

## The Social Health of Nevada

*Leading Indicators and Quality of Life in the Silver State*

# Aging Trends & Challenges in Nevada

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### Introduction

Societal aging is one of the most important social trends of the 21<sup>st</sup> 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 and 1964, as well as those of the rapidly expanding cohort of citizens aged 85 years and older. The future will likely include three

### Highlights

- The percentage of Americans 65+ has more than tripled since 1900, from 4.1% in 1900 to 14.9% in 2015.
- In the U.S., a child born in 2015 has a life expectancy of 78.8 years, more than 30 years longer than a child born in 1900.
- In Nevada, 9,978 grandparents aged 60 and over were grandparents responsible for grandchildren.
- In Nevada, 34,943 (8.4%) of people age 65 and over were living below the poverty line in 2015, 72% of them were living in Clark County.

### How to Cite this Report

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generations of “senior citizens,” among them 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.

***Life expectancy (at birth)*** the average number of years that a newborn would be expected to live if he or she is subject to the age-specific mortality rate during a given period.

World Health Organization, 2015, page 229

## **The Older Population**

### ***The Older Population Worldwide***

The aging of populations is rapidly accelerating worldwide and according to the World Health Organization (2015), “most people can expect to live into their 60s and beyond.” Data from the United Nations Population Division (2015) show that in 2015 there were 901 million people aged 60 or over, this number is projected to grow to 1.4 billion in 2030. Although the pace of the aging is not the same around world, the older population in Asia and Latin America will more than double between 2015 and 2050 (Federal Interagency Forum on Aging Related Statistics, 2016). Average life expectancy is expected to increase from 70.5 years (2015) to and 77.1 years in 2050, reaching 73.6 years in 2030. It is anticipated that by 2050, there will be more older persons worldwide than children under 15.

### ***The Older Population in the U.S.***

The Baby Boomers (born mid-1946 to 1964) continue to be the driving force in the changing demographic landscape of the U.S. Pushing the median age upward, this generation began turning 65 in 2011. However, the U.S. ranking among the world's oldest countries, as determined by the percentage of the population age 65 and older, will decline from 34<sup>th</sup> in 2015 to 56<sup>th</sup> in 2050 (Federal Interagency Forum on Aging Related Statistics, 2016).

According to the Profile of Older Americans 2016, the population age 65 and over has increased by 30%, from 36.6 million in 2005 to 47.8 million in 2015. More alarming is that this number is projected to more than double to 98.2 million in 2060, with over 10,000 baby boomers turning 65 daily.

- The percentage of Americans 65+ has more than tripled since 1900, from 4.1% in 1900 to 14.9% in 2015 (Profile of Older Americans 2016).
- Americans 65+ represented 14.1% of the total population in 2013 and are expected to grow to 21.7% by 2040 (White House Conference on Aging 2015).
- In the U.S., a child born in 2015 has a life expectancy of 78.8 years, more than 30 years longer than a child born in 1900 (Profile of Older Americans 2016).
- According to the Profile of Older Americans 2016, centenarian Americans (persons aged 100 +) more than doubled in number from 1980 (32,194) to 2015 (76,974).

### ***The Older Population in Nevada***

Nevada's population is concentrated in its largest metropolitan areas Las Vegas, Henderson, and North Las Vegas in Clark County and Reno in Washoe County, with roughly seventy-five percent living in Clark County alone. The U.S. Census Bureau ranks Nevada 6<sup>th</sup> in the nation for overall population growth from 2010 to 2016. Not surprisingly, Nevada's aging population growth rate continues to outpace the majority of states in the U.S.

- Nevada is one of five states whose 65+ population increased by 50% or more between 2005 and 2015 (Profile of Older Americans 2016).
- The U.S. Census Bureau estimates in 2015 14.6% of Nevada's total population were persons 65+, compared to 12.0% in 2010.
- In 2015 Nevada's 65 and older population count was 422,118 (Profile of Older Americans 2016).

- Life expectancy for a person born in Nevada is 78.1 years, just slightly lower than the national average of 78.8 years (Kaiser Family Foundation).
- Growth of Nevada's oldest segment, person 85 and older has increased by over 78% in the last decade (Nevada Commission on Aging 2017)

### ***Centenarians***

Centenarians or people aged 100 or older represent only a small share of the total U.S. population, however the number of centenarians has grown from approximately 32,000 in 1980 to more than 53,000 in 2010 (U.S. Census Bureau, 2012) and 72,000 in 2015 (United Nations, 2015). According to the Pew Research Center (April, 2016), the U.S. (2.2 per 10,000) had the most centenarians overall in 2015, but fewer per capita than other top countries such as Japan (4.8 per 10,000) and Italy (4.1 per 10,000). By 2050 China is expected to have the largest centenarian population, followed by Japan, the U.S., Italy and India. It is projected that there will be 3.7 million centenarians worldwide in 2050 (Pew Research Center, 2016).

***Ageism*** is the stereotyping of and discrimination against individuals or groups based on their age. Ageism can take many forms, including prejudicial attitudes, discriminatory practices, or institutional policies and practices that perpetuate stereotypical beliefs.

