62,051 El Paso County residents 65 years of age or older. This had grown from 44,787 seniors in 2000, a 39% increase. It was almost double the 20.4% increase in the total population of El Paso County from 516,933 to 622,263 during that same 10-year period.

**Figure 1: El Paso County, Colorado**



### Where do El Paso County seniors live?

These seniors - 29,744 or 48% - are concentrated in 15 of the county's 75 census tract groupings. Over 26% - 16,377 - live in five census tract groups.

There is a heavy concentration of seniors in the northwest part of the county on both sides of I-25. Palmer Lake, Monument, south of the Air Force Academy and the area east of I-25 bounded by W. Baptist Road to the north and State Highway 83 to the east and south have large numbers of seniors.

Coming south, still east of I-25, there are concentrations of seniors south of E. Woodman Road and east of Powers Boulevard and along the east side of I-25 east of the south entrance to the Air Force Academy. More seniors are in the

### **Highest Population of 65+**

Census Tract	65 years and over	Map Code
37	4,040	A
45	3,823	B
33	3,048	C
51	3,007	D
39	2,443	E
1	1,957	F
47	1,780	G
72	1,500	H
21	1,280	I
25	1,260	J
2	1,163	
31	1,129	
24	1,124	
3	1,086	
59	1,083	

Cragmoor area east to Academy Boulevard and south to Constitution. Another cluster is south of Constitution between Academy Boulevard and Powers Boulevard.

To the west of I-25 there is a cluster south of Highway 24 on both sides of S. 21<sup>st</sup> Street, where there are several senior complexes. Many seniors reside in the Broadmoor area, as well as Security-Widefield and Fountain, south of Colorado Springs. There aren't a lot of seniors in southeastern El Paso County, but there are more in the northeast, including Peyton, Calhan and Ramah (Figure 2).

**Highest Percentage of 65+**

Census Tract	65 years and over	Total Population	Map Code
79	34.3%	2,216	A
31	25.5%	4,423	B
24	24.5%	4,589	C
4	23.6%	2,285	D
1	21.6%	9,071	E
58	20.6%	2,933	F
66	20.5%	2,539	G
10	19.7%	2,303	H

The highest concentration of seniors is in some of the county's least populous census tracts. Census Tract 79, the Kissing Camels/Garden of the Gods neighborhood, is over one-third seniors. The second highest is Census Tract 31, the Broadmoor neighborhood, with over 25% seniors.

Other heavy concentrations are in the Old North End east of I-25/south of Fillmore; a large area west of Highway 83, bounded by Union Avenue, Academy Boulevard and Palmer Park Boulevard; and a smaller area between Constitution Avenue and N. Carefree Circle in the Villa Loma/Village Seven neighborhoods

(Figure 3).

The Frail Elderly: The frail elderly populations – those 85 and older - are also concentrated in a few areas in Colorado Springs.

Most of this group probably lives in long-term care facilities (Figure 4 and 5).

Military Retirees: Military pensions and health care for active and retired troops cost the federal government \$100 billion a year or 14% of the Pentagon's \$700 billion budget. Faced with the potential mandate to cut this by \$900 billion over the next decade, a decline in benefits for military retirees seems likely. Pensions already cost 36% more than the active duty payroll, while health insurance costs \$460 per year versus \$4,000 annually for the average civilian with an employee health plan.

There are 49,052 veterans in Colorado, 41.3% of them 65+. There are 19,812 veterans in El Paso County (in zip codes beginning with 809), 40.4% of the state's total. No data are available on the number in the county who are 65+ but, if the state ratio holds for the county, about 8,163 of the 65+ population are retired veterans. [These data do not include 80 Coast Guard retirees, who are not Department of Defense (DOD) retirees and for whom data were not available.]

In addition, there are 2,097 survivors (family members of military who died while serving in the Armed Forces) in the area. If 86% are 65+, which is the state ratio, then there are an

**Highest Population of 85+**

Census Tract	85 years and over	Map Code
24	447	A
37	428	B
33	386	C
1	385	D
21	337	E
72	227	F
25	188	G
31	157	H
60	147	I
27	137	J



additional 1,810 retirees receiving military benefits. This means about 9,973 of El Paso County's retirees are military retirees or survivors.

El Paso County military retirees received \$582.1 million in payments from the DOD in fiscal year 2010 and survivors received an additional \$33.1 million. We estimate that \$259.6 million and \$29.7 million respectively went to the 65 and over portion.

Figure 2: El Paso County Population by CensusTract: Age 65+

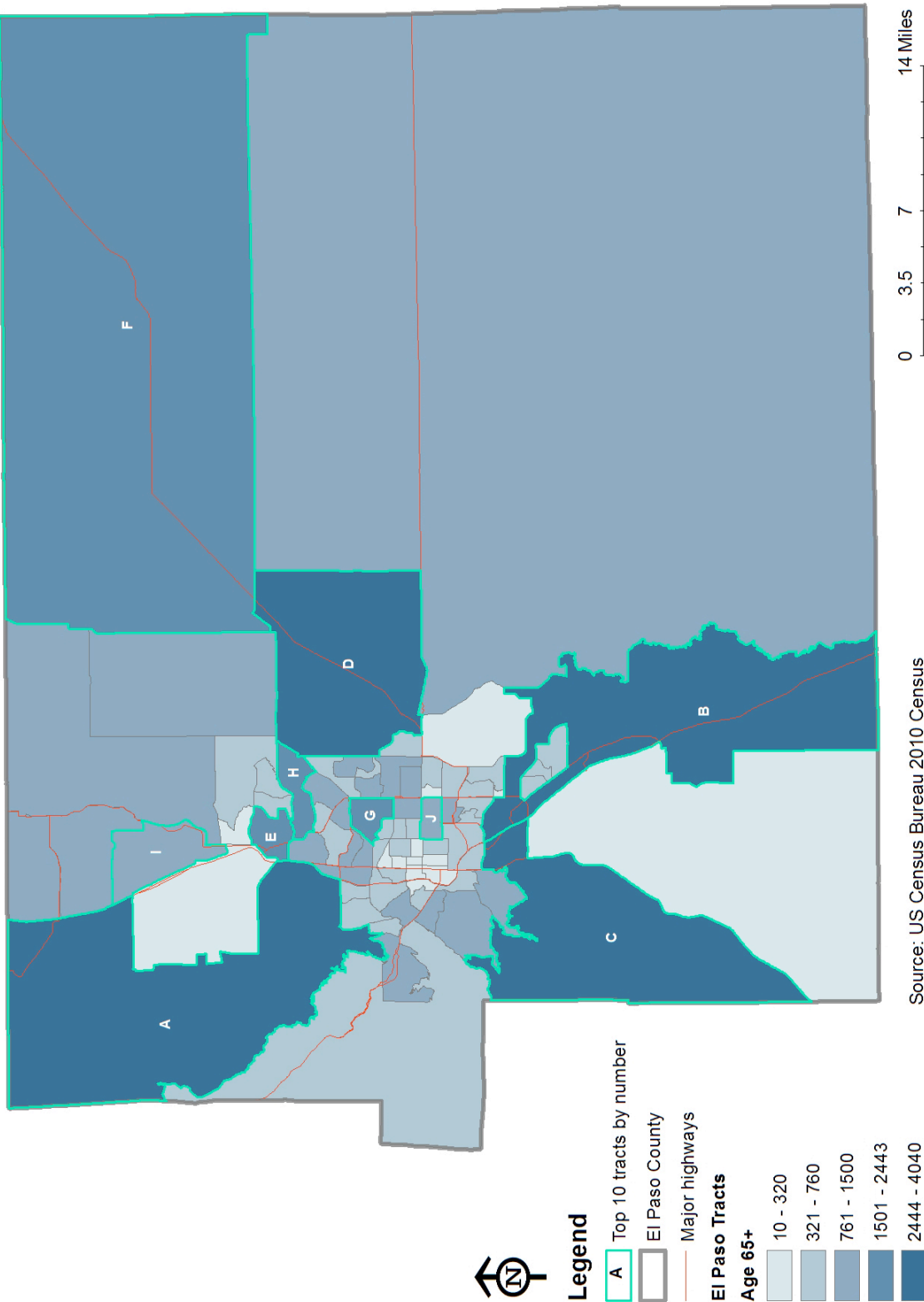
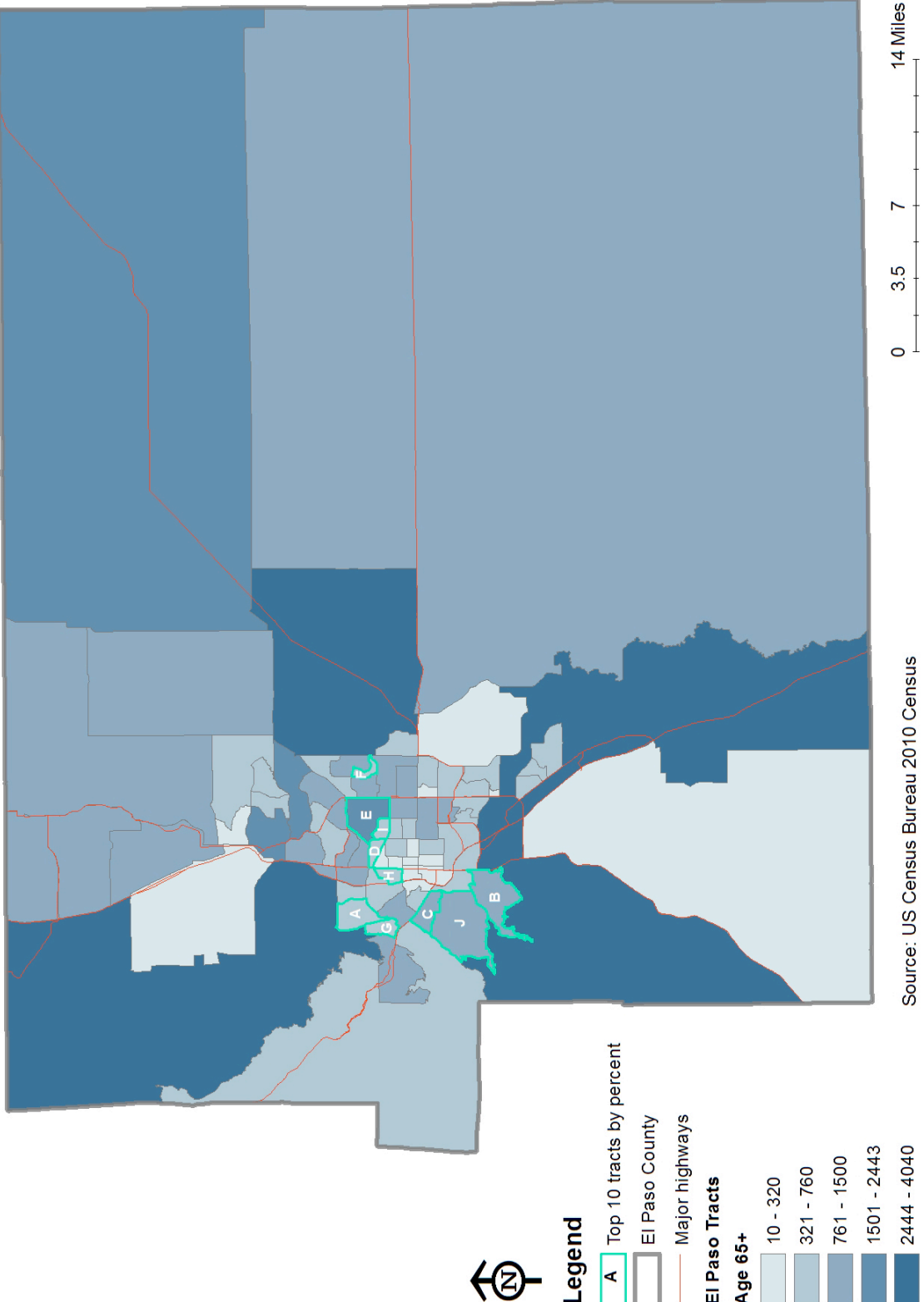
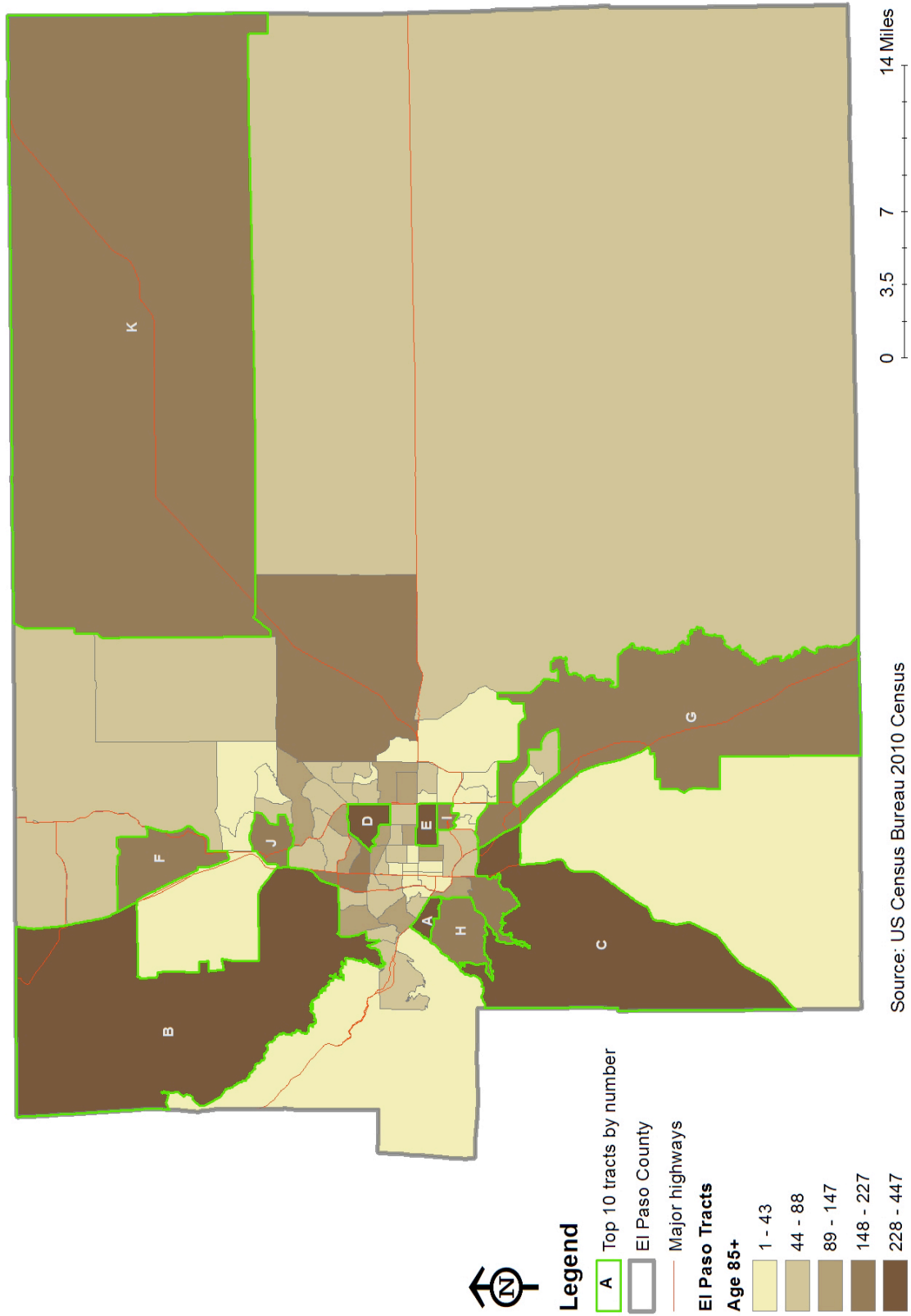


