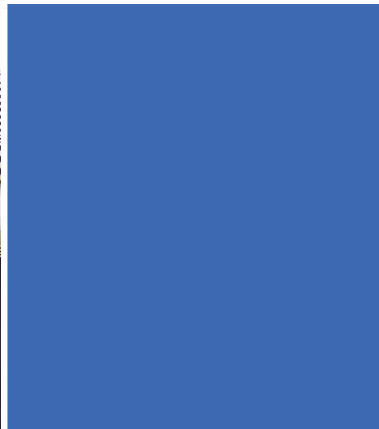


# SENIOR SERVICES

# MASTER PLAN



# 2015



**City of Thornton**





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Sam Nizam, Ward 3

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Eric Tade, Ward 4

### **Thornton Senior Citizen Advisory Board**

The city of Thornton would like to thank the following Senior Advisory Board Members for their efforts in updating this plan. These individuals gave their time, expertise and creativity to critically examine the services provided to senior citizens by the Community Services Department through the Senior Division.

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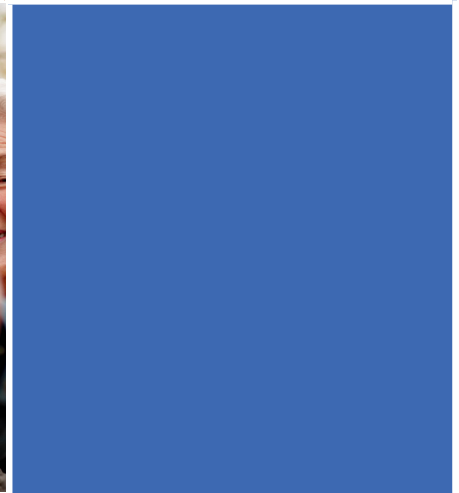
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# EXECUTIVE SUMMARY





In 2010, the Senior Citizen Advisory Board presented Thornton City Council with a Senior Services Master Plan comprised of 13 issues identified by the Board as areas of concern for Thornton seniors. Additionally, the plan was based on a 2006 Senior Needs Assessment which included a phone survey of 1,000 older adults and 200 Baby Boomers, and was conducted by the National Research Center, Inc. in Boulder, Colorado.

Since that time the Board and staff have worked to meet the goals and objectives set forth in the plan and reported these findings to city council in August 2013. As a follow-up to the 2006 Senior Needs Assessment, the city again hired National Research Center, Inc. to conduct a Community Assessment Survey for Older Adults (CASOA) in 2012. This survey was designed as a tool that could be used as a comparison to both cities and counties in Colorado and across the country.

The revision of this plan includes an update to the 2010 plan and is informed by the results from the 2012 CASOA survey and the DRCOG (Denver Regional Council of Governments) 2011-2015 Area Plan on Aging. Results from the CASOA survey are summarized in Appendix A of this plan. The Senior Citizen Advisory Board spent a good portion of their monthly meetings in 2013 and 2014 reviewing the accomplishments, successes and weaknesses of the 2010 plan and assessed the goals and objectives for the revised version. The overall issues are similar in context and consist of a total of 7 issues and numerous goals and objectives.

The Issues identified by the Board include:

1. Diverse Community Housing
2. Centralized Referral Services
3. Senior Programs and Services – Development & Promotion
4. Mobility and Transportation
5. Adapting to Life Changing Events
6. Planning for Present and Future Needs by Expanding or Building New Facilities
7. Health and Wellness Programs

In August 2013, the Area Agency on Aging Director for DRCOG, Jayla Sanchez Warren, spoke to city council and the Senior Citizen Advisory Board on the issues facing older adults on both a regional and local level. Not surprisingly, the numbers of older adults continue to grow at a rapid rate. Preparation for the growth in this population and the programs and services needed to support them continue to be of concern to both the Board and city council. This plan outlines some of these challenges and recommends specific actions to assist with a broader community approach to addressing the needs of our older adult population. The idea of partnering with our community to meet the needs of our older population is an ongoing effort that will need to be strengthened in the coming years in order to meet the diverse needs of this growing population. In 2013, the city conducted a brief survey with several community agencies to determine interest in sharing space to house a host of services provided to seniors. While the interest was strong, the challenges we face in accomplishing this task are complex. Future facility needs have been clearly defined by the Board in this plan as well as the need for diverse programming to meet the needs and interests of older adults from age 55-100+.

In 1984, the Thornton Senior Center officially opened its doors. What was once the original City Hall was now a newly remodeled facility for senior programming. Construction of the facility was done partially with Community Development Block Grant (CDBG) funds which is why the senior center was originally titled “The Thornton Area Multipurpose Senior Center”. This resulted in the senior center having a long history of non-resident usage. The location of the center also lends itself to non-resident usage as a result of the proximity of the center to surrounding communities. Historically, the center has offered one the finest meal programs of any center in the state. The importance of this program over the years cannot be understated and it remains a critical focal point today.

Prior to 1984, programs and services were provided in a loosely structured manner in a variety of locations. The 55+ Organization, senior volunteers and part-time recreation staff created the foundation for what is today an active and vital senior center. The 55+ Organization, a non-profit, was formed in the early 70s and became instrumental over the years in assuring that good quality programs existed in Thornton. The city has had a positive and long-standing relationship with this group that continues to this day.

In 1988, Thornton City Council formed the Senior Citizen Advisory Board. The Board’s purpose is to promote and facilitate communications between the Board and city council in matters impacting the needs and interests of senior citizens. Over the years this group has been instrumental in advising city council and staff of issues that were of concern to seniors in our community, including recommendations for creating a smoke-free environment, preserving the daily meal program, and developing long range plans. In 1998, as part of a 5-year plan, the Board recommended a fee structure that supported a 25% fee differential between residents and non-residents. This resulted in the non-resident usage of 50% dropping to where it is today at 35%.

Today, the center serves close to 2,000 seniors and is utilized in the evenings for adult programming. The current facility is approximately 11,500 square feet and offers over 250 different programs and services annually. In addition to critical services such as nutrition and transportation, the center also offers a wide variety of programs including a variety of classes, health and fitness programs, trips, and special events. Additionally, the Margaret W. Carpenter Recreation Center also provides programs for seniors in the community. These amenities, including the aquatics and fitness components, have attracted a large number of seniors over the years. Today, the current Thornton Senior Center is fully maximized and cannot add any additional programs without eliminating current programs.

In August 2014, the Thornton Senior Center celebrated its 30th anniversary. In preparation for this event the Senior Citizen Advisory Board recommended in the 2010 Master Plan that the facility be updated. In February 2014, renovations began on a \$1.2 million facelift. The facility was updated from top to bottom and access points were improved with a new hallway leading to an expanded front office and lobby. New carpet, paint, lighting, flooring, ceiling tiles and an innovative t-coil system to aid the hearing impaired were also added. The Board and the participants of the center have been complimentary of the facility and feel a renewed pride.

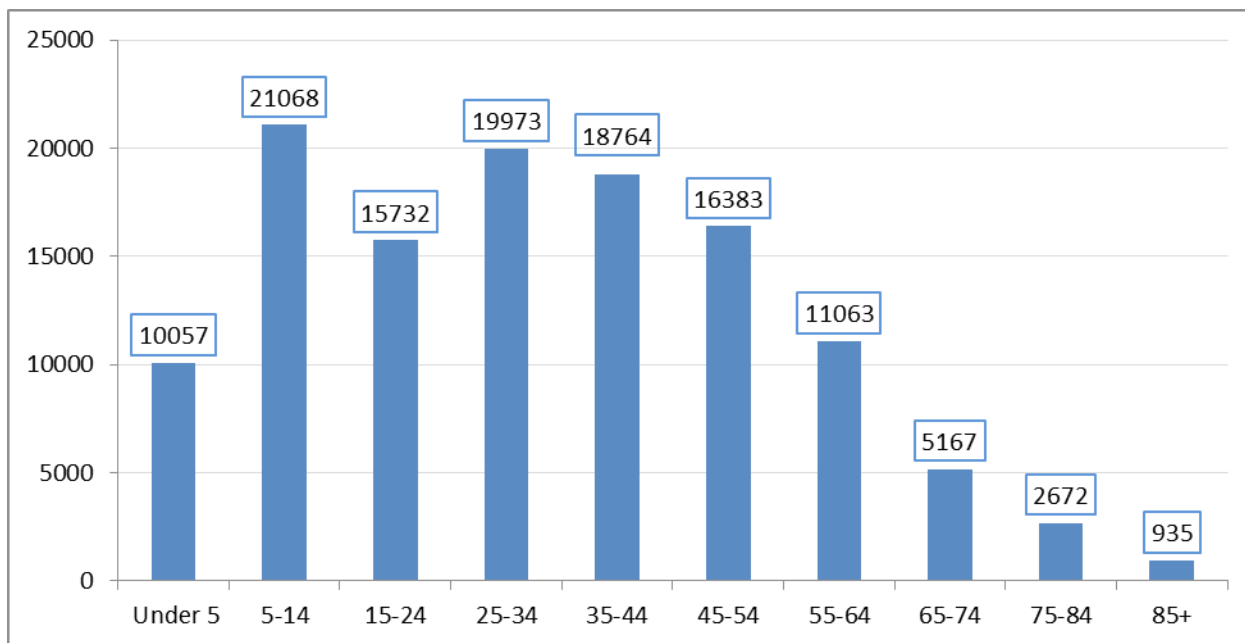
## THORNTON'S DEMOGRAPHIC PICTURE

Figure 1 below portrays Thornton's current population estimate by age cohort. The growth of any particular age group is determined largely by the aging of the existing population. (In a population projection model, a group is "aged" by subtracting estimated mortality and adding a year of age for each year in the forecast. This "aged" population is further increased or decreased by an estimate of net migration – the difference between the number in each age group that move into the region minus those who move out. Migration rates tend to be lower for older adults than the younger population.)

Within Thornton's older adult population the growth rates will vary from age group to age group and from one time period to another but, in general, the older adult population of Thornton will continue to grow in the coming years. This growth can be seen by comparing the latest American Community Survey estimates with 2010 Census data. The chart in Figure 2 presents a comparison of the two data sets. As the older adult population is the main focus of this comparison, the ACS 5 year data age 45 and above has been highlighted for ease of review.

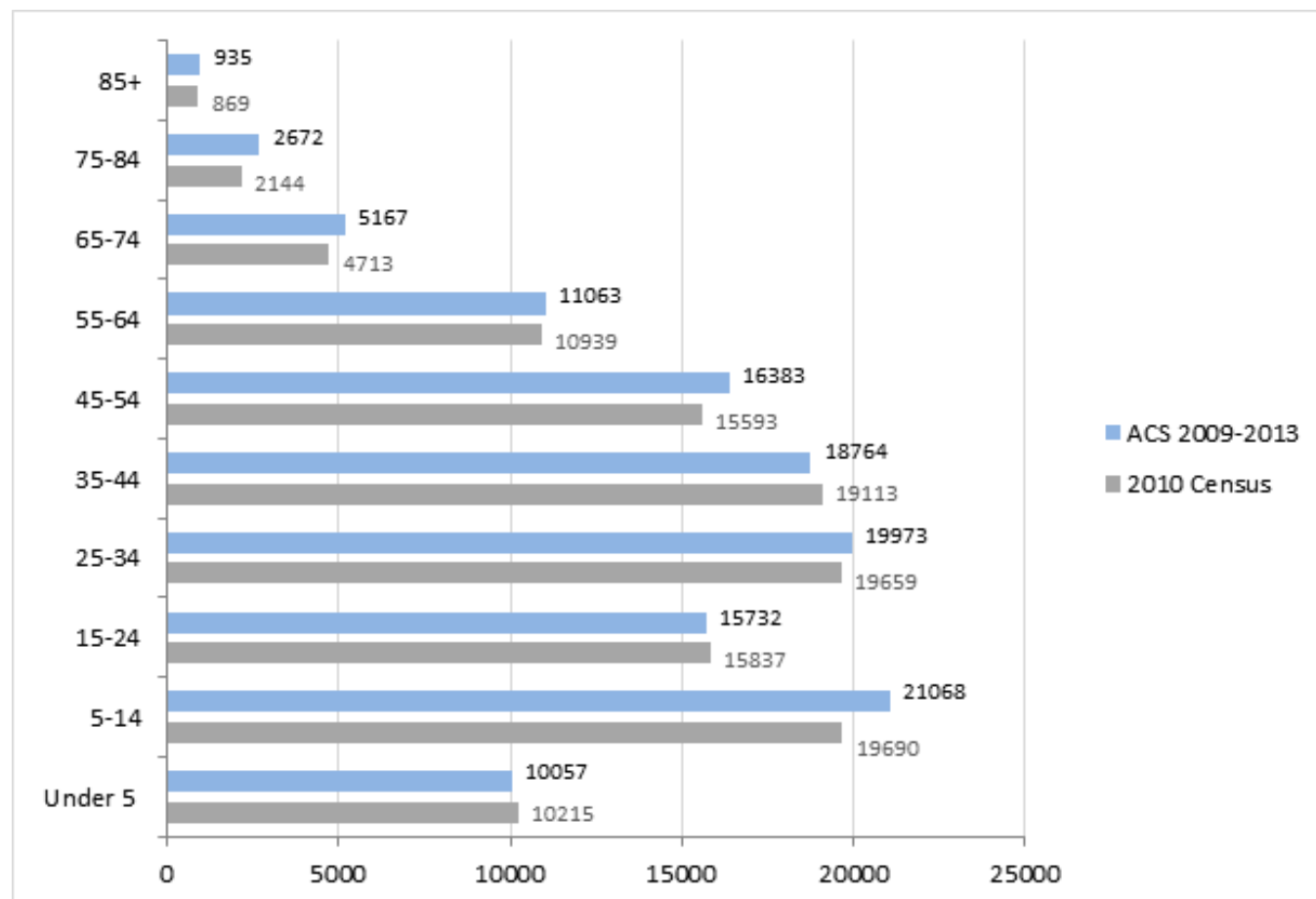
### EXISTING POPULATION ESTIMATES

**Figure 1: City of Thornton Population, by Age Cohort**



*Source: 5 year American Community Survey 2009-2013, US Census Bureau.*

**Figure 2. City of Thornton Population, Cohort Comparison**



*Source: United State Census Bureau (2010 Census and 5 year ACS data, 2009-2013)*

Although the combined number of people included in the 65 and older categories (8,774) may be small in comparison to other age cohort totals, the percent change occurring in Thornton's older adult population is the most significant. Comparing 2010 Census population figures with the latest ACS 5 year data shows the 65-74 age groups increasing almost 10% over the last few years. Over the same timeframe, the largest percent gain occurs in the 75-84 year age cohort, with a nearly 25% increase, while the 85 and older population increased almost 8%. Overall, the 65+ cohorts will continue to grow more rapidly as the bulk of the 55-64 age group matures and migrates to the next cohort in the coming years. While the overall numeric growth of seniors in Thornton may be relatively small today, that will change more dramatically in the coming decades, based on the number of individuals in the 45-54 age cohort.



## PROJECTING POPULATION GROWTH

The 'Great Recession' had a profound effect on residential development across much of the United States, and its effects are still being felt. Residential development - a key input when projecting population growth, continues to improve, albeit slowly. As a consequence, population projections based on expected growth rates prior to the downturn in the national economy proved more robust than reality.

Future population data in five year increments to 2020, as expressed in Figure 3 below, have been adjusted based upon existing data and potential near term residential development in Thornton. One positive note: the Regional Transportation District (RTD) approved the design and construction of the North Metro Commuter Rail Line in 2013, which means Thornton will not only benefit from increased transit options, but from increasing residential development near transit stations. While RTD suggests the train will be operational by 2018, the bulk of new residential development associated with the future rail corridor is expected to commence after 2018.

For comparison, Figure 3 contains actual Census information from the 2000 and 2010 Census along with conservative population projections for Thornton's future population in 2015 and 2020. For this master plan, population projections are provided as a 'snap shot' of the potential number of Thornton residents by age cohort. For simplicity, the older adult population cohorts have been rolled into a single data point, labeled '65+'.

**Figure 3. Thornton Population, Past and Future**

Age/Yr	<u>Census (actuals)</u>		<u>Population Projections</u>	
	2000	2010	2015	2020
65+	4,611	7,726	9,567	11,481
55-64	4,798	10,939	11,147	12,796
45-54	10,701	15,593	16,936	18,139
0-44	62,274	84,514	86,323	93,402
Total	82,384	118,772	123,894	135,818

*Source: US Census and City of Thornton*

When analyzing Thornton's future older adult population, it is evident that significant growth will continue. Between 2010 and 2015, the 65+ portion of the city's population is expected to grow nearly 24%. Between 2015 and 2020, the older adult population is slated to grow another 20%, which is still the highest level of growth across the city's future population during that time period. Clearly, our older adults are living longer, healthier lives. It is important to note that there will be more demand for programs and services in the near future. This plan attempts to address some of those specific needs such as transportation, education, nutrition and support for caregivers over the next several years.





## LIST OF ABBREVIATIONS

<b>AARP</b>	American Association of Retired Persons
<b>ACS</b>	American Community Survey
<b>CASOA</b>	Community Assessment Survey for Older Adults
<b>CDBG</b>	Community Development Block Grant
<b>CREA</b>	Community Research Education Awareness
<b>DRCOG</b>	Denver Regional Council of Governments
<b>DRMAC</b>	Denver Regional Mobility & Access Council
<b>JVA</b>	JVA Consulting
<b>MLGWM</b>	Merrill Lynch Global Wealth Management
<b>NAC</b>	National Alliance for Caregiving
<b>RTD</b>	Regional Transportation District

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## DIVERSE COMMUNITY HOUSING

The city of Thornton conducts a Housing Needs Assessment every five years to evaluate whether there is a balance of housing options throughout the community, to determine if there is unmet demand or need within the housing market, and to discover if there are trends that may help guide the city in future development. The 2014 Housing Needs Assessment includes information related to the senior population which is summarized on the next pages.



## Senior Living Options

There are currently twelve housing locations in Thornton that offer living situations for people 55 years of age and older (see map, Appendix B-1). Approximately one third of these are owner-occupied; the rest are rental. Since 2010, 420 new age restricted housing units have been constructed. This includes 72 independent living units at the InnovAge Senior Housing Apartments that opened in September 2014, and 102 assisted living units and 11 memory care units at Park Regency, a luxury senior facility that opened in January 2014. In addition, 235 new homes were built between 2010 and November 19, 2014 in Heritage Todd Creek, an age-restricted single-family subdivision. Based upon an evaluation of the senior population and their housing needs, there appears to be a high demand for assisted living units, memory care, and independent living with services at a lower price point. There are two agencies that offer the majority of assisted living units for seniors. The Villas at Sunny Acres has 477 units, 36 of which are assisted living. There are no vacancies for assisted living units at The Villas at Sunny Acres, so if one spouse needs to be moved into an assisted living unit, the couple would be sent off-site. Park Regency offers the largest number of assisted living units in Thornton, 102 out of their 113 apartments. This new facility has luxury apartments with higher rental prices. There are several levels of rental pricing. The lowest cost is the studio and all of these units are full. The other units (studio deluxe, 1 and 2 bedroom) have 46 vacancies.

The data suggests a need for rental living options affordable for low-income populations but not for senior-specific single-family units that are for purchase. There are more single-family ownership units that could be built in the Heritage Todd subdivision. This indicates that there is a supply that has easily met the demand which could indicate Thornton does not have a current need for more senior-specific single-family developments at a high price point. Also, in national surveys of housing preferences for older adults, only 27% of respondents said that age-restriction in their living community was important. Therefore, the broader need seems to be for more affordable housing overall rather than age-restricted specific housing for older adults that do not need daily living assistance or help with maintaining their home.

## Home Modifications

The Housing Needs Assessment also included a survey that asked Thornton residents about modifications currently made to their home for all household members, including disabled persons. Almost 40% of respondents reported having some sort of existing modification to their housing unit. The most common modifications were made on behalf of those living in a one story home. Appliances that are easy to use by persons with mobility issues, grab bars and other handles, pulls, easy to grasp light switches, and widened interior doors were among the most common modifications. Many of these modifications are becoming standard design and features in new homes.

Residents were also asked what types of modifications are needed in their homes. Most of the respondents were ages 45 to 75 and 15% reported at least one person living in their home with some sort of physical, visual or auditory disability. Only 8% of the respondents said their home was wheelchair accessible or had lighting or alarms for hearing or visually impaired people. Respondents reported needing lifts for stairs, bathtub grab bars, walk-in bathtubs and walk-in showers.

The city's Help for Homes program currently addresses health, safety and accessibility home repairs for low-income residents with disabilities or who are 55 years of age or older. This program serves between 30 and 50 households each year and provides up to \$3,500 worth of repairs. The city has also rolled out a new pilot program in late 2014 called the Home Repair Loan Program. This program is open to all ages but is still targeted for the low-income population. It provides a 0% interest rate loan to pay for larger health, accessibility, and safety repairs needed on their home such as sewer line replacement or roof replacement. Other services offered to older Thornton residents include the Senior Hub's Handyman Repair Program, the Home Builders Foundation Program, the Safety of Seniors Handyman Program through the Volunteers of America, and the Chore Service Program by the Seniors' Resource Center. All of these programs are intended to provide repairs and not on-going home maintenance.

### **Action Plan**

1. Identify potential partners who could assist with the development of low-income housing, both private and public. Review senior housing project ideas and identify elements necessary for potential and future senior housing projects, both private and public.

<b>Benchmarks</b>	
Staff/Board	a. Meet with Neighborhood Services staff at Senior Advisory Board meetings to discuss affordable housing needs of low-income seniors and share resources on programs and services with the Board.
Staff/Board	b. Bring forward ideas or information learned from other agencies or via independent research regarding low-income housing.
Board	c. Meet annually with the Adams County Housing Authority. The Housing Authority can update the Board on housing issues generally and low-income housing specifically.

2. Work with Neighborhood Services to advocate and advise on funding available for low-to-moderate income housing.

<b>Benchmarks</b>	
Staff/Board	a. Bring forward ideas or projects found via independent research or from other agencies regarding how low-to-moderate housing projects have been funded in other jurisdictions.
Board	b. Assist city council as requested to advocate for additional state or federal funds that may assist low-to-moderate income seniors in Thornton.



3. Work with city staff and community organizations on the development of programs and services that help seniors remain in their own homes, including assistance with minor home repair.

Benchmarks	
Staff	a. Work with community organizations to prepare an inventory of individuals and businesses able to provide home maintenance and repair, and lawn/landscape maintenance. Additionally, the Board will bring forward ideas or individuals and businesses that may assist low-to-moderate income seniors with various home improvement projects.
Staff	b. Support programs and services that allow seniors to stay independent and in their own homes and neighborhoods for as long as possible. Work with homeowners associations, community groups, government agencies, service organizations, the faith community and other potential partners to educate the community about home repair and maintenance needs, strategies and resources.
Staff	c. Ensure that senior homeowners have resources, knowledge, and capability to secure adequate and appropriate home repair, maintenance, renovation, and modification. Provide information about available resources on the Thornton Cares website.
Staff	d. Educate seniors about home safety, fall prevention, adaptive technology and home modification devices.






## **CENTRALIZED REFERRAL SERVICES**

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When we are made aware of the attractive programming, services, and resources available to us we can greatly enhance our quality of life.



In 2012, the city of Thornton contracted with the National Research Center, Inc. to conduct the Community Assessment Survey for Older Adults, a statistically valid survey of the strengths and needs of older adults as reported by older adults themselves in communities across America. Regarding community information, 30% of survey respondents reported being “very uninformed” or “somewhat uninformed” about services and activities available to adults. (CASOA 2012) This statistic tells us we can do better at reaching our residents.

In addition to improving accessibility, the type and scope of information made available to seniors needs to be evaluated. Because the city of Thornton cannot effectively provide all services to all seniors, we must engage in the active inventorying of community based services so that meaningful referrals can be made to other organizations with specialties outside of the city of Thornton’s realm of services.

In addition to capturing internal city of Thornton programming and external community-based programming, the methods in which our community members best receive information needs to be evaluated. Diverse audiences need to be accommodated; we must reach readers, viewers, listeners, Internet surfers, and personal electronic device users.

In order to increase visibility and accessibility to programs and services provided by the city of Thornton and other community organizations, the Senior Citizen Advisory Board felt it imperative that the best directory and referral sources are identified and made readily available to seniors and those that work with them.

