

THE STATE OF AGING IN ALLEGHENY COUNTY

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INTRODUCTION

Demography is destiny is an often-repeated phrase when making dire predictions about the impact on society of an aging population. Allegheny County historically has been one of the oldest counties in the nation and demonstrates that demography is not destiny as it continues to be a robust and economically healthy population center. For more than three decades UCSUR has documented the status of older adults in the County along multiple life domains. Every decade we issue a comprehensive report on aging in Allegheny County and this report represents our most recent effort. It documents important shifts in the demographic profile of the population in the last three decades, characterizes the current status of the elderly in multiple life domains, and looks ahead to the future of aging in the County. This report is unique in that we examine not only those aged 65 and older, but also the next generation old persons, the Baby Boomers. Collaborators on this project include the Allegheny County Area Agency on Aging, the United Way of Allegheny County, and the Aging Institute of UPMC Senior Services and the University of Pittsburgh.

The purpose of this report is to provide a comprehensive analysis of aging in Allegheny County. To this end, we integrate survey data collected from a representative sample of older county residents with secondary data available from Federal, State, and County agencies to characterize older individuals on multiple dimensions, including demographic change and population projections, income, work and retirement, neighborhoods and housing, health, senior service use, transportation, volunteering, happiness and life satisfaction, among others. Since baby boomers represent the future of aging in the County we include data for those aged 55-64 as well as those aged 65 and older.

UCSUR conducted the 2014 Survey of Older Adults in Allegheny County between January and April 2014. The target population for the survey was non-institutionalized English-speaking adults age 55 and older living in Allegheny County. The survey was conducted by telephone using random digit dial (RDD) sampling of both landline and cellular telephones with screening for adults age 55 and older. In addition, we over-sampled African-Americans in order to allow more stable estimates for this sub-population and more reliable racial comparisons. The survey completed a total of 1,049 interviews, including 254 African Americans. The survey estimates presented in this report are weighted to account for the sample design (probability of selection) and to adjust for non-response through post-stratification using demographic variables to match Allegheny County population figures.

This report presents information topically, with the survey results integrated with secondary data from governmental and other sources. In addition to this report, results from the project as a whole are presented in a number of other venues including a brief summary report, and several appendices available on-line (www.ucsur.pitt.edu/soa.php). These on-line appendices include the survey questionnaire, technical survey methods, topline survey results, more detailed survey tables organized by topic, the population projection methodology utilizing the REMI model for Allegheny County, and other tabular reports as they are prepared.

Richard Schulz
Director, UCSUR

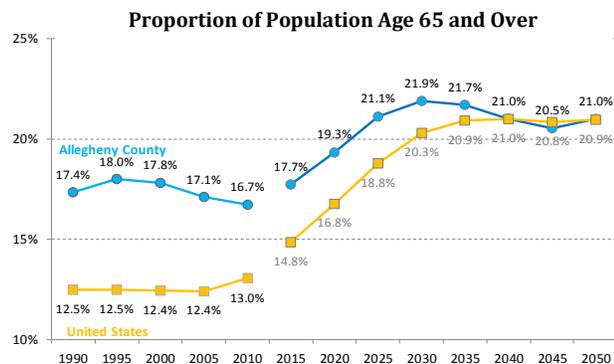
EXECUTIVE SUMMARY

This report provides a comprehensive analysis of aging in Allegheny County. We integrate survey data collected from representative samples of county residents with secondary data available from Federal, State, and County agencies to characterize older individuals on multiple dimensions, including income, work and retirement, neighborhoods and housing, health, senior service use, transportation, volunteering, happiness and life satisfaction, among others. Since baby boomers represent the future of aging in the County we include data for those aged 55-64 as well as those aged 65 and older. We present below brief summaries of some key findings organized by topic.

DEMOGRAPHY

The demography of aging in Allegheny County has three distinct phases. Phase one was the rise in the elderly population brought about by the out-migration of younger working-age cohorts during the 1980s. As overall population levels declined, the proportion of the population made up of older age cohorts increased to 18 % in the mid-1990s, making the County one of the oldest in the nation. In phase two (1995-2010), both the number and proportion of persons 65 and over declined even though the rest of the nation was experiencing an increase. We are now in another growth phase. The proportion of elderly is expected to increase to nearly 22 % of the population by 2030. By 2040 the proportion of elderly in both Allegheny County and the United States will stabilize with a comparable 21% of the population age 65 and over.

Demographic trends in Allegheny County will vary significantly by race and gender over the coming decades. The number of white non-Hispanic men age 65 and over are projected to increase by 50% between 2010 and 2050, while the number of white women age 65 and over is projected to increase by 24%. In contrast, the number of Black men age 65 and over in Allegheny County is projected to increase by 129% between 2010 and 2050, while the number of Black women is projected to increase by 100%.



The number of residents 100 years or older in Allegheny County is currently about 300, and is expected to surpass 1000 by 2040.

INCOME and POVERTY

From 1969 to 1999 the national poverty rate for the population age 65 and over dropped from over 27% to just under 10%. The introduction of the Social Security in 1933, along with Medicare and Medicaid in 1967, are generally responsible for decreasing poverty rates among older persons. From 1969-2012, the poverty rate for the elderly population in Allegheny County remained lower than for the nation. Poverty rates were significantly higher among Blacks than whites in Allegheny County at all age groups. Among older adults this was especially true for the 55-64 age group, but for the 65+ age groups the gap narrows somewhat due to Social Security. There is a substantial gender gap in poverty rates for those age 75 and over with both Black and White women more likely to be poor. Older Black women had the highest poverty rates (21 %).

Debt is less of a problem in Allegheny County than nationally. 9.8% of retirees in the County (compared with 16% nationally) report that debt is a major problem.

REGIONAL ECONOMIC IMPACT OF OLDER ADULTS

Older residents are responsible for sizable and increasing inflows of money into Allegheny County. In 2012, an estimated \$3.84 billion in direct Social Security payments were accrued to Allegheny County residents. An additional \$2.92 billion in Medicare Benefits flowed into the region in 2012. Combined, Social Security payments and Medicare payments accounted for 11.7% of all personal income in Allegheny County in 2012, a proportion that has more than doubled from 5.6% in 1970.

WORK AND RETIREMENT

Labor force statistics compiled for the Pittsburgh Metropolitan Statistical Area (MSA) show increasing labor force participation over time among the population age 65 and over. For 2013, an estimated 26.4% of men and 15.7% of women age 65 and over remained in the workforce. Both rates of labor force participation represent significant increase from just 7 years prior. In 2006 an estimated 18.2% of men and 9.7% of women were in the labor force.

Among those already retired, residents of Allegheny County were more likely to retire at younger ages (60-64) when compared to the nation as a whole (40.6% vs. 32%). Among those still in the workforce only 18.7% percent expect to retire between the ages of 60-64, and another 17.7 % expect to retire at age 65. The largest segment of current workers (42.1%) expect to retire at age 66 or older. Remarkably, a substantial number expect never to retire (11.4 %).

Retirees in Allegheny County have a great deal of confidence in their ability to meet the financial needs of retirement. Allegheny County retirees consistently report a somewhat higher level of confidence on all four indicators of retirement finances than the US retiree population as a whole. For example, 36.9% of Allegheny County retirees say they are very confident in their ability to live comfortably versus 28%

nationally. However, there are large race and education differences in confidence about finances in retirement, with Blacks and persons with low education reporting lower levels of confidence.

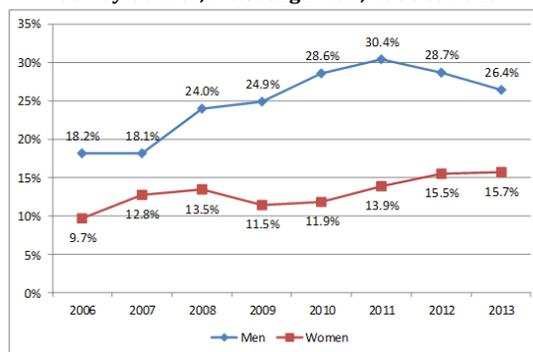
Among individuals still in the workforce, confidence in financial aspects of retirement planning is also high. For example, 36 % report that they are very confident that they will have enough money to take care of basic expenses during retirement, and 30.9 % are very confident that they are doing a good job preparing financially for retirement. Levels of confidence are generally lower among Blacks and those with low education. . Also, retirement confidence is somewhat lower for current workers than for those who have already retired both in Allegheny County and the U.S.

COMMUNITIES AND NEIGHBORHOODS

Older adults are unevenly dispersed in Allegheny County. In 33 of 130 Municipalities in the County, the population age 65 and over represents 20% or more of the total population, reaching as high as 54% in Aleppo. Five municipalities have concentrations of the population age 85 and over in excess of 5% of total population: Aleppo (23.6%), Harmar (7.1%), Whitehall (5.4%), East Deer (5.3%), and Avalon (5.1%).

Respondents to our survey report a high level of residential stability over the past 10 years. 77.9% report having lived in their current residence for 10 years or more, 95.6% have lived in the county for 10 years or more, and 97% have lived in Southwestern Pennsylvania for 10 years or more. Looking to the future, they also largely plan to stay in place for the next 5 years, with only 16.1% planning to

Annual Labor Force Participation among Persons Age 65+ by Gender, Pittsburgh MSA, 2006 to 2013

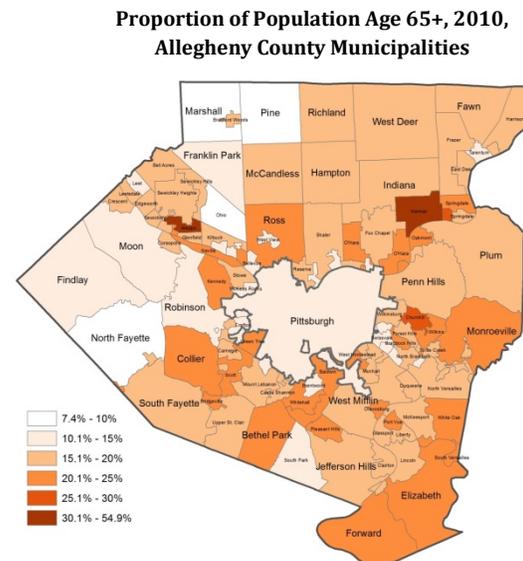


move to a new home, 6.2% to move out of the county, and 4.4% to move from the region. We can infer from this that many older Allegheny County residents, like those elsewhere, plan to age in place.

Older Allegheny County residents are more likely to remain in place than older adults in Pennsylvania or the US. About 5% of county residents age 65 and over lived in a different house 1 year prior, compared to 6.1 % nationally. Migration of older residents into Allegheny County is relatively low compared to the nation. In 2012, 1.4% of county residents age 65 and over lived outside of Allegheny County one year prior compared to 2.7% nationally.

Southwestern Pennsylvania is a good place to live. Overall, 85.2% rate the Southwestern Pennsylvania region as an excellent, very good, or good place to retire and that increases to nearly 90% for those age 65 and over.

Availability of community amenities and retirement considerations play a significant role in decisions about where to move. Among those who intend to move in the next 5 years but stay in the region, the factors cited as important in choosing a community to move to, in addition to housing costs (62.3%), crime and safety (55.7%) and proximity to family (54.1%), included such amenities as accessibility to health care (45.7%), accessibility to commercial establishments (40.4%), accessibility to other public services (39.0%), and accessibility to public transit (28.4%). Among all those planning a move in the next 5 years, retirement was cited as a part of the reason for planning a move in the next 5 years by almost a quarter, and nearly half (47.2%) responded that “having a house that is designed or modified to accommodate older adults or those who have disabilities” will be very important in their next choice of residence.



While respondents were mostly positive about the accessibility of various amenities (accessibility to grocery stores, green space) in their neighborhood, a significant proportion of respondents were not completely satisfied. Over a third did not feel completely safe in their neighborhood and about 43% felt that their neighborhood had at least some shortcomings as a place for older adults to live. Blacks consistently rated their neighborhoods significantly less positively than non-Blacks on all dimensions. The biggest differences were found for quality of housing conditions, whether the neighborhood was a good place for older adults to live, a good place for physical activity, and accessibility to green spaces.

Social interaction with neighbors was relatively high. 61.6% of the respondents reported that they knew many or most of their neighbors and 82.8% said they talked to their neighbors at least once a month or more often.

HOUSING

The proportion of owner occupied housing units in Allegheny County is high, although comparable to the nation as a whole, and varies considerably with age. The proportion of owner occupied housing units in the county peaks at just over 81% in the middle age groups. It remains high until the around age 75 when homeownership begins to decline. Most respondents report that their homes are in very good or excellent physical condition (62.6%) and say they are very satisfied with their housing situation (61.4%). Positive evaluations of housing condition and satisfaction with housing increase with age. A significant proportion of the respondents—primarily those with disabilities and/or living

alone-- report having already made modifications to their home to accommodate the needs of older adults (31.2%), and 15.5% report plans to make modifications in the future.

TRANSPORTATION

Availability of convenient transportation for shopping, health care, and other needs is important to the ability of older adults to remain in their homes. The predominant mode of transportation is to drive oneself, and most respondents have a valid driver's license (88.1%). The most vulnerable groups—those with disabilities or who live alone—are less likely to drive. When asked about their main forms of transportation, respondents again indicated that driving themselves is by far their most frequent choice (80.4%) followed by rides from relatives, friends or neighbors (21.2%), public transit (19.6%), Access and other transport for the elderly (6.5%), and walking (6.3%).

The older age groups rely less on themselves for transportation and more on others. Across the age groups, driving, the use of public transit, and to a degree walking decrease with age, while rides from relatives, friends, and neighbors, the use of Access and other transportation for the elderly increase.

Only 15.9% of respondents report using public transit at least monthly. However, Blacks are much more likely to report using public transit monthly (51.2%) in comparison with non-Blacks (12.1%). Among users of public transit, Blacks (26.0%), those who have a college degree (27.4%), and those who need help with routine or personal care needs (25.6%) are more dissatisfied. Among non-users, non-Blacks (48.6%) more than Blacks (38.0%), and to a smaller degree, males (50.5%), those who live alone (50.9%), and those who need help with routine or personal care needs (51.7%) are more likely to find public transit inconvenient.

HEALTH

The health and functional status of older adults is a critical component of their well-being and ability to thrive. The survey of older adults in Allegheny County asked a number of questions pertaining to health, functional status, and health behaviors.

Among respondents age 65 or older, the need for help with routine and personal care needs is not high overall, although there is considerable variation by race and whether the respondent lives alone or not. Overall, 12.3% report the need for help with routine care, while only 2.5% report the need for help with personal care, although these rates are higher among Blacks.

Most respondents age 65 and older have health insurance with 98.1% reporting such coverage. However, a non-negligible percentage of respondents in the 55 to 64 age group report that they do not have health insurance (13.4%).

Overall, almost a quarter (24.6%) of the respondents age 65 and over were hospitalized during the previous year. Older respondents (age 75+) were hospitalized more (29%), and Blacks (36.6%), males (28.4%), those with a high school education or less (27.5%), those who are not working (26.8%) and those who live alone (26.5%) were also more likely to have been hospitalized.

Overall satisfaction with health care among respondents age 65 and older was high (88.9% were somewhat or very satisfied).

A strong education effect is found for both smoking and drinking with higher education associated with more reports of drinking alcohol (63.2% of college graduates report drinking compared with 34% of those with a high school education or less) and fewer reports of smoking (6.1% versus 13.8%).

Among respondents age 65 and over, almost a third (31.5%) are classified as obese by body mass index, and another 43.4% are classified as overweight. Thus, almost 75% are at some level of health

risk by their body mass. Blacks (43.2%), respondents with less education (34.3% of those with a high school or less education), and those who live with others (35.2%) report being obese more often.

Among all respondents age 55 and older, just over 10 percent (10.1%) met the criteria for moderate to severe depressive symptoms, and 15.6% indicated that a doctor had told them that they had an anxiety disorder. The presence of depressive symptoms and anxiety disorder decreases sharply with age, with moderate or greater depressive symptoms going from 14.1% for the 55-64 age group to 6.6% for the 75+ age group, and reports of an anxiety disorder going from 19.6% for the younger age group to 8.4% for the oldest age group. Females more than males report suffering from an anxiety disorder, and those who live with others report more anxiety than those who live alone.

SOCIAL RELATIONSHIPS AND SOCIAL SUPPORT

Social relationships, social networks, and social support are key components of general health status and quality of life. Social relationship quality, social network size / density, and the perceived availability of adequate social support are related to lower likelihood of morbidity and mortality, better psychological well-being, and lower likelihood of health-risk behavior.

In general, social relationships are positive and social support is high for older adults in Allegheny County. However, there are significant minorities of the local older population who report potential deficits in social health that may put them at risk for other negative outcomes. Between 7% and 25% of older adults in Allegheny County report low social support or frequent negative social interactions. Adults aged 55 – 64 are less likely than their older counterparts to report few close relatives / friends, but more likely to report that they feel isolated / left out / lack companionship, and are much more likely to report frequent negative social interactions in the past month (25.5% vs. 12.1% for the 65+ group).

ADVANCE DIRECTIVES AND END-OF-LIFE PLANNING

Decisions about the types and intensity of medical treatment received at the end-of-life are often difficult, especially when the patient has no prior expressed preferences. More than half of older adults in Allegheny County age 55 and older report having a health care Power of Attorney (POA) and living will, and more than 60% have an asset distribution will. These rates all increase with age. Older Blacks in Allegheny County are less likely than non-Blacks to report having a health care POA, living will, or asset distribution will. The difference is particularly large for asset distribution wills (65% vs. 35%).

INFORMAL CAREGIVING

Family members are an essential resource to older individuals with chronic illness and disability. Without the care and support provided by relatives and friends, it would be difficult and often impossible for persons with illness and disability to remain in the community.

About a fifth of respondents aged 55 and over (20.3%) provide either Personal Care (eating, bathing, dressing, toileting) or Routine Care (everyday household chores, managing money, taking medications, shopping, or transportation), and a sizable proportion of these individuals provide both types of care (7.9%). The highest rates of caregiving are found among adult children aged 55-64 who are typically providing care to a parent. These individuals are also more likely to be in the workforce and must balance caregiving demands with workplace responsibilities

Caregiving can be a full time job. Caregivers who provide both Personal and Routine care spend an average of 35.5 hours per week caregiving. Caregivers report high levels of stress. Overall, caregivers

who provide both types of care report the highest levels of stress. Levels of stress were also higher among caregivers who are younger, female, and less educated.

In both the U.S. and Allegheny County the need for caregivers will increase with the aging of the baby boomers, but the available number of caregivers will decline. The dependency ratio - the number of persons available to provide care divided by the number of persons who need care - will decline dramatically. In 1990 Allegheny County had 6 caregivers for every person needing care; in 2050 this number will decline to 3.6.

SENIOR SERVICE USE

As older adults age, the need for senior services increases. The Allegheny County Area Agency on Aging (AAA) provides a variety of these services and referrals to other agencies to help county residents age 60 and older find the services they need. In addition, numerous other public and private agencies and programs provide services for older adults in the county.

Most people are aware of aging services provided by the County. Two-thirds of survey respondents had heard of the Allegheny County Area Agency on Aging (AAA) and/or their Senior Line, with those age 65 and over slightly more likely to have heard of the AAA than those age 55-64. 16.4% of respondents reported using senior services in the last 12 months, and service use increased with age. Another 6.8%, while not users of services themselves, arranged services for someone else. Overall, satisfaction with services among users and those who arranged service for another was quite high with 73.2% reporting they were very satisfied, and another 22.8% reporting they were somewhat satisfied. The most commonly reported senior services used were visiting a senior center (50.4%), use of home health care services (44%), use of transportation services (36.4%), and use of personal care services (30.7%).

The most commonly reported unmet need was for information or advice (44%). Beyond that, unmet needs differed somewhat by age, with persons age 55 to 64 indicating they needed in-home health care and transportation aid most while persons 65 and over reported needing homemaker services and transportation needs the most.

VOLUNTEERING

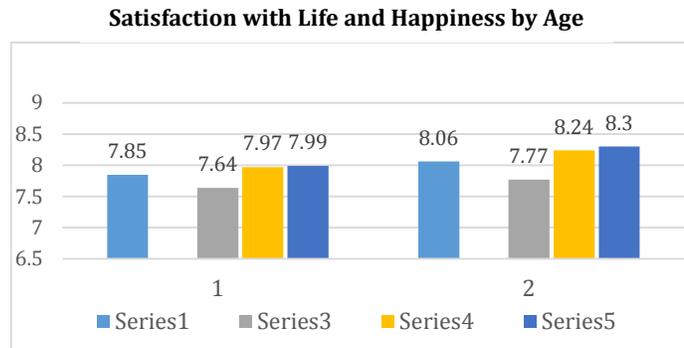
For older adults, particularly those who are no longer working, engagement in community activities is important not only as a means to give back but also for their own well-being. Volunteering is one very important way for older adults to remain engaged and be a part of the community, as well as to contribute to society as a whole.

The overall volunteering rate is relatively high in Allegheny County among those age 55 and over, with the majority of older adults, 60%, reporting having volunteered in the last 12 months either formally through an organization or informally on their own. However, this rate is lower than the overall national volunteering rate of 69% reported by AARP for those age 50 and older from a survey conducted in October 2012. The median hours spent volunteering per month among the persons who report volunteering in the county is 9 hours, compared to the reported median of 10 hours spent volunteering nationally in the AARP 2012 survey. Respondents with more education, those who are currently working and those who live with others report volunteering at a higher rate, to a large extent via more formal volunteering for an organization. The types of volunteering activities most commonly reported by the respondents was supplying transportation (52.6%), fundraising (43.9%), helping persons with disabilities (43.5%), and collecting and distributing goods other than food (43.5%).

Why do people volunteer? Motivations for volunteering were altruistic (a way to give back, feeling a personal responsibility to help others, the organization does good work, and to make a difference on a cause they care about) and personal (makes your life more satisfying).

LIFE SATISFACTION AND HAPPINESS

Older adults in Allegheny County are generally satisfied with life and report high levels of happiness (mean of about 8 on a 10-point scale). These scores are similar to the national average for the U.S. Adults age 55 – 64 are somewhat less satisfied with life overall and less happy than those age 65 and older. Among those 65 and older, Blacks are both more satisfied with life and happier than non-Blacks. In addition, females and those living with others reported higher life satisfaction and more happiness.



USE OF INTERNET AND SOCIAL MEDIA

Internet use among the older adult population – and the population as a whole - has been steadily increasing in the U.S. over the last 10 – 20 years. Use of the internet for social media (e.g., Facebook) has also been increasing rapidly. Both general internet use and use of social media have increased by approximately 10% in the past 3 years among adults age 65 and older in Allegheny County. While current internet use among local older adults is similar to national rates, older adults in Allegheny County report much lower use of social media than older adults nationwide. Internet use among adults age 65 and older in Allegheny County has increased from 45% in 2011 to 56% in 2014, and the 2014 rate is very close to the corresponding Pew Center rate for U.S. adults age 65+ (55%). Use of social media by older adults in the County has increased from 16 to 25% in the last three years. However, current social media use by local older adults is much lower than that reported for the entire U.S. by Pew (45% use Facebook nationally).

1. THE POPULATION OF OLDER ADULTS IN ALLEGHENY COUNTY

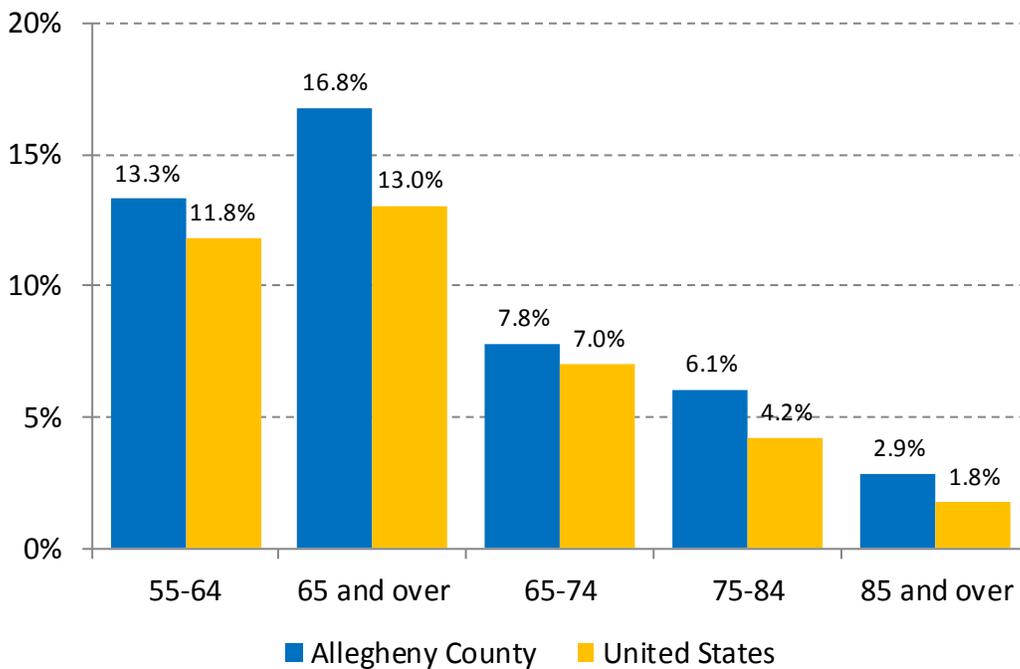
1.1 Number and Proportion of Older Adults

The 2010 census showed that 205,059 people were age 65 and over in Allegheny County, accounting for 16.8% of the population (Table 1.1a). This compares with the United States as a whole with 13.0% age 65 and over (Figure 1.1a). The same census showed that 35,116 people were among the oldest old, age 85 or older, in the County, accounting for 2.9% of the population compared with 1.8% of the United States population as a whole.

Table 1.1a Age Distribution of the Population, Allegheny County, 2010

	Number	%
Under 55	855,584	69.9%
55-64	162,705	13.3%
65 and older	205,059	16.8%
65-74	95,684	7.8%
75-84	74,259	6.1%
85+	35,116	2.9%
Total	1,223,348	100%

Figure 1.1a Age Distribution of the Older Adult Population, Allegheny County and United States, 2010



SOURCE: CENSUS 2010 SUMMARY FILE 1 (SF1).

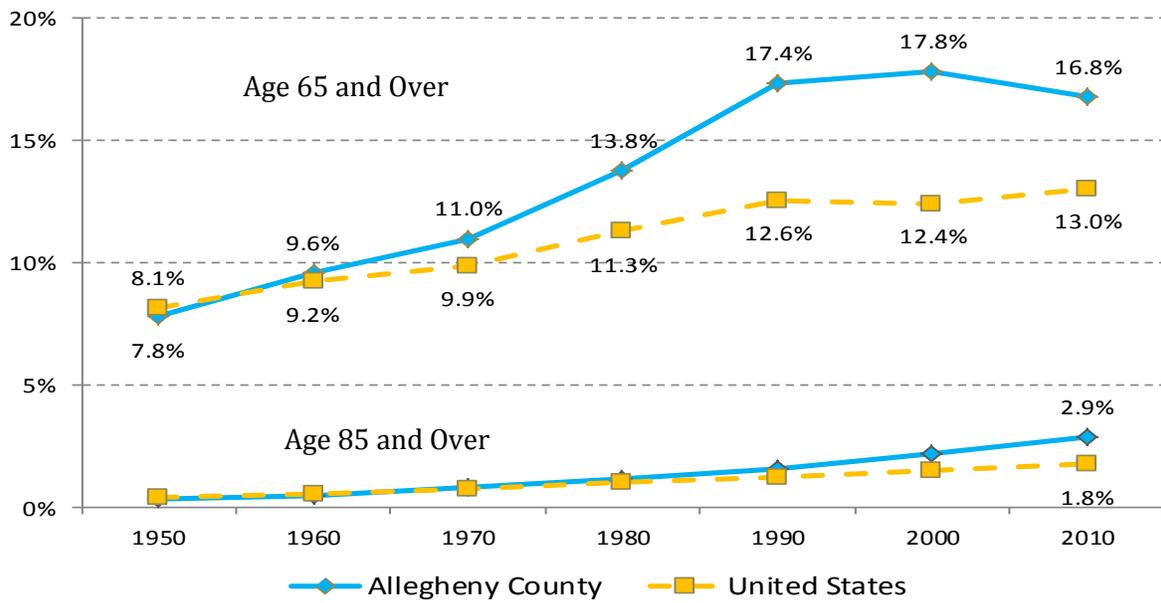
1.2 Past Population Trends

Taking a longer term view, Figure 1.2a compares the relative size of the older age cohorts for Allegheny County with the United States as a whole over the last six decades. In 1950, the proportion of the population age 65 and over was marginally lower in Allegheny County than the nation. Since 1960 the proportion of the population age 65 and older in Allegheny County has remained greater than for the nation as a whole.

Between 1960 and 2000, the proportion of the population age 65 and over grew faster than the nation. Both suburbanization of the population within the Pittsburgh metropolitan area and slower regional job growth in the Pittsburgh region contributed to migration of younger age cohorts away from the county over subsequent decades leaving an increasing proportion of older adults. As regional economic conditions deteriorated in the 1980s, southwestern Pennsylvania experienced rapid job loss, and unprecedented levels of population out-migration. The out-migration was significantly concentrated among younger workers, with older workers or those already retired more likely to remain in both the Pittsburgh Region and in Allegheny County. The younger workers who departed took with them their families, and to a large degree, their future families. Not only did economic restructuring induce a large number of younger workers to leave, it depressed the flow of younger workers into the region. As a result, the proportion of the population age 65 and over in both Allegheny County and the Pittsburgh region continued to rise even as regional employment trends stabilized later in the 1980s. For Allegheny County both the size and proportion of the population age 65 and over peaked in the mid-1990s at over 18%.

With economic restructuring and stabilization, out-migration rates from the Pittsburgh region were much reduced. Over the subsequent two decades beginning in the mid-1990s, both the size of the older population and the proportion age 65 and over in Allegheny County has declined, while both have increased for the nation. These trends have narrowed the gap between the nation as a whole and Allegheny County. In contrast, the oldest old population of Allegheny County, those 85 and over, has grown consistently since 1950 at a faster rate than that of the United States as a whole (Figure 1.2a).

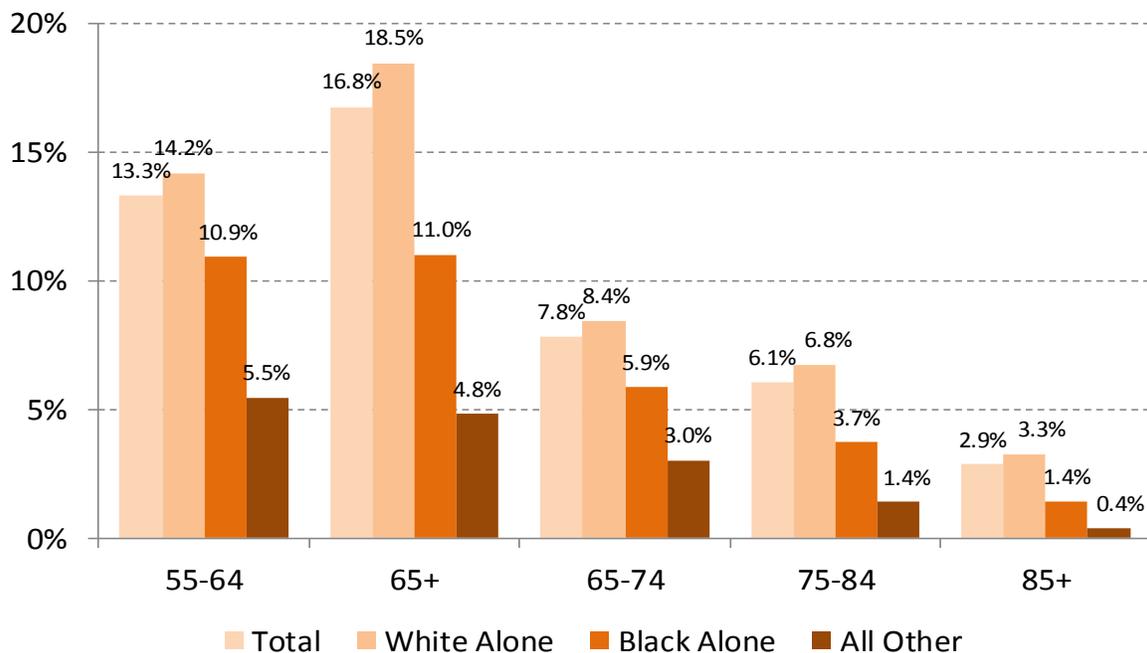
Figure 1.2a Proportion of the Population Age 65+ and Age 85+, Allegheny County and the United States, 1950 to 2010



SOURCE: U.S. CENSUS BUREAU, DECENNIAL CENSUS, VARIOUS YEARS.

1.3 Race and Gender Composition

Figure 1.3a Age Cohorts as a Proportion of the Total Population by Race, Allegheny County, 2010



SOURCE: CENSUS 2010 SUMMARY FILE 1 (SF1).

NOTES: CENSUS DATA ON RACE IS SELF-REPORTED, AND ALLOWS FOR INDIVIDUALS TO IDENTIFY THEMSELVES AS ONE OR MORE RACES. RACE GROUPS HERE ARE BROKEN DOWN ACCORDING TO GROUPS THAT IDENTIFIED AS A SINGLE RACE WITH WHITE-ALONE AND BLACK ALONE THE LARGEST GROUPS IN ALLEGHENY COUNTY. ALL OTHER RACE GROUPS, INCLUDING INDIVIDUALS IDENTIFYING THEMSELVES IN TWO OR MORE RACE GROUPS ARE INCLUDED IN THE ALL OTHER CATEGORY.

- The white population is significantly older than other races in Allegheny County. Over 18.5% of the white alone population in 2010 was age 65 or over, compared to 11.0% of the Black or African American alone population and 4.8% of the remaining population.
- Women make up a larger relative proportion of the population than men among older age cohorts. 19.3% of all women in Allegheny County are age 65 or over, compared to 14.0% of all men resident in the county (Figures 1.3a and 1.3b).
- Race and gender differences compound, with white women in Allegheny county one of the oldest groups in the population. Over 21% of white women are age 65 or over in Allegheny County, in contrast to Black men, of whom only 8.9% are age 65 or over.

Figure 1.3b Age Cohorts as a Proportion of the Total Population by Race (Women), Allegheny County, 2010

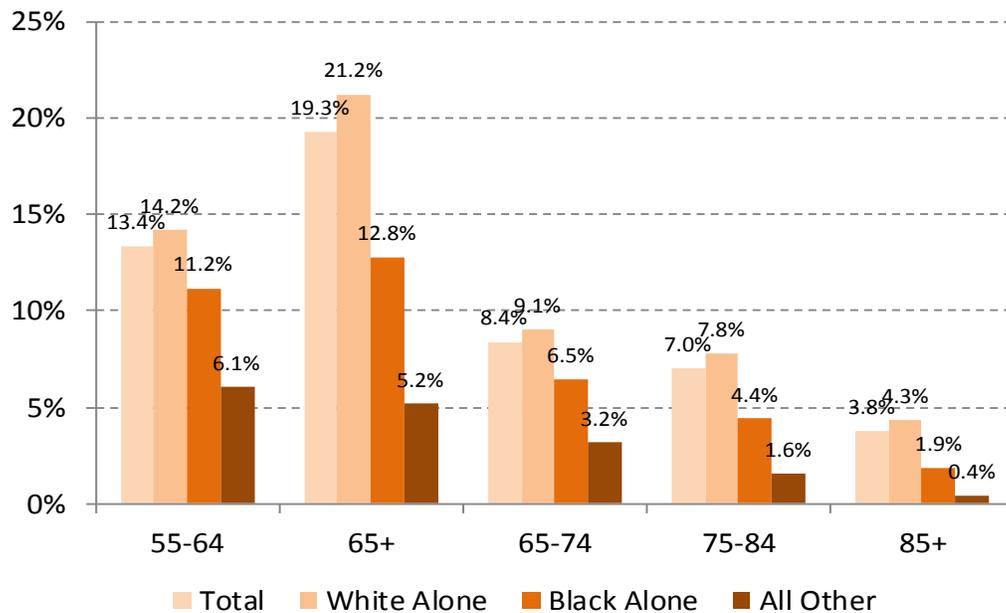
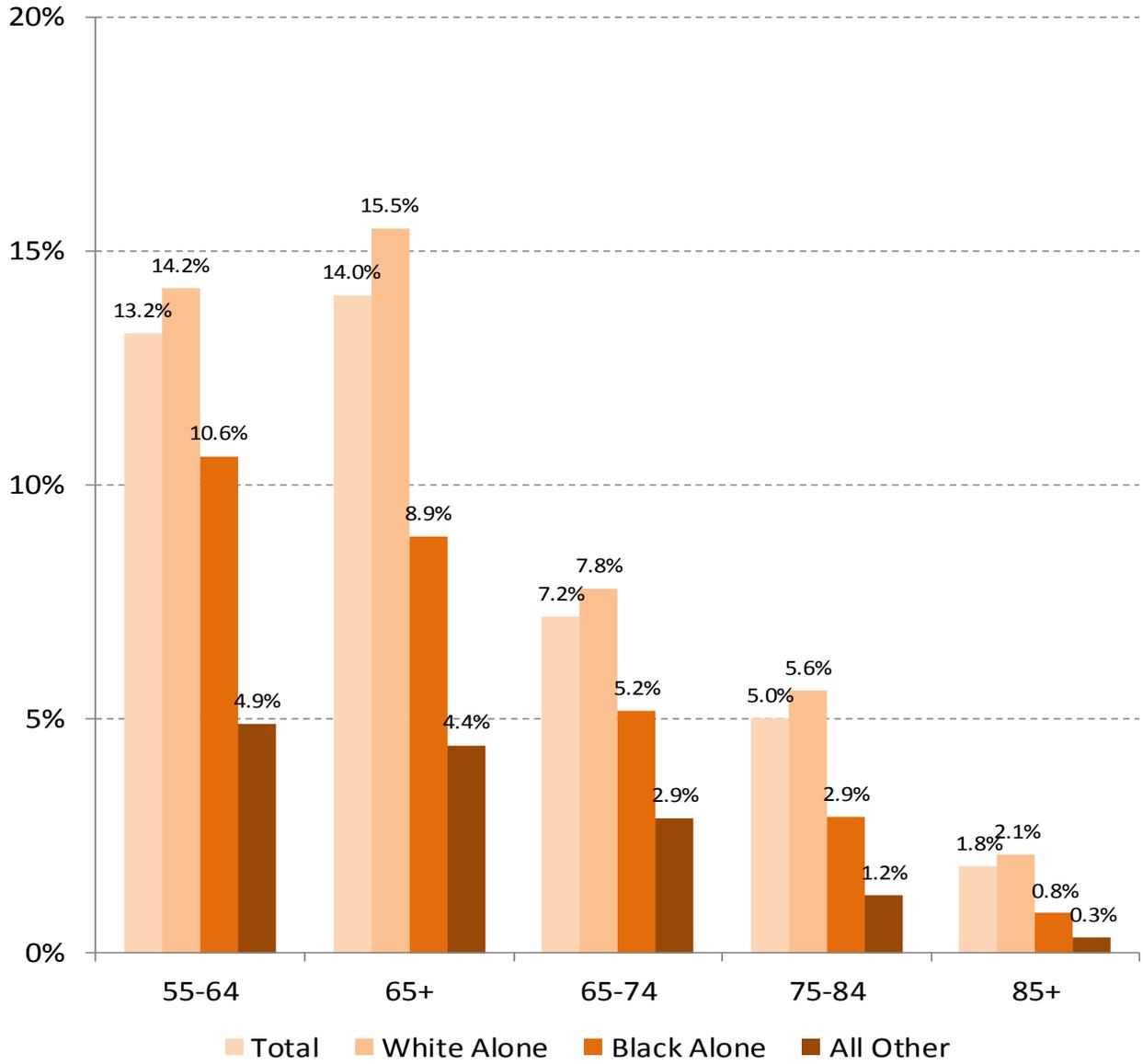
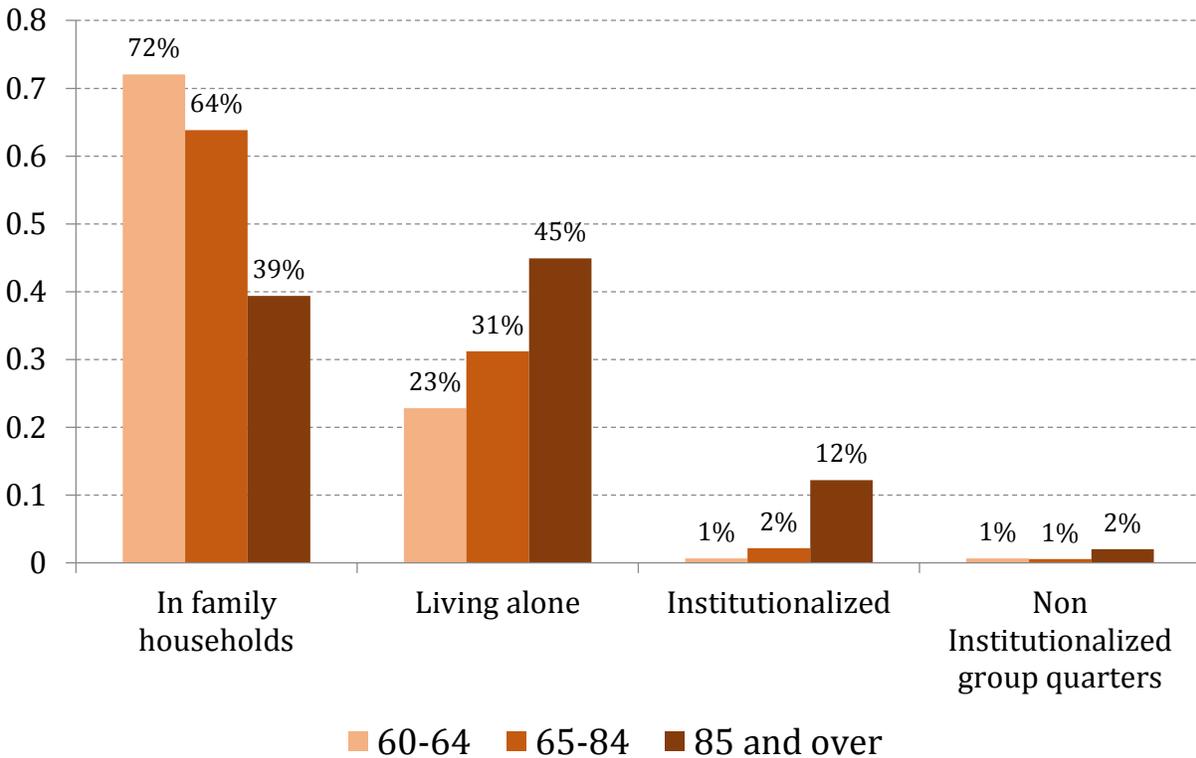


Figure 1.3c. Age Cohorts as a Proportion of the Total Population by Race (Men), Allegheny County, 2010



1.4 Living Arrangements and Marital Status

Figure 1.4a Living Arrangements of Older Age Cohorts in Allegheny County



SOURCE: U.S. ADMINISTRATION ON AGING (AOA) - AGING INTEGRATED DATABASE (AGID) - ACS 2007-2011 SPECIAL TABULATION

- Living arrangements for older age cohorts differ markedly by age group. Within Allegheny County, the proportion of the population living in family households declines from over 72% for those age 60-64, to 39% for the population age 85 and over.
- The proportion of the population living in institutionalized facilities rises significantly for the oldest age groups. While only 1% of the population age 60-64 is institutionalized, 12% of the population age 85 and over resides in an institutionalized setting.

Figure 1.4b Marital Status by Age, Men Only, Allegheny County, 2010

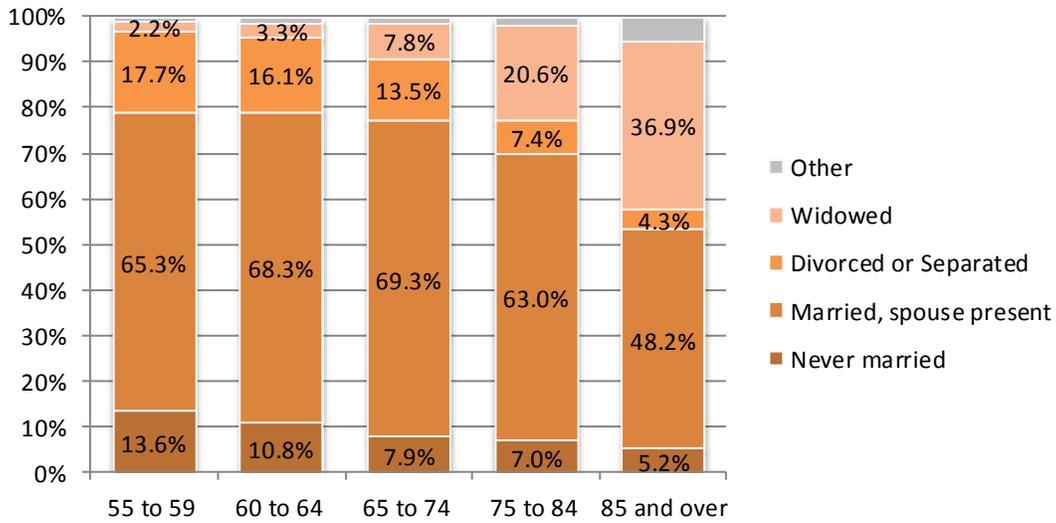
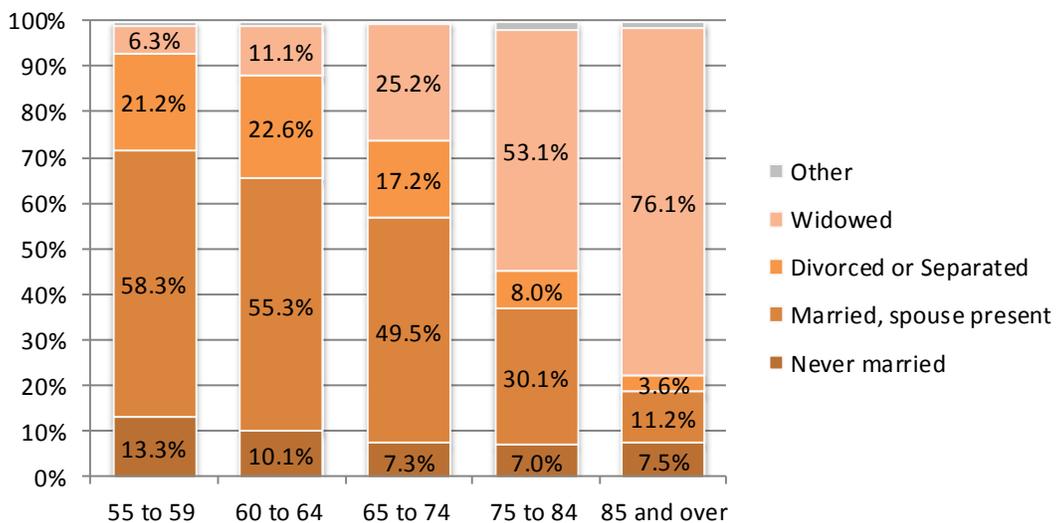


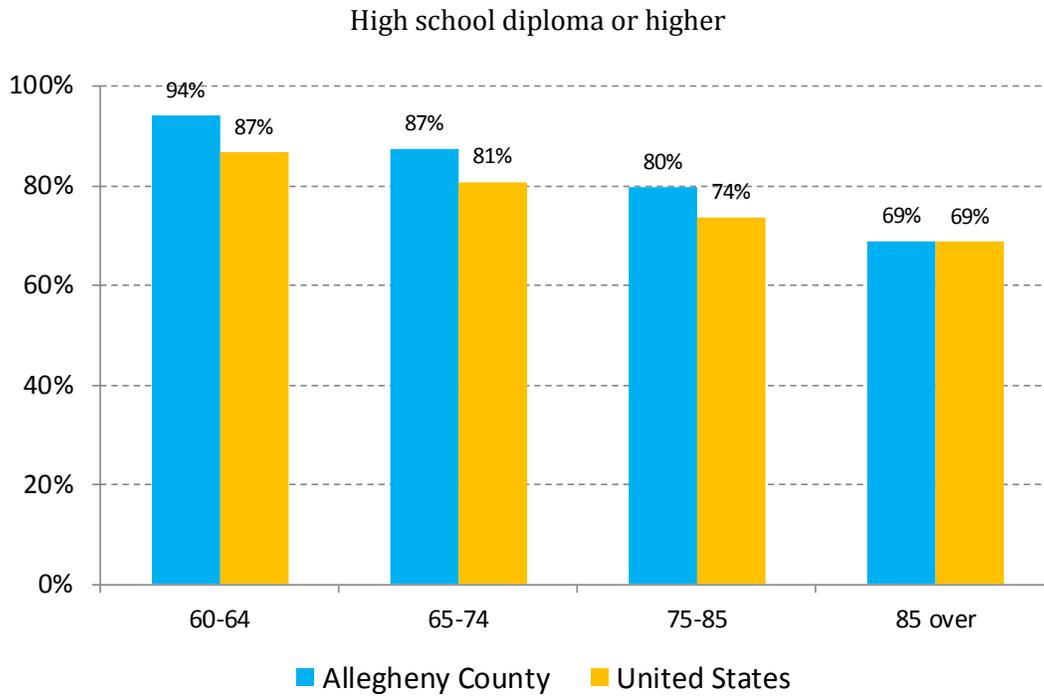
Figure 1.4c Marital Status by Age, Women Only, Allegheny County, 2010



- Marital status among older age cohorts in Allegheny County varies significantly by age and gender.
- The proportion of the population married with a spouse present declines with age. While 58% of women age 55-59 are married with a spouse present, just over 11% of women age 85 or over are married with a spouse present.
- Similarly, the proportion of the population widowed increase by age for both genders. Over 76% of women age 85 and over in Allegheny County are widowed, compared to 36.9% of men.

1.5 Educational Attainment

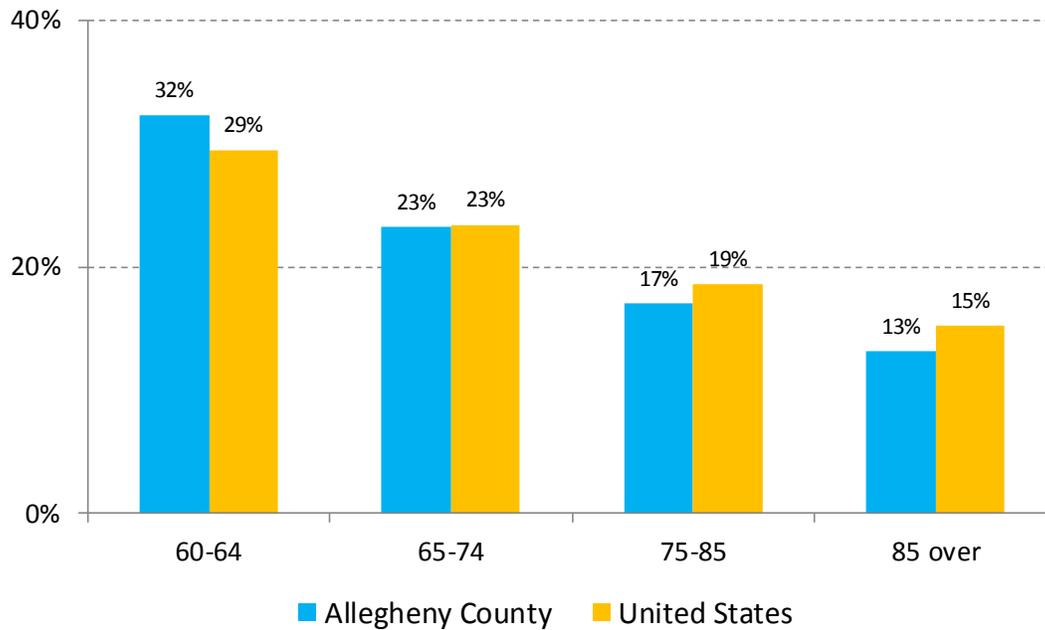
Figure 1.5a Educational Attainment (High School diploma or equivalent) of Older Age Cohorts, United States, Pennsylvania, Allegheny County, 2007 to 2011



SOURCE: U.S. ADMINISTRATION ON AGING (AOA) - AGING INTEGRATED DATABASE (AGID) - ACS 2007-2011 SPECIAL TABULATION

- High school completion rates for Allegheny County residents compare favorably to the nation across all older age cohorts. 94% of residents age 60-64 have a high school degree or equivalent, significantly higher than the 87% of the national population in that age range.

Figure 1.5b Educational Attainment (Bachelor's Degree or Higher) of Older Age Cohorts, United States, Pennsylvania, Allegheny County, 2007 to 2011

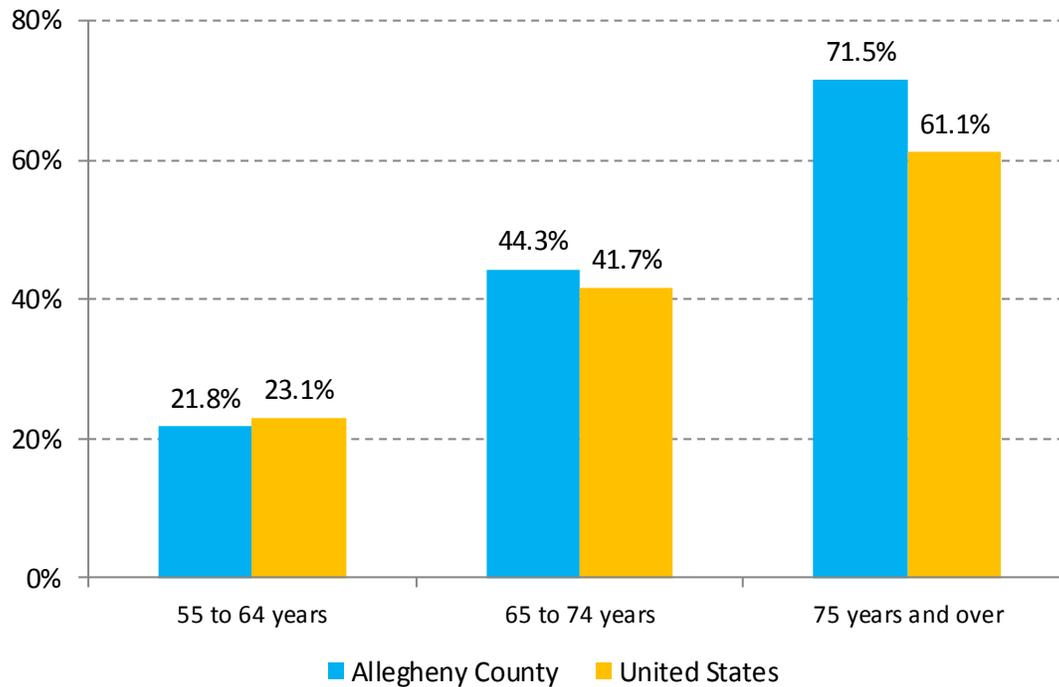


SOURCE: U.S. ADMINISTRATION ON AGING (AOA) - AGING INTEGRATED DATABASE (AGID) - ACS 2007-2011 SPECIAL TABULATION

- How Allegheny County compares with the nation in terms of post-secondary education varies by age cohort. Among the young old, the proportion of the population having a bachelor's degree or higher exceeds comparable rates for the nation. 32% of Allegheny County residents age 60-64 hold a bachelor's degree or higher compared to 29% for the nation as a whole.
- The proportion of the population with a bachelor's degree or higher declines with age for both the county and the nation. 13% of Allegheny County residents age 85 or over have a bachelor's degree or higher, compared with 15% for the nation.

1.6 Veterans Status

Figure 1.6a Proportion of Male Population with Veterans Status by Age Group, Allegheny County and the United States, 2008 to 2012

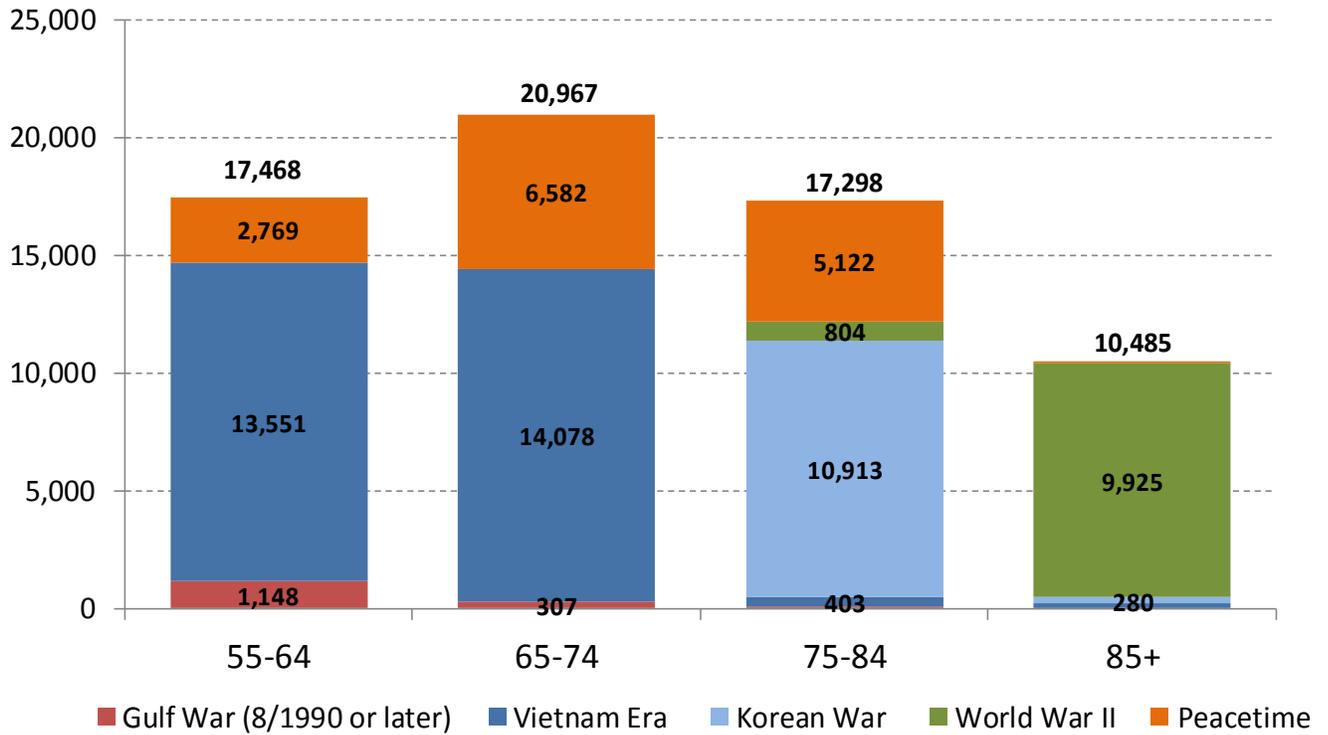


SOURCE: AMERICAN COMMUNITY SURVEY 5-YEAR (2008-2012) ESTIMATES.

COMPARABLE DATA ON THE VETERANS STATUS OF FEMALES AGE 55 AND OVER RANGE FROM 0.8% TO 1.1% IN ALLEGHENY COUNTY.

- Older veterans are predominantly men, reflecting the characteristics and larger number of military accessions (enlistees) in the past. Men in the United States were subject to conscription between 1940 and 1946 and again from 1948 until 1973. As a result, just under 40% of all men age 55 and over are veterans, but less than 1% of women age 55 and over are veterans.
- High rates of veterans status among the older-old age groups reflect the impact of a national draft in use between 1940 and 1973, and high accession levels during past conflicts including World War II and the Korean War. 71.5% of men in Allegheny County age 75 and over report having veteran's status, significantly higher than for the nation (61.1%).
- The end of draft in 1973 and the end of the Vietnam War drastically lowered rates of military service for age cohorts subsequently reaching draft age. This break is already impacting patterns of veteran's status among young-old age cohorts. The concentration of veterans within the population declines sharply with age even among older age cohorts. While over 71% of men age 75 and over are veterans, less than 22% of men age 55-64 are veterans.
- Only the oldest age cohorts are made up of veterans with service in World War II. Just under 95% of veterans age 85 and over had service during World War II (see Figure 1.6b).

Figure 1.6b Veterans Population by Age Group and Period of Service, Allegheny County, 2012



SOURCE: UCSUR, COMPILED FROM AMERICAN COMMUNITY SURVEY 2012 1-YEAR PUBLIC USE MICRODATA SAMPLE (PUMS)

2. ALLEGHENY COUNTY POPULATION PROJECTIONS

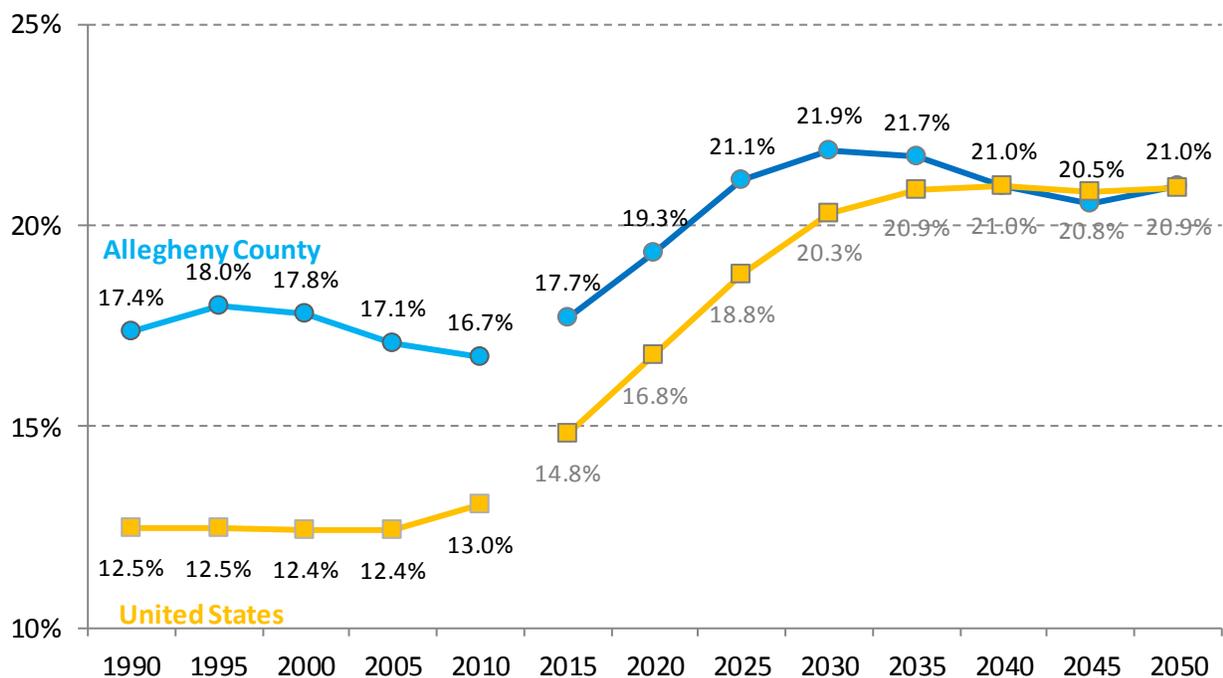
Population projections for Allegheny County are compiled here from the Pittsburgh REMI Model. The REMI model is developed by Regional Economic Models Inc. (REMI) of Amherst, MA and a version calibrated for a 10 county region of southwestern Pennsylvania is maintained by UCSUR for research and analysis of socioeconomic trends in the Pittsburgh region. The demographic module of the REMI model generates demographic projections by integrating both a cohort-survival analysis of the population, which projects future births and deaths, and an econometric model to forecast future trends in population migration flows impacting the region.

The REMI model produces forecasts of the population by age, race and gender for Allegheny County. Presented here are recent historical trends in the county’s population since 1990 along with a baseline forecast of Allegheny County’s population through 2050. This forecast should be interpreted as just one picture of how the county is changing in coming decades based on current demographic and economic trends. County population trends will be impacted by regional and national trends in addition to the changes taking place within Allegheny County.

Recent demographic trends in Allegheny County differ from national trends. Past demographic trends, especially the significant level of outmigration from the Pittsburgh region during the 1980s, altered the demographic characteristics of Allegheny County along with most counties within Southwestern Pennsylvania. Sustained levels of out-migration from the region during the 1980s were primarily made up of younger working-age cohorts. As overall population levels declined, the proportion of the population made up of older age cohorts increased. The result has been a markedly different demographic history for Allegheny County since the 1980s, and a legacy that continues to impact demographic projections in coming decades.

The actual characteristics of the population in 2050, now over 35 years in the future, will certainly differ from the forecast presented here. Similar to national population projections, the future population of the county will depend on trends in both mortality and fertility and rates of international immigration. Allegheny County’s future population will also be impacted by population migration trends within the Pittsburgh region, and migration flows between the Pittsburgh region and other regions across the nation. Domestic migration flows within the United States exhibit far greater volatility than other demographic factors. Domestic migration is generated by multiple factors, but in large part reflects relative rates of economic growth. In the future, the difference between the population forecast presented here, and what is observed, will likely reflect how future economic conditions in the county differ from what is currently projected.

Figure 2a Proportion of Population Age 65+, Allegheny County and the United States, 1990 to 2050



SOURCES: ALLEGHENY COUNTY HISTORY AND FORECAST FROM THE PITTSBURGH REMI MODEL. NATIONAL PROJECTIONS REFERENCED ARE FROM U.S. CENSUS BUREAU, POPULATION DIVISION, *PROJECTIONS OF THE POPULATION BY SELECTED AGE GROUPS AND SEX FOR THE UNITED STATES: 2015 TO 2060* (NP2012-T2).

The proportion of the population age 65 and over across the nation remained relatively stable between 12.4% and 12.5% between 1990 and 2005, and then only increased to 13% in 2010. For Allegheny

County, the proportion of the population Age 65 and over increased at the beginning of the 1990s, and is estimated by the REMI model to have peaked in 1995 at 18% of the total population. Also unlike the nation, where the proportion of the population age 65 and over has been increasing since before 2010, Allegheny County's population age 65 and over decreased in both size and proportion of total population between 1995 and 2010. That downward trend is projected to abate, with the proportion of population age 65 and over expected to increase in Allegheny County from 2010 forward. Not until 2030 is the proportion of the population age 65 and over expected to again stabilize at just under 22% of the total population. Through this period the national population age 65 and over will make up an increasing proportion of the total population. The convergence between national and county trends is expected to continue, and by 2040 both Allegheny County and the United States will stabilize with a comparable 21% of the population age 65 and over.

Table 2a Population History and Forecast for Older Age Cohorts, Allegheny County, 1990 to 2050 (Numbers in Thousands)

	History			Forecast			
	1990	2000	2010	2020	2030	2040	2050
Age 55-64	141.0	118.2	164.0	177.7	144.4	170.2	195.7
Age 65-84	211.4	199.7	169.6	208.3	257.0	241.7	249.5
85 and over	20.5	28.2	35.2	35.5	35.0	53.6	63.0
Age 65 and over	231.9	227.8	204.8	243.8	292.0	295.3	312.5
Age 55-64		-1.8%	3.3%	0.8%	-2.1%	1.7%	1.4%
Age 65-84		-0.6%	-1.6%	2.1%	2.1%	-0.6%	0.3%
85 and over		3.2%	2.3%	0.1%	-0.1%	4.4%	1.6%
Age 65 and over		-0.2%	-1.1%	1.8%	1.8%	0.1%	0.6%

SOURCE: PITTSBURGH REMI MODEL

- After an average annual decline of 1.1% between 2000 and 2010, the population age 65 and over in Allegheny County is expected to increase by an average of between 1.8% and 1.9% annually over the period 2010-2030.
- By 2020, the total population age 65 and over in Allegheny County is projected to reach 244 thousand, which will exceed its previous peak reached in the mid-1990s.
- Increases in the size of the population age 65 and over is projected to moderate between 2030 and 2040 with an average annual growth projected to be 0.2%. The total population will remain around 300 thousand, just under 50% more than the current population age 65 and over.
- Within Allegheny County, the size of the population age 65 and over is projected to increase by 52% between 2010 and 2050. While a significant increase, it represents less than half the projected growth rate of the older population nationally which is expected to increase by 108% over the same time period.

Figure 2b Population Age 65+, Allegheny County, 1990 to 2050

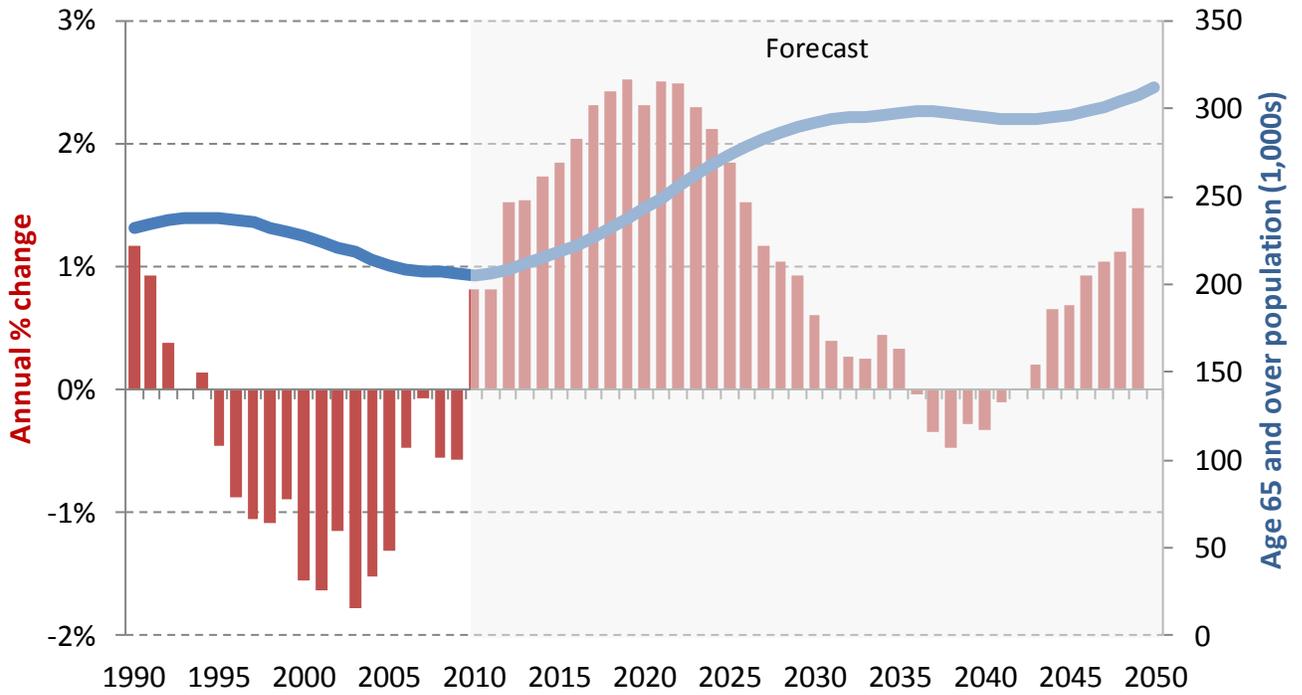


Figure 2c Population Age 55 to 64, Allegheny County, 1990 to 2050

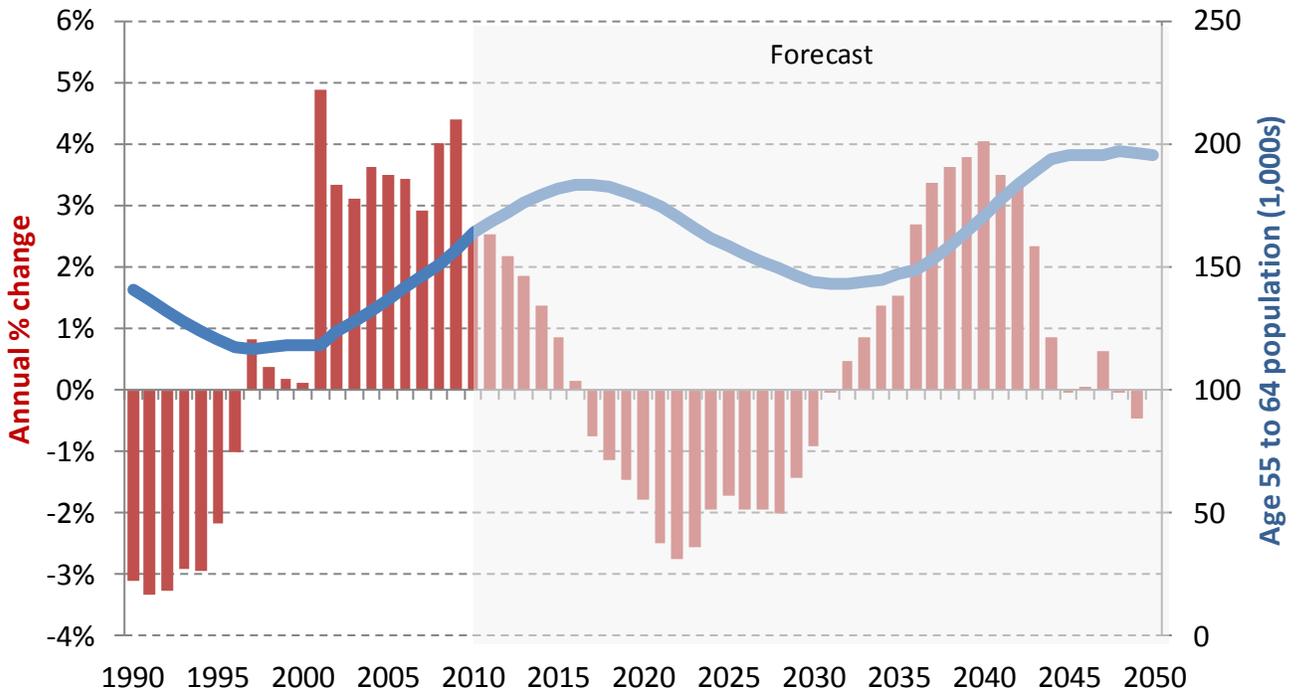
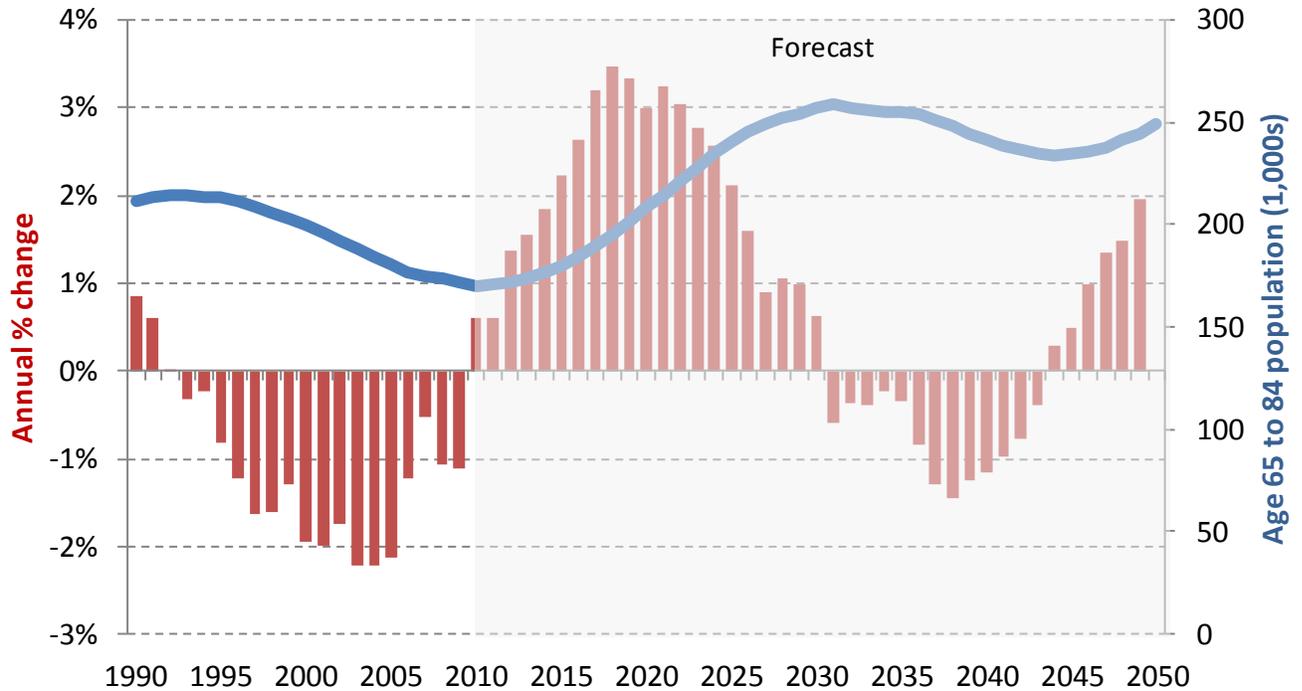
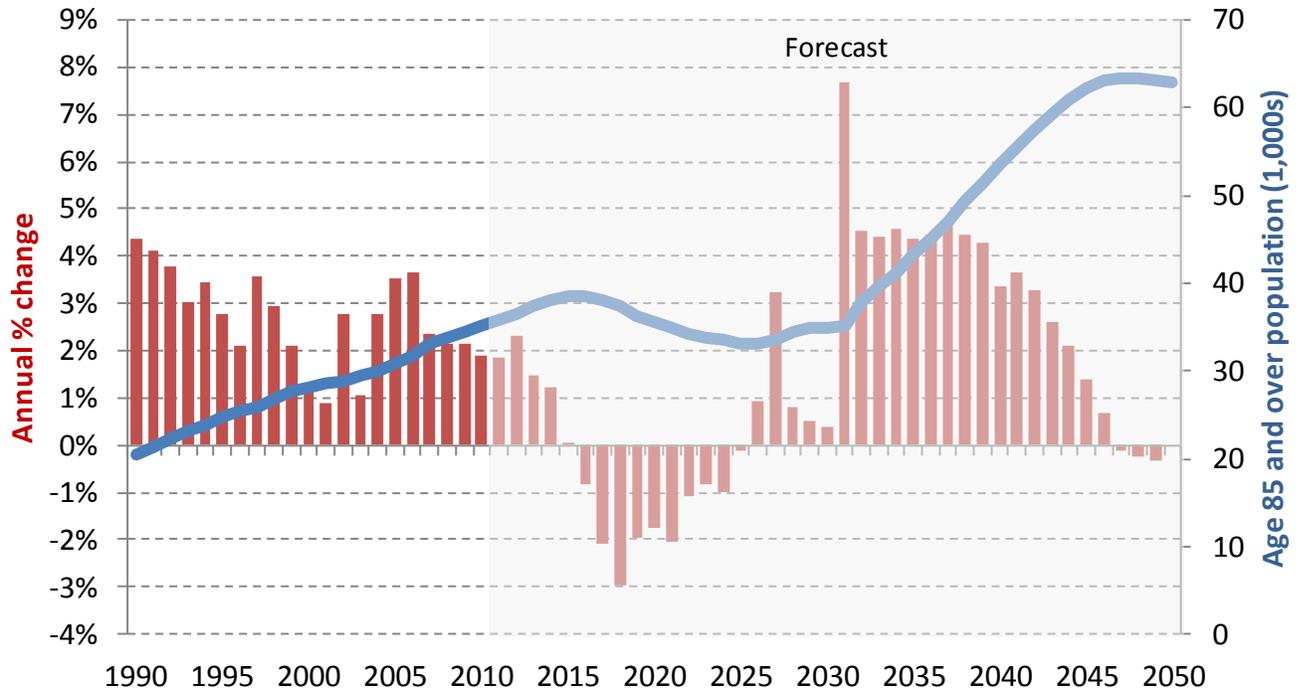


Figure 2d Population Age 65 to 84, Allegheny County, 1990 to 2050



- While Allegheny County’s population age 65 and over decreased between 1995 and 2010, the population age 55-64 has been increasing since 1997 and is not projected to peak until 2017.
- The population age 55-64 is then projected to decrease between 2017 and 2032 before again increasing.
- The population age 65-84 mirrors the trend for the population age 85 and over, peaking first in 1993 and then declining through 2010.
- The population age 65-84 is expected to increase from 2010 through 2031. In 2022 the size of the population age 65-84 will surpass its previous peak reached in 1993.

Figure 2e Population Age 85+, Allegheny County, 1990 to 2050



- After increasing continuously through the period 1990 – 2010, the size and proportion of the population age 85 and over in Allegheny County is projected to continue increasing and peak in 2015 with 38.7 thousand residents in Allegheny County.
- From 2015 through 2026 the county’s population age 85 and over is projected to decrease before increasing again.
- The county’s population age 85 and over is projected to stabilize in 2047 with over 63,000 thousand, up from 35,000 in 2010.

2.1 Population Projections by Race and Gender

Table 2.1a Population Forecasts of Older Age Groups by Race, Gender and Age Group, Allegheny County, 2010 to 2050

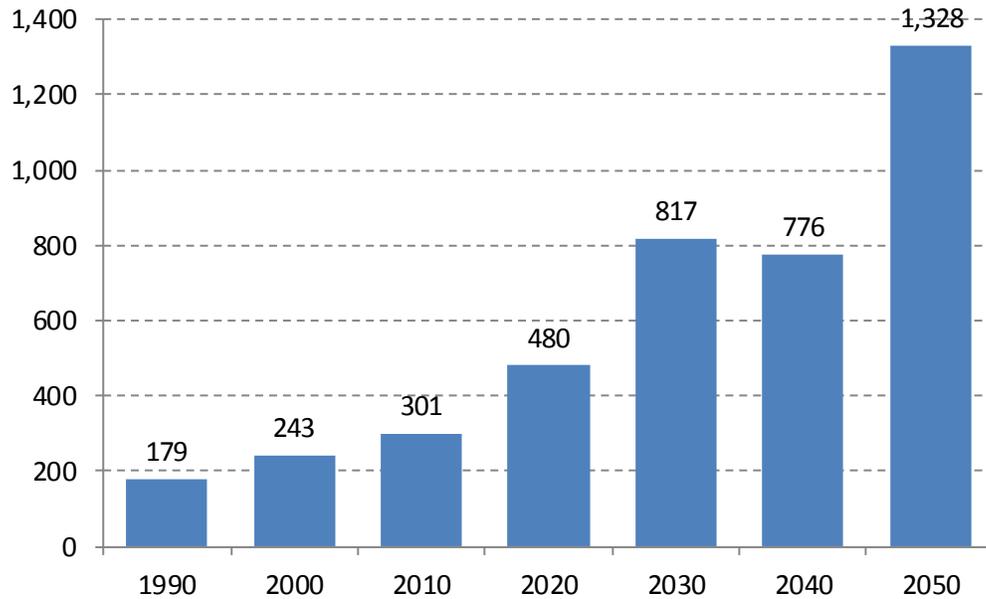
		Population (Numbers in thousands.)					Growth over decade			
		2010	2020	2030	2040	2050	2010-20	2020-30	2030-40	2040-50
<u>White Non-Hispanic</u>										
Total	Age 55-64	141.7	150.3	115.0	130.6	141.3	6.0%	-23.5%	13.6%	8.2%
	Age 65-84	150.4	181.0	219.5	197.8	193.7	20.4%	21.3%	-9.9%	-2.1%
	85 and over	32.6	32.0	30.7	46.5	53.3	-1.7%	-4.1%	51.8%	14.5%
Male	Age 55-64	68.2	72.0	56.5	65.7	69.6	5.6%	-21.6%	16.3%	6.0%
	Age 65-84	63.7	81.1	99.3	90.2	91.6	27.3%	22.4%	-9.2%	1.6%
	85 and over	10.1	10.4	10.5	17.1	19.3	3.2%	0.8%	63.0%	12.3%
Female	Age 55-64	73.5	78.3	58.5	64.9	71.7	6.5%	-25.2%	11.0%	10.4%
	Age 65-84	86.7	99.9	120.2	107.6	102.0	15.3%	20.3%	-10.5%	-5.2%
	85 and over	22.4	21.6	20.2	29.4	34.0	-3.9%	-6.5%	45.9%	15.8%
<u>Black Non-Hispanic</u>										
Total	Age 55-64	17.8	20.5	18.2	21.4	32.9	15.2%	-11.3%	17.7%	53.3%
	Age 65-84	15.6	21.2	27.7	28.3	30.8	35.9%	31.1%	2.2%	8.6%
	85 and over	2.3	2.9	3.3	5.4	6.9	24.9%	15.5%	61.4%	27.9%
Male	Age 55-64	7.9	9.0	8.0	9.7	16.0	13.4%	-11.2%	21.1%	64.6%
	Age 65-84	6.0	8.6	11.4	11.6	13.0	43.9%	31.9%	1.8%	12.2%
	85 and over	0.6	0.8	1.0	1.7	2.2	28.5%	21.0%	76.9%	26.7%
Female	Age 55-64	9.9	11.5	10.2	11.7	16.9	16.7%	-11.4%	15.0%	44.0%
	Age 65-84	9.6	12.5	16.4	16.8	17.8	30.9%	30.6%	2.5%	6.2%
	85 and over	1.7	2.1	2.3	3.6	4.7	23.5%	13.3%	54.9%	28.5%

SOURCE: UCSUR/PITTSBURGH REMI MODEL

- Demographic trends in Allegheny County vary significantly by race and gender over the coming decades. The number of white non-Hispanic men age 65 and over are projected to increase by 50% between 2010 and 2050, while the number of white women age 65 and over is projected to increase by 24%.
- The number of Black men age 65 and over in Allegheny County is projected to increase by 129% between 2010 and 2050, while the number of Black women is projected to increase by 100%.
- The number of Black men age 85 and over is projected to have one of the largest percentage jumps between 2010 and 2050, increasing from 629 to 2,192, or over 248%. Black women age 85 and over are projected to increase from 1,676 to 4,667 over the same period, an increase of over 178%.

2.2 Centenarians

Figure 2.2a Centenarians (Age 100+), Allegheny County, 1990 to 2050



SOURCE: UCSUR/PITTSBURGH REMI MODEL

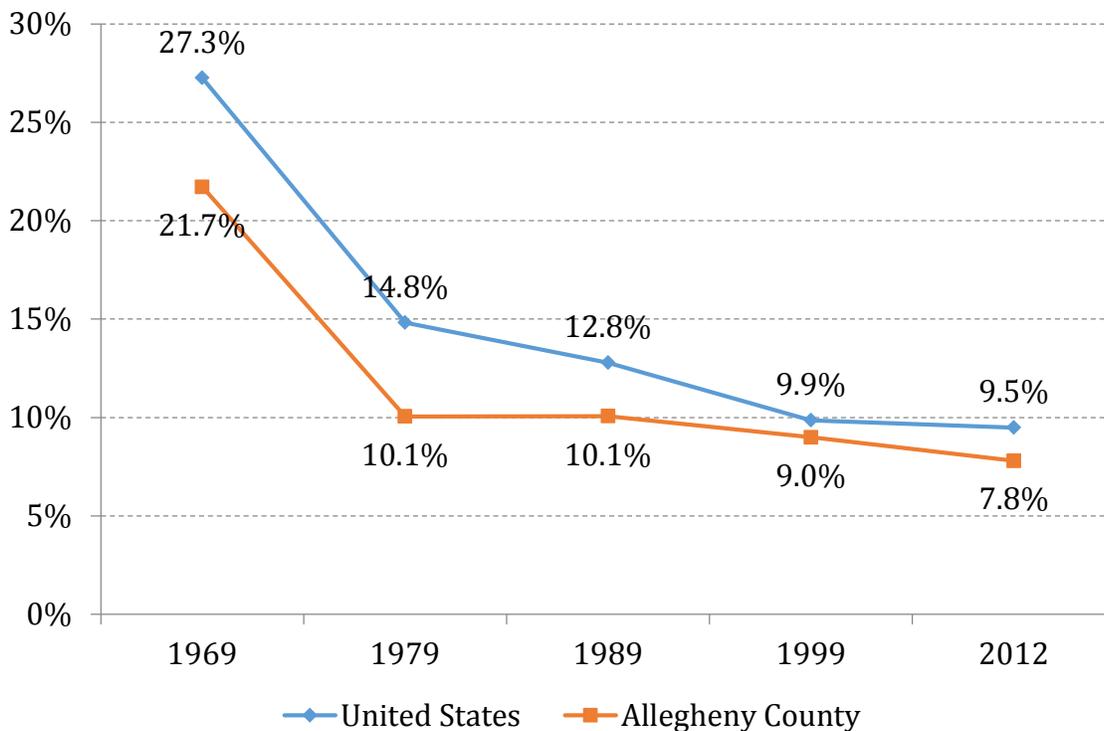
- Approximately 300 residents of Allegheny County are centenarians (the population age 100 and over). While a small cohort of the population, the population age 100 or more increased by 68% over the previous two decades.
- While still a small proportion of the total population, centenarians resident in Allegheny County are rapidly increasing.
- The number of centenarians in Allegheny County is expected to surpass 1,000 between 2040 and 2045 and reach 1,328 in 2050.

3. ECONOMICS

3.1 Poverty

Poverty rates are an important measure of economic well-being and being poor has implications for all other aspects of life. Poverty rates are based on a set of income thresholds that vary for individuals and for families of different size based on the number of adults and child dependents, and are adjusted annually for inflation using data from Consumer Price Index (CPI-U).

Figure 3.1a Poverty Status for the Population Age 65+, Allegheny County and the United States, 1969 to 2012



SOURCE: 1969, 1979, 1989 1999 DATA FROM DECENNIAL CENSUS 1970, 1980, 1990, AND 2000 RESPECTIVELY. 2012 DATA FROM U. S. CENSUS BUREAU, AMERICAN COMMUNITY SURVEY 1-YEAR (2012) ESTIMATES. POVERTY STATUS IS CALCULATED FOR THE POPULATION FOR WHOM POVERTY STATUS IS DETERMINED.

NOTE: POVERTY THRESHOLDS ARE THE DOLLAR AMOUNTS USED TO DETERMINE THE POVERTY STATUS OF INDIVIDUALS. POVERTY THRESHOLDS ARE SET ANNUALLY AND VARY FOR INDIVIDUALS LIVING ALONE AND FOR FAMILIES OF DIFFERENT SIZES BASED ON NUMBER OF ADULT AND CHILD DEPENDENTS. ALSO, FAMILIES WITH AT LEAST ONE PERSON AGE 65 OR OVER HAVE A MODIFIED POVERTY THRESHOLD. FOR 2012, A SINGLE PERSON AGE 65 OR OVER IS CONSIDERED LIVING IN POVERTY IF THEIR INCOME FALLS BELOW \$11,011. FOR A SINGLE PERSON UNDER AGE 65 THE COMPARABLE INCOME IS \$11,945. FOR FAMILIES WITH TWO ADULTS, IF THE HOUSEHOLD IS OVER 65 THE POVERTY THRESHOLD IS ANNUAL HOUSEHOLD INCOME OF \$13,878 OR LESS; OF THE HOUSEHOLDER IS BELOW AGE 65 THE COMPARABLE INCOME THRESHOLD IS \$15,354.

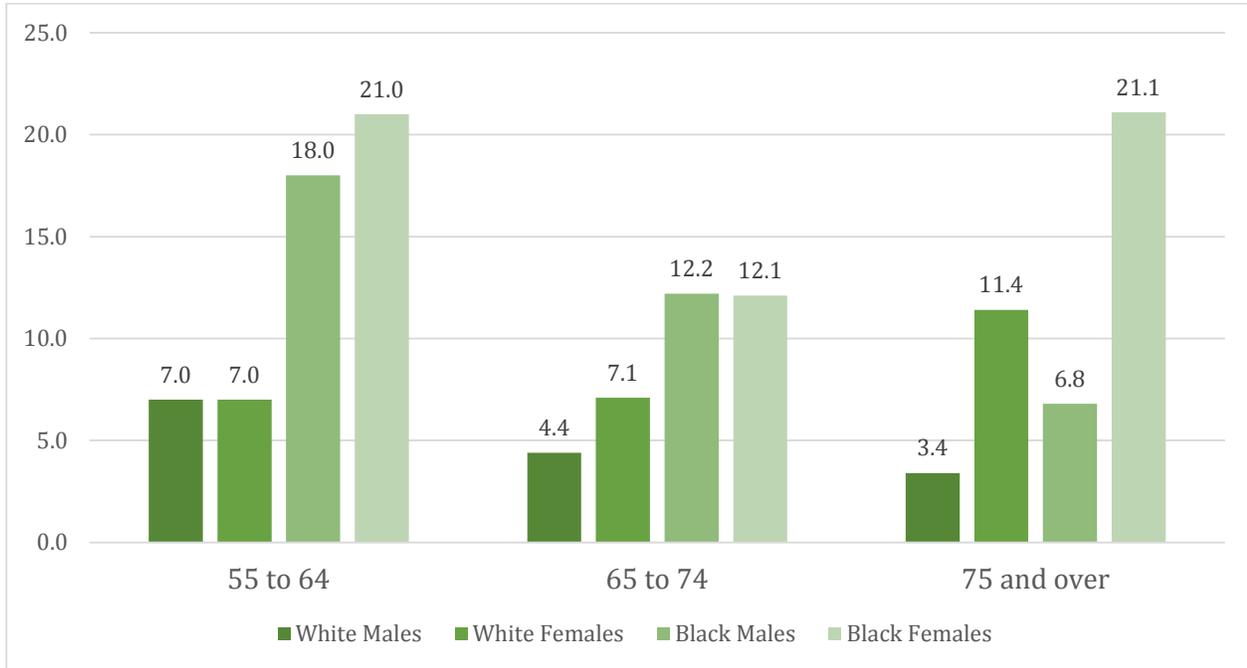
Figure 3.1a shows poverty rates over time for the population age 65 and over for both Allegheny County and the nation as a whole, elderly poverty decreased dramatically through latter part of the twentieth century. From 1969 to 1999 the national poverty rate for the population age 65 and over dropped from over 27% to just under 10%. The introduction of the Social Security System in 1933, along with the introduction of Medicare and Medicaid in 1967, are generally attributed with decreasing poverty rates for the elderly population.

Throughout this period (1969-2012), the poverty rate for the elderly population in Allegheny County remained lower than for the nation. The rate of decline in poverty rates locally abated over the last two decades of the 20th century, most likely due to the deteriorating economic conditions in the Pittsburgh region in the 1980s. As national poverty rates declined over that period, they converged with local poverty rates. Since 2000 the rate of decline in the elderly poverty rate has slowed nationally while local poverty rates have continued to decline a small amount. In 2012, older adults were less likely to be poor in Allegheny County than in the nation as a whole, with 7.8% of adults 65 and older in Allegheny County classified as living below the poverty level compared with 9.5% nationally (see Figure 3.1a).

Examining overall poverty rates by age groups, gender, and race for older adults (Figure 3.1b):

- Poverty rates were significantly higher among Blacks than whites in Allegheny County at all age groups. Among older adults this was especially true for the 55-64 age group, but for the 65+ age groups the gap narrows somewhat due to Social Security.
- There is a substantial gender gap in poverty rates for those age 75 and over with both Black and White women more likely to be poor. Older Black women had the highest poverty levels.

Figure 3.1b Poverty Rates by Age, Gender and Race, Allegheny County, 2012



SOURCE: AMERICAN COMMUNITY SURVEY 5-YEAR (2008-2012) ESTIMATES

3.2 Income

Table 3.2a Distribution of Total Household Income* in the Past 12 months, Householders Age 65+, Allegheny County and the United States, 2008 to 2012

Income Range*	United States		Allegheny County	
	#	%	#	%
Total	25,172,128		135,513	
Less than \$10,000	1,879,880	7.5%	9,533	7.0%
\$10,000 to \$14,999	2,432,151	9.7%	13,368	9.9%
\$15,000 to \$19,999	2,319,278	9.2%	15,961	11.8%
\$20,000 to \$24,999	2,087,361	8.3%	13,658	10.1%
\$25,000 to \$29,999	1,876,620	7.5%	11,295	8.3%
\$30,000 to \$34,999	1,635,396	6.5%	9,213	6.8%
\$35,000 to \$39,999	1,451,621	5.8%	8,140	6.0%
\$40,000 to \$44,999	1,293,720	5.1%	6,684	4.9%
\$45,000 to \$49,999	1,130,275	4.5%	5,963	4.4%
\$50,000 to \$59,999	1,899,310	7.5%	10,179	7.5%
\$60,000 to \$74,999	2,065,207	8.2%	9,955	7.3%
\$75,000 to \$99,999	2,063,229	8.2%	9,137	6.7%
\$100,000 to \$124,999	1,129,268	4.5%	4,953	3.7%
\$125,000 to \$149,999	633,621	2.5%	2,326	1.7%
\$150,000 to \$199,999	609,618	2.4%	2,229	1.6%
\$200,000 or more	665,573	2.6%	2,919	2.2%

* DOLLAR AMOUNTS REFLECT INFLATION-ADJUSTED 2012 AMOUNTS

SOURCE: AMERICAN COMMUNITY SURVEY 5-YEAR (2008-2012) ESTIMATES

- Compared to the nation, older households in Allegheny County are more likely to be clustered in lower income ranges.
- Allegheny County has a higher proportion of older households with total annual income between \$10,000 and \$40,000. In contrast, the nation has a higher proportion of households with incomes of \$60,000 or greater.

Table 3.2b Distribution of Total Household Income in the Past 12 Months by Race, Householders Age 65+, Allegheny County, 2008 to 2012

	White Only		Black Only	
	#	%	#	%
Total Households:	121,004		12,692	
Less than \$10,000	7,339	6.1%	2,022	15.9%
\$10,000 to \$14,999	11,008	9.1%	2,140	16.9%
\$15,000 to \$19,999	14,155	11.7%	1,687	13.3%
\$20,000 to \$24,999	12,127	10.0%	1,406	11.1%
\$25,000 to \$29,999	10,411	8.6%	767	6.0%
\$30,000 to \$34,999	8,436	7.0%	707	5.6%
\$35,000 to \$39,999	7,461	6.2%	599	4.7%
\$40,000 to \$44,999	6,205	5.1%	391	3.1%
\$45,000 to \$49,999	5,600	4.6%	335	2.6%
\$50,000 to \$59,999	9,220	7.6%	883	7.0%
\$60,000 to \$74,999	9,300	7.7%	566	4.5%
\$75,000 to \$99,999	8,452	7.0%	578	4.6%
\$100,000 to \$124,999	4,526	3.7%	297	2.3%
\$125,000 to \$149,999	2,173	1.8%	79	0.6%
\$150,000 to \$199,999	1,958	1.6%	159	1.3%
\$200,000 or more	2,633	2.2%	76	0.6%

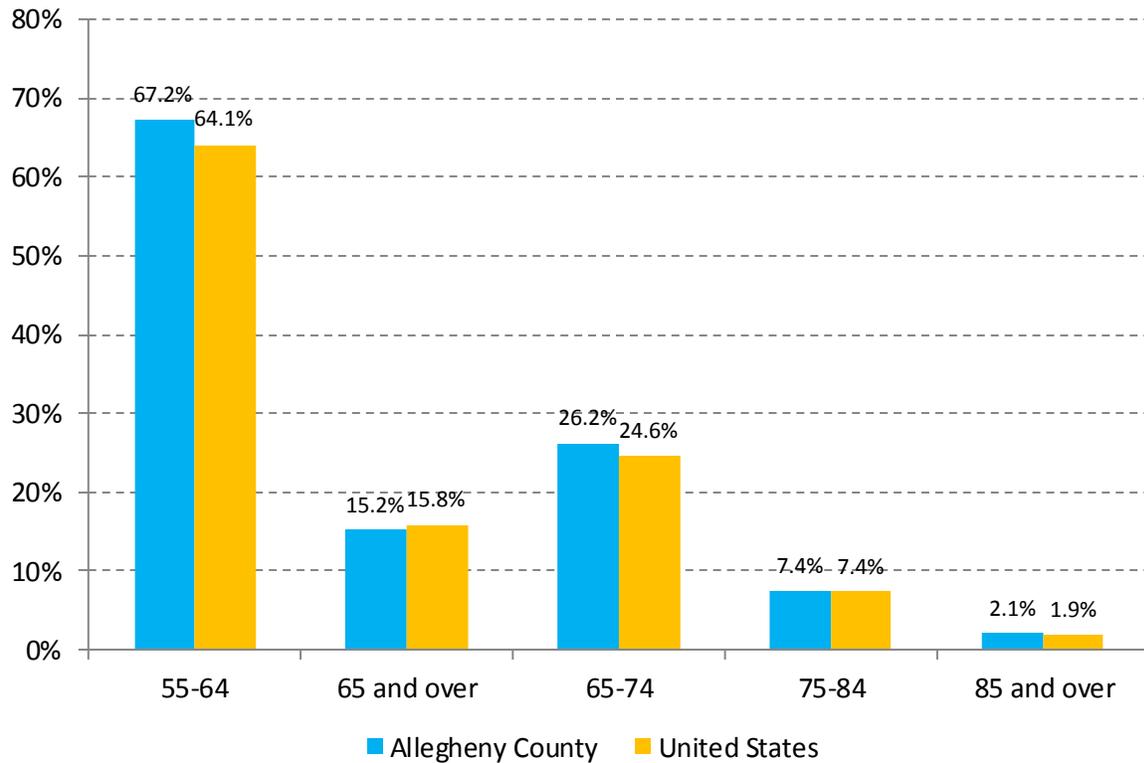
* DOLLAR AMOUNTS REFLECT INFLATION-ADJUSTED 2012 AMOUNTS

SOURCE: AMERICAN COMMUNITY SURVEY 5-YEAR (2008-2012) ESTIMATES

- Older Black households have significantly lower incomes than white households in Allegheny County. Over 57% of older Black households have total annual incomes under \$25,000, in contrast to just under 37% of white households.
- 9.3% of older white households in Allegheny County have total annual incomes over \$100,000, in contrast to 4.8% of older Black households.

3.3 Labor Force Participation

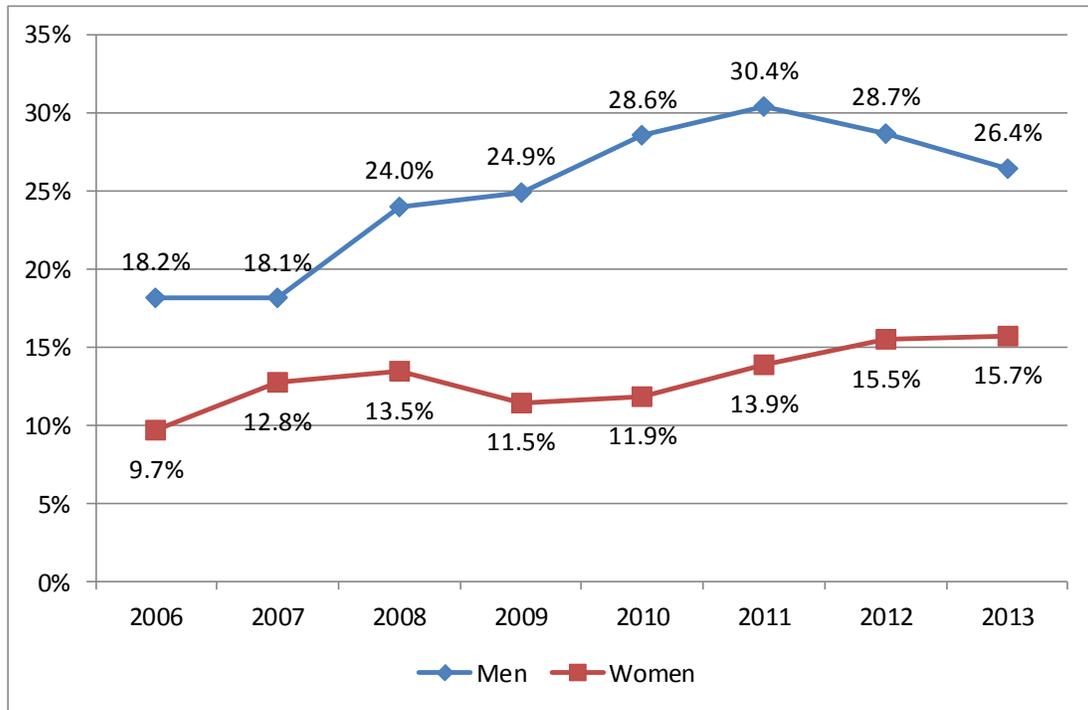
Figure 3.3a Labor Force Participation by Age Group, Allegheny County and the United States, 2007 to 2011



SOURCE: U.S. ADMINISTRATION ON AGING - AGING INTEGRATED DATABASE (AGID), DERIVED FROM U.S. CENSUS BUREAU - AMERICAN COMMUNITY SURVEY 5-YEAR (2007-2011) ESTIMATES.

- The labor force is defined as those currently employed or actively seeking employment. For both Allegheny County and the nation, labor force participation declines with age. While over 67% of the Allegheny County population age 55-64 are in the workforce, just over 15% of the population age 65 and over remain in the workforce.
- Labor force participation rates for older age groups in Allegheny County are similar to national labor force patterns. 64.1% of the US population age 55-64 are estimated to be in the workforce compared to 67.2% for Allegheny County.
- Among older age cohorts, the young-old are far more likely to remain in the labor force than old-old age groups. 26.2% of the Allegheny County residents age 65-74 are in the labor force, but just over 2% of Allegheny County residents age 85 and over are either working, or actively seeking employment.

Figure 3.3b Annual Labor Force Participation among Persons Age 65+ by Gender, Pittsburgh MSA, 2006 to 2013

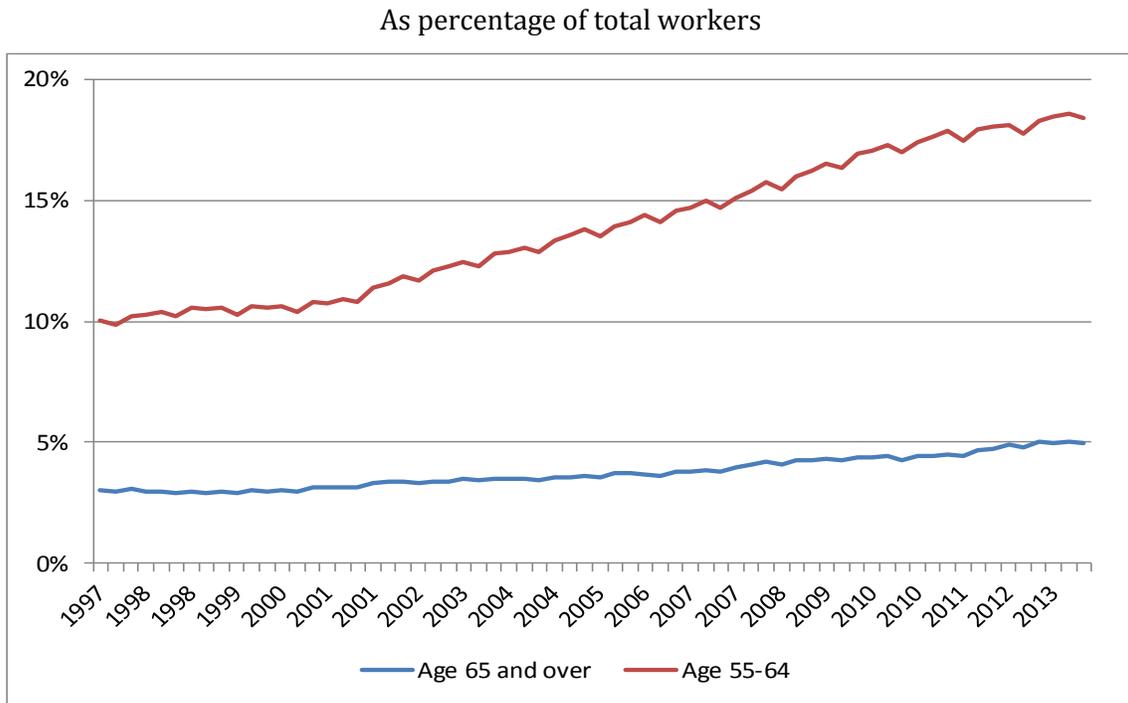
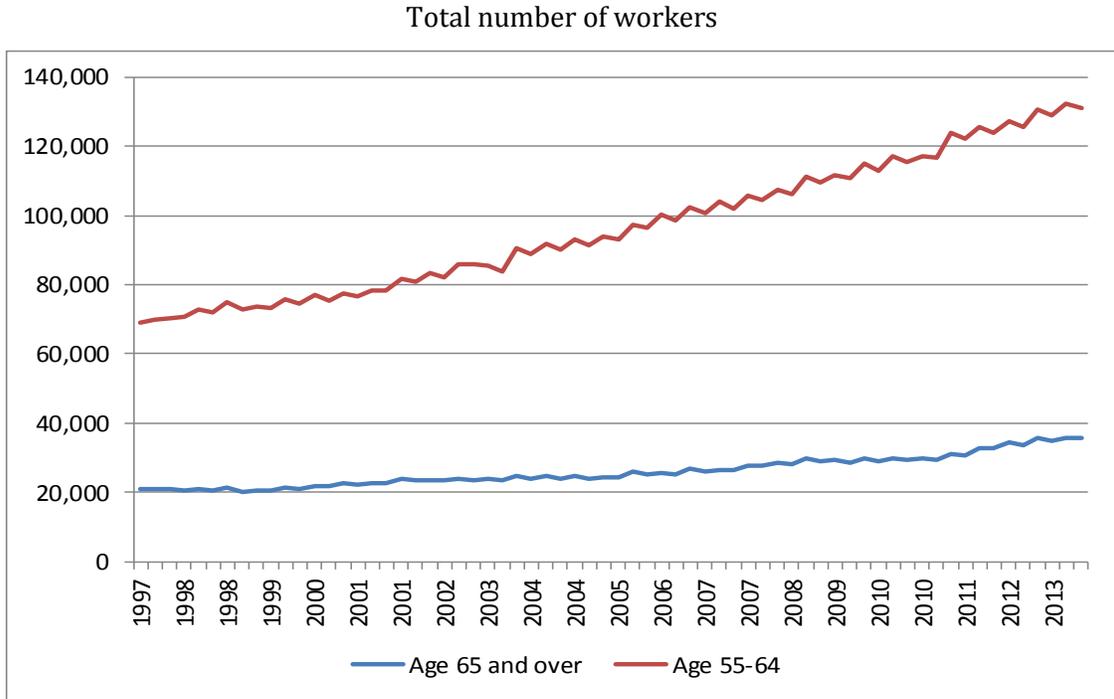


SOURCE: UCSUR, COMPILED FROM CURRENT POPULATION SURVEY (CPS) DATA.

NOTE: THE PITTSBURGH METROPOLITAN STATISTICAL AREA (MSA) IS CURRENTLY DEFINED AS THE FOLLOWING 7 COUNTIES IN SOUTHWESTERN PENNSYLVANIA, INCLUDING: ALLEGHENY, ARMSTRONG, BEAVER, BUTLER, FAYETTE, WASHINGTON AND WESTMORELAND.

- Labor force statistics compiled for the Pittsburgh Metropolitan Statistical Area (MSA) show increasing trends of labor force participation among the population age 65 and over.
- For 2013, an estimated 26.4% of men and 15.7% of women age 65 and over remain in the workforce. Both rates of labor force participation represent significant increase from just 7 year prior. In 2007 an estimated 18.2% of men and 9.7% of women were in the labor force.
- In 2013 over 35 thousand workers in Allegheny County were age 65 or over, over 131 thousand were between the ages of 55 and 64. The number of currently employed workers in Allegheny county between ages 55 and 64 has nearly doubled from just under 69 thousand in 1998.

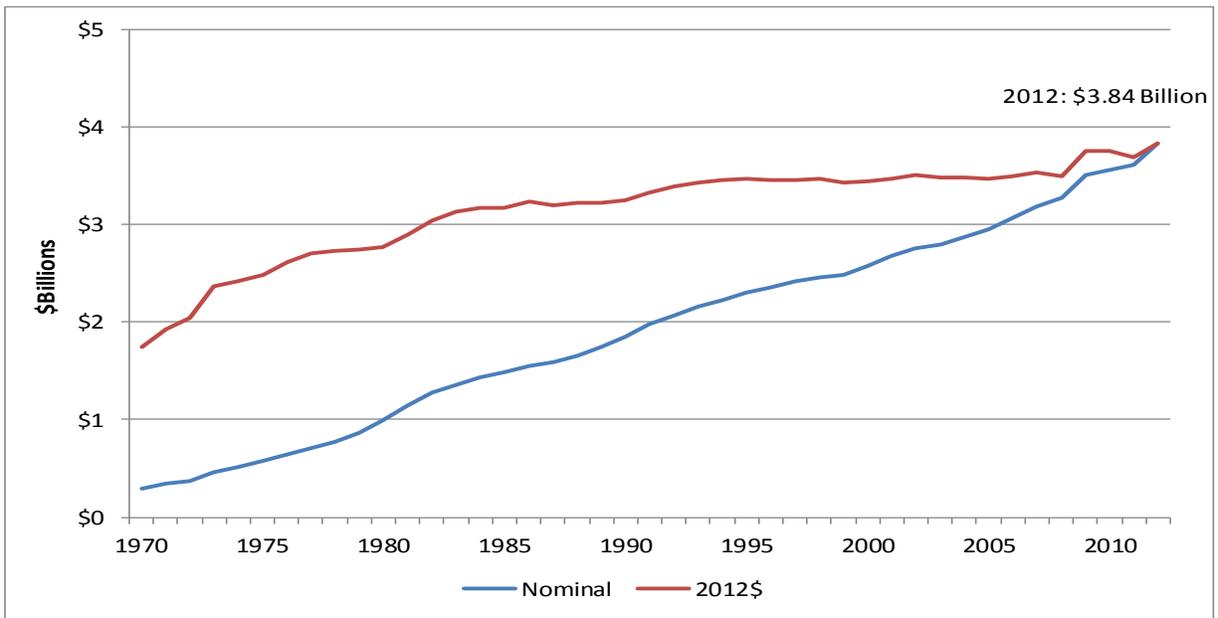
Figure 3.3c Older Workers in the Workforce, Allegheny County, 1997Q2 to 2013Q3



SOURCE: U.S. CENSUS BUREAU. 2013. QUARTERLY WORKFORCE INDICATORS DATA. LONGITUDINAL-EMPLOYER HOUSEHOLD DYNAMICS PROGRAM.. DATA BY QUARTER AND REPRESENTS JOBS BY PLACE OF WORK, NOT PLACE OF RESIDENCE.

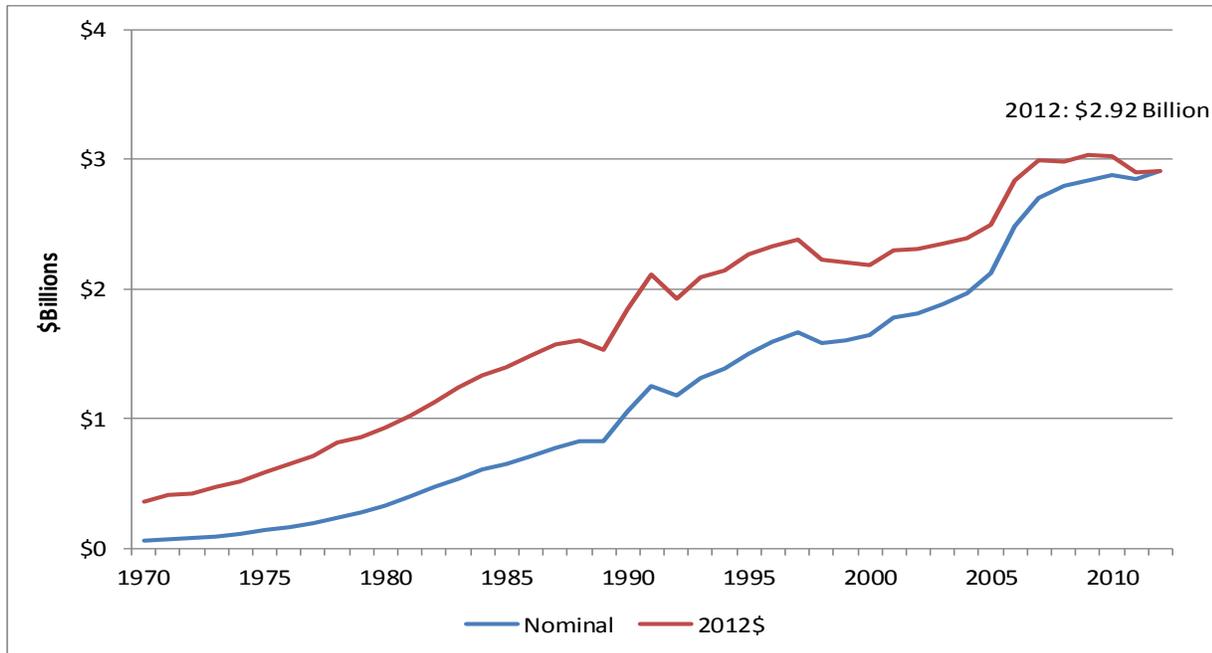
3.4 Economic Impact of Older Adults

Figure 3.4a Aggregate Annual Social Security Benefits, All Allegheny County Residents, 1970 to 2012



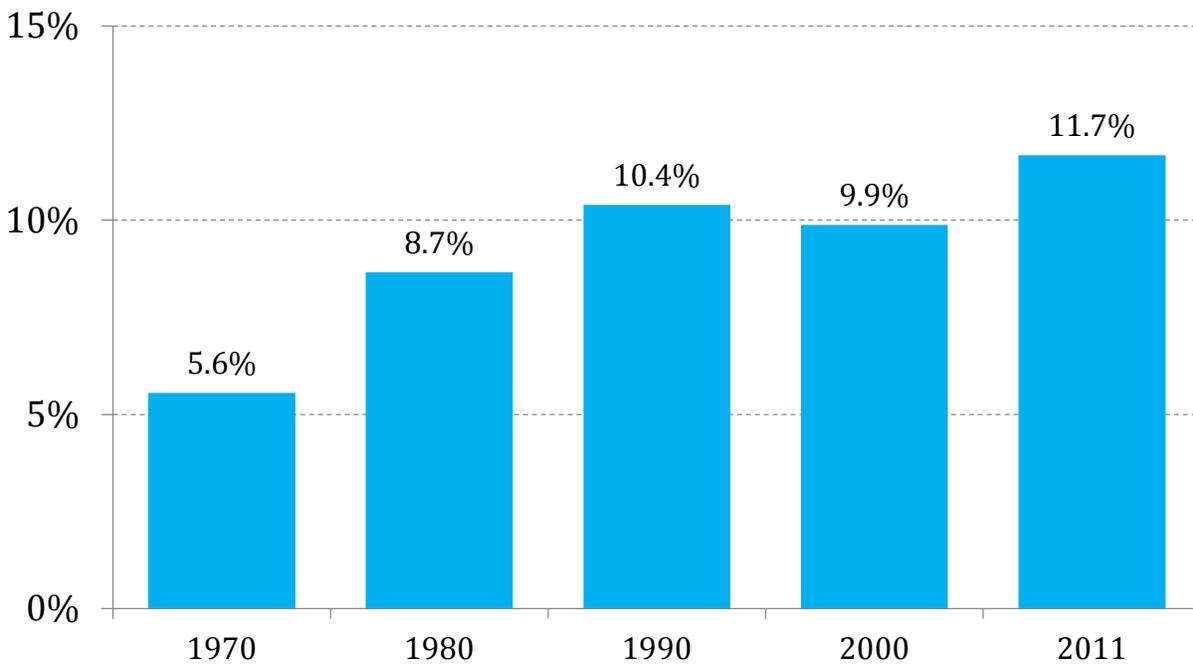
SOURCES: COMPILED FROM BUREAU OF ECONOMIC ANALYSIS – LOCAL AREA PERSONAL INCOME AND EMPLOYMENT - PERSONAL CURRENT TRANSFER RECEIPTS (CA35).

Figure 3.4b Aggregate Annual Medicare Benefits, All Allegheny County Residents, 1970 to 2012



SOURCES: COMPILED FROM BUREAU OF ECONOMIC ANALYSIS – LOCAL AREA PERSONAL INCOME AND EMPLOYMENT - PERSONAL CURRENT TRANSFER RECEIPTS (CA35)

Figure 3.4c Combined Retirement and Medicare Benefits as a Percent of Total Personal Income, Allegheny County, 1970 to 2011



SOURCES: COMPILED FROM BUREAU OF ECONOMIC ANALYSIS – LOCAL AREA PERSONAL INCOME AND EMPLOYMENT - PERSONAL CURRENT TRANSFER RECEIPTS (CA35)

- Older residents are responsible for sizable and increasing inflows of personal income into Allegheny County. In 2012, an estimated \$3.84 billion in direct Social Security payments were accrued to Allegheny County residents. Nationally, 80% of Social Security Old-age, Survivor or disability payments go to recipients age 62 or over.
- In addition, Allegheny County accrued 2.84 Billion in Medicare payments in 2012.
- Combined, Social Security payments and Medicare payments accounted for 11.7% of all personal income in Allegheny County in 2012, a proportion that has more than doubled from 5.6% in 1970.

3.5 Self-Reports of Work Status

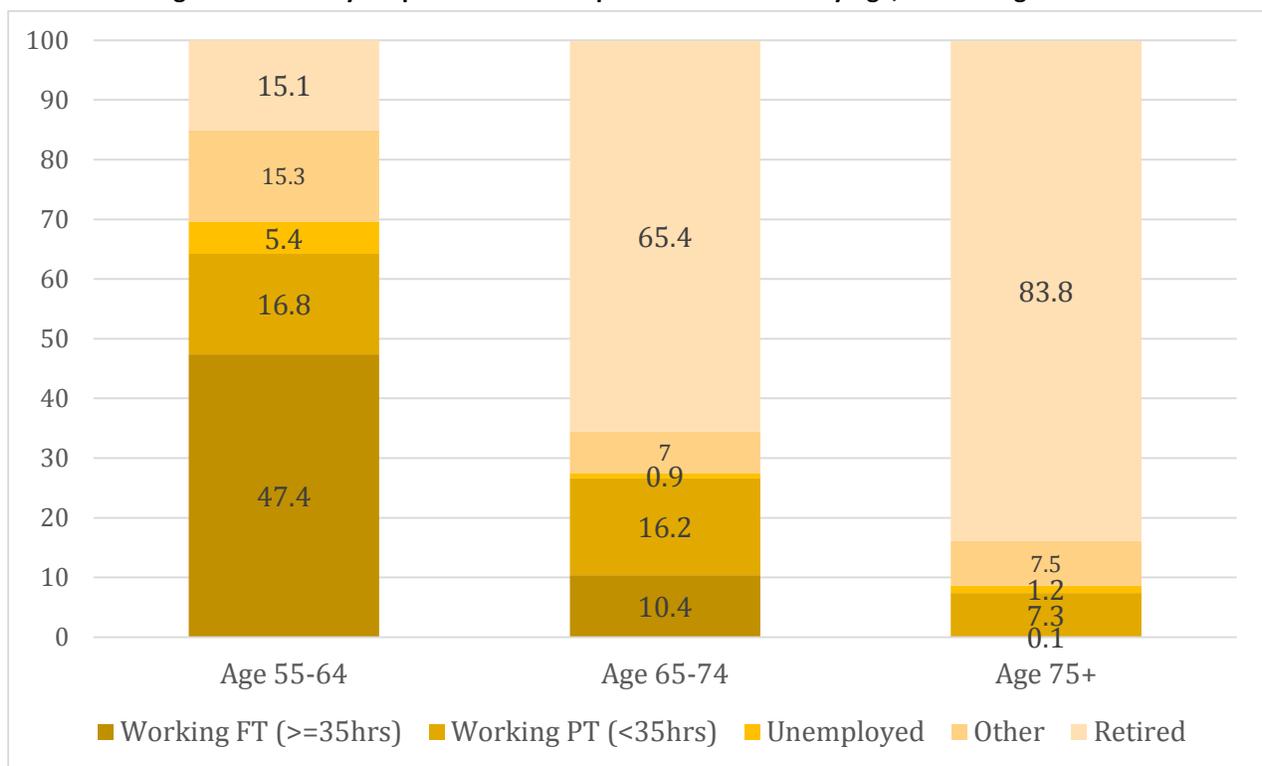
With improved health and increases in longevity, as well as the advent of the baby boom generation’s retirement years, the decision of when to stop working and to retire, as well as confidence in one’s ability to live comfortably in what could potentially be many years of retirement has become a very important set of issues for older adults. The survey of older adults asked several questions relevant to these issues reported in this section. Respondents were asked about their level of confidence in their ability to meet their financial needs during retirement as well as their current financial condition. These questions parallel those of the Employee Benefit Research Institute (EBRI) Retirement Confidence Survey (RCS), an annual national survey of retirement confidence.

For comparative purposes, this section employs a definition of “worker” and “retiree” consistent with the EBRI Retirement Confidence Survey. The RCS definition is as follows: “Retiree refers to individuals who are retired or who are age 65 or older and not employed full time. Worker refers to all individuals who are not defined as retirees, regardless of employment status.” In terms of the work status distribution

shown in Figure 1 below, we included the “other” category of disabled, never worked or homemaker in the retiree group.

- As noted previously, labor force participation rates for Allegheny County are similar to national labor force participation rates. Among survey respondents, in the youngest age group (55-64), 69.6% report that they are still in the labor force. In the 65 to 74 age group, only 27.5% are still participating in the labor force, with 10.4% reporting that they are employed full-time, 16.2% reporting that they are employed part-time (less than 35 hours per week), and 0.9% unemployed and looking for work. For the 75 and older age group, the percent in the labor force has dropped to 8.6%, with only 0.1% working full time, 7.3% working part time, and 1.2% unemployed (Figure 3.5a).

Figure 3.5a Survey Respondents' Self-Reported Work Status by Age, Persons Age 55+



NOTE: OTHER = DISABLED, NEVER WORKED, HOMEMAKER

3.6 Retirement Confidence

Focusing first on retirees, Figure 3.6a shows confidence in certain financial aspects of retirement for those who are already retired in Allegheny County, and comparative national survey results from the EBRI 2014 RCS survey.

- In general, retirees in Allegheny County have a great deal of confidence in their ability to meet the financial needs of retirement.
- Further, Allegheny County retirees consistently report a somewhat higher level of confidence on all four indicators of retirement finances than the US retiree population as a whole. For example, 36.9% of Allegheny County retirees say they are very confident in their ability to live comfortably

versus 28% nationally. Similarly only 11.2% say they are not at all confident in their ability to live comfortably versus 17% nationally.

- However, there are large differences in confidence in the financial aspects of retirement between Black and non-Black Allegheny County retirees, and between retirees with lower levels of education compared with those having a college degree (Figures 3.6b and 3.6c).

Figure 3.6a Retiree Confidence in Financial Aspects of Retirement, Allegheny County and the United States, 2014

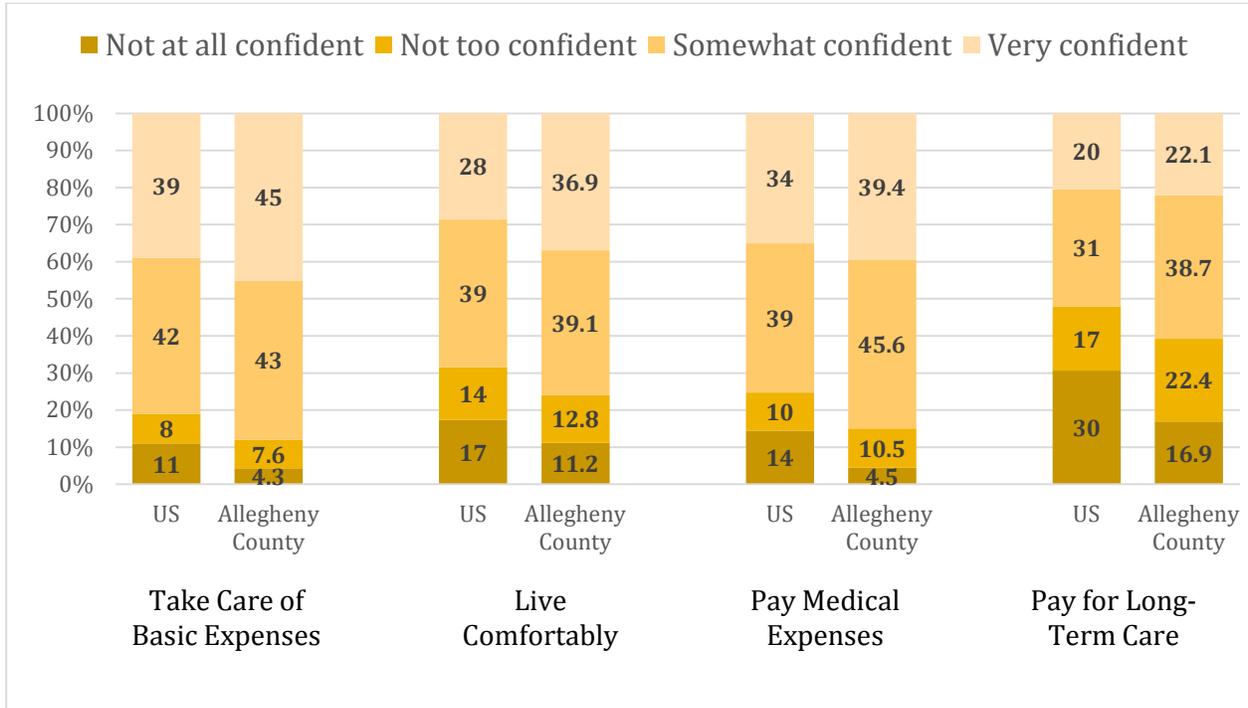


Figure 3.6b Percent of Allegheny County Retirees Very Confident in Financial Aspects of Retirement by Race

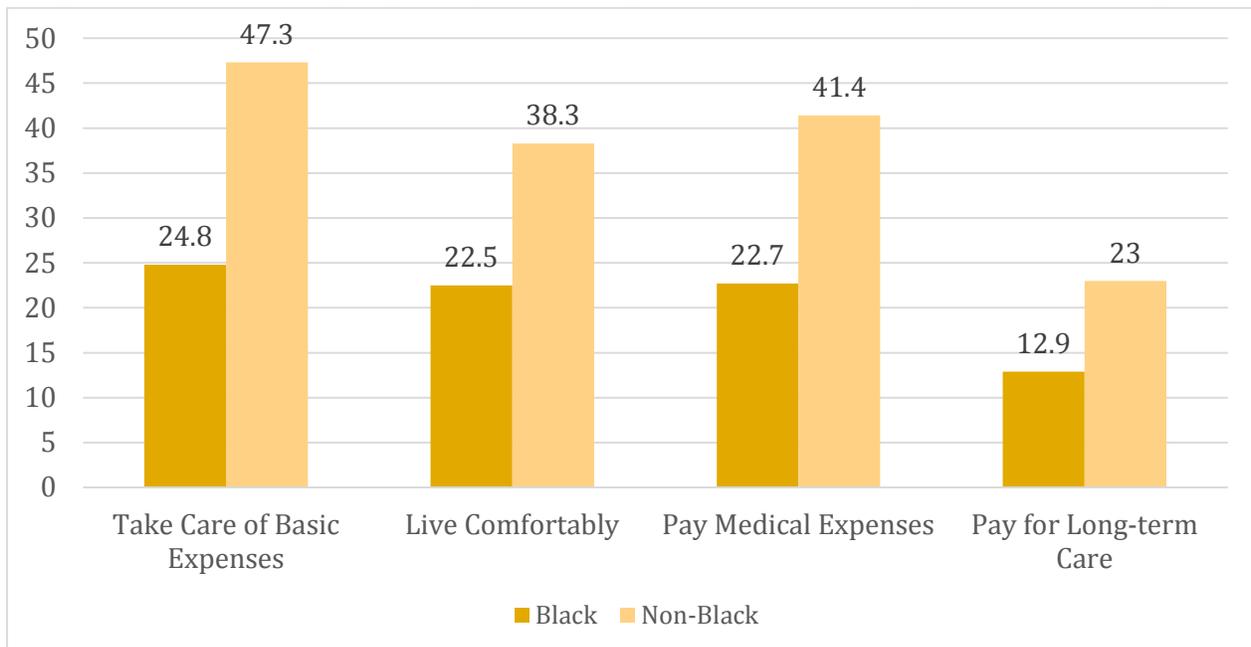
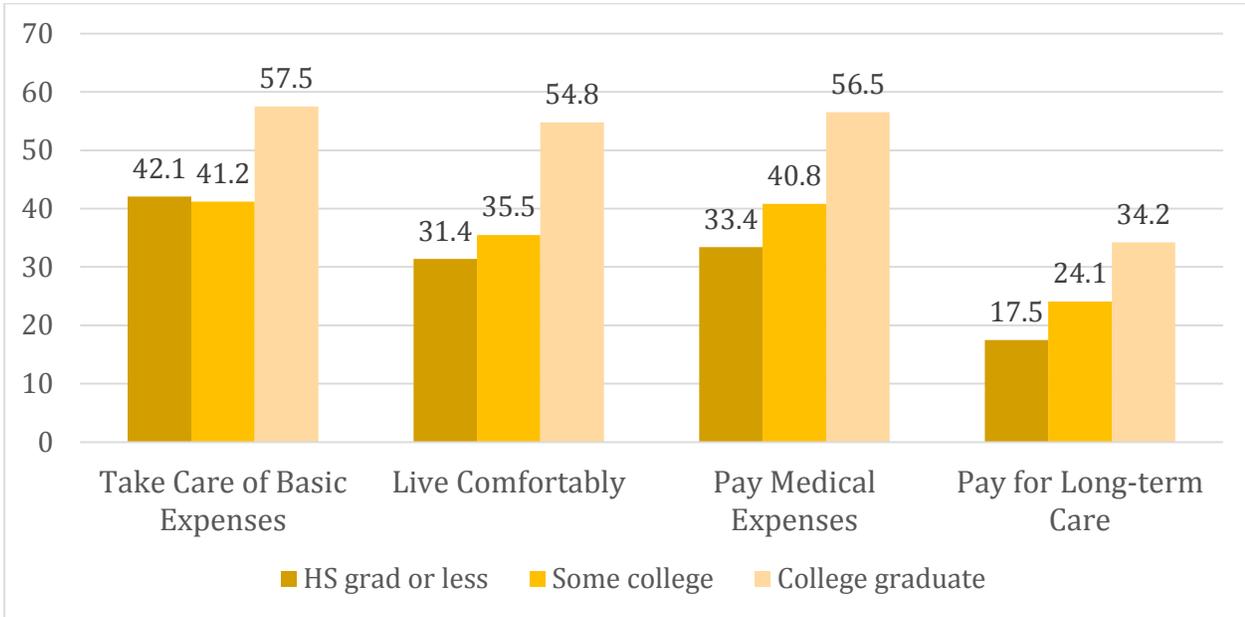


Figure 3.6c Percent of Allegheny County Retirees Very Confident in Financial Aspects of Retirement by Education



Turning next to those who are still working, Table 3.6a shows the percent of workers in Allegheny County who report that they are very confident regarding the financial aspects of retirement, and available comparative national survey results from the EBRI 2014 RCS survey.

Table 3.6a Percent of Workers Age 55+ Who Are Very Confident in Financial Aspects of Retirement, Allegheny County and the United States, 2014

	U.S.	Allegheny County
You will have enough money to take care of basic expenses during retirement	32	36.0
You will have enough money to live comfortably throughout your retirement years	21	24.4
You will have enough money to take care of medical expenses during retirement	19	20.1
You will have enough money to pay for long-term care during retirement	15	8.3
You are doing a good job of preparing financially for retirement	26	30.9

- Similar to retirees, workers in Allegheny County are generally confident, and are somewhat more likely to report that they are very confident in these financial aspects of retirement than the national comparison, with the exception of having enough money to pay for long-term care where they are less confident. Note also that a slightly higher percentage of Allegheny County workers feel more confident that they are doing a good job of preparing financially for retirement.
- Note also that retirees are more confident on these indicators of retirement confidence than workers (comparing Figure 3.6a and Table 3.6a).

- As with retirees, there are racial differences, with Black workers generally less confident than non-Black workers with the exception of paying for medical expenses where Blacks have slightly more confidence. Workers with a college degree are also consistently more confident than those with lower levels of education (Figures 3.6d and 3.6e).

Figure 3.6d Percent of Allegheny County Workers Who Are Very Confident in Financial Aspects of Retirement by Race

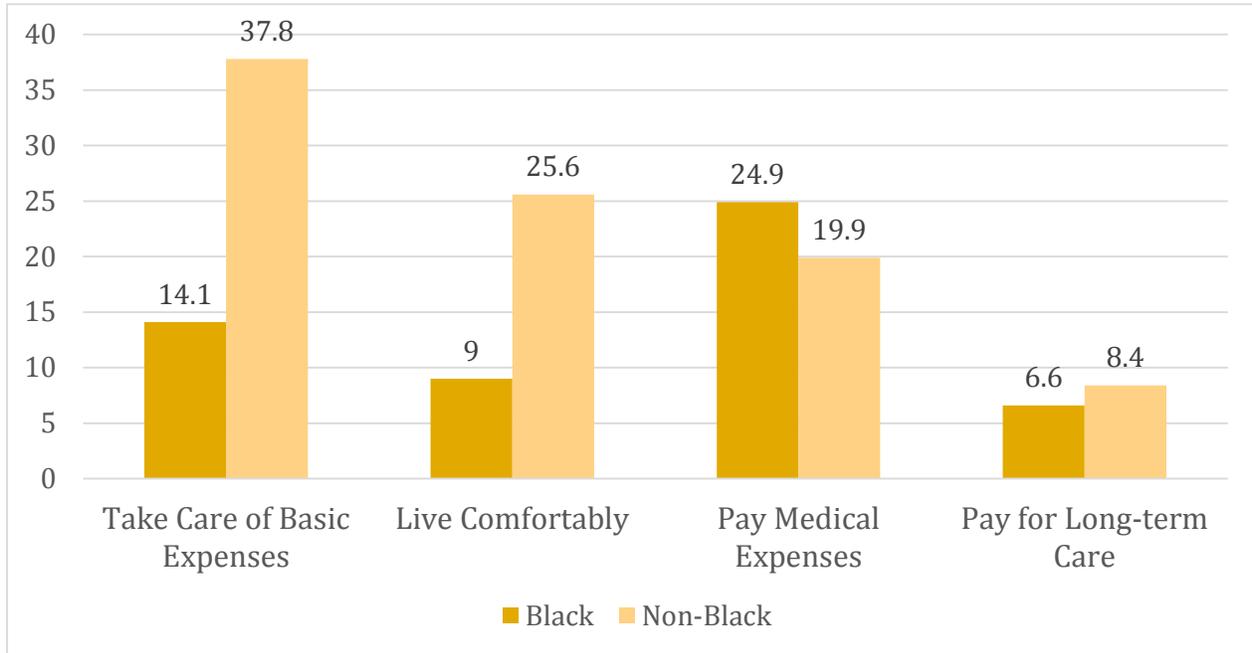
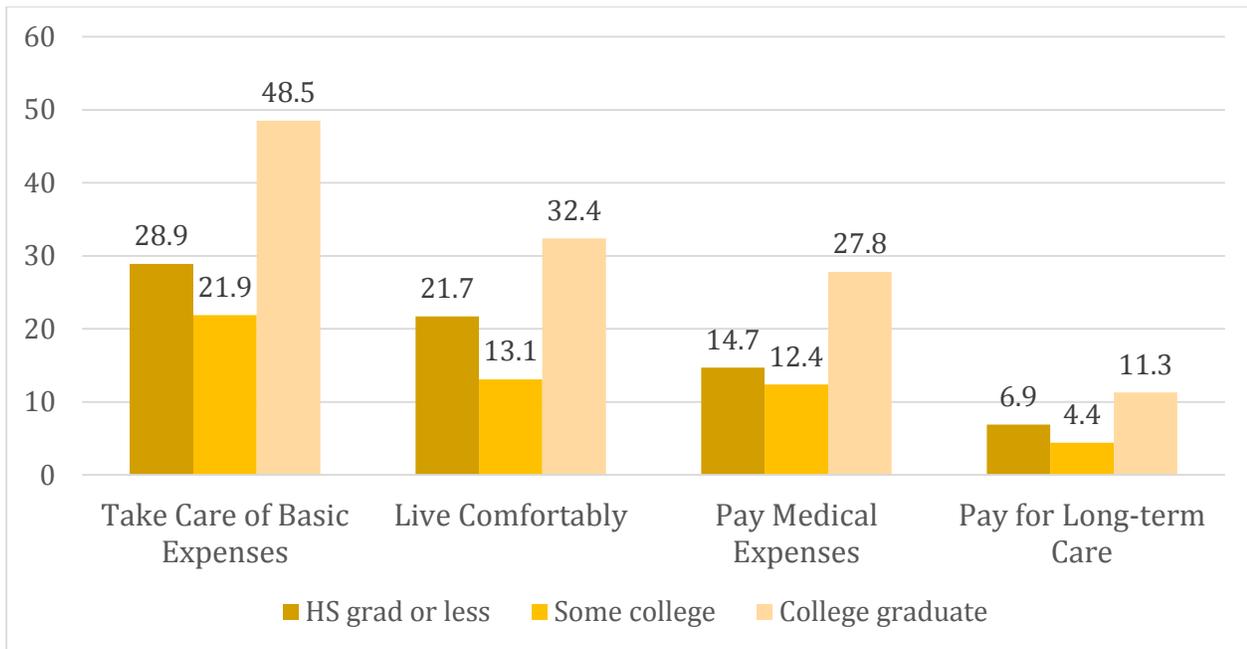


Figure 3.6e Percent of Allegheny County Workers Who Are Very Confident in Financial Aspects of Retirement by Education

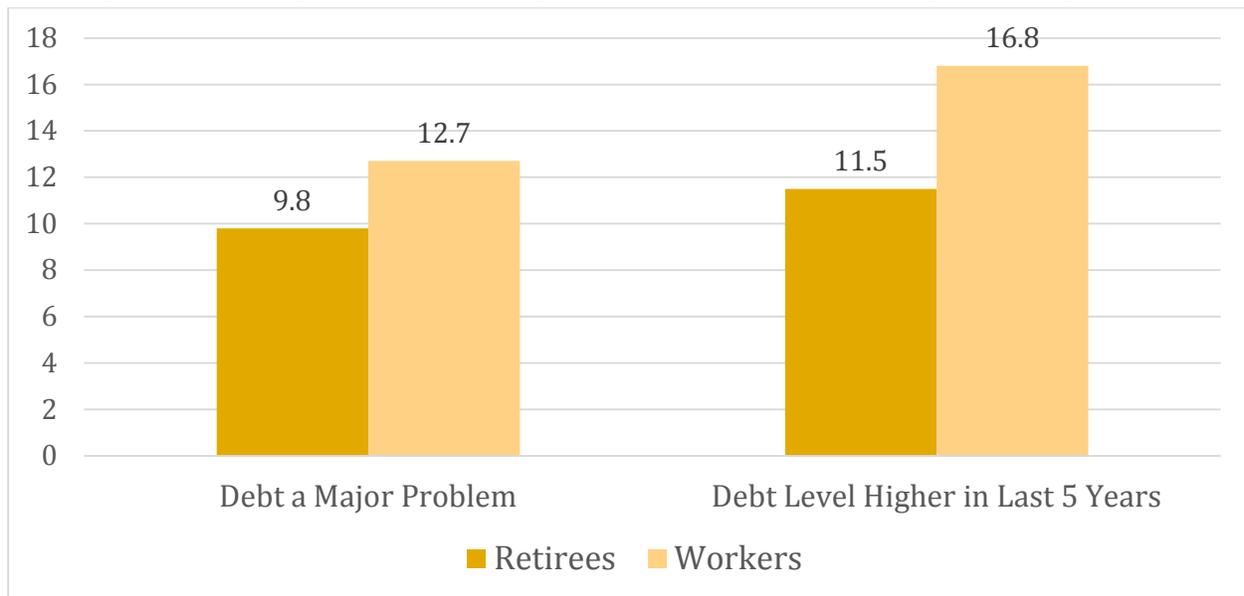


The EBRI Retirement Confidence Survey found a consistent relationship between level of debt and retirement confidence – the higher the level of debt, the lower the level of retirement confidence. To

address this, Figure 3.6f shows two financial indicators focused on debt: difficulty with debt and change in level of debt in the last 5 years.

- Survey respondents report that debt is generally not a major problem for them. Further, debt is less of a problem in Allegheny County than nationally. 9.8% of retirees in the county (compared with 16% nationally) and 12.7% of workers in the county (compared with 20% nationally) report that debt is a major problem (Figure 3.6f).
- Consistent with this, 11.5% of retirees and 16.8% of workers in Allegheny County indicate that their current level of debt is higher than it was five years ago (Figure 3.6f). This compares with 17% of retirees and 24% of workers indicating their debt levels are higher than 5 years ago nationally.

Figure 3.6f Difficulty with Debt and Change in Debt Level in Last 5 Years, Allegheny County, 2014



3.7 Retirement Age

The survey asked questions about age of retirement for those already retired and the expected age of retirement for those still working. Here again, a direct comparison with the EBRI Retirement Confidence Survey is possible.

- In general, the actual age of retirement for Allegheny County retirees is similar to the national retirement age distribution found in the RCS (Figure 3.7a). Compared with the RCS, the main differences are a greater tendency to have retired between the ages of 60 to 64 in the county when compared to the U.S.
- The expected age of retirement for workers in the county is also similar to the RCS comparison distribution (see Figure 3.7b), with a slight tendency to plan to retire at age 66 or older among workers in the county rather than at an earlier age (60 to 65).
- When workers in the county were asked whether they “now expect to retire later at an older age than before”, fully 55% answered yes, possibly indicating that their financial preparations for retirement were inadequate. Retirees were asked a similar question about whether they retired

earlier, later or about when they planned. Almost all reported that they retired earlier or when they planned and only about 6% indicated they retired later than they planned.

Figure 3.7a Actual Age at Retirement of Retirees

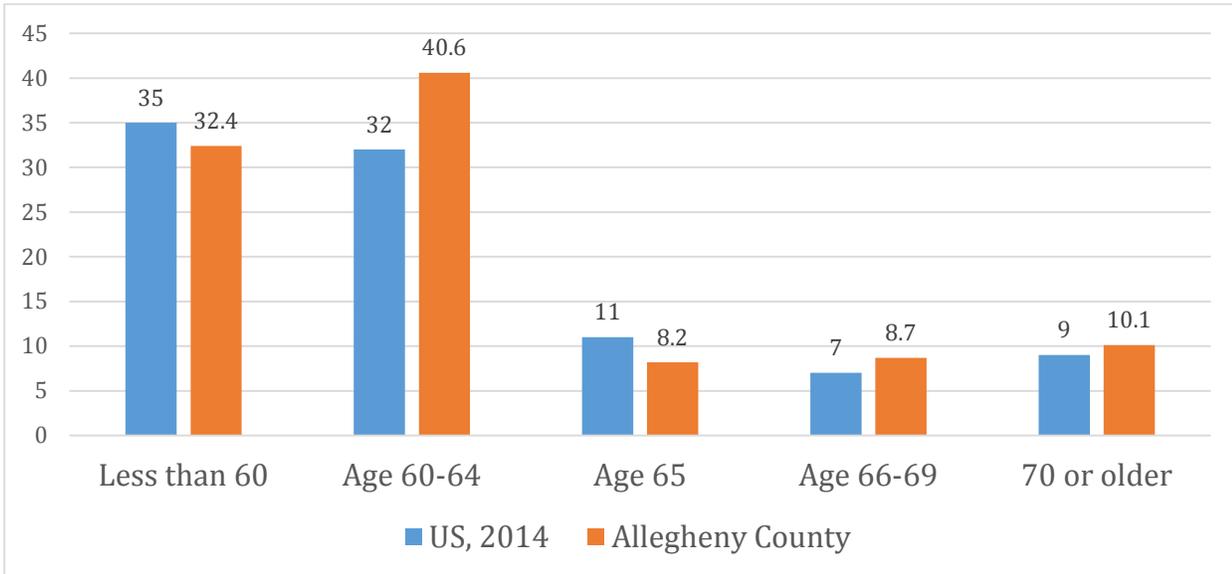
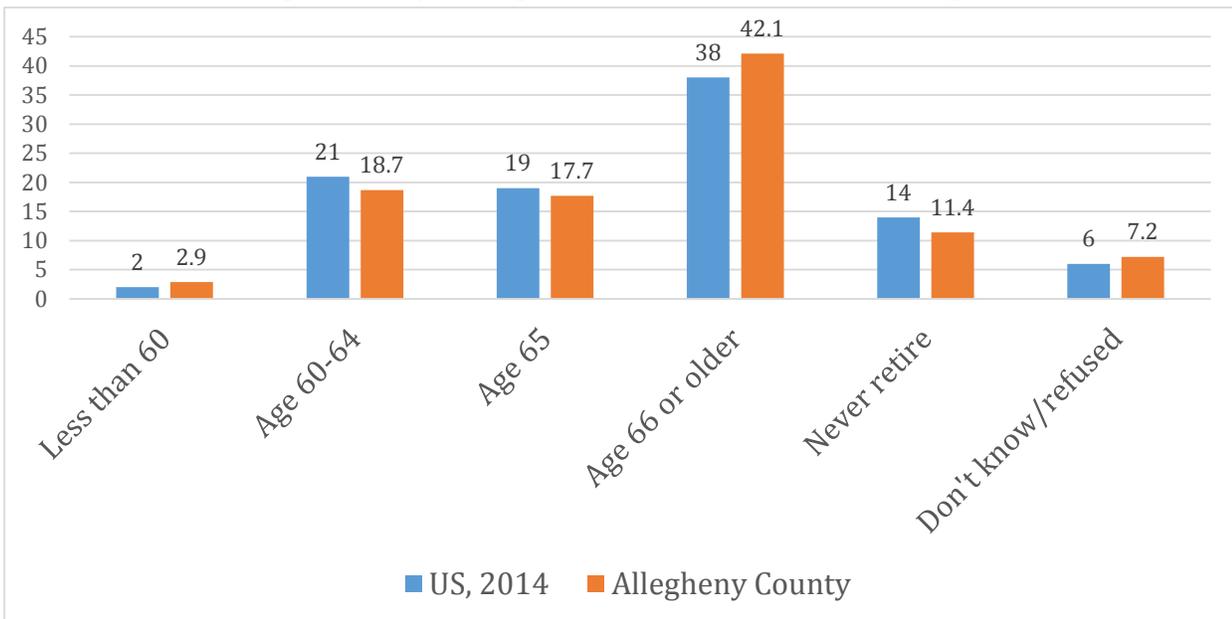


Figure 3.7b Expected Age at Retirement of Workers, Persons Age 55+



4. COMMUNITIES, NEIGHBORHOODS, HOUSING AND TRANSPORTATION

Most seniors, when asked in surveys, typically report that they want to remain in their homes and communities as they grow older; that is, to “age in place”. Because of increasing disability, remaining in the community becomes difficult without support to maintain independent functioning. Neighborhood characteristics and community as well as senior-friendly housing and accessible transportation all play a role in fostering aging in place. This section examines survey responses that are relevant to the issues of

whether the older population of Allegheny County plans to age in place, and the ability of current and future older adults (the baby boom generation now approaching retirement) to remain in place.

4.1 Geographical Distribution of Older Adults in Allegheny County

Municipalities in Allegheny County differ widely in their number and proportion of older adults. The number and concentration of older adults has implications for many factors including social and health services, transportation, safety, and neighborhood amenities. While some municipalities are relatively young, others within the county have disproportionate concentrations of older age groups — far in excess of national averages — to the degree that some could be described as naturally occurring retirement communities or NORCs. NORCs are communities, or in some cases individual multi-unit buildings, that were not originally built for seniors, nor are comprised of institutionalized housing, but are nonetheless home to high concentrations of older age cohorts. The existence and evolution of NORCs can have significant implications for service delivery in both the private and public sector. Looking at Tables 4.1a and 4.1b and Figures 4.1a, 4.1b and 4.1c:

- In 33 Allegheny County municipalities, the population age 65 and over represents 20% or more of the total population, reaching as high as 54% in Aleppo.
- Only 4 municipalities (North Fayette, Marshall, Ohio, and Pine) have populations age 65 and over that represent less than 10% of the total population.
- The city of Pittsburgh has the largest resident population age 65 and over (42,151 in 2010), followed by Penn Hills (8,137); 5 other municipalities have more than 5,000 persons age 65 or over (Bethel Park, Ross, Mount Lebanon, Monroeville and McCandless).
- Five municipalities have concentrations of the population age 85 and over in excess of 5% of total population: Aleppo (23.6%), Harmar (7.1%), Whitehall (5.4%), East Deer (5.3%), and Avalon (5.1%).
- Within the county, municipalities which have the lowest proportion of older adults are experiencing some of the faster rates of increase in the same age cohorts. Portions of the North Hills of Allegheny County currently have some of the lowest older populations.
- The City of Pittsburgh and most municipalities of the Mon Valley in Southeastern portions of Allegheny County, areas that had been some of the older communities in the Pittsburgh region, have experienced both a decline in the number of older residents, and a decline in the proportion of municipal populations that are made up of the population age 65 and over.

Table 4.1a Allegheny County Municipalities with Highest Concentrations of Population, Age 65+, 2010

Municipality	Total	Age 65+		Age 85+	
Aleppo township	1,916	1,051	54.9%	452	23.6%
Harmar township	2,921	946	32.4%	206	7.1%
Churchill borough	3,011	774	25.7%	89	3.0%
Cheswick borough	1,746	447	25.6%	73	4.2%
Braddock Hills borough	1,880	463	24.6%	85	4.5%
Haysville borough	70	17	24.3%	0	0.0%
Versailles borough	1,515	367	24.2%	49	3.2%
West Homestead borough	1,929	464	24.1%	68	3.5%
White Oak borough	7,862	1,875	23.8%	305	3.9%
Whitehall borough	13,944	3,316	23.8%	750	5.4%
Bridgeville borough	5,148	1,202	23.3%	242	4.7%
Springdale township	1,636	380	23.2%	37	2.3%
Wilkins township	6,357	1,468	23.1%	249	3.9%
Oakmont borough	6,303	1,435	22.8%	288	4.6%
Scott township	17,024	3,859	22.7%	811	4.8%
Pleasant Hills borough	8,268	1,861	22.5%	379	4.6%
South Versailles township	351	76	21.7%	8	2.3%
Kennedy township	7,672	1,658	21.6%	296	3.9%
Blawnox borough	1,432	308	21.5%	47	3.3%

Table 4.1b Allegheny County Municipalities with Largest Populations Age 65+, 2010

Municipality	Total	Age 65+		Age 85+	
Pittsburgh city	305,704	42,151	13.8%	7,347	2.4%
Penn Hills township	42,329	8,137	19.2%	1,333	3.1%
Bethel Park municipality	32,313	6,499	20.1%	999	3.1%
Ross township	31,105	6,471	20.8%	1,124	3.6%
Mount Lebanon township	33,137	6,255	18.9%	1,433	4.3%
Monroeville municipality	28,386	6,088	21.4%	1,195	4.2%
Shaler township	28,757	5,542	19.3%	665	2.3%
McCandless township	28,457	5,045	17.7%	1,053	3.7%
Plum borough	27,126	4,557	16.8%	643	2.4%
Baldwin borough	19,767	3,980	20.1%	689	3.5%
West Mifflin borough	20,313	3,961	19.5%	704	3.5%
Scott township	17,024	3,859	22.7%	811	4.8%
McKeesport city	19,731	3,601	18.3%	689	3.5%
Whitehall borough	13,944	3,316	23.8%	750	5.4%
Moon township	24,185	3,110	12.9%	351	1.5%
Upper St. Clair township	19,229	3,106	16.2%	537	2.8%
Hampton township	18,363	3,009	16.4%	509	2.8%
Elizabeth township	13,271	2,687	20.2%	413	3.1%
Wilkinsburg borough	15,930	2,552	16.0%	315	2.0%

Figure 4.1b Change in Size of Population Age 65+, 2000 to 2010, Allegheny County Municipalities

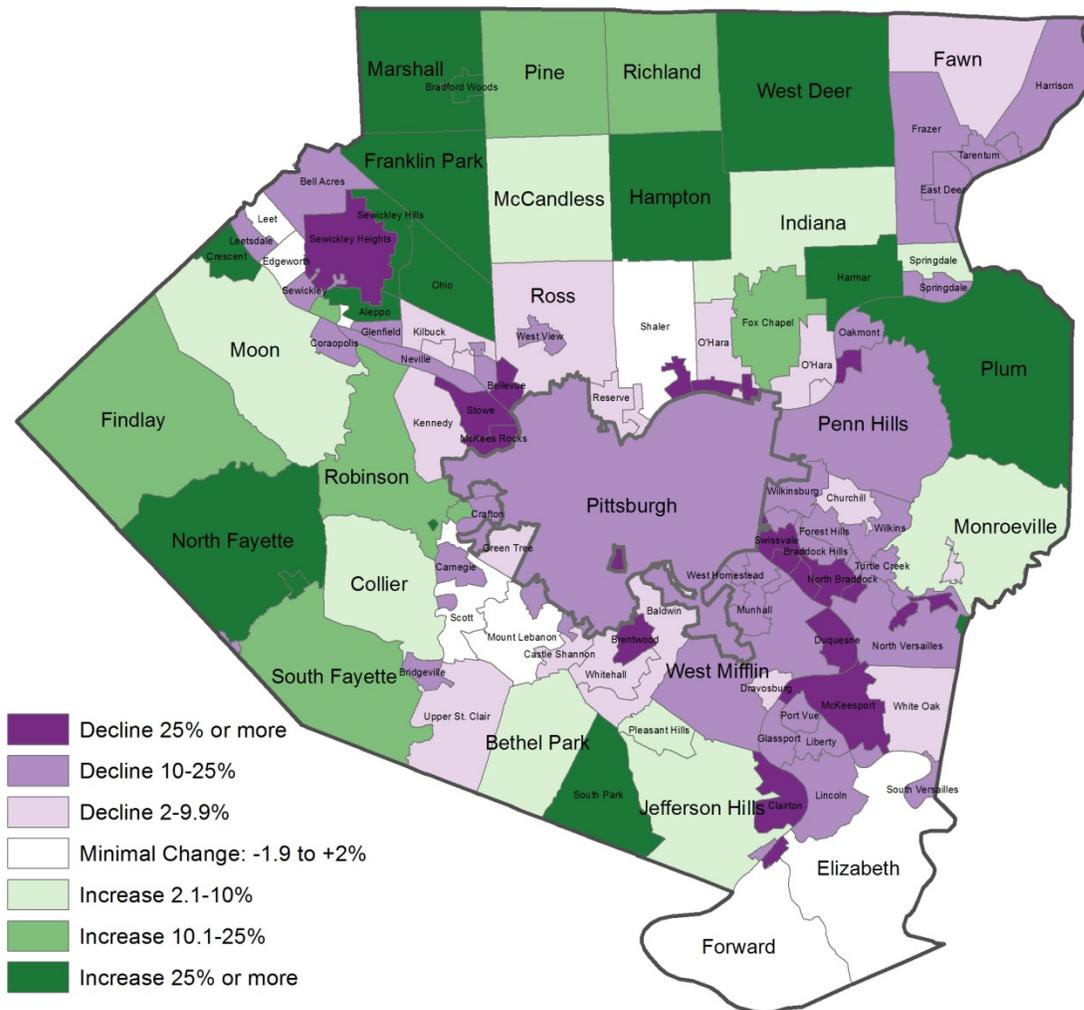
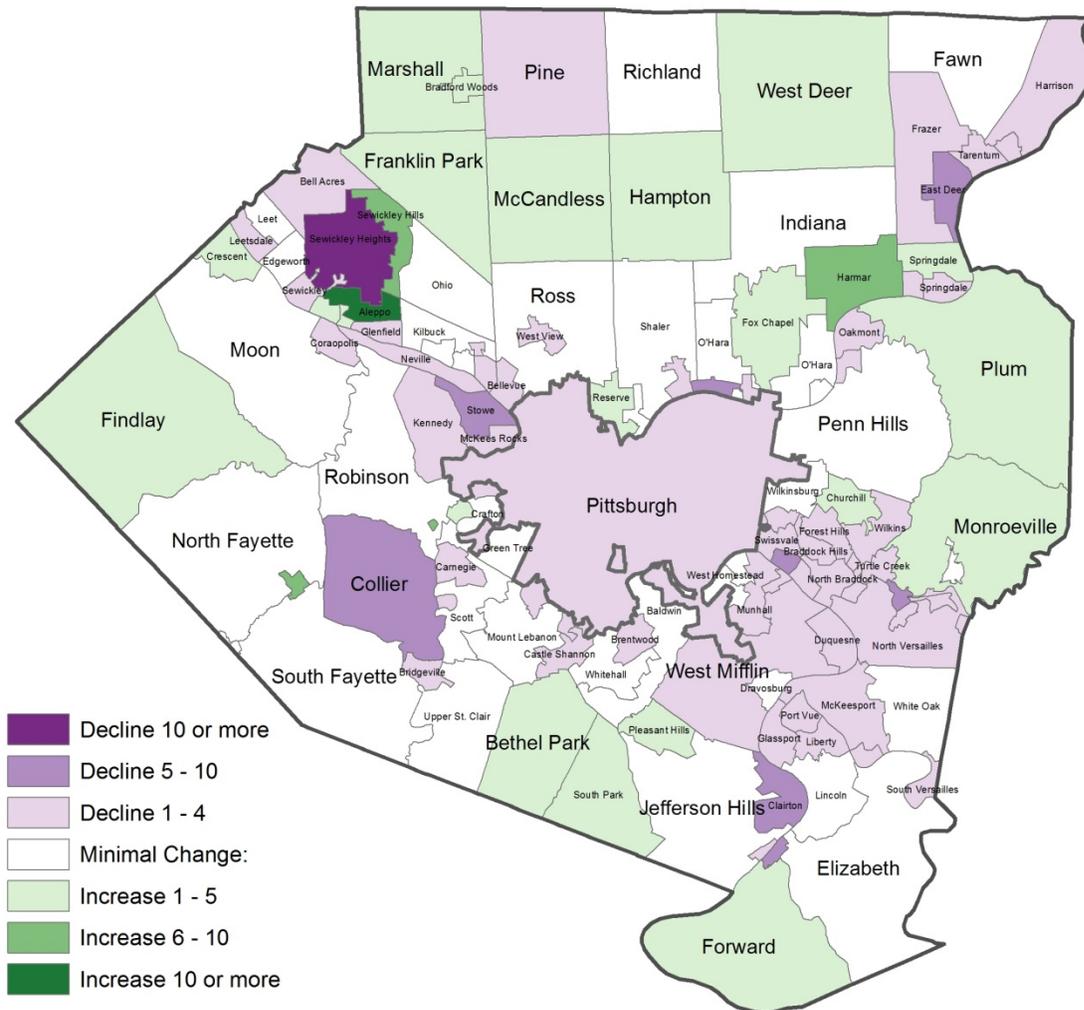


Figure 4.1c Change in Proportion of Population Age 65+, 2000 to 2010, Allegheny County Municipalities



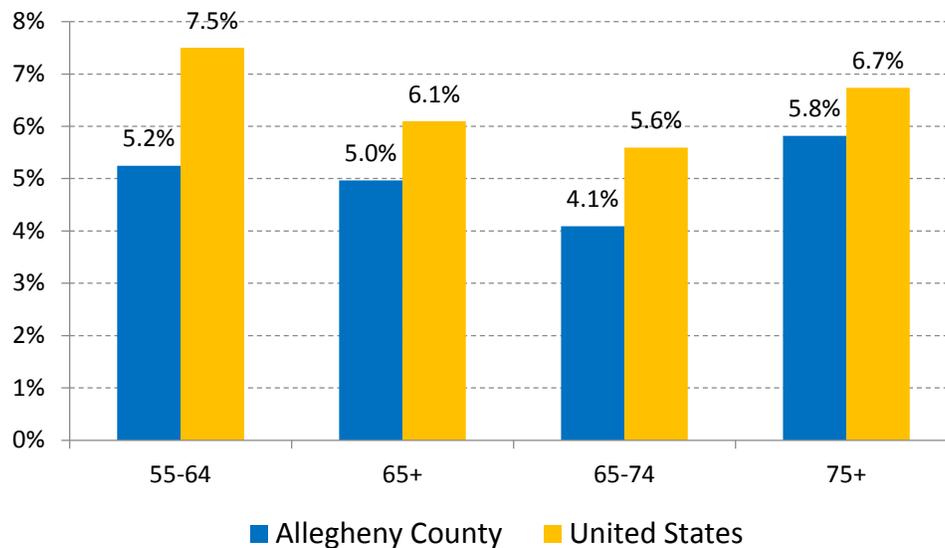
Data reflects change between 2000 and 2010 in percentage points in the proportion of population age 65 and over by municipality.

4.2 Population Migration and Residential Mobility

The intention to remain in place may be first examined through the concept of migration between regions of the country and also through more localized residential mobility. Migration between regions of the U.S. is predominantly composed of younger, working age population cohorts, that move based on job opportunities and future job prospects. Migration of younger working age cohorts exhibit much higher variation over time and between regions than older or retiree migration. Migration of the older population is less impacted by economic trends but to a large degree reflects retirement decisions. Residential mobility based on community and residence choice may in many cases be within the same county or the region. Secondary data sources as well as the older adult survey data address issues concerning migration and mobility. Some key points are:

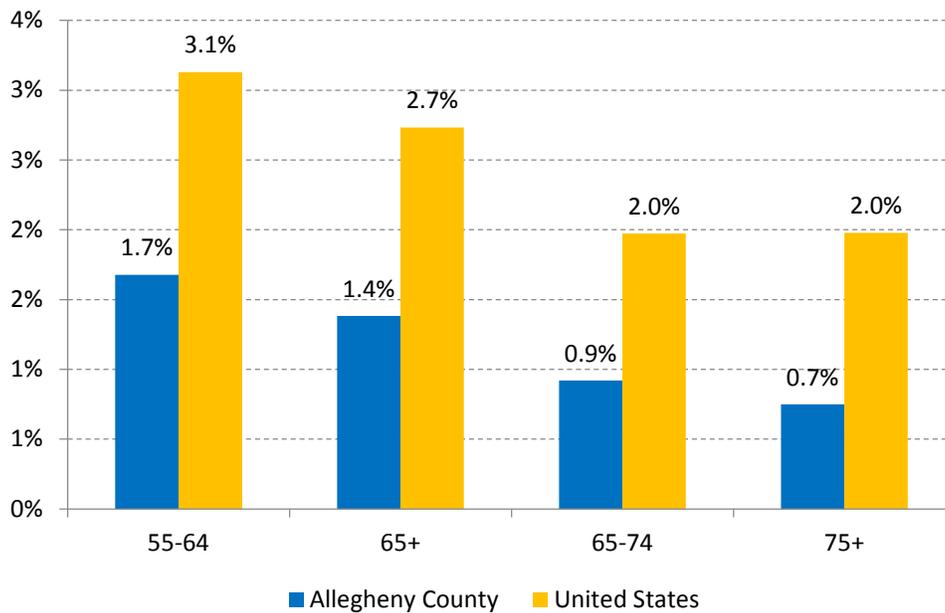
- Allegheny County older adults tend to have less residential mobility than older adults nationally, and if they do move they tend to remain in the county and region. Older Allegheny County residents are more likely to stay in place than older adults in Pennsylvania or the US. About 5% of county residents age 65 and over lived in a different house 1 year prior, compared to 6.1% of residents nationally. (Figure 4.2a).
- Migration of older residents into Allegheny County is relatively low compared to the nation. In 2012, 1.4% of county residents age 65 and over lived outside of Allegheny County one year prior compared to 2.7% nationally (Figure 4.2b).

Figure 4.2a Proportion of the Population Who Lived in another House 1 Year Ago, Allegheny County and United States, 2012



SOURCE: COMPILED FROM AMERICAN COMMUNITY SURVEY 1-YEAR ESTIMATES, 2012

Figure 4.2b Proportion of the Population Who Lived Outside of Current County of Residence 1 Year Ago, Allegheny County and United States, 2012



SOURCE: COMPILED FROM AMERICAN COMMUNITY SURVEY 1-YEAR ESTIMATES, 2012

4.3 Residential Mobility: Self-Reports of Moves and Plans to Move

The survey of older adults asked questions about residential mobility over the last 10 years and plans to move over the next 5 years. Findings included:

- Consistent with secondary data, respondents to the survey report a high level of residential stability over the past 10 years. 77.9% report having lived in their current residence for 10 years or more, 95.6% have lived in the county for 10 years or more, and 97% have lived in Southwestern Pennsylvania for 10 years or more (see Figure 4.3a).
- Looking to the future, they also largely plan to stay in place for the next 5 years, with only 16.1% planning to move to a new home, 6.2% to move out of the county, and 4.4% to move from the region (see Figure 4.3a). We can infer from this that many older Allegheny County residents, like those elsewhere, plan to age in place.
- Residential mobility is highest in the 55 to 64 age group, and decreases with age. A higher percentage of respondents in the older age groups had lived in their current residence for 10 or more years, and the intention to move to a new home in the next five years decreases from 22.5% in the 55 to 64 age group, to 8.9% in those 75 and older. Similarly, the intention to move from the county decreases from 9.3% to 2.6% across age groups (see Figure 4.3b).
- Overall, 85.2% rate the Southwestern Pennsylvania region as an excellent, very good, or good place to retire and that increases to nearly 90% for those age 65 and over. 78.9% of the 55 to 64 age group rated the region that highly, and about 21% rated the region as only a fair or poor place to retire. Thus, roughly a fifth of the younger age group (55-64), although not planning a move away from the county and region in the near future, may yet do so.

- Respondents with more education, those who are still working and who live with others more often report that they intend to move in the next 5 years (see Figure 4.3c). Additionally, those who rent their home are more likely to plan to move (24.2%) in contrast with owners (14.6%). Blacks were more likely than non-Blacks to report plans to move, but note that about 51% of Blacks report renting their home versus about 13% of non-Blacks. Among Black home owners, the percent planning to move in the next 5 years (12.0%) was comparable to that of non-Blacks (14.9%).
- Availability of community amenities and retirement considerations play a significant part in decisions about where to move. Among those who intend to move in the next 5 years but stay in the region, the factors cited as important in choosing a community to move to, in addition to housing costs (62.3%), crime and safety (55.7%) and proximity to family (54.1%), included such amenities as accessibility to health care (45.7%), accessibility to commercial establishments (40.4%), accessibility to other public services (39.0%), and accessibility to public transit (28.4%) (see Figure 4.3d).
- Among all those planning a move in the next 5 years, retirement was cited as a part of the reason for planning a move in the next 5 years by almost a quarter, and nearly half (47.2%) responded that “having a house that is designed or modified to accommodate older adults or those who have disabilities” will be very important in their next choice of residence (see Figure 4.3e).

Figure 4.3a Self-Reports of Residential Mobility, Persons Age 55+

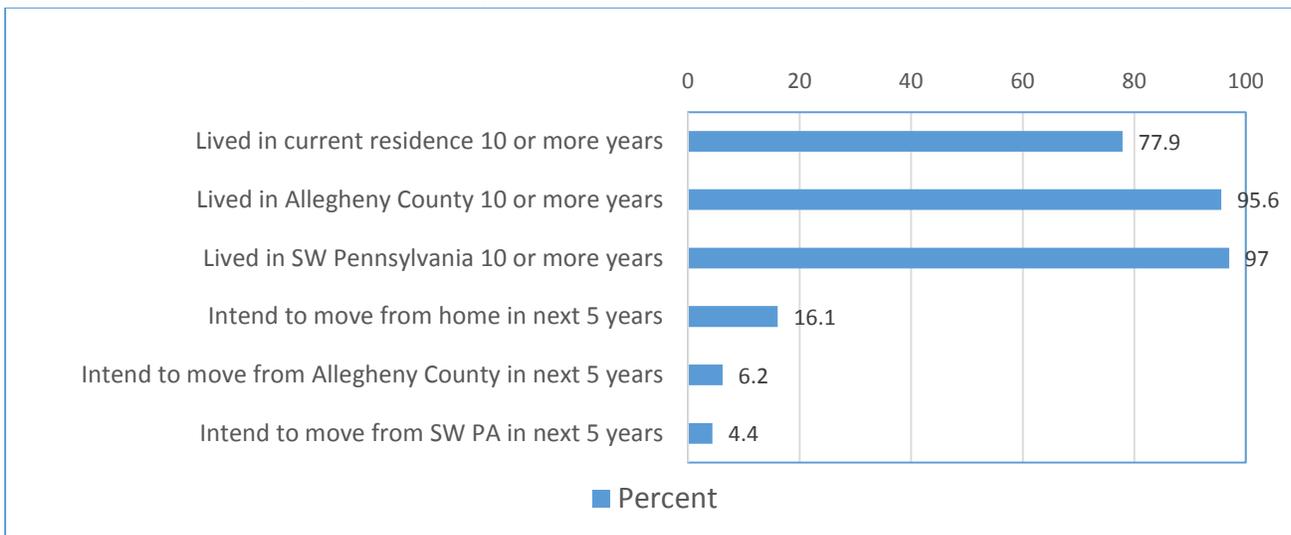


Figure 4.3b Residential Mobility by Age, Persons Age 55+

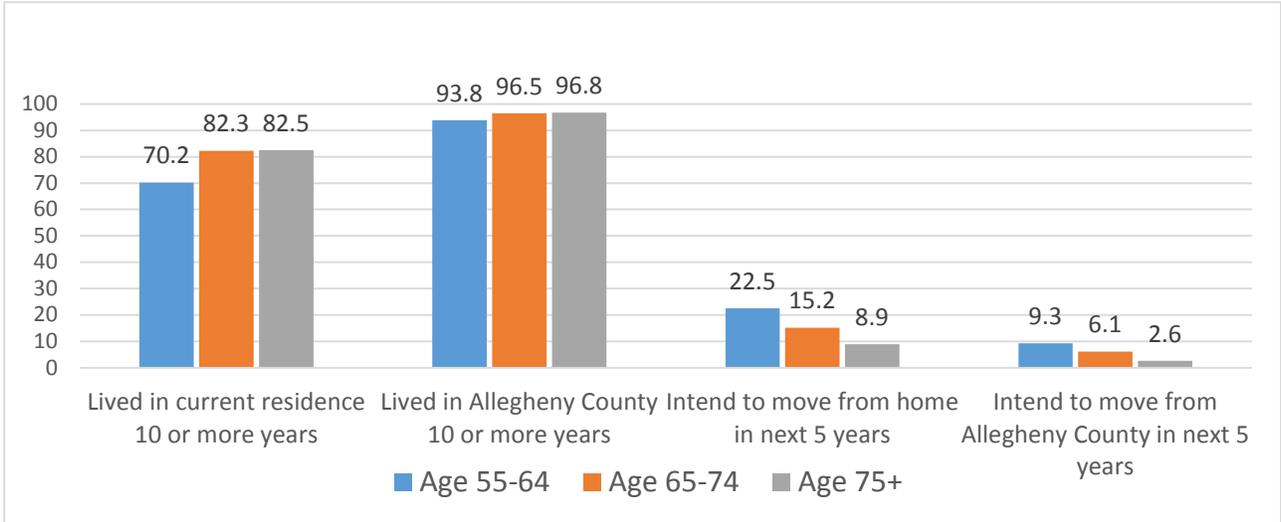


Figure 4.3c Intentions to Move From Home in Next 5 Years, Persons Age 55+

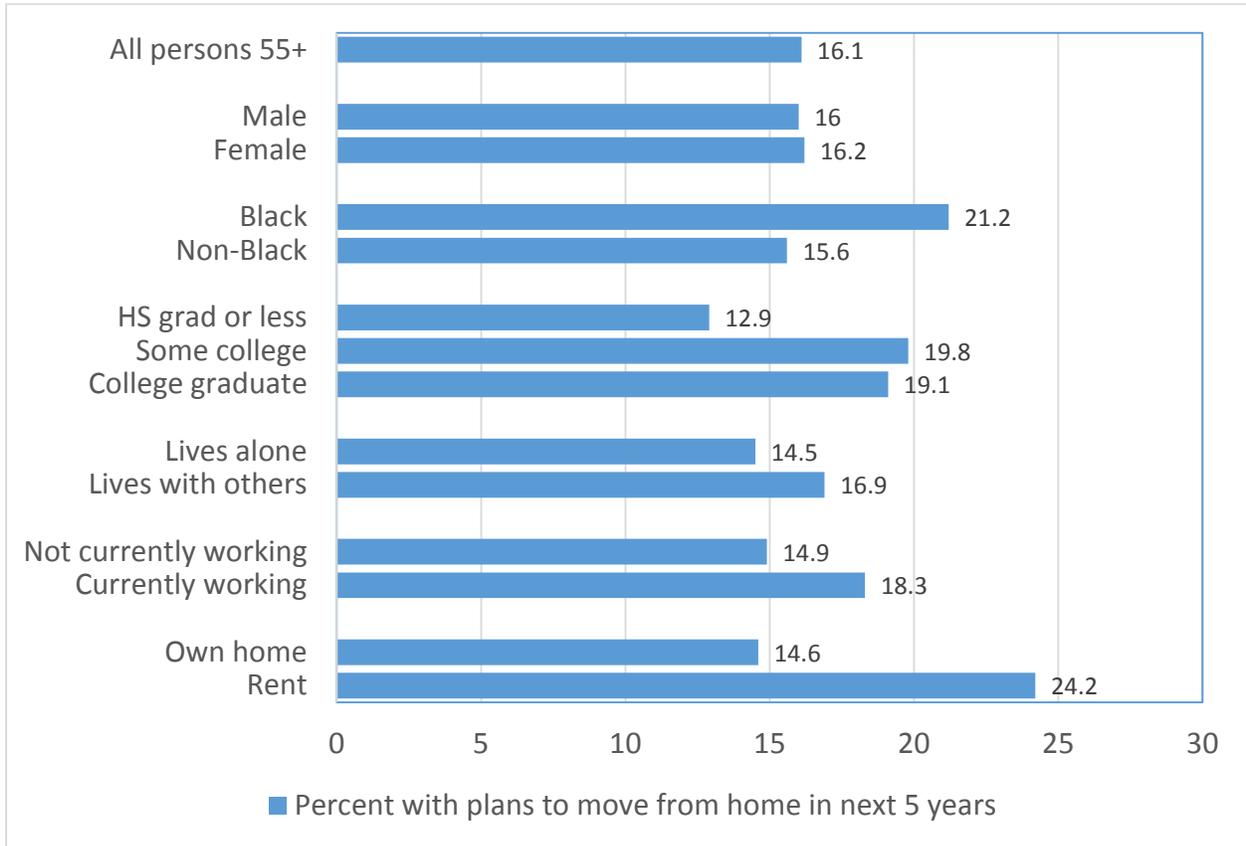


Figure 4.3d Important Factors in Choice of Which Community to Move to, Persons Age 55+ Who Plan to Move in Next 5 Years but Stay in Region

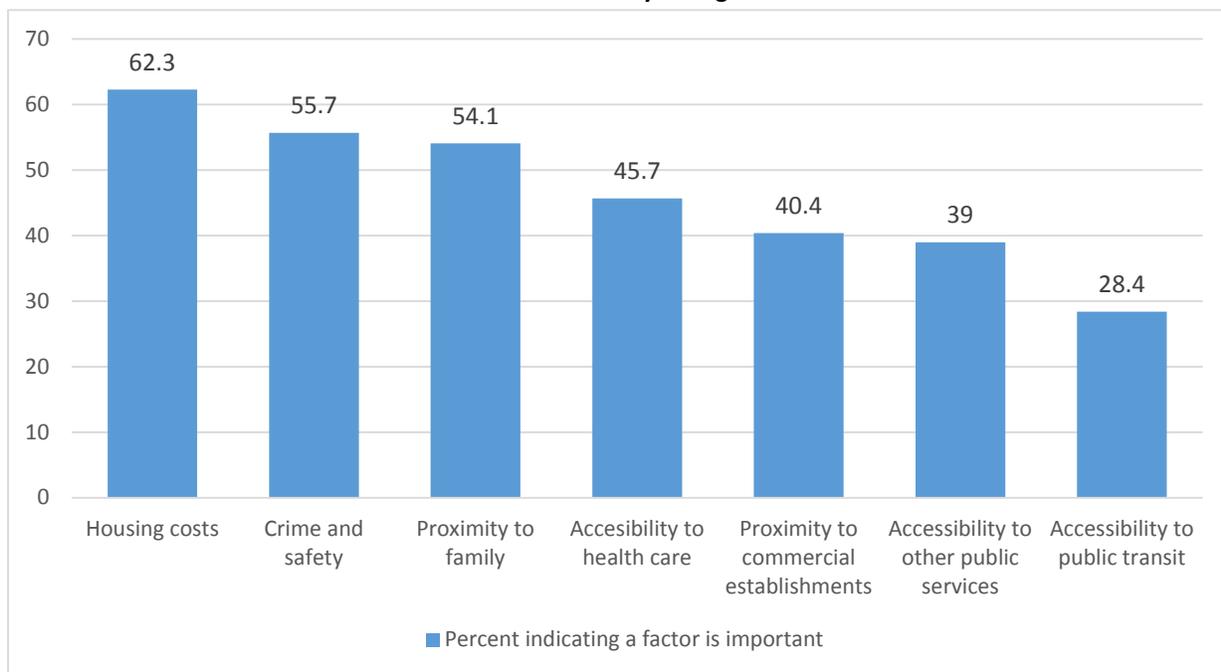
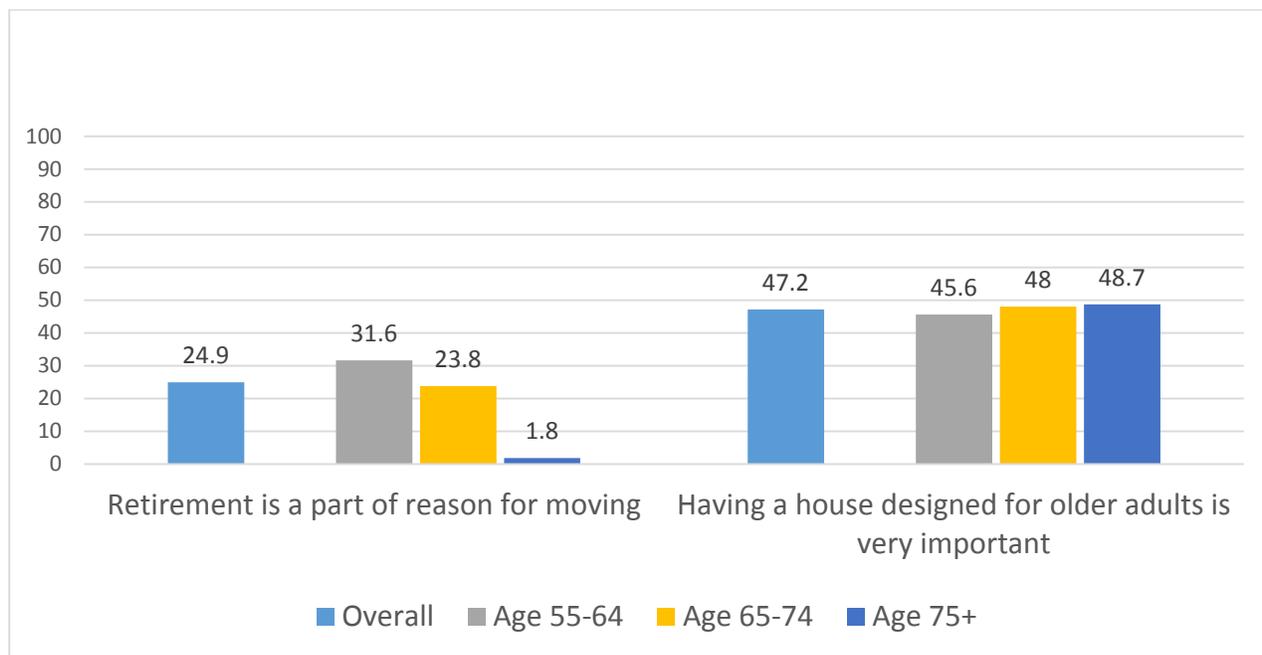


Figure 4.3e Retirement and Older Adult (Modified?) Housing as Reasons for Moves by Age, Persons Age 55+ Who Plan to Move in Next 5 Years



4.4 Neighborhood and Community Characteristics

Survey respondents were also asked to rate the neighborhoods they currently live in along a number of dimensions which pertain to the ability of older adults to successfully live in these neighborhoods. Neighborhoods vary in the resources, services and accessibility they provide to help support older people. These include both physical and convenience aspects of the neighborhood such as accessibility to

amenities and other conditions and factors relevant to older adults, as well as the social aspects of the neighborhoods including neighborhood social cohesion and social interaction within the neighborhood. Some key findings from the survey were:

- While respondents were mostly positive about the accessibility of various amenities, a significant proportion of respondents were not completely satisfied (see Figure 4.4a). The percent giving the most positive ratings ranged from accessibility to groceries at 72.1% to accessibility to green spaces at 56.3%. This indicates that at least 28% and ranging up to 44% were not completely satisfied with neighborhood conditions, leaving room for improvement. Note that over a third did not feel completely safe in their neighborhood and about 43% felt that their neighborhood had at least some shortcomings as a place for older adults to live.
- Interestingly, neighborhood ratings varied by age of the respondent. The oldest respondents tended to feel safest in their neighborhoods and felt that they were good places for older people to live and that housing conditions were good. Younger respondents were less positive about these neighborhood characteristics. This may be because respondents in the oldest age group tend to be more home-bound and interact with the neighborhood less. On the other hand, accessibility to groceries and green spaces and the perceived convenience of the neighborhood decreased with age (see Figure 4.4b), perhaps because older individuals have less mobility outside the home.
- Comparing neighborhood conditions by race, Blacks consistently rated their neighborhoods significantly less positively than non-Blacks on all dimensions. The biggest differences were found for quality of housing conditions, whether the neighborhood was a good place for older adults to live, a good place for physical activity, and accessibility to green spaces (see Figure 4.4c).
- Positive neighborhood ratings also increased with education on all dimensions (Figure 4.4d), and owners consistently gave more positive ratings than renters (Figure 4.4e). Respondents who reported that they needed assistance from someone with routine and personal care needs (functionally limited or disabled) also rated neighborhood conditions less positively than those with no functional limitations (Figure 4.4f). Finally, those who live alone tended to rate neighborhood conditions less positively than those who live with others (Figure 4.4g).
- Social interaction with neighbors was relatively high (see Figure 4.5a). 61.6% of the respondents reported that they knew many or most of their neighbors and 82.8% said they talked to their neighbors at least once a month or more often. This implies, however, that a significant proportion do not know (38%) or interact with (17%) their neighbors very frequently.
- Interaction didn't vary much across age groups. The oldest age groups tended to know more of their neighbors than the 55 to 64 age group, and the 75 or older age group tended to talk to their neighbors slightly less frequently.
- Social interaction with neighbors varied by race, with Blacks less likely to know many or most of their neighbors (45.2% versus 63.4%) and to talk to their neighbors at least monthly (68.1% versus 84.3%).
- Neighborhood social cohesion was measured with a scale comprised of the responses to five questions (see Figure 4.5b). Respondents were asked (on 4-point agreement scales; see questionnaire in Appendix) whether people in their neighborhood were willing to help their neighbors, whether they can be trusted, whether they generally get along with each other, whether they share the same values, and whether theirs was a close-knit neighborhood. In order

to identify neighborhoods with the greatest social cohesion, respondents were split into (unweighted) thirds on their value on the social cohesion scale, with the highest third identified as living in the most socially cohesive neighborhoods.

- Demographic differences in neighborhood social cohesion were found (Figure 4.5b). The oldest age groups were less likely to rate their neighborhoods as high in social cohesion compared with the 55 to 64 age group. In addition, Blacks, those with less education, those who live alone, those not currently working, renters, and those who needed help with routine or personal care needs all rated their neighborhoods as less socially cohesive.

Figure 4.4a Positive Ratings of Neighborhood Conditions, Persons Age 55+



Figure 4.4b Positive Ratings of Neighborhood Conditions by Age, Persons Age 55+

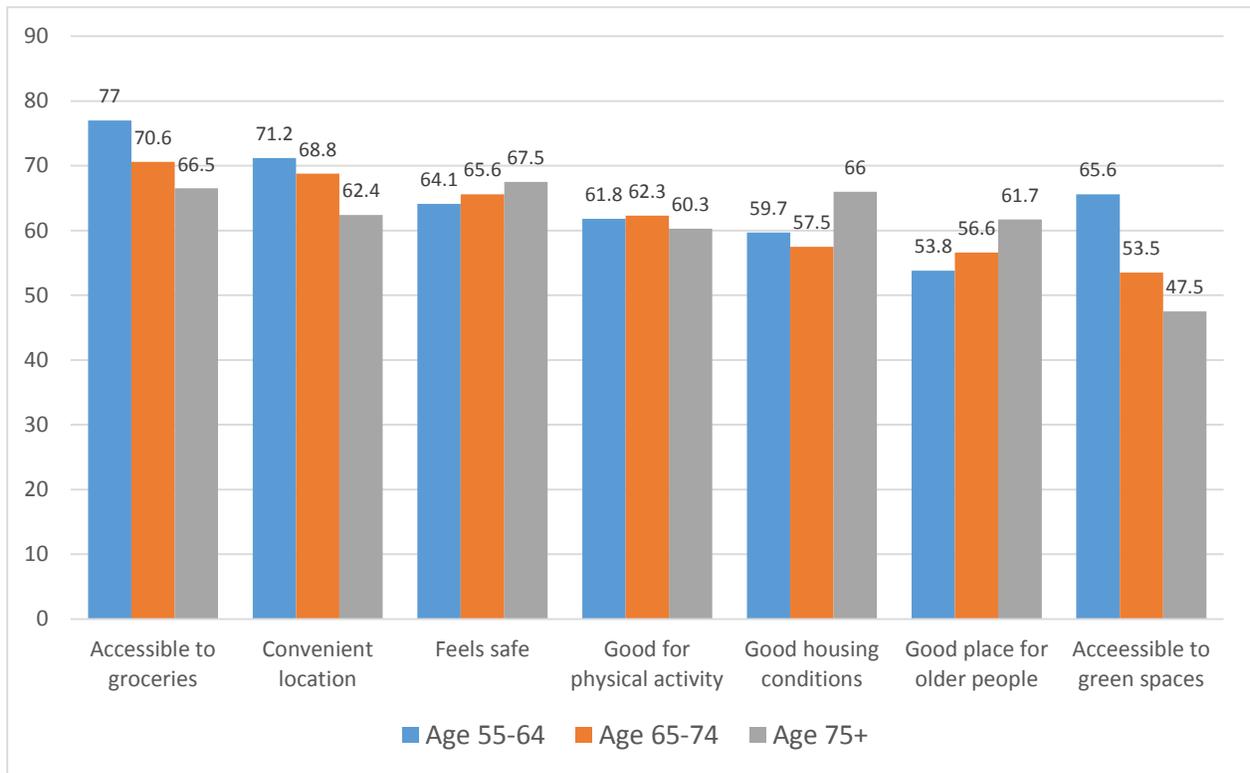


Figure 4.4c Positive Ratings of Neighborhood Conditions by Race, Persons Age 55+

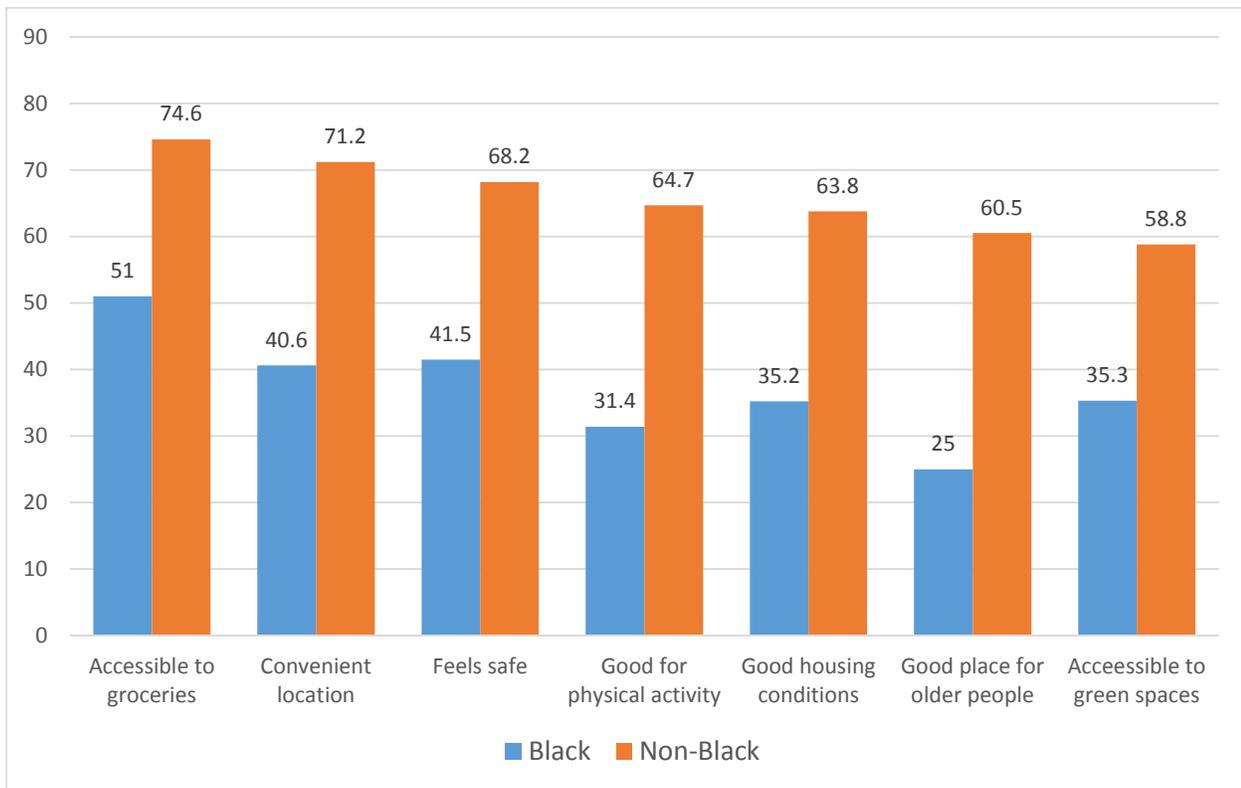


Figure 4.4d Positive Ratings of Neighborhood Conditions by Education, Persons Age 55+

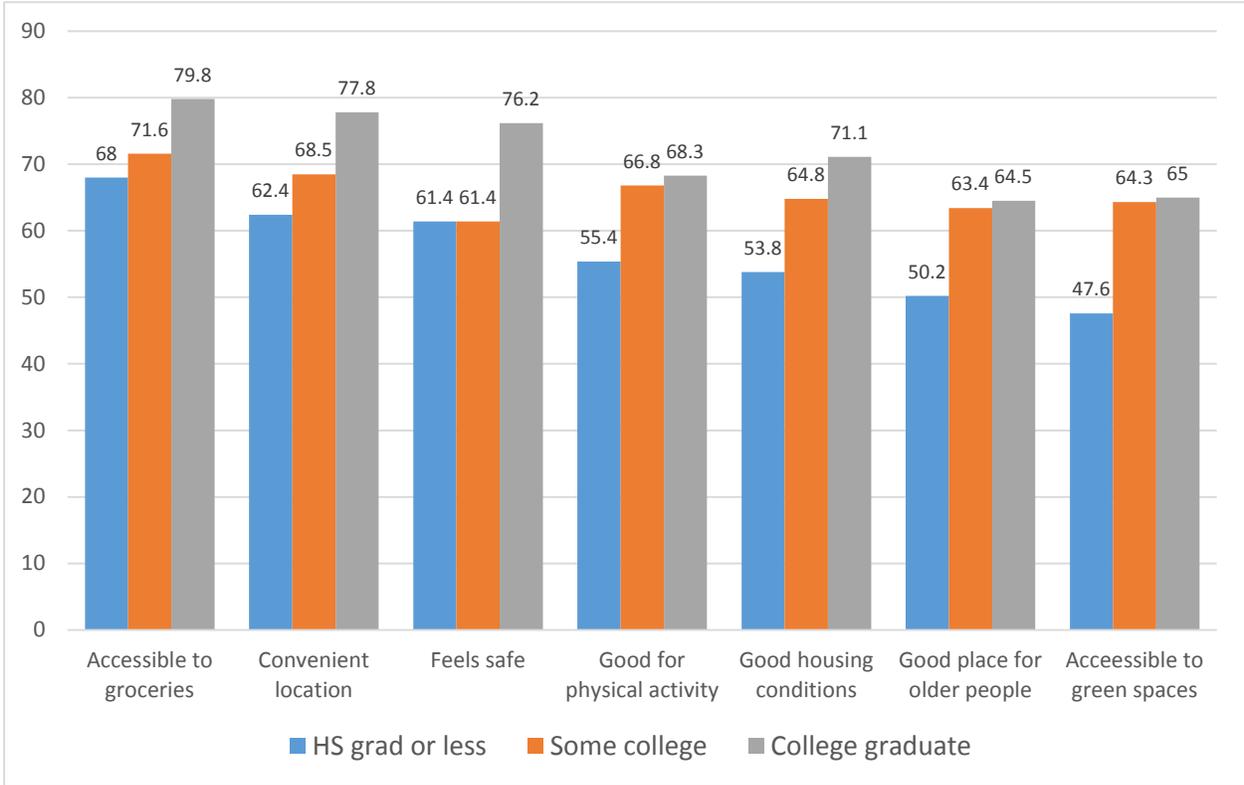


Figure 4.4e Positive Ratings of Neighborhood Conditions by Own/Rent, Persons Age 55+

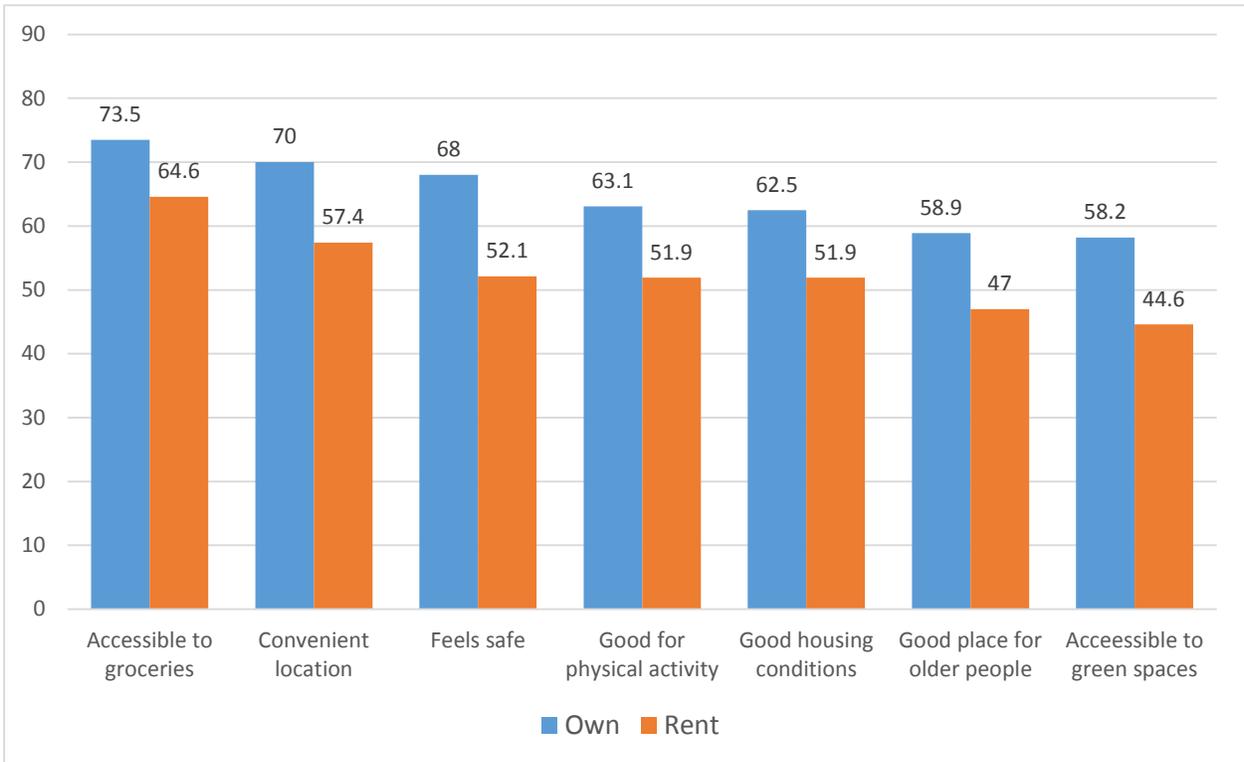


Figure 4.4f Positive Ratings of Neighborhood Conditions by Functional Status, Persons Age 55+

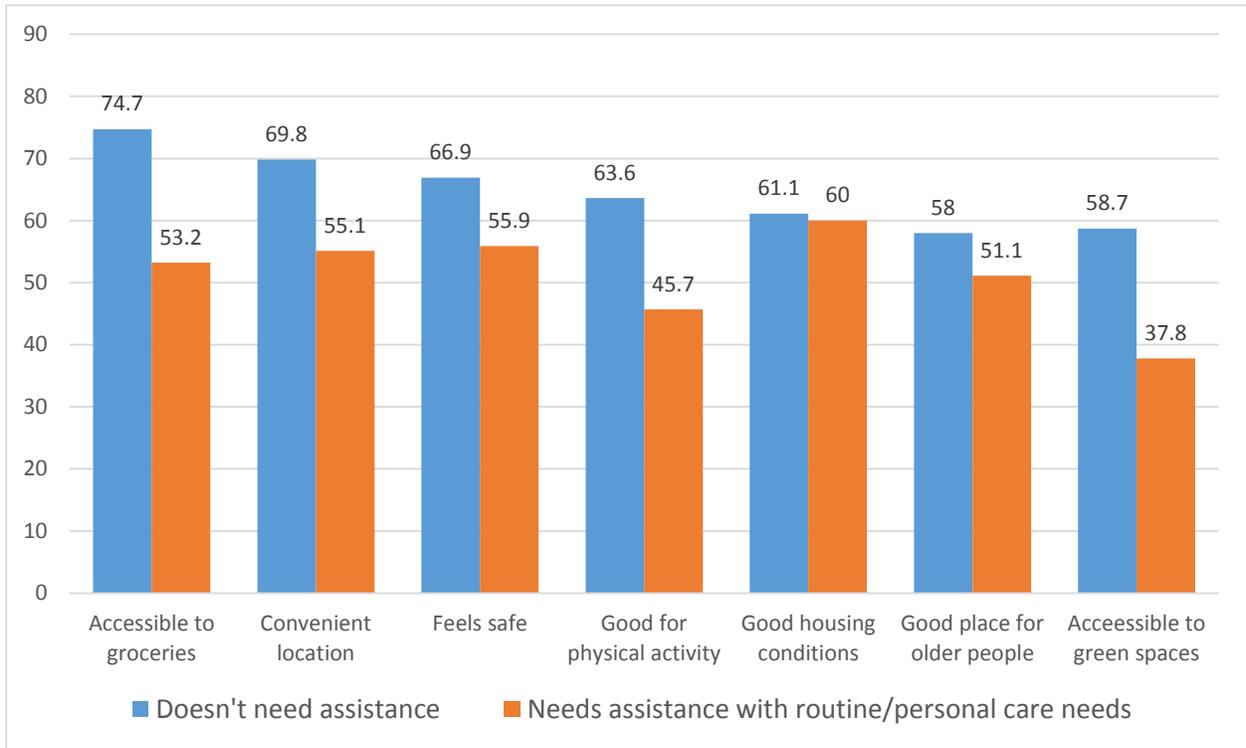
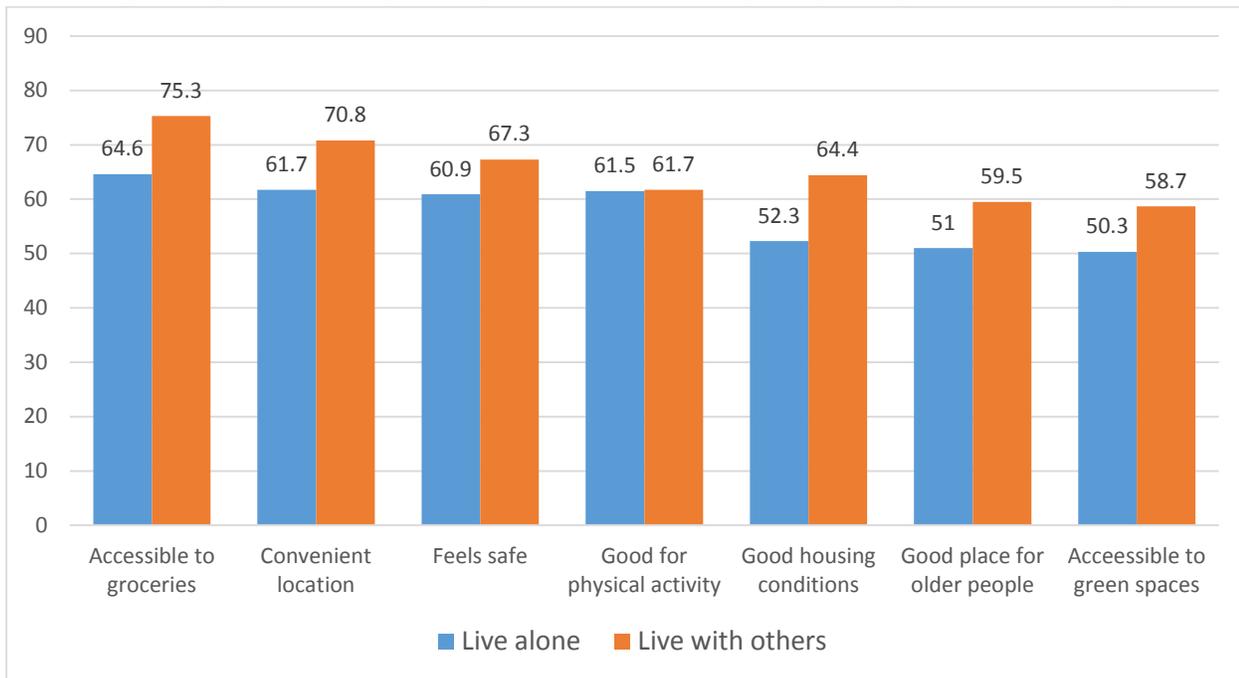


Figure 4.4g Positive Ratings of Neighborhood Conditions by Living Arrangements, Persons Age 55+



4.5 Interaction with Neighbors and Neighborhood Social Cohesion

Figure 4.5a Interaction with Neighbors by Age, Persons Age 55+

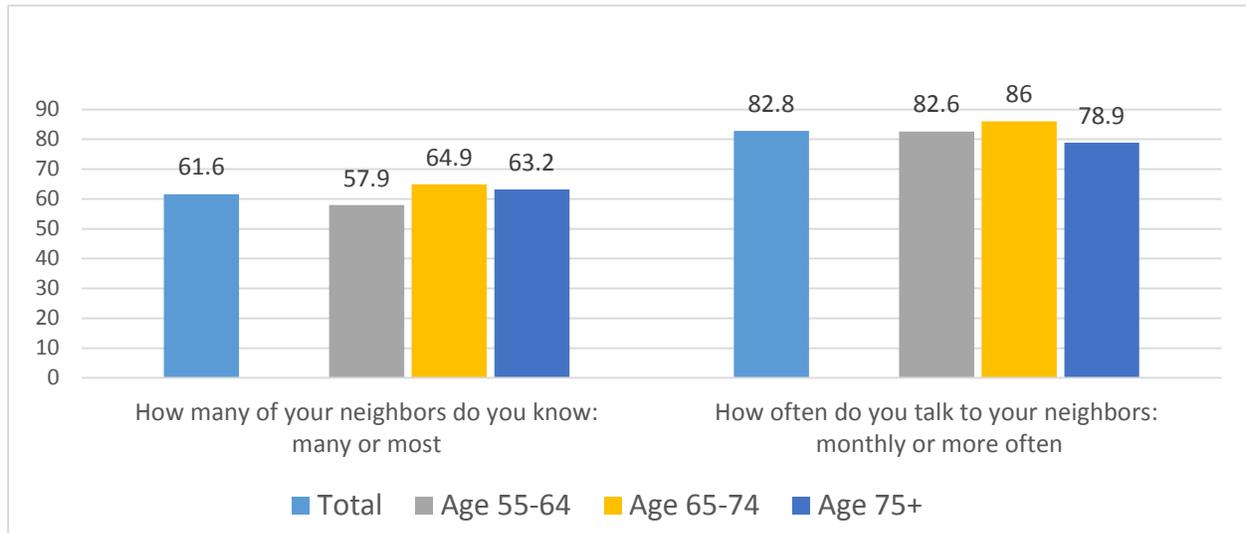
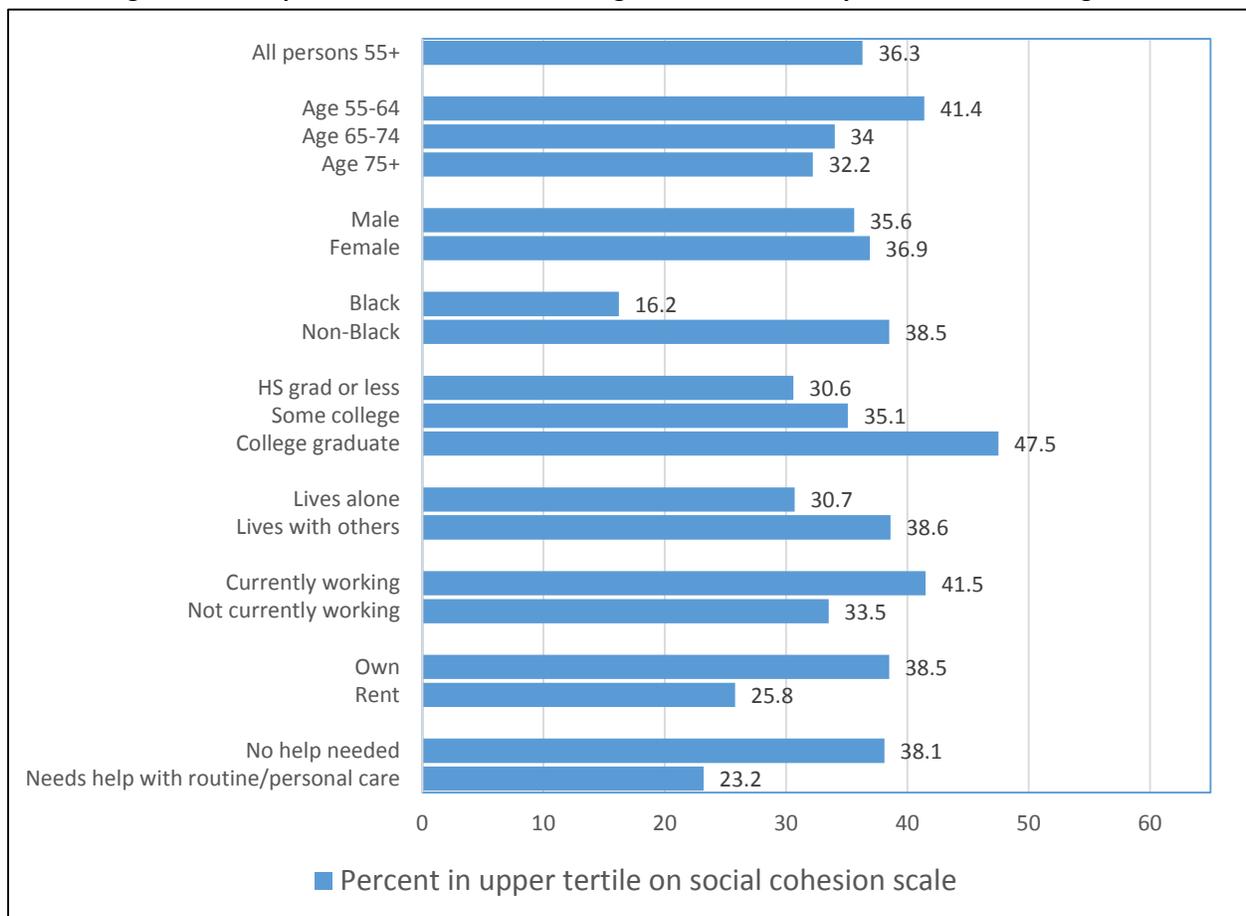


Figure 4.5.b Respondents Who View Their Neighborhood as Socially Cohesive, Persons Age 55+



NOTE: TERILES ON THE SOCIAL COHESION SCALE WERE CALCULATED WITH UNWEIGHTED DATA. PERCENTAGES ABOVE ARE WEIGHTED.

4.6 Household Characteristics and Housing

Older adults want to stay in their homes as they age. Their ability to do so and to thrive depends, among other factors, on who they live with and on the physical condition and other characteristics of their residence and its appropriateness for older adult needs. This section addresses both the social aspects of the household (household size and composition) and the characteristics and condition of the dwelling itself.

4.7 Household Size and Composition

One way that the well-being and health of older adults is affected by where they live is through the opportunity for social interaction and social support in the home. As seniors age, households tend to become smaller, and as the opportunities for interaction and support decrease, isolation increases. The survey asked a number of questions about living arrangements which are relevant to these issues.

- As noted in a previous section, living arrangements of older adults in the county vary markedly by age. Using survey data we examined household composition. In the two youngest age groups, 55-64 and 65-74, around 60% of respondents live with a spouse (either with spouse alone or with spouse and others) while about 22% live alone. The balance shifts as mortality and morbidity increase with age, and in the oldest age category (75+), 32.6% live with a spouse while 48.9% live alone. Similarly, living with other relatives increases with age, increasing from 13.7% among the 55-64 age group to 18.5% in the 75 and older age group (see Figure 4.7a).
- Those who live alone in many instances have the least support and may be the most isolated. Overall, 29.8% of survey respondents live alone, females (33.4%) more than males (25.2%), Blacks (46.7%) more than non-Blacks (28.0%), and those with a high school or less education (34.6%) more than those with higher levels of education (25.1%). Respondents who are not working (36.0%), those who are renting (60.6%), and those need assistance with routine and personal care needs (41.7%) are also more likely to be living alone (see Figure 4.7b).
- Consistent with household composition, household size decreases with age, with the balance shifting from multi person households among the youngest age group (55-64) to single person households among the oldest age group (age 75+) (Figure 4.7c).
- To further explore household size and composition, we examined whether seniors live in multi-generation households by age and other variables (see Figure 4.7d). The youngest age group was by far the most likely to live in a multi generation household, primarily two-generation households caring for children or parents. Consistent with this, those still working, home owners, and those with no care needs live in multi generation households more often. Blacks (10.1%) were the most likely to live in three generation households.
- The presence of grandchildren in the household increases with age (Figure 4.7e). The percent of seniors reporting that they have primary responsibility in caring for their grandchildren is small (2.2%) and remains the same across age groups. However, Blacks are significantly more likely to live with their grandchildren (12.4 %) and to have primary responsibility in caring for them (5.9%) (Figure 4.7f).

Figure 4.7a Household Composition by Age, Persons Age 55+

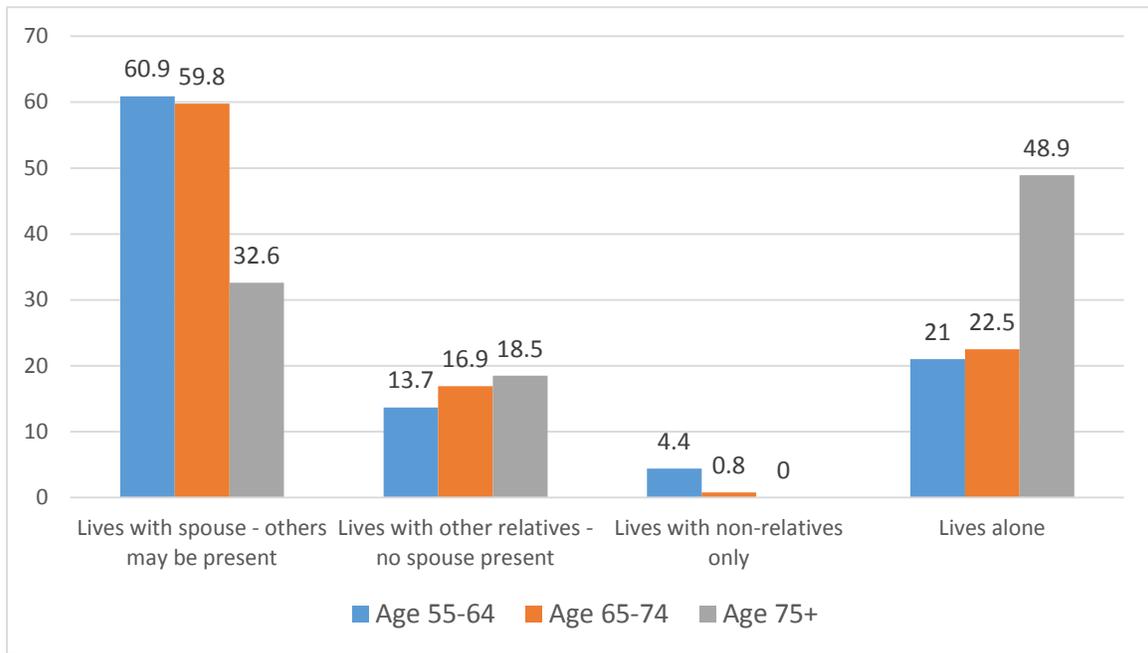


Figure 4.7b Who Lives Alone?, Persons Age 55+

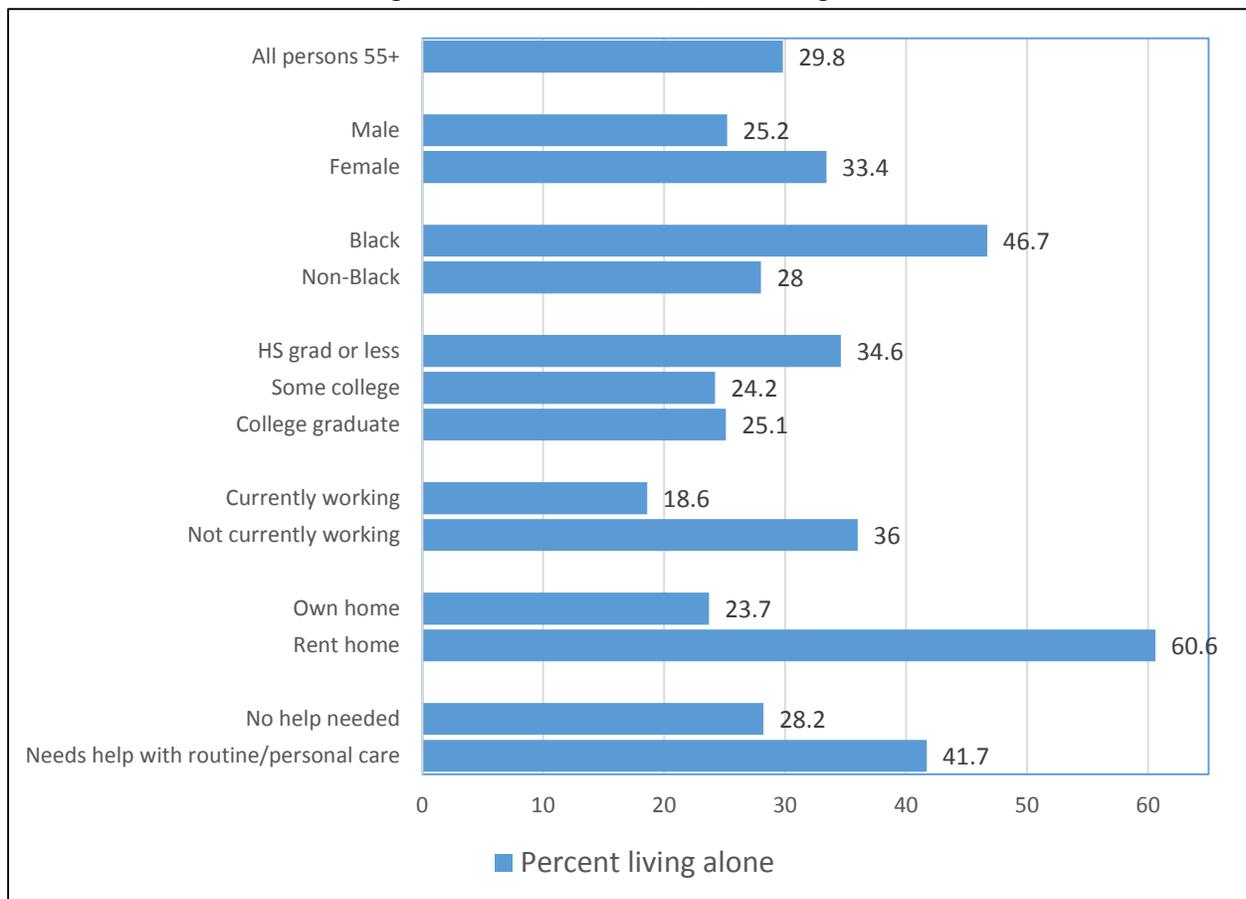


Figure 4.7c Household Size by Age, Persons Age 55+

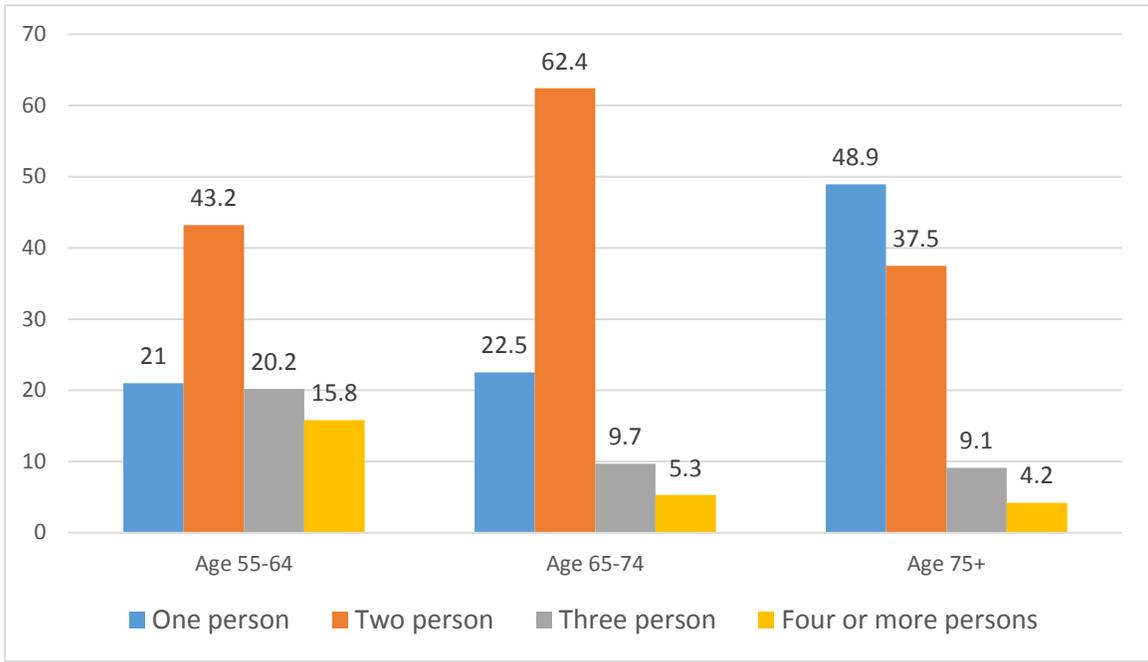


Figure 4.7d Multi-Generation Households, Persons Age 55+

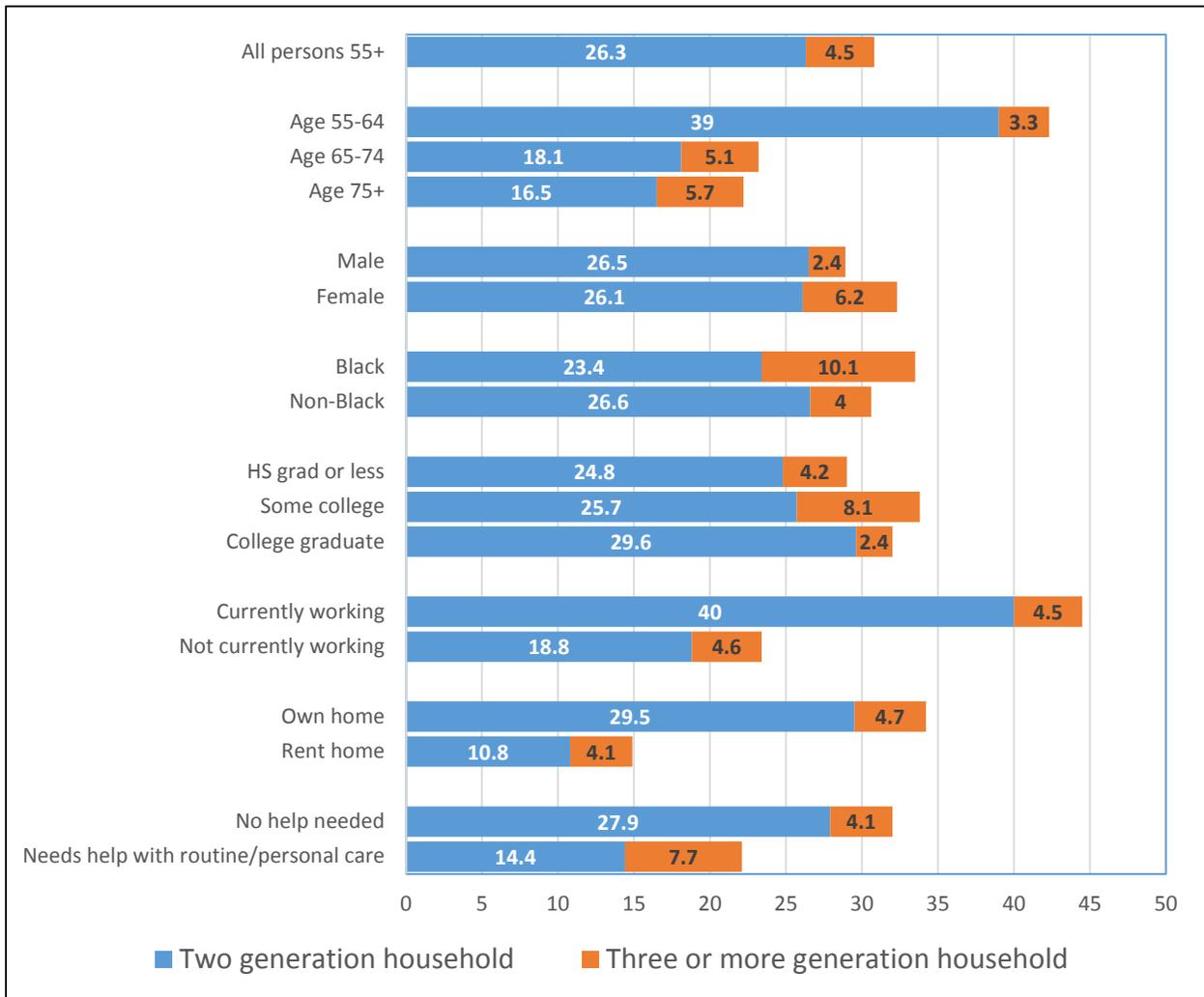


Figure 4.7e Grandchildren in the Household by Age, Persons Age 55+

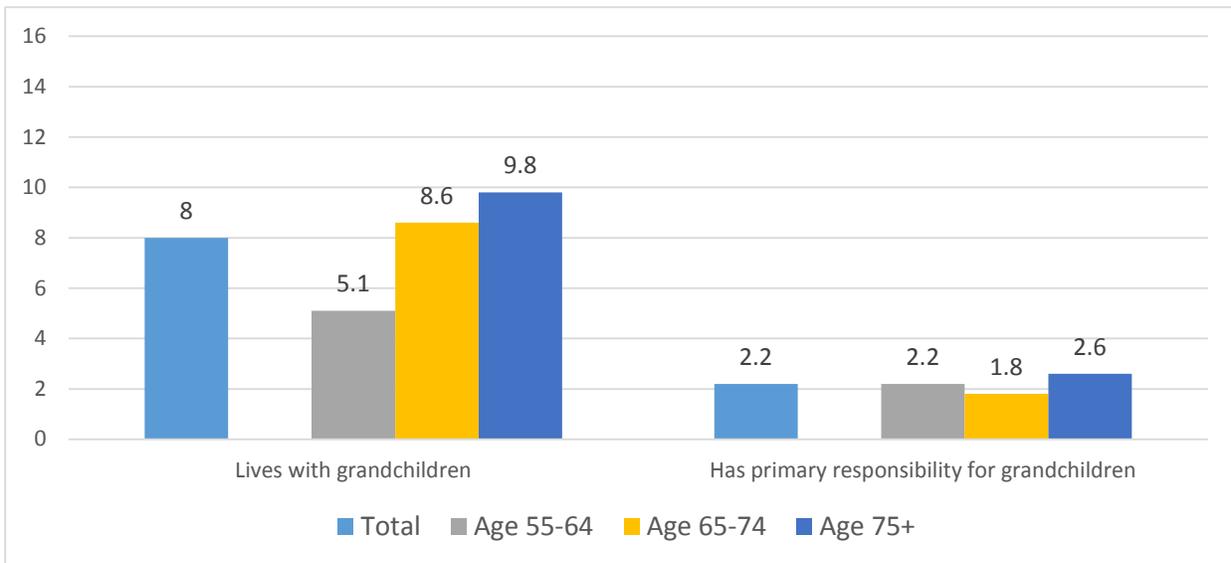
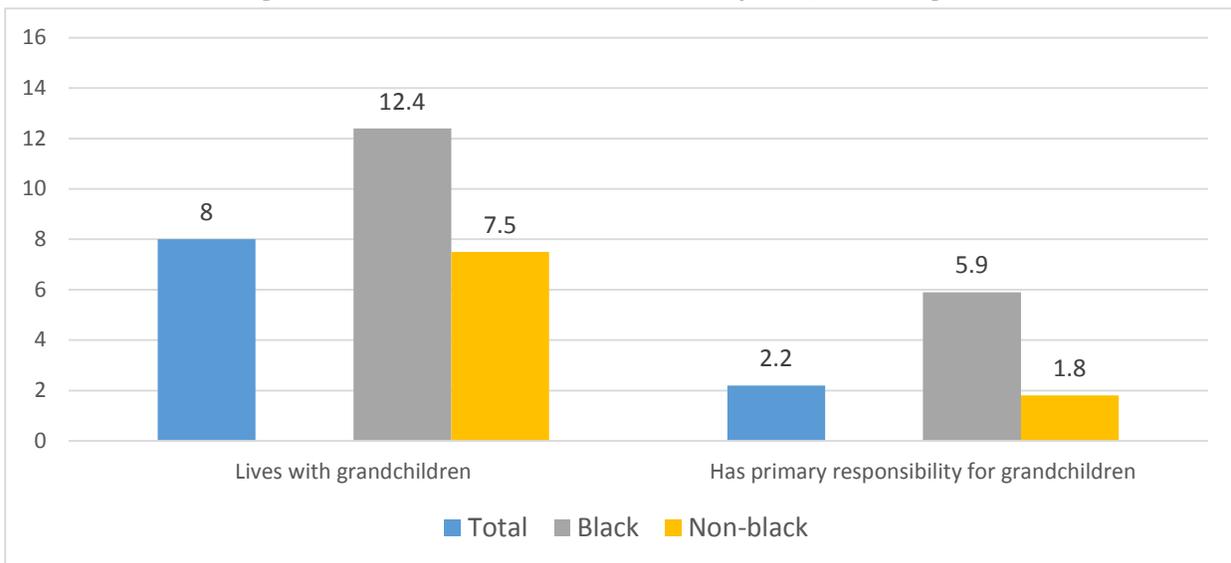


Figure 4.7f Grandchildren in the Household by Race, Persons Age 55+



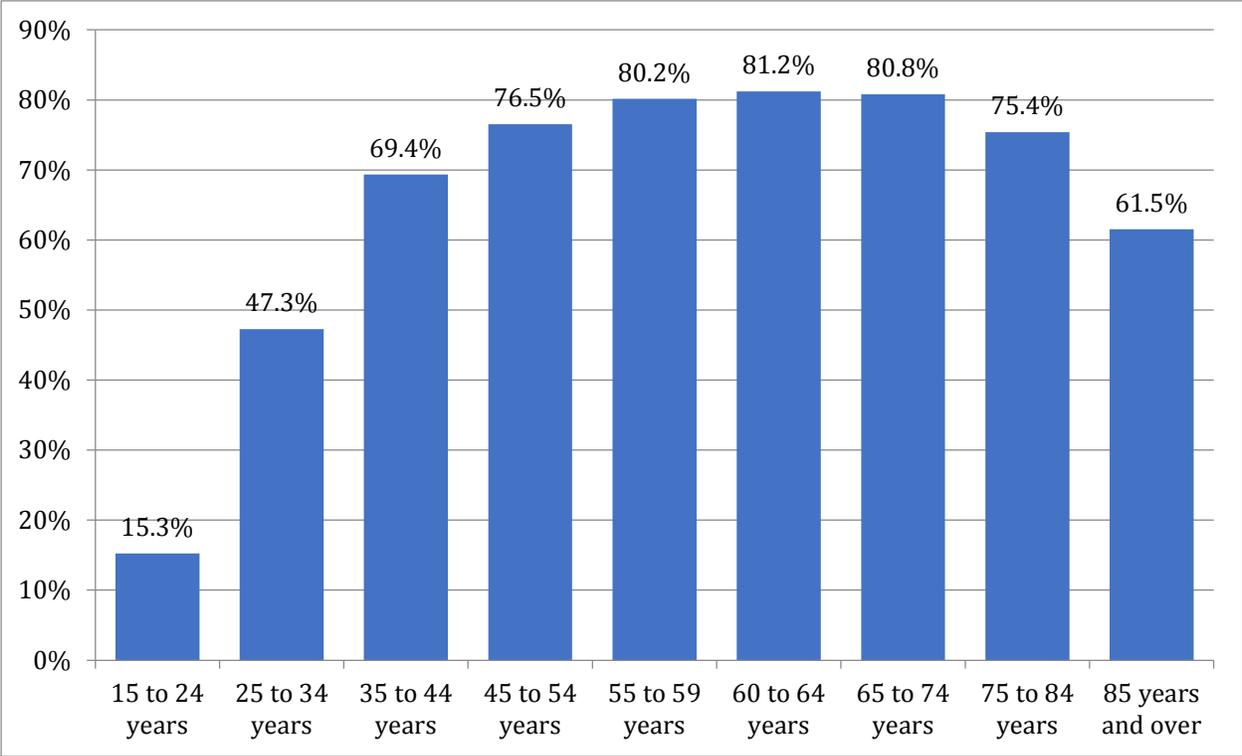
4.8 Housing Conditions for Older Adults in Allegheny County

Census data provides an overall picture of housing for older adults in the county.

- Home ownership peaks just before typical retirement ages. For Allegheny County the highest rate of home ownership is for householders between the ages of 60-64, of whom over 81% own their place of residence (figure 4.8a). Home ownership remains high until around age 75 when homeownership begins to decline by age.
- The proportion of owner occupied housing units in Allegheny County is high, although comparable to the nation as a whole, and varies considerably over the life span (figure 4.8b).
- Home ownership is significantly higher for white homeowners in the county compared to Black homeowners with significant disparities over all age cohorts. For the population age 65 and over, 80.9% of white-alone householders own their current place of residence, compared to 49.2% of

Black-alone householders (figure 4.8c). A smaller disparity exists for older-old homeowners (age 85 and over) as owner occupancy declines among white-alone householders, but remains fairly constant for Black-alone householders.

Figure 4.8a Owner-Occupied Housing Units by Age of Householder, Allegheny County, 2010



NOTE: CENSUS 2010 SUMMARY FILE 2 (SF2)

Figure 4.8b Owner-Occupied Units as a Percentage of All Occupied Housing Units by Age Group, Allegheny County and the United States, 2010

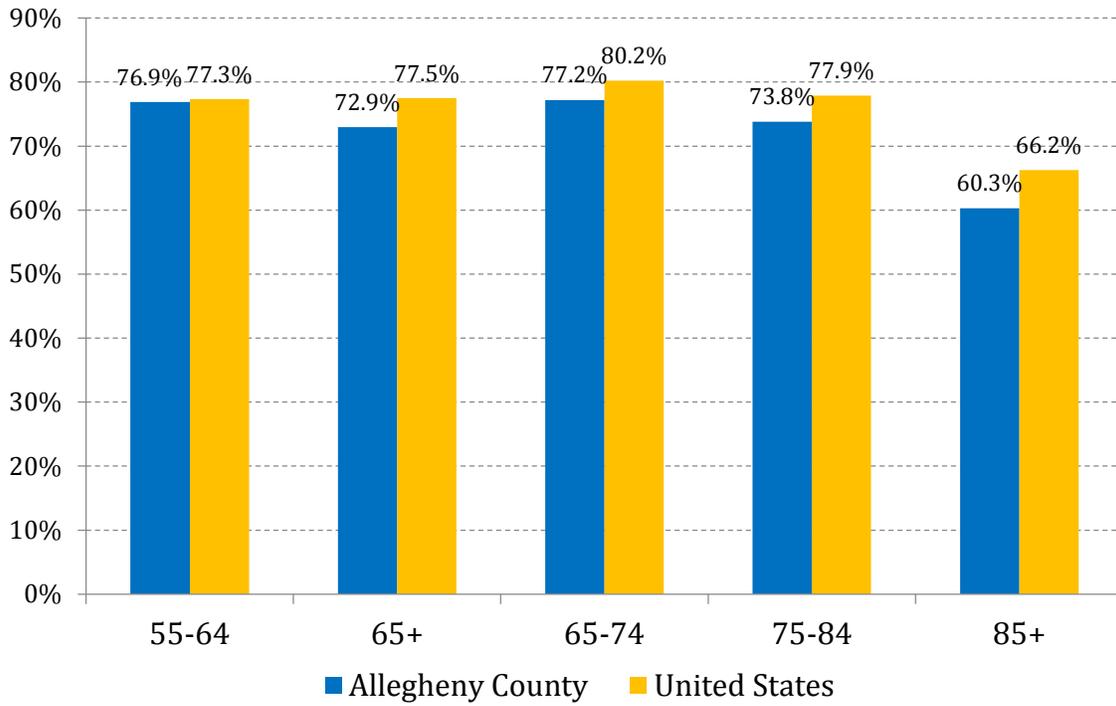
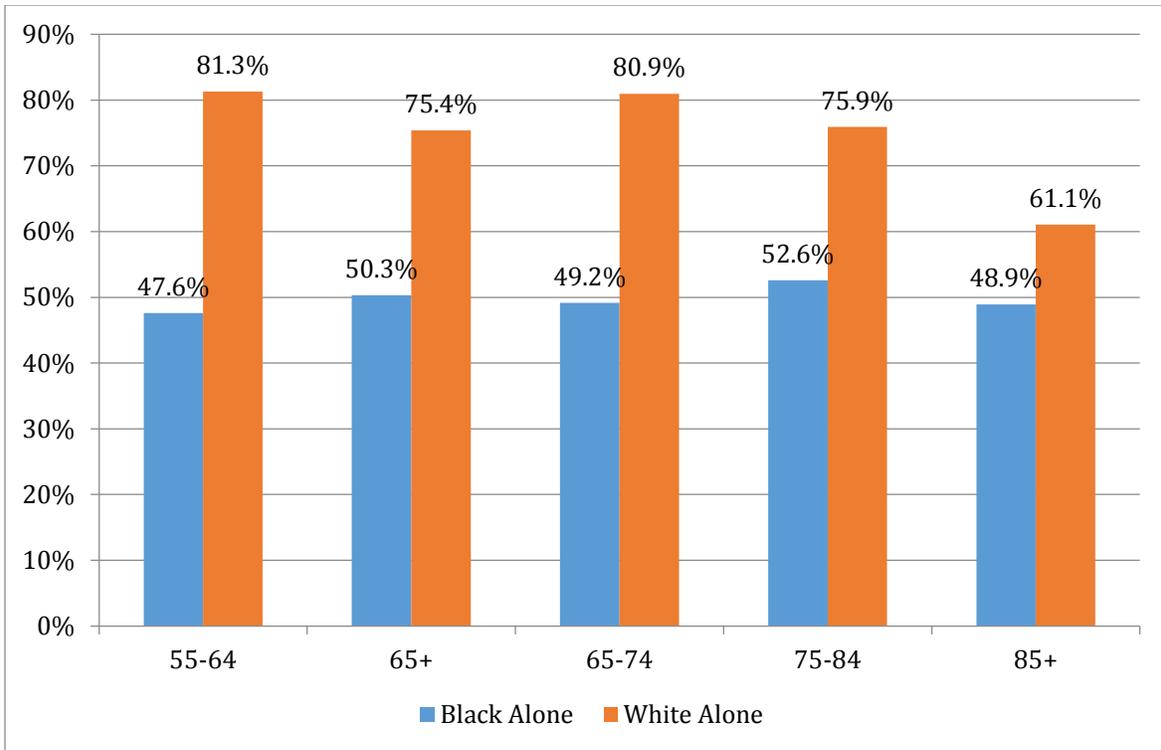


Figure 4.8c Owner-Occupied Units as a Percentage of All Occupied Housing Units by Age Group and Race of Householder, Allegheny County, 2010



4.9 Self-Reported Characteristics of Residence

As the health of older adults declines and the levels of disability increase with age, housing conditions may no longer be appropriate (e.g., multi-story dwellings, greater opportunities for falls). Features of the home thus may make it more difficult for seniors to live in them and the suitability of the home becomes an issue. In many cases, home repairs and minor modifications can improve a home's livability at relatively low cost. However, the ability to modify the home may be tied to socioeconomic status and the costs involved. While not asking detailed questions on home conditions, the survey of older adults did ask questions about the respondents' housing conditions, overall evaluation of their homes, and about home modifications they had made or planned to make. Some findings include:

- Consistent with census data, most respondents to the survey report that they own their home (83.5%). However, a higher percent report owning their home in the oldest age group of 75 or older (82.8%) in comparison to census data (Figure 4.9a).
- Among survey respondents, Blacks are much less likely to own their home (49.3%) in comparison with non-Blacks (87.3%), also consistent with Census data (Figure 4.9a). In addition, those who live alone are less likely to be home owners (66.3%) than those who live with others (90.7%).
- Most respondents live in single family homes at all ages, largely reflecting the housing stock in Allegheny County (see Figure 4.9b). The percent living in an apartment or condo increases slightly among the oldest age group to 17.5%.
- Most respondents report that their homes are in very good or excellent physical condition (62.6%) and say they are very satisfied with their housing situation (61.4%) (Figure 4.9c). Clearly, though, a significant percentage are not completely satisfied with their homes, and nearly 9.6% report that their homes are in poor or only fair condition, and 7.9% report that they are dissatisfied with their housing situation.
- Interestingly, positive evaluations of housing condition and satisfaction with housing increase with age (Figure 4.9c). The percent rating their home as excellent or very good increased from 57.9% for the youngest age group (55-64) to 70.4% for the oldest age group (75+). Similarly, the percent very satisfied with their housing situation increased from 53.7% to 70.7%.
- Blacks are much less likely to rate the physical condition of their homes positively (39.6%) in comparison to non-Blacks (65.0%) and to say they are very satisfied with their housing situation (37.9% versus 63.8%). In addition, respondents with the most education are the most likely to rate the condition of their home positively (71.6%) and to be very satisfied with their housing situation (69%).
- Those who need help with care needs are the group most likely to need modifications to their home to make it more livable. Although respondents who report needing help with routine or personal care needs and those not needing help are similar in their rating of the physical condition of their homes, those who need help are less likely to be very satisfied with their housing situation (51.5% versus 62.8%).
- A significant proportion of the respondents report having already made modifications to their home (including design elements) to accommodate the needs of older adults (31.2%), and 15.5% report plans to make modifications in the future (Figure 4.9d).
- Existing home modifications increase with age, while plans for modifications are highest among the youngest age group. Females more than males have made and plan to make more

modifications. In addition, Blacks report having made more home modifications than non-Blacks and have plans for more future modifications.

- Older adults with disabilities or other needs for care are the most likely to need home modifications. In the survey, respondents who report needing help with routine or personal care needs are more likely to have made modifications and to plan future modifications than those who do not need help. Similarly, respondents who live alone, who are more likely to report needing help with care, also report more existing modifications, although fewer future plans for modifications.

Figure 4.9a Who Owns Their Home?, Persons Age 55+

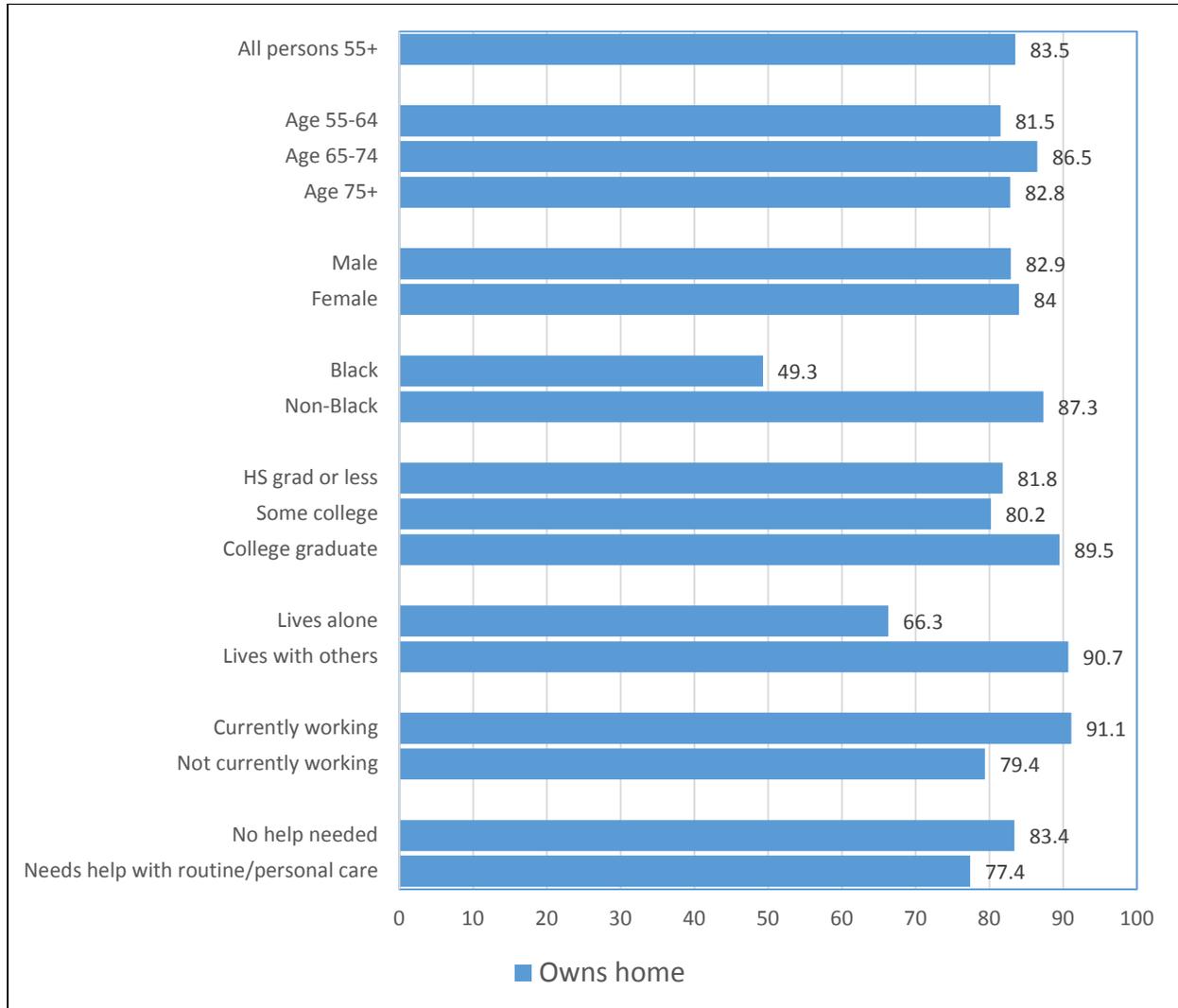


Figure 4.9b Dwelling Type by Age, Persons Age 55+

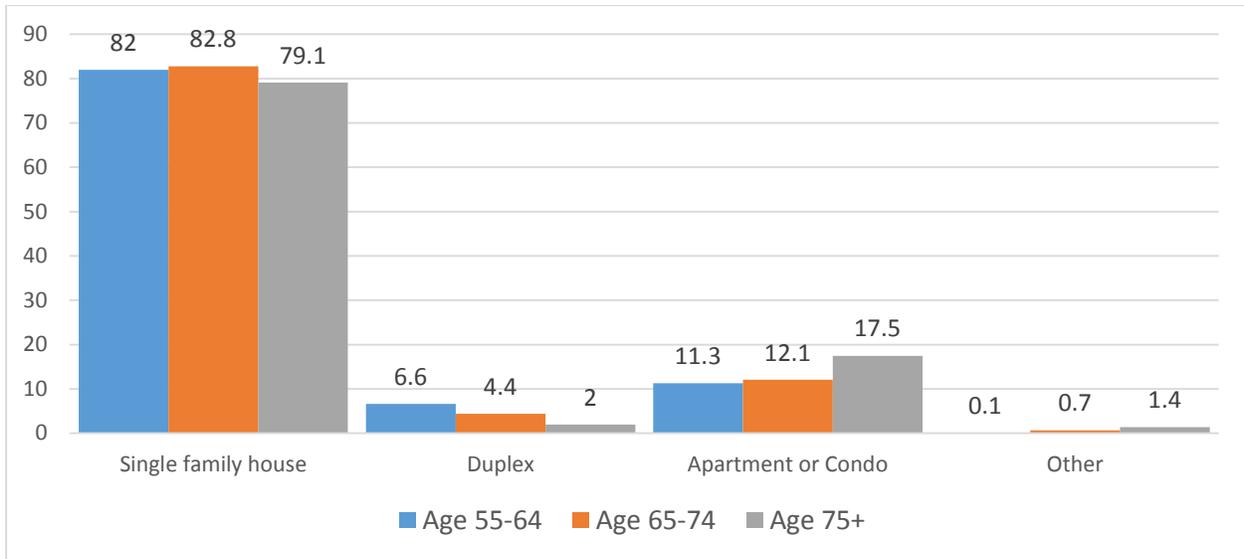


Figure 4.9c Positive Ratings of Residence, Persons Age 55+

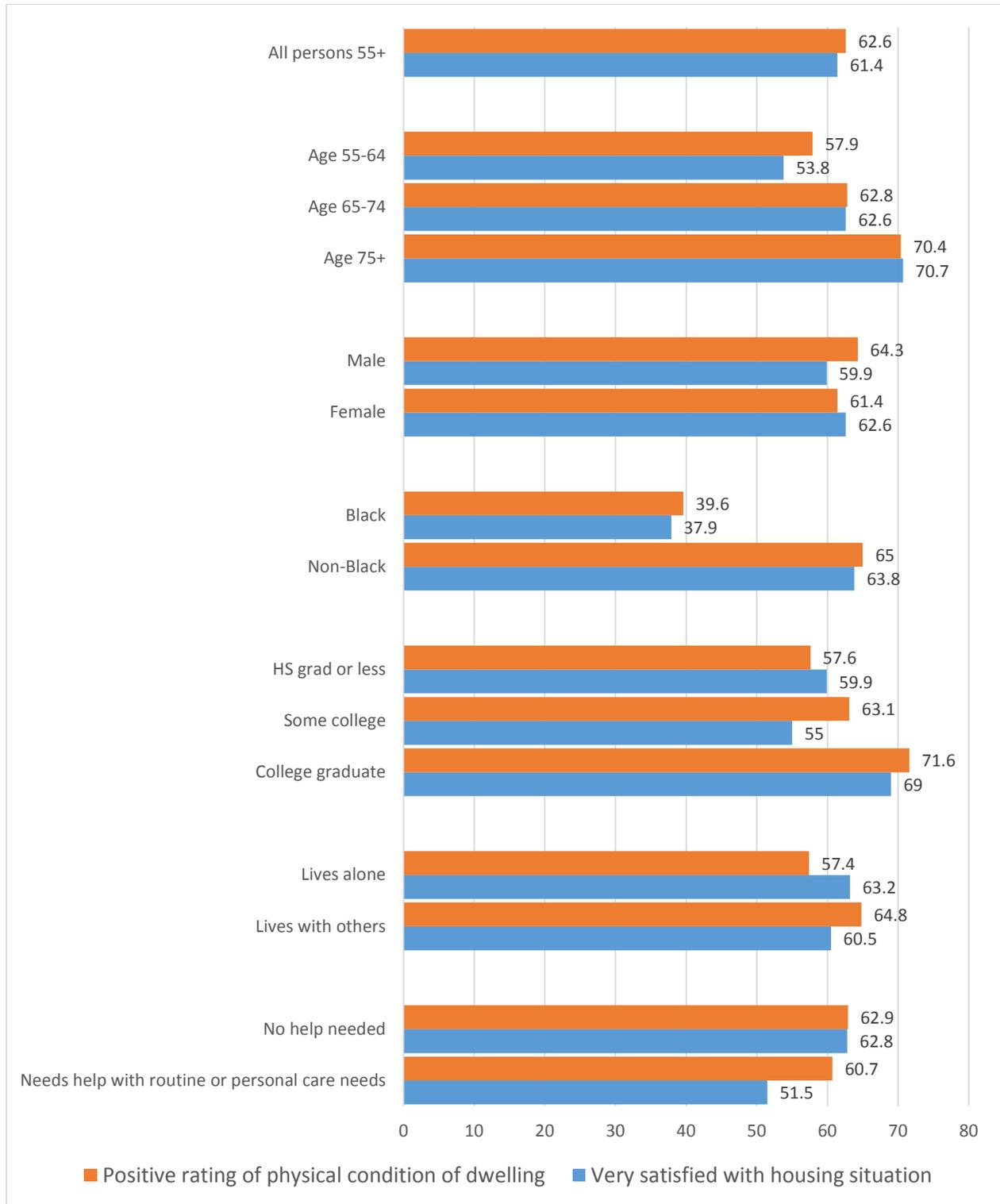
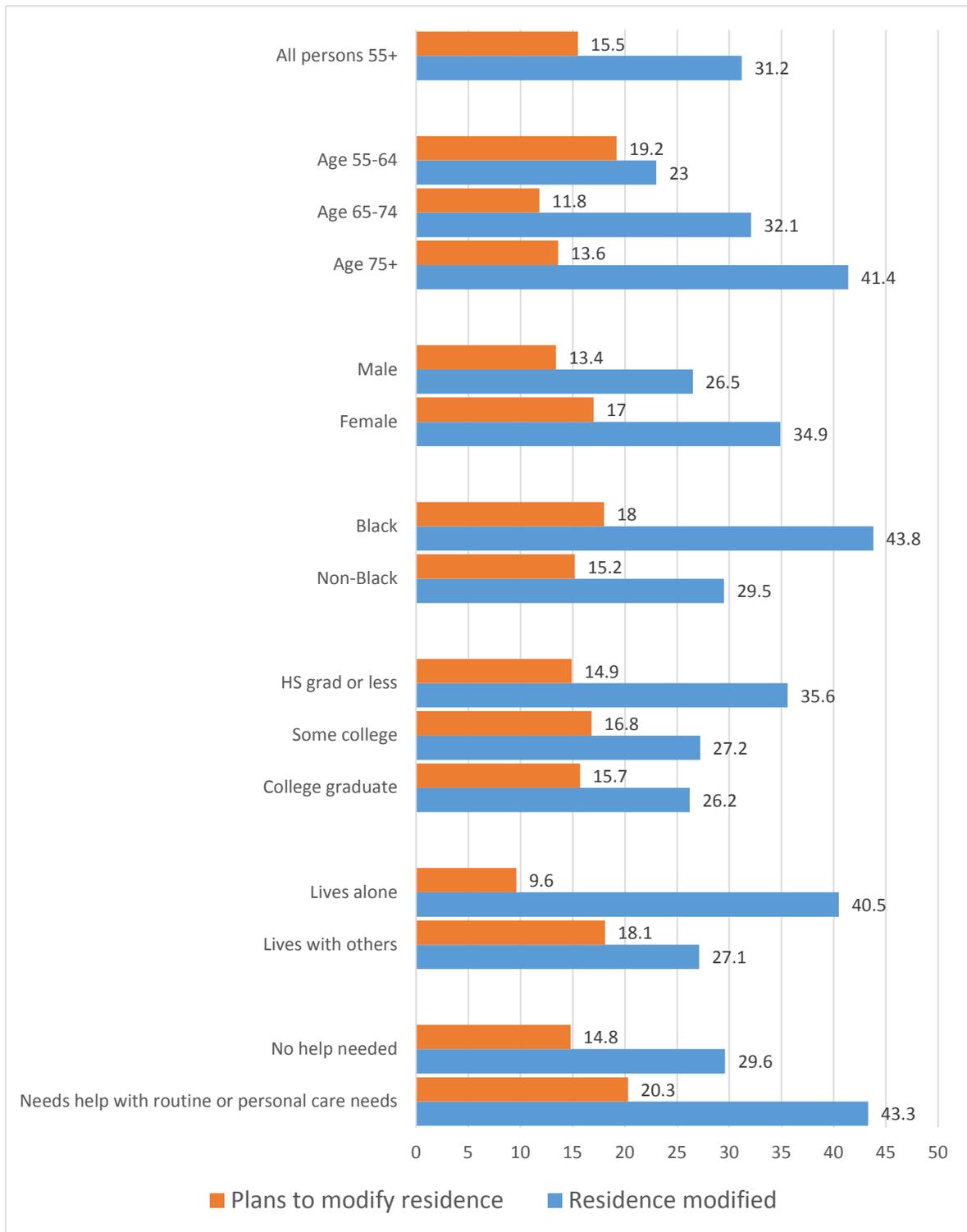


Figure 4.9d Modifying Residence to Accommodate Older Adult Needs, Persons Age 55+



4.10 Transportation

Availability of convenient transportation for shopping, health care, and other trips is important to the ability of older adults to remain in their homes. Transportation is an important element in the livability of a community, in particularly for older adults. The survey of older adults asked a number of questions pertaining to transportation. Some key findings are:

- The predominant mode of transportation is to drive oneself (see Figure 4.10a). Most respondents have a valid driver's license (88.1%) and a large percentage drive at least once a month (80.8%). The percentage who drive monthly decreases somewhat with age, and among the oldest age group (75+) only 72.1% drive monthly.
- The most vulnerable groups are the least likely to drive and therefore to rely on other modes of transportation (see Figure 4.10b). Overall 19.2% report not driving at least monthly. Respondents who report needing assistance with their routine or personal care needs are much more likely not to drive at least monthly (52.6%), and those who live alone (34.2%) are more likely not to drive. Black respondents are considerably more likely not to have a valid driver's license (41.7%) or to drive at least monthly (54.2%). In addition, females and those with less education are more likely not to drive.
- When asked about their main forms of transportation, respondents again indicated that driving themselves is by far their most frequent choice (80.4%) followed by rides from relatives, friends or neighbors (21.2%), public transit (19.6%), Access and other transport for the elderly (6.5%), walking (6.3%), and other including taxi and jitney service (5.6%).
- The older age groups rely less on themselves for transportation and more on others (Figure 4.10d). Across the age groups, driving, the use of public transit, and to a degree walking decrease with age, while rides from relatives, friends, and neighbors, the use of Access and other transportation for the elderly increase.
- Only 15.9% of respondents report using public transit at least monthly (Figure 4.10e). However, Blacks are much more likely to report using public transit monthly (51.2%) in comparison with non-Blacks (12.1%). As noted, regular monthly use of public transit decreases across age.
- Most users of public transit are satisfied or very satisfied (80.2%), but clearly just under 20% (19.8%) are not satisfied (Figure 4.10e). Satisfaction increases with age. Among non-users of public transit nearly half (47.9%) report that public transit is inconvenient for them, and this rate is highest in the 65-74 age group.
- Among users of public transit, Blacks (26.0%), those who have a college degree (27.4%), and those who need help with routine or personal care needs (25.6%) are more dissatisfied. Among non-users, non-Blacks (48.6%) more than Blacks (38.0%), and to a smaller degree, males (50.5%), those who live alone (50.9%), and those who need help with routine or personal care needs (51.7%) are more likely to find public transit inconvenient.

Figure 4.10a Driving Oneself by Age, Persons Age 55+

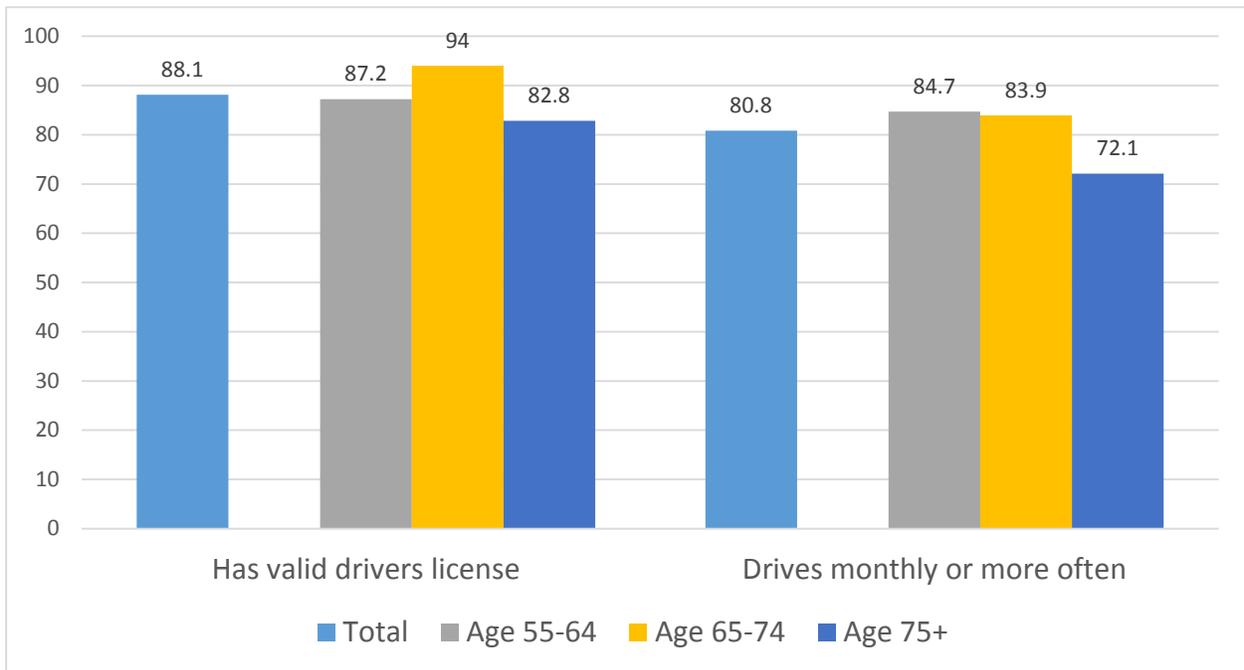


Figure 4.10b Who Does Not Drive?, Persons Age 55+

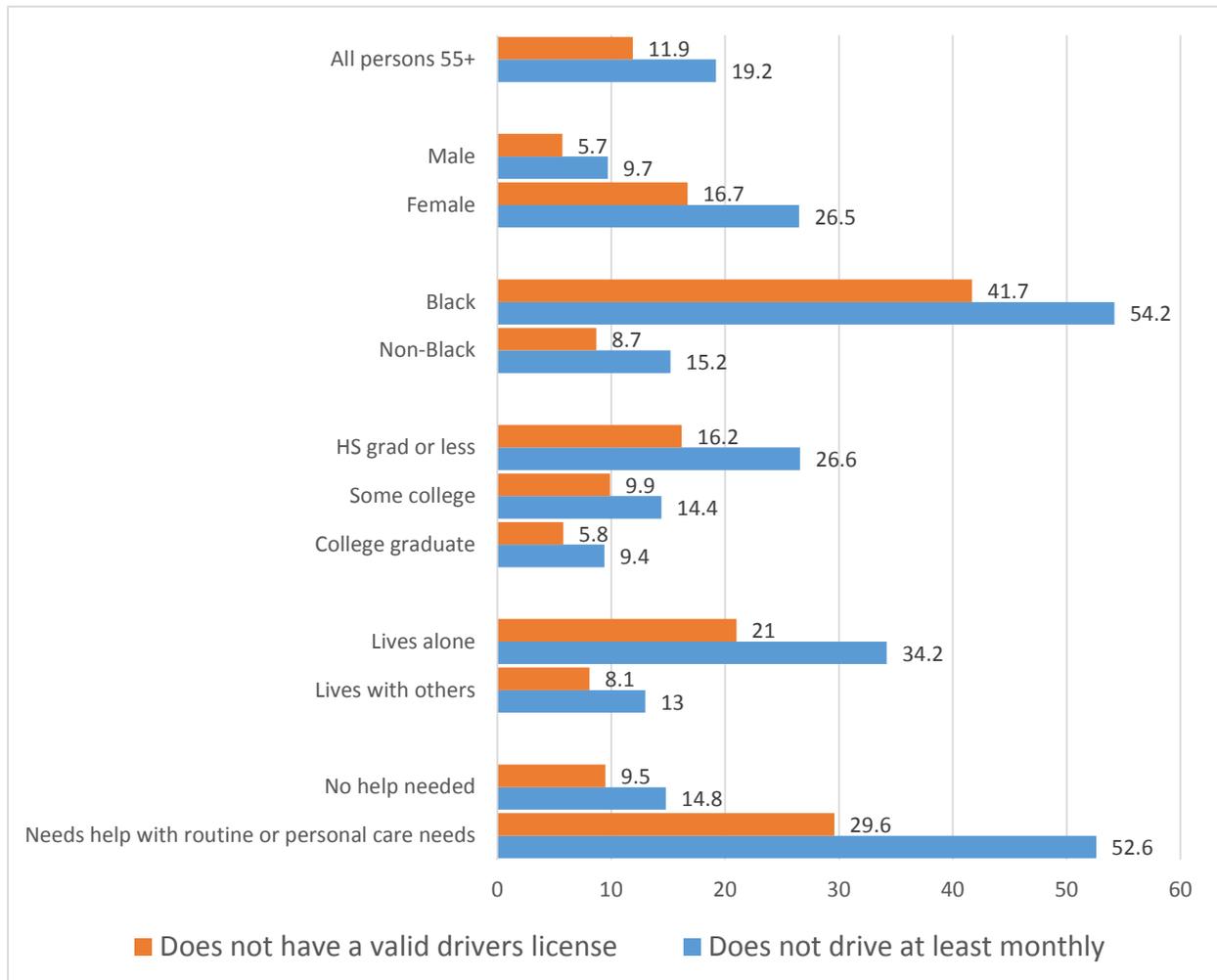
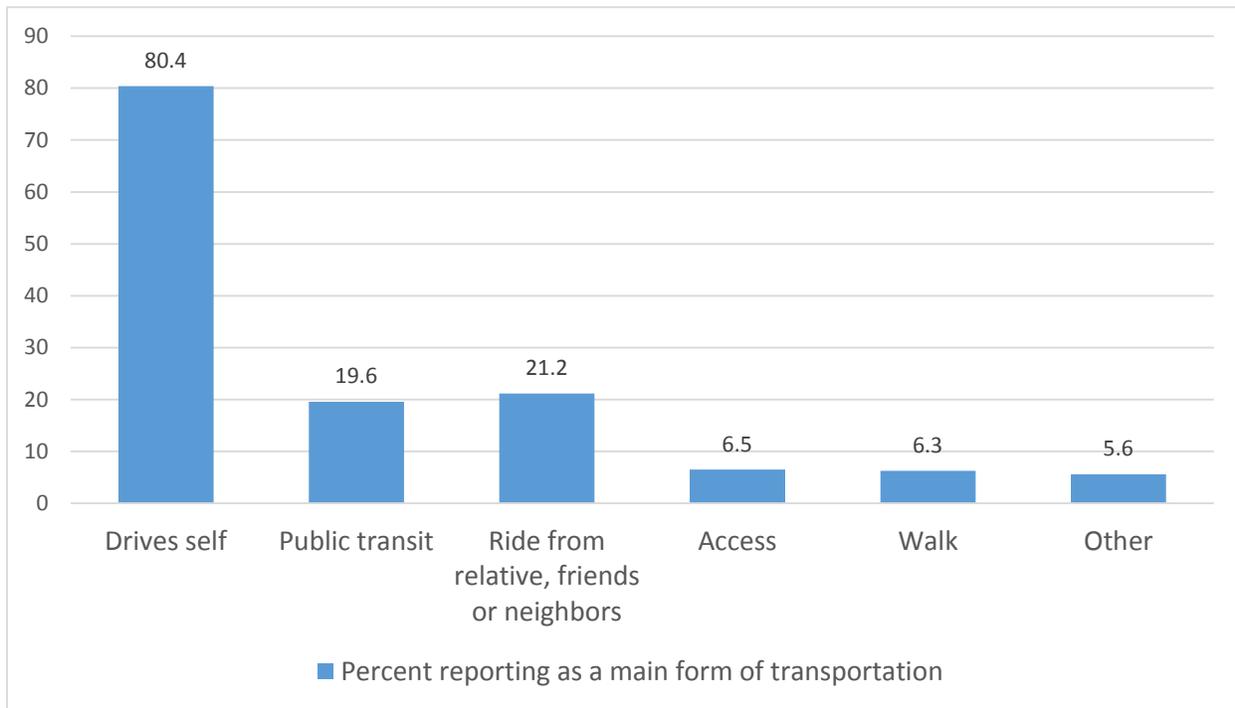
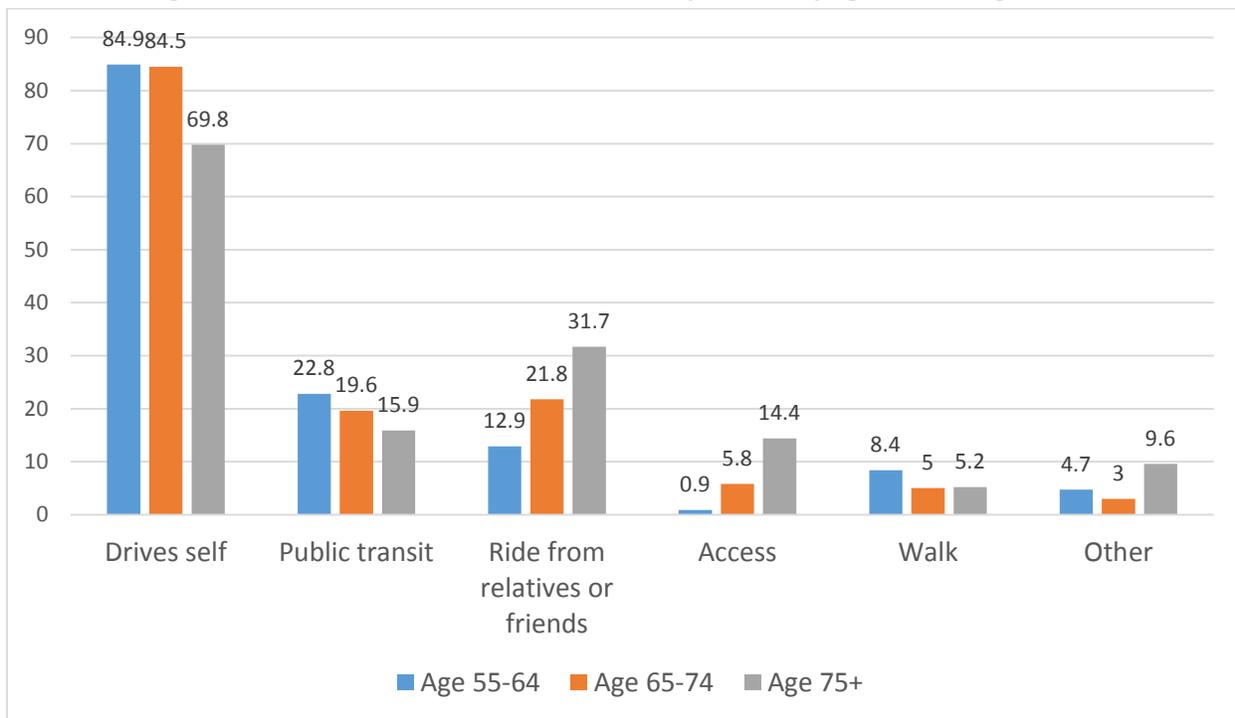


Figure 4.10c What Are Your Main Forms of Transportation?, Persons Age 55+



NOTE: RESPONDENT COULD SELECT MORE THAN ONE. "OTHER" INCLUDES JITNEY OR TAXI, AND OTHER.

Figure 4.10d What Are Your Main Forms of Transportation by Age, Persons Age 55+



NOTE: RESPONDENT COULD SELECT MORE THAN ONE. "OTHER" INCLUDES JITNEY OR TAXI, AND OTHER.

Figure 4.10e Use of Public Transit by Age, Persons Age 55+

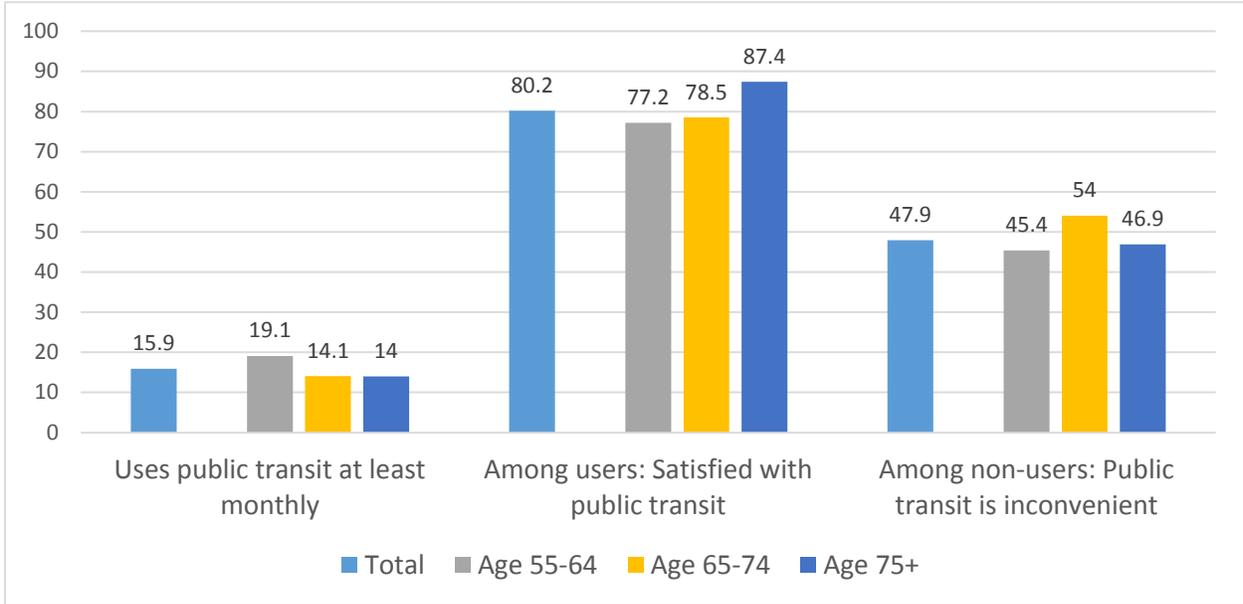
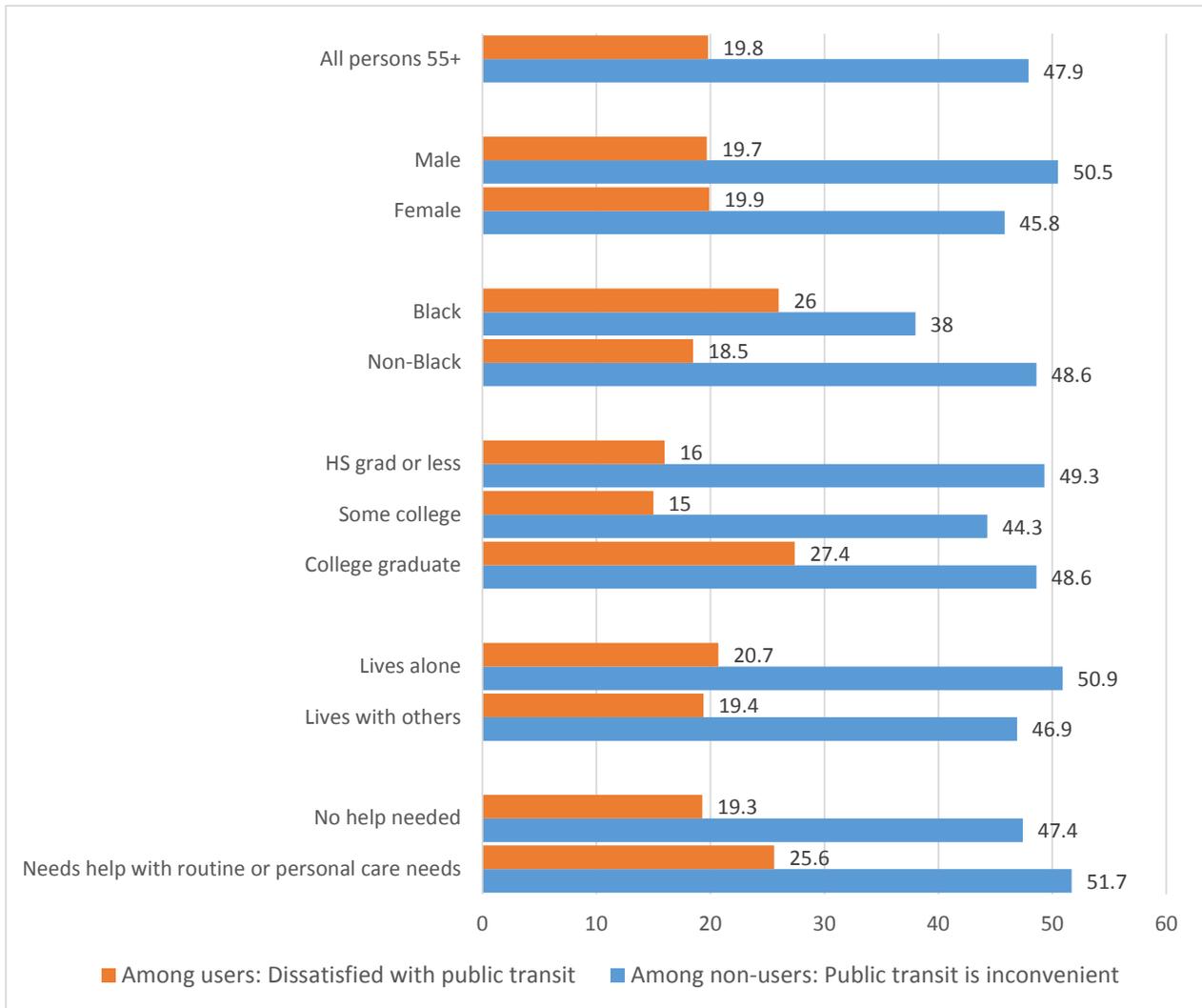


Figure 4.10f Who is Not Satisfied with Public Transit or Finds it Inconvenient?, Persons Age 55+



5. HEALTH

The health and functional status of older adults is a critical component of their well-being and ability to thrive. The survey of older adults in Allegheny County asked a number of questions pertaining to health, functional status, and health behaviors which will be reported in this section. However, since there are other recent and more definitive surveys on health issues in the county with larger sample size, we will limit the number of indicators presented here. Because of small sample sizes in some demographic groups in the older adult survey, some of the health indicators must be viewed with caution. We will draw on other data sources for comparative data.

5.1 General Health Status

Self-assessed health is a commonly used indicator of overall health status which has been found to be correlated with mortality and morbidity risk. The survey asked both the frequently used single indicator question “Overall, how would you rate your health during the past 4 weeks?” as well the SF-8 Health Survey items. The SF-8 health quality of life scale is a self-report scale that measures eight dimensions of health including physical, mental, and social functioning, and role performance, bodily pain, vitality and general health. It provides a broader picture of self-assessed health and includes physical and mental health summary scales which are reported here - larger numbers on these scales indicate better health. The SF-8 physical and mental health summary scales range from 0 to 100 and are normed so that the mean score for the adult US population is 50 on both scales.

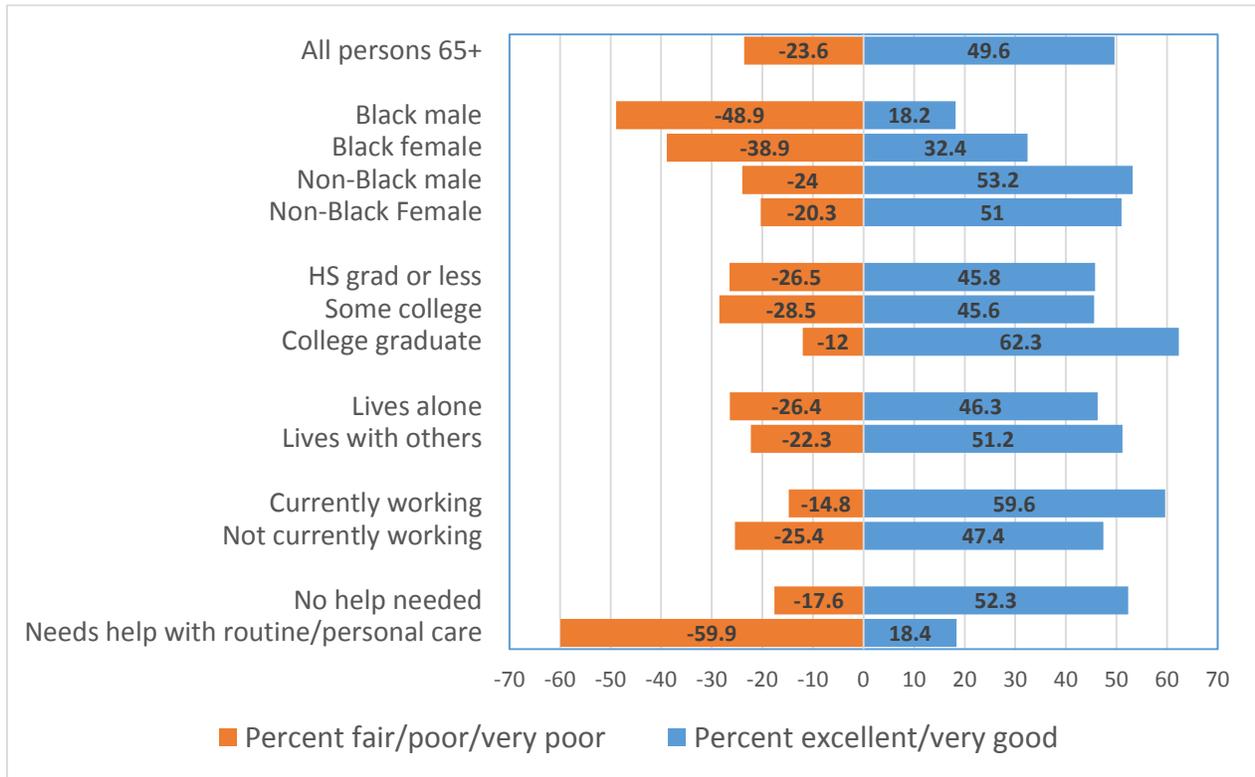
- Self-assessed health in Allegheny County is worse than for the nation as a whole. Table 5.1a shows comparative data on the percent reporting their health as fair or poor on the single indicator question. The US figure is from the 2012 National Health Interview Survey (NHIS) and the Allegheny County figures are from the ACHS survey and the Survey of Older Adults (SOA) reported here. From both the ACHS and the SOA, the self-assessed health of adults age 65 and older in the county is worse than for the nation as a whole.
- Figure 5.1a shows self-assessed health for different demographic groups in the county from the SOA. Because of striking differences in reported health, in this and other figures, the results are reported separately for Black males, Black females, non-Black males and non-Black females. However, because of the small sample sizes in these and some other groups the results must be viewed with caution and as suggestive only.
- Blacks generally report worse health than non-Blacks. There are striking race and gender patterns, with Black males in the survey reporting the worst self-assessed health. There are also education differences with college graduates reporting better health than those with lower education levels, those who work reporting better health than those not working and those who need help with their routine or personal care needs (have functional limitations) reporting much worse health than those who need no help (Figure 5.1a).

Table 5.1a United States and Allegheny County Comparative Reports of Fair or Poor Self-Assessed Health, Persons Age 65+

	% Fair or poor
United States:	
National Health Interview Survey, 2012 (NHIS)	21.1%
Allegheny County:	
Allegheny County Health Survey, 2009-10 (ACHS)	26%
UCSUR Survey of Older Adults, 2014 (SOA)	23.6%

NOTE: UCSUR SURVEY OF OLDER ADULTS PERCENT INCLUDES "VERY POOR"

Figure 5.1a Self-Assessed Health Status, Persons Age 65+



- Table 5.1b compares the published national norms for the broader SF-8 physical and mental summary scales with results from the SOA survey for persons age 65 and older as well as for those ages 55 to 64. The county means are similar to the national norms; however, the younger age group has a slightly higher mean physical health score and a slightly lower mean mental health score.

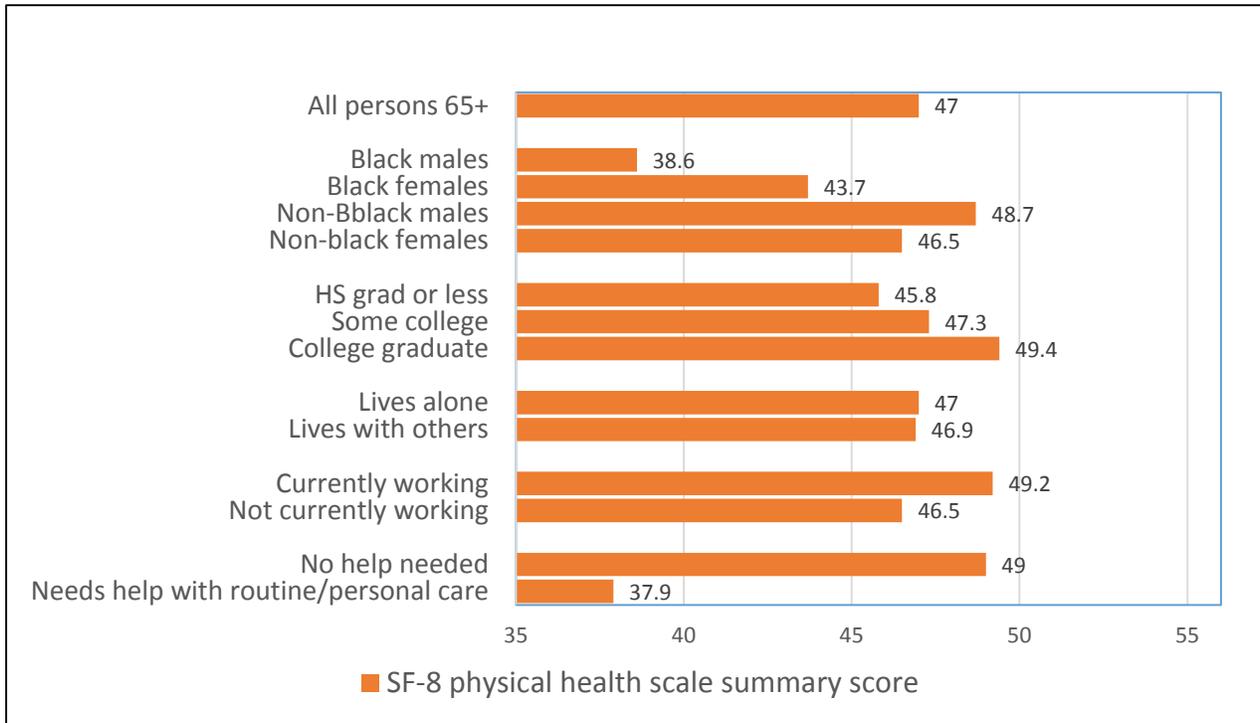
Table 5.1b SF-8 Physical and Mental Health Summary Scores: National Norms by Age Group Compared with Allegheny County Survey Results

Age Group	SF-8 Physical Health Summary Score Mean		SF-8 Mental Health Summary Score Mean	
	National Norm	Allegheny County	National Norm	Allegheny County
55-64	47.9	48.6	51.1	50.4
65+	46.8	47.0	52.2	51.8

SOURCE: NATIONAL NORMS FROM SF-8 FROM "A MANUAL FOR USERS OF THE SF-8 HEALTH SURVEY"

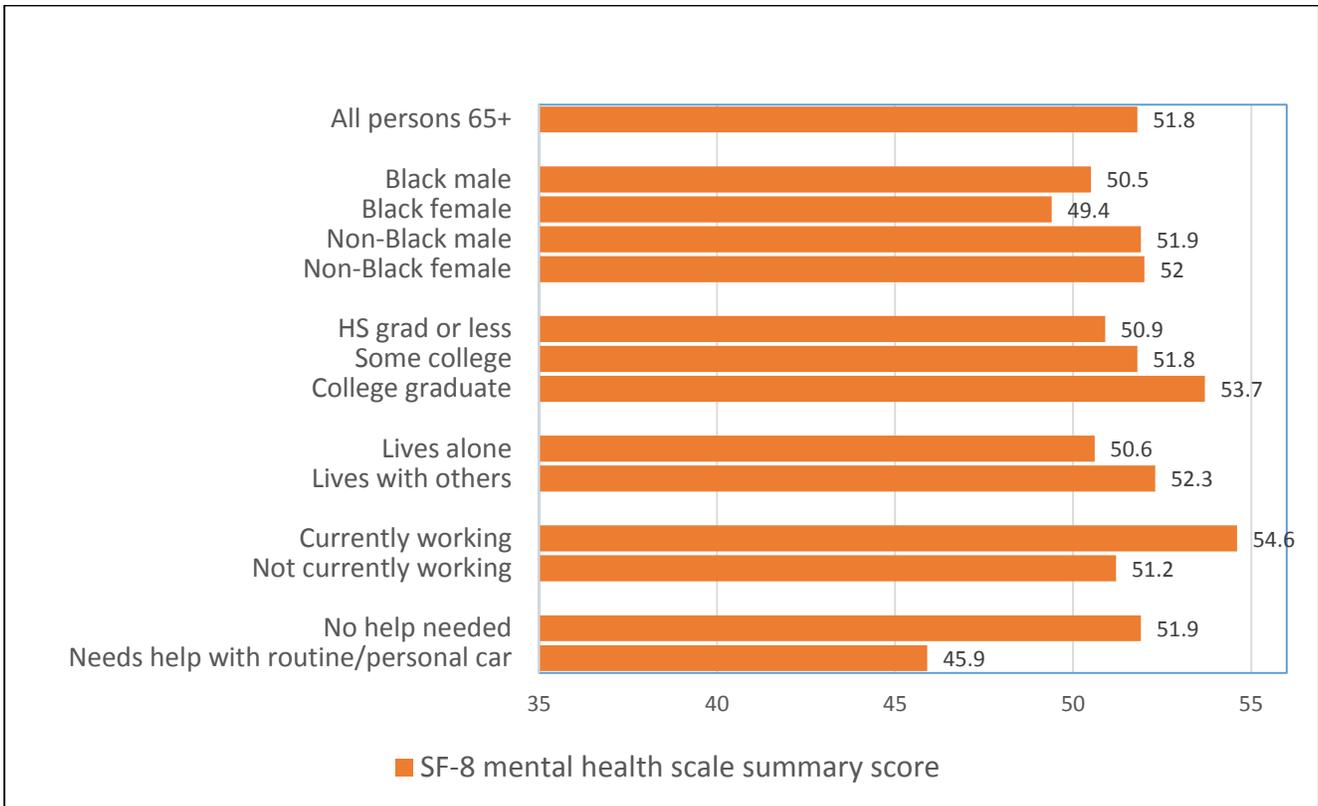
- Comparing demographic groups among the SOA respondents age 65 and older in the county on the SF-8 physical health summary scale (see Figure 5.1b), the pattern of scores in general was similar to the demographic differences in health found on the single item self-assessed health. Blacks report worse health than non-Blacks, and Black males report the worst health. Respondents with more education report higher scores than those with lower education, and those who are no longer working and those with functional limitations report having lower scores (see Figure 5.1b).
- In line with national norms, the SF-8 mental health summary scale scores for respondents age 65 and older are higher than the physical health summary scale scores indicating that the mental health of older adults remains generally high (see Figure 5.1c). Blacks have slightly lower scale scores than non-Blacks but the difference is not pronounced. As with physical health there are positive effects for higher education levels. In addition, respondents who are working, those who do not need help with routine and personal care needs, and those who live with others all have higher scores.
- Among the 55 to 64 age group, the overall level of self-assessed health was higher. But the patterns of differences among demographic groups was similar.

Figure 5.1b Physical Health Scale Summary Score, Persons Age 65+



NOTE: SCALE VALUES RANGE FROM 0 TO 100 WITH A U.S. POPULATION NORM (AGE 18+) MEAN VALUE OF 50.

Figure 5.1c Mental Health Scale Summary Score, Persons Age 65+



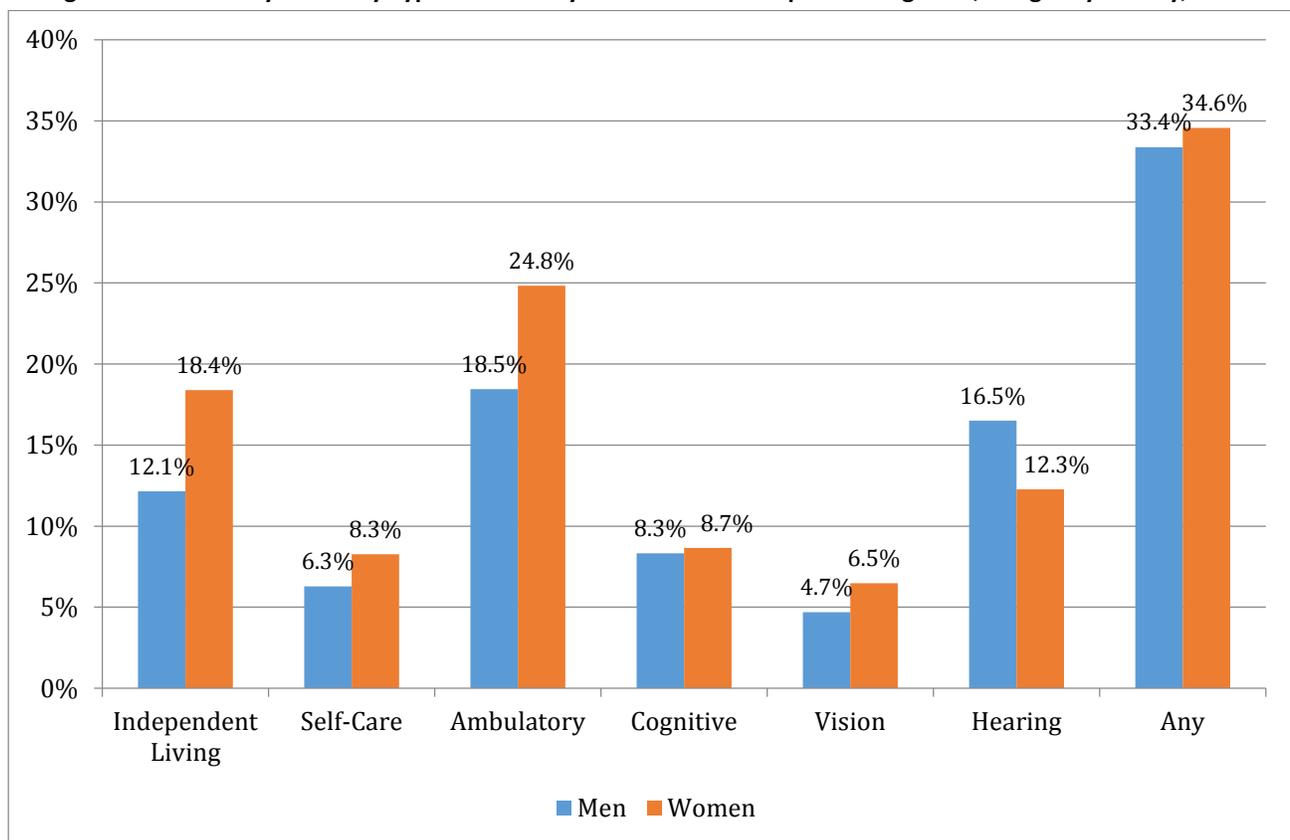
NOTE: SCALE VALUES RANGE FROM 0 TO 100 WITH A U.S. POPULATION NORM (AGE 18+) MEAN VALUE OF 50.

5.2 Physical Disability and Activity Limitations

The Census Bureau's American Community Survey (ACS) reports disability status by type of disability. Figure 5.2a shows the percent with 6 types of activity limitations as well as for any of the 6 activity limitation by gender for the Allegheny County population age 65 and over.

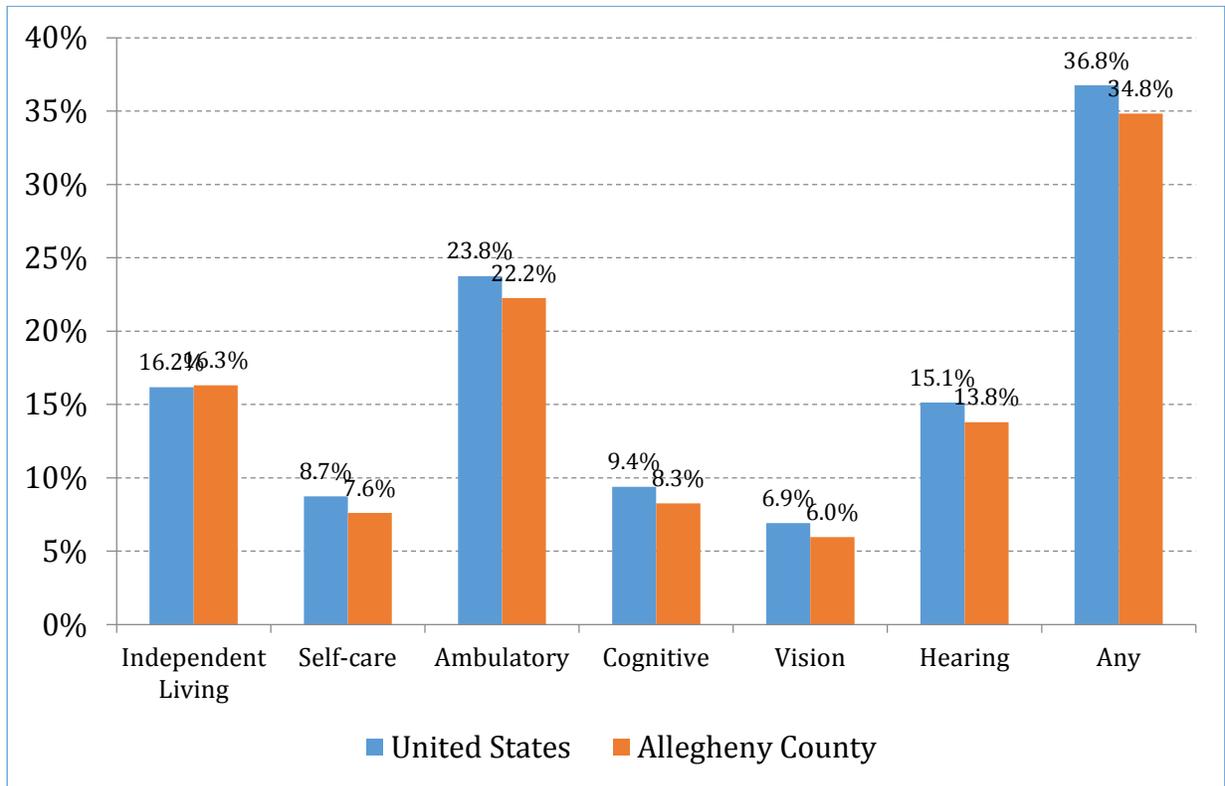
- The most frequently reported limitations are ambulatory and independent living limitations, and more women than men report for both of these. Overall, about a third of both men and women age 65 and over have some type of activity limitation.
- Older adults report slightly less activity limitations in general than for older adults nationally (see Figure 5.2b).

Figure 5.2a Disability Status by Type of Disability and Gender for Population Age 65+, Allegheny County, 2012



NOTE: AMERICAN COMMUNITY SURVEY 2012 1-YEAR ESTIMATES.

Figure 5.2b Disability Status by Type of Disability for Population Age 65+, Allegheny County and the United States, 2008-2012



NOTE: AMERICAN COMMUNITY SURVEY 2008-2012 5-YEAR ESTIMATES.

5.3 Self-Reported Need for Help with Routine and Personal Care

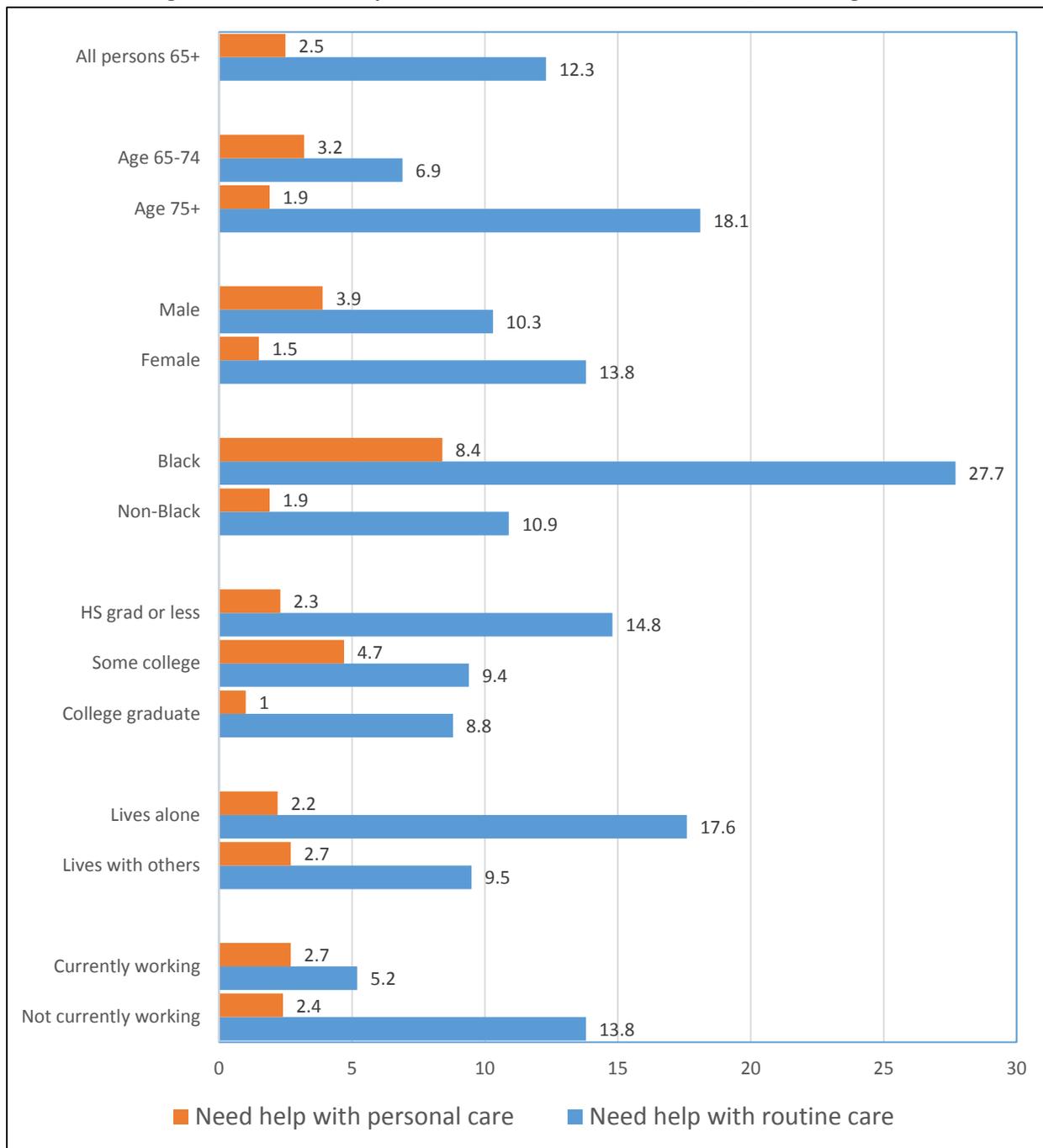
We asked survey respondents in Allegheny County whether they need the help of other persons with their “Personal Care needs such as eating, bathing, dressing, toileting...because of health problems they have or problems with their memory”, and whether they need the help of other persons with their “Routine Care needs such as everyday household chores, managing money, taking medications, shopping, or transportation outside the house...because of health problems they have or problems with their memory”. Note that a smaller percentage report the need for help with their care than report activity limitations on the ACS. This suggests that some of those with activity limitations are able to manage on their own without help.

- Focusing on the survey respondents age 65 or older, the need for help with routine and personal care needs is not great overall although some groups have higher rates (Figure 5.3a). Overall, 12.3% report the need for help with routine care, while only 2.5% report the need for help with personal care.
- Not surprisingly, the need for help with routine care needs increases with age, but the reported need for personal care among survey respondents age 65 and over is actually slightly higher than that for those age 75 and older.
- For routine care needs, the highest rates are found among Blacks with 27.7% reporting the need for help. In addition, respondents age 75+ (18.1%), those who live alone (17.6%), those with a high

school education or less (14.8%), and females and those not currently working (both 13.8%) report more need for help with routine care.

- For personal care needs, Blacks again report the greatest need for care (8.4%). Also males (3.9%) and respondents with some college (4.7%) report more need although the differences are not great.

Figure 5.3a Need for Help with Personal and Routine Care Needs, Persons Age 65+



5.4 Health Insurance Coverage and Health Care

The survey of Allegheny County older adults asked questions about health insurance coverage and a limited number of questions about the use of health care. Findings include:

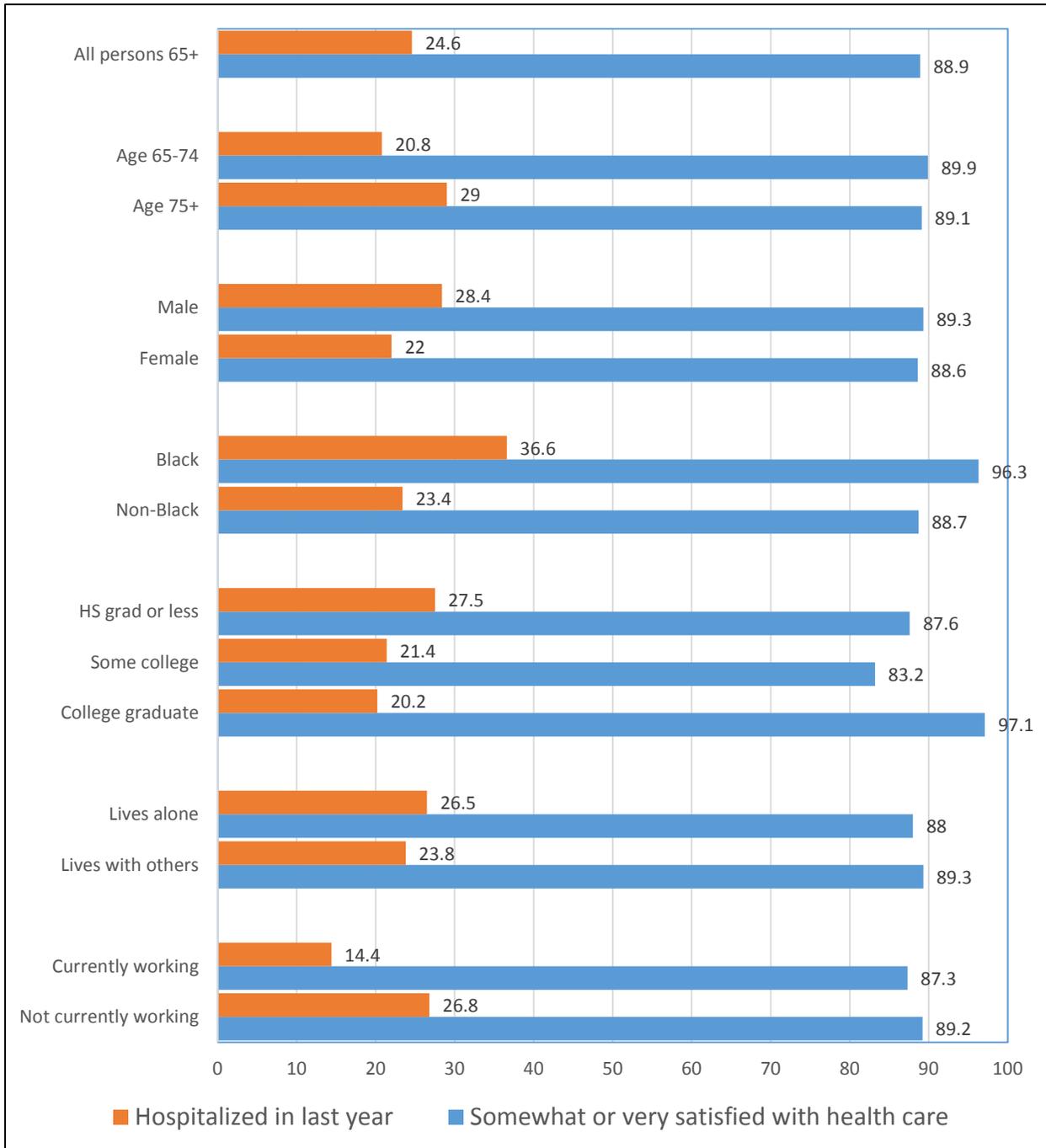
- Most respondents age 65 and older have health insurance (“including health insurance or government plans such as Medicare”), with 98.1% reporting such coverage (see Table 5.4a). However, a non-negligible percentage of respondents in the 55 to 64 age group report that they do not have health insurance (86.6% report that they do have insurance and 13.4% report that they do not).
- A much lower percent of survey respondents report that they have long-term care insurance, with only 27.4% of the 65 and over age group reporting this and 22.9% of the younger (55 to 64) age group having long-term care insurance. Interestingly, more respondents in the 65 to 74 age group report that they have long-term care insurance (33.3%) than among the oldest age group (20.6%) (Table 5.4a).

Table 5.4a Health and Long-Term Care Insurance Coverage by Age

Age	Has Health Insurance (%)	Has Long-Term Care Insurance (%)
55-64	86.6	22.9
65+	98.1	27.4
65-74	97.6	33.3
75+	98.5	20.6

- With respect to health care, two indicators are reported here, whether the respondent was hospitalized in the previous year and whether the respondent is satisfied with the health care they receive (see Figure 5.4a).
- Overall, almost a quarter (24.6%) of the respondents age 65 and over were hospitalized during the previous year. Older respondents (age 75+) were hospitalized more (29%), and Blacks (36.6%), males (28.4%), those with a high school education or less (27.5%), those who are not working (26.8%) and those who live alone (26.5%) were also more likely to have been hospitalized (Figure 5.4a).
- Examining satisfaction with health care, there was a high level of overall satisfaction among respondents age 65 and older (88.9% somewhat or very satisfied) and there were few differences among the respondents. However, college graduates (97.1%) and Blacks (96.3%) were the most likely to be satisfied. It must be noted, though, that over 11% were at least somewhat dissatisfied with their health care (Figure 5.4a).

Figure 5.4a Selected Health Care Indicators, Persons Age 65+



5.5 Health Risk Behaviors and Body Mass Index (BMI)¹

The survey of older adults addressed health risk by asking questions about smoking and drinking, and established height and weight so that body mass index (BMI) could be calculated. Some findings with respect to risk behaviors and BMI are:

- Older adults in Allegheny County use tobacco and alcohol more than older adults nationally. Among respondents age 65 and older, 11.2% currently smoke cigarettes every day or some days compared with 8.7% nationally (BRFSS, 2013), and 44.5% had at least one drink of alcohol in the last 30 days compared with 41.3% nationally (BRFSS, 2013; see Figure 5.5a).
- When examined by age group, reports of both smoking and drinking decrease for the oldest age group (age 75+).
- Males report that they drink alcohol more (56.4%), while females report smoking cigarettes slightly more (12.4%).
- Blacks report that they smoke more (15.1% versus 10.8%) while non-Blacks report that they drink more (46.6% versus 24.8%).
- A strong education effect is found for both smoking and drinking with higher education associated with more reports of drinking alcohol (63.2% of college graduates report drinking compared with 34% of those with a high school education or less) and fewer reports of smoking (6.1% versus 13.8%).
- Respondent who live with others report that they drink more frequently (47.8% versus 38.1%) and respondents who work report smoking more (13.8% versus 10.7%).
- A higher percentage of older adults in Allegheny County are classified as overweight or obese than nationally. Examining levels of obesity and overweight among respondents age 65 and over (see Figure 5.5b), overall almost a third (31.5%) are classified as obese by BMI, and another 43.4% are classified as overweight. Thus, almost 75% are at some level of health risk by their body mass. This compares with national figures from the 2013 BRFSS for those age 65 and older of 26.7% obese and 39.8% overweight.
- Obesity decreases with age, and females (36%), Blacks (43.2%), respondents with less education (34.3% of those with a high school or less education), and those who live with others (35.2%) report being obese more often (Figure 5.5b).

¹ Note: Body Mass Index (BMI) is calculated from a person's height and weight and is a fairly reliable and commonly used indicator of body fatness. It is used as a screening tool, including in general population surveys, to identify possible weight problems and a greater risk for disease. BMI is calculated as weight (in pounds) / [height (in inches)]² X 703 (a conversion factor). A BMI from 18.5 to 24.9 is considered normal, while a BMI from 25.0 to 29.9 is classified as overweight and 30.0 or above is classified as obese. Overweight and obese persons are at greater risk for many diseases and health conditions.

Figure 5.5a Health Risk Behaviors, Persons Age 65+

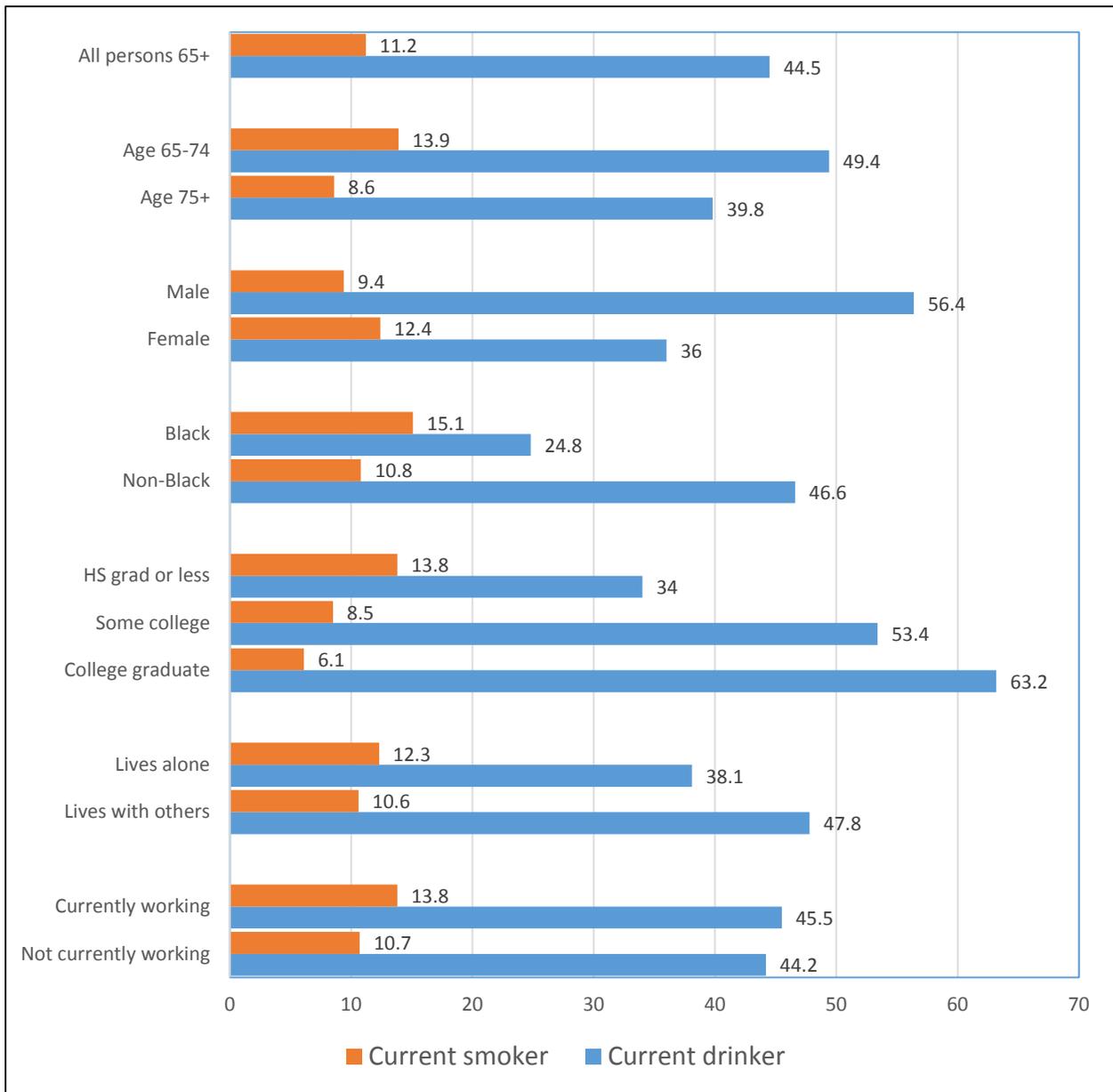
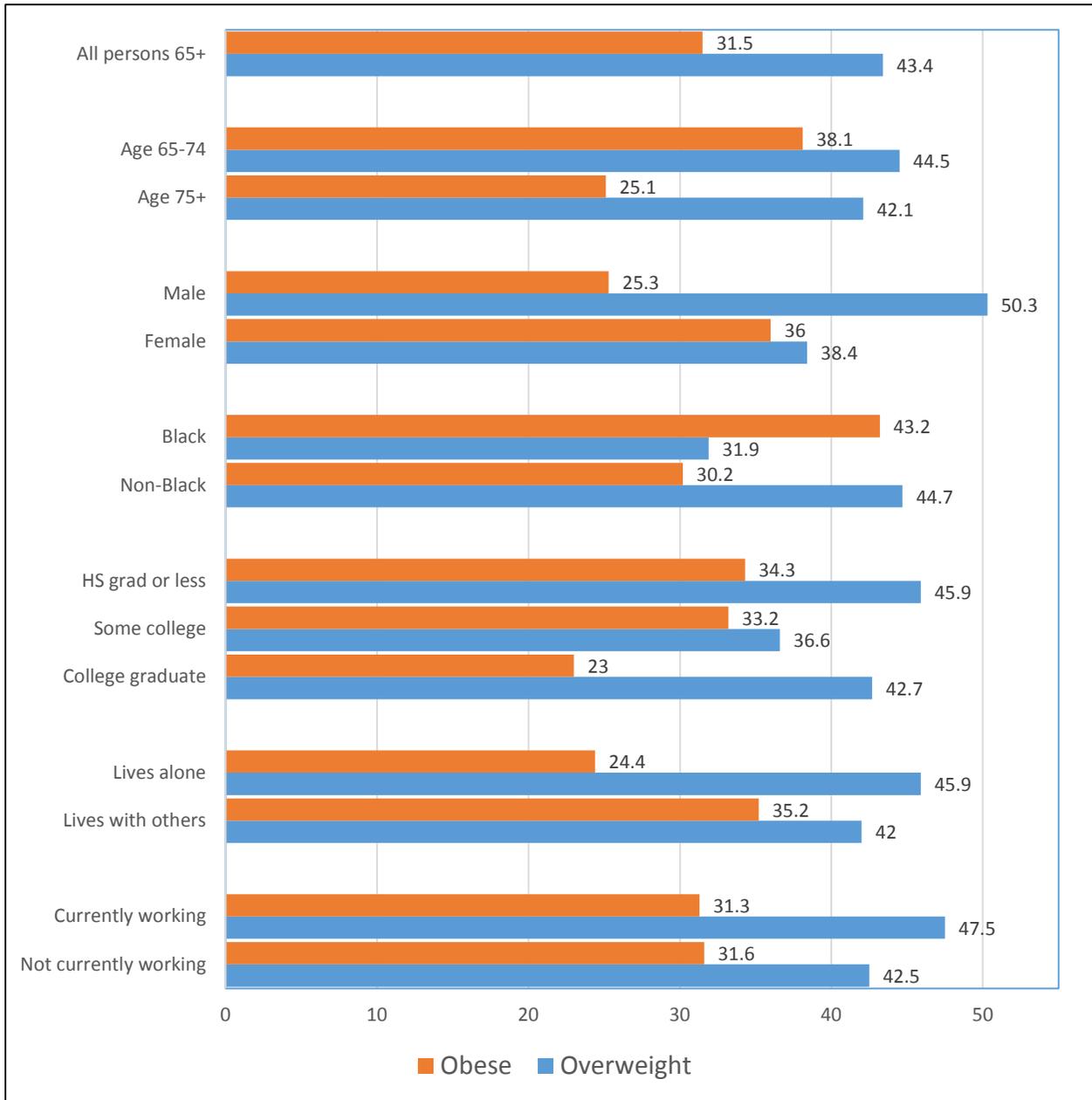


Figure 5.5b Body Mass Index, Persons Age 65+



5.6 Depression and Anxiety

The survey of older adults asked questions from the Patient Health Questionnaire. The Patient Health Questionnaire (PHQ-8) depression scale is an eight item self-report measure for depression which asks respondents how many days over the previous two weeks they had experienced each of eight of the nine criteria for depression in the Diagnostic and Statistical Manual of Mental Disorders (DSM). The scale sums the responses to these items (range 0 to 24) and provides criteria for the presence of depression. For this analysis, we used a criteria of 10 or higher on the scale to measure moderate, moderately severe, and severe depressive symptoms (what are the cutoffs for moderately severe and severe?). Figure 5.6a shows the percent of survey respondents with moderately or higher depressive symptoms for respondents age 65 or older. The survey also asked questions about the presence of anxiety disorder (“Has a doctor ever told you that you have an anxiety disorder?”). This section reports results from these measures.

- Among all respondents age 55 and older, just over 10 percent (10.1%) met the criteria for moderate to severe depressive symptoms, and 15.6% indicated that a doctor had told them that they had an anxiety disorder (Figure 5.6a).
- The presence of depressive symptoms and anxiety disorder decreases sharply with age, with moderate or greater depressive symptoms going from 14.1% for the 55-64 age group to 6.6% for the 75+ age group, and reports of an anxiety disorder going from 19.6% for the younger age group to 8.4% for the oldest age group (Figure 5.6a).
- Focusing on the respondents age 65 and older (see Figure 5.6b), overall 7.6% report moderate or greater depressive symptoms. More Blacks report depression than non-Blacks, and there is a strong education effect with the lowest education group more likely to report depression. Males more than females, those who are not working more than those who are working also report more depression.
- Examining anxiety disorder for the respondents age 65 and older, overall 13.1% reported a doctor ever telling them they had an anxiety disorder (see Figure 5.6c). The demographic patterns, however, are somewhat different than for depression. No racial differences are evident, and the education effect is not as strong although in the same direction.
- Females more than males report suffering from an anxiety disorder, and those who live with others report more anxiety than those who live alone. Least educated also report more anxiety. In addition, the difference between those who are working and not working are much smaller and those who are not working suffer slightly more anxiety (Figure 5.6c).

Figure 5.6a Depression and Anxiety by Age, Persons Age 55+

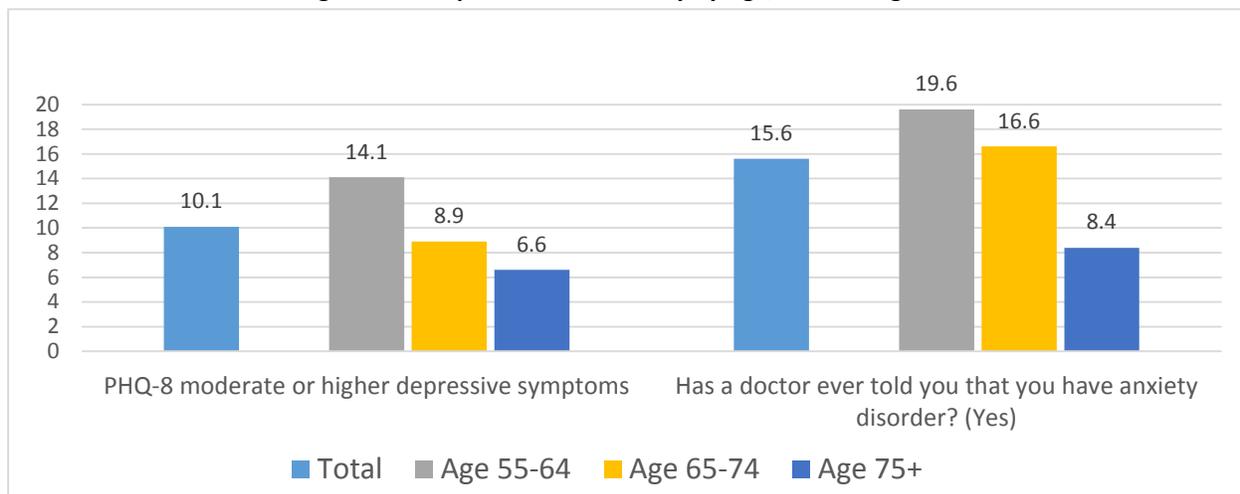


Figure 5.6b Current Depression (Moderate or Greater) Using Patient Health Questionnaire Depression Scale (PHQ-8), Persons Age 65+

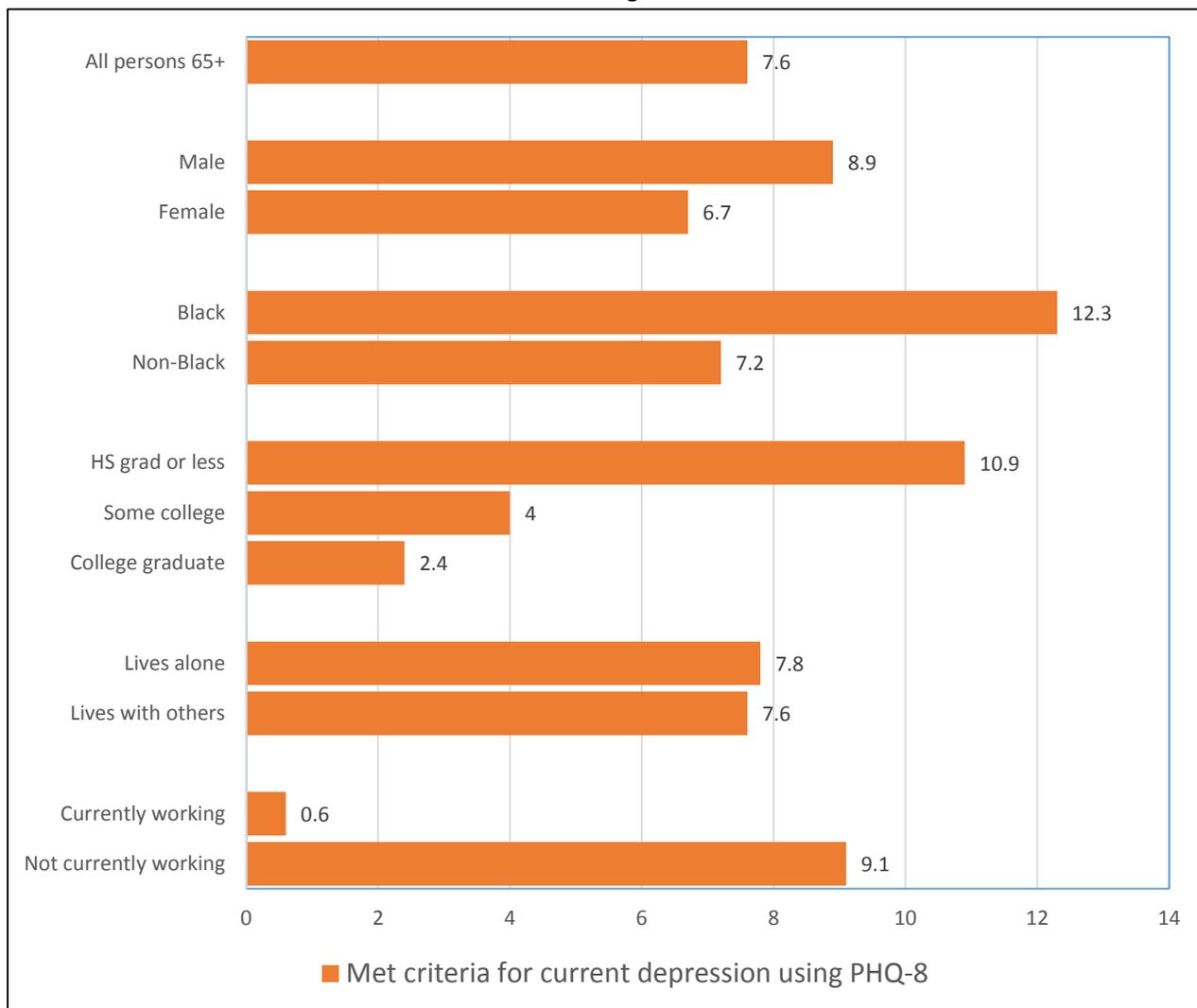
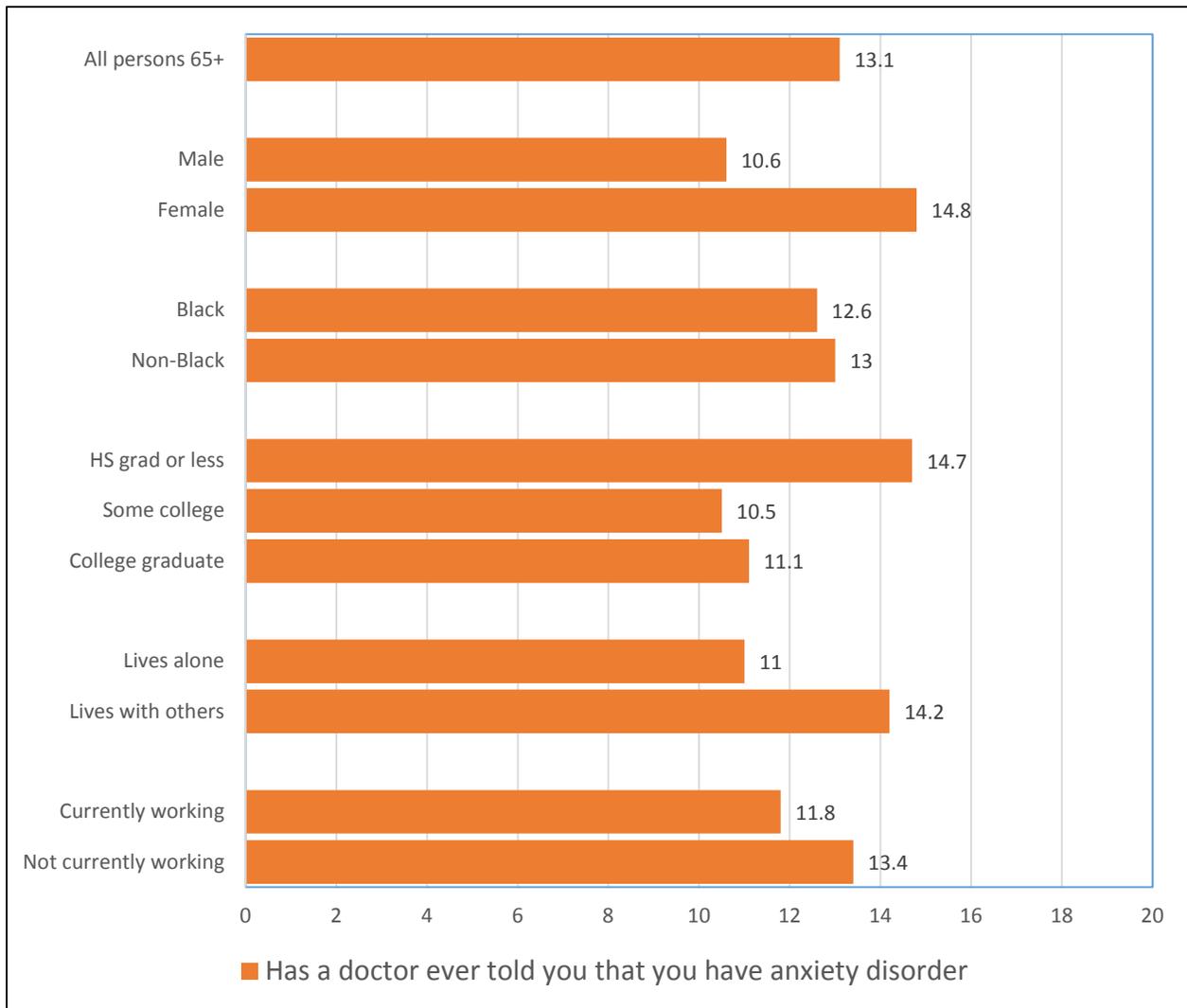


Figure 5.6c Self-Report Anxiety Disorder as Diagnosed by Doctor, Persons Age 65+



5.7 Social Health and Social Support

Social relationships, social networks, and social support are key components of general health status and quality of life. Social relationship quality, social network size / density, and the perceived availability of adequate social support are related to lower likelihood of morbidity and mortality, better psychological well-being, and lower likelihood of health-risk behavior. Social support has also been shown to play a key role in “buffering” (reducing) the effects of stress on health outcomes. The term “social health” comes from the World Health Organization definition of health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.” Social health and social support play a critical role in the health and functioning of older adults, particularly as people lose mobility and /or the ability to function independently, experience the death of long-time spouses or partners, and have less direct contact with adult children who have moved away. The survey included questions on number of close family and friends; feelings of isolation, being left out, and lack of companionship; perceived availability of various types of support; and recent negative social interactions.

Some of our key findings:

- In general, social relationships are positive and social support is high for older adults in Allegheny County. However, there are significant minorities of the local older population who report potential deficits in social health that may put them at risk for other negative outcomes.
- Between 7% and 25% of older adults in Allegheny County report low social support or frequent negative social interactions, depending on the specific indicator and age group. Adults aged 55 – 64 are less likely than their older counterparts to report few close relatives / friends, but more likely to report that they feel isolated / left out / lack companionship, and are much more likely to report frequent negative social interactions in the past month (see Figure 5.7a).
- Among those 65 and older, Blacks, those who live alone, males, and (to a lesser extent), those not currently working and with lower levels of education tended to report fewer close relatives / friends, more feelings of isolation, and lower perceived availability of social support (see Figures 5.7b-d).
- Patterns for frequent negative social interactions among those 65 and older were somewhat different. While Blacks again reported more negative interactions, females, those with some college, and those living with others also tended to report more negative social interactions (see Figure 5.7e).
- For the 55 – 64 year olds, correlates of feelings of isolation / being left out / lack of companionship were similar to those for the older age group (see Figure 5.7c), even though the absolute levels were higher for the younger group (18% vs. 11%). Blacks age 55 – 64 were much more likely to report isolation, feeling left out, or lack of companionship, with over one-third reporting such feelings (36%). In addition, those not currently working, living alone, and with less education were more at risk (see Figure 5.7f).
- 55 – 64 year olds in Allegheny County were more than twice as likely to report negative social interactions in the past month than were those age 65 and older (25.5% vs. 12.1%; see Figures 5.7d and 5.7g). The correlates of negative interactions in the younger group were also somewhat different than those in the older cohort. Blacks and females were more at risk in both age groups; however, 55 – 64 year olds currently working and those living alone were more likely to report negative interactions (see Figure 5.7g).
- As suggested by the findings reported thus far, having few close relatives / friends; feeling isolated, left out, or lacking companionship; and perceiving low availability of social support (all indicators of *low social support*) are somewhat distinct from experiencing frequent negative day-to-day social interactions. Additional analyses showed that older adults in Allegheny County tended to report *either* low social support *or* frequent negative social interactions, but *not both*. Approximately 20% reported low social support but not negative interactions; 13% reported only negative social interactions but not low social support; and only about 5% reported both.
- The younger cohort (age 55-64) was more likely to report only negative social interactions (18% vs. 9% age 65 and older), while the older group was slightly more likely to report low social support only (21% vs. 19%). The younger cohort was also about twice as likely to report both negative interactions and low social support (8% vs. 4%).
- Among 55 - 64 year olds, work status was the key correlate of the social health patterns reported. Those currently working were much more likely to report only negative social interactions in the past month (24% vs. 8% for those not working); while those not working were much more likely

to report low social support only (33% vs. 11% of workers). For adults age 65+, living arrangement was the key factor. Those living with others were more likely to report negative social interactions but not low social support (12% vs. 2% for those living alone); while those living alone were more likely to report only low social support (30% vs. 17%).

Figure 5.7a Indicators of Social Health and Social Support by Age, Persons Age 55+

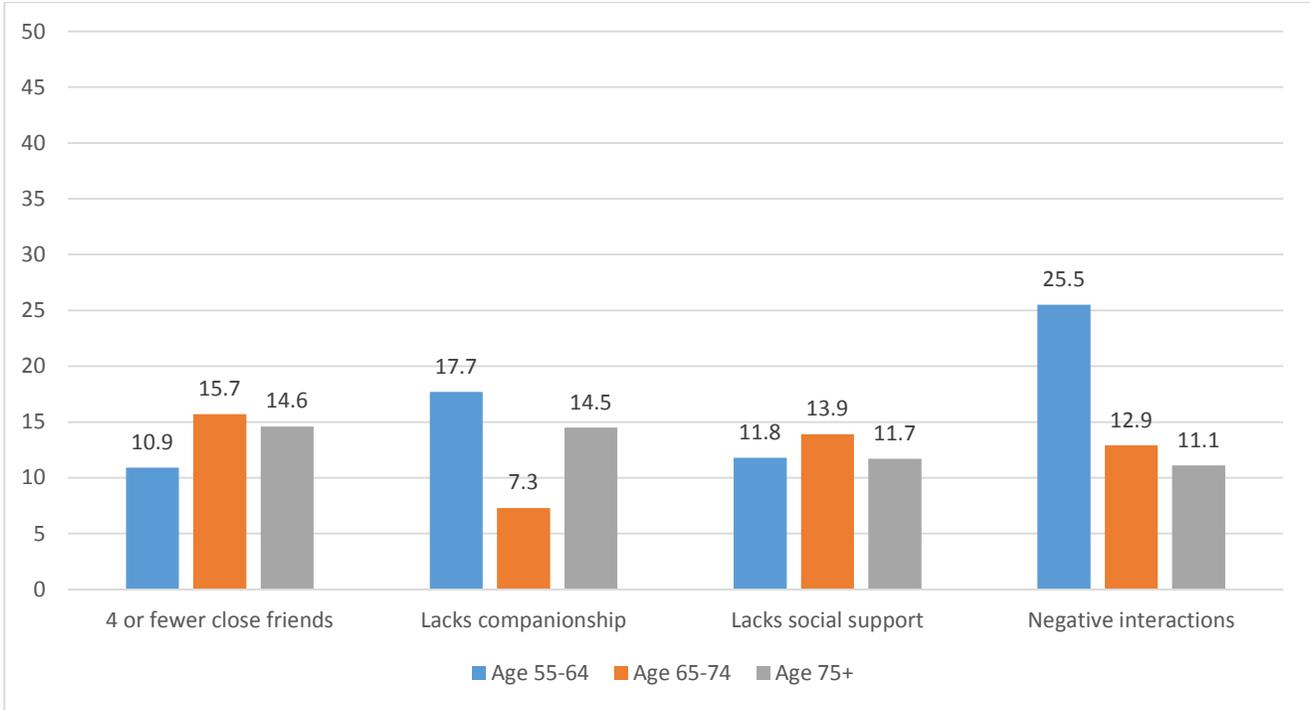


Figure 5.7b Four or Fewer Close Friends or Relatives, Persons Age 65+

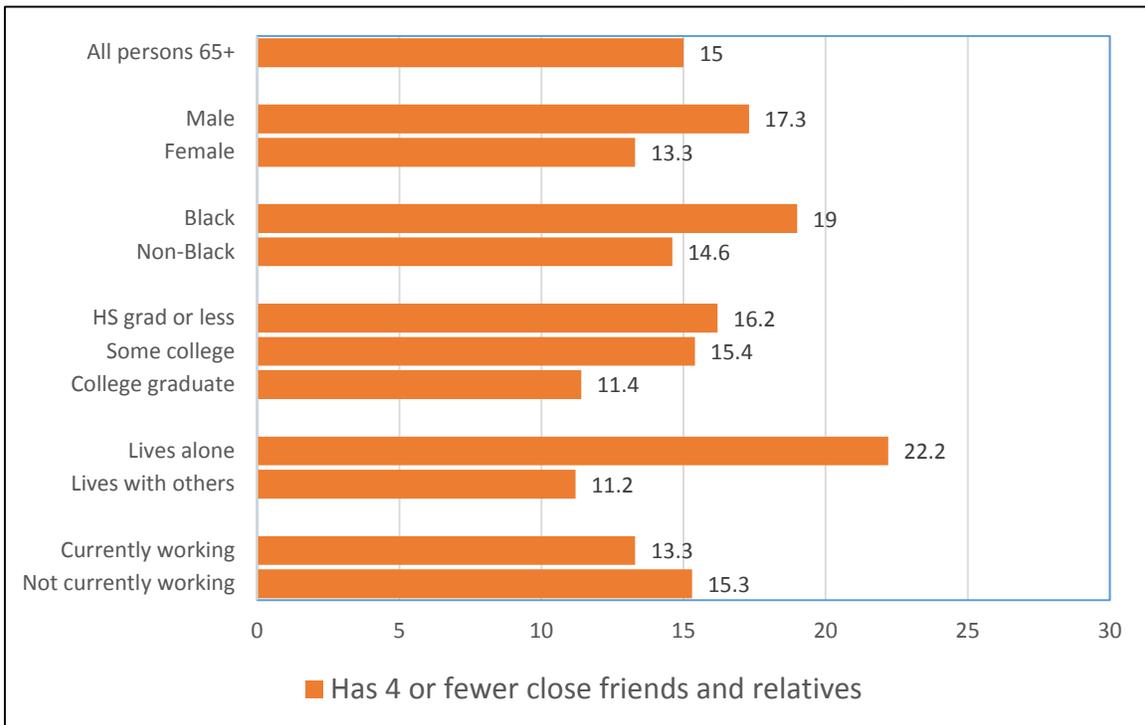


Figure 5.7c Usually or Always Feels Isolated, Left Out, or Can't Find Companionship, Persons Age 65+

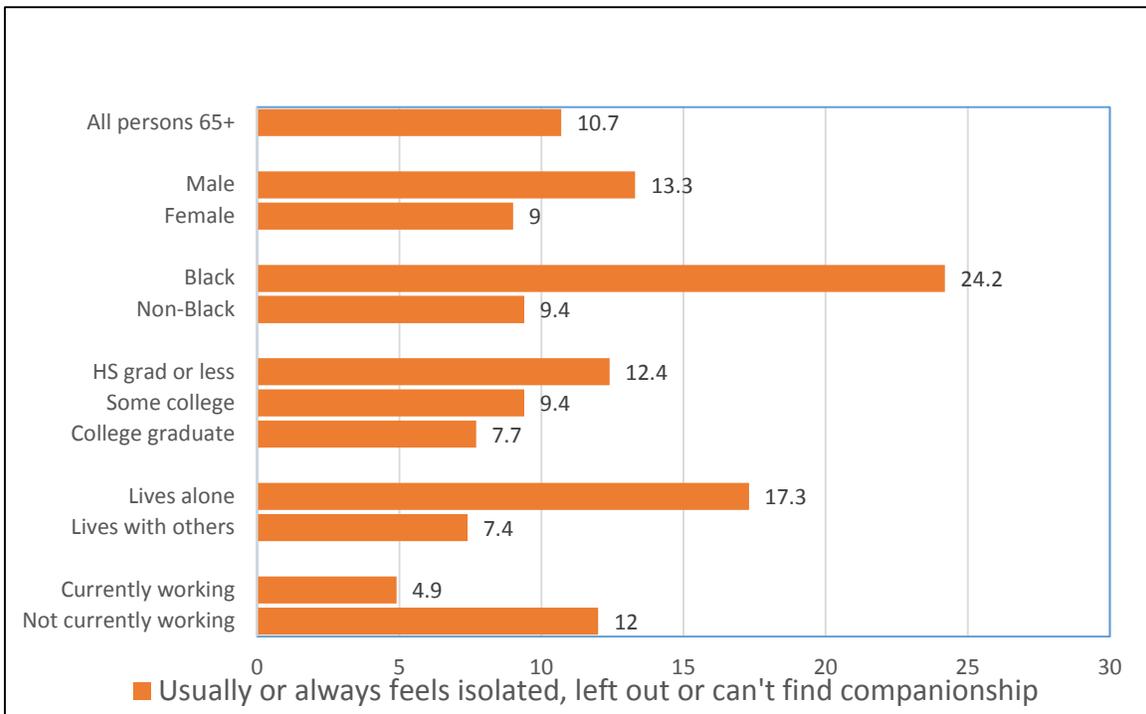


Figure 5.7d Low Emotional, Tangible or Informational Social Support Based on ISEL, Persons Age 65+

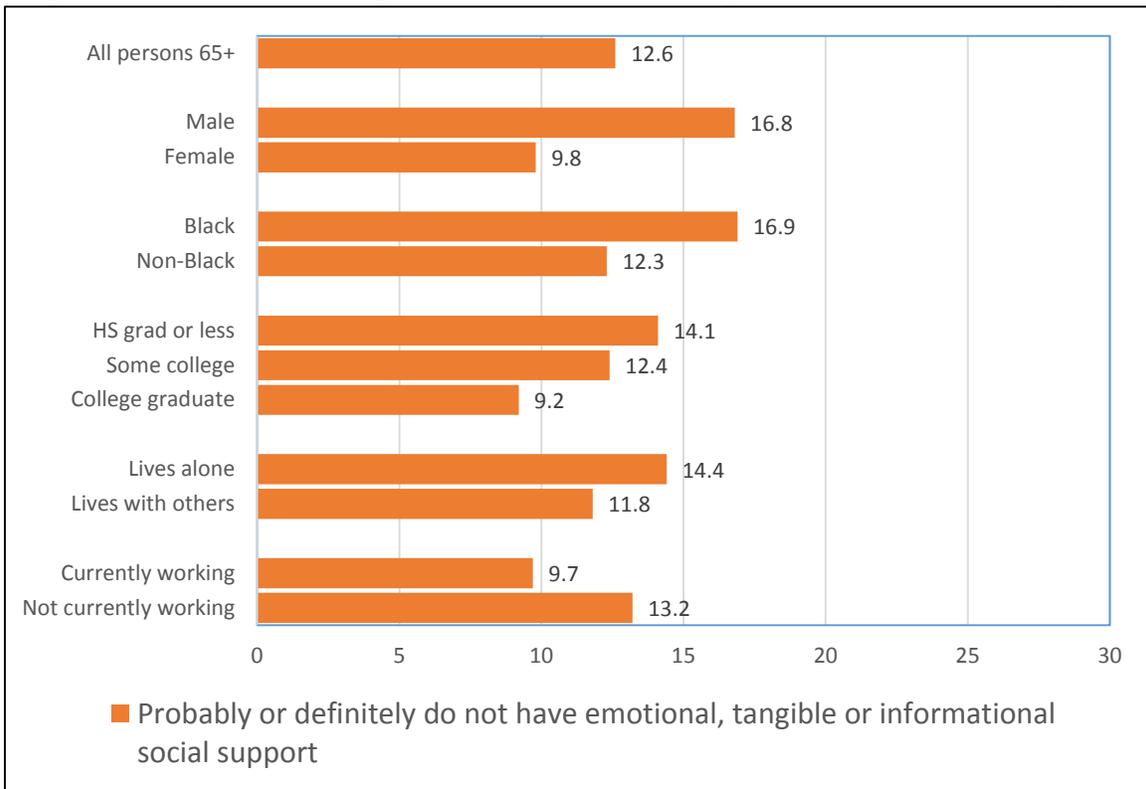
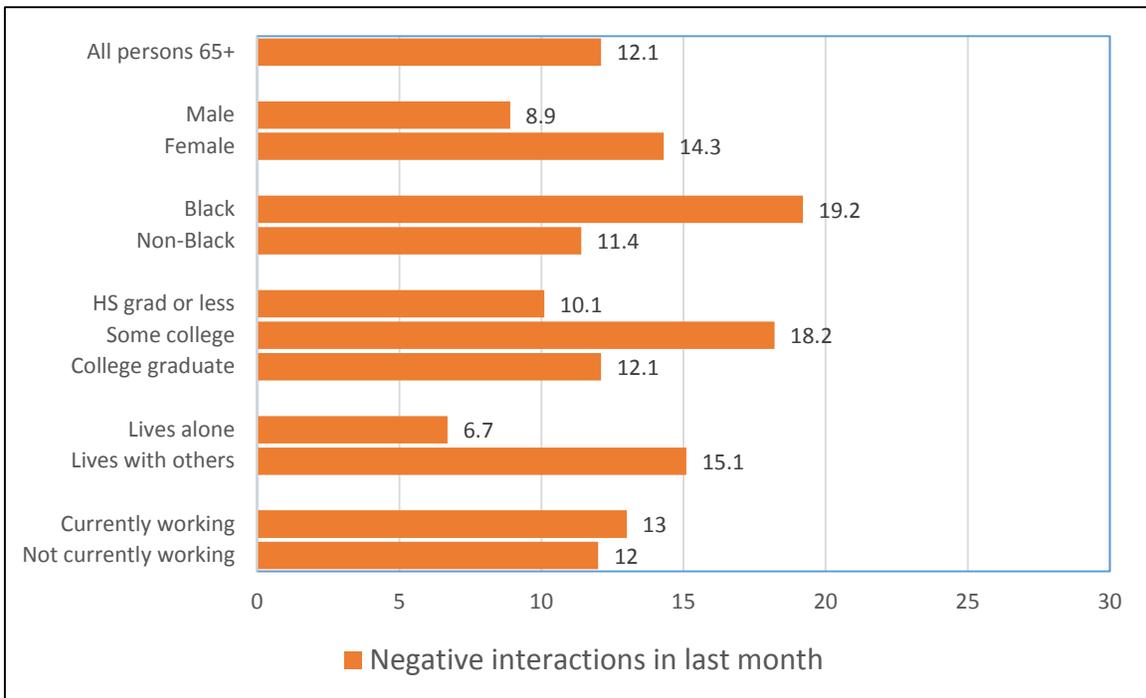


Figure 5.7e Fairly or Very Often Had Negative Interactions In Last Month, Persons Age 65+



NOTE: NEGATIVE INTERACTIONS ARE DEFINED AS TOO MANY DEMANDS, OTHERS CRITICAL OF YOU, OR OTHERS TAKE ADVANTAGE OF YOU.

Figure 5.7f Usually or Always Feels Isolated, Left Out or Can't Find Companionship, Persons Age 55-64

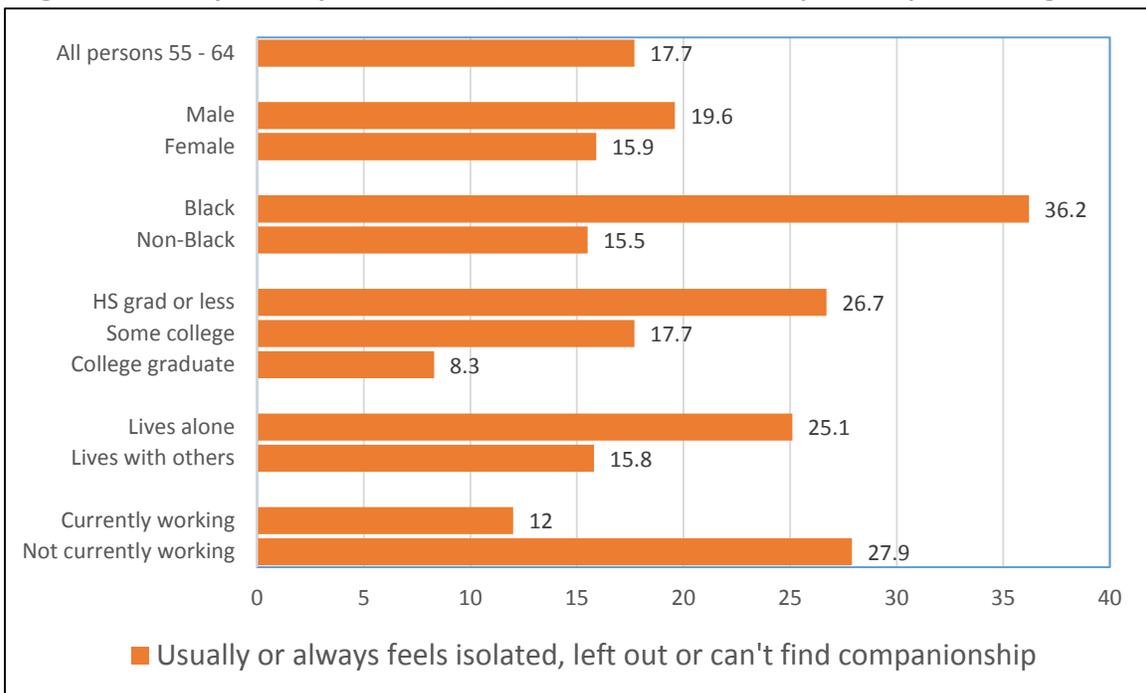
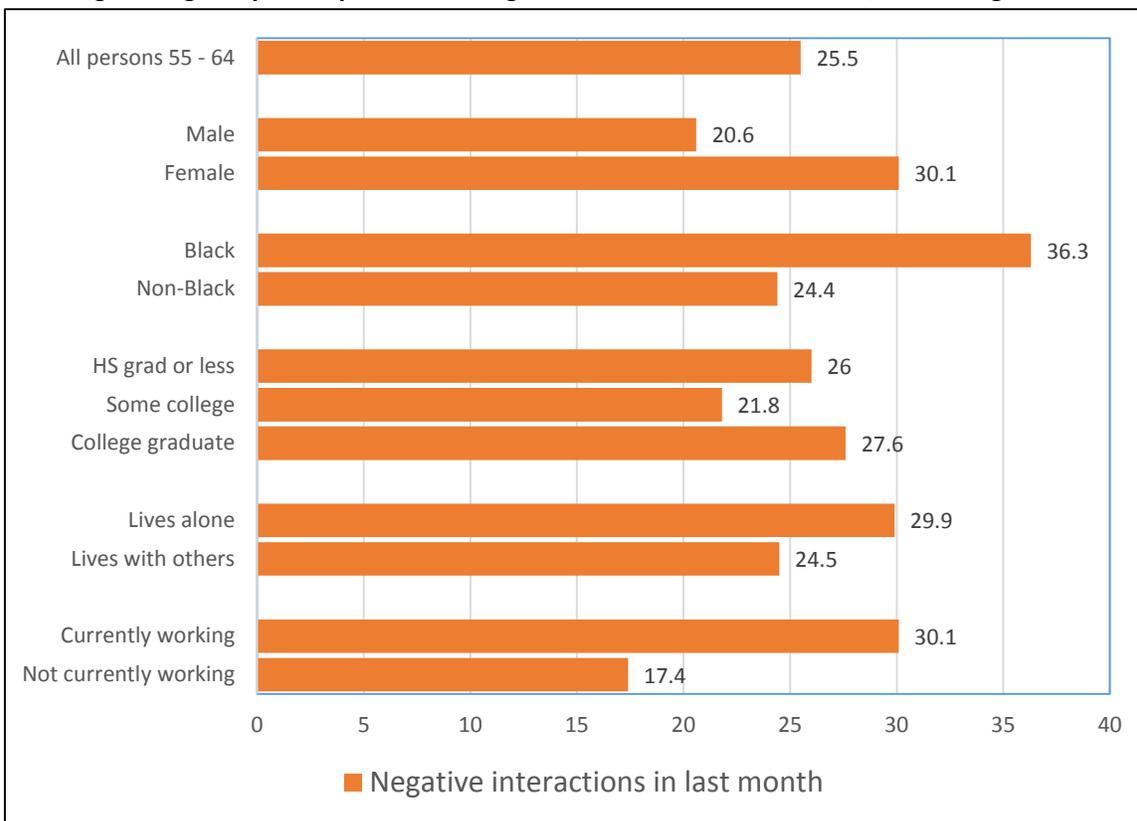


Figure 5.7g Fairly or Very Often Had Negative Interactions in Last Month, Persons Age 55-64



5.8 Advance Directives and End of Life Planning

As the U.S. population ages and the costs of medical care have continued to accelerate, there has been increased discussion about end-of-life care planning. Decisions about the types and intensity of medical treatment received at the end-of-life are often difficult, especially when the patient has no prior expressed preferences. Researchers and policy makers are beginning to explore these decisions in surveys and other studies. We asked survey respondents whether they had: (1) a Health Care Power of Attorney (POA) – a named person to make health care decisions for them if they become incapacitated; (2) a living will, in which they state the kind of health care they want under different circumstances; and (3) a will that controls how their financial assets will be distributed in case of death. Some key findings include:

- More than half of older adults in Allegheny County age 55 and older report having a health care POA and living will, and more than 60% have an asset distribution will. However, as might be expected, these rates all increase with age (Figure 5.8a).
- The local percentage of 65 – 74 year olds reporting a living will (58%) is similar to the findings for this age group from a national 2013 survey conducted by the Pew Research Center (61%).
- Older Blacks in Allegheny are less likely than non-Blacks to reporting having a health care POA, living will, or asset distribution will. The difference is particularly large for asset distribution wills (65% vs. 35%; Figure 5.8b). These race differences are consistent for both 55 – 64 year olds and those 65 and older.

- The other key correlate of these advance directives and end of life planning measures is education. Older adults with higher levels of education in Allegheny County are more likely to report a health care POA, living will, or asset distribution will (Figure 5.8c). The difference is largest for asset distribution wills. It is also interesting to note that the least educated (high school graduate or less) are slightly more likely to report having a health care POA than those with middle levels of education (some college). This difference is found in the 65 and older group but not among 55 – 64 year olds.

Figure 5.8a Advance Directives by Age, Persons Age 55+

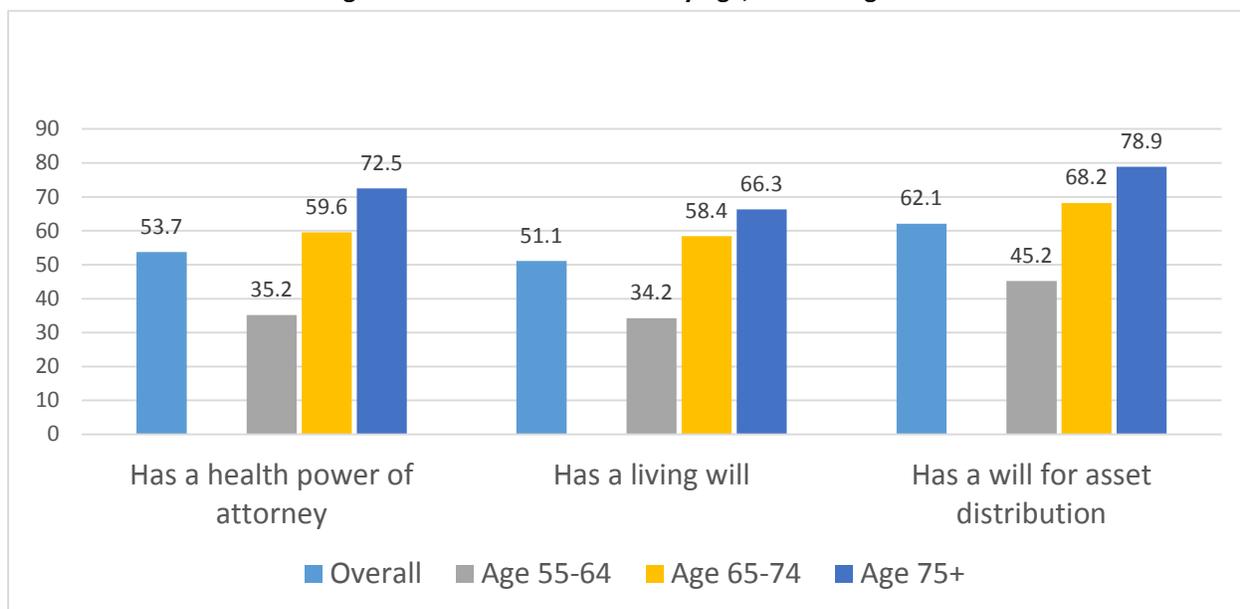


Figure 5.8b Advance Directives by Race, Persons Age 55+

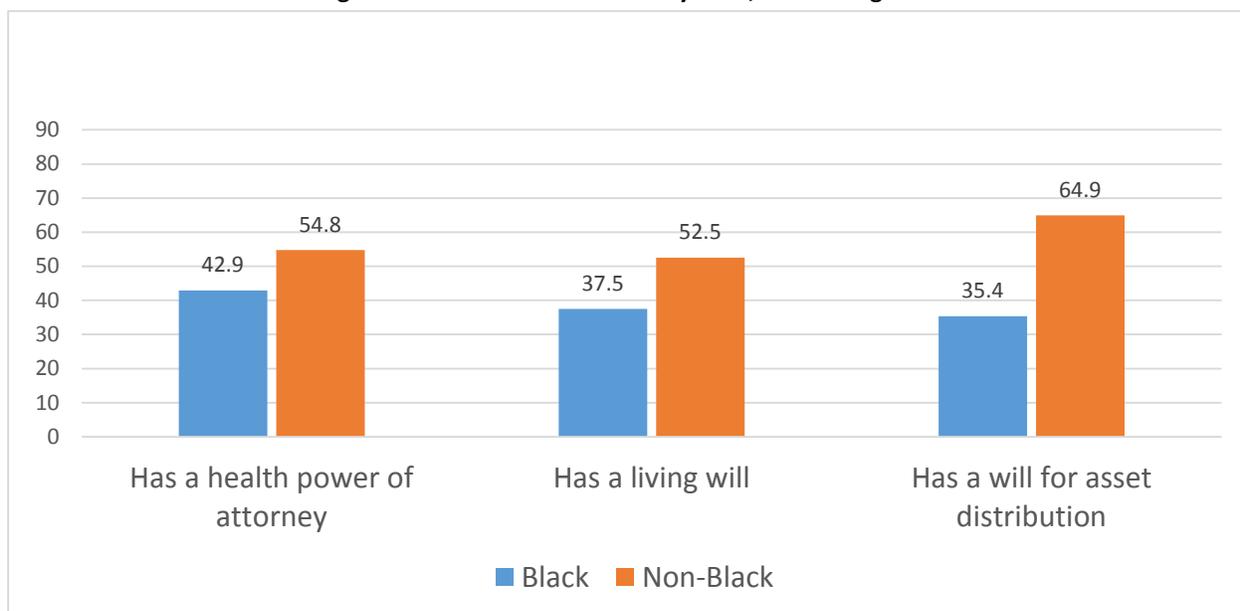
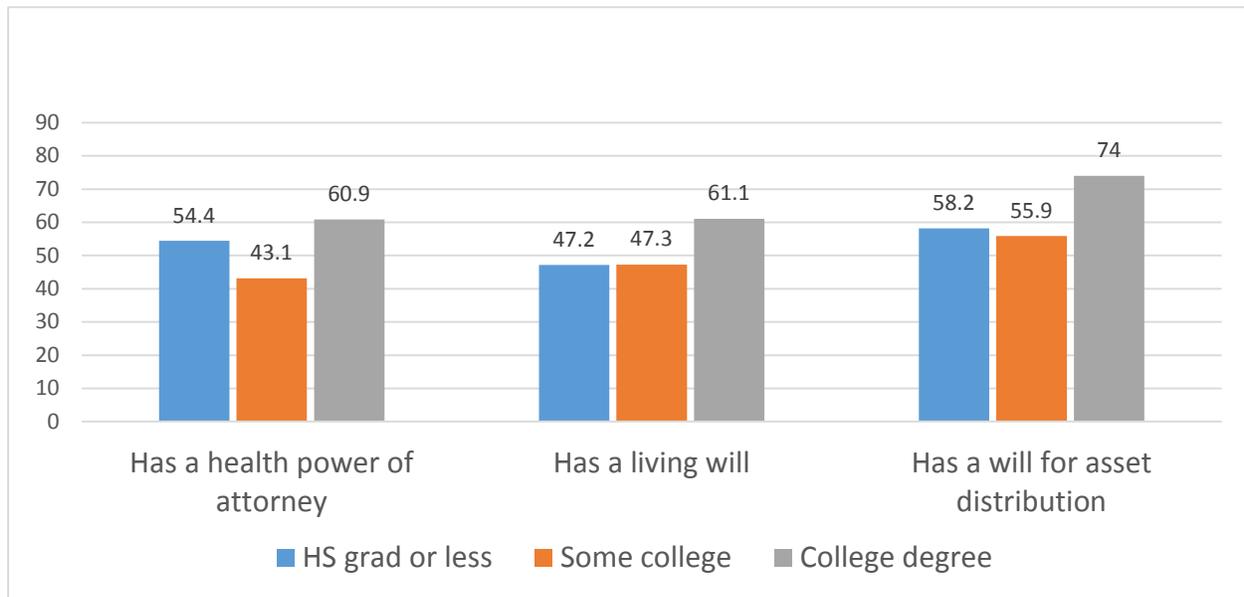


Figure 5.8c Advance Directives by Education, Persons Age 55+



6. CAREGIVING

Family members are an essential resource to older individuals with chronic illness and disability. Without the care and support provided by relatives and friends, it would be difficult and often impossible for persons with illness and disability to remain in the community. Current estimates indicate that more than 40 million Americans provide assistance annually to an adult relative because of illness and disability. There is strong consensus that caring for an individual with disability is burdensome and stressful to most family members, fosters depression and anxiety and, in extreme cases, murder-suicide. Research also suggests that the combination of loss, prolonged distress, physical demands of caregiving, and frailty among older caregivers may cause physical health problems and increase mortality among caregivers.

We asked survey respondents in Allegheny County whether anyone relies on them to help with their “Personal Care needs such as eating, bathing, dressing, toileting...because of health problems they have or problems with their memory”, and whether anyone relies on them to help with their “Routine Care Needs such as everyday household chores, managing money, taking medications, shopping, or transportation outside the house...because of health problems they have or problems with their memory”.

Some of our key findings:

- 20.3% of respondents aged 55 and over provide either Personal Care or Routine Care, and a sizable proportion of these individuals provide both types of care (7.9% , see Table 6a). The highest rates of caregiving are found among adult children aged 55-64 who are typically providing care to a parent. These individuals are also more likely to be in the workforce and must balance caregiving demands with workplace responsibilities (see Figures 6a and 6b). Women are more likely to help with Personal Care needs than men. These rates are comparable to U.S. rates using

methods similar to ours. (Note that prevalence rates of caregiving vary widely depending on the exact definition of caregiving used.)

- Caregiving can be a full time job. Caregivers who provide both Personal and Routine care spend an average of 35.5 hours per week caregiving (see Table 6c).
- Caregivers report high levels of stress. Overall, caregivers who provide both types of care report the highest levels of stress. Levels of stress were also higher among caregivers who are younger, female, and less educated (see Figures 6c and 6d).
- The needs of caregivers differ by age. The number one need for younger caregivers aged 55-64 is help with balancing work and family responsibilities, while older caregivers identified finding trustworthy paid help as their number one need (see Figures 6.1a and 6.1b).
- Respondents expect to be caregivers in the future. Among those not currently providing care, nearly 50% of those aged 55-64 and over 35% of those aged 65-74 report that it is somewhat or very likely that they will provide care in the future (see Figure 6e).
- In both the U.S. and Allegheny County the need for caregivers will increase with the aging of the baby boomers, but the available number of caregivers will decline. Figure 6.2a shows that the dependency ratio - the number of persons available to provide care divided by the number of persons who need care - will decline dramatically. In 1990 Allegheny County had 6 caregivers for every person needing care; in 2050 this number will decline to 3.6.

Table 6a Number of Caregivers Who Help With Personal or Routine Care, Persons Age 55+

	Weighted % of Population
Helping With Personal Care Only	3.9
Helping With Routine Care Only	8.5
Helping With Both Types of Care	7.9
Helping With Either Type of Care	20.3

Table 6b Proportion of the Population Providing and Receiving Help with Personal or Routine Care, Persons Age 55+

		Receiving Help With Either Personal or Routine Care	
		Yes	No
Providing Help With Either Personal or Routine Care	Yes	1.2%	19.1%
	No	10.9%	68.8%

Figure 6a Who is a Caregiver? Helping Someone with Personal or Routine Care Needs by Age, Persons Age 55+

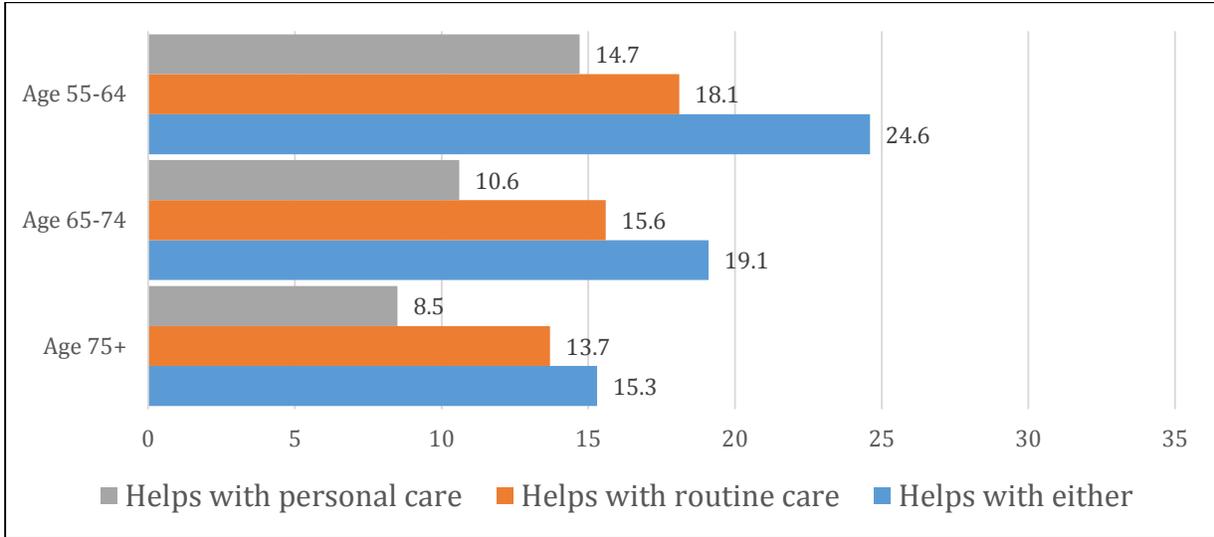


Figure 6b Who is a Caregiver? Helping Someone with Personal or Routine Care Needs by Demographics, Persons Age 55+

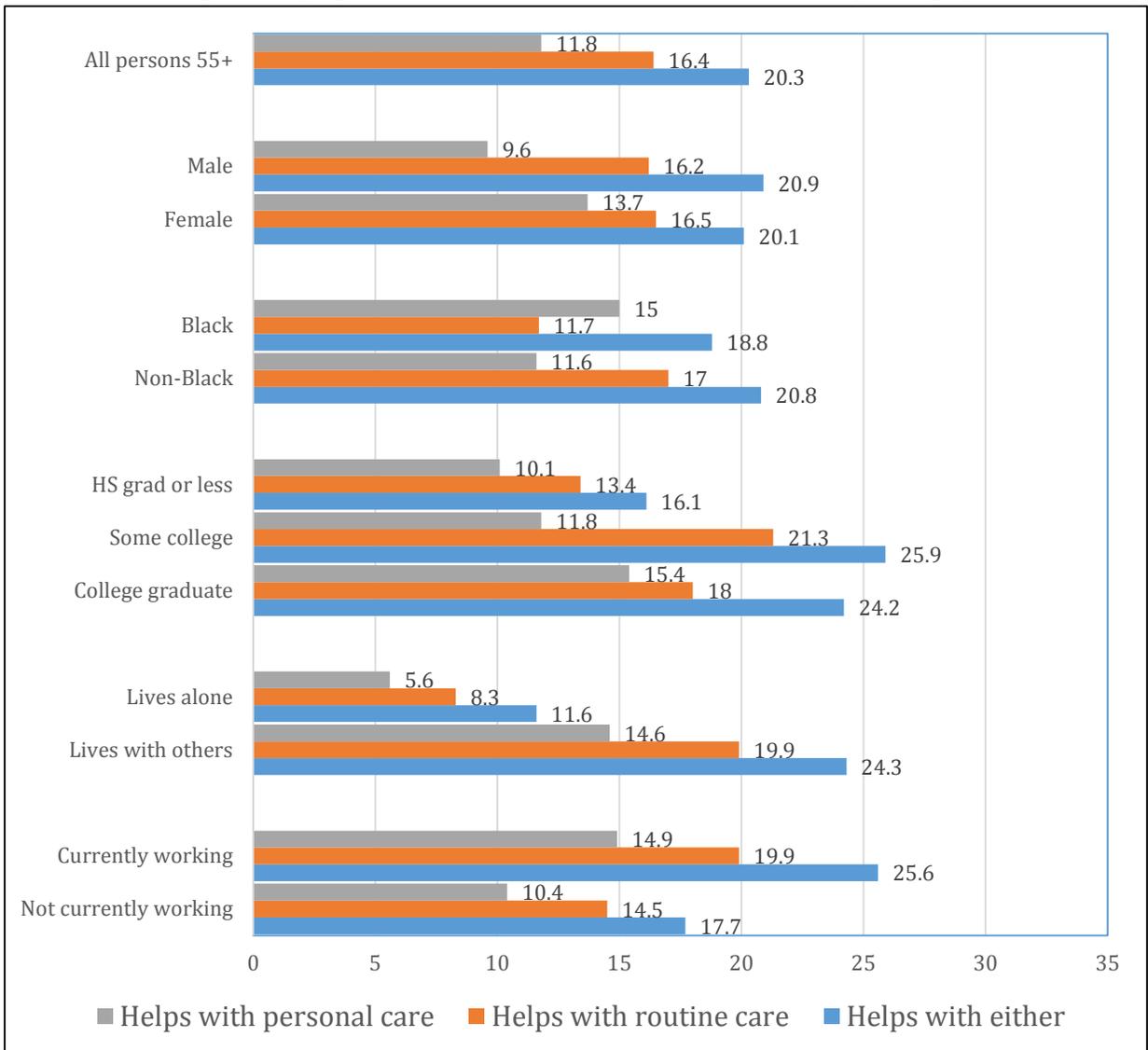


Table 6c Estimated Mean Number of Hours per Week Spent by Caregivers on Caregiving, Persons Age 55+

	Mean Number of Hours Spent Caregiving Per Week
Helping With Personal Care Only	6.5
Helping With Routine Care Only	10.2
Helping With Both Types of Care	35.5

NOTE: MEAN NUMBER OF HOURS WAS CALCULATED FROM A CATEGORICAL VARIABLE AS FOLLOWS:

RANGE	ASSIGNED NUMBER OF HOURS
8 HOURS OR LESS	4 HOURS
9 TO 19 HOURS	14
20 TO 39 HOURS	30
40 HOURS OR MORE	40

Figure 6c Reported Level of Stress by Type of Care Provided, Persons Age 55+

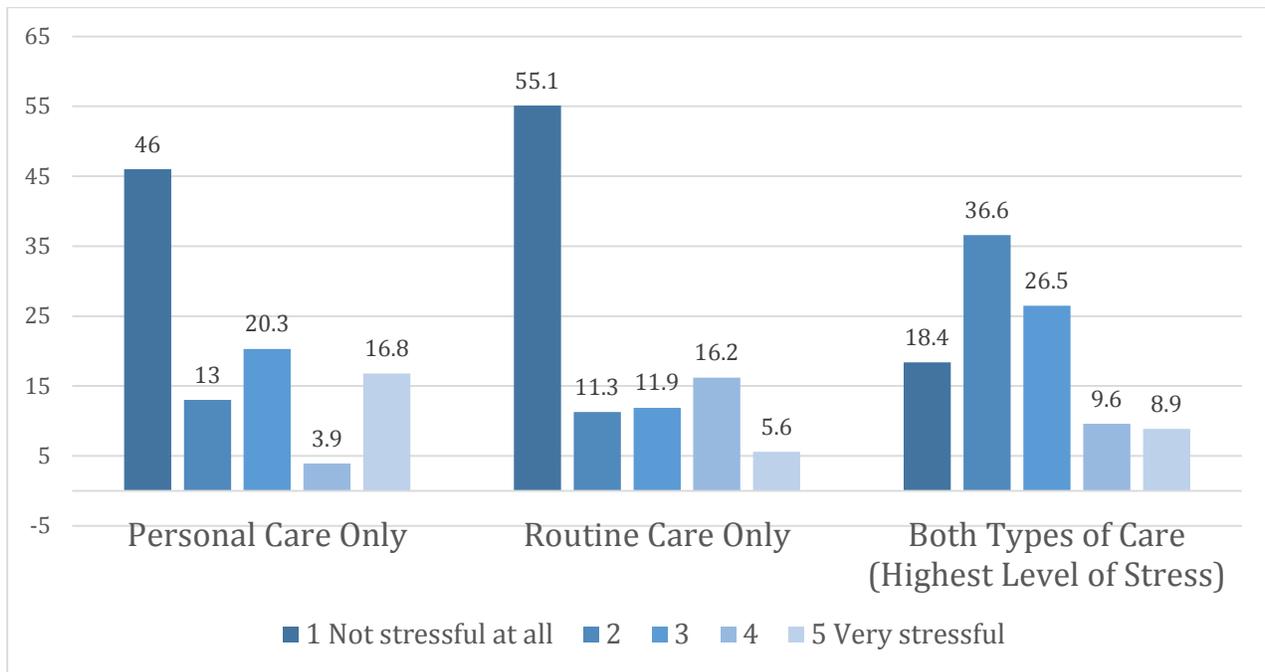
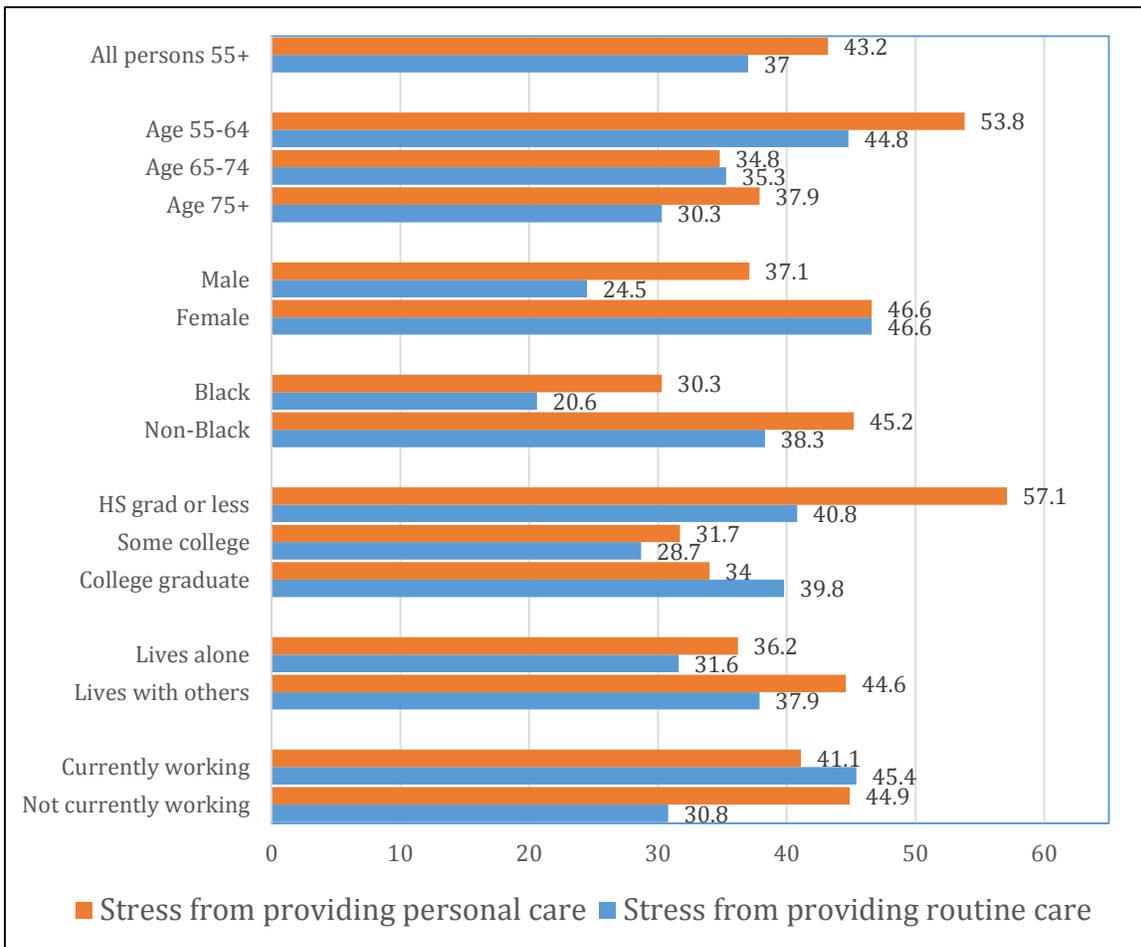
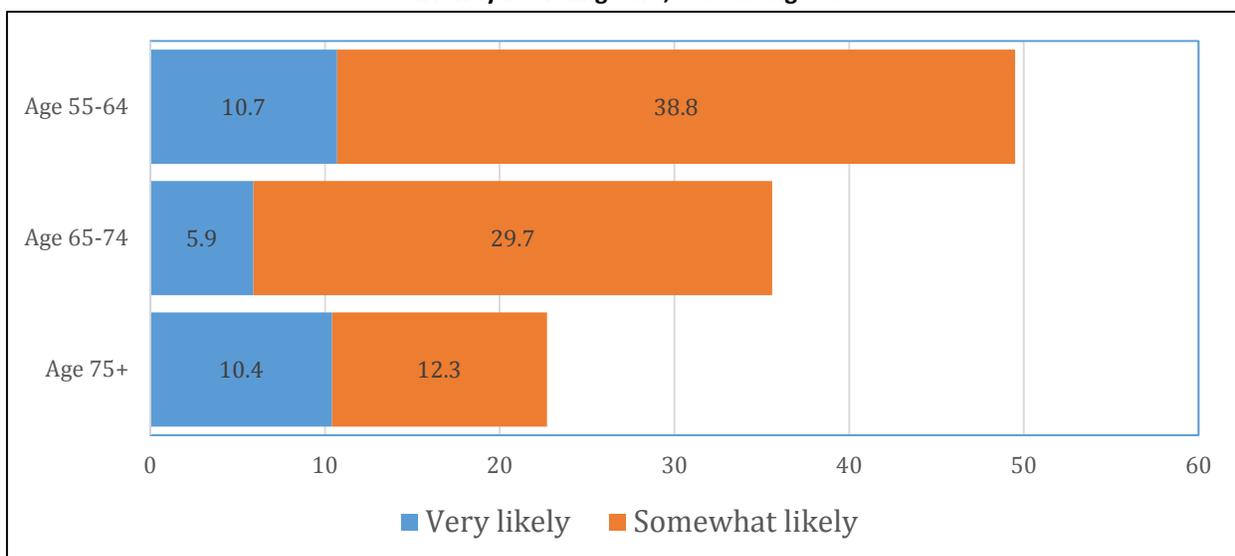


Figure 6d Which Caregivers Feel Moderate to Severe Stress from Providing Personal or Routine Care, Persons Age 55+



NOTE: MODERATE TO SEVERE STRESS IS DEFINED AS 3 OR HIGHER ON A 5 POINT SCALE WHERE 1 IS NOT STRESSFUL AT ALL AND 5 IS VERY STRESSFUL.

Figure 6e Very or Somewhat Likely to Have to Provide Care for a Relative or Friend in the Future Among Those Not Currently Providing Care, Persons Age 55+



6.1 Caregiver Needs

Figure 6.1a Top 10 Caregiver Needs, Caregivers Age 55-64

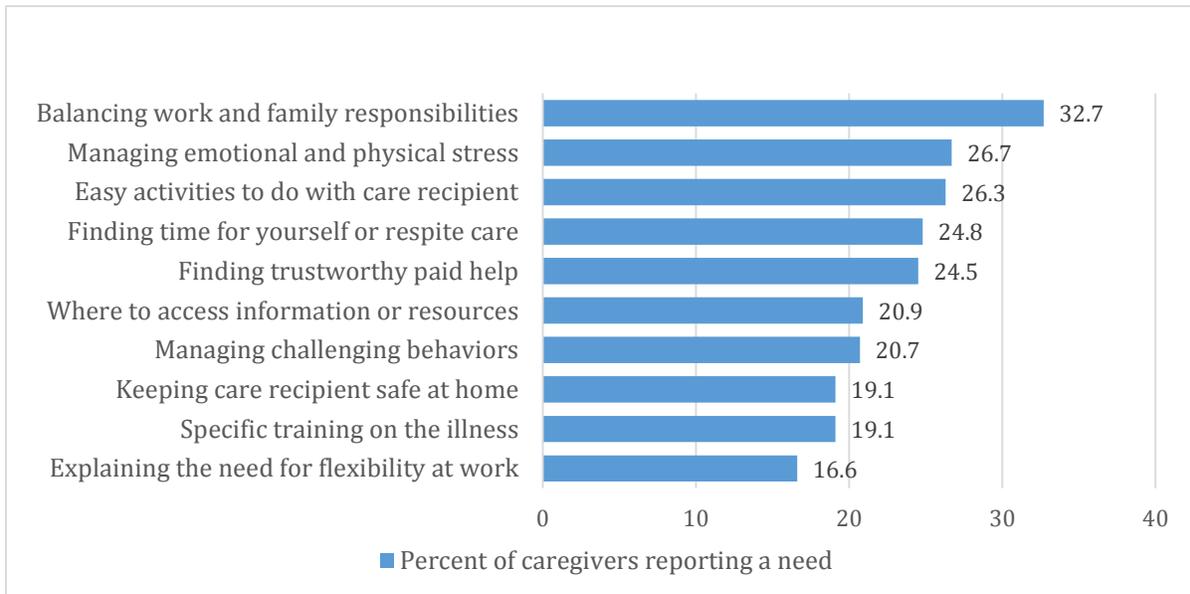
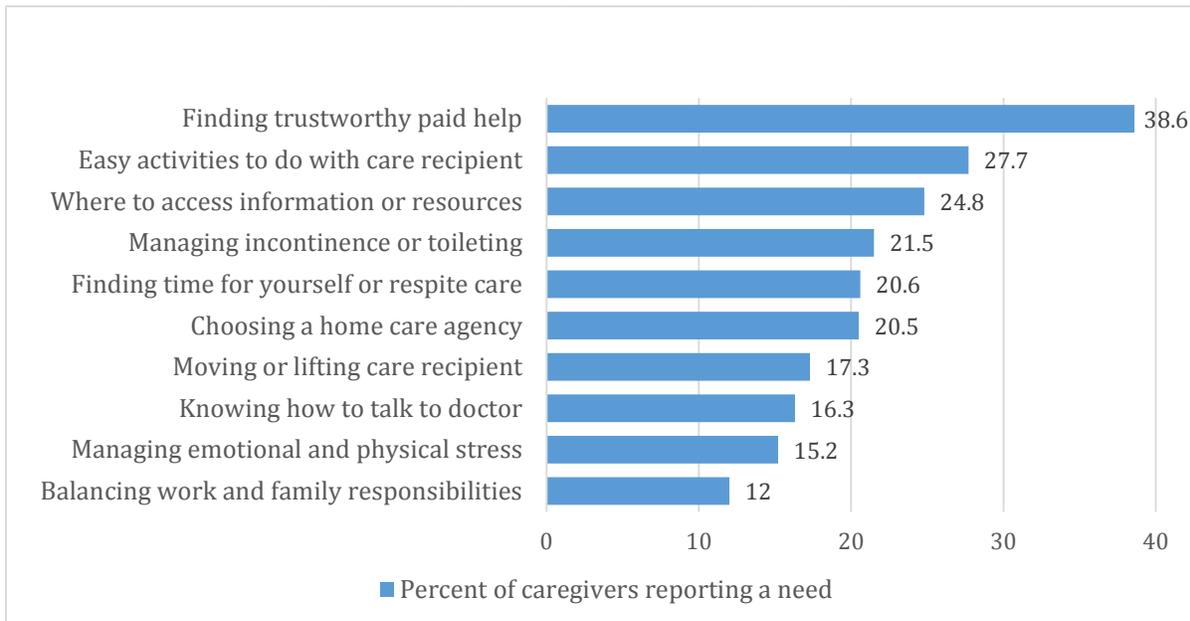


Figure 6.1b Top 10 Caregiver Needs, Caregivers Age 65+



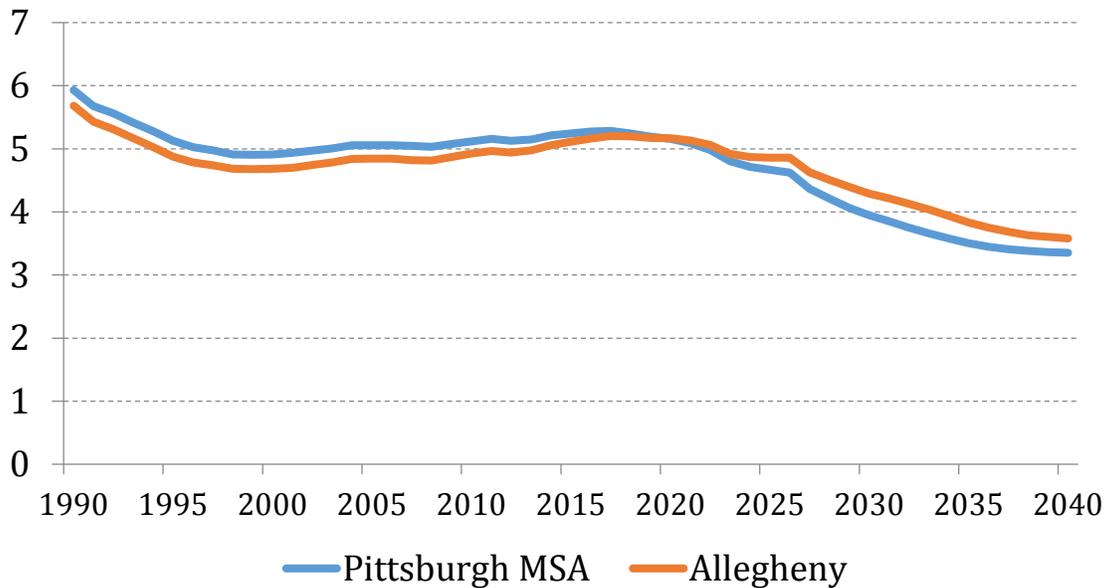
6.2 Caregiver Support Ratio

Table 6.2a Caregiver Ratio, 1990 to 2050, Ratio of Population Age 45-64 to Population Age 80+

	History			Forecast			
	1990	2000	2010	2020	2030	2040	2050
Allegheny County							
Age 45-64	275,157	300,531	350,891	324,453	316,532	367,714	387,548
Age 80+	48,443	64,181	71,239	63,456	75,474	106,813	107,050
Ratio	5.7	4.7	4.9	5.1	4.2	3.4	3.6
PA Ratio	6.0		5.8		3.9		3.3
US Ratio	6.6		7.2		4.1		2.9

SOURCE: PITTSBURGH REMI MODEL/UCSUR

Figure 6.2a Dependency Ratio, 1990-2040, Ratio of Population Age 45-64 to Population Age 80+



SOURCE: PITTSBURGH REMI MODEL/UCSUR

7. SENIOR SERVICE USE

As older adults age, the need increases for senior services to enable individuals to maintain safe and healthy lives and to transition to greater levels of care when necessary. The Allegheny County Area Agency on Aging (AAA) provides a variety of these services and referrals to other agencies to help county residents age 60 and older find the services they need. In addition, numerous other public and private agencies and programs provide services for older adults in the county.

We asked survey respondents about their use of senior services available in the county, whether provided by the Area Agency on Aging or by others. This section focuses on the use of senior services and the unmet needs for services reported by all respondents age 55 and older. Some of our key findings include:

- Most people are aware of aging services provided by the County. Two-thirds of survey respondents had heard of the Allegheny County Area Agency on Aging (AAA) and/or their Senior Line, with those age 65 and over slightly more likely to have heard of the AAA than those age 55-64 (see Figure 7a).
- 16.4% of respondents reported using senior services in the last 12 months, and service use increased with age (see Figure 7a). Another 6.8%, while not users of services themselves, arranged services for someone else. Respondents who arranged services for another tended to be under 75 years of age, college graduates, those who were working and who lived with others, and were more likely to be Black and female.
- Blacks reported using services more than non-Blacks, with 32.8% of Black women reporting use followed by 24.1% of Black men. Use was greatest for those without a college degree, and for those who live alone and are not currently working (see Figure 7b).
- Overall, satisfaction with services among users and those who arranged service for another was quite high with 73.2% reporting they were very satisfied (see Figure 7c), and another 22.8% reporting they were somewhat satisfied. Respondents who had used services themselves tended to be more satisfied than those who arranged for use by another (76.5% versus 65.8% very satisfied).
- The most commonly reported senior services used were visiting a senior center (50.4%), use of home health care services (44%), use of transportation services (36.4%), and use of personal care services (30.7%) (see Figure 7d).
- 6.8% of survey respondents reported needing services that they were not receiving. Black men (29.6%) were far more likely to report unmet service needs than Black women (10.6%), non-Black men (4.7%), and non-Black women (6.5%). Those with unmet needs also tended to have less education, and not to be working (see Figure 7e).
- The most commonly reported unmet need was for information or advice (44%). Beyond that, unmet needs differed somewhat by age with persons age 55 to 64 indicating they needed in-home health care and transportation aid most, while persons 65 and over reported needing homemaker services, and transportation needs the most (see Figure 7f and 7g). In general, persons with unmet needs 65 and over had a greater number of needs than those in the younger age group.

Figure 7a Senior Services Knowledge, Use, Satisfaction and Need by Age, Persons Age 55+

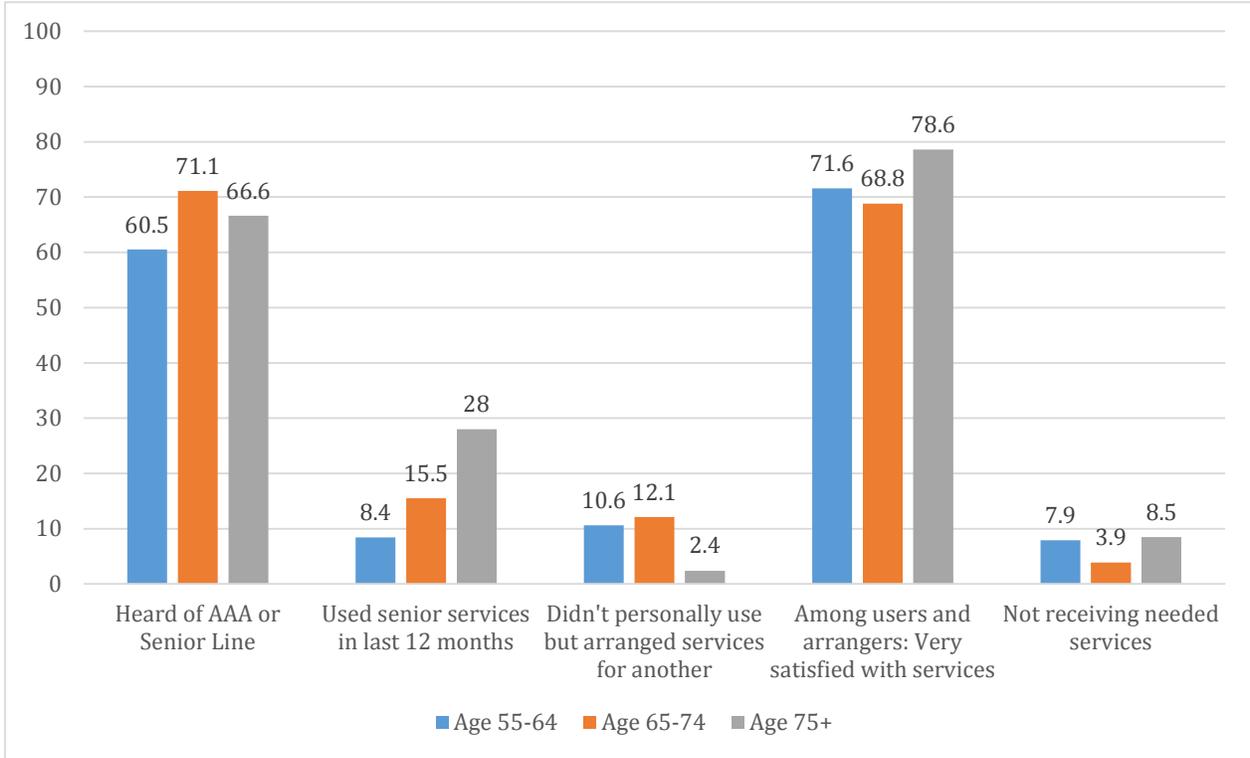


Figure 7b Used Senior Services in Last 12 Months, Persons Age 55+

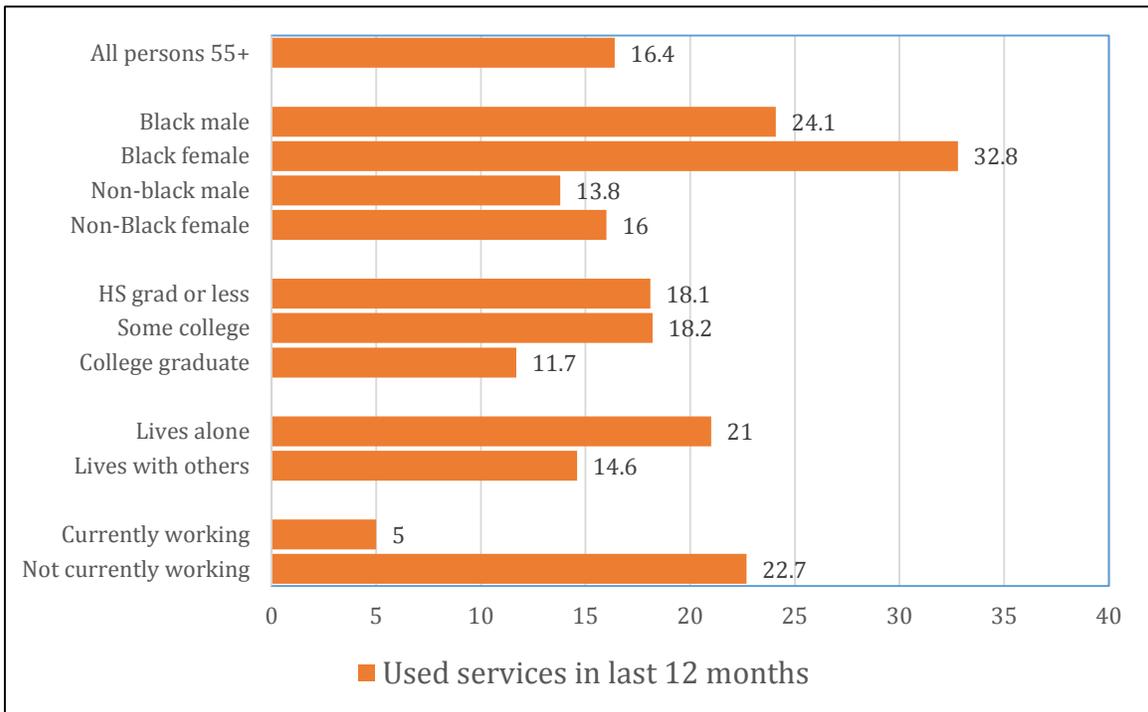


Figure 7c Satisfaction with Senior Services Among Those Using Services or Arranging for Another to Use Services, Persons Age 55+

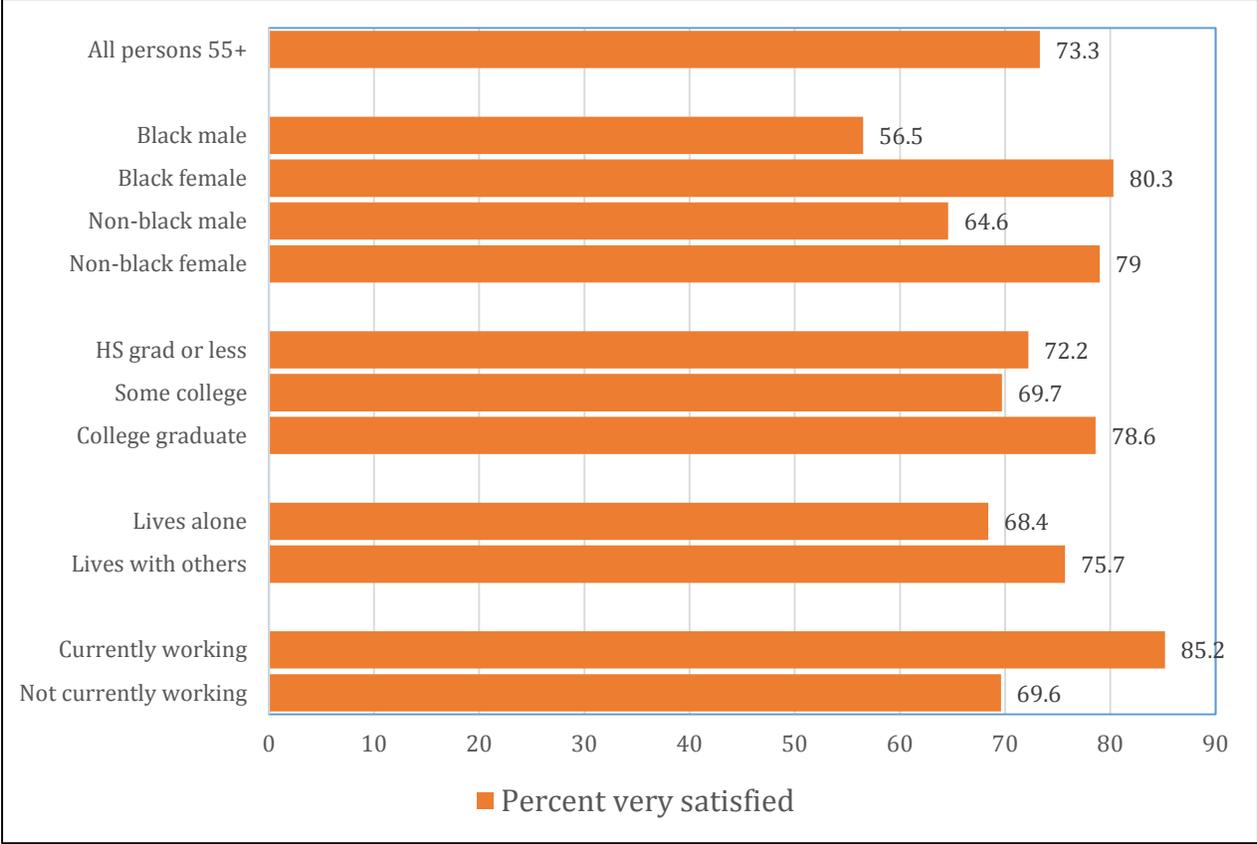


Figure 7d Types of Senior Services Used Among Those Using Services, Persons Age 55+

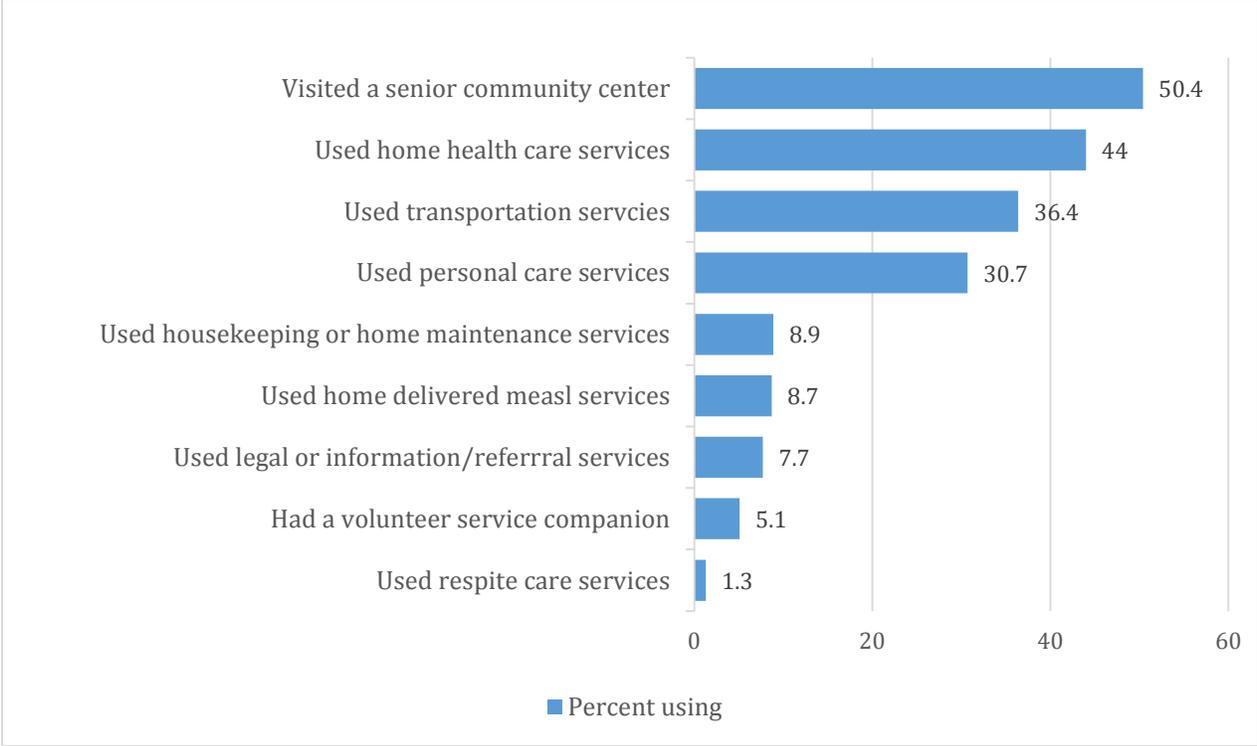


Figure 7e Not Receiving Needed Senior Services, Persons Age 55+

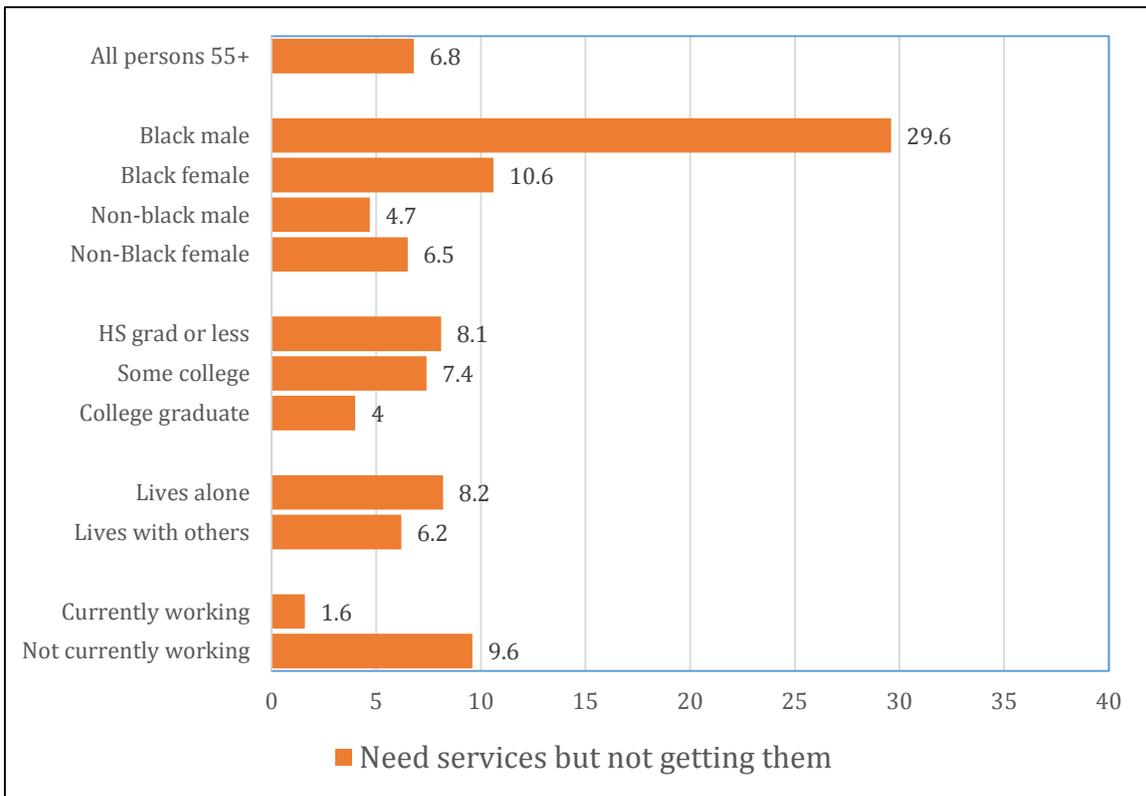


Figure 7f Types of Senior Service Needs Among Those Reporting Service Needs, Persons Age 55-64

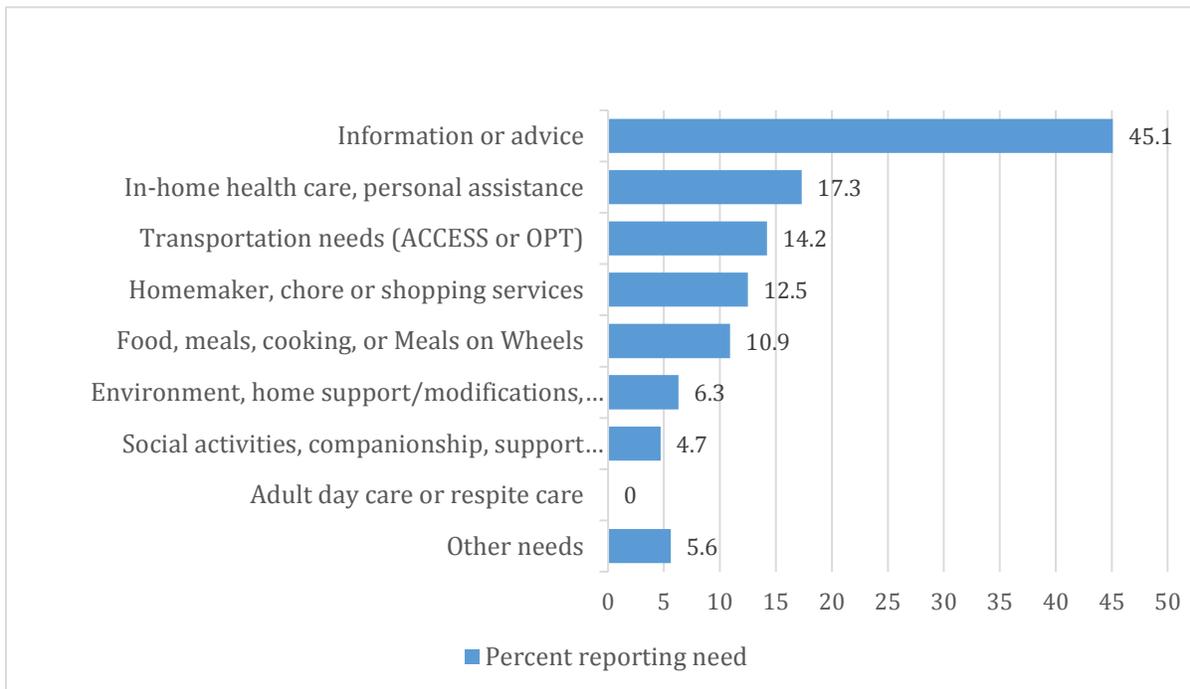
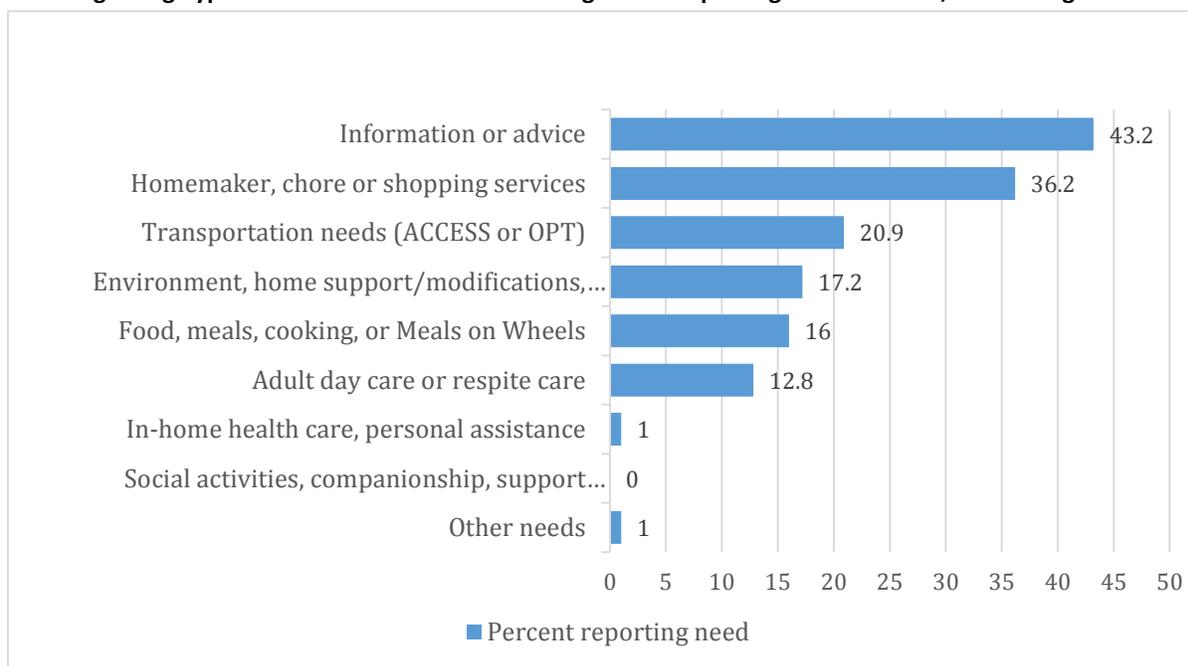


Figure 7g Types of Senior Service Needs Among Those Reporting Service Needs, Persons Age 65+



8. VOLUNTEERING

- For older adults, particularly those who are no longer working, engagement in the life of the community is important not only as a means to give back but also for their own well-being. Volunteering is one very important way for older adults to remain engaged and be a part of the community, as well as to contribute to society as a whole. Volunteering also results in benefits to the individual who is volunteering. The survey of older adults in Allegheny County asked a series of questions about volunteering, some of which were the same as questions asked in several AARP surveys, most recently in 2012. This section reports on volunteering in the county and on national comparative data from the AARP survey. Findings include:
- The overall volunteering rate is relatively high in Allegheny County among those age 55 and over, with the majority of older adults, 60%, reporting having volunteered in the last 12 months either formally through an organization or informally on their own. However, this rate is lower than the overall national volunteering rate of 69% reported by AARP for those age 50 and older from a survey conducted in October 2012 (see Table 8a). In addition to an overall lower volunteering rate, the county also had lower formal and informal volunteering rates than the nation as a whole.
- Another way to look at volunteering is to examine whether people volunteered only formally through an organization, only informally on their own, or volunteered both ways (see Figure 8a). Residents of the county were also less likely to volunteer through both formal and informal means (27% versus 47% nationally). This difference is also reflective of a lower overall rate of volunteering in the county than nationally.
- Volunteering decreases with age in Allegheny County (Figure 8b). Overall, 53% to 54% of those age 65 and over volunteer versus 71.5% of the 55 to 64 age group. This is consistent with most analyses of volunteering which show that it peaks at mid-life when organizational affiliations are greatest which provides the most opportunities for volunteering.

- The amount of time spent volunteering by volunteers in the county is comparable to national volunteering estimates. The median hours spent volunteering per month among the persons who report volunteering in the county is 9 hours, compared to the reported median of 10 hours spent volunteering nationally in the AARP 2012 survey.
- Volunteers spend a significant amount of time volunteering each month. The mean number of hours spent volunteering reported by respondents to the Allegheny County survey is 16.7 hours per month, and increases with age from 14.2 hours for the 55 to 64 year olds to 19.0 hours for those 65 and older (see Table 8b). Those who volunteer both formally and informally spend even more time volunteering each month (25.1 hours). Volunteers through an organization spend more time per month on average than informal volunteers.
- Respondents with more education, those who are currently working and those who live with others report volunteering at a higher rate, to a large extent via more formal volunteering for an organization. Few gender and race differences in volunteering rates were evident (Figure 8c).
- The types of volunteering activities most commonly reported by the respondents was supplying transportation (52.6%), fundraising (43.9%), helping persons with disabilities (43.5%), and collecting and distributing goods other than food (43.5%) (see Figure 8d). These activities are generally comparable to the most commonly reported activities in an earlier AARP national volunteering survey (2009) with the exception that supplying transportation is a more prevalent volunteering activity in Allegheny County than nationally.
- Four of the five most important motivations for volunteering cited by the respondents were altruistic (a way to give back, feeling a personal responsibility to help others, the organization does good work, and to make a difference on a cause they care about) and one (makes your life more satisfying) was more personal (see Figure 8e). From 60% to 66% found each of these to be very important reasons for volunteering.

Table 8a Volunteering in the Last 12 Months in Allegheny County: Comparison to 2012 AARP National Survey

	Allegheny County 2014 (Age 55+) (%)	AARP National Survey, October 2012 (Age 50+) (%)
Volunteered through an organization	44.2	53.0
Volunteered informally on their own	42.8	64.0
Overall volunteering	60.0	69.0

Figure 8a Allegheny County Volunteering Rates by Type of Volunteering: Comparison to AARP National Survey

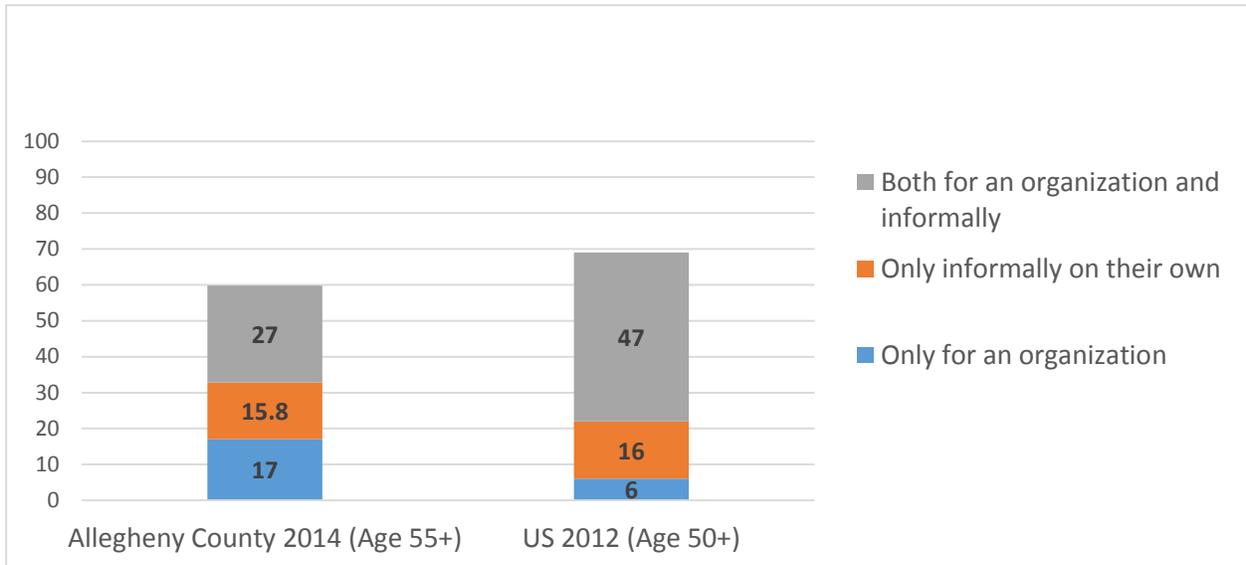


Figure 8b Allegheny County Volunteering in Last 12 Months by Age, Persons Age 55+

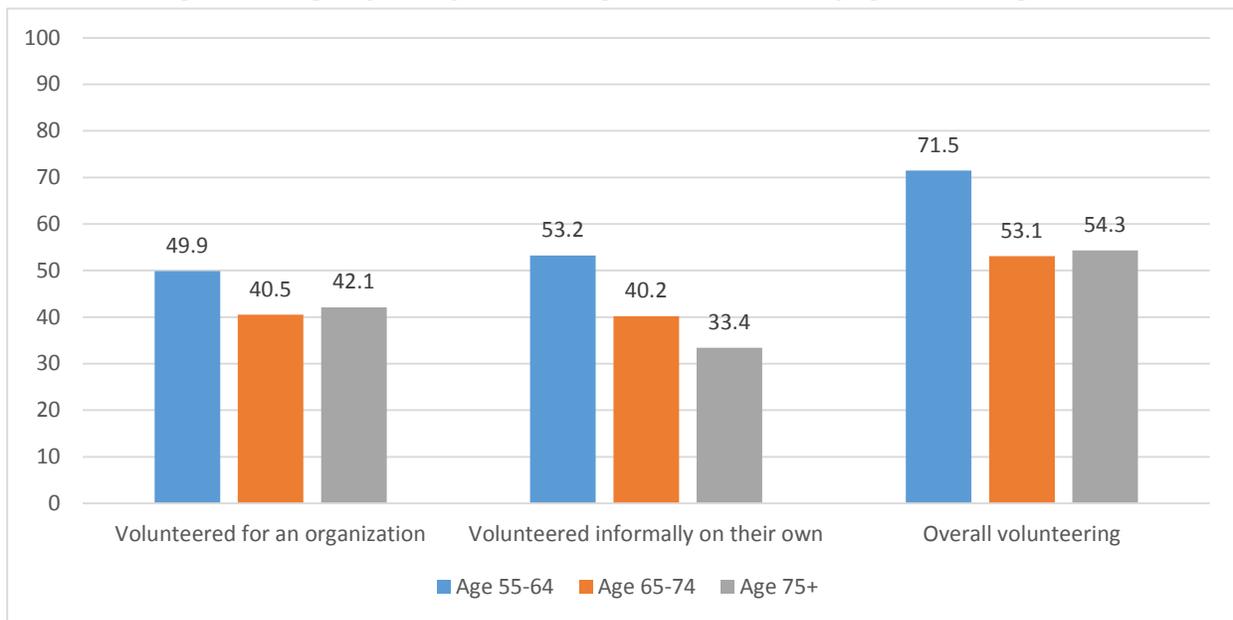


Table 8b Mean Number of Hours Spent Volunteering Per Month by Type of Volunteering and Age, Volunteers in Allegheny County

	Mean number of hours spent volunteering per month		
	Age 55+	Age 55-64	Age 65+
Volunteered only through an organization	11.5	8.0	14.1
Volunteered only informally on their own	7.7	7.0	8.6
Volunteered both formally and informally	25.1	23.2	26.6
Overall Average	16.7	14.2	19.0

Figure 8c Overall Volunteering in Last 12 Months by Type, Persons Age 55+

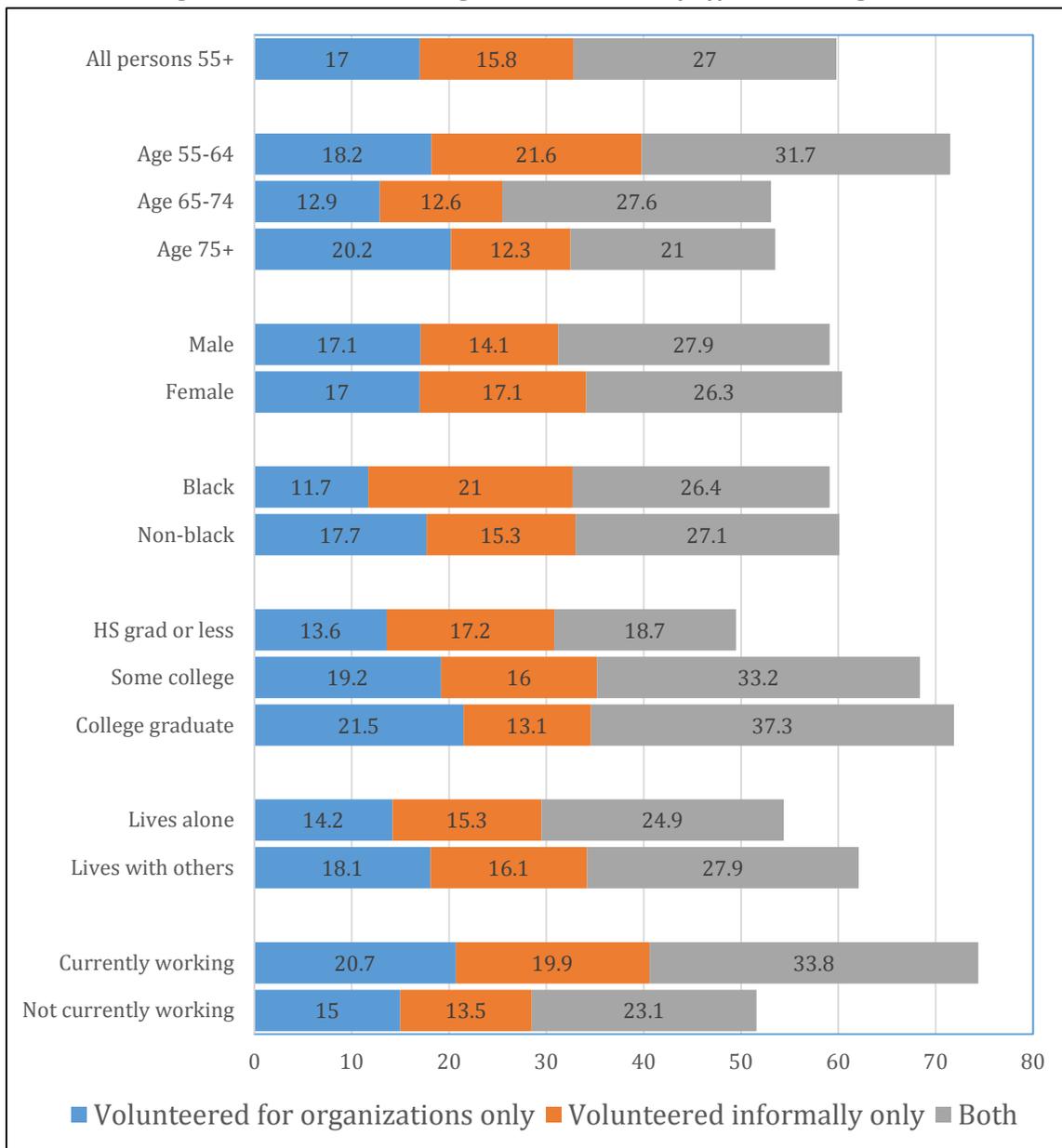


Figure 8d Percent of Volunteers Engaging in Particular Volunteer Activities, Volunteers Age 55+

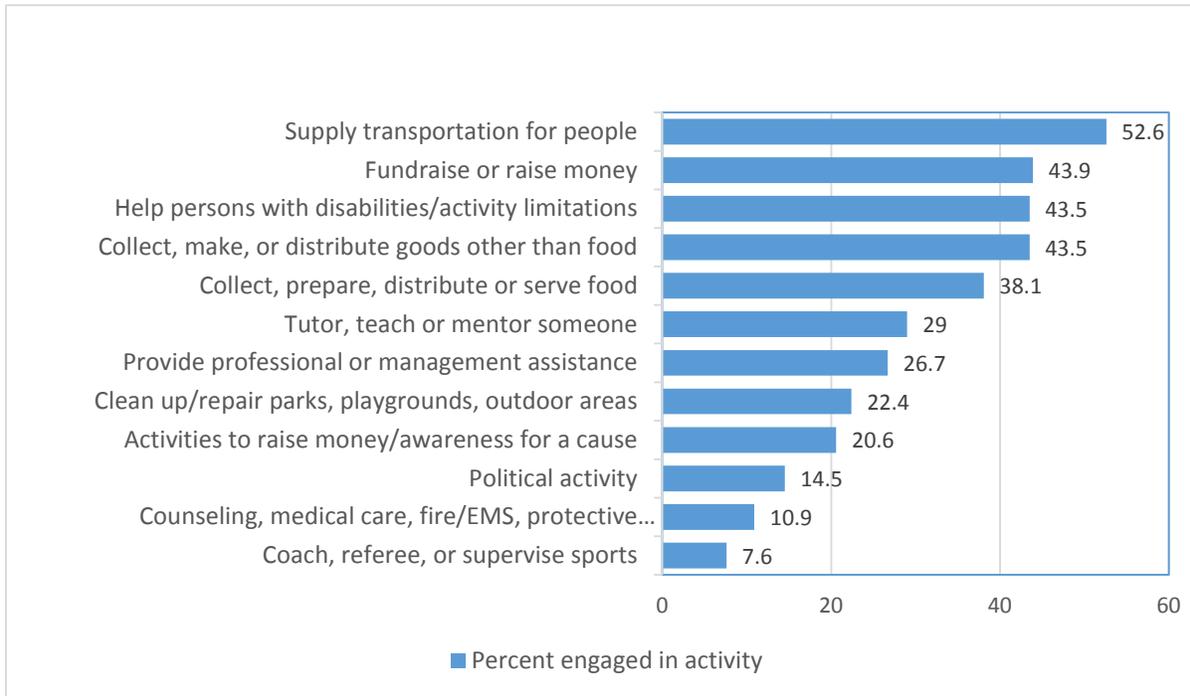
