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LETTER FROM THE COMMITTEE CHAIR

Studies currently show that the aging population is growing at a rate that will soon rival the size of their younger counterparts. While exponential growth in this population highlights the increase in longevity of life, it also calls a greater need for systems of care in those who are aging and may find themselves within the reaches of poverty. Research also shows that vital services for the aging are not developing at a rate equal to the growth of this population. When some of our aging community already finds themselves amongst the most vulnerable in society, a lack of critical services for their basic needs will be detrimental to their health and quality of life as they try to age in place.

In this edition of Vital Signs, we explore the pressing challenges that face the population of older adults in central Oklahoma, such as how health influences their quality of life and economic stability. In addition, we examine the way in which poverty sometimes affects older adults differently through lack of access to the most basic necessities. Finally, we look at how those who provide caregiving services are affected by what their loved ones are experiencing. This Vital Signs also highlights the important work of United Way Partner Agencies who are improving the lives of our older adult population.

We welcome your questions and comments, as well as the opportunity to present these findings to the community. Please email us at vitalsigns@unitedwayokc.org or call 405-236-8441.

Sincerely,

Nick Samarripas

Chair, Research and Community Initiatives Committee
United Way of Central Oklahoma

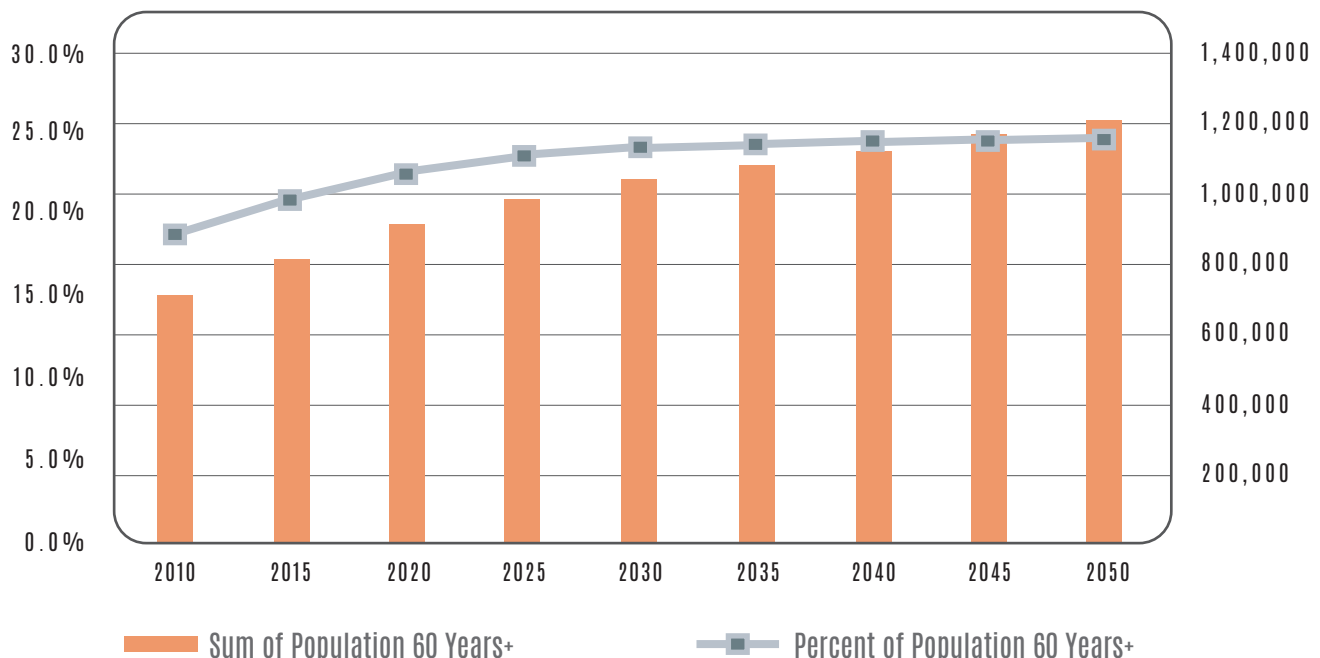




INTRODUCTION

The percentage of the population of Oklahomans over the age of 60 is projected to increase from 19% of the population to 25% over the next three decades. Simultaneously, the size of the population under the age of 60 is projected to stagger and decline. To put this into perspective, by 2035 in Oklahoma, 1 in 4 Oklahomans will be 60+ years old.¹ This exponential growth in the aging population is not unique to Oklahoma. By 2035, the United States is projected to have a population of adults over the age of 65 at 82 million, roughly double the number of adults age 65+ in 2012.² Though these are projections for the future, the impacts of an exponentially aging population are already happening today. While the 60+ population is increasing dramatically, the full impact of these increased numbers on agencies and programs that serve the elderly will not be fully felt for another five years, when the older of the Baby Boomers turn 79.

PROJECTION FOR POPULATION 60 YEARS+ IN OKLAHOMA¹





Areawide Aging Agency

Blair Schoeb

Chief Executive Officer,
Areawide Aging Agency

United Way of Central Oklahoma continues to lead our community in supporting the elderly, not only by providing funding to the partner agencies who serve seniors and their families, but also by providing critical information on the changing needs of seniors to policy makers and other funders. This issue of Vital Signs continues that trend. All of us who are dedicated to aiding seniors to live in dignity and good health are deeply appreciative.

The gap between the number of seniors needing assistance and the funding available for these services continues to widen.

The challenges we face, as demonstrated in this document, fall into two categories. For those of us who provide assistance with basic needs, such as food and utility assistance, we are challenged with the rapidly growing number of seniors needing assistance. Projections show that nearly a fourth of our population will be over 60 within the next 10 years. The gap between the number of seniors needing assistance and the funding available for these services continues to widen.

Secondly, not only are the numbers of people over the age of 60 increasing, the challenges are only made greater by the increase in longevity seniors are now experiencing. If a person reaches 80 years of age, there is a one in three chance that person will live to 90. Those people age 90 and up are the fastest growing age group in our population. In fact, it is projected that the increase in the over-90 demographic will require nearly 2 million new nursing home beds nationwide (Microtrends Squared, Penn, Mark, page 96).

By providing seniors the resources and support needed to be able to remain home and as independent as safely possible, the state is able to save millions. These services cost pennies on the dollar compared to nursing home costs, and our seniors are able to live longer happier lives.

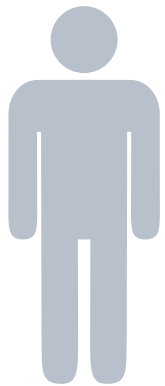
The data included in this document outlines the conditions our seniors face today as well as a look into the future, showing the growing needs on the community. I hope this information makes you mindful of seniors in our community, and that you will join with us as we continue to advocate on their behalf.

CURRENT OKLAHOMA POPULATION 60 YEARS AND OVER

COUNT OF THE 60+ POPULATION³

OKLAHOMA	2009	2011	2013	2015	2017
Total population 60+ years	658,681	698,626	730,306	765,360	800,259
Percent of total population 60+ years	18.2%	18.8%	19.3%	19.9%	19.9%
CANADIAN COUNTY	2009	2011	2013	2015	2017
Total population 60+ years	15,997	18,030	19,944	21,299	23,558
Percent of total population 60+ years	15.4%	15.9%	16.7%	16.9%	17.7%
LOGAN COUNTY	2009	2011	2013	2015	2017
Total population 60+ years	—	7,430	8,242	9,177	9,257
Percent of total population 60+ years	—	18.2%	19.2%	20.6%	20.4%
OKLAHOMA COUNTY	2009	2011	2013	2015	2017
Total population 60+ years	117,078	120,311	126,072	132,855	140,665
Percent of total population 60+ years	16.7%	16.9%	17.2%	17.6%	18.2%

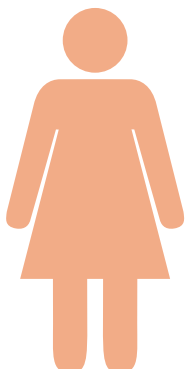
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PERCENT OF THE 60+ POPULATION BY SEX³

OKLAHOMA	2009	2011	2013	2015	2017
Male	43.7%	44.9%	45.1%	45.3%	45.5%
Female	56.3%	55.1%	54.9%	54.7%	54.5%
CANADIAN COUNTY	2009	2011	2013	2015	2017
Male	46.3%	45.7%	45.2%	45.4%	46.5%
Female	53.7%	54.3%	54.8%	54.6%	53.5%
LOGAN COUNTY	2009	2011	2013	2015	2017
Male	—	48.0%	48.4%	48.2%	48.9%
Female	—	52.0%	51.6%	51.8%	51.1%
OKLAHOMA COUNTY	2009	2011	2013	2015	2017
Male	42.2%	43.2%	43.6%	43.9%	44.0%
Female	57.8%	56.8%	56.4%	56.1%	56.0%

"—"= Data not available





PERCENT OF THE 60+ POPULATION BY RACE/ETHNICITY³

OKLAHOMA	2009	2011	2013	2015	2017
White	85.9%	85.6%	85.1%	84.6%	84.1%
Black or African American	4.6%	4.6%	4.8%	4.9%	5.0%
American Indian and Alaska Native	4.4%	4.3%	4.6%	4.9%	5.1%
Asian	0.8%	1.0%	1.1%	1.1%	1.2%
Native Hawaiian and other Pacific Islander	0.0%	0.0%	0.0%	0.0%	0.0%
Some other race	0.6%	0.6%	0.6%	0.7%	0.8%
Two or more races	3.6%	3.8%	3.7%	3.7%	3.7%
Hispanic or Latino origin (of any race)	2.0%	2.1%	2.3%	2.5%	2.7%
White alone, not Hispanic or Latino	84.7%	84.4%	83.7%	83.0%	82.4%
CANADIAN COUNTY	2009	2011	2013	2015	2017
White	93.3%	92.5%	91.3%	90.8%	90.5%
Black or African American	1.3%	1.7%	1.6%	1.5%	1.3%
American Indian and Alaska Native	2.8%	2.2%	2.3%	2.5%	1.8%
Asian	0.8%	1.6%	2.3%	2.7%	2.8%
Native Hawaiian and other Pacific Islander	0.0%	0.0%	0.0%	0.0%	0.0%
Some other race	0.4%	0.4%	0.4%	0.6%	1.1%
Two or more races	1.4%	1.6%	2.0%	1.9%	2.5%
Hispanic or Latino origin (of any race)	2.0%	1.9%	2.1%	2.3%	2.5%
White alone, not Hispanic or Latino	91.8%	90.9%	89.8%	89.1%	88.9%
LOGAN COUNTY	2009	2011	2013	2015	2017
White	—	89.3%	88.7%	89.2%	89.4%
Black or African American	—	5.4%	5.8%	5.3%	4.9%
American Indian and Alaska Native	—	2.1%	2.9%	3.2%	3.3%
Asian	—	1.0%	0.7%	0.1%	0.2%
Native Hawaiian and other Pacific Islander	—	0.0%	0.0%	0.0%	0.2%
Some other race	—	1.0%	0.5%	0.6%	0.4%
Two or more races	—	1.2%	1.3%	1.6%	1.5%
Hispanic or Latino origin (of any race)	—	1.4%	1.3%	2.6%	1.8%
White alone, not Hispanic or Latino	—	89.1%	88.0%	87.5%	88.3%
OKLAHOMA COUNTY	2009	2011	2013	2015	2017
White	83.2%	81.7%	81.1%	80.4%	79.6%
Black or African American	9.6%	10.5%	11.0%	11.5%	11.6%
American Indian and Alaska Native	1.5%	1.8%	2.0%	2.2%	2.3%
Asian	2.0%	2.2%	2.4%	2.4%	2.4%
Native Hawaiian and other Pacific Islander	0.0%	0.0%	0.0%	0.0%	0.0%
Some other race	1.2%	1.0%	0.9%	1.0%	1.3%
Two or more races	2.4%	2.8%	2.4%	2.4%	2.7%
Hispanic or Latino origin (of any race)	3.5%	3.5%	3.8%	4.1%	4.7%
White alone, not Hispanic or Latino	81.2%	79.6%	78.5%	77.5%	76.5%

