



Community Assessment Survey for Older Adults™

City of Arvada, Colorado
2007



3005 30th Street • Boulder, Colorado 80301
www.n-r-c.com • 303-444-7863

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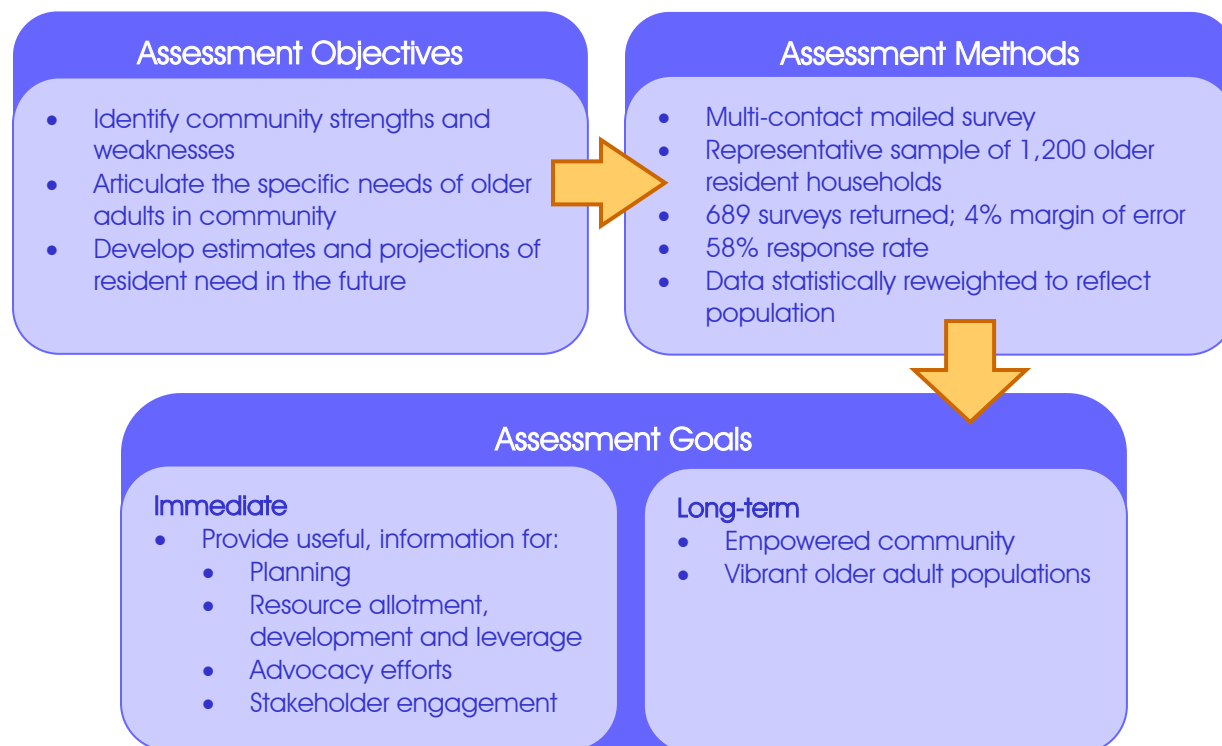
Summary of Findings

With more than one-half of the Baby Boom generation age 50 and older, the flow of older adults is beginning to gush into the demographic pipeline. One-third of all Americans will reach age 50 by 2010. To prepare better for this aging population, or “silver tsunami,” as it has been called, the City of Arvada contracted with National Research Center, Inc. (NRC) to conduct an assessment of the strengths and needs of its older residents. Based upon the perspectives of older residents themselves, the Community Assessment Survey for Older Adults (CASOA™) was developed to provide a statistically valid survey of older adults in communities across America. The study findings will be used by staff, elected officials and other stakeholders to plan for older adult services, programs and facilities. The objectives of the CASOA are to:

- Identify community strengths in serving older adults.
- Articulate the specific needs of older adults in the city.
- Develop current estimates of and projections of older adult residents’ needs into the future.

The results of this exploration will provide useful information for planning and resource development as well as strengthen advocacy efforts and stakeholder engagement. The ultimate goal of the assessment is to create an empowered community that supports a vibrant older adult population in Arvada.

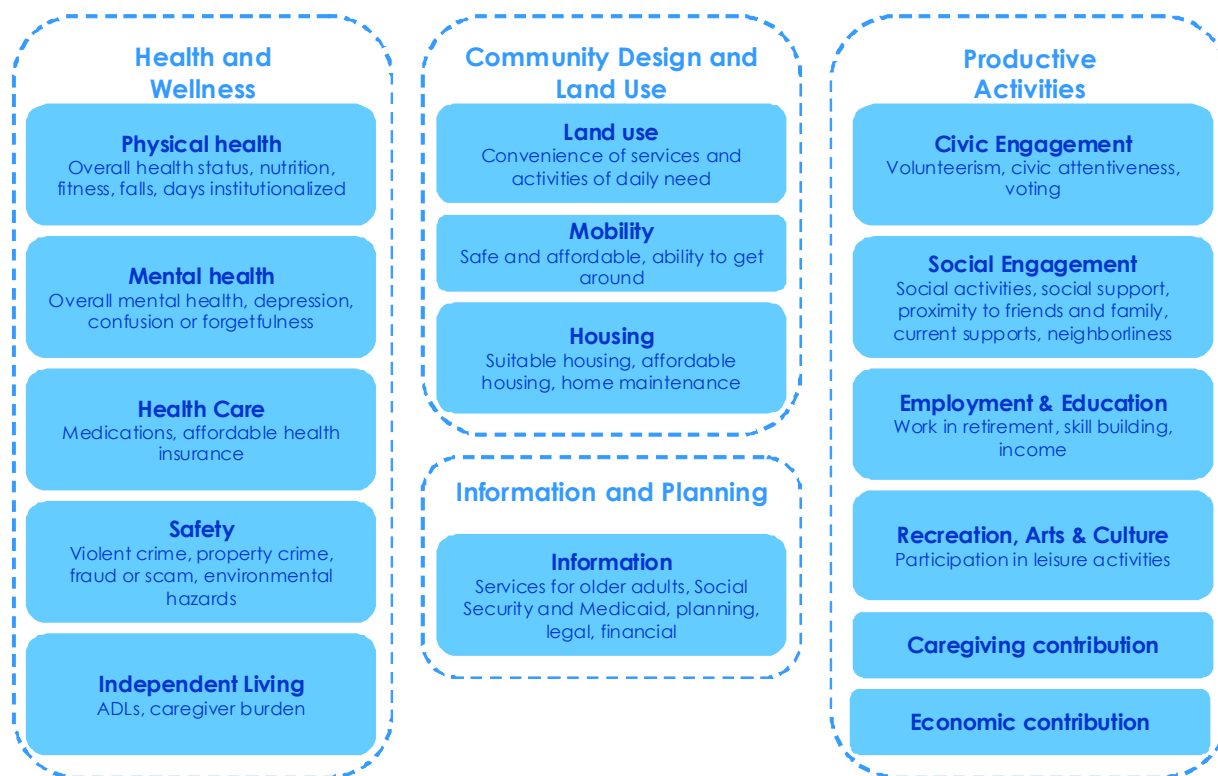
FIGURE 1: CASOA METHODS AND GOALS



The assessment focused on a series of older adult resident needs and the community supports that foster successful aging. More than 40 common needs affecting older adult well being were assessed.

These 40 issues fell into the larger categories of health and wellness; community design and land use; participation in productive activities and community resources for information and planning. Older adults' opinions about current community amenities and opportunities also were measured in the survey.

FIGURE 2: NEEDS AND STRENGTHS ASSESSED THROUGH CASOA

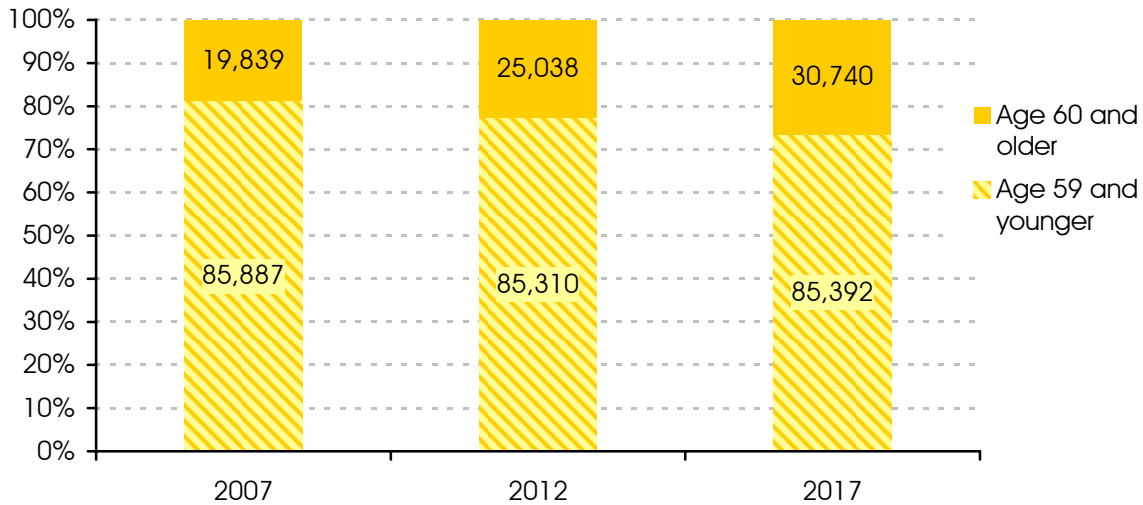


The survey was mailed in July 2007 to a random selection of older residents living in Arvada. Older adult households were contacted three times to participate in the survey. A total of 689 completed surveys were obtained, providing an overall response rate of 58% and a margin of error of +/- 4% around any given percent and 2.2 points around any given average rating for the entire sample.

The "Graying" of Arvada

According to data from the Denver Regional Council of Governments, the Colorado Department of Local Affairs and the U.S. Census there were about 19,900 older adults (age 60 or older) living in Arvada in the year 2007; this amounted to 19% of the city's total population. Five years after, in 2012, the older adult population in Arvada is projected to be over 25,000. The older adult population of Arvada is expected to reach about 30,700 by 2017, or a 7% increase in older adults from 2007.

FIGURE 3: OLDER ADULT PORTION OF THE TOTAL POPULATION OF THE CITY OF ARVADA, CURRENT AND PROJECTED



Source: Based on data from the Denver Regional Council of Governments, the Colorado Department of Local Affairs and the U.S. Census.

The population swell in communities across America will present varied opportunities and challenges to local government service provision. Areas of specific opportunity and challenge for the City of Arvada’s aging population are provided in the remainder of this summary.

Arvada Opportunities and Challenges

Older adults may not complain, but not every community leaves older adults raving about the quality of community life or the services available for active living and aging in place. Communities that assist older adults to remain as or become active community participants provide the requisite opportunities for recreation, transportation, culture, education, communication, social connection, spiritual enrichment and health care. It is not a package mix, so each community must identify what its older adults seek and what the community provides. The judgments of the residents for whom community planning takes place, provide the elements of an equation that describes the overall community quality of Arvada.

Survey respondents were asked to rate more than 35 aspects of the community related to health and wellness opportunities; community land use and design; and opportunities for productive activities. Ratings were converted to an average scale of 0 (the lowest rating, e.g., “poor”) to 100 (the highest rating, e.g., “excellent”). (For more information on how the summary scores were calculated, see Appendix C: Methods.)

First, the report describes how older residents’ view Arvada as a community that creates a thriving environment for older adults and then describes residents’ self-reported needs. It was found, overall, that Arvada was rated positively by its older residents. Many rated the city as a “good” place to live although ratings of the city as a place for retirement were lower. Summary scores were calculated for categories of community quality to provide a broad picture of the perceived fit between what the community offered to older adults and what older residents needed. Summary ratings for Arvada demonstrated that older resident felt the areas of community land use and design were, on average, provided best. Opportunities in the areas of: health and wellness and

productive activities were rated less favorably with community information receiving the lowest average rating.

FIGURE 4: READINESS SUMMARIES OF ARVADA



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

Older Resident Needs in Arvada

Older adults, more than others, face difficulties with aspects of everyday life. For many older adults these difficulties vastly exceed the minor physical pains or small losses of function that characterize almost everyone's circumstances after a certain age. When individual problems are added together, a group picture emerges that provides a useful description of the entire community of Arvada. Nationally, areas where older adults face the largest share of life's challenges include caregiving, health and mental health, in-home support, nutrition and food security and transportation. As part of this study, certain problems or stressors encountered by older adults in Arvada are described, such as physical and emotional difficulties and injuries that have compromised their independence. Also presented are their current needs and from those, the magnitude of aggregate needs the community may anticipate in the coming decades.

Typically, it is understood that the self-reported needs of older adults represents the minimum level of community need, a conservative estimate attenuated by respondents' strong desire to feel and appear self-reliant and further reduced by the silent whisper of some older adults who, no matter how sensitive the attempt, are too frail to participate in any survey enterprise.

Nonetheless, clear patterns of needs and strengths emerged from this assessment. For this summary, the 40+ potential needs of older adults assessed in CASOA were aggregated into larger categories and merged with information regarding older resident daily activities to provide a broad picture of older residents' needs in Arvada. (See Appendix A: Older Adult Needs for prevalence of specific needs in Arvada and Appendix C: Methods for more information on the computation of these summary scores). These older adult needs categories are provided below along with the proportion and number of residents who reported the need and the population projections for the needs in the years 2012 and 2017 (if no changes are made in service delivery).

The greatest areas of resident need were civic engagement, information and planning, physical health and housing. Issues in the area of home maintenance, social engagement, financial, mental health, social supports and health care also were determined to be problematic for one in five older residents in Arvada. Older residents reported the lowest prevalence of need in the areas of safety, caregiver burden and risk of institutionalization, although these needs can be quite serious for the 5-10% of seniors affected.

It should be understood that the percent of the population that experiences a problem is not a measure of how difficult a problem is to endure for the people who share it. Some needs, though rare as a percent of residents, have particularly devastating impact on a residents' quality of life – for example, needing help transferring from bed to wheelchair or having a problem with safety, so it is important to consider both the prevalence of the need and its centrality to a residents' sustained independence.

TABLE 1: OLDER RESIDENT NEEDS IN ARVADA

	Percent with need	Number affected in 2007 (n=19,839)	Number affected in 2012 (n=25,038)	Number affected in 2017 (n=30,740)
Civic engagement needs	82%	16,308	20,582	25,269
Information and planning needs	51%	10,047	12,680	15,568
Physical health needs	37%	7,285	9,194	11,288
Housing needs	31%	6,198	7,822	9,603
Home maintenance needs	30%	5,856	7,390	9,073
Social Engagement needs	29%	5,715	7,213	8,855
Financial needs	26%	5,095	6,430	7,895
Mental health needs	24%	4,834	6,101	7,491
Social support needs	24%	4,749	5,993	7,358
Health care needs	20%	3,964	5,002	6,142
Employment and education needs	15%	3,041	3,838	4,712
Recreation, arts and culture needs	14%	2,826	3,567	4,379
Mobility needs	12%	2,333	2,945	3,615
Institutionalization risk needs	10%	1,986	2,506	3,077
Caregiver burden needs	9%	1,748	2,206	2,708
Safety needs	7%	1,413	1,783	2,190

Populations at High Risk

As people age, they learn to take better care of themselves, to plan for retirement and, generally, to move more deliberately. Aging builds wisdom but can sap resources—physical, emotional and financial. Even those blessed by good luck or those prescient enough to plan comprehensively for the best future may find themselves with unanticipated needs or with physical, emotional or financial strengths that could endure only with help. Some people age better than others and aging well requires certain strengths that are inherent and others that can be supported by assistance from the private sector and government. Numbers of needs and the groups with the most needs are shown in Table 2 and Table 3. Although needs were spread across the board, residents reporting the largest number of unresolved needs in Arvada were more likely to be: older and with an income less than \$25,000.

TABLE 2: RISK STATUS OF OLDER POPULATION

Number of items (out of 39) rated as a “moderate” or “major” problem	Percent of respondents
No problems	30%
1 to 3 problems	35%
4 to 9 problems	25%
10 or more problems	11%
Total	100%

TABLE 3: RISK STATUS OF OLDER POPULATION BY SOCIODEMOGRAPHIC CHARACTERISTICS

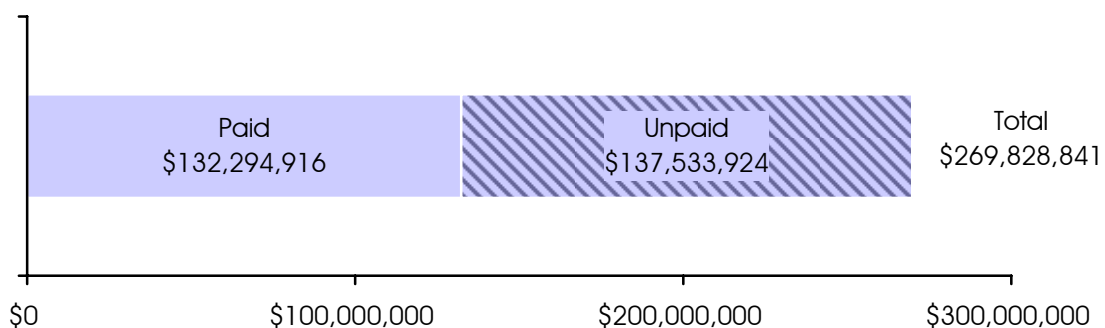
	No problems	1 to 3 problems	4 to 9 problems	10 or more problems	Total	Average number of problems	Estimated number of older adults affected
Female	28%	39%	22%	11%	100%	5	8,018
Male	32%	31%	28%	10%	100%	5	5,652
Overall	30%	35%	25%	11%	100%	5	13,958
60 to 74 years	33%	34%	22%	10%	100%	5	9,121
75 to 84 years	24%	34%	33%	10%	100%	5	3,401
85 or over	18%	46%	22%	15%	100%	5	1,292
Overall	30%	35%	25%	11%	100%	5	13,958
White	29%	35%	26%	10%	100%	5	12,962
Not white	39%	29%	14%	18%	100%	7	443
Overall	30%	35%	25%	10%	100%	5	13,958
Hispanic	21%	36%	13%	30%	100%	7	776
Not Hispanic	30%	36%	25%	10%	100%	5	12,598
Overall	30%	36%	24%	11%	100%	5	13,958
Less than \$25,000	19%	34%	26%	21%	100%	6	4,621

	No problems	1 to 3 problems	4 to 9 problems	10 or more problems	Total	Average number of problems	Estimated number of older adults affected
\$25,000 to \$74,999	35%	33%	24%	8%	100%	5	5,796
\$75,000 or more	34%	40%	22%	4%	100%	4	802
Overall	29%	34%	24%	12%	100%	5	13,958
Rent	20%	36%	38%	7%	100%	4	3,443
Own	32%	35%	21%	11%	100%	5	10,313
Overall	30%	35%	25%	10%	100%	5	13,958
Lives alone	28%	34%	25%	13%	100%	5	5,390
Lives with others	31%	35%	24%	9%	100%	5	8,311
Overall	30%	35%	25%	11%	100%	5	13,958
Number of items (out of 39) rated as a "moderate" or "major" problem							

Contributions of Older Adults to Arvada

Advantages of a community with a significant number of older adults can be read in lower crime statistics and smaller costs for infrastructure that requires fewer schools, less road maintenance, less crime fighting and smaller landfills for unrecoverable resources. But the advantages that older adults provide to Arvada extend beyond the passive benefits of lower cost. Older residents have time and inclination to offer productive work whether paid or not. In Arvada, older adults provide significant paid and unpaid contributions. In addition to their paid work, older adults contributed to Arvada through volunteering, providing informal help to family and friends, and offering more extensive caregiving. The value of these unpaid contributions by older adults in Arvada is estimated to be about \$137 million in a 12-month period. (See Economic Contribution of Older Adults, page 54, for a detailed breakdown of the contributions by category and Appendix C: Methods for more information on the calculations.)

FIGURE 5: ESTIMATED ANNUAL ECONOMIC CONTRIBUTIONS OF OLDER ADULTS



Conclusions and Recommendations

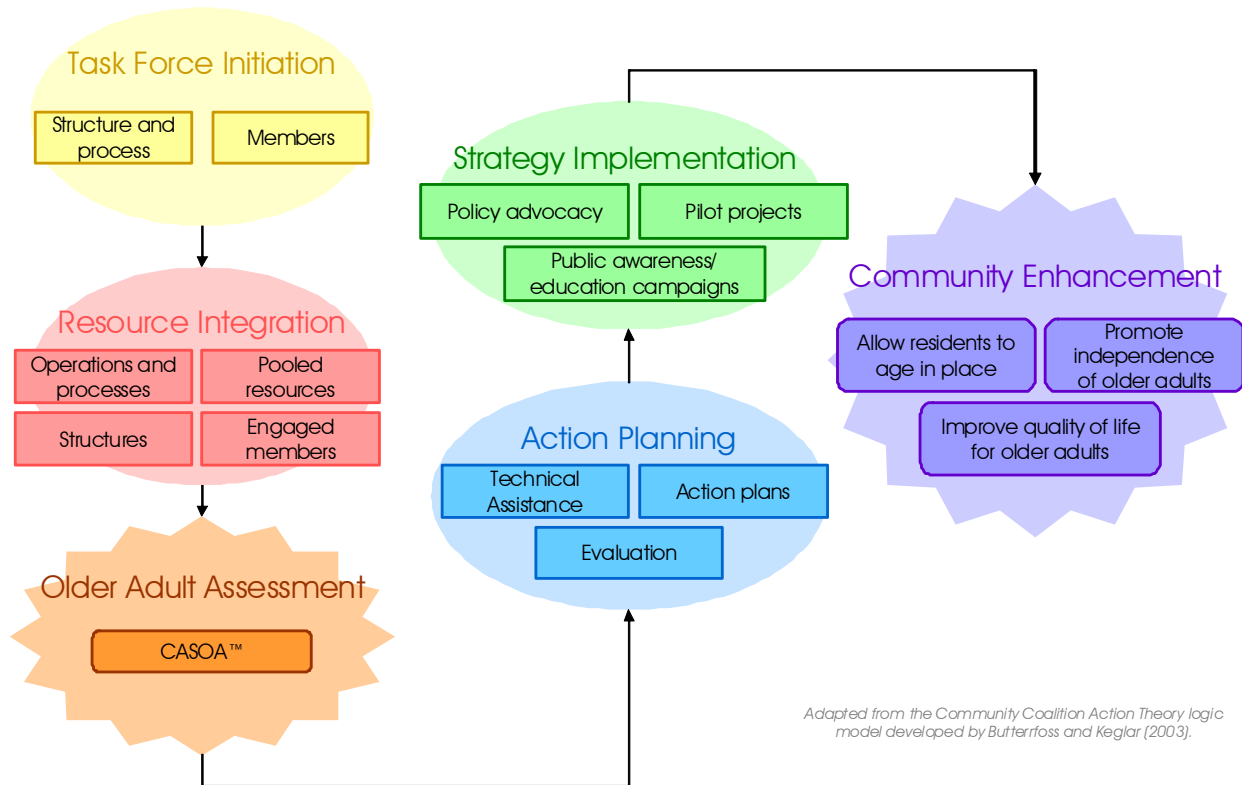
The CASOA assessment provides a wealth of data about the strengths and needs of Arvada’s older adult population. Most seniors are flourishing in Arvada. By and large, they are mobile, healthy and engaged in a variety of productive activities. Older residents experience a good quality of life in Arvada and most plan to stay in the community.

