

The Social Health of Nevada

Leading Indicators and Quality of Life in the Silver State

Aging Trends and Challenges in Nevada

Jennifer Reid Keene, *Department of Sociology, University of Nevada*

Kathryn A. McClain, *Former Nevada State Assemblywoman, Senior Advocate*

Jacqueline Ragin, *Interdisciplinary Center for Aging Research and Education, University of Nevada*

Societal aging is one of the most important social trends of the 21st century. It affects our political, social, and economic institutions and also the nature of our interpersonal and family relationships (Quadagno 2011). In the coming decades, both as individuals and as a society, we will have to make important decisions regarding the consequences of our aging population. Policy makers, families, businesses, local, state, and federal governments, health care providers will have to meet the growing needs of the older population in the U.S. and in Nevada.

By the year 2020, the percent of the U.S. population over age 65 is expected to exceed 17%. Nearly one out of every five people will be over age 65. Like other industrialized countries, the U.S. is experiencing a “graying” of its population as the proportion of people in older age groups grows faster than the proportion of the population in younger age groups. With the maturation of the Baby Boom generation, the largest cohort of people ever born, the U.S. can expect to face new challenges concerning the needs of the “boomers” born between 1946

Highlights

- Between 1999 and 2009, Nevadans 65 and older had the second largest increase in the country – 47.9%.
- At age 89, there are twice as many women as men in Nevada.
- In 2009, 74.4% of Nevada men aged 65 or over reported being married, compared to 44.1% of Nevada women in the same age group.
- Nevada’s 65 and older population is projected to increase to 18.6% in 2030.

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and 1964, as well as those of the rapidly expanding cohort of citizens aged 85 years and older. The future will likely include three generations of “senior citizens” that will include the younger “pre-retirement” age group (who are contacted at age 50 by the AARP), middle-aged older “retirement qualified” individuals (age 65 to 75 or 80), and the oldest-old (those over 85 and well into the late 90’s and 100’s).

With these momentous developments, it is increasingly important to ask about the changing needs of our aging population and to investigate trends, similarities, and differences among older Americans. Furthermore, it is critical to find out how these trends will impact the current older population as well as future generations of Nevadans. What will be the implications of aging in Nevada for social policies and the provision of services as the state’s older population continues to grow?

Although the entire country is experiencing population aging, Nevada’s “graying” process is unique. While Nevada’s rapidly growing population over the past 15 years has included a disproportionately large number of retired persons in our urban areas, Nevada also has many less populated regions where the increase in the percentage of elderly is a direct consequence of “aging in place” and the out-migration of younger people. This out-migration from rural areas coupled with the numbers of older Nevadans left behind in remote places means that rural Nevada is currently facing extraordinary challenges in providing needed services for their elderly citizens. Urban Nevada, however, is not without its own challenges created by the sheer size and enormity of the “senior citizen” population base. With two large urban areas at opposite ends of the state and rural populations scattered between, Nevada will face tough choices meeting the needs of its aging population in the decades to come.

The Older Population Worldwide

Population aging is occurring rapidly worldwide. Although the percentage of population that is elderly varies significantly by country, the oldest nations are found in Western Europe and North America (Quadagno, 2011). According to data from the United Nations Population Division, 2009, it is estimated that in 2050 there will be 1,486.9 million people aged 65 and over. This number constitutes 16.2% of the total population, more than double the percentage of 6.8% in 2000 (Martin, 2011).

This worldwide population change is driven by three demographic phenomena: fertility, mortality and migration. Developed countries such as the United States are influenced by the changes happening globally, and it is important to track these trends so we can understand how the characteristics of older people change over time and what effects they have on the United States (Martin, 2011).

The Older Population in the U.S.

Demographic changes, including increases in longevity, life expectancy, and prolonged life spans due to lifestyle, medical, and technological advances, have had the greatest impact on the population of older people who live well into and beyond their 80's.

- The older population grew at a faster rate than the younger population (U.S. Census Brief, Age and Sex Composition: 2010).
- The U.S. population over the age of 65 has been growing for several decades and is projected to increase from 35 million in 2000, to 40 million in 2010, and 55 million in 2020 (U.S. Census, Statistical Abstract of the United States: 2011).
- Over the course of the 20th century, the older population grew dramatically from 3.1 million people to 39.6 million in 2009. One in every eight or 12.9%, of the population is an older American, and it is projected that by 2030 one in every five will be an older American (Administration on Aging, 2010).
- From 1900 to 2000, the oldest-old population (age 85 and older) grew from about 100,000 individuals to 5.7 million in 2008 (Federal Interagency Forum on Aging Related Statistics, 2010) and is expected to increase to 6.6 million in 2020 and 19 million in 2050 (U.S. Census Bureau, Statistical Abstract of the United States: 2011).

The Baby Boom generation, which includes people born from mid 1946 to 1964, is currently the largest cohort of Americans. This cohort continues to greatly influence the population landscape and increase the median age. The maturation and aging processes have many potential consequences for social policy in the U.S. Baby Boomers began turning 65 in 2011 and are already part of the “pre-retirement” senior citizen population.

The Older Population of Nevada

In keeping with trends in the greater U.S., the older population of Nevada is expected to show similar patterns in the coming decades.

- According to the Profile of Older Americans 2010, Nevada's 65 and over population had the second largest increase of 47.9% between 1999 and 2009.
- In the 2010 Census Nevada's population was 2,700,551, of which 12% or 324,359 persons were age 65 and older. In that same time frame, Clark County's population was 1,951,269, of which approximately 11.3% or 220,445 persons were aged 65 and older.

- In 2010, Clark County was home to 323,405 persons age 60 and older, with the following age breakdown: 32% between 60-64 years old, 24% age 65-69, 17% age 70-74, 12% age 75-79, 8% age 80-84 and about 6% aged 85 or older.
- Washoe county, which is Nevada's second largest city, had a population of 421,407 of which approximately 12.1% or 50, 879 persons were aged 65 and over.
- The counties in Nevada that had higher concentration of persons aged 65 and older after Clark and Washoe were Nye (10,301 or 23.4 %), Douglas (9,479 or 20.2%) and Lyon (8,215 or 15.85).
- The **AARP** reports that they have 304,000 members in Nevada, which is one indication of a large presence of mature citizens in the state.
- In 2009, Nevada ranked 44th in the country in the proportion of its population that is over age 65.
- Nevada's 65 and older population is projected to increase to 18.6% in 2030 (Administration on Aging, 2010).
- As a result of the 2010 census eighteen states had changes in their number of seats in the United States House of Representatives. Nevada was among six states that gained a seat.

