



**State of our State  
on Aging  
2005**

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### **Aging Texas Well**

means that Texans prepare for aging in all aspects of life and that state and local social infrastructure facilitates aging well throughout the lifespan.

## *Purpose and overview*

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*Aging Texas Well: State of Our State on Aging* is a comprehensive resource document that addresses aging issues in Texas for state and local policy-makers, aging advocates and citizens. As the State Unit on Aging under the Older Americans Act, the Texas Department of Aging and Disability Services (DADS) is charged to serve as a resource on aging issues. Section 101.022 of the Human Resources Code specifically charges DADS with conducting research on a variety of aging-related topics. The *Aging Texas Well: State of Our State on Aging* report is prepared biennially to fulfill these mandates.

This report provides a high-level summary of issues in 14 areas that affect the well being of older Texans. These 14 areas include six individual aspects of life and eight areas of social infrastructure necessary to support individual well being as defined on the following page.

This report is a summary of a more in-depth version that will contain a specific chapter on each of the 14 areas; the longer version is being prepared for publication later this year. This report draws from a variety of sources, including the latest research, policy analysis and key informant input on aging issues. The DADS Aging Texas Well Advisory Committee – a group of experts on aging – provided overall direction and served as a critical resource for the report. The report uses data from a survey of older Texans – the Aging Texas Well Indicator Survey – in the spring of 2004. The objectives of this survey were to assess the status of older Texans with respect to Aging Texas Well life areas, perceptions of aging and preparedness for future, and awareness of community resources available to assist in preparedness. The data will be a resource for state and local policy-makers, aging advocates and citizens.

The issues addressed in this report have gained new importance with the issuance of Executive Order RP 42 by Texas Gov. Rick Perry. The Executive Order formalizes the Aging Texas Well Initiative and asks DADS to identify and discuss aging policy issues, guide state government readiness, and promote increased community preparedness for the aging population.

## *Aging Texas Well areas of focus*

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### **Individual preparedness in the following aspects of life**

- ◆ **Physical:** Achieving and maintaining the best possible physical health.
- ◆ **Mental:** Achieving and maintaining the best possible mental health.
- ◆ **Social:** Meeting the need for interaction between individuals, family and community.
- ◆ **Spiritual:** Having a personal belief system that provides meaning and purpose.
- ◆ **Financial:** Achieving and maintaining an adequate income by managing monetary resources.
- ◆ **Legal:** Planning and managing personal and family life through preparation for major life decisions.

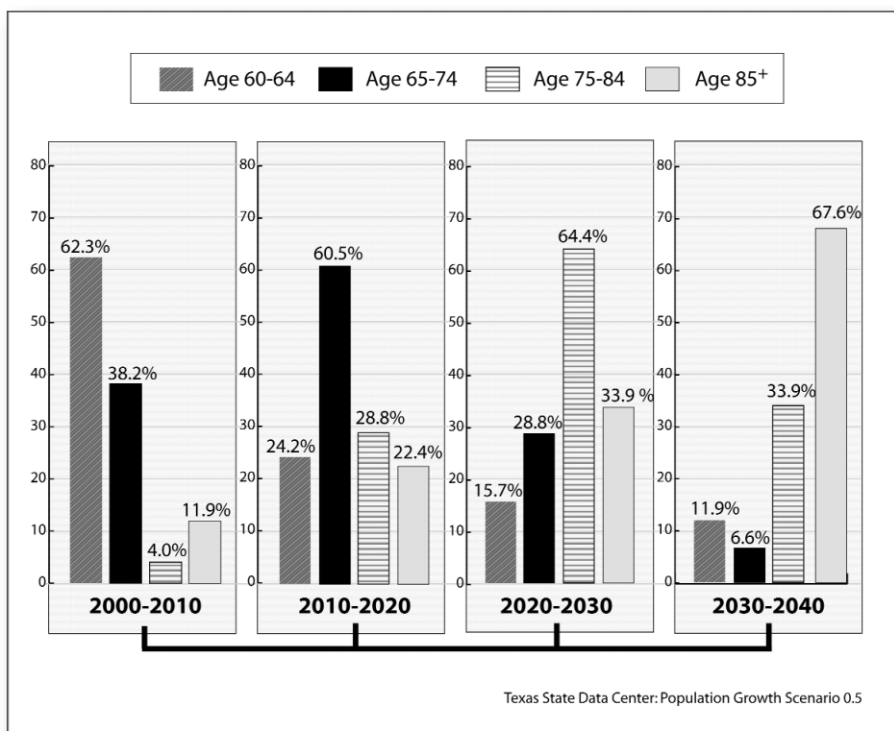
### **Social infrastructure: laws, policies and services that create opportunities for**

- ◆ **Employment:** Workforce participation without age-based biases or barriers.
- ◆ **Education:** Intellectual growth and life-long learning.
- ◆ **Volunteerism:** Meaningful unpaid service within a wide range of civic and educational settings.
- ◆ **Recreation:** Activities of personal interest that provide enrichment and enjoyment.
- ◆ **Housing:** Personal residences that are affordable, accessible and integrated.
- ◆ **Community supports:** Services and assistance that allow for independent living.
- ◆ **Transportation:** Safe, affordable and accessible movement in communities.
- ◆ **Health and long-term care:** Access to preventive, acute and chronic care services.
- ◆ **Caregiving:** Support for family members and others providing voluntary care and assistance.
- ◆ **Protections:** Personal safety and freedom from abuse, neglect and exploitation.

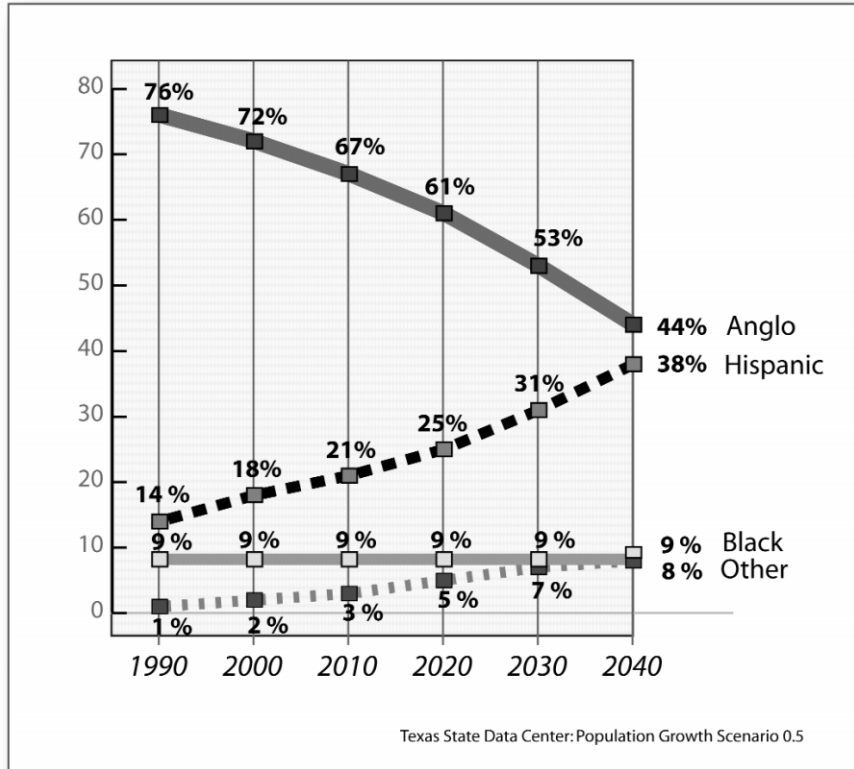
## Demographics

The aging of the population is one of the most important demographic trends affecting Texas. Texas has the fourth-largest population of older adults (3.1 million over age 60). As the following charts show, this population is growing rapidly and becoming increasingly diverse. Rural areas of Texas have extremely high proportions of older adults. Between 2000 and 2010 the 85-plus population will grow by 23 percent and the 60-plus population by almost 30 percent. By 2040, older adults will compose almost one-quarter of the Texas population. Minority populations are growing faster than the Anglo population.