Nonetheless, there are needs evident in Arvada’s older adult population which are likely to increase dramatically as the population ages over the next decades. Areas where Arvada older residents demonstrated the highest need included civic engagement; information and planning; physical health and housing.

Strengthening the Community with an Older Adult Coalition

Results that matter get acted upon, so an important first step to help ensure that the results of this assessment are used is to establish or empower an existing older adult task force or coalition that can decide which of these results matter. Given the upcoming significant growth in the number of seniors in Arvada, the need for collaboration is great among government, community-based organizations and the private sector. Whether large or small, well-endowed or under-funded, coalitions help strengthen cities through developing the community’s planning capacity, increasing collaborative problem solving, promoting cooperation, developing advocacy capacity and increasing information access.¹ A model of how an older adult coalition or task force might proceed with CASOA data is presented in the figure below.

FIGURE 6: A MODEL OF OLDER ADULT COALITION FUNCTIONING



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

As presented in the preceding graphic, the coalition could use data from CASOA to develop an action plan that would identify areas for policy work, design public information campaigns and strategies to generate resources to fund pilot projects in the community. In addition, the consortium may serve as a “learning group” where various members or outside experts provide periodic lectures or host discussions on issues important to serving older adults, identifying trends in senior programming and the best practices to promote successful aging.

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

Opportunity 1: Civic Engagement

Similar to residents of the same age in many communities across the nation, older residents in Arvada demonstrated significant needs in the area of civic engagement. Civic activity, whether it is through volunteering or participating in community decision-making not only provides benefit to communities but also serves seniors themselves. Studies have found that volunteering in later life is associated with physical and functional health, lower injury rates and better psychological well being. Those who volunteer are less likely to become injured or to die prematurely.² If Arvada seeks to increase the civic engagement of older residents, its decision makers may wish to consider a number of the following actions:

- Opportunities**

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

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

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

2. Actively promote senior volunteerism

Barriers, both real and perceived, to older adult volunteering include the difficulty of linking supply (volunteers) with demand (volunteer opportunities), insufficient public awareness about volunteer opportunities, workplace policies too inflexible to encourage employees to volunteer, insufficient transportation, and ageism.³ One basic and potentially powerful step to get older adults involved is simply to ask them to get involved.⁴ A year 2000 study found that older adults were five times more likely to volunteer if only they were asked.⁵ The Corporation for National and Community Service Web site¹ lists effective practices on recruiting senior volunteers.

¹ <http://www.nationalservicerresources.org/initiatives/boomers/boomers.php>

The National Governors Association recommends the following government practices to promote senior volunteerism: 1) create public awareness of potential opportunities and inherent value of volunteering, 2) create competitive grant programs to provide more volunteer programs in the community, 3) create a needs and assets inventory to match volunteers to programs, 4) educate employers on benefits of employer-sponsored volunteering.³ Additional resources for older adult volunteerism are provided in an environmental scan in the *Journal of Transformative Education*.⁶

3. Consider community design and land use policy to “build community”

New Urbanists and smart growth advocates argue the importance of community planning and land use to provide opportunities for civic life and activity. For more information on urban design guidelines that promote community building see the Urban Design Advisory Service’s *Seniors Living Policy: Urban Design Guidelines for Infill Development*⁷ and The North Carolina Division of Aging and Adult Services Web site promoting the best practice in livable and senior friendly communities.⁸

Opportunity 2: Information and Planning

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

- Opportunities**

 1. Increase public awareness of programs and services
 2. Develop a clearinghouse for all services offered to seniors in community
 3. Offer information and planning activities on a large scale

1. Increase public awareness of programs and services

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

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

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

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

There is need not only to increase knowledge about services offered by Arvada local government but also information about services provided by other organizations. Valuable services are currently

offered by private, public and nonprofit agencies with a lack of centralized location for people to find out about services (or without most local older adults being aware of that central repository). Increasing knowledge about services to older adults may decrease the burdens placed on local government by spreading the demand among government and non-governmental agencies.

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

3. Offer information and planning activities on a large scale

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

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

Opportunity 3. Housing

Availability and costs of appropriate housing can be a significant barrier to older adults trying to age in place. Affordable housing was found to be a significant issue for seniors living in Arvada. More than one half of residents rated the availability of affordable quality housing as “fair” or “poor” and one-fourth of older residents were found to pay housing costs which were greater than 30% of their income. Although housing costs are largely determined by supply and demand, communities seeking reductions to housing cost burden for older residents might want to consider the following practices:

- Opportunities**

 1. Consider zoning regulations that encourage affordable housing options
 2. Develop programs that reduce housing costs
 3. Partner with developers and builders to provide affordable senior housing projects

1. Consider zoning regulations that encourage affordable housing options

Zoning regulation and development fees often can discourage the production of affordable housing. Modifying these policies to incent mixed-use, high-density and/or infill developments can help create housing stock with lower cost burden to seniors. The Urban Land Institute has produced a 2005 guide “Best Practices in the Production of Affordable Housing” which discusses issues with predevelopment, financing and sustainability and growth⁹ and a 2002 report from the Commission on Affordable Housing and Health Facilities Needs for Seniors in the 21st Century provides a list of best practices in affordable senior housing.¹⁰

2. Develop programs that reduce housing costs

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

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

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

Opportunity 4: Physical Health

Older residents often cite good health as the key to successful aging.¹¹ Arvada is fortunate that most of its older adult residents report good health. However, health promotion and continued prevention of chronic disease will aid in maintaining the quality of life of Arvada's older residents. Communities seeking to maintain and improve the health of their older residents might consider the following actions:

1. Actively promote good health practices

Awareness of and support for the implementation of four strategies that have proven effective in promoting the health of older adults may continue to help keep older adults in Arvada healthy: 1) Healthy lifestyle promotion (physical activity, eating a healthy diet, not using tobacco, etc.), 2) Early detection of disease (health screenings, regular checkups, immunizations, 3) Injury prevention (e.g., housing modifications) and 4) Promotion self-management techniques (e.g., arthritis self-help course).¹²

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

2. Provide attractive fitness opportunities for older residents

When seniors lose the ability to do things on their own, it usually does not happen simply because they age. More often it is because they have become inactive. It is estimated that 47% of people aged 65-74 and 60% of people 75 and older are sedentary.¹³ A recent article in the *Journal of Active*

Opportunities

1. Actively promote good health practices
2. Provide attractive fitness opportunities for older residents
3. Consider community design features to promote active-living communities
4. Promote access to fruits, vegetables and healthy eating choices

Aging reports: “The biggest message to bring across is that with every increasing decade of age, people become less and less active; but the evidence shows that with every increasing decade, exercise becomes more important in terms of quality of life, independence and having a full life. So as of now, Americans are not on the right path.”¹⁴ Research fuels new physical activity recommendations for older adults.¹⁴

Some promising programs to get older residents moving include: pedometer or walking programs; outdoor recreation opportunities such as hiking, biking, bird watching.; mind-body exercises such as Pilates and yoga; and organized events such races and triathlons uniquely for seniors. Other fitness programs for seniors are provided in the American Society on Aging’s *Live Well, Live Long: Steps to Better Health Series*.¹⁵ Not only should these programs be promoted actively through recreation and senior centers but also through employers, schools, faith communities and other community based organizations. Programs aimed not only at seniors will help to establish good habits among young people, too, and may diminish obesity and sedentary behavior across all ages.

3. Consider community design features to promote active-living communities

Much is published about the importance of the built environment and its role in promoting physical activity. A recent review of literature on environmental factors that affect physical activity has found many significant associations between health and the accessibility of facilities, opportunities for physical activity, pedestrian friendly street plans¹⁶ and safety.¹⁷ Focusing on community planning and design features that emphasize concepts of New Urbanism and Smart Growth may have strong impacts not only on older adult physical activity but also on traffic, environmental quality, community safety and opportunities for building social capital.^{18,21} For more information on planning communities that promote active aging, see the Partnerships for Prevention’s guide: *Creating Communities for Active Aging*,²² the Active Living Leadership’s *Primer on Active Living for Government Officials*²³ and Robert Wood Johnson Foundation’s *Leadership for Healthy Communities*.²⁴

4. Promote access to fruits, vegetables and healthy eating choices

Food security refers to the ability to access, at all times, enough food for an active, healthy life.²⁵ Nationally, more than 1.6 million of households with seniors are estimated to be “food insecure” and the rate of food insecurity triples for elders in poverty.²⁶ Nationally, food insecure seniors were 2.3 times more likely to report fair/poor health status and had higher nutritional risk than their younger counterparts.²⁷ However, communities can make a difference. In a recent study of 17 community-led health programs, communities that provided greater access to fresh produce showed greater increases in resident fruit and vegetable consumption.¹⁶ Innovative programs to promote healthful eating for older residents include: 1) Senior Community-supported Agriculture (CSA) projects (a strategy that allows senior consumers to purchase shares of a local farmers harvest), 2) “farm to institution” programs where local farmers deliver produce for cafeterias of hospitals, nursing homes and assisted living facilities, and 3) senior farmers’ markets. Information on projects aimed at increasing the food security of seniors appears at www.foodsecurity.org or and more information on food security issues and older adults is on America’s Second Harvest Fact sheet on Senior Hunger.²⁷ In addition to these resources, the USDA has produced a food security toolkit that provides a series of tools to help communities assess their food security and target areas and populations in need.²⁸

Conclusions

In summary, this assessment captured the perspective of Arvada's older residents, demonstrating widespread agreement that seniors are generally satisfied with the current quality of life in the community. Attendant to the older adult residents in Arvada is widespread (albeit not uniform) good health, engagement in social and physical activities and a positive outlook on conditions here. The City of Arvada is doing a good job of providing opportunities for older residents, but there are limitations to continued success that need to be addressed before the full force of the growth in the number of older adults hits.

If no changes occurred in the older adult population, the community would continue to offer a good quality of life for its residents. However, as the "silver tsunami" overtakes Arvada (as it will in the U.S. and abroad), the current resources available to older adults will not suffice. Services will need to be expanded and re-configured to suit the older-old and the younger-old; new techniques will need to be employed to educate residents about programs and facilities; more effective partnerships and networking will be required to provide integrated service opportunities; and new community design and land use policies will need to be adopted.

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

An AARP executive noted about America's aging: "It would be hard to overstate the significance of these shifts... But from here on, every planning decision made in every town community must take into account the impact on older residents, who can no longer be an afterthought. The ability of our institutions to adapt to an aging nation will be one of the great American Challenges of the 21st century."²⁹

With more than one-half of the Baby Boom generation age 50 and older, the nation is increasingly becoming populated by older adults. One-third of the U.S. population will reach this senior milestone by 2010. Aging not only occurs to nations and individuals, it happens to communities. Hoping for healthy older adults cannot transform the inevitable declines that most people face as they age. Even a healthier America will not avert the need to assist older adults who are frail. The Older American's Act (OAA) currently supports a national aging services network that provides home and community-based services to over 8 million older adults. Services provided by the network include home-delivered meals, nutrition education, transportation, adult day care, health promotion and the support of caregivers.³⁰ But the OAA alone cannot ride to the rescue of those among the 76 million aging Baby Boomers who will press unprecedented demands on this country's social services. And the OAA cannot keep all older adults well and independent. More must be done and done by more actors. The traditional model of government service to needy recipients is unsustainable.

Therefore, much of the planning for this demographic swell must be led not just by Congress and national organizations, but by city councilors, Area Agency on Aging advisory boards, county commissioners, faith communities, service club members, college presidents, hospital administrators, business owners and community members. An aging world need not be a cheerless den of decrepit seniors whose own resources depleted, lead fully dependent lives in nursing homes. Imagine communities filled with older adults who have the wherewithal to purchase consumer goods and services, participate in local politics, learn new skills, live at home, harm no one, share their accumulated wisdom, help their neighbors, broker their talents – in short, imagine a healthy group of civically engaged adults who take little and give a lot.

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

This report offers a picture of community need that creates a model of local challenges and priority solutions. This needs assessment will show current and projected shifts in the age profile of the region. In its monograph, "Active Living for Older Adults," the International City/County Management Association (ICMA) calls for involving "older residents early in the decision-making process,"³¹ and to do that with, among other tools, surveys and focus groups of older adults themselves. Older adult needs cannot be understood clearly without talking to older adults, so a statistically valid survey of older residents is essential to hear the voice of the people who are to be served.

About CASOA

The Community Assessment Survey for Older Adults (CASOA™) was developed to provide a statistically valid survey of the strengths and needs of older adults as reported by older adults themselves in communities across America. This report is intended to enable local governments, community-based organizations, the private sector and other community members to understand more accurately and predict more carefully the services and resources required to serve an increasingly old population. With this report, Arvada stakeholders can shape public policy, educate the public and assist communities and organizations in their efforts to sustain a high quality of life for older adults. The objectives of the CASOA are to:

- Identify community strengths in serving older adults.
- Articulate the specific needs of older adults in the region.
- Develop estimates of and projections of older adult residents' needs into the future.

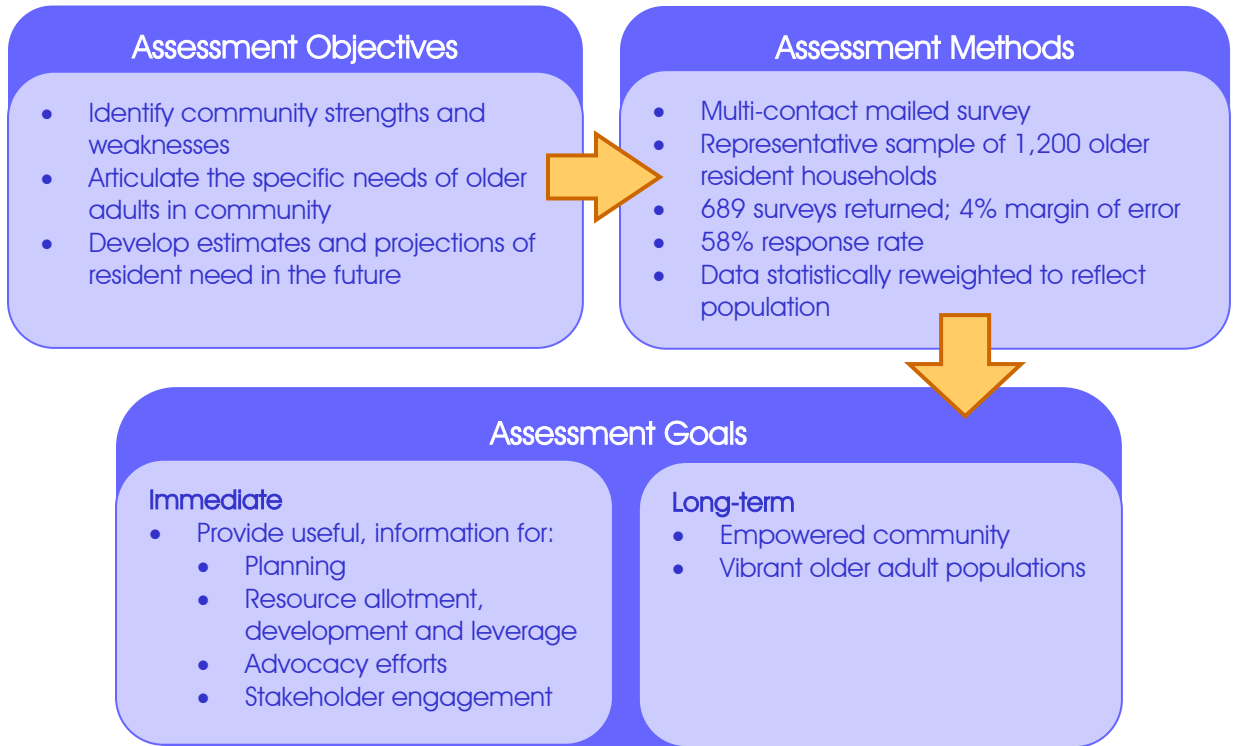
The results of this exploration will provide useful, information for planning and resource development as well as strengthen advocacy efforts and stakeholder engagement. The ultimate goal of the assessment is to create empowered communities that support vibrant older adult populations.

The CASOA questionnaire contains many questions related to the life of older residents in the community. Survey participants were asked to rate their overall quality of life, as well as aspects of quality of life in Arvada. They also evaluated characteristics of the community, and gave their perceptions of safety of Arvada. The questionnaire assessed the individual needs of older residents and involvement by respondents in the civic and economic life of Arvada.

The survey and its administration are standardized to assure high quality survey methods and comparable results across CASOA jurisdictions. Participating older adult households were selected at random and the household member who responds was selected without bias. Multiple mailings gave each household more than one chance to participate with self-addressed and postage paid envelopes. Results were statistically weighted to reflect the proper demographic composition of older adults in the entire community.

The CASOA customized for Arvada was developed in close cooperation with local staff. The City of Arvada staff provided the appropriate letterhead and signatures for mailings. City of Arvada staff also provided population data.

FIGURE 7: CASOA METHODS AND GOALS

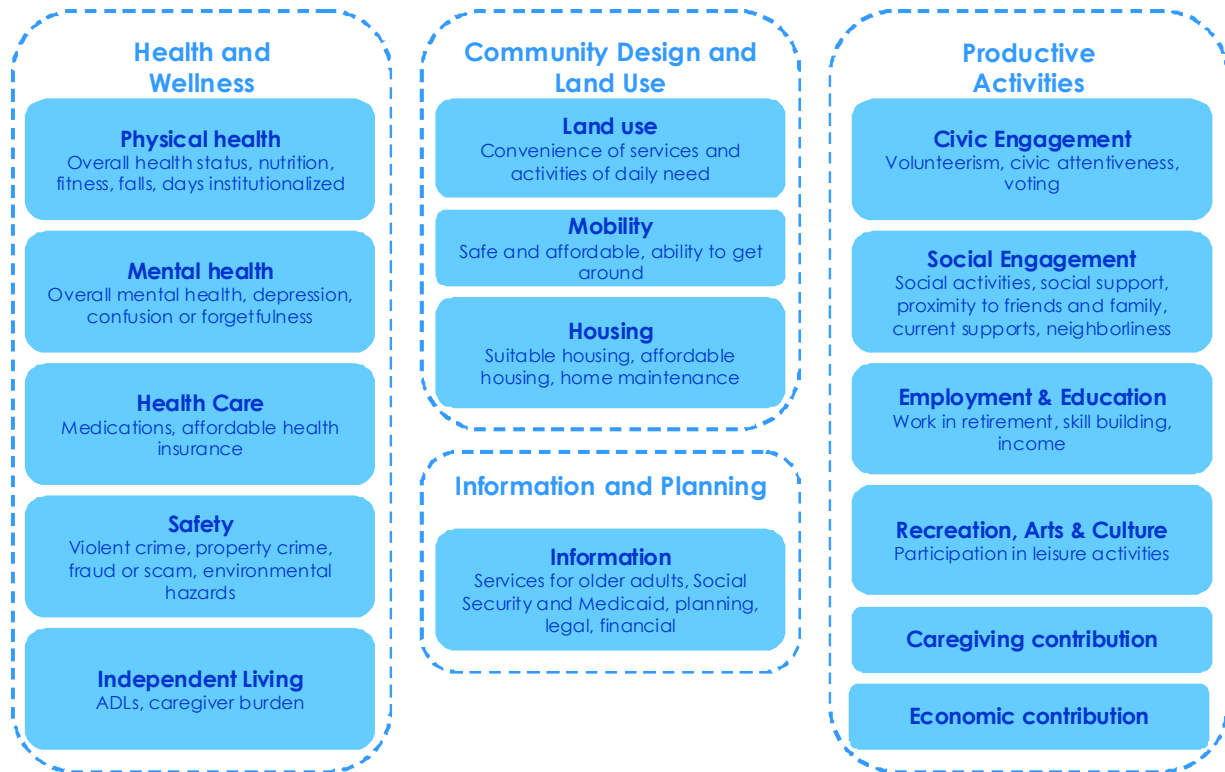


For more information on how to read and interpret this report, as well as additional methodological information, refer to Appendix C: Methods.

Structure of the CASOA Report

This report is based around four categories of community: health and wellness; community land use and design; participation in productive activities and community resources for information and planning. Within each chapter of the report, data related to community readiness to serve older adults and specific strengths and needs of older adults are presented. Each chapter and section begins with older residents’ ratings of Arvada and is followed by resident behaviors and needs. Preceding these areas of strength and need is a demographic profile of older adults in Arvada and general ratings of Arvada as a place for older residents.