The local community referral agencies and their corresponding points of access that staff has identified include:

- United Way 2-1-1 (Internet & phone)
- Senior Hub (phone & walk-in)
- Senior Resource Center (phone & walk-in)
- Denver Regional Council of Governments (DRCOG) (Internet & phone)

The Thornton Senior Center also serves as a source of referrals and following the previous 2010 Master Plan, a referral database was created with the capability of tracking each referral made. The database allows staff to input the name and contact information of the person seeking information. Then, once staff categorizes the referral, we will have the ability to generate reports that tally the frequency of referrals in specific categories including food, housing, kinship, mental health, taxes, etc. This is helpful in determining needed programming and, thus, in reducing unmet needs.

The Senior Citizen Advisory Board shared concerns about seniors and families that do not know where to access vital information about programs and services. Automated telephone systems and Internet-based systems can be frustrating and intimidating for some. For others, having to pick up a paper directory can be inconvenient. The Internet is heavily used by baby boomers and this is expected to continue in subsequent generations. It is suggested that a variety of referral sources are advertised and made available in order to serve an array of seniors with different information accessing preferences. Internet-based referral sources, print directories, text messaging, live-person telephone systems, social media, and face-to-face information gathering should all be considered. Information delivery is rapidly changing and new modes of information continue to emerge. As these technology changes occur, they should be considered as a viable means to disseminate information.



## Action Plan

1. Increase access to information about services for older adults.

Benchmarks	
Staff/Board	a. Maintain the best senior services directories available in the County and create links to these directories on Thornton Cares, Senior Center pages, and possibly Facebook, Twitter, and other Social Networking sites. Examples include a housing directory, a food bank directory, transportation, health services, assisted living, nursing homes, etc.

2. Develop a Senior-to-Senior Advocacy Program designed to provide resources and advice through trained and knowledgeable peers.

Benchmarks	
Staff/Board	a. Identify key areas of needed expertise (i.e. someone who is knowledgeable on the process of signing up for Social Security). Recruit, train and develop senior volunteers in key expertise areas.
Staff	b. Conduct an education campaign that utilizes volunteers to deliver information to the community on programs and services for seniors. Train volunteer teams to disseminate the information to community leaders and organizations that interact with seniors and their care networks.

3. Continue to have the Senior Center serve as a conduit for information by utilizing the Community Services Coordinator and expanding their knowledge of senior resources.

Benchmarks	
Staff	a. Stay current with communication and use it to advertise programs and services (Twitter, Facebook, T-Alerts, Thornton Connected, etc.)
Staff	b. Community Services Coordinator to continue the city-wide internal resource meetings that are comprised of staff from Neighborhood Services, Police Department, Fire Department, Environmental Services, Finance and Planning. This group meets regularly to address resources and issues pertaining to seniors and their families.
Staff	c. Maintain the database where Senior Center staff track referrals made. Report to Board quarterly on trends in information requests and gaps in need.
Staff (on-going)	d. Community Services Coordinator will continue to attend bi-monthly resource specialist meetings which are comprised of numerous agencies serving Adams County.
Staff (on-going)	e. Community Services Coordinator will continue to serve as Adams County Aging Network Chair/Board Member and will share and gather resources.

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# ISSUE THREE

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## SENIOR PROGRAMS & SERVICES - DEVELOPMENT & PROMOTION

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In 1943 the first senior center was established under city sponsorship in New York City. Today, there are over 15,000 senior centers nationwide serving over 10 million older adults. Programs vary based on the communities they serve; however, core services have typically included recreational programs, fitness classes, volunteer opportunities, health and wellness programs, educational opportunities and services such as meals, transportation, and information and referral.

Over the past 10 years as the awareness of the Baby Boomer population has become more focused, senior centers have begun to change their programming to attract and retain potential new users. New models for programming have emerged nationwide with the idea in mind that this generation will demand newer programming and facilities or consider taking their business elsewhere. Adding to this challenge is the lengthening lifespan of seniors and the realization that today's senior spans 60+ to 100+ with varying degrees of income, health and interests.


The Thornton Senior Center celebrated its 30th Anniversary in August of 2014 following a much needed facelift. While the newly remodeled facility has a more modern palate and some updated programming space, it is by no means adequately sized for the growing population. The addition of the Thornton Arts and Culture Center in 2010 helped add much needed programming space for the expansion of senior fitness classes and some adult evening programs. For the foreseeable future (3-5 years), programming will remain similar to the present schedule with added tweaks here and there, mostly driven by demand and trends. The use of technology to expand programming to new platforms such as online webinars, virtual classrooms, or You Tube videos has yet to be seriously evaluated, but should be looked at as the population continues to embrace technology as an information and learning platform. In the 2012 Community Assessment Survey for Older Adults (CASOA), approximately 40% of senior respondents indicated they had used the recreation center or the senior center annually and the satisfaction ratings for facilities, parks and trails were 80% or above. Annual city surveys also rank programs and services very positively.

Marketing of programs and services is a critical component of increasing awareness about the programs and services that are offered. The 2012 CASOA reflected the continued need to reach out in as many different forms as possible. Many citizens are still unaware of our purpose and our programs.

### Action Plan

1. Continue communication efforts by marketing programs and services more effectively.

Benchmarks	
Staff	a. Develop an annual marketing plan for senior programs and services. Work closely with Communications staff to develop a multi-faceted plan that will target several audiences.
Staff/Board	b. Consider the image we are creating with our publication materials. Is it appealing, engaging, uplifting, and influential? Are publications resulting in new participation and awareness?
Staff	c. Investigate feasibility of hiring a marketing firm that specializes in reaching non-English speaking audience through revamping marketing strategies and avenues for Latino populations and others.

- 
2. Develop a Senior to Senior Marketing Program designed to provide resources and advice through trained and knowledgeable peers.

Benchmarks	
Staff/Board	a. Continue to serve as a conduit for information. Increase the visibility of Community Services Coordinator's programs.
Board	b. Set up programs that can be staffed by senior volunteers to educate current or new seniors on a variety of issues and skills.

3. Evaluate and survey effectiveness of programs by utilizing a variety of surveying methods.

Benchmarks	
Staff	a. Provide an electronic means for residents to respond with their thoughts and ideas. Use a computerized survey system (i.e. Survey Monkey), Twitter, social networking sites and other technology to evaluate programs and solicit input.
Board	b. Offer annual opportunities sponsored by the Senior Citizen Advisory Board as a means of soliciting input and feedback about our programs and services.
Staff	c. Continue to solicit and accommodate requests for trips, activities, games, etc.
Staff	d. Continue to network within the city and externally to find new ideas.
Staff	e. Host focus groups of non-facility users in the four geographic quadrants of the city to gather input on the programs and services they would like to see.

4. Plan and implement programming to meet needs of various generations.

Benchmarks	
Staff	a. Change name of Senior Center to Thornton Center for Active Adults.
Staff	b. Maintain 30-40 adult classes (ages 18+) per quarter.
Staff/Board	c. Continue to investigate current trends and initiate programming accordingly. Examples of new programming include; pickle ball, current technology, social networking, health-related programs, etc.

5. Identify needs and interest of people born between the years of 1946 and 1964 (the Baby Boomer Generation).


Benchmarks	
Staff/Board	a. Baby Boomers are demanding programs and services different that the current senior population. We need to identify those programs and services and consider them during our program planning.
Staff	b. Determine feasibility of the city of Thornton volunteer program expanding to meet the needs of Baby Boomers.

6. Provide a travel program to meet the needs of new and existing participants of various age groups.

Benchmarks	
Staff	a. Maintain approximately 75 annual daytime, extended, and evening trip opportunities.
Staff	b. Maintain approximately 40 annual outdoor recreation trips and include some overnight trips with an outdoor emphasis, such as hiking, skiing, bird watching, etc.
Staff	c. Annually research independent travel agencies that may collaborate in providing extended trips.
Staff/Board	d. Continue soliciting input for ways to improve the trip program.
Staff	e. Maintain a vehicle replacement schedule for two city-owned senior center vans, used for the trip program and senior center transportation.

7. Create programs that reach a broader spectrum of the minority population.

Benchmarks	
Staff	a. Community Services Coordinator, who is bilingual, attends relevant workshops and trainings related to reaching diverse populations.
Staff	b. Promote English as a second language classes via the Senior Center website.
Staff/Board	c. Research best practices in Colorado and in the nation on serving the minority population.
Staff	d. Work with Neighborhood Services on programs they are incorporating to meet the needs of our culturally diverse community.
Staff	e. Continue to support rentals at the Senior Center for Quinceañera, family gatherings and other traditional Hispanic events.

- 
8. Coordinate and implement programs in all geographic areas of the city of Thornton to meet residents' needs.

Benchmarks	
Staff	a. Continue to jointly program with the Anythink libraries.
Staff	b. Continue to provide transportation to residents of the west and east sides.
Staff	c. Recreation Coordinator continue to arrange presentations on transportation options available to seniors.
Staff	d. Continue offering the annual Senior Fair coordinated by the Senior Liaison Officer in the Police Department. Evaluate annually.
Staff	e. Continue networking with Thornton Senior Residences to do joint programming as a means of expanding programs.

9. Continue to provide health and human services that meet the needs of Thornton seniors including a meal program, transportation, wellness programs, information and referral, support groups, and basic health screenings.

Benchmarks	
Staff	a. Continue to provide an affordable meal program at the Thornton Senior Center. Assess how we can seek financial support for non-residents who participate in the meal program but receive the city subsidy.
Staff	b. Continue to provide transportation services through the county-wide partnership known as A-Lift. Work actively with transit partners to keep service affordable to users by continuously seeking alternative funding sources.
Staff/Board	c. Continue to support the Relatives Raising Children programs and services currently coordinated by the Community Services Coordinator. Expand the partnership of providers as need dictates.
Staff	d. Continue to partner with Adams County Treasurer's Office for provision of the Tax Assistance Program.
Staff	e. Continue to offer the Senior Citizens Tax rebate through the city.
Staff	f. Continue Medicare counseling and Medicare 101 classes and train new volunteers to perform these duties.

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## MOBILITY AND TRANSPORTATION

Transportation provides a critical link between home and community. It connects older adults to the places where they can fulfill their basic needs—the grocery store for food, medical facilities for health care, recreational sites for socialization, the church for spiritual sustenance, the worksite for employment, and personal trips like a visit to the bank or beauty shop.

When older adults need to limit or stop driving, they can experience a drastic decline in mobility and independence. Reduced mobility can put older adults at a higher risk of poor health, isolation, and loneliness. Transportation options are critical for older adults who can no longer drive but want to remain active and independent. Determining actual need in Adams County has been challenging. A-Lift has increased ridership by 3% per year as the budget has allowed and refers many requests out to other agencies and providers when ride requests cannot be accommodated.


In the 2012 Community Assessment Survey for Older Adults (CASOA) survey, respondents rated the ease of travel by A-Lift, Dial-A-Ride and others 13% excellent, 56% good, 23% fair and 8% poor. Coordinating transportation on a regional level has been a goal of the Denver Regional Council of Governments and the Colorado Department of Transportation for several years. In the past couple of years an organization known as the Denver Regional Mobility & Access Council or DRMAC has worked toward coordinating transportation for seniors on a larger regional scale and has brought providers together to plan for increased need and better coordination among providers. The group also publishes the “Getting There Guide” a metro wide resource for riders who need transportation. It includes provider details, RTD route information, and fees. It is available in English and Spanish and is a direct link from both the city of Thornton website and the Senior Center web page. DRMAC also provides a Travel Training Program for RTD eligible riders and volunteer driver training and coordination efforts. A-Lift is an active member of this organization and a representative attends meetings. This kind of large scale coordination is critical as so many riders cross over geographic boundaries to get to where they need to go. Coordination among providers is key to providing a service that meets the needs of our older population now and in the future.

In 2014, A-Lift provided over 25,000 rides in Adams County with 40% of those rides going to Thornton residents. Additionally, the city has two Call-N-Ride routes and shares some access with the Federal Heights Call-N-Ride. The future rail line in Thornton will provide access to downtown and Denver International Airport (DIA) in future years.

### **Action Plan**

1. Provide adequate para-transportation services to seniors in our community, expand transportation services to include other ride types as needed, and identify new funding sources.

<b>Benchmarks</b>	
Staff	a. Continue to support Adams County A-Lift program by remaining an active member of the Adams County Transit Council.
Staff	b. Continue to provide budgeted dollars on an annual basis to help support transportation services for older adults.
Staff	c. Promote transportation services that are available throughout the city including RTD Call-N-Ride, RTD bus service, and future rail service.
Staff	d. When planning future recreation facilities make sure they are on planned transportation routes.
Staff	e. Continue to plan for and be cognizant of the need for door through door service in addition to the curb to curb service for frail and disabled seniors.
Staff	f. Work closely with Adams County on better defining the need for para-transit services in the future.

- 
2. Keep Board updated as to new transit oriented opportunities and plans for improving accessibility services for older adults.

Benchmarks	
Staff	a. Encourage carpooling and work toward getting fewer vehicles on the road.
Staff	b. Focus on technology and how it can be used for safer, more accessible, transit.
Staff	c. Improve communication and education about new and existing transit systems.
Staff	d. As the community continues to age, park, trail, and general access should be improved for seniors, making sure sidewalks are wide enough, walk symbols are long enough and sidewalks are clear of plant and shrubbery overgrowth.
Staff	e. Review street side parking to make sure cars are not blocking sight lines in and out of senior center.

3. Provide opportunities for educating families and caregivers on the challenges facing loved ones around their diminishing abilities to drive.

Benchmarks	
Staff	a. Provide education around recognizing the signs for "giving up the keys". Provide resources for alternative mobility options.
Staff	b. Continue to provide classes such as AARP 55 Alive to strengthen driving skills and awareness as aging occurs.

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## **ADAPTING TO LIFE CHANGING EVENTS**

Life changing events can be both expected and unexpected. When unexpected (i.e. the onset of an illness), the sudden shifts and disruptions in one's normal routine can be startling and overwhelming as we attempt to predict how and when we will be impacted. There is little or no time to prepare physically, emotionally, financially, and even spiritually. Expected life-changing events (i.e. retirement), while predictable in some ways, can leave us with unfamiliar, unforeseen, and uncomfortable thoughts and feelings that can be stress-provoking. The Board is encouraging foresight and planning whenever possible.



The Senior Citizen Advisory Board focused on the following life-changing events:

### **Caregiving**

A caregiver usually provides assistance with activities of daily living which include bathing, dressing, eating, personal hygiene, functional mobility, and toileting. A caregiver arrangement often can happen as a result of a sudden illness, decline in health or ability, family adjustments, moves, or changes in finances that may result in a loved one taking on the role that would otherwise be held by a medical professional.

### **Kinship Care**

Kin refers to a family member and in a kinship care arrangement a relative, friend, or somebody close to the family provides care for (a) child (ren). A kinship care arrangement usually happens suddenly and can include such catalysts as substance abuse, incarceration, death, abandonment, or inability of the natural parent to care for the child

### **Participation in Entitlement/Earned Benefit Programs & Financial Planning**

An entitlement/earned benefit program is a government program that guarantees certain benefits to a particular group or segment of the population. Social Security and Medicare are two examples that are pertinent to senior citizens. Seniors will need to be knowledgeable of processes and procedures for accessing these benefits so that they can best consider supplemental benefits such as private retirement accounts, investments, long term care insurance, supplemental health insurance, and possibly re-employment.

These areas of focus are of immense importance to the Board as a result of the following research in each of the three areas:

- **Caregiving**


More than 34 million unpaid caregivers provide care to someone age 18 and older who is ill or has a disability (AARP, 2008). This means that 1 in 10 people or 10% of our population is a caregiver who is not paid for their hard and very often described as “never-ending” work. Serving as a caregiver often means sacrifice. Caregivers report having difficulty finding time for one’s self (35%), managing emotional and physical stress (29%), and balancing work and family responsibilities (29%) (NAC, 2004). In addition to the stress and mental health toll, caregivers are exhausted and experience physical tolls. Half (53%) of caregivers who said their health had gotten worse due to caregiving also said the decline in their health has affected their ability to provide care (NAC, 2006).

Resources are available. Support is available. Caregivers do not have to do this on their own. The Board envisions programming that reaches caregivers and helps them in accessing information that meets their diverse needs.

- **Kinship Care**

American family life is reconfiguring in ways more dependent on extended family support. Specifically, grandparents are increasingly serving as a safety net for younger generations who need a stable environment (*Goyer, 2010; Livingston & Parker, 2010*).

Across the United States, more than 6 million children are being raised in households headed by grandparents and other relatives. As the children’s parents struggle with substance abuse, mental illness, incarceration, economic hardship, divorce, domestic violence and other challenges, these caregivers provide a vital safety net to children inside and outside of the foster care system. (*Colorado – A State Fact Sheet for Grandparents and Other Relatives Raising Children, September 2005, AARP*)



It is important to note that grandparents and other relatives raising children are not unique to any one race, geographic area or social class. It happens in all socioeconomic groups. It can happen to anyone.

As grandparents increasingly become care providers they face a number of challenging issues including legal matters, financial stress, physical and mental health issues, and parenting concerns. Additionally, many lack the resources and support they need to acquire health insurance coverage, respite services, financial assistance, and other supportive resources.

- **Participation in Entitlement/Earned Benefit Programs & Retirement Planning**

**Social Security**

The Community Rose foundation initiated a study titled The Community Assessment of Latino Older Adults in Metro Denver which examined Latinos and social security. The seven-county Denver metro area was surveyed and when looking at national data pertaining to Social Security income of Latinos age 65 and older, 82% had Social Security income compared with 90% among non-Latino whites (JVA/CREA). The Latino population is significant in Colorado growing by 41.2% from 2000 to 2010 with projections to continue growing by 174% by 2030 (compared with only 31% of growth of white non-Hispanics in the same time period). Communication activities should be specifically aimed at addressing how to effectively reach this growing segment of our population.

**Medicare**

Navigating Medicare which changes annually can be a tedious process. A research study presented by Merrill Lynch and conducted in partnership with Age Wave surveyed 5,424 respondents and found that nearly one third of respondents (32%) fell into a category titled Challenged and Concerned. The Challenged and Concerned are struggling with health challenges, yet many are not actively taking good care of their health. They are the most worried about the impact of illness on their finances, and are the most likely to say health care costs and insurance information are overwhelming and confusing. (MLGWM, 2014) Health challenges can be a double threat to retirement financial security. First, health care expenses can be unpredictable and costly, therefore draining retirement savings. Second, unexpected early retirement due to health problems can reduce earning years and retirement savings. (MLGWM, 2014)

**Re-Employment**

When faced with lower incomes, fewer earning years, and dwindling retirement savings while being faced with higher expenses, some retirees elect to re-renter the workforce. There is a cost of re-employment. Aside from the often physical toll, transitioning back into the world of work can affect retirement earnings and mental health as a new identity is established often with a job that may be considered less prestigious than positions held in pre-retirement.

**Retirement Planning**

Because social security, Medicare, and even re-employment may not be sufficient, many rely on private retirement accounts, investments, long term care insurance, and supplemental health insurance. Still others are unaware of how to initiate and utilize these options.

The Board realizes re-employment, health care costs, retirement planning, and insurance information can be overwhelming and confusing and they seek to change that through educating and motivating all seniors to take charge as active participants in planning their futures.

### Action Plan

1. Work with organizations and agencies within Thornton to promote caregiver resources, programs and education.

#### **Benchmarks**

Staff	a. Work with Senior Hub to coordinate caregiver support groups and caregiver education.
Staff	b. Promote caregiving resources on Thornton Cares and Senior Center resource pages.
Staff/Board	c. Consider a caregiver summit/conference in which several agencies work together to conduct a daylong conference for caregivers. Bring in experts on caregiver issues to provide information.

2. Increase community awareness of grandparent and kinship providers, issues and resources.

#### **Benchmarks**

Staff	a. Continue to work in partnership with county agencies to promote and assist with coordination of programs.
Staff	b. Create more personal relationships with school officials through coordinating 2-3 in person visits, emails and/or mailings per year with pertinent kinship information.
Staff	c. Distribute kinship resource literature compiled by partner agencies.
Staff	d. Continue the Web page and utilize Channel 8 for listing resources for grandparent/kin providers. Televis the conference and kinship learning opportunities including virtual learning and promote accessibility options (i.e. Internet, TV, on demand, etc.)

3. Provide educational opportunities for grandparents and kinship providers.

#### **Benchmarks**

Staff	a. Offer continuing education opportunities beyond the grandparent conference to further help and support these caregivers (i.e. legal assistance, child care issues, custody issues, etc.).
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4. Evaluate existing kinship programs and services and expand programming when feasible.

Benchmarks	
Staff	a. Monitor benchmark programs across the nation and report back to the Board on possible new programs Thornton could consider. Investigate professional memberships that offer periodicals, journals, newsletters, workshops, and current kinship information and models.
Staff	b. Report to the Board annually on existing programs for grandparents and kin providers and their overall impact.

5. Develop programs to educate Baby Boomers about the need to be better prepared for later life.


Benchmarks	
Staff/Board	a. Develop a volunteer core of individuals with expertise in accessing programs and services available in retirement.
Staff/Board	b. Develop a series of financial/life planning classes and programs for Baby Boomers that can be offered on an on-going basis at the Senior Center. Work with seniors who have the knowledge and desire to teach these classes to their peers.
Staff	c. Promote knowledge among older adults and their families concerning long-term care planning.
Staff	d. Continue to conduct Baby Boomer interest assessments as needed.
Staff	e. Host Boomer focus groups to get input on future programs and services Boomers will want and change programming accordingly.
Staff	f. Develop programming that takes into consideration varied work schedules and the need for more programs to be offered outside of the typical 8 a.m.-5 p.m. schedule.
Staff	g. Identify Baby Boomer and senior citizen employment, counseling, and training resources to help seniors select employment, occupational industry, and training programs.
Staff	h. Create an occupational and educational counseling program where seniors can explore personal growth opportunities through education, employment, and volunteerism.

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## **PLANNING FOR PRESENT AND FUTURE NEEDS BY EXPANDING OR BUILDING NEW FACILITIES**

The current senior center is approximately 11,500 square feet; the remodel in 2014 added a new entry and hallway, greatly improving the access and flow through the building. No new programming space has been added since 2007 when the Fitness Center added approximately 700 square feet.



In 2010, the Thornton Arts & Culture Center just west of the senior center became available for limited senior program expansion. Today the center offers over 20 classes per week out of this facility with the primary focus being fitness. The Senior Center is used Monday through Friday from 7 a.m. to 9 p.m., and weekends include adult classes and rentals. Prime programming time is 8 a.m. through 3 p.m. Monday through Friday. The Carpenter Recreation Center also serves as a hub for seniors. Many seniors take the fitness classes offered or drop-in to work out on the equipment. Pickle ball has been popular and is now offered in the gym two days per week. The main lobby provides a popular social hangout following classes and the location of the facility is convenient for many residents. Programming is limited to occasional classes in the multipurpose class rooms. Senior volleyball is held at both the Margaret W. Carpenter Recreation Center and the Thornton Community Center, which continues to house the senior billiards program. Future growth in the aging population will require additional programming space with a range of options. Senior Advisory Board members felt strongly that a new facility will need to be built within the next 10 years.

The older adult population of today is quite different than the older adult populations of yesterday and tomorrow. Senior centers have long been important community resources for older adults and their families and to stay relevant, they must adjust to the changing needs of their customers and communities. New facilities and program models for older adults around the nation are being designed to emphasize the importance of health, fitness, and wellness at every level. Large multipurpose space needs to be flexible and able to be used for a variety of programs. The addition of theatres, therapy pools, music rooms and mixed-use space by varying age groups has become more common. Each community is different based on need and Thornton will need to clearly identify what a future facility should encompass. The National Council on Aging identified six relevant senior center models for the 21st century. The staff and Board should consider these when planning a future facility.



**Action Plan**

- 1. Work with the Senior Citizen Advisory Board to create a workgroup or process for collecting information on what the community needs/desires are for a new center.
- 2. Analyze existing models and facilities for best practices.
- 3. Recommend a basic design, model and programs to city council.
- 4. Build a new senior center to meet the future need of the aging population and create a building design that is appropriate for current and projected population growth and needs.