World Health Organization, 2015, page 11

### **Diversity among the Older Population**

There is no 'typical' older person (World Health Organization, 2015). Older populations are incredibly diverse, varying in terms of gender, marital status, race and ethnicity, educational attainment, living arrangements, grandparenting status, veteran status, socioeconomic status, health and functional states. What is important to note is that although some diversity reflects genetic inheritance or choices made by individuals, much is driven by influences (physical and social environment) that are often beyond one's control or outside the options available to them (World Health Organization, 2015). The following sections discuss each of these characteristics of the older population in both the U.S. and Nevada.

#### ***Gender***

Demographically women tend to outnumber men worldwide and in most U.S. states, although this is not the case for Nevada's overall total population. However, older women (65 and older) do continue to outnumber older men nationally and in Nevada.

- Life expectancy at birth in the United States in 1900 was 46.3 years for males and 48.3 for females; in 2015 this was 76.3 years for males and 81.2 for females (CDC, 2016).
- The Statistical Atlas (2015) indicates that the ratio of males to females in Nevada is above one for all age brackets starting from birth until age 55; the ratio then reduces to under one for the remaining brackets with the exception of ages 70-74.

The lowest male to female ratio occurs in the 85+ bracket with a ratio of 0.60 (37.4 % males to 62.6% females).

### ***Marital Status***

Researchers have thoroughly documented the positive effects of marriage on individuals' economic and psychological well-being. Being married often positively influences a couple's living arrangements, availability of potential informal caregivers, and overall economies of scale. Older men continue to be much more likely than older women to be married, as evidenced by the following statistics from the Profile of Older Adults 2016:

- Approximately, 70% of men age 65 and older were married, compared with 45% of women in the same age group.
- Widows accounted for 34% of all older women in 2016. There were three times as many widows (8.8 million) as widowers (2.6 million).
- Divorced and separated (including married/spouse absent) older persons represented 14% of all older persons in 2016, an increase by 8.7% since 1980.

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. According to the 2015 American Community Survey:

- In 2015, it was estimated that 64.8% of men in Nevada aged 65 or over were married, 11.1% widowed, 17.7% divorced, 1.1% separated, and 5.3% who were never married (American Community Survey Estimates, 2015).
- Comparatively, in 2015, 43.2% of women 65 and over were married, 32.1% widowed, 19.5% divorced, 1.1% separated, and 4.1% were never married (American Community Survey Estimates, 2015).

### ***Race and Ethnicity***

It is projected that the older population will increase among all racial and ethnic groups, however the older Hispanic populations is projected to grow the fastest, from 3.6 million in 2014 to 21.5 million in 2060 (Older Americans 2016: Key Indicators of Well-Being).

According to the Profile of Older Americans 2016:

- In 2015, 22% of persons age 65+ were members of racial or ethnic minority populations; 9% African American (not Hispanic), 8% Hispanic origin (who may be of any race), 4% Asian or Pacific Islander (not Hispanic), 0.7% Multiracial, 0.5% Native American (not Hispanic).
- Only 9% of all the people who were members of racial and ethnic minority populations were 65+, compared with 19% of non-Hispanic whites (2015).

- A key finding from the National Vital Statistics System, Mortality Brief (2016) showed that between 2013 and 2014, Hispanic males experienced the greatest increase in life expectancy at age 65 (0.3 years).
- As of 2009-13, the United States was home to 38 million (15%) residents ages 16 and older who were foreign born. Of this number 7.5 million were 60 and over (Migration Policy Institute, April 2016).

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). Nevada's foreign-born population continues to rise.

- As of 2009-13, Nevada was home to 494,000 (23%) residents ages 16 and older who were foreign born. Of this number 90,000 were 60 and over, with 81,000 residing in Clark County alone. More than half or 58% of Nevada's foreign-born residents come from Latin America, followed by 28% from Asia (Migration Policy Institute, March 2016).

Considering the overall ethnracial 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 ethnracial 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 ethnracial minorities will increase as well.

### ***Educational Attainment***

Throughout the life course, educational attainment plays a role in the well-being of individuals. Higher levels of education have been associated with higher incomes, higher standards of living, and above-average health (Older Americans 2016: Key Indicators of Well-Being). Completing high school has also been associated with longer life expectancy (PBR, 2015).

The overall level of education of the older population is increasing. The percentage of older persons who had completed high school between 1970 and 2016 rose from 28% to 85% (Profile of Older Americans 2016). Similarly, the percentage of people ages 65 and older who had completed a bachelor's degree or more increased from 5% in 1965 to 25% in 2014 (PRB, 2015)

- Nationally, 82.8% of persons 65 and older were a high school graduate or higher (American Community Survey 2015).
- Nationally, 25.8% of persons 65 and older had a Bachelor's degree or higher (American Community Survey 2015).

However, researchers have noted that among older Americans, substantial educational differences exist among racial and ethnic groups. The Profile of Older Americans 2016 indicated that in 2016 90% of Whites (not Hispanic), 80% of Asians (not Hispanic), 77% of African-Americans (not Hispanic), 71% of American Indian/Alaskan Natives (not Hispanic), and 54% of Hispanics had completed high school. Additionally, gender differences in college attendance and completion among older adults is evident today, with 31% of older men having completed a bachelor's degree or more, compared with 20% of older women (PBR, 2015). These educational differences are important as they are tied to lower income levels and higher poverty rates (PBR, 2015).