FIGURE 8: COMMUNITY NEEDS AND STRENGTHS ASSESSED THROUGH CASOA



Demographics

The graying of America, or, to use an image that evokes more dramatic consequence, “the silver tsunami,” can be understood in simple population counts. The number of people in the United States over the age of 65 is projected to more than double from 35 million in 2000, to 71 million in 2030. Additionally, a dramatic increase in the average age of the older population is expected. While 4.2 million persons were age 85 and older in 2000, further declines in mortality could lead to a five-fold increase in the number by 2040.³²

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

The Baby Boom generation is beginning to enter older adulthood, creating a new disruption in social institutions akin to what occurred when they were younger: crowding hospitals, schools, and colleges, transforming markets, trends and the workplace.³³ In their later years, Boomers likely will have a similar impact on retirement, health, housing, transportation, education, community and family life.³⁴

The “demographic revolution” that began in 1946 is expected to result in a broad array of challenges and opportunities in the near future and will create a great shift in national priorities.³³ Trends that are apparent include:

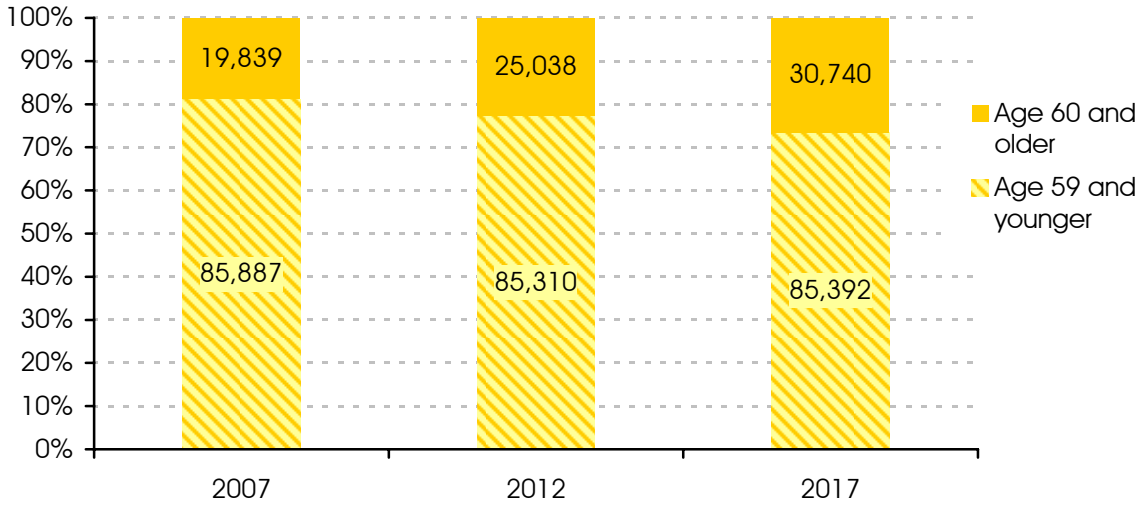
- Advances in medical and related sciences, coupled with trends in exercise and healthy lifestyles suggest that people will not only live longer but the number of Americans who live up to and beyond 85 years of age will continue to grow³⁵
- Older adults will be wealthier and better educated than past generations³⁵
- Baby Boom retirees will have a stronger desire to make contributions beyond traditional retirement³⁶
- People are likely to stay in the workforce longer than ever before³⁷⁻³⁹
- The older adult population will be more racially and ethnically diverse³⁵
- The epicenter of economic and political power will shift from the young to the old³⁵

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

A Profile of Older Adults in Arvada

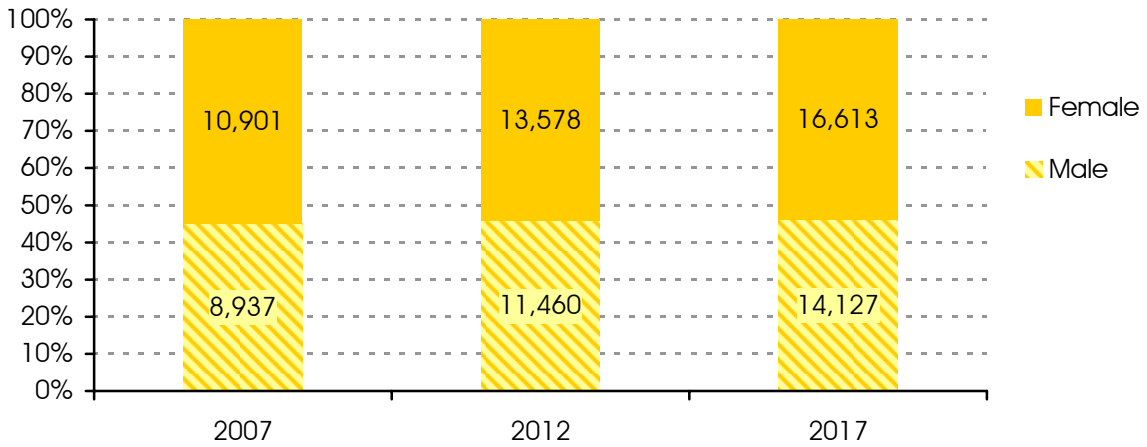
In the year 2007, there were 19,839 older adults (persons 60 and over) living in Arvada. In 2012, the number of older adults was estimated to be 25,000, about 23% percent of Arvada’s residents. This percent of older residents is projected to be 26% in 2017, increasing the number of older residents to over 30,000.

FIGURE 9: OLDER ADULT PORTION OF THE TOTAL POPULATION OF THE CITY OF ARVADA, CURRENT AND PROJECTED



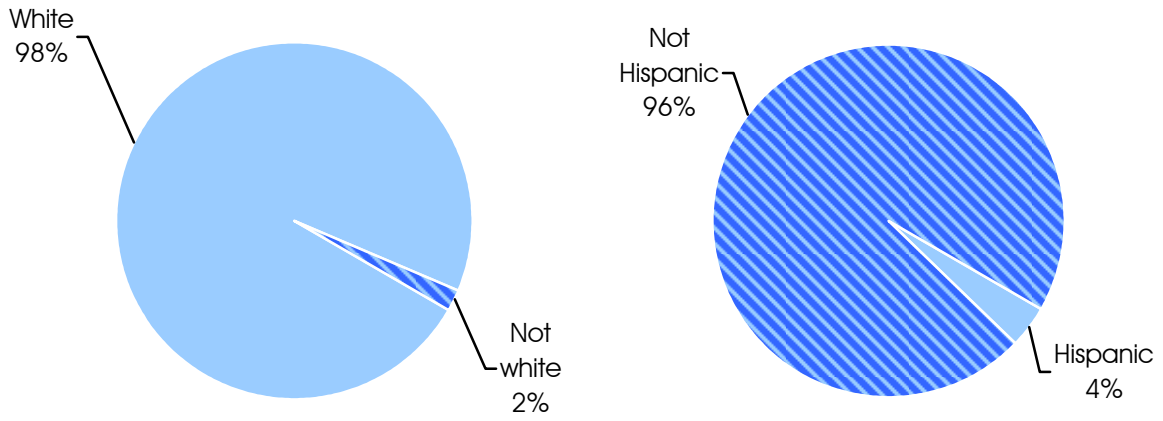
Source: Based on data from the Denver Regional Council of Governments, the Colorado Department of Local Affairs and the U.S. Census.

FIGURE 10: MALE AND FEMALE PORTIONS OF THE OLDER ADULT POPULATION OF THE CITY OF ARVADA, CURRENT AND PROJECTED



Source: Based on data from the Denver Regional Council of Governments, the Colorado Department of Local Affairs and the U.S. Census.

FIGURE 11 : RACE AND ETHNICITY OF THE OLDER ADULTS AGE 60 AND OVER IN THE CITY OF ARVADA, 2000



Residential Stability

According to a survey by AARP, more than 8 in 10 adults over age 45 want to live roughly where they live now “as long as possible.”⁴⁰ That does not necessarily mean the exact same dwelling, but it does mean within only a few miles and in a state of self-sufficiency, if possible. To “age in place” implies both personal strength and provision of community assistance as needed. In different communities, older adults have different intentions, so it is essential to understand what older adults in Arvada are anticipating in their retirement. By learning directly from older adults, planning can begin for the services required for them to remain independent and the community can attract other older adults who are likely to find those kinds of services appealing.

In fact, according to the Census Bureau, fewer than 5% of people 55 and older move in any given year, and the bulk of those do not go very far: 49% of movers stay within the same county, and only 25% move to a different state. Of those who do cross state lines, the major lure is not weather, tax relief, or a new adventure: people usually move to be closer to family.⁴¹ A majority of Arvada’s older residents have lived in the community for more than 20 years. Further, most of the seniors plan on staying in Arvada for the next five years.

FIGURE 12: LENGTH OF RESIDENCY IN ARVADA

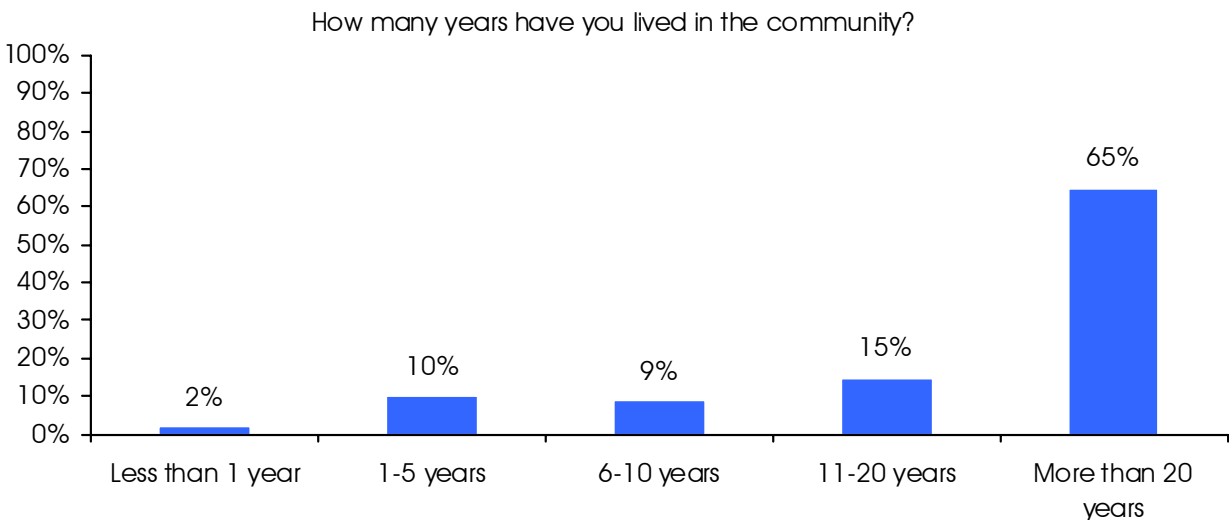
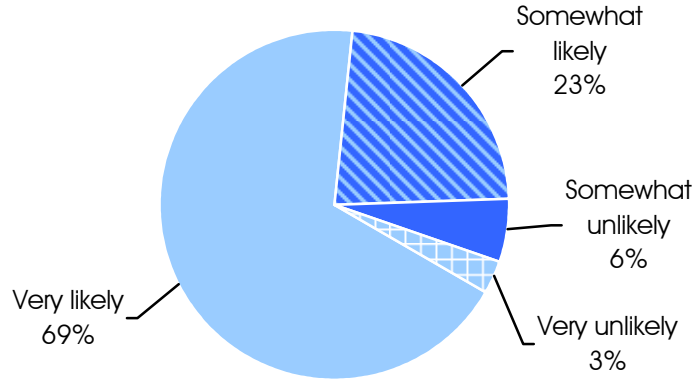


FIGURE 13: LIKELIHOOD OF REMAINING IN ARVADA THROUGHOUT RETIREMENT

How likely or unlikely are you to remain in the community throughout your retirement?

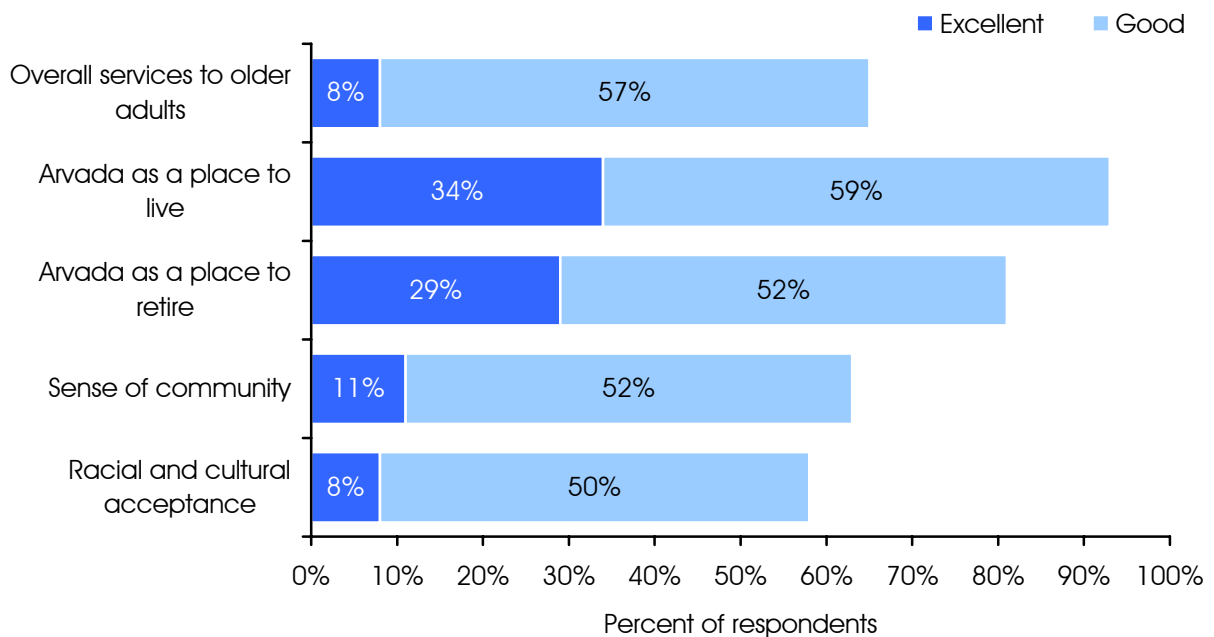


The City of Arvada as a Place for Older Residents

CASOA™ contained a number of questions related to the life of older residents in the community. Survey participants were asked to rate the overall quality of the city, as well as other aspects of community life in Arvada. The questionnaire assessed use of the amenities of the community and involvement by respondents in the civic and economic life of Arvada.

Most of Arvada’s older residents gave high ratings to the community as a place to live and place to retire. Services offered to older adults were considered “excellent” or “good” by six in ten older residents in Arvada.

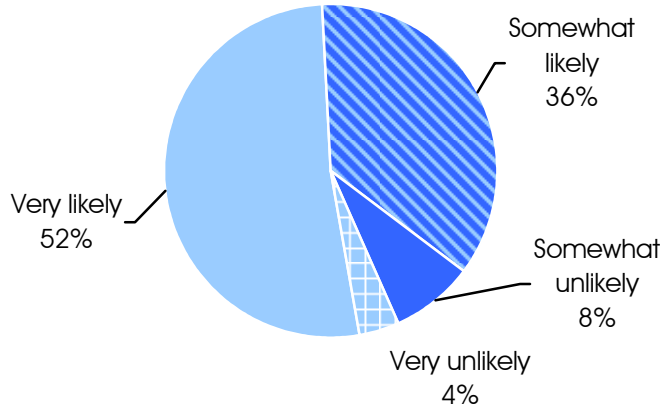
FIGURE 14: ARVADA AS A PLACE FOR OLDER RESIDENTS



Once a community has evolved programs and policies that successfully offer an attractive environment to older adults, one of the most telling signs of success is the willingness of residents to recommend that jurisdiction to other older adults. Generally, residents will not recommend a community to friends unless that community is seen to be offering the right services with optimal effectiveness. A place cannot be just “okay” for a person to become a reference for it. Just how successful Arvada has been in creating a notably exceptional setting for older adults can be sensed by the number of older residents so enamored of the community that they will recommend it to a friend. In Arvada, many reported they would recommend the community.

FIGURE 15: OLDER RESIDENTS' LIKELIHOOD OF RECOMMENDING ARVADA TO OTHERS

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



Community areas of health and wellness; community land use and design, productive activities and information and planning contribute significantly to the quality of community life for older residents. Each of these topics is covered in greater detail in the following sections. Within each chapter of the report, data related to specific strengths and needs of older adults are presented. Each chapter, and section within, begins with older residents’ ratings of Arvada and is followed by resident behaviors and needs.

Health and Wellness

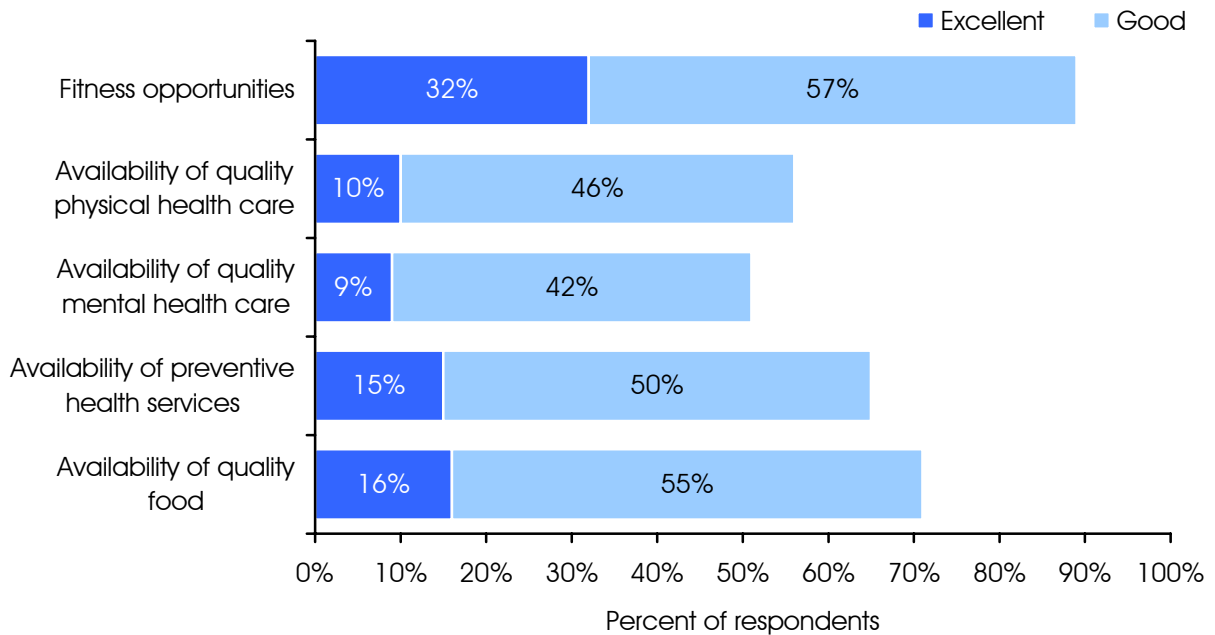
The Centers for Disease Control and Prevention (2004) have argued, “Poor health is not an inevitable consequence of aging” yet community supports are needed to help maintain the health and independence of a growing senior population. Of all the attributes of aging, health poses the greatest risk and the biggest opportunity. If the community cannot assist the independence of residents who experience the inevitable decline in health that accompanies aging, the potential economic contribution of older residents will be lost to hospitals and nursing homes. Health and wellness, for the purposes of this study, included not only physical and mental health, but issues of independent living and caregiving, and safety affecting older residents.



Physical, Mental and Cognitive Health

CASOA assessed a variety of physical, mental and cognitive health issues commonly affecting people as they age as well as provided older residents the opportunity to rate health opportunities in Arvada. Opportunities for fitness and availability of quality food were rated most positively for Arvada, while availability of quality mental health and physical health care were rated less favorably by older residents.

FIGURE 16: OLDER RESIDENT RATINGS OF HEALTH AND WELLNESS OPPORTUNITIES IN ARVADA



Older residents were asked to rate their overall health, mental health and quality of life as well as report on any sentinel events such as falls and institutionalization. About 24% reported injuring themselves from a fall and 21% reported having been institutionalized in the 12 months prior to the survey.

FIGURE 17: HEALTH AND QUALITY OF LIFE OF OLDER RESIDENTS IN ARVADA

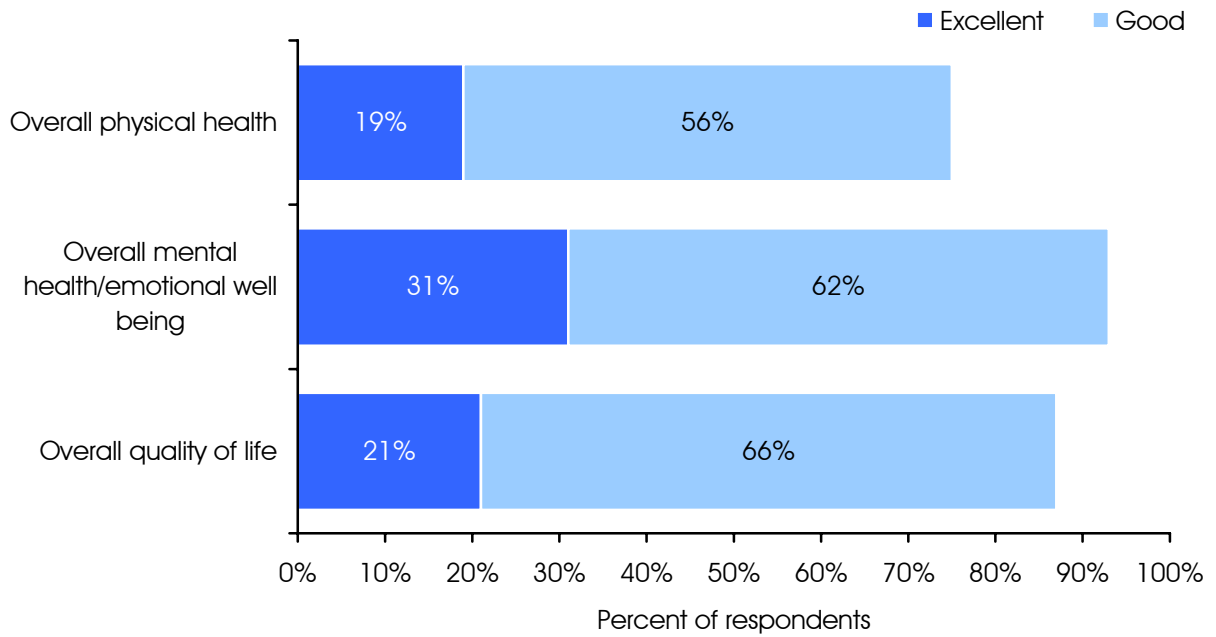
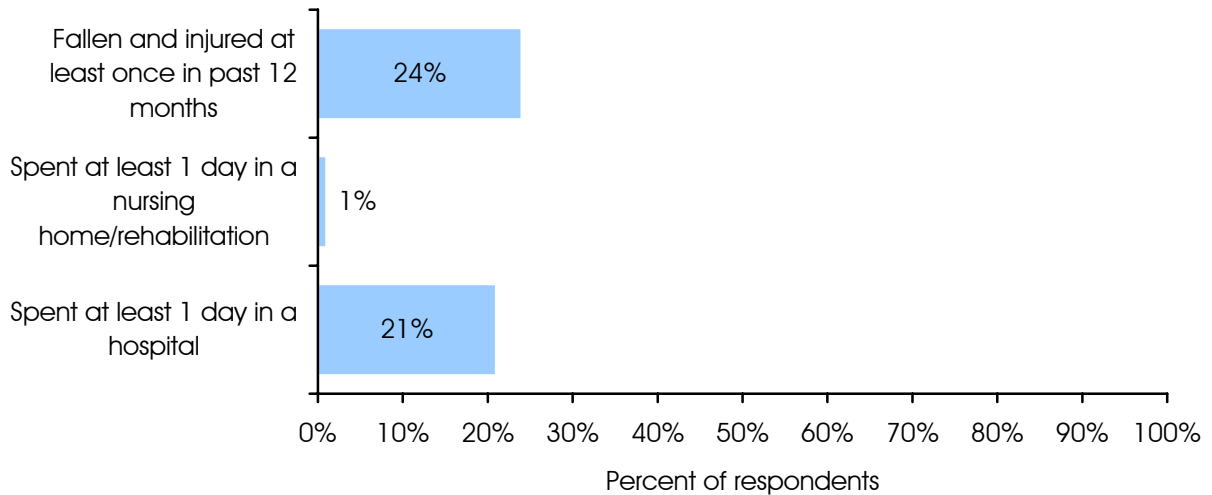


FIGURE 18: FALLS, HOSPITALIZATIONS AND INSTITUTIONALIZATIONS OF OLDER RESIDENTS IN ARVADA IN PRIOR 12 MONTHS



Finally, respondents reported the extent to which they had experienced problems with various health related issues in the 12 months prior to the survey. Physical health, staying physically fit and health insurance were reported as the highest health needs in Arvada while having enough food to eat and falling were reported by the fewest respondents.