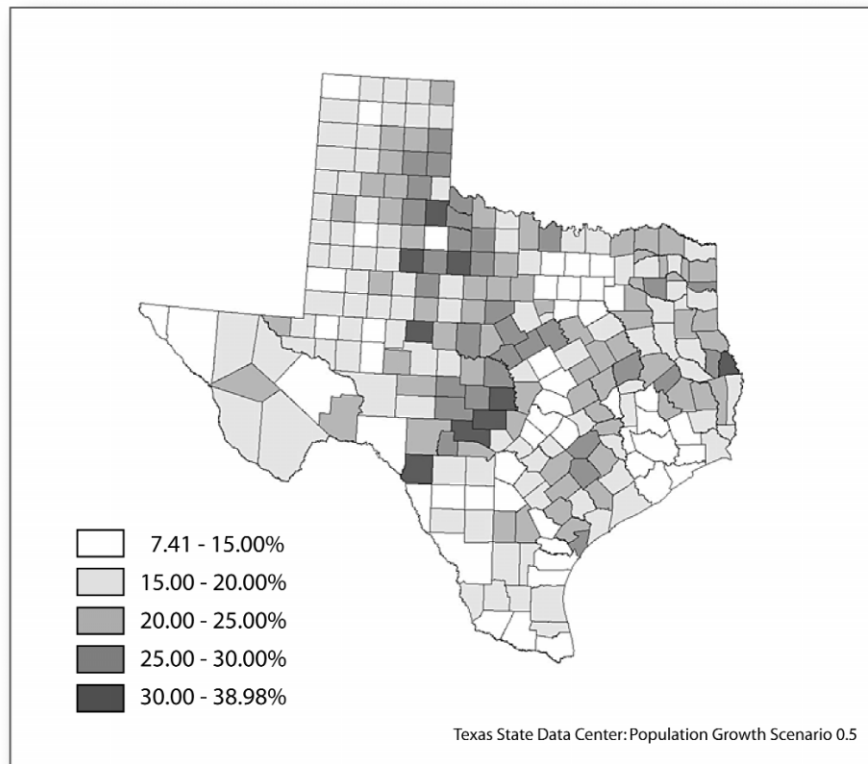
### 60-Plus Population Percent Growth by Age Group and Decade, 2000 - 2040



## Changing Diversity of Older Texans, 1990 to 2040



## Percent Distribution of 60-Plus Population by County



## *Physical health*

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Life expectancy increased substantially during the 20th century. Texans who reach the age of 60 have an excellent chance of living to 80 or beyond.<sup>1</sup> Assuring that the added years are meaningful and productive often depends on health status. The prevention, detection and management of chronic health conditions associated with age (e.g., heart disease, diabetes, and arthritis) is critical. The Aging Texas Well Indicator Survey found that poor physical health kept 29 percent of older Texans from performing their daily activities, work or recreation for one day or more in the past month. Twelve percent reported difficulty performing one or more activity of daily living (e.g., driving, walking, bathing, eating, dressing, getting around inside home) due to a chronic condition.

In national surveys, almost 20 percent of all adults report having two or more chronic conditions; the proportion — 52 percent — is significantly higher among those age 65 and older.<sup>2</sup> Adults with multiple conditions are more likely to report spending more time in bed sick, missing work, and generally accomplishing less than they would like.

Health disparities — that is, differences in the prevalence, incidence or burden of disease — in minority populations reduce the state’s ability to age well. When asked to rate their physical health, 45 percent of minority populations in the Aging Texas Well Indicator Survey rated their health as poor, compared to only 24 percent of whites. The Health Disparities Task Force of the Texas Department of Health (now the Texas Department of State Health Services) has recommended strategies to improve cultural competency among providers in Texas and needed steps to improve health literacy among minority patients.<sup>3</sup>

Healthy lifestyle behaviors are critical components of a healthy aging. These behaviors include smoking cessation, maintaining a healthy weight, physical activity, proper nutrition, immunizations and appropriate screening practices. Growing evidence demonstrates that healthy lifestyles not only prevent disease in later life, but also reduce symptoms and prevent (or reverse) further decline and disability. In the Aging Texas Well Indicator Survey, 25 percent of older adults meet the classification of obesity (body mass index 30 or greater), and only 7 percent report eating the recommended five fruits and vegetables each day. Nutrition interventions (e.g., general information, professional nutrition therapy) can improve nutrition and reduce adverse health outcomes.

1. National Center for Vital Statistics Reports, United States Life Tables, 2002, Volume 53, Number 6, November 10, 2004.

2. Center on an Aging Society (2003) Data Profile: Multiple Chronic Conditions: A Challenge for the 21st Century. (Washington, DC: Georgetown University).

3. Texas Department of Health (2003). Health Disparities Task Force Executive Summary for the 78th Legislature, (Austin, TX: Texas Department of Health Office of Minority Health)



Texas has responded through initiatives such as Texercise — a statewide intergenerational fitness campaign to educate and involve older Texans and their families in physical activity and proper nutrition throughout the lifespan ([www.texercise.org](http://www.texercise.org)) – and establishment of the Governor’s Advisory Committee on Physical Fitness.

Older adults make up 13 percent of the population, but use almost 36 percent of all prescribed drugs. Polypharmacy is a particular concern for chronically ill patients who take multiple medications prescribed by multiple healthcare providers. The result can be overdoses or adverse interactions. Approximately 87 percent of older adults take at least one prescription drug a day, along with multiple over-the-counter medications.<sup>4</sup>

Medication mismanagement occurs as a result of failure to take medications on time in the correct dose<sup>5</sup> and can exacerbate illness and adverse events. Older adults are especially vulnerable to hospitalization or other serious adverse events (e.g., falls, depression and delirium) related to medication misuse.

4. J.F., Moeller, N.A. Mathiowetz, “Prescribed Medications: A Summary of Use and Expenditures for Medicare Beneficiaries”. Rockville, MD., Department of Health and Human Services, Publication PHC 89-3448, (1989).

5. American Society on Aging. Optimal Medication Use: Wise Choices for Healthy Aging. Live Well, Live Long: Steps to a Better Health ([www.asaging.org/cdc](http://www.asaging.org/cdc) Accessed April, 2004)

## *Mental health*

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According to the Aging Texas Well Indicator Survey, approximately 91 percent of older Texans rate their mental health as excellent or good. While mental health is often negatively defined as “absence of illness or impairment,” it encompasses a positive state of productive activities, fulfilling relationships with other people, and the ability to adapt to change and cope in the face of adversity. Mental health throughout life is the foundation of thinking and communication skills, learning, emotional growth, resilience and self-esteem.

While the majority of older Texans enjoy good mental health, national research indicates an estimated 22 percent of older adults experience mental disorders that are not a part of normal aging.<sup>6</sup> The highest rates — 50 percent or more — are found among older adults in institutional settings. The most common mental-health problems among the aged population are panic or anxiety disorders such as phobias and obsessive-compulsive disorder; severe cognitive impairment including disease and other related dementias; and mood disorders such as depression. In the Aging Texas Well Indicator Survey, 18 percent reported receiving a diagnosis of depression and 8 percent reported a diagnosis of anxiety disorder. Approximately 8 percent of older Texans report that they were sometimes or frequently unable to perform normal daily duties due to feeling depressed, overwhelmed, or emotionally unable to function.

People over 65 have higher suicide rates than any other age group, and suicide has been linked to depression in 50 percent of cases. In Texas, a Suicide Prevention Community Network comprising partners statewide has created a suicide-prevention plan. Members have developed new services, and secured grant money for expanding services. The Bexar County Area Agency on Aging, in collaboration with the Alamo Area Council of Governments, has implemented the Applied Suicide Intervention Skills Training model to help identify older adults at risk for suicide and intervene to prevent an adverse event.

National research estimates that the rate of abuse of alcohol and legal drugs among older adults is 17 percent. Between 1995 and 1999, admissions to drug treatment centers increased 25 percent for men and 43 percent for women age 55 and older. Researchers often cite challenges in detecting substance abuse among older adults, differentiating between age-related changes and symptoms of abuse. The most common drug dependency problems among older adults are the result of misuse of prescription medications when multiple medications, complicated regimens, and insufficient education lead to mistakes and abuse.

6. Oscar L. Lopez, MD; William J. Jagust; Steven T. DeKosky, MD; James T. Becker, PhD; Annette Fitzpatrick, PhD; Corinne Dulberg, PhD; John Breitner, MD; Constantine Lyketsos, MD; Beverly Jones, MD; Claudia Kawas, MD; Michelle Carlson, PhD; Lewis H. Kuller, MD “Prevalence and Classification of Mild Cognitive Impairment in the Cardiovascular Health Study Cognition Study” [Archives of Neurology](#) (Vol. 60, No. 10, pp. 1385-1389 and 1394-1399).

Social stigmas remain the primary barrier to obtaining mental health treatment. Many older adults do not identify their problems as mental health concerns and seek medical attention for a physical problem. It is estimated that 70 percent of all primary care visits are driven by psychological factors. In fact, many older adults who commit suicide have visited a primary care physician in the weeks before the act — 20 percent on the same day, 40 percent within a week, and 70 percent within a month.<sup>7</sup> Thus, primary care physicians are often considered the gatekeepers for mental health services for the estimated 85 percent of older people who visit their offices at least once a year. Mental health services often have less insurance coverage and higher out of pocket costs. This leads many older adults to rely more heavily on primary care providers for their mental health care needs.

7. National Institute of Mental Health. Older Adults: Depression and Suicide Facts. <http://nimh.nih.gov/publicat/elderlydepsuicide.pdf> (Accessed August 7, 2001)

8. Department of State Health Services, Texas Strategic Health Partnership. The Declaration of Health: 12 Public Health Improvement Goals (November, 2002).

One objective of the President's New Freedom Commission on Mental Health is to increase the understanding that good mental health is essential to overall health. In Texas, the State Strategic Health Partnership, created by the Texas Department of Health (now the Texas Department of State Health Services) in 2002, identified 12 public health improvement goals that included "Recognize mental health as a public health issue and promote mental health and increased community and social connections in order to improve prevention, early detection, and treatment for mental disorders."<sup>8</sup> Members of the partnership workgroup for mental health, mental illness, and substance abuse are identifying strategies for health improvement across public, private, state, local, national, academic, volunteer and service provider organizations. The Texas Mental Health and Aging Coalition (TxMHAC) is a diverse group of state agencies, public and private organizations and individuals formed in 1996 to provide opportunities for professional, consumer, and government organizations to improve the availability and quality of mental health preventive and treatment strategies through education, research and increased public awareness.

In 2001, the Texas Department of Mental Health and Mental Retardation (now the Texas Department of State Health Services) was awarded a three-year grant to fund activities related to promoting community-based care. Recovery from mental illness depends not only on access to treatment, but also on community supports for the individual and family. Shifting to a system of consumer-driven care focused on self-monitoring and accountability will likely require greater dependence on community-based services.

