A SPOTLIGHT ON AGING
Houston, Harris County and Beyond
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Sustaining senior independence has been a longtime focus of United Way of Greater Houston. Care for Elders, a United Way of Greater Houston initiative, is a collaborative of local community partners from the public, private and nonprofit sector. For over a decade, Care for Elders has endeavored to enhance the quality of life for older adults in a variety of ways. The collaborative devotes time and energy to assessing and understanding needs; engaging leadership across all sectors; advocating for improved policies, high standards of practice, and systemic change; and leveraging resources.

The size of America’s aging population is eye-opening. Every day, 10,000 people celebrate their 65th birthday – an indication that America’s aging population is increasing rapidly. In 2000, there were approximately 45.8 million Americans over the age of 60. By 2040, the U.S. Census Bureau estimates the total number of people ages 60 and older will reach 102.2 million, representing nearly 27% of the entire projected U.S. population. Closer to home, 13.2% of Harris County’s 4.3 million residents, or 564,000 people, are ages 60 or older, a slightly smaller percentage than Texas’s 15.8%.

With medical advancements and more people adopting healthier lifestyles, America’s older adults are living longer, richer lives. Many remain active beyond retirement age – some older adults continue working, while others embark on new careers post-retirement, to do what they always wanted to do but did not have time to pursue when they were younger. Still other older adults put their knowledge and experience to good use as community volunteers, with many providing assistance to their less active peers.
When asked, older adults said that they wanted to remain independent for as long as possible with the ability to make choices about how and where they live. Many aging adults live with a spouse, family member or alone in their own home, while others reside in nursing homes or other congregate living arrangements. Living independently, or aging in place, is an option for many, but it can present challenges for those who battle chronic health issues, experience reduced mobility or lack families or access to necessary supports. Having a caregiver such as a family member or caregiving professional when necessary, accessible transportation to appointments and services, and a strong support system to manage daily tasks can help older adults manage their everyday tasks. However, caregiving and supports can be costly and require advanced planning. The challenges older Americans face are unprecedented for everyone – for our nation, for those who provide care, and for the millions of individuals who are aging in place or wish to do so.

This publication is the thoughtful work of the Care for Elders team and is presented to the community as a useful resource guide to inform policy and best practice development, and as a starting place to begin important but difficult discussions of how best the community can address the needs of its older residents. The facts, figures, charts and graphs contained in the chapters that follow offer a comprehensive profile of the state of aging in America, Texas, and when possible, Harris County. Research has been carefully gathered and summarized from national and local studies, reports and surveys, including new material on specialty populations like veterans, LGBT (lesbian, gay, bisexual, transgender) older adults and multi-generational families. This compilation explores the demographics of today’s diverse aging population and examines the complexities and challenges older adults encounter every day in our communities.

As you read the information, keep this in mind: time after time, older adults state that they wish to age with dignity, respect and well-being. That is what we all want for ourselves and our family members. This is the mission Care for Elders strives to achieve every day.
EMERGING TRENDS: A DEMOGRAPHIC PROFILE

SECTION HIGHLIGHTS:

- By 2035, Harris County will have one million residents ages 60 and older
- Harris County’s older population is becoming more diverse
- More older adults are living in multigenerational families or with another unrelated older adult
Today’s older adult population is growing rapidly and becoming more diverse. Older adults, including centenarians, are living longer than ever.¹ For the first time, the percentage of America’s oldest and youngest citizens is almost equal.² This section examines how the population of older adults has changed over the 21st century and how it is expected to develop in the future.

THE GROWING OLDER POPULATION

United States

At the dawn of the 21st century, one in six, or 45.8 million, Americans, was ages 60 or older.¹ Today, the number is closer to one in five, or more than 61 million.⁴ There are virtually as many adults ages 60 and older as there are preschool, elementary and middle school children. Experts predict that, by 2040, there will be 102.2 million older adults ages 60 and older,⁵ almost 245% more than there were in 1990.

Not only are there more Americans over the age of 60, but the number of the nation’s oldest citizens also is increasing. The U.S. Census Bureau estimates that, by 2035, there will be more people age 75 or older than there will be people between the ages of 65 and 74.⁶ The number of centenarians increased more than 43% from 2000 to 2014, and not only are more people reaching their 100th birthday, but they also are living longer past it.⁷ As a result, more families may need to support two generations of older adults simultaneously.

Texas

Texas has a younger population than the nation as a whole, but the older population continues to grow. In 2000, 13 percent of, or 2.8 million, Texans were ages 60 and older,⁸ and by 2014, the population grew to 4.1 million people, or 16 percent of the population.⁹ In Texas today, there are more residents ages 60 and older than there are children under the age of 10.¹⁰ The older adult population is expected to double within the next 20 years and will comprise more than 21% of the population.¹¹ This rapid growth will be less than that of the nation as a whole.¹²

Not all of the population growth in Texas is attributable to resident aging. For much of the past 15 years, Texas has had the fastest growing population of any state,¹³ and the over 60 population was not exempt from that growth. In 2014, Texas gained almost 57,000 new residents ages 60 and older, 70% who moved from another state and 30% who moved from another country.¹⁴ Migration occurred most frequently among individuals in their early 60s and those ages 75 and older.

Harris County

Harris County’s population skews younger than that of Texas, but likewise, the older population continues to grow in number and percentage. About 10% of the county’s total population in 2000, or 352,000 residents, were ages 60 and older.¹⁵ By 2014, the older population grew to 564,000 people, or one in every eight county...
residents.\textsuperscript{17} This represents an increase of more than 60% in less than 15 years. The population will continue to grow exponentially, and Harris County will be home to more than one million older adults by 2025.\textsuperscript{18} Compared to 2000, that is a 315% population increase. The over 85 population also has changed in a dramatic fashion. Since 2000, this age group grew nearly 70% to almost 43,000 people,\textsuperscript{19} and it is expected to increase to almost 65,000 residents by 2030.\textsuperscript{20}

In Harris County, there are 564,000 residents ages 60 and older.

Part of Harris County’s population increase also stems from transplanted individuals who choose to call Harris County home. Since 2010, more than 12,500 older adults have moved to Harris County each year; in 2014, the number grew to more than 14,000.\textsuperscript{21} About 25% of newcomers moved to Harris County from another country, and the remainder were split almost evenly between coming from another state or another Texas county. The Greater Houston area now is home to the state’s second largest older adult population, with almost 21% of the state’s older population living in the region.\textsuperscript{22} Migration will continue to expand the area’s older adult population with 46,000 new residents expected by 2020 and an additional 154,000 by 2030.\textsuperscript{23} As with people moving to Texas, the largest number of new residents are in their early 60s or ages 75 and older, though the dropoff among those ages 65 to 74 is not as severe as it is statewide.

To put it in perspective, below are two maps showing Harris County’s ages 65 and older population. The left map reflects the concentration of older adults throughout the county in 2000. The map on the right reflects a significant increase in older adults by 2010.

**Population Characteristics – Sex**

Nationally, in Texas, and in Harris County, 55% of adults ages 60 and older are women. From ages 60 to 80, Harris County’s male/female division remains close with a slowly widening gap favoring women. At age 80, there are three women for every two men, and at age 85, the gap widens again to two women for every man.\textsuperscript{24} Since 2000, the gap has closed slightly, especially among those ages 85 and older, when men were 47% of all older adults but only 27% of those ages 85 and older.\textsuperscript{25}

**Population Characteristics – Ethnicity**

Nationally and across the state, the older adult population is slowly becoming more diverse. Currently, the nation’s older adult population is 77% non-Hispanic White, 9% African American, and 8% Hispanic of all backgrounds. Five years ago, 80% of the population was non-Hispanic White. Statewide, the population is more diverse, with non-Hispanic Whites serving as the majority group at 63%. Hispanics comprise 23% of the population, African Americans 9%, and Asians 4%.\textsuperscript{26} Minority groups have grown modestly over the last five years.
While the Greater Houston area is the most diverse area in the country,27 its older adult population is not. Currently, non-Hispanic White community members make up the majority (55%) of Harris County’s adult population ages 65 and older. The second largest group is Hispanic at 17%, followed by African American at 16%. Asians round out the top ethnic groups at 7%.28

Older minority populations have grown substantially over the past fifteen years and are likely to continue doing so. At 26%, Harris County’s non-Hispanic White population ages 65 and older had the slowest growth of any major ethnic group. This rate of growth matched the county’s overall population growth (also at about 26%) but was less than the overall growth of the ages 65 and older population as a whole (about 47%). The older Hispanic population grew 87%, nearly doubling in number. The two fastest growing groups, more than doubling their populations since 2000, are African Americans at 107% and Asians at 155%. Thus, while in Harris County non-Hispanic Whites will remain the majority group for some time, their percentage of the population will continue to shrink.29

Where Older Adults Live

Nationally, two-thirds of adults ages 65 and older live with another family member; those in Texas or Harris County are slightly more likely to be in this arrangement.30 When a person lives alone or two people who are not related by blood or marriage live together, the U.S. Census classifies the arrangement as a nonfamily household,31 and 30% of adults over the age of 65 live in such situations. Older residents in Texas and Harris County are slightly less likely to live in nonfamily households, with only about 27% doing so.32

Most nonfamily households are people who live alone; across the nation, state and county, about 25% of all older adults live by themselves. In Harris County, that translates to more than 91,000 older adults. Men and women are not equal in this arrangement – there are more than two women for every man who lives alone.33

There are three emerging trends in Harris County with regard to nonfamily living arrangements. First, the number of older adults who live in group quarters is declining steadily. While group quarters encompasses any type of facility that provides housing and services for residents,34 the overwhelming majority of individuals in group quarters are in skilled nursing facilities or group homes. Since 2010, Harris County residents living in group facilities decreased 30%.35

Second, more older adults are living with someone with whom they are not related – a partner, roommate, friend or other unrelated person. About 11,000 Harris County older adults live with a nonrelative, a 22% increase over the last five years. There is an almost even split between the number of older adults who have someone living with them and those who live in someone else’s home.36

Lastly, the number of households that contain two generations of related older adults is increasing. The most common arrangement is that of a parent or parent-in-law residing in the home of their older adult child, such as a person in her 60s living with a parent in her 80s, but it could include any two individuals related by blood or marriage. Since 2010, the number of older relatives living with one another has increased 32%.37

Conclusion

The older adult population is not only aging, it is evolving and expanding dramatically. For the first time in our history, there are as many older adults as there are children, and longer lifespans have translated into more people reaching life’s upper limits. While older women still outnumber men, the gap has narrowed, and the older adult population is becoming more diverse, especially with a small but steady stream of older adults from across the state, nation and world calling Harris County home. The group quarters population has decreased while the number of older adults living with older relatives, partners, roommates or other nonrelatives has increased. Even what society considers “old” is evolving. Not long ago, many experts considered 55 to be the start of old age.38 Today, many social service programs for older adults begin at age 60. Yet, a 2009 national survey found that the public defined “old” to be age 68. That same survey found that among those ages 75 and older, only 35% considered themselves to be old.39

With these changes come great opportunities but also new issues for which solutions will have ramifications for years to come.

“We need to be more engaged in aging because we ARE aging.”
INDEPENDENCE AND AGING IN PLACE

SECTION HIGHLIGHTS:

• Chronic disease and accompanying disabilities are threatening the ability to age in place

• Social interactions where one older adult assists another are critical to being independent

• Innovative housing options are being developed to help older adults remain in their communities
Today’s older adults want a menu of options, not cookie-cutter programs, and they do not want to go quietly into the night.¹ Nearly 90% state that they want to remain in their communities, preferably in their homes, for as long as possible.² However, remaining independent is about more than being able to stay in one’s current home of choice. It is also about living in a place that, despite increased limitations, allows for easy access to people and services.³ For many older adults, losing their independence and being placed in a nursing home is a bigger fear than dying.⁴ This section examines the importance of aging with dignity and independence as well as factors that make this choice challenging.

**Nearly 90% of older adults want to age in place.**

For older adults, aging in place means having choices about where, as well as how, to live and access necessary services and amenities. “Place” may be defined as one’s current physical home or their community where familiarity with people, places and locations provides a sense of security and belonging. This sense of security also includes knowing where everything is – from personal belongings in the home to commonly visited places, such as grocery stores. In addition, remaining independent embraces the idea that one does not have to follow someone else’s rules or schedule.⁵

**Key Elements to Successfully Aging in Place**

Six themes important to aging in place and remaining independent have been identified:

1. **Meaningful involvement** – being an active community participant, whether through work or volunteering. Many older adults find meaning in assisting other adults in navigating life’s challenges.

2. **Self-sufficiency** – discovering one’s own solutions to health and financial challenges. Even as self-sufficiency is valued, older adults sometimes struggle to find trustworthy people to provide in-home services, home repair and modifications to aging homes.

3. **Respect and inclusion** – not being put into a box on the basis of looks or decreased mobility. Older adults do not want others to diminish their contributions or opinions because of their age but instead wish to be recognized and respected for their life experiences.

4. **Communication and information** – knowing where to go and how to find reliable information. Recognizing the importance of technology, older adults want to learn how to use it without someone being dismissive toward them.

5. **Transportation and mobility** – having necessary services within walking distance via safe sidewalks or accessible via alternative transportation. Many are not interested in utilizing public transportation and are hesitant to ask family members for a ride so as not to be bothersome. Additionally, they want programs that will provide access to transportation for both necessary trips, like medical appointments, as well as recreational opportunities.

6. **Health and well-being** – not being treated as an inferior member of society based on physical limitations and having community support for health issues, limited mobility or significant life transitions, such as the passing of one’s spouse.⁶

Aging in place is beneficial to older adults as well as to the community. When an older adult ages in his or her place of choosing, it leads to maintained connections with friends and family⁷ and increased overall well-being by reinforcing that the older adult is a valuable part of the community.⁸

In 2015, Care for Elders, an initiative of United Way of Greater Houston, conducted community conversations with older adults and caregivers of diverse backgrounds. One participant said, “I think one of the benefits of being in a community as I’m aging is the importance of knowing your neighbors, that someone knows you’re there, so that if someone didn’t see you for a day or two, they would come check on you.” When community connections are maintained, it reduces the risk of isolation and the negative effects on health that stem from being disconnected from society. A caregiver participant stated, “My parents have a group of friends…they’ve lived in the same house, worked in the same company their whole life. Most of their friends have now died, so it’s increased isolation and loneliness for them.”
Factors Impacting Independence

Despite the benefits related to aging in place, many older adults who want to remain in their homes and communities face challenges in doing so. For some, aging in place can be very expensive, leaving a person without adequate resources to meet his or her basic needs. For others, circumstances can lead to isolation or loneliness.  

Physical Health

Chronic disease may significantly impact a person’s functional and cognitive ability to remain independent. In some cases, years before disease takes a person’s life, it affects the person’s ability to perform essential daily activities inside and outside of the home.  

Nationally two-thirds of older adults have multiple chronic conditions, with many having three or more. The top five causes of death for individuals ages 65 and older are all chronic diseases: 1) heart disease; 2) cancer; 3) lower respiratory disease; 4) stroke; and 5) Alzheimer’s disease. These diseases are responsible for almost 60% of older adult deaths each year, and heart disease and cancer are the leading causes of death for every ethnic group, as illustrated in the graph below.

Figure 2: Mortality Statistics by Race/Ethnicity and Disease (2013)
Likewise, in Harris County, heart disease and cancer are the leading causes of death for older adults.\textsuperscript{13}

Chronic diseases are a significant cost to the community. Monetarily, 95\% of all older adult health costs are for chronic disease management and treatment.\textsuperscript{14} While costly, chronic diseases can drive personal costs higher if disease impacts one's mobility to the point where he or she must leave home for a more restrictive environment. About 27\% of adults ages 65 to 74 and 46\% of those ages 75 and older report some type of health-related limitation in their lives. For most of them, that limitation is related to at least one chronic condition. Of those with limitations, almost half under age 75 and about 70\% of those ages 75 and up report that those limitations impact everyday essential activities.\textsuperscript{15}

42\% of older Texans have a disability that can impact daily activities.