Diversity among the Older Population

One of the truest statements that can be made about members of the older population of the U.S. and Nevada is that they are incredibly diverse. Older Americans and Nevadans vary in terms of their gender, marital status, race and ethnicity, housing and living arrangements, grandparenting status, socioeconomic status, and health status. In the following sections we discuss each of these characteristics of the older population in the U.S. and in Nevada in turn.

Gender

Perhaps the most striking trend in the composition of the U.S. population is that older women tend to outnumber older men. This is similar to most industrialized countries, where we find that as the population ages it tends to become increasingly female. Women's life expectancy is greater than men's and women tend to be overrepresented among the oldest old. These gender differences in life expectancy and longevity have important consequences for older women's socioeconomic status and health status over the life course. However, according to the 2010 Census data, there is evidence that the gap is narrowing in mortality between men and women occurring at the older ages. Nevertheless, as Meyer and Parker (2011) point out "being an older woman is a fundamentally different experience than being an older man".

- According to the 2010 Census, 156,964,212 (50.8%) women compared with 151,781,326 (49.2) men called Nevada home.
- Among Nevadans, at age 89 there were twice as many women as men and this point occurs about 4 years older than it did in 2000, and 6 years older than it did in 1990.
- Nevada was one of ten states that had a higher overall proportion of males to females with the fourth highest sex ratio of 102.
- In Nevada, women 65 and older outnumber men of the same age group by 18,385.
- The median age of women in Nevada was 36.9 compared to the male median age of 35.8 (U.S. Census, 2010).

These trends highlight the graying of Nevada's population over time. Although the median age for both women and men in Nevada are projected to increase significantly in the coming decades, in keeping with gender differences in population trends in the U.S., the median age for women is expected to be higher than that for men.

Marital Status

Researchers have thoroughly documented the positive effects of marriage on individuals' economic and psychological well-being. Older people's marital status often has important implications for their living arrangements and, importantly, for the availability of potential informal caregivers including spouses. Additionally, older people who live alone do not enjoy the economies of scale afforded to those who live together. According to the Profile of Older Adults 2010, older men in the U.S. were much more likely than older women to be married.

- In 2009, about 72% of men age 65 and older were married, compared with 42% of women in the same age group.
- According to the Profile of Older Adults 2010, divorced and separated (including married/spouse absent) older persons represented only 11.9% of all older persons in 2009.
- In 2009 widows accounted for 41% of all older women. There were over four times as many widows (8.9 million) as widowers (2.1 million) (Administration on Aging, 2010).

As might be expected, the proportion of people who are married declines at older ages. In Nevada, as with the rest of the country, the majority of older persons are married.

- In 2009, 74.4% of Nevada men aged 65 or over reported being married, compared to 12.9% who said they were widowed, 8.3% who were divorced, and about 4.4% who were never married, (U.S. Census Bureau, Statistical Abstract of the United States: 2011).
- In 2009, 44.1% of Nevada women over age 65 were married, 41.3% reported being widowed, 10.7% were divorced, and 4% were never married, (U.S. Census Bureau, Statistical Abstract of the United States: 2011).

Race and Ethnicity

Overall, Nevada's race and ethnic minority population (reporting ethnicity and race as something other than non-Hispanic white alone) was the fastest growing group in the nation between 2000 and 2010, (2010 Census Briefs). The race and ethnic composition of the older population in the U.S. is expected to change in the coming decades. The older population is becoming more racially and ethnically diverse as the overall race and ethnic minority population grows (Administration on Aging, 2011).

- Minority populations aged 65 and older are expected to increase from 8.0 million in 2010 (20.1% of the elderly) to 12.9 million in 2020 (23.6%), (United States Administration on Aging 2010).
- In 2009, non-Hispanic whites comprised about 80.1% of the U.S. population over age 65; African Americans were 8.3% of the older population in the U.S.; Asians or Pacific Islander accounted for about 3.4%; and Hispanics (of any race) comprised about 7% of the older population (Administration on Aging, 2010).
- 2010 Census data projections for 2010 to 2015 show that the largest minority increase for persons 65 and older will be Hispanics (of any race) from 2,858,000 in 2010 to 3,786,000 in 2015.
- In 2008, the total number of persons aged 60 and older in Nevada were 102, 475, or 23.7%; 9.6% or 41,518 Hispanics (of any race), 6.4% Asians, 5.5% African Americans, 0.9% American Indians or Alaskan Natives, 0.3% Native Hawaiians or other Pacific Islanders, and 1% of Nevadans who identified themselves as a combination of two or more other races (derived from Census 2008 estimates).

Nevada's foreign born, limited English proficient (LEP) overall population increased significantly from 2000 to 2009. Foreign born refers to people residing in the United States at the time of the census who were not US citizens at birth (Migration Policy Institute, 2009).

- In 2009 of the immigrant population in Nevada, 21.9% were 55 and older.

- In 2009 of the total households aged 65 and older, 17.4% spoke a language other than English and 9.4% said they spoke English less than “very well” (LEP) (Migration Policy Institute, 2009).

Considering the overall ethnoraical makeup of Nevada’s residents and the projected increases in minorities across the country in the coming decades, it is likely that these changes will also be reflected in the ethnoraical composition of the older population of Nevadans in the future. Indeed, it is reasonable to expect that Hispanics will increase their representation among older people and that the proportion of older people who are ethnoraical minorities will increase as well.