The American Community Survey 2015 estimates reports that:

- 85.9% (82.8% nationally) of persons in Nevada 65 and older was a high school graduate or higher.
- 24.9% (25.8% nationally) of persons in Nevada 65 and older had a Bachelor's degree or higher.

***Ageing in (the right) place*** is the ability to live in one's own home and community safely, independently and comfortably, regardless of age, income or level of capacity. Aging in the right place extends this concept to the ability to live in the place with the closest fit with the person's needs and preferences – which may or may not be one's own home.

World Health Organization, 2015, page 225

### ***Living Arrangements***

As with other health and social indicators, older people vary greatly in their living arrangements. Additionally, these living arrangements can vary greatly by race. Older Black, Asian, and Hispanic women were more likely than non-Hispanic White women to live with relatives other than a spouse (Older Americans 2016: Key Indicators of Well-Being). The Profile of Older Americans 2016 states that:

- In 2016, approximately 59% of noninstitutionalized persons age 65+ lived with their spouse (including partner).
- About 29% (13.6 million) of all noninstitutionalized persons aged 65 and older lived alone. The proportion of noninstitutionalized persons aged 65 and older living alone increases with advanced age.
- In 2015, of the 11.9 million households headed by persons age 75 and over, 76% were owners and 24% renters.
- Only 3.1% (1.5 million) of the 65+ population in 2015 lived in institutional settings, this percentage is down from 4.1% in 2009, but the number has remained constant 1.5 million.

Older adults are less likely to change residence than any other age groups (Profile of Older Americans 2016). Most Americans want to age in place in their own communities, but their health and ability to remain independent is shaped in part by their neighborhoods (PRB, February 2017). Research shows that the social, economic, demographic, and physical characteristics of communities may influence older residents' health and well-being. Helping individuals remain in their home is not only the most cost-effective option, but it may also influence the older residents' health and well-being.

- American Community Survey 2015 estimates show that there were 225,709 or 22.2% of Nevada households (including living alone) that had one or more individuals who were 65 and older.

### ***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 & 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.

- According to the Profile of Older Americans (2016) approximately 1 million (1,022,872) grandparents age 60 and over were responsible for the basic needs of one or more grandchildren under age 18 living with them in 2015 (593,495 grandmothers and 429,377 grandfathers). Of this number 368,348 were still in the labor force.

Trends in co-residential grandparenting vary greatly by race and ethnicity and are impacted by other trends such as migration patterns.

- In Nevada, 9,978 grandparents aged 60 and over were grandparents responsible for grandchildren (Nevada Grandfacts, 2017).

### ***Veteran Status***

Veteran status among America's older population is associated with higher median family income, lower percentages of individuals who are uninsured or covered by Medicaid, higher percentages of functional limitation in activities of daily living or instrumental activities of daily living, general likelihood of having a disability, and less likelihood of rating their general health status as good or better (Federal Interagency Forum on Aging-Related Statistics, 2016). According to the American Community Survey 2015 estimates:

- In 2015, 9,315,829 or 49.5% of persons age 65 and over were veterans in the United States.
- In 2015, 101,449 or 48.4% of persons age 65 and over were veterans in Nevada. Of this number 66,147 or 65.2 % were located in Clark County Nevada.

## **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 poverty status, household income, food security 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.

**Retirement age** (Social Security), full-benefit retirement age has been increasing gradually due to legislation passed by Congress in 1983. Traditionally, the full benefit age was 65, currently, the full benefit age is 66 for people born in 1943 -1954, and it will rise to 67 for those born in 1960 or later.

National Academy of Social Security

### ***Poverty Status and Household Income***

Poverty rates are one way to evaluate economic well-being, although this indicator alone does not give a complete picture of the economic situation of older Americans. Examining the income distribution of the population provides additional insights into their economic well-being. People identified as living in poverty are at risk of having inadequate resources for basic needs such food, housing, and healthcare. The Profile of Older Americans 2016 reports that:

- 4.2 million (8.8%) of people age 65 and over were living below the poverty line in 2015. Another 2.4 million or 5% of the elderly were classified as “near poor” (income between the poverty level and 125% of this level).
- Poverty rates differ by age and sex among the older population. Older women had a higher poverty rate (10.3%) than older men (7%). This gap appears to be shrinking slightly as the 2010 poverty rates for older women were 10.7% and 6.6% for older men respectively.
- The highest poverty rates were experienced among older Hispanic women who lived alone (40.7%).
- In 2015, the median income for older persons was \$22,887 compared to \$19,167 in 2009.

- The median income of older persons in 2015 was \$31,372 for males and \$18,250 for females.
- In 2015, households containing families headed by persons aged 65 and older reported a median income of \$57,360 (\$64,688 for Asians, \$60,266 for non-Hispanic Whites, \$43,855 for African-Americans, and \$42,334 for Hispanics).
- Major sources of income as reported by older persons in 2014 were Social Security (reported by 84%), income from assets (reported by 62%), private pensions (reported by 37%), earnings (reported by 29%), and government employee pensions (reported by 16%).

