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Aging Trends and Challenges in Nevada

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Aging Trends and Challenges in Nevada*

Introduction

Societal aging is one of the most important social trends of the 21st century. It affects our political, social, and economic institutions and also the nature of our interpersonal and family relationships (Quadagno 2005). In the coming decades, both as individuals and as a society, we will have to make important decisions regarding the consequences of our aging population. Policy makers, families, businesses, local, state, and federal governments, health care providers will all be faced with the challenges of meeting the needs of the growing older population in the U.S. and in Nevada.

- By the year 2020, the percent of the U.S. population over age 65 is expected to exceed 17%. Nearly one out of every five people will be over age 65.

Like other industrialized countries, the U.S. is experiencing a “graying” of its population as the proportion of people in older age groups grows faster than the proportion of the population in younger age groups. With the maturation of the Baby Boom generation, the largest cohort of people ever born, the U.S. can expect to face new challenges concerning the needs of the “boomers” born between 1946 and 1964, as well as those of the rapidly expanding cohort of citizens aged 85 years and older. The future will likely include three generations of “senior citizens” that will include the younger “pre-retirement” age group (who are contacted at age 50 by the AARP), middle-aged older “retirement qualified” individuals (age 65 to 75 or 80), and the oldest-old (those over 85 and well into the late 90’s and 100’s).

With these changes in mind, it is increasingly important to ask about the changing needs of our aging population and to investigate trends, similarities, and differences among older Americans. Furthermore, it is critical to ask about how these trends in population aging will impact the current older population as well as future generations of Nevadans. What will be the implications of
aging in Nevada for social policies and the provision of services as the state’s older population continues to grow?

Although the entire country is experiencing population aging, Nevada’s “graying” process is unique. While Nevada’s rapidly growing population over the past 15 years has included a disproportionately large number of retired persons in our urban areas, Nevada also has many less populated areas where the increase in the percentage of elderly is a direct consequence of “aging in place” and the out-migration of younger people. This out-migration from rural areas coupled with the numbers of older Nevadans left behind in remote places means that rural Nevada is currently facing extraordinary challenges in providing needed services for their elderly citizens. Urban Nevada, however, is not without its own set of challenges created by the sheer size and enormity of the “senior citizen” population base. Nevada, with two large urban areas at opposite ends of the state and rural populations scattered between, will experience a variety of challenges in providing services for our aging population in the decades to come.

The Older Population in the U.S.

Demographic changes, including increases in longevity, life expectancy, and prolonged life spans due to lifestyle, medical, and technological advances, have had the greatest impact on the population of older people who live well into their 80’s. According to the U.S. Census:

- The proportion of the U.S. population over the age of 65 has been growing for several decades and is projected to increase from 12% in 2000, to 13% in 2010, and 20% in 2020.
- Over the course of the 20th century, the older population grew dramatically from about three million people to about 35 million.
- From 1900 to 2000, the number of octogenarians and even older people grew from about 100,000 individuals to about 4.2 million people (Federal Interagency Forum on Aging-Related Statistics 2004).
The Baby Boom generation is currently the largest cohort of Americans and their maturation and aging processes have many potential consequences for social policy in the U.S. Baby Boomers will begin turning 65 in the year 2011 and are already part of the "pre-retirement" senior citizen population. The aging of the Baby Boom cohort will dramatically increase the number of people over 65 in the U.S., and once again affect policy as the boomers did when they started elementary school, entered the job market, and started families of their own, particularly during the period from 2010-2030 (Federal Interagency Forum on Aging-Related Statistics 2004).

**The Older Population of Nevada**

In keeping with trends in the greater U.S., similar growth among the older population of Nevada is expected to occur in the coming decades.

- The **American Association of Retired Persons** (AARP) reports that they have 288,000 members in Nevada, which is one indication of a large presence of mature citizens in the state.
- Data from the U.S. Census demonstrates that in 2000, Nevada had an average of 11% of its population over 65, ranging from 6.6% in Elko County to 21.6% in Mineral County.
- In 2000, Clark County had between 11 and 12% of its population over age 65, while neighboring Nye County had between 18 and 20% of its residents over 65.
- Nye and Mineral counties have the highest percentages of people over 65, while Elko, Humboldt, Pershing, and Lander counties have the lowest percentages of residents over age 65 each ranging from about six to eight percent of their populations (*U.S. Census Bureau*, 2000).
- Nevada’s 65 and over population grew 72% between 1990 and 2000 – the largest senior citizen population growth in the U.S.
- The population of Nevadans 65 and over is expected to increase by 578,250 people between 2000 and 2030 – an increase of 264% (*U.S. Census Bureau*, 2005).
- In 2000, Nevada ranked 45th in the country in the proportion of its population that is over age 65. In the coming decades, Nevada’s older population is expected to increase to 12% in 2010 and almost 19% in 2030. These demographic changes would move Nevada from 45th in 2000 to 37th in the nation in 2030 (U.S. Census Bureau, 2005).
- In 2003, Clark County was home to 239,319 persons age 60 and older, with the following age breakdown: 31% between 60-64 years old, 42% age 65-74, 23% age 75-84, and about 4% aged 85 or older (Las Vegas Perspectives 2005).
- In July 2004, the estimated population of Nevada was 2,455,411 individuals, of which 11% or 270,095 persons were age 65 and older. In that same time frame, Clark County’s population estimate was 1,747,025, of which approximately 206,149 persons were aged 65 and over (Clark County Comprehensive Planning, 2004).

**Diversity among the Older Population**

One of the truest statements that can be made about members of the older population of the U.S. and Nevada is that they are incredibly diverse. Older Americans and Nevadans vary in terms of their gender, marital status, race and ethnicity, housing and living arrangements, grandparenting status, socioeconomic status, and health status. In the following sections we discuss each of these characteristics of the older population in the U.S. and in Nevada specifically.