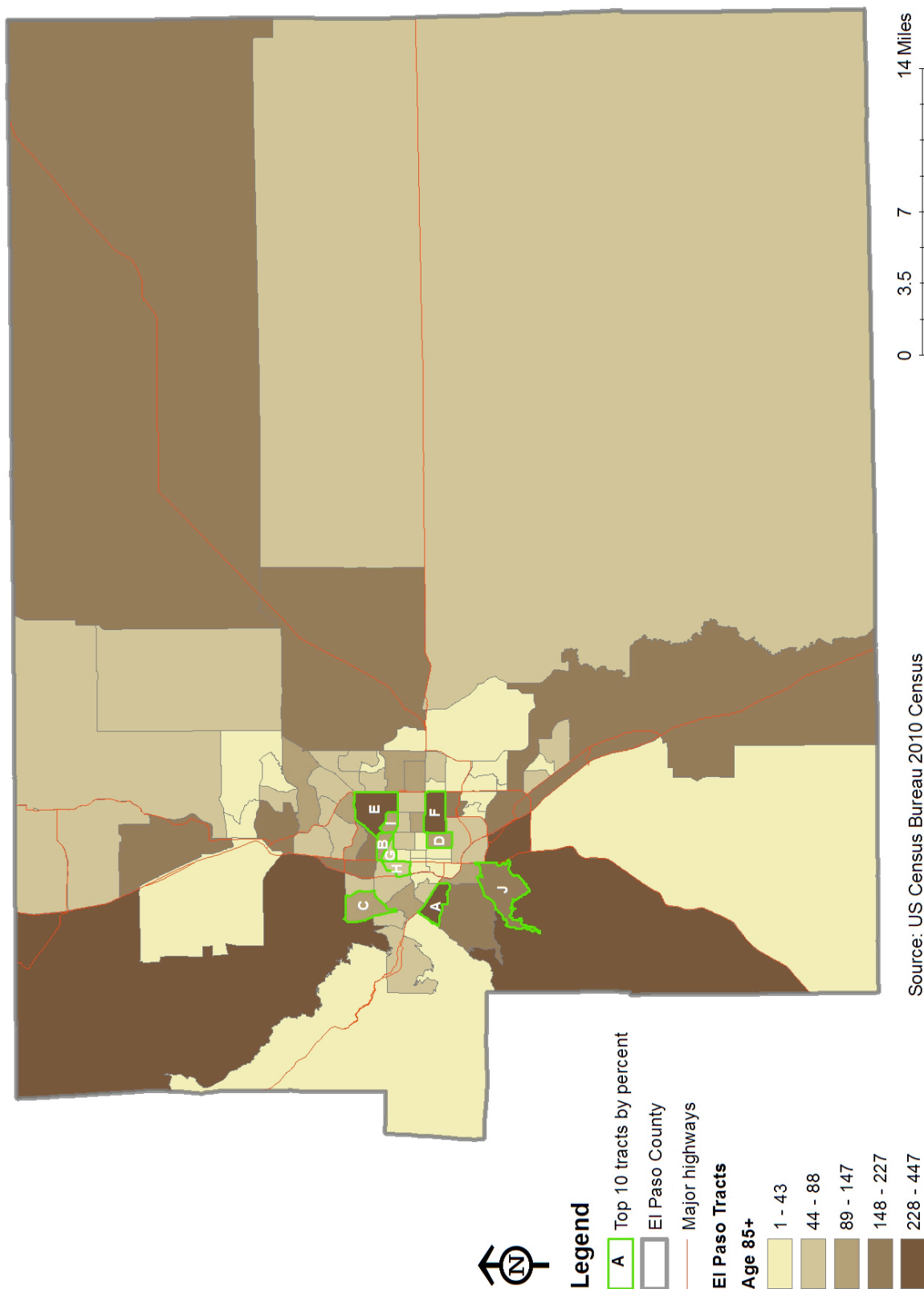
Figure 3: El Paso County Population by CensusTract: Age 65+



**Figure 4: El Paso County Population by CensusTract: Age 85+**



**Figure 5: El Paso County Population by CensusTract: Age 85+**



## II. THE AGING TSUNAMI

The 78.3 million Americans born between 1946 and 1964 - commonly referred to as the Baby Boom Generation - comprise 26% of the U.S. population. The leading edge began turning 65 in 2011 and *every day* for the next 19 years, between 7,000 and 10,000 more will reach retirement age. On average this generation will live to 83, and many will live well into their 90s and beyond. The over-85 age cohort is growing faster than any other group.

**The U. S. Population**  
(in millions)

	Born	Age in 2010	Number	% of Population
Pre-Baby Boom	Before 1946	65 and older	40.3	13.0%
Baby Boom	1946-1964	45-64	78.3	26.4%
Generation X	1965-1980	30-44	64.2	19.8%
Generation Y	1981-1995	15-29	64.7	21.0%
Linksters	After 1995	14 or younger	61.2	19.8%

Annually the Colorado Demography Office (CDO) prepares population projections at the state, region and county level. The projections include assumptions about

survival rates, fertility rates and migration. The CDO pays special attention to counties where colleges are located. [A complete description of the methodology can be found at [www.colorado.gov](http://www.colorado.gov). The complete URL is found in the bibliography of this study.]

Colorado has traditionally had a small over-65 population and a large young population. In 2010 we were fourth lowest among the 50 states in the share of 65+ and sixth highest in baby boomers.

Over the next 30 years (2010-2040), the Demography Office projects that the population age 65 and over in El Paso County will increase from 61,788 in 2010 to 172,394 in 2040.

**El Paso County Population Projections**

	Total	65-90+
2010	622,565	61,788
2015	671,122	82,546
2020	732,734	107,383
2025	795,144	134,336
2030	857,600	157,447
2035	919,562	168,038
2040	981,394	172,394
Change	57.6%	179.0%

This 179.0% increase is more than triple the 57.6% increase in the total population.

The increase in seniors will come from two sources. Based on historic trends, many current residents will retire in Colorado. There will also be in-migration of older retirees who want to be near their baby boom children. The 2011 Community Assessment Survey of Older Adults by the National Research Center in Boulder (CASOA) found that 63% of current residents are very likely to remain in the community throughout their retirement and another 25% are somewhat likely to stay. Eighty percent rated the community an excellent or good place to live.

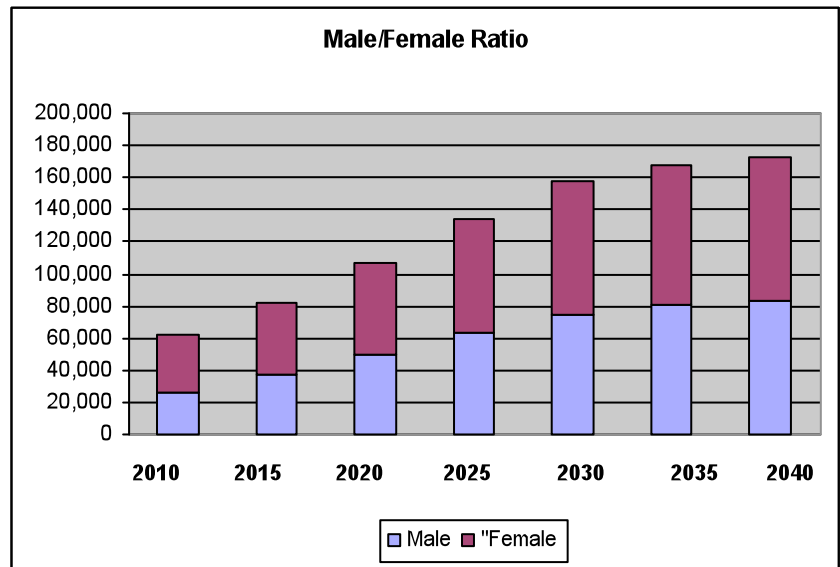
Trends in Aging: The proportion of Colorado workers 65 and over is projected to double by 2020. This group comprised 3.4% of the work force in 2010 and is projected to rise to 6.7% in 2020. However, in the CASOA survey of residents 60 and over, Colorado Springs received a very low ranking of 25 in employment opportunities on a scale of 0-100 with 0 the most negative and 100 the most positive.

As the number of aging households increases, median household income will fall, resulting in growing poverty and income inequality, according to the Demography Office. Also, people's expenditures change as they age. This may affect city and county sales tax revenues as spending on taxable goods declines and shifts to nontaxable goods and services.

Women are projected to decline as a percentage of the over-65 population, falling from 57.2% in 2010 to 52.5% in 2040. Males rise from 42.8% to 47.5%

According to the CDO this is the result of two factors. First, long term male life expectancy is increasing faster than that of females. Second, over the next ten years or so “younger over-65s” are increasing more rapidly than “older over-65s.” The share of the population from 65-74 will increase from 56.4% in 2010 to 62.3% in 2020. Males will have a higher share in this relatively younger age group.

The new over-65 population will be better educated than the population as a whole. In 1965 only 24% of the older population had graduated from high school and only 5% had at least a bachelor’s degree. Today about 34% of those over 65 are high school graduates. By 2030 that figure is expected to rise to 83%. In 2010 28.8% of baby boomers had a bachelor’s degree or higher, compared to 23.3% of the population in younger generations.



No population projections by race are done at the county level. However, the CDO does provide these projections at the state level. If El Paso County mimics the state trend, the minority population will grow at almost twice the rate of the non-Hispanic white population, leading to a more ethnically diverse group of seniors in the future.

**Colorado Minority Population Share**

	2010	2020	2030	2040
White, non-hispanic	72.9%	71.2%	68.39%	67.4%
Hispanic origin	19.2%	20.6%	22.7%	24.1%
Black, non-hispanic	4.1%	4.3%	4.4%	4.5%
Asian/PI, non-hispanic	2.8%	2.8%	2.9%	2.9%
Am. Indian, non-hispanic	1.0%	1.0%	1.1%	1.1%
<b>Total minority population</b>	<b>27.1%</b>	<b>28.8%</b>	<b>31.1%</b>	<b>32.6%</b>

On the CASOA survey, Colorado Springs scored 49 on the scale in openness and acceptance of the community toward older residents of diverse backgrounds.

Another way to look at the dramatic change that is projected is to examine the ratio of workers (people 20-64) to retirees (65+). In 2010 in El Paso County there were 6.2 people of working age for each retirement-aged resident. That ratio plunges to 3.1 by 2040.

**Worker/Retiree Ratio**

Year:	20-64	65+	Ratio
2010	385,926	61,788	6.2
2015	403,593	82,546	4.9
2020	423,555	107,383	3.9
2025	440,924	134,336	3.3
2030	461,027	157,447	2.9
2035	496,121	168,038	3.0
2040	535,421	172,394	3.1

Of course, not everyone in the 20-64 age group works and not everyone 65 or over exits the work force. But the dramatic change in the relationship between the age cohorts gives us a preview of what lies ahead. A much smaller number of employees will have to provide Social Security, Medicare and Medicaid for a much larger group of seniors.

**Military Retirees:**

Veterans are a rising share of the retired population. The Department of Defense reports that life expectancy is 20.4 more years for an officer age 65 and 14.2 years for an enlisted person. The number of male veterans 85 or older tripled between 2000 and 2010, raising the percentage from 33% to 66% of that group of retirees. The life expectancy is 6.3 years for an 85-year-old officer and 5.8 years for an enlisted person.

**Department of Defense Retirees**

	Number	Monthly Payment	Annual Payment
<b>Colorado</b>			
Total Retirees	49,052	\$108,390,000	\$1,300,680,000
65+	20,262	48,324,000	579,888,000
Survivors	6,323	7,579,000	90,948,000
Survivors 65+	5,455		
<b>El Paso County (1)</b>			
Total Retirees	19,812	\$48,509,000	\$582,108,000
65+ (2)	8,163	21,635,000	259,620
Survivors	2,097	2,761,000	33,132,000
Survivors 65+ (2)	1,810	21,477,000	29,719,000
Retirees + Survivors	21,909	51,270,000	615,240,000
65+ (2)	9,927	24,112,000	289,340,000

1. Excludes zip code 80840.

2. Estimate.



### III. PROBLEMS SENIORS FACE

The elderly are generally considered a special needs group. There is a high correlation between age and disabilities. Seniors rely more heavily than the population in general on public transportation, medical care, mental health services and specialized housing.

Various surveys and studies have identified several problems already facing seniors in El Paso County, as well as additional problems arising as the senior population increases. The Pikes Peak United Way 2010 Quality of Life Indicators report, underwritten by the Pikes Peak Area Council of Governments and the Pikes Peak Center on Aging, looked at the Colorado Springs Metropolitan Area (El Paso and Teller counties). A number of questions focused on the senior population, which they defined as 60 and over.

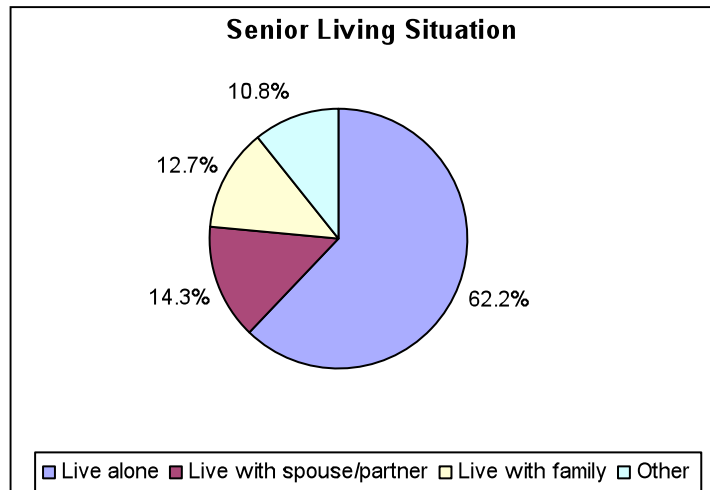
The CASOA report included Colorado Springs among the more than 175 communities and 35,000 adults age 55 and older they surveyed. Where comparisons were available, local results were noted as being higher, lower, or similar to the benchmark. The scale runs from 0, the worst possible rating, to 100, the best possible rating.