In Texas, 42\% of adults over the age of 65 have a disability that could impact daily activities.\textsuperscript{16} For people with multiple chronic conditions, especially minorities and low-income individuals, those diseases often combine for a larger impact on a person's ability to complete basic activities than the diseases would have alone.\textsuperscript{17}

Incontinence, a symptom related to some chronic illnesses, also is a major factor affecting independence. The risk of embarrassment can lead to a person limiting activities. Being unable to handle a relative's incontinence is a common reason for a family to commit an older relative to a nursing home or another more restrictive environment,\textsuperscript{18} with 6\% of women's and 10\% of men's nursing home admissions related to incontinence.\textsuperscript{19}

In addition to chronic illnesses or medical conditions, falls can begin a chain of events that lead to decreased mobility and impacted independence, as one in three older adults ages 65 and older falls each year.\textsuperscript{20} Yet despite the number of adults with mobility challenges related to disease or to falls, many Americans are not prepared to live in their homes with mobility challenges. Less than one in four homes has the most critical modifications for someone facing limited mobility,\textsuperscript{21} though about 80\% of homes have at least one modification, such as a railing or raised toilet.\textsuperscript{22} Some modifications have relatively small costs - almost 70\% of those needing just one modification reported spending less than $500. However, making several changes can cost thousands of dollars. Most home modification costs are paid out of pocket, with only 6\% covered by insurance or government programs.\textsuperscript{23} For lower income individuals, even “small” modifications may be cost prohibitive. If someone can afford them, proper modifications can allow an older adult to age in place for an additional 5 to 10 years.\textsuperscript{24}

**Social Factors**

Person-to-person interactions are critical to remaining independent. This is especially true when those interactions are between two older adults,\textsuperscript{25} such as when one older adult drives another to an activity. One Community Conversations participant, an older adult herself and who serves as a companion to another adult, described how critical her role was to her companion when she said, “I’ve been able to assist if someone needs to go to the doctor…if you just get them out of the house, take them on a day trip, take them to the store…”\textsuperscript{26} That social connection serves many purposes, from providing support during a time of crisis to serving as an information-sharing network.\textsuperscript{27}

Older adults say that being near family and friends is the most important factor when it comes to aging in place, and being near a religious institution or social group ranks high as well.\textsuperscript{28} While social connections play a key role in promoting independence, many older adults may find that independence hindered as their peers pass away.

**Mental Health, Substance Abuse and Cognitive Factors**

Even if someone has few physical or social barriers to independence, issues such as mental health, substance abuse and cognitive impairment can pose a challenge. About 25\% of older adults have a mental health issue that is not a part of normal aging.\textsuperscript{29} Alzheimer's disease is a significant contributor to physical and cognitive impairment and affects about one in eight older adults, or 5.4 million people.\textsuperscript{30} Mental health disorders often accompany chronic conditions, and the two interacting together can create significant challenges to aging in place. In older adults, however, mental health issues are often overlooked or classified as a natural part of aging.\textsuperscript{31}

**Innovative Trends Promoting Independence**

With so many older adults wishing to age in place, communities have developed innovative programs and initiatives over the last decade to keep older residents
integrated into the community. Some programs bring services into the home by providing integrated nursing, occupational therapy and minor home modification/handyman services to help clients overcome aging in place challenges.32

Others have been developed around the country that involve sharing housing resources for mutual benefit. Cohousing is another community trend, where residents have private quarters but share common areas like dining halls, laundry rooms and libraries as well as responsibilities for the community.33 Other programs create roommate matching programs that pair an individual with an older homeowner. The renter pays a sliding scale rent based on the amount of support that renter gives to the homeowner.34 Several programs around the nation give older adults reduced rents in specially developed housing communities in exchange for a few hours a week supporting families adopting children from foster care. Then, as the older residents begin to face additional challenges and are no longer able to perform their volunteer duties, roles reverse and the families who had been receiving assistance help care for the older adults.35

Other programs bring people together to create a supportive, integrated and meaningful environment for the community’s older adults.36 The model involves a core group of people, some of whom are organized by a social service agency and some of whom organize on their own, developing strategies to support group members who often pay a membership fee.37

Still others are aging in place in once unthinkable environments. In a growing trend, some older adults are opting to age in place in spa-owned condominiums, in foreign countries and on cruise ships, often spending less than they would on assisted living communities and receiving as many, if not more, services.38

The Downside to Aging in Place

For some, choosing to remain in one’s own home “at all costs” has a steep social or monetary price. When people choose to age in place at home but their neighborhood changes, their home falls into disrepair and their friends move or pass away, it may lead to unsafe situations, loneliness or isolation. It could also lead to depression and loss of a sense of purpose as relationships that help people define who they are, such as being a spouse, friend, employee, and congregant, change or fade away.40 Others may find the financial cost to be an increasing burden, placing a person at risk for not meeting his or her basic needs. Some who find that they need assistance are afraid to ask for fear that someone will deem them incapable and force them from their home.41

Conclusion

A century ago, aging in place was a nonissue as older adults ended their lives in familiar places with their families surrounding them.42 As nursing homes became the common and acceptable solution to caring for older adults, the concept of aging in place began its rise to prominence. The overwhelming majority of older adults, given the choice, choose independence and aging in place over nursing homes, but they face many obstacles that could render their homes and communities potentially inadequate choices. However, new, innovative models across the country and at home, ones that stress interdependence as a critical element of independence, will give older adults more options and tools to combat the challenges of aging in place.
SENSE OF PURPOSE

SECTION HIGHLIGHTS:

• Having a sense of purpose is tied to positive health outcomes

• Most older adults have religious and spiritual beliefs that play a key role in their lives

• Older adults who use technology for communication have stronger “offline” relationships
Community connections are critical to maintaining independence and successfully aging in place. Having a sense of purpose at every age is important to forming and maintaining those connections, and this is especially true for older adults. When older adults have purpose in their lives, an intention or goal to be achieved, they are better able to deal with health, loneliness and other aging issues. Purpose comes in many forms, including volunteering and engaging in social relationships and activities. As one Community Conversations participant phrased it, the defining factor of having a purpose in life is “a reason to get off the couch and out of the door today.”

This simple concept has positive implications for the physical and mental well-being of older adults. “Function trumps diagnosis” in that the abilities and aspirations people have toward expressing their purpose can be more powerful and important than the challenges they face.

Having a sense of purpose has a strong impact on an older adult’s well-being and quality of life, including:

- Lower mortality rates by as much as 50%
- Reduced chance of stroke, regardless of socioeconomic and other higher risk factors
- Better overall health, including reduced chance of heart attack and lower medical costs

While having a sense of purpose does not eliminate all risks associated with aging, it does make an impact, and having a stronger sense of purpose often translates to stronger positive health effects.

**“What skill do you have that others may need? What skills do you need that others may have?”**

**Volunteerism**

In a 2012 study, one in four older adults ages 65 and older reported volunteering on a regular basis. That number may be underreported. During the Community Conversations, many participants shared stories of how they assisted other older adults, but most did not consider their work volunteering.

The Energize Firm, a national consultant on volunteerism, provides three definitions for “volunteer”:

- (Verb) – to choose to act in recognition of a need, with an attitude of social responsibility and without concern for monetary profit, going beyond one’s basic obligations
- (Noun) – from the perspective of the doer: Someone who gives time, effort and talent to a need or cause without profiting monetarily
- (Noun) – from the perspective of the recipient of service: Someone who contributes time, effort and talent to meet a need or further a mission, without going on the payroll

Like Community Conversations participants, many older adults and surveys or studies only define volunteerism using the third definition. More informal volunteer efforts are often not counted, but those personal contributions make a difference for both the person performing the task and the person receiving the support.

- The most common reason older adults gave for volunteering was the desire to help others
- They preferred to volunteer with religious organizations (43%) and social and community organizations (18%)
- Volunteers ages 65 and older give more time (96 hours per year median) than any other segment of the population and are often the most reliable and committed volunteers
- In 2013, 40 million people were part-time, unpaid caregivers for a loved one (in 2015 dollars, that is equivalent to approximately $329 billion)
Volunteering as little as two to three hours per week, or 100 hours per year, provides the strongest health benefits, and energetic and involved older adults continue in good health for longer periods of time when compared to older adults who are inactive. One small-scale study found that low-income minority older adults volunteering in public elementary schools outscored their nonparticipating counterparts in both physical strength and cognitive ability. Another found that activities like volunteering and working had the same impact on mortality rates as exercising.

As one Community Conversations participant commented, “I feel happy when I help someone. That makes the other person feel good, too.”

**Spirituality and Religiosity**

For almost all older adults, spirituality and religiosity play an important part in their lives as both provide people with guidelines for how to interact with the world and potential opportunities to support and be supported by a community. Nationally, more than 90% of older adults consider themselves both religious and spiritual, while 5% consider themselves spiritual but not religious. Faith runs stronger among older adults than any other age group, as:

- 96% believe in a Higher Power
- 89% report affiliation with a religious organization
- 83% say religion is fairly or very important

Affiliating with or being a part of a faith-based community can provide someone with a reason to get up in the morning, and it can provide a source of strength and resilience as someone ages. One Community Conversations participant stated, “When I got sick, my friends left me, my girlfriend left me. I turned to the Lord and said, ‘Well, it’s just you and me now,’ and that’s why I became closer to God.” Another summarized how faith and purpose were intertwined when she said, “I need people and God. People make me feel alive, and God gives me the strength to do what I need to do.”

For the overwhelming majority of religious and spiritual older adults, their beliefs play a vital role in their life, how they define their place in it and how they address the challenges they face. Professionals who work with older adults and do not consider the role that beliefs play may be missing out on a critical motivational or coping element in a person’s life.

**Social Relationships**

Social relationships with friends, family and people of all ages are one of the most important facets of staying active and engaged. A socially connected person receives many health benefits; not having strong social relationships is tied to higher depression and lower quality of life. Furthermore, the presence of strong social connection also leads a person to become more engaged in community activities, which in turn leads to better health.

The effects of not having a strong social network are far reaching and impact physical, social and psychological health; one’s ability and interest in seeking support; environmental quality and overall well-being. Research supports the idea that isolation and loneliness can be morbidity factors; being lonely can have as strong an effect on health as smoking or obesity. The litany of negative consequences also includes higher rates of illness, mortality, depression and cognitive decline, among others.

Social isolation, used interchangeably with the concept of loneliness, is not the same as physical isolation, which is living or being alone. One-quarter of Harris County’s adults ages 65 and older live alone, but that does not mean they are socially isolated. While not the same, social and physical isolation can interact. Factors that impact social isolation include living alone, a major life transition like the loss of a spouse or job, a small (or shrinking) social network or support system, decrease in social activities (social disconnectedness) and feelings of loneliness (subjective isolation).

Examining a person’s relationship quantity and quality in tandem help determine whether a person is at risk for social isolation. Different scales have been developed to determine a person’s level of loneliness based on such factors as how many individuals the person sees or hears from each month and how close and comfortable the person feels to and with their social network. What is known is that as older adults age, their social networks generally shrinks to core individuals, such as family. Relationship quality dips from the late 50s through the early 70s but rebounds throughout the later years, suggesting that while most older adults may not have as many connections, they make those that they do have count. Social isolation and social relationships are fluid concepts – much can change with newly added or lost relationships.
While in-person relationships are preferable, long distance relationships can be meaningful even if they are primarily conducted over the phone or through the Internet. Albeit at slower rates than younger age groups, older adults are embracing technology as a means of staying connected.

- 73% of the AARP membership base 2010 (age 50+) use the Internet and 27% use social media \(^2^8\)
- 60% of adults ages 65 and older in a 2014 national sample regularly use the Internet and 77% have a cell phone
- Older adults who are active on the Internet are using it as a complement to, not a replacement for, their “offline” relationships
- Those who used social networking sites had higher offline socialization than those who went online but did not use such sites or those who did not go online at all \(^2^9\)

**Lifelong Learning**

Nearly 100 universities across the United States now have learning programs set up specifically for older adults and retirees. \(^3^0\) Deans and instructors say that this is a response to the market demand of older adults who have either always wanted to go back to school or who want to be lifelong learners. Older adults give somewhat more nuanced reasons for their desire to return to school:

1. The ability to pick topics of interest
2. The time to learn new things
3. Keeping the mind sharp
4. Being engaged socially with like-minded people \(^3^1\)

Many states, including Texas, and specific universities offer tuition vouchers, reimbursements, discounts, the ability to audit classes and other ways to make college affordable, both through continuing education programs and university credit hours. Formal education is only one form of lifelong learning, but it is one that is growing rapidly. While determining lifelong learning’s impact on the aging process is in the nascent stages, early research indicates that like volunteering, spirituality and religiosity, and positive social relationships, lifelong learning has a positive impact on happiness and life satisfaction, self-esteem and self-efficacy, and it serves as a bolster against depression for many older adults. \(^3^2\)

As one Community Conversations participant observed, “Educational opportunities for older adults are the key. We need to learn so we can keep up.” \(^3^3\)
CAREGIVING

SECTION HIGHLIGHTS:

- The majority of family caregivers report being overwhelmed by responsibilities
- Absenteeism and lost productivity cost businesses $28 billion annually
- There is a looming shortage of available caregivers
As they age, older adults likely will need continuous assistance to remain independent. That responsibility usually falls to a family caregiver who provides the day-to-day support that makes independence possible. Across the country, more than 40 million adults provide unpaid care to someone who is ill, disabled or aged. It is estimated that 34 million of these caregivers provide care to someone ages 50 and older. In most cases, the recipient is an immediate family member or close relative.

In Houston and Harris County, one in four adults who participated in the 2015 United Way Community Assessment reported having caregiving responsibilities for an older adult. With 3.1 million adults ages 18 and older in Harris County, this means that as many as 800,000 people could be serving as caregivers. Caregivers provide an estimated 37 billion hours of care with an estimated unpaid economic value of $470 billion. In Texas, that translates to 3.3 million caregivers who provide more than three billion hours of care for a total economic value of $35 billion, the second most in the nation in terms of hours and economic impact, behind only California.

In Houston/Harris County, one in four adults reports having caregiving responsibilities for an older adult.

Unpaid caregivers, usually family members or extended relatives, assist older adults who have a chronic, disabling or serious health condition or frailty with a range of tasks, including Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). ADLs include bathing, dressing, transferring (from bed to chair, for example), toileting and eating. IADLs include such tasks as cleaning, cooking, finances, transportation and health care. Some caregivers have additional help and resources in the form of Direct Care Workers (home health aides and other paid caregivers) or other unpaid family caregivers, but it is estimated that nearly half of caregivers do not have assistance from someone else.

In addition to everyday tasks, 46% of caregivers also provide complex medical and nursing tasks, including operating medical equipment, giving injections and providing wound care, often without formal medical training. Caregivers report that caregiving can be rewarding, stressful, complicated and financially difficult. Almost 90% of middle-age caregivers reported that caregiving was more difficult than they anticipated, and 55% of caregivers said they were feeling overwhelmed. Caregivers often are under physical, financial and emotional stress, which may lead to higher risk for negative physical and emotional health symptoms.

“If I’m in charge of caring for my parent...I just don’t know where to start.”

Caregiver and Care Recipient Profile

Among caregivers, 60% are female, and the average age is 49; however, nearly one in five caregivers is age 65 or older. Caregivers’ ages will continue to increase as Baby Boomers age. About 62% of caregivers are non-Hispanic White, 13% African American, 17% Hispanic, 6% Asian and 2% other. The median household income for a caregiver is $54,700, which is slightly higher than the national average for all adults. Overwhelmingly, caregivers are providing care for a relative (85%), with half caring for a parent or parent-in-law. On average, caregivers have been providing care for four years and spend 24 hours per week providing care. In some cases, caregiving becomes a full-time job with the caregiver providing more than 40 hours of care per week. Nine percent of caregivers describe themselves as lesbian, gay, bisexual and/or transgender (LGBT).

The following information is known about those receiving care:

- 65% are female
- 47% are 75 years or older
- 59% have a long-term physical condition
- Of those with a long-term condition, 37% have multiple problems or challenges
- 26% have a memory problem
- 53% have been hospitalized within the last year
- 34% live with their caregiver
- 28% live in rural areas
Caregiving Duties

Locally, caregivers most commonly provide: 1) transportation; 2) grocery shopping/errands/food preparation; 3) medical assistance (IADLs); and 4) ADL personal care (bathing/dressing, grooming, toileting). This somewhat mirrors national statistics, whereby 78% of caregivers help with transportation, 76% with grocery shopping and 72% with housework. Caregivers often face difficulties in helping those in their care. Financial support, personal time and balancing caregiving with other responsibilities are the primary challenges they face as the chart below demonstrates.

In addition to the challenges a caregiver may face in his or her duties, Harris County caregivers report a number of personal challenges, including the inability to care for themselves, insufficient insurance, not understanding health and medical challenges, and not being able to meet monthly expenses. For working-age caregivers (ages 18-59), financial support was by far the largest major challenge, followed by a lack of information and resources to effectively help older adults. Local financial challenges mirror national trends, where 68% of family caregivers report using their own money to care for a relative, causing financial strain for 39% of caregivers.