In Nevada, the American Community Survey 2015 estimates report:

- 34,943 (8.4%) of people age 65 and over were living below the poverty line in 2015. Of this number 72% were living in Clark County.
- Similar to the national distribution poverty rates in Nevada differ by age and sex among the older population.
- Approximately 42% of the state's 65 and older population would have incomes below the poverty line if they did not receive Social Security (Center on Budget and Policy Priorities, 2012).
- In 2012, one in six Nevada residents received Social Security. One in three older Nevada residents relies on Social Security as their only source of income (AARP, 2014).

### ***Food Security***

Food insecurity occurs when people aren't able to secure enough food for a healthy diet and active lifestyle (Three Square). United Health Foundation (2017) Senior Report shows that in 2017 **Nevada**:

- Ranked 19<sup>th</sup> by Supplemental Nutrition Assistance Program (SNAP) reach.
- Ranked 19<sup>th</sup> by food insecurity, measured by the percentage (13.3% Nevada, 15.8% national average) of adults aged 60 years and older who faced the threat of hunger in the past 12 months.
- Ranked 29<sup>th</sup> by home-delivered meals.

### ***Labor Force Participation***

The labor force includes all people classified in the civilian labor force plus members of the U.S. Armed Forces (people on active duty within the U.S. Army, Air Force, Navy,

Marine Corps, or Coast Guard); and labor force participation rate represents the proportion of the population that is in the labor force (American Community Survey Brief, 2013). Most older Americans are retired from full-time work. Some older Americans work out of economic necessity. Others may be attracted by the social contact, intellectual challenges, or sense of value that work often provides (Federal Interagency Forum on Aging-Related Statistics, 2016). The Profile of Older Americans 2016 reports that:

- In 2015, 8.8 million or 18.9% Americans aged 65 and older were in the labor force (working or actively seeking work), constituting 5.6% of the labor force (4.2% in 2009).
- Of those Americans 4.8 million (23.4%) were men and 4 million (15.3%) were women.

According to the Bureau of Labor Statistics people aged 65 and older in Nevada have both employment and unemployment rates above the national average (Las Vegas Review Journal, April 8, 2017). The rate of seniors working or looking for work reached 18.9 percent in 2015 for both Nevada and the nation, representing a 33 percent increase over the Nevada rate in 2002 and a 43 percent increase over the national rate in 2002.

- In 2016, the unemployment rate in Nevada varied across age groups, for Nevadans aged 55 and older the rate was a little over 5%, the second lowest rate (Nevada Department of Employment Training and Rehabilitation, 2016).

**Health** is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.

World Health Organization

## Health Status and Health Care

Most older Americans have at least one chronic condition, and many have multiple conditions (Administration on Aging, 2016). In 2015, the most frequently occurring conditions among older persons age 75 and over were: hypertension, diagnosed arthritis, all types of heart disease, any cancer, and diabetes.

- According to the Profile of Older Americans 2016, in 2015, 39% of noninstitutionalized people age 75 and over assessed their health as excellent or very good.
- Between 1999 and 2014, age-adjusted death rates for all causes of death among people age 65 and over declined by 20%. Death rates declined for heart disease, cancer, chronic lower respiratory disease, stroke, diabetes, and influenza and pneumonia. Death rates for Alzheimer's disease and unintentional injuries increased over the same period (Federal Interagency Forum on Aging-Related Statistics, 2016).

“The 2017 American’s Health Rankings Senior Report provides a comprehensive analysis of senior population health on a national and state-by-state basis across 34 measures of senior health” (United Health Foundation, 2017). Highlights of the report show that in 2017 **Nevada**:

- Ranked 40<sup>th</sup> overall (across 34 measures) an improvement from 2016 (ranked 42).
- 23.9% (27.6% national average) of adults aged 65 years and older with a body mass index of 30.0 or higher based on reported height and weight.
- 59.7% (65.7% national average) of adults aged 65 years and older reported visiting a dental health professional within the past 12 months.
- 9.8% (6.7% national average) of adults aged 65 years and older reported either binge drinking in the past month or chronic drinking.
- 43.6% (46.5% national average) of adults aged 65 years and older with arthritis who reported that arthritis or joint pain does not limit their usual activities.
- 12.3% (8.7% national average) of adults aged 65 years and older who were smokers (reported smoking at least 100 cigarettes in their lifetime and currently smoke every day or some days).
- 42.2% (42.4% national average) of certified nursing home beds rated four or five stars over a three-month period.
- Ranked 37<sup>th</sup> by diabetes management, 76.2% (80.3% nationally) of Medicare enrollees aged 65 to 75 with diabetes receiving a blood lipids test.
- 68.5% (72.4% national) of women aged 65 to 74 who reported receiving a mammogram in the past two years and the percentage of adults aged 65 to 75 who reported receiving colorectal cancer screening within the recommended time period.
- Ranked 11<sup>th</sup> by falls, 26.9% (28.7% nationally) of adults aged 65 and older who reported they had fallen in the past 12 months.

### ***Health Insurance***

- In 2015, 93% of non-institutionalized persons age 65+ were covered by Medicare, 52% had some type of private insurance, 28% had employment-based insurance, 7% had military-based health insurance, 7% were covered by Medicaid, and 1% had no coverage.