**Gender**

Perhaps the most striking trend in the composition of the U.S. population is that older women tend to outnumber older men. This is similar to most industrialized countries, where we find that as the population ages it tends to become increasingly female. Women’s life expectancy is greater than men’s and women tend to be overrepresented among the oldest old. These gender differences in life expectancy and longevity have important consequences for older women’s socioeconomic status and health status over the life course.
• In 2003, women comprised about 58% of the American population over age 65 and about 69% of those over the age of 85.
• In Nevada, women over age 65 outnumber men of the same age group. In 2000, 12% of women were 65 or older. This number is expected to increase to 19% in 2030.
• Among men in Nevada, 10% were 65 or older in 2000 compared with an expected 18% of men falling in this age group by the year 2030.
• From 2000 to 2030, the median age of women in Nevada is projected to increase from 35.6 to 40.0, which offers more evidence of population aging among women in Nevada (U.S. Census Bureau, 2005).
• As with the women in the state, the median age of Nevada’s men is projected to increase from 34.5 years in 2000 to 38.7 in 2030 (U.S. Census Bureau, 2005).

These trends highlight the graying of Nevada’s population over time. Although the median age for both women and men in Nevada are projected to increase significantly in the coming decades, in keeping with gender differences in population trends in the U.S., the median age for women is expected to be higher than that for men.

**Marital Status**

Researchers have thoroughly documented the positive effects that being married has on individuals’ economic and psychological well-being. Older people’s marital status often has important implications for their living arrangements and, importantly, for the availability of potential informal caregivers such as spouses. U.S. Census data shows that in 2003, older men in the U.S. were much more likely than older women to be married.

• In 2003, about 78% of men age 65-74 were married, compared with 56% of women in the same age group (Federal Interagency Forum on Aging-Related Statistics 2004).
As might be expected, the proportion of people who are married declines at older ages. In Nevada, as with the rest of the country, the majority of older persons are married.

- According to Census 2000 data for the entire nation, 55% of people over 65 were married, compared with 28% who were widowed, 12% who were divorced, and about 3% who were never married.
- In 2000, 70% of Nevada men aged 65 or over reported being married, compared to 14% who said they were widowed, 12% who were divorced, and about 4% who were never married.
- In 2000, 45% of Nevada women over age 65 were married, 41% reported being widowed, 12% were divorced, and 2% were never married.

**Race and Ethnicity**

- In 2003, about 18% of older Americans belonged to ethnoracial minorities. Demographic projections predict that number will increase to about 26% by 2030 (United States Administration on Aging 2004).
- Census counts show that in 2003, non-Hispanic whites comprised about 83% of the U.S. population over age 65; African Americans were just over eight percent of the older population in the U.S.; Asians accounted for about 3%; and Hispanics (of any race) comprised about 6% of the older population (Federal Interagency Forum on Aging-Related Statistics 2004).

The race and ethnic composition of the older population in the U.S. is expected to change in the coming decades.

- By 2050, the older population in the U.S. is expected to be 61% non-Hispanic white, 18% Hispanic, 12% black, and 8% Asian (Federal Interagency Forum on Aging-Related Statistics 2004).
- The greatest and fastest increase in the nation is anticipated among Hispanic elders who are expected to grow from about 2 million people in 2003 to 15 million by 2050. The number of Hispanics over age 65 is expected to overtake the older African
American population by the year 2028 (Federal Interagency Forum on Aging-Related Statistics 2004).

- 2000 Census data shows that of Nevada residents who are 65 years old or older 84% were white (non-Hispanic), 5% were Hispanic or Latino, 4% were Black or African American, 17% were American Indian or Alaskan Natives, 3% were Asian, .13% were Native Hawaiian or other Pacific Islander, 1% identified themselves as some “other” race, and 2% of individuals over age 65 identified themselves as a combination of two or more races.

Within the different ethnoracial groups in Nevada, people over 65 accounted for relatively small percentages.

- In 2000, 13% of white residents were over age 65 compared with 7% of African Americans, 3% of Hispanics and Latinos, 6% of American Indians or Alaskan Natives, 4% of Native Hawaiians or other Pacific Islanders, 2% of people who identified themselves as some other race, and 4% of Nevadans who identified themselves as a combination of two or more other races were over age 65.

Considering the overall ethnoracial makeup of Nevada’s residents and the projected increases in minorities across the country in the coming decades, it is likely that these changes will also be reflected in the ethnoracial composition of the older population of Nevadans in the future. Indeed, it is reasonable to expect that Hispanics will increase their representation among older people and that the proportion of older people who are ethnoracial minorities will increase as well.

**Living Arrangements**

As with other health and social indicators, older people vary greatly in their living arrangements. Where and with who people live is related to several factors including individuals’ income level, their physical and mental health status, and their links to other people in their families and the community. In addition, the availability of actual and potential informal caregivers may depend upon elders’ living situations (Quadagno 2005).
In 2003, approximately 31% of older persons in the U.S. lived alone (Administration on Aging, 2004).

Studies have demonstrated that older people who live alone are more likely to live below the poverty level than those who do not live alone (Federal Interagency Forum Aging-Related Statistics 2004).

The term “aging in place” refers to elders’ ability to live independently by remaining in the place where they choose to live, usually their home of many years, until palliative care is the only option. In other words, “aging in place” simply means growing older without having to move. According to www.seniorresource.com, which provides information on housing options, information for retirement, finance, insurance, and care, for older people:

- About “70% of seniors spend the rest of their life in the place where they celebrated their 65th birthday.” That leaves 30% of senior citizens faced with the decision on where they must “move to” first in order to age in place.