Caregiver and Workforce Economics

Nationally, more than 60% of family caregivers also are employed, either full-time or part-time. Of those employed, 40% are age 50 or older. Due to the stress that caregiving places on an individual, absenteeism and lost productivity cost businesses an estimated $25 billion for full-time employees and $28 billion for all employees, including part-time working caregivers. Only 56% of caregivers report that their supervisors know of their caregiving responsibilities. Many, but not all, have company policies that support their caregiving duties. Fifty-three percent of caregivers report that their company offers flexible work hours, 52% are allowed paid sick days and 32% can take paid family leave. Twenty-three percent of companies have programs to specifically help caregivers. Not surprisingly, 60% of caregivers report that their caregiving has impacted their employment situation. Caregiving can be so taxing on one’s time that it affects one’s ability to hold a job; 22% of retirees left the workforce earlier than expected to care for a family member.

Conclusion

As the older adult population grows in size and lives longer, the demand for caregivers for the most vulnerable among them will increase as well. The question arises: Will there be enough caregivers to provide support to those who need it?

Nearly half of all U.S. workers expect to be providing care within the next five years. However, in the future, fewer caregivers will be available to provide care to those who need it. As older adults become a larger segment of the population, the number of family caregivers per older adult will drastically shift. In 2015, there were 6.8 potential family caregivers for every “high risk” older adult. By 2030, this ratio will fall to 4:1, and by 2050, the ratio will be less than 3:1. With a larger older adult population and fewer potential caregivers, communities like Harris County can expect to bear greater responsibility for the aging population. This is a trend that public entities, social service agencies and others need to be ready to address in the near future.
LONG-TERM SERVICES AND SUPPORTS

SECTION HIGHLIGHTS:

• The shift toward community-based care continues

• 70% of older adults will need long-term services and supports (LTSS) at some point in their lives

• A variety of LTSS options and costs are available to older adults
When a person can no longer live on his or her own and family caregiving is no longer an option, there is a continuum of services to meet that person’s needs. At some point in their later years, 70% of people ages 65 and older will need this continuum, known as long-term services and supports (LTSS), and 40% ultimately will need higher level nursing home care when community-based resources are insufficient. Care is very expensive – in 2013, more than $310 billion, not counting family caregiving contributions, was spent on LTSS, and costs are rising at an estimated 1% to 4% per year. While some think of LTSS only as high-skilled nursing facilities, it encompasses a range of services provided by both paid and unpaid caregivers who assist with necessary and basic tasks and functions. This section focuses on paid, or more formal, long-term services and supports.

Long-Term Care – A Brief History and Resident Profile

Forty years ago, nearly 5% of, or 1.3 million, adults ages 65 and older, lived in nursing homes. Texas had one of the largest nursing home populations, with 6.5% of older residents living in institutions. Residents in long-term care settings were typically white, widowed women, around 80 years old, though more than half of all residents were between the ages of 65 and 84. More came into nursing homes from private residences than any other source, and the average resident had been in the nursing home for more than a year and a half. Medicaid paid almost exclusively for nursing home services.

In 1999, the Supreme Court in Olmstead v. L.C. ruled that providing care to someone in an institution when that person could receive care in a community setting violated the Americans with Disabilities Act. Since then, long-term care has evolved into long-term services and supports, a spectrum of community-based and institutional services. By 2012, less than 3% of the over 65 population and about 10% of the over 85 population were in nursing homes, with Texas close to national averages. Fewer people ages 65 to 84 resided in facilities, and even among those ages 85 and older, more people are living in the community or in non-medical facilities with supportive services.

In the years since Olmstead, the federal government has placed a priority on developing community-based programs. More than 45% of all Medicaid-funded long-term services and supports are now community-based. Since 2009, community living has been an executive branch priority, with increased funding, new programs and additional housing units dedicated to people at risk for institutionalization.

Today, on average, a person who needs LTSS will spend about three years receiving services, with 20% needing support for five years or more. For those who need facility-based services, they will spend, on average, a year receiving those services. Today, in contrast to pre-1999 services, 65% of those receiving LTSS have home-based services compared to 35% who need facility-based services. Women, who tend to live longer, will require almost double the services men need.

From Long-Term Care to a Long-Term Services and Supports Continuum

People utilize LTSS when they need assistance with everyday tasks. This could include activities of daily living (ADLs), such as grooming, toileting, mobility and eating as well as instrumental activities of daily living (IADLs), like light housekeeping, shopping or taking medications. The more hands-on care and supervision a person needs, the more care will cost.

While some long-term care services are provided in facilities, 80% of adults ages 65 and older receive long-term care within the community. Most community-dwelling older adults are in home settings, but a small percentage are in specialized older adult-focused communities.

Paying for LTSS

There are two primary ways to pay for LTSS: 1) private pay, either out of pocket or through long-term care insurance; or 2) government programs, such as Medicaid (STAR+PLUS in Harris County), Medicare, or veterans benefits. Medicare may be used in limited medical circumstances. Medicaid and veterans benefits can be used for broader LTSS, but benefits require income qualification. All methods except private pay have limitations on what is covered. Levels of care include community-based care, congregate care and facilities with 24-hour medical care.
Community-Based Care

In-home health workers and Personal Care Attendants provide both short- and long-term care that enable an individual to remain independent at home. In-home health workers have basic medical training and focus primarily on recovery while personal care attendants provide non-medical support, companionship and assistance with ADLs and IADLs. In 2012, the national direct care workforce numbered 3.5 million people. Texas, in 2013, had 316,000 direct care workers. The national direct care workforce is expected to grow exponentially over the next several years. By 2022, direct care jobs will be three of the top 10 job-generating occupations, with the workforce expected to grow almost 40% to 4.8 million people.

- Cost and payment: Locally, personal care attendants cost, on average, $19 per hour, and home health workers $20 per hour. Full-time assistance exceeds $43,000 annually, although the region’s costs are lower than Texas and national averages. All payment methods previously mentioned are available with the exception of Medicare, which may pay for in-home health care only in some circumstances.

Adopt day care offers planned activities that address participants’ social and health needs in a safe location while the caregiver can work, run errands or take a break. There are almost 70 non-profit and for-profit day care centers in the Greater Houston area.

- Cost and payment: Locally, care costs, on average, $43 per day or more than $11,000 per year. Statewide, care costs on average $35 per day, and nationally, can average $69 per day. While currently lower, local costs are rising at a slightly faster rate than at the state or federal level. All payment methods except Medicare can be used.

- Nationally, more than two-thirds of adult day care recipients are women and more than half have a cognitive impairment.

Congregate Living

Also known as independent living, active adult, or retirement communities, congregate living facilities offer pricing that includes basic living and utility costs. Some also include food, light housekeeping, and basic transportation in their base prices, while other facilities offer a menu of fee-based services. There are more than...
70 congregate living communities in Harris County, and the average Houston area community costs $2,294 per month, though they range from $1,500 to almost $6,000 per month depending on location, amenities, and whether they are a continuing care retirement community. Naturally Occurring Retirement Communities, or areas of a community with high concentrations of older adults that have banded together to bring resources to the area, often fall under this part of the continuum.

Continuing care retirement communities (CCRCs) are congregate living facilities that allow residents to age in place by offering increased levels of on-site care. Some communities require a large entrance fee ranging from $20,000 to as much as $1,000,000 in exchange for lifetime services and a smaller monthly fee. The average CCRC entrance fees are around $250,000, and portions may be refundable based on service utilization. Others charge monthly fees, giving residents a lower up-front higher costs for more intensive levels of care. Some even require long-term or lifetime contracts, thereby spreading out the higher costs of intensive care over a longer time period.

- Cost and payment: Residents must pay for initial fees and independent living costs out of pocket, but long-term care insurance may be used for higher levels of care.
- CCRC residents tend to be women around age 80 in the middle to upper income brackets.

Facilities Without 24-Hour Medical Care

In Texas, an older adult may live in a personal care home, boarding home, residential care facility or assisted living facility that provides supportive services but not 24-hour medical care. All but boarding homes provide lodging to four or more people unrelated to the owner, and residents receive assistance with personal care, home management, socialization activities, transportation and medication assistance. Personal care homes, residential care facilities and assisted living facilities differ in terms of how home-like they feel, including the number of people per room and shared versus personal space. Some facilities also offer respite options for caregivers who need a break.

- Cost and payment: All methods except Medicare can be used. Costs vary greatly based on services provided; locally they range from $900 to almost $7,000 per month. Boarding homes fall outside state regulations. They typically either provide lodging and assistance with household related tasks but do not provide assistance with grooming, feeding, or other personal care services, or they serve three or fewer people and include optional personal care services. In either scenario, they operate outside of state statutes. Residents often have extremely low income, mostly from government programs, and have little to no family, thus making them ripe candidates for unsafe or unsanitary living conditions, financial exploitation, or other risky situations. Some facilities require residents to sign their entire Social Security checks over to the proprietor or name the proprietor the representative payee in exchange for lodging and food. In an effort to combat fraud and abuse, Texas developed model standards and passed a law giving local governing bodies the authority to require boarding homes to register with the state.

The Houston Police Department identified more than 440 boarding homes inside city limits, many of them dangerous and hotbeds of fraud and abusive activities. Yet, when police investigated, the boarding home proprietors and residents would vanish. In 2013, Houston passed a boarding home registration ordinance. Any boarding home that provides lodging as well as household or medication assistance to three or more elderly or disabled people unrelated to the owner must register with the city, meet basic requirements and be open to inspection. To date, about 25% of identified boarding homes have registered with the city. As of 2014, about 100 of the initially identified boarding homes remained in the City of Houston, the rest having moved outside of Houston city limits.

- Cost and payment: Most are private pay facilities. No information on cost trends is available.

Facilities With 24-Hour Medical Care

The most expensive LTSS are found in skilled nursing facilities (SNFs) or nursing homes that provide residents 24-hour medical care in addition to assistance with ADLs and IADLs. SNFs are licensed and regulated for Medicare and/or Medicaid by the Texas Department of Aging and Disability Services (DADS) and must provide total care to the resident, meeting all of their physical needs, including medical, social, and psychological needs. Women and people over 85 comprise the majority of residents. The Center for Medicare and Medicaid Services also maintains a database
on all certified nursing homes that combines information from inspections and resident reports. Nationally, 45% of all nursing homes have a four or five star rating, while 36% have one or two star ratings. In Texas, 51% of nursing homes have one or two star ratings, the most of any state, while only 30% have four or five star ratings.

- Cost and payment: All forms of payment are accepted, with some limitations. Medicaid, followed by Medicare, pays for more nursing home care than any other sources, but Medicare only covers short-term, rehabilitative stays, and Medicaid only pays for income-qualified people. About 26% of all money spent on nursing home care was private pay. In Texas, rates for semi-private rooms vary greatly from $90 to $260 per day, with an average yearly cost of $51,000. Houston rates, on average, are slightly higher than those statewide, with yearly costs around $54,000 annually, but are nearly 50% less than those nationally. Private rooms are more expensive, costing more than $83,000 per year, and Medicare does not pay for private rooms or long-term care.

Long-Term Care Insurance – the Hero and the Villain

Nearly half of older Americans mistakenly believe that Medicare will pay for their long-term care needs. More than a third believe that they will use their personal savings, yet less than one-third of individuals ages 50 and older have begun saving toward the cost of long-term care. For those who can afford it, long-term care insurance may preclude selling off family assets to pay for care. That protection comes at a cost of between $3,000 and $6,000 per year, and reimbursements are only for a portion of the care provided, up to a daily and/or lifetime limit. For many who opt for this type of insurance, they will lose any benefits for which they have paid if they stop paying on the policy.

Conclusion

Over the last 15 years, long-term care has given way to long-term services and supports, a model focused on supporting older adults to age in place for as long as they are able. Services are provided in the least restrictive environment and come from a variety of community-based programs as well as institutional providers. High levels of care come at a cost, though, and it is one for which many older adults may not be prepared. While there has been a systemic evolution in how older adults are provided with LTSS, there still are significant areas for improvement, such as eliminating substandard environments that especially target low-income individuals where they are particularly at risk for spending their final years subject to potential abuse and neglect. Cost will remain an issue as the price tag for health care continues to rise, but with greater consumer education about available options, older adults can make better choices about how to live out their lives as independently as possible with care and support.
A CHANGING FINANCIAL PICTURE

SECTION HIGHLIGHTS:

- More people carry debt on their homes at retirement than ever before
- Older families’ overall debt has increased substantially over the last 25 years
- Financial stress is linked to a host of health issues
One area ripe for change and opportunity involves personal finances. Retirement looks very different for today’s older adults. In general, older adults at retirement have significantly more assets than those of previous generations—more own their own homes and have bank or retirement accounts but many also carry higher levels of debt, some of which comes with steep consequences if it remains unpaid.

Additionally, older adults face new financial pitfalls that did not exist in previous generations. Medical costs continue to rise and create financial hurdles, with a couple retiring today needing at least $245,000 to cover out-of-pocket lifetime health care costs. Billions of dollars are lost in scams each year leaving individuals little time to recover. Many will face these challenges with shrinking annual incomes as paychecks stop and benefit or retirement checks begin. Using an analysis that considers a person’s retirement assets, household budget, health care expenses, home equity and housing costs, it is estimated that one in three older adults is economically insecure, and an additional 40% are deemed economically vulnerable because they are not fully financially secure.

All of these factors have eroded older adults’ financial health and have contributed to the challenges described throughout this report on aging adults. This section examines financial security and the challenges older adults face to maintain it.

**MORE ASSETS BUT MORE DEBT**

**Income**

On the surface, today’s older adults receive significantly more income than did older adults 30 years ago. From 1983 to 2013, families headed by someone ages 65 to 74 saw a 55% increase in income, and those headed by someone ages 75 and older saw a 69% increase. However, not all older adults experienced the same type of growth, and those differences contribute to financial difficulty for many, especially those ages 75 and older. While families headed by someone ages 65 to 74 saw consistent growth over the last 30 years, families headed by someone in the 75 and over bracket did not. Instead, they saw stagnation from the mid-1980s to mid-1990s followed by a period of growth in the late 1990s.

The 2000s were a decade of stagnation or decrease, and it was not until 2010 that income for this age group topped that of 2001. Once again, it entered a period of stagnation. Thus, since 2001, those over age 75 have faced increasing expenses with little to no income growth.

Even with income generally trending upward for many, a sizeable number of older adults will not have that experience. At age 80, about 40% of older adults will have less income than they did at age 67. This loss of income can be attributed to changing life circumstances, such as no longer working or becoming widowed or divorced. For many, the decrease will not be enough for them to be considered impoverished, but it will place them at higher risk for not being able to meet their basic needs, especially among traditionally at-risk groups such as minorities and women.

**Banking and Saving**

Very little has changed for older adults and their relationship with banks, but what has changed has not been favorable. Thirty years ago, nearly 90% of older adults had some type of readily accessible financial assets, with families headed by someone ages 65 to 74 having nearly $24,000 on hand and those headed by someone ages 75 and older with almost $19,000. While older adults were the least likely of any age group to have a savings account, for the 53% who did, they had more in them than other groups.

Today, even with income increases, older adults are not able to save more money. Almost 97% of families headed by an adult ages 65 or older have a bank account, but neither savings rates nor savings amounts have improved much over the past two decades. In 1992, the first year for which information is available, 54% of families headed by someone ages 65 to 74 and 49% of families headed by someone ages 75 and older reported saving money in the last year, the lowest percentages of any age group. By 2013, despite rising during the late 1990s and early 2000s, the percentage of older adults who saved changed little from that in 1992. Meanwhile, from 1989 to 2013, the average balance in those accounts fluctuated significantly, with the families headed by someone ages 65 to 74 saving about $700 more in 2013 than their 1989 counterparts. Families headed by someone ages 75 and older reported saving similar to those in 1989.
The Erosion of the Home as a Safety Net

For years, one of the biggest advantages of home ownership was having a safety net in old age. Homeowners enjoyed housing without monthly rental fees, and they had an asset they could use to pay for expensive long-term care. This home ownership advantage was predicated largely on the idea that the home was a completely or nearly debt-free asset by retirement. However, for many older adults, this is no longer the case.