## *Spirituality*

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A key component of psychological and emotional well being is spiritual wellness. Spirituality offers a belief system that integrates all aspects of personhood such as compassion, respect for life and existence, and relationships with the self, others, and the community.<sup>9</sup> It serves as a personal pursuit for understanding the meaning of life, regardless of religious affiliation, that questions a person's existence, purpose, and their belief in a higher power.<sup>10</sup> Spirituality facilitates successful aging by providing a social support system, belief system for coping with adverse circumstances, and a meaning in life. According to the Aging Texas Well Indicator Survey, 82 percent of older Texans reported that having a rich spiritual life was very important, and 78 percent indicated that they participate in spiritual activities daily or weekly.

Until recent years, religion was largely ignored by social scientists in gerontology. However, the link between spiritual health and successful aging is increasingly recognized and the basis of research. Two links are important. The first is the link between spirituality and health. More than 850 studies have examined the relationship between religious involvement and health. These studies have shown that people who engage in spiritual activities go to the doctor less often, use fewer healthcare dollars, are able to better manage stress, have stronger immune systems, recover faster from surgery, or live longer. Treating the whole person includes addressing religion and spiritual well-being, particularly for those who face chronic illness, suffering and loss.

The second link is the connection between benefits of membership in a religious institution and having access to social supports essential to well being. Churches and religious institutions are beginning to embrace the concepts behind successful aging so they can better serve an aging membership. Religious denominations and spiritually oriented organizations represent sources of health promotion and prevention opportunities. In many communities and for many families, they provide the social support network that is essential for independent living. Faith-based organizations play a critical role in the Aging Texas Well initiative. DADS conducts outreach and education efforts to ministerial alliances in various parts of the state and with denominational headquarters including the United Methodist, Presbyterian, Baptist, Episcopalian and Jewish.

9. Ibid.

10. Zalman Schachter-Shalomi and Ronald S. Miller, *From Ageing to Sageing: A Profound New Vision of Growing Older* (New York, NY: Warner Books, 1995).

## *Social engagement*

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The need for socialization and social contact is important for people of all ages and is critical to successful aging. Socialization and interaction includes but is not limited to pursuit of employment, volunteering, life-long learning, or other activities that keep older adults involved with friends, family and in their communities. Older adults who engage in social activities are more likely to remain mentally and physically stimulated, thereby maintaining better overall health and quality of life. Research suggests that daily contact with a family member or friend may make the difference between living independently in the community and institutionalization.

In the Aging Texas Well Indicator Survey, 89 percent of older Texans identified “having close relationships with families and friends” as very important. The survey also found that that 8 percent of older Texans indicated loneliness was a problem for them. Although many older adults remain socially active and maintain strong relationships with family, friends and neighbors throughout their lives, there are sub-groups of older adults who may be at high risk for social isolation. Due to the growing diversity of older Texans, it is important to understand cultural differences related to isolation and loneliness.

There are numerous areas of life that provide opportunities for older adults to remain socially active and engaged in the community — in either formal or informal settings. For individuals without natural social supports or who do not seek social engagement, community-based support programs and intervention may be necessary to reduce isolation. Programs such as telephone reassurance (calling older Texans on a periodic basis) and visiting services that are administered by area agencies on aging provide regular contact and companionship to older adults.

Access to computers and the Internet are important for older adults. While the rates of computer and Internet use among the aging population continue to increase, older adults have lower rates of computer and on-line access compared to younger population groups.<sup>11</sup> Computer usage among sub-groups of older adults remains low; those with low income and low education levels are less likely to use computers.

While senior centers provide a range of services to older adults, less than 10 percent of the older population nationally attends a senior center. To increase participation, senior centers are redefining their image and adapting to the changing and more active lifestyles of older persons.

11. Pew Internet & American Life Project, May-June 2004 Tracking Survey. Demographics of Internet Users. [www.pewinternet.org/trends/DemographicsofInternetUsers.htm](http://www.pewinternet.org/trends/DemographicsofInternetUsers.htm) (Accessed October 7, 2004).

## *Financial preparedness*

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The economic well being of older adults has improved over the past century. Various income sources – Social Security, pension plans, personal savings, employment earnings – affect the older person’s future economic security. Access to housing equity and tax benefits can also help some older adults maintain financial independence. Despite various income sources and special programs and policies, pockets of poverty and income disparities remain.

High poverty rates persist among some groups of older adults.<sup>12</sup> In Texas, 12.7 percent of people 65 and older live below the poverty level.<sup>13</sup> Income disparities between older minorities and older Anglos continue to exist. Poverty rates among African-American and Hispanic elders are 2.5 times greater than those among Anglos.<sup>14</sup> Gender and age compound the disparity. The poverty rate of African-American women age 75 and above is 10 times that of Anglo men between the ages of 65 and 74.<sup>15</sup>

Economic security in later years is determined by several factors, including wages, work history, marital status, family responsibilities, pension coverage, financial literacy, discrimination, health insurance, home equity and access to savings and investments. Many public and private sources contribute to the incomes of older adults. The major sources of retirement income are Social Security, income from saved assets, employer-provided pensions, and employment earnings.<sup>16</sup>

Social Security provides some income to nearly all older adults over age 65, and is the largest source of income for most.<sup>17</sup> The Aging Texas Well Indicator Survey found that 69.8 percent of Texans age 60 and older receive retirement income from Social Security. Furthermore, 43.8 percent of respondents said that Social Security retirement is their largest source of income. The Social Security Disability Insurance (SSDI) program and the Supplemental Security Income (SSI) program also provide benefits to eligible individuals. The Aging Texas Well Indicator Survey found that 12.6 percent of Texans age 60 and older receive SSDI payments and 8.2 percent receive SSI payments.

Older adults may also receive income from other governmental sources. The Aging Texas Well Indicator Survey found that 10 percent of Texans age 60 and older receive veterans’ benefits and 12.9 percent receive income from other sources, including rental income, worker’s compensation and unemployment insurance. The Aging Texas Well Indicator Survey found that 0.7 percent of Texans age 60 and older receive cash assistance through the Temporary Assistance to Needy Families (TANF) program (formerly Aid to Families with Dependent Children) program, and 6.8 percent receive food stamps.

Employer-provided pension plans provide a voluntary mechanism for workers to save for retirement. The Aging Texas Well Indicator Survey

12. General Accounting Office, Social Security: Program’s Role in Helping Ensure Income Adequacy, 14.

13. Department of Commerce, Economics and Statistics Administration, Census Bureau, Data Set: Census 2000 Summary File 3, P89 and P8 (U.S. Department of Commerce, Economics and Statistics Administration, Census Bureau, 2000).

14. Robert B. Hudson, “Getting Ready and Getting Credit: Populations of Color and Retirement Security,” Public Policy and Aging Report (Spring 2002): 1.

15. Ibid.

16. General Accounting Office, Retirement Income: Implications of Demographic Trends for Social Security and Pension Reform (Washington, D.C.: U.S. General Accounting Office, 1997), 2.

17. General Accounting Office, Social Security: Program’s Role in Helping Ensure Income Adequacy (Washington, D.C.: U.S. General Accounting Office, 2001), 21.

found that 40.2 percent of Texans age 60 and older receive income from employer pensions. Unfortunately, many retirees do not receive pension income.<sup>18</sup> These people tend to have lower incomes. Specifically, about 21 percent of retired people without pensions had incomes below the federal poverty level, while only 3 percent with pension income fell below the federal poverty level.<sup>19</sup>

Most workers lack pension coverage because their employers simply do not sponsor a plan.<sup>20</sup> Some firms choose not to sponsor pension plans because of the costs associated with funding and administering a plan.<sup>21</sup> These costs are especially hard on small businesses, which are less likely than medium and large employers to sponsor pension plans. Other employees lack coverage because they are ineligible for their employer's plan due to age, service requirements or job classification.<sup>22</sup> Finally, some employees choose not to participate in an available plan.

Personal savings outside pension arrangements can contribute substantially to retirement income. The Aging Texas Well Indicator Survey found that 54.2 percent of Texans age 60 and older receive income from personal savings, such as IRAs, 401(k) plans, certificates of deposit, money market accounts, stocks, and bonds. The rate of personal saving, however, is at a historic low.<sup>23</sup> Many households do not save in any systematic way, and personal saving rates have declined by nearly half since 1970.<sup>24</sup> The Aging Texas Well Indicator Survey found that only 32.6 percent of Texans age 60 and older have ever discussed their financial planning needs with a financial advisor. However, 61 percent would know where to go if they needed assistance with financial planning.

To fulfill their potential as retirement income sources, pension assets and savings must be preserved and carefully managed. Borrowing from pension funds, taking pensions as lump sums and poor investment choices can all undermine the value of retirement savings.

Government efforts to encourage more personal retirement saving seem to have had only marginal effects. Preferential tax treatment for IRAs and 401(k) accounts seems to encourage saving in these vehicles, but they may not represent new saving. Low-income families may find it especially difficult to save, and most public assistance programs penalize private saving by requiring low levels of financial assets in order to qualify.<sup>25</sup>

A significant number of older adults rely on employment earnings to supplement other sources of income. The Aging Texas Well Indicator Survey found that 24.4 percent of Texans age 60 and older receive employment earnings. Home equity is increasingly touted as a useful asset; however, less than 1 percent of qualified homeowners have a reverse mortgage.<sup>26</sup> Older Texans can also avail themselves of tax benefits, including federal income tax relief and property tax exemptions. Some Texas communities have special homestead exemptions that ease the burden of property taxes.

