

**A STUDY OF THE ECONOMIC CONDITIONS AND CHANGING NEEDS
OF SENIORS IN PRINCE GEORGE'S COUNTY**

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Executive Summary

The on-going increase in the senior population in Prince George's County during the past several decades prompted this study. The purpose is to highlight the implications of a growing senior population in order to provide guidance for policies and programs that address their needs.

The U.S Census Bureau's Decennial Census and American Community Survey are principal sources of data used in the study. To provide supplemental insight, Planning Department staff worked in coordination with the county's Agency on Aging and the Department of Parks and Recreation to organize focus groups where staff discussed with seniors their living conditions, quality of life, most pressing needs, and other related issues.

This research looks at the characteristics and living conditions of the senior population in Prince George's County, with the objective of answering three questions:

1. **Who are seniors?** Where do they live and what social characteristics do they share? What notable changes are occurring with the senior population in Prince George's County?
2. **What are the needs of seniors living in the county?** Do seniors in the county face any unique challenges to obtaining food, housing, mobility, and health care?
3. **What are the implications of a growing senior population?** To what extent will planning for housing, transportation, healthcare, or recreation be impacted in the increased numbers of seniors?

Highlights

This study has shown that seniors are increasingly becoming a significant segment of our community. Because of their diverse economic and living conditions, seniors have quite a range of special needs. The study has also shown that county agencies responsible for senior programs: Area Agency on Aging, Housing and Community Development, Public Works and Transportation, Health and Human Services, and Parks and Recreation, provide critical essential services. These agencies face various challenges, and based on forecasts, the challenges will inevitably increase as the senior population grows and as they live longer. The gist of this study is that proactive strategies are required to adequately respond to the imminent increase and variety of senior needs.

Who are the seniors in Prince George's County?

- There were 83,523 seniors in Prince George's County during 2010, showing a 35 percent increase from 2000,¹ and representing 9.4 percent of the total population compared to 7.7

¹ US Census Bureau, Decennial Census. In this research, seniors include people who are aged 65 years and older. The term "elderly" will occasionally be used interchangeably with "seniors".

percent in 2000. During the 20 years from 1990 to 2010, the largest increase of 121 percent occurred among those over 85 years. Over the past two decades, majority of seniors have been female. In 2010, 56 percent were female and 44 percent male. Forecasts show that by 2040 there would be more than 200,000 seniors in the county.

- Prince George's County seniors live mostly in communities southwest of the county (such as Clinton and Fort Washington) and north western communities (Calverton, Beltsville, and Laurel).
- A majority of seniors in the county (78 percent) are not in the labor force.
- Seventy-eight percent of senior householders in the county own their homes.
- Seniors on the whole are economically better off than the total county population. Their average earnings (\$57,795), was higher than the average of the whole county population (\$30,835), but it was lower compared to seniors in Maryland (\$61,030) and the Washington DC metropolitan area (\$76,712).
- Also, a smaller proportion of seniors (5.3 percent) had incomes below the poverty level compared to 9.4 percent of the total county population.
- Census data and focus groups discussions of some county seniors indicate that seniors in Prince George's County prefer to age in place. Consequently, the county should expect the population of seniors to grow in those areas that already have large senior populations.
- A majority of seniors in the county (73 percent) live in family households.
- Between 2000 and 2010, the share of seniors that lived alone rose only slightly from 24 percent to 25 percent. The number of seniors living in institutionalized group quarters, such as nursing homes and in-patient hospice facilities, declined.

What are the needs of seniors in the county?

Poverty

- Supplementary income and other programs for alleviating poverty should especially target senior female householders 35 percent of whom have incomes below the poverty level. Considering the probability that many of them may be unaware of available resources, an outreach program should be launched to provide them full information and also assist them in accessing the available programs and resources.

Housing

- As seniors age their housing needs change. Demand for suitably designed housing for seniors in the preferred urban and suburban locations will increase.
- The very old are much more likely to have disabilities, require nursing homes and assisted living facilities. Some seniors have limited financial resources. Many seniors need low maintenance housing located close to transit, shopping, hospitals and doctors' offices, churches, senior centers, and other amenities for convenience and also to provide greater independence.
- Some seniors live in family households, and prefer to age in place. In many cases, their houses require modifications and amenities to make them suitable for older people with disabilities.
- Seniors who prefer to rent would require suitably designed units with required conveniences.
- The "oldest old", that is, those who live up to 75 years and older, and are much more likely to have disabilities, will require nursing homes and assisted living facilities.
- Increasing the supply of housing that is suitable and affordable to seniors, and also accessible to transit, doctors' offices, hospitals, churches, senior centers, grocery stores, etc. is a growing challenge.
- Due to the high cost of mortgages, rents, property taxes, utilities, home maintenance and repairs, and constantly increasing homeowner association fees a costs, many seniors currently have difficulty affording their homes. A significant proportion of seniors experience housing cost burden, which means they spend more than 30 percent of their household incomes on housing and related costs. In addition to suitable design and location, a challenge is to provide adequate numbers of housing types that will be affordable to seniors, and also adapt their current residences to suit their new and changing physical and health needs. Another challenge is to provide adequate numbers of nursing homes and assisted living facilities in preparation for the forecast increase in the very old.

Information and support services

- Some focus group participants expressed a lack of adequate information about home maintenance, healthcare, nutrition, and energy assistance programs. The responses show a critical need for information and assistance, such as, house care, shopping, meals, and managing finances.
- The county currently operates several programs dealing with a wide range of senior services. The Aging Services Division of the Department of Family Services manages programs for healthcare and disease prevention, nutrition, telephone support, Medicaid home services, financial counseling, senior care, and assisted living² However, the concerns expressed during the focus groups discussions suggest that some seniors do not have access to the

² <http://www.princegeorgescountymd.gov/Government/AgencyIndex/FamilyServices/index.asp>

available services. It means that improvements are needed to expand the services, and, more importantly, publicize the available resources to seniors and their families.

- The *Internet* is, by and large, the choice medium for information. The focus group discussions and survey showed that many senior households have *Internet* service. Several respondents are also interested in taking lessons on the *Internet*. For these reasons, it is important that the agencies responsible for various senior services and programs revamp their web sites and e-mail services and also initiate or expand *Internet* training programs for seniors.

Senior care

- The large numbers of seniors in Prince George's County that live in family households means that family support by spouses or other family members is critical to the well-being of many seniors. The data shows that the numbers of such households have increased recently and will increase in the future.
- The most common disabilities among seniors in the county are ambulatory, which include basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying, and independent living difficulty such as doctor's visits and running errands. In 2010, for example, 22 percent of seniors had ambulatory difficulty while 15 percent had independent living difficulty.
- Seniors who live alone particularly need alternative ambulatory care.
- The research did not uncover programs in the county that provide support for family members who are caregivers for seniors. This does not in any way imply that such a program does not exist. The challenge is how to outreach and publicize the available services to those family caregivers who need them.

Affordable and reliable transportation services

- The research shows that 14 percent of seniors do not have their own vehicles. Also, 8.4 percent of households headed by seniors 65 years and older did not have vehicles.
- For health and other reasons, many seniors lose the ability to drive, and depend on family and friends for transportation.
- Seniors need affordable and reliable transportation to doctor's offices, grocery stores, and other errands, as well as leisure trips to parks and recreation facilities, etc., and this need will likely grow and become more urgent as the senior population, those with disabilities, as well as those living independently grow.
- Records obtained from the County Department of Public Works and Transportation about show that senior ridership of TheBus has been low the past three years. Efforts to obtain records from Metro Access were unsuccessful. However, comments from focus group discussions indicate that participants considered the current transportation services to be very inadequate.

- Because many seniors choose to age in place, the reliance on non-institutional care and outpatient treatment as an alternative to nursing homes and hospital care continues to increase. At the same time, economic and social factors may reduce the ability of family, neighbors, and community services to provide the required transportation.
- The key transportation challenges mentioned during the focus groups were availability, reliability, affordability, and the tedious process for arranging pickups.

Parks and recreation facilities and programs

- The 2008 Department of Parks and Recreation Senior Age 55 and Better Recreation User Survey, as well as the focus group discussions, showed that seniors consider the county's parks and recreations facilities and programs to be an important asset with immense quality of life benefits.
- Some focus group participants advocated for improvements in access to park facilities, expansion of current senior programs, and the addition of a wider variety of activities to meet the diverse needs of seniors.

A. Introduction

This research deals with the older residents of Prince George's County, specifically, those who are 65 years and older. The focus is: who they are, where they live, their incomes, characteristics of their households, and the challenges they face affording basics like food, housing, mobility, and health care. The research was intended to support policies for improving the overall living conditions and quality of life of the growing numbers of older citizens. The objectives are twofold: compile and analyze data relating to their living conditions, and assess their changing needs and concerns in order to provide a basis for future planning of services, programs, and partnerships to address the needs of older adults.

The United States population is aging. More significantly, the senior population is increasing an unprecedented rate. Between 2000 and 2010, the population that is 65 years and older grew by 15.1 percent, while the total population grew by 9.7 percent. Between 2010 and 2050, the United States is projected to experience rapid growth in its older population, and by 2050, the number of Americans aged 65 and older is projected to be 88.5 million, more than double its 2010 population³. The baby boomers are largely responsible for this increase, as they began crossing into this category in 2011.

Prince George's County is not exempt from this trend. Like other jurisdictions across the country, significant growth in the 65 and older population is forecast for Prince George's over the next decades. As a result, understanding the implications of a growing senior population will become essential for county planning for amenities such as housing, transportation, healthcare, recreation, nutrition, and care giving.