Between 1989 and 2013, both the number of older homeowners and the percentage of older adults who still owed on their homes as they reached retirement grew. By 2013, 86% of families headed by someone ages 65 to 74 owned homes, but the percentage of those who still carried a mortgage almost doubled to 42%. Families headed by someone ages 75 and older fared even worse. Homeownership rates increased to 80%, but the percentage that still owed on a mortgage more than tripled to 20%.10

Not only did more people owe on their homes but the amount they owed increased as well. In 1989, older families with mortgages owed less than 20% of their home value. By 2013, those with mortgages still owed nearly 40% of their home value.11 Mortgage debt trends can be attributed to periods of easy access to home refinancing and home equity loans that allow families to pay existing expenses, families buying homes later in life, and buyers financing larger portions of the purchase price as opposed to paying a higher down payment.12

While debt increased, families often had less home equity to show for their investment. While home values more than doubled through the mid-2000s, they fell about 30% during the Great Recession.13 As a result, more than half of older families that still have mortgages pay a dangerously high amount toward housing expenses, leaving them vulnerable to other financial hardships and with less home equity that can be used for long-term services and supports.14

The Rise in Credit Card and Overall Debt15

More than one-third of older adults state that at the end of the month after paying household expenses, they have either nothing left or a negative balance. Other important expenses related to food, transportation or utilities go unpaid or become debt.16 Since 1989, overall indebtedness has increased dramatically among older adults. By 2013, nearly two out of every three families headed by someone ages 65 to 74 had debt. Including mortgage debt, the median amount owed by families with debt was $44,000, an amount five times what their 1989 counterparts owed. The nation’s oldest families also saw tremendous growth in indebtedness. Between 1989 and 2013, the percentage of families headed by someone ages 75 and older that had debt nearly doubled to 41%, and their debt levels quadrupled to $20,000.17 Often, when no other assets were available, families turned to credit cards.18 As a result, since 2004, families headed by someone ages 65 to 74 years had more credit card debt than families in the under age 35 category.19

While younger adults often use credit cards for nonessential items, older adults use them largely for necessary expenses. For nearly 50% of older adults with credit card debt, medical or prescription expenses were part of that debt, and the same percentage reported car repairs as part of their credit card balance. Almost 40% recently had used credit cards for home repairs. One in three reported using credit cards for the most essential expenses such as rent or mortgage payments, utilities, or groceries because they had no other way to pay for them. Older adults did not limit using their credit cards for personal basic necessities; they were twice as likely as younger people to use credit cards to help a loved one in a financial crisis.20

Over the past 25 years, both the percentage of older adults carrying credit card debt and the amount they owed have increased. While the percentage of families that were headed by someone ages 65 to 74 and had credit card debt grew modestly over the time period, the percentage of

![Figure 5: Amount Owed by Older Families with Mortgages](image_url)
families headed by someone ages 75 and older that had credit card debt more than doubled. Both groups saw a dramatic increase in the amount owed, with the median debt for families headed by someone ages 65 to 74 more than doubling to $2,300 and more than quadrupling to $1,900 for families headed by someone ages 75 and older.\textsuperscript{21}

More than two in three families that are headed by an older adult are carrying debt into retirement.

Other Debts Threatening Financial Security – Payday and Student Loans

A small but growing number of today’s older adults face two financial issues that were not significant for previous generations – payday and student loans. Every year, about 4\% of older adults take out a payday loan, use a pawn shop, or utilize another low-dollar, high-interest-rate financial product, usually for necessary, recurring expenses.\textsuperscript{22} Payday loans typically charge high fees for a very short-term loan and are available at standalone locations and at banks, though they may be called different names. One quarter of all payday loan recipients who took out their loans through their bank are Social Security recipients. With Social Security checks directly deposited in a person’s bank account, banks may use the funds as collateral and to pay down or pay off the loan.\textsuperscript{23} On average, when an older adult takes an advance loan using a social security check as collateral, 33\% of that person’s next Social Security check will be used toward loan payments.\textsuperscript{24} This often requires the person to take out another loan and the cycle of debt begins again. Once a person enters the payday cycle, it is hard to escape. Typically, those utilizing payday loans across all age groups take out 14 loans per year.\textsuperscript{25}

While student loans affect far fewer older adults than other types of debt, the number of older adults carrying student loans also is growing. A decade ago, 700,000 adults over the age of 60 owed a student loan, with a median balance of nearly $12,000. By 2013, the number of student loan debtors increased more than threefold to 2.2 million individuals owing almost $20,000 per person.\textsuperscript{26} Older adults have student loans for a variety of reasons, with almost 20\% of the loans taken out for their children’s education.\textsuperscript{27}

For older adults still making loan payments as they near or enter retirement, they could face growing economic insecurity, with less savings being earmarked for retirement. Student loan debts cannot be absolved through bankruptcy, and failing to pay them could result in diminished Social Security checks. When a borrower cannot repay his or her loan, that loan goes into default. Default status applies to 27\% of loans held by a family with the head of household between the ages of 65 and 74 and to 54\% of loans held by someone in a family with the head of household ages 75 and older. If that loan remains unpaid for 14 months and no other payment arrangements are made, the defaulted loan may result in social security garnishment, where the U.S. government reduces the monthly benefit amount in order to recoup previous losses. From 2002 to 2013, the number of older adults who had their Social Security benefits reduced for student loan debt grew 500\% to 36,000.\textsuperscript{28}

Social Security Garnishment

Only the federal government can garnish someone’s Social Security check.\textsuperscript{29} If a person receiving Social Security, including both retirement and disability income, owes a debt to the federal government and in some cases to a state government, such as student loans, unpaid taxes, child support, federal home loans, or small business loans, the government may reduce a person’s Social Security benefit. The reduction amount depends on what type of debt the person owes. For unpaid taxes, there is a 15\% reduction.\textsuperscript{30} For non-tax debts, except child support, the first $750 is protected, and the remaining amount is reduced either 15\% or anything over $750, whichever is smaller.\textsuperscript{31} Thus, someone who received $800 per month would be subject to a $120 monthly deduction for taxes or $50 per month for most other debts. For many who receive smaller benefit amounts, a garnishment will leave them with an income below the federal poverty level.\textsuperscript{32}

Not only are older adults carrying more debt than in years past, but they also are utilizing retirement assets to pay off their debt, both prior to and during retirement. Almost one in five reported that they had accessed retirement funds to pay down credit card debt. Almost the same number of older adults reported that they tapped into their home’s equity to manage debt.\textsuperscript{33} Unaddressed financial issues become a challenge to aging in place as they may lead to older adults flirting with poverty and struggling to meet their basic needs.
Scams – Why Older Adults Make Attractive Targets

Debt is not the only financial threat older adults face. Typically, older adults lose about $2.9 billion in scams per year, though one new estimate places losses closer to $36.5 billion annually. Under this new, expanded estimate, 46% of financial fraud occurs in situations where an older adult is misled into providing consent, such as someone convincing an older adult to bestow a lavish gift or to pay extra shipping or subscription costs. About 35% of financial fraud is related to fraudulent scams or identity theft. The remaining fraud is from caregiver abuse, such as rewriting wills or powers of attorney, taking money, or selling property without the person’s permission.

Unscrupulous individuals specifically target older adults for a variety of reasons. They believe that, compared to younger people, older adults are more likely to have savings, own their own home, and have good credit. Older adults also were raised at a time when politeness was ingrained more heavily, making it harder for individuals to say no and hang up the phone or close a door. Older scam victims also are less likely to report the crime because they are ashamed or because they fail to recognize that they have been scammed. Those who realize that they have been victimized worry that their ability to remain independent will be called into question. The criminals also count on older adults not being able to remember key details that would make prosecution possible. Lastly, scammers try to take advantage of news about the latest medical breakthroughs to convince older adults to buy nonexistent and sometimes harmful products that purport to help someone live a longer, healthier life.

Every year, 60% of older adults are targeted by scammers at least once, and about 15% fall victim. The most common scam types are offers to buy fake magazine subscription sales, promises of a phony prize or requests to contribute to a nonexistent charity. Individuals ages 80 and older reported receiving the least requests, but those reporting the highest rates of victimization were ages 72 and older and ethnic minorities. Friendly people and those that describe themselves as thrifty bargain hunters also were more likely to be fraud victims.

Financial Distress and its Effects on Health

Financial health affects overall health; it often brings about a fear of becoming dependent, frustration and anger. Financial issues, specifically debt, were the second highest contributors to how stressed someone felt, behind social isolation. Older adults experiencing financial stress are more likely to be depressed, anxious, self-destructive and suicidal. Whether or not someone is in debt is a bigger predictor of mental health issues than any other socioeconomic factor. Being in debt also is linked to poorer physical health. Those in financial distress may be more likely to have diseases related to chronic distress, and they are more likely to have unhealthy dietary, exercise, and substance abuse habits. The effects may be greater on women, minorities and those under age 85.

Signs of financial distress include:
- Having stacks of unopened mail
- Mishandling money
- Creditors calling
- New hobbies or a sudden increase in new purchases
- Increased gambling
- Receiving more unsolicited catalogs, sweepstake entries and purchase solicitations
- Complaining more about money or a change in financial patterns
- Physically being unable to pay bills

Financial distress also can be an early warning sign of cognitive impairment. Often, cognitive changes that do not clearly manifest themselves in most aspects of a person’s life appear in a person’s financial life.

Conclusion

While some older adults enjoy a prosperous retirement, for others, it is a time filled with anxiety and pitfalls – increased debt, decreased savings and higher risk for scams. Financial stress affects a person’s mental and physical health as well as their ability to remain independent. With older adults paying down debt well into retirement on sometimes shrinking income, it can create challenges whereby a person has to forego basic needs or faces decreased independence because they no longer can afford to live alone.
POVERTY AND BASIC NEEDS

SECTION HIGHLIGHTS:

• Under alternate poverty calculations, almost half of older adults live in or near financial distress

• Calls for assistance to the 2-1-1 Texas/United Way HELPLINE have almost doubled in the past five years

• Less than half of older adults who are eligible for services receive them
Between a lack of income, high expenses, and crushing debt, thousands of Harris County residents face the risk of not meeting their basic daily needs. In 2014, more than 2 million adults ages 65 and older, including more than 24,000 in Harris County, lived in poverty,¹ but experts believe that, in reality, the number is much higher. With many older adults struggling to be economically secure, this section examines issues related to poverty and basic expenses, such as food, housing and utilities.

**Increasing Poverty by Many Definitions**

Over the past five years, the number of older adults in poverty has risen as the population has increased overall. In Harris County, 42,300 residents ages 65 and older have incomes below the Federal Poverty Level ($11,670 for a single person, $15,730 for a couple in 2014)² and are considered impoverished. The number of low-income individuals countywide has grown 18% in the last 5 years; as such, one in nine older adults lives in poverty. Nationally and statewide, there also have been increases in the number of impoverished individuals. Between 2010 and 2014, the number of impoverished individuals across the country increased 10% to 3.9 million; across the state, it increased 11% to 308,000. Among those ages 75 and older in Harris County, the number of individuals living in poverty has grown at a much larger rate than comparable populations nationally or statewide. With a 16% increase since 2010,³ Harris County’s over 75 population in poverty grew at two times the statewide and 4.5 times the national growth rates.

Even with such high numbers, many experts believe that the federal poverty guidelines, which were developed using 1950s spending habits, are not a good representation of what constitutes poverty,⁴ since one out of three older adults struggles to make ends meet even at twice the Federal Poverty Level.⁴ Two widely-cited poverty measures are the U.S. Census Bureau’s Supplemental Poverty Measure and the Elder Index developed by the Wider Opportunity for Women organization. Both paint a somber picture.

**Supplemental Poverty Measure (SPM)** is a newer poverty calculation that considers regional housing costs, personal liabilities, the value of public benefits received and out-of-pocket medical spending. Using this analysis, the national poverty rate increases from 10% to 15%. Even if an older adult had twice the resources defined by the SPM, they could still be considered financially distressed. Under SPM, 15% of Texas’s adults ages 65 and older live in poverty. This represents an increase of about 114,000 people since 2010. While SPM rates are not available at the county level, under the formula, an older adult in the Greater Houston area needs between $9,949 and $12,039 annually, depending on housing expenses.⁶ Thus, the SPM rate for Harris County likely would be slightly higher than it is under FPL.

Other measures have been developed to provide a better picture of what older adults must have to meet their basic needs. One of these is the Elder Index. The Elder Index uses national, state and regional information to measure how much someone needs to live comfortably, but not extravagantly, and age in place without requiring financial assistance. The Elder Index includes in its calculation how much a person needs for housing and utility expenses, food, transportation, health care costs adjusted for health status, and miscellaneous expenses. A single Harris County older adult in good health needs between $18,084 and $27,864 annually, depending on whether or not the person pays rent or a mortgage, to meet his or her basic needs.⁷ According to the Elder Index, an older adult would need an income as high as 240% of the Federal Poverty Level to meet basic needs.

As stark as the numbers are, they could be worse. About 14.5 million older adults would be in poverty but for their Social Security benefits.⁸ Even though the system was designed to provide a small monthly amount,⁹ today 53% of married and 74% of single recipients rely on their Social Security benefits for at least half of their monthly income.¹⁰

**Where are Harris County’s Impoverished Older Adults?**

Harris County has 26 zip codes in which 20% or more of the over 65 population lives in poverty. All but one is within the City of Houston; the remaining zip code is in Pasadena. Two zip codes, 77003 (Second Ward) and 77081 (Gulfton), had the highest older adult poverty rates of any zip code; 33% of those ages 65 and older live in poverty. While they may not have the highest poverty percentages, 11 zip codes stood out as having at least 700 residents in poverty. They, too, are within the City of Houston, clustered in the following geographic areas: Sharpstown, Alief and Mission Bend (Southwest), South Union and Golfcrest (Southeast), and
Greater Heights, Kashmere Gardens, Homestead, Eastex-Jensen, and Northside (Central/Northeast).11

**Calls to 2-1-1 Texas / United Way HELPLINE**

Across the country, helplines answer requests around the clock and connect callers to community resources that may be able to address their needs. In Harris and the 12 surrounding counties, 2-1-1 Texas / United Way HELPLINE fielded more than 957,600 calls in 2015, with almost half the calls from Harris County residents.12

Over the past five years, the number and percentage of calls from older adults has increased substantially. In 2010, 2-1-1 Texas/United Way HELPLINE received 55,602 calls from adults over the age of 60; in 2015, the number more than doubled to 118,284. Calls from older adults represented almost 20% of all calls in 2015, up from an average of 10% to 12% over the past five years. The average older adult caller was 69 years old and female.

The number of older adult calls to 2-1-1 Texas / United Way HELPLINE increased from 55,602 to 118,284 in 2015.

While callers requested a multitude of services, the top five needs in 2015 were referrals for: 1) medical care, 2) utility assistance, 3) food, 4) rent or mortgage assistance, and 5) help with elder care.13

Calls came from older adults in every populated Harris County zip code. Three neighborhoods had more than 3,000 calls from older residents: Homestead (Northeast), South Park (South), and Acres Homes (Northwest). Nine other areas, all but one inside Beltway 8, had more than 2,000 calls each; they were clustered in the Greater OST/South Union, Sunnyside, and Greater Third Ward (South); Kashmere Gardens, Acres Homes, Trinity/Houston Gardens and Settegast, and Independence Heights and Northside (North); and Alief and Greater Sharpstown (Southwest).14

**Meeting the Needs – Food**

Having enough food is one of life’s most basic necessities. Regardless of one’s income, inadequate access to food has been linked to a variety of negative outcomes including higher rates of chronic disease, challenges with activities of daily living, and depression.15 When a person does not have enough access to a variety of quality food or has gone without food multiple times, that person is considered food insecure. If a person frequently is anxious about having enough food and there is a threat of hunger, that person is marginally food secure.16
In 2013, 15.5% of older adults, or about 10 million people nationwide, dealt with the threat of hunger. Since 2001, both the percentage and number of older adults facing the threat of hunger has increased dramatically. The percentage jumped 46% in just over a decade, and today, more than double the number of people face the threat of hunger compared to 2001 numbers. Texas is one of five states where more than 20% of older adults face the threat of hunger, and that number has continued to rise. There are some startling facts regarding hunger among older adults:

- Of older adults facing hunger, almost 60% are in their 60s, and 14% are ages 80 and older
- In multigenerational households, an older adult is twice as likely to face hunger
- Older disabled individuals face a 300% to 400% higher threat of hunger than non-disabled older adults
- At least half of older adults who face a threat of hunger have incomes above the Federal Poverty Level

Just as Social Security keeps many out of poverty, food resources keep many from experiencing hunger. Each year, about 2 million people ages 60 to 64 and 5 million others ages 65 and older receive assistance through food banks and other affiliated food programs. Still, a lack of financial resources often leaves older adults having to make tough decisions about their money and the quality of food they eat. Older adults report having to make a choice between food and other basic necessities, such as medical care or medicines (63%), utilities (60%), transportation (58%), and housing (49%). Others report using a variety of ways to stretch their food budget:

- 80% buy the cheapest food available, even if it is unhealthy
- 46% say that friends and family help them when needed
- 38% dilute food or drink to make it last longer
- 29% sell or pawn items to pay for food
- 24% grow their own food at home or in a community garden

Nearly three out of every five people report using at least three of these strategies during the previous year to try and have enough food.

Supplemental Nutrition Assistance Program (SNAP), Congregate Meals programs, and the Home-Delivered Nutrition Services Program are three additional programs that can fill the gap for older adults facing the threat of hunger. In Texas, 25% of households that receive SNAP benefits have at least one household member at or above age 60; Harris County’s rate is slightly lower at 23%. However, only 41% of eligible older adults access SNAP benefits, and older beneficiaries tend to receive smaller benefits than younger individuals because of their relatively higher income (defined as $876 per month gross or $407 per month net) or because they live alone and, therefore, have a lower amount for which they are eligible.