Living Arrangements

As with other health and social indicators, older people vary greatly in their living arrangements. Living arrangements have also changed significantly over time. Where and with whom people live is related to several factors including individuals’ gender, race, ethnicity, income level, their physical and mental health status, and their links to other people in their families and the community. In addition, the availability of actual and potential informal caregivers may depend upon elders’ living situations (Quadagno, 2011). The Profile of Older Americans 2010 states that:

- In 2009, approximately 54.8% of noninstitutionalized persons aged 65 and older lived with their spouse. Approximately 11.4 million or 72.0% of older men, and 8.7 million or 40.7% of older women lived with their spouse.
- About 11.4 million or 30.1% of all noninstitutionalized persons aged 65 and older lived alone.
- In 2009, of the 23.1 million households headed by older persons, 80% were owners and 20% were renters.
- Only 4.1% of persons aged 65 and older lived in institutional settings, however the percentage increases dramatically with age.

Nonetheless, most people would prefer to “age in place,” meaning stay in their homes, neighborhoods, and communities and would prefer not to have to move as they age (Quadagno 2011). The extent to which elders are able to age in place depends on their level of disability as well as the availability and affordability of services, conveniences, and products that allow them to modify their home environment to meet their health needs or to obtain services that allow them to remain in their home (Administration on Aging, 2010).

- 2010 Census data show that there were 222,260 or 23% of Nevada households that had one or more individuals who were 65 years old or older.

- 2010 census data also shows there were an estimated 74,393 households that were defined as 65 years and over in Nevada.

Older citizens do have many housing choices. Senior retirement communities, age-restricted apartments, manufactured housing communities, assisted living facilities, congregate housing, skilled nursing facilities, residential group homes, and low-income housing units give seniors a variety of options to choose from depending upon their physical health and their economic circumstances. The U.S. Supreme Court's *Olmstead* decision, <http://www.cms.hhs.gov/olmstead/default.asp>, requires that disabled persons must be allowed to live in the least restrictive environments possible and not be warehoused in "nursing homes." That decision has created many of the options available today with many levels of "assistance" to be provided to residents. Unfortunately, the facilities referred to as "assisted living" are difficult to define and are sometimes misrepresented to the public.

Residency

According to data from the UNLV Cannon Survey Center's "Portrait of Nevada's Seniors, Two Year Study 2006-2008," Nevada's senior population was one of the fastest growing in the nation until 2007 when the growth rate decreased. From the 2010 Portrait of Nevada Survey:

- 7% of Nevadans over the age of 65 stated they had lived in Nevada for less than one year.
- 18% of Nevadans over the age of 65 stated they had lived in Nevada for between 1 and 5 years.
- 27% of Nevadans over the age of 65 stated they had lived in Nevada for between 6 and 10 years.
- Only 9% of Nevadans over the age of 65 stated they were Nevada natives.

Grandparenting

Although extended families have been the assumed norm in the U.S. for generations, it was not always the case that children knew their grandparents for extended lengths of time. Now with extended longevity and life expectancy, it is increasingly likely that grandchildren will know and maybe even live with their grandparents for decades. Longer life expectancy coupled with socioeconomic conditions and cultural factors often make it likely that grandparents will co-reside with their grandchildren (Keene and Batson 2010). In those households where grandparents live with their grandchildren, the children's parents may or may not be present and the extent to which grandparents assume responsibility for their grandchildren varies.

Census Bureau data from 2009 shows that:

- In 2009 nationwide 716,000 grandparents aged 65 and over maintained households in which grandchildren were present. In addition, approximately 942,000 grandparents aged 65 and over lived in parent-maintained households in which their grandchildren were present.
- A total of 1.91 million older people lived in households with a grandchild present. About 475,000 of these grandparents 65 and older were the persons with primary responsibility for their grandchildren who lived with them.

Trends in co-residential grandparenting vary greatly by race and ethnicity and are impacted by other trends such as migration patterns. The American Community Survey 2005-2009 estimates show that

- In Nevada, about 58,063 grandparents were living with their grandchildren and 39% were responsible for their grandchildren. 8,349 or 36% of persons aged 60 and over were grandparents responsible for grandchildren.
- Of those grandparents responsible for grandchildren in Nevada, 17.4% were Hispanic (of any race), 14.9% were Black or African American and 8.3% were Asian. Additionally, 55.7% were female, 31.4% unmarried (never married, widowed, and divorced), 33.6% in labor force and 12.2% with income in past 12 months below poverty level.

Economic Trends in the Older Population

The economics of aging encompasses various areas that impact the economic well-being of current and future older cohorts. These topics include household income, poverty status, and trends in labor force participation among the older population. Economic trends such as household income and poverty status are indicators of the potential need for additional resources as well as the potential for inequality across age groups. Furthermore, trends such as older workers' labor force participation have the potential to impact younger workers as well and provide us with a sense of probable changes to come as the Baby Boom generation faces retirement.

- Future retirees could easily spend 1/3 of their lifetime in retirement, or chose not to retire at a traditional age. Retirement age has been creeping up, and a person born in 1960 or later will not reach full retirement age until 67 (AARP, 2011).
- In 2008, Social Security was the major source of income (providing at least 50% of total income) for 52% of aged beneficiary couples and 73% of aged nonmarried beneficiaries (Social Security Administration, 2010).

Household Income

In the U.S., the general trend in older people's median income has been positive over time. According to the Profile of Older American 2010,

- In 2009, the median income for older persons was \$19,167, 19.8% reported less than \$10,000 and 37.5% reported \$25,000 or more. The median income for older person by gender was \$25,877 for males and \$15,282 for females.
- Households containing families headed by persons aged 65 and older reported a median income of \$43,702 (\$47,319 for Asians, \$45,400 for non-Hispanic Whites, \$35,049 for African Americans, and \$32,820 for Hispanics).
- According to the Social Security Administration (2010), even after adjusting for inflation, median income has increased since 1962 by 110% for married couples and 108% for nonmarried couples.
- About 6.3% of family households with an elderly householder had incomes less than \$15,000 and 62.6% had incomes of \$35,000 or more.
- In 2007 the median household income for Nevadans aged 65 and older was \$38,993 (Elders Count, 2009).
- In 2010, 16.6% of Nevadans over the age of 65 reported an annual household income of between \$35,000 and \$50,000. 45.6% reported an annual household income of less than \$35,000 and 37.8% reported an annual household income of greater than \$50,000 (Cannon Survey Center, 2010).