Some older Texans may need help managing their income. The Aging

18. General Accounting Office, Private Pensions: Improving Worker Coverage and Benefits (Washington, D.C.: U.S. General Accounting Office, 2002), 1.

19. General Accounting Office, Pension Plans: Characteristics of Persons in the Labor Force Without Pension Coverage, 5.

20. *Ibid.*, 4.

21. General Accounting Office, Private Pensions: Improving Worker Coverage and Benefits, 5.

22. Alicia H. Munnell, Annika Sunden, and Elizabeth Lidstone, How Important are Private Pensions?, 4.

23. General Accounting Office, Retirement Income: Implications of Demographic Trends for Social Security and Pension Reform, 13.

24. *Ibid.*, 7.

25. *Ibid.*, 47.

Texas Well Indicator Survey found that 10.2 percent of Texans age 60 and older have difficulty organizing and preparing their bills. The Texas Money Management Program, a cooperative effort of Alternatives to Guardianship and AARP, offers daily money management services to low-income older adults and people with disabilities.<sup>27</sup> Bill payers assist clients with money management activities such as budgeting, but do not have signature authority. Representative payees do have authority to sign checks for clients. Money management is a low-cost, less restrictive form of assistance that helps people maintain their independence by preventing unnecessary guardianship. Currently, there are 11 money management programs covering 24 counties in Texas.<sup>28</sup> Additional programs are in development.

On March 1, 2005, Texas implemented the Medicaid Estate Recovery Program in compliance with federal Medicaid laws. The program is managed by the Texas Department of Aging and Disability Services (DADS). Under this program, the state may file a claim against the estate of a deceased Medicaid recipient, age 55 and older, who applied for certain long-term care services on or after March 1, 2005. Claims include the cost of services, hospital care, and prescription drugs supported by Medicaid.<sup>29</sup>

26. Ibid.

27. Family Eldercare, Texas Money Management Program at [www.familyeldercare.org/programs/texas-moneymgt.asp](http://www.familyeldercare.org/programs/texas-moneymgt.asp)

28. Interview, Barbara Ellis, Texas Health and Human Services Commission, November 19, 2002.

29. For further information, see the Department of Aging and Disabilities website at [www.dads.state.tx.us/services/estate\\_recovery/](http://www.dads.state.tx.us/services/estate_recovery/)



## *Legal preparedness*

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Legal matters that can affect persons of all ages become more pressing and complex for older Texans. Older adults and their families are sometimes unprepared for the difficult and distressing decisions that must be made later in life. There are various ways older adults can plan for the future to ensure that their values, wishes and choices are known and respected. Older adults must sometimes deal with age discrimination and other issues that threaten their legal rights, or they may fall victim to abuse, neglect and exploitation. Legal planning and advice help older Texans prepare for the future and protect their legal rights.

30. Interview, Bruce Bower, Texas Legal Services Center, September 11, 2002.

31. American Bar Association, Senior Lawyers Division, National Handbook on Laws and Programs Affecting Senior Citizens, 60.

Estate planning enables people to order their affairs so that property is passed as desired to family and loved ones after death. Estate planning instruments and methods include wills, living trusts, joint ownership and durable powers of attorney. According to Bruce Bower at the Texas Legal Services Center, Texas law in general is “ahead of the curve” in providing for legal documents and processes used by older Texans and their families.<sup>30</sup>

If a person dies without a will or trust, or has not transferred property in some other way, the state determines how the property is distributed. The Aging Texas Well Indicator Survey found that 68.7 percent of Texans age 60 and older have a will. The same survey found that 26.9 percent of Texans age 60 and older have established some method to distribute their belongings after death other than a will, such as a living trust or joint ownership. Under either of these arrangements, property does not pass through probate. Joint ownership and living trusts are both relatively complex, and may be carried out with the assistance of an attorney.

A durable power of attorney is a written document that gives one or more persons the authority to make personal and financial decisions for another person when they cannot act on their own behalf due to absence or incapacity. The Aging Texas Well Indicator Survey found that 49.2 percent of Texans age 60 and older have a durable power of attorney. According to the American Bar Association, the advice of an attorney should be sought in preparing a durable power of attorney.<sup>31</sup>

The Aging Texas Well Indicator Survey found that 49.2 percent of Texans age 60 and older have taken steps to allow others to make health care decisions on their behalf if they are unable to do so. These steps, known as advance care planning, are part of a process for assuring that a person’s wishes are carried out if he or she becomes incapacitated due to health conditions.

Texas law provides a number of useful planning tools. Three standard forms, known as advance medical directives, provide direction for medical professionals and family members who may have to make critical decisions regarding treatment, resuscitation, disposition of property and other matters.<sup>32</sup>

If a person becomes unable to manage their personal or business affairs due to illness or accident, and has not implemented a less restrictive measure, a court may have to appoint a guardian or conservator. A guardian may be appointed by a judge when a person lacks the capacity to make personal and/or property decisions, and may be at risk of harm without protection. The authority granted to a guardian may cover virtually all aspects of a person's life, or it may pertain only to certain aspects. Conservatorship involves the appointment of a person to manage only the financial resources of another person.<sup>33</sup> In general, less restrictive measures such as durable powers of attorney are preferred to guardianship, which are expensive, emotionally difficult, take time and take away important legal and civil rights.

To solve these problems, some communities have established local guardianship programs to provide either paid staff or volunteers to be appointed as guardians. Many of the guardianship programs also include money management services.

The Guardianship Alliance of Texas supports guardianship tasks assigned to HHSC,<sup>34</sup> assists local guardianship programs and awards grants to new and expanding programs. Since 1998, the number of local guardianship and money management programs has increased from 12 to 24.<sup>35</sup> There is currently no statewide entity with responsibility for tracking the number of existing guardianships on a statewide basis. Each county is responsible for the guardianships established in that county and methods of guardianship record-keeping vary by county.

Like all adults, older people may face problems with consumer issues, including predatory lending, contracts, credit buying, lost or stolen credit cards, identity theft, bad credit ratings, billing errors, collection agencies, door-to-door sales, mail order merchandise, unordered merchandise, telemarketing sales, unscrupulous practices (e.g., bait and switch, pigeon drop), home repairs, health quackery and consumer remedies. According to the Texas State Securities Board, older investors are targeted with increasingly complex investment scams, all promising inflated returns.<sup>36</sup>

32. Texas Office of the Attorney General, Elder Texans' Page at [www.oag.state.tx.us/elder/elder.htm](http://www.oag.state.tx.us/elder/elder.htm)

33. American Bar Association, Senior Lawyers Division, National Handbook on Laws and Programs Affecting Senior Citizens, 61.

34. Texas Health and Human Services Commission, 2002 HHSC Guardianship Advisory Board Annual Report on the Development and Implementation of a Statewide Guardianship Program in Texas, (Austin, TX: Texas Health and Human Services Commission, 2002), 5.

35. Ibid.

36. Texas State Securities Board, Texas "Top 10" List of Investment Scams, Schemes and Scandals, January 2004.

Some older adults do not engage in legal planning activities or seek protection of their legal rights. Many view cost as a barrier to preparing estate planning documents and/or seeking legal assistance. Others are unaware of their legal rights, the need for legal planning, and available low-cost legal assistance. The Aging Texas Well Indicator Survey found that 19.3 percent of Texans age 60 and older would not know where to go for help if they needed assistance with a legal matter.

Low-cost options for assisting older adults with legal matters include:

- ◆ The Texas Legal Services Center (TLSC) provides legal assistance to older adults and operates the toll-free Legal Hotline for Older Texans.<sup>37</sup>
- ◆ Older adults may also receive free legal assistance from private attorneys who operate on a pro bono basis. TLSC, AAAs, the State Bar of Texas, the American Association of Retired Persons, and the Alzheimer’s Association may have information about pro bono programs.
- ◆ Older adults can receive assistance at will clinics offered by area agencies on aging and legal services programs.
- ◆ Older adults can receive legal assistance from trained benefits counseling volunteers and staff at the 28 area agencies on aging across Texas.<sup>38</sup>

37. Texas Legal Services Center, The Legal Hotline for Older Texans at [www.tlsc.org/hotline.html](http://www.tlsc.org/hotline.html)

38. Texas Department on Aging, Benefits Basics at [www.tdoa.state.tx.us/BenefitsBasics/Benefits-Basic-Legal.htm](http://www.tdoa.state.tx.us/BenefitsBasics/Benefits-Basic-Legal.htm) and [www.tdoa.state.tx.us/BenefitsBasics/BenefitsMain.htm](http://www.tdoa.state.tx.us/BenefitsBasics/BenefitsMain.htm)

## *Health care services*

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The quality and quantity of health care services available to Americans of all ages have improved markedly over the past 50 years. While Texans are living longer and healthier lives, there are still significant problems with the availability, accessibility and affordability of health care services of all types. The quality and use of acute and chronic care has a large impact on quality of life of older Texans. It can also affect the need for long-term care. In the Aging Texas Well Indicator Survey, 93 percent of older Texans identified “taking care of your health” as very important.<sup>39</sup>

Health care is a continuum that encompasses acute, chronic and long-term care and is delivered by primary or specialty care physicians and other health care providers. Acute care focuses on the treatment of conditions that occur suddenly and can be cured with a prescribed course of treatment. Chronic care is ongoing treatment given to manage diseases such as diabetes and heart disease. The provision of both acute and chronic care relies on physicians, hospitals and clinics. Long-term care is the provision of personal care and assistance given episodically or over a sustained period.