“—”= Data not available



PERCENT OF THE 60+ POPULATION BY FAMILY HOUSEHOLDS BY TYPE³

OKLAHOMA	2009	2011	2013	2015	2017
Married-couple families	47.0%	47.7%	47.2%	46.6%	46.4%
Female householders, no husband present	7.1%	7.1%	7.3%	7.6%	7.8%
CANADIAN COUNTY	2009	2011	2013	2015	2017
Married-couple families	56.6%	55.7%	54.2%	53.1%	52.9%
Female householders, no husband present	5.3%	5.3%	6.3%	6.3%	6.8%
LOGAN COUNTY	2009	2011	2013	2015	2017
Married-couple families	—	58.1%	57.3%	56.8%	54.6%
Female householders, no husband present	—	3.6%	5.7%	6.6%	5.7%
OKLAHOMA COUNTY	2009	2011	2013	2015	2017
Married-couple families	42.1%	43.1%	42.3%	41.7%	42.0%
Female householders, no husband present	8.1%	8.4%	8.2%	8.5%	8.8%

“—”= Data not available

PERCENT OF THE 60+ POPULATION BY NON-FAMILY HOUSEHOLDS BY TYPE³

OKLAHOMA	2009	2011	2013	2015	2017
Householder living alone	42.0%	41.0%	41.0%	41.1%	40.8%
CANADIAN COUNTY	2009	2011	2013	2015	2017
Householder living alone	34.6%	34.7%	35.1%	35.9%	5.9%
LOGAN COUNTY	2009	2011	2013	2015	2017
Householder living alone	—	35.2%	33.1%	31.8%	35.5%
OKLAHOMA COUNTY	2009	2011	2013	2015	2017
Householder living alone	45.7%	43.8%	44.4%	44.4%	43.7%

“—”= Data not available

PERCENT OF THE 60+ POPULATION BY MARITAL STATUS³

OKLAHOMA	2009	2011	2013	2015	2017
Married	58.8%	59.7%	59.3%	58.7%	58.6%
Widowed	25.4%	23.2%	22.5%	21.8%	21.0%
Divorced	12.2%	13.3%	14.1%	15.0%	15.5%
Separated	0.9%	0.9%	1.0%	1.1%	1.1%
Never married	2.8%	2.8%	3.1%	3.4%	3.8%
CANADIAN COUNTY	2009	2011	2013	2015	2017
Married	63.3%	65.7%	64.1%	62.1%	62.7%
Widowed	21.8%	19.7%	19.9%	20.0%	20.2%
Divorced	12.3%	2.1%	12.5%	14.1%	13.4%
Separated	0.5%	0.5%	0.7%	0.7%	0.8%
Never married	2.1%	2.0%	2.8%	3.2%	2.9%
LOGAN COUNTY	2009	2011	2013	2015	2017
Married	—	68.5%	67.8%	65.2%	64.6%
Widowed	—	19.2%	19.5%	19.9%	18.2%
Divorced	—	9.2%	9.3%	11.3%	13.8%
Separated	—	0.3%	0.4%	1.0%	1.4%
Never married	—	2.7%	3.0%	2.6%	1.9%
OKLAHOMA COUNTY	2009	2011	2013	2015	2017
Married	54.5%	55.3%	54.4%	53.8%	54.2%
Widowed	26.2%	23.7%	23.3%	22.1%	20.7%
Divorced	14.8%	16.2%	16.9%	18.1%	18.4%
Separated	1.2%	1.3%	1.4%	1.5%	1.3%
Never married	3.3%	3.5%	4.0%	4.5%	5.4%

“—”= Data not available

PERCENT OF THE 60+ POPULATION BY EDUCATION³

OKLAHOMA	2009	2011	2013	2015	2017
Less than high school graduate	21.8%	18.8%	17.0%	15.3%	14.0%
High school graduate (includes equivalency)	35.3%	34.7%	34.3%	33.9%	33.6%
Some college or associate's degree	24.5%	26.3%	27.4%	28.4%	29.0%
Bachelor's degree or higher	18.4%	20.1%	21.3%	22.4%	23.3%
CANADIAN COUNTY	2009	2011	2013	2015	2017
Less than high school graduate	15.7%	14.0%	11.5%	11.3%	9.4%
High school graduate (includes equivalency)	36.1%	32.9%	33.3%	32.6%	34.0%
Some college or associate's degree	29.9%	33.7%	33.3%	34.0%	35.3%
Bachelor's degree or higher	18.3%	19.4%	21.8%	22.1%	21.3%
LOGAN COUNTY	2009	2011	2013	2015	2017
Less than high school graduate	—	16.3%	14.7%	11.1%	11.1%
High school graduate (includes equivalency)	—	38.8%	33.5%	39.2%	35.8%
Some college or associate's degree	—	26.5%	30.1%	28.3%	30.2%
Bachelor's degree or higher	—	18.3%	21.7%	21.4%	22.8%
OKLAHOMA COUNTY	2009	2011	2013	2015	2017
Less than high school graduate	18.1%	15.4%	14.1%	12.8%	11.8%
High school graduate (includes equivalency)	29.2%	29.1%	28.8%	27.9%	28.2%
Some college or associate's degree	28.2%	29.3%	29.7%	29.7%	30.0%
Bachelor's degree or higher	24.6%	26.3%	27.5%	29.7%	30.0%

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HEALTH REPORT OF ADULTS AGED 60 AND OLDER IN OKLAHOMA

As the aging population continues to grow, the need for primary health and long-term care services will mirror that growth. At the same time, life expectancy for a person who reaches the age of 65 is increasing. How society responds and adapts to this exponential growth will largely dictate the quality of life for many older adults. Their quality of life and overall health will be the primary driver for their ability to access other critical resources and for maintaining financial stability.

Poor health choices also significantly affect many seniors in Oklahoma. Seniors suffer from obesity, high blood pressure, heart disease, and diabetes. For those who suffer from these conditions, their retirement and quality of life may be much different from what they envisioned. Their health might require that they retire early, or rely on others for care.

OKLAHOMA RANKS
47TH

IN OVERALL
SENIOR HEALTH
IN THE COUNTRY.⁴

38%

report their health is
very good or excellent
compared to 41% nationally.⁴



58%

of Oklahomans aged 65+ reported themselves as able-bodied, meaning they live without disability and are able to live independently. **This is the fourth lowest rate of able-bodied older adults in the nation.**⁴

52% OF ADULTS AGE 65+ IN OKLAHOMA REPORT THAT ARTHRITIS OR JOINT SYMPTOMS LIMIT THEIR USUAL DAILY ACTIVITIES.⁴

Among those with arthritis, adults with higher educational attainment or with higher-incomes are more likely to manage their arthritis or joint pain.⁴

VS **56%** college graduates are able to manage their arthritis or joint pain

VS **50%** of those who have less than a high school degree

VS **61%** of those who have an annual income >\$75,000 are able to manage their arthritis or joint pain

VS **44%** of those with an annual income <\$25,000

Physical changes of arthritis causes physical activity limitations more frequently than heart disease, cancer, or diabetes.⁴

38% in fair or better health report no physical activity or exercise other than their regular job in the past 30 days – **almost 10% higher than the national average.**⁴



30% of older adults in Oklahoma have a body mass index (BMI) of 30.0 or higher, meaning they are obese, compared to 28% nationally. **Obesity in older adults leads to higher risk of hypertension, diabetes, heart disease, stroke and much more.**⁴

24% of Oklahomans aged 65+ have been diagnosed with diabetes, **which can lead to heart disease, blindness, kidney failure, and amputations.**⁵

With increasing age comes an increase in the prevalence of vision and hearing related sensory problems.

AMERICANS AGED 65-74

27% have hearing trouble

14% have vision trouble (are blind or have trouble seeing even with corrective lenses)⁶

AMERICANS AGED 75+

45% have hearing trouble

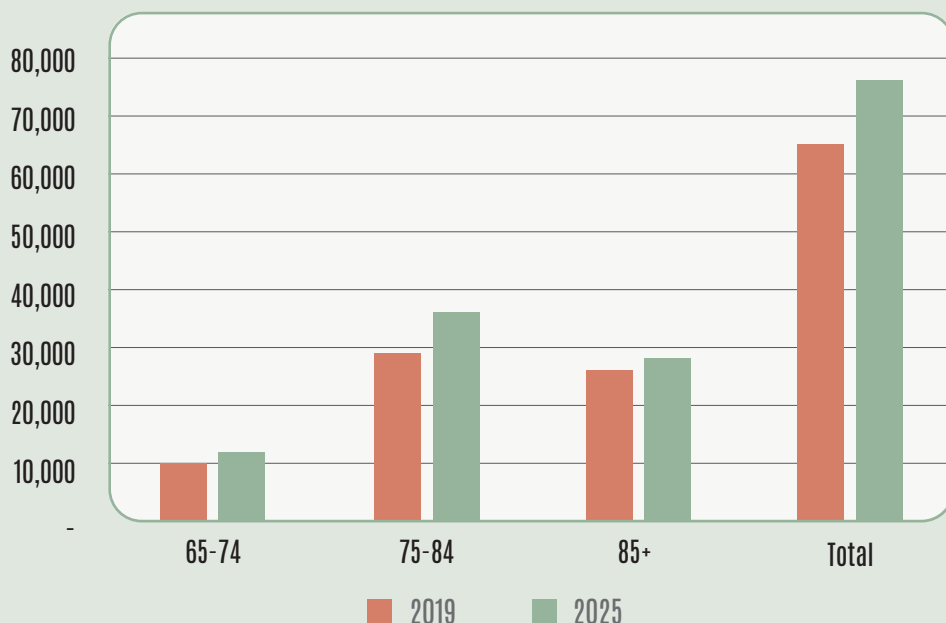
19% have vision trouble⁶



THE NUMBER OF OLDER ADULTS DIAGNOSED WITH ALZHEIMER'S AND RELATED DEMENTIAS IS INCREASING.