**Benchmark Comparisons**

	City average rating	Rank	Number of communities for comparison	Comparison to benchmark
Health and Wellness Index	35	8	16	Similar
Community Design and Land Use Index	48	10	16	Similar
Productive Activities Index	59	7	16	Similar
Community and Belonging Index	47	16	16	Lower
Quality of Community Index	63	9	16	Similar
Community Information Index	49	4	16	Similar

Lack of Affordable Housing: The Quality of Life Indicators found that the majority of adults over 60 in Colorado Springs live alone. The majority of respondents felt that their housing met their physical needs.

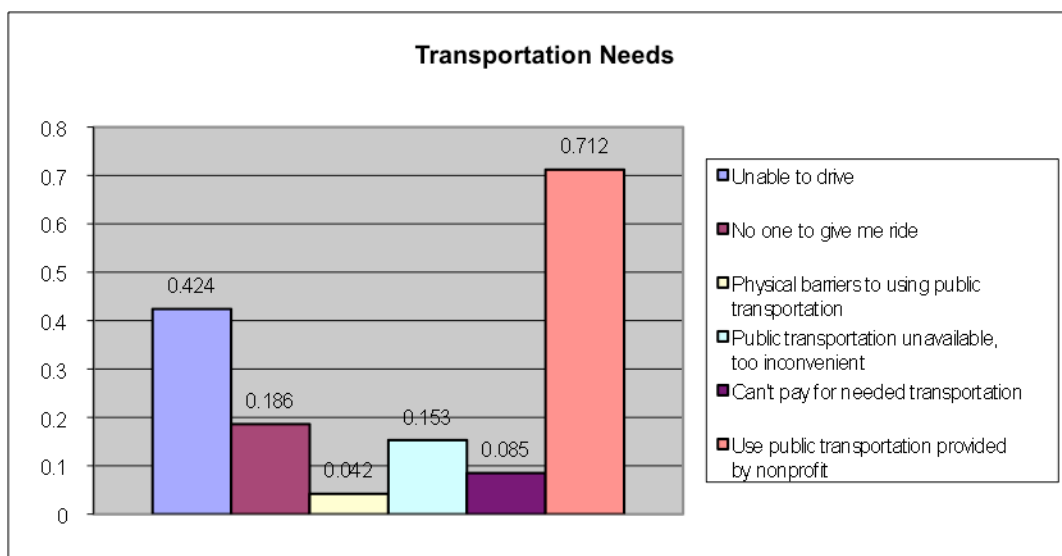
However, the CASOA survey gave Colorado Springs a 38 on the 0-100 scale on availability of affordable quality housing and 44 on the variety of housing options. Thirty-one percent of respondents reported housing needs and 42% reported problems with home maintenance. On the positive side, 39% reported excellent or good availability of affordable housing.



Lack of Public Transportation: Dr. Jonathan King at the National Institute of Health points out that two million drivers will turn 65 in 2011. As drivers age, he cautions, arthritis makes it

difficult or impossible to turn one's head to look in the side mirror. Vision changes make driving at night difficult. Ability to pay attention falls off, making it difficult to concentrate on what is important while driving. As retirees become less able to drive, their need for alternative transportation increases.

El Paso County has a land area of 2,126.45 square miles with a population density of 292.6 persons per square mile. The 2010 Quality of Life Indicators identified transportation as a key issue affecting quality of life for seniors. For the 42.4% who reported being unable to drive [note: only 17% in the CASOA survey reported this was a problem], public transportation is key to being able to buy food, attend medical appointments and participate in social activities. Among patients reporting problems accessing medical services, 35% said they did not have access to the necessary transportation.



Bus service in Colorado Springs is extremely limited. Since 2007 the city public transportation budget has been cut from \$199 million to \$88 million. Ridership fell from 27 million passenger-miles in 2007 to 24 million passenger-miles in 2009. Routes have been cut, the wait between rides is longer and accessible bus stops are farther away.

There are 18 bus routes to serve a county of 622,565. Only two routes travel outside the city limits, one to Security/Widefield (population 32,882) and one to the City of Fountain (population 25,846). Some (but not all) buses operate from 5:30 a.m. to 7:30 p.m. on Monday through Friday and 6:30 a.m. to 7:30 p.m. on Saturday. Nine routes, including Security/Widefield and Fountain, offer no Saturday service and there is no Sunday service. Even when bus service is available, there are often problems involved with getting to the bus stop and getting on and off the bus. Over 4% of seniors responding to the Quality of Life indicators survey reported physical barriers to using public transportation. Another 8.5% reported being unable to afford the needed transportation.

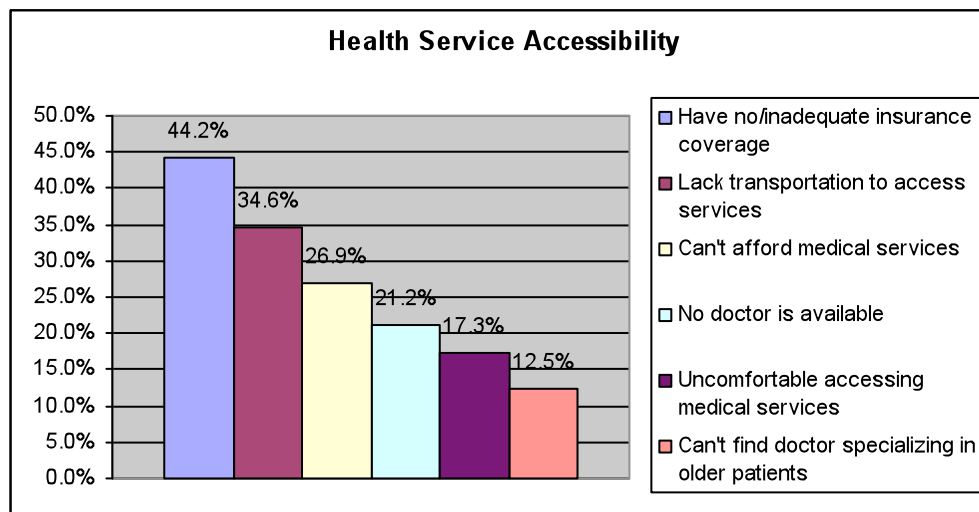
Community Intersections began offering transportation services in April 2007 and Goodwill in August 2008. Last year Goodwill/Community Intersections/Cheyenne Village together offered 95,000 rides to disabled residents and Silver Key provided 55,000 senior trips.

Over 71% of the seniors responding to the Quality of Life survey reported using public transportation provided by a nonprofit. In 2009 two nonprofit transportation services - Silver Key and Fountain Valley (southern and eastern El Paso County) - provided approximately 57,000 rides to seniors in the county. These transportation services are provided to any senior, not just those who meet an income test.

Colorado Springs ranked 20 on the 0-100 scale in the CASOA survey on ease of bus travel in the community. Only 12% of respondents reported using public transportation in the last 12 months and 20% reported having mobility needs. Sixty-two percent reported excellent or good ease of getting to the places they usually had to visit, ranking the city very low (14 out of 16) among the cities surveyed. Twenty-nine percent reported problems with having safe, affordable transportation available.

**Lack of Essential Health Services:** The 2010 Quality of Life Study queried seniors about their ability to access medical services. Inadequate or no insurance was the biggest barrier (36% in the CASOA survey). Respondents also reported an inability to find a doctor who specialized in older patients, were unable to find any type of doctor and/or lacked the necessary transportation.

Fifty-six percent of respondents to the CASOA survey reported excellent or good availability of affordable quality physical health care. The city was near the middle (100 of 188) when compared to other communities surveyed. Seventy percent said availability of preventative health services was good or excellent, higher than the average.



An estimated 15,000 seniors in El Paso County have diagnosable psychological conditions with most not receiving care, according to the Area Agency on Aging. Nearly 13% of seniors surveyed reported lack of access to needed mental health services.

According to Sara Qualls, Director of the Gerontology Center at the University of Colorado in Colorado Springs (UCCS), the Pikes Peak region offers very few mental health providers with expertise in, or even a practice focused on, older adults. Nationally, a few providers specialize in this population, which tends to have multiple illnesses that interact in complicated ways with mental well being. Few accept Medicare, the primary insurer of older adults, so access is particularly restricted.

The frailest older adults can be somewhat isolated due to mobility constraints, transportation issues and lack the energy for regular trips to an outpatient clinic. This particularly frail population is at higher risk for cognitive impairment, anxiety and depression. Yet it can be virtually impossible to have home-based mental health care. Primary care and social service agencies serving older adults need mental health partnerships to create a truly integrated health model. However, Medicare reimbursement offers multiple disincentives for such integrated care models. It disallows billing for team meetings or consultation with other professionals (as does private insurance) and for individual therapy at home.

The number of seniors with posttraumatic stress disorder (PTSD) will increase as Vietnam veterans retire. (Retirement seems to trigger delayed onset.) Several people we interviewed mentioned that the problem would increase as Iraq and Afghanistan veterans retire, because multiple tours of duty to war zones have increased the incidence and severity of PTSD. They wondered where they would find the financing and personnel prepared to deal with them. One psychologist told me:

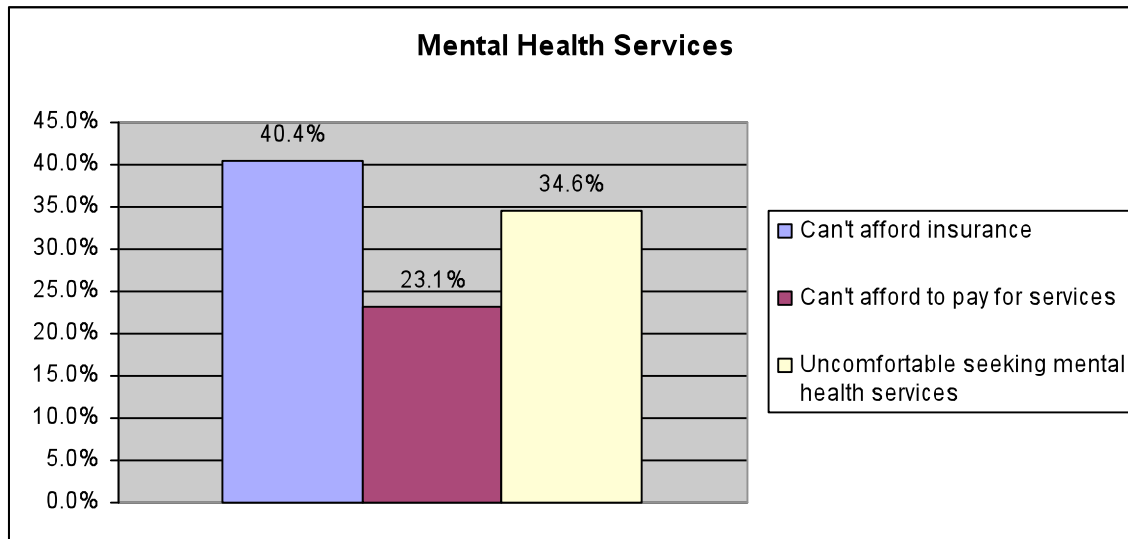
Already there are not enough resources relative to the current (or the expected) population of Iraq and Afghanistan veterans. Multiple tours take their toll, both in terms of the obvious impact on families and on the veterans themselves. It is clear that the human stress response is set up to maximize our chances for survival during a 60 yard dash to avoid being eaten by a lion. We are not set up to live well under conditions of high stress and arousal, nor are we well suited to cope physiologically with the self-induced states of arousal created by PTSD. You don't cure PTSD; you dilute it by building back into peoples' lives all the things that had been excluded by their living their lives the PTSD-way, such as intimacy, friendship, employment and membership in a community.

Add in the fact that we have lots and lots of veterans with head injuries who will need long term support. People with traumatic brain injury and PTSD have a double whammy as each makes the individual less able to manage the other. What the long-term course of life will be for these damaged brains remains to be seen. If the keys to successful aging are social support, flexibility/adaptability, and realistic appraisal of oneself and one's circumstances, PTSD and/or traumatic brain injury are often key limiters for each of these.

Another phenomenon is the onset of PTSD symptoms when people retire, after a career marked by workaholic behavior or danger that keeps the combat rush going. With PTSD, you can run but you cannot hide. I think that a useful way to look at PTSD is as a condition of non-recovery. In other words, after something bad happens, most people go through a period of emotional and cognitive turmoil, but eventually find a place for themselves in the new world they create. For some, however, the non-recovery occurs because of the pattern of avoidance that is set in place (e.g., drugs or alcohol).

Recognizing the seriousness of the problem, the University of West Florida's Center for Applied Psychology and the Center on Aging, in sponsorship with the Pensacola Naval Hospital Deployment Health and Wellness Center, hosted a workshop on aging veterans presented by a clinical psychologist with the National Center for PTSD. The workshop focused on identifying and treating aging veterans who experience late onset stress symptoms based on early trauma and on the challenges faced during the aging process.

While depression is less prevalent in non-institutionalized seniors than in young adults, they have the highest suicide rate of any age group. Suicide is most common among Caucasian men who live alone. There were 19.3 suicides per 100,000 Colorado Springs seniors over 65 annually from 2005 through 2009, well above the U.S. average of 14.2 (2007) but below the Colorado average of 21.6.



Despite the lack of mental health services, Colorado Springs ranked above average in the CASOA survey. Forty-four percent of respondents reported excellent or good availability of affordable quality mental health care. Thirty-eight percent reported problems with feeling depressed.

Affordable dental care is also a problem for seniors. Thirty-nine percent of seniors in the CASOA survey reported problems with getting the oral health care they needed.

Peak Vista Community Health Center has two Senior Centers in Colorado Springs to meet the increasing needs of the growing senior population. With the new downtown Senior Health Center and expansion planned on the UCCS campus, Peak Vista has increased capacity to enroll new patients aged 60 and over. Peak Vista has increased the number of senior patients by 90% since 2000.

Health care for seniors needs an integrated model of care – in which physical, mental and other health factors are considered jointly as part of a single clinical experience. UCCS and Peak Vista have announced plans for a new building on the UCCS campus to house a Peak Vista Senior Clinic, the CU Aging Center and the Gerontology Center. Scheduled for completion by early 2014, it will provide primary care, behavioral health, audiology, vision, health education, nutrition and wellness services in one location.

Senior health care will provide opportunities for more collaboration as changes in Medicare are implemented, including an emphasis on wellness models. The changes also mean more challenges for seniors to find providers who will accept Medicare. With change in Memorial ownership and collaborations between providers already underway, Colorado Springs has an opportunity to create an integrated model for senior care.

**Lack of Personal Services:** There is a growing need for assistance with everyday activities. Nine percent of those over 65 need some help with activities such as medication administration, bathing, dressing, eating, laundry, recreational activities and arrangements for transportation. Fifty percent of those over 85 require these services. The Colorado Department of Labor and Employment reports that personal and home care aides and home health aides are the state's biggest short-run employment need.