The availability of physician and hospital care varies across the state. Lack of access to health care providers and facilities is a critical problem for rural communities. Rural Texas is older, poorer, has fewer health care services per capita and lacks access to specialty health care facilities.

Approximately 15 percent of Texans live in rural areas, while only 8 percent of physicians practice in rural areas.<sup>40</sup> For many rural residents, it is not uncommon to travel 50 or more miles to see a doctor or access a medical facility.<sup>41</sup> Transportation within rural communities and to urban areas is often cited as one of the primary barriers to accessing health care services.

Texas now has an insufficient number of appropriately trained staff to provide quality health care in a variety of settings. There is a shortage of providers with training in geriatrics and/or gerontology.<sup>42</sup>

The health care system is not completely accessible because of the decentralized and fragmented nature of the health care delivery system. Other barriers affect persons with limited incomes, minority populations and those with little education. People needing care must maneuver through an extremely complex system to get services.<sup>43</sup> Some older adults have multiple conditions that necessitate a well-coordinated care plan to ensure access to appropriate services. Many face difficulties accessing current programs.

39. Texas Department of Aging and Disability Services, Aging Texas Well Indicator Survey of Older Texans, Unreleased data (2004).

40. Office of Rural Community Affairs, Status of Rural Community Affairs [draft copy], (Austin, TX: Office of Rural Community Affairs, 2002), 71.

41. *Ibid.*, 47.

42. *Ibid.*, 37.

43. *Ibid.*, 17.

People with the greatest health burdens often have the least access to information. Research indicates that those with low education and low income remain less informed and are less likely to access services. Differences in ability to read and understand materials about personal health, and to navigate the health care system, also appear to contribute to health disparities.

The affordability of health care is usually dependent on insurance. Most older Texans have health insurance. The Aging Texas Well Indicator Survey found that 72.6 percent of Texans age 60 to 64 have some type of health insurance. Among Texans age 65 and older, 97 percent have some type of health insurance, and 87.1 percent of those have Medicare.

Medicare has limitations in its coverage. Coverage for preventive services is very limited and most outpatient prescription drugs were not covered in the original program.<sup>44</sup> The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA), enacted in 2003, includes a new Part D drug benefit along with some expansion of preventive care.

Medicare leaves beneficiaries responsible for significant deductibles and coinsurance — costs that must be covered out of pocket or by other insurance. Some older adults purchase supplemental insurance (i.e. Medigap plans) that “wraps around” their Medicare benefits.<sup>45</sup> The Aging Texas Well Indicator Survey found that 26.4 percent of Texans age 65 and older with some type of health insurance have Medicare supplemental insurance. In addition, 11 percent have retiree health insurance through a former employer, 7.7 percent have coverage through the military, CHAMPUS, TriCare, or the Veterans Administration, and 9.6 percent have coverage through individual health insurance plans not associated with the government or an employer. These policies cover vary significantly in their coverage and costs. They may involve significant cost sharing and include annual limits.<sup>46</sup>

People age 60 to 64 without a disability do not qualify for Medicare and may lack any other form of health insurance. More than one quarter of Texans in this group have no health insurance. The remainder have employer, retiree military, government or other coverage.

Low-income older adults may qualify for Medicaid. The Aging Texas Well Indicator Survey found that 15 percent of Texans age 60 and older with some type of health insurance have Medicaid. Medicaid may pay for Medicare’s (Part B) deductibles, premiums and co-payments. It also funds long-term care for low-income individuals.<sup>47</sup>

Long-term care helps people of all ages and their families achieve the highest level of functioning possible, regardless of the setting in which the assistance is given.<sup>48</sup> Long-term care services are generally provided either in nursing facilities or in home and community based settings. Some services are provided in assisted living facilities, day activity centers and foster homes. Most older adults who receive publicly supported long-term care services are served in community-based settings. DADS provides funding

44. General Accounting Office, Prescription Drugs: Drug Company Programs Help Some People Who Lack Coverage (Washington, D.C.: U.S. General Accounting Office, 2000), 5-6.

45. David J. Gross and Normandy Brangan, The Medicare Program, 2.

46. General Accounting Office, Prescription Drugs: Increasing Medicare Beneficiary Access and Related Implications, Testimony by William Scanlon (Washington, D.C.: U.S. General Accounting Office, 2000), 9.

47. Rosalie A. Kane, Robert L. Kane, and Richard C. Ladd, The Heart of Long-Term Care (New York: Oxford University Press, Inc., 1998), 38.

48. Texas Statutes, Human Resources Code, Section 22.0011.

for institutional care to about 68,000 people with physical disabilities and community-based care to 138,000 others.<sup>49</sup> Most of these clients are older adults.<sup>50</sup>

Inadequate staff is a significant problem for long-term care. Acute shortages of nursing and direct-care personnel are occurring due in part to low pay, limited benefits and poor working environments.<sup>51</sup> The bulk of long-term service delivery is performed by nursing aides who generally receive low hourly wages and few benefits. Staff availability and stability can also be problems among professionals, especially with the growing shortage of registered nurses.

Accessibility is an issue when consumers are not aware of available resources and how to access them. Older Texans may not be aware of the programs available, and may misunderstand the eligibility requirements associated with them.

Older Texans and their families may not be aware that long-term care services can be provided outside a nursing facility. Families are often not aware of resources to help them make decisions regarding long-term care. Almost 20 percent of the respondents to the Aging Texas Well Indicator Survey indicated they were very dissatisfied with their ability to get help. Since decisions about long-term care are often made in an atmosphere of crisis (following a hospital stay, for example), the lack of good information can lead to older Texans entering a nursing home because they are unaware that home care is an option.

Because the average annual cost of nursing home care is more than \$40,000, many older adults eventually “spend-down” to a financial level where they qualify for Medicaid. In addition to private out-of-pocket spending on formal care, family and friends provide a substantial amount of informal care to older adults.

Most older adults who require long-term care prefer and receive assistance in community based settings. While most publicly funded long-term care spending continues to be allocated to nursing facility care,<sup>52</sup> the proportion going to community based care is increasing. Texas has taken advantage of Medicaid provisions that allow for greater home and community based services.

Personal care services are available as an entitlement to persons with low incomes who need assistance with activities of daily living. Texas has one of the largest personal care programs in the United States, and the program continues to grow. Texas also offers waiver programs to people who qualify for nursing facility care.

Some stakeholders believe that state funding for long-term care is inadequate.<sup>53</sup> For example, Texas’ Medicaid reimbursement rates for home care are among the lowest in the nation.<sup>54</sup> Furthermore, waiver programs are limited to available funds and legislative limits. As a result, service gaps

49. Texas Department of Human Services, Long-term Care Workgroup Report (Austin, TX: Texas Department of Human Services, 2002), 8.

50. *Ibid.*, 9.

51. *Ibid.*, 29 and 37.

52. Texas Health and Human Services Commission, An Assessment of the Design and Delivery of Long-Term Care Services and Supports (Austin, TX: Texas Health and Human Services Commission, 1998), 3.

exist and consumers face long interest lists for some services. An interest list comprises potential clients who have declared an interest in a program for which funding is limited. In Texas, waiver services have interest lists.

Several current and proposed initiatives and special projects have been designed to improve the health care system in Texas. Examples include:

**Medicaid Managed Care:**<sup>55</sup> Like other states, Texas is considering use of managed care models of service delivery. At present, two programs provide health services as a part of comprehensive managed care program: The Program of All-inclusive Care for the Elderly (PACE) and STAR+Plus in Houston. Both provide and coordinate all preventive, primary, mental health, acute and long-term care services for a target population, most of whom are older, on Medicaid, Medicare, or both. Tentative plans have been developed to expand both programs, but the expansion is uncertain at this time.

**Health and Human Services Reorganization:** HB 2292 (78th Legislature) made significant changes to the organization and delivery systems for health and human services in Texas. All long-term care services are centralized in the Department of Aging and Disability Services (DADS). Under the Texas Real Choice Grant, two Texas communities began receiving federal funds to test system navigator models. The 79th Texas Legislature is considering legislation to reconfigure local service delivery systems. DADS will continue to consider ways to optimize a service delivery system consisting of different regional service delivery structures.

**Consumer-Directed Services:**<sup>56</sup> Texas offers consumers in home-care programs the option to locate, hire, train, and supervise their own personal assistants and respite providers. Under a federal grant, DADS is developing an array of service management options for increased consumer direction among those receiving home and community based services. These options allow consumers a greater role in the more direct management of their assistants, without handling all aspects of their management.

**Promoting Independence Plan:**<sup>57</sup> In response to the Olmstead decision and an executive order from Gov. George W. Bush, HHSC, with assistance from stakeholders, developed the Texas Promoting Independence Plan. This plan highlights the state's efforts to help people who want community placement and are appropriate for such services.

53. Texas Department of Human Services, Long-term Care Workgroup Report, 26 and 34.

54. *Ibid.*, 34.

55. Texas Health and Human Services Commission, State Medicaid Division, Medicaid Managed Care in Texas: Framework for Expansion (Austin, TX: Texas Health and Human Services Commission, State Medicaid Division, 2004).