Benchmarks	
Staff	a. A new facility should be accessible and visible from major roadways.
Staff	b. Consider public transportation and keep new facilities on routes.
Staff	c. A new facility should have adequate programming space, including a kitchen, classrooms, fitness areas, a lounge, a multipurpose space with an elevated stage for entertainment, health services, and good access to building and within the building for the handicapped.

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# ISSUE SEVEN

## HEALTH AND WELLNESS PROGRAMS

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The Board is aware of the valuable human connections made at the senior center on a daily basis, many of which help stave off loneliness and isolation, and help our older adults remain more independent. Programs and services such as meals, transportation, health screenings, and a variety of interactive programs should continue to be offered and marketed to our older adults and their families.

Senior centers are an excellent environment to provide programs that improve overall health and wellness. Programs that meet the core dimensions of wellness including emotional, spiritual, intellectual, physical, and occupational can provide much needed support to older adults. Education remains a key component to any good program and the Thornton Senior Center should continue to provide a variety of classes targeted toward adult health and wellbeing. Additionally, the senior center should look at how it can expand its reach to assist those seniors in the community who could benefit from better awareness and improved skills for accessing the Internet in order to combat social isolation and to gain access to resources provided by the center. The idea that staying independent with a little help is something staff should keep in mind, especially through our outreach efforts.

### Action Plan

1. Conduct an analysis of other successful programs across the nation that may have applicable models for combating isolation.

#### Benchmarks

Staff/Board

- a. Contact staff of existing model programs, interview them inquiring about program strengths, and report findings to the Board for consideration.

2. Establish a larger stakeholder group or task force that begins to strategize on how to best address this group of isolated seniors in a coordinated manner.

#### Benchmarks

Staff

- a. Continue to work with current stakeholders to identify and assist isolated seniors through sharing information and resources.

Staff/Board

- b. Develop an outreach strategy aimed at reaching isolated seniors that clearly identifies existing and future services available to them. Consider a friendly visitor, pen-pal, or phone call program, as well as helping them connect via technology.

3. Develop a program that brings electronic personal communication devices into the homes of shut-ins to provide socialization and to increase safety.

#### Benchmarks

Staff

- a. Develop a concept for this type of program. Cite examples of this type of program elsewhere in the community. Define costs, including staff time, for program.

Staff

- b. Allow seniors to use our technology lab for free and encourage volunteers to teach free technology classes.



4. Evaluate current programming targeted to assisting seniors with mental health issues.

Benchmarks	
Staff	a. Continue to provide opportunities for social interaction among adults to alleviate feelings of loneliness, depression and isolation.
Staff	b. Continue to provide regular lectures and classes on health promotion by outside organizations.
Staff	c. Continue to provide fitness classes that meet the varied fitness levels of a wide variety of participants.

5. Identify what services are currently available in the community and potential partners who can assist with onsite education.

Benchmarks	
Staff	a. Work with Community Health in support of a peer counseling program in which trained volunteers provide support to those in need.
Staff	b. Provide targeted education and information on Alzheimer's and other dementias to adult children of seniors.
Staff	c. Take part in National Active Aging Week on an annual basis and use the week as a springboard for educating older adults about mental and physical health.
Staff	d. During National Depression Awareness Month work with media to do outreach around the signs and symptoms of depression.

6. Develop opportunities for working with the faith-based community to meet the needs of seniors.

Benchmarks	
Staff	a. Continue to partner effectively and efficiently with churches in order to meet the needs of seniors without duplication of services.
Staff	b. Consider expanding the annual resource fair to include programs that churches are offering.
Staff/Board	c. Continue working with churches by assisting them with local food drives for their food banks.
Staff/Board	d. Increase awareness of our programs and services by increasing our outreach efforts to include more churches in the community.
Staff	e. Continue to include churches in our community programs such as Random Acts of Kindness, food drives, backpack drive, Christmas tree giveaway and our holiday adopt-a-family.

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# Thornton, CO

## 2012

### Report of Results



Community Assessment Survey  
for Older Adults™



2955 Valmont Road, Suite 300 • Boulder, Colorado 80301  
[www.n-r-c.com](http://www.n-r-c.com) • 303-444-7863

# Community Assessment Survey for Older Adults™ and Baby Boomer and Generation X Survey

## Summary of Results

City of Thornton, CO  
2013



2955 Valmont Road, Suite 300 • Boulder, Colorado 80301  
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## Introduction

In 2012, the City of Thornton contracted with National Research Center, Inc. (NRC) to conduct the Community Assessment Survey for Older Adults (CASOA™), a statistically valid survey of the strengths and needs of older adults as reported by older adults themselves in communities across America. The objectives of the CASOA™ are to:

- Identify community strengths in serving older adults
- Articulate the specific needs of older adults in the community
- Estimate contributions made by older adults to the community
- Determine the connection of older adults to the community

In designing a community that is prepared to age well, it is not only important to consider the experience of adults who are already in old age, but also those who are approaching this life stage. The City of Thornton conducted a second survey of Baby Boomers and Generation Xers (residents age 45 to 59) to better understand how to serve these residents as they age. Each survey was mailed to a randomly selected sample of households, and results were weighted to reflect the demographic characteristics of the community.

This report summarizes the results of both surveys, describing the City of Thornton as a livable community for adult residents within six community dimensions: Overall Community Quality, Community and Belonging, Community Information, Productive Activities, Health and Wellness and Community Design and Land Use. The perspectives of older adults are presented first, along with their current experiences of problems often associated with aging. The views of Baby Boomers and Gen Xers follow, along with ratings of *anticipated* age-related problems.

## Older Adults

Older residents were pleased with the **overall quality of community** in Thornton.

- Most of Thornton's older residents rated the community as an "excellent" or "good" place to live and would recommend Thornton to others.
- Most respondents planned to stay in Thornton throughout their retirement.
- Compared to other communities across the nation, Thornton older residents awarded higher ratings to aspects of Overall Community.

While many older residents felt positively about the sense of **community and belonging** in Thornton, ratings were below average compared to other communities.

- Almost three-quarters of respondents reported "excellent" or "good" overall feelings of safety and between 7% and 15% had experienced safety problems related to being a victim of crime or abuse.
- About 6 in 10 older residents gave positive ratings of sense of community, neighborliness and valuing of older residents.
- When these results were compared to other communities in the U.S., older residents in Thornton provided much lower ratings for aspects of Community and Belonging.

Older adults appreciated the quality of Thornton's **community information** sources and were well-informed about community services and opportunities.

- About 7 in 10 survey respondents reported being somewhat or very informed about services and activities available to older adults, which was much higher than reports from other communities in the U.S.

- About half of older adults felt the city had “excellent” or “good” information about resources for older adults and financial or legal planning services.
- Over half of respondents had problems with not knowing what services were available and feeling like their voice was heard in the community.
- About one third reported having problems with finding meaningful volunteer work, a rate that was much higher in Thornton than in other communities.

Older residents were engaged in a variety of **productive activities**, including social and leisure programs and providing help to others.

- Although most older residents felt Thornton had “excellent” or “good” volunteer opportunities, only about one quarter participated in some kind of volunteer work.
- The majority of older residents rated the recreation opportunities in Thornton as excellent or good; participation tended to be lower in Thornton than in other communities.
- Over half of older residents in Thornton said they were caregivers; respondents averaged between 12 and 15 hours per week providing care for children, adults or older adults.
- The value of paid (part- and full-time work) and unpaid (volunteering, providing care) contributions by older adults in Thornton totaled about \$196 million in a 12-month period.

Older residents in Thornton shared their views on a variety of topics related to **health and wellness**.

- Overall, the older adults in Thornton rated aspects of physical health much higher than other communities in the U.S. including ratings of fitness opportunities, physical health care and their own overall physical health.
- Thornton’s preventative health services were rated much higher than the national average.
- One-third of respondents reported at least minor problems having adequate information or dealing with public programs such as Social Security, Medicare and Medicaid.
- One-quarter of respondents reported spending time in a hospital, and one-third had fallen and injured themselves in the 12 months prior to the survey. Falls and hospitalizations occurred at higher rates in Thornton than in other communities.
- At least one in five older adults reported at least “minor” problems with aspects of independent living, including one-third who reported having problems with performing regular activities, including walking, eating and preparing meals.

While Thornton’s older residents were happy with the ease of travel in the community, some experienced problems with aspects of **community design and land use**.

- Respondents rated the ease of getting to the places they usually have to visit, ease of car travel and ease of walking most positively.
- Over half of respondents felt the city had “excellent” or “good” availability of affordable quality housing and variety of housing options.
- Some older adults experienced problems with having safe and affordable transportation available, while others experienced problems with having housing to suit their needs or having enough food to eat. Daily living problems tended to be lower in Thornton when compared to other communities across the nation.
- Over three-quarters of older residents rated their overall quality of life as excellent or good, though Thornton’s quality of life was rated lower than other communities in the U.S.

The results of the survey were compared across various subgroups of Thornton’s older residents.

- **Ward:** Respondents living in Ward 4 were more likely to give positive ratings of community engagement opportunities in Thornton and to report participating in community activities than were respondents from other wards.
- **Respondent age:** Overall, residents’ ratings of the quality of community and the availability of city amenities such as long-term care improved with age. Similarly,

respondents over age 85 and those living alone gave higher ratings of Thornton as a place to retire compared to adults age 60 to 74 and those living with others in their household.

- **Respondent gender:** Female residents also gave better ratings of Thornton as a place to retire, and were more likely than male residents to rate ease of travel, opportunities to engage in community activities and the overall quality of services in Thornton as “excellent” or “good.”
- When older adults were asked to reflect on potential age-related difficulties, residents living in Ward 4, those living alone, residents over 85 and women tended to report fewer problems related to health and daily functioning compared to their counterparts.

## B a b y B o o m e r s   a n d   G e n e r a t i o n   X e r s

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Baby Boomers and Gen Xers awarded positive ratings to the **overall quality of community** in Thornton.

- Most respondents gave high ratings to Thornton as a place to live and many rated Thornton as an “excellent” or “good” place to retire.
- Most adults would recommend living in Thornton to older adults.
- Almost 7 in 10 respondents planned to stay in Thornton when they retired.

While a majority of adults in Thornton held favorable views of **community and belonging**, many foresaw problems related to safety in retirement.

- A majority of Thornton adults rated the sense of community as “excellent” or “good”.
- Over two-thirds of respondents reported “excellent” or “good” overall feelings of safety and a similar portion felt this way about the openness and acceptance of the community towards older residents of diverse backgrounds and in how the community valued older residents in Thornton.
- A majority of Baby Boomers and Gen Xers in Thornton anticipated problems with crime or fraud when they retired.

Baby Boomers and Gen Xers living in Thornton expressed concern about receiving adequate **community information** in retirement.

- Nearly 4 in 10 adults aged 45 to 59 rated the availability of financial or legal planning services in Thornton as “excellent” or “good.”
- Looking ahead to retirement, respondents were most concerned about knowing what services were available and having their voice be heard in the community; around two-thirds anticipated that these factors would be at least a “minor” problem.
- Just under half of respondents expected that finding meaningful activities or volunteer work would be at least a “minor” problem.

Adult residents in Thornton were involved in a variety of productive activities, including visiting neighborhood parks, although few participated in volunteer work.

- Most respondents felt Thornton had “excellent” or “good” volunteer opportunities, but only about 20% participated in some kind of volunteer work.
- Respondents were most likely have visited a neighborhood park and least likely to have participated in a recreation program or group activity.
- About 70% of respondents indicated that they were responsible for providing care to others; respondents averaged between 10 and 17 hours per week providing care for children, adults and older adults.
- The value of paid (part- and full-time work) and unpaid (volunteering, providing care) contributions by adults aged 45 to 59 in Thornton totaled about \$964 million in a 12-month period.
- Over three-quarters of respondents were employed full time. Only 9% of Baby Boomers and Gen Xers in Thornton were fully retired.
- About one-quarter of respondents rated employment opportunities in Thornton as “excellent” or “good.”
- Respondents were most likely to anticipate problems having enough money to meet daily expenses and finding work in retirement; around 70% anticipated that these issues would be at least a “minor” problem.

Baby Boomers and Gen Xers living in Thornton shared their views on a variety of topics related to **health and wellness**.

- Most rated fitness opportunities positively in Thornton.
- About 60% expected their physical health to be at least a “minor” problem after retirement and they had a similar level of concern about doing housework, maintaining their homes and yards, staying physically fit and maintaining a healthy diet.
- Most rated their overall health and wellbeing as “excellent” or “good.”
- The availability of preventive health services received favorable ratings, as 62% felt the availability of these services were “excellent” or “good.”
- About three-quarters of respondents expected that affordable health insurance and medications would be at least a “minor” problem.
- Respondents gave modest ratings for the availability of long-term care options in Thornton.

Baby Boomers and Gen Xers lauded some aspects of **community design and land use**, including the ease of travel in Thornton, but expressed concern over finding housing in retirement.

- About 7 in 10 gave positive ratings to the ease of getting to usual destinations, ease of walking and the availability of affordable quality food.
- Six in 10 gave positive marks to the availability of affordable quality housing.
- Baby Boomers and Gen Xers were most concerned with meeting their needs for housing and having safe and affordable transportation; about half expected to have at least “minor” problems in these areas during their retirement years.
- In Thornton, over three-quarters of survey respondents rated their overall quality of life as “excellent” or “good;” very few residents felt they had a “poor” quality of life.

Respondents voiced some financial concerns about their **retirement readiness** and reported on their use of **community information** sources.

- Almost all survey respondents “somewhat” or “strongly” agreed that emotional support from their family would be essential during retirement.
- Thinking about the prospect of retirement and old age, few respondents thought that they would be joined by aging parents or that they were frightened with the idea of growing old.
- Less than half of Thornton residents between the ages of 45 and 59 were satisfied with the amount of money they had put aside for retirement.
- Respondents were most likely to use the Denver Post/YourHub as a resource for City information; about half were likely to use the City Web site or weekly newsletter.
- Respondents indicated that they were most interested in participating in physical activity at the senior center or recreation center.

Results of the Thornton Baby Boomer/Gen X survey were compared among subgroups of respondents based on their demographic characteristics.

- **Ward:** Residents of Ward 1 tended to give lower ratings of the quality of life in Thornton and to anticipate more problems in retirement compared to residents living in other areas of the city.
- **Retirement plans:** Respondents who indicated that they were likely to retire in Thornton gave more favorable ratings of quality of life and community characteristics than those unlikely to retire in Thornton; these residents were also more likely to recommend living in Thornton to others.
- **Respondent gender:** While there were few differences between male and female respondents in ratings of community quality, women were more likely than men to use a variety of sources to get information about Thornton services and programs and to attend classes offered at the senior center or a recreation center. However, men and women generally were involved in similar levels of civic engagement and other forms of community participation.

## Summary of Comparisons

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Older adults and Baby Boomers and Gen Xers both held favorable views of Thornton, but older adults were more positive about Thornton as a place for older populations:

- At least 8 in 10 older adults and Baby Boomers and Gen Xers agreed that Thornton was an “excellent” or “good” place to live.
- A greater proportion of older adults viewed Thornton as an “excellent” or “good” place to retire and indicated that they were “somewhat” or “very” likely to recommend living in Thornton to older adults.
- Over 9 in 10 older adults were “somewhat” or “very” likely to remain in Thornton throughout their retirement, compared to 7 in 10 adults age 45 to 59.

While respondents from both groups gave positive ratings of community and belonging, older adults felt more connected to their community:

- Older adults and Baby Boomers and Gen Xers gave similar ratings of the overall feeling of safety in Thornton, valuing older residents and community openness and acceptance of older adults of diverse backgrounds, with more than half indicating “excellent” or “good.”
- Just over half of Baby Boomers and Gen Xers rated the sense of community and neighborliness of Thornton as “excellent” or “good,” while about 6 in 10 older adults gave such ratings.



Older adults felt more positively about the availability of information in Thornton and were less likely to use online sources of information about programs and services:

- Older adults were more likely to rate the availability of information about older adult resources, as well as financial and legal planning services, as “excellent” or “good” compared to their younger counterparts.
- Older adults were more likely to get information about Thornton services and programs through public meetings, YourHub/Denver Post and Cable TV Channel 9, whereas Baby Boomers and Gen Xers were more likely to get such information from online sources (i.e., City of Thornton Web site, City e-newsletter, City Facebook page or Twitter feed).

Respondents from the two groups were similarly satisfied with opportunities for community engagement; however, Baby Boomers and Gen Xers were more involved in activities related to recreation and caregiving:

- Few differences were observed between older adults and Baby Boomers and Gen Xers when it came to the perceived quality of opportunities for civic, social and recreational engagement.
- Baby Boomers and Gen Xers were more likely to have used community facilities such as a recreation center, library or neighborhood park in Thornton. Similarly, a greater proportion of this younger group was “very” or “somewhat” likely to attend classes and activities at a Thornton senior or recreation center.
- In contrast, older adults were more likely to have participated in a club or in religious or spiritual activities with others and to have volunteered time to a group/activity in Thornton.
- With regard to caregiving, a greater proportion of Baby Boomers and Gen Xers reported providing help to friends or relatives, providing care for children and providing care for individuals 18 to 59 years old.

Although most respondents reported being in good health, Baby Boomers and Gen Xers expressed much greater concern about age-related problems than did older adults:

- The majority of older adults and Baby Boomers and Gen Xers alike rated their overall physical and mental wellbeing as “excellent” or “good.”
- Baby Boomers and Gen Xers were more likely to anticipate having at least a “minor” problem with a variety of age-related issues such as falling or injuring oneself, finding affordable health insurance and having enough money to meet daily expenses.

Older adults and Baby Boomers and Gen Xers were similarly pleased with housing and food options in Thornton. Regarding transportation, older adults perceived greater ease of travel around Thornton:

- For both older adults and Baby Boomers and Gen Xers, about 6 in 10 rated the availability of affordable quality housing and the variety of housing options in Thornton as “excellent” or “good.” About 7 in 10 felt this way about the availability of affordable quality food.
- Both groups tended to agree about the ease of RTD bus travel in Thornton (50% “excellent” or “good”).
- However, older adults expressed more favorable views of ease of car travel, walking and getting to the places they usually have to visit, with about 8 in 10 indicating “excellent” or “good,” compared to 7 in 10 Baby Boomers and Gen Xers.

# Older Adult CASOA™ and Baby Boomer and Generation X Surveys

City of Thornton, CO  
2012

Summary Comparison of Results



2955 Valmont Road, Suite 300 • Boulder, Colorado 80301  
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## Summary of Comparisons

The City of Thornton worked with National Research Center to conduct two surveys. The first was of older adults, using the Community Assessment Survey for Older Adults (CASOA™), a statistically valid survey of older adults that captures the perspectives and needs of a community's older population. The second was a survey of Baby Boomers and Generation Xers (residents age 45 to 59) to better understand how to serve these residents as they age. While not identical, the two surveys share many common topics. Each survey has a full report of results under separate cover, while this document provides statistical comparisons between older adult respondents (age 60 and over) and Baby Boomer and Generation X respondents for those items asked on both the older adults CASOA™ and the Baby Boomer and Generation X surveys.

While most items on the surveys were identical, some question wording changes were necessary on the Baby Boomer and Generation X survey to properly frame the questions for this group. Namely, the CASOA™ survey asked older adults to rate the extent to which they experienced a list of problems often associated with aging. For the Baby Boomer and Generation X survey, respondents were asked to rate the extent to which they *anticipated* experiencing these same problems as they grew older. By in large, Baby Boomers and Gen Xers anticipated these problems to a greater degree than older adults reported experiencing them. Thus, some prudence is advised when interpreting differences between these groups for this set of questions.

### Overall Community Quality

Older adults and Baby Boomers and Gen Xers both held favorable views of Thornton, but older adults were more positive about Thornton as a place for older populations:

- At least 8 in 10 older adults and Baby Boomers and Gen Xers agreed that Thornton was an “excellent” or “good” place to live.
- A greater proportion of older adults viewed Thornton as an “excellent” or “good” place to retire and indicated that they were “somewhat” or “very” likely to recommend living in Thornton to older adults.
- Over 9 in 10 older adults were “somewhat” or “very” likely to remain in Thornton throughout their retirement, compared to 7 in 10 adults age 45 to 59.

### Community and Belonging

While respondents from both groups gave positive ratings of Community and Belonging, older adults felt more connected to their community:

- Older adults and Baby Boomers and Gen Xers gave similar ratings of the overall feeling of safety in Thornton, valuing older residents and community openness and acceptance of older adults of diverse backgrounds, with more than half indicating “excellent” or “good.”
- Just over half of Baby Boomers and Gen Xers rated the sense of community and neighborliness of Thornton as “excellent” or “good,” while about 6 in 10 older adults gave such ratings.

## Community Information

Older adults felt more positively about the availability of information in Thornton and were less likely to use online sources of information about programs and services:

- Older adults were more likely to rate the availability of information about older adult resources, as well as financial and legal planning services, as “excellent” or “good” compared to their younger counterparts.
- Older adults were more likely to get information about Thornton services and programs through public meetings, YourHub/Denver Post and Cable TV Channel 9, whereas Baby Boomers and Gen Xers were more likely to get such information from online sources (i.e., City of Thornton Web site, City e-newsletter, City Facebook page or Twitter feed).

## Productive Activities

Respondents from the two groups were similarly satisfied with opportunities for community engagement; however, Baby Boomers and Gen Xers were more involved in activities related to recreation and caregiving:

- Few differences were observed between older adults and Baby Boomers and Gen Xers when it came to the perceived quality of opportunities for civic, social and recreational engagement.
- Baby Boomers and Gen Xers were more likely to have used community facilities such as a recreation center, library or neighborhood park in Thornton. Similarly, a greater proportion of this younger group was “very” or “somewhat” likely to attend classes and activities at a Thornton senior or recreation center.
- In contrast, older adults were more likely to have participated in a club or in religious or spiritual activities with others and to have volunteered time to a group/activity in Thornton.
- With regard to caregiving, a greater proportion of Baby Boomers and Gen Xers reported providing help to friends or relatives, providing care for children and providing care for individuals 18 to 59 years old.

## Health and Wellness

Although most respondents reported being in good health, Baby Boomers and Gen Xers expressed much greater concern about age-related problems than did older adults:

- The majority of older adults and Baby Boomers and Gen Xers alike rated their overall physical and mental wellbeing as “excellent” or “good.”
- Baby Boomers and Gen Xers were more likely to anticipate having at least a “minor” problem with a variety of age-related issues such as falling or injuring oneself, finding affordable health insurance and having enough money to meet daily expenses.

## Community Design and Land Use

Older adults and Baby Boomers and Gen Xers were similarly pleased with housing and food options in Thornton. Regarding transportation, older adults perceived greater ease of travel around Thornton:

- For both older adults and Baby Boomers and Gen Xers, about 6 in 10 rated the availability of affordable quality housing and the variety of housing options in Thornton as “excellent” or “good.” About 7 in 10 felt this way about the availability of affordable quality food.
- Both groups tended to agree about the ease of RTD bus travel in Thornton (50% “excellent” or “good”).
- However, older adults expressed more favorable views of ease of car travel, walking and getting to the places they usually have to visit, with about 8 in 10 indicating “excellent” or “good,” compared to 7 in 10 Baby Boomers and Gen Xers.

## Comparison Tables

Comparisons of survey responses have been provided for those items asked on both the older adults CASOA™ and the Baby Boomer and Generation X surveys. Chi-square or ANOVA tests of significance were applied to these breakdowns of survey questions. A “p-value” of 0.05 or less indicates that there is less than a 5% probability that differences observed between groups are due to chance; or in other words, a greater than 95% probability that the differences observed in the selected categories of the sample represent “real” differences among those populations. Where differences between subgroups are statistically significant, they have been marked with grey shading.