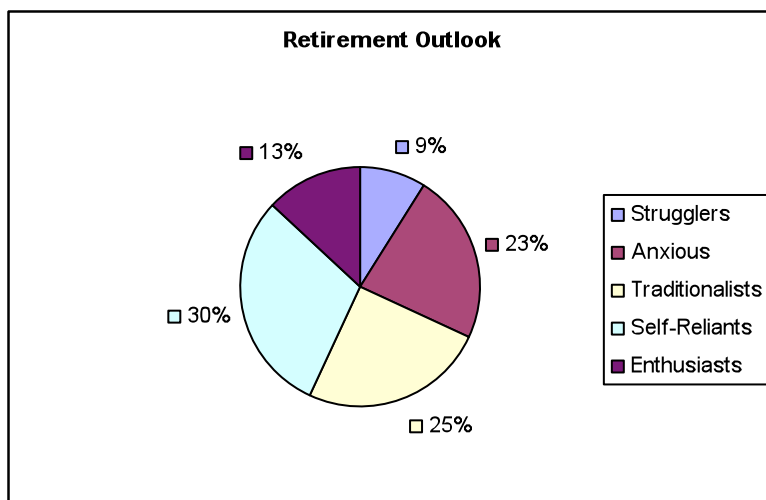
Lack of Adequate Savings: In 2010, 35% of 50-54-year-olds were single, compared to 29% in 2000. In retirement, a single person's living costs are projected to be 40-50% higher than those of someone living as part of a couple, implying that older singles need to set aside even more of their current income to cover retirement expenses.

An AARP survey in December 2010 found that baby boomers are becoming less confident about their ability to finance their retirement through their own savings or pensions and are relying more on expected Social Security benefits. Social Security is already the primary income source for people over 65. Many baby boomers expect to have to work after 65, at least on a part-time basis.

Data from the 2010 Census found that 9% of seniors fell below the official poverty level. The American Psychological Association reports that 20% of Americans over 85 live in poverty. In the CASOA survey 33% of respondents reported problems with having enough money to meet daily expenses. Twelve percent reported problems with having enough food to eat.

Rising energy costs were a particular concern. A majority of adults expect to pay \$5 or more for a gallon of gas and 58% said rising energy costs were causing financial hardship. Lifestyle modifications included limiting their driving, cutting back on vacation plans and reducing spending on restaurant meals, entertainment and clothing.

Colorado Springs Utilities offers payment assistance through customer-supported Project COPE and through partnerships with state and federal agencies such as LEAP and HEAP. While data by age cohort were not available, Project COPE served 3,727 households in 2010, giving out \$863,513 to pay for four utility services. Through early October 2011 they have given \$771,789 to 3,328 households. They have been told that the percentage of senior recipients is increasing.



In the 2010-2011 heating season, 11,425 households received over \$4.2 million for heating assistance through LEAP. This was down 23% from the previous year because of funding cuts. Assistance is now given to those whose income is no more than 85% of the federal poverty level, down from 150% in previous years.

About 32% of the respondents to a Harvard/MetLife study

defined themselves as Strugglers or Anxious. They tended to be unmarried, less healthy, have little or no money saved for retirement and viewed it as a time of hardship. Among those financially prepared for retirement, Traditionalists have moderate retirement savings and higher expectations of intergenerational family support but expect to work during retirement. The Self-Reliant and Enthusiasts have significant retirement savings but the former expect to continue working part-time and to volunteer, while the latter expect to be free of work and responsibilities with little anticipation of volunteering.

**Overspending:** Another AARP survey in July 2011 found that 10% of those over 50 often or always have trouble limiting their spending. In the CASOA survey, 32% of respondents reported having problems dealing with financial planning issues. Financial education and budgeting may be a service that retired baby boomers will need. The University of Colorado in Colorado Springs (UCCS) already offers an inexpensive (\$35) education course for retirees on making sure they don't outlive their money.

**Cost of Health Care:** After adjustment for inflation, health care costs have increased significantly among older Americans. In 1991 they averaged \$9,224; in 2006 they averaged \$15,081. The percentage of health care expenditures going to prescription drugs almost doubled, from 8% to 15%, and accounted for a large percentage of out-of-pocket costs. Out-of-pocket spending for health care services increased among the poor/near poor from 12% to 28% of household income. [Note: data are adjusted for inflation.]

Two MetLife market surveys provide information on the cost of home care, nursing home care and assisted living.

**Long Term Care Costs**

	Hourly Average	Range	Daily Average	Monthly	Yearly
Home Health Aide	\$21	\$14-\$30			
Homemaker/Companion	\$19	\$13-\$25			
Adult Day Services		\$31-\$140	\$67		\$17,425
Assisted Living (base rate)				\$3,293	\$39,516
Nursing Home (semiprivate room)			\$205		\$74,825
Alzheimer's Unit			\$206		\$75,190

While the cost of home health aides, homemaker/companions and adult day services were unchanged from 2009, the cost of assisted living rose 5.2% and the cost of nursing home care increased 3.5% (4.6% for a private room).

As of 2010, Social Security paid an average of \$13,968 per year to retired individuals and an average of \$22,704 per year to retired couples. While there is no minimum Social Security benefit, the maximum benefit for an individual retiring at age 66 in 2011 is \$28,392. Social Security benefits comprise more than half the income for 63% of elderly beneficiaries and 90% or more of the income for 32% of elderly beneficiaries. This indicates a troubling gap between income and the cost of long term care.

**Benefit Cuts:** There is growing uncertainty about the financial solvency of Social Security, Medicare and Medicaid, the three government programs on which seniors are most dependent. Nearly 50 million people already receive Medicare assistance and someone enters the program once every eight seconds. Aging baby boomers will boost enrollment by 1.6 million annually over the next two decades, bringing it to 81 million beneficiaries by 2030. Its annual cost is projected to rise to 18% of the federal budget, up from 15% today.

Proposed Medicare cuts include increasing outpatient premiums from 25% to 35%, raising the age of eligibility to 67, requiring 10% co-payment for home health care services and requiring co-payment for the first 20 days in a skilled care nursing facility. A study by Fitch Ratings suggests that Medicaid may eclipse education spending in state budgets over the next decade. It is the biggest share of federal aid to states, making it a target for federal budget cuts. Robin Fisher, vice president of Franklin Templeton Investments, cites pressure from cuts in

Medicare reimbursement plus rate cuts and eligibility changes in Medicaid as being among the top credit risks for hospitals.

The U. S. Department of Health and Human Services provides projections of various alternatives and notes the uncertainty surrounding the outcome of the Affordable Care Act. Under even the most optimistic scenarios the funding of health care and retirement for a mushrooming senior population creates grave challenges over the next decade.

Plans to cut pension and health care benefits for active and retired military are being circulated in D.C. The current defined benefit pension plan and inexpensive lifetime health insurance represent an expanding portion of both the Pentagon budget and the national debt, which together finance the programs.

Fraud: An AARP survey in 2010 looked at consumer fraud and the demographic and behavioral differences between victims and the general population. They found that people over 50 were more susceptible to persuasive tactics and were more likely to:

- Attend sales presentation when offered a free meal, hotel stay or prize.
- Enter their name in a drawing to win a prize.
- Allow sales people into their homes.
- Open and read every piece of mail received.

Victims over 50 were more interested than the general public in:

- An investment that promised a guaranteed return.
- An opportunity to apply for federal grant assistance.
- Reducing their mortgage.
- A free CD to save money.
- A limited time offer for a necklace at a reduced price.
- New technology.

They were also less likely to take preventative measures such as signing up for a Do Not Call list or checking references of businesses before buying. I remember my mother telling me that she often let sales people who knocked on her door come in and give their pitch because she was lonely and they provided company. Nineteen percent of respondents to the CASOA survey reported being a victim of a fraud or scam.

Ageism: Only 10% of respondents to the CASOA survey found Colorado Springs to be a community that is open and accepting toward older residents of diverse backgrounds. A significant minority of respondents reported there were insufficient social events, recreation or educational opportunities for seniors. Whether this is due to a lack of awareness or the result of prejudice or thoughtlessness, it must be addressed.

African Americans in Gerontology (AAIG) is a national non-profit organization headquartered in Colorado Springs. It provides guidance and professional development opportunities, encourages networking and promotes community activism for African American professionals and students in the field of gerontology, in order to improve the quality of life for African American elderly.

As seniors remain in the workforce longer, ageism in the workplace could become *the* diversity issue of the 21<sup>st</sup> century. Younger workers often see older workers as denying them jobs, clogging their career path and preventing deserved promotions. Older workers may



resent being supervised by someone younger and be scornful of the new phenomena of workplace social networking. Many of these problems arise from the misplaced belief that the number of jobs is finite, a zero sum game which each winner displaces a loser.

Isolation: A majority of El Paso County seniors - 62.2% - live alone but this statistic is a bit misleading. Only seniors living in nursing homes – facilities licensed to provide medical care with seven day, 24-hour coverage for people requiring long-term non-acute care - are reported as living in group quarters. Assisted living and independent living facilities are counted as housing units the same way as an apartment complex, so an individual in one of these facilities in a single-person household is counted as living alone, while a couple is reported living in a family household. This means isolation is not as pervasive as the statistic suggests.

However, it still is a problem. The proportion of leisure time that older Americans spend socializing and communicating declines with age, from 13% for Americans age 55-64 to only 8% for those 75 and over. Thirty percent of area respondents to the CASOA survey reported problems with feeling lonely or isolated. This was similar to other communities in the survey. Forty-three percent reported a lack of interesting recreational or cultural activities to attend and 38% reported a lack of interesting social events or activities.

Silver Key cites the need for volunteer companions to help reduce isolation and loneliness. They plan to reinstitute their Calls of Reassurance program, where carefully vetted volunteers call housebound elderly each morning to be sure they are well.

Isolation in rural El Paso County may be a special problem. Distance, lack of public transportation and fewer local community activities all contribute to feelings of isolation. Fountain Valley Senior Services provides transportation, nutrition programs, volunteer opportunities, indoor recreation, arts and crafts, educational opportunities, trips and outings and support groups for seniors in a number of small towns outside Colorado Springs. Other data specific to rural El Paso County were not available.

Elder Abuse: Silver Key highlighted the problem of elder abuse and noted that there are fewer alternatives and resources than are available to victims of domestic violence. In Colorado Springs the El Paso County Department of Human Services reported 1,048 referrals for adult protection services for abuse, exploitation, neglect, etc. in 2011, down from 1,392 in 2010 .

According to the National Committee for the Prevention of Elder Abuse, increasing rates of elder mistreatment are reported by both practitioners and researchers. In a recent national study of Adult Protective Services, typically the agency of first report concerning elder abuse, there were 832.6 reports for every 100,000 people over the age of 60.

The National Elder Abuse Incidence Study estimates that 84% of incidents are not reported to authorities, denying victims the protection and support they need. These vulnerable elders are subject to injury and to premature death, often from caregivers and family members. Elder abuse is estimated to cost Americans tens of billions of dollars annually in health care, social services, investigative and legal costs and lost income and assets.

Colorado state auditors found that probate courts have not enforced laws enacted to protect vulnerable adults and children from abuse by guardians and conservators. Guardian and conservators provided only 52% of the required reports.

## IV. CHALLENGES AND OPPORTUNITIES FACING THE COMMUNITY

In testimony before a Congressional Special Committee on Aging, Assistant Secretary for Aging Josefina Carbonell emphasized the need to re-energize old programs and develop new ones. New technologies in recruitment, education and training, record keeping and patient care will be required. Although most elderly prefer to remain at home and in their communities, 75% of public long-term care funding goes to institutional care.

### THE CHALLENGES

Jobs that Will Need to Be Filled: The U.S. Department of Health and Human Services, in testimony before Congress in 2003, estimated the demand for direct care workers in long term care settings will increase by over 200% (from 1.9 million workers to between 5.7 and 6.6 million) between 2000 and 2050. They recommended exploring new technologies in recruitment, education and training, record keeping and patient care, changing the health care model from one that treats the sick to one that successfully promotes better health by improving nutrition and increasing physical activity. Emphasis and money need to move from institutional care for the elderly to providing support for family caregivers, including respite care services. They estimated that paying for the care provided by friends and relatives would cost more than the amount spent on formal home care and nursing home care combined.

According to the Colorado Department of Labor and Employment (CDLE), 11% of the jobs added in the state in the 18 years ending in 2009 were in health care. Nursing care catering to aging baby boomers and their parents was the fastest growing employment sector from 2001-2009.

Health Care and Social Assistance is the largest occupational grouping in the El Paso/Teller County region. This sector includes:

- Ambulatory Health Care Services (41%)
- Hospital (24%)
- Nursing and Residential Care Facilities (18%)
- Social Assistance (17%)

[See Appendix C for a complete listing of the jobs categories.] In the fourth quarter of 2010 there were 1,768 establishments employing 30,830 workers. This is 10% of the state's health care workers.

The CDLE does ten-year projections for various occupational groupings. Over the ten years ending in 2020, Healthcare and Social Assistance is expected to increase by 33.4% to 38,325 jobs, a 9,598 gain.

**El Paso/Teller County Employment Projections**

SOC Code	Sector	2010	2020	Change	Annual % Change	Total % Change
620000	Health Care And Social Assistance	28,727	38,325	9,598	2.92%	33.4%

The two-county population is expected to increase by 17.9% over that time and the senior population to increase by 73.8%. This suggests that the bulk of the job increase needs to be in occupations that serve the senior community. In 2010 there was one health care/social assistance worker for 2.2 seniors. The projection is that there will be one for 2.9 seniors in 2020. [Note: most of these workers do not serve the senior community only.]

Since there is already a shortage of gerontologists, mental health workers, etc., the shortage will be even greater in ten years. That is unless we find a way to encourage more young people to go into occupations that serve seniors' needs for health care and social assistance. It is reasonable to expect that, as life expectancy increases, the need for these services will increase on a per capita basis as well as because of the overall senior population increase.

Information Availability: Information on services for seniors is available from at least two sources. Established in 1968, LeadingAge Colorado (formerly CAHSA) is the state's largest and oldest nonprofit organization representing providers of senior housing and aging services to Colorado's elderly. More than 200 member organizations belong to LeadingAge Colorado, including assisted living residences, nursing homes, retirement communities, independent living, HUD housing, adult day programs and other community-based services. Information is available with addresses and contact information for facilities throughout El Paso County.

The Senior Information and Assistance Center (SIA), part of the Pikes Peak Area Council of Governments (PPACG), provides information on the cost, availability and location of services for older adults and their caregivers. The Center utilizes social work professionals to help individuals and families develop comprehensive plans of action to achieve their long-term goals of maintaining independence.

The *Yellow Book: Senior Information and Assistance Directory*, published by the SIA for more than 25 years, offers information on 600 services for older adults in El Paso, Park and Teller counties. Older adults, their caregivers, and service providers can also call 2-1-1 (or the agency's Senior Information Hotline at 719-471-2096) to access a complete, up-to-date database of community resources. Individuals can learn about low-cost nutritious meals, home-based care, transportation for medical appointments, insurance counselling, affordable housing and dental care, to name just a few.