As individuals age, the onset of chronic or acute health conditions often necessitates that they move to an environment where assistance for daily living activities is available on-site, such as an assisted living facility, or make other arrangements such as moving in with family members. Nonetheless, most people would prefer to stay in their homes, neighborhoods, and communities and would prefer not to have to move as they age (Quadagno 2005). The extent to which elders are able to age in place depends on their level of disability as well as the availability and affordability of services, conveniences, and products that allow them to modify their home environment to meet their health needs or to obtain services that allow them to remain in their home (Administration on Aging 2004). Data from the American Community Survey (2004) show that

- In 2004, 21% of Nevada households had one or more individuals who were 65 years old or older.
- About 75% of older citizens own their homes and 25% are renters. 60% live in single family houses, 12% live in condos
or townhouses, 5% in mobile homes, and 21% in apartments (Las Vegas Perspectives 2005).

- Data from the 2000 Census shows that, nationally, 25% of households have someone living there who is 65 years or older and of those, 75% of households were owner-occupied. About 2% of households where the householder is 65 or older had no telephone service while about 13% had no vehicle available. 8% were below poverty level and only about 1% had meals included in their rent (U.S. Census Bureau, 2000).

Older citizens do have many housing choices. Senior retirement communities, age-restricted apartments, manufactured housing communities, assisted living facilities, congregate housing, skilled nursing facilities, residential group homes, and low-income housing units give seniors a variety of options to choose from depending upon their physical health and their economic circumstances. The U.S. Supreme Court’s Olmstead decision, http://www.cms.hhs.gov/olmstead/default.asp, requires that disabled persons must be allowed to live in the least restrictive environments possible and not be warehoused in “nursing homes.” That decision has created many of the options available today with many levels of “assistance” to be provided to residents. Unfortunately, the facilities referred to as “assisted living” are difficult to define and are sometimes misrepresented to the public.

In Nevada, the Nevada Special Needs Housing Assessment, http://nvhousing.state.nv.us/pr/Special%20Needs%20Report.pdf, prepared by BBC Research & Consulting, Denver, Colorado, August, 2002 included a section on housing for persons 55 years and older. The findings were based on the 2000 U.S. Census, local Housing Authorities, Nevada Division on Housing, http://nvhousing.state.nv.us/, and the Bureau of Licensure, http://health2k.state.nv.us/BLC/, and compiled for the two large urban centers in the state (see Table 2 for details).

Affordable housing in Nevada will continue to be a challenge for all residents because of the enormous population growth and the inflated housing values.
Between 2000 and 2004, average rents have increased in Nevada 12.5%, and the median home price has increased 43%.

Combine those increases with general overall inflation, and it becomes clear that Nevada is losing its appeal as an affordable place to retire.

**Grandparenting**

Although extended families have been the assumed norm in the U.S. for generations, it was not always the case that children knew their grandparents for extended lengths of time. Now with extended longevity and life expectancy, it is increasingly likely that grandchildren will know and maybe even live with their grandparents for decades. Longer life expectancy coupled with socioeconomic conditions and cultural factors often make it likely that grandparents will co-reside with their grandchildren. In those households where grandparents live with their grandchildren, the children’s parents may or may not be present and the extent to which grandparents assume responsibility for their grandchildren varies.

The 2000 Census provides data about grandparental living arrangements and responsibilities for grandchildren. It is one of the few data sources to provide a snapshot of grandparents’ experiences in Nevada. Census data from 2000 shows that

- About 2.3 million grandparents in the U.S. who co-resided with their grandchildren were age 60 and older. Among this group, about 55% had cared for their grandchildren for five years or more (U.S. Census Bureau, 2003).

Trends in co-residential grandparenting vary greatly by race and ethnicity and are impacted by other trends such as migration patterns.

- In Nevada, about 45,000 grandparents were living with their grandchildren in 2000, about 29% of whom were age 60 or older.
In 2000, Clark County and Lander County had the highest percentages of the population aged 60 or older who lived with grandchildren (U.S. Census Bureau, 2000).

**Economic Trends in the Older Population**

The economics of aging encompasses various areas that impact the economic well-being of current and future older cohorts. These topics include household income, poverty status, and trends in labor force participation among the older population. Economic trends such as household income and poverty status are indicators of the potential need for additional resources as well as the potential for inequality across age groups. Furthermore, trends such as older workers’ labor force participation have the potential to impact younger workers as well and provide us with a sense of probable changes to come as the Baby Boom generation faces retirement.

- Future retirees could easily spend 1/3 of their lifetime in retirement, or chose to not retire at a traditional age.

**Household Income**

In the U.S., the general trend in older people’s median income has been positive over time.

- By 2002, the median household income for people 65 and older was about $23,000 (Federal Interagency Forum on Aging-Related Statistics 2004).
- Data for Nevada derived from the 2000 Census shows that the median income for households in which the householder was 65 to 74 years old averaged $34,831. For those with householders 75 years old or older, the median household income was $26,142.
- Social Security is the major source of income (providing 50% of the total income) for 66% of older beneficiaries, 90% of income for 34%, and 22% of the older population derives all of its income from Social Security (Social Security Administration, 2004).
- In 2003, 223,790 retired workers in Nevada received an average monthly Social Security check of $929, contributing
$2.5 billion to Nevada’s economy (Social Security Administration, 2004).

**Poverty Status**

As median household income for people 65 and older has increased over the past three decades, the proportion of older people living below the poverty threshold has decreased.

- By 2002, about 10% of older people were living in poverty in the U.S. as opposed to 35% in 1959 (Federal Interagency Forum on Aging-Related Statistics 2004).
- U.S. Census data from 2000 show (using 1999 dollars) that about 7% of Americans 65 or older were living below the poverty line.
- According to the American Community Survey, Nevada ranked 48th by the percentage of people age 65 or older living below the poverty level. About 6.4% of Nevadans over age 65 were living below the poverty line in 2004.