Benefits of the Study

This report:

- Details the changing demographic and economic characteristics of the aging population in Prince George's County with the objective of describing their living conditions and highlighting their changing needs for housing, transportation, health care, employment, recreation and nutrition
- Identifies and highlights the most pressing needs of older adults in Prince George's County
- Provides a basis for developing services, programs, and partnerships to address the needs of older adults⁴

³ U.S. Census Bureau, The Next Four Decades, The Older Population in the United States:2010 to 2050 Population Estimates and Projections, May 2010

⁴ Theresa M. Grant, Administrator, Area Agency on Aging, and staff of the agency expected the research to provide critical current information the basis for the Agency's 2012 Consolidated Plan. Also, Darilyn Marinelli, Senior Services Coordinator at Prince George's County Department of Parks and Recreation collaborated with the team to conduct the focus groups with the expectation that the report will be utilized in future senior programs at the

Methodology

For the most part, this study involved the compilation and analysis of census data. The principal sources were the 2010 Decennial Census and the American Community Survey. Census data was used to analyze who the seniors are, where they live, their incomes, characteristics of their households, the challenges they face affording basics like food, housing, mobility, health care, obtaining information, etc. Definitions of terminologies dealing with characteristics of the senior population are presented in Attachment 1. Trends analysis was used to show changes in their ages, gender, marital status, incomes, access to basic needs, overall living conditions, and the changes that are taking place.

The focus groups surveys and discussions were critical because they helped to identify and document seniors' concerns and challenges and solicit suggestions for improving existing as well as additional programs. The research team collaborated with the Area Agency on Aging and the Department of Parks and Recreation to organize the focus groups at six locations throughout the county during March and April of 2011. At each focus group session, participants completed survey questionnaires prior to the discussions in order to prevent bias. The surveys were not intended to become a full-blown scientific study.⁵ They were simply used to collect first-hand anecdotal information from participants in the focus groups in order to shed light on the census data. A total of 134 seniors discussed their living conditions, their quality of life, most pressing needs, and other related issues. The survey also looked for answers to specific questions relating to quality of life. Staff took detailed notes during the discussions.

B. Senior Population Growth in Prince George's County

The population of seniors in Prince George's County is steadily increasing

As of 2010 there were 83,523 seniors in Prince George's County. The senior population had increased by 35 percent over the ten years since the year 2000. (Table 1) Furthermore, seniors who were 65 years and older constituted 9.4 percent of the county's population during 2010, a 1.7 percentage point increase from 2000. Overall, the majority of the county's seniors have been female. In 2010, females comprised 56 percent, and the males, 44 percent.

In 2010, the U.S Census Bureau projected that in 30 years (2040), the United States population 65 years and over would grow from 13 percent of the total population to 20 percent, while more than doubling in size. If this projection holds true for Prince George's County, by 2040 there would be more than 200,000 seniors.

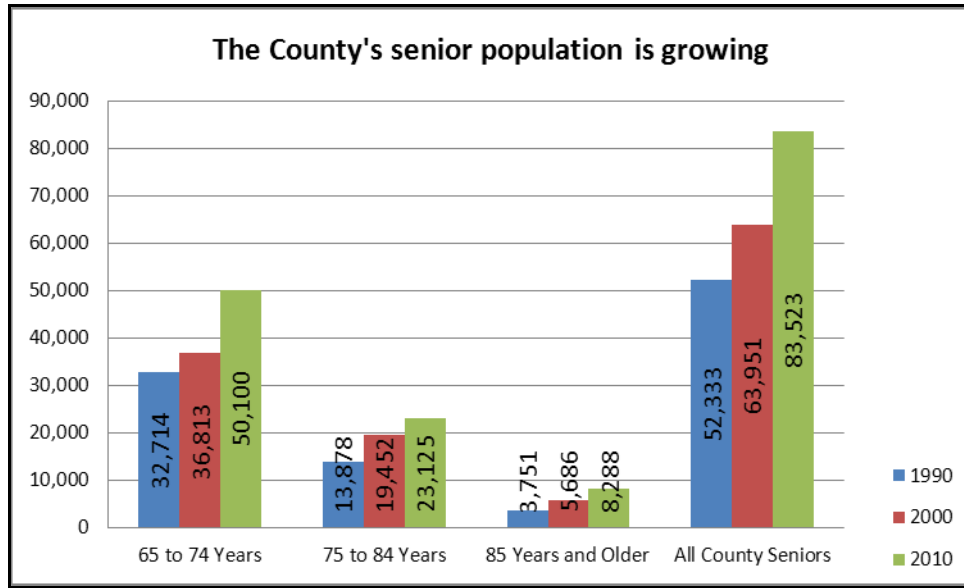
Department of Parks and Recreation. It is expected that other county agencies, such as Health, Housing, and Transportation, which administer programs specifically for the aging population, will benefit from the research.

⁵ Attachment 2: Highlights of the Focus Group Survey

Population growth is occurring for all senior age cohorts

As of 2010, 60 percent of seniors were 65 to 74 years; 28 percent were 75 to 84, and 10 percent were 85 years or older. Recent trends show that the population is living longer. During the 20 years from 1990 to 2010, there was a high rate of increase (74%) among all senior age groups, with the largest increase of 121 percent occurring among those over 85 years (Chart 1).

Chart 1: Growth in the Senior Population



Source: U.S. Census Bureau, Decennial Census

There are important policy implications for the increase in the senior population

The increase in the senior population, particularly the fast rate of increase in the most elderly, has important policy implications to planning for services such as housing, transportation, healthcare, recreation, nutrition, and care giving for a large and growing segment of our county residents. The challenge of this study is to highlight the changes occurring in order to establish the basis for future policies and programs to address the needs of seniors.

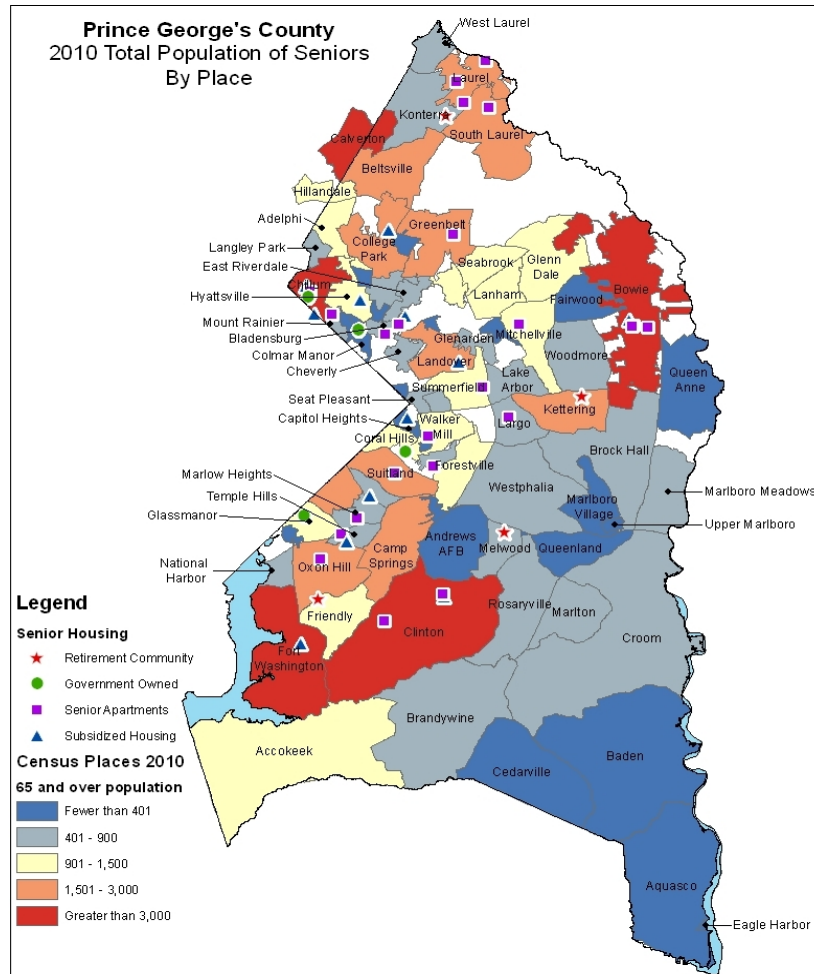
E. Where do Seniors Live?

The senior population is largely concentrated in the suburban areas of the county.

The map below illustrates communities in the county with the largest number of residents that are 65 years and over. Seniors in Prince George's County are most prevalent in southwestern communities (such as Clinton and Fort Washington), north western communities (Calverton, Beltsville, and Laurel) and Bowie.

Communities with higher proportions of seniors relative to the rest of the county are mostly located in the southern portion of the county in places such as Melwood, Cedarville, and Fort

Distribution of the Senior Population



Source: U.S. Census Bureau, 2000 and 2010 U.S. Decennial Census

Washington. A few areas in the northern portions of the county, such as Konterra, Calverton, and West Laurel also have relatively large proportions of seniors as well. The proportions of seniors are lower in the central, more urban areas in the county, and higher in suburban locations within the rural and developing tiers. The geographic distribution of seniors and the survey responses provide a basis to predict the locations in the county where seniors would prefer to live in the foreseeable future.

Two recent nationwide surveys reiterate the residential location choices of seniors in Prince George's County. In a 2010 AARP survey, nearly 90 percent of those over age 65 wanted to stay in their residence for as long as possible, and 80 percent believed their current residence is where they will always live.⁶ These findings parallel the responses gathered from the focus groups surveys.