Over 5 million Americans live with Alzheimer's. In Oklahoma alone, there are 65,000 adults above the age of 65 living with Alzheimer's. By 2025, this number will increase to 76,000.⁷

OKLAHOMANS 65+ WITH ALZHEIMER'S⁷



In 2017, there were

1,752 DEATHS

from Alzheimer's in Oklahoma, a 175% increase since 2000.⁷

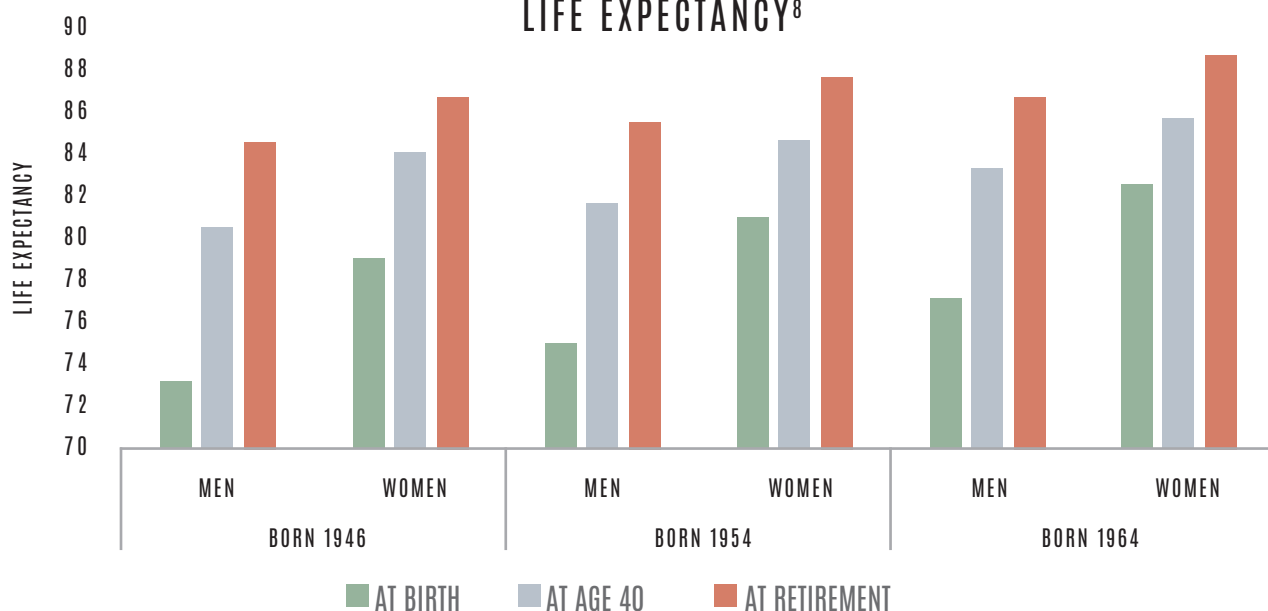
Today, Alzheimer's and related dementias will cost the United States

\$290 BILLION;

by 2050, the cost will be

\$1.1 TRILLION.⁷

LIFE EXPECTANCY⁸



Life expectancy at age 65 has increased steadily for decades. For those born in 1946, life expectancy increased at least by 12 years by the time they reached the age of retirement.⁸

93% of older adults report having a dedicated primary care physician.⁴

**OKLAHOMA RANKS
6TH
HIGHEST RATE
OF AVOIDABLE
HOSPITALIZATIONS
IN THE NATION.⁴**

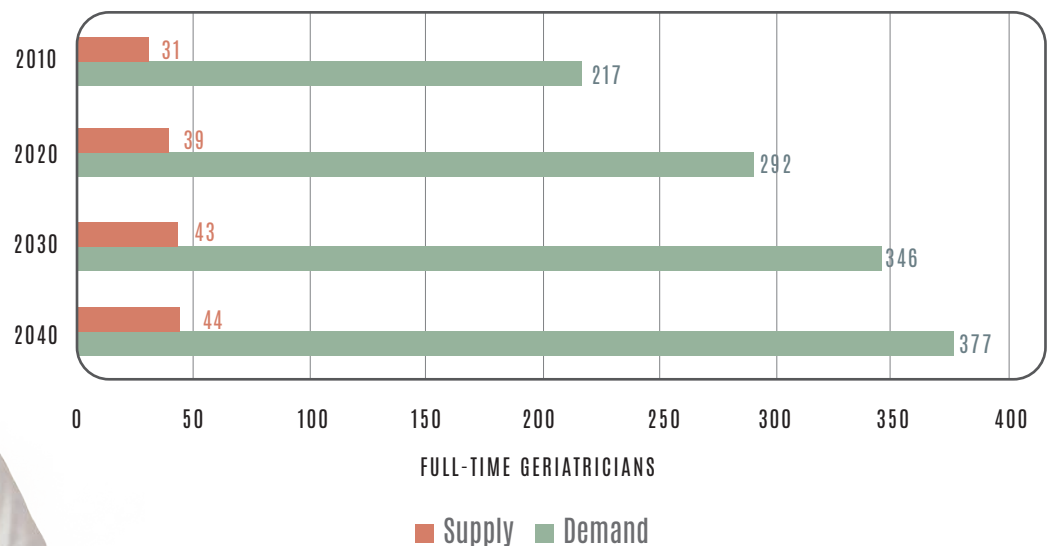
Accessibility to a primary care provider reduces avoidable hospitalizations.^{9,10} Although the majority of older Oklahomans report having a primary care physician, **Oklahoma's rate of avoidable hospitalizations is 21% higher than the national average.⁴**

**REGULARLY ACCESSING A
PRIMARY CARE PHYSICIAN
IS ASSOCIATED WITH:⁴**

- Lower health care costs
- Better preventive care
- Improvements in management of conditions like hypertension and high cholesterol
- Fewer emergency department visits for non-urgent or preventable problems
- Increased life expectancy

75% ESTIMATED INCREASE IN DEMAND FOR GERIATRICIANS 2010 TO 2040^{1,11,12}

GERIATRICIAN WORKFORCE SUPPLY & DEMAND IN OK



Geriatricians are medical doctors who have undergone specialty training to meet the unique and complex needs of older adults. It is estimated that 30% of all older people need a Geriatrician as part of their healthcare team.¹¹



Home health and personal care aides provide older adults the ability to remain in their homes with the benefit of skilled nursing services. In Oklahoma, there are 81 personal care and home health aides per 1,000 older adults ages 75+, compared to 112 per 1,000 nationally.¹³

Between 2016 and 2026, Oklahoma is projected to see 64,400 total job openings for direct care workers due to a combination of job growth and exits from the workforce.¹⁴

14,200 total job openings for Home Health Aides

22,400 total job openings for Nursing Assistants

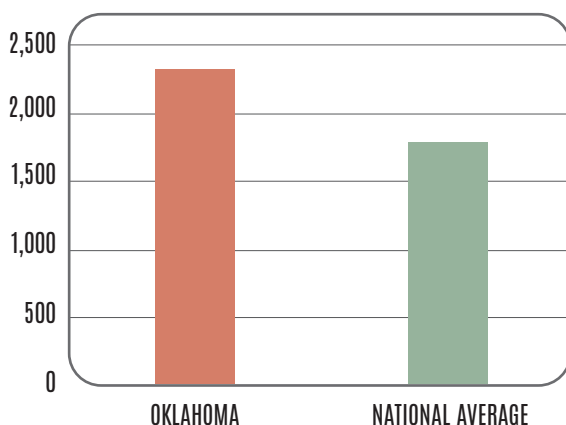
27,800 total job openings for Personal Care Aides

30% INCREASED RISK OF EARLY DEATH FOR OKLAHOMANS 65 TO 74 YEARS COMPARED TO THE NATIONAL AVERAGE.⁴



- The five leading causes of death among seniors are heart disease, cancer, chronic lower respiratory diseases, stroke, and Alzheimer's disease. As many as 43% of deaths from these conditions would have been preventable through healthier lifestyle choices.⁴
- Older adult males have an early death rate 1.5 times higher than their female counterparts.⁴
- African American and American Indian older adult males experience the highest rates of early death. Followed by Caucasian, Hispanic, and Asian seniors.⁴

RATE OF EARLY DEATHS, 65 TO 74 IN OK⁴



65% Report participating in routine cancer prevention health screening, specifically breast and colorectal cancer, during recommended time period, compared to 73% nationally.⁴

From 2009 to 2013, the median age at which diagnosis was made for breast cancer was 62, and 68 for colorectal cancer.⁴



4 OUT OF 10 OKLAHOMA MEDICARE ENROLLEES 65+ YEARS OLD HAVE FOUR OR MORE CHRONIC CONDITIONS LIKE DIABETES AND HIGH BLOOD PRESSURE.⁴

Oklahoma Medicare beneficiaries with four or more chronic conditions are 3x as likely to be readmitted within 30 days of hospital discharge and 7x as likely to visit the emergency department.¹⁵

OKLAHOMA ANNUAL PER CAPITA MEDICARE SPENDING¹⁵

0 to 1 chronic condition	\$1,744
4 TO 5 chronic conditions	\$10,466
6+ chronic conditions	\$28,519

15% OF OKLAHOMA MEDICARE ENROLLEES 65+ YEARS ARE READMITTED WITHIN 30 DAYS OF HOSPITAL DISCHARGE.⁴

\$13,800 was the average cost for readmission for those 65+ in 2013.⁴

19% of Oklahomans over the age of 65 have been diagnosed with depression, compared to 16% at the national level.⁴

9% of Oklahomans over the age of 65 have reported frequent mental distress 14 or more days in the previous 30 days, compared to 8% at the national level.⁴

The 2017 suicide rate for adults 65+ in Oklahoma was 18.3 per 100,000 individuals, compared to 17.0 per 100,000 nationally.¹⁶

Oklahomans aged 85+ have the highest rates of suicide of all age groups in Oklahoma, at 36 deaths per 100,000.¹⁶

Older adults are prone to higher rates of successful suicide attempts than younger adults are.

"Older people who attempt suicide are often more frail, more isolated, more likely to have a plan, and are more determined than younger adults."¹⁷

Additionally, older adults (65+) are more likely to use more lethal means of suicide.

In Oklahoma in 2017, 88% of older adult suicides (65+) were caused by firearm, versus 53% for those younger than 65.¹⁶





ECONOMICS

With the current projection of growth for the aging population, there will be economic effects for both older adults and their communities. As health care costs continue to rise and life expectancy increases, able-bodied older adults are remaining in the workforce, particularly those whose job skills are in demand. Those who are unable to live independently will need to find affordable services to maintain their health while keeping themselves above the reach of poverty.

Over the last decade, the percent of senior Oklahomans remaining in the workforce has increased with those between age 81 and 99 experiencing the most substantial growth (**49% increase**) in workforce participation.¹⁸

The percent of those between the ages of 76 and 80 remaining in the workforce has increased by 20%.

20% ↑

The percent of those between the ages of 71 and 75 remaining in the workforce has increased by 2%.

2% ↑

The percent of those between the ages of 65 and 70 remaining in the workforce has increased by 12%.