Nevertheless, 61% of senior respondents to the CASOA survey reported at least minor problems with knowing what services are available to older adults in the Colorado Springs community. Forty-two percent reported a lack of adequate information for dealing with public programs such as Social Security, Medicare and Medicaid. Silver Key reported a misconception by many seniors that senior services are safety net services only available to lower income seniors. There is a need to expand information on services available to all seniors, regardless of income level and to raise awareness of its existence.

Housing: As they age, people need or prefer a change from multiple story homes with large square footage and a big lawn to single floor homes with amenities such as wheelchair accessibility and lower maintenance. Condos and townhouses may be more desirable to aging baby boomers than the current inventory of single-family homes. In 2011 69% of Colorado Springs' housing was single-family, 14% was multifamily and only 8% was condominiums.

One real estate attorney whom I interviewed pointed out that baby boomers have very different plans for their retirement than earlier generations of seniors. They have no interest in retiring to age-restricted ghettos in the desert and little interest in any sort of retirement community. They want to stay put or retire to an urban center. Golf course usage is projected to fall by 40-70% as they pursue activities much different from current retirees. This lack of interest in retirement communities may be partly attributable to their age. Other people we interviewed pointed out that young retirees are usually unwilling to plan for the time they can no longer live on their own; this bears further investigation.

New Facilities Will Be Needed: In addition to hospitals and clinics, seniors need access to a range of continuing care facilities. While independent living works well for the healthy, facilities providing assistance with personal and health services are often needed at some point. [See Appendix D for a listing of facilities in El Paso County.]

According to the Colorado Department of Public Health and Environment (CDPHE), there are three types of *assisted living* residences in Colorado: private pay, alternative care facilities (Medicaid certified assisted living residences) and residential treatment facilities for persons with severe and persistent mental illness. Any assisted living residence caring for three or more residents must be licensed. Assisted living residences provide room and board and, at a minimum, personal services, protective oversight, social care and regular supervision available on a 24-hour basis.

Personal services include a physically safe environment, supervision, assistance with activities of daily living such as administering medication, bathing, dressing, eating, laundry, recreational activities and arrangements for transportation. Protective oversight includes monitoring the needs to ensure that residents receive the services and care necessary to protect their health, safety and well-being.

In El Paso County there are 51 assisted living residences. Thirty are Medicaid/Private Pay and an additional 21 are private pay only. There are no residential treatment facilities in the county.

Colorado *nursing homes* - also called skilled nursing facilities, long-term care facilities and nursing care facilities - are licensed by the state through the Health Facilities and Emergency Medical Services Division. Most nursing homes are also certified to provide services to eligible Medicare and Medicaid beneficiaries and are required to meet federal Center for Medicare/Medicaid Services (CMS) regulations.

Nursing homes are operated by for-profit and non-profit organizations. They vary in size and offer different programs. All nursing homes provide long-term care services to chronically ill persons, including those with chronic mental illness. Many nursing homes also offer short term or extended care rehabilitative services and special units for people with Alzheimer's disease or other types of dementia.

There are 21 nursing homes in El Paso County. They provide 1,985 beds, 336 for individuals receiving Medicare benefits, 946 for individuals receiving Medicaid benefits and 383 for non-Medicare/non-Medicaid individuals. In the fall of 2011 the occupancy rate was 83.9%; meaning only 319 beds were available.

*Adult day care* services are provided under the Medicaid waiver program for eligible clients. Services include health and social services, individual therapeutic and psychological activities

furnished on a regularly scheduled basis in an adult day services center as an alternative to long-term nursing facility care. Facilities may provide basic or specialized services. Specialized services include intensive health support services for participants with a primary diagnosis of Alzheimer's and related disorders, multiple sclerosis, brain injury, chronic mental illness, developmental disability or post-stroke participants requiring extensive rehabilitative therapies.

There are nine adult day programs in El Paso County, all Medicaid certified.

*Community Mental Health Centers* provide the following services for the mentally ill:

- outpatient services
- inpatient services
- partial hospitalization
- emergency care services
- consultative and educational services

Community Mental Health Centers are licensed by the CDPHE. Community Mental Health Clinics, which are not licensed by the division, provide outpatient and consultative services.

AspenPointe is the only Community Mental Health Center in El Paso County. It is Medicare certified and provides substance abuse treatment for low-income seniors.

*Hospice care* is a package of services and programs provided to terminally-ill individuals and/or their caregivers and families. Hospice is a centrally administered program of palliative care (services that do not cure illnesses, but produce the greatest degree of relief from the symptoms of a terminal illness) and supportive care. Services include physical, psychological, spiritual and sociological care, available 24 hours a day, seven days a week. Hospice services also include bereavement assistance to the family and caregivers after the death of the hospice patient.

Hospice services can be delivered at home, in a licensed health care facility such as a nursing home, in a residential facility, in an inpatient hospice facility, or through a hospice day care center. An interdisciplinary team consisting of a physician, a registered nurse, clergy/counselors, volunteers and other specialists work with the terminally-ill person and his/her family or caregivers.

Six of the state's 43 hospice programs are located in El Paso County. Four are Medicare certified.

The tremendous growth in frail older adults with disabilities already strains the long-term care system. Many seniors face a dependency period of 18 to 36 months at the end of life. The good news is that the length of the dependency period does not appear to increase as we live longer. With El Paso County's senior population poised to triple over the next 30 years, all types of additional facilities will be needed. Financing and staffing will both be a challenge.

Services for Caretakers: Many baby boomers find themselves taking care of older parents. Often they have children at home as well. Few resources exist to help caretakers deal with the frustration and anger they often feel. PILLAR does offer some classes and the CU Aging Center has more than ten years of clinical experience in delivering mental health services for

the elderly and their caregivers. However, the need for services and support groups for caregivers will continue to grow.

Companies that provide accommodations for parents often don't have similar accommodations for the special needs of workers taking care of elderly relatives. Administrators of employee assistance programs need to be educated about organizations such as Silver Key and the services it can provide to these workers.

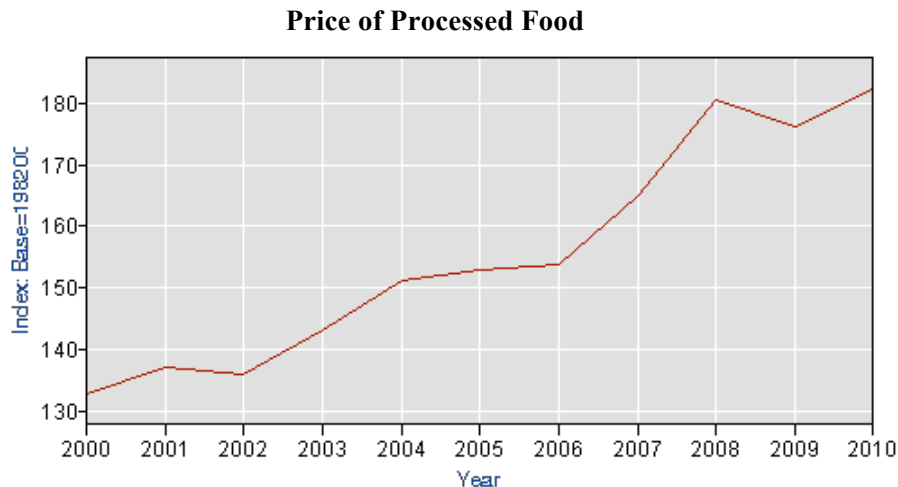
**Rising Costs:** A near term concern, and quite possibly a long term one, is the rising cost of providing services. Just as the elderly on fixed incomes are confronted with higher food and energy costs, the service-providing agencies are seeing their expenses rise more quickly than their budgets.

Over the last ten years, total compensation for Health Care and Social Assistance sector employees has risen steadily, although it slowed in 2009 and 2010.

After increasing 4% or more in 2002 and 2004, compensation increases slowed to 1.7% in 2010 and 1.6% in the first half of 2011.

**Total Compensation: Health Care and Social Assistance**

Year	Qtr1	Qtr2	Qtr3	Qtr4	Annual	Change
2001	83.7	84.6	85.8	86.6	85.175	
2002	87.6	88.3	88.9	89.7	88.625	4.1%
2003	90.8	91.5	92.5	93.1	91.975	3.8%
2004	94.4	95.1	96.3	96.7	95.625	4.0%
2005	97.8	98.5	99.3	100	98.9	3.4%
2006	101.1	102	103.5	104.3	102.725	3.9%
2007	105.4	106.1	107.1	107.9	106.625	3.8%
2008	108.9	109.6	110.4	110.8	109.925	3.1%
2009	111.7	112.2	112.8	113.1	112.45	2.3%
2010	113.7	114.1	114.6	115	114.35	1.7%
2011	115.5	115.9				



The price of processed food rose 37% between 2000 and 2010 and increased another 7.8% during the first eight months of 2011. Rising food costs affect seniors in three ways:

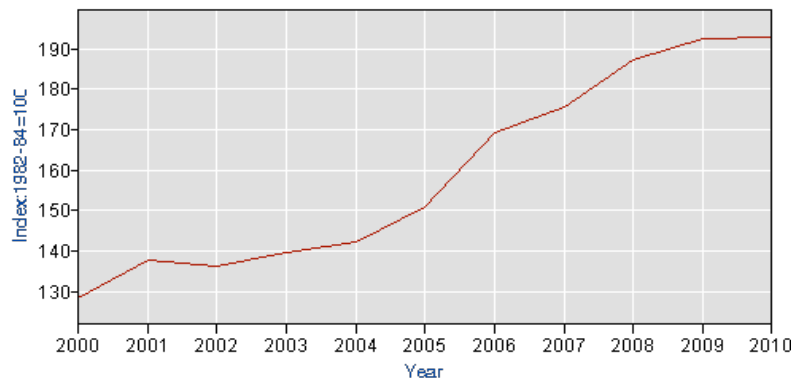
1. Food costs consume a rising share of the income of seniors living independently.
2. More seniors are forced to rely on meals provided by senior assistance groups such as Silver Key's Meals on Wheels and Fountain Valley Senior Services' Rural Area Meal Program and Breakfast Corner. Last year the Golden Circle Nutrition Program provided 172,127 meals in 27 locations in the Colorado Springs metropolitan area. Silver Key provided an additional 45,247 meals.

3. The cost to agencies of providing these services continues to rise.

The price of electricity rose 50.3% over the same period, but then fell 2.2% in the first half of 2011.

With rising demand for food and energy in the developing world, commodity prices are likely to increase rapidly over the next 30 years. China and India, with a combined population of over two billion, will play a critical role.

**Electricity Prices**



### Planning for the Future: One

challenge that consistently

manifested itself in our research and interviews was the difficulty in getting people to plan for the future. Most people don't want to deal with the issue of aging and nursing home care or even assisted care. Resistance to planning for this puts an enormous strain on spouses and family. It was sometimes described as the largest problem facing the elderly and one that is likely to get worse.

### THE OPPORTUNITIES

We often forget that retirees are a basic industry. A basic industry is one that brings new dollars into a community. The multiplier effect creates new jobs not only in the industry itself (health care, for instance) but also in the businesses serving the industry (janitorial services, for example) and the employees of both (real estate agents, grocery and restaurant employees, etc.). Economists refer to this as direct, indirect and induced employment.

Retirees bring new dollars into the community in the form of pensions, investment income and savings. Spending of these income streams is no different in its impact than a company that produces widgets for sale outside the region or a tourist attraction that entices spending from nonresidents.

Jobs: The rising demand for health and social services sector workers will provide many job opportunities in El Paso County. In an economic environment where 15.7% of Coloradans wanting to work are unemployed or underemployed, this is an enormous opportunity.

Pikes Peak Community College offers courses in counseling, pharmacology, dentistry, emergency medical services (including geriatric emergencies), health professions (including home care assistant), holistic health, medical office technology, nursing (including home health aide), pharmacy technician, psychology (including psychology of death and dying), radiology and social work.

The University of Colorado at Colorado Springs (UCCS) offers degree programs in Gerontology at the undergraduate level as a minor, at the graduate level as a doctoral program in Clinical Gerontology, and in a continuing education program that leads to the Professional Advancement Certificate in Gerontology. Within the Beth-El College of Nursing and Health Sciences, graduate focus in aging is available within the Nurse Practitioner MA program as well as the Health Promotions program. The Gerontology Center has Faculty Affiliates from almost every college on campus, representing many academic disciplines.

Economic Development Opportunities: Entrepreneurs and existing companies are already aware of the opportunities at the intersection of business and aging. Leading-edge companies are rethinking aging and redesigning products, services, and environments to meet the changing needs and desires of seniors and to accommodate their degraded sensory capabilities. Opportunities exist for new and existing companies to look at:

- work space design (acoustics, lighting, furniture)
- retail space design
- living space design
- medical product design
- commercial product design
- financial product design
- health care services design
- travel services design
- financial services design
- technology design (real time on screen captioning for teleconferencing, e.g.)

Aging Means Business was the theme at the Gerontological Society of America annual meeting in Boston in 2011. The MetLife Mature Market Institute, Massachusetts Institute of Technology AgeLab, Microsoft and Eskaton sponsored a student design contest to explore how strong design can successfully launch products and services and set best practices. This competition challenged graduate and undergraduate students to propose an original product for adults age 50+ that will transform an existing device or be an entirely new creation.

The Institute of the Ages in Sarasota, Florida, has a business plan to make Sarasota a field test site/lab for research groups from around the world that want to see what their own communities might look like in 20 years. They have implemented two significant partnerships with research groups from the University of Oregon Health Science Center and the Boston College Sloan Center for Work and Aging.

Sarasota is the oldest county in the country with 31% of its population over age 65. It is working with RTI International, a consulting group from the North Carolina Research Triangle, to link the Institute's work to the community's economic planning. Technologies tested there will be implemented in commercial spin-offs in Sarasota. The Institute also holds 1.5-day think tank meetings with large international companies to engage them in thinking together about the future economic impact of the aging of society.

In Colorado Springs, AbleLink Technologies is taking what they have learned from providing products to the cognitively impaired over the years and adapting them for the elder population. AbleLink researchers have conducted more than 65 research and development projects to investigate, research, and develop technology applications for individuals with cognitive disabilities and for seniors utilizing technology to help "age in place." Contrary to the common practice of first identifying an innovative technology and then looking for a problem for it to address, AbleLink first identifies real world needs and then seeks to develop technologies to support those needs.

Peak Age is a Colorado Springs business that is driving UCCS intellectual property into commercial applications. Beta testing has been completed on two products that are now ready to move to the next stage. The UCCS Gerontology Center has almost 30 years of research focused on identifying problems and solutions relating to aging challenges. Other research



being done in health science, engineering and business is expected to result in entrepreneurial companies moving the University's intellectual property into commercial applications.

An economic development resource that a vibrant retirement community offers is the business wisdom accumulated by the senior community. SCORE is an all-volunteer, nonprofit group of active and retired business people. In 2010 SCORE clients started 58,637 businesses across America, created 71,449 jobs and saved 17,629 existing jobs. Volunteers donated 1.3 million hours of their time, mentoring and training 590,550 aspiring and existing small businesses that generated \$19.4 billion in revenue.