Looking at the distribution of older people living in poverty across the state, we see that

- The two counties with the highest percentages of people 65 and over who were below the poverty level in 2000 were Lincoln and Eureka, where between 16-17% of the older population fell below poverty level (U.S. Census Bureau, 2000).
- Mineral, Esmeralda, Humboldt, and Lander counties had slightly lower percentages of older people living below the poverty line (between 10 and 13%).
- Between 7% and 8% of the older populations of Clark, Nye, White Pine, Elko, Churchill, and Lyon counties were living below the poverty level.
- Washoe and Pershing counties had the lowest percentages of older people living below the poverty level in 2000 (between 4% and 5%).

**Labor Force Participation**
In the U.S., older workers’ labor force participation rates have been on the rise since the mid-1980s. Due to various factors, including economic need and workers’ individual preferences, it is increasingly likely to find older workers postponing retirement or returning to the labor force after retirement. However, as might be expected, the overall trend in the nation and in Nevada is that labor force participation rates decline with age.

- In the U.S. in 2000, 18% of men and 9.7% of women age 65 and older were in the labor force (U.S. Census Bureau, 2004).
- Although 25% of men and 15.3% of women age 65 to 74 were in the labor force in 2000, only 11% of men and 5% of women age 75 to 84 participated.
- Of those 85 and older about 5% of men and 3% of women were in the labor force in 2000 (U.S. Census Bureau, 2004).
- In the U.S. in 2002, workers over age 55 comprised approximately 14% of the labor force. Among people 55 and older, 35.7% were employed in 2003, and that number is expected to increase to 39.3% in 2014.

Currently, American men have higher overall labor force participation rates than women, but rates for both women and men workers in all age categories over 55 are projected to increase by 2014 as well. The 2000 Census data for Nevada show that older women’s and men’s labor force participation rates are very different, yet they compare favorably to the national tends.

- About 11% of women and 20% of men 65 and older were part of the labor force in the state of Nevada.

**Health Status**

While we know that Americans are living longer than ever before, high-quality, publicly available information about the health status of older Nevadans is difficult to come by. Several outlets exist that provide information about health indicators yet few allow for the analysis of the intersection of age and health. This area is one of the most glaring deficiencies in our knowledge about the older population of Nevadans.
Health Conditions and Disabilities

- Life expectancy at age 65 has increased to 19 additional years for women and 16 additional years for men, compared to 12 and 4 respectively in 1900.

With the increased longevity the possibility of suffering from chronic ailments also increases.

- Approximately 50% of older men and 33% of older women report hearing problems, while vision problems affect 18% of the entire older population (Federal Interagency Forum on Aging Related Statistics).
- In 2002, among Nevada’s seniors between 65 and 74 years old 16.1% were diagnosed with diabetes per 100 adults, compared with 16.9% per 100 at the national level. Among people 75 and older in Nevada 9.6 people per 100 adults were diagnosed with diabetes compared with 14.2 at the national level (Kaiser Family Foundation 2002).
- In 2003, Nevadans age 65 and older filled 18.7 prescriptions per capita compared with 24.3 per capita in the U.S. Among people 65 and older in Nevada, women and men filled about 22 and 16 prescriptions respectively, versus 27 and 20 per capita at the national level (Kaiser Family Foundation 2003).
- Data from the Census demonstrates that about 41% of Nevadans who are 65 or older report having a disability (Census defined types of disabilities include: sensory, physical, mental, self-care, and go-outside-home).
- Among men over age 65 in Nevada, 23% report living with one type of disability and 17% report living with two or more types of disabilities. Among women over age 65 in Nevada, 20% report living with one disability and 21% report having two or more types (U.S. Census, 2003).

Providing Needed Services for Older Nevadans

Nevada is fortunate to have hundreds of governmental and non-profit agencies willing to provide services to senior citizens. However, one of the most problematic trends is that while many organizations provide many different services, the senior citizen
community in Nevada is often barely aware of what is available. In Nevada, many seniors retired here and are now far away from their families and beginning to find themselves in need of some services. It is even more difficult for family members to assist in obtaining those services long distance. For these reasons, the need for outreach and advocacy in Nevada persists. Despite the good intentions of service providers, if individuals in need of services are unable to identify and contact providers, the providers have failed. In essence, governmental agencies and non-profits that provide services for elders need the “marketing” clout enjoyed by for-profit businesses without using direct service dollars for advertising.

**Outreach and Advocacy in Nevada**

At the state level, Nevada has a number of Ombudsmen in a variety of agencies, and at the local level, Southern Nevada has over 200 government agencies, non-profit and faith-based organizations that provide assistance to elders. Although the worldwide web is a great resource many seniors do not have (and some do not want) access to the internet. The media is another important avenue for senior citizens to access information. Local newspapers regularly publish inserts with articles and advertising aimed at the older population and the [Las Vegas Chamber of Commerce](http://www.lvchamber.com/), publishes an annual *Guide to Retirement Living*. Several senior organizations publish newsletters, including the [American Association of Retired Persons](http://www.aarp.org/), [Seniors United](http://www.co.clark.nv.us/Parks/SeniorAdvocacy.htm) and the [Clark County Senior Advocate Office](http://www.co.clark.nv.us/Parks/SeniorAdvocacy.htm). Furthermore, many Medicare supplemental insurance carriers send newsletters to their members and TV programming provides public service announcements on community events of interest to seniors. Even with these various resources available, one of the most common questions that seniors and their caregivers ask is “Who do I contact for help?”

It is important to note that not all “advocacy” groups are created equal. Some are difficult to access, others are issue specific and do not provide a well-rounded information and referral service, while
still others have developed over time and offer informal, limited assistance. Advocacy services tend to fall into four categories:

- **Information & Referral (I&R)** – I&R organizations provide information about and referral to direct service providers. These groups can be formally or informally organized and provide individuals with contact numbers for the individual to follow-up. I&R services generally do not provide any direct services.

- **Case Management** – Home and community based services provided by professionals use case management for clients mostly as a means of cost containment. Often, but not always, case management workers become de facto advocates for their clients.