**Table 1: Question 1**

Percent of respondents who rated the following as "excellent" or "good":	Older adults (age 60 and over)	Baby Boomers and Gen Xers (age 45 to 59)
How do you rate Thornton as a place to live?	89%	85%
How do you rate Thornton as a place to retire?	76%	62%

**Table 2: Question 2**

Percent of respondents who rated the following as "excellent" or "good":	Older adults (age 60 and over)	Baby Boomers and Gen Xers (age 45 to 59)
Opportunities to volunteer	79%	78%
Employment opportunities	31%	27%
Opportunities to enroll in skill-building or personal enrichment classes	65%	62%
Recreation opportunities (including games, arts and library services, etc.)	80%	78%
Fitness opportunities (including exercise classes and paths or trails, etc.)	83%	82%
Opportunities to attend social events or activities	73%	72%
Opportunities to attend religious or spiritual activities	82%	78%
Opportunities to attend or participate in meetings about local government or community matters	73%	72%
Availability of affordable quality housing	58%	57%
Variety of housing options	60%	65%
Availability of long-term care options	53%	38%
Availability of financial and legal planning services	50%	38%
Availability of affordable quality physical health care	65%	50%
Availability of affordable quality mental health care	53%	44%
Availability of preventive health services (e.g., health screenings, flu shots, educational workshops)	73%	62%
Availability of affordable quality food	71%	70%
Sense of community	62%	54%
Openness and acceptance of the community towards older residents of diverse backgrounds	57%	59%
Ease of RTD bus in Thornton	50%	51%
Ease of car travel in Thornton	78%	65%



Percent of respondents who rated the following as "excellent" or "good":	Older adults (age 60 and over)	Baby Boomers and Gen Xers (age 45 to 59)
Ease of walking in Thornton	77%	71%
Ease of getting to the places you usually have to visit	81%	73%
Overall feeling of safety in Thornton	72%	69%
Valuing older residents in Thornton	61%	57%
Neighborliness of Thornton	59%	53%

**Table 3: Custom Question 4a**

Percent of respondents who were "very" or "somewhat" likely to use each of the following to get information about Thornton services and programs:	Older adults (age 60 and over)	Baby Boomers and Gen Xers (age 45 to 59)
Attend or participate in a public meeting about city issues	36%	29%
Read YourHub/Denver Post (Web site or publication)	77%	63%
Read the City's weekly e-newsletter, City News	55%	50%
Watch Cable TV Channel 8 (government access channel)	36%	27%
Visit the City of Thornton Web site (at <a href="http://www.cityofthornton.net">www.cityofthornton.net</a> )	30%	53%
Subscribe to a City e-newsletter	22%	29%
Go to the City's Facebook page or Twitter feed	9%	16%

**Table 4: Question 5**

Percent of respondents who rated the following as "excellent" or "good":	Older adults (age 60 and over)	Baby Boomers and Gen Xers (age 45 to 59)
How do you rate your overall physical health?	74%	78%
How do you rate your overall mental health/emotional well being?	86%	89%
How do you rate your overall quality of life?	81%	83%

**Table 5: Question 6**

Percent of older adults who reported having and Baby Boomers/Gen Xers who anticipated having at least a "minor" problem with each the following:	Older adults (age 60 and over)	Baby Boomers and Gen Xers (age 45 to 59)
Having housing to suit your needs	14%	49%
Your physical health	55%	63%
Performing regular activities, including walking, eating and preparing meals	33%	36%
Having enough food to eat	11%	34%
Doing heavy or intense housework	60%	63%
Having safe and affordable transportation available	18%	46%
No longer being able to drive	16%	65%
Feeling depressed	31%	54%
Experiencing confusion or forgetfulness	36%	62%
Maintaining your home	37%	62%

Percent of older adults who reported having and Baby Boomers/Gen Xers who anticipated having at least a "minor" problem with each the following:	Older adults (age 60 and over)	Baby Boomers and Gen Xers (age 45 to 59)
Maintaining your yard	44%	64%
Finding productive or meaningful activities to do	31%	48%
Having friends or family you can rely on	22%	42%
Falling or injuring yourself in your home	24%	60%
Finding affordable health insurance	24%	76%
Getting the health care you need	17%	69%
Affording the medications you need	23%	75%
Figuring out which medications to take and when	10%	44%
Getting the oral health care you need	25%	58%
Getting the vision care you need	24%	61%
Having enough money to meet daily expenses	36%	70%
Having enough money to pay your property taxes	32%	65%
Staying physically fit	50%	67%
Maintaining a healthy diet	40%	62%
Having interesting recreational or cultural activities to attend	41%	54%
Having interesting social events or activities to attend	42%	54%
Feeling bored	40%	56%
Feeling like your voice is heard in the community	53%	64%
Finding meaningful volunteer work	33%	45%
Feeling physically burdened by providing care for another person	19%	54%
Feeling emotionally burdened by providing care for another person	21%	55%
Feeling financially burdened by providing care for another person	20%	58%
Dealing with legal issues	26%	56%
Having adequate information or dealing with public programs such as Social Security, Medicare and Medicaid	33%	67%
Finding work in retirement	28%	71%
Building skills for paid or unpaid work	28%	59%
Not knowing what services are available to older adults in your community	57%	69%
Feeling lonely or isolated	28%	54%
Dealing with the loss of a close family member or friend	32%	70%
Being a victim of crime	15%	65%
Being a victim of fraud or a scam	14%	62%
Being physically or emotionally abused	7%	37%
Dealing with financial planning issues	30%	67%

**Table 6: Question 9**

	Older adults (age 60 and over)	Baby Boomers and Gen Xers (age 45 to 59)
Percent of respondents "somewhat" or "very" likely to recommend living in Thornton to older adults	86%	79%

**Table 7: Question 10**

	Older adults (age 60 and over)	Baby Boomers and Gen Xers (age 45 to 59)
Percent of respondents "somewhat" or "very" likely to remain in Thornton throughout their retirement/when they retire	93%	73%

**Table 8: Question 11**

Percent of respondents who participated in or did the following at least once:	Older adults (age 60 and over)	Baby Boomers and Gen Xers (age 45 to 59)
Used a recreation center in Thornton	43%	60%
Used a public library in Thornton	49%	60%
Attended a meeting of local elected officials or other local public meeting in Thornton	24%	23%
Watched a meeting of local elected officials or other City-sponsored public meeting on cable television, the Internet or other media	31%	30%
Used public transit (e.g., bus, subway, light rail, etc.) within Thornton	13%	32%
Visited a neighborhood park	74%	94%
Received assistance from a church or government program	14%	14%

**Table 9: Question 12**

Percent of respondents who spent at least 1 hour doing the following:	Older adults (age 60 and over)	Baby Boomers and Gen Xers (age 45 to 59)
Participating in a club (including book, dance, game and other social)	31%	20%
Participating in a civic group (including Elks, Kiwanis, Masons, etc.)	7%	5%
Communicating/ visiting with friends and/or family	92%	94%
Participating in religious or spiritual activities with others	58%	51%
Participating in a recreation program or group activity	44%	41%
Providing help to friends or relatives	81%	89%
Volunteering your time to some group/activity in Thornton	26%	20%

**Table 10: Question 13**

Percent of respondents who provided at least 1 hour of care to...	Older adults (age 60 and over)	Baby Boomers and Gen Xers (age 45 to 59)
One or more individuals age 60 or older	27%	28%
One or more individuals age 18 to 59	20%	30%
One or more individuals under age 18	20%	27%

**Table 11: Custom Question 15**

Percent of respondents who were "very" or "somewhat" likely to do each of the following at a Thornton senior or recreation center:	Older adults (age 60 and over)	Baby Boomers and Gen Xers (age 45 to 59)
Attend a fitness class (e.g., cycling, aerobics, etc.)	49%	57%
Attend an arts class (e.g., painting, crafts, music lesson, etc.)	35%	47%
Swim in an indoor pool or lazy river	43%	61%
Play basketball, racquet ball or tennis	16%	29%
Work out in the weight room	32%	50%
Take dance lessons (e.g., ballroom, salsa, swing, etc.)	23%	35%



Community Assessment Survey  
for Older Adults™

# City of Thornton

Results from CASOA™ and the  
Baby Boomers and Generation Xers Survey



January 2013

I

# CASOA™ Methods and Goals

## Assessment Objectives

- ✓ Identify community strengths and weaknesses
- ✓ Articulate the specific needs of older adults in the community
- ✓ Develop estimates and projections of resident need in the future

## Assessment Methods

- ✓ Multi-contact mailed survey
- ✓ Representative sample of 2,000 households of residents age 60+
- ✓ 757 surveys returned; 4% margin of error
- ✓ 39% response rate
- ✓ Data statistically weighted to reflect population

## Assessment Goals

- |  |   |  |
|--|---|--|
| <b>Immediate</b><br><ul style="list-style-type: none"> <li>✓ Useful information for:                             <ul style="list-style-type: none"> <li>✓ Planning</li> <li>✓ Resource allocation and development</li> <li>✓ Advocacy</li> <li>✓ Engagement</li> </ul> </li> </ul> | <b>Intermediate</b><br><ul style="list-style-type: none"> <li>✓ Improved program mix</li> <li>✓ Better quality programs</li> <li>✓ More effective policies</li> </ul> | <b>In time, a community of elders that is</b><br><ul style="list-style-type: none"> <li>✓ More engaged</li> <li>✓ More supportive</li> <li>✓ More empowered</li> <li>✓ More independent</li> <li>✓ More vibrant</li> </ul> |
|--|---|--|

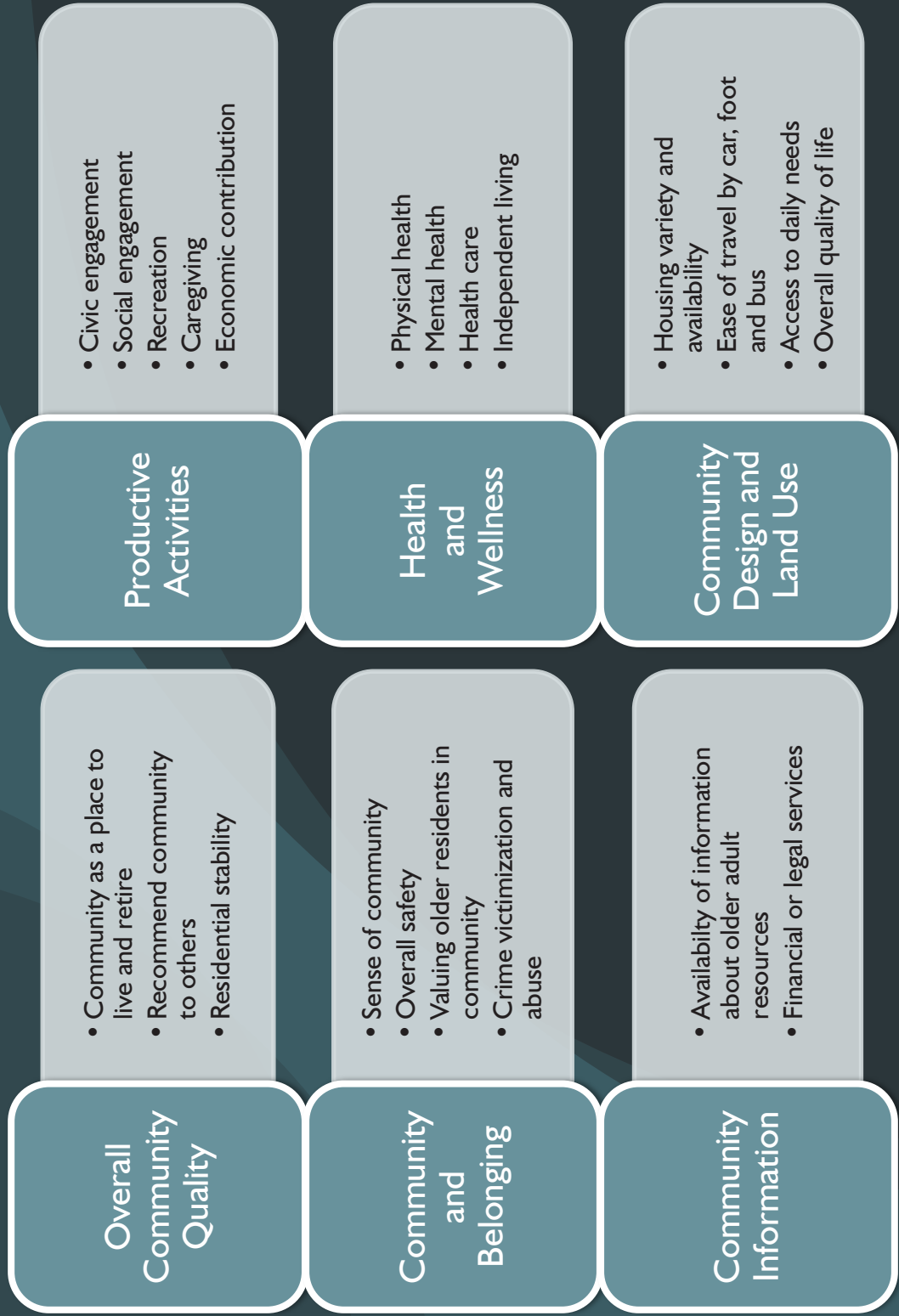
# Baby Boomer and Generation X Survey

## Assessment Methods

- ✓ Multi-contact mailed survey
- ✓ Representative sample of 2,000 households of residents age 45-59
- ✓ 428 surveys returned; 5% margin of error
- ✓ 22% response rate
- ✓ Data statistically weighted to reflect population



# Community Dimensions Assessed



# Respondent Characteristics

## Older Adults

- ✓ 50% lived in Thornton for over 20 years
- ✓ 38% had income less than \$25,000
- ✓ Age distribution
  - ✓ 32% 60 to 74
  - ✓ 37% 75 to 84
  - ✓ 20% 85 and over
- ✓ 94% registered to vote

## Baby Boomer/ Gen X

- ✓ 28% lived in Thornton for over 20 years
- ✓ 12% had income less than \$25,000
- ✓ Age distribution
  - ✓ 37% 45 to 49
  - ✓ 33% 50 to 54
  - ✓ 30% 55 to 59
- ✓ 93% registered to vote

# Thornton as a Place for Older Adults



# Thornton Community Readiness

## Older Adults

72

### Overall Quality of Community

Place to live  
Place to retire  
Quality of services to older adults

58

### Productive Activities

Volunteerism and employment  
Recreational activity  
Skill building and education  
Social, religious and civic activity

52

### Community Information

Older adult resources  
Financial and legal planning

61

### Community and Belonging

Sense of community  
Openness and acceptance  
Valuing older residents  
Neighborhoodness

60

### Health and Wellness

Overall safety  
Access to fitness and food  
Physical, mental and preventive health care

54

### Community Design and Land Use

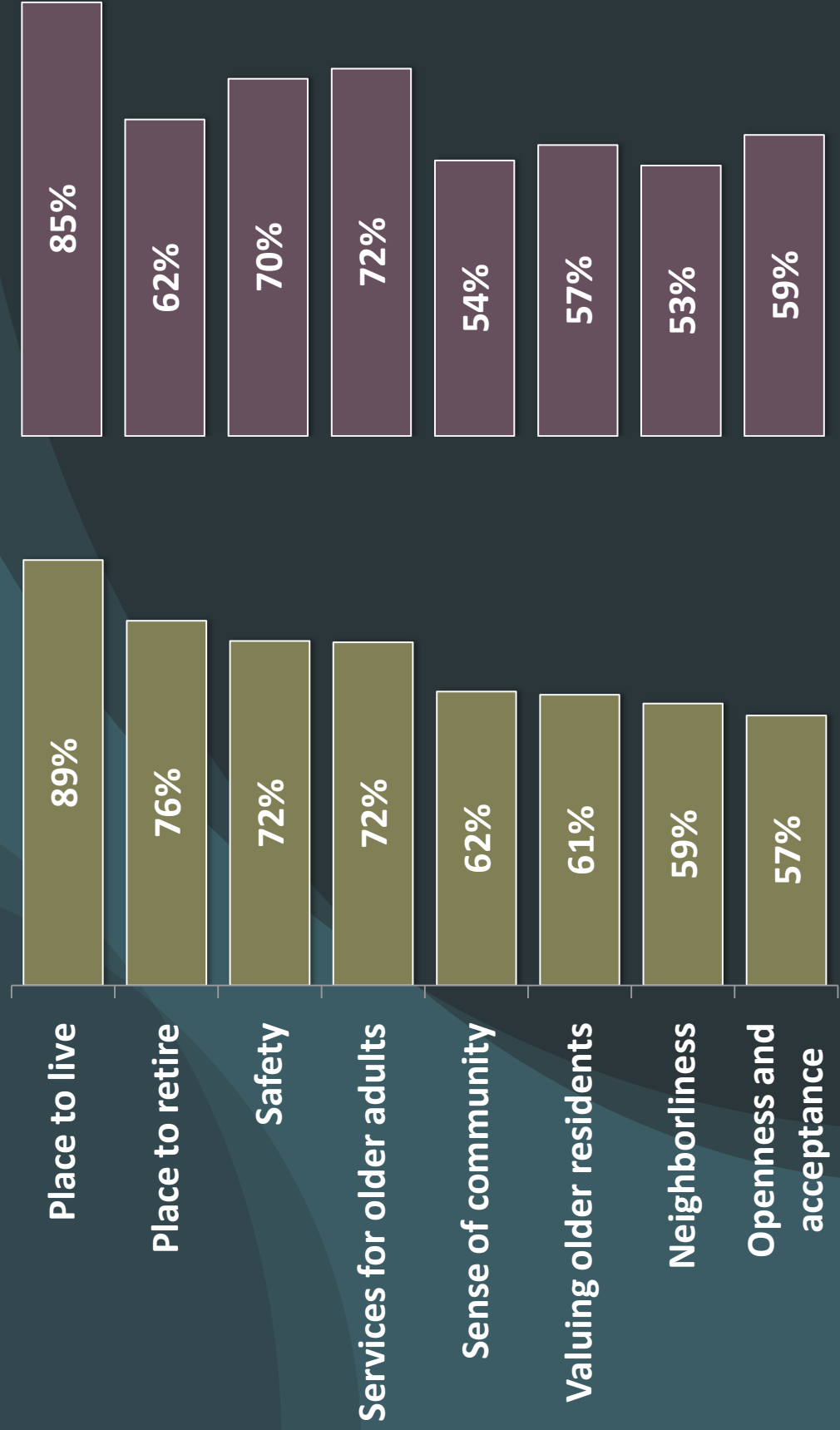
Travel by bus, car and foot  
Getting to places of daily activity  
Variety and affordability of housing

Scale: 0 = Lowest/most negative, 100 = Highest/most positive

# Thornton as a Place for Older Residents

## Older Adults

## Baby Boomers

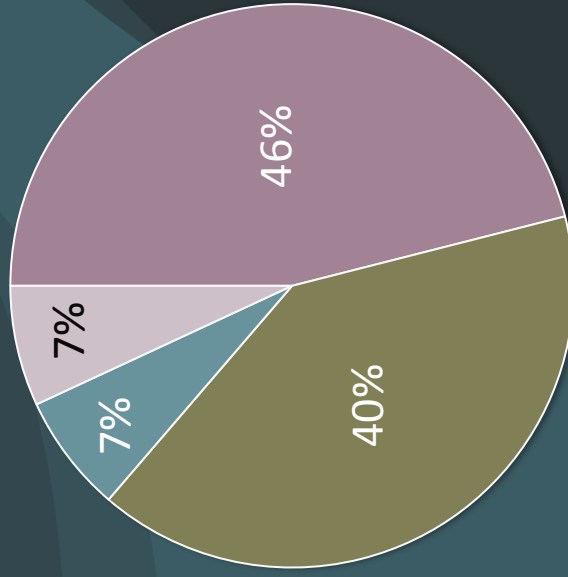


Percent "excellent" or "good"

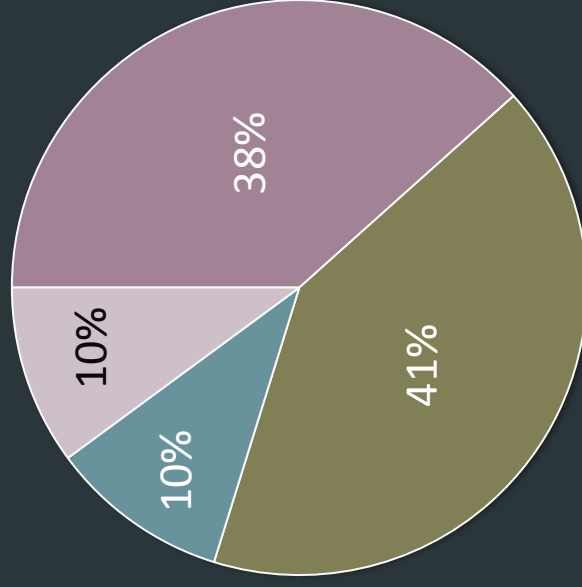
# Recommending Thornton

How likely are you to recommend living in the community to older adults?

## Older Adults



## Baby Boomers





# Community Needs and Strengths





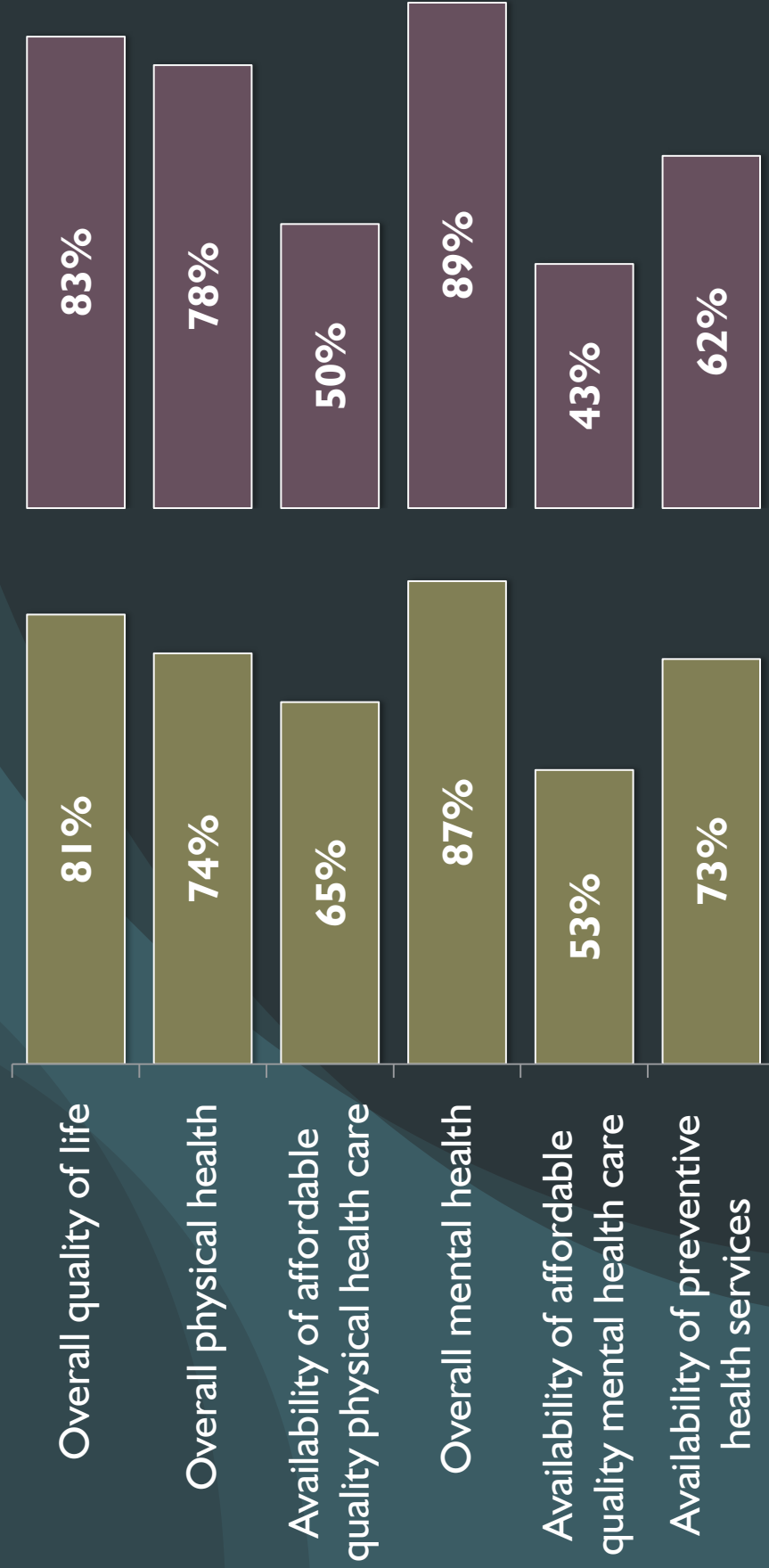
# Older Resident Needs Older Adults



# Health and Wellness Opportunities

## Older Adults

## Baby Boomers



Percent “excellent” or “good”