Two programs that likely contribute to the decline in food insecurity among those ages 70 and older are the Congregate Meals and Home Delivered Meals programs. In the Congregate Meals program, individuals travel to a local center for a hot meal and social interaction. Nationally, more than half of the people who take advantage of this service are ages 75 and older, and almost 60% of participants report that the meal they receive is at least one-half of the food they will consume for the entire day. In 2013, 67,100 Texans participated in this program, receiving almost 5 million meals. During the 2014-15 fiscal year, more than 3,900 Harris County residents received 346,000 hot meals through congregate meal centers.

Homebound individuals are served through the Home-Delivered Nutrition Services Program. Like the Congregate Meals program, the majority of participants (70%) are ages 75 and older, and the single delivered meal accounts for at least half of the day’s food for more than 60% of participants. In addition to providing needed food, the program often provides the only human contact for the homebound participant, and 91% of program participants say that the program allows them to remain in their homes. In 2013, Texas assisted almost 57,300 individuals with 11.3 million meals, and in the 2014-15 fiscal year, Harris County providers assisted more than 6,800 individuals by delivering 1.1 million meals.
Meeting the Needs – Housing

Housing costs are among the most variable for older adults. On average, older adults spend about 23% of their income on housing expenses including mortgage or rent, property taxes if applicable, maintenance, repairs, insurance and utilities. Those who still owe a mortgage pay on average almost 30% of their income in housing costs, while those who rent pay 43%. The picture is very different for those at or below 125% of FPL. The average housing costs for low income individuals are 74% of their income; renters pay, on average, 52% of their income toward housing. Low-income homeowners do not enjoy the economic benefits of owning their own home. On average, that low-income homeowner faces monthly housing costs that exceed income by 31% and often pays more per month on those mortgage payments than a renter spends on rent.31

When a person’s housing costs are more than 30% of his or her income, that person is considered cost burdened. It is estimated that more than half of renters and 45% of homeowners with mortgages who are ages 65 to 79 are cost burdened, with rates even higher for those ages 80 and older. Individuals who are cost burdened with housing expenses tend to spend less on food or transportation, while some cut their health care expenses. When those measures are not enough, some older adults take the drastic step of giving up their homes and becoming homeless. In 2010, more than 44,000 adults ages 65 and older were homeless, and that number is expected to jump to more than 95,000 by 2050.32

While there are federal housing programs that assist older adults ages 62 and older, few benefit from their services. Statewide, 41,000 older adults received federal housing assistance from November 2014 through February 2016. They represented about 15% of all individuals receiving housing assistance. Of the older adults, two-thirds have a disability, and about 6% live in a multigenerational household with children present. In Harris County, almost 2,200 adults over the age of 62 receive some type of housing assistance. A higher percentage, almost 78%, have a disability, and 5% have children in the home. Both statewide and in Harris County, adults ages 62 and older represent almost 20% of individuals in public housing.33 Nationally, only about 1.5 million of the 4 million who are eligible for housing assistance receive it. It is estimated that the number of people who could use assistance will grow by about 1.3 million by 2020 and another 1.3 million by 2030.34

Meeting the Needs – Utilities

Whether renting or owning a home, utilities can be a significant part of housing expenses. Nationwide, they comprise about 8% of a person’s cost of living but for those at or below 125% of poverty, they account for more than a third of someone’s income. Last year, more than 2 million older adults, including almost 45,000 in Texas, received assistance with utility bills or weatherization to reduce those bills.35 Like other programs, only a small percentage of eligible people utilize them, with around 21% of eligible adults receiving assistance.36 Texas has a secondary utility assistance program that provides five months of utility assistance. In 2015, more than 877,000 individuals received assistance through the program, though the number of older adults is unknown.37

Additionally, a federal and state program provides discounted home-based or cellular phone service to individuals who are low-income or who receive a variety of federal benefits.38 More than 389,000 Texans of all ages are assisted through the state program, while an unknown number are assisted through the federal component of the program.39

Conclusion

For many older adults, life is a balancing act - too much of their limited resources go to one basic need at the expense of another. Some older adults are forced to choose between food and another need like medicine, rent or mortgage and utilities. The majority of older adults rely on their Social Security benefits for more than half of their income and, because the system was designed to supplement income and not support living expenses, as many as 45% of older adults struggle to meet everyday expenses. While programs exist to assist the most vulnerable with meeting their basic needs, only a small fraction of those eligible for services receive them, and many of the programs struggle to keep up with rising demand. Without substantive changes, an increasing number of older adults will face the possibility of not aging in place or doing so without their basic needs being met.
TRANSPORTATION

SECTION HIGHLIGHTS:

- Older Texans overwhelmingly connect the ability to drive with being independent
- Driving cessation without a plan in place is linked with severe mental and physical decline
- Adequate access to transportation depends on where one lives in Harris County
Access to transportation is essential to aging in place, and often, the issue does not receive the attention it needs in life planning. Being able to drive a car or access transportation services allows someone to stay connected to the community, access necessary services, fulfill one's purpose and perform essential daily living tasks. Nearly 9.3 million Americans over the age of 60 lack a driver's license and may be dependent on public or private transportation options to move around their community. It is estimated that by 2030, more than 19% of the over 65 population, or 13.9 million people nationally, will not be able to drive themselves and will need access to transportation services and support in order to remain independent.

By 2030, nearly one in five older adults will not be able to drive her- or himself.

For Harris County residents, transportation poses a particular challenge. The county is exceptionally large, 1,778 square miles, with large swaths of unincorporated areas that are not served by fixed route transportation services. These factors make county-wide coordinated transportation difficult. In a study of 240 metropolitan areas, the Houston Metro area ranked third worst compared to regions with a similar population size – nearly 68% of older adults were predicted to have poor transit access by 2015.

EQUATING DRIVING WITH INDEPENDENCE: THE IMPACT OF GIVING UP THE KEYS

For the nearly 90% of older adults who want to age in place, having access to transportation is critical to making that hope a possibility. One Community Conversations participant described what it was like to lose access to transportation when her car died.

She said:

_I've been five months walking, so I've had to call on my neighbors....I've never had to do that before....It's really bothered me because I'm not used to asking someone for help. I want to get a car again so I can help people [like others helped me]._

Driving is a huge part of the American culture; nearly 80% of those ages 65 and older have a driver's license, and 97% of Texas drivers ages 50 and over believe that the ability to drive is linked intrinsically to their independence. Older adults predominately take trips in personal vehicles, whether or not the person drives.

When someone stops driving, he or she becomes reliant on public transportation, friends, and family for even the most basic tasks and errands. While for some public transportation may be an option, for others, especially for those with physical limitations, it is difficult to navigate. In 2014, the Eldercare Locator Service, an information and referral hotline receiving more than 271,000 calls annually, found that transportation assistance was the top need. Of those callers, more than 60% needed help immediately, and nearly 75% needed that help to attend medical appointments. In Harris County, transportation to access services remains one of the top five needs of older adults.

Realistically, people outlive their ability to drive safely by between seven and 10 years. When a person no longer drives, often that person will choose to stay home instead of using public transportation or asking family or friends so as not to impose. Nearly half of people ages 65 and older who reported that they had not taken a trip anywhere in the last week stated that they would like to leave their home more often but transportation barriers made it difficult. Another study found that non-drivers were almost three times more likely to stay home on a given day than those of comparable ages who still drove, with African Americans, Asians, Hispanics, and rural non-drivers the most likely to stay at home. Texas had the third highest rate, 66%, of non-driving older residents who stayed home each day due to a lack of transportation.
The above chart illustrates the profound impact the lack of transportation can have on the quality of life for older adults. While experts initially assumed that the catalyst for these negative outcomes was declining health, virtually all of the studies found that these outcomes happened when people ceased driving themselves, regardless of prior or current health status.25

**Older Adults on the Road**

In Texas, older adults continue to drive as long as they can. Statewide, 15% of all licensed drivers are over the age of 65, and of the 2.3 million licensed older drivers, 36% are over the age of 75. Nationally, there has been a 23% increase in the number of older drivers over the last decade.26 Older adults do not want to give up their driver’s licenses; nationally, almost 70% of individuals ages 80 and older still have their license, a 22% gain over the last 15 years. While older drivers drive fewer miles than younger drivers, they are driving as much as 60% more than older adults did 20 years ago.27

While there has been great concern that the rise in the number of older adult drivers would translate to more accidents and fatalities, the opposite seems to have occurred.28 Even with the number of older drivers increasing, fatality accidents involving an older driver has decreased 5% and the number of older drivers killed in auto accidents has decreased 9% over the last decade.29 Adults ages 65 and older have fewer fatal crashes per 100,000 drivers than any other age group,30 and over the last 15 years, adults ages 70 and older had a larger drop in the number of fatal and non-fatal accidents than drivers ages 35 to 54 did.31

Even though the accident rates are less than what many feared, there are still risks associated with older adults continuing to drive, and those risks increase beginning at age 70 and continue rising for older drivers.32 Someone ages 80 to 84 is almost as likely to be in a fatal car accident as a new driver ages 16 to 19. A driver age 85 or older is twice as likely as that new driver to be involved in any type of crash based on 100 million miles driven. For collision and property damage risks, a driver age 85 or older has an almost identical risk rate as someone who is 25 to 29 years of age.33

Older Texas drivers often beat national trends. In 2013, while Texas had the most traffic fatalities of any state, it tied for fourth place in the smallest percentage of fatality accidents involving a driver over the age of 65. Texas also had a smaller percentage of older adults who died in traffic accidents than many other states, including California, the state with the closest number of overall traffic fatalities.34

Automobile accidents are on the decline but other forms of transportation do not follow the trend. While the actual numbers remain relatively small, the number of older adults killed while bicycling increased 9% and those killed while riding a motorcycle increased more than 200% from 2004 to 2013.35

**Transportation Alternatives in Harris County**36

In order to provide older residents with transportation access, Houston, Harris County, and organizations within both jurisdictions have developed alternative transportation programs and services. In addition to the paratransit services provided through Houston METRO that serve portions of the county, Harris County administers a
program that provides discounted rides via shared vans or taxis to older and disabled individuals anywhere within its boundaries. For some county program participants, a non-profit agency may subsidize the person’s share of the ride cost, making it free to use. Participants in eastern Harris County also may use shuttle services to connect to Houston’s transportation network.

Research has found that for those who no longer drive, the most effective way to keep them connected to the community is when non-family options such as peers, organizations, or hired assistants provide rides. When one older adult provides a ride to another, both were found to benefit. In Harris County, the availability of affordable transportation alternatives varies greatly depending on where one lives. There are two county-wide transportation programs, one run by the county and described above and a second program that provides transportation for medical visits. As of this printing, there are several alternative transportation programs that provide door-to-door services. With the exception of one provider, all are located in the western half of the county. Most are run by local nonprofits and two are operated by a municipality. The programs vary in whether and how much they charge.

One program charges a membership fee plus a per ride sliding scale fee based on need, one provides ride subsidies, and the other programs offer their services free of charge. Most of the programs rely heavily on volunteers to provide transportation using private vehicles, though the municipal programs utilize large vans or small buses.

The programs vary greatly in how far they can drive clients and for what purposes, and most programs reported a higher demand for services than the programs had resources to provide. Medical appointments take priority, but most programs stated that if they could, they would take riders anywhere they wanted to go within approximately 10 to 15 miles, unless the program had zip code or city limit restrictions, including such places as grocery stores, beauty salons, the post office, the pharmacy, and to visit friends or family.

Harris County also is home to a few special concierge programs. For example, one local library allows residents to order materials that will be delivered to the resident’s home, which provides the individual with both the requested items and the opportunity for social interaction. The second is a partnership between a local grocery store and several

**Figure 7: Availability of Free and Reduced Cost Transportation Resources in Harris County**

Two programs serve the entire county in varying capacities.
low-income senior housing developments. Once a week, the grocery store runs a free shuttle service for residents to visit the store closest to them.

**Gaps in Available Services**

These resources offer valuable services to the community, but they have two major gaps:

1. **Coverage** – All but one of the geography restricted programs are located in the western half of Harris County with most located in the southwest. For those living in outlying areas, especially in the eastern half of the county, there are limited transportation options. While residents in eastern Harris County have access to the county’s programs that may provide subsidized fares, those fares still could become costly depending on where the person needed to go, and the residents do not have access to any free programs like those on the other side of town.

2. **Mobility** – Virtually all of the programs require riders to have a high degree of mobility. Because many of the programs utilize private vehicles, those cars are not equipped to handle bulky wheelchairs. Additionally, many of the volunteers are older themselves and do not have the ability to help someone in and out of the car.

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**Conclusion**

For many older adults, having the ability to go where they want when they want is synonymous with independence, yet almost all older adults will outlive their ability to drive. Losing that ability is linked to declines in a person’s health and well-being. While older drivers are not the menace on the roadway that many once feared, they are keeping their licenses longer and driving more miles than they did, which invariably means that there are individuals driving who should not be. While non-drivers do not wish to burden family or friends with their transportation needs, having reliable transportation options, especially during the transition from driver to non-driver, is critical.

Yet, as important as access to transportation is, most of Harris County does not have adequate access to low-cost or free transportation resources. Without access to reliable, affordable transportation, many older adults face isolation, depression, and a hampered ability to age in place. Developing the infrastructure for greater access to affordable or free transportation will allow Harris County’s older adults to continue experiencing a better quality of life with stronger community connection.
SAFETY AND OLDER ADULTS

SECTION HIGHLIGHTS:

• Older adults face preventable safety issues related to falls and medications
• Fraud and financial abuse are major concerns for older adults
• Only one in 24 elder abuse cases is reported to authorities
Older adults want to be safe, both inside and outside of the home. Every 15 seconds, an older adult is treated in the emergency room for an injury related to falling, and falls are the leading cause for fractures and traumatic brain injuries. Falls are costly to society as they lead to tens of billions of dollars in direct medical costs. They also are costly to the person who often, even if there is no injury, becomes afraid of the threat to his or her safety. Beyond the physical safety concerns associated with accidents and frailty, there is the rising cost of elder abuse, which manifests itself in physical, economic, and psychological ways. Elder justice must be part of the consideration and conversations around safety issues for older adults.

**Physical Safety and Accidents**

Physical safety drastically impacts the health, quality of life and even mortality of older adults. When a person falls and suffers a hip fracture, a downward trajectory often happens that ends in further injury or even death. Half of older adults with hip fractures are not able to live independently after discharge from the hospital, and 20% to 30% pass away within one year of the hip fracture.

Half of older adults with hip fractures are not able to live independently after hospital discharge.

Falling is not a normal part of aging but is more common with older adults because often health and aging factors contribute to conditions that lead to falls.

To protect against falls, experts recommend that older adults and their caregivers should do the following:

1. Educate themselves about risks and how to avoid them
2. Review medications with physicians and come up with a medication management plan
3. Participate in exercises that build strength and balance
4. Get regular health care checkups including vision and cognition
5. Conduct a home audit to identify risks and, as needed, install grab bars in the bath/shower, hand railings, and other safety features

Falls are not the only in-home risk that leads to hospitalization. Approximately 30% of hospital admissions for older adults are based on medication problems. Older adults, in part due to the number of chronic conditions they experience, are the primary prescription drug consumers. They utilize 40% of all prescription drugs, a rate almost three times their percentage of the population. The average U.S. older adult fills about 28 prescriptions each year; in Texas, it is about 21. The difficulties related to medication management only increase as a person ages.