56. Texas Department of Human Services, Consumer Directed Services at [www.dhs.state.tx.us/programs/communitycare/cds/index.html](http://www.dhs.state.tx.us/programs/communitycare/cds/index.html) (Accessed November 15, 2002).

57. Texas Health and Human Services Commission, Senate Bill 367 Interagency Task Force on Appropriate Care Settings for Persons with Disabilities Report (Austin, TX: Texas Health and Human Services Commission, 2003), 3-7; Texas Health and Human Services Commission, Texas Promoting Independence Plan (Austin, TX: Texas Health and Human Services Commission, 2001), iii-xi.

**Disease Management Initiatives:** Almost three-quarters of all Medicare fee-for-service costs can be accounted for by just 12 percent of its beneficiaries, who often have chronic illnesses such as diabetes and congestive heart failure and undergo repeated and costly hospitalizations. Research indicates that disease management programs can reduce the cost of services, improve patient quality of life, and delay the onset of more severe stages of disease. Disease management also has the potential to foster patient self-care, promote patient accountability, continuity of care, improve patient and provider satisfaction, promote efficient use of health care resources and increase productivity.

In the Medicaid program, Texas has begun requiring managed care providers to include disease management services to persons with certain chronic diseases. The programs involve primarily telephone support and monitoring of medications and care regimes. A program covering a short list of chronic conditions is already operating, and expansions are being considered.

Medicare is conducting a test of a more intensive disease management model in several areas of Texas. This model involves direct contact with patients, along with very intensive monitoring. While it is a more costly model, it is aimed at people with very high risk of expensive complications—those with congestive heart failure or severe diabetes.



## Caregiving

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It has been said that there are four kinds of people in the world—those who are caregivers, those who were caregivers, those who will be caregivers, and those who will need care.<sup>58</sup> Informal caregivers are relatives and friends who provide unpaid care. They are considered the backbone of the long-term care system. According to Aging Texas Well Indicator Survey, 10 percent of older Texans are providing care to a family member or friend over the age of 60. Caregivers provide much of the support to people who want to remain in their homes, but need assistance with daily activities such as bathing, dressing, taking medications, preparing meals, shopping or transportation. Caregivers also provide resources such as time, money, and/or shared residential spaces that help the older individual “age in place.”

58. Former First Lady, Rosalynn Carter.

59. Department of Health and Human Services, Administration on Aging, Family Caregiving in an Aging Society by S. Tennstedt. [www.aoa.gov](http://www.aoa.gov) (Accessed June 19, 2000).

60. Department of Health and Human Services, Administration on Aging, America's Families Care: A Report on the Needs of America's Family Caregivers. (Washington, D.C.: Department of Health and Human Services, Administration on Aging, 2000).

61. Arno, P., Levine, C. and M. Memmott (1999). “The Economic Value of Informal Caregiving.” Health Affairs 18(2) 182-188.

62. AARP, Public Policy Institute. Helping the Helpers: State-Supported Services for Family Caregivers. (Washington, D.C.: AARP, 2001).

According to a recent survey, more than one-quarter of the adult population has provided some type of caregiving in the past year.<sup>59</sup> Caregivers also include grandparents who care for grandchildren when biological or adoptive parents are unable to do so. According to the 1997 U.S. Census, 3.9 million children were living in homes maintained by their grandparents, up 76 percent from 1970.

Among people needing help with daily activities, 65 percent depend solely on family and friends and an additional 30 percent supplement family care with services from paid providers.<sup>60</sup> Only 5 percent rely exclusively on paid residential services such as those provided by assisted living or nursing facilities. In 1997, unpaid caregivers provided care worth an estimated \$196 billion nationally.<sup>61</sup>

Caregivers are described by the type of disability affecting their family member or friend, the functional level of the care recipient, the amount of time they devote to caregiving, and their support network. These characteristics influence the caregiver's level of stress and burden, and ultimately affect the caregiver's need for supportive services.<sup>62</sup> Factors such as financial resources, geographic proximity to service providers, education and awareness of available support further impact the caregiver's utilization of supportive services.

Approximately 64 percent of caregivers are employed full- or part-time. Although the exact number of working caregivers is not known, surveys estimate that 13 percent of the workforce are caregivers. Estimates show a caregiving employee can lose as much as \$660,000 in lost income, pensions, wages, and Social Security throughout their career. Since many employees take leaves of absence or stop working temporarily or permanently to care for a loved one, employers find that caregiving directly affects worker productivity, employee turnover, absenteeism, and early retirement. Employed caregivers who responded to the Aging Texas Well Indicator Survey reported quitting or retiring early (10 percent), taking a

leave of absence (21 percent), reducing hours from full-time to part-time (11 percent) and turning down promotions (7 percent). Despite losses to both employers and employees, only 23 percent of companies with 100 or more employees have programs to support caregivers.<sup>63</sup>

A growing number of older people are becoming primary caregivers to grandchildren or other relative children. It is estimated that 448,439 children (7.6 percent of children in Texas) live in grandparent-headed households. According to the Aging Texas Well Indicator Survey, 16 percent of caregivers are caring for children under age 18. These family caregivers, often called “kinship caregivers,” often become surrogate parents as a result of divorce, crime, child abuse and neglect, the rise in single-parent households, illness, or substance abuse among the middle generation.<sup>64</sup> Grandparents face issues related to school systems, finances, health insurance, managing difficult care, disability, and often need assistance in legal matters involving custody, guardianship, and conservatorship.

Grandparents often lack information about the range of support services, benefits, and policies needed to fulfill their caregiving role.

In November 2000, Congress expanded caregiver support services under the reauthorization of the Older Americans Act (OAA). The National Family Caregiver Support Program (NFCSP) is the largest program established under the OAA since the nutrition services program was initiated in the 1970s. The NFCSP focuses caregiver support in areas such as information about available services, benefits counseling, support groups, respite, and other supplemental services. The aging network, through the NFCSP, must continue to develop local resources that respond to a wide range of caregiver needs.

States have recognized that increasingly tight budgets and service limitations will increase their reliance on informal caregivers to provide care. Like many states, Texas is examining specific policy options that will provide additional support to informal caregivers in order to keep individuals living in the community as long as possible. Other states use financial incentives such as tax credits, direct aid, or “allowances” to offset the costs to caregivers. Their incentives are considered an investment that save states millions in long-term care costs.

63. Families and Work Institute. Business Work-Life Study. (New York, NY: Families and Work Institute, 1998).

64. Generations United. “Intergenerational Households Headed by Grandparents: Demographic and Sociological Contexts” by M. Minkler, In Generations United, Grandparents and Other Relatives Raising Children. Background Papers from Generations United’s Expert Symposium, (Washington, D.C.: Generations United, 1998): 2-18.

## Education

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Learning is a continuous lifelong process that plays a role in keeping mentally active, obtaining new job skills, and promoting personal development. Education programs offer older adults places to learn as well as opportunities for social interaction. In the Aging Texas Well Indicator survey, more than 92 percent of older Texans indicated that “having new learning experiences” was very important (59.8 percent) or somewhat important (32.6 percent). According to the survey, 8 percent of older Texans participate in education programs and 9 percent are planning to participate. Of those who are enrolled, only 12 percent indicated they are seeking a degree or licensure/certification, 7 percent want to obtain employment skills, 46 percent enrolled for personal growth, and 2 percent for recreation.

65. State-supported institutions of higher education include four-year colleges and universities as well as community colleges.

66. Three out of the four technical colleges and all of the state colleges participate in one or more of the tuition waiver/tuition discount programs.

Decades of research in cognitive science has shown that people learn and retain new information throughout their lives. There are many benefits to participation in lifelong learning; however, several factors, such as poor hearing and vision, can negatively influence the way older adults retrieve information. To compensate for these factors, teaching strategies and curricula need to be adapted for older adults. Older adults can greatly benefit from adult education and other educational programs that encourage a multidisciplinary curriculum, stress the continuity of the lifespan and the similarities between older adults and other learners, and emphasize easy access to educational buildings and libraries.

Many lifelong learning opportunities are available to older adults. Older Texans can participate in both formal and informal educational through institutions of higher education, Elderhostels, Lifelong Learning Institutes, adult education providers, public libraries, community and senior centers, and the Internet.

Texas law allows state-supported institutions of higher education to offer courses to older adults free or at a reduced rate.<sup>65</sup> Implementation of these programs, however, is left to the discretion of each institution. Each institution may set additional requirements for students to qualify for the discounted tuition and/or may charge different rates for the programs, campuses, and courses. There are 35 state-supported universities and 50 state-supported community college districts with multiple campuses, four technical colleges and three state colleges. Less than 68 percent of universities and less than half of the community colleges participating in one or more of the programs.<sup>66</sup> Approximately 4,800 older adults participated in tuition waiver/discount programs available through state-supported institutions of higher education in 2003.

## *Employment*

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Older workers will become increasingly important to the labor market in Texas. The Texas Aging Benchmark Survey found that 21.5 percent of Texans age 60 and older are employed either full- or part-time. Of the respondents who are not working, 10.4 percent said they are looking or plan to look for a job. The AARP 2002 Work and Career Study, based on a national survey of workers ages 45 to 74, found that 69 percent of respondents plan to work in some capacity during their retirement years.<sup>67</sup> There are various reasons why older people choose to continue working. More than one-third (38.9 percent) reported that the major factor in their decision to work or look for work was that they need the money. One-quarter (24.7 percent) of respondents reported that the major factor in their decision was enjoying the work.