The Colorado Springs chapter of SCORE has 32 men and women volunteers providing guidance and counseling to entrepreneurs in the Pikes Peak region. Roughly 80-90% are retired business owners, military leaders, corporate executives or some combination of these experiences. An organization that facilitates the creation of businesses and jobs in these troubled economic times is an enormous asset to the city.

Front Range Executive Service Corps (FRESC) uses volunteers to help nonprofits, educational and governmental organizations more effectively and efficiently achieve their missions by providing high quality, affordable consulting services including:

- Board Development
- Strategic Planning / Mission Clarification
- Organizational Analysis / Development
- Financial Management
- Information Management and Technology Evaluation
- Marketing and Public Relations
- Human Resource Management
- Funding Strategies
- Coaching

Tourism is Colorado's second largest industry (after manufacturing) in terms of bringing new dollars into the state. Active seniors enjoy travel. Elderhostel has offered adventures in lifelong learning since 1975, providing economical travel opportunities for more than four million people over 55. Seniors often prefer to travel in the spring and fall, the shoulder season for tourism in Colorado when lodging, restaurants and attractions are less busy. Providing activities and programs for older tourists is a growing economic development opportunity for Colorado Springs.

Amenities: The amenities that attract tourists and young professionals to an area frequently overlap with the wants and needs of retirees. A study conducted by the Adams Group for the City of Estes Park found that a variety of restaurants and entertainment, along with golf and other recreational opportunities, benefited both tourists and retirees. Retirees often complained about the traffic and congestion created by the influx of tourists. However, they enjoyed the amenities that the city could not have supported without the tourist traffic. By the same token, amenities the city offered tourists would have been much fewer without the additional dollars flowing from the retired population.

As Colorado Springs looks at ways to attract young professionals, as well as increasing the important tourist industry, it needs to work with groups that understand the interests and needs of retirees. Both sides of this collaboration will benefit.

Living Communities or Villages: Villages are non-profit organizations devoted to linking older residents to neighborhood social/cultural activities and health-related and reliable home-maintenance services, all with the intention of encouraging and assisting residents to remain in their homes. Neighborhood volunteers of all ages provide a large proportion of the services and activities. Villages typically hire an Administrator, operate from donations and membership dues, and are overseen by a Board comprised of local residents.

The “Village” concept began in Boston about a decade ago. Beacon Hill Village members pay an annual fee and enjoy a set of services including transportation and cultural events, as well as access to information about vetted services such as home repair or home health care.

This model has proliferated in many cities, gaining the attention and endorsement of the local and national AARP and Offices on Aging. The details vary by location, with some based on volunteer assistance while others offer purchased concierge services to fit the needs and pocketbooks of the residents.

Dupont Circle Village is part of a vibrant, diverse community in Washington, D.C. In order to enable older Dupont Circle residents to retain their independence, volunteers provide help as needs arise. They furnish neighbor volunteers to respond to requests, refer older residents to additional service providers, assist in home maintenance, provide transportation, connect villagers with similar interests and remain in touch so residents never feel isolated.

ShareCare, in northern Michigan, is a network providing seniors a range of options according to individual needs and preferences. Core elements of membership include nurse visits for assessment and monitoring, volunteer transport and vetting of commercial services. Several groups in Ann Arbor, Michigan, have adapted this model to form intergenerational co-ops where members exchange co-op “dollars” for volunteer services.

Colorado Springs is the early stages of developing living communities. There is an intergenerational living community south of Patty Jewett Golf Course. Another is in the planning stages on the west side of town. The need and opportunity to develop more of these communities, whether based on volunteer assistance or purchased concierge services, will grow as the senior population soars.

The challenges facing El Paso County as the senior population triples also present opportunities. Jobs for health care workers, new technologies to assist the elderly, new ways to deliver health care and offer support for a much larger number of family caregivers, to name a few, provide employment and business opportunities for El Paso County residents.

## V. A NEW VISION OF AGING

The noted psychologist, Erik Erikson (1902-1994) organized life into eight stages extending from birth to death. Since adulthood covers a span of many years, Erikson divided adulthood into stages covering the experiences of young adults, middle aged adults and older adults.

The last stage of life, Late Adulthood (55 or 65 to death), was a retrospective stage, a time to look back, take stock, acknowledge choices made and try to make sense of it all. The feeling that one made a contribution to life Erikson called integrity. One's strength comes from accepting death as the completion of life.

On the other hand, said Erikson, some adults may reach this stage and despair at their experiences and perceived failures. They may fear death as they struggle to find a purpose to their lives, wondering "Was it worth it?" It has been suggested that the frenetic pursuit of structured leisure activities in retirement communities is one way of postponing this day of reckoning. Alternatively, older adults may feel they have all the answers (not unlike going back to adolescence), said Erikson, and end with a strong dogmatism that only their view has been correct.

Current thinking, however, holds that the baby boomer is more likely to see the years after 65 as the third age of life, another 20 years or more, much too long to spend looking back. Today many people choose more constructive ways to spend the third age, directing their energy towards positive social purpose. While seniors may absorb new information at a slower rate, wisdom and creativity frequently are unaffected by aging.

Working after 65: In 1985 only 16% of all men over 65 were still in the labor force. About that time the trend toward earlier retirement began changing. The participation of older men and women in the work force has risen and the average age of retirement has increased slightly. Changes in Social Security that eliminated or reduced the incentive to continue working and the end of most mandatory retirement requirements were partly responsible.

An AARP study conducted in December 2010 found that many baby boomers consider work to be a part of retirement. While the previous generation considered retirement a time for travel, relaxation and enjoyment with little work outside of an avocation, a significant percentage of baby boomers said they would never consider themselves retired.

Bridge jobs – part-time or full-time work for pay that is different from where one spent most of his/her working life – have become the norm for between one-third and one-half of people exiting their career, according to the Harvard-MetLife study. Others leave the work force entirely for a time, then later return. Those who continue working after 65 are at both ends of the income scale. The less affluent say they cannot afford to do otherwise; the wealthier derive satisfaction from their work.

Extrapolating the retirement behavior of earlier generations is likely to be misleading as we look ahead to the retirement of the baby boomers. Already 39% of those in the CASOA survey report problems finding work in retirement.

Remaining Physically Active: If the next generation of retirees won't be playing golf, what will they be doing? The baby boom generation has traditionally focused on being physically fit and that is unlikely to change in retirement.

The Buck Institute for Research on Aging, which opened in August 1999, has shown that strength training exercise reverses aging in human skeletal tissue. Accord to Margaret Sabin, CEO of Penrose St. Francis Health Services, cardiovascular exercise along with good nutrition, stress reduction and targeted use of the brain in new ways (e.g., take a new route to a frequent destination, learn a language, work puzzles) activates the brain cells that the body continues to produce into old age.

To help seniors remain active, a bank in Grand Junction, Colorado instituted a senior walking program in a local mall. Before the mall opened for business, seniors gathered for a brisk walk followed by coffee and conversation. Senior volunteers with tee shirts and whistles kept everybody moving. The program was hugely successful, with several hundred seniors participating.

The American Senior Fitness Association has been involved in older adult fitness education since 1992. The Association offers training programs for senior fitness instructors, senior personal trainers, long-term care fitness leaders and brain fitness for older adults.

There was no significant change in the percentage of people age 65 and over reporting physical activity between 1997 and 2008. However, the percentage that is obese has increased from 22% in 1988-1994 to 32% between 1999 and 2008.

Volunteerism: According to the Harvard-MetLife study, baby boomers have done less by every measure of civic engagement than their parents. They have a lower rate of voting and a lower rate of joining community groups. Contrary to conventional wisdom, the percentage of people who volunteer reaches a peak in mid-life, not in retirement, and then gradually declines.

Nevertheless, about one-third of baby boomers say they plan to participate in community service after retirement. If we assume that one-third of El Paso County retirees are available to volunteer organizations, there will be a huge pool of volunteers that could overwhelm our social agencies that may lack the resources for professional volunteer management. Third parties will be needed to handle recruitment, training and referral of retired boomers.

If these volunteers continue to give one hour per week, the average in 2005, this will provide 1.8 million hours of senior volunteer time in El Paso County in 2020 and almost three million hours a year by 2040. This is compared to only 1.1 million hours in 2010. A broad range of volunteer opportunities will need to be offered, either one-time or episodic opportunities or ongoing opportunities through service organizations. Informal initiatives for groups of friends or neighbors should also be encouraged for those who prefer not to work through an agency.

**Senior Volunteers**

	<b>Over-65 Population</b>	<b>Potential Volunteers</b>
2010	61,788	20,390
2020	107,383	35,436
2030	157,447	51,958
2040	172,394	56,890

Eighty-four percent of respondents to the CASOA survey reported there were excellent or good opportunities to volunteer in Colorado Springs. Thirty-five percent reported volunteering time to a group or activity in the community in the previous 12 months, 17% of those giving four or more hours a week. The estimated value of these unpaid contributions totals over \$900 million in a 12-month period.

Silver Key has over 500 volunteers. Many are retirees (especially retired military) who find volunteering a way to transition into retirement. Silver Key also utilizes cyclical volunteers, snowbirds who spend winters in warmer climates but return to the Colorado Springs area each spring. The volunteers find these activities a way to build relationships that are missing once they leave the daily workforce.

Intergenerational Synergy: The Harvard-MetLife study encourages the development of community-based initiatives that bridge generations. These initiatives allow younger people to access the knowledge and experience of seniors, and reinforce the value of people of all ages. Studies find that young people in such programs show measurable improvements in school attendance, attitudes toward school and the future and attitudes toward their elders. Adult volunteers enjoy sharing their experiences, feeling useful and giving back to the community.

A few schools are attempting to engage their students with their grandparents. Our granddaughter, a sophomore at a private school in Seattle, e-mailed:

Dear Papa: I am taking a Lifeskills class at Overlake. We have a project where we have to interview a grandparent about their life to see a new perspective. We have to write a paper based on the interview about skills needed to live a well-lived life. There are 20 questions that I am hoping you will answer. If you could e-mail me back with your answers as soon as possible that would be great.  
I love you.

This led to an in-depth e-mail discussion of major events, lessons learned, life skills needed, changes in attitudes, regrets, joys and biggest lessons learned. After reading the exchange, an older granddaughter wrote:

I remember when I had a similar assignment in 6th or 7th grade - we spent a whole car ride down to the Springs and back doing the interview. You told the most wonderful stories about growing up, playing music and acting, starting a family and being pastor in the South during the Civil Rights movement. I always regretted not being a better writer at the time and better able to capture all your wisdom for my teachers and classmates. I should have just brought you in to class and done the interview in person – I would have gotten an A for sure.

But not all young people have a grandparent readily available for such discussions. Other ways must be found to connect the generations.

In Arvada, a senior living center located next to an elementary school found a way to do this. Proximity created a problem at first because some of the children found the elderly people walking around "their" lake to be scary. One teacher created an "Adopt a Grandparent" program that soon spread school wide. Older students interviewed their new neighbors and wrote biographies. Others did research about what life was like 80 years ago. Young students read to their new grandpas and celebrated lost teeth with their new grandmas. Children connected with mentors who often provided support that was missing in single parent homes.

And it wasn't only the children who benefited. Senior center employees saw their residents' outlook on life improve when they had a reason to get up for the kids. They looked forward to the cards and letters, holiday sing-alongs and craft projects that teachers designed for their students' learning. What began as a response to teach the youngsters tolerance for people who are different has grown into a partnership benefiting two communities.

School District 11 in Colorado Springs has had its Grandfriends program for two decades. The program is active in grades K-12 and in adult GED classes. Seniors volunteer in the classroom and after school helping students with their studies and other projects.

UCCS, with 22,000 alumni living in Colorado and over 16,000 living in El Paso County, is developing an extensive program to bring students and retirees together, benefiting both. Additionally, the university will soon seek approval from the CU Board of Regents to consolidate and expand its mental health and wellness-related programs and to partner with a community health organization to improve healthcare in the region.

The CU Aging Center, the Gerontology Center and wellness programs run by the UCCS Beth-El College of Nursing and Health Sciences will consolidate in a new location. The potential is there to provide space for a medical branch campus, a primary care physician office, and other wellness programs with academic ties. The project is a cooperative venture with Peak Vista Community Health Center, which operates 20 facilities for all life cycles including senior health as well as an array of ancillary services.

Preliminary plans call for a \$16 million Lane Center for Academic Health Sciences of more than 50,000 square feet. The planned location is on North Nevada Avenue near the UCCS campus with easy access to Interstate 25. The efforts will bring together students needing clinical opportunities, particularly those in the university's unique psychology doctoral program that specializes in the needs of older Americans. The Center will also draw students studying at the bachelors, masters and doctoral levels of the Beth-El College of Nursing and Health Sciences. In addition, the Lane Center will house Peak Vista's new Lane Family Senior Health Center.

These latest efforts complement an already successful partnership between the public university and a private enterprise, Palisades at Broadmoor Bluffs. Located in southwest Colorado Springs, Palisades is a senior housing campus that offers independent apartments and patio homes, assisted living, and a memory unit. Since 2008, Palisades has been the site for leading-edge research for UCCS faculty and students seeking to help Americans live their lives to the fullest. Palisades was recently recognized with two of the Best of 50+ Housing awards at the International Builders' Show in Orlando, Florida. The project received a gold award for Best Integration Of Technology and silver for Best Fitness & Wellness Program.

Lifelong Learning: Many universities and colleges are redefining their mission to include centers for lifelong learning. UCCS has a long history of engaging non-traditional aged students including seniors. Since the early 1980s, UCCS has encouraged those over 55 years of age to attend courses and to "listen in" to whatever topic is of interest to them. Most courses at UCCS are open, allowing community members to participate in subjects ranging from U.S. history to foreign films and nearly everything in between.

In 2009, UCCS honored 89-year-old Jim Rynning who completed all of the university's upper-division physics courses, a goal postponed by WWII, the Korean War, a career and family. Rynning earned the respect of his classmates, some of whom were 70 years his junior, by sitting in the front row, answering questions and completing all required assignments and exams.

Other institutions in the Pikes Peak region also meet the need for lifelong learning programs. The PILLAR Institute for Lifelong Learning offers Colorado Springs residents of any age dozens of classes and activities. The Pikes Peak Library offers a monthly senior center book club with discussion questions available in advance, free computer classes for seniors, Kindle downloads and free computer usage.

Terminology: How are we going to refer to the mushrooming cohort of those who are 65 and over? Clearly “retiree” is no longer a suitable descriptor.

Colorado Springs Senior Medicine is now calling itself Age Well Medical Associates. The Gerontological Society of America refers to the Encore Years. Others talk about the Young Old and the Old Old, still others about the Third Age and Fourth Age of life and others about Savvy Seniors. There is an opportunity to come up with a consistent new terminology with which aging baby boomers identify and are comfortable.