- **Political Activism** – Political activism groups meet to formulate recommendations for elected officials for the purpose of affecting change in public policy. These types of organizations include those established to lobby government officials on specific issues of concern to senior citizens.

- **Issue Specific** – Issue specific organizations provide support and/or services to a defined population, such as Alzheimers, Parkinsons, Medicare Fraud, Victim Assistance, etc.

While advocacy groups vary considerably, most organizations find themselves in the position of providing overlapping types of support, either to an individual or to a group of policymakers. Many organizations work together to promote a complete approach to satisfying the needs of older people and Nevadans. Nonetheless, the sheer volume of advocacy groups makes it difficult to provide an effective, integrated system.

The dilemma for seniors is not necessarily the availability of service providers, but rather how to quickly identify and easily contact the appropriate provider to meet their needs. With the volume of senior advocacy programs, it is almost as difficult to access I&R services as it is to access a direct service provider. Although gaps in services provided to senior citizens still exist, the problem with senior advocacy is almost the opposite: many programs overlap. At the individual level, elders lack knowledge about the advocacy services
available to the most seniors in the community. The information presented at the end of this chapter offers only a small sample of the community resources and organizations that provide information, referrals, education, and advocacy and that are available to seniors in Nevada.

Prospects for the Future and Policy Recommendations

Three strategies should be pursued in order to provide a successful senior advocacy system in Nevada. Ideally, these should be integrated to provide a seamless system for accessing the services required by senior citizens and their caregivers:

Process Mapping

Studies currently under way at the Center on Aging at the University of Nevada, Las Vegas, http://www.unlv.edu/centers/aging/, heavily rely on a qualitative research method called “process mapping,” which is used to examine organizational networks (Hirshorn and Pluto, 2003). This approach provides a visual image of the network of senior service providers and highlights the gaps and duplicative services in Southern Nevada. Such a macro-level view of the services available to seniors in the metropolitan area of Clark County will identify the available services, gaps in services, overlapping services, and barriers that impede the formation of needed services.

The initial mapping process will need to be a resource-specific view of many service areas, such as housing, transportation, home-health services, nutrition services, etc., and their interaction and relationship to each other. The mapped information, and the accompanying narrative, will be an invaluable tool for promoting collaborative provider efforts, policy assessments, and enhanced outcomes for senior citizens. For policy makers and service providers, the results will illustrate the necessary services to initiate in order to fulfill the needs of seniors. The final product will also serve as the “taxonomy” guide for a Single Point of Entry system. The mapping project should be completed in conjunction with establishing a Single Point of Entry system and easily expanded statewide.
Single Point of Entry

Nevada should establish a single point of entry for referrals, information, and services in a web based computerized system (McClain 2003a). All service providers will have access to the intake screen for input of cursory information provided by the caller. The system will be linked to non-profit and government service providers for seniors in Nevada. Each service provider will be able to act as an “intake” agency. The system will have an on-line directory, categorized by type of service (taxonomy guide) with multiple providers per category.

The intake staff will be able to search for an appropriate provider and forward the front-end screen to that provider. Providers will then contact the individual to obtain more information, create a case management file, and provide the needed service. Ideally, this system would allow an individual senior or their caregiver to make one phone call to any service provider and obtain the service they need. Service providers will input case management information and resolution creating one record per client resulting in a comprehensive “care plan” for an individual receiving more than one service. Sensitive information (such as social security number and financial information) will remain confidential. Providers will have access to information strictly based on a “need to know protocol” for the delivery of their particular service. The system will incorporate a “tickler” file for follow-up, correspondence, etc. Information gathering and reporting requirements will include tracking of referrals, customer satisfaction surveys, resolution/outcome tracking, including “non-assisted” incidents, and case management statistics compiled in a consistent format. “Non-assisted” incidents are situations where assistance for a particular problem is not available. By tracking these incidents, gaps in services will be readily identified, and policymakers and providers will be able to address the needs of senior citizens based on statistical data.

The system will also allow the general public, including caregivers, to access the system to provide personal “intake” information and be routed to appropriate providers or to simply browse available
services for future reference. The system will have the ability to interface directly with state and local health and human service agencies and have the capability to expand statewide.

Future consideration could be given to a fee-based inclusion of for-profit businesses. For-profit businesses would undergo an intensive, strict screening process and have no access to any confidential client information. For the client’s protection, each for-profit entity would receive an “elder-friendly” rating based on criteria developed within the system policies. For-profit inclusion would be for information only and would pay an annual subscription fee. The money generated from subscriptions would be used for enhancing senior services and expanding the system.

**Regional Media Outreach**

We recommend establishing a televised open forum presided over by the Southern Nevada Senior Issues Coalition that will spread the word about senior related councils, committees, task forces, agencies and the services and programs provided through each (McClain 2003b). Outreach efforts for information and referral to services, policy recommendations to elected officials, and direct services for older citizens are increasing, and at the same time fragmented and disconnected from each other. The Coalition would create a regional sense of community and provide a forum for engaging the citizens of Southern Nevada in common senior related issues.

Using the mass media to develop a coordinated regional approach to public outreach would enhance the efforts of the Coalition and service providers. Furthermore, it would allow an expanded audience to access an in depth view of the efforts being made to enhance the lives of the older adults in Clark County. This would also serve to unite the efforts of various groups and provide information to the hundreds of thousands of citizens who are older adults, soon to be older adults, or caregivers of older adults.

Monthly meetings would be held in the Clark County Commission Chamber (for ease in televising on the government TV channel 4), with an officially posted agenda including presentations provided by
agencies, senior policy groups, etc. Each meeting would be aired live and repeated at times the older population could reasonably be expected to watch. The open forum would provide up to date and timely information regarding services, programs, and policy issues for the audience. A live phone bank would be established for callers to obtain more information on a particular service or to voice their opinion on policy issues. Each meeting would encompass approximately two hours of air time.