⁶ AARP: *Home and Community Preferences of the 45+ Population*, Research and Strategic Analysis, Washington, DC, 2010, page 4

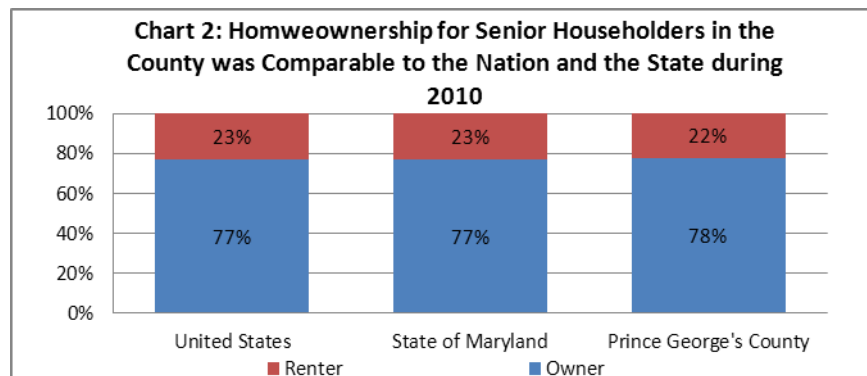
A 2009 National Association of Home Builders survey of over 1,500 seniors in the nation also showed that 91 percent preferred suburban life to living in a city.⁷ Of those that preferred to live in the suburbs, 32 percent wanted to live in “close-in” suburbs, 31 percent wanted to live in “outlying suburbs”, 28 percent preferred a “rural community”, and nine percent preferred a central city. The location of seniors in the county shows a similar pattern.

The 2000 and 2010 censuses show that locations in the central areas of the county outside the Capital Beltway, such as Bowie, Kettering, Largo, Mitchellville, and Upper Marlboro witnessed the largest increase of seniors during the decade, meaning that the senior population in the county’s suburban locations is growing. Most areas that experienced very little growth or even declines in the senior population were located in the Developed Tier, as well as Beltsville and Croom. Considering that 82 percent of the focus group participants indicated that they planned to continue living in the county, attention to the current location of the senior population in the county would provide insight into where future growth of seniors would occur as well as the types of housing to plan for. Another policy implication is that plans for senior-related amenities and services need to be focused on suburban locations in the Developing Tier. For example, a zoning policy should be adopted to allow senior housing developments by right in suitably zoned locations.

F. Housing

Majority of senior householders in the county own their homes

The rate of homeownership among senior age groups is 78 percent and higher than the county’s overall rate, which is 63 percent, but comparable to the nation and state (Chart 2). Approximately 78 percent of senior householders in the county are homeowners. Even though the homeownership rate for senior householders remained relatively unchanged between 2000 and 2010, it increased most notably for those between 75 to 84 years (by 3 percent).



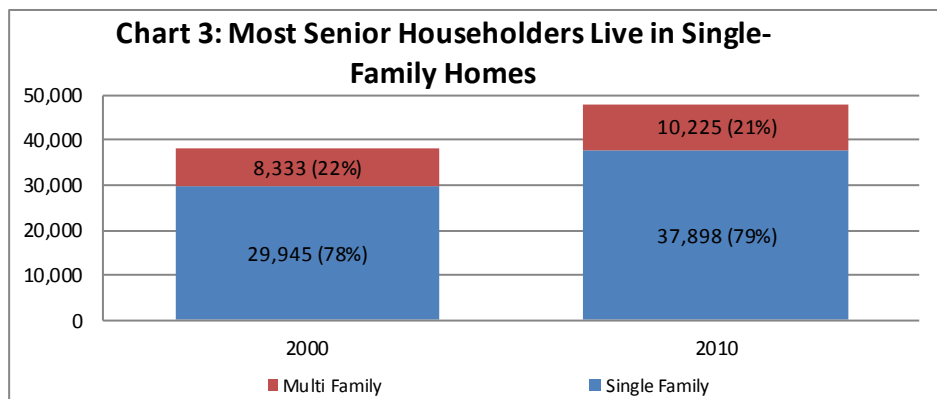
Source: U.S. Census Bureau, 2010 Decennial Census

⁷ National Association of Home Builders: *55+ Housing: Builders, Buyers, and Beyond*. September, 2009

As seniors in the county age, their homeownership rate declines. In 2010, the rate of homeownership for senior householders aged 85 years and older was approximately 10 percentage points lower than other senior cohorts. The decline in homeownership rate as seniors become older implies a shift to alternative housing types such as apartments and group homes.

Majority of senior householders in the county live in single-family homes

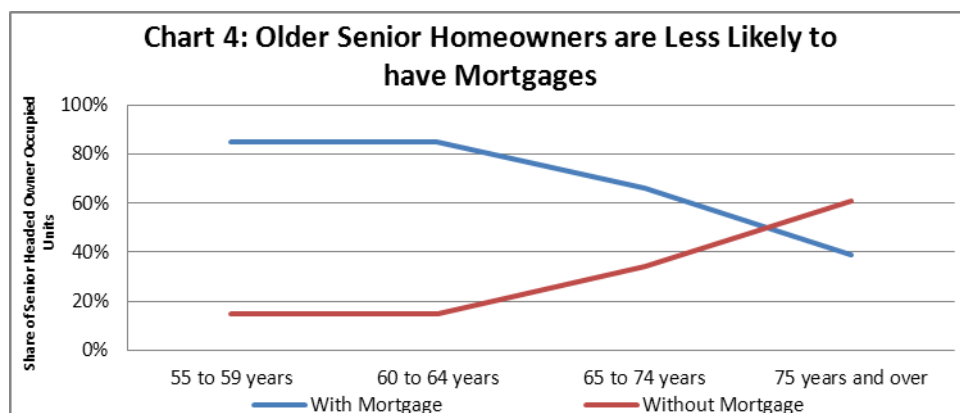
During the past decade, a large percentage of senior householders in the county lived in single-family residences. The proportion of senior householders that live in single-family homes remained virtually the same during the decade. (Chart 3) In 2010, approximately 79 percent of senior householders (37,898 individuals) lived in single-family homes, a slight increase from 2000. The remaining 21 percent (10,225) lived in multifamily homes.



Source: U.S. Census Bureau, Decennial Census

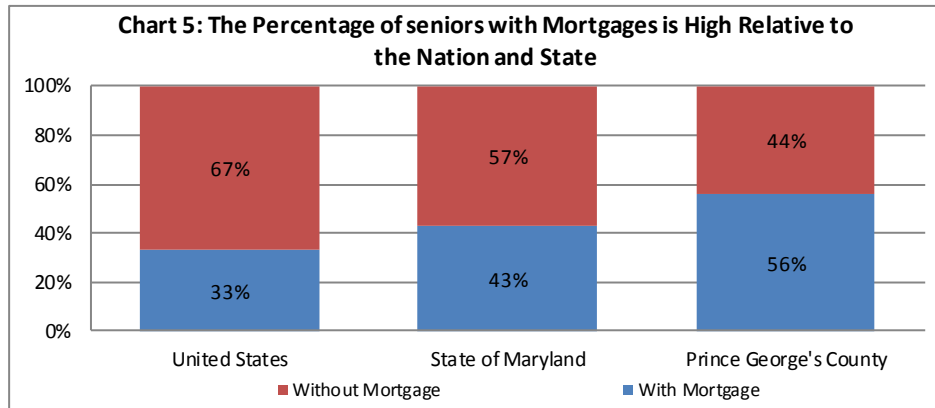
Many senior households in the county have mortgages

The burden of paying a mortgage reduces for county homeowners as they age. In 2010, the share of senior homeowners with mortgages began to drop from 85 percent for ages 60 to 64, to 66 percent for ages 65 to 74 (Chart 4). The figure fell even further to 39 percent for those aged 75 and over. The median monthly housing cost for seniors with a mortgage was \$1,774, while the median monthly housing cost for seniors without a mortgage was \$690.



Source: U. S. Census, 2010 American Community Survey, 1-Year Estimate

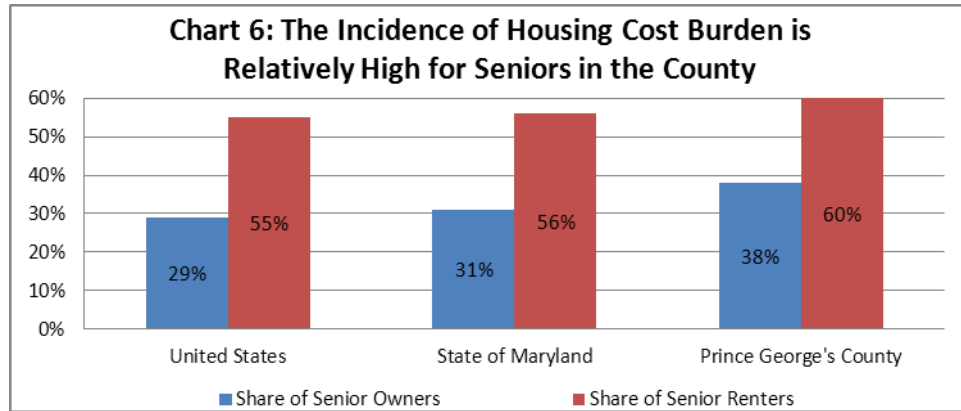
The data suggests that senior homeowners in the county will experience a decreasing mortgage burden as they age. Still, they will be more likely to have a mortgage than seniors in the U.S. and Maryland (Chart 5). Seniors with mortgages in the county, on average, paid more per month than the nation (\$1,240) and state (\$1,606) even though the average value of their homes was lower than the state.



Source: U. S. Census, 2010 American Community Survey, 1-Year Estimate

Many senior householders experience housing cost burden

In 2010, more than a third of senior homeowners in the county experienced housing cost burden. For the purpose of this report, housing cost burden is defined as households spending more than 30 percent of their income on housing. In 2010, sixty percent of senior renters and approximately 38 percent of senior owner-occupied households (14,512 households) experienced housing cost burden. (Chart 6) Compared to the nation and state, a high percentage of seniors in the county, both renters and owners, are experiencing housing cost burden. The data shows that senior renters are much more likely to experience housing cost burden than owner households. However, cost burdened senior renter households (6,341 households) made up a smaller share of total senior households that are cost burdened (20,853 households).



Source: U. S. Census Bureau, 2010 American Community Survey, 1-Year Estimates

To alleviate the incidence of housing cost burden among seniors, the county needs to expand existing housing assistance programs to supply relief, especially for renter households that are likely to experience cost burden.