Poverty Status

As median household income for people 65 and older has increased over the past three decades, the proportion of older people living below the poverty threshold has decreased. We should bear in mind, however, that the percentage of people living below the poverty line does not give the complete picture of the economic situation of older Americans (Federal Interagency Forum on Aging, 2010). The Profile of Older Americans 2010 reports that:

- 3.4 million elderly persons (8.9%) were living below the poverty line in 2009. Another 2.1 million or 5.4% of the elderly were classified as “near poor” (income between the poverty level and 125% of this level).
- Older women had a higher poverty rate (10.7%) than older men (6.6%).
- The poverty rate for older Whites was 6.6% compared to 19.5% for African Americans, 18.3% for Hispanics and 15.8% for Asians.
- In 2009, 7.5% of Nevadans over age 65 were living below the poverty line in 2009, a 1.1% increase in 5 years (American Community Survey, 2009).

Labor Force Participation

According to the Bureau of Labor Statistics, 2009, “age is a major factor in labor market behavior, and the aging of the labor force will dramatically lower the overall labor force participation rate and the growth of the labor force.” As the baby-boom generation ages and moves from the prime age group to the older age group, the overall labor force participation rate has and will continue to decline (Bureau of Labor Statistics, 2009). The participation rate of the 55 and older group has increased significantly since the mid-1990’s, and all the subgroups of the older age group experienced significant growth in their participation rates, making it critical that employers recognize the changes in size and composition of the age groups (U.S. Census). By 2018 almost all baby boomers will be in the 55 and older age group. According to the Profile of Older Americans 2010,

- In 2009, 6.5 million or 17.2% Americans aged 65 and older were in the labor force (working or actively seeking work), constituting 4.2% of the U.S. labor force.
- Of those Americans aged 65 and older in the workforce, 3.6 million (21.9%) were men and 2.9 million (13.6%) were women.
- In the U.S. in 2008, workers over age 55 comprised approximately 18% (27,857) of the labor force and this number is projected to increase to 24% (39,836) in 2018 (Bureau of Labor Statistics, 2009).

More people aged 65 and older are looking for work in Nevada. According to Seelmeyer (2011), “this reflects a deep social change something akin to the dramatic increase of women into the nation’s workforce during the 1960s and 1970s.”

- In 2010, 20.6% of Nevadans aged 65 and older held jobs, compared to 12.8% in 2000. This rate is also higher than the national average of 17.4% in 2010.

Health Status

“Life expectancy is a summary measure of the overall health of population. It represents the average number of years of life remaining to a person at a given age if death rates were to remain constant. In the United States, improvements in health have resulted in increased life expectancy and contributed to the growth of the older population over the past century” (Federal Interagency Forum on Aging, 2010). According to the Federal Interagency Forum on Aging, Americans are living longer than ever before, but life expectancy does vary by race, although this difference decreases with age. However, life expectancy at age 65 in the United States is lower than that of many other industrialized nations. According to the Institute of Health Metrics and Evaluation at the University of Washington, life expectancy varies widely by region. Large areas of the United States are showing decreasing or stagnating life expectancy.

- Life expectancy at age 65 and 85 years have increased, 18.5+ years on average for those aged 65 and 6.8 years for women and 5.7 years for men aged 85.
- At age 65, white people can expect to live an average of 1.5 years longer than black people. Among those who survive to age 85, however, the life expectancy among black people is slightly higher (6.7 years) than white people (6.3 years).
- In 2007 life expectancy for American men was 75.6 and 80.8 for women (Washington Post).
- In 2007 life expectancy in Clark County for males was 74.1 and 79.7 for females. The highest male rate in Nevada was found in Washoe at 75.2, while Washoe and White Pine counties had the highest female rate at 80.3. The lowest life expectancy rate for the males was found in Nye, Esmeralda, and Mineral counties at 72.2 and the same counties had the lowest female rate at 78.8 (Washington Post).

Health Conditions and Disabilities

A significant number of older persons have at least one chronic condition and many have multiple conditions (Administration on Aging, 2010). There are differences by race and ethnicity in the prevalence of certain chronic conditions (Federal Interagency Forum on Aging, 2010).

- In 2007-2008, 71% of non-Hispanic blacks aged 65 and older reported having hypertension and 30% diabetes, compared to 54% and 15% of non-Hispanic whites.
- According to the Profile of Older American 2010, in 2009, 41.6% of noninstitutionalized older persons assessed their health as excellent or very good.
- In 2010, 45.5% of Nevadans aged 65 and older assessed their health as excellent or very good (Cannon Survey Center, 2010).
- In 2010, 102,136 or a third of the people aged 65 and older in Nevada were reported as having a disability (U.S. Census, 2010).
- According to the Nevada Bureau of Health Statistics, in 2009, diabetes in Nevada was most common in person who are 65 years and older at 19.5%.
- The Alzheimer's Association reports that in 2000 there were 21,000 people aged 65 and older diagnosed with Alzheimer's, this number increased to 29,000 in 2010 and is expected to double to 42,000 in 2025.

- In 2007 Nevada had the highest suicide rate for person 65 and older at 30.8 per 100,000 compared to 14.3 per 100,000 nationally (American Association of Suicidology, 2010).

According to the National Prevention Information Network older people are at increasing risk for HIV/AIDS and other STDs. Approximately 19% of all people with HIV/AIDS in the U.S. are age 50 and older. There are many factors contributing to the increasing risk of infection, which include changing social norms about sex and dating in America, including the introduction of drugs like Viagra that are facilitating a more active sex life. This group has also been neglected by those responsible for education and prevention. Additionally, older people are less likely to talk about their sex lives and doctors are less likely to ask. Finally, older people often mistake the symptoms of HIV/AIDS for the aches and pains of normal aging and are less likely to get tested.

- In 2008, the age group of 55 and older accounted for 10% of all new HIV infections in Nevada, of that number 8% were male (Nevada State Health Division).