Publicly posted agendas would be advertised through public service announcements and other traditional means to ensure active audience participation. The public would also be invited to the meetings and allowed to provide input at appropriate times. Current issues would be discussed by the Coalition, and presentations from different service providers would be scheduled at each meeting. Programming would include topics such as,

- Safety Net Programs – Assisted Living, Caregivers, Financial Assistance
- Transportation Alternatives
- Affordable Housing, Maintenance, and Repair
- Health Care – Prescription Drugs, Vision, Dental, Wellness, Nutrition
- Crime and Fraud – Prevention, Protection, Elder Abuse/Exploitation
- Leisure and Social – Events and Programs
- New Programs and Innovations – TBA
- Political Interests – Local, State, and Federal

**Conclusion**

While we think we know what the next generation of seniors is going to look like, and we think we know what they will need, in reality, we need much more information about our future older population. In particular, Nevada’s unprecedented growth over the past 15 years has made it very difficult to assess and predict the needs of current and future older persons in the state. Furthermore, the socioeconomic and ethnoracial diversity of new immigrants to Nevada in recent decades makes providing services and understanding how healthy older Nevadans are even more difficult.
In this chapter, we have tried to compile descriptive statistics about our senior citizens in Nevada. During the course of that endeavor it became clear that maybe we do not really know what we will need in the future because we do not really know what is even needed in the present.

Updating our demographic information mid-census is an essential project that is currently in progress, with the statistical data scheduled to be released in the spring of 2006. If policymakers and service providers are serious about empowering our senior citizens to live independently and safely, then we must have accurate information upon which to base policy and funding decisions. Furthermore, it is clear that data gathering should go beyond the Census resources available and should focus on assessing the health needs of older people in Nevada and that this information needs to be made publicly available for scholars and policy makers to analyze and use. Assuming that our growth will continue over the next decade, it is also important that we be proactive and continuously collect economic, health, and social status data about the “generations” of current and future senior citizens so that we can assess, anticipate, and provide needed services.

**Data Sources and Suggested Readings**

Clark County Comprehensive Planning, 2004 estimates, [www.co.clark.nv.us](http://www.co.clark.nv.us).


Kaiser Family Foundation, State Health Facts, http://www.statehealthfacts.org/cgi-bin/healthfacts.cgi?.


Community Resources

National Organizations:


U.S. Administration on Aging. Information on over 60 aging topics and links to local area on aging agencies: http://www.aoa.gov

Centers on Medicare and Medicaid. Information about the new prescription drug coverage under Medicare Part D: www.medicare.gov

U.S. Administration on Aging. Information on over 60 aging topics and links to local area on aging agencies: http://www.aoa.gov

U.S. Government general website. Links to federal agencies, consumer protection, education & training, travel & leisure, state aging agencies, social security online: http://www.firstgov.gov

Benefits Check-Up. On-line assistance for finding programs that help with prescription drugs, utilities, healthcare, and other services based on your address. Provides information from all states: http://www.benefitscheckup.org

ElderAbuseHelpCenter. Provides facts about elder abuse, resources for assistance, statistics, research, and outreach: http://www.elderabusecenter.org


ElderCare Locator. (U.S. Administration on Aging). Assists older adults in finding available local services based on zip code: http://www.eldercare.gov/Eldercare/Public/Home.asp

State of Nevada Organizations

Ombudsman for Aging Persons, Community Ombudsman (Division for Aging Services). Provides assistance, education, and information to homebound seniors aged 60 and older: http://www.nvaging.net/advocate_for_elders.htm

Office of Consumer Health Assistance (Office of the Governor). Assists consumers in understanding their rights and responsibilities under health care plans, resolves complaints, and refers consumers to appropriate agency for specific complaints: http://customerservice.doit.state.nv.us/linda/cha/

SNAG – Senior Nevada Advocates on Guard (Office of Attorney General). Advocates for seniors and investigates elder abuse, consumer fraud, and Medicare fraud: http://ag.state.nv.us/actionbutton/nevadaseniors/snag.htm

Advocates for Residents of Long-Term Care Facilities (Division for Aging Services). Serves as advocate to protect the rights of the elderly residing in long-term care facilities: http://www.nvaging.net/ltc.htm

Nevada Elder Protective Services (Division for Aging Services). Investigates abuse, neglect, isolation, and financial exploitation: http://www.nvaging.net/protective_svc.htm

Nevada Silver Haired Legislative Forum (Senior citizen members appointed by the State Legislature). Provides policy recommendations to the Governor and the
Legislature: [http://www.leg.state.nv.us/73rd/Interim/NonLeg/Silver](http://www.leg.state.nv.us/73rd/Interim/NonLeg/Silver)

**Nevada Commission on Aging** (Legislators, state agency representatives, and interested citizens appointed by Legislature). Provides policy recommendations to the Division for Aging Services, Nevada Dept. of Human Resources: [http://www.nvaging.net/coa/home.htm](http://www.nvaging.net/coa/home.htm)

**Nevada Office on Veterans’ Services** (Legislators and veteran representatives appointed by the Legislature). Provides policy recommendations to the Nevada Division on Veteran Services: [http://veterans.nv.gov/](http://veterans.nv.gov/)

**Nevada Care Connection**. Information and referral to caregiver resources available by city, county or zip code. [http://www.nveldercare.org/index.php?page=home](http://www.nveldercare.org/index.php?page=home)

**Medicare SHIP Program**. State Health Insurance Advocacy Program. Provides information and assistance with Medicare services: [http://www.nvaging.net/ship/ship_main.htm](http://www.nvaging.net/ship/ship_main.htm)