G. What are the Living Arrangements of Seniors?

A majority of seniors live in family households. As of 2010, 95.6 percent of seniors 65 years and over, representing 78,858 lived in households. As shown in Table 1, 73 percent of those living in households lived in family households, and 27 percent lived in non-family households. During the decade, the population that lived in non-family households increased by a significant margin, 37 percent, from 16,013 to 21,990. Additionally, the data show a consistently large and growing majority (more than 90 percent) of those living in non-family households living alone.

Table 1: Household Type by Relationship*

	2000		2010	
	Populatio	%	Population	%
Total Population 65 Years &	61,815	100.0	81,513	100.0%
In households:	58,916	95.3%	78,858	95.6%
In family households:	42,903	72.8%	56,868	72.4%
Householder:	22,027	51.3%	29,660	49.1%
In nonfamily households:	16,013	27.2%	21,990	27.6%
Householder:	15,285	95.5%	20,700	96.0%
Living Alone	14,101	88.1%	19,142	92.0%
In group quarters	2,899	4.7%	2,655	4.4%
Institutionalized	2,204	76.0%	2,171	81.8%
Non-institutionalized	695	24.0%	484	18.2%

Source: U.S. Census Bureau, Decennial Census, Summary File 1, 2000 and 2010

★ See Appendix for definitions of Household Types and other terms

Increasingly, seniors in Prince George’s County are living alone

Overall, the percentage of seniors living alone slightly increased from 23.1 percent in 2000 to 23.5 percent in 2010. In terms of absolute numbers, however, that group increased by almost 5,000 during the period, from almost 14,101 to 19,142. The data suggest that the population of seniors living alone is on track to increase. While some seniors may choose to live alone for the sake of independence and other motivations, it is likely that others will do so out of necessity. This increase in population of seniors living alone is noteworthy for its policy implications.

Few seniors live in group quarters

During 2000, 2,882 seniors lived in group quarters, representing 4.7 percent of the total. This group declined to 2,655 (4.4 percent) during 2010. Large majorities of seniors living in group quarters (76 percent during 2000 and 82 percent during 2010) were institutionalized, meaning that they lived under supervised care as patients or in custody as inmates. Although data was not available to verify the situation in Prince George’s County, chances are that as seniors live longer and the proportion of the very old increase, those that require long-term care facilities or community housing will increase. A 2007 nationwide Medicare Beneficiary Survey⁸ showed that, nationwide for seniors 85 years and older, 15 percent lived in long-term care facilities and 7 percent lived in community housing.

Policy implications

The types of senior housing, changes in their housing needs as they age, and the incidence of housing cost burden mean that strategies are required to address affordability and maintain adequate alternative housing in the county for the very elderly. As will be shown later in this paper, a majority of seniors in the county are on fixed incomes (retirement and Social Security). In many cases, their earnings would likely disqualify them for supplementary incomes and cash public assistance. The high incidence of housing cost burden therefore implies that many senior householders are likely deprived of the needed funds other necessities, such as, food, clothing, medical care, and transportation. Given that most seniors have fixed incomes, a key policy option to address the current challenges, and also preempt the potential escalation of housing cost burden will be one that lowers the prices of senior housing. This means promoting the construction of senior housing types that are affordable, but not necessarily deficient in terms of architectural design and convenience. In addition, due to the large percentage of seniors that age in place, priority should be given to home modification programs and suitable affordable financing to assist senior households in modifications where necessary to render their homes suitable for multi-generation households.

Seniors that live in family households and who therefore benefit from family support and caregiving as well as those that live alone would require modifications to their homes to address

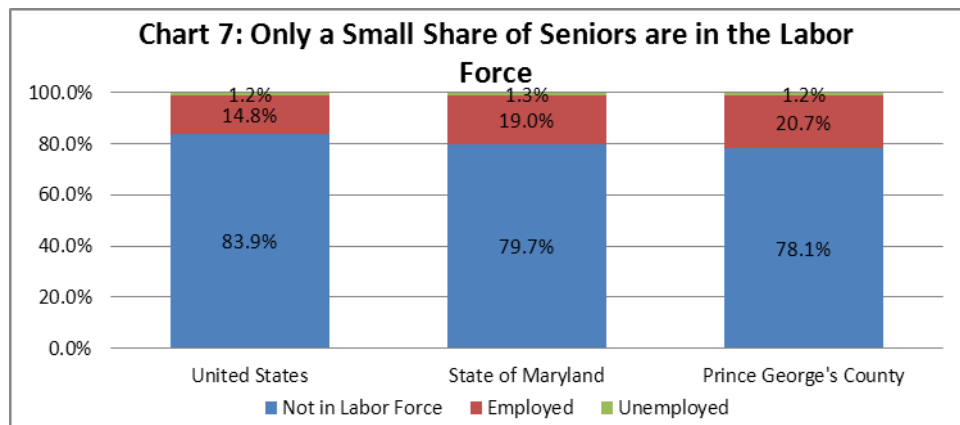
⁸ Office of Strategic Planning of the Centers for Medicare & Medicaid Services, The Medicare Current Beneficiary Survey, Baltimore, 2007

their ambulatory challenges. They would also require entities other than family members to provide care giving and other forms of support and services, especially as they age and develop additional and more severe disabilities. This means that the county needs to revamp home modification programs and plan for adequate numbers of assisted living and community housing facilities.

H. What are the Economic Conditions of Seniors?

Few seniors in Prince George’s County participate in the workforce

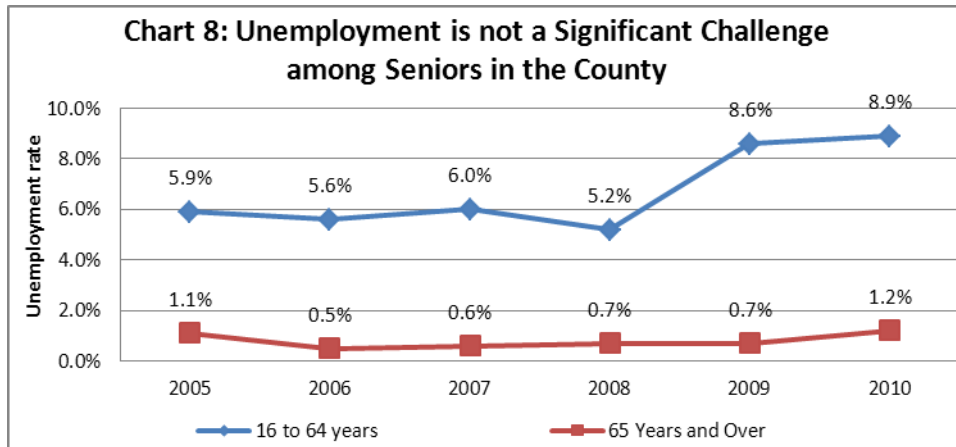
A small proportion of seniors in Prince George’s County are in the workforce, and most of them are employed. During 2010, a larger share of seniors in the county were in the labor force (22 percent) compared the nation (16 percent) and the state (20 percent). (Chart 7) Participants in the focus groups provided some insight to why some seniors in the county are holding jobs. Based on the focus group discussions, seniors work mostly for other reasons besides the need for money for living expenses. Thirty-three percent of the participants that were employed or looking for a job said they needed the money for living expenses, but a majority (56 percent) said they enjoyed working or wanted to stay busy.



Source: U. S. Census Bureau, 2010 American Community Survey, 1-year estimates

Unemployment is not a significant challenge for seniors in Prince George’s County

Employment data (Chart 8) show that few seniors in Prince George’s County face unemployment. In 2010, 1.2 percent of seniors who were in the labor force were unemployed compared to 8.9 percent of younger county residents between 16 and 64 years. Between 2006 and 2010 unemployment among seniors in the county showed little change. During this period, the rate of unemployment was lower for seniors than the population between 16 years and 64 years.



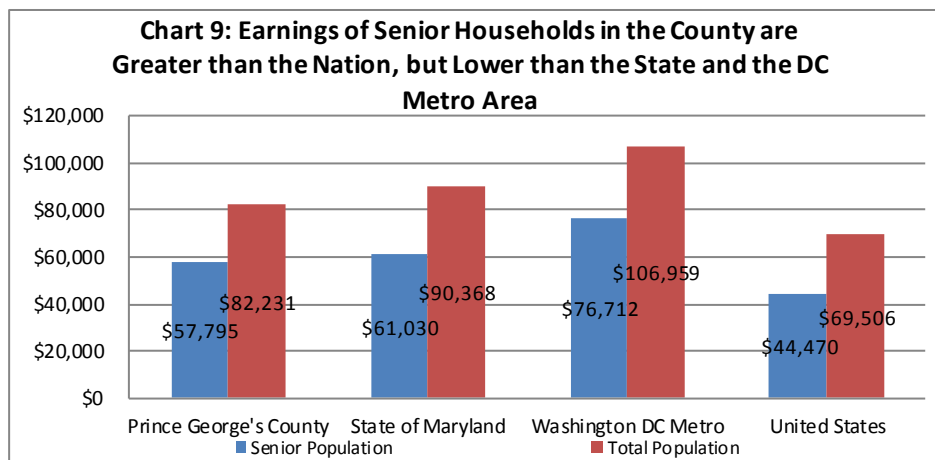
Source: U. S. Census Bureau, American Community Survey, 1-year estimates

Earnings of Prince George’s County Seniors

Approximately half of senior households in the county received some earnings during 2010.⁹

What are Earnings? *Earnings are defined as the total wage or salary income and net income from self-employment. Earnings represent the amount of income received regularly before deductions for personal income taxes, Social Security, bond purchases, union dues, Medicare deductions, etc.*