Research in Nevada - Portrait of Nevada's Seniors

In 2005, the Cannon Survey Center at UNLV was commissioned to conduct multiple surveys over several years on a variety of issues affecting the social, economic, and health conditions of Nevada seniors. Since 2006, approximately 6,000 Nevada residents, age 50 and older, have participated in the surveys that have taken place in 2006, 2008 and 2010. The survey instrument contains about 90 stem questions. Some questions were obtained from the Behavioral Risk Factor Surveillance System (BRFSS), others from the National Crime Victimization Survey (NCVS) and others from various instruments that have been used to gather information in Nevada in the past. Participants were interviewed using Computer Assisted Telephone Interviewing (CATI) methodology. Topical areas covered in the surveys include but are not limited to: income, housing, transportation, physical health, mental health, health insurance coverage, work/retiree status, veteran status, tobacco use, caregiving, crime, and social well-being. The data is available from the Cannon Survey Center and it is the Director of the Center's wish that academics and legislators will use the empirical data when assessing future programs and services.

Providing Needed Services for Older Nevadans

Nevada is fortunate to have hundreds of governmental and non-profit agencies willing to provide services to senior citizens. However, one of the most problematic trends is that while many organizations provide many different services, the senior citizen community in Nevada is often barely aware of what is available. In Nevada, many seniors retired here and are now far away from their families and beginning to find themselves in need of some services. It is even more difficult for family members to

assist in obtaining those services long distance. For these reasons, the need for outreach and advocacy in Nevada persists. Despite the good intentions of service providers, if individuals in need of services are unable to identify and contact providers, the providers have failed. In essence, governmental agencies and non-profits that provide services for elders need the “marketing” clout enjoyed by for-profit businesses without using direct service dollars for advertising.

Outreach and Advocacy in Nevada

At the state level, Nevada has a number of Ombudsmen in a variety of agencies, and at the local level, Southern Nevada has many government agencies, non-profit and faith-based organizations that provide assistance to elders. The worldwide web is a great resource, but many seniors do not have (and some do not want) access to the internet. The media is another important avenue for senior citizens to access information. Local newspapers regularly publish inserts with articles and advertising aimed at the older population. There are several publications distributed by a number of sources that are available free to Nevadans. Some examples are:

An annual *Guide to Retirement Living* produced by The Las Vegas Chamber of Commerce, (<http://www.lvchamber.com>). The *Senior Guide* offers information on home, health, services and leisure and is published by the Masters Media Group (<http://www.nvseniorguide.com>), it can be found in select grocery stores. A similar publication *SPOTLIGHT Senior Services and Living Options* (<http://www.spotlightseniorservices.com>) is produced twice a year by and can be found in doctor’s offices. *New Lifestyles: The Source for Seniors* (<http://www.NewLifeStyles.com>) is a statewide publication that has been produced since 2000. Seniors United a nonprofit organization produces a monthly newsletter for its members. Senior Spectrum (<http://www.seniorspectrumnewspaper.com>) is a Reno based newspaper that provides information on senior services and community resources. AARP (<http://www.aarp.org>) provides an abundance of information on its website and has numerous publications that are distributed at senior health fairs.

Nevada 211 (<http://www.nevada211.org>) is a web and telephone based system that helps people find and give help. Until its launch in February 2006, Nevada did not have a single, comprehensive statewide provider of information and referrals. State of Nevada, United Way of Southern Nevada, United Way of Northern Nevada, the Sierra, Crisis Call Center, and HELP of Southern Nevada lead Nevada 211. Nevada 211 is available from 8:00 am to midnight, Monday through Friday and from 8:00 am to 4:00 pm Saturday and Sundays, excluding holidays.

Nevada Aging and Disability Resource Centers, ADRC, (<http://www.nevadaadrc.com>) aims to improve access to long-term care (LTC) services and supports for Nevada’s elders, persons with disabilities, their families, caregivers, and those planning for future long-term support needs. Since 2007, the Nevada ADRC

provides consumers with access to community-based one-stop entry points that gives consumers “walk-in” access to specialists. At a minimum the sites must provide: Information and Referral (I & R); Assistance and Advocacy (A & A) and Eligibility and Access (E & A).

There are a number of groups that meet on a regular basis with different goals but all are geared towards outreach and advocacy for older adults, including Senior Service Providers Taskforce, Senior Industry Networking Group (S.I.N.G), Seniors United, Spotlight, Seniors and Law Enforcement (S.A.L.T), and Southern Nevada Continuity of Care Association (SNCCA) and the Elder Abuse Taskforce.

Furthermore, many Medicare supplemental insurance carriers send newsletters to their members and TV programming provides public service announcements on community events of interest to seniors. In 2010 two insurance companies Caremore and Humana, and in 2011 SouthWest Medical Associates (SMA) opened senior lifestyle centers. These centers are designed to provide preventative services and other resources that will help keep seniors independent. Even with these various resources available, one of the most common questions that seniors and their caregivers ask is “Who do I contact for help?” The Portrait of Nevada’s Seniors Survey asked that question and in 2010, only slightly more than half or 52.7% said they used the internet, 22.8% said doctor/medical provider/insurance company, 19.8% family/friend, 12.3% senior center/community organization/service provider and 11.6% phonebook or 211 information.

It is important to note that not all “advocacy” groups are created equal. Some are difficult to access, others are issue specific and do not provide a well-rounded information and referral service, while still others have developed over time and offer informal, limited assistance. Advocacy services tend to fall into four categories:

- **Information & Referral (I&R)** – I&R organizations provide information about and referral to direct service providers. These groups can be formally or informally organized and provide individuals with contact numbers for the individual to follow-up. I&R services generally do not provide any direct services.
- **Case Management** – Home and community based services provided by professionals use case management for clients mostly as a means of cost containment. Often, but not always, case management workers become de facto advocates for their clients.
- **Political Activism** – Political activism groups meet to formulate recommendations for elected officials for the purpose of affecting change in public policy. These types of organizations include those established to lobby government officials on specific issues of concern to senior citizens.

- **Issue Specific** – Issue specific organizations provide support and/or services to a defined population, such as Alzheimers, Parkinsons, Medicare Fraud, Victim Assistance, etc.

While advocacy groups vary considerably, most organizations find themselves in the position of providing overlapping types of support, either to an individual or to a group of policymakers. Many organizations work together to promote a complete approach to satisfying the needs of older people and Nevadans. Nonetheless, the sheer volume of advocacy groups makes it difficult to provide an effective, integrated system.