Medication is life- and quality-of-life saving, but when someone has many medications to manage at once, it can create safety issues as individuals navigate complex prescription regimens. When older adults are hospitalized and then discharged with five or more medications, they are more likely to find themselves back in the emergency room and re-admitted within six months of discharge. Adults ages 75 and older and those living alone are particularly vulnerable. Those over age 75 are at risk because they are less likely to understand or follow directions, and adults living alone are vulnerable because they may not have someone readily available to remind them to take their

### Safety Risk Factors for Aging Adults

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<th>Home hazards</th>
<th>Mobility challenges</th>
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<td>Lack of activity</td>
<td>Vision changes and loss</td>
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<td>Loss of sensation</td>
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Nearly 3.5 million older adults are admitted to care facilities because of issues related to medication, including adverse reactions, drug interactions, overdoses, or not taking enough medications as prescribed.11

**Crime**

During the 2015 Community Conversations, participants in nearly every group expressed concerns about their safety in public places and becoming victims of crime. As one participant said:

*I don't take risks unnecessarily, and I don't go out after dark. I usually have someone with me. I do my shopping in my own neighborhood and stay aware of my surroundings. I don't live in fear.*

Americans believe that there is more violent crime than statistics show.13 The belief, however, that older adults are more fearful of crime than the general population largely has been dispelled.14 Older adults are as likely as any other age group to say that they are uncomfortable walking alone at night in their neighborhoods.15 In 2000, about 25% of older adults said that crime was a significant problem for them,16 but in 2015, only one aspect of crime, financial scams and financial abuse, made the list of older adult concerns.17 Crime victimization rates for older adults are lower than those for any other age group. For those ages 65 and older, there were 3.6 nonfatal crimes per 1,000 people. Compared to individuals ages 12 to 24, the most victimized group, older adults were nearly 14 times less likely to be a victim and 60% less likely to be injured during the commission of a crime. Even with regard to property crimes, such as theft or burglary, the most common types of crimes perpetrated against older adults, they are much less likely to be victimized than any other age group.18

**Elder Abuse**

Unfortunately, many crimes committed against older adults, those that constitute elder abuse, remain a largely hidden phenomenon. An estimated five million older adults are physically, sexually, or psychologically abused, financially exploited, or neglected each year by another person, but only one out of every 24 abuse cases is reported to authorities.19 In the 13-county region that includes Harris County, there were eight confirmed cases of abuse for every 1,000 older adults ages 65 and older.20 When elder abuse occurs, it can cause the victim to spiral downward. Abused older adults are four times more likely to be admitted to a nursing home and three times more likely to die a premature death.21 Two-thirds of abuse victims are women, and minorities also are more likely to experience elder abuse.22 Ninety percent of abusers are family members with two-thirds of them either the victim’s adult child or spouse.23 A small percentage of overall elder abuse occurs in nursing homes with verbal abuse (203 incidents per 1,000 residents) and psychological abuse (163 per 1,000 residents) being the most common.24

While many older adults have some risk for abuse, certain factors increase the risk:

- Cognitive impairment
- Poverty
- Functional decline, especially when it causes increased caregiver stress
- Age
- Being dependent on a caregiver
- Personality disorders
- Isolation
- Excessive drug or alcohol use

Individuals are more likely to perpetrate the abuse if they have:

- Mental health issues or are substance abusers
- Little to no training in caregiver responsibilities
- Experienced abuse as a child
- Little to no formal or social support
- A high degree of financial and emotional dependency on the victim

Financial abuse is one of the most frequent types of abuse against older adults, and it has increased over the last several years. Identity theft has risen by almost 20% in the last two years.22 Financial fraud and exploitation also have risen but remain highly underreported crimes, with some estimating that 20% of all older adults become financial crime victims at some point in their later years.23 Strangers commit just over half of all documented financial abuse cases; families, friends and neighbors commit about 34%; and businesses are responsible for 12%.29 Sometimes family perpetrators receive financial support from or live with the victim.30
Victims of financial abuse lost more than $2.9 billion dollars in 2010, and the amount continues to grow each year.31 Recent estimates indicate that 5% of older adults become victims of financial abuse every year. That translates to 206,000 Texans and 28,000 older Harris County residents. Women are twice as likely as men to be victimized, and the majority of victims are in their 80s. Perpetrators are most often middle-aged men.32 Common types of financial abuse include power of attorney abuse, accessing bank accounts without permission, refusing to provide services without extra payment, scams and pressure to buy unnecessary investment products.33

Neglect is another common form of abuse, and it occurs when someone who is responsible for providing a basic need for an older adult fails to do so. An older adult can be neglected by another person or neglect him- or herself. Across Texas in 2015, more than 72% of calls to the state’s abuse hotline regarding an older adult were for neglect, including self-neglect.34

Self-neglect happens when someone no longer performs critical self-care tasks, thus threatening his or her own health or safety.35 This type of neglect is the most prevalent form of abuse, and more calls are made to state abuse hotlines for self-neglect than for any other type of abuse, accounting for more than half the calls nationally;36 the same is true for Texas Department of Family and Protective Services Region 6, which encompasses the 13-county Greater Houston area. Signs of self-neglect among older adults include:

- Not bathing or grooming oneself
- Disheveled or inappropriate clothing
- House in disarray and/or unsafe living conditions
- Hoarding
- Not following up with medical appointments or medication

While elder abuse can be devastating, there are ways to prevent or mitigate it. In Texas, if anyone suspects that someone age 65 or older is being abused or neglected, that person has a duty to report the situation to authorities.37 Recognizing early warning signs can prevent further abuse. Social connection can be a valuable tool in combatting abuse as being socially involved and having a strong support system of multiple family members, trusted friends, and professionals mean more people interact with the older adult and can spot early warning signs. Communities also can implement measures to reduce the risk, including educating the public on the early warning signs, and providing more training and support, like respite care for caregivers.38

Conclusion

Older adults want to be and to feel safe. Threats to safety have a significant impact on whether or not someone can successfully age in place within the community. Many problems can be prevented or mitigated. Injuries from falls and hospitalizations related to medication can both lead to someone having reduced independence. Crime, except for financial crime, has decreased, but while it has not led to an exaggerated sense of fear, it also has not led to an increased sense of security. Elder abuse also is a growing issue, but education and stronger community support can reduce the risks to victims.
MULTIGENERATIONAL FAMILIES

SECTION HIGHLIGHTS:

• The number of multigenerational families is increasing across all ethnic groups

• More grandparents are becoming financially responsible for a grandchild

• In Harris County, one out of 11 adults over the age of 60 lives in a home with a grandchild
Multigenerational families are not a new phenomenon, but they are a growing one.1 Today, more Americans live in multigenerational families than ever before. Multigenerational families form for a variety of reasons, and this family structure can be very beneficial for all family members. It also can create challenging situations, especially for the older adult in the household.

One hundred years ago, 10.5% of all households contained at least three generations of family members.2 The numbers peaked in 1940 as the Great Depression drew to a close with nearly 25% of the U.S. population, or 32 million people, living in multigenerational households. From the 1940s through 1980, the number of multigenerational households steadily declined.3 From 1980 to 2000, the number of multigenerational households again climbed, reaching a peak of 7.4% of all households in 2000. It then decreased until the Great Recession, when it once again began to climb. By 2014, almost 8% of all households, or 23.6 million homes, contained 3 or more generations. Except for the small increase in 2000, the percentage of multigenerational family households grew more from 2006 to 2014 than they did in the previous 25 years.4

The Pew Research Center and the Integrated Public Use Microdata Series (IPUMS) broadly define multigenerational families by adding two family structures to the above Census definition:6

4. A two-generation household consisting of an adult child over the age of 25 and parent or parent-in-law

5. Grandparent raising grandchild (also known as a skipped generation family)

Using the expanded definition, the number of multigenerational families jumps from 7.9% to 27.6%, or more than 83 million families.7

The American Multigenerational Family – The Last 100 Years

Throughout U.S. history, adult children have driven the multigenerational family formation as they remained in their parents’ home to help support the family farm or business. One hundred years ago, almost 60% of all multigenerational households had someone age 60 or older as the head of the family unit. Fifty years later, the percentage of multigenerational households headed by an older adult dropped to just over 20%. By 2004, the percentage dropped to 15.9%. Then for the first time in more than 100 years, the percentage began to rise. By 2014, older adults headed almost 18% of multigenerational households.8

Figure 8: Changes in Multigenerational Households Headed by Someone Ages 60 and Older
For adults ages 85 and older, the trend is just as dramatic. Nearly 63% of this population lived in multigenerational households in 1940, but as the older population overall grew healthier and wealthier and their children had more opportunities in urban areas, fewer older Americans lived with their children. By 2000, less than 20% of Americans ages 85 and older lived in a multigenerational setting, but since 2007, the number slowly has risen. In 2014, over 24% of adults ages 85 and older lived in a multigenerational home. With the over 85 population increasing, this translates to almost 400,000 more people living in multigenerational environments than compared to 2000.10

Older adults play a different role in today’s multigenerational family than they have in the past. For most of the last hundred years, someone 85 or older was much more likely to be a parent in a child’s home than to be the householder. However, more and more, society’s oldest members are remaining in their own homes and having family members move in. In 2007, 10.1% of people ages 85 and older who lived in a multigenerational household were either the head of household or a spouse. By 2014, the number had risen to 13.2%. While that may seem like a small change, because of the population growth, the number of adults ages 85 and older who are the heads of a multigenerational family nearly doubled.11

What Has Caused the Change?

In one survey, 66% of respondents stated that the economy was a factor in forming a multigenerational family; 21% stated that it was the only factor.12 While the economy is undoubtedly a factor, there are a number of other reasons that have contributed to the multigenerational family’s renaissance. Some are economic and others are due to societal changes:

- **Beginning families later** – more young adults return home after college and wait to begin a family, which has led to an increase in the number of families containing two generations of adults
- **Economic factors** – affordable housing shortages, high local cost of living, long-term unemployment
- **Changes in life expectancy** – older adults caring for their aging parents
- **General societal challenges** – grandparents assisting unwed parents with a child or raising a child whose parent is unable to do so because of abandonment, disease, incarceration, mental health issues, family violence or poverty
- **Rising immigrant populations** – certain populations, such as Hispanics and Asians, traditionally have higher occurrences of multigenerational families
- **Increased chronic disease and disability** – combining households to have caregivers available for the older adult, children or both13

In 2013, nearly three in 10 older Texans living in households resided with at least one person from another generation, not counting the traditional family structure of parents and minor children. Nearly 1.2 million Texans at or over the age of 60 (26%) live in a multigenerational family. In Harris County, it is 30%, or more than 187,000 people.14

Nearly 1.2 million Texans at or over the age of 60 (26%) live in a multigenerational family.

**How Our Aging Population is Changing the Traditional Family Structure in Texas and Harris County**

The most common multigenerational family structures are two generations of adults or three or more generations living in the home.

Across the state since 2001:

1. The number of households that contains both a parent over age 60 and that parent’s minor child (under age 18) has increased more than 70% and the number of older adults living in these situations has tripled
2. The number of older adults ages 60 and older living in a household with an adult from a different generation has nearly doubled to approximately 670,300
3. The number of families with at least three generations in the home has doubled to more than 400,000 households in 201415
In Harris County, since 2005:

1. The number of adults ages 60 or older living with an adult from a different generation has increased by more than 50%

2. The number of three-generation households with at least one person ages 60 and older has increased by almost 60% to nearly 66,000 families in 2014

3. More than 187,200 county residents ages 60 and over live in a multigenerational household, up by more than 65,000

**Ethnicity and Multigenerational Family Status**

Historically, certain cultures were more likely to live in multigenerational households, but since 2009, all ethnic groups have seen an increase. In Harris County, both ethnicity and foreign-born status are still strong predictors of multigenerational household status. Compared to non-Hispanic White older adults:

- African American and Hispanic older adults are nearly two times as likely and Asian older adults two and a half times as likely to have two adult generations in the home
- Hispanic older adults are two times as likely and African American older adults three times as likely to live in a home where an older adult is caring for a child without a parent present
- Older African-Americans are twice as likely and Hispanics and Asians are nearly five times more likely to be in a household with three or more generations under one roof

Across all family types, approximately 18% of non-Hispanic White, 35% of African American, 47% of Hispanic and 54% of Asian older adults live in multigenerational households.

Regardless of nationality, Texas residents who are foreign born are more likely than not to live in a multigenerational household. Nearly 32%, compared with only 21% of non-multigenerational households, are headed by a foreign-born resident. Foreign-born residents are most likely to live in either a three-generation “sandwich” home in which an adult lives with both parent and child, or a four-generation home where an adult lives with his or her parent, adult child and grandchild.

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**Skipped Generation and Grandfamilies**

In recent years, the skipped generation and grandfamily structures have received increased attention. Skipped generation and grandfamily households both occur when an older adult is the head of household and at least one minor child lives with that person. In skipped generation households, the child's parents are not in the home and the older adult serves in a parental role. Grandfamilies are created when the child's parents often, but not always, are present. Some grandfamilies occur when an older adult cares for a child for the entire day while the parent works and, therefore, the older adult has a significant impact on that child's development. Others occur when parents are away for a period of time due to military deployment, mental health issues, substance abuse or incarceration.

Nationally, there are more than 1,000,000 grandparents over the age of 60 who are responsible for a minor grandchild, meaning that the grandparent pays for some or all of at least one grandchild's basic needs. Since 2010, that number has risen 12%. Texas as a whole had about 20% growth over the past five years, with, as of 2014, more than 102,000 adults over the age of 60 responsible for a grandchild. In Harris County, the number has fluctuated year to year, with an average of nearly 11,300 grandparents caring for their grandchildren each year.

Thus, across the country, one out of every 17 adults at or over the age of 60 lives in a home with a grandchild. In Texas, the number drops to one out of every 13, and in Harris County, it drops further to about one out of 11. Of those who live with grandchildren, nearly 30% nationally, across Texas, and in Harris County are financially responsible for their grandchildren.

Not all grandparents are over age 60, but more than one-third of grandparents caring for a grandchild are age 60 or older. Especially for older adults, when an older adult and a grandchild form a skipped generation or grandfamily, it likely is to remain that way for quite some time. More than 80% of grandparents in their 60s and 20% of those ages 70 and older have been responsible for a grandchild for at least three years.

**Risks Accompany Responsibilities**

Becoming responsible for children later in life can impact an older adult's life significantly. He or she is more than twice as likely to face hunger during the year.
Nationally, statewide, and locally, that grandparent is nearly twice as likely to live in poverty. Furthermore, many grandparents cannot or will not apply for public assistance. Some do not know that they have the options while others are in informal situations that do not give them access to benefits. For others, they are unable to qualify for programs that may have a work requirement, such as subsidized child care. If they live in designated senior housing, they may have to move, adding additional expenses.

Caring for grandchildren significantly impacts retirement plans. Grandparents caring for grandchildren are more likely to have to remain in the workforce. Nationally and in Texas, that grandparent is 1.4 times more likely to be working than someone who is not responsible for a grandchild. In Harris County, it is 1.2 times more. With their new responsibilities, they may postpone their own retirement and use their retirement savings toward their grandkids’ basic needs. When grandparents assume the responsibility of grandchildren, they sometimes experience increased physical and mental health issues, and they have an increased risk of depression if the children leave. Furthermore, during the first two years of the new arrangement, grandparents often pay less attention to their own preventative health needs.

Profile of Grandparents Raising Grandchildren in Harris County

The most common characteristics of a grandparent raising grandchildren are:

- She is female (64%) and may be of any ethnicity
- She is currently married (63%)
- She may still be working (37%) but is also as likely to have a disability (36%)
- She has a one in four chance that, in the previous year, she and her family were in poverty
- She owns her own home (72%)
- It is likely she is raising her grandchildren while parents are not in the home (40%), and it is a long-term arrangement, having provided support for at least three years (55%)

Poverty and Grandparent-Headed Families: A Different Perspective

1. Approximately one out of every 50 adults over the age of 60 in Harris County and in Texas is a grandparent who is financially responsible for at least one grandchild. Nationally, the figure is closer to one out of every 63.

2. A grandparent raising a grandchild in Texas or Harris County is almost twice as likely as the national average to be raising that child in poverty.

Conclusion

Too often, social services are provided in a vacuum – there are entirely separate systems for children, families and older adults. Yet, statistics show that the evolving family does not fit neatly into traditional boxes.

After decades of decline, the multigenerational household has seen a resurgence, and the community needs to be prepared to handle family structures that differ from the nuclear family. It is estimated that grandparent support saves the country more than $6.5 billion in foster care and related costs, but many grandparents cannot access the resources that would keep them out of poverty and away from hunger.

Providing services to older adults without an understanding of the family dynamic could be a missed opportunity to promote family stability. Whether the family contains three or more generations or consists of an older adult caring for a grandchild, the community needs to understand how the role of older adults in the family is changing and how it impacts family dynamics and service provision.
ISSUES FACING AGING VETERANS

SECTION HIGHLIGHTS:

- Half of all men and 11% of women using VA benefits are ages 65 and older
- Older veterans are more likely than nonveterans to have mental health challenges
- Many veterans credit their service for stronger resilience to life’s challenges
Thousands of men and women have served our country during times of war and peace. Many veterans who have acclimated successfully back into society after their years of service are less likely to struggle financially than the general population. Others have faced a lifetime of struggle and continue to do so into old age.

More than 45% of U.S. veterans are over the age of 65,¹ and about 20% of older adults ages 65 and over in the U.S., Texas, and Harris County are veterans.²

About 20% of older adults are veterans.