12% ↑



MANY OKLAHOMA OLDER ADULTS ARE NOT FINANCIALLY PREPARED FOR RETIREMENT.

Nationally, 55% of older adults have money saved for retirement.¹⁹

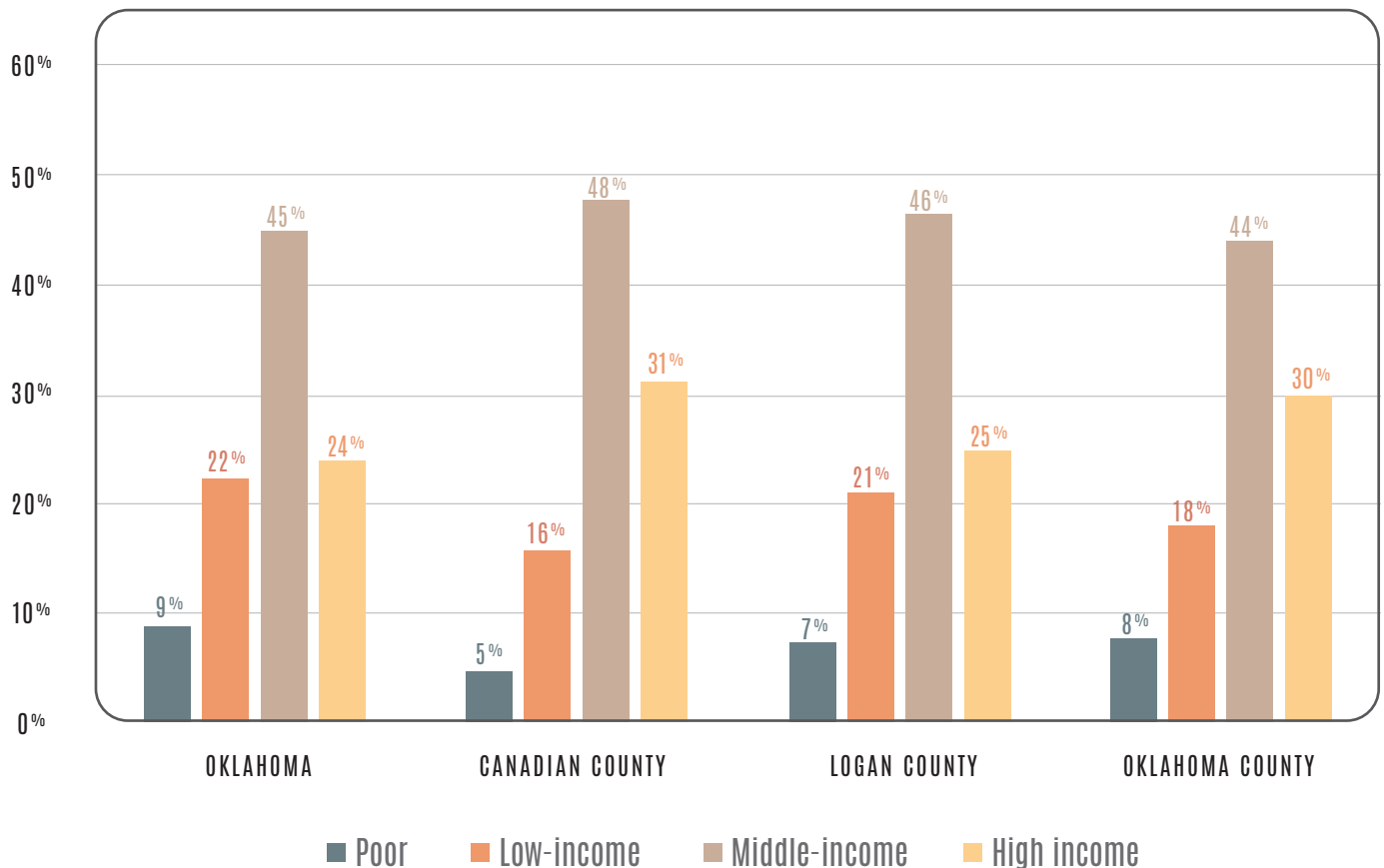
- 23%** have never had any savings for retirement.
- 17%** do not have any savings for retirement, but did at one time.
- 5%** don't know if they have any savings.



American older adults with retirement savings have less than \$100,000. This will provide less than \$300 a month income over the course of retirement.¹⁹

23% of older adults (age 56-61 years) nationally, expect to receive income from a private company pension plan.¹⁹

INCOME DISTRIBUTION FOR OKLAHOMANS 65+ YEARS OLD²⁰



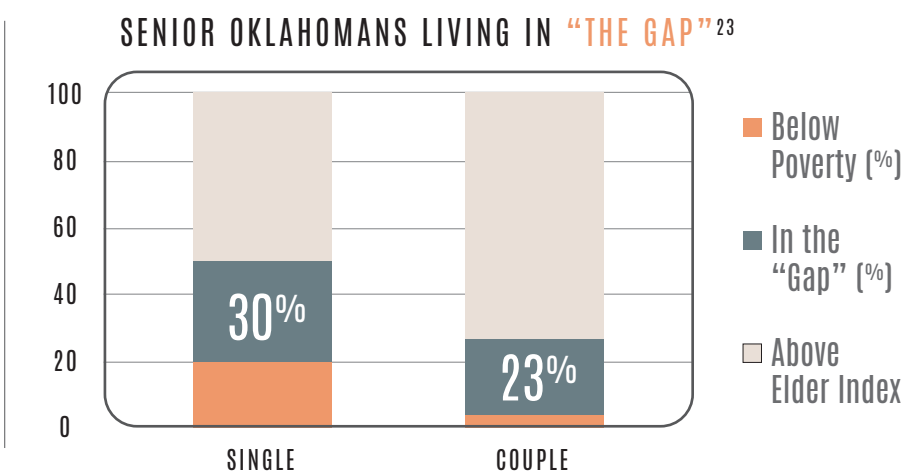
The Elder Economic Security Standard Index (Economic Index) includes the costs faced by households of one or two retired seniors (65+ years old). The Economic Index defines security as the income needed to cover basic and necessary living expenses – housing, food, transportation, health care, personal care items and household items. The following tables indicate the income retired adults need in the given county to meet basic monthly expenses and age in their own home – without borrowing, relying on gifts from family, or relying on public assistance programs. It does not include income or savings for home or car repairs; long-term care services and supports; or even entertainment like money to see a movie with the grandchildren.²¹

GOOD HEALTH	SINGLE			COUPLE		
	Owner w/o Mortgage	Renter, one bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, one bedroom	Owner w/ Mortgage
CANADIAN COUNTY	\$18,552	\$20,568	\$18,552	\$28,740	\$30,756	\$38,304
LOGAN COUNTY	\$18,444	\$21,516	\$18,444	\$29,652	\$32,724	\$37,080
OKLAHOMA COUNTY	\$19,020	\$20,928	\$19,020	\$29,568	\$31,476	\$38,304
FEDERAL POVERTY THRESHOLD	\$12,488			\$14,828		

POOR HEALTH	SINGLE			COUPLE		
	Owner w/o Mortgage	Renter, one bedroom	Owner w/ Mortgage	Owner w/o Mortgage	Renter, one bedroom	Owner w/ Mortgage
CANADIAN COUNTY	\$20,808	\$22,824	\$30,372	\$33,252	\$35,268	\$42,816
LOGAN COUNTY	\$20,220	\$23,292	\$27,648	\$33,204	\$36,276	\$40,632
OKLAHOMA COUNTY	\$21,300	\$23,208	\$30,036	\$34,128	\$36,036	\$42,864
FEDERAL POVERTY THRESHOLD	\$12,488			\$14,828		

\$22,481 THE AVERAGE ANNUAL COMBINED INCOME FOR OLDER OKLAHOMANS (65+ YEARS).²²

Seniors living in **“The Gap”** have incomes too high to qualify for many public benefits programs, yet too low to achieve economic security.

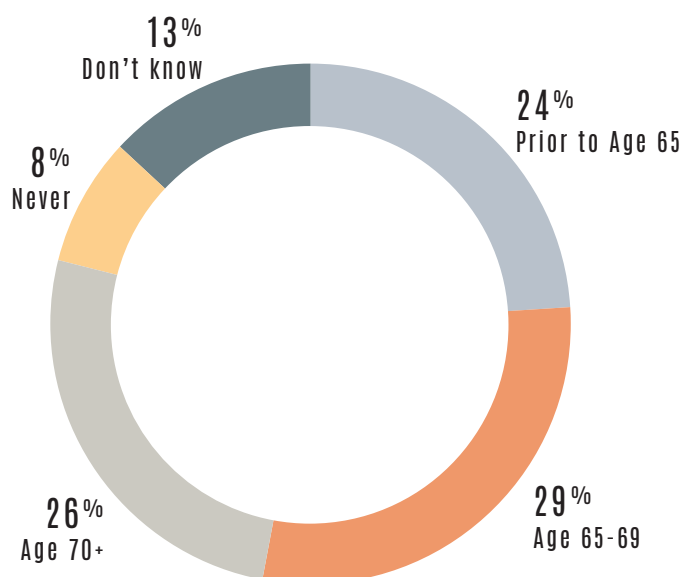


1 in 2 single older adults (65+ years old) and 1 in 4 older couples living in Oklahoma lack the income they will need to remain retired, make ends meet, and age in their own homes. While 30% (singles) and 23% (couples) independent older adults (65+ years old) fall into “the (economic security) gap”, **these seniors are more likely to go without one or more of their basic needs met, like regular nutritious meals or prescription drugs, and are less likely to weather unforeseen expenses.**²³

Retirement

An important decision that Americans must decide on when planning their retirement is at what age they actually retire. **Average annual household expenditures for senior Oklahomans (65+) is roughly \$46,000.** This means retiring at the age of 65 versus 70 will require senior Oklahomans to generate an additional \$230,000 in income from Social Security, pension, and personal savings.^{19, 22}

OLDER ADULTS' PLANNED RETIREMENT AGE¹⁹



1/3RD

of those who do not know when they will retire say it is because they do not know if their retirement savings will be enough.¹⁹

Although the majority of currently working adults report planning to retire before the age of 70,

ONLY 7% of currently retired adults report retiring before the age of 70.²⁴

PERCENTAGE OF OLDER ADULTS IN AMERICA POSTPONING RETIREMENT¹⁹

AGE 56-61	16%
AGE 62-66	29%
AGE 67-72	33%

HEALTH AND LONG-TERM CARE EXPENSES SERIOUSLY AFFECTS AGING OKLAHOMANS' ECONOMIC SECURITY.