The dilemma for seniors is not necessarily the availability of service providers, but rather readily identifying and contacting the appropriate provider to meet their needs. With the volume of senior advocacy programs, it is almost as difficult to access I&R services as it is to access a direct service provider. Although gaps in services provided to senior citizens still exist, the problem with senior advocacy is almost the opposite: many programs overlap. At the individual level, elders lack knowledge about the advocacy services available to the most seniors in the community. The information presented at the end of this chapter offers a small sample of the community resources and organizations that provide information, referrals, education, and advocacy and that are available to seniors in Nevada.

Prospects for the Future and Policy Recommendations

Single Point of Entry

Although Nevada has created the ADRC's and Nevada 211, they have their share of problems, which are beyond the scope of this chapter. But a single point of entry is something we should work for with the help of an interdisciplinary team of professionals from the private and public arenas. Funding will continue to be an obstacle with projects like this, as non-profit organizations and agencies have limitations and restrictions on the funding they receive. Including the for-profit businesses in such a project would require major oversight, for protecting the consumer should be the number one priority. Nevada has to find the balance between the two to come up with such a system, so that our seniors and their families are served in the best possible way.

Regional Media Outreach

Outreach efforts for information and referral to services, policy recommendations to elected officials, and direct services for older citizens are gaining momentum, but such efforts remain fragmented and disconnected from each other. Counties and cities have their own cable TV channels and this is something that they could program, but such efforts by each location have not cultivated. Again this would require a central hub that could initiate, support and monitor such activity in order for it to be successful.

Legislative Committee on Senior Citizens, Veterans, and Adults with Special Needs (AB9)

On July 1, 2009, Nevada Legislators empowered the Legislative Committee on Senior Citizens, Veterans, and Adults with Special Needs or AB9 Committee as it is commonly referred to. Chaired by the former Assemblywoman Kathy McClain, this committee grew out an interim study of senior citizens' and veterans' issues. AB9 authorized the Committee to review, study and comment on issue relating to senior citizens, veterans, and adults with special needs. The goals of the committee were:

- To end the abuse, exploitation, isolation, and neglect of senior citizens, veterans, and adults with special needs wherever such offenses may occur in Nevada.
- To review the safety and quality of long-term care facilities.
- To prevent premature placement of seniors and people with special needs in facilities.

In June of 2010 AB9 held a work session, during which the members considered 37 recommendations. The members voted to forward 10 bill draft requests (BDRs) to the 76th Session of the Nevada Legislature and to write seven letters to various entities expressing their support for specific issues. In the 2011 legislative session 6 of the 10 bills from AB9 passed and will become effective on October 1st 2011, with the exception of SB420 that became effective on July 1, 2011 (list of bill summary is attached).

Conclusion

We think we know what the next generation of seniors is going to look like and what they will need, but in reality we lack systematic information about our future older population. Nevada's unprecedented growth over the past 15 years has made it very difficult to assess and predict the needs of current and future older persons in the state. Furthermore, the socioeconomic and ethnoracial diversity of new immigrants to Nevada in recent decades makes it even more difficult to provide services to healthy older Nevadans.

In this chapter, we have compiled descriptive statistics about Nevada senior citizens. In the course of our endeavor, we realized that we may not see clearly what the future has in stock because we do not really know what is required in the present.

If policymakers and service providers are serious about empowering our senior citizens to live independently and safely, we must have accurate information upon which to base policy and funding decisions. It is clear to us that data gathering should go beyond the available Census resources and focus on assessing the health needs of older people in Nevada. That information must be made available to scholars and policy makers for further analysis and use. Since the growth is likely to continue over the next decade, it is important to be proactive and systematically gather economic, health, and social status

data about the “generations” of current and future senior citizens. Such efforts will assure our ability to assess, anticipate, and provide needed services.

Data Sources and Suggested Readings

Administration on Aging. American Community Survey (ACS) Demographic Data (2004-2009), <http://www.agidnet.org/DataGlance/>.

Administration on Aging and U.S. Department of Health and Human Services. Profile of Older Americans: 2010, http://www.aoa.gov/AoAroot/Aging_Statistics/Profile/2010/docs/2010profile.pdf.

Alzheimer’s Association. 2011. Nevada Alzheimer’s Statistics, http://www.alz.org/documents_custom/Facts_2011/ALZ_NV.pdf?type=interior_map&facts=undefined&facts=facts.

American Association of Suicidology. USA State Suicide Rates and Rankings among the Elderly, 2007.

Bureau of Labor Statistics. Employment Outlook: 2008-18 – Labor Force Projection to 2018 Older Workers Staying More Active, <http://www.bls.gov/opub/mlr/2009/11/art3full.pdf>.

Cannon Survey Center. 2010. Portrait of Nevada Seniors: A Collaborative Study.

Federal Interagency Forum on Aging-Related Statistics. *Older Americans 2010: Key Indicators of Well-Being*. Federal Interagency Forum on Aging-Related Statistics. Washington, DC: U.S. Government Printing Office. July 2010 (also available at http://www.agingstats.gov/agingstatsdotnet/Main_Site/Data/2010_Documents/Docs/OA_2010.pdf

Kaiser Family Foundation, State Health Facts. 2008. <http://www.statehealthfacts.org/profileind.jsp?cat=2&rgn=30>.

Keene, Jennifer Reid and Christie D. Batson. 2010. “Under One Roof: A Review of Research on Intergenerational Coresidence and Multigenerational Households in the United States.” *Sociology Compass* 4, 8: 642-657.

Martin, Linda. 2011. “Demography and Aging,” in *Handbook of Aging and Social Sciences*, edited by R. H. Binstock and L. K. George (7th edition). San Diego, CA: Elsevier Inc.

McClain, Kathy. 2011. The Legislative Committee on Senior Citizens, Veterans and Adults with Special Needs, 2010 Interim Report.

<http://www.leg.state.nv.us/Interim/75th2009/Committee/StatCom/SeniorVetSpecial/?ID=50>.