TABLE 4: HEALTH AND WELLNESS NEEDS, CURRENT AND PROJECTED

	Percent at least a "minor" problem	Number affected in 2007 (n=19,839)	Number affected in 2012 (n=25,038)	Number affected in 2017 (n=30,740)
Physical health	50%	9,989	12,607	15,478
Having enough food	9%	1,701	2,146	2,635
Depression	33%	6,531	8,242	10,119
Confusion/forgetfulness	25%	5,055	6,379	7,832
Falling	19%	3,785	4,776	5,864
Health insurance	28%	5,510	6,954	8,537
Getting needed health care	20%	3,987	5,032	6,178
Affording medications	28%	5,502	6,943	8,525
Staying physically fit	48%	9,425	11,895	14,605
Loss of family member/ friend	30%	5,886	7,429	9,121

Independence and Caregiver Burden

Activities of daily living (ADL) usually include the basic activities of daily life, such as bathing, dressing, moving from bed to chair. Other activities of daily living, usually referred to as instrumental activities of daily living (IADL), include doing laundry, preparing meals, managing the household, and so on. Inability to do one or more ADL or IADL means less independence. As the older adult population increases and those 85 years and older become the fastest growing segment, the demand for caregiving will increase dramatically. Survey results showed that approximately 27% of the respondents were at risk of institutionalization because they reported needing at least “minor” help performing activities of daily living such as walking, eating and preparing meals. The number at risk could increase from 5,395 in 2007 to about 6,800 in 2012.

TABLE 5: INDEPENDENCE NEEDS, CURRENT AND PROJECTED

	Percent affected currently	Number affected in 2007 (n=19,839)	Number affected in 2012 (n=25,038)	Number affected in 2017 (n=30,740)
Performing regular activities, including walking, eating and preparing meals*	27%	5,395	6,809	8,360
Whether or not they live with you, does someone with whom you have a significant personal relationship (such as a relative, partner, friend or neighbor) provide assistance to you almost every day?***	23%	4,559	5,754	7,065
* Percent at least a “minor” problem				
** Percent “yes”				

Caregiver Burden

Providing care to a loved one or friend offers an opportunity for contribution and deserved sense of personal worth. Although most caregivers report little physical strain, emotional stress or financial hardship as a result of being a caregiver, many of those who provide care most suffer from depression, isolation and other forms of physical and emotional hardship.⁴² The “caregiving crunch” is predicted to be a potential problem and the average American will spend more years caring for parents than for their own children.³³ Approximately 55% of older respondents were caregivers and 25% were reported bearing caregiving responsibilities which were problematic. The number at risk could increase from 4,922 in 2007 to 6,212 in 2012.

FIGURE 19: CAREGIVERS IN ARVADA

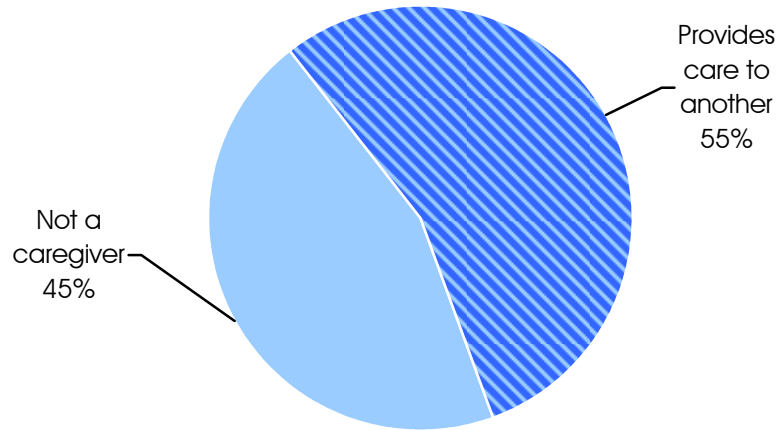


TABLE 6: CAREGIVER BURDEN, CURRENT AND PROJECTED

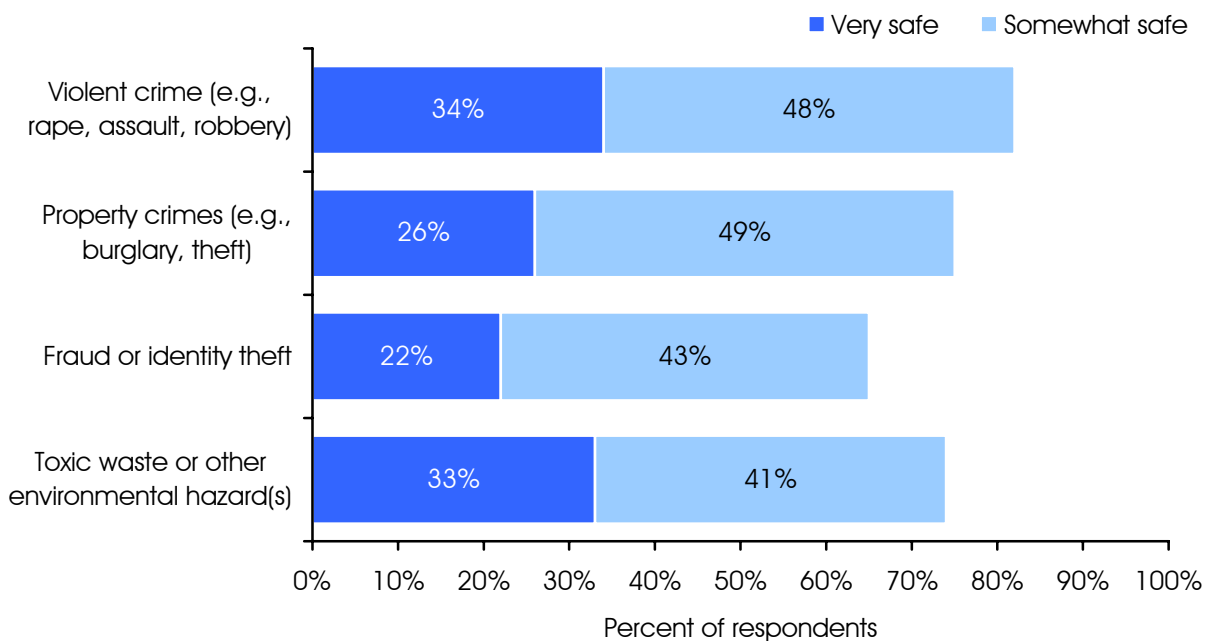
	Percent at least a "minor" problem	Number affected in 2007 (n=19,839)	Number affected in 2012 (n=25,038)	Number affected in 2017 (n=30,740)
Providing care for another person	25%	4,922	6,212	7,627

Safety

Even when older adults are exposed to the same community environment as younger people, older folks feel less safe. No doubt they are aware of their increasing vulnerability even when the ambient dangers of crossing the street or walking the dog are unchanged. For older adults to feel as safe as younger adults, a community must provide extraordinary services intended to enhance the personal feelings of safety of older adults. In this assessment, older residents reported their perspectives about the dangers they faced from violent crime, property crime, fraud, abuse, a toxic environment and they reported their overall perceptions of safety in the City of Arvada. In addition to their perceptions, they indicated whether they had been victims of crime and if these crimes had been reported to the police.

Older residents reported feeling generally safe from most type of crimes and toxic waste in Arvada. The most apprehension was experienced in the area of fraud or identity theft.

FIGURE 20: OLDER RESIDENT RATINGS OF SAFETY IN ARVADA

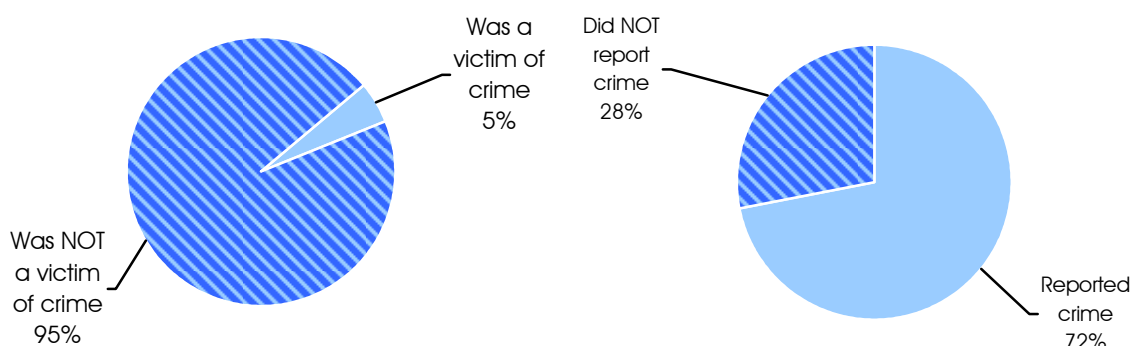


A relatively small proportion of seniors in Arvada reported problems with crime or abuse in the 12 months prior to the surveys. Nonetheless, these crimes can have serious consequences for older residents. For example, the number of Arvada residents who believed that abuse is at least a minor problem could rise from about 1,000 in 2007 to 1,300 in 2012.

TABLE 7: SAFETY NEEDS OF OLDER RESIDENTS, CURRENT AND PROJECTED

	Percent at least a "minor" problem	Number affected in 2007 (n=19,839)	Number affected in 2012 (n=25,038)	Number affected in 2017(n=30,740)
Being a victim of crime	12%	2,404	3,034	3,725
Being a victim of fraud or a scam	12%	2,427	3,063	3,760
Being physically or emotionally abused	5%	1,012	1,277	1,568

FIGURE 21: VICTIMIZATION OF OLDER RESIDENTS IN ARVADA



Community Design and Land Use

The movement in America towards designing more “livable” communities – those with mixed-use neighborhoods, higher-density development, increased connections, shared community spaces, and more human-scale design – will become a necessity for communities to age successfully. “Smart growth” is not only beneficial for the environment, but holds great promise for the mobility, independence and civic life of its older residents. This survey assessed resident needs and opinions of the community in the areas of land use, mobility options and housing.



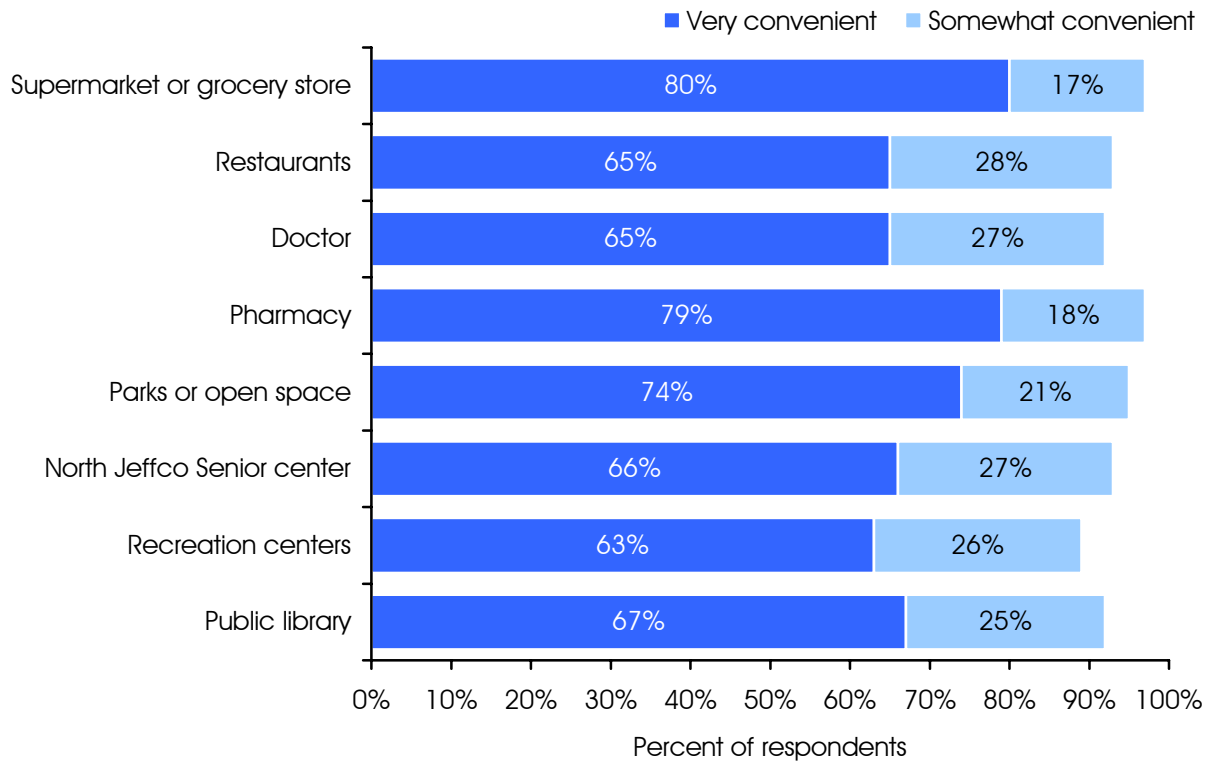
Land Use

Generally, communities that have planned for older adults tend to emphasize access – a community design that facilitates movement and participation. For residents to remain independent contributors to community quality, local government programs or policies can ease their participation in social and civic activities. This ease of participation comes from land use and economic planning that locates services in or in the proximity of residences, provides convenient

transportation alternatives when services are too far to reach by walking and makes walking routes attractive.

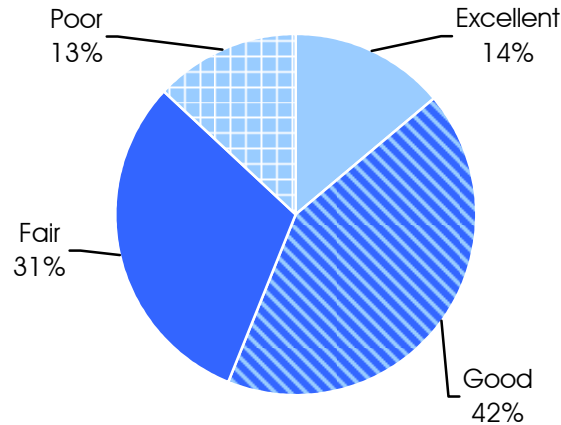
Well designed communities provide convenient access from residences to places of work, parks and businesses that sell goods and services necessary for daily needs. In Arvada, older residents felt amenities were easily accessed.

FIGURE 22: OLDER RESIDENT RATINGS OF CONVENIENCE TO AMENITIES IN ARVADA



The quality of shopping opportunities in Arvada also was rated by senior residents. Approximately 56% rated these services as “excellent” or “good.”

FIGURE 23: OLDER RESIDENT RATINGS OF SHOPPING OPPORTUNITIES IN ARVADA

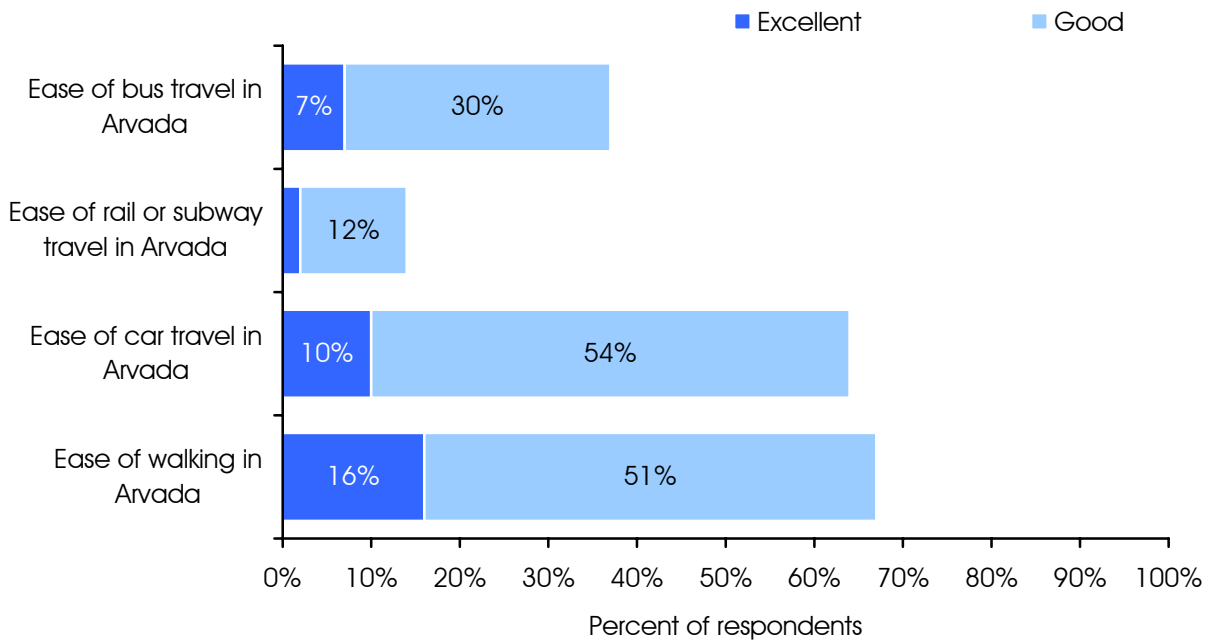


Mobility

The last symbol of independence for many older adults is their automobile. Even after they should have given up driving, many older adults remain behind the wheel. Alternatives to the automobile, if attractive and pervasive, can help some relinquish their cars while still maintaining their mobility. This variety of mobility options is necessary for older residents to remain independent as they age. Understanding the varied mobility options that older adults in Arvada find acceptable will help planners track their own success in providing the choices that will keep older adults independent longer.

Older residents rated the ease of travel for four modes in Arvada: bus, rail or subway, car and walking. Of these, walking was rated the most favorably, followed by car travel.

FIGURE 24: OLDER RESIDENT RATINGS OF MOBILITY OPTIONS IN ARVADA



Older residents of Arvada mostly used their automobiles to travel, although a sizable proportions used alternate modes such as walking or transit to make trips. Approximately 22% of the older respondents reported having at least “minor” transportation problems in the 12 months prior to the survey. By 2012, as many as 3,125 older adults may no longer be able to drive - up from 2,476 in 2007.

FIGURE 25: TRAVEL MODES OF OLDER RESIDENTS IN ARVADA

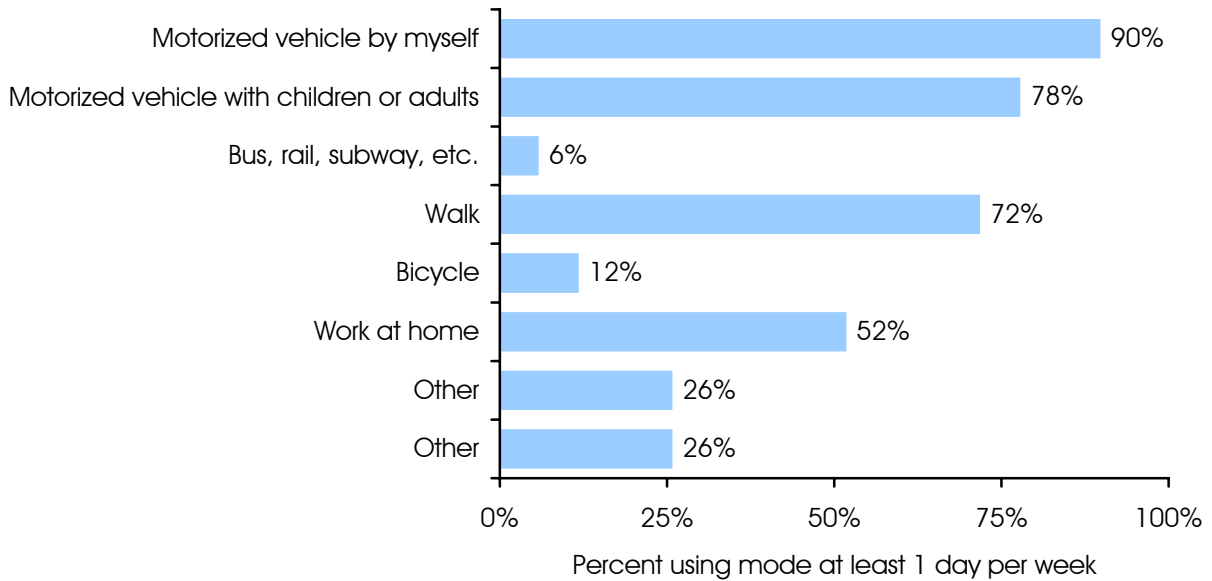


FIGURE 26: BUS RIDERSHIP OF OLDER RESIDENTS IN ARVADA

During the past 12 months, how many times have you used public transit (e.g., bus, subway, light rail, etc.)?

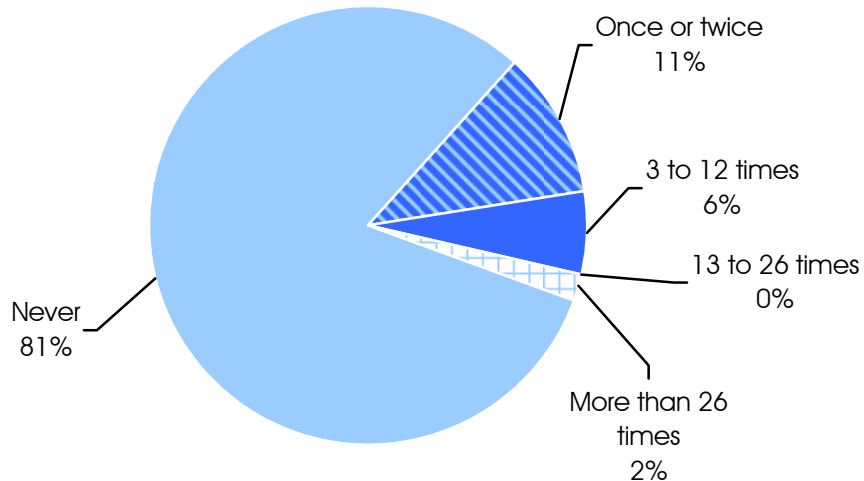


TABLE 8: MOBILITY NEEDS OF OLDER RESIDENTS, CURRENT AND PROJECTED

	Percent at least a "minor" problem	Number affected in 2007 (n=19,839)	Number affected in 2012 (n=25,038)	Number affected in 2017 (n=30,740)
Having safe and affordable transportation available	22%	4,315	5,446	6,687
No longer being able to drive	12%	2,476	3,125	3,836

Housing

Across the U.S., the vast majority of older adults have said clearly that they prefer to remain in their own home – not a group setting – as they age. It may be a different home than the one the kids grew up in, but older adults want to age in place. To foster this independence, communities must offer a variety of affordable housing opportunities as well as programs that modify homes to accommodate the diminution of strength and balance that accompanies aging. While some rated the affordability and variety of housing in the Arvada positively, about 18% of older residents reported having issues finding housing suited to their needs. Additionally, based on the US Department of Housing and Urban Development (HUD)⁴³ guidelines for affordable housing, 25% of older residents in Arvada were found to spend too much of their monthly income on housing. By 2012, about 6,300 Arvada older adults could be spending more than 30% of their monthly incomes on housing, up from 5,026 in 2007.

A need no less important than housing itself was the need for housing maintenance. An affordable house of the right size and design is not a house that will sustain an older resident unless the house is properly maintained. A sizable number of residents reported problems with housework, maintaining their homes or maintaining their yards. By 2012, about 9,000 Arvada older adults could find that maintaining their home is a problem – up from 7,146 in 2007 (see Table 9).