Compared to the State of Maryland (41 percent) and the nation (34 percent), a greater share of senior households in the county received some earnings. The earnings of senior households in Prince George’s County are higher than the nation, but lower than the state and the DC metro area. During 2010, the average earning of senior households in Prince George’s County (\$57,795) was higher than the nation (\$44,470), but lower than the state of Maryland (\$61,030) and the Washington DC metro area (\$76,712). (Chart 9)



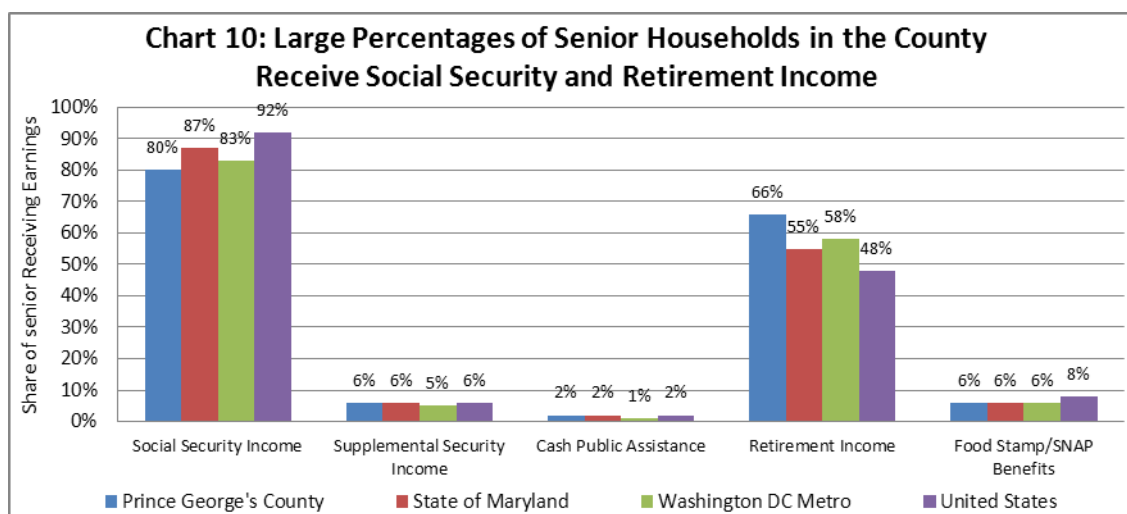
Source: US Census, American Community Survey, 2010 (2010 Inflation Adjusted Dollars)

⁹ American Community Survey, 2010 1-year estimates

Also, the average earning of senior households in the county during 2010 was \$24,000 lower than the total population. This gap was smaller compared to the state and the metro area. It was 30 percent compared to 32 percent in the state of Maryland and 28 percent in the Washington, DC metro area.

Social Security and retirement incomes are the main sources of earnings for seniors in the county

During 2010, Social Security and retirement incomes were the main sources of earnings for seniors in the county. A relatively smaller share of senior households, eighty percent, received Social Security incomes compared to 92 percent in the nation and 82 percent in the state. The unique feature of Prince George’s County was that, a larger percentage received retirement income compared to the nation and the state. (Chart 10)



Source: US Census Bureau, American Community Survey, 2010 1-year estimate

Considering that the two principal sources of income, Social Security and Retirement, are guaranteed, one can say that most seniors in the county do have reliable incomes.

A small percentage of seniors in the county receive supplemental security income

Chart 4 also shows that, overall, the share of senior households in Prince George’s county that received supplemental security income, cash public assistance or food stamps/SMAP benefits during 2010 was small and comparable to the nation and the state of Maryland. Table 3 below shows that, for the most part, and with the exception of households headed by females, the incomes of senior households do not qualify them to benefit from supplemental security incomes.

Overall, few seniors in Prince George’s County have incomes below the poverty level, but a significant number of females in non-family households do

Compared to the general county population, few seniors have incomes below poverty level. During 2010, 4,348 (5.2percent) seniors in Prince George’s County had incomes below poverty, while 9.2 percent of residents between 18 and 64 years and 11.6 percent for those below 18 years were in that category.

The data (Table 2) show few cases of poverty among the elderly who live in family households, and relatively more cases among those in non-family households. The number of females living in non-family households and have incomes below the poverty level is particularly high compared to the other categories. Compared to the state and the nation, the percentage of seniors in Prince

Table 2: 2010 Seniors 65 Years and Over with Incomes below the Poverty Level

Category	Population Below Poverty
All seniors 65 Years and Over	4,348
Male	1,074
Female	2,274
Married Couple	234
Male with no Wife Present	213
Female with no Husband Present	361
Males in Non-Family Households	455
Females in Non-Family Households	2,075

Source: US Census Bureau, 2010 American Community Survey

NOTE: The actual data are being presented instead of percentages which tend to suggest that poverty is virtually non-existent among seniors in the county

George’s County with incomes below the poverty level was low. In 2010, 5.5 percent of seniors in the county lived below poverty compared to 8 percent in Maryland, and 9 percent in the nation.

Even though the incidence of poverty among seniors was lower than the rest of the county population, the overall 5.5 percent rate translates to more than 4,000 seniors who need various forms of support and assistance. Even more significant is the more than 2,000 senior female non-family householders with incomes below the poverty level. This means that the existing supplementary income and other programs for alleviating poverty should especially target senior female non-family householders. Considering the probability that many of them may be unaware

of available resources, an outreach program should be considered to provide them full information and also assist them in accessing the available programs and resources.

I. Health Care

Healthcare coverage is not a major challenge for Prince George’s County seniors. Only two percent do not have healthcare coverage

Approximately 1,548 seniors (2 percent) in Prince George’s County did not have health insurance coverage during 2010. This rate is very low compared to the total county population 16 percent of whom are uninsured. Still the share of seniors that were uninsured was slightly higher than that of the nation (1 percent) or state (1.5 percent). (Table 3)

A large majority of the focus group respondents had health insurance coverage, and almost all of them considered their coverage to be adequate. Furthermore, almost three-quarters of them considered healthcare services in the county to be adequate to meet their needs. A commonly expressed concern, however, was the growing cost of medications. Of the seniors in the county that do have health care coverage, approximately 93 percent have public healthcare coverage, which include programs like Medicare, Medicaid, and VA Healthcare¹⁰.

The 2010 American Community Survey estimated that there were 94 seniors in the county that had a disability and were without health insurance. This group represented less than 1 percent of the total senior population in the county.

Table 3: Health Insurance Coverage among Seniors in Prince George’s County

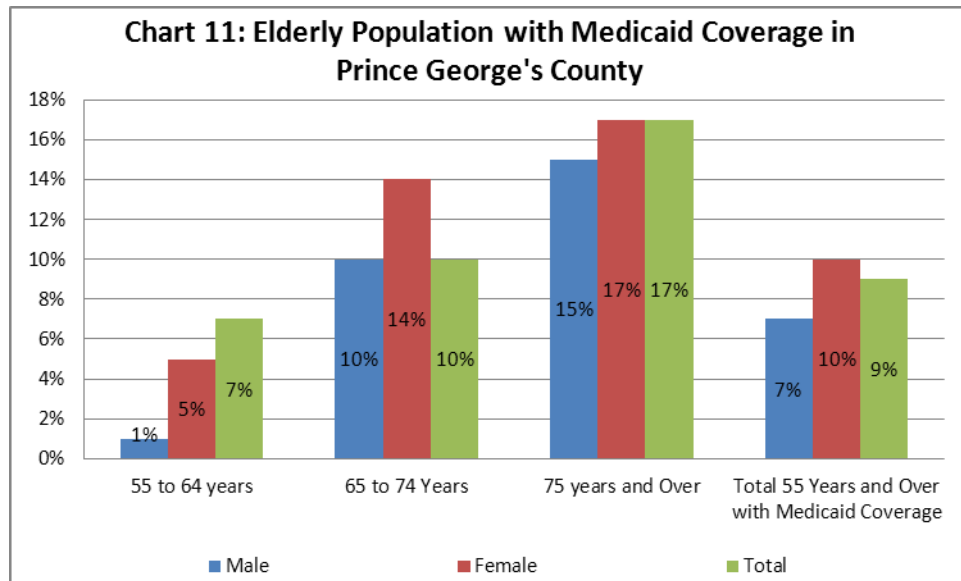
	Prince George's County		Maryland	United States
With health insurance coverage:	76,988	98.0%	98%	99%
With private health insurance coverage	60,617	77.2%	75%	67%
With public health coverage	72,967	92.9%	94%	97%
No health insurance coverage	1,548	2.0%	1.5%	1.0%

Source: U. S. Census Bureau, 2010 American Community Survey

¹⁰ *Medicare and Medicaid:* While Medicaid and Medicare sound similar, they are in fact very different programs. One of the biggest differences is Medicaid is a state governed program and Medicare is a federal governed program. Medicaid is for low income: pregnant women, children under the age of 19, people 65 and over, people who are blind, people who are disabled, people who need nursing home care. Application for Medicaid is at the State's Medicaid agency. Medicare is for: people 65 and over, people of any age who have kidney failure or long term kidney disease, and people who are permanently disabled and cannot work, Medicare is applied for at the local Social Security office. Some people qualify for both Medicaid and Medicare, Medicaid is sometimes used to help pay for Medicare premiums. People who qualify for both programs are called 'dual eligible'.

Medicaid Coverage

Slightly more than 8percent of seniors (55 years and older★) had Medicaid in 2010. (Chart 11) Overall, the proportion of females with Medicaid coverage was slightly higher (by 2.6 percentage points) than males, likely due to the higher rate of poverty among females. Also, the rate of Medicaid coverage among seniors was lower (7 percent) for those between 55 years and 64 years, but higher (17 percent) for the oldest people above 75 years.