## CONCLUSIONS

A broad range of opportunities and challenges faces El Paso County as its large baby boom population moves into the traditional retirement years. What are Colorado Springs' strengths? What services need to be expanded and/or added? Who will take the lead in assuring opportunities are explored and needs are addressed before existing institutions and services are overwhelmed? Who is addressing the increasing cognitive challenges seniors will face as they live longer.

There is a role for:

- Policymakers
- Local and national nonprofits
- Employers
- Local and regional governments
- Transportation providers
- The military
- Faith-based institutions
- Special interest clubs
- Educational institutions
- News organizations
- Public and private providers of funds
- Others still to be identified

The Community Partnership for Older Adults, a Robert Wood Johnson Foundation program, is authorized to make up to \$25 million available to approximately 35 grantee community partnerships over eight years. It is designed to mobilize communities to work on long-term care issues and to bring about improvement in the service system. In the longer term, the hope is that these initial activities will change how people experience the process of accessing and receiving services and create improvements in the actual structure, scope and quality of the long term care delivery system.

Utilizing a \$750,000 grant from the Foundation, Washtenaw County (Ann Arbor, Michigan) developed a Blueprint for Aging, outlining the challenges presented by the expected tripling of their over-60 population by 2030. The report includes a four-year strategic plan emphasizing long-term systems change that will allow them to address these needs.

In Sarasota, Florida, Sarasota County Openly Plans for Excellence (SCOPE) is a community organization with a broad mandate that includes aging. One of its initiatives, Institute for the Ages, has a mission to activate ideas that prepare the community for the opportunities and challenges associated with aging populations. The Institute:

- connects older adults with organization that need their perspective,
- enables research and development on a community scale with older adults living in institutional settings and interconnected, intergenerational places,



- convenes and participates in multi-sector groups to address opportunities or problems related to the demographic transition, and
- produces findings, products, services, tools or approaches for people and organizations that need them when they need them.

What is the role for the Innovations in Aging Collaborative in El Paso County? Additional research needs to be done to determine why today's seniors decided to retire in Colorado Springs and whether they intend to remain here. It would be helpful to talk with impending retirees – the baby boom generation – to learn about their plans for retirement. El Paso County's retired baby boomers will be better educated than their predecessors – 28.8% have a bachelor's degree or higher. It is unlikely they will desire the same opportunities and services as their predecessors.

The Innovations in Aging Collaborative has identified a lack of coordination between the agencies that provide senior services in El Paso County. Program leaders we interviewed pointed out that, while there is no shortage of clients, they are all going after the same funding pot. With the senior population soaring and dollars needed to provide the required services growing slowly if at all, it would be foolish to allow this waste and inefficiency to continue. Several speakers at the National Association of Health and Education Financing Authorities conference in October 2011 pointed out the emphasis from Washington, D.C. on the need to eliminate silos and increase collaboration (which is not the same as consolidation) among providers.

Silver Key has a goal of greater collaboration with organizations providing similar services. For example, along with Fountain Valley Senior Services, Amblicab and Community Intersections, they have applied for a large grant to coordinate scheduling and dispatching to avoid duplication of services.

The data are inescapable. Our senior population will triple over the next 30 years. But it will be unlike the senior population of previous decades. We must develop new images of the elderly, new stories with alternative futures. Establishing goals, mileposts and measures of success are critical to successful planning.

We must find ways to provide products and services that enable seniors to live safely and independently in the environment of their choice. There is time to do this. To do otherwise is too expensive. There is simply no time to waste.

<b>APPENDIX A</b> <b>El Paso County Senior</b> <b>Population: 2010 Census</b>			
Census Tract	Population	Total 65 and over	% 65 and over
El Paso County	622,263	62,051	10.0%
1.01	5,902	1,297	22.0%
1.02	3,169	660	20.8%
2.02	4,548	634	13.9%
2.03	3,855	529	13.7%
3.01	2,997	513	17.1%
3.02	3,789	573	15.1%
4	2,285	540	23.6%
5	1,973	320	16.2%
6	3,013	549	18.2%
7	3,182	525	16.5%
8	2,613	393	15.0%
9	2,337	249	10.7%
10	2,303	453	19.7%
11.01	1,286	176	13.7%
11.04	3,156	304	9.6%
13.01	2,276	315	13.8%
13.02	5,068	680	13.4%
14	3,458	401	11.6%
15	2,368	265	11.2%
16	3,712	179	4.8%
17	1,564	113	7.2%
18	1,985	241	12.1%
19	4,326	636	14.7%
20	6,338	812	12.8%
21.01	3,672	727	19.8%
21.02	4,820	553	11.5%
22	2,737	281	10.3%
23	1,546	222	14.4%
24	4,589	1,123	24.5%
25.01	3,345	599	17.9%
25.02	3,804	661	17.4%
27	2,997	492	16.4%
28	5,595	715	12.8%
29	5,902	660	11.2%
30	4,555	616	13.5%
31	4,423	1,129	25.5%
33.03	5,405	1,023	18.9%
33.05	6,603	1,068	16.2%

33.06	3,064	328	10.7%
33.07	3,468	371	10.7%
33.08	5,845	258	4.4%
34	3,703	535	14.4%
37.01	7,513	748	10.0%
37.02	5,273	704	13.4%
37.05	5,533	811	14.7%
37.06	4,359	503	11.5%
37.07	4,242	312	7.4%
37.08	2,914	342	11.7%
37.09	5,971	620	10.4%
38.01	2,196	16	0.7%
38.02	4,486	0	0.0%
39.02	9,493	488	5.1%
39.05	3,548	492	13.9%
39.06	5,985	693	11.6%
39.09	6,535	770	11.8%
40.08	1,487	2	0.1%
40.09	1,602	52	3.2%
41	4,691	582	12.4%
42	3,837	418	10.9%
43	6,360	517	8.1%
44.01	8,339	5	0.1%
44.02	5,474	0	0.0%
44.03	1,477	5	0.3%
45.01	6,348	404	6.4%
45.02	4,366	296	6.8%
45.03	12,193	643	5.3%
45.06	4,780	799	16.7%
45.07	3,096	511	16.5%
45.08	6,507	565	8.7%
45.10	7,545	185	2.5%
45.11	6,897	420	6.1%
46.01	4,149	321	7.7%
46.02	4,289	426	9.9%
46.03	4,079	247	6.1%
47.01	4,680	467	10.0%
47.02	2,162	114	5.3%
47.03	6,182	528	8.5%
47.05	7,706	413	5.4%
47.06	4,994	258	5.2%
48	4,693	522	11.1%
49.01	3,601	408	11.3%
49.02	5,367	673	12.5%
50	5,150	425	8.3%
51.04	6,259	457	7.3%

51.05	7,154	215	3.0%
51.06	9,712	381	3.9%
51.07	6,963	329	4.7%
51.08	8,377	425	5.1%
51.09	7,285	714	9.8%
51.1	4,070	223	5.5%
51.11	6,571	263	4.0%
52.01	4,328	464	10.7%
52.02	2,466	417	16.9%
53	4,478	432	9.6%
54	5,615	479	8.5%
55.01	4,366	365	8.4%
55.02	4,369	253	5.8%
56.01	4,881	564	11.6%
56.02	3,076	390	12.7%
57	5,636	967	17.2%
58	2,933	603	20.6%
59	6,573	1,083	16.5%
60	6,188	996	16.1%
61	4,454	178	4.0%
62	4,669	519	11.1%
63.01	4,664	232	5.0%
63.02	5,106	121	2.4%
64	6,932	425	6.1%
65.01	3,299	186	5.6%
65.02	6,349	284	4.5%
66	2,539	520	20.5%
67	5,728	813	14.2%
68.01	4,032	292	7.2%
68.02	3,849	253	6.6%
69.01	5,494	228	4.1%
69.02	4,910	175	3.6%
70	4,455	273	6.1%
71.01	4,565	113	2.5%
71.02	9,449	397	4.2%
72.01	6,559	484	7.4%
72.02	9,317	1,016	10.9%
73	9,227	810	8.8%
74	8,095	973	12.0%
75	7,717	792	10.3%
76.01	6,301	555	8.8%
76.02	3,484	414	11.9%
77	5,413	847	15.6%
78	4,470	514	11.5%
79	2,216	760	34.3%
80	3,995	434	10.9%

## APPENDIX B

### El Paso County, Colorado QuickFacts

People QuickFacts	El Paso County	Colorado
Population, 2010	622,263	5,029,196
Population, percent change, 2000 to 2010	20.4%	16.9%
Population, 2000	516,933	4,302,015
Persons under 5 years old, percent, 2009	7.5%	7.3%
Persons under 18 years old, percent, 2009	26.0%	24.4%
Persons 65 years old and over, percent, 2009	9.8%	10.6%
Female persons, percent, 2009	50.1%	49.6%
White persons, percent, 2010 (a)	79.8%	81.3%
Black persons, percent, 2010 (a)	6.2%	4.0%
American Indian and Alaska Native persons, percent, 2010 (a)	1.0%	1.1%
Asian persons, percent, 2010 (a)	2.7%	2.8%
Native Hawaiian and Other Pacific Islander, percent, 2010 (a)	0.4%	0.1%
Persons reporting two or more races, percent, 2010	5.1%	3.4%
Persons of Hispanic or Latino origin, percent, 2010 (b)	15.1%	20.7%
White persons not Hispanic, persons, 2010	72.0%	70.0%
Living in same house 1 year ago, pct 1 yr old & over, 2005-2009	76.9%	80.1%
Foreign born persons, percent, 2005-2009	7.4%	9.8%
Language other than English spoken at home, pct age 5+, 2005-2009	11.7%	16.6%
High school graduates, percent of persons age 25+, 2005-2009	92.3%	88.9%
Bachelor's degree or higher, pct of persons age 25+, 2005-2009	34.9%	35.5%
Veterans, 2005-2009	74,560	411,402
Mean travel time to work (minutes), workers age 16+, 2005-2009	21.9	24.1
Housing units, 2009	247,629	2,167,850
Homeownership rate, 2005-2009	67.3%	68.2%
Housing units in multi-unit structures, percent, 2005-2009	22.4%	25.2%
Median value of owner-occupied housing units, 2005-2009	\$211,900	\$234,100

Households, 2005-2009	221,168	1,869,276
Persons per household, 2005-2009	2.58	2.53
Per capita money income in past 12 months (2009 dollars) 2005-2009	\$27,750	\$29,679
Median household income, 2009	\$55,621	\$55,735
Persons below poverty level, percent, 2009	11.5%	12.6%

#### Business QuickFacts

	El Paso County	Colorado
Private nonfarm establishments, 2008	16,008	156,684 <sup>1</sup>
Private nonfarm employment, 2008	225,564	2,121,718 <sup>1</sup>
Private nonfarm employment, percent change 2000-2008	7.4%	10.9% <sup>1</sup>
Non_employer establishments, 2008	42,634	414,663 <sup>1</sup>

Total number of firms, 2007	57,479	547,837
Black-owned firms, percent, 2007	2.5%	1.7%
American Indian and Alaska Native owned firms, percent, 2007	0.7%	0.8%
Asian-owned firms, percent, 2002	2.2%	2.3%
Native Hawaiian and Other Pacific Islander owned firms, percent, 2007	0.1%	0.1%
Hispanic-owned firms, percent, 2007	4.9%	6.2%
Women-owned firms, percent, 2007	31.4%	29.2%

Manufacturers shipments, 2007 (\$1000)	D	46,331,953
Merchant wholesaler sales, 2007 (\$1000)	2,810,614	53,598,986
Retail sales, 2007 (\$1000)	7,950,151	65,896,788
Retail sales per capita, 2007	\$13,578	\$13,609
Accommodation and food services sales, 2007 (\$1000)	1,153,810	11,440,395
Building permits, 2009	1,333	9,355
Federal spending, 2008	6,234,192	38,014,784 <sup>1</sup>

#### Geography Quick Facts

	El Paso County	Colorado
Land area, 2000 (square miles)	2,126.45	103,717.53
Persons per square mile, 2010	292.6	48.5
FIPS Code	041	08

## APPENDIX C

### Jobs in Health Care and Social Assistance

#### **29-1000 Health Diagnosing and Treating Practitioners**

29-1010 Chiropractors

29-1011 Chiropractors

29-1020 Dentists

29-1021 Dentists, General

29-1022 Oral and Maxillofacial Surgeons

29-1023 Orthodontists

29-1024 Prosthodontists

29-1029 Dentists, All Other Specialists

29-1030 Dietitians and Nutritionists

29-1031 Dietitians and Nutritionists

29-1040 Optometrists

29-1041 Optometrists

29-1050 Pharmacists

29-1051 Pharmacists

29-1060 Physicians and Surgeons

29-1061 Anesthesiologists

29-1062 Family and General Practitioners

29-1063 Internists, General

29-1064 Obstetricians and Gynecologists

29-1065 Pediatricians, General

29-1066 Psychiatrists

29-1067 Surgeons

29-1069 Physicians and Surgeons, All Other

29-1070 Physician Assistants

29-1071 Physician Assistants

29-1080 Podiatrists

29-1081 Podiatrists

29-1120 Therapists

29-1122 Occupational Therapists

29-1123 Physical Therapists

29-1124 Radiation Therapists

29-1125 Recreational Therapists

29-1126 Respiratory Therapists

29-1127 Speech-Language Pathologists

29-1128 Exercise Physiologists

29-1129 Therapists, All Other

29-1130 Veterinarians

29-1131 Veterinarians

29-1140 Registered Nurses

29-1141 Registered Nurses

29-1150 Nurse Anesthetists

29-1151 Nurse Anesthetists

29-1160 Nurse Midwives  
29-1161 Nurse Midwives  
29-1170 Nurse Practitioners  
29-1171 Nurse Practitioners  
29-1180 Audiologists  
29-1181 Audiologists  
29-1190 Miscellaneous Health Diagnosing and Treating Practitioners  
29-1199 Health Diagnosing and Treating Practitioners, All Other

**29-2000 Health Technologists and Technicians**

29-2010 Clinical Laboratory Technologists and Technicians  
29-2011 Medical and Clinical Laboratory Technologists  
29-2012 Medical and Clinical Laboratory Technicians  
29-2020 Dental Hygienists  
29-2021 Dental Hygienists  
29-2030 Diagnostic Related Technologists and Technicians  
29-2031 Cardiovascular Technologists and Technicians  
29-2032 Diagnostic Medical Sonographers  
29-2033 Nuclear Medicine Technologists  
29-2034 Radiologic Technologists  
29-2035 Magnetic Resonance Imaging Technologists  
29-2040 Emergency Medical Technicians and Paramedics  
29-2041 Emergency Medical Technicians and Paramedics  
29-2050 Health Practitioner Support Technologists and Technicians  
29-2051 Dietetic Technicians  
29-2052 Pharmacy Technicians  
29-2053 Psychiatric Technicians  
29-2054 Respiratory Therapy Technicians  
29-2055 Surgical Technologists  
29-2056 Veterinary Technologists and Technicians  
29-2057 Ophthalmic Medical Technicians  
29-2060 Licensed Practical and Licensed Vocational Nurses  
29-2061 Licensed Practical and Licensed Vocational Nurses  
29-2070 Medical Records and Health Information Technicians  
29-2071 Medical Records and Health Information Technicians  
29-2080 Opticians, Dispensing  
29-2081 Opticians, Dispensing  
29-2090 Miscellaneous Health Technologists and Technicians  
29-2091 Orthotists and Prosthetists  
29-2092 Hearing Aid Specialists  
29-2099 Health Technologists and Technicians, All Other