67. Xenia Montenegro, Linda Fisher, and Shereen Remez, *Staying Ahead of the Curve: The AARP Work and Career Study* (Washington, D.C.: AARP, 2002), 1.

Critical trends are converging to make older workers critical to the future economic success of Texas. The first trend is the aging of Texas, particularly in the “young-old” population, which is generally healthier and better educated than previous generations. Second, the job market is creating jobs faster than the growth in the pool of available workers. This disparity will intensify when Baby Boomers begin to retire. The General Accounting Office has warned that the projected decline in labor force growth could create shortages in skilled worker and managerial occupations, with adverse effects on productivity and economic growth.

Finally, traditional notions of retirement age and retirement in general are changing. The trend toward earlier retirement came to a halt in the mid-1980s. Since then, labor force participation rates for people aged 55 and older have increased. Thirty percent of all persons over age 55 participated in the national labor force in 2000 and this percentage is expected to rise to 37 percent by 2015. Older workers will comprise nearly 20 percent of the total labor force by 2015. Older workers, however, are much more interested in non-traditional forms of employment, involving working fewer hours with more flexibility.

The workforce system in Texas — including Texas Workforce Commission, Local Workforce Development Boards and workforce centers — will increasingly focus on the needs of older workers, although the current workforce system lacks performance incentives to do so. As the older worker population grows, the workforce system will have to develop effective policies and program strategies to ensure that the state employment and training system is responsive to the needs and preferences of older workers.

Texas employers that prosper in the coming decades will adopt HR strategies that include:

- ◆ Understanding the benefits of hiring, training and retaining older workers.
- ◆ Realizing that nontraditional employment – independent contractors, on-call workers, and outsourced employees – and use of compressed work weeks, job sharing, flex-time and telecommuting will help tap into the older workforce.
- ◆ Designing benefit plans that encourage continued employment of older workers.
- ◆ Creating supportive environments that foster positive attitudes towards and implement policies to assist family caregivers.

## *Housing*

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Most older adults live independently in homes they own and do not require supportive services. More than half of older adults (60 percent) do not have a disability that requires assistance with personal care needs or handling routine activities.<sup>68</sup> The State of Texas Senior Housing Assessment found that 78.4 percent of survey respondents live in conventional housing.<sup>69</sup> This type of housing, defined as older adults living in their own home without outside assistance, includes single-family or multi-family dwellings or mobile homes. Similarly, the Aging Texas Well Indicator Survey found that 81.1 percent of Texans age 60 and older own their current residence. Affordable, accessible, and integrated housing helps older Texans maintain their independence.

Older adults strongly prefer to age-in-place in their communities. In a recent study of the ability of Texans age 60 and older to age-in-place, the State of Texas Senior Housing Assessment, found that 91 percent of survey respondents said they would like to stay in their current residence for as long as possible. Two-thirds believed that they would always live in their current residence.

The Aging Texas Well Indicator Survey found that 55.2 percent of Texans age 60 and older spend more than one-third of their income on shelter costs (i.e., mortgage/rent, housing insurance, utilities, taxes, association fees). Utility costs typically represent 13 to 44 percent of low-income annual gross incomes and account for nearly one-fourth of total housing costs. TDHCA administers two energy assistance programs – the Comprehensive Energy Assistance Program and the Weatherization Assistance Program — to provide consumer education, assistance with paying utility bills, and funds to repair or replace heating and cooling systems. Property taxes also place a financial burden on older adults. Some Texas communities have special homestead exemptions that ease the burden of property taxes. Current state law provides for the freezing of school taxes on the homesteads of older Texans 65 and older and allows local communities the option of freezing other property taxes. The Aging Texas Well Indicator Survey found that 79.2 percent of Texans age 60 and older are aware of property tax exemptions for people age 65 and older.

68. Texas Department of Health, Behavioral Risk Factor Surveillance System (BRFSS), 2000.

69. D’Arlene Ver Duin, Paul Ruggiere, James Glass, The University of North Texas, Survey Research Center, 2003 Senior Housing Assessment Prepared for the Texas Department on Aging, (Denton, TX: The University of North Texas, 2003), 179.

The need for assistance with essential home repairs is more concentrated among older Texans who lack both adequate income and assets. One-half million of elderly households live in severely substandard dwellings that pose a threat to their safety and welfare. The Aging Texas Well Indicator Survey found that 13.5 percent of Texans age 60 and older report that their home's structural, heating and cooling, electrical or plumbing systems need substantial repair. Similarly, roughly three-quarters of respondents to TDHCA's 2001 Community Needs Survey said there is a major or moderate need for assistance with repair and rehabilitation of existing renter- and owner-occupied housing.<sup>70</sup>

Housing accessibility helps to facilitate aging-in-place. Except for handrails and grab bars, home modifications appear in fewer than 10 percent of homes whose members report physical limitations. The Aging Texas Well Indicator Survey found that 12.3 percent of Texans age 60 and older report that their home's doorways, hallways, kitchen, bathrooms and closets need substantial modification to make it easier to get around inside. Another way to ensure accessible housing is to incorporate accessible design features into new homes as they are built. According to a study by HUD, building adaptive design into housing units adds less than 1 percent to the total cost of the project.<sup>71</sup>

The State Of Texas Senior Housing Assessment found that movement along the housing continuum becomes more costly as housing options move toward dependence.<sup>72</sup> In the Assessment, the following factors were identified as predictors of respondents' intent to stay in their current residence as long as possible: physical condition of the home, education level, employment status, personal health, length of residence, neighborhood safety, home size, and home modifications.<sup>73</sup> Residential conditions (i.e., neighborhood safety and length of residence) were the greatest predictors of the likelihood that a person would move in the next two years. Long waiting lists for affordable housing, high utility bills, high property taxes, and few resources for home repairs were cited as weaknesses in the ability of communities to keep older Texans at home.<sup>74</sup>

70. Texas Department of Housing and Community Affairs, Housing Resource Center, 2001 Community Needs Survey, 10.

71. Texas Department of Housing and Community Affairs, Housing Resource Center, 2002 State of Texas Low Income Housing Plan and Annual Report (Austin, TX: Texas Department of Housing and Community Affairs, Housing Resource Center, 2002), 114.

72. D'Arlene Ver Duin, Paul Ruggiere, James Glass, The University of North Texas, Survey Research Center, 2003 Senior Housing Assessment Prepared for the Texas Department on Aging, (Denton, TX: The University of North Texas, 2003), 184.

73. D'Arlene Ver Duin, Paul Ruggiere, James Glass, The University of North Texas, Survey Research Center, 2003 Senior Housing Assessment Prepared for the Texas Department on Aging, (Denton, TX: The University of North Texas, 2003), 187.

74. Stanley Ingman, Iftekhar Amin, Texas Institute for Research and Education on Aging, University of North Texas, State of Texas Senior Housing Assessment: Key Informant Survey, Prepared for the Texas Department on Aging and the Texas Department of Housing and Community Affairs, (Denton, TX: University of North Texas, 2003), 6-7.

## Transportation

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Transportation is an essential component of the community infrastructure that helps people gain access to goods, services, and social contacts that support their daily activities, quality of life and independence. Reliance on transportation systems has grown over the years as populations have shifted from the city.

Older adults are the fastest-growing segment of the U.S. driving population, both in total number of drivers and total number of miles driven per year.<sup>75</sup> Estimates indicate that, by the year 2024, one in four drivers will be over the age of 65.<sup>76</sup> Driving is important for mobility with approximately 77 percent of adults over age 60 in the Aging Texas Well Indicator Survey reporting driving a vehicle as their primary method of transportation. Age-related declines in driving ability can increase the risk for negative outcomes such as traffic accidents. While older drivers incur a lower number of accidents than the general driving population, they face a disproportionately higher rate of accident involvement per mile driven than all other drivers, except for those under 25.<sup>77</sup>

According to the Aging Texas Well Indicator Survey, 23 percent of adults age 60 and older do not drive. Lack of transportation can have an impact on overall quality of life. For example, more than half of all non-drivers over age 65 stay home on a given day.<sup>78</sup> Drivers make an average of eight social trips each week, yet non-drivers go out only three times a week.<sup>79</sup> Compared with drivers, elderly non-drivers make 15 percent fewer doctor visits, 59 percent fewer trips for shopping and dining and 65 percent fewer trips for social, family and religious activities.<sup>80</sup> Thus, older adults are among the population at risk of becoming “transportation disadvantaged” — those who do not own, or cannot operate a vehicle and must rely on alternative means of transportation for a significant portion of their life.<sup>81</sup> According to the Aging Texas Well Indicator Survey, only 2 percent report public transportation as their primary method of travel. A low percentage of older people walk (0.7 percent) or use taxis (0.5 percent) to get around. Twenty-one percent of older Texans described the cost of transportation as unaffordable. As a result, use of public resources remains low with non-drivers relying heavily on family and friends for transport (18 percent).