Migration Policy Institute. 2009. Nevada Fact Sheet – Language and Education. <http://www.migrationinformation.org/datahub/state.cfm?ID=NV>.

National Prevention Information Network. <http://www.cdcnpin.org/scripts/population/elderly.asp>.

Nevada Bureau of Health Statistics. 2009. Burden of Diabetes in Nevada 2009. <http://health.nv.gov/PUBLICATIONS/BurdenDiabetesNevadaFactSheet2009Final.pdf>.

Nevada State Demographer. Nevada 2010 Census Profiles by County. University of Nevada, Reno. <http://nvdemography.org/nevada-2010-census/2010-census-profiles-by-county/>.

Noffsinger, Sandi. 2008. Nevada State Health Division, HIV/AIDS Surveillance Program. Nevada: HIV/AIDS Epidemiological Profile. http://www.lasvegasema.org/images/Epi_Data-Sandi.pdf.

Quadagno, Jill. 2011. *Aging and the Life Course*. New York: McGraw Hill.

Ramm, Sally. June 29, 2011. Summary Report on Bills from Legislative Committee on Senior Citizens, Veterans, and Adults with Special Needs for Las Vegas Senior Providers Task Force.

Seelmeyer, John. April, 2011. Number of over-65 workers in Nevada continues to Increase. <http://www.nnbw.com/ArticleRead.aspx?storyID=17111>

Social Security Administration. 2010. Fast Facts and Figures about Social Security. http://www.ssa.gov/policy/docs/chartbooks/fast_facts/2010/fast_facts10.pdf.

U.S. Census Bureau. Nevada Census Data 2010. <http://www.uscensus2010data.com/32-nevada-census-2010-data>.

U.S. Census Bureau. January 2009. The Geographic Distribution and Characteristics of Older Workers in Nevada: 2004. <http://www.census.gov/prod/2009pubs/ledow04nv.pdf>.

U.S. Census Bureau. 2010. Nevada 2010 Demographic Profile Data.

U.S. Census Bureau. 2010. Age and Sex Composition 2010. 2010 Census Brief.

U.S. Census Bureau. 2011. The 2011 Statistical Abstract: Population, <http://www.census.gov/prod/2011pubs/11statab/pop.pdf>.

United States Administration on Aging. 2010. Profile of Older Americans 2010.

Washington Post, June 15, 2011. Life Expectancy Across the U.S.,
<http://www.washingtonpost.com/wp-srv/special/nation/life-expectancy-map/>.

Brown, David. June 15, 2011. "Life Expectancy in the U.S. Varies Widely by Region, in some Places is Decreasing." *Washington Post*.
http://www.washingtonpost.com/national/life-expectancy-in-the-us-varies-widely-by-region-and-in-some-places-is-decreasing/2011/06/13/AGdHuZVH_story.html.

COMMUNITY RESOURCES

National Organizations:

Administration on Aging. Mission is to develop a comprehensive, coordinated and cost-effective system of home and community-based services that helps elderly individuals maintain their health and independence in their homes and communities:
<http://www.aoa.gov/AoARoot/index.aspx>

AARP. Information on member services, health & wellness, legislation & elections, money & work, message board: <http://www.aarp.org>, <http://www.aarpmagazine.org>

Benefits Check-Up. On-line assistance for finding programs that help with prescription drugs, utilities, healthcare, and other services based on your address. Provides information from all states: <http://www.benefitscheckup.org>

Centers on Medicare and Medicaid. Information about the new prescription drug coverage under Medicare Part D: www.medicare.gov

Elder Care Locator. (U.S. Administration on Aging). Assists older adults in finding available local services based on zip code:
<http://www.eldercare.gov/Eldercare.NET/Public/Index.aspx>

FirstGov for Seniors. Directory of government resources for seniors on money, housing, health, consumer protection: <http://www.usa.gov/Topics/Seniors.shtml>

National Center on Elder Abuse. Provides facts about elder abuse, resources for assistance, statistics, research, and outreach:
http://www.ncea.aoa.gov/ncearoot/Main_Site/index.aspx

National Resource Center for Safe Aging. Provides information on fall and injury prevention: <http://www.safeaging.org/>

Social Security Administration. Social Security benefits information & links to other federal agencies, <http://www.ssa.gov>

U.S. Administration on Aging. Information on over 60 aging topics and links to local area on aging agencies: <http://www.aoa.gov>

U.S. Government general website. Links to federal agencies, consumer protection, education & training, travel & leisure, state aging agencies, social security online: <http://www.firstgov.gov>

Volunteers in Health Care. Information and assistance in accessing pharmaceutical patient assistance programs. Supported by the Robert Wood Johnson Foundation: <http://www.rxassist.org/default.cfm>

State of Nevada Organizations:

Advocates for Residents of Long-Term Care Facilities (Aging and Disability Services Division). Serves as advocate to protect the rights of the elderly residing in long-term care facilities: <http://www.nvaging.net/ltc.htm>

Aging and Disability Services Division, Mission of ADSD is to develop, coordinate, and deliver a comprehensive support service system of essential services, which will allow Nevada's elders and those with disabilities to lead independent, meaningful and dignified lives. <http://www.nvaging.net/services.htm>

Office of Consumer Health Assistance (Office of the Governor). Assists consumers in understanding their rights and responsibilities under health care plans, resolves complaints, and refers consumers to appropriate agency for specific complaints: <http://govcha.state.nv.us/>

Medicare SHIP Program. State Health Insurance Advocacy Program. Provides information and assistance with Medicare services: http://www.nvaging.net/ship/ship_main.htm

Nevada 211. Referral for basic needs to any health and human service programs. <http://www.nevada211.org/>

Nevada Elder Protective Services (Aging and Disability Services Division). Investigates abuse, neglect, isolation, and financial exploitation: http://www.nvaging.net/protective_svc.htm

Nevada Care Connection. Information and referral to caregiver resources available by city, county or zip code. <http://www.nvelder-care.org/index.php?page=home>

Nevada Commission on Aging (Legislators, state agency representatives, and interested citizens appointed by Legislature). Provides policy recommendations to the Aging and Disability Services Division, Nevada Dept. of Human Resources: <http://www.nvaging.net/coa/home.htm>