Source: U. S. Census Bureau, 2010 American Community Survey

★ 55 years and over is used due to Census data availability

J. Disabilities Increased as Seniors Grew Older

In 2010, approximately 24,914 seniors (32 percent), excluding institutionalized individuals, had disabilities. This comprised 27 percent of the males and 35 percent of the females. Another 13,451 seniors (17 percent) had two or more types of disabilities. The incidence of disabilities among seniors increased as they age. Twenty-six percent of those 65 to 74 years had disabilities compared to 42 percent for seniors aged 75 and higher. Overall, seniors in the county had a lower disability rate (32 percent) compared to the nation (37 percent) and state (34 percent). Still the increase in disability as seniors became older implies a need for expanded services in the future, given that more seniors are expected to live longer.

The most common disability among seniors in the county was ambulatory difficulties

Table 4 below presents the rates of incidence of different disabilities among seniors in Prince George's County compared to the state of Maryland and the nation during 2010. The most common disability among seniors in the county was ambulatory difficulties. Ambulatory difficulties refer to conditions that substantially limit one or more basic physical activities such

as walking, climbing stairs, reaching, lifting, or carrying. An estimated 17,560 seniors in Prince George’s County (22 percent) had and ambulatory difficulties during 2010.

The second most common disability among seniors in the county was independent living difficulties. This refers to difficulties doing errands alone, such as, visiting a doctor’s office or shopping. In 2010, an estimated 12,113 seniors in the county, representing 15 percent, had an independent living difficulty.

Other disabilities afflicting seniors in the county during 2010 were hearing (9 percent), vision (5 percent), and cognitive (9 percent). Overall, compared to the nation and state, on average, seniors in the county were less likely to have disabilities.

**Table 4: Incidence of Disabilities:
Prince George’s County, State of Maryland, and the Nation**

	Prince George's County		Maryland	United States
With any disability	24,914	34%	34%	37%
With a self-care difficulty	6,820	8%	8%	9%
With an independent living difficulty	12,113	16%	16%	16%
With a hearing difficulty	7,030	13%	13%	15%
With a vision difficulty	3,787	6%	6%	7%
With a cognitive difficulty	7,180	8%	8%	10%
With an ambulatory difficulty	17,560	22%	22%	24%

Source: U. S. Census Bureau, 2010 American Community Survey, 1-Year Estimates

The incidence of both poverty and disability among seniors in Prince George’s is relatively low

During 2010, approximately 2,395 seniors in the county had disabilities as well as incomes below the poverty level. The poverty rates for seniors with disabilities are generally higher than that for seniors without disabilities; meaning that seniors with disabilities tend to be poorer than those without disabilities.

Table 5: Incidence of Both Poverty and Disability for Seniors 65 years and Older

<i>Disability Status of Seniors</i>	Total Below Poverty	Poverty Rate		
	<i>Prince George's County</i>	<i>Prince George's County</i>	<i>Maryland</i>	<i>United States</i>
With a disability	2,395	10%	11%	13%
Without a disability	1,953	4%	6%	7%
All Seniors	4,348	6%	8%	9%

Source: U. S Census, 2010 American Community Survey, 1-Year Estimates

As Table 5 shows, during 2010, the poverty rate for seniors in the county was overall lower than the state and the nation. This applied to those with disabilities as well as those without disabilities. In spite of the favorable comparison, it is noteworthy that almost 5,000 (quite a large number) of seniors in the county have incomes below the poverty level, many of them living with disabilities at the same time. These facts imply that the various senior programs and services in the county need to identify and target this group for special attention, support and services.

Policy Implications

The forecast increase in the senior population, as well as the increasing longevity means that the population of seniors in the county with ambulatory, independent living, and other disabilities will increase. Strategies are required to proactively provide adequate home care, transportation and other programs to meet the anticipated increased demand.

K. Transportation

More than eight percent of senior households do not have vehicles

During 2010, more than 7,000 (8.4percent) of households in the county headed by seniors who are 65 years and older did not have vehicles. Census data show that the number of senior headed households that had no vehicles increased by 14 percent during the decade from 2000 to 2010. Also more than 60 percent of the households without vehicles were renter households. Still, the data shows that the rate of vehicle ownership is higher for senior headed households than the general population. This suggests that the need for alternative transportation is lower for seniors than the general population.

Transportation is a major challenge

It is important to keep in mind that the percentage of senior households without vehicles translates to more than 7,000, many of whom (as indicated earlier) have disabilities or experience ambulatory difficulties.

Table 6: Seniors/Disabled Ridership of *The Bus*

Fiscal Year	Senior/Disabled Total Ridership	Fiscal Year Total Ridership	% of Senior/Disabled Ridership
FY 2010	308,097	3,446,418	8.90%
FY 2011	274,899	3,518,898	7.80%
FY 2012★	260,736	3,070,877	8.50%

Source: Prince George’s County Department of Public Works and Transportation, May 2012

★FY 2012 Ridership is from July 2011 to March 2012

The research team was unable to obtain complete data relating to Prince George’s County seniors use of mass transit and other transportation options in the county. It is therefore difficult to show

their usage of alternative means of transportation. The ridership data obtained from The Bus – the county’s bus service (Table 6 above), show that during the past three years or so seniors and the disabled have accounted for small proportions of ridership; between 7.8percent and 8.9 percent. One of the key themes and a leading concern that emerged from the focus group discussions (Attachment 2) was the cost and challenges relating to transportation to doctors’ appointments, grocery shopping, visits to family and friends, etc.

The challenge seniors face is how to easily find affordable and reliable transportation to doctor’s offices, health facilities, grocery stores, church functions, parks and recreation centers, visits to friends and family, etc. Given that the population of seniors is on track to grow, and along with it, increases in disabled seniors and those with ambulatory and other difficulties the demand for senior transportation services will certainly increase. As such, not only do the existing senior transportation services need improvements, but also strategies are needed to establish adequate service for the anticipated larger numbers of seniors that need them. For health care purposes, a potential solution is a program whereby doctors and nurses visit seniors where they live.

L. Highlights of the Focus Groups Discussions

Participants in the focus groups responded to a survey questionnaire, and also engaged in discussions dealing with the key topics in the study with an emphasis on healthcare, recreation, transportation, housing, and quality of life. Attachment 2 presents highlights of the focus groups survey.

A significant number of seniors require assistance

The focus group discussions touched on areas where participants needed assistance in their daily lives. Overall, few participants mentioned needing help with daily activities, such as, personal hygiene continence, taking medications, dressing up, and using the phone. However, a significant number reported needing help doing housework, shopping for necessities such as food and clothing, preparing meals, and managing finances, including paying bills. It can be assumed that the respondents who needed such help lived alone or in retirement or senior apartments. The discussions therefore reiterated the need for a program to provide homecare services.

Many seniors experience housing cost burden and related challenges

A majority of the focus group participants lived in traditional housing, that is, with family members in an owner or rental house or apartment. The others lived in retirement/active adult communities or senior apartment/independent living, and a very few in assisted living residences. A third of respondents lived alone. The leading housing related concerns expressed related to cost: high cost of mortgages, rents, property taxes, utilities, and home maintenance and repairs; constantly increasing homeowner association fees; and, lack of information regarding home maintenance and energy assistance programs and available housing that is suitable for seniors.

The leading transportation challenges are related to availability, reliability, and cost

A large majority of focus group participants had their own vehicles or depended on family and friends for their transportation needs. The leading concerns expressed by those who depended on public transportation related to unavailability, reliability and cost. Granted that the Metro train service in the county is limited, most participants apparently relied on buses. The frustrations and dissatisfactions were mostly related to: limited bus routes and hours of operation; long waiting lists as well as waiting times for Metro Access buses; the 14-day advance booking required for Call-a-Bus service and the frequency of cancellations; difficulty in getting emergency service, and the high cost of service.

Conclusions

The increase in the senior population of Prince George's County will be particularly pronounced due to increasing life spans. This does not only apply to our county; it is a nation-wide phenomenon. According to Census Bureau data, in 2000, there were 18.3 million people in the United States aged 65 to 74, of whom approximately 12.8 million (70 percent) survived another ten years, reaching ages 75 to 84. A 2010 study by the Brookings Institution¹¹ showed that 75 percent of the 31.8 million baby boomers who are projected to be 65-74 in 2020, will survive for another ten years. The numbers are even more dramatic for the oldest age group. Of 12.4 million people aged 75-84 in 2000, approximately 49 percent were alive in 2010. Sixty-one percent of 15.5 million people projected to be 65-74 in 2020, will be expected to live past 85 years. The trends in Prince George's County, presented in this paper, are similar to these national trends. The county's population aged 65 to 74 was 36,813 in 2000 and increased by 38 percent to 50,877 in 2010. Furthermore, county residents aged 75 years and over increased by 24 percent from 25,138 in 2000 to 31,137 in 2010.

The gist of this study is that the growing senior population and increasing longevity will inevitably have significant implications to government policy, expenditure, and programs. Consequently, the senior population needs to be given special consideration in every aspect of county policies and planning in order to address certain current critical needs and also proactively prepare for an anticipated boom in their population and special needs. The continued aging of the county's population will obligate families, for-profit businesses, governments (county, state and federal), charitable organizations, religious institutions, and community non-profit providers to devote growing amounts of resources to address necessities, such as, poverty reduction, suitable affordable housing, affordable utilities, healthcare, informal and formal ambulatory and long term care, nutrition, transportation, and recreation. Some seniors will be able to afford living comfortably, but many others will have fewer resources and require services and other forms of assistance. This study shows that increasing numbers of seniors in the county are already facing challenges that merit urgent immediate attention. Furthermore, proactive

¹¹ <http://www.brookings.edu/metro/StateOfMetroAmerica.aspx>

strategies will be required to respond to the inevitable increase and variety of services and support the large numbers of senior residents require.

In many ways, aging will present an unprecedented challenge: as the number of retirees relative to active workers increases, the dependency ratio (the ratio between retirees and workers) will increase. The research has shown that the housing stock and transportation systems, for example, will need to change to respond to the needs of growing numbers of seniors. As the population ages and retires, certain economic trends will emerge as well. For example, the personal income tax base will shrink, retail sales will decline due to age-related purchasing patterns, demand for age-related public services will accelerate, and, unless the educational system is revamped, there will be fewer skilled workers available for employers.