75. National Highway Traffic Safety Administration, National Center for Statistics and Analysis. [Traffic Safety Facts 2001: Older Population](#). [www.nhtsa.dot.gov](http://www.nhtsa.dot.gov) (Accessed November 1, 2002)

76. J.W. Eberhard. “Safe Mobility for Senior Citizens.” *IATSS Research*, 20, Volume 1, (1996): 29-37.

77. National Highway Traffic Safety Administration, National Center for Statistics and Analysis. [Traffic Safety Facts 2001: Older Population](#). [www.nhtsa.dot.gov](http://www.nhtsa.dot.gov) (Accessed November 1, 2002)

78. Aging Americans: Stranded Without Options. (Washington DC: Surface Transportation Policy Project). [www.transact.org](http://www.transact.org) (Accessed April 12, 2004)

79. Aging Americans: Stranded Without Options. (Washington DC: Surface Transportation Policy Project). [www.transact.org](http://www.transact.org) (Accessed April 12, 2004)

80. Aging Americans: Stranded Without Options. (Washington DC: Surface Transportation Policy Project). [www.transact.org](http://www.transact.org) (Accessed April 12, 2004)

81. Texas Health and Human Services Commission, Office of Community Transportation Services, [Health and Human Services Transportation Biennial Report and Health and Human Services Transportation Coordination Plan, Fiscal Years 2003-2008](#). (Austin, TX: Texas Health and Human Services Commission, Office of Community Transportation Services, 2002).



Approximately 35 percent of older Texans in the Aging Texas Well Indicator Survey reported being unable to get where they needed to go due to lack of transportation. In a survey of aging-related services conducted by the Texas Department on Aging (now DADS), the majority of transportation programs identified either a geographical gap or insufficient service levels.<sup>82</sup> Funding guidelines that designate dollars for specific programs and campaigns are often cited as the primary barrier to coordination of services, but some policies allow flexibility and creativity. HB 3588 (78th Texas Legislature) assigns the coordination and provision of public transportation in the state to the Texas Department of Transportation (TxDOT). This legislation authorizes the adoption of rules requiring state agencies that provide transportation services to contract with TxDOT who will assume all responsibilities of that agency related to public transit.

82. Texas Department on Aging,  Gaps and Coordination of Services for Older Texans: Survey Results (July 2002).

Some state transportation departments have developed specific safety and mobility action plans for older adults, while other states have integrated strategies to address driver education and rehabilitation, safer highway systems, reduced fatalities, and improved access to alternative transportation services within existing transportation plans. Creative community partnerships lead to new programs that better meet the mobility needs of this population. Successful capacity building efforts and evidence-based best practice models identified at the federal, state, and local levels can help other communities.

## *Volunteerism*

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There has been a steady transition from the idea that retirement is a rest period to the concept of the “Golden Years,” a time of recreation and leisure, to today’s concept of retirement as a time of high activity, meaningful involvement and significant engagement. This includes continued employment, maintaining physical activities, obtaining further education, and volunteering for community service. Volunteerism may be defined as either formal or informal activity that strengthens and improve communities, as well as helping individuals live healthier and more productive lives.

Nationally, 83.9 million adults age 21 and older (44 percent of the adult population) volunteered in 2000. The Aging Texas Well Indicator Survey of older Texans indicated 22 percent of older Texans participate in an organized volunteer program and 33 percent volunteer informally without being a member of a group by helping others on a recurring basis. Furthermore, about one-third of older Texans indicate they have been volunteering for more than 20 years. The Aging Texas Well Indicator Survey of Older Texans found that 65 percent of older adults volunteer because they just want to help people.

Volunteers significantly expand the reach of public, private and non-profit agencies, leverage scarce financial resources, and actively engage citizens in the work of a democracy. Their involvement generates social capital and builds caring communities. For volunteering to have the greatest impact, a volunteer program must be well planned, adequately funded, effectively managed, and have a strong volunteer manager who contributes to major organizational decisions and directions.<sup>83</sup>

While volunteerism is often promoted as the solution to service delivery shortfalls, there has been little attention on the demands of developing structural volunteer management capacity. Structural challenges often prevent public, non-profit and community agencies from meeting the full potential of volunteers. One reason is the cost associated with volunteer programs. Volunteers are not free. Poor management of volunteers is a problem for many organizations. According to the UPS Foundation, the primary reason people stop volunteering is because of poor management.

The field of volunteerism as a profession is expanding. The field offers training, books and other resources, conferences and networking support to those whose work requires managing and recruiting volunteers. By expanding this field, volunteer coordinators will be aware of how to address barriers and issues faced by potential volunteers.

83. Sarah Jane Rehnborg, Ph.D., Catherine K. Fallon, M.P.Aff., Benjamin J. Hinerfeld, M.A., *Investing in Volunteerism, The Impact of Service Initiatives in Selected State Agencies*, (RGK Center for Philanthropy and Community Service, LBJ School of Public Affairs, August 2002).

## *Community supports*

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Community support is essential in allowing individuals to obtain quality services and supports in a manner consistent with their community living preferences. According to the Aging Texas Well Indicator Survey, 62 percent of adults over age 60 feel that they have the supports and services they need to help them live independently in the community. Individuals and families are often overwhelmed when trying to obtain information and arrange for services through a wide variety of state and local agencies.

The Older Americans Act (OAA) created an aging network characterized by local needs determination and initiatives that encourage innovative approaches to service delivery. In Texas, 28 area agencies on aging (AAAs) plan, coordinate, and advocate for a comprehensive service-delivery system addressing older Texans' short- and long-term needs. The Texas Information and Referral Network is an network of state, regional, and local organizations working together in a public-private partnership to collect and share community resource information across 28 geographically dispersed, community-based area information centers.<sup>84</sup> In July 2000, the Federal Communications Commission authorized nationwide use of the 2-1-1 dialing code for access to information about community health and human services. The 2-1-1 system was designed to provide consumers a simple, easy-to-remember number to call when they need help accessing health and human services. A central number allows consumers to find the services they need with fewer calls.

Local communities are beginning to recognize that creating “livable communities” for older Texans is in their economic self-interest. For example, the East Texas Council of Governments has designated Tyler as the first Certified Retirement City in Texas, modeled on programs in other states.<sup>85</sup> This certification indicates that Tyler meets high standards for retiree living, such as low crime rate, affordable housing, quality health care, recreation, and educational opportunities.

Recognizing that local communities need to plan for capacity building to better meet the needs of older Texans, the Texas Department on Aging (now DADS) funded 25 grants to local communities to formally plan and prepare for Aging Texas Well. Each grantee created a list of strategies, ranked the steps in terms of importance and feasibility, and created a clear plan of action to build the community infrastructure to meet their collective goals. Results of the assessments are available at [www.agingtexaswell.org](http://www.agingtexaswell.org). Building on the results of this analysis, DADS created the Aging Texas Well Community Assessment Tool, a Web-based guide to help local entities begin to ask the right questions about preparedness in all Aging Texas Well areas of focus. This tool can be to help a community get started in assessing capacity to support older Texans and can lead to the implementation of civic improvements.

84. Texas Health and Human Services Commission and the Texas Planning Council for Developmental Disabilities, Texas Information and Referral Network. *Finding Help in Texas: A Directory of Information and Referral Providers (Seventh Edition)*. (Austin, TX: Texas Health and Human Services Commission, 1999).

85. Tyler Area Council of Government, East Texas (<http://retire.tylertexas.com/> Accessed April, 2004).

The challenge of building a comprehensive community support system requires partnerships between all sectors of society – government, business, faith and non-profit. DADS has established more than two dozen such collaborations to serve functions that include (but are not limited to) information distribution, special event development, publicity, public relations, printing, joint project development, caregiver assistance and education.

## Summary

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Much has been written in the gerontology literature over the past decade about “successful aging.” The Aging Texas Well initiative assumes that successful aging in Texas requires individuals, state government and local communities working together. To ensure that Texans age successfully, we must:

- 1) **Educate, motivate and empower individuals and their families to adopt a life-long approach to preparing for aging.** This perspective and approach needs to address multiple areas of individual life – from physical, mental and spiritual health to legal and financial preparedness. One instance in which individual responsibility can make a difference is in the reduction of chronic disease and related disability in later life. By adopting healthy lifestyles and following guidelines on regular check-ups, individuals can avoid or reduce high health and long-term care costs later in life. Another simple example of individual preparedness is completion of relatively simple legal documents such as a health care power of attorney.
- 2) **Ensure that state government is ready for an aging population.** A growing number of states are implementing initiatives to conduct the planning and policy analysis that is necessary to proactively prepare for an aging service population (as well as an aging workforce). An aging population will affect every area of state government, with critical areas including transportation, workforce, education and health and human services. Texas has started this process through state agency participation in research conducted by the legacy Texas Department on Aging on state government preparedness.<sup>86</sup> Texas Department on Aging, Survey Responses on the Readiness of State Government to Meet the Challenges of an Aging Texas (July 2002). This process must continue in cooperation with state leadership and in partnership with key state agencies.
- 3) **Build the awareness and capacity in communities (e.g., counties, cities, churches, corporation) to become “aging friendly.”** Local communities around the country are beginning to recognize the economic and other benefits of ensuring that their social infrastructure supports a livable community for older populations. States are beginning to support these communities through creation of tool kits and processes to assist communities in assessing their ability to support older residents. DADS has created an online tool to help communities with this process at [www.agingtexaswell.org](http://www.agingtexaswell.org).

86. Texas Department on Aging, Survey Responses on the Readiness of State Government to Meet the Challenges of an Aging Texas (July 2002).

The executive order issued by Governor Perry recognizes the importance of all three of these perspectives. It encourages individual responsibility through programs such as Texercise, requires DADS to lead a planning effort to ensure the readiness of all Texas state agencies, and requires DADS to work in partnership with local organizations to build community capacity to serve an older population.

## *Notes*

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