**Las Vegas Valley Organizations**

**ClarkCounty Senior Advocate Program**. Central point of contact for referrals to services and programs available to senior citizens and their caregivers: [http://www.co.clark.nv.us/Parks/SeniorAdvocacy.htm](http://www.co.clark.nv.us/Parks/SeniorAdvocacy.htm)

**ClarkCounty Senior Protective Services**. Investigates allegations of neglect, abuse or exploitation of senior citizens: [http://www.co.clark.nv.us/social_service/zSCPS.htm](http://www.co.clark.nv.us/social_service/zSCPS.htm)

**ClarkCounty Neighborhood Justice Center**. Information, referral and mediation services for family, neighbor, landlord and business disputes: [http://www.co.clark.nv.us/Parks/N.J.C/NJC.htm](http://www.co.clark.nv.us/Parks/N.J.C/NJC.htm)

**Endeavor** (Non-profit organization, formerly known as the Nevada Association for the Handicapped). Provides information & referral,
public awareness and consultation for the handicapped and hearing impaired: http://tyro.com/nah/about.html

Las Vegas Metropolitan Police Department. Website provides links to neighborhood watch programs, crime prevention tips, the citizens police academy and volunteer opportunities: http://www.lvmpd.com/

Senior Citizens Law Project. Legal services, advocacy, and intervention for senior citizens in civil matters and elder abuse: http://www.nvlawdirectory.org/org/org051.html

The Clark County Royal Pages Senior Service Directory provides a listing of senior services provided by state & local governments, non profit organizations, and faith based organizations. Included in that directory, with a variety of eligibility requirements, are:

- 19 Advocacy/Ombudsmen
- 33 Counseling/Support Groups
- 11 Crime/Fraud Prevention
- 23 Emergency Food Services
- 10 Employment Programs
- 10 Financial Assistance Programs
- 4 Home Maintenance & Repair
- 16 Housing/Shelter Assistance
- 13 Low Income Senior Housing Complexes
- 3 Legal Assistance Agencies
- 27 Health Care Assistance Programs
- 8 Nutritional Programs
- 7 Prescription Drug Programs
- 20 Referral Services
- 10 Respite Care Programs
- 17 Senior Centers (additional 7 Rural Centers)
- 19 Transportation Assistance Programs
- 8 Utility Assistance Programs
- 20 Volunteer Organizations

This chapter was prepared by Jennifer Reid Keene, Assistant
Supplementary Materials

Table 1.

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>1,018,051</td>
<td>50.9%</td>
<td>138,053,563</td>
<td>49.1%</td>
<td>1,165,059</td>
<td>50.6%</td>
<td>139,782,818</td>
<td>48.9%</td>
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<tr>
<td>Female</td>
<td>980,206</td>
<td>49.1%</td>
<td>143,368,343</td>
<td>50.9%</td>
<td>1,136,138</td>
<td>49.4%</td>
<td>145,908,683</td>
<td>51.1%</td>
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<tr>
<td>Age 55-64 years of age</td>
<td>24,274,684</td>
<td>9.5%</td>
<td>237,134</td>
<td>10.3%</td>
<td>28,845,714</td>
<td>10.1%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Over 65 years of age</td>
<td>34,991,753</td>
<td>12.4%</td>
<td>254,600</td>
<td>11.1%</td>
<td>34,205,301</td>
<td>12.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>65-74 years of age</td>
<td>18,390,986</td>
<td>6.5%</td>
<td>181,461</td>
<td>3.5%</td>
<td>18,163,750</td>
<td>4.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>75-84 years of age</td>
<td>4,239,587</td>
<td>1.5%</td>
<td>3,625,860</td>
<td>1.3%</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>85+</td>
<td>18,163,750</td>
<td>6.4%</td>
<td>18,163,750</td>
<td>6.4%</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Ethnic Distribution</td>
<td>281,421,906</td>
<td>12.4%</td>
<td>10,242,998</td>
<td>3.6%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>1,998,257</td>
<td>100.0%</td>
<td>281,421,906</td>
<td>100.0%</td>
<td>285,691,501</td>
<td>100.0%</td>
<td></td>
<td></td>
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<tr>
<td>African American</td>
<td>1,501,886</td>
<td>75.2%</td>
<td>211,460,626</td>
<td>75.1%</td>
<td>216,036,244</td>
<td>75.6%</td>
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<td></td>
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<tr>
<td>American Native</td>
<td>135,477</td>
<td>6.8%</td>
<td>34,658,190</td>
<td>12.3%</td>
<td>34,772,381</td>
<td>12.2%</td>
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<tr>
<td>Asian</td>
<td>26,420</td>
<td>1.3%</td>
<td>2,475,956</td>
<td>0.9%</td>
<td>30,431</td>
<td>1.3%</td>
<td>2,151,322</td>
<td>0.8%</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>8,426</td>
<td>0.4%</td>
<td>398,835</td>
<td>0.1%</td>
<td>1,979,717</td>
<td>6.8%</td>
<td>86,566</td>
<td>0.1%</td>
</tr>
<tr>
<td>Other Housing Characteristics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>single-family/condo</td>
<td>477,414</td>
<td>57.7%</td>
<td>76,313,410</td>
<td>65.8%</td>
<td>588,344</td>
<td>60.3%</td>
<td>81,948,803</td>
<td>66.8%</td>
</tr>
<tr>
<td>apartments</td>
<td>266,320</td>
<td>32.2%</td>
<td>30,549,393</td>
<td>26.4%</td>
<td>309,739</td>
<td>31.7%</td>
<td>31,918,520</td>
<td>26.0%</td>
</tr>
<tr>
<td>mobile homes</td>
<td>79,861</td>
<td>9.7%</td>
<td>8,779,228</td>
<td>7.6%</td>
<td>76,655</td>
<td>7.9%</td>
<td>8,717,845</td>
<td>7.1%</td>
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<tr>
<td>RV/boat, etc.</td>
<td>3,862</td>
<td>0.5%</td>
<td>262,610</td>
<td>0.2%</td>
<td>1,708</td>
<td>0.2%</td>
<td>86,566</td>
<td>0.1%</td>
</tr>
<tr>
<td>Total housing units</td>
<td>827,457</td>
<td>100.0</td>
<td>115,904,641</td>
<td>100.0</td>
<td>976,446</td>
<td>100.0</td>
<td>122,671,734</td>
<td>100.0</td>
</tr>
<tr>
<td>---------------------</td>
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<td>-------</td>
<td>---------</td>
<td>-------</td>
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</tr>
<tr>
<td>Median Rent</td>
<td>699</td>
<td></td>
<td>602</td>
<td></td>
<td>787</td>
<td></td>
<td>694</td>
<td></td>
</tr>
<tr>
<td>Median Value</td>
<td>142,000</td>
<td>119,600</td>
<td></td>
<td></td>
<td>202,937</td>
<td>151,366</td>
<td></td>
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<tr>
<td># of Households</td>
<td>751,165</td>
<td>n/a</td>
<td>105,480,101</td>
<td>n/a</td>
<td>916,816</td>
<td>n/a</td>
<td>113,448,071</td>
<td>n/a</td>
</tr>
<tr>
<td>(non-institution)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Avg # persons per HH</td>
<td>2.62</td>
<td>n/a</td>
<td>2.59</td>
<td>n/a</td>
<td>2.64</td>
<td>n/a</td>
<td>2.60</td>
<td>n/a</td>
</tr>
<tr>
<td># HH with (1+) 65+ age Veterans*</td>
<td>159,831</td>
<td>21.3%</td>
<td>24,672,708</td>
<td>23.4%</td>
<td>185,426</td>
<td>20.2%</td>
<td>25,156,235</td>
<td>22.2%</td>
</tr>
<tr>
<td>All Ages</td>
<td>238,128</td>
<td>100.0</td>
<td>26,403,703</td>
<td>100.0</td>
<td>244,205</td>
<td>100.0</td>
<td>24,387,036</td>
<td>100.0</td>
</tr>
<tr>
<td>Age 50-64</td>
<td>n/a</td>
<td>n/a</td>
<td></td>
<td></td>
<td>85,363</td>
<td>35.0%</td>
<td>8,190,955</td>
<td>33.6%</td>
</tr>
<tr>
<td>65-80</td>
<td>n/a</td>
<td>n/a</td>
<td></td>
<td></td>
<td>67,470</td>
<td>27.6%</td>
<td>6,662,822</td>
<td>27.3%</td>
</tr>
<tr>
<td>80+</td>
<td>n/a</td>
<td>n/a</td>
<td></td>
<td></td>
<td>21,803</td>
<td>8.9%</td>
<td>2,685,188</td>
<td>11.0%</td>
</tr>
</tbody>
</table>