- 9% or 35,000 Nevadan seniors get health care through Medicaid, including nursing home care and services that help them live at home (Center on Budget and Policy Priorities).
- According to the United Health Foundation (2017) senior report 85% (87% national average) of Nevadan Medicare enrollees aged 65 years and older who have a creditable prescription drug plan.

### ***Mental Health***

The United Health Foundation (2017) Senior Report shows that:

- 5.5% of Nevadans aged 65 and older reported their mental health was not good 14 or more days in the past 30 days.

According to the American Foundation for Suicide Prevention (2015):

- On average, one person dies by suicide every 16 hours in the state of Nevada.
- Nearly three times as many people die by suicide in Nevada annually than by homicide.
- Suicide was the 14<sup>th</sup> leading cause of death for ages 65 and older in Nevada in 2015.

### ***Dementia and Alzheimer's***

Dementia is a syndrome, characterized by difficulties in memory, language, problem solving and other cognitive skills that affect a person's ability to perform everyday activities (Alzheimer's Association, 2017). Causes of dementia include Frontal-temporal lobar degeneration (FTLD), Parkinson's disease (PD), Creutzfeldt-Jakob disease, normal pressure hydrocephalus, and the most common cause Alzheimer's disease (AD). The number of Americans with Alzheimer's or other dementias continues to grow, although the proportion of the population with dementia may have fallen over the past 25 years (Langa et al. 2017). However, the percentage of people with Alzheimer's dementia increases with age. The 2017 Alzheimer's Disease Facts and Figures reports that:

- In 2017, an estimated 5.3 million Americans age 65 and older are living with Alzheimer's dementia.
- 1 in 10 people age 65 and older has Alzheimer's dementia (2017).
- Nevada is projected to have a total of 43,000 people aged 65 and older with Alzheimer's disease in 2017, increasing to 64,000 in 2025, a 48.8 percentage change.

- Nevada is one of nine states nationwide that will see one of the largest projected increases in Alzheimer’s prevalence between 2017 and 2025.

The reason there is cause for alarm regarding Alzheimer’s is due to the long duration of the illness and because much of that time is spent in a state of disability and dependence. Alzheimer’s is a very burdensome disease, responsible for the deaths of more and more Americans, but also contributing to more and more cases of poor health and disability in the United States (Alzheimer’s Association, 2017). The need for caregiving increases with age (Administration on Aging, 2016).

**Caregiver** a person who provides care and support to someone else; such support may include: helping with self-care, household tasks, mobility, social participation and meaningful activities; offering information, advice and emotional support, as well as engaging in advocacy, providing support for decision-making and peer support, and helping with advance care planning; offering respite services; and engaging in activities to foster intrinsic capacity. Caregivers may include family members, friends, neighbors, volunteers, care workers and health professionals.

World Health Organization, 2015, page 26

### ***HIV/AIDS***

According to the National Prevention Information Network older people are at increasing risk for HIV/AIDS and other STDs. 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.

According to the CDC, in 2013 Nevada ranked 24<sup>th</sup> in the nation for number of HIV diagnoses. The Nevada HIV/AIDS Epidemiological Profile (2009-2013) reports that:

- From 2009 to 2013 there were substantial increases in the rate of new HIV infections among youth (13 to 24) and the 55 to 64 years age groups.
- The rate of infection among 55 to 64-year-olds increased from 6.5 per 100,000 in 2009 to 9.1 per 100,000 in 2013.
- According to the report the proportion of late diagnoses was much higher in older age groups, from 2008 to 2012, 65 and older experienced the greatest increase in proportion of late diagnoses, from 56% to 2008 to 60% in 2012.
- Additionally, as age increase, the proportion of persons surviving more than 12 months decreased. Persons 55 to 64 year old and persons 65+ had the lowest

proportions of persons surviving more than 12 months (73% and 52% respectively).

## Providing Services for Older Nevadans

**The Older Americans Act (OAA)** funds critical services that keep older adults healthy and independent; funding services such as meals, job training, transportation, and health promotion.

The act was reauthorized on April 19, 2016 by President Obama.

According to the United Health Foundation 2017 Senior Report Rankings, Nevada was ranked 48<sup>th</sup> in community support. This was measured by the expenditures captured by the Administration on Aging per adult aged 60 years and older living in poverty. Nevada's expenditures were \$209 compared to the national average of \$536, with the top five states spending well over \$1000 (Alaska \$3,599; Massachusetts \$2,734; New Hampshire \$2,233; Wyoming \$2,061; and Vermont \$1,473).

### **Workforce**

Nationally there is a geriatrician (doctor who is specifically trained to meet the unique needs of older adults) shortfall. All fifty states are experiencing some degree of shortfall, according to the American Geriatrics Society in 2016 with a shortfall of 13,176 geriatricians, only 96 internal medicine or family medicine residents entered geriatrics fellowship programs in 2013. Nevada is ranked 35<sup>th</sup> by geriatrician shortfall (United Health Foundation, 2017).

In Nevada, there were 78 (110.6 nationally) personal care and home health aides per 1,000 adults aged 75 years and older (United Health Foundation, 2017).

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. Section 3 (Community Resources) contains various resources at the national, state and local level.

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 Alzheimer’s, Parkinson’s, 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 sample of the community resources and organizations that provide information, referrals, education, and advocacy and that are available to seniors in Nevada.