Potential Economic Benefits

Overall, the economic outcome of the changing demography of seniors would likely be increases in demand for goods and services specific to their needs, which could generate growth in some sectors of the county's economy. The continued employment of older workers could expand the size of the workforce and support expanded economic growth. Continued employment could also provide social and psychological benefits for seniors who continue to work, and also help maintain the tax base as well as the solvency of the Social Security Trust Fund.

Suitable Housing for the Very Old

Forecasts that show that the senior population in the county will age with large increases in those over 75 years; the "oldest old" imply that seniors will exert a disproportionate effect on their families, caregivers, and government resources, especially the healthcare system. They are much more likely to have disabilities, live in nursing homes and assisted living facilities, and also have limited financial resources. Census data also show that almost three-quarters of seniors currently live in family households, and half are householders, meaning that seniors mostly prefer to age in place in family type housing. This fact that *most seniors prefer to age in place should be kept in mind for senior housing policies*. Even more important, despite that fact that many seniors prefer to age in place, we should not overlook the anticipated aging of the aged population resulting from greater longevity, and the variety of housing types the very old will require. As we plan for active adult communities, group quarters, apartments, etc., the forecasts about the very old should tell us something about how many hospital beds, geriatricians, home health aides, and nursing home beds will be needed, and guide us to set the stage and plan for the large future demand for nursing homes and assisted living facilities.

Support for Family Care Givers

The fact that 73 percent of seniors live in family households means that caregivers are, for the most part, the backbone of long-term services and supports system for seniors. Research

nationwide shows that family members, partners, and close friends provide the vast majority of the care and support for loved ones with chronic care needs and functional limitations.

In 2009, family caregivers of adults with chronic or disabling conditions provided an estimated 40 billion hours of unpaid care with an estimated economic value of \$450 billion.¹² Even for recipients of paid services, family members play a critical role: 72 percent of older adults receiving paid LTSS also have a family caregiver.¹³ Although most family caregivers willingly undertake this role, an extensive body of research documents the negative physical, emotional, and financial consequences caregiving can have.¹⁴

Considering the critical role family caregivers play, the county needs to conduct regular caregiver assessments, involving a systematic information gathering about caregiving situations aimed at identifying the roles caregivers play, the challenges they face, gaps in knowledge and skills, and the kinds of help that will be both useful and acceptable to them and the seniors receiving the care. Such assessments will uncover specific problems, needs, strengths, and resources of family caregivers, as well as the caregivers' ability to contribute to the needs of the care recipients, and help to refine programs

Transportation

Increases in longevity mean large numbers of older adults in the foreseeable future with increased demand for alternative means of transportation for substantial periods of time toward the ends of their lives. As the population ages, there will be more people living past their driving years. The American Association of Retired Persons anticipates that the number of older non-drivers in the nation will increase by about 15 percent by 2025.¹⁵ Other factors that may increase demand for non-auto alternatives are: the choice to age in place; increasing reliance on non-institutional care and outpatient treatment as an alternative to nursing homes and hospital care; and economic and social trends that may reduce the ability of family, neighbors, and community services to provide transportation.

Demand may strain community-based services for seniors and people with disabilities, as well as the medical transportation system. Overall, an aging population would decrease demand for traditional public transportation but create a huge increase demand for other forms of alternative transportation.

¹² L. Feinberg, S. C. Reinhard, A. Houser, and R. Choula, *Valuing the Invaluable: 2011 Update, the Growing Contributions and Costs of Family Caregiving*, AARP Public Policy Institute Insight on the Issues 51 (Washington, DC: AARP, June 2011).

¹³ A. Houser, M. J. Gibson, and D. L. Redfoot, *Trends in Family Caregiving and Paid Home Care for Older People with Disabilities in the Community: Data from the National Long-Term Care Survey*, AARP Public Policy Institute Research Report 2010-09 (Washington, DC: AARP, September 2010).

¹⁴ R. Schulz and P. R. Sherwood, "Physical and mental health effects of family caregiving," *American Journal of Nursing* 108 (2008): 23–27. National Alliance for Caregiving (NAC) and AARP, *Caregiving in the U.S., 2009* (Bethesda, MD: NAC, and Washington, DC: AARP, November 2009). Funded by the MetLife Foundation. Evercare and NAC, *Family Caregivers—What They Spend, What They Sacrifice; The Personal Financial Toll of Caring for a Loved One* (Minnetonka, MN: Evercare, and Bethesda, MD: NAC, 2007).

¹⁵ http://assets.aarp.org/rgcenter/post-import/2004_17_transport.pdf.

Effective Dissemination of Information on Available Resources

Numerous federal, state, county, as well as non-profit programs provide offer hundreds of resources and assistance to seniors and disabled. It became clear during the focus group discussions that many seniors, families, and caregivers who needed help were unaware of available resources. To maximize the use of available programs, the agencies responsible for senior programs should collaborate to make the current available resources and programs easily accessible and complete. The focus group survey showed that 60% of respondents had access to the *Internet*, meaning that it is a potentially effective medium for information. In addition to the *Internet*, churches, civic associations, homeowners associations, and other community organizations should be fully utilized to disseminate information.

Labor Force Participation and Employment Opportunities

According to a nationwide study by the Families and Work Institute and the Sloan Center on Aging and Work, 75 percent of workers aged 50 and older expect to be employed after retirement. Similarly, a study by the Pew Research Center found that 77 percent of workers who have not yet retired expect to do some kind of paid work after they retire.¹⁶ The study found no significant differences by age, income, gender, race, ethnicity, education, or region among respondents. Moreover, the difference in the expectations of white- and blue-collar workers was modest. A 2010 MetLife Mature Market Institute study estimates that 75 percent of working women in the first half of the baby boom generation and 60 percent of such men have white-collar jobs that are less physically demanding than other jobs, will enable older workers to remain in the workforce.¹⁷

This research and focus groups discussions showed that Prince George's is no exception to the trends. A number of factors potentially explain this high older-worker labor force participation. In particular, seniors increasingly are able to delay retirement because they are healthier and live longer than previous generations. They have an incentive to work longer in order to build assets in defined-contribution pension plans, qualify for larger Social Security benefits, and also afford leisure activities, such as vacations. The rapid growth of health-care costs and decreased availability of retiree health benefits also compel some seniors to continue working.

On the flip side, the continued employment of older workers could impede economic opportunities for younger workers and place a downward pressure on wages and salaries for all workers. It could also lead to generational tensions in the workplace. It is not clear that the economy can create the number and types of the jobs that older workers might desire. Yet, that is a challenge-in-waiting. Employment opportunities and unemployment will become future major

¹⁶ <http://pewsocialtrends.org/pubs/320/>

¹⁷ <http://www.metlife.com/assets/cao/mmi/publications/studies/2010/mmi-early-boomers.pdf>.

issues for seniors in the county. The challenge would be how to facilitate suitable employment and volunteer opportunities for the growing numbers of able bodied seniors.

Looking Forward

Currently, county agencies responsible for senior programs, including the Area Agency on Aging, Housing and Community Development, Public Works and Transportation, Health and Human Services, and Parks and Recreation, provide critical services to this increasingly sizable segment of our residents. Census data and the responses obtained from the focus groups discussions, however, show that seniors in Prince George's County currently experience various challenges which will inevitably increase as their population grows and as they live longer. Proactive strategies and plans are required to revamp policies, programs, and services in order to provide innovative and effective responses to the imminent growth and variety of senior needs. Needless to say, addressing the future needs of an aging population will likely depend on factors, such as, economic growth, the county's fiscal conditions, innovations in health care delivery and cost effectiveness.

ATTACHMENT 1
Definitions of Terms (American Community Survey)

Food Stamps/Supplemental Nutrition Assistance Program (SNAP) - The Food and Nutrition Service (FNS) of the U.S. Department of Agriculture (USDA) administers the Food Stamp Program through state and local welfare offices. The Food Stamp Program is the major national income support program to which all low-income and low-resource households, regardless of household characteristics, are eligible.

On October 1, 2008, the Federal Food Stamp program was renamed SNAP (Supplemental Nutrition Assistance Program).

Gross Rent as a Percentage of Household Income - Gross rent as a percentage of household income is a computed ratio of monthly gross rent to monthly household income (total household income divided by 12). Gross rent as a percentage of household income provides information on the monthly housing cost expenses for renters. The information offers an excellent measure of housing affordability and excessive shelter costs.

Mortgage Payment - The amounts reported include everything paid to the lender including principal and interest payments, real estate taxes, fire, hazard, and flood insurance payments, and mortgage insurance premiums.

Poverty Status - The data on poverty status of households were derived from answers to the income questions. Since poverty is defined at the family level and not the household level, the poverty status of the household is determined by the poverty status of the householder. Households are classified as poor when the total income of the householder's family is below the appropriate poverty threshold. (For nonfamily householders, their own income is compared with the appropriate threshold.) The income of people living in the household who are unrelated to the householder is not considered when determining the poverty status of a household, nor does their presence affect the family size in determining the appropriate threshold. The poverty thresholds vary depending on three criteria: size of family, number of related children, and, for 1- and 2-person families, age of householder

Disability Status - Under the conceptual framework of disability described by the Institute of Medicine (IOM) and the International Classification of Functioning, Disability, and Health (ICF), disability is defined as the product of interactions among individuals' bodies; their physical, emotional, and mental health; and the physical and social environment in which they live, work, or play. Disability exists where this interaction results in limitations of activities and restrictions to full participation at school, at work, at home, or in the community. For example, disability may exist where a person is limited in their ability to work due to job discrimination against persons with specific health conditions; or, disability may exist where a child has difficulty learning because the school cannot accommodate the child's deafness.