# Health and Wellness Needs

Older Adults      Baby Boomers

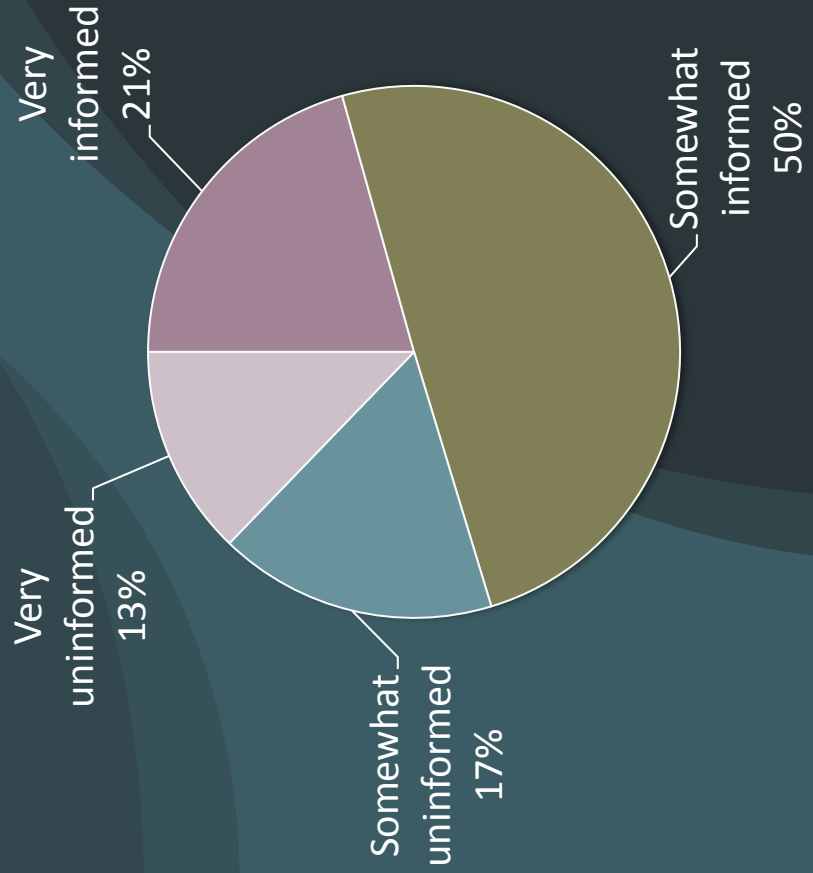


Percent at least a “minor” problem

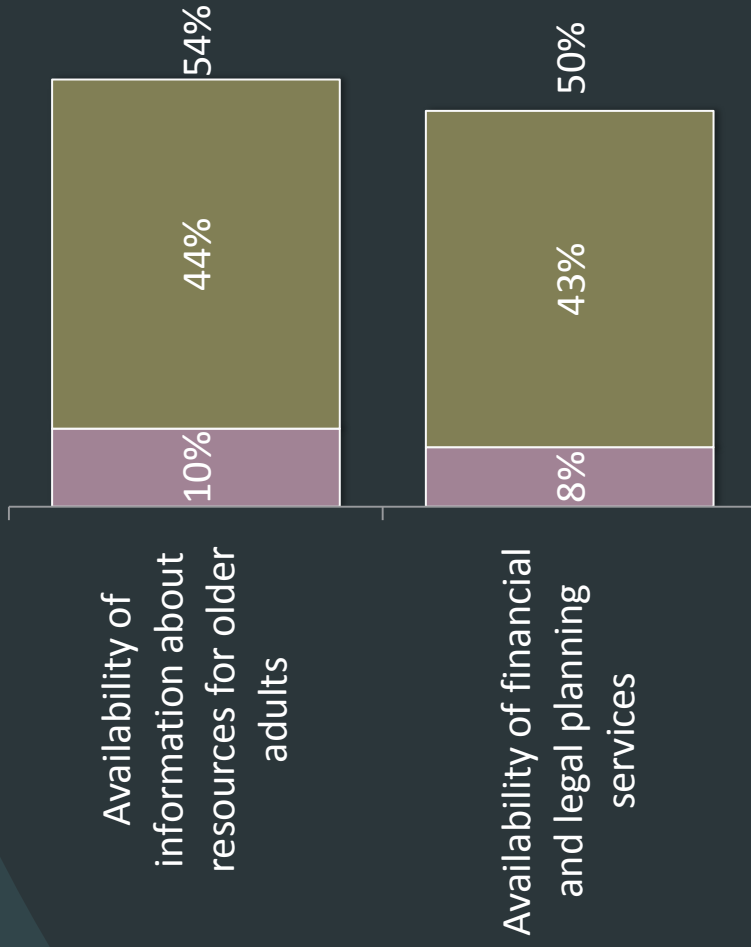
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# Community Information Opportunities Older Adults

In general, how informed or uninformed do you feel about services and activities available to older adults?



■ Excellent ■ Good



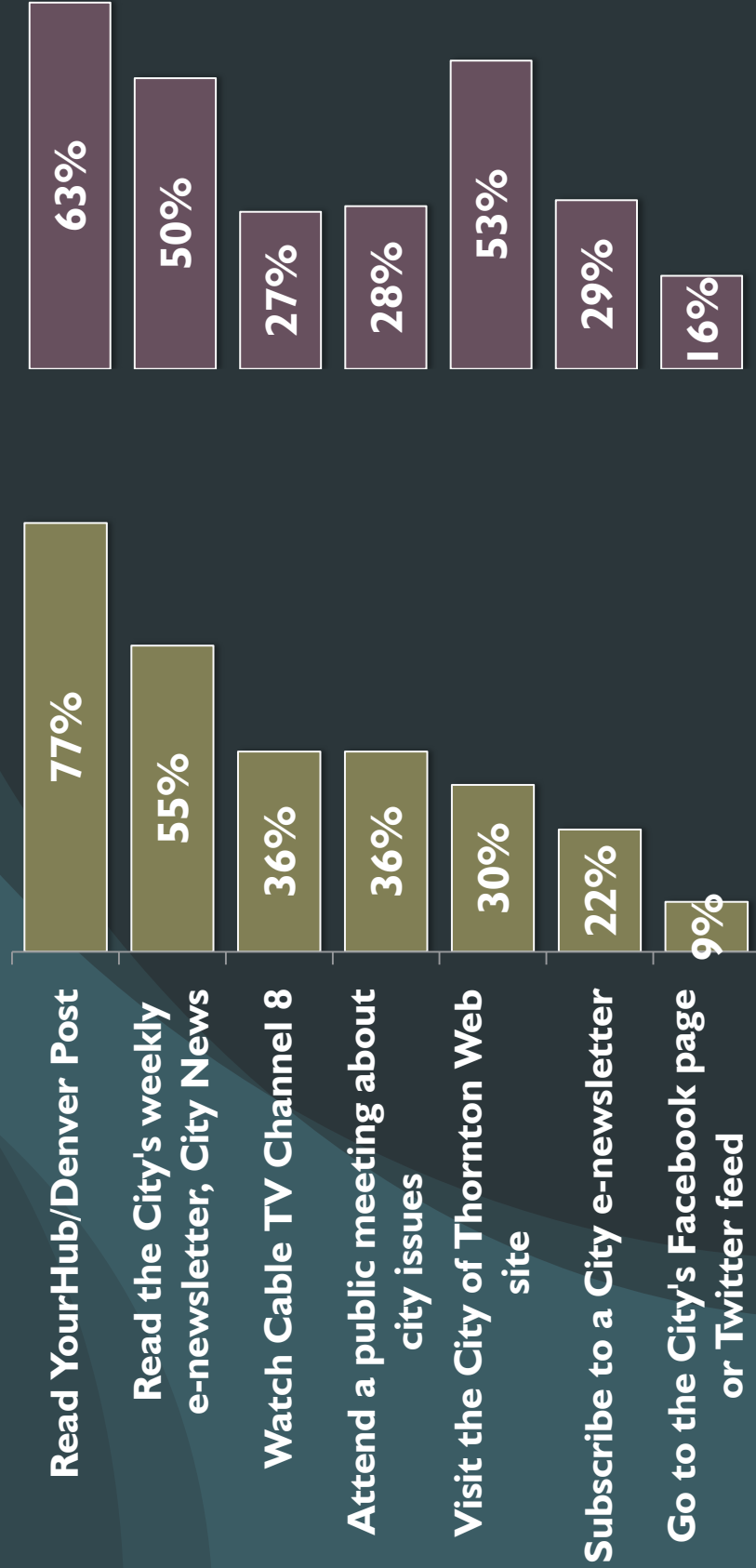
# Community Information Sources



How likely are you to use each of the following sources to get information about Thornton services and programs?

## Older Adults

## Baby Boomers



Percent "very" or "somewhat" likely

# Community Information Needs

Older Adults      Baby Boomers

Not knowing what services  
are available to older adults

57%

69%

Feeling like your voice is  
heard in the community

53%

64%

Finding meaningful  
volunteer work

33%

45%

Finding productive or  
meaningful activities to do

31%

48%

Expectations for retirement

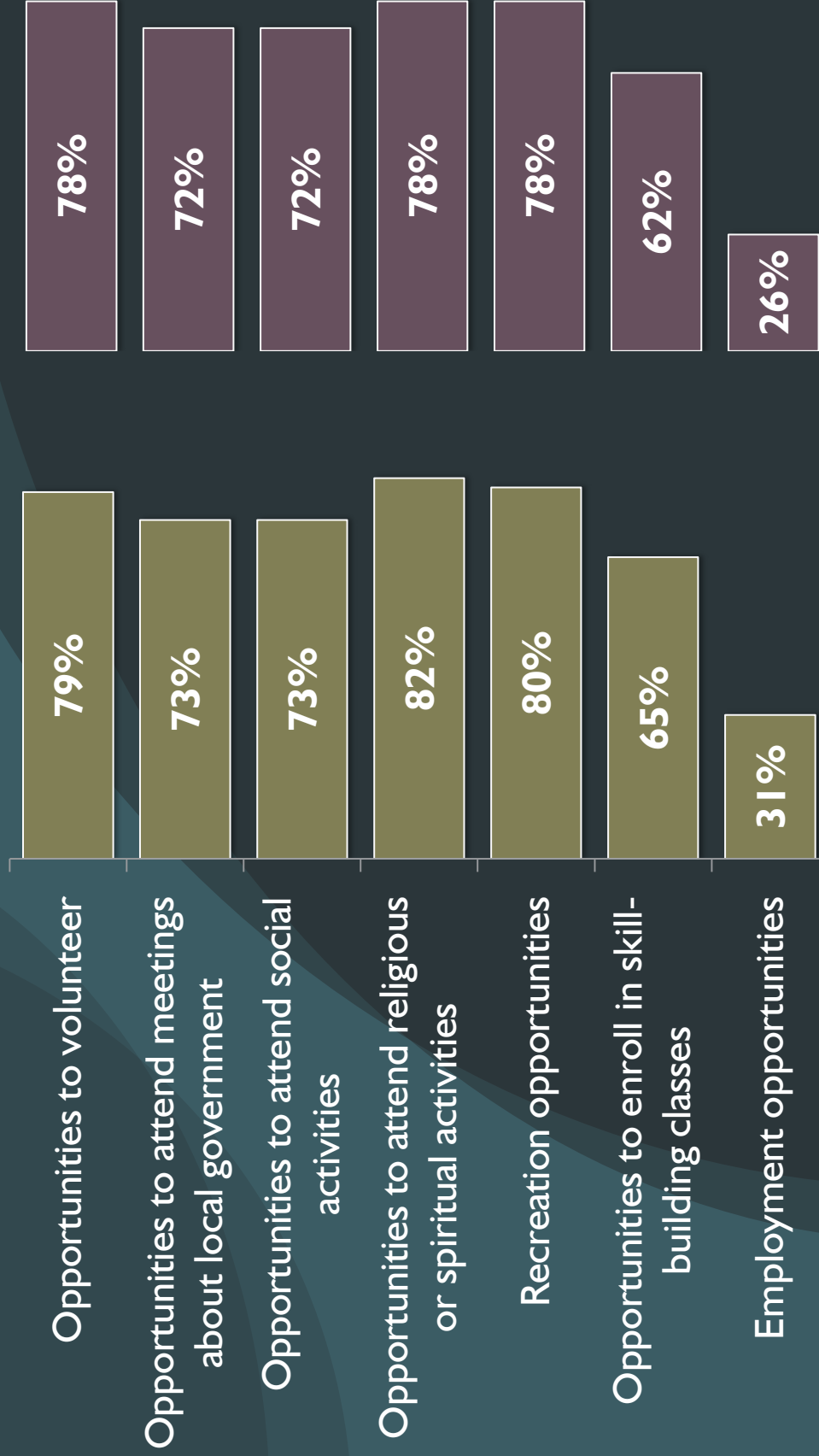
16

Percent at least a “minor” problem

# Productive Activities Opportunities

## Older Adults

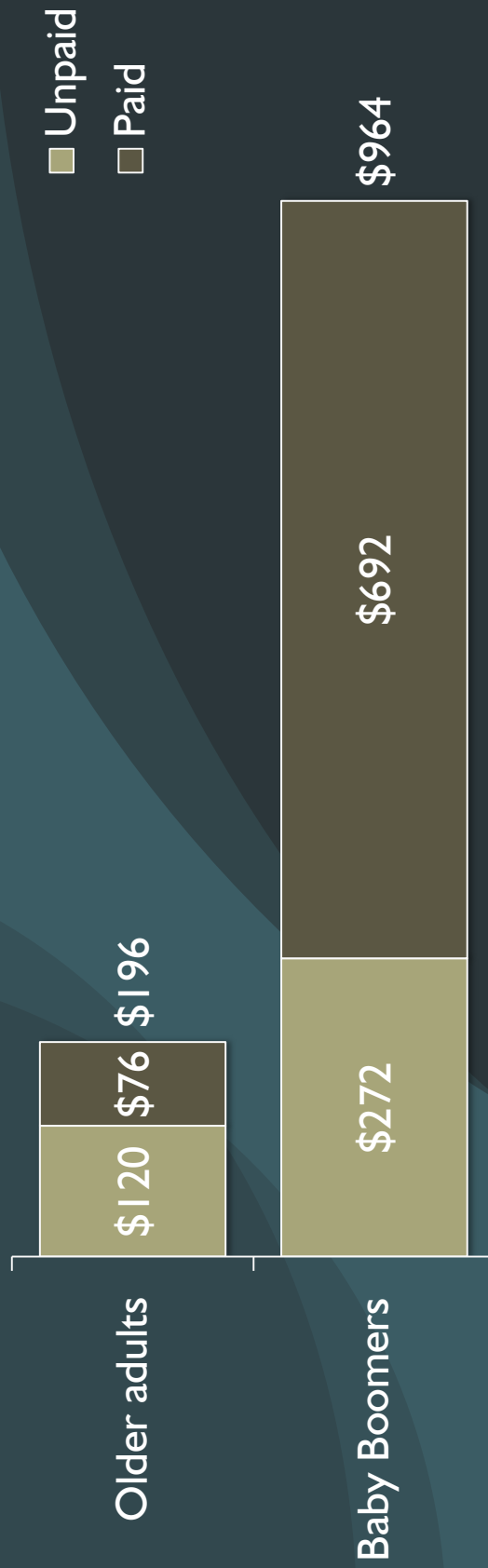
## Baby Boomers



Percent "excellent" or "good"



# Economic Contribution



Millions

✓ Paid

- ✓ Working part-time
- ✓ Working full-time

✓ Unpaid

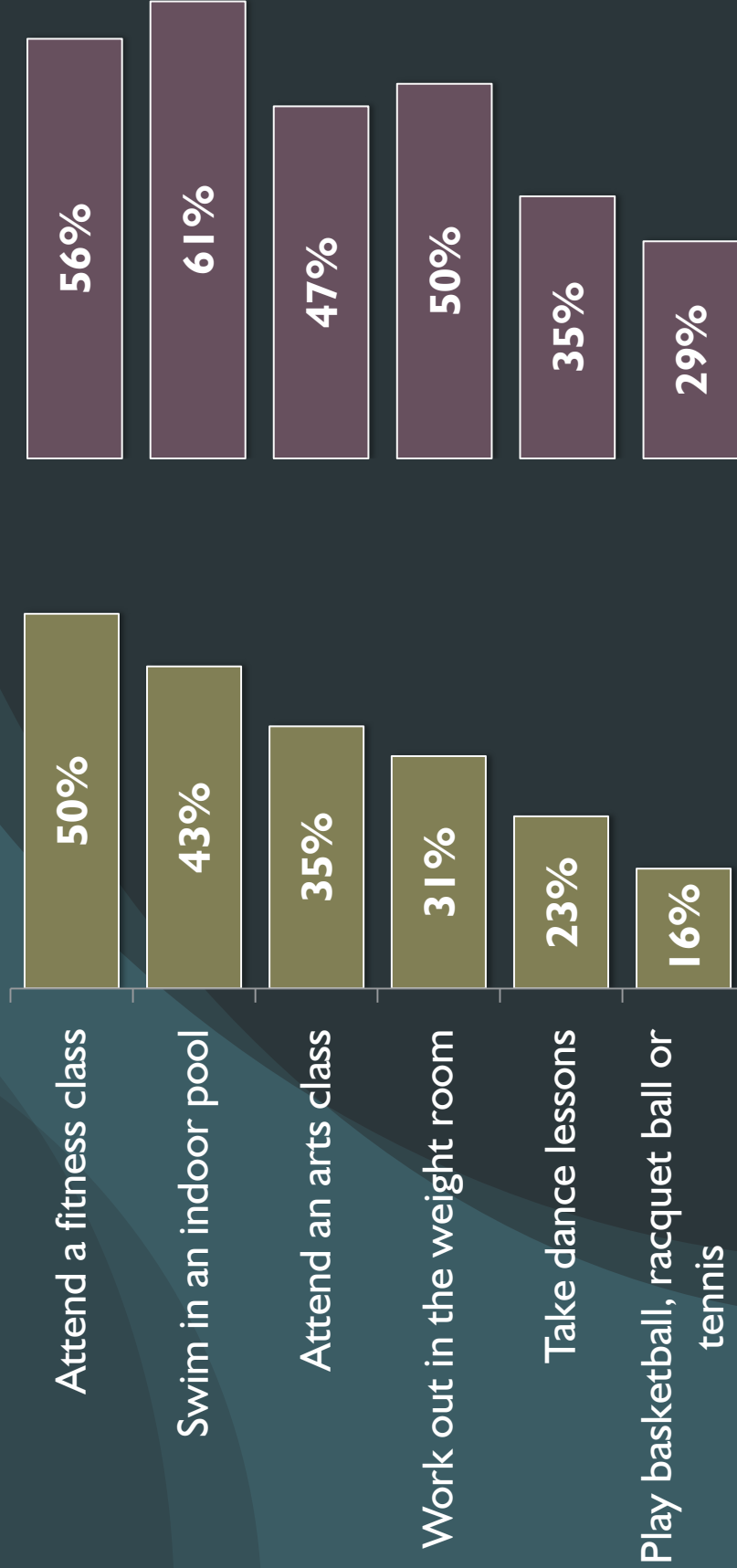
- ✓ Providing care to older adults
- ✓ Providing care to adults
- ✓ Providing care to children
- ✓ Providing help to family and friends
- ✓ Volunteering

# Community Participation

How likely would you be to do each of the following at a City of Thornton senior or recreation center?

## Older Adults

## Baby Boomers



Percent “somewhat” or “very” likely

# Productive Activities Needs

Older Adults      Baby Boomers



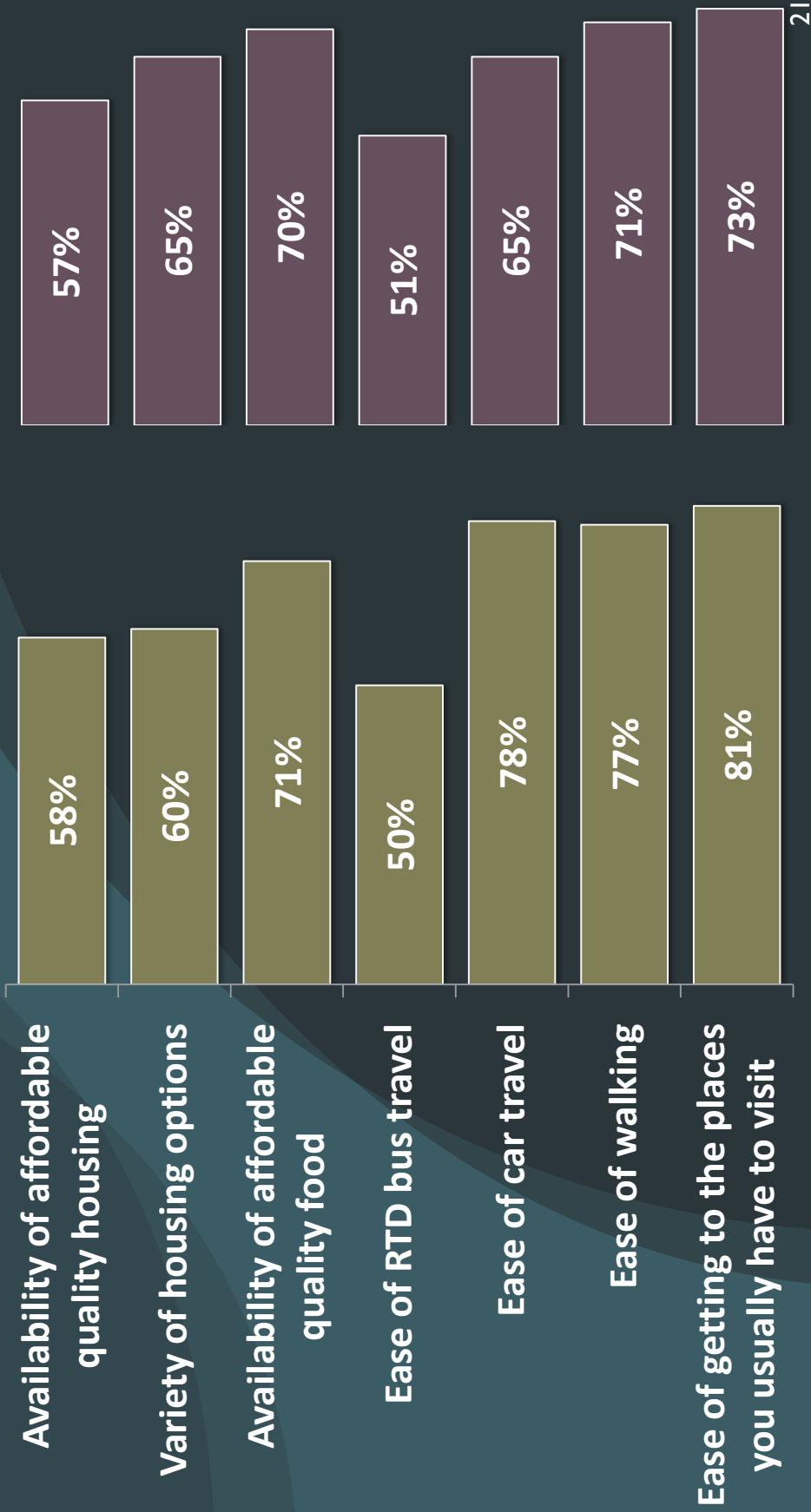
Percent at least a “minor” problem

20

# Community Design and Land Use Opportunities

## Older Adults

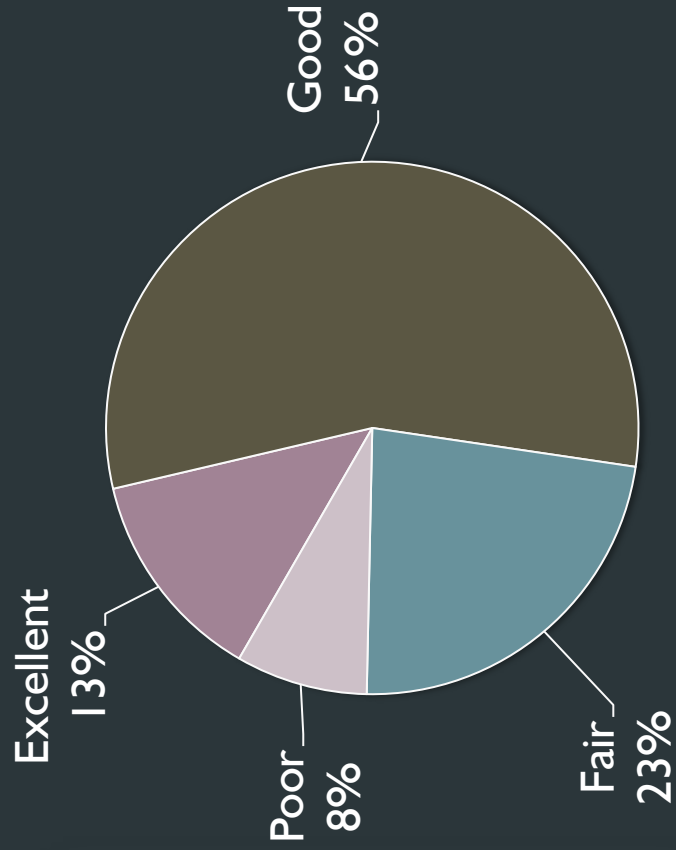
## Baby Boomers



Percent “excellent” or “good”<sup>21</sup>

# Senior Transportation Older Adults

Please rate the ease of travel by senior transportation (Dial-A-Ride, A-Lift, etc.)