## 2020 and Beyond – Future Prospects 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.

### ***Nevada Commission on Aging***

The mission of the Governor's Commission on Aging is to facilitate and enhance the quality of life and services for all Nevada seniors through partnership with the Aging and Disability Services Division and other entities. Its vision is to *“become a visible and informed organization, establish priority of needs for elder Nevadans, and advocate for programs and services to meet those needs through collaboration and education”*.

The commission's subcommittee produced two reports for legislators and candidates in 2015 and 2017. Each report focused on key issues of importance to support elders in their quest to remain independent. The reports provided a brief overview of the issue, description of unmet needs and action needed for Legislative support. A link to each report can be found in section 2.

**2017** report focused on five key issues:

1. Access to services
2. Behavioral, cognitive & mental health
3. Family caregivers
4. Legal rights
5. Medicaid managed long term services & supports

**2015** report focused on eight key issues:

1. Budget
2. Behavioral & cognitive health
3. Caregivers
4. Legal right
5. Medicaid
6. Nutrition

7. Transportation
8. Workforce

## **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.

## **Appendix**

### **Data Sources & Suggested Readings**

2017 Alzheimer's Disease Facts and Figures.

[https://www.alz.org/documents\\_custom/2017-facts-and-figures.pdf](https://www.alz.org/documents_custom/2017-facts-and-figures.pdf)

Administration on Aging and U.S. Department of Health and Human Services. Profile of Older Americans: 2016.

[https://www.giaging.org/documents/A\\_Profile\\_of\\_Older\\_Americans\\_2016.pdf](https://www.giaging.org/documents/A_Profile_of_Older_Americans_2016.pdf)

American Community Survey. 2015. Table Estimates (Educational Attainment, Marital Status)

<https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>

American Foundation for Suicide Prevention. 2017. Suicide: Nevada 2017 Facts & Figures. <https://afsp.org/about-suicide/state-fact-sheets/#Nevada>

Nevada Governor's Commission on Aging Subcommittee. 2016. Community Needs and Priorities for Older Nevadans.

<http://adsd.nv.gov/uploadedFiles/adsdnvgov/content/Boards/COA/COA.2016%20Gov%20Report.pdf>

Nevada Governor's Commission on Aging Subcommittee Concerning Legislative Issues. 2017. Elder issues in Nevada.

[http://adsd.nv.gov/uploadedFiles/adsdnvgov/content/Boards/COA/SubLegIssues/COA%20Elder%20Issues%20in%20Nevada%202017%20\(12%2013%2016\).pdf](http://adsd.nv.gov/uploadedFiles/adsdnvgov/content/Boards/COA/SubLegIssues/COA%20Elder%20Issues%20in%20Nevada%202017%20(12%2013%2016).pdf)

Nevada Governor's Commission on Aging Subcommittee Concerning Legislative Issues. 2015. Elder issues in Nevada.

<http://adsd.nv.gov/uploadedFiles/adsdnvgov/content/Boards/COA/SubLegIssues/COA%20Elder%20Issues%202014%202v.pdf>

Nevada Division of Public and Behavioral Health. 2015. Nevada, HIV/AIDS

Epidemiological Profile: 2009-2013. [http://dph.nv.gov/Programs/HIV-OPHIE/Docs/HIV\\_Epi\\_Profile\\_2013/](http://dph.nv.gov/Programs/HIV-OPHIE/Docs/HIV_Epi_Profile_2013/)

Federal Interagency Forum on Aging Related Statistics. 2016 Older Americans: Key Indicators of Well-Being.

<https://agingstats.gov/docs/LatestReport/Older-Americans-2016-Key-Indicators-of-WellBeing.pdf>

Grandfacts. State Fact Sheet for Grandfamilies (Nevada).

<http://www.grandfamilies.org/Portals/0/State%20Fact%20Sheets/Grandfamilies-Fact-Sheet-Nevada.pdf>

Las Vegas Review Journal. April 8, 2017. More local seniors looking for work as teen workforce declines.

<https://www.reviewjournal.com/business/more-local-seniors-looking-for-work-as-teen-workforce-declines/>

Migration Policy Institute. March 2016. Immigrants and WIOA Services: Comparison of Sociodemographic Characteristics of Native- and Foreign- Born Adults in Nevada.

<http://www.migrationpolicy.org/research/immigrants-and-wioa-services-comparison-sociodemographic-characteristics-native-and-foreign>

Migration Policy Institute. April 2016. Immigrants and WIOA Services: Comparison of Sociodemographic Characteristics of Native- and Foreign- Born Adults in Clark County, Nevada.

<http://www.migrationpolicy.org/research/immigrants-and-wioa-services-comparison-sociodemographic-characteristics-native-and-foreign>

Pew Research Center. April, 2016. World's centenarian population projected to grow eightfold by 2050. <http://www.pewresearch.org/fact-tank/2016/04/21/worlds-centenarian-population-projected-to-grow-eightfold-by-2050/>

Population Research Bureau (PRB). December 2015. Aging in the United States.

<http://www.prb.org/pdf16/aging-us-population-bulletin.pdf>

Population Research Bureau (PRB). February 2017. How Neighborhoods Affect the Health and Well-Being of Older Americans.