Nevada Senior Advocates. Supports the needs of persons with disabilities and the aging population, their families and the agencies that serve them through advocacy to the various policymakers at the State, Regional, and Local levels of government and the private sector: <http://www.nevadasenioradvocates.org/>

Nevada Silver Haired Legislative Forum (Senior citizen members appointed by the State Legislature). Provides policy recommendations to the Governor and the Legislature: <http://www.leg.state.nv.us/73rd/Interim/NonLeg/Silver/>

Nevada Office on Veterans' Services (Legislators and veteran representatives appointed by the Legislature). Provides policy recommendations to the Nevada Division on Veteran Services: <http://veterans.nv.gov/>

Las Vegas Valley Organizations:

Alzheimer's Association Desert Southwest Chapter. Purpose is to empower and support individuals, families, care partners and communities affected by dementia in Arizona and southern Nevada: <http://www.alz.org/dsw/>

American Parkinson's Disease Association. Provides information and referral for those individuals and families affected by Parkinson's: <http://www.apdaparkinson.org/userND/Contactus.asp#>

Catholic Charities. Assists senior citizens in the southern Nevada community, focusing on programs to help senior client remain independent and in their homes for as long as possible: <http://www.catholiccharities.com/programs/service/seniorservices/indexseniorservices.htm>

Clark County Senior Advocate Program. Central point of contact for referrals to services and programs available to senior citizens and their caregivers: http://www.clarkcountynv.gov/Depts/social_service/Services/Pages/SeniorCitizenProtectiveServices.aspx

Cleveland Clinic Lou Ruvo Center for Brain Health. Provides state-of-the art care for cognitive disorders and for the family members of those who suffer from them: <http://www.keepmemoryalive.org/Pages/default.aspx>

Helping Hands of Vegas Valley. Offers support services like transportation, food pantry and respite care for older adults: <http://www.hhovv.org/>

Independent Transportation Network (ITN). Dignified transport for seniors: <http://itnlasvegasvalley.org/content/RideWithITN.php>

Jewish Family Service Agency. Provides social services for people in the greater Las Vegas community: <http://www.jfsalv.org/>

Nevada Senior Services, Inc. Supports senior citizens in their effort to remain independent with dignity in the community, maintaining quality of life and avoiding institutionalization:
<http://www.nevadaseniorservices.org/>

Rebuilding Together. To improve the homes and lives of low-income homeowners.
<http://www.rebuildingtogether.org/>

Senior Citizens Law Project. Legal services, advocacy, and intervention for senior citizens in civil matters and elder abuse: <http://www.nvlawdirectory.org/org/org051.html>

Southern Nevada Health District. Providing information for seniors on health living:
<http://www.gethealthyclarkcounty.org/>

Senior Centers in Clark County

Boulder City Senior Center -702-293-3320

Centennial Hills Active Adult Center -702-229-1702

Cora Coleman Senior Center -702-455-7617

Derfelt Senior Center 3343 - 702-229-6601

Doolittle Senior Center -702-229-6125

Dula Gymnasium – 702-229-6307

East Las Vegas Community and Senior Center - 702-229-1515

Goldberg Senior Center Las Vegas Senior Lifeline -702-933-1191

Henderson Senior Center 27 - 702-267-4150

Heritage Park Senior Facility – 702-267-2950

Howard Lieburn Senior Center - 702-229-1600

Las Vegas Senior Center - 702-229-6454

Laughlin Family Resource Center - 702-298-2592

Martin Luther King Senior Center - 702-636-0064

Mel C Kalagian Downtown Senior Services Center – 702—229-6690

Mesquite Senior Center - 702-346-5290

Moapa Valley Senior Center - 702-397-8002

North Las Vegas Senior Center (Recreation Center) - 702-633-1600

Searchlight Senior Center -702-297-1614

West Flamingo Senior Center - 702-455-7742

Whitney Senior Center - 702-455-7576

ATTACHMENTS

Summary of Bills from 2011 Legislative Committee on Senior Citizens, Veteran, and Adults with Special Needs (AB9)

- AB 123 Requires routine inspections of certain facilities. Effective 10/1/11
- Upon request, long-term care facilities must provide an itemized statement of charges.
 - Facilities must provide notice of deficiency affecting health and safety discovered during inspection to certain interested parties.
 - Amended out – requirement that facilities be inspected at least four times per year.
- AB 124 Requires funeral homes to report the unclaimed remains of persons who may be veterans. Effective 10/1/11
- AB 125 Revises provisions concerning the reporting of crimes against older persons. Effective 10/1/11
- Meant to make the statistics gathered on elder abuse more useful.
- AB 126 Makes various changes concerning Multidisciplinary Teams. Not passed
- AB 163 Revises provisions relating to public guardians. No passed
- SB 127 Revises provisions concerning guardianships for veterans. Not passed
- SB 128 Revises provisions relating to guardianships. Effective 10/1/11
- Much reduced from original bill. Requires private professional guardians to have background checks available when the court requests them. Requires all guardians to sign an affidavit listing all legal duties of a guardian at the time they receive their guardianship letter.

Prevents guardianship transferring to another guardian simply because the ward no longer has the funds to pay the guardianship fees.

SB 129 Requires training of certain persons who operate or work in certain facilities. Effective 10/1/11

- Training must be in recognizing and preventing elder abuse.
- Bill reduced from original in amount of training required and changed the entity required to provide the training.

SB 274 Revises provisions relating to veterans' license plates. Not passed

SB 420 Revises provisions relating to facilities for long-term care. Effective 7/1/11

- Requires facilities to have policies regarding holding beds for residents sent to the hospital for short stays, and to inform the resident of this policy upon admission to the facility. Does not require facilities' policies to include holding beds, but does require that the resident be allowed to resume residency as soon as a bed becomes available if the facility can meet the resident's care needs.
- Requires facilities to post contact information for the administrator and the designated representative of the owner or operator of the facility.
- Also requires person operating a facility for intermediate care or a facility for skilled nursing to post their license and the organizational structure of the management of the facility, and post contact information for the administrator and designated representative in a conspicuous place in the facility.