# Community Design and Land Use Needs

Older  
Adults

Baby  
Boomers

Having safe and affordable  
transportation available

18%

Having housing to suit  
your needs

14%

Having enough to eat

11%

Expectations for retirement

46%

49%

34%

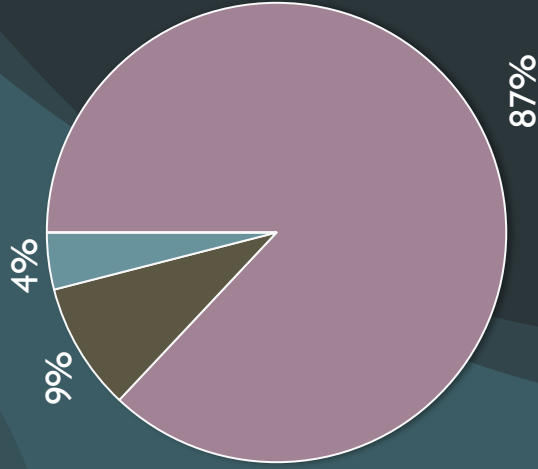
Percent at least a “minor” problem

23

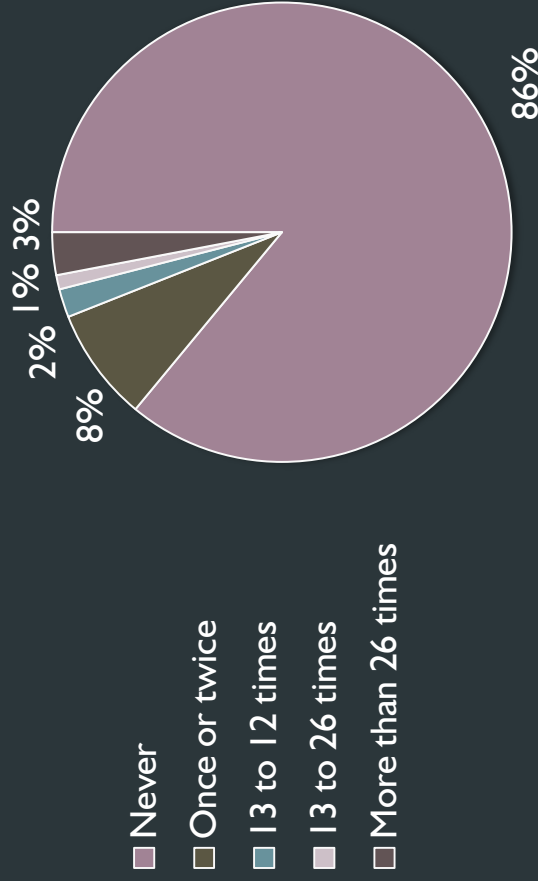
# Support for Older Adults

In the last 12 months, about how many times have you received assistance from a church or government program?

## Older Adults



## Baby Boomers





# Recommendations

25

# Recommendations

## Opportunity 1: Civic Engagement

- ✓ Increase participation of older residents in local governing and community decision-making
- ✓ Actively promote senior volunteerism
- ✓ Consider community design and land use policy to “build community”

## Opportunity 2: Physical and Mental Health

- ✓ Actively promote good health practices
- ✓ Provide attractive fitness opportunities
- ✓ Promote active-living communities
- ✓ Promote healthy eating
- ✓ Provide mental health screenings



Thank You!

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"Measuring What Matters"

## MEMORANDUM

To: Lisa Ranalli  
From: National Research Center, Inc.  
Date: December 13, 2012  
Subject: CASOA™ 2012 Results Compared to 2005 Senior Needs Assessment

In 2005, the City of Thornton conducted a senior needs assessment. In 2012, using a new survey instrument called CASOA™, the City surveyed again. A few questions can be compared between the 2005 Senior Needs Assessment and the 2012 CASOA™. Both the 2005 and 2012 survey endeavors included an additional survey of soon-to-retire Baby Boomers.

The following tables compare the City's results from the 2005 and 2012 surveys for similar items on both surveys. Any differences over time may be at least partially explained by the change in survey administration methods (mail in 2012 versus phone in 2005) and changes in question wording. Taking into account the range of error around results inherent in any surveying effort and those methodological changes, results generally are stable over time. Opportunities for social activities and the availability of information about older adult resources received ratings lower enough in 2012 that it is likely that older adults in 2012 saw this issues less favorably than in 2005.

Where question wording differed significantly between survey years, the 2005 wording has been noted in brackets in the comparison tables. Other differences in wording, methods or response scales have also been indicated.

**Table 1: Quality Ratings Over Time**

Percent of respondents who rated the following as "excellent" or "good":	Older adults		Baby Boomers	
	2012	2005	2012	2005
How do you rate Thornton as a place to retire?	76%	68%	62%	50%
Opportunities to volunteer [Volunteer opportunities]*	79%	92%	78%	NA
Recreation opportunities (including games, arts and library services, etc.) [Leisure or recreation activities]*	80%	94%	78%	NA
Fitness opportunities (including exercise classes and paths or trails, etc.) [Fitness or exercise programs, including swimming]*	83%	92%	82%	NA
Opportunities to attend social events or activities [Social activities, including card playing, bingo or billiards]*	73%	95%	72%	NA
Availability of information about resources for older adults [Information and referral services]*	54%	88%	NA	NA
How would you rate the overall services provided to older adults in Thornton?	72%	78%	NA	61%
How do you rate your overall physical health? [In general, would you say that your health is excellent, very good, good, fair or poor?]**	74%	77%	78%	83%
How do you rate your overall quality of life?	81%	83%	83%	74%

\*In 2005, these items were asked only of respondents who had participated in the activity provided by the City of Thornton.

\*\*For 2005, percent excellent, very good or good

**Table 2: Participation Over Time**

Percent of respondents who participated at least one hour in each of the following	Older adults		Baby Boomers	
	2012	2005	2012	2005
Participating in a club (including book, dance, game and other social) [Participating in a club or civic group]	31%	28%	20%	26%
Communicating/ visiting with friends and/or family [Visiting with family in person or on the phone and Visiting with friends in person or on the phone]*	92%	92%	94%	94%
Participating in religious or spiritual activities with others	58%	60%	51%	61%
Providing help to friends or relatives	81%	75%	89%	81%
Volunteering your time to some group/activity in Thornton [Doing volunteer work or helping out in your community]	26%	34%	20%	37%

Note: Questions from 2005 were asked on a 3-point scale of "no hours," "1 to 5 hours" or "6 or more hours" while the 2012 survey used a 5-point scale of "no hours," "1 to 3 hours," "4 to 5 hours," "6 to 10 hours" or "11 or more hours."

\*Asked as separate items in 2005: percent shows the average of the items.



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"Measuring What Matters"

## M E M O R A N D U M

To: Lisa Ranalli, City of Thornton

From: National Research Center, Inc.

Date: December 26, 2012

Subject: Thornton CASOA™ 2012 Regional Comparisons

The following tables compare the City of Thornton's results from its 2012 CASOA™ results to the 2010 CASOA™ results for Adams County, Jefferson County and the DRCOG AAA.

Overall, Thornton was generally perceived more positively than Adams County, Jefferson County and the entire DRCOG AAA.

- Areas where Thornton fared particularly well included overall services provided to older adults, availability of affordable housing, variety of housing options, ease of bus travel and employment opportunities.
- Respondents ratings of their quality of life and overall mental health and wellbeing was similar to the region overall.

Residents reported experiencing problems to a lesser degree than in the other communities:

- Fewer respondents in Thornton reported having problems with having safe and affordable transportation available, finding affordable health insurance or staying physically fit than in the region overall.
- Respondents reporting problems with performing regular activities, including walking, eating and preparing meals; problems with having enough food to eat; and problems with problems with doing heavy or intense housework were similar in Thornton when compared to the region.
- Participation in civic, social and recreational activities was generally similar in Thornton as in other areas. However, use of the senior center was higher in Thornton than in Adam County, Jefferson County or the DRCOG AAA while watching or attending public meetings was generally lower in Thornton.

**Table 1: City as a Place to Live Regional Comparisons**

	Thornton	Adams County	Jefferson County	DRCOG Area Agency on Aging (Reg. 3a)
Thornton as an excellent or good place to live	89%	75%	93%	87%
Thornton as an excellent or good place to retire	76%	62%	81%	74%

**Table 2: Community Characteristics Regional Comparisons**

	Thornton	Adams County	Jefferson County	DRCOG Area Agency on Aging (Reg. 3a)
Excellent or good opportunities to volunteer	79%	73%	84%	79%
Excellent or good employment opportunities	31%	15%	25%	21%
Excellent or good opportunities to enroll in skill-building or personal enrichment classes	65%	55%	73%	65%
Excellent or good recreation opportunities (including games, arts and library services, etc.)	80%	65%	86%	76%
Excellent or good fitness opportunities (including exercise classes and paths or trails, etc.)	83%	69%	88%	77%
Excellent or good opportunities to attend social events or activities	73%	56%	68%	64%
Excellent or good opportunities to attend religious or spiritual activities	82%	81%	89%	84%
Excellent or good opportunities to attend or participate in meetings about local government or community matters	73%	61%	67%	67%
Excellent or good availability of affordable quality housing	58%	38%	39%	40%
Excellent or good variety of housing options	60%	41%	49%	48%



	Thornton	Adams County	Jefferson County	DRCOG Area Agency on Aging (Reg. 3a)
Excellent or good availability of long-term care options	53%	Not available	Not available	Not available
Excellent or good availability of daytime care options for older adults	52%	Not available	Not available	Not available
Excellent or good availability of information about resources for older adults	54%	48%	56%	50%
Excellent or good availability of financial and legal planning services	50%	30%	50%	42%
Excellent or good availability of affordable quality physical health care	65%	44%	64%	56%
Excellent or good availability of affordable quality mental health care	53%	36%	52%	42%
Excellent or good availability of preventive health services (e.g., health screenings, flu shots, educational workshops)	73%	61%	71%	67%
Excellent or good availability of affordable quality food	71%	61%	75%	70%
Excellent or good sense of community	62%	44%	59%	54%
Excellent or good openness and acceptance of the community towards older residents of diverse backgrounds	57%	50%	62%	59%
Excellent or good ease of bus travel in Thornton	50%	32%	40%	44%
Excellent or good ease of car travel in Thornton	78%	73%	80%	77%
Excellent or good ease of walking in Thornton	77%	63%	72%	73%
Excellent or good ease of getting to the places you usually have to visit	81%	68%	79%	74%
Excellent or good overall feeling of safety in Thornton	72%	61%	80%	72%
Excellent or good valuing of older residents in Thornton	61%	50%	63%	59%

	Thornton	Adams County	Jefferson County	DRCOG Area Agency on Aging (Reg. 3a)
Excellent or good neighborliness in Thornton	59%	47%	58%	56%

**Table 3: Quality of Older Adult Services Regional Comparisons**

	Thornton	Adams County	Jefferson County	DRCOG Area Agency on Aging (Reg. 3a)
Excellent or good overall services provided to older adults in Thornton	72%	53%	66%	61%

**Table 4: Informed about Older Adult Services Regional Comparisons**

	Thornton	Adams County	Jefferson County	DRCOG Area Agency on Aging (Reg. 3a)
Informed about services and activities available to older adults in Thornton	70%	62%	63%	61%

**Table 5: Quality of Life Health Regional Comparisons**

	Thornton	Adams County	Jefferson County	DRCOG Area Agency on Aging (Reg. 3a)
Excellent or good overall physical health	74%	68%	77%	74%
Excellent or good overall mental health/emotional well being	86%	85%	89%	88%
Excellent or good overall quality of life	81%	77%	86%	83%

Table 6: Problems Regional Comparisons

	Thornton	Adams County	Jefferson County	DRCOG Area Agency on Aging (Reg. 3a)
Problems with having housing to suit your needs	14%	20%	13%	17%
Problems with your physical health	55%	64%	58%	59%
Problems with performing regular activities, including walking, eating and preparing meals	33%	36%	28%	30%
Problems with having enough food to eat	11%	15%	8%	10%
Problems with problems with Doing heavy or intense housework	60%	63%	56%	58%
Problems with having safe and affordable transportation available	18%	28%	26%	26%
Problems with no longer being able to drive	16%	17%	14%	16%
Problems with feeling depressed	31%	39%	36%	37%
Problems with experiencing confusion or forgetfulness	36%	38%	33%	33%
Problems with maintaining your home	37%	43%	39%	41%
Problems with maintaining your yard	44%	50%	43%	44%
Problems with finding productive or meaningful activities to do	31%	33%	29%	31%
Problems with having friends or family you can rely on	22%	30%	21%	26%
Problems with falling or injuring yourself in your home	24%	29%	20%	24%
Problems with finding affordable health insurance	24%	34%	30%	32%
Problems with getting the health care you need	17%	27%	22%	25%
Problems with affording the medications you need	23%	34%	27%	29%
Problems with figuring out which medications to take and when	10%	Not available	Not available	Not available
Problems with getting the oral health care you need	25%	35%	29%	32%

	Thornton	Adams County	Jefferson County	DRCOG Area Agency on Aging (Reg. 3a)
Problems with getting the vision care you need	24%	Not available	Not available	Not available
Problems with having enough money to meet daily expenses	36%	41%	33%	37%
Problems with having enough money to pay your property taxes	32%	33%	31%	31%
Problems with staying physically fit	50%	60%	58%	58%
Problems with maintaining a healthy diet	40%	45%	39%	40%
Problems with having interesting recreational or cultural activities to attend	41%	47%	36%	38%
Problems with having interesting social events or activities to attend	42%	48%	38%	40%
Problems with feeling bored	40%	46%	35%	39%
Problems with feeling like your voice is heard in the community	53%	59%	51%	55%
Problems with finding meaningful volunteer work	33%	32%	24%	28%
Problems with feeling physically burdened by providing care for another person	19%	Not available	Not available	Not available
Problems with feeling emotionally burdened by providing care for another person	21%	Not available	Not available	Not available
Problems with feeling financially burdened by providing care for another person	20%	Not available	Not available	Not available
Problems with dealing with legal issues	26%	34%	29%	32%
Problems with having adequate information or dealing with public programs such as Social Security, Medicare and Medicaid	33%	47%	40%	40%
Problems with finding work in retirement	28%	40%	33%	37%
Problems with building skills for paid	28%	36%	31%	34%

	Thornton	Adams County	Jefferson County	DRCOG Area Agency on Aging (Reg. 3a)
or unpaid work				
Problems with not knowing what services are available to older adults in your community	57%	63%	58%	61%
Problems with feeling lonely or isolated	28%	37%	27%	30%
Problems with dealing with the loss of a close family member or friend	32%	39%	33%	37%
Problems with being a victim of crime	15%	16%	12%	16%
Problems with being a victim of fraud or a scam	14%	16%	12%	15%
Problems with being physically or emotionally abused	7%	11%	5%	7%
Problems with dealing with financial planning issues	30%	36%	31%	35%

**Table 7: Hospitalizations and Falls Regional Comparisons**

	Thornton	Adams County	Jefferson County	DRCOG Area Agency on Aging (Reg. 3a)
Spent at least 1 day in a hospital in past 12 months	27%	21%	21%	20%
Spent at least 1 day in a nursing home or in-patient rehabilitation facility	9%	4%	3%	3%
Had at least 1 fall in the past 12 months	33%	36%	30%	31%

**Table 8: Recommend and Remain in Community Regional Comparisons**

	Thornton	Adams County	Jefferson County	DRCOG Area Agency on Aging (Reg. 3a)
Likely to recommend living in Thornton to older adults	86%	73%	84%	78%
Likely to remain in Thornton throughout retirement	93%	85%	87%	86%

**Table 9: Participation and Engagement Regional Comparisons**

	Thornton	Adams County	Jefferson County	DRCOG Area Agency on Aging (Reg. 3a)
Used a senior center in Thornton at least once in past 12 months	41%	31%	27%	26%
Used a recreation center in Thornton at least once in past 12 months	43%	39%	47%	43%
Used a public library in Thornton at least once in past 12 months	49%	51%	67%	66%
Attended a meeting of local elected officials or other local public meeting in Thornton at least once in past 12 months	24%	30%	33%	34%
Watched a local or other public meeting on cable television, the Internet or other media at least once in past 12 months	31%	37%	43%	42%
Used public transit (e.g., bus, subway, light rail, etc.) within Thornton at least once	13%	18%	27%	37%
Visited a neighborhood park at least once in past 12 months	74%	76%	85%	80%
Participating in a club (including book, dance, game and other social) for one hour or more per week	31%	27%	36%	33%
Participating in a civic group (including Elks, Kiwanis, Masons, etc.) for one hour or more per week	7%	10%	12%	12%
Communicating/ visiting with friends and/or family for one hour or more per week	92%	93%	97%	95%
Participating in religious or spiritual activities with others for one hour or more per week	58%	56%	63%	58%
Participating in a recreation program or group activity for one hour or more per week	44%	33%	48%	45%

	Thornton	Adams County	Jefferson County	DRCOG Area Agency on Aging (Reg. 3a)
Providing help to friends or relatives for one hour or more per week	81%	82%	88%	86%
Volunteering your time to some group/activity in Thornton for one hour or more per week	26%	28%	40%	38%

**Table 10: Caregiving Regional Comparisons**

	Thornton	Adams County	Jefferson County	DRCOG Area Agency on Aging (Reg. 3a)
Provides care to older adult for one hour or more per week	40%	42%	43%	40%
Provides care to adult for one hour or more per week	28%	32%	29%	29%
Provides care to child for one hour or more per week	29%	34%	28%	30%
Received assistance from someone almost every day	21%	15%	17%	16%



# Strategies and Resources Handbook 2012

Companion to CASOA™ Report of Results



Community Assessment Survey  
for Older Adults™



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## Introduction

With more than one-half of the Baby Boom generation now age 50 and older, the nation is increasingly becoming populated by older adults. One-third of the U.S. population reached this senior milestone in 2010. The graying of America can be understood in simple population counts. The number of people in the United States over the age of 65 is projected to more than double from 35 million in 2000, to 71 million in 2030. Additionally, a dramatic increase in the average age of the older population is expected. While 4.2 million persons were age 85 and older in 2000, further declines in mortality could lead to a five-fold increase in the number by 2040.<sup>1</sup>

This bubble in the demographic charts is largely the Baby Boom generation, the cohort of 75 million Americans born between 1946 and 1964, the largest generation ever, grown in no small part because of the optimism and prosperity that followed WWII. In the year 2006, the first wave of the Baby Boom generation reached the age of 60.

The Baby Boom generation is beginning to enter older adulthood, creating a new disruption in social institutions akin to what occurred when they were younger: crowding hospitals, schools and colleges, transforming markets, trends and the workplace.<sup>2</sup> In their later years, Boomers likely will have a similar impact on retirement, health, housing, transportation, education, community and family life.<sup>3</sup>

The “demographic revolution” that began in 1946 is expected to result in a broad array of challenges and opportunities in the near future and will create a great shift in national priorities.<sup>2</sup> Trends that are apparent include:

- Advances in medical and related sciences, coupled with trends in exercise and healthy lifestyles suggest that people will not only live longer but the number of Americans who live up to and beyond 85 years of age will continue to grow<sup>4</sup>
- Older adults will be wealthier and better educated than past generations<sup>4</sup>
- Baby Boom retirees will have a stronger desire to make contributions beyond traditional retirement<sup>5</sup>
- People are likely to stay in the workforce longer than ever before<sup>6-8</sup>
- The older adult population will be more racially and ethnically diverse<sup>4</sup>
- The epicenter of economic and political power will shift from the young to the old<sup>4</sup>

How the increase in older Americans fully will affect society largely remains speculation. However, what is clear is that the current demographic trends are likely to change fundamentally the way older adult life is lived.

Aging not only occurs to nations and individuals, it happens to communities. Hoping for healthy older adults cannot transform the inevitable declines that most people face as they age. Even a healthier America will not avert the need to assist older adults who are frail. The Older Americans Act (OAA) currently supports a national aging services network that provides home and community-based services to over eight million older adults. Services provided by the network include home-delivered meals, nutrition education, transportation, adult day care, health promotion and the support of caregivers.<sup>9</sup> But the OAA alone cannot ride to the rescue of those among the 75 million aging Baby Boomers who will press unprecedented demands on this country’s social services. More must be done and done by more actors. The traditional model of government service to needy recipients is unsustainable.

Therefore, much of the planning for this demographic swell must be led not just by Congress and national organizations, but by city councilors, Area Agency on Aging advisory boards, county commissioners, faith communities, service club members, college presidents, hospital administrators, business owners and community members. An aging world need not be a place where human resources diminish and productivity flags. With proper planning, communities filled with older adults can become centers of high quality human scale living, anchored by the contributions of civically engaged older residents.

American communities can choose a future that both protects vulnerable older adults and challenges those who thrive. A well-conceived and updated community will provide care to older adults that need it at the same time empowering older adults with far greater opportunities than exist now to age successfully and contribute. But not every community faces the same future nor do all older residents seek the same services. Whatever the unique needs in each community, one common circumstance will prevail. Resources will have to be reallocated. As populations age there will be changes in taste that will affect local news, arts, politics and even groceries, but needs that require more planning will emerge and anticipation of those needs will lead to communities that prosper because they are comfortable for and attractive to older adults.

In its monograph, “Active Living for Older Adults,” the International City/County Management Association (ICMA) calls for **involving “older residents early in the decision-making process,”**<sup>10</sup> and to do that with, among other tools, surveys of older adults themselves. Older adult needs cannot be understood clearly without talking to older adults, so a statistically valid survey of older residents is essential to hear the voice of the people who are to be served. Your CASOA™ report offers a picture of community need that creates a model of local challenges and priority solutions. This handbook is designed to guide you in interpreting your survey results, so that challenges may be addressed and solutions realized that best fit the unique needs of your community.