Harris County is home to nearly 68,000 older veterans, including 1,500 of whom are women.³ They have fought in every war and conflict from World War II through the Persian Gulf War.⁴ Adults ages 65 and older constitute 40% of Harris County’s veteran population.⁵ About 12% of the state’s oldest veterans, those who served in World War II and the Korean War, live in Harris County.⁶

Veteran Demographic Information by War-Time Service

World War II (WWII)

- Of the 16 million veterans who served, 1.7 million were alive in 2015,⁷ but each day, 492 pass away.⁸ Texas has almost 53,000 WWII veterans, the third most nationally. The Department of Veterans Affairs estimates that by 2017, only 500,000 will remain, with the number dwindling to 50,000 by 2027.⁹
- 4.4% of those who served were women
- 13.7% of WWII veterans have a service-connected disability⁴⁰
- 12,000 Harris County residents are WWII veterans, with more than 1,300 of them serving in at least one additional war¹¹

Korean War

- Of the 5.7 million people who served, 2.2 million were alive in 2015¹²
- 2.3% of those who served were women
- 12.7% of all Korean War veterans have a service-connected disability¹³

Vietnam Era

- As of 2012, the median age for all 7.4 million remaining Vietnam vets was 65 years
- 3% of those who served were women
- 20.8% of all Vietnam veterans have a service-connected disability¹⁴
- 33% of all Harris County veterans served in Vietnam¹⁵

Veteran Poverty and Homelessness

Studies show that older veterans are more financially stable than nonveterans and are half as likely to be in poverty. Veterans drawing Social Security receive, on average, about $50 more per month than nonveterans.¹⁶ This may be due, in part, to older veterans having higher educational attainment than older nonveterans.¹⁷

There are some notable exceptions to this trend. While older female veterans have a higher household income than nonveterans, female veterans are more likely than male veterans to be in poverty and need public assistance.¹⁸ Disabled veterans also do not enjoy the “veteran advantage.” Over 43% of disabled veterans ages 55 to 64 are in poverty, a rate slightly higher than nonveterans. For those ages 65 and older, almost half are in poverty, similar to nonveterans.¹⁹ Of the 3,900 Harris County veterans who experienced poverty, approximately 40% had a disability.²⁰

Older veterans that become homeless are more likely to live on the street as opposed to in shelters and remain homeless longer. During a national count of people living on the street, it was found that there was a higher percentage of veterans over the age of 60 than would be expected based
on the size of the general older homeless population. By contrast, a national count of homeless individuals living in shelters found fewer older veterans than expected based on the size of the older homeless population. Veterans reported being homeless for 30% longer than nonveterans. Governments at the federal, state, and local level have made reducing veteran homelessness a priority, and over the past few years, the number of homeless veterans of all ages has decreased. Nationally, there has been a 33% drop in homeless veterans since 2009, and Texas has achieved a drop of more than 50% in the same time frame.

**Diversity among Older Veterans: Race, Gender and LGBT Status**

Among today’s adults ages 65 and older, 45% of non-Hispanic White, 32% of African American, 20% of Hispanic, and 7% of Asians men served in the military, but because of population size, nearly 70% of older veterans are non-Hispanic White. The next wave of aging veterans will bring greater diversity. Among those ages 55 to 64, 40% of veterans are people of color. While less than 3% of older veterans are female, they comprise almost 10% of those ages 55 to 64.

Among the Lesbian, Gay, Bisexual, and Transgender (LGBT) older adult population, there is a high rate of military service. While it is difficult to know the actual number of LGBT older adults who served in the Armed Forces because of military policies that prohibited their open service throughout the 20th Century, a national study found that 41% of transgender older adults, 41% of bisexual men, 34% of gay men, 7% of bisexual women, and 6% of lesbians served in the military at some point in their lives. Female, minority and special populations may have different needs as they age. For example, in the National Survey of Veterans, a higher percentage of older female veterans and veterans of color reported that they needed assistance with activities of daily living compared to non-Hispanic White men. Because of equipment designed for men, women have experienced higher rates of orthopedic issues. They also may have special needs related to experiencing sexual trauma as well as service-related gynecological and urinary tract issues that men typically have not faced. These issues will come to the forefront in Texas, which is home to the largest number of female veterans in the nation.

Veterans of color also may face a different set of issues than their non-Hispanic White counterparts. For example, they have higher rates of Post-traumatic stress disorder (PTSD). A study among Vietnam veterans found that African Americans had a 50% higher rate and Hispanics a 100% higher rate of PTSD diagnoses when compared to non-Hispanic veterans, the increases attributed to experiencing more war-related stressors and having a greater self-identification with the Vietnamese people. Following their service, veterans of color also have disproportionately high rates of poverty and homelessness. These issues may require additional support and services, and their effects may stretch into a veteran’s later years.

**Utilizing VA Benefits**

Half of all men and 11% of women who use Veterans Administration (VA) services are ages 65 and older. Health care and compensation or pension programs are the most commonly accessed benefits among veterans of all ages. Both male and female veterans from World War II and the Korean War were the most likely of any cohort to utilize VA services, even though they were not the largest groups. Men ages 65 to 74 had the highest utilization rate of any age and gender group.

Despite high utilization rates, many older veterans still may not know about VA services available to them. The 2010 National Study of Veterans found that for veterans who served from just before World War II through Vietnam, less than half of study participants in each service cohort felt that they generally knew about and understood services available to them. Not only are there information gaps, but veterans are not actively seeking information to fill those gaps. Only about one-third of older veterans who served during times of war reported looking for benefit information during the previous 12 months, and those who served during times of peace looked even less frequently.

**Transportation Barriers to Accessing Services**

Transportation accessibility plays a significant role in accessing VA benefits and services. While veterans can apply and request information online, via phone, by mail, or in person, the overwhelming majority of World War II veterans report that they do not feel comfortable using the Internet to find information about VA benefits. Furthermore, in a survey of veterans of all ages, nearly 16% stated that distance and transportation barriers kept them from accessing necessary services.
Unfortunately, there are few free or reduced cost resources that transport Harris County veterans to VA Medical Centers. There are limited circumstances in which the VA can provide transportation expenses, but many veterans cannot meet the specific qualifications.38

The Effect of Combat on Long-Term Psychological Health

Compared to older nonveterans, veterans are more likely to have major depression, generalized anxiety disorder and Post-Traumatic Stress Disorder (PTSD). While only a small number of people are affected by these conditions, older veterans are 44% more likely to have depression, 173% more likely to have general anxiety disorder and 250% more likely to suffer from PTSD.39

As World War II and Korean veterans aged, researchers documented the relationship between military service, especially in combat, and PTSD symptoms later in life. Studies from the late 1980s and early 1990s, as the World War II cohort hit old age, found that for as many as 24%, PTSD remained a chronic condition decades after they served.40 For others, PTSD symptoms diminished in mid-life but returned with old age, leaving individuals with service related nightmares, depression, anxiety, and hypersensitive startle reflex.41 Others reported having symptoms return decades later after experiencing a personal traumatic event.42

Having PTSD has been tied to other health issues, such as cardiovascular and autoimmune disease, and risky behaviors, such as heavy drinking, smoking, and drug use.43 More recently, older veterans with PTSD have been found to have a higher risk of developing dementia.44

For some who did not experience PTSD symptoms throughout their life, they may begin exhibiting PTSD-like symptoms in conjunction with significant age-related life events or changes such as retirement, losing a loved one, or facing mortality after a health scare.45 This phenomenon is called late onset stress symptomatology, or LOSS. Veterans experiencing LOSS have functioned successfully for years but then reconnect with their war memories, causing emotional or psychological distress. Many veterans who experience LOSS are able to process and cope with the returning memories. Those who do not may ultimately develop delayed PTSD.46

Veteran Status and Resilience

While some veterans developed psychological issues related to their service, for others, military service led to greater resilience. Resilience is the ability to psychologically adapt well after being exposed to a trauma or major life stressor. Nearly 70% of older veterans are psychologically resilient despite traumas they have experienced over their lifetime.47

Finding and maintaining resiliency was not easy. Many reported a bumpy path with periods of substance abuse and mental health treatment before reestablishing stronger psychological health. From those pitfalls, they developed coping skills and social supports, which allowed them to better handle traumatic events later in life.48

Factors that contributed to greater resiliency, even if someone experienced a high number of lifetime traumas, included having more education; positive views on his service; fewer health problems; a sense of purpose; greater emotional stability; and a support system.49 The veterans themselves provide insight into how their service affected their mental health. In a longitudinal study that followed World War II veterans, two-thirds of participants interviewed at midlife stated that having served in the military provided them with a better view of the world, and almost 60% said it taught them how to cope with difficult situations.50

Where are Harris County’s Older Veterans?

Older veterans live in almost every Harris County zip code, but, as of 2014, the largest concentrations occur in the county’s north and west areas. The map below contains 25 zip codes with the highest number of older veteran residents. All listed zip codes are home to 780 individuals or more. Of note: in 77024 and 77056, almost 80% of veteran residents are age 65 or older.51
Some zip codes, largely within Houston’s city limits, have smaller but older veteran populations. For example, 77019 is home to only 693 veterans, but more than two-thirds are ages 65 or older. The majority of zip codes where half to two-thirds of veteran residents are ages 65 and older are in Southwest Houston.

**Older Veterans’ Needs in Harris County**

In 2014, the 2-1-1 Texas/United Way HELPLINE had nearly 3,800 contacts with local older veterans seeking assistance. Nearly half of all the contacts focused on eight needs:

1. Electric utility assistance (20% of all contacts)
2. Food assistance, including food pantries, food banks, and SNAP benefits
3. Rental assistance
4. Case or care management
5. Medicaid assistance
6. Veteran benefit assistance
7. Adult Protective Services
8. Services provided by the Harris County Area Agency on Aging

More than 25% of the calls came from 10 Houston zip codes. Zip code 77033 had more calls than any other with nearly 30% of older veteran residents calling the 2-1-1 Texas/United Way HELPLINE.

**Conclusion**

As World War II, Korean War, and Vietnam veterans reach age 65, it is becoming clearer how benefits and policies have impacted the aging process. Positive aspects of military service, such as access to education benefits, which in turn led to higher lifetime pay, coupled with veteran benefits, have allowed older veterans to have a more comfortable life. However, not all veterans have shared this experience. Those who developed PTSD, had disabilities connected to service, or were from minority groups often did not fare as well. Having easy access to benefits can keep a veteran independent longer, yet with a significant portion of Harris County’s older veterans living in the far reaches of the county, barriers related to accessing information or transportation to services could make it harder for veterans to utilize the benefits they need.
THE OLDER LESBIAN, GAY, BISEXUAL AND TRANSGENDER (LGBT) COMMUNITY

SECTION HIGHLIGHTS:

• At what point in a person’s life he or she self-identified as LGBT has implications on aging
• Older LGBT adults have worse health outcomes than non-LGBT older adults
• There are strong families of choice and caregiving resources but people fear loneliness
The older lesbian, gay, bisexual and transgender (LGBT) community is an emerging focus in the field of aging. Until recently, it was widely believed that 10% of the U.S. population was LGBT. In 2012, the largest poll on LGBT status found that between 3.4% to 3.8% of the nation’s adult population self identifies as LGBT. Based on these percentages and similar findings in other studies, experts estimate that there are 1.5 million LGBT adults ages 65 and older, with the number projected to double by 2030. However, Gallup also found that when analyzing response by age, only 1.9% of those ages 65 and older self-identified. Based on these findings, there are an estimated 818,000 LGBT older adults nationwide.

The number of older LGBT adults is estimated to be between 818,000 and 1.5 million.

Many older LGBT adults are living healthy, productive, connected lives just like their non-LGBT counterparts and they face many of the same challenges common to all older adults. However, compared to their heterosexual counterparts, lesbian, gay and bisexual (LGB) older adults are 25% more likely to worry about their future as they age. Today’s older LGBT adults have been witness to or participants in considerable social change over their six or more decades, from being considered criminal to criminally unwell to having the U.S. Supreme Court recognize their right to marry. What follows explores how societal changes impacts LGBT aging as well as additional barriers and unique opportunities for growth related to a person’s sexual orientation or gender identity.

The Difference Between LGBT Identification in the General Population and Among Older Adults

When Gallup sought to measure the percentage of adults who self-identified as LGBT, adults ages 65 and older had the smallest identification rate of any age group. The disclosure rate was nearly 40% less than the next closest age group, 50 to 64 year olds, and more than three times smaller than the rate of disclosure for 18 to 29 year olds. Even though few self-identified as LGBT, the remaining individuals did not always identify as heterosexual. Adults ages 65 and over had the highest rate of stating that they did not know or refused to answer, with 6.5% choosing that option. That rate of refusal in that survey was between 50% and 200% higher than any other age group. While it was the largest survey of its kind, Gallup was not the only one to capture this pattern. Other studies have found significant differences between the rates of self-disclosure in working-age adults and those over age 65.

It is not likely that a smaller percentage of older adults are LGBT compared to younger groups but that they are less likely to self-identify. Nearly one in four older LGBT adults is afraid or unwilling to disclose his or her sexual orientation with others, perhaps for fear of reprisals, violence, or losing one’s support system. When they do choose to disclose, older adults are most likely to tell their best friend, children, or siblings. About two out of three older adults have disclosed their orientation to a supervisor or neighbor at some point in their life. Women are more willing to disclose their orientation than men, and Asians are least likely of any ethnic group to disclose their LGBT status.

The national trends also are reflected locally. In 2008, Harris County had its first and only survey to capture LGBT older adults’ needs and attitudes. In that survey, more than 20% could not say that their family knew of their sexual orientation.

Nearly 75% of older lesbians and gay men state that they currently are completely or mostly “out” as an LGBT person, but 84% of bisexual and 61% of transgender individuals remain mostly “closeted.” Even those who stated they were “out” recognized the need for caution. Nearly 70% stated that they still had to be guarded with someone in their life, with the most common people being neighbors (33%), coworkers (32%), supervisors or bosses (30%), acquaintances (30%), other family members (28%), and siblings and parents (20%).

For many older LGBT adults, throughout their lives, they have faced serious consequences if the wrong person knew or questioned their sexual orientation. Nearly one in four reported that someone threatened to “out” them to others as a form of intimidation. Many experienced employment discrimination, either not being hired or promoted or being fired because of their sexual orientation. In the Harris County survey, for example, while survey participants had
a higher rate of college degree attainment than that of the general population, they had lower incomes and higher poverty rates than the county as a whole. Others reported being victims of housing discrimination. Older LGBT people of color reported higher rates of discrimination than non-LGBT people of color.

Perhaps that is why nationally nearly 25% stated that they actively tried to suppress their sexual orientation at some point in their life, with men and people over the age of 80 reporting the highest levels of internalized feelings of homophobia. Some older adults have lived almost their entire lives in hiding.

The Intersection of Age and LGBT Status and Its Effect on Healthy Aging

Older LGBT adults are not a homogenous group; there are differences related to age cohort and how older LGBT adults have interacted with society. Several studies have divided older LGBT adults into two categories – those who grew up or accepted that they were gay before the Stonewall riots of 1969 (mostly the World War II generation and early baby boomers), and those whose formative years were after the riots (later baby boomers).

The pre-Stonewall group grew up in a culture that considered homosexuality to be a disease treatable by shock therapy or mutilation, a condition linked to other social ills such as Communism, and a social stigma. Consequently, this group considers the ability to pass as heterosexual to be the hallmark of being a “successful” gay person and often believes that a person’s sexual preference is private. They have no desire to share their sexual orientation with anyone outside of a closely defined group.

After the Stonewall riots, the LGBT community had a higher profile, and being gay started to become an identity even though it still remained classified as a mental illness. As a group, they pushed for equality and acceptance; this common experience changed how they saw themselves and their role in society. The post-Stonewall group redefined being “successfully” gay as being able to openly proclaim their status. Consequently, many in the post-Stonewall group became critical of those who wanted to keep their sexual orientation private (largely from the pre-Stonewall group). Being able to tell others became as much about rejecting social expectations as it was the ability to share personal details with others such as relationship status.

They saw being gay as an inherent part of who they were, not a piece of themselves that needed to be conformed to societal expectations.

The path a person took had a significant impact on his or her life. While those who concealed their sexual identity from all but their closest associates saw less instances of discrimination than those who were more open, being secretive about their identity meant that they developed smaller social support networks. Consequently, LGBT older adults in their 80s and beyond are at greater risk for social isolation as members of their network, mostly friends of similar age, move or pass away. Additionally, when they did experience discrimination, it had a stronger lifelong impact than similar instances did for people who were more open about their orientation.

When an Older Adult Self-Identifies as LGBT for the First Time

Some individuals self-identify as LGBT later in life. Often, the decision follows a significant life-changing event, such as a spouse’s death or retiring from the workforce, when the person feels the consequences related to family or employment will not be as great. For their family and friends, such revelation may come as a shock as it is not uncommon for that person to have spent almost their entire life espousing homophobic statements as a self-protection mechanism or having a heterosexual marriage with children.