**Source:** Census 2000 Demographic Profile Highlights and 2004 American Community Survey Data Profile Highlights. U.S. Census Bureau [http://factfinder.census.gov](http://factfinder.census.gov)


### Table 2.

**Nevada Special Needs Housing Assessment. 2002.**

<table>
<thead>
<tr>
<th>Population</th>
<th>Greater Las Vegas Area</th>
<th>Greater Reno/Sparks Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Persons 55-64</td>
<td>145,000</td>
<td>33,100</td>
</tr>
<tr>
<td>Persons 65-74</td>
<td>101,300</td>
<td>21,600</td>
</tr>
<tr>
<td>Persons 75 years &amp; older</td>
<td>63,900</td>
<td>16,700</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Housing</th>
<th>Greater Las Vegas Area</th>
<th>Greater Reno/Sparks Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skilled Nursing Facility (#Beds)</td>
<td>3,200</td>
<td>1,000</td>
</tr>
<tr>
<td>Group Homes (#Beds)</td>
<td>3,300</td>
<td>950</td>
</tr>
<tr>
<td>Assisted Living Facility (#Units)</td>
<td>3,100</td>
<td>350</td>
</tr>
<tr>
<td>Active 55+ Housing (#Units)</td>
<td>12,500</td>
<td>250</td>
</tr>
<tr>
<td>Own Home</td>
<td>136,000</td>
<td>32,000</td>
</tr>
<tr>
<td>65+ living alone</td>
<td>26,000</td>
<td>5,700</td>
</tr>
<tr>
<td>Subsidized Housing (#Senior Units)</td>
<td>3,700</td>
<td>950</td>
</tr>
<tr>
<td>Subsidized Housing (#General Units)</td>
<td>500</td>
<td>1,900</td>
</tr>
<tr>
<td></td>
<td>58,000</td>
<td>14,000</td>
</tr>
</tbody>
</table>
**Housing Gap**

*The Housing Gap is defined as householder living with family, in other subsidized or market rate apartments, weekly motels, homeless shelters, or remaining unsheltered. The recommendations from the report indicate that the housing gap needs to be filled with ground level apartments affordable to people 55 years and older who earn less than 50% of the area median income (State of Nevada, Department of Business and Industry, Housing Division 2002: 49). Seniors are more in need of affordable housing than housing with amenities (State of Nevada, Department of Business and Industry, Housing Division 2002).*

*This report stems from the Justice & Democracy forum on the Leading Social Indicators in Nevada that took place on November 5, 2004, at the William S. Boyd School of Law. The report, the first of its kind for the Silver State, has been a collaborative effort of the University of Nevada faculty, Clark County professionals, and state of Nevada officials. The Social Health of Nevada report was made possible in part by a Planning Initiative Award that the Center for Democratic Culture received from the UNLV President's office for its project "Civic Culture Initiative for the City of Las Vegas." Individual chapters are brought on line as they become available. For further inquiries, please contact authors responsible for individual reports or email CDC Director, Dr. Dmitri Shalin shalin@unlv.nevada.edu.*