## Using the CASOA™ Handbook

The Community Assessment Survey for Older Adults (CASOA™) provides a statistically valid survey of the strengths and needs of older adults as reported by older adults themselves in communities across America. Conducting CASOA™ is intended to enable local governments, community-based organizations, the private sector and other community members to understand more accurately and predict more carefully the services and resources required to serve an aging population. The report of results is available under separate cover and it shares the same structure as this handbook, based around six community dimensions:

- Overall Community Quality
- Community and Belonging
- Community Information
- Productive Activities
- Health and Wellness
- Community Design and Land Use

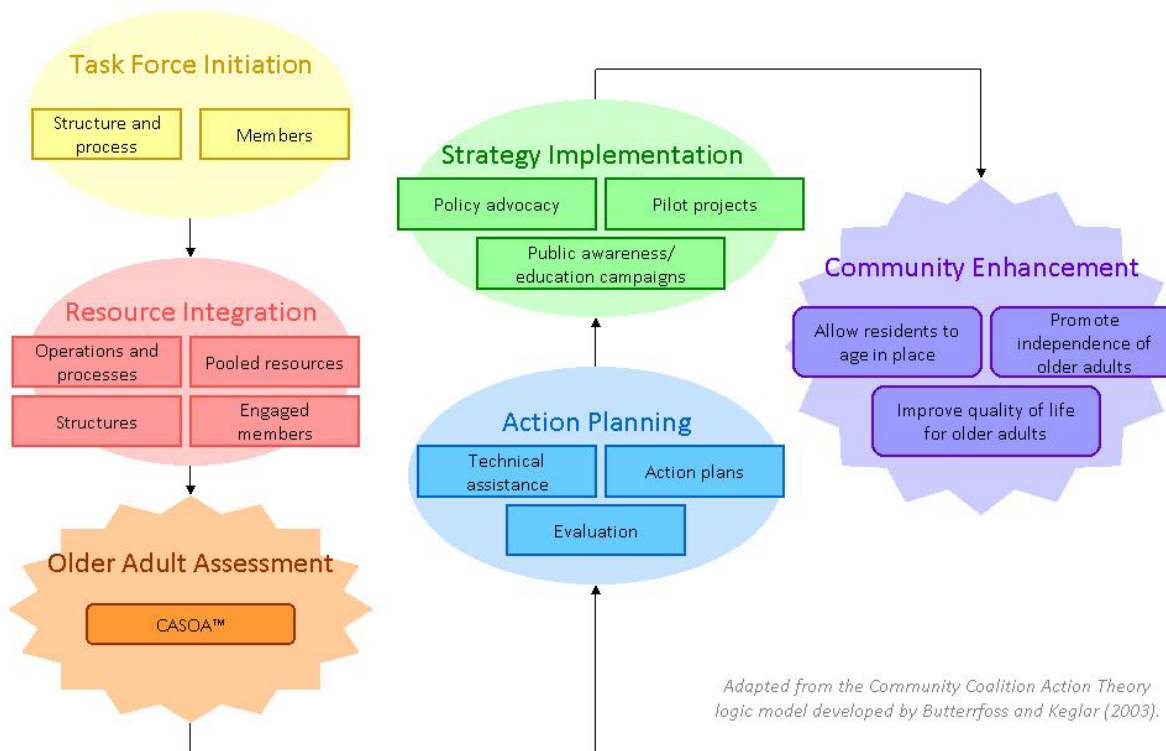
This handbook is designed to accompany a community’s CASOA report in order to facilitate better understanding and more effective implementation of the data. Each section of survey results in the report of results matches a section in this handbook that contains useful tips for interpreting and utilizing those results. Within each of these categories, communities may demonstrate vastly different areas of strength and need related to older adults. **Together, these strengths and needs provide a picture of a community’s “readiness” to support aging in communities in the coming years.**

# Strategies for Livability

## Overall Community Quality

Results that matter get acted upon, so a valuable step to help ensure that the results of this assessment are used is to establish or empower an existing older adult task force or coalition that can decide which of these results matter. Given the upcoming nationwide significant growth in the number of seniors, the need for collaboration is great among government, community-based organizations and the private sector. Whether large or small, coalitions help strengthen communities through developing planning capacity, increasing collaborative problem solving, promoting cooperation, developing advocacy capacity and increasing information access.<sup>11</sup> A model of how an older adult coalition or task force might proceed with CASOA™ data is presented in the figure below.

**Figure 1: A Model of Older Adult Coalition Functioning**



*Adapted from the Community Coalition Action Theory logic model developed by Butterfoss and Keglar (2003).*

CASOA™ results can be used to develop an action plan that would identify areas for policy work, design public information campaigns and strategies to generate resources to fund pilot projects in the community. In addition, the consortium may have members or outside experts provide periodic lectures or host discussions on issues important to serving older adults, identifying trends in senior programming and the best practices to promote successful aging.

A coalition of older adults not only may serve as the vehicle by which recommendations for action arrive at the desk of staff and elected officials, but such a coalition offers an opportunity for its members to engage in relevant community service. Engaging with neighbors helps knit together a community of individuals, who, without that engagement, could face social isolation and the threat of dependency.

## Community and Belonging

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The connection with family members, friends, community members and organizations is a necessity for successful aging. Communities looking to increase the cohesiveness of networks for older residents might consider the following strategies.

### 1. Consider community design and land use policy to build community

Advocates argue the importance of community planning and land use to provide opportunities for civic life and activity. For more information on urban design guidelines that promote community building, see the Urban Design Advisory Service's *Seniors Living Policy: Urban Design Guidelines for Infill Development*,<sup>12</sup> *Livable Communities for Older People*,<sup>13</sup> the *Beyond 50.50 Survey*<sup>13</sup> and *How Age Friendly is Your Community?*<sup>14</sup>

### 2. Encourage neighborliness

The decline in neighborliness in American communities is one often discussed by those interested in social capital, community design and community safety. This decline also has profound effects on homebound seniors to whom neighbors used to provide significant social support. Some local governments and communities are trying to promote neighborliness through a variety of actions, including: 1) adopting community design policies related to new urbanism (e.g., porches, sidewalks and common spaces), 2) encouraging neighborhood watch programs and 3) generally promoting neighborhood interaction through activities such as social events and festivals, “ladies luncheons” and game nights, neighborhood pedometer challenges and clean-up programs. The Foundation of San Diego funds a program that provides grants to neighborhood groups to organize, run volunteer programs and provide services to community youth.<sup>15</sup>

### 3. Promote intergenerational programs

Multigenerational interaction and civic activity is on the decline in America.<sup>16</sup> Strategies to involve older residents with younger community members can be effective not only to increase the social engagement of seniors but also to fulfill other community needs such as tutoring high-risk youth, providing after school care for latchkey kids, recruiting foster grandparents for special need children and more. Activities beyond multigenerational volunteerism also can be promoted, such as recreation, pen-pal programs, nursing home partners, and events such as “Grandparents’ day” at school. For more information on programs which develop intergenerational relationships and multigenerational volunteerism see the Maryland Intergenerational Coalition’s *How to Start Intergenerational Programs in Communities*<sup>17</sup> and *Social Engagement: A Multi Generational Vision*.<sup>18</sup>

### 4. Create social resources for high-risk populations

Residents with serious health problems and those caring for them often cannot participate in many of the social opportunities existing in communities. Support groups and peer support programs have become a successful tool used to mitigate many health and social

issues including social isolation. One-on-one peer support programs for caregivers have been found to be effective and are increasingly promoted to reduce the isolation and depression of caregivers.<sup>19</sup> Peer support also has been used to promote senior fitness and chronic disease management. Detailed strategies in peer support programs appear in *Report from NTAC's National Experts Meeting on Emerging New Practices in Organized Peer Support*.<sup>20</sup>

In addition to peer support, caregiver respite programs also provide opportunities for older adults to gain social interaction. Caregiver respite has been a predominant issue in senior services for the past decade and will continue its prominence as the Baby Boomers begin to experience reductions in their ability to perform activities of daily living. Respite can be delivered through adult day care and drop-in-centers, in-home services, and out-of-home stays at community or medical facilities. A variety of resources are available for those planning respite programs including *Promising Practices Issue Brief*,<sup>21</sup> *Respite Services of Caregivers*<sup>22</sup> and *Respite Care: Probably Effective Practice. Outreach Strategies*.<sup>23</sup>

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## Community Information

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Many older residents express needs for general information and planning as well as for specific information about services offered to seniors and help with Social Security and Medicare. Financial and legal planning also are areas where a sizable number of older residents could benefit from community assistance. Communities interested in increasing community capacity for information and planning services might consider the following actions.

### 1. Increase public awareness of programs and services

Increasing older adult awareness of services may help decrease unmet needs as well as frustration when older adults look for information. Better information may promote quality of life when residents learn about opportunities such as health screenings and physical and social activities.

As local governments act to engage older adults in creating senior-friendly communities, it is essential to understand where residents learn about local affairs. Transmission of information represents half the effort in most successful communication relationships (reception representing the other half), so it is important to reach a large number of readers, viewers and listeners at the media fountain where they typically drink. Since there may be generational preferences in information sources,<sup>24</sup> maximize communication across a range of media by focusing resources on the outlets that attract the segments of older adults sought and save resources that otherwise would fund less effective sources.

Regional newspapers, the local newspaper, television and local government's newsletter represent important media for increasing awareness of local service opportunities and relevant policies. Working with employers and faith-based organizations can provide additional outlets for information flow.

### 2. Develop a clearinghouse for all services offered to seniors in community

There is need not only to increase knowledge about services offered by local governments but also information about services provided by other organizations. Valuable services are currently offered by private, public and nonprofit agencies with a lack of centralized location for people to find out about services (or without most local older adults being aware of that central repository). Increasing knowledge about services to older adults may



decrease the burdens placed on local government by spreading the demand among government and non-governmental agencies.

This information clearinghouse might be pursued best through the older adult task force or coalition recommended earlier. The goal would be to assemble an entire resource directory of all services for older adults offered in the community and also in nearby communities. Once completed, the directory should be available online as well as at each facility offering older adult services.

### 3. Offer information and planning activities on a large scale

Local governments and community-based nonprofits already offer information seminars, lectures and workshops on a variety of relevant quality of life topics for older adults – like estate planning, dealing with Medicare and improving health. Nevertheless, stepping up the number, frequency and dispersal of these live information offerings will reach more residents in need and help reduce needs in two ways: 1) by driving participants to service providers who can help to mitigate those needs and 2) by educating residents to solve by themselves the manageable problems they confront.

To maximize the dispersion of these information sessions, consider working with employers and faith-based communities to provide seminars and encourage information sharing and planning. “Resource kits” can be printed and distributed through community organizations to increase dissemination.

### 4. Go virtual

The Internet will become an even more important “connector” for Baby Boomers and subsequent generations. Although the benefits of virtual socialization are not as well established as the more traditional modes of interaction, the Web may hold promise for older residents with mobility issues and caregiving responsibilities.

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## Productive Activities

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Older residents in many communities across the nation demonstrate significant needs in the area of civic engagement. Civic activity, whether it is through volunteering or participating in community decision-making, not only provides benefit to communities but also serves seniors themselves. Studies have found that volunteering in later life is associated with physical and functional health, lower injury rates and better psychological well-being. Those who volunteer are less likely to become injured or to die prematurely.<sup>25</sup>

The power of older adults can be harnessed to the benefit of the community in the coming years. The literature on older adult civic activities finds that seniors are very well engaged in electoral participation (i.e., voting) and more engaged than the average American in volunteering and community service. It remains to be seen how Baby Boomers will compare to their older counterparts when it comes to making unpaid community contributions to society during their retirements. If a community seeks to increase the civic engagement of older residents, its decision makers may wish to consider a number of the following actions.

#### I. Actively promote senior volunteerism

Barriers, both real and perceived, to older adult volunteering include the difficulty of linking supply (volunteers) with demand (volunteer opportunities), insufficient public

awareness about volunteer opportunities, workplace policies too inflexible to encourage employees to volunteer, insufficient transportation and ageism.<sup>26</sup> One basic and potentially powerful step to get older adults involved is simply to ask them.<sup>27</sup> A study found that older adults were five times more likely to volunteer if only they were invited.<sup>28</sup> The Corporation for National and Community Service Web site<sup>29</sup> lists effective practices on recruiting senior volunteers.

The oncoming wave of Baby Boomers has the potential to be the backbone of civic activity. The Center for Social Development suggests an “institutional capacity” perspective to leverage older adult engagement:

- Access: opportunities must be available that address barriers such as transportation, physical health, need for continued employment, lack of knowledge of a specific issue and lack of technological skills.
- Expectations: Community expectations can shape volunteerism. “Norming” can convey civic engagement as a societal obligation.
- Information: Public education about needs and contributions of older volunteers can be beneficial and help shape the expectations of younger adults for their retirement years.
- Incentives: Older adults are most interested in volunteer work that gives them “a chance to give back,” utilizes skills and shows impact.
- Facilitation: A range of activities can help recruit and sustain older volunteers including orientation, readings, computer training and other education. Sometimes financial incentives are used to facilitate volunteerism through minimal stipends or tax credits.<sup>30</sup>

To increase older adult volunteerism, communities might pursue a number of the following promising practices:

- Offer incentive programs to increase volunteerism.
- Governments can incent volunteerism through a number of incentive programs including travel reimbursements<sup>31</sup> and tax credits/abatement.<sup>32</sup>
- Develop an online clearinghouse of volunteer opportunities.<sup>33</sup>
- Support program and services that facilitate the exchange of non-cash incentives<sup>34</sup> and “time banking” opportunities.<sup>35</sup>
- An increasingly popular model to encourage community engagement and resource sharing is “time-banking” whereby residents “pay it forward” by assisting folks in need while they are able in return for services provided them at a later date.
- Support innovative programs including the Volunteer Generation Fund,<sup>36</sup> Encore fellowships,<sup>37</sup> Experience Corps<sup>37</sup> and Silver Scholarships.<sup>37</sup>

The New York State Commission on National and Community Service has created a summary of recent literature on the best practices in older adult volunteerism in the white paper: NGA Policy Academy on Civic Engagement Older Adults, Baby Boomers, and Volunteerism Annotated Bibliography.<sup>32</sup>

It takes dedicated resources to have a quality volunteer program, often with a volunteer coordinator and record-keeping functions. These costs should not be underestimated. It is likely that funding opportunities will be increasingly available in the area of volunteerism and organizations and governments must be ready to apply for those funds. Often, funding

for volunteer programs are simply not adequate to cover all program activities, so partners should consider collaboratively sharing resources for community-wide volunteer efforts.

## 2. Consider the social and leisure interests of Baby Boomers

Baby Boomers express a wider range of interests than those in the generations before them and tend to be less attracted to activities associated with senior citizens (including senior centers themselves).<sup>38</sup> Senior centers and programs need to adapt to the new attitudes and interests of the young-old as they can continue to offer social engagement opportunities for older residents. In a study by the Ohio Department of Aging, Baby Boomers were found to be more interested in travel, computers, fitness, cultural events and continuing education than residents in the 65 to 70 year age range. The greatest discrepancies between Baby Boomer interest and current senior center programming were in the areas of gardening and sports (participation and viewing) – where Baby Boomers reported an interest greater than the number of programs being offered.<sup>38</sup>

## 3. Increase participation of older residents in local governing and community decision-making

As local governments consider the diversity of their planning boards and oversight committees, the age of participants should become one of the diversity criteria. As communities age, there will be a natural accumulation of older adults who may be interested in serving. Older adults will need to be made aware of the opportunities to contribute. Sometimes special accommodation may need to be made to permit an older adult with the motivation but without the mobility or physical health to become civically engaged.

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## Health and Wellness

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Good health rarely comes without effort. Public health literature clearly shows the benefits that come from physical activity, nutrition, cognitive exercise and preventive healthcare but the lifestyles that support these choices must be encouraged and nurtured. Opportunities to promote healthy lifestyles can come from public policies that require walk-friendly streetscapes to programs that bring to grocery stores fresh local fruits and vegetables to diabetes prevention trainings.

Nationally, significant efforts have been made to promote wellness through healthier living (e.g., Healthy People 2020) and older adults face many of the same lifestyle challenges that are faced by other community members. Still, the geriatric literature offers scores of reports about senior health promotion practices. Health promotion and continued prevention of chronic disease aid in maintaining the quality of life of older residents. Strategies to help seniors stay healthy include the following.

### I. Consider community design features to promote active living in communities

Much is published about the importance of the built environment and its role in promoting physical activity. A recent review of literature on environmental factors that affect physical activity has found many significant associations between health and the accessibility of facilities, opportunities for physical activity, pedestrian-friendly street plans<sup>39</sup> and safety.<sup>40</sup> Focusing on community planning and design features that emphasize concepts of New Urbanism and Smart Growth may have strong impacts not only on older adult physical activity but also on traffic, environmental quality, community safety and opportunities for building social capital.<sup>41-44</sup> For more information on planning communities that promote

active aging, see the Partnerships for Prevention's guide: *Creating Communities for Active Aging*,<sup>45</sup> the Active Living Leadership's *Primer on Active Living for Government Officials*<sup>46</sup> and Robert Wood Johnson Foundation's *Leadership for Healthy Communities*.<sup>47</sup>

## 2. Pursue policies encouraging universal design and senior housing options that require less maintenance burden

As with many of the other need areas for older residents, creating or modifying zoning and building codes to promote universal design features and allow for more flexible housing choices will reduce the amount of services needed to modify and maintain senior homes for future generations of older residents.

## 3. Pursue programs that will attract medical providers and facilities to the region

A variety of programs have been developed to attract medical providers to areas where compensation does not square with living costs. Loan repayment programs, training scholarships and housing credits are incentive programs that might be pursued. Some communities provide incentive to attract physicians interested in Locum Tenens (temporary or "moonlighting" work).

## 4. Coordinate medical services across adjacent communities.

There are many preventive services provided throughout a given region, although not all communities may be equal in what is available. Greater collaboration between government agencies via discussions, task forces, MOUs, etc., could assist in aiding areas where less service is provided.<sup>48</sup> Resource sharing and regional coordination can aid in providing service to areas where the population density and geography preclude adequate access.

## 5. Improve access to screenings and programs for depression, anxiety and Alzheimer's/dementia

Programs for mental health can be provided not only by mental health centers. Recreation centers, faith-based organizations and the offices of medical doctors offer opportunities to test older adults' cognitive abilities and symptoms of depression, anxiety, Alzheimer's/dementia and substance abuse. Health fairs can include written screening tests for signs of dementia and for symptoms of other mental health problems.<sup>49</sup> In brochures, on Web sites or in media broadcasts, candid communication from local government, Area Agencies on Aging and other organizations about the prevalence of mental health problems associated with aging will reduce the stigma associated with admitting problems or reporting them when suspected by friends and family. Where such reporting should occur and the likely steps that follow self-report or reporting by others must be widely disseminated to older residents and other adults in the area.<sup>50</sup>

## 6. Actively promote good health practices

Awareness of and support for the implementation of four strategies that have proven effective in promoting the health of older adults may continue to help keep older adults healthy: 1) Healthy lifestyle promotion (physical activity, eating a healthy diet, not using tobacco, etc.), 2) Early detection of disease (health screenings, regular checkups, immunizations), 3) Injury prevention (e.g., housing modifications) and 4) Promotion of self-management techniques (e.g., arthritis self-help course).<sup>51</sup>

Understanding specifically what older residents see as opportunities missed for their health care needs will provide details about the interventions that will be successful. Are current facilities or preventive services too few, not welcoming, poorly located or too expensive? What kind of preventive services are desired that do not seem to be available – screening fairs, in-office tests? For what kinds of mental health issues do residents encounter barriers to treatment – isolation, depression, anxiety, the costs of treatment, the stigma of care? These are the kinds of questions that can be answered with guided discussions whose purpose is to understand more fully the depth of health problems with which older residents cope.

## 7. Promote access to fruits, vegetables and healthy eating choices

Food security refers to the ability to access, at all times, enough food for an active, healthy life.<sup>52</sup> Nationally, more than 2.5 million households with seniors are estimated to be “food insecure”<sup>53</sup> and the rate of food insecurity triples for elders in poverty.<sup>52</sup> Nationally, food insecure seniors were 2.3 times more likely to report fair/poor health status and had higher nutritional risk than their younger counterparts.<sup>54</sup> However, communities can make a difference. In a study of 17 community-led health programs, communities that provided greater access to fresh produce showed greater increases in resident fruit and vegetable consumption.<sup>39</sup> Innovative programs to promote healthful eating for older residents include: 1) Senior Community-supported Agriculture (CSA) projects (a strategy that allows senior consumers to purchase shares of a local farmers harvest), 2) “farm to institution” programs where local farmers deliver produce for cafeterias of hospitals, nursing homes and assisted living facilities and 3) the USDA funded Senior Farmers’ Market Nutrition Program.<sup>55</sup> Information on projects aimed at increasing the food security of seniors appears at WhyHunger ([www.whyhunger.org](http://www.whyhunger.org)) and Feeding America ([www.feedingamerica.org](http://www.feedingamerica.org)) and more information on food security issues and older adults is on America’s Second Harvest Fact sheet on Senior Hunger.<sup>54</sup> In addition to these resources, the USDA has produced a food security toolkit that provides a series of tools to help communities assess their food security and target areas and populations in need.<sup>56</sup>

## 8. Provide attractive fitness opportunities for older residents

When seniors lose the ability to do things on their own, it usually does not happen simply because they age. More often it is because they have become inactive. It is estimated that 46% of people aged 65-74 and 56% of people 75 and older are sedentary.<sup>57</sup> An article in the *Journal of Active Aging* reports: “The biggest message to bring across is that with every increasing decade of age, people become less and less active; but the evidence shows that with every increasing decade, exercise becomes more important in terms of quality of life, independence and having a full life. So as of now, Americans are not on the right path.”<sup>14</sup> Research fuels new physical activity recommendations for older adults.<sup>58</sup>

Some promising programs to get older residents moving include: pedometer or walking programs; outdoor recreation opportunities such as hiking, biking, bird watching; mind-body exercises such as Pilates and yoga; and organized events such as races and triathlons uniquely for seniors. Other fitness programs for seniors are provided in the American Society on Aging’s *Live Well, Live Long: Steps to Better Health Series*.<sup>59</sup> Not only should these programs be promoted actively through recreation and senior centers but also through employers, schools, faith communities and other community-based organizations. Programs aimed not only at seniors will help to establish good habits among young people, too, and may diminish obesity and sedentary behavior across all ages.

## 9. Promote senior home assessments

Identifying the safety and fall hazards of older residents' homes not only educates the homeowners but helps target high-risk individuals for interventions. A number of assessment tools are provided at the National Center for Supportive Housing and Home Modification Web site: [www.Homemods.org](http://www.Homemods.org). Energy audits can identify savings that also enhance the likelihood that older adults will be able to remain in their homes.

## 10. Support home modification and repair services

Most of America's existing housing stock was built before "universal design" was considered desirable or profitable. (Universal housing design requires builders to consider the needs of residents as they age. This results in no-step entries, wider corridors and interior doorways and level handles for easy door opening.) Thus, services that retrofit senior homes with safety features such as grab-bars, handrails and ramps can be funded by local governments or approached as organized volunteer activities to help compensate for housing stock that is less "senior-friendly." "Handy worker" programs to provide routine maintenance to homes is also popular among communities. The University of Southern California provides a *National Resource Center on Supportive Housing and Home Modification* which lists resources and programs by state.<sup>60</sup> Additionally, the National Center for Supportive Housing and Home Modification sponsors a Web site which provides online education to builders, planners, non-profit staff and policymakers on universal design, home modification assessment tools, adaptive technology, funding sources for home modification and more.<sup>61</sup>

The success of the "Adopt-a-highway" programs has spurred the adoption of all types of public goods (e.g., rainforests, schools, beaches, libraries) as well as population groups or public areas in need (high-risk youth, soldiers, low-income families, minefields). Organizations can be enlisted to support "adopt-a-senior" projects to help keep older residents independent. Local governments can encourage the community and particularly community organizations such as employers, faith-based groups and youth to provide needed services such as yard work, painting and snow shoveling.

## 11. Promote housekeeping services

Although housekeeping services are offered by the private sector and some government organizations, those services generally are offered only to residents with the financial wherewithal to afford them or to those with serious health problems and often are limited to specific rooms in the home (e.g., just the kitchen or bedroom) and for specific activities (e.g., sheet changing, cleaning of bathrooms used by frail seniors). When an older resident becomes too frail even to vacuum or do laundry, others need to provide the service to permit the senior to remain in the home. In the absence of regular housekeeping services, not only will older adults face consequences to their health, but they will be more likely to remain isolated, determined not to let neighbors or even relatives enter an unkempt home.

Transportation and mobility issues afflict most areas where adults are growing old; many studies have been undertaken and many recommendations made regarding the need for more public transportation and increased mobility options. Older adults too often ignore physical impairments that should sideline them from their role as driver, so as the population ages, roads will become more dangerous without attractive alternatives to the car. Solutions to these complex problems can include, as examples, programs that mitigate the need for older adults to travel – such as delivery services, online shopping and virtual



in-home health care; programs that offer inexpensive on-call or frequent shuttle service and more.

## Community Design and Land Use

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The health and well-being of older adults cannot rest only on the shoulders of older adults themselves. Older adults at the center of several collaborative opportunities can improve the environment for seniors. Community land use design is a central mechanism by which the quality of life of older adults can be sustained and improved. In the absence of thoughtful strategies and intentional plans, American communities have tended to be built in sprawling pieces like shattered mirrors that reflect little attention to efficiency of movement, diversity of housing choice or interconnectedness of neighbors. Most suburbs have been developed by the draw of inexpensive land and for the competencies of automobiles. Better community designs create “livable” communities, which offer smaller street widths to encourage healthy outdoor activities such as walking and bicycling, more abundant and more affordable housing options to maximize diversity and better connection with neighbors to foster safety and build social capital.