Cost projections for a 65-year old couple for Medicare Parts B and D, supplemental insurance, dental insurance, and out-of-pocket expenses (in future dollars).²⁵

	Monthly	Annually
Today-Age 65	\$979	\$11,752
At Age 75	\$1,662	\$19,942
At Age 85	\$2,664	\$31,966
LIFETIME TOTAL		\$537,334

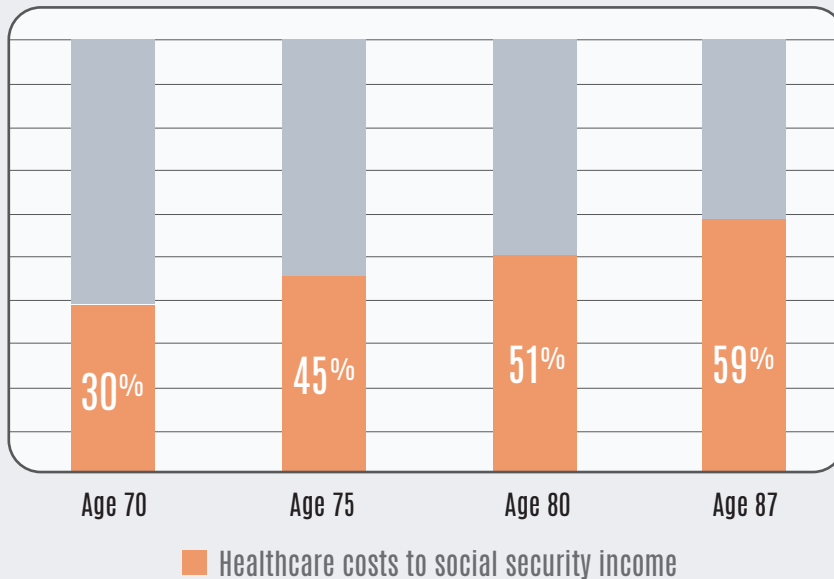
- A healthy 65-year-old couple retiring in 2018 can expect to pay more than \$363,000 (\$537,000 future value) in lifetime Medicare; supplemental insurance premiums; and out-of-pocket medical expenses – this does not include the cost of long-term care services like a nursing home.²⁵
- In 2015, there were only 69,261 private long-term care insurance policies in Oklahoma for the age 40+ population.²⁶
- Living two years beyond projected life expectancy of age 87 (male) and 89 (female) would add \$37,423 (\$77,272 in future dollars) to these retirement healthcare costs for current 65 year-olds.²⁵

Today's healthy 65-year-old couple will experience a **172% cost increase** in retirement healthcare costs by age 85.²⁵



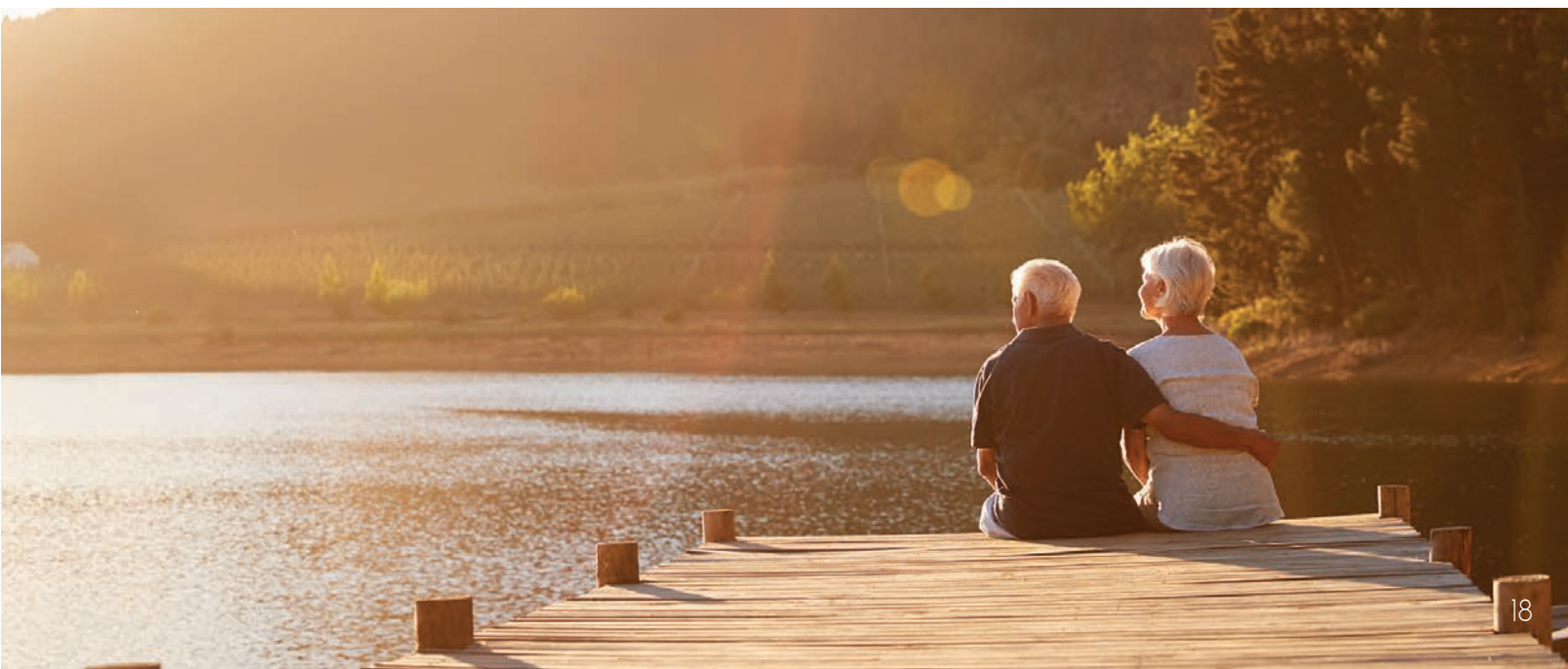
(in the nation) for the percentage of economically insecure older adults (65+ years old) dependent on Social Security.²³

ANALYSIS OF HEALTHCARE COSTS TO SOCIAL SECURITY BENEFITS OF A 66-YEAR-OLD COUPLE RECEIVING SOCIAL SECURITY BENEFITS OF \$1,404 EACH PER MONTH (\$16,848 EACH PER YEAR), THE 2018 NATIONAL AVERAGE.²⁵



- At age 70, retirement health-care costs will require 39% of the couple's Social Security benefits per year.
- At age 87, retirement health-care costs will require 59% of the couple's Social Security benefits per year.
- This is largely due to health-care expenses significantly out-pacing the Social Security Trustee's long-term annual projected cost of living allowance of 2.6%.²⁵

A HEALTHY 45-YEAR-OLD COUPLE TODAY AT AGE 87 WILL NEED 72% OF THEIR SOCIAL SECURITY CHECKS TO COVER THEIR HEALTH-RELATED EXPENSES.²⁵





OLDER ADULTS FALSELY BELIEVE
MEDICARE WILL COVER
LONG-TERM CARE EXPENSES.¹⁹

- Older adults have almost a 70% chance of needing some type of long-term care services.²⁷
- A semi-private room in a nursing home nationally on average costs more than \$89,000 a year (in 2018 dollars).²⁸
- A semi-private room in a nursing home in Oklahoma on average costs \$4,639 a month, or \$55,668 annually.²⁹
- Medicare provides no coverage for this expense. Medicare will only pay for up to 20 days of nursing care if a senior has been hospitalized and upon release, still needs specialized care, and is released to a nursing home for a short term. Low-income patients may qualify for state and federally funded Medicaid.²⁹

In 2018, 20,731 Oklahomans were served through the ADvantage Waiver and Personal Care program. This program assists individuals who wish to remain in their home by providing home making and personal care services, in addition to case management, home delivered meals, and assistance with prescriptions.³⁰



Poverty rates often fail to communicate the urgent personal and policy issues faced by people especially older adults. Problems include:

- Poverty rates are not a true benchmark of income adequacy and/or retirement income adequacy.
- Poverty rates paint a picture of exclusively financial need and disadvantage, but fail to show the full picture of who may be struggling to make ends meet.
- Poverty rates provide an incomplete perspective on older adults' well-being.

Examining poverty through the lenses of finance, resource, and well-being allows our community to discuss the seniors who may be one unexpected "expense" away from insecurity and loss of self-sufficiency.



POVERTY OF RESOURCES

For many seniors, especially those without financial resources, obtaining the necessities of life can be very difficult. While services that might assist a senior are available, there are often barriers that prevent the senior from accessing those services. This is known as the “Poverty of Resources.”

Poverty is traditionally defined as not having the financial means necessary to meet life’s basic needs. However, poverty is, in many ways, different for seniors. In some cases, a lack of financial means is not the only problem an older adult is facing. Serious health and wellness concerns can also be the result of not having access to even the most basic resources. Things like transportation, staying involved in your community, and even cooking, become significantly more challenging with impaired health due to aging, let alone lack of financial resources.

Transportation

Seniors who can no longer drive or are unable to access alternate transportation services **frequently find themselves unable to obtain the most basic necessities**, such as going to the grocery store or pharmacy. As expansive as the Oklahoma City Metropolitan Area is, there can be few options for seniors other than relying on family and friends. In failing to do so, their quality of life is jeopardized as they become isolated to their homes.

86%

of seniors aged 65-79 in Oklahoma City had poor access to transit services, according to a 2015 estimate.³¹

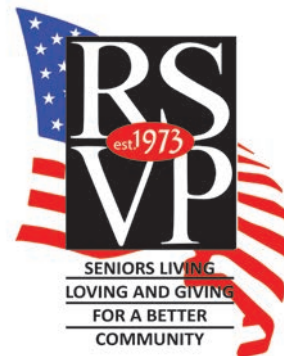
WITHOUT ACCESS TO PERSONAL OR PUBLIC TRANSPORTATION, SENIORS 65+ EXPERIENCE:³¹

15% fewer visits to the doctor

59% fewer trips to dine out and/or shop

65% fewer trips to visit family and friends

Agency Spotlight - RSVP of Central Oklahoma, Inc.



RSVP of Central Oklahoma serves to enrich the lives of older adults by connecting them with meaningful and rewarding community volunteer opportunities. RSVP helps those seniors looking to remain involved in their communities get connected to volunteer opportunities that allow them to continue to utilize their skills, talents, and experience post-retirement.

In addition to their Community Volunteering program, RSVP has served the senior population with the Provide-A-Ride Transportation program for 26 years. Through this program, RSVP mobilizes volunteer drivers who are seniors themselves who provide one-on-one medical transportation to low-income seniors who are no longer able to drive. In 2018 alone, 424 seniors were served through this program. Not only do Provide-A-Ride volunteers give clients access to reliable transportation for their medical needs, they also provide companionship to seniors who find themselves socially isolated.

As a result of Provide-A-Ride, their clients are seeing improved outcomes:

- **98%** of the clients go to their medical appointments more regularly
- **98%** reported that they are now living more independently
- **97%** reported that they feel less anxious about making it to their medical appointments
- **95%** stated they use the money they save on transportation by using RSVP's Provide-A-Ride to purchase groceries and medicine.