<http://www.prb.org/pdf17/TRA%2035.pdf>

United Health Foundation. 2017. America's Health Rankings. Senior Report 2017.

[https://assets.americashealthrankings.org/app/uploads/ahr2017\\_seniorreport.pdf](https://assets.americashealthrankings.org/app/uploads/ahr2017_seniorreport.pdf)

World Health Organization. 2015. World Report on Ageing and Health.

[http://apps.who.int/iris/bitstream/10665/186463/1/9789240694811\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/186463/1/9789240694811_eng.pdf)

## Community Resources

### National

#### **Websites**

Administration on Aging (AoA). The Administration on Aging is the Federal focal point and advocate agency for older persons and their concerns.

<https://www.usa.gov/federal-agencies/administration-on-aging>

Alzheimer's Association. Advances research to end Alzheimer's and dementia while enhancing care for those living with the disease.

<http://www.alz.org>

American Association of Retired Persons (AARP). AARP is the nation's largest nonprofit, nonpartisan organization dedicated to empowering Americans 50 and older to choose how they live as they age.

<https://www.aarp.org>

Brain Health Awareness Campaign. Website to help older adults better understand changes that occur in the brain as people age and reduce the fear of discussing concerns with family members and clinicians.

<https://brainhealth.acl.gov/>

Centers for Medicare & Medicaid Services (CMS). Federal agency that administers the Medicare program and works in partnership with state governments to administer Medicaid.

<https://www.cms.gov/>

This website serves as a national legal resource in support of grandfamilies within and outside the child welfare system.

<http://www.grandfamilies.org/>

National Institute on Aging (NIA). Leads a broad scientific effort to understand the nature of aging and to extend the healthy, active years of life. NIA is the primary Federal agency supporting and conducting Alzheimer's disease research.

<https://www.nia.nih.gov>

U.S. Department of Health and Human Services. The Administration website that provides older Americans, families, and caregivers with a one-stop resource for government-wide information on helping older adults live independent and fulfilling lives.

<https://www.hhs.gov/aging/>

***Publications, Reports and Guides***

2015 White House Conference on Aging. Final report of the White House Conference on Aging held on July 13, 2015. The conference is held every decade to identify and advance actions to improve the quality of life of older Americans.

<https://whitehouseconferenceonaging.gov/2015-WHCOA-Final-Report.pdf>

New Lifestyles: The Source for Seniors. Provides comprehensive information on senior residences and care options.

<http://www.newlifestyles.com>

## State (Nevada)

### **Websites**

Aging and Disability Services Division (ASDA). The ASDA in the State of Nevada, Department of Health and Human Services, represents Nevada's elders, children and adults with disabilities or special health care needs. Programs for seniors include: Advocate for Elders; Aging and Disability Resource Centers; Communication Access Services; Community Options Program for the Elderly; Eldercare Toolkit for State Employees; Elder Protective Services; Home and Community Based Care Waiver; Homemaker Program; Long Term Care Ombudsmen; Personal Assistance Services; Senior Medicare Patrol; Senior Tax Assistance Program; State Pharmacy Assistance Program; State Health Insurance Assistance Program; Taxi Assistance Program; and Managed Care Expansion.

<http://adsd.nv.gov/Programs/Seniors/Seniors/>

American Parkinson's Disease Association.

<https://www.apdaparkinson.org/community/nevada/>

Independent Transportation Network (ITN). Promotes lifelong mobility for seniors.

<http://www.itnamerica.org/>

Nevada 211 (Call 211 or 1.866.535.5654). A program committed to helping Nevada citizens connect with the services they need.

<http://www.nevad211.org>

Nevada Care Connection. Way to access long-term supports and services in Nevada.

<http://www.nevadaadrc.com>

Nevada Commission on Aging. The mission of the Governor's Commission on Aging is to facilitate and enhance the quality of life and services for all Nevada seniors through partnership with the Aging and Disability Services Division and other entities.

<http://adsd.nv.gov/Boards/COA/COA/>

Nevada Health Link. Connects consumers to health insurance.

<https://www.nevadahealthlink.com/>

Nevada Office on Veterans' Services. Provide vital and efficient service to and advocacy on behalf of veterans, their dependents, and survivors; and provide our community and partners the opportunity to contribute in these endeavors.

<http://www.veterans.nv.gov/>

### ***Publications, Report and Guides***

Nevada Senior Guide. A quarterly publication that provides information on home, health, services, and leisure and is published by the Masters Media Group. Guide can be found online and in grocery stores.

<http://www.NVSeniorGuide.com>

Senior Spectrum. A Reno based monthly publication dedicated to inform, serve, and entertain.

<http://www.seniorspectrumnewspaper.com>

### ***Local (Clark County)***

Alzheimer's Association Desert Southwest Chapter.

<https://www.alz.org/dsw/>

Catholic Charities Senior Services. Assists persons aged 55 and older in the southern Nevada community. Focus of the programs are to help senior citizens remain independent, health and in their own homes for as long as possible.

<https://www.catholiccharities.com/services/senior-services/>

Clark County Senior Advocate Program. Central point of contact for information on services and programs available for senior throughout Clark County.