Physical and Mental Health Disparities

Since 2001, the medical community has noted that there is not enough information about LGBT older adult medical needs, and in 2010, the U.S. Department of Health and Human Services listed the LGBT population as part of its health priorities. Research reveals that older LGBT adults have higher overall rates of poor health, higher instances of disability, distress and higher rates of drinking and smoking than non-LGBT peers. Transgender individuals fare even worse than their LGB counterparts on many of these factors.

Older LGBT adults have higher overall rates of poor health than non-LGBT peers.
HIV still plays a large role in the older gay community. In 2010, men who have sex with men, whether they consider themselves gay, bisexual, or another label, constituted 44% of the nation’s newly diagnosed HIV infections among people ages 55 and older. Two-thirds of the newly diagnosed were non-Hispanic White, with one-third African American and Hispanic. Newly diagnosed people ages 60 and older have a 73% one-year survival rate; that rate is substantially lower than other age groups because the affected individual often believes that some of his or her symptoms are part of the normal aging process and they are less likely to speak with their doctor about sexual activity. As a result, they are often diagnosed later in the disease’s progression when medical advancements are not as successful.34

Experiencing victimization or violence has a lasting impact on physical and mental health, and the older LGBT community, as a whole, has experienced both. More than 80% of LGBT older adults state that they have been victimized at least once in their lives, with 64% stating they were the victim of verbal or physical abuse at least three times in their lives.35 Of those who reported being victimized:

- Nearly 70% reported being the recipient of verbal attacks
- More than 40% said that they were verbally threatened with violence
- 11% reported being sexually assaulted at some point in their lives36

Both age and income were related to victimization – the older the person, the more likely he or she had been a victim, and those with lower income saw increased victimization as well.37

Perhaps because of the stress they have faced throughout their lives, LGBT older adults have higher rates of smoking and excessive drinking than non-LGBT older adults,38 with lesbians, in particular, smoking and drinking more than their heterosexual counterparts.39 Older Lesbians also tend to have higher rates of obesity, and the combination of these three elements elevates their risk of cardiovascular disease compared to non-LGBT women. Transgender individuals receiving long-term hormone therapy also face higher rates of certain diseases, such as diabetes, ovarian disease, and strokes and they are at greater risk for cardiac and pulmonary disease because of the exasperating effects hormone therapy has on aging.40

Stopping hormone therapy also impacts a transgender person’s physical and mental well-being. Until recently, transgender adults on Medicare could not receive long-term hormone therapy or sex reassignment surgery.41 Today, hormone therapy is covered under Medicare Part D, and sex reassignment surgeries also may be covered through Medicare on a case by case basis.42

Older LGBT adults are three to six times as likely as non-LGBT older adults to experience depression.43 In the Harris County survey, 61% of those who had reported seeing a therapist in the preceding 12 months sought help for depression.44 The following are associated with higher rates of depression in older LGBT adults:

- Not having a partner
- Facing recent threats of anti-gay violence
- Not openly identifying as LGBT
- Feeling alienated by the LGBT community45

LGBT older adults are three times as likely as the general population to have had suicidal thoughts at some point in their lives, with 71% of transgender individuals reporting that they considered taking their own lives. Almost 40% of those who said they considered suicide stated that their thoughts directly related to their sexual orientation or gender identity.46 In Harris County, 22% of those who saw a therapist in the previous year did so related to suicidal thoughts.47

“We don’t want to go back into the closet.”48
How LGBT Status Impacts Medical and Long-term Supports and Services

National studies indicate that many older LGBT adults distrust the medical system:

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>13%</td>
<td>Said that they had been denied care or received inferior services due to their sexuality</td>
</tr>
<tr>
<td>45%</td>
<td>Reported a lack of confidence in the medical professional treating them with respect and dignity as they neared the end of their life</td>
</tr>
<tr>
<td>20%+</td>
<td>Had not shared their sexual orientation with their primary care physician</td>
</tr>
<tr>
<td>70%</td>
<td>Of transgender individuals reported that they had been refused care, treated harshly or had the medical professional blame their condition on sexual orientation</td>
</tr>
</tbody>
</table>

Age and relationship status were related to how comfortable a person felt disclosing his or her sexual identity to a physician. Nearly 40% of respondents who were in their 60s or older or who were single stated that their primary care physician does not know sexual orientation.53

The Harris County study reflected similar trends with regard to disclosure:

- More than 30% of older LGBT study participants reported that they were not out with their primary care doctor
- Men were more likely to tell their doctor than women; nearly 40% of women had not shared their sexual orientation with their physician54

Privacy and lack of opportunity were the top reasons given by those who had not disclosed their orientation to their doctor. While there was reluctance to share this information with a doctor, the same was not true for mental health professionals; more than 80% of those with a therapist stated that their therapist knew their sexual orientation.55

Long-Term Care

Many older LGBT adults state that they are afraid that if they need long-term care services, they will face discrimination from providers and/or residents and, unless they suppress their sexual orientation, they will receive inferior care or be denied services that they need.56 They also worry that they will not be allowed to stay with their partner the way that a heterosexual spouse would. As a result of these fears, one in three older LGBT study participants stated they would hide their sexual orientation in a long-term care setting, if necessary.57 Their fears have some basis in fact.

LGBT older adults have reported a variety of negative experiences: staff and other residents’ hostile attitudes; facilities not allowing visits from members of their family of choice, especially if facility staff do not approve of the person; policies that forbid same-sex partners from rooming together; and facilities that ignored medical directives that gave decision-making authority to someone from their family of choice and, instead, turned to biological family members.58 In long-term care settings, LGBT residents may face:

- Environments where both staff and other residents assume that everyone in the facility is straight
- Verbal and physical abuse from both staff and residents
- Unequal treatment with regard to admissions or discharge policies59
- A staff person refusing to provide basic services, care or medical treatment60

Nearly 80% of LGBT older adults and nearly 85% of LGBT-friendly family members and professionals feel that an LGBT older adult could not be open with long-term care facility staff or other residents regarding their sexual orientation. They expressed fear at sharing a room with a stranger because, if the stranger learned of their sexual orientation, it could cause problems. LGBT older adults face isolation while in long-term care settings, and residents are afraid to share personal pictures and stories like other residents. Many participants spoke of a detente with staff where no one asked and no one told anything about sexual orientation. If someone did learn of their orientation, they feared the consequences. Eighty-nine percent of LGBT older adults who participated in a study feared repercussions from staff and 81% feared discrimination from other residents. More than 75% feared that other residents would work to isolate the LGBT resident.61

Families of Choice and Fictive Kin

“Family” may look a bit different for older members of the LGBT community. In regional surveys, older LGBT adults are four times less likely to have children and grandchildren than heterosexuals, and nearly three-fourths of gay men and almost half of lesbians over the age of 65 did not have
In the Harris County survey, less than one-third of participants had children. Regardless of how it may look, LGBT older adults have family. More than 75% report relying on their “chosen families,” also called fictive kin, for emotional or social support.

Similar to national studies, those in the Harris County survey stated that their fictive kin played a significant role in their lives. Nearly 60% of respondents defined “family” as a combination of biological family members and friends, and more than 20% stated that their families of choice were their only family. As one Community Conversations participant said:

“We’ve had to create our own community. The LGBT community is individually a part of the city, but we have different things that we need and we’ve had to take care of that in our own community.”

Families of choice play a special role in caregiving. Nationally, family caregivers provide 85% of their time to a relative. In the older LGBT community, caregivers report that they provide a higher share, about 30%, of caregiving efforts to people who are not related to them by blood or marriage.

While women are caregivers in the general population 60% of the time, in the LGBT population, men are almost as likely as women to provide care to another person. The responsibility to care for one another is taken seriously; nearly 80% of older LGBT adults expect to provide care to another person, with 20% stating that the person they will care for will be a friend as opposed to a partner or spouse.

In Harris County, slightly more than half of those surveyed felt that they had someone who would care for them if they became unable to care for themselves, and almost 60% of survey respondents stated that their friends would care for them in their time of need.

Aging in Place Challenges for LGBT Older Adults

Like their non-LGBT counterparts, most LGBT older adults wish to age in place, but having the financial resources to do so is a large barrier for the LGBT community. Studies from around the country reveal that as many as 35% of older clients served by LGBT organizations exist on $10,000 or less per year. Male couples where at least one person is age 65 or older had slightly higher poverty rates than heterosexual couples, but female couples were twice as likely to be in poverty compared to heterosexual couples.

Furthermore, older LGBT adults may be at greater risk for abuse and neglect, including self-neglect, which makes it more difficult to age in place. For many LGBT victims of elder abuse, they believe that if they report the crime to the authorities, either they will have to disclose their orientation or that it will come out in the investigation. This possibility is abhorrent to many in the LGBT community.

Isolation and the Older LGBT Population

With all of the challenges older LGBT adults have faced throughout their lives, in their later years, they face a higher risk of isolation than non-LGBT adults. The limited research that exists suggests that as many as 75% of LGBT older adults live by themselves. In the Harris County survey, almost 60% reported living alone. Living alone is not the same as isolation, but the prevalence of potential isolation is much higher for LGBT older adults.

Older lesbian and bisexual women, compared to women, in general, are 33% more likely to face isolation, and for gay and bisexual men, their odds increase nearly 200% compared to the general male population.

- Almost one-third of those polled in a regional study stated they did not have someone in their life who loved them or cared for them
- Nearly 60% felt they did not have companionship, and more than half said they felt isolated
- Men were more likely to report loneliness than women, and those over age 64 were more likely to report these feelings than their younger counterparts

In the Harris County survey, loneliness was a prevalent theme among LGBT older adults:

- Less than 50% were in relationships and were not sure who they could turn to if they became sick
- Nearly 10% reported that they already felt lonely
- Nearly 40% currently feared being alone as they aged, and nearly 60% listed it as a future concern
**Services and Resilience**

Both nationally and locally, older LGBT adults have concerns about others not accepting them for who they are, and they want programs and services that, in their view, allow them to participate without fear of discrimination.\textsuperscript{79} Nationally, the top five areas for service improvement identified by LGBT older adults include:

- LGBT-friendly senior housing
- Transportation services
- Social events
- Support groups
- Legal services\textsuperscript{80}

Nearly half also recognized the importance of improving services related to long-term care and independence, including LGBT-friendly assisted living and in-home care services.\textsuperscript{81}

Locally, LGBT older adults stressed the importance of having gay-friendly services, including housing and medical providers. They also strongly recommended developing organized social activities and activities specific to the LGBT population to promote brain health.\textsuperscript{82}

While LGBT older adults face considerable challenges, evidence suggests that struggles throughout their lives may provide them with stronger adaptability, resilience, and peer networks that allow them to face the challenges of aging better than non-LGBT adults.\textsuperscript{83}

**Conclusion**

Older LGBT adults have been witnesses to as well as catalysts for social change. Like most other older adults, they want to age in place and with dignity, but there are additional challenges they may need to overcome to be able to do so – from the economic impact of prejudice and the distrust of social and medical systems to the fear of discrimination and isolation in their later years.

The LGBT community, both nationally and locally, has turned inward and found strength in their hurdles, forming families of choice and providing care for one another. As they have blazed trails throughout the last 50 years, so too will they continue to redefine aging for their community.
THE FUTURE

SECTION HIGHLIGHTS:

• New technologies, especially in the home, will change how we age and interact with medical systems

• More direct care workers will be needed and more multigenerational families will be formed to handle financial expenses of aging in place

• Harris County’s older adults value safety, purpose in life and access to services
The Census Bureau predicts that there will be 83 million adults ages 65 and older by the year 2050, nearly 18 million of whom will be at least age 85.\(^1\) This will lead to new trends in health care, housing, technology, finances, and other industries and facets of life, including many that will impact the broader community. These changes will underscore the importance of asking older adults what they want as well as what they need.

**Health Care**

There are a number of trends in health care that are already being influenced by older adults. One is a focus on healthy aging or wellness. The Healthy People 2020 initiative has four primary goals:

- Attain high-quality, longer lives free of disease, disability, injury and premature death
- Achieve health equity, eliminate disparities and improve the health of all groups
- Create social and physical environments that promote good health for all
- Promote quality of life, healthy development and healthy behaviors across all life stages\(^2\)

These goals are for people of all ages, and they are especially important at older ages.

A second trend is the switch from treatment to prevention and how and where services are delivered. There is an increase in clinical preventative services aimed at adults ages 65 and older: vaccines, early detection screenings and counseling services for a variety of chronic medical conditions from diabetes and osteoporosis to behavior modifications targeting alcohol misuse and smoking cessation. New technology allows much of this to occur in the living environment through cameras, diagnostic phone applications and sensors monitoring everything from movement and personal hygiene to appliance and bed usage. Information from these devices is uploaded into a computer and any problems or irregularities is flagged for a family or professional to use. Special medication reminders and GPS trackers on smart phones and other devices also will change how people age.

Third, clinical and community services will continue to be integrated. The Affordable Care Act has incentivized health care systems to seek community partnerships to reduce unnecessary hospital readmissions, and the Centers for Medicare and Medicaid Service Accountable Health Communities is testing models to reduce costs and health needs by focusing on beneficiaries’ health-related social needs. Projects have been developed and are taking place now in Houston and Harris County. Typically under this model, health providers partner with community services that can assist individuals after discharge or provide aftercare, themselves. Community partners provide assistance with social needs, including housing, food, and transportation in order to reduce the older adult’s likelihood of unnecessary health service reutilization. These types of partnerships only will become more prevalent as the population grows and economic and public pressure to hold down costs grows as well.

**Demographics**

Changing older adult demographics will alter the nature of service provision. By 2050, non-Hispanic Whites ages 65 and older will decrease from 86% (2012) to 73% (2050). On the other hand, the percentage of older African Americans will increase from 9% to 11%; the older Asian population will grow from 4% to 5%; and the percentage of Hispanic older adults will increase from 7% to 18%.\(^3\) With this shift, service providers and caregivers will need to be culturally competent, not just in terms of language, but in terms of understanding the social and cultural attitudes, beliefs, and wants of older adults from diverse backgrounds.

**Finances**

Saving for longer retirement and lifespan will be a challenge for many Americans. Nearly 60% of American adults do not feel like they are on track for retirement.\(^4\) In addition, 26% of Americans between ages 50 and 64 have not yet begun saving for retirement.\(^5\) As Americans are living longer, but with higher expenses from health and other challenges, finances will continue to be a major issue for both older adults and their families and caregivers.

This, combined with a strong preference for aging in place, likely will lead to significant growth in both the Direct Care workforce and multigenerational families. Direct Care Workers are projected to grow from 3.5 million in 2012 to 4.8 million by 2022, becoming the second largest
occupational group in the country. There also is a projected shortage in eligible workers as today’s workforce ages and there are not enough new people to take their place and meet growing demand.\(^6\) To deal with financial pressures, more multigenerational families will form, and there will be an increase in home modifications such as in-law apartments to preserve dignity and privacy.\(^7\)

**What Older Adults Want for Their Future**

Out of the Community Conversations previously described, three critical themes stood out. Older adults said they wanted safety, access and purpose for their present and their future.

**Safety:** Safety encompassed elements both inside and outside the home. Older adults want the freedom to get out and live life without the concern of being in public places. They also want to be safer in their homes, finding ways to remove fall hazards and better manage medication risks, among others. Participants also said that, for themselves and other older adults, welfare checks – checking in every day or every week – is absolutely essential. Finally, many want to reduce the risks related to fraud and financial abuse.

**Access:** Participants felt that they did not have adequate access to services. Access to reliable and affordable transportation is one of the most frequently mentioned challenges. This included both support in utilizing current public transportation options and developing more transportation alternatives. Access to safe and affordable housing also is another frequently cited issue, including affordable housing programs that do not exceed the recommended 30% cap for housing expenses and programs that provide assistance with home repairs. Access to information about available services is one of the most compelling issues, both for older adults who are currently active in their community and for those who are not. Participants want a better, stronger community not only for themselves but for everyone – they want a community that cares for people throughout the entire lifespan, with services and supports available for everyone who needs them.

**Purpose:** The third theme centered on having a purpose – a reason to “get up and get out the door” every day. Older adults said they want a meaningful role, enrichment, continued learning and the opportunity to contribute to society. They want to have options and the ability to make the right choices for themselves. Having a purpose gives meaning and joy to life. It supports the idea of having programs for different types of older adults – not just programs for “needs,” but programs for “wants” and aspirations as well.
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The Older Lesbian, Gay, Bisexual, and Transgender (LGBT) Community


8. Most studies that include transgender individuals either do not separate them out from other LGB categories or do not ascertain whether the transgender individuals consider themselves heterosexual or gay. Therefore, when making comparisons to the gay population, LGB will be used.


10. Obergefell v. Hodges, 576 U.S. ___ (2015). In June 2015, the United States Supreme Court struck down state laws that did not allow gay couples to marry. While some of these barriers described in this section may begin to diminish, they are likely to continue persisting for several years.


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The Future


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