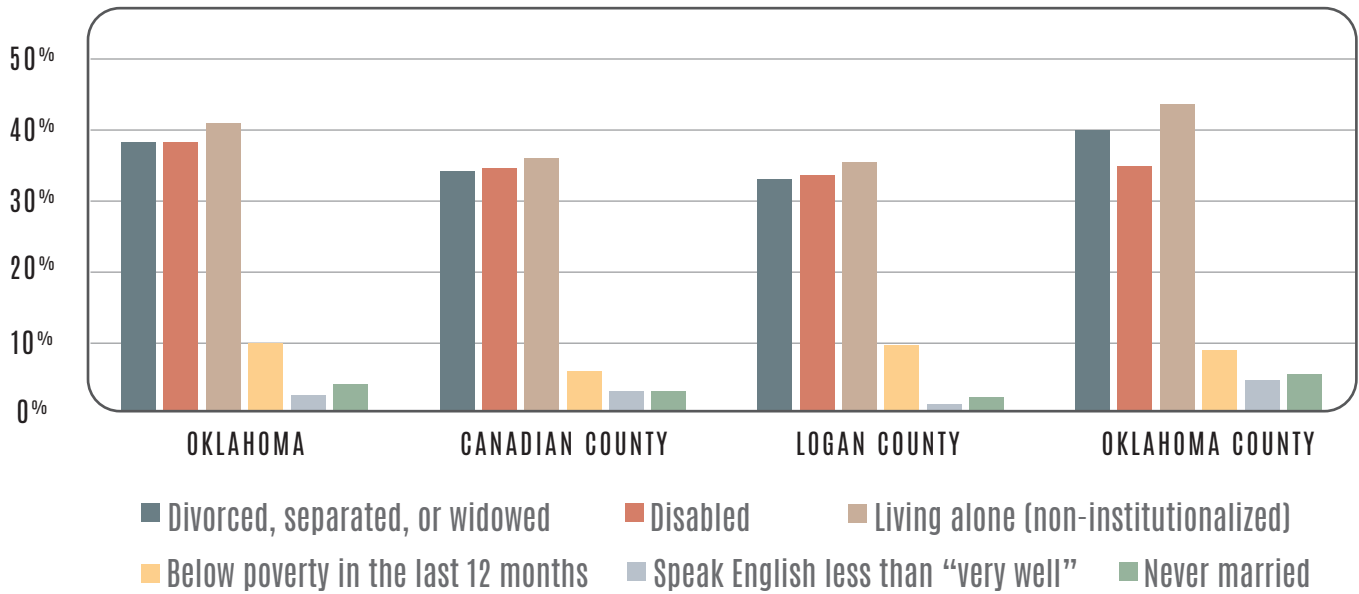
Social Isolation

As seniors age, their environments often change in ways that they cannot prepare for: loss of friends, family, and community; declining independence; increased vulnerability due to health; and so much more. Often times, these changes leave seniors socially isolated. **This isolation from society can negatively affect a senior's quality of life by leaving them cut off from friends, family, and critical resources to maintaining their health.**³²

Social isolation, or loneliness, can be the result of multiple circumstances, with the more prominent circumstances being; divorced, separated or widowed, disabled, living alone, poverty, language barriers, and never married.³²

17% of Americans are currently living in isolation due to a combination of these circumstances.³²

CHARACTERISTICS RELATED TO RISK OF ISOLATION (65+)³



Nearly 1/3 of Oklahoma seniors face at least 3 of the 6 characteristics related to risk of social isolation. The most prominent being divorced, separated or widowed; living with disability; living alone.³

38% of Oklahomans over the age of 65 are divorced, separated, or widowed.³

38% of Oklahomans over the age of 65 are living with a disability.³

41% of Oklahomans over the age of 65 are living alone in a non-institutional setting.³

APPROXIMATELY 4 MILLION OLDER ADULTS ENROLLED IN MEDICARE ARE SOCIALLY ISOLATED.³³

Older adults who are socially isolated are

**29% MORE
LIKELY**

to enter and receive care from a skilled nursing facility.³³

In addition to being disconnected from social support structures, seniors who are isolated **may be at an increased risk for physical and mental health concerns**, including; depression, alcoholism, declining cognitive capabilities and the onset of dementia, suicidal thoughts, obesity, and increased blood pressure.³⁴

Socially isolated seniors also have a **31% higher risk of death** than their peers who are well connected socially.³³



Preventing or intervening in the occurrence of social isolation by building or improving the social network around a senior adult can help to improve their access to social supports as well as their physical and mental health. This can be achieved in three ways; one-on-one, such as in-home care providers; group-focused, such as providing volunteer opportunities in a group setting; wrap around community-based interventions.^{32, 35}

Agency Spotlight - Daily Living Centers, Inc.



The mission of Daily Living Centers of Oklahoma is to be Oklahoma's leader in quality, affordable adult day health services and independent living services delivered with dignity. With four locations across the Oklahoma City metro area, Daily Living Center's Adult Day Health Care program offers care to elderly and disabled individuals during the day. This allows caregivers to continue working while also allowing participants to remain in their homes and communities.

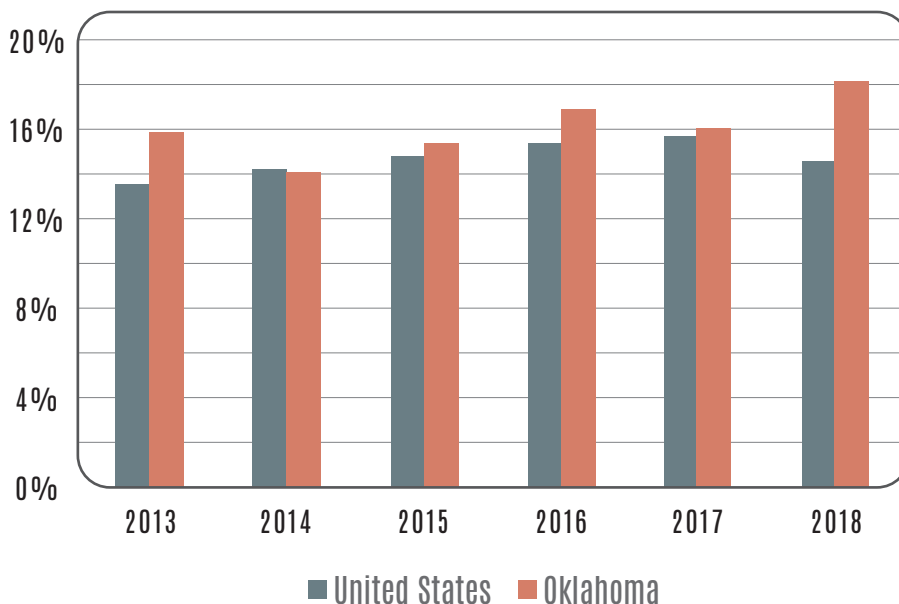
Daily Living Center clients benefit from health and wellness care, socialization, planned daily activities, nursing interventions with doctor's orders, nutritious and special meals with snacks, caregiver support groups, and additional assistance and support.

Additionally, Daily Living Centers provides transportation to their clients and low-income senior and disabled persons within the community. Not only does the transportation program allow clients to reach the services at Daily Living Centers, but they will also provide rides to medical appointments, treatments, and pharmacies.

Nutrition

Many seniors miss receiving the proper nutrition they need to remain healthy for reasons such as lack of reliable transportation, lack of financial resources, living within a food desert, or the inability to prepare food independently. Low-income seniors may face the difficult choice of having to decide between paying for food, versus their utilities or medical care.

SENIORS FACING THE THREAT OF HUNGER³⁷



In Oklahoma County, 10.3% of the population currently lives in a food desert, and an additional 25.2% live in low food access areas. Statewide, 17.2% live in a food desert, while 44.9% live in low food access areas.³⁶

18%

of seniors in Oklahoma in 2018 were in threat of hunger, compared to 15% nationally.³⁷

Seniors who are experiencing food insecurity are more prone to having chronic health disorders.³⁸

78% more likely to experience depression.

55% more likely to experience asthma.

40% more likely to experience chest pains.

21% more likely to experience limited physical activity.

10% more likely to have high blood pressure.

25% OF SENIORS WHO ARE EXPERIENCING MALNUTRITION REQUIRED READMISSION TO THE HOSPITAL WITHIN 30 DAYS OF DISCHARGE, COMPARED TO 11% OF WELL-NOURISHED SENIORS.³⁹

SNAP

The Supplemental Nutrition Assistance Program (SNAP) offers financial assistance to those who qualify to allow them to purchase food.

- In Oklahoma in 2016, only 19% of SNAP households had an adult aged 60+, versus 22% nationally.
- The average monthly benefit for a SNAP household with an adult aged 60+ was \$104 in Oklahoma in 2016. The National average was \$124.⁴⁰

Seniors have a higher risk of experiencing food insecurity if they fall within one or more of these characteristics: Racial/Ethnic Minorities, Divorced or Separated, Living with Grandchildren, Disabled, Unemployed, or Female.³⁸

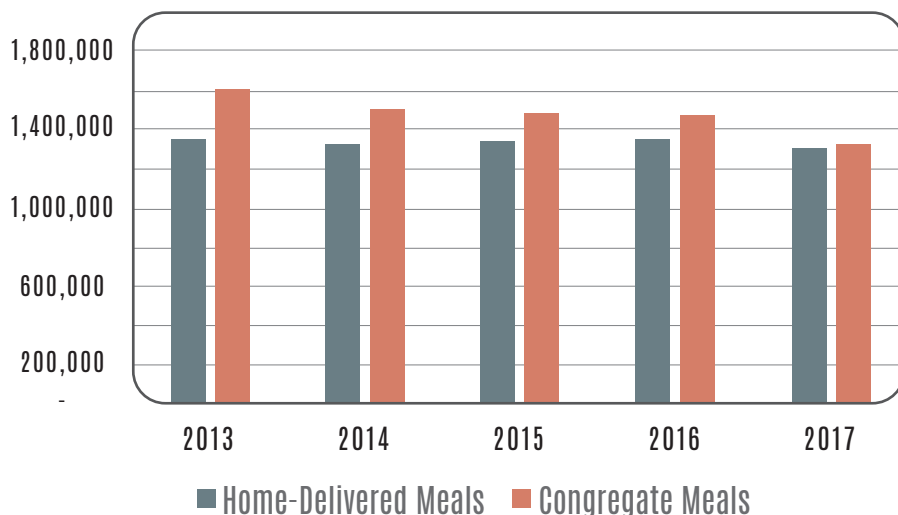
Having the financial ability to purchase food is only half the battle. Those who lack transportation or are socially isolated might need to rely on home meal delivery programs.

OKLAHOMA RANKS

36TH

for home-delivered meals.⁴¹

MEALS SERVED THROUGH OLDER AMERICANS ACT (OAA) NUTRITION PROGRAMS - OKLAHOMA²⁶



Funding through the Older Americans Act allows local organizations to provide meals both in a group setting and in the homes of seniors. Meal programs funded through the Older Americans Act are designed to help in preventing the health problems associated with malnutrition. They are also designed to provide seniors the opportunity to socialize with people their own age. Please refer to further information about the Older Americans Act on page 31.



CAREGIVERS

For those who are no longer able to care for themselves independently, they rely on loved ones and relatives to care for their well-being. Caregivers sacrifice their time, and often more to ensure the ones they care for remain healthy. Given that most caregivers are also employed, this commitment with no additional assistance or resources can have negative repercussions on the health of both the caregiver and those they care for.