<http://www.clarkcountynv.gov/social-service/services/Pages/SeniorCitizenProtectiveServices.aspx>

Cleveland Clinic Lou Ruvo Center for Brain Health. Provides diagnosis and ongoing treatment for patients with cognitive disorders and support services for family members who care for them.

<http://www.keepmemoryalive.org/>

Helping Hands of Vegas Valley. Non-profit organization with the mission to provide free, assistive services to senior citizens in Southern Nevada, allowing them to maintain their dignity and independence while improving health and daily living.

<http://www.hhovv.org/index.html>

Jewish Family Service Agency, Senior Services. Addresses needs of seniors in the areas: Holocaust Survivor Program; Seniors at Home; and Senior Care Management.

<http://www.jfsalv.org/services/senior-services/>

Senior Citizens Law Project. Provide quality, free legal counsel and assistance to Clark County residents age 60 and older.

<http://www.snslp.org/>

United Way of Southern Nevada's Volunteer Center. Largest community volunteer force in Southern Nevada.

<http://www.volunteercentersn.org/>

Nevada Senior Services.

<http://www.nevadaseniorservices.org/>

Rebuilding Together Southern Nevada. Services are dedicated to aging-in-place, veterans' housing, critical home repairs, energy efficiency and handyman tasks.

<http://www.rtsnv.org/>

### ***Publications, Reports, Guides and Directories***

Royal Pages – A directory of programs and services geared toward the senior and disabled population, created by Clark County Social Service – Senior Services Division

<http://www.gethealthyclarkcounty.org/pdf/senior-services-directory.pdf>

SPOTLIGHT Senior Services and Living Options. Produced twice a year providing information on retirement communities, elderly care, assisted living, nursing homes, Alzheimer's care, home or hospice care, legal services, financial planning, and other resources in the Las Vegas area. Guide can be found online and/or doctor's offices around the Valley. <http://www.spotlightseniorservices.com>

### ***Groups (Clark County)***

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.

Senior Industry Network Group (S.I.N.G). Meets **first Thursday** of every month at 8:00 am at Desert Canyon – Health South on 9175 W Oquendo Road.

Seniors United. Meets **every second Wednesday** at noon at the Clark County Library at 1401 E Flamingo Road (Contact Jerry Johnson (702) 737-3497 for more information).

SPOTLIGHT. Meets **second and fourth Wednesday** every month from 9:00 to 10:30. Location varies contact Nina Ten (702) 409-1253 or check website <http://www.spotlightseniorservices.com/LasVegas/events.html>

### ***Insurance-Based Lifestyle Centers***

Caremore, Humana, and SouthWest Medical Associates (SMA) all have senior lifestyle centers. These centers are designed to provide preventative services and other resources that will help keep seniors independent.

Caremore Care Centers – (89121), 702-436-0835; (89074), 702-754-2200; (89128), 702-233-4950

Humana – (89117) 702-269-5200; (89074) 702-380-6170

Southwest Medical Associates Lifestyle Centers – 1-866-249-7674

### ***Hospital Senior Programs***

H2U – Mountainview Hospital (89128), 702-962-9230

H2U – Southern Hills Hospital (89148), 702-916-5023

Senior Advantage – Desert Springs Hospital (89119), 702-853-3008

### ***Senior Centers in Clark County***

Black Mountain Recreation Center (89015), 702-267-4070

Boulder City Senior Center (89005), 702-293-3320

Cambridge Recreation Center (89119), 702-293-3320

Centennial Hills Active Adult Center (89131), 702-229-1702

Cora Coleman Senior Center (89156), 702-455-7617

Derfelt Senior Center (89107), 702-229-6601

Doolittle Senior Center (89106), 702-229-6125

Downtown Senior Center (89015), 702-267-4150

Durango Hills S. Nevada YMCA (89129), 702-240-9622

East Las Vegas Community and Senior Center (89101), 702-229-1515

Henderson Downtown Senior Center (89015), 702-267-4150

Henderson Multi-Generational Center (89012), 702-267-5800

Heritage Park Senior Facility (89015), 702-267-2950

Howard Lieburn Senior Center (89107), 702-229-1600

Las Vegas Senior Center (89101), 702-229-6454

Laughlin Family Resource Center (89029), 702-298-2592

Martin Luther King Senior Center (89032), 702-636-0064

Mel C Kalagian Downtown Senior Services Center (89101), 702-229-6690

Mesquite Senior Center (89024), 702-346-5290

Moapa Valley Senior Center (89040), 702-397-8002

Neighborhood Recreation N. Las Vegas (89030), 702-633-1600

Pahrump Senior Center, Inc. (89060), 775-727-5008

Paradise Recreation & Community (89121), 702-455-7513

Parkdale Community Center (89121), 702-455-8502

Sandy Valley Senior Center (89019), 702-723-1220

Searchlight Senior Center (89046), 702-297-1614

STUPAK Community Center (89102), 702-229-2448

Tonopah Senior Center (89049), 775-482-6450

Walnut Recreational Center (89115), 702-455-8402

West Flamingo Senior Center (89103), 702-455-7742

Whitney Senior Center (89122), 702-455-7576

Winchester Cultural Center (89121), 702-455-7340

YMCA – Skyview (89081), 702-522-7500

YMCA of Southern Nevada (89108), 702-877-9622