Availability and costs of appropriate housing can be a significant barrier to older adults trying to age in place. Although housing costs are largely determined by supply and demand, communities seeking reductions to housing cost burden for older residents might want to consider the following practices.

### 1. Work with elected officials and community planners to consider community designs that obviate the need for a car

New Urbanist and Smart Growth community design principles that promote community walkability, affordable housing and multi-use development provide settings where older residents are not automobile reliant. For more information on urban design guidelines, see *1. Consider community design and land use policy to build community*, p. 4.

### 2. Consider zoning regulations that encourage affordable housing options

Zoning regulation and development fees often can discourage the production of affordable housing. Modifying these policies to incent mixed-use, high-density and/or infill developments can help create housing stock with lower cost burden to seniors. The Urban Land Institute has produced a 2005 guide “Best Practices in the Production of Affordable Housing” which discusses issues with predevelopment, financing and sustainability and growth<sup>62</sup> and a 2002 report from the Commission on Affordable Housing and Health Facilities Needs for Seniors in the 21st Century provides a list of best practices in affordable senior housing.<sup>63</sup>

### 3. Partner with developers and builders to provide affordable senior housing projects

Local governments have partnered with developers to provide fee waivers and other development cost reductions for new housing projects that are more affordable for older adults. Standard requirements for street widths, schools, water mains and maximum densities have been modified to account for the different footprint that older adults leave on a community. Revised development policies can enhance new development opportunities to accommodate older adults.



#### 4. Develop programs that reduce housing costs

Popular senior housing programs that reduce the cost of housing include real estate tax relief or deferral, home energy assistance, senior homeowner exemption and rent increase exemption.

#### 5. Develop “time bank” or other volunteer programs to support senior transportation

In rural and suburban areas, the most cost-efficient way to provide rides is through the use of other residents (family, friends, neighbor and volunteers). Programs encouraging ride sharing and matching can provide to seniors lacking adequate transportation options.

## Final Thoughts

The Older Americans Act (OAA) currently supports a national aging services network that provides home and community-based services to over eight million older adults. Services provided by the network include home-delivered meals, nutrition education, transportation, adult day care, health promotion and the support of caregivers.<sup>9</sup> Riding to the rescue of those among the 76 million aging Baby Boomers who will press unprecedented demands on this country's "already strained social services, appropriate housing and transportation problems"<sup>64</sup> will require a new way of thinking about services for older Americans. There are limitations to continued success that need to be addressed before the full force of the growth in the number of older adults hits.

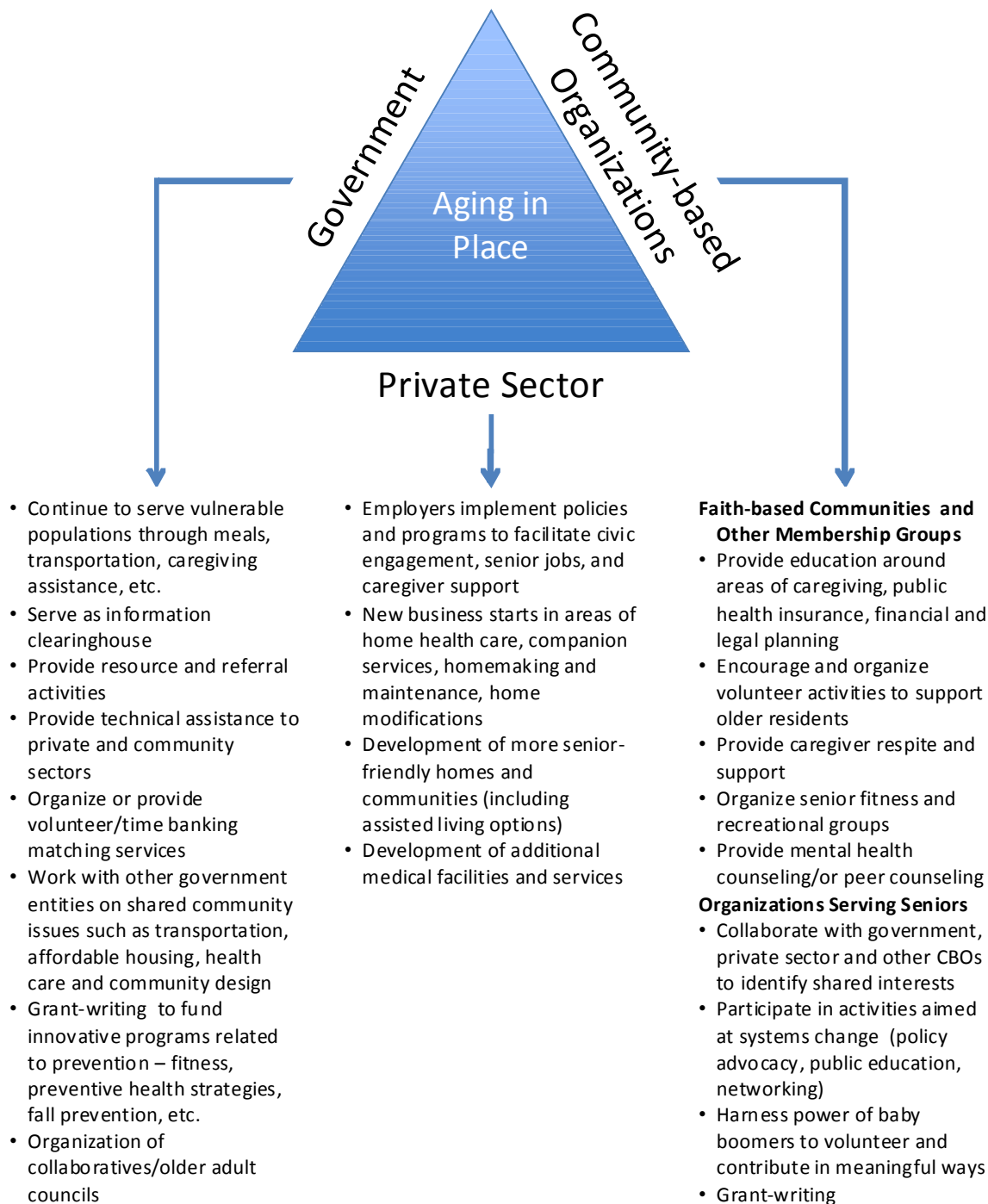
More present work must be done and done by more actors. The model of service to needy older adults, built primarily on the policies and funding of the federal government, is unsustainable. Figure 2 presents many of the actions that might be taken by the various sectors in a community. Therefore, much of the planning for this demographic swell must be led not just by Congress and national organizations, but by city councilors, Area Agency on Aging advisory boards, county commissioners, faith communities, service club members, college presidents, hospital administrators, business owners and community members. An aging world need not be a place where human resources diminish and productivity flags. With proper planning, communities filled with older adults can become centers of high quality human scale living, anchored by the contributions of civically engaged older residents. Imagine communities filled with older adults who have the wherewithal to purchase consumer goods and services, participate in local politics, learn new skills, live at home, harm no one, share their accumulated wisdom, help their neighbors, broker their talents – in short, imagine a healthy group of civically engaged adults who take little or only what they truly need and give a lot.

American communities can choose a future that both protects vulnerable older adults and challenges those who thrive. A well-conceived and updated community will provide care to older adults that need it at the same time empowering older adults with far greater opportunities than exist now to age successfully and contribute. But not every community faces the same future nor do all older residents seek the same services. Older adults in your community face many of the same issues as seniors across the nation – housing, transportation and health care.

Whatever the unique needs in each community, one common circumstance will prevail. Resources will have to be reallocated. As populations age there will be changes in taste that will affect local news, arts, politics and even groceries, but needs that require more planning will emerge and anticipation of those needs, rather than surprise confrontation, will lead to communities that prosper because they are comfortable for and attractive to older adults. As with the rest of the nation, your community will need to plan strategically for the aging of its residents. This report provides the foundation for beginning this ongoing strategic planning.

A periodic sounding of your community's older adults will provide ongoing assessment of the progress made as the spring of older adults bubbles into the community. Conducting the CASOA™ puts your community vastly ahead of most communities in the U.S. because planning for the coming wave of older adults most often is accomplished by the assertions of hard working service providers, who, despite their commitment to the well-being of older adults, cannot speak as articulately for older adults as older adults can speak for themselves.

Figure 2: Service Opportunities by Community Sector



An AARP executive noted about America's aging:

*It would be hard to overstate the significance of these shifts... But from here on, every planning decision made in every community must take into account the impact on older residents, who can no longer be an afterthought. The ability of our institutions to adapt to an aging nation will be one of the great American challenges of the 21<sup>st</sup> century.<sup>65</sup>*

As the Baby Boomers are just beginning to reach beyond age 65, their communities are struggling with the best next steps to prepare for that generation when it hits 70, then 80 and older. This is the right time for developing solid strategies that become the platforms on which to build societal change because soon, planning will have to be joined with action. How America treats its older adults will define our nation. This is our challenge as we reach toward the twenty-second Century.

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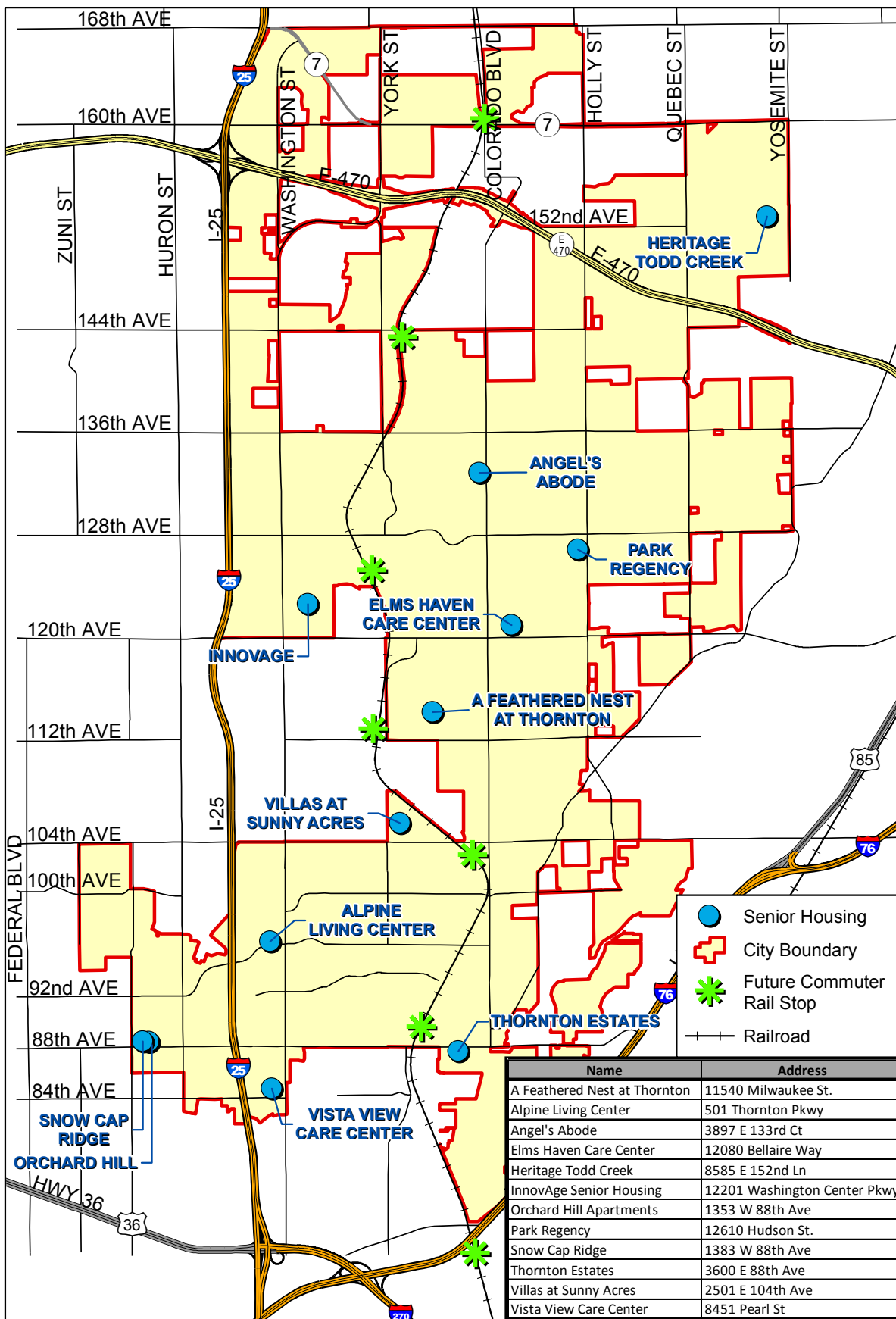
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Name	Address
A Feathered Nest at Thornton	11540 Milwaukee St.
Alpine Living Center	501 Thornton Pkwy
Angel's Abode	3897 E 133rd Ct
Elms Haven Care Center	12080 Bellaire Way
Heritage Todd Creek	8585 E 152nd Ln
InnovAge Senior Housing	12201 Washington Center Pkwy
Orchard Hill Apartments	1353 W 88th Ave
Park Regency	12610 Hudson St.
Snow Cap Ridge	1383 W 88th Ave
Thornton Estates	3600 E 88th Ave
Villas at Sunny Acres	2501 E 104th Ave
Vista View Care Center	8451 Pearl St



1 in = 6,625 ft  
3/27/2014

**City of Thornton**  
9500 Civic Center Drive, Thornton, Colorado 80229. (303) 538-7295

# Senior Housing Options - 2014

For details, see our "Senior Living Options" brochure

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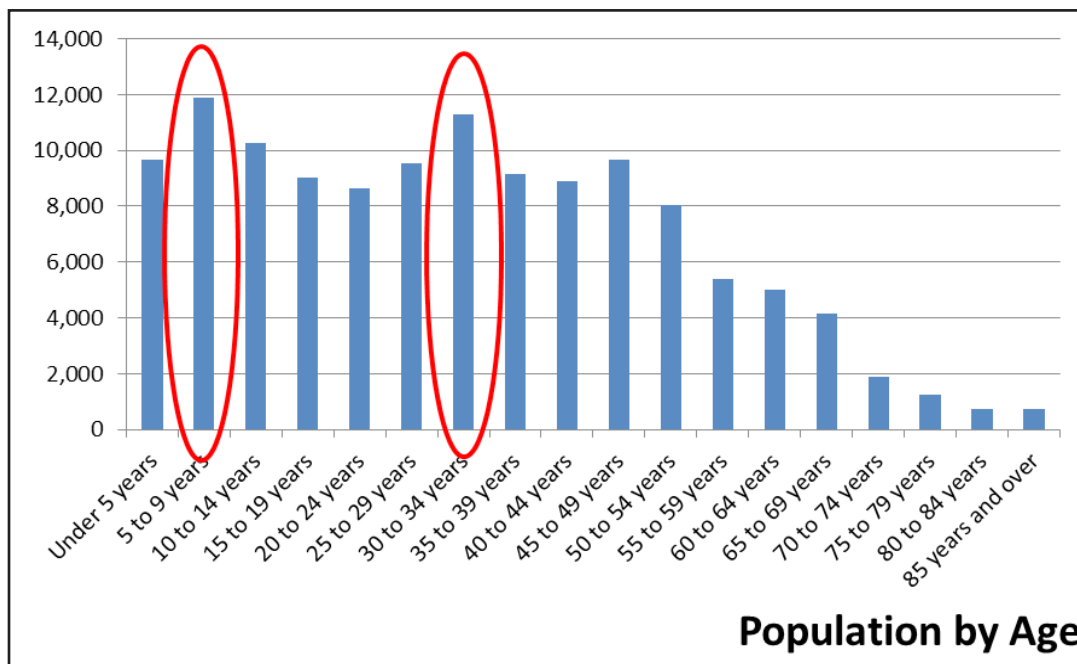


The following information is based on the information in the 2014 Housing Needs Assessment. To view the full document, go to [www.cityofthornton.net](http://www.cityofthornton.net). According to the City data, as of the second quarter of 2014, the population was 123,012. The following table provides a breakdown of the segment of the population that is 55 or older. The graphs show the breakdown of the population by age group and by generation.

## Thornton Older Adults

	# of Thornton Residents	% of all Thornton Residents	# of Thornton Households*	% of all Thornton Households
55+	19,172	15.3%	11,018	26.2%
65+	8,772	7.0%	4,390	10.4%
* Estimate based on 2010 Census ratio				

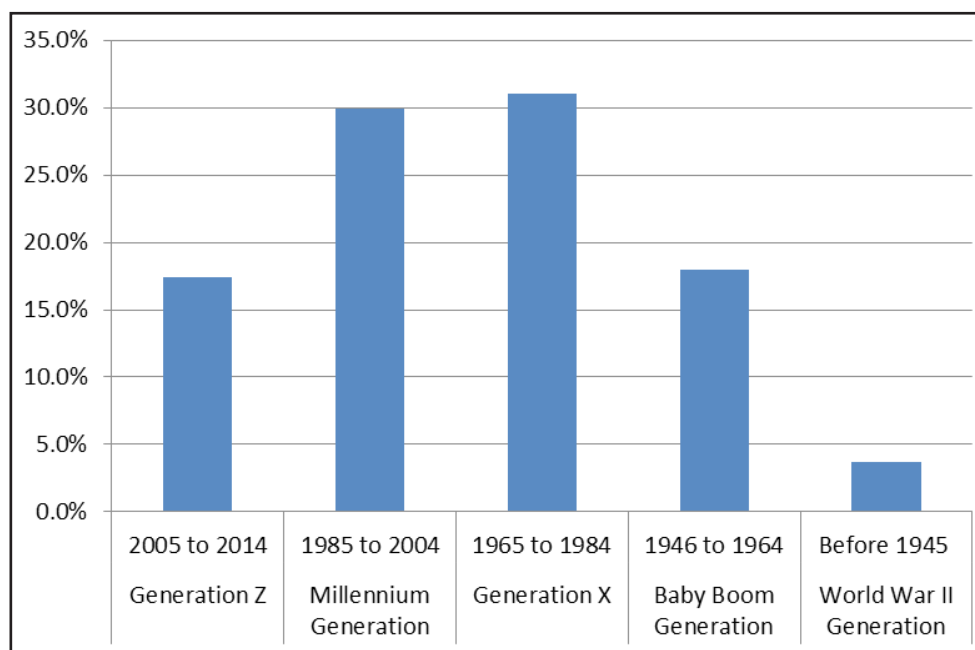
Source: Source: U.S. Census Bureau, American Community Survey 2012 and CSI



## Population by Generation

Generation Z = 0 to 9 Millennials = Ages 10 -29 Generation X = Ages 30 - 49

Baby Boomers = Ages 50-69 World War II = 70 years or older



The following tables provide different characteristics of the older population in Thornton.

## Disability Status by Age, Thornton, 2012

	Total	With a Disability	% with a Disability
Total civilian non-institutionalized population	123,595	8,923	7.2%
Population 5 to 17 years	28,002	2,120	7.6%
With a hearing difficulty		535	1.9%
With a vision difficulty		388	1.4%
With a cognitive difficulty		1,316	4.7%
With an ambulatory difficulty		691	2.5%
With a self-care difficulty		388	1.4%
Population 18 to 64 years	77,517	4,575	5.9%
With a hearing difficulty		904	1.2%
With a vision difficulty		721	0.9%
With a cognitive difficulty		1,352	1.7%
With an ambulatory difficulty		2,137	2.8%
With a self-care difficulty		944	1.2%
With an independent living difficulty		469	0.6%
Population 65 years and over	8,456	2,228	26.3%
With a hearing difficulty		780	9.2%
With a vision difficulty		310	3.7%
With a cognitive difficulty		585	6.9%
With an ambulatory difficulty		1,782	21.1%
With a self-care difficulty		889	10.5%
With an independent living difficulty		1,156	13.7%

Source: U.S. Census Bureau, American Community Survey 2012

## Select Population Characteristics of Older Adults in Thornton

	Population Over 65	Total Population
White Alone, Non-Hispanic	73.6%	61.7%
Below 100% Poverty Line in last 12 months	5.4%	9.2%
Owner-occupied Housing Unit	78.9%	71.1%
Householder Living Alone	39.5%	20.5%
With a Disability	40.4%	7.7%

Source: U.S. Census American Community Survey, 2012 5-year data (1 and 3 year not available)

## Select Population Characteristics of Veterans in Thornton

	Thornton Veteran Population	Civilian Population Age 18 & Over
Population	5,820	86,418
Age, 55 and older (%)	63.4%	22%
White alone, not Hispanic/Latino (%)	83.9%	65.9%
Median Income	\$39,788	\$31,366
Below 100% Poverty Line in last 12 months (%)	0.9%	6.8%
Unemployment Rate	5.2%	5%
With A Disability (%)	16.2%	7.9%

Source: U.S. Census American Community Survey, 2012 1-year data

## Thornton Employee and Resident Profile, 2011

	Workers		Residents	
	Number	%	Number	%
Age 29 or younger	6,609	31.3%	11,966	23.6%
Age 30 to 54	11,178	52.9%	30,883	61.0%
Age 55 or older	3,361	15.9%	7,817	15.4%
\$1,250 per month or less	6,200	29.3%	8,709	17.2%
\$1,251 to \$3,333 per month	9,098	43.0%	19,258	38.0%
More than \$3,333 per month	5,850	27.7%	22,699	44.8%
Less than high school	1,852	8.8%	4,441	8.8%
High school or equivalent, no college	3,845	18.2%	9,227	18.2%
Some college or Associate degree	4,927	23.3%	12,727	25.1%
Bachelor's degree or advanced degree	3,915	18.5%	12,305	24.3%
Educational attainment not available (workers aged 29 or younger)	6,609	31.3%	11,966	23.6%

Source: U.S. Census On The Map



The following table shows a breakdown of the number of housing units by the type of housing. For the purposes of the Assessment, an age-restricted community is a housing community, either rental or owner-occupied, that limits residency to individuals who are over a set age. In Thornton, most age-restricted communities have a minimum age of 55. Independent living facilities are those which have age or disability restrictions for residents, but which allow individuals to live on their own. For the purposes of this document, independent living facilities also offer amenities, activities, and services for residents, and many are combined with assisted living to allow older adults to age in the same community. Generally, assisted living refers to housing facilities with basic services for the elderly or individuals with disabilities. Services typically include assistance with activities of daily living, health care provision, and monitoring of resident activities. The cost of most assisted living facilities includes shelter, food and these services. Skilled nursing facilities are a type of assisted living facility in which residents require the medical care or assistance that can only be provided by a registered nurse or doctor. Most skilled nursing facilities offer both rehabilitation services (for individuals of any age) and long term care (most individuals are elderly). Memory care facilities, also known as Alzheimer's care, are facilities which are specifically designed to serve residents with Alzheimer's disease or related dementias. They are typically offered as part of an assisted living or skilled nursing community..

### Thornton Living Units for People Over 55

	Age-Restricted	Independent Living Units	Assisted Living Units	Skilled Nursing Units	Memory Care Units	Total
A Feathered Nest			7			7
Alpine Living Center				102		102
Angel's Abode			8			8
Elm's Haven				245		245
Heritage Todd Creek*	488					488
InnovAge Senior Housing Apts		72				72
Orchard Hill Apartments	88					88
Park Regency			102		11	113
Snow Cap Ridge*	28					28
Thornton Estates Manufactured Home Park*	208					208
Villas at Sunny Acres		292	36	100	49	477
Vista View Care Center				25		25
Total	812	364	153	472	60	1,894
* Indicates owner-occupied units. Heritage numbers are based on certificates of occupancy pulled as of November 19, 2014. The Housing Needs Assessment that is posted online has numbers as of August 2014.						

Source: CSI, Thornton Housing Survey, 2014

Thornton Mobile Estates is the only manufactured home park in Thornton that has received an exemption under the U.S. Department of Housing and Urban Development Housing for Older Persons Act of 1995 (HOPA) to legally have an age-restricted community. To maintain this exemption, 80% of the occupied units must have at least one person living in the home who is 55 years of age or older.