**29-9000 Other Healthcare Practitioners and Technical Occupations**

29-9010 Occupational Health and Safety Specialists and Technicians

29-9011 Occupational Health and Safety Specialists

29-9012 Occupational Health and Safety Technicians

29-9090 Miscellaneous Health Practitioners and Technical Workers

29-9091 Athletic Trainers

29-9092 Genetic Counselors

29-9099 Healthcare Practitioners and Technical Workers, All Other

**31-0000 Healthcare Support Occupations**

31-1010 Nursing, Psychiatric, and Home Health Aides

31-1011 Home Health Aides

31-1013 Psychiatric Aides

31-1014 Nursing Assistants

31-1015 Orderlies

**31-2000 Occupational Therapy/Physical Therapist Assistants and Aides**

31-2010 Occupational Therapy Assistants and Aides

31-2011 Occupational Therapy Assistants

31-2012 Occupational Therapy Aides

31-2020 Physical Therapist Assistants and Aides

31-2021 Physical Therapist Assistants

31-2022 Physical Therapist Aides

**31-9000 Other Healthcare Support Occupations**

31-9010 Massage Therapists

31-9011 Massage Therapists

31-9090 Miscellaneous Healthcare Support Occupations

31-9091 Dental Assistants

31-9092 Medical Assistants

31-9093 Medical Equipment Preparers

31-9094 Medical Transcriptionists

31-9095 Pharmacy Aides

31-9096 Veterinary Assistants and Laboratory Animal Caretakers

31-9097 Phlebotomists

31-9099 Healthcare Support Workers, All Other

**APPENDIX D**  
**Senior Care Facilities**

**Assisted Living: Medicaid/Private Pay**

**APPLETREE ASSISTED LIVING 1**

Assisted Living Residence - Medicaid Certified  
Licensed Beds: 10

**BETHHAVEN HOUSE**

Assisted Living Residence - Medicaid Certified  
Licensed Beds: 12

**BROADMOOR COURT**

Assisted Living Residence - Medicaid Certified  
Licensed Beds: 57

**BROOKSIDE ASSISTED LIVING**

Assisted Living Residence - Medicaid Certified  
Licensed Beds: 62

**C-C BOARDING HOME**

Assisted Living Residence - Medicaid Certified  
Licensed Beds: 14

**COLORADO SPRINGS SENIOR HOMES, INC**

Assisted Living Residence - Medicaid Certified  
Licensed Beds: 36

**COLUMBINE HOUSE**

Assisted Living Residence - Medicaid Certified  
Licensed Beds: 8

**CRESCENT HOME ADULT CARE FACILITY, INC**

Assisted Living Residence - Medicaid Certified  
Licensed Beds: 20

**DOCTOR'S TOUCH, A**

Assisted Living Residence - Medicaid Certified  
Licensed Beds: 8

**DUNCAN-HART HOUSE**

Assisted Living Residence - Medicaid Certified  
Licensed Beds: 16

EMERITUS AT COLORADO SPRINGS  
Assisted Living Residence - Medicaid Certified  
Licensed Beds: 68  
Secured Beds: 68

GENTLE CARE HOUSE  
Assisted Living Residence - Medicaid Certified  
Licensed Beds: 8

GUARDIAN ANGEL ASSISTED LIVING INC  
Assisted Living Residence - Medicaid Certified  
Licensed Beds: 8

HARRISON HOUSE CARE CENTER INC, THE  
3116 WELLSHIRE BLVD  
Assisted Living Residence - Medicaid Certified  
Licensed Beds: 12

IVY COTTAGE ASSISTED LIVING FACILITY  
Assisted Living Residence - Medicaid Certified  
Licensed Beds: 20

LODGE AT ROCKY MOUNTAIN HEALTH CARE  
Assisted Living Residence - Medicaid Certified  
Licensed Beds: 30

MAPLE GROVE EAST AT CRESTVIEW ASSISTED LIVING  
Assisted Living Residence - Medicaid Certified  
Licensed Beds: 11

MEDALION RETIREMENT COMMUNITY  
Assisted Living Residence - Medicaid Certified  
Licensed Beds: 44

MYRON STRATTON HOME, THE  
Assisted Living Residence - Medicaid Certified  
Licensed Beds: 25

NEW DAY COTTAGES AT TURNER  
Assisted Living Residence - Medicaid Certified  
Licensed Beds: 11

PALISADES ASSISTED LIVING

Assisted Living Residence - Medicaid Certified

Licensed Beds: 74

Secured Beds: 22

RESIDENCE AT SKYWAY PARK

Assisted Living Residence - Medicaid Certified

Licensed Beds: 68

SECURITY ALTERNATIVE CARE, INC.

Assisted Living Residence - Medicaid Certified

Licensed Beds: 8

SOARING HOUSE

Assisted Living Residence - Medicaid Certified

Licensed Beds: 8

SPRUCE HOUSE

Assisted Living Residence - Medicaid Certified

Licensed Beds: 8

UNION PRINTERS HOME

Assisted Living Residence - Medicaid Certified

Licensed Beds: 45

WESTSIDE ASSISTED LIVING, INC.

Assisted Living Residence - Medicaid Certified

Licensed Beds: 15

WHISPERING PINES AT CRESTVIEW

Assisted Living Residence - Medicaid Certified

Licensed Beds: 11

WILLOWS AT CRESTVIEW, THE

Assisted Living Residence - Medicaid Certified

Licensed Beds: 11

WINSLOW COURT RETIREMENT COMMUNITY

Assisted Living Residence - Medicaid Certified

Licensed Beds: 168

**Assisted Living: Private Pay Only**

A ROBIN'S NEST

Licensed Beds: 8

BRIDGE ASSISTED LVG AT LIFE CARE CTR OF CO SPRINGS, THE

Assisted Living Residence - Private Pay

Licensed Beds: 65

BROOKDALE PLACE OF COLORADO SPRINGS

Assisted Living Residence - Private Pay

Licensed Beds: 75

Secured Beds: 18

COUNTRY CLUB ASSISTED LIVING, LLC

Assisted Living Residence - Private Pay

Licensed Beds: 8

CRYSTAL HOME CARE

Assisted Living Residence - Private Pay

Licensed Beds: 5

EMERITUS AT BEAR CREEK ASSISTED LIVING COMMUNITY

Assisted Living Residence - Private Pay

Licensed Beds: 137

Secured Beds: 35

EMERITUS AT BROADMOOR ASSISTED LIVING

Assisted Living Residence - Private Pay

Licensed Beds: 89

Secured Beds: 47

GARDEN RANCH SENIOR CARE

Assisted Living Residence - Private Pay

Licensed Beds: 8

GOOD DAY RESIDENTIAL HOME

Assisted Living Residence - Private Pay

Licensed Beds: 8

LIBERTY HEIGHTS ASSISTED LIVING

Assisted Living Residence - Private Pay

Licensed Beds: 24

LIFE QUALITY HOMES II-CHEYENNE HOME  
Assisted Living Residence - Private Pay  
Licensed Beds: 6  
Secured Beds: 6

LIFE QUALITY HOMES III-WOODBURN HOME  
Assisted Living Residence - Private Pay  
Licensed Beds: 6  
Secured Beds: 6

LIFE QUALITY HOMES I-OAKRIDGE HOUSE  
Assisted Living Residence - Private Pay  
Licensed Beds: 6  
Secured Beds: 6

LIFE QUALITY HOMES IV-LOMA LINDA HOME  
Assisted Living Residence - Private Pay  
Licensed Beds: 8  
Secured Beds: 8

MACKENZIE PLACE - COLORADO SPRINGS  
Assisted Living Residence - Private Pay  
Licensed Beds: 84  
Secured Beds: 26

POPAS ASSISTED LIVING  
Assisted Living Residence - Private Pay  
Licensed Beds: 5

STERLING HOUSE OF BRIARGATE  
Assisted Living Residence - Private Pay  
Licensed Beds: 50  
Secured Beds: 50

SUNRISE ASSISTED LIVING AT UNIVERSITY PARK  
Assisted Living Residence - Private Pay  
Licensed Beds: 70  
Secured Beds: 18

VIEWPOINTE  
Assisted Living Residence - Private Pay  
Licensed Beds: 27

VILLAGE AT SKYLINE-VILLAGE GARDENS  
Assisted Living Residence - Private Pay  
Licensed Beds: 120

WYNWOOD OF COLORADO SPRINGS  
Assisted Living Residence - Private Pay  
Licensed Beds: 78

**Nursing Homes**

Facility Name	Lic. Beds	Medicare 18	Medicare HMO	Medicaid 19	Medicaid HMO	Other	Total Census	% of Capacity	Vacant Beds
Aspen Living Center	112	1	2	71	0	4	78	69.6%	34
Cedarwood Health Care Center	83	4	7	44	0	5	60	72.3%	23
Center At Centennial	80	62	5	0	0	1	68	85.0%	12
Centura Health-Medallion Health Center	60	4	3	33	1	15	56	93.3%	4
Centura Health-Namaste Alzheimer Center	64	0	0	44	0	18	62	96.9%	2
Cheyenne Mountain Care And Rehabilitation Center	159	13	9	95	0	20	137	86.2%	22
Colonial Columns Nursing Center	80	1	4	50	0	14	69	86.3%	11
Emeritus At Bear Creek Long Term Care Community	45	13	1	0	0	22	36	80.0%	9
Garden Of The Gods Care Center	52	4	1	26	2	2	35	67.3%	17
Laurel Manor Care Center	81	3	1	37	0	31	72	88.9%	9
Liberty Heights	42	17	2	0	0	15	34	81.0%	8
Life Care Center Of Colorado Springs	121	29	0	45	0	25	99	81.8%	22
Mount St Francis Nursing Center	108	4	0	77	0	21	102	94.4%	6
Mountain View Care Center	68	1	0	53	0	2	56	82.4%	12
Parkmoor Village Healthcare Center	147	3	6	67	0	10	86	58.5%	61
Pikes Peak Care And Rehabilitation Center	210	15	13	124	0	38	190	90.5%	20
Springs Village Care Center	91	2	9	48	0	8	67	73.6%	24
Sunny Vista Living Center	100	17	4	48	0	18	87	87.0%	13
Terrace Gardens Health Care Center	108	5	4	55	0	17	81	75.0%	27
Union Printers Home-Ltc	100	2	1	68	0	20	91	91.0%	9
Village At Skyline-Skyline Pines Care Center	57	16	2	0	0	33	51	89.5%	6
El Paso County Totals	1968	216	74	985	3	339	1617	82.2%	351

Medicare 18 - are patients that receive their benefits through Medicare.  
Medicare HMO - are patients that are enrolled in a HMO program that provides the Medicare Benefits to the residents.  
Medicaid (19) - are patients that receive their benefits through Medicaid.  
Medicaid HMO - are patients that are enrolled in a HMO program that provides the Medicaid Benefits to the residents.  
Other - are insurance or private pay patients.

### **Community Mental Health Centers**

ASPEN POINTE BEHAVIORAL HEALTH SERVICES

Community Mental Health Center - Medicare Certified

Ownership type: NON PROFIT-CORPORATION

Home and Community Based Services: Adult Day Programs

### **Adult Day Care**

COMMUNITY LINK INC

Home and Community Based Services: Adult Day Program - Medicaid Certified

GOODWILL RECREATION & LEISURE CENTER

Home and Community Based Services: Adult Day Program - Medicaid Certified

LIFE AT THE BLUFFS

Home and Community Based Services: Adult Day Program - Medicaid Certified

Ownership type: CORPORATE NON-PROFIT

LIFTING SPIRITS LLC

Home and Community Based Services: Adult Day Program - Medicaid Certified

MOSAIC

Home and Community Based Services: Adult Day Program - Medicaid Certified

NAMASTE ALZHEIMER CENTER

Home and Community Based Services: Adult Day Program - Medicaid Certified

Ownership type: CORPORATE NON-PROFIT

NORTH RECREATION & LEISURE CENTER

Home and Community Based Services: Adult Day Program - Medicaid Certified

ROCKY MOUNTAIN HEALTH CARE SERVICES

Home and Community Based Services: Adult Day Program - Medicaid Certified

STERLING CARE ADULT DAY SERVICES

Home and Community Based Services: Adult Day Program - Medicaid Certified

### **Hospice**

EVERCARE HOSPICE AND PALLIATIVE CARE OF COLORADO SPRINGS

Hospice - Medicare Certified

Ownership type: PROPRIETARY-CORPORATION

INTERIM HEALTH CARE HOSPICE

Hospice - Licensed

Ownership type: PROPRIETARY-CORPORATION

ODYSSEY HOSPICE

Hospice - Medicare Certified

Ownership type: PROPRIETARY PARTNERSHIP

PIKES PEAK HOSPICE & PALLIATIVE CARE

Hospice - Medicare Certified

Ownership type: VOL. NON PROFIT - PRIVATE



PIKES PEAK HOSPICE AND PALLIATIVE CARE

Hospice - Licensed

Licensed Beds: 16

Ownership type: VOL. NON PROFIT - PRIVATE

SOLAMOR HOSPICE OF COLORADO SPRINGS

Hospice - Medicare Certified

Ownership type: PROPRIETARY-CORPORATION

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### **Useful Web Sites**

[www.city-data.com/zips](http://www.city-data.com/zips) [City-Data.com]

[www.epa.gov/aging/guide](http://www.epa.gov/aging/guide) [U.S. Environmental Protection Agency]

[www.lifeafter50online.com](http://www.lifeafter50online.com) [Life After 50]

<http://www.colorado.gov/cs/Satellite?blobcol=urldata&blobheadname1=Content-Disposition&blobheadname2=Content-Type&blobheadervalue1=inline%3B+filename%3D%22Forecasts+Methodology.pdf%22&blobheadervalue2=application%2Fpdf&blobkey=id&blobtable=MungoBlobs&blobwhere=1251731969473&ssbinary=true> [CO Demography Office Population Projections]

<http://www.hhs.gov/afr/2010-sectionii-footnotes-requiredinfo.pdf> [FY2010 Agency Financial Report]

<http://leadingagecolorado.org/ProviderInformation.asp> [Leading Age Colorado]

<http://www.geron.org/> [Gerontological Society of America]

<http://www.preventelderabuse.org/> - [National Committee for the Prevention of Elder Abuse]

<http://dupontcirclevillage.org/default.aspx> [Dupont Circle Village]

<http://www.rwjf.org/pr/product.jsp?id=14801> [Robert Wood Johnson Foundation]

<http://www.institutefortheages.org> (Sarasota, Florida Institute for the Ages)

<http://www.frontrangeesc.org/> (Front Range Executive Services Corps)