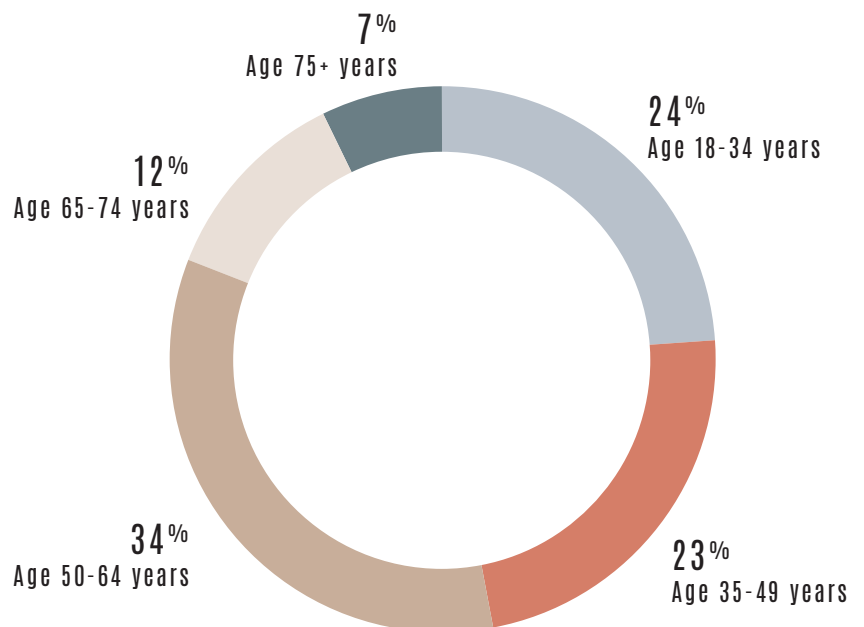
MORE THAN
550,000

Oklahomans are an unpaid caregiver for someone over the age of 50.⁴²

ALMOST
20%

of unpaid caregivers care for 2 or more people.⁴²

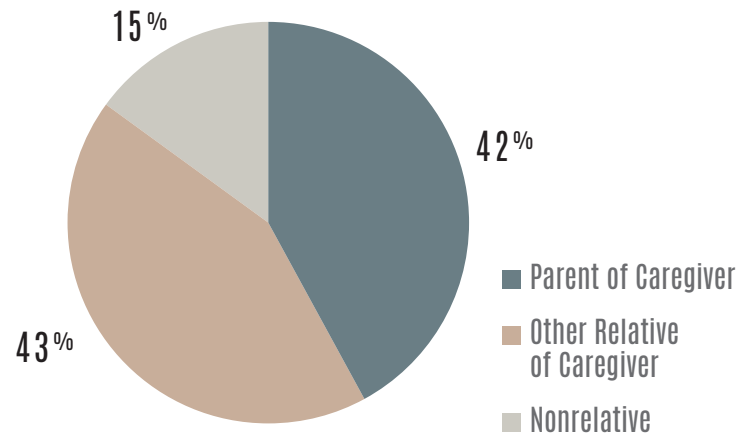
UNPAID OKLAHOMA CAREGIVERS BY AGE⁴²



In Oklahoma, not only are the majority of caregivers caring for someone over the age of 50, nearly 53% of unpaid caregivers are in that same age group.⁴²

60% of caregivers are female – approximately 330,307 women in Oklahoma⁴²

RELATIONSHIP TO CAREGIVER⁴²



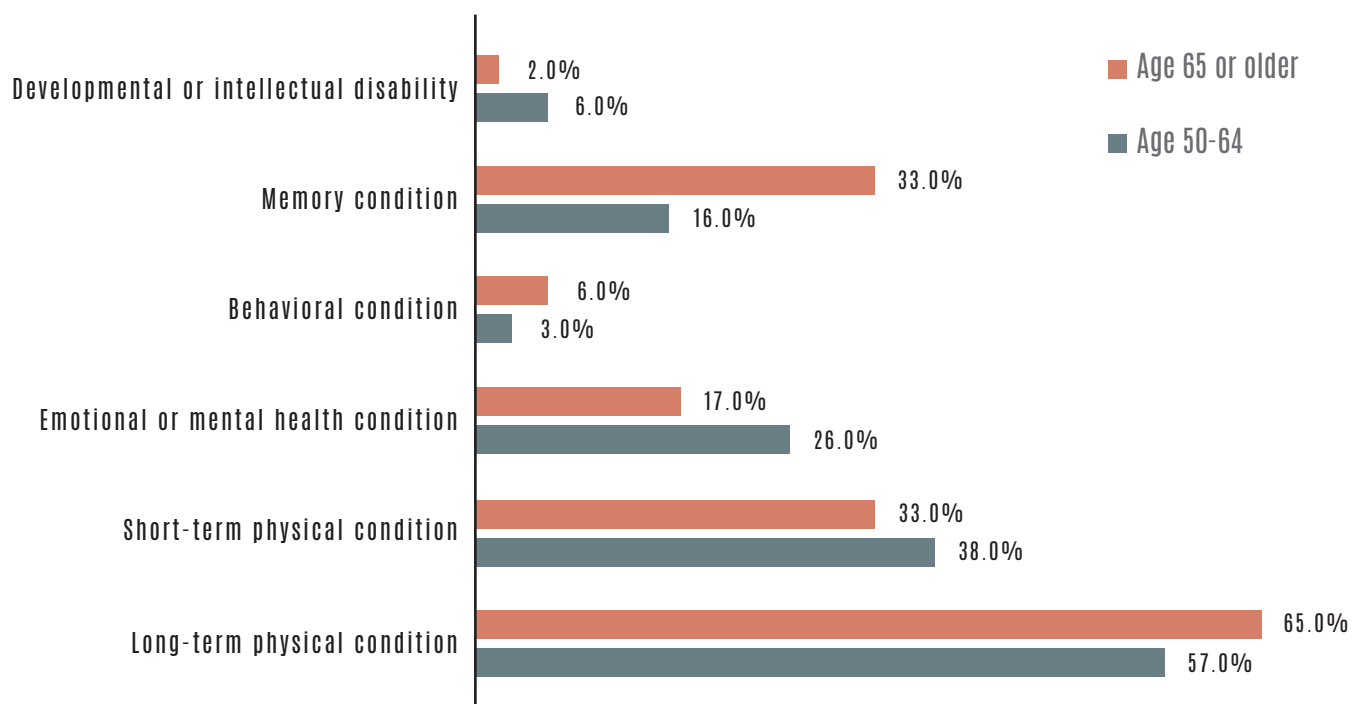
A MAJORITY OF CAREGIVERS IN THE UNITED STATES ARE RELATED TO THOSE WHO THEY CARE FOR.⁴²

85% are providing care for a relative.

- 42% are providing care for their parents
- The remaining 43% are providing care for other relatives, such as their spouse, or sibling.

15% are providing care for a nonrelative, such as a friend or neighbor.

REASON FOR CARE⁴²





Grandparents Raising Grandchildren

Seniors may find themselves where they are in fact the caregiver for someone else. In Oklahoma, 89,031 children under the age of 18 live with a grandparent householder. Of these, 43,918 live in homes where the grandparents are the householder and responsible for their grandchildren.⁴³

31% of these grandparents are disabled, compared to 25% nationally.

48% are still in the labor force.

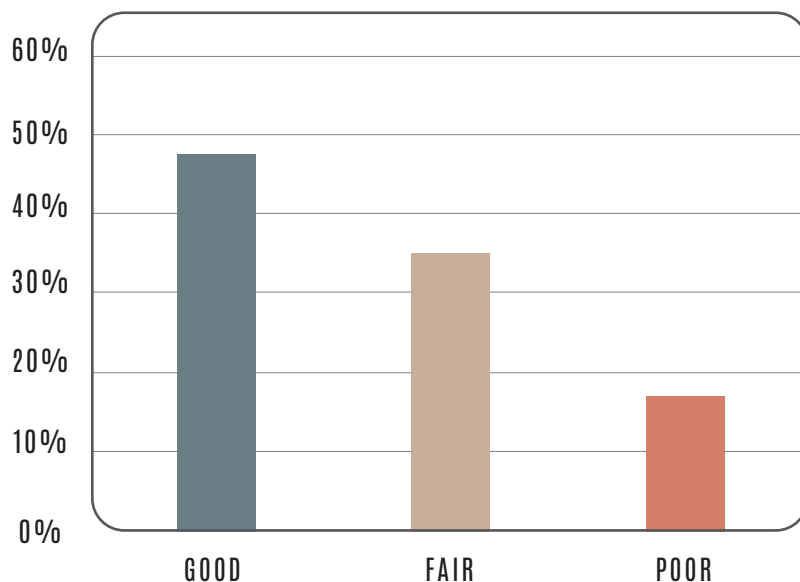
18% of grandparents living with and responsible for their grandchildren had income under the federal poverty level.

- The reasons for grandparents raising grandchildren can vary by household. They include addiction, incarceration, child abuse and neglect, homelessness, youth or inexperience of parents, and more.⁴⁴
- Dependent on the situation, raising a grandchild alone can have several implications for the grandparent. **With no support, these seniors may sacrifice what savings or retirement they have in order to provide for their grandchildren.** Seniors may also compromise their own health and wellness to prioritize the needs of their grandchildren, which can lead to increased stress, depression, and physical illness.⁴⁵

Caregiver Challenges

Caregiver Burden - a multidimensional response to physical, psychological, emotional, social, and financial stressors associated with the caregiving experience.⁴⁶

CAREGIVERS SELF-HEALTH REPORT



CAREGIVERS REPORT THEIR CAREGIVING SITUATION TO BE HIGHLY STRESSFUL.⁴²

Caregiver burden is commonly worsened by the type of care needed – **needs associated with dementia and end-of-life care are particularly challenging** – as well as in circumstances where caregivers do not have enough resources like knowledge, skills, social support, respite, and community services.⁴⁷



Health literacy is the ability to obtain, process, and understand basic health information and services needed to make appropriate health decisions. A caregiver's health status and level of health literacy is inversely related to the care-recipient's frequency of hospital visitations; length of hospital stay; and quality of life.⁴⁸

While the health and safety of a caregiver is at risk, so is their financial sustainability. **More often than not a caregiver takes on an amount of financial burden while providing unpaid care** to someone they care about.