Ambulatory difficulty was derived from question 18b, which asked respondents if they had “serious difficulty walking or climbing stairs.” Prior to 2008, the ACS asked if respondents had “a condition that substantially limits one or more basic physical activities such as walking, climbing stairs, reaching, lifting, or carrying.” This measure was labeled “Physical difficulty” in ACS data products.

Self-care difficulty was derived from question 18c, which asked respondents if they had “difficulty dressing or bathing.” Difficulty with these activities are two of six specific Activities of Daily Living (ADLs) often used by health care providers to assess patients’ self-care needs. Prior to the 2008 ACS, the question on self-care limitations asked about difficulty “dressing, bathing, or getting around inside the home,” under the label “Self-care disability.”

Independent living difficulty was derived from question 19, which asked respondents if due to a physical, mental, or emotional condition, they had difficulty “doing errands alone such as visiting a doctor’s office or shopping.” Difficulty with this activity is one of several Instrumental Activities of Daily Living (IADL) used by health care providers in making care decisions. Prior to the 2008 ACS, a similar measure on difficulty “going outside the home alone to shop or visit a doctor’s office” was asked under the label “Go-outside-home disability.”

Employment Status - The questions were asked of all people 15 years old and over. The series of questions on employment status was designed to identify, in this sequence: (1) people who worked at any time during the reference week; (2) people on temporary layoff who were available for work; (3) people who did not work during the reference week but who had jobs or businesses from which they were temporarily absent (excluding layoff); (4) people who did not work during the reference week, but who were looking for work during the last four weeks and were available for work during the reference week; and (5) people not in the labor force.

Health Insurance Coverage - Health insurance coverage in the ACS and other Census Bureau surveys define coverage to include plans and programs that provide comprehensive health coverage. Plans that provide insurance for specific conditions or situations such as cancer and long-term care policies are not considered coverage. Likewise, other types of insurance like dental, vision, life, and disability insurance are not considered health insurance coverage.

Household – A household includes all the people who occupy a housing unit. (People not living in households are classified as living in group quarters.) A housing unit is a house, an apartment, a mobile home, a group of rooms, or a single room that is occupied (or if vacant, is intended for occupancy) as separate living quarters.

Householder – One person in each household is designated as the householder. In most cases, this is the person, or one of the people, in whose name the home is owned, being bought, or rented and who is listed on line one of the survey questionnaire.

Family Households – A family consists of a householder and one or more other people living in the same household who are related to the householder by birth, marriage, or adoption. All people in a household who are related to the householder are regarded as members of his or her family. A family household may contain people not related to the householder, but those people are not included as part of the householder’s family in tabulations. Thus, the number of family households is equal to the number of families, but family households may include more members than do families.

Non-family Household - A householder living alone or with non-relatives only. Same-sex couple households with no relatives of the householder present are tabulated in nonfamily households.

Group Quarters (GQs) - Places where people live or stay, in a group living arrangement that is owned or managed by an entity or organization providing housing and/or services for the residents. These services may include custodial or medical care, as well as other types of assistance, and residency is commonly restricted to those receiving these services. People living in GQs usually are not related to each other. GQs include such places as college residence halls, residential treatment centers, skilled nursing facilities, group homes, military barracks, correctional facilities, workers’ dormitories, and facilities for people experiencing homelessness.

Institutional Group Quarters include correctional facilities for adults, juvenile facilities, nursing facilities/skilled-nursing facilities, mental (psychiatric) hospitals and psychiatric units in other hospitals, hospitals with patients who have no usual home elsewhere, in-patient hospice facilities, military treatment facilities with assigned patients, and residential schools for people with disabilities

Non-institutional Group Quarters include college/university student housing, military quarters, emergency and transitional shelters (with sleeping facilities) for people experiencing homelessness, soup kitchens, group homes intended for adults, and residential treatment centers for adults

Income in the Past 12 Months - “Total income” is the sum of the amounts reported separately for wage or salary income; net self-employment income; interest, dividends, or net rental or royalty income or income from estates and trusts; Social Security or Railroad Retirement income; Supplemental Security Income (SSI); public assistance or welfare payments; retirement, survivor, or disability pensions; and all other income. Receipts from the following sources are not included as income: capital gains, money received from the sale of property (unless the recipient was engaged in the business of selling such property); the value of income “in kind” from food stamps, public housing subsidies, medical care, employer contributions for individuals, etc.; withdrawal of bank deposits; money borrowed; tax refunds; exchange of money between relatives living in the same household; gifts and lump-sum inheritances, insurance payments, and other types of lump-sum receipts.

Poverty Status in the Past 12 Months - The Census Bureau uses a set of dollar value thresholds that vary by family size and composition to determine who is in poverty. Further, poverty thresholds for people living alone or with nonrelatives (unrelated individuals) vary by age (under 65 years or 65 years and older). The poverty thresholds for two-person families also vary by the age of the householder. If a family's total income is less than the dollar value of the appropriate threshold, then that family and every individual in it are considered to be in poverty. Similarly, if an unrelated individual's total income is less than the appropriate threshold, then that individual is considered to be in poverty.

ATTACHMENT 2
ECONOMIC CONDITIONS AND CHANGING NEEDS OF OLDER PRINCE
GEORGIANS

HIGHLIGHTS OF THE SURVEY

Focus groups locations

1. Camp Springs Senior Center, Camp Springs (March 16, 2011)
2. Bowie Senior Center, Bowie (March 23, 2011)
3. Harmony Hall, Fort Washington (March 24, 2011)
4. Gwendolyn Britt senior Center, Brentwood (March 30, 2011)
5. Rollingcrest Community Center, Chillum (April 6, 2011)
6. Sports and Learning Complex, Landover (April 11, 2011)

I. Employment

- 70 percent of the respondents were retired, and 7 percent were retired and working
- 33 percent of respondents that were employed or looking for a job needed the money for living expenses; a majority (56 percent) enjoyed working or wanted to stay busy

II. Housing Type

- 62 percent of respondents lived in traditional housing (with spouse or other family members in rental or owned house)

III. Independent Living

- 30 percent of respondents lived alone
- 13 percent were caregivers
- Areas where respondents needed the most assistance were:
 - Handling legal affairs (34 percent)
 - Driving or arranging transportation (27 percent)
 - Doing housework - such as laundry and keeping a clean living space – (27 percent)
 - Managing finances – budgeting, paying bills, and writing checks (23 percent)
 - Shopping for necessities such as food and clothing (22 percent)
 - Making and keeping doctors' appointments (21 percent)
 - Preparing meals (18 percent)

IV. Living in the County

- 82 percent of those retired plan to continue living in the county
- 26 percent of those not yet retired plan to remain in the county after retirement

V. Computer and Internet Use

- 54 percent of respondents owned computers
- 51 percent knew how to use computers
- 70 percent had access to computers
- 49 percent used computers
- 60 percent had access to the Internet
- 47 percent used the Internet

VI. Recreation

- The most popular recreational activity for respondents were:
 - Visiting with family and friends in person or on the phone (89 percent)
 - Participating in senior center activities (80 percent)
 - Participating in religious or spiritual activities with others (75 percent)
 - Providing help to friends or relatives (68 percent)
 - Participating in an individual hobby such as art, gardening, sports, or music (68 percent)
 - Attending movies, sporting events or group events (65 percent)
 - Few respondents (32 percent) reported spending time studying or taking courses
- The senior or community centers activities respondents were most interested in were:
 - Sports (81 percent)
 - Fitness and health activities (79 percent)
 - Trips and excursions (71 percent)
 - Festivals and special events (64 percent)
 - Crafts and hobbies (61 percent)
 - Nature/outdoor activities (60 percent)
 - Lifestyle and learning activities, e.g. cooking, creative writing (59 percent)
 - Computer skills (52 percent)
- 24 percent of respondents indicated that in the past 3 months personal finances had prevented them from signing up for community/senior center activities, trips or special events.

VII. Food

- 21 percent of respondents reported needing help getting enough food or the right kinds of food (6 percent reported needing a lot of help, and 15 percent reported needing some help).

VIII. Health

- 90 percent of respondents had healthcare coverage, and 3 percent did not
- 82 percent considered their healthcare coverage to be adequate; 12 percent did not consider it adequate
- 71 percent considered healthcare services in the county as adequate to meet their needs (37 percent considered it to be definitely adequate, and 35 percent considered it to be somewhat adequate)
- 6 percent considered healthcare services in the county as not adequate at all to meet their needs

IX. Transportation

- For most local trips, 51 percent of respondents drove cars or personal vehicles; 31 percent rode in vehicles driven by relatives or friends; 5 percent took senior van or shuttle; and, 3 percent took public transportation (bus or subway). None of the respondents took taxis, or walked or rode bicycles
- 24 percent of respondents needed a help getting or arranging transportation; 6 percent needed a lot of help

X. General Quality of Life

- Respondents reported various quality of life problems during the last 12 months:
 - 37 percent reported physical health problems
 - 27 percent reported having financial problems
 - 23 percent reported problems paying heating and utility costs
 - 21 percent reported problems affording needed medications
 - 18 percent reported having too few activities or feeling bored
- No respondent reported being a victim of abuse
- 4 percent reported being a victim of crime

XI. County Services

- The most commonly used county services were recreation, transportation, food, and information and referral:
 - 40 percent reported utilizing county services for recreation
 - 30 percent reported utilizing county services for transportation
 - 24 percent reported utilizing county services for food
 - 23 percent reported utilizing county services for information and referral
- The least used county services were day care (2 percent), home maintenance (5 percent), legal assistance (6 percent), affordable housing (6 percent) and healthcare (7 percent).
- 21 percent of those who reported using county services rated them as very good; 35 percent rated them as good, and 10 percent rated them as poor

XII: Safety

- 90 percent of respondents reported feeling safe where they lived; 5 percent reported not feeling safe
- 69 percent reported that the best way to communicate with them was phone; 16 percent reported e-mail, and 8 percent reported letters.