FIGURE 27: OLDER RESIDENT RATINGS OF HOUSING IN ARVADA

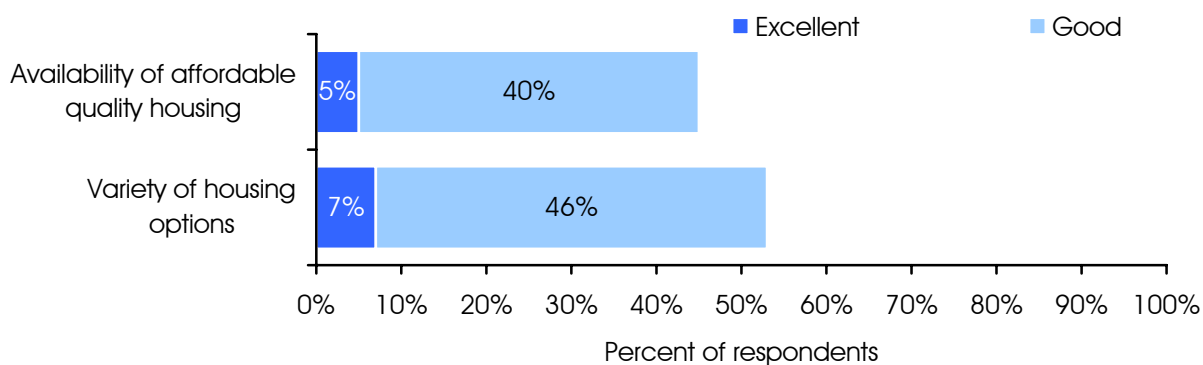
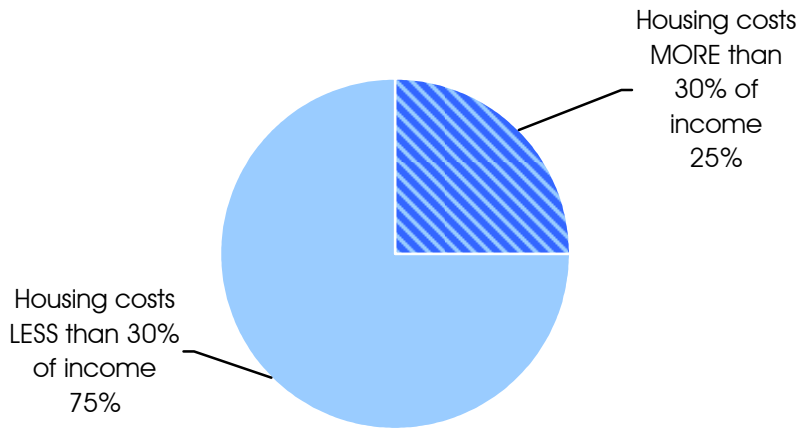


TABLE 9: HOUSING NEEDS, CURRENT AND PROJECTED

	Percent at least a "minor" problem	Number affected in 2007 (n=19,839)	Number affected in 2012 (n=25,038)	Number affected in 2017 (n=30,740)
Having housing to suit your needs	18%	3,490	4,405	5,408
Doing heavy or intense housework	53%	10,450	13,189	16,192
Maintaining your home	36%	7,146	9,018	11,072
Maintaining your yard	36%	7,158	9,034	11,091
Having enough money to pay your property taxes	25%	5,051	6,374	7,826
Housing costs more than 30% of income*	25%	5,026	6,344	7,788

**Percent of respondents*

FIGURE 28: PROPORTION OF RESPONDENTS WHOSE HOUSING COSTS ARE "AFFORDABLE"



Productive Activities

Productivity is the touchstone of a thriving old age. Productive activities such as traditional and non-traditional forms of work and maintenance of social ties combine with health and personal characteristics to promote quality in later life and contribute to successful aging.⁴⁴ Society often views older adulthood as a time when productivity decreases simply because work-for-pay declines. However, most older adults tend to continue participating in productive activities after retirement through volunteer activities or part time work.

In this section of the report, the extent of older adults' engagement in the Arvada community is identified. Older residents' participation in social and leisure programs such as those offered by the library, cultural facilities, recreation and senior centers is described and how much time older adults spend attending or viewing civic meetings, volunteering, and providing help to others in the community is revealed. Residents' perceptions of the community opportunities for engagement in meaningful activity are discussed. Their contribution to the community is explored.



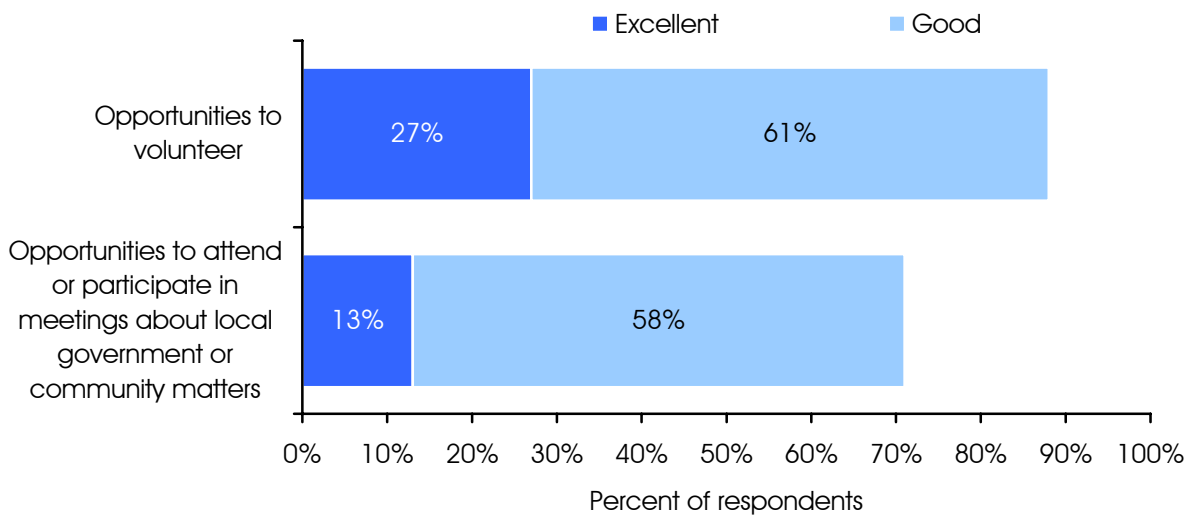
Civic Engagement

Research has demonstrated that in communities where residents care about local politics and social conditions, where they feel engaged and effective, there is more so-called social capital. This results in more trust of local government officials, support for community-wide solutions recommended

by elected council members, re-election of those councilors⁴⁵ and collective self-restraint in the face of community need.^{45, 46} Researchers even have discovered that American states with the highest levels of resident civic engagement⁴⁷ are “more effective and more innovative.” Where there is strong civic engagement, researchers have seen less crime, less poverty, more employment, better and more sustainable policies and more frequent resident cooperation.⁴⁸ Civic activity, whether volunteering, participating in religious or political groups or being active in community decision-making, not only provides benefit to communities but also serves seniors themselves. Studies have found that volunteering in later life is associated with better physical and mental health, and civically engaged seniors are less likely to become injured or to die prematurely.²

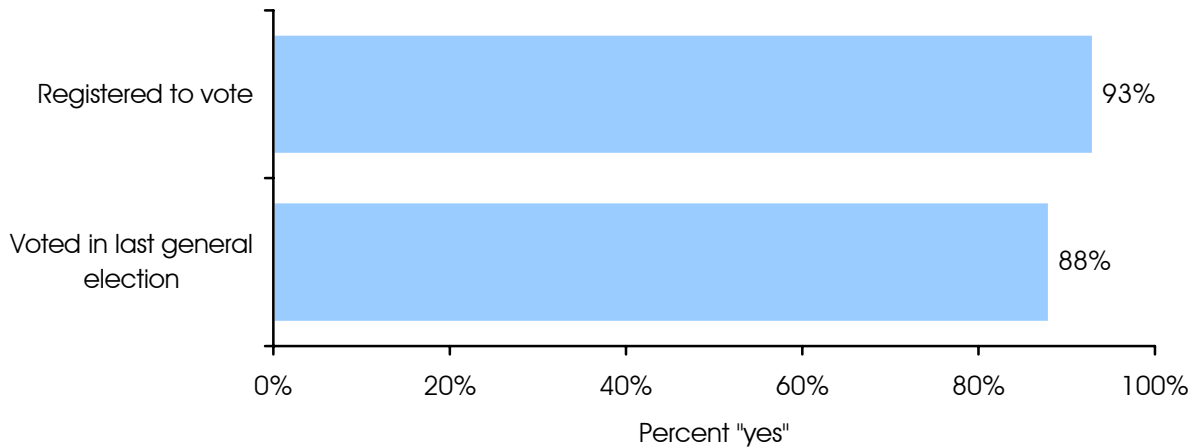
Older residents rated the volunteer opportunities in Arvada favorably. Opportunities to attend or participate in meetings about local government or community matters were rated less favorably.

FIGURE 29: OLDER RESIDENT RATINGS OF CIVIC ENGAGEMENT OPPORTUNITIES IN ARVADA



Arvada seniors showed the largest amount of civic engagement in the area of electoral participation. About 93% reported they were registered to vote; 88% indicated they had voted in the last general election.

FIGURE 30: ELECTORAL PARTICIPATION OF OLDER ADULTS IN ARVADA



In terms of civic attentiveness, 14% reported attending a public meeting of local elected officials or other local public meeting in Arvada and another 38% reported watching such a meeting on television in the past year. Older residents in Arvada participated in civic life through volunteerism and participation in civic groups. Just under 25% participated in some kind of volunteer work; of these, the average number of hours per week volunteered was three hours. About 12% participated in a civic club. By 2012, about 6,000 older adults in Arvada could confront problems finding meaningful activities, up from 4,700 in 2007.

FIGURE 31: CMC ENGAGEMENT OF OLDER ADULTS IN ARVADA

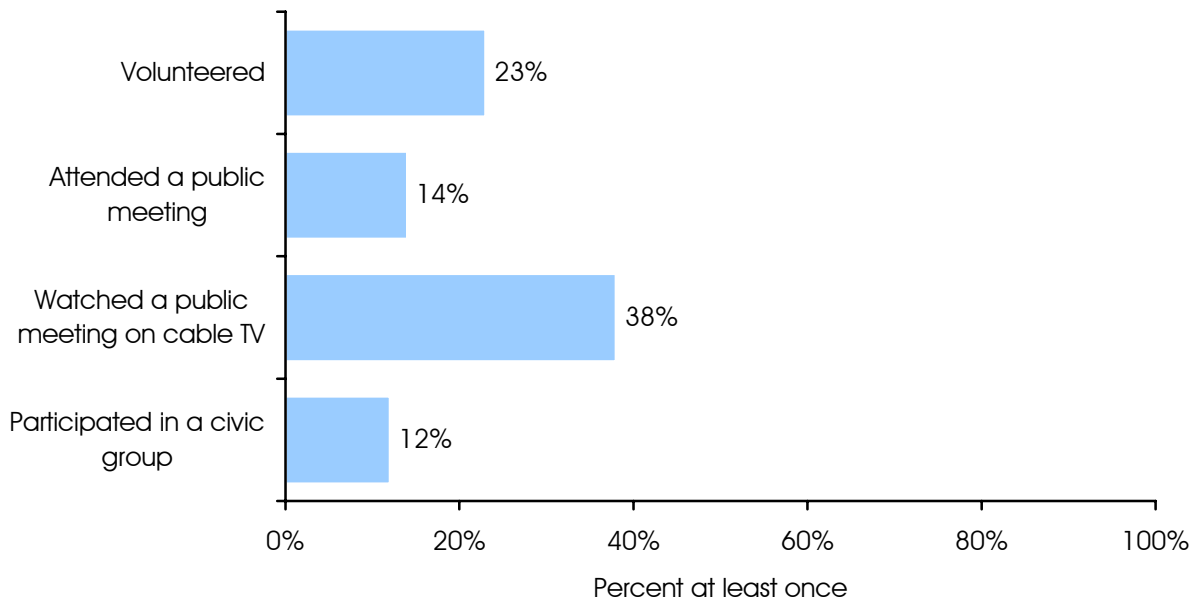


FIGURE 32: HOURS SPENT IN VOLUNTEERISM

During a typical week, how many hours do you spend volunteering your time to some group/activity?

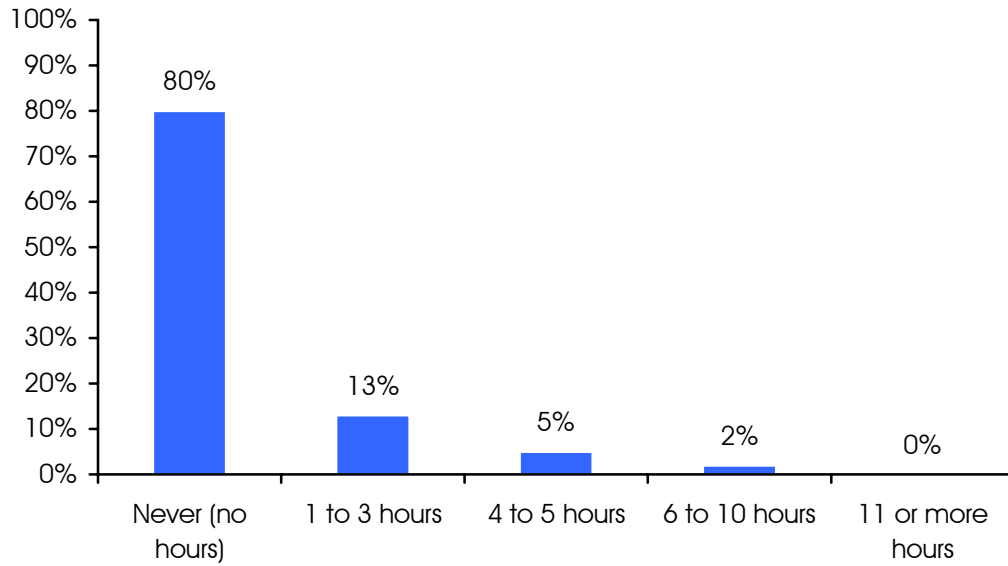


TABLE 10: CMC ENGAGEMENT NEEDS, CURRENT AND PROJECTED

	Percent at least a "minor" problem	Number affected in 2007 (n=19,839)	Number affected in 2012 (n=25,038)	Number affected in 2017 (n=30,740)
Finding meaningful volunteer work	22%	4,457	5,624	6,905
Feeling like your voice is heard in the community	53%	10,478	13,224	16,235
Finding productive or meaningful activities to do	24%	4,701	5,933	7,284

Social Engagement and Support

Communities are the foundation for social life. They are, as sociologist Eric Klinenberg writes, “the soil out of which social networks grow and develop or, alternatively, wither and devolve.”^{49, 50} Arvada has a great potential to foster social engagement of its older residents. Many older residents rated the opportunities to attend social activities in Arvada as “excellent” or “good” and reported frequent participation in social activities such as communicating/visiting with friends and family, participating in activities with others and spending time visiting with neighbors.

FIGURE 33: OLDER RESIDENT RATINGS OF SOCIAL ENGAGEMENT OPPORTUNITIES IN ARVADA

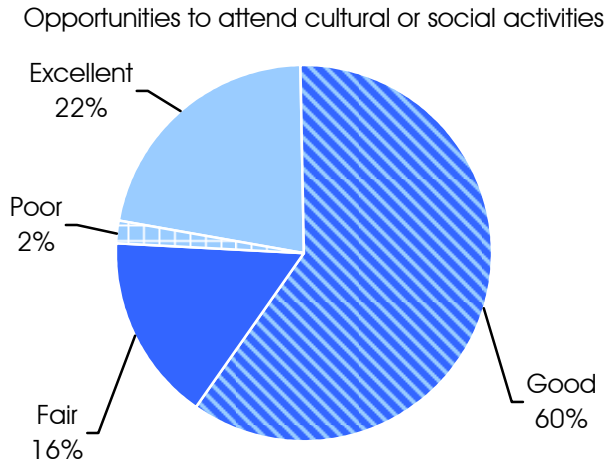


FIGURE 34: SOCIAL ENGAGEMENT OF OLDER RESIDENTS IN ARVADA

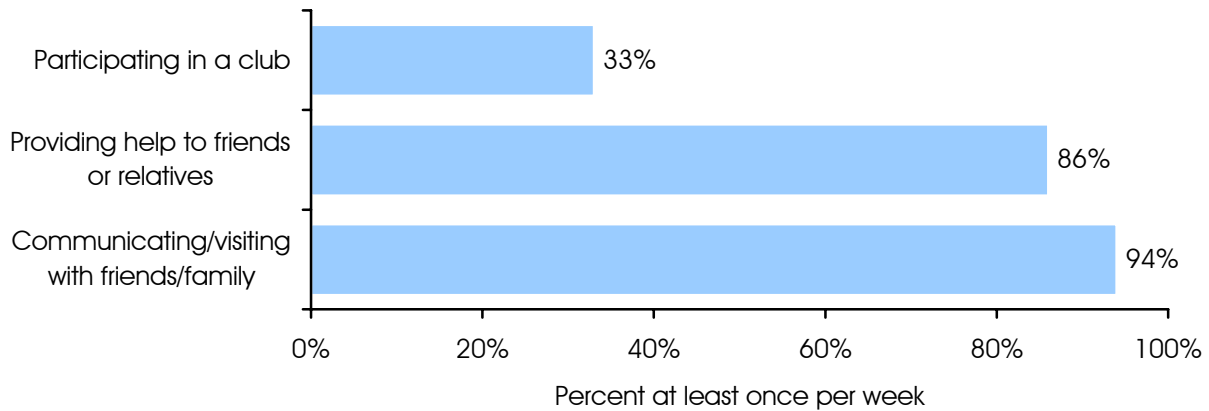
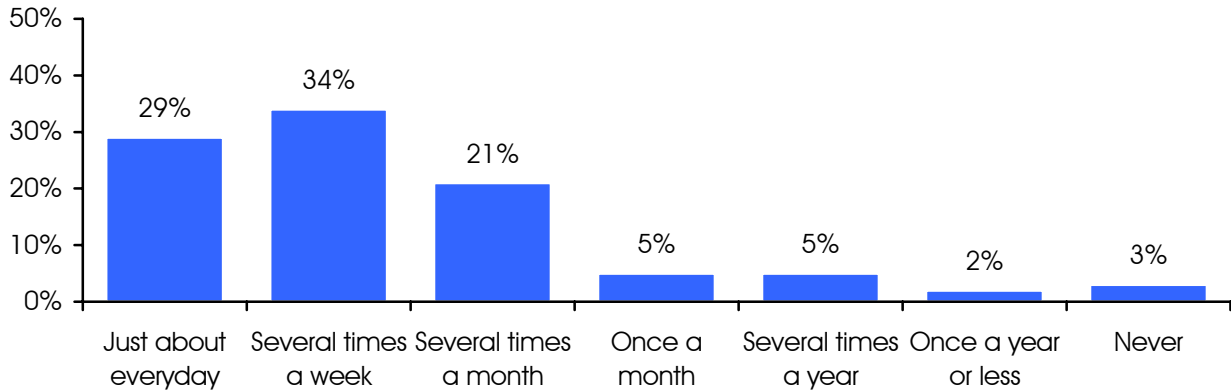


FIGURE 35: NEIGHBORLINESS OF OLDER RESIDENTS IN ARVADA

About how often do you talk to or visit with your immediate neighbors (people who live in the 10 or 20 households that are closest to you)?



A series of questions was used to determine whether a respondent was socially isolated (see table below). About 24% of older residents in Arvada were determined to lack appropriate social supports, although less than 25% reported at least a “minor” problems “feely lonely or isolated” or “having friends of family you can rely on” in the 12 months prior to the survey. (For more information on calculation of social support, see Appendix C: Methods). By 2012, about 6,000 Arvada older adults could lack social supports, up from 4,750 in 2007.

TABLE 11: SOCIAL SUPPORTS FOR OLDER RESIDENTS IN ARVADA

	None/zero	1 or 2	3 to 5	6 to 10	More than 10	Total	Average number of people
About how many close friends or family members do you have where you feel at ease?*	2%	23%	39%	19%	17%	100%	6
How many adult children or other adult relatives do you have living within 30 miles of your home?	12%	35%	27%	17%	10%	100%	16
How many close friends do you have living within 30 miles of your home?	7%	12%	24%	31%	26%	100%	4
Number of additional household members/average household size	38%	51%	10%	0%	0%	100%	2

* Average number calculated from the mid-point of the ranges.

TABLE 12: OLDER RESIDENT SOCIAL ENGAGEMENT NEEDS, CURRENT AND PROJECTED

	Percent at least a "minor" problem	Number affected in 2007 (n=19,839)	Number affected in 2012 (n=25,038)	Number affected in 2017 (n=30,740)
Feeling lonely or isolated	23%	4,634	5,848	7,180
Having friends or family you can rely on	16%	3,169	3,999	4,910
Lacks social support*	24%	4,749	5,993	7,358
* Percent of respondents				

Caregiving Contributions of Older Residents

More than 10 million people nationwide have disabling conditions that affect their ability to live independently⁵¹ and almost 80% of these residents are seniors. While care is most often provided by family members and is unpaid, its value has been estimated at \$350 billion annually.⁵²

More than 40% of older residents in Arvada were estimated to provide care for others at an average of 17 hours per week. Senior caregivers most commonly care for other older adults in Arvada.

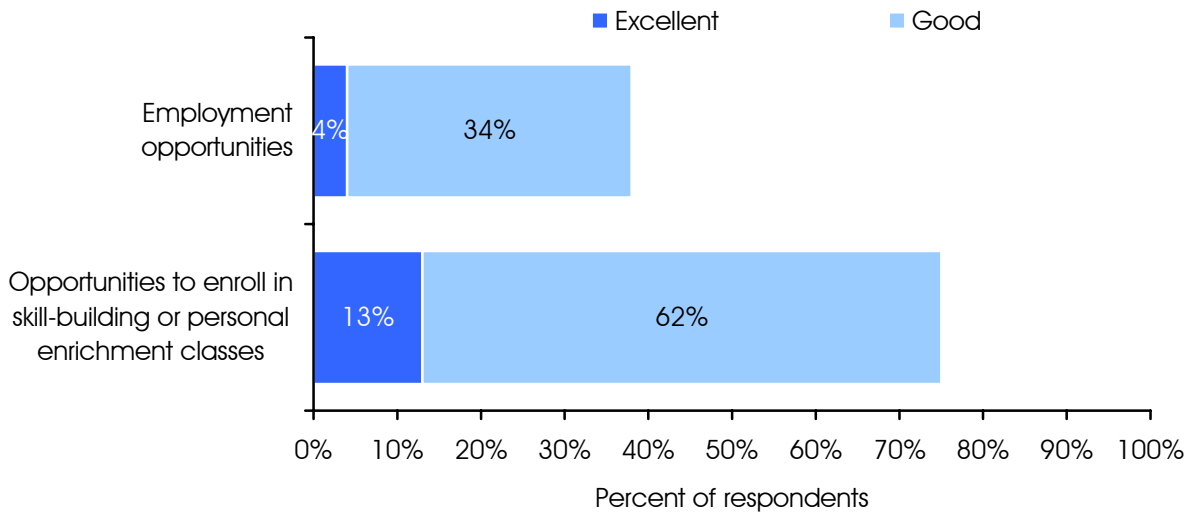
TABLE 13: CAREGIVING CONTRIBUTIONS OF OLDER RESIDENT IN ARVADA

During a typical week, how many hours do you spend providing care for one or more individuals with whom you have a significant personal relationship (such as spouse, other relative, partner, friend, neighbor or child), whether or not they live with you?	Never (no hours)	1 to 3 hours	4 to 5 hours	6 to 10 hours	11 to 20 hours	20 or more hours	Total	Average number of hours
One or more individuals age 60 or older	60%	13%	8%	5%	2%	11%	100%	12
One or more individuals age 18 to 59	78%	9%	4%	5%	2%	3%	100%	9
One or more individuals under age 18	70%	9%	8%	4%	3%	7%	100%	11
* Average number calculated from the mid-point of the ranges of those who provided care.								

Employment and Education

Recent studies have estimated that 70-80% of those 45 and older plan to continue working in their “retirement” years.³⁷ Financial stability is not the only reason; one study notes that pure enjoyment of work (35% of those questioned) or just a desire to try something new (5%) also will keep people on the job.³⁷ The educational opportunities offered in Arvada were rated positively by older residents. About 23% reported having problems building skills for paid or unpaid work.

FIGURE 36: OLDER RESIDENT RATINGS OF EMPLOYMENT AND EDUCATION OPPORTUNITIES IN ARVADA



Survey results showed that about 35% of older residents were still working for pay and about 1% would like to find a job.

FIGURE 37: EMPLOYMENT STATUS OF OLDER RESIDENTS IN ARVADA

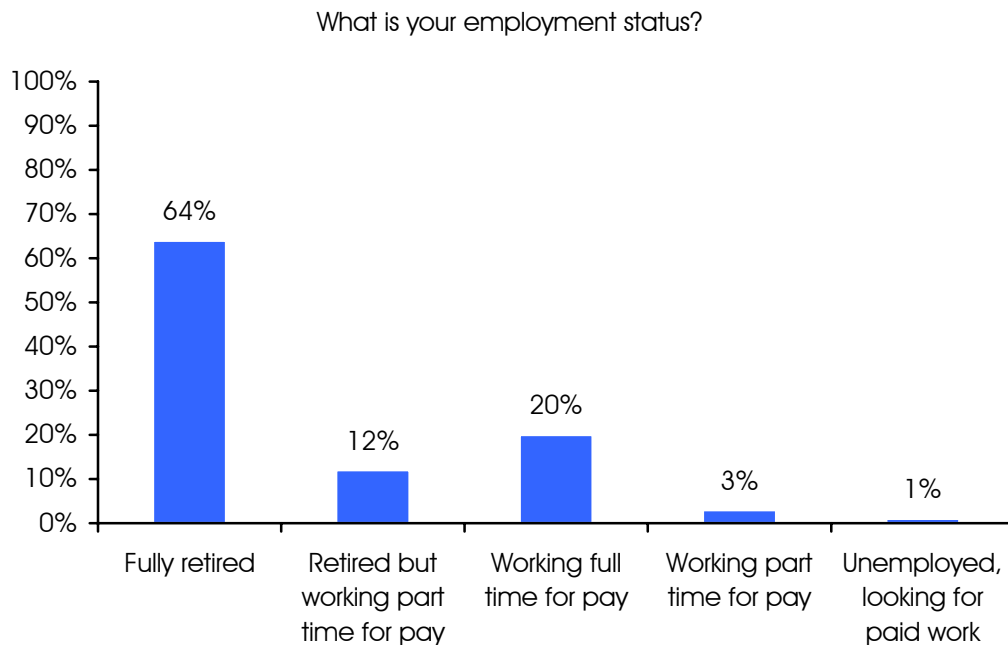


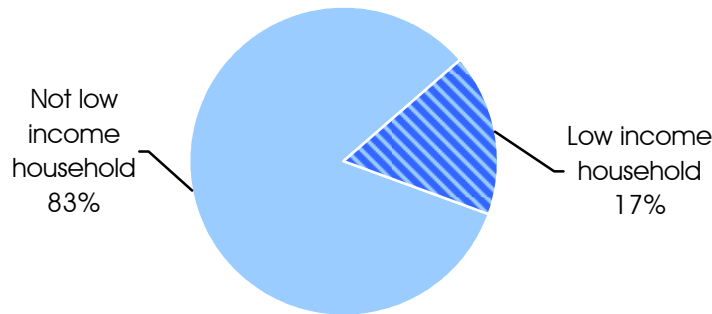
TABLE 14: EXPECTED RETIREMENT AGE OF OLDER RESIDENTS IN ARVADA

[If not yet fully retired] At what age do you expect to retire completely and not work for pay at all?	Percent of respondents
Before age 60	2%
60 to 64	7%
65 to 69	36%
70 to 74	30%
75 or older	23%
Never	2%
Total	100%
Average age of expected retirement	70

Household Finances

Household income reported on the survey was used to estimate the proportion of older residents with low incomes (30% of median income or lower). Based on income data from the US Department of Housing and Urban Development (HUD)⁴³, respondents' reported annual income and household size, 17% of seniors in Arvada have incomes that are at or below 30% of the area's median income. Further, 30% of older residents reported having problems meeting daily expenses and 27% reported problems finding work in retirement. By 2012, the number of older adults in Arvada that have too little money for everyday expenses will rise to about 7,600 up from 6,000 in 2007 (see Table 15).

FIGURE 38: LOW INCOME OLDER RESIDENT HOUSEHOLDS IN ARVADA



Respondents were considered "low income" if their household income was at or below the income limits set by HUD for Section 8 programs.

TABLE 15: OLDER RESIDENT FINANCIAL NEEDS, CURRENT AND PROJECTED

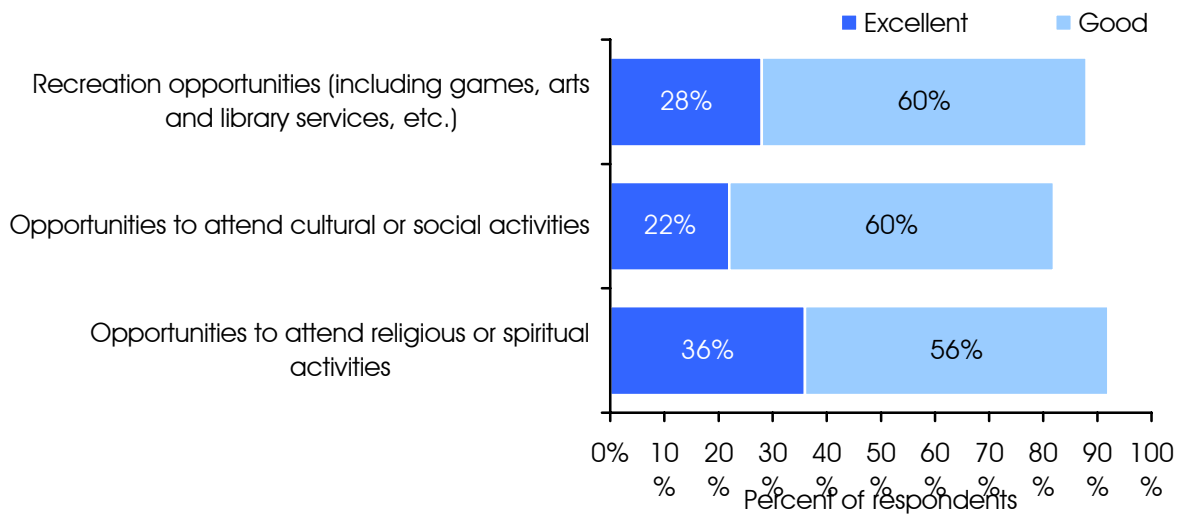
	Percent at least a "minor" problem	Number affected in 2007 (n=19,839)	Number affected in 2012 (n=25,038)	Number affected in 2017 (n=30,740)
Having enough money to meet daily expenses	30%	6,010	7,585	9,312
Finding work in retirement	27%	5,378	6,788	8,334

	Percent at least a "minor" problem	Number affected in 2007 (n=19,839)	Number affected in 2012 (n=25,038)	Number affected in 2017 (n=30,740)
Building skills for paid or unpaid work	23%	4,506	5,686	6,981

Recreation, Culture and Arts

Once work becomes a part time endeavor or thing of the past, residents have the time for and require the health benefits from regular leisure activities, including the invigoration derived from regular exposure to the arts. Recreation, culture and the arts often replace work as the primary activity that brings older residents in contact with the outside world. And extensive opportunities for recreation and the arts make a community more attractive. The older residents of communities where varied and attractive recreation and arts opportunities can be found will be likely to report more participation in these health supporting activities. Recreation, arts and cultural opportunities in Arvada were viewed positively in Arvada with opportunities for religious or spiritual activities receiving the highest rating. Opportunities for cultural or social activities were given the least favorable rating by older residents.

FIGURE 39: OLDER RESIDENTS RATING OF RECREATION, CULTURE AND ARTS OPPORTUNITIES IN ARVADA



In Arvada, many routinely participated in recreation, arts and leisure activities. Approximately 25% of seniors reported using the senior center in the past year. About 35% of older residents reported at least a "minor" need in the area of recreation or boredom. For 2007, about 7,000 older adults are estimated to have problems with feeling bored.

FIGURE 40: RECREATION, CULTURE AND ARTS PARTICIPATION OF OLDER RESIDENTS IN ARVADA

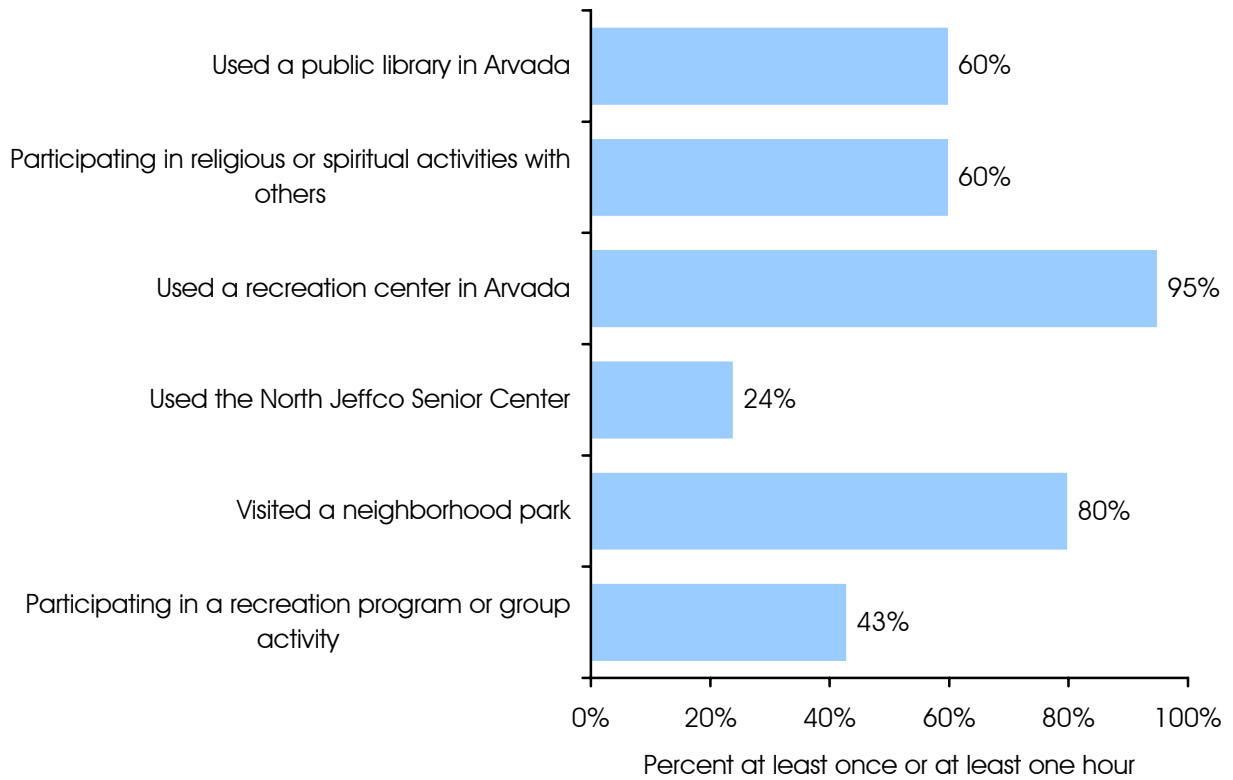


TABLE 16: RECREATION, CULTURE AND ARTS NEEDS, CURRENT AND PROJECTED

	Percent at least a "minor" problem	Number affected in 2007 (n=19,839)	Number affected in 2012 (n=25,038)	Number affected in 2017 (n=30,740)
Having interesting recreational or cultural activities to attend	30%	5,904	7,451	9,148
Feeling bored	35%	6,957	8,780	10,780

Economic Contribution of Older Adults

Productive behavior is defined by Rowe and Kahn as “any activity, paid or unpaid, that generates goods or services of economic value.”⁴⁴ Productive activities include both paid and unpaid work of many kinds as well as services to friends, family or neighbors. Older adults provide significant paid and unpaid contributions to the communities in which they live. In addition to their paid work, older adults contributed to Arvada through volunteering, providing informal help to family and friends, and caregiving. The value of these unpaid contributions by older adults in the Arvada region was almost \$137million in a 12-month period.

TABLE 17: ECONOMIC CONTRIBUTION OF OLDER ADULTS IN ARVADA

	Percent of older adults	Number of older adults	Average number of hours*	Average hourly rate**	Annual total
Providing care to older adult(s)	40%	7,847	11.9	\$9.05	\$39,987,080
Providing care to adult(s)	22%	4,439	8.9	\$9.05	\$15,743,042
Providing care to child(ren)	30%	5,939	10.9	\$9.78	\$28,861,635
Providing help to family and friends	86%	17,003	5.3	\$9.79	\$43,851,821
Volunteering	20%	3,971	3.3	\$14.27	\$9,090,346
Working part-time	16%	3,075	15.0	\$21.15	\$48,918,318
Working full-time	20%	3,883	32.0	\$21.15	\$83,376,598

* Respondents were asked to select a range of hours. The average number of hours was calculated from the mid-point of the response scale. For example, a response of "1 to 3 hours" equated to 2 hours and a response of "never" was assumed to be zero hours. In cases where the respondent chose a response that indicated "11 or more hours" or "20 or more hours", the number of hours was calculated as 125% of 11 and 125% of 20 (i.e., 13.75 and 25 respectively). Working full-time was assumed to be 32 hours per week and working part-time was assumed to be 15 hours per week.

**The economic value of an hour worked was assumed to be the same as the average hourly wage as calculated by the Bureau of Labor statistics for similar types of work in the Denver-Aurora. Providing care for older adults and adults was assumed to be the equivalent of "Personal and Home Care Aides." Providing care for children was assumed to be the equivalent of "Child Care Workers." Providing help to family and friends was assumed to be the equivalent of "Personal Care and Service Workers, All Other." Volunteering was assumed to be the equivalent of "Office Clerks, General." Working full-time and part-time was assumed to be the equivalent of "All Occupations."

Information and Planning

Sometimes residents of all ages fail to take advantage of services offered by a community because they just are not aware of the opportunities. A primary role of government in creating a community that delivers many and high quality services targeted to older adults is to make the service offerings widely known. The education of a large community of older adults is not simple, but when more residents are made aware of attractive, useful and well-designed programs, more residents will benefit from becoming participants. In Arvada, about 34% of survey respondents reported being “somewhat” or “very” informed about services and activities available to older adults. Further, about 60% rated the availability of information about resources for older adults as “excellent” or “good.”



FIGURE 41 : AWARENESS OF OLDER ADULT SERVICES AND ACTIVITIES

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

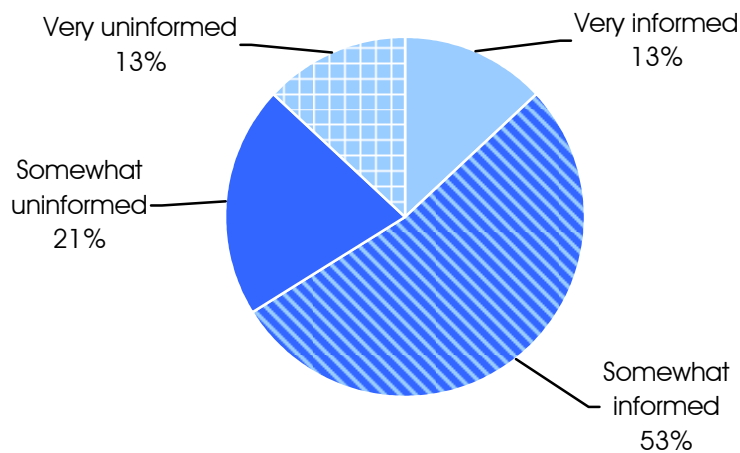
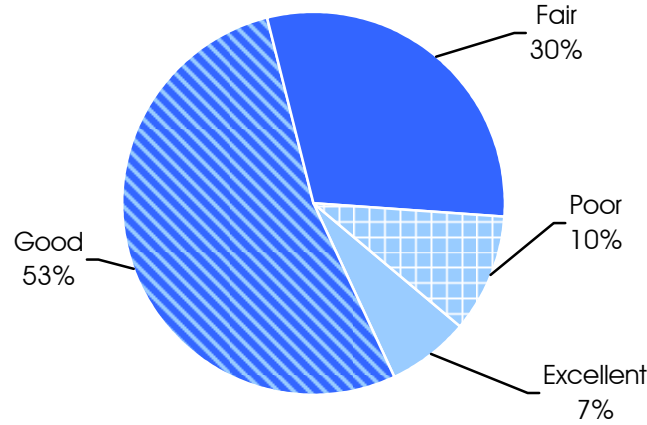


FIGURE 42: AVAILABILITY OF INFORMATION ON ABOUT OLDER ADULT RESOURCES IN ARVADA

Availability of information about resources for older adults



More than 50% of seniors reported having at least “minor” problems with “not knowing what services were available to older adults” in Arvada and the most pressing information/planning need was having adequate information on public programs such as Social Security, Medicare and Medicaid. By 2012, 14,000 older adults in Arvada could be unaware of services available, up from 11,000 in 2007.

TABLE 18: INFORMATION AND PLANNING NEEDS, CURRENT AND PROJECTED

	Percent at least a “minor” problem	Number affected in 2007 (n=19,839)	Number affected in 2012 (n=25,038)	Number affected in 2017 (n=30,740)
Not knowing what services are available to older adults in your community	56%	11,203	14,139	17,359
Having adequate information on public programs such as Social Security, Medicare and Medicaid	31%	6,210	7,838	9,623
Dealing with legal issues	28%	5,488	6,927	8,504
Dealing with financial planning issues	28%	5,464	6,896	3,262
Dealing with Social Security, Medicare or insurance paperwork	27%	5,454	6,884	3,601

Appendix A: Older Adult Needs

	Percent at least a "minor" problem	Number affected in 2007 (n=19,839)	Number affected in 2012 (n=25,038)	Number affected in 2017 (n=30,740)
Not knowing what services are available to older adults in your community	56%	11,203	14,139	17,359
Feeling like your voice is heard in the community	53%	10,478	13,224	16,235
Doing heavy or intense housework	53%	10,450	13,189	16,192
Physical health	50%	9,989	12,607	15,478
Staying physically fit	48%	9,425	11,895	14,605
Maintaining your yard	36%	7,158	9,034	11,091
Maintaining your home	36%	7,146	9,018	11,072
Feeling bored	35%	6,957	8,780	10,780
Depression	33%	6,531	8,242	10,119
Having adequate information on public programs such as Social Security, Medicare and Medicaid	31%	6,210	7,838	9,623
Having interesting social events or activities to attend	30%	6,022	7,600	9,330
Having enough money to meet daily expenses	30%	6,010	7,585	9,312
Having interesting recreational or cultural activities to attend	30%	5,904	7,451	9,148
Loss of family member/ friend	30%	5,886	7,429	9,121
Maintaining a healthy diet	29%	5,819	7,344	9,017
Health insurance	28%	5,510	6,954	8,537
Affording medications	28%	5,502	6,943	8,525
Dealing with legal issues	28%	5,488	6,927	8,504
Dealing with financial planning issues	28%	5,464	6,896	3,262
Dealing with Social Security, Medicare or insurance paperwork	27%	5,454	6,884	3,601
Performing regular activities, including walking, eating and preparing meals*	27%	5,395	6,809	8,360
Finding work in retirement	27%	5,378	6,788	8,334
Confusion/ forgetfulness	25%	5,055	6,379	7,832
Having enough money to pay your property taxes	25%	5,051	6,374	7,826
Providing care for another person	25%	4,922	6,212	7,627
Finding productive or meaningful activities to do	24%	4,701	5,933	7,284
Feeling lonely or isolated	23%	4,634	5,848	7,180
Building skills for paid or unpaid work	23%	4,506	5,686	6,981
Finding meaningful volunteer work	22%	4,457	5,624	6,905

	Percent at least a "minor" problem	Number affected in 2007 (n=19,839)	Number affected in 2012 (n=25,038)	Number affected in 2017 (n=30,740)
Having safe and affordable transportation available	22%	4,315	5,446	6,687
Getting needed health care	20%	3,987	5,032	6,178
Falling	19%	3,785	4,776	5,864
Having housing to suit your needs	18%	3,490	4,405	5,408
Having friends or family you can rely on	16%	3,169	3,999	4,910
No longer being able to drive	12%	2,476	3,125	3,836
Being a victim of fraud or a scam	12%	2,427	3,063	3,760
Being a victim of crime	12%	2,404	3,034	3,725
Having enough food	9%	1,701	2,146	2,635
Being physically or emotionally abused	5%	1,012	1,277	1,568

Appendix B: Complete Set of Survey Frequencies

Frequencies Excluding Don't Know Responses

Question 1: Quality of Community					
Please circle the number that comes closest to your opinion for each of the following questions.	Excellent	Good	Fair	Poor	Total
How do you rate Arvada as a place to live?	34%	59%	6%	0%	100%
How do you rate Arvada as a place to retire?	29%	52%	15%	4%	100%

Question 2: Community Characteristics					
Please rate each of the following characteristics as they relate to Arvada adults age 60 or over:	Excellent	Good	Fair	Poor	Total
Opportunities to volunteer	27%	61%	10%	2%	100%
Employment opportunities	4%	34%	42%	20%	100%
Opportunities to enroll in skill-building or personal enrichment classes	13%	62%	20%	5%	100%
Recreation opportunities (including games, arts and library services, etc.)	28%	60%	9%	2%	100%
Fitness opportunities (including exercise classes and paths or trails, etc.)	32%	57%	9%	2%	100%
Opportunities to attend cultural or social activities	22%	60%	16%	2%	100%
Opportunities to attend religious or spiritual activities	36%	56%	7%	1%	100%
Opportunities to attend or participate in meetings about local government or community matters	13%	58%	24%	5%	100%
Shopping opportunities	14%	42%	31%	13%	100%
Availability of affordable quality housing	5%	40%	38%	17%	100%
Variety of housing options	7%	46%	36%	10%	100%
Availability of information about resources for older adults	7%	53%	30%	10%	100%
Availability of affordable quality physical health care	10%	46%	33%	11%	100%
Availability of affordable quality mental health care	9%	42%	33%	15%	100%
Availability of preventive health services (e.g., health screenings, flu shots, educational workshops)	15%	50%	28%	7%	100%
Availability of affordable quality food	16%	55%	25%	5%	100%
Sense of community	11%	52%	32%	5%	100%
Openness and acceptance of the community towards older residents of diverse backgrounds	8%	50%	33%	9%	100%
Ease of bus travel in Arvada	7%	30%	36%	26%	100%
Ease of rail or subway travel in Arvada	2%	12%	12%	74%	100%
Ease of car travel in Arvada	10%	54%	30%	6%	100%
Ease of walking in Arvada	16%	51%	27%	5%	100%

Question 3: Overall Service to Older Adults					
	Excellent	Good	Fair	Poor	Total
How would you rate the overall services provided to older adults in Arvada?	8%	57%	31%	5%	100%

Question 4: Quality of Life and Health					
Please circle the number that comes closest to your opinion for each of the following questions.	Excellent	Good	Fair	Poor	Total
How do you rate your overall physical health?	19%	56%	22%	3%	100%
How do you rate your overall mental health/emotional well being?	31%	62%	7%	0%	100%
How do you rate your overall quality of life?	21%	66%	12%	0%	100%

Question 5: Problems Faced by Older Adults					
The following questions list a number of problems that older adults may or may not face. Thinking back over the last 12 months, how much of a problem, if at all, has each of the following been for you?	Not a problem	Minor problem	Moderate problem	Major problem	Total
Having housing to suit your needs	82%	8%	7%	2%	100%
Your physical health	50%	31%	15%	4%	100%
Performing regular activities, including walking, eating and preparing meals	73%	17%	9%	1%	100%
Having enough food to eat	91%	5%	2%	1%	100%
Doing heavy or intense housework	47%	27%	15%	10%	100%
Having safe and affordable transportation available	78%	13%	6%	3%	100%
No longer being able to drive	88%	5%	3%	5%	100%
Feeling depressed	67%	25%	7%	1%	100%
Experiencing confusion or forgetfulness	75%	21%	3%	1%	100%
Maintaining your home	64%	25%	8%	2%	100%
Maintaining your yard	64%	22%	9%	5%	100%
Finding productive or meaningful activities to do	76%	17%	5%	2%	100%
Having friends or family you can rely on	84%	11%	4%	1%	100%
Falling or injuring yourself in your home	81%	16%	2%	1%	100%
Finding affordable health insurance	72%	13%	5%	9%	100%
Getting the health care you need	80%	14%	5%	2%	100%
Affording the medications you need	72%	15%	9%	3%	100%
Having enough money to meet daily expenses	70%	20%	7%	3%	100%
Having enough money to pay your property taxes	75%	15%	7%	4%	100%
Staying physically fit	52%	32%	11%	5%	100%
Maintaining a healthy diet	71%	22%	6%	1%	100%
Having interesting recreational or cultural activities to attend	70%	19%	9%	2%	100%
Having interesting social events or activities to attend	70%	20%	9%	2%	100%
Feeling bored	65%	26%	7%	2%	100%
Feeling like your voice is heard in the community	47%	27%	15%	11%	100%
Finding meaningful volunteer work	78%	15%	5%	3%	100%
Providing care for another person	75%	15%	7%	3%	100%
Dealing with legal issues	72%	17%	8%	3%	100%
Having adequate information on public programs such as Social Security, Medicare and Medicaid	69%	18%	10%	4%	100%
Finding work in retirement	73%	12%	8%	7%	100%
Building skills for paid or unpaid work	77%	14%	6%	3%	100%

Not knowing what services are available to older adults in your community	44%	27%	20%	10%	100%
Feeling lonely or isolated	77%	17%	5%	1%	100%
Dealing with the loss of a close family member or friend	70%	20%	6%	4%	100%
Being a victim of crime	88%	8%	3%	2%	100%
Being a victim of fraud or a scam	88%	8%	3%	2%	100%
Being physically or emotionally abused	95%	3%	2%	0%	100%
Dealing with financial planning issues	72%	17%	9%	2%	100%
Dealing with Social Security, Medicare or insurance paperwork	73%	16%	7%	4%	100%

Question 6: Conveniently Located Destinations

How convenient or inconvenient is it for you to travel to the following places from your home...	Very convenient	Somewhat convenient	Somewhat inconvenient	Very inconvenient	Total
Supermarket or grocery store	80%	17%	3%	1%	100%
Restaurants	65%	28%	5%	1%	100%
Doctor	65%	27%	5%	2%	100%
Pharmacy	79%	18%	2%	1%	100%
Parks or open space	74%	21%	3%	2%	100%
North Jeffco Senior center	66%	27%	5%	2%	100%
Recreation centers	63%	26%	7%	3%	100%
Public library	67%	25%	5%	3%	100%
Your church or faith community	73%	22%	4%	1%	100%

Question 7: Days Spent in Facilities

Thinking back over the past 12 months, how many days did you spend in...	No days (zero)	One to two days	Three to five days	Six or more days	Total
A hospital	79%	9%	6%	5%	100%
A nursing home or in-patient rehabilitation facility	99%	0%	1%	1%	100%

Question 8: Falls in Last 12 Months

Thinking back over the past 12 months, how many times have you fallen and injured yourself? Was it...	Never	Once or twice	3-5 times	More than 5 times	Total
	76%	22%	1%	1%	100%

Question 9: Community as a Place for Older Adults and Retirement

How likely or unlikely are you to...	Very likely	Somewhat likely	Somewhat unlikely	Very unlikely	Total
Recommend living in Arvada to older adults	52%	36%	8%	4%	100%
Remain in Arvada throughout your retirement	69%	23%	6%	3%	100%

Question 10: Safety from Various Crimes and Hazards						
Please rate how safe you feel from the following in Arvada:	Very safe	Somewhat safe	Neither safe nor unsafe	Somewhat unsafe	Very unsafe	Total
Violent crime (e.g., rape, assault, robbery)	34%	48%	13%	4%	1%	100%
Property crimes (e.g., burglary, theft)	26%	49%	16%	7%	2%	100%
Fraud or identity theft	22%	43%	20%	10%	4%	100%

Question 11: Crime victim Status			
	Yes	No	Total
During the past 12 months, were you or anyone in your household the victim of any crime?	5%	95%	100%

Question 12: Crimes reported			
	Yes	No	Total
If yes, was this crime (these crimes) reported to the police?	72%	28%	100%

Question 13: Participation in Activities					
In the last 12 month, about how many times, if ever, have you participated in or done each of the following?	Never	Once or twice	3 to 12 times	13 to 26 times	Total
Used the North Jeffco Senior Center	79%	13%	7%	1%	100%
Used a recreation center in Arvada	5%	94%	0%	0%	100%
Used a public library in Arvada	44%	27%	23%	7%	100%
Attended a meeting of local elected officials or other local public meeting in Arvada	86%	11%	2%	0%	100%
Watched a meeting of local elected officials or other local public meeting in Arvada on cable TV	62%	23%	13%	2%	100%
Used public transit (e.g., bus, subway, light rail, etc.) within Arvada	83%	11%	6%	0%	100%
Visited a neighborhood park	24%	28%	35%	13%	100%

Question 14: Hours Spent Doing Activities						
During a typical week, how many hours, if any, do you spend doing the following?	Never (no hours)	1 to 3 hours	4 to 5 hours	6 to 10 hours	11 or more hours	Total
Participating in a club (including book, dance, game and other social)	67%	21%	6%	4%	3%	100%
Participating in a civic group (including Parent Teacher Organizations, Elks, Kiwanis, Masons, etc.)	88%	6%	2%	2%	1%	100%
Communicating/ visiting with friends and/or family	6%	22%	26%	19%	27%	100%
Participating in religious or spiritual activities with others	40%	37%	10%	5%	8%	100%
Participating in a recreation program or group activity	57%	23%	9%	5%	5%	100%
Providing help to friends or relatives	14%	42%	19%	9%	16%	100%
Volunteering your time to some group/activity in Arvada	77%	12%	5%	2%	3%	100%

Question 15: Modes of Travel					
During a typical week, how many days do you use each of the modes of travel listed below?	0 days	1 to 2 days	3 to 4 days	5 or more days	Total
Motorized vehicle (e.g., car, truck, van, motorcycle, etc.) by myself	10%	9%	17%	64%	100%
Motorized vehicle (e.g., car, truck, van, motorcycle, etc.) with children or adults	22%	33%	20%	25%	100%
Bus, Rail, Subway, or other public transportation	94%	3%	2%	1%	100%
Walk	28%	29%	18%	25%	100%
Bicycle	88%	8%	2%	2%	100%
Work at home	48%	35%	9%	8%	100%
Other	74%	14%	1%	11%	100%

Question 16: Hours Spent Providing Care							
During a typical week, how many hours do you spend providing care for one or more individuals with whom you have a significant relationship (such as spouse, other relative, partner, friend, neighbor or child), whether or not they live with you?	Never (no hours)	1 to 3 hours	4 to 5 hours	6 to 10 hours	11 to 20 hours	20 or more hours	Total
One or more individuals age 60 or older	60%	13%	8%	5%	2%	11%	100%
One or more individuals age 18 to 59	78%	9%	4%	5%	2%	3%	100%
One or more individuals under age 18	70%	9%	8%	4%	3%	7%	100%

Question 17: Receives Care			
	Yes	No	Total
Whether or not they live with you, does someone with whom you have a significant personal relationship (such as a relative, partner, friend or neighbor) provide assistance to you almost every day?	23%	77%	100%

Question 18: Visiting with Neighbors								
	Just about everyday	Several times a week	Several times a month	Once a month	Several times a year	Once a year or less	Never	Total
About how often do you talk to or visit with your immediate neighbors (people who live in the 10 or 20 households that are closest to you)?	29%	34%	21%	5%	5%	2%	3%	100%

Questions 19: Relatives Living within 30 Miles						
	No close relatives	One or two	Three to five	Six to ten	More than ten	Total
How many adult children or other adult relatives do you have living within 30 miles of your home?	12%	35%	27%	17%	10%	100%

Question 20: Friends Living within 30 Miles						
	No close friends	One or two	Three to five	Six to ten	More than ten	Total
How many close friends do you have living within 30 miles of your home?	7%	12%	24%	31%	26%	100%

Question 21: Close Friend and Family Members						
	No close friends or family members	One or two	Three to five	Six to ten	Total	
About how many close friends or family members do you have with whom you feel at ease? These are people you can talk to about private matters or call on for help.	2%	28%	47%	24%	100%	

Question 22: Level of Informedness about Services and Activities for Older Adults					
	Very informed	Somewhat informed	Somewhat uninformed	Very uninformed	Total
In general, how informed or uninformed do you feel about services and activities available to older adults in Arvada?	13%	53%	21%	13%	100%

Question D1: Length of Residency						
	Less than 1 year	1-5 years	6-10 years	11-20 years	More than 20 years	Total
How many years have you lived in Arvada?	2%	10%	9%	15%	65%	100%

Question D2: Housing Unit Type							
	Single family home	Townhouse, condominium, duplex or apartment	Mobile home	Assisted living residence	Nursing home	Other	Total
Which best describes the building you live in?	72%	25%	0%	1%	0%	2%	100%

Question D3: Tenure (Rent or Own)				
	Rent	Own (with a mortgage payment)	Own (free and clear; no mortgage)	Total
Do you currently rent or own your home?	22%	34%	44%	100%

Question D4: Monthly Housing Costs							
	Less than \$300 per month	\$300 to \$599 per month	\$600 to \$999 per month	\$1,000 to \$1,499 per month	\$1,500 to \$2,499 per month	\$2,500 or more per month	Total
About how much is your monthly housing cost for the place you live (including rent, mortgage payment, property tax, property insurance and homeowners' association (HOA) fees)?	24%	26%	23%	15%	10%	2%	100%

Question D5: Total Number of Household Members					
	1 person (live alone)	2 people	3 people	4 or more people	Total
How many people, including yourself, live in your household?	38%	51%	7%	3%	100%

Question D6: Number of Older Adult Household Members					
	1 person	2 people	3 people	4 or more people	Total
How many of these people, including yourself, are 60 or older?	53%	46%	1%	0%	100%

Question D7: Household Composition							
	Married partner	Opposite-sex unmarried partner	Same-sex unmarried partner	Relative - under age 18	Relative - age 18 or older	Adult non-relative(s)	I live alone
Indicate which of the following people live in your household.	55%	2%	0%	4%	12%	1%	37%
Total may exceed 100% as respondents could select more than one option.							

Question D8: Resides In an Older Adult Community			
	Yes	No	Total
Do you live in a subdivision or complex that is targeted to adults over a certain age?	11%	89%	100%

Question D9: Retirement Status						
	Fully retired	Retired but working part time for pay	Working full time for pay	Working part time for pay	Unemployed, looking for paid work	Total
What is your employment status?	64%	12%	20%	3%	1%	100%

Question D10: Expected Age of Retirement							
	Before age 60	60 to 64	65 to 69	70 to 74	75 or older	Never	Total
[If not yet fully retired] At what age do you expect to retire completely and not work for pay at all?	2%	7%	36%	30%	23%	2%	100%

Question D11: Household Income							
	Less than \$15,000	\$15,000 to \$24,999	\$25,000 to 49,999	\$50,000 to \$74,999	\$75,000 to \$99,999	\$100,000 or more	Total
How much do you anticipate your household's total income before taxes will be for the current year? (Please include in your total income money from all sources for all persons living in your household.)	15%	18%	32%	19%	7%	9%	100%

Question D12: Respondent Ethnicity/Origin			
	Yes	No	Total
Are you Spanish/Hispanic/Latino?	5%	95%	100%

Question D13: Respondent Race						
	American Indian or Alaskan native	Asian or Pacific Islander	Black, African American	White/Caucasian	Other	Total
What is your race?	1%	1%	0%	97%	2%	100%

Total may exceed 100% as respondents could select more than one option.

Question D14: Respondent Age									
	60-64 years	65-69 years	70-74 years	75-79 years	80-84 years	85-89 years	90-94 years	95 years or older	Total
In which category is your age?	29%	23%	18%	15%	8%	5%	3%	0%	100%

Question D15: Respondent Gender			
	Female	Male	Total
What is your sex?	57%	43%	100%

Question D16: Voter Registration Status				
	Yes	No	Ineligible to vote	Total
Are you registered to vote in your jurisdiction?	93%	7%	1%	100%

Question D17: Voted In Last General Election				
	Yes	No	Ineligible to vote	Total
Many people don't have time to vote in elections. Did you vote in the last general election?	88%	12%	0%	100%

Frequencies Including Don't Know Responses

Question 1: Quality of Community						
Please circle the number that comes closest to your opinion for each of the following questions.	Excellent	Good	Fair	Poor	Don't know	Total
How do you rate Arvada as a place to live?	34%	59%	6%	0%	0%	100%
How do you rate Arvada as a place to retire?	28%	50%	15%	4%	3%	100%

Question 2: Community Characteristics						
Please rate each of the following characteristics as they relate to Arvada adults age 60 or over:	Excellent	Good	Fair	Poor	Don't know	Total
Opportunities to volunteer	20%	44%	7%	1%	27%	100%
Employment opportunities	2%	19%	23%	11%	44%	100%
Opportunities to enroll in skill-building or personal enrichment classes	9%	44%	14%	4%	28%	100%
Recreation opportunities (including games, arts and library services, etc.)	25%	54%	8%	2%	11%	100%
Fitness opportunities (including exercise classes and paths or trails, etc.)	29%	51%	9%	2%	9%	100%
Opportunities to attend cultural or social activities	19%	53%	14%	2%	12%	100%
Opportunities to attend religious or spiritual activities	31%	48%	6%	1%	14%	100%
Opportunities to attend or participate in meetings about local government or community matters	10%	47%	19%	4%	20%	100%
Shopping opportunities	14%	41%	30%	13%	2%	100%
Availability of affordable quality housing	4%	31%	29%	13%	24%	100%
Variety of housing options	6%	37%	29%	8%	21%	100%
Availability of information about resources for older adults	6%	41%	23%	8%	22%	100%
Availability of affordable quality physical health care	8%	36%	26%	9%	22%	100%
Availability of affordable quality mental health care	5%	21%	17%	8%	50%	100%
Availability of preventive health services (e.g., health screenings, flu shots, educational workshops)	12%	40%	22%	6%	20%	100%
Availability of affordable quality food	15%	51%	23%	4%	6%	100%
Sense of community	10%	45%	28%	4%	13%	100%
Openness and acceptance of the community towards older residents of diverse backgrounds	6%	35%	23%	6%	29%	100%
Ease of bus travel in Arvada	4%	18%	22%	16%	40%	100%
Ease of rail or subway travel in Arvada	1%	6%	6%	38%	49%	100%
Ease of car travel in Arvada	9%	53%	29%	6%	2%	100%
Ease of walking in Arvada	15%	48%	26%	5%	7%	100%

Question 3: Overall Service to Older Adults						
	Excellent	Good	Fair	Poor	Don't know	Total
How would you rate the overall services provided to older adults in Arvada?	6%	46%	25%	4%	19%	100%

Question 4: Quality of Life and Health						
Please circle the number that comes closest to your opinion for each of the following questions.	Excellent	Good	Fair	Poor	Don't know	Total
How do you rate your overall physical health?	19%	56%	22%	3%	0%	100%
How do you rate your overall mental health/emotional well being?	31%	62%	7%	0%	0%	100%
How do you rate your overall quality of life?	21%	66%	12%	0%	0%	100%

Question 5: Problems Faced by Older Adults

The following questions list a number of problems that older adults may or may not face. Thinking back over the last 12 months, how much of a problem, if at all, has each of the following been for you?	Not a problem	Minor problem	Moderate problem	Major problem	Don't know	Total
Having housing to suit your needs	81%	8%	7%	2%	2%	100%
Your physical health	50%	31%	15%	4%	0%	100%
Performing regular activities, including walking, eating and preparing meals	73%	17%	9%	1%	0%	100%
Having enough food to eat	91%	5%	2%	1%	0%	100%
Doing heavy or intense housework	47%	27%	15%	10%	1%	100%
Having safe and affordable transportation available	73%	13%	5%	3%	7%	100%
No longer being able to drive	79%	5%	2%	4%	10%	100%
Feeling depressed	67%	25%	7%	1%	1%	100%
Experiencing confusion or forgetfulness	74%	21%	3%	1%	0%	100%
Maintaining your home	64%	25%	8%	2%	1%	100%
Maintaining your yard	61%	21%	9%	5%	4%	100%
Finding productive or meaningful activities to do	75%	16%	5%	2%	2%	100%
Having friends or family you can rely on	84%	11%	4%	1%	0%	100%
Falling or injuring yourself in your home	79%	16%	2%	1%	2%	100%
Finding affordable health insurance	70%	13%	5%	9%	2%	100%
Getting the health care you need	79%	13%	5%	2%	1%	100%
Affording the medications you need	71%	15%	9%	3%	2%	100%
Having enough money to meet daily expenses	70%	20%	7%	3%	0%	100%
Having enough money to pay your property taxes	69%	14%	6%	3%	8%	100%
Staying physically fit	52%	32%	11%	5%	0%	100%
Maintaining a healthy diet	70%	22%	6%	1%	1%	100%
Having interesting recreational or cultural activities to attend	65%	17%	9%	1%	8%	100%
Having interesting social events or activities to attend	64%	18%	8%	2%	8%	100%
Feeling bored	65%	26%	7%	2%	1%	100%
Feeling like your voice is heard in the community	33%	19%	11%	8%	30%	100%
Finding meaningful volunteer work	53%	10%	4%	2%	31%	100%
Providing care for another person	56%	11%	5%	2%	26%	100%
Dealing with legal issues	60%	14%	7%	2%	17%	100%
Having adequate information on public programs such as Social Security, Medicare and Medicaid	64%	17%	9%	3%	6%	100%
Finding work in retirement	47%	8%	5%	4%	35%	100%
Building skills for paid or unpaid work	46%	8%	3%	2%	40%	100%
Not knowing what services are available to older adults in your community	35%	22%	16%	8%	20%	100%
Feeling lonely or isolated	76%	17%	5%	1%	1%	100%
Dealing with the loss of a close family member or friend	64%	18%	5%	4%	9%	100%
Being a victim of crime	77%	7%	2%	1%	12%	100%
Being a victim of fraud or a scam	78%	7%	2%	1%	12%	100%

Being physically or emotionally abused	86%	3%	1%	0%	9%	100%
Dealing with financial planning issues	70%	16%	9%	2%	4%	100%
Dealing with Social Security, Medicare or insurance paperwork	68%	15%	7%	4%	7%	100%

Question 6: Conveniently Located Destinations

How convenient or inconvenient is it for you to travel to the following places from your home...	Very convenient	Somewhat convenient	Somewhat inconvenient	Very inconvenient	Don't know	Total
Supermarket or grocery store	80%	17%	3%	1%	0%	100%
Restaurants	65%	28%	5%	1%	0%	100%
Doctor	64%	27%	5%	2%	1%	100%
Pharmacy	79%	18%	2%	1%	1%	100%
Parks or open space	70%	20%	3%	1%	6%	100%
North Jeffco Senior center	56%	23%	4%	2%	14%	100%
Recreation centers	56%	24%	6%	3%	11%	100%
Public library	63%	24%	5%	3%	6%	100%
Your church or faith community	64%	19%	4%	1%	12%	100%

Question 7: Days Spent in Facilities

Thinking back over the past 12 months, how many days did you spend in...	No days (zero)	One to two days	Three to five days	Six or more days	Don't know	Total
A hospital	79%	9%	6%	5%	0%	100%
A nursing home or in-patient rehabilitation facility	98%	0%	1%	1%	0%	100%

Question 8: Falls in Last 12 Months

Thinking back over the past 12 months, how many times have you fallen and injured yourself? Was it...	Never	Once or twice	3-5 times	More than 5 times	Don't know	Total
	76%	22%	1%	1%	0%	100%

Question 9: Community as a Place for Older Adults and Retirement

How likely or unlikely are you to...	Very likely	Somewhat likely	Somewhat unlikely	Very unlikely	Don't know	Total
Recommend living in Arvada to older adults	49%	33%	7%	4%	7%	100%
Remain in Arvada throughout your retirement	64%	21%	6%	2%	7%	100%

Question 10: Safety from Various Crimes and Hazards							
Please rate how safe you feel from the following in Arvada:	Very safe	Somewhat safe	Neither safe nor unsafe	Somewhat unsafe	Very unsafe	Don't know	Total
Violent crime (e.g., rape, assault, robbery)	33%	47%	12%	4%	1%	2%	100%
Property crimes (e.g., burglary, theft)	26%	48%	16%	6%	2%	2%	100%
Fraud or identity theft	21%	40%	18%	10%	4%	7%	100%

Question 11: Crime victim Status				
	Yes	No	Don't know	Total
During the past 12 months, were you or anyone in your household the victim of any crime?	5%	94%	0%	100%

Question 12: Crimes reported				
	Yes	No	Don't know	Total
If yes, was this crime (these crimes) reported to the police?	72%	28%	0%	100%

Question 13: Participation in Activities						
In the last 12 month, about how many times, if ever, have you participated in or done each of the following?	Never	Once or twice	3 to 12 times	13 to 26 times	More than 26 times	Total
Used the North Jeffco Senior Center	76%	13%	6%	1%	3%	100%
Used a recreation center in Arvada	5%	94%	0%	0%	0%	100%
Used a public library in Arvada	40%	25%	21%	6%	7%	100%
Attended a meeting of local elected officials or other local public meeting in Arvada	86%	11%	2%	0%	0%	100%
Watched a meeting of local elected officials or other local public meeting in Arvada on cable TV	62%	22%	13%	2%	1%	100%
Used public transit (e.g., bus, subway, light rail, etc.) within Arvada	81%	11%	6%	0%	2%	100%
Visited a neighborhood park	20%	24%	30%	11%	15%	100%

Question 14: Hours Spent Doing Activities							
During a typical week, how many hours, if any, do you spend doing the following?	Never (no hours)	1 to 3 hours	4 to 5 hours	6 to 10 hours	11 or more hours	Don't know	Total
Participating in a club (including book, dance, game and other social)	66%	21%	6%	4%	3%	1%	100%
Participating in a civic group (including Parent Teacher Organizations, Elks, Kiwanis, Masons, etc.)	87%	6%	2%	2%	1%	1%	100%
Communicating/ visiting with friends and/or family	6%	21%	26%	19%	26%	1%	100%
Participating in religious or spiritual activities with others	39%	37%	9%	5%	8%	2%	100%
Participating in a recreation program or group activity	56%	23%	9%	5%	5%	2%	100%
Providing help to friends or relatives	14%	41%	19%	8%	16%	2%	100%
Volunteering your time to some group/activity in Arvada	76%	12%	4%	2%	3%	2%	100%

Question 15: Modes of Travel							
During a typical week, how many days do you use each of the modes of travel listed below?	0 days	1 to 2 days	3 to 4 days	5 or more days	Don't know	Total	
Motorized vehicle (e.g., car, truck, van, motorcycle, etc.) by myself	10%	9%	17%	63%	1%	100%	
Motorized vehicle (e.g., car, truck, van, motorcycle, etc.) with children or adults	22%	32%	20%	24%	1%	100%	
Bus, Rail, Subway, or other public transportation	93%	3%	2%	1%	1%	100%	
Walk	28%	29%	17%	25%	2%	100%	
Bicycle	88%	8%	2%	2%	1%	100%	
Work at home	46%	34%	8%	8%	4%	100%	
Other	52%	10%	1%	8%	30%	100%	

Question 16: Hours Spent Providing Care								
During a typical week, how many hours do you spend providing care for one or more individuals with whom you have a significant relationship (such as spouse, other relative, partner, friend, neighbor or child), whether or not they live with you?	Never (no hours)	1 to 3 hours	4 to 5 hours	6 to 10 hours	11 to 20 hours	20 or more hours	Don't know	Total
One or more individuals age 60 or older	59%	13%	8%	5%	2%	11%	2%	100%
One or more individuals age 18 to 59	75%	9%	4%	5%	2%	3%	3%	100%
One or more individuals under age 18	69%	9%	8%	3%	3%	7%	2%	100%

Question 17: Receives Care			
	Yes	No	Total
Whether or not they live with you, does someone with whom you have a significant personal relationship (such as a relative, partner, friend or neighbor) provide assistance to you almost every day?	23%	77%	100%

Question 18: Visiting with Neighbors								
	Just about everyday	Several times a week	Several times a month	Once a month	Several times a year	Once a year or less	Never	Total

About how often do you talk to or visit with your immediate neighbors (people who live in the 10 or 20 households that are closest to you)?	29%	34%	21%	5%	5%	2%	3%	100%
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Questions 19: Relatives Living within 30 Miles							
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	No close relatives	One or two	Three to five	Six to ten	More than ten	Don't know	Total
How many adult children or other adult relatives do you have living within 30 miles of your home?	12%	35%	27%	17%	10%	0%	100%

Question 20: Friends Living within 30 Miles							
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	No close friends	One or two	Three to five	Six to ten	More than ten	Don't know	Total
How many close friends do you have living within 30 miles of your home?	7%	12%	24%	31%	26%	0%	100%

Question 21: Close Friend and Family Members							
--	--	--	--	--	--	--	--

	No close friends or family members	One or two	Three to five	Six to ten	More than ten	Total
About how many close friends or family members do you have with whom you feel at ease? These are people you can talk to about private matters or call on for help.	2%	23%	39%	19%	17%	100%

Question 22: Level of Informedness about Services and Activities for Older Adults					
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	Very informed	Somewhat informed	Somewhat uninformed	Very uninformed	Total
In general, how informed or uninformed do you feel about services and activities available to older adults in Arvada?	13%	53%	21%	13%	100%

Question D1: Length of Residency						
----------------------------------	--	--	--	--	--	--

	Less than 1 year	1-5 years	6-10 years	11-20 years	More than 20 years	Total
How many years have you lived in Arvada?	2%	10%	9%	15%	65%	100%

Question D2: Housing Unit Type							
	Single family home	Townhouse, condominium, duplex or apartment	Mobile home	Assisted living residence	Nursing home	Other	Total
Which best describes the building you live in?	72%	25%	0%	1%	0%	2%	100%

Question D3: Tenure (Rent or Own)				
	Rent	Own (with a mortgage payment)	Own (free and clear; no mortgage)	Total
Do you currently rent or own your home?	22%	34%	44%	100%

Question D4: Monthly Housing Costs							
	Less than \$300 per month	\$300 to \$599 per month	\$600 to \$999 per month	\$1,000 to \$1,499 per month	\$1,500 to \$2,499 per month	\$2,500 or more per month	Total
About how much is your monthly housing cost for the place you live (including rent, mortgage payment, property tax, property insurance and homeowners' association (HOA) fees)?	24%	26%	23%	15%	10%	2%	100%

Question D5: Total Number of Household Members							
	1 person (live alone)	2 people	3 people	4 or more people	Don't know	Total	
How many people, including yourself, live in your household?	38%	51%	7%	3%	0%	100%	

Question D6: Number of Older Adult Household Members							
	1 person	2 people	3 people	4 or more people	Don't know	Total	
How many of these people, including yourself, are 60 or older?	53%	46%	1%	0%	0%	100%	

Question D7: Household Composition							
	Married partner	Opposite-sex unmarried partner	Same-sex unmarried partner	Relative - under age 18	Relative - age 18 or older	Adult non-relative(s)	I live alone
Indicate which of the following people live in your household.	55%	2%	0%	4%	12%	1%	37%
Total may exceed 100% as respondents could select more than one option.							

Question D8: Resides In an Older Adult Community				
	Yes	No	Don't know	Total
Do you live in a subdivision or complex that is targeted to adults over a certain age?	11%	86%	3%	100%

Question D9: Retirement Status						
	Fully retired	Retired but working part time for pay	Working full time for pay	Working part time for pay	Unemployed, looking for paid work	Total
What is your employment status?	64%	12%	20%	3%	1%	100%

Question D10: Expected Age of Retirement								
	Before age 60	60 to 64	65 to 69	70 to 74	75 or older	Never	Don't know	Total
[If not yet fully retired] At what age do you expect to retire completely and not work for pay at all?	1%	6%	31%	25%	20%	2%	15%	100%

Question D11: Household Income							
	Less than \$15,000	\$15,000 to \$24,999	\$25,000 to 49,999	\$50,000 to \$74,999	\$75,000 to \$99,999	\$100,000 or more	Total
How much do you anticipate your household's total income before taxes will be for the current year? (Please include in your total income money from all sources for all persons living in your household.)	15%	18%	32%	19%	7%	9%	100%

Question D12: Respondent Ethnicity/Origin			
	Yes	No	Total
Are you Spanish/Hispanic/Latino?	5%	95%	100%

Question D13: Respondent Race						
	American Indian or Alaskan native	Asian or Pacific Islander	Black, African American	White/Caucasian	Other	Total
What is your race?	1%	1%	0%	97%	2%	100%

Total may exceed 100% as respondents could select more than one option.

Question D14: Respondent Age									
	60-64 years	65-69 years	70-74 years	75-79 years	80-84 years	85-89 years	90-94 years	95 years or older	Total
In which category is your age?	29%	23%	18%	15%	8%	5%	3%	0%	100%

Question D15: Respondent Gender			
	Female	Male	Total
What is your sex?	57%	43%	100%

Question D16: Voter Registration Status

	Yes	No	Ineligible to vote	Don't know	Total
Are you registered to vote in your jurisdiction?	92%	6%	1%	1%	100%

Question D17: Voted In Last General Election

	Yes	No	Ineligible to vote	Don't know	Total
Many people don't have time to vote in elections. Did you vote in the last general election?	86%	12%	0%	2%	100%

Data Collection Methods Used in the CASOA™

The CASOA instrument and its administration are standardized to assure high quality survey methods and comparable results across CASOA jurisdictions. The CASOA customized for Arvada was developed in close cooperation with local staff. The City of Arvada staff provided the appropriate letterhead and signatures for mailings as well as population data for Arvada.

Survey Questionnaire Development

The CASOA questionnaire contains many questions related to the life of older residents in the community. The instrument includes questions related to overall quality of life, characteristics of the community, perceptions of safety of Arvada and of 40 different needs common to older adults.

The questionnaire grew from a synthesis of a number of data collection processes including a national search of needs assessments conducted by communities across the United States, a review of the literature on aging, and the conduct of numerous surveys and large scale needs assessments by NRC.

A blue-ribbon panel of national experts contributed to the concept and content of the CASOA. The panel members were:

- Susanna D. Bozinovski, Ph.D. (former Director, Area Agency on Aging, Denver Regional Council of Governments)
- Lucinda L. Bryant, Ph.D. (Assistant Professor, Healthy Aging Research Network, University of Colorado at Denver and Health Sciences Center)
- Renee Zeimer (Assistant to the City Manager, City of Walnut Creek, CA)
- Carol Zernial (Bexar Aging Director, Alamo Area Council of Governments (AACOG))

The items in this questionnaire were pilot tested on senior residents using a “think-aloud” method in which older adults were asked to complete the survey and describe their thought processes related to specific questions and question sets. The results of the pilot test were used to alter the questionnaire for better understanding by senior participants. The final questionnaire was tested in five diverse U.S. communities and modifications again were made as necessary.

Survey Sampling (Survey Recipient Selection)

“Sampling” refers to the method by which survey recipients are chosen. The “sample” refers to all those who were given a chance to participate in the survey. A sample of residents in the area 60 years of age and older was purchased from several reliable vendors. Although the purchased list of known senior households contained names of the residents 60 years and older, no name was printed on the survey envelope; instead, the survey was addressed to “resident.”

In order to select a random individual 60 years of age and older *within* the household, the cover letter requested that the questionnaire be given to the person 60 years of age and older who most recently celebrated their birthday (regardless of year of birth) to complete. This “birthday method” is a respondent selection method which helps to randomly select an individual within a household. It is similar to other more complex methodologies (e.g., “Kisch” or “Trodahl”), but easier to implement.

Survey Administration

Sampled households received three mailings each beginning in July 2007. Completed surveys were collected over the following six weeks. The first mailing was a prenotification postcard announcing the upcoming survey. A week after the prenotification postcard was sent the first wave of the survey was sent. The second wave was sent one week after the first. The survey mailings contained a letter from the mayor inviting the household to participate in the CASOA, a questionnaire and postage-paid envelope in which to return the questionnaire.

Survey Response Rate and Confidence Intervals

Fifteen of the postcards were returned as undeliverable because they either had incorrect addresses or were received by vacant housing units. Of the 1,185 households receiving the survey mailings, 689 completed the survey, providing a response rate of 58%. This is an excellent response rate; typical response rates for a mailed resident survey range from 25% to 40%.

In theory, in 95 cases out of 100, the results based on the number of responses obtained will differ by no more than four percentage points in either direction from what would have been obtained had responses been collected from all Arvada older adults living in households. This difference from the presumed population finding is referred to as the sampling error (or the “margin of error” or “95% confidence interval”).

Where estimates are given for subgroups, they are less precise. Generally the 95% confidence interval is plus or minus five percentage points for samples of about 400 to ten percentage points for samples as small as 100.

The practical difficulties of conducting any resident survey may introduce other sources of error in addition to sampling error. Despite our best efforts to boost participation and ensure potential inclusion of all older adults, some selected households will decline participation in the survey (referred to as non-response error) and some eligible households may be unintentionally excluded from the listed sources for the sample (referred to as coverage error).

Survey Processing (Data Entry)

Completed surveys received by NRC were assigned a unique identification number. Additionally, each survey was reviewed and “cleaned” as necessary. For example, a question may have asked a respondent to pick two items out of a list of five, but the respondent checked three; NRC staff would choose randomly two of the three selected items to be coded in the dataset.

Once all surveys were assigned a unique identification number, they were entered into an electronic dataset. This dataset was subject to a data entry protocol of “key and verify,” in which survey data were entered twice into an electronic dataset and then compared. Discrepancies were evaluated against the original survey form and corrected. “Range checks” (examination of the data for invalid values) as well as other forms of quality control were also performed.

Survey Data Weighting

The demographic characteristics of those completing the survey were compared to those found in the 2000 Census estimates and other population norms for Arvada and were statistically adjusted to reflect the larger population when necessary.

Due to mathematical constraints, generally only two variables can be used in a weighting scheme. Characteristics chosen as weighting variables are generally selected because they are not in proportion to what is shown in a jurisdiction’s demographic profile and because differences in opinion or behavior are observed between subgroups of these characteristics – or a combination these considerations. In the case of Arvada, the variables chosen for weighting were sex, age and housing tenure (rent/own).

Consequently, sample results were weighted using the population norms to reflect the appropriate percent of those residents. Other discrepancies between the whole population and the sample were also aided by the weighting due to the intercorrelation of many socioeconomic characteristics, although the percentages were not the same in the sample compared to the population norms. The results of the weighting scheme are presented in the following table.

Arvada, Colorado CASOA Weighting Table			
Characteristic	Percent in Population		
	Population Norm ²	Unweighted Data	Weighted Data
Sex and Age			
Female 60 +	57%	57%	57%
Male 60+	43%	43%	43%
Age 60-74	70%	68%	69%
Age 75-84	23%	26%	23%
Age 85+	8%	6%	8%
Female 60-74	38%	38%	38%
Female 75-84	14%	16%	14%
Female 85+	5%	3%	5%
Male 60-74	32%	30%	32%
Male 75-84	8%	10%	8%
Male 85+	2%	3%	2%
Race and Ethnicity			
White	98%	96%	96%
Not white	2%	4%	4%
Hispanic	4%	5%	5%
Not Hispanic	96%	95%	95%
Housing and Tenure³			
Own	78%	93%	78%
Rent	22%	7%	22%
Attached	23%	17%	28%
Detached	77%	83%	72%
Income⁴			
less than \$25,000	37%	32%	36%
\$25,000 to \$74,999	50%	60%	56%
\$75,000 or more	13%	8%	8%

Survey Data Analysis and Reporting

The survey dataset was analyzed using the Statistical Package for the Social Sciences (SPSS). For the most part, frequency distributions and mean ratings are presented in the body of the report. A complete set of frequencies for each survey question is presented in Appendix B.

² Source: 2000 Census

³ Based on adults age 65 or older

⁴ Based on adults age 65 or older

A variety of analyses were presented in the body of the report. The following sections summarize how these analyses were conducted or scores calculated.

Demographic Projections Methodology

The population projections for the City of Arvada were based on projections prepared by Denver Regional Council of Governments, the Colorado Department of Local Affairs and the U.S. Census. Percent population change was calculated in five-year intervals from 2007 to 2017. The proportion of older adults by age and gender were calculated for the years 2007, 2012 and 2017.

Estimates of the Contribution of Older Adults to the Economy

The calculations of the economic contributions of older adults in Arvada were rough estimates using data from The U.S. Department of Labor Bureau of Labor Statistics (Metropolitan and Nonmetropolitan Area Occupational Employment and Wage Estimates).

The proportion of older adults who work was estimated by examining the responses to question D9 from the survey (“What is your employment status?”). Those working full-time were assumed to work 32 hours per week and those working part-time were assumed to work 15 hours per week. The proportion of survey respondents was multiplied by the number of adults 60 and over in community to ascertain the number of employed older adults. To determine the average paid wage, information from the Bureau of Labor Statistics for the Denver-Aurora MSA was examined. Working full-time and part-time was assumed to be the equivalent of “All Occupations” (occupation code 00-0000).

The proportion of older adults doing volunteer work and providing help to friends and neighbors was determined by looking at the responses to question 14 (“During a typical week, how many hours, if any, do you spend doing the following?”), items f (“providing help to family and friends” and g (“volunteering your time to some group/activity”). Those responding “1 to 3 hours” were assumed to spend two hours, “4 to 5 hours” were assumed to spend 4.5 hours, those responding “6 to 10 hours” were assumed to spend eight hours, and those responding “11 or more hours” were assumed to spend 13.75 hours (125% of 11). To determine the average hourly wage, “providing help to family and friends” was assumed to be the equivalent of “Personal Care and Service Workers, All Other” (occupation code 39-9099) and volunteering was assumed to be the equivalent of “Office Clerks, General” (occupation code 43-9061).

The proportion of older adults providing care to family and friends was determined by examining the responses to question 16. Those responding “1 to 3 hours” were assumed to spend two hours, “4 to 5 hours” were assumed to spend 4.5 hours, those responding “6 to 10 hours” were assumed to spend eight hours, and those responding “11 to 19 hours” were assumed to spend 15 hours, and those responding “20 or more hours” were assumed to spend 25 hours (125% of 20). To determine the average hourly wage, providing care for older adults and adults (items a and b) were assumed to be the equivalent of “Personal and Home Care Aides” (occupation code 39-9021) and providing care for children (item c) was assumed to be the equivalent of “Child Care Workers” (occupation code 39-9011).

Community Summary Scores

The community score presented in the body of the report represents the average of the questions included in the index. Many of the evaluative or frequency questions were made on 4 or 5 -point scales with 1 representing the best rating, the scales had different labels (e.g., “excellent,” “very safe,” “very convenient”). To calculate these average scores, the question used in the index were converted to a common scale where 0 is the worst possible rating and 100 is the best possible rating. If everyone reported “Excellent,” then the result would be 100 on the 0-100 scale. If the average rating for quality of life was right in the middle of the scale (half way between “good” and “fair”), then the result would be 50. The new scale can be thought of like the thermometer used to represent total giving to United Way. The higher the thermometer reading, the closer to the goal of 100 – in this case, the most positive response possible. The table below shows the individual questions comprising each summary score.

Index	Individual Variables Used In Index
Quality of Community	q1a. City as a place to live q1b. City as a place to retire
Health and Wellness Opportunities	q2e. Fitness opportunities q2m. Availability of affordable quality physical health care q2n. Availability of affordable quality mental health care q2o. Availability of preventive health services q2p. Availability of affordable quality food q10a. Safety from violent crime q10b. Safety from property crime q10c. Safety from fraud/identity theft q10d. Safety from environmental hazards
Community Land Use and Design	q6a. Convenience of travel to supermarket q6b. Convenience of travel to restaurants q6c. Convenience of travel to doctor q6e. Convenience of travel to pharmacy q6e. Convenience of travel to parks and open space q6f. Convenience of travel to senior center q6g. Convenience of travel to recreation center q6h. Convenience of travel to library q6i. Convenience of travel to church or faith community q2j. Availability of affordable quality housing q2k. Variety of housing options q2s. Ease of bus travel in Arvada q2t. Ease of rail travel in Arvada q2u. Ease of car travel in Arvada q2v. Ease of walking in Arvada
Opportunities for Productive Activities	q2a. Opportunities to volunteer q2b. Employment opportunities q2c. Opportunities to enroll in skill-building classes or trainings for paid or unpaid work q2d. Recreation opportunities q2f. Opportunities to attend or participate cultural or social activities q2g. Opportunities to attend or participate in religious or spiritual events and activities

Index	Individual Variables Used in Index
	q2h. Opportunities to attend or participate in meetings about local government or community matters q2l. Availability of information about resources and events for older adults
Community Information	q2l. Availability of information about resources and events for older adults q22. How informed about services and activities

Needs Summary Scores

The needs summary scores (indices) are based on the response patterns of older adults in the community. The table below includes each question included in the index and the required response to that question.

Index	Individual variables used In Index	Required Rating
Physical health	Must have at least one of the following:	
	q4a. Health as fair/poor	Fair or poor
	q7b. Institution	At least 1 day
	q5b. Physical health:	Moderate or major problem
	q5n. Falls	Moderate or major problem
	q5u. Diet	Moderate or major problem
	q5t. Physically fit	Moderate or major problem
Mental health	q5c. Performing ADLs	Moderate or major problem
	Must have at least one of the following:	
	q4b. Mental health	Fair or poor
	q4c. Quality of life fair/poor	Fair or poor
	q5h. Depressed	Moderate or major problem
Independence/ institutionalization	q5hh. Loss of family member	Moderate or major problem
	q5i. Confusion	Moderate or major problem
Safety	Must have:	
	q5c. Performing ADLs	Moderate or major problem
	Must have at least one of the following:	
Transportation	q5ii. Victim of crime	Moderate or major problem
	q5jj. Victim of fraud/scam	Moderate or major problem
	q5kk. Physical/emotional abuse	Moderate or major problem
Housing	Must have at least one of the following:	
	q5f. Safe and affordable transport	Moderate or major problem
	q5g. No longer driving	Moderate or major problem
Home maintenance	Must have at least one of the following:	
	D4. Monthly housing cost/ D11. Household income	Housing cost > 30% of income
Social engagement	q5a. Housing to suit needs	Moderate or major problem
	Must have at least one of the following:	
	q5e. Doing housework	Moderate or major problem
	q5j. Home maintain	Moderate or major problem
Social engagement	q5k Yard maintain	Moderate or major problem
	Must have:	
	q14c. Communicating with family/friends	Less than 4 hours
	q18. Neighbors	Less than once per month
	Or	
	q5w. Having interesting social events	Moderate or major problem
	Or all of the following:	
q14a. Participating in a club	Never	
q14b. Participating in civic club	Never	
q14d. Participating in religion	Never	
q14e. Participating in recreation program	Never	

Index	Individual variables used in Index	Required Rating
Social support	Must have: q21. Feel at ease	No close friends or family
	Or the sum of q20 and q19 is zero	Zero
	Q20. Close friends located nearby	Zero
	Q19. Family located nearby	Zero
Civic engagement	And at least one of the following: q5gg. Friends and family to rely on	Moderate or major problem
	q5m. Feeling lonely or isolated	Moderate or major problem
	Must have q16 and d17: d16. Registered to vote	No
	d17. Voted last general election	No
Recreation	Or q14g and q14b q14g. Volunteer	Never (no hours)
	q14b. Civic club	Never (no hours)
	Or q13e and q13d q13e. Watch public meeting	Never
	q13d. Attend public meeting	Never
Employment and education	Must have at least one of the following: q5v. Having interesting recreation opportunities	Moderate or major problem
	5x. Feeling bored	Moderate or major problem
Finances	Must have at least one of the following: d5. Employment status	Unemployed, looking for paid work
	q5dd. Finding work in retirement	Moderate or major problem
	q5ee. Building skills for unpaid work	Moderate or major problem
Caregiver burden	Must have at least one of the following: D11. Household income/D5. Household size	Less than 30% median income
	q5r. Having enough money to meet daily expenses	Moderate or major problem
	q5s. Having enough money for property taxes	Moderate or major problem
Information	Must have: q5aa. Providing care for another	Moderate or major problem
	Must have at least one of the following: q22. Informed about services/activities	Somewhat or very uninformed
	q5ff. Knowing about older adult services	Moderate or major problem
	q5mm. Dealing with Social Security, etc.	Moderate or major problem
	q5cc. Having info on Social Security	Moderate or major problem
Health Care	q5bb. Dealing with legal issues	Moderate or major problem
	q5ll. Dealing with financial planning	Moderate or major problem
	Must have at least one of the following: q5o. Affordable health insurance	Moderate or major problem
	q5p. Getting health care	Moderate or major problem
	q5q. Affording medications	Moderate or major problem

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