60%

of caregivers are also employed outside of the home.⁴²



caregivers report experiencing financial strain as a direct result of providing unpaid care services due to their loss of hours available for regular employment.⁴²

TOTAL IMPACT ON LOST WAGES AND SOCIAL SECURITY FOR WOMEN WHO PROVIDE CARE FOR PARENTS⁴⁹

	Reduced Working Hours	Workforce Departure
Lost Wages	\$120,616	\$142,693
Lost Social Security Benefits	\$64,433	\$131,351
TOTAL IMPACT	\$185,049	\$274,044

TOTAL IMPACT ON LOST WAGES AND SOCIAL SECURITY FOR MEN WHO PROVIDE CARE FOR PARENTS⁴⁹

	Reduced Working Hours	Workforce Departure
Lost Wages	\$126,934	\$89,107
Lost Social Security Benefits	\$37,923	\$114,609
TOTAL IMPACT	\$164,857	\$233,716

THE ANNUAL HOUSEHOLD INCOME FOR 47% OF CAREGIVERS IN 2015 **WAS LESS THAN \$50,000.**⁴²

Caregivers in Oklahoma provide an estimated value of

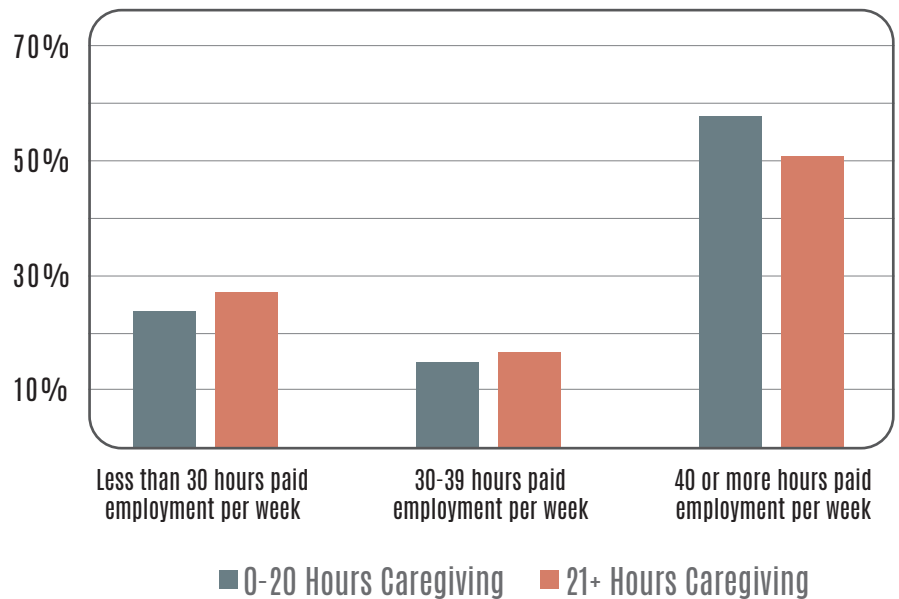
\$5.8 BILLION

at an economic rate of \$13.08 per hour, for a combined amount of

440 MILLION HOURS.⁵⁰

ON AVERAGE, FULL TIME
EMPLOYED CAREGIVERS WORK
34.7 PER WEEK.⁴²

HOURS EMPLOYED WHILE ALSO CAREGIVING PER WEEK⁴²



MORE THAN
45%

of caregivers full-time employers do not offer flexible hours or paid sick days.⁴²

1 IN 3

full-time employed caregivers report being offered paid family leave by their employer.⁴²

6 IN 10

caregivers report at least one instance where their caregiving responsibilities affected their employment, including:⁴²

49% take time off, arrive to work late and/or leave early

15% take a leave of absence from work

14% cut their work hours short, or voluntarily take a demotion

7% receive warnings about work performance or attendance

6% give up their job completely

5% decline a promotion

4% retire before retirement age

3% lose benefits

Certain aspects of "caregiver burden" are more common in women than men:⁵¹

- Higher levels of depression and anxiety
- Increased levels of strain or stress
- Behavioral changes
- Decreased amounts of sleep or exercise
- Lower life satisfaction

62%

of female caregivers provide more than 21 hours of unpaid caregiving services a week.⁴²

ACCESS TO CAREGIVING SKILLS, SOCIAL SUPPORT, RESPITE CARE, AND COMMUNITY SERVICES FOR THE AGING ADULT IMPROVE OVERALL HEALTH AND WELLNESS OF CAREGIVERS AND THE CARE-RECIPIENTS.

32%

of caregivers report that a health care provider has had a caregiving conversation with them to discuss their unmet health and wellness needs related to their caregiving position.⁴²

84%

of caregivers report a desire for more information on caregiving topics such as making decisions at the end of life, safety, behavior challenges, and available community services.⁴²



caregivers in a national study reported it difficult to find affordable services like home health nurses; transportation; and financial advising for their aging loved one.⁴²

Agency Spotlight - Sunbeam Family Services, Inc.



Sunbeam Family Services' Senior Companion Program

utilizes trained volunteers who are age 55 and above to provide supportive companionship to senior adults who are homebound due to their age or illness. These companions provide a more affordable alternative to residential nursing facilities by providing in-home support in addition to companionship. Senior companions seek to assist clients improve satisfaction in their daily lives, improve knowledge of resources in the community, and to increase social supports for the client.

This program also benefits the caregiver in that they can receive respite care, and continue to maintain their own health and daily lives while also taking care of their loved one. The Senior Companion Program provides over 85,000 hours of in-home services through its Senior Companions, saving each caregiver and their family \$24,000 a year.

Sunbeam also provides a number of resources for those who are caring for anyone over the age of 60 in Oklahoma, Cleveland, Canadian, and Logan counties. Resources include assistance in navigating benefits and services for senior adults, training, counseling and support groups for caregivers. Respite care is also provided through Sunbeam to allow caregivers time away from their caregiving responsibilities for short periods.



POLICY SPOTLIGHT

The Older Americans Act (OAA)

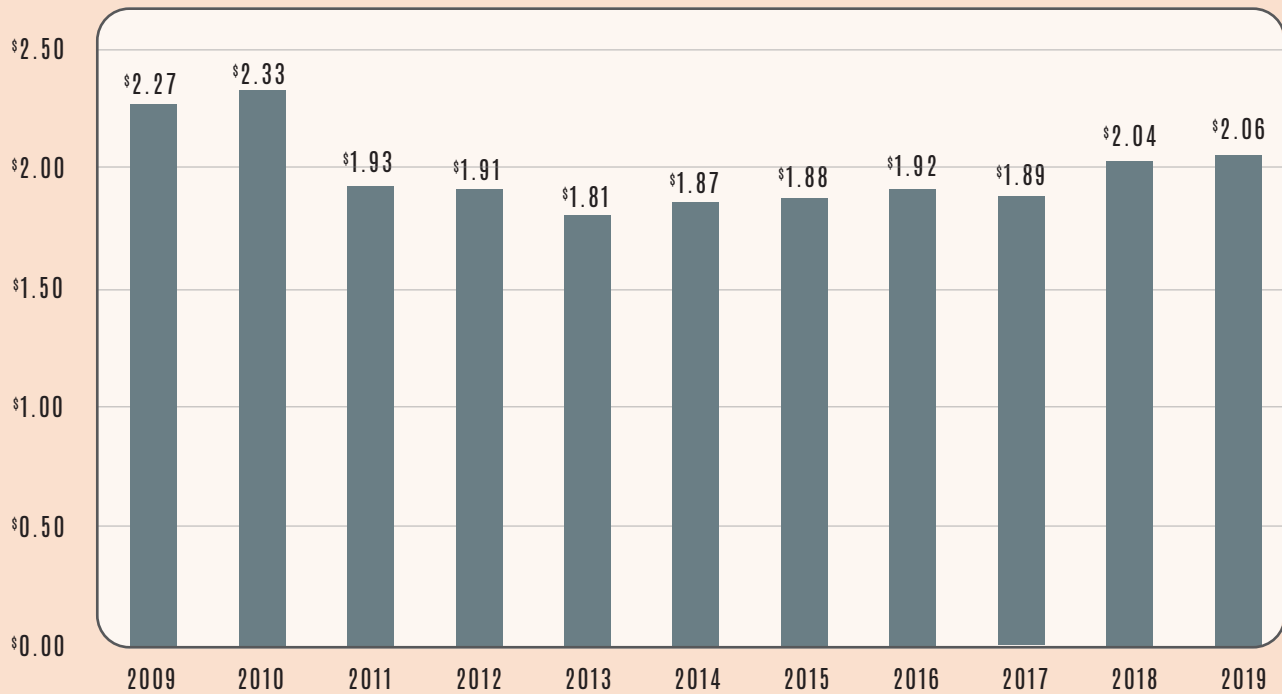
The Older Americans Act, initiated in 1965, provides funding for states to provide essential services for older adults. These services include home-delivered and congregate meals, in-home assistance, family caregiver support, preventive health services, transportation and much more. Programs through the Older Americans Act allow older adults to remain in their own homes while maintaining their health and independence at the same time. States must provide a nonfederal match to funding, 25% for family caregiver support and 15% for meals, preventive health, and supportive services.⁵²

Despite OAA federal funding remaining more or less flat over the last decade, **funding historically has not been adjusted for inflation.**

- If OAA funding had been adjusted for inflation, funding for FY 2019 would instead be \$2.44 billion.⁵²
- If trends continue, funding will likely fall to \$1.83 billion by FY 2030.⁵²

THE AGING POPULATION HAS BEEN OUTPACING THE GROWTH OF OAA FUNDING SINCE AT LEAST 2011. WHILE FUNDING FOR OAA IS UP 22% FROM 2001, THE POPULATION AGED 60+ HAS GROWN 63% SINCE 2001.⁵²

OLDER AMERICANS ACT (OAA) FUNDING (BILLIONS)⁵²



In FY 2018, Oklahoma was allocated \$16,954,680 in Title III OAA funding.⁵²

\$10,278,766 specifically for meals and nutritional services. **\$4,606,396** specifically for supportive services and preventative health.

In FY 2018, Oklahoma was also allocated \$7,083,087 in Title VI OAA funding, for nutrition and supportive services for Tribal Organizations. Services under Title VI can include congregate and home-delivered meals, information and referral, transportation, personal care, and health care services.⁵³

ACKNOWLEDGEMENTS

Thank you to all of our Partner Agencies who serve senior Oklahomans. We would also like to thank our Research and Community Initiatives Committee members.

Partner Agencies:

In 2019, United Way of Central Oklahoma provided \$2,113,287 in funding to 27 programs across 18 Partner Agencies that provide services to seniors in central Oklahoma.

Areawide Aging Agency, Inc.
Catholic Charities,
Daily Living Centers, Inc.
D-Dent, Inc.
INTEGRIS Hospice
John W. Keys Speech and Hearing Center
Latino Community Development Agency
Legal Aid Services of Oklahoma, Inc.
Metropolitan Better Living Center
Neighborhood Services Organization
NewView Oklahoma
RSVP of Central Oklahoma, Inc.
Skyline Urban Ministry
Sunbeam Family Services, Inc.
The Homeless Alliance
The Salvation Army, Central Oklahoma Area Command
Urban League of Greater Oklahoma City
YMCA of Greater Oklahoma City

Volunteer Reviewers:

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Chief Executive Officer, Areawide Aging Agency, Inc.

Claire Dowers-Nichols
Executive Director, Healthy Living OKC

Karen Cook
*Executive Officer, Division of Aging,
Chickasaw Nation Department of Community Services*

Karen Poteet
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Oklahoma Department of Human Services*

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Intern

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Vital Signs is a publication of
United Way of Central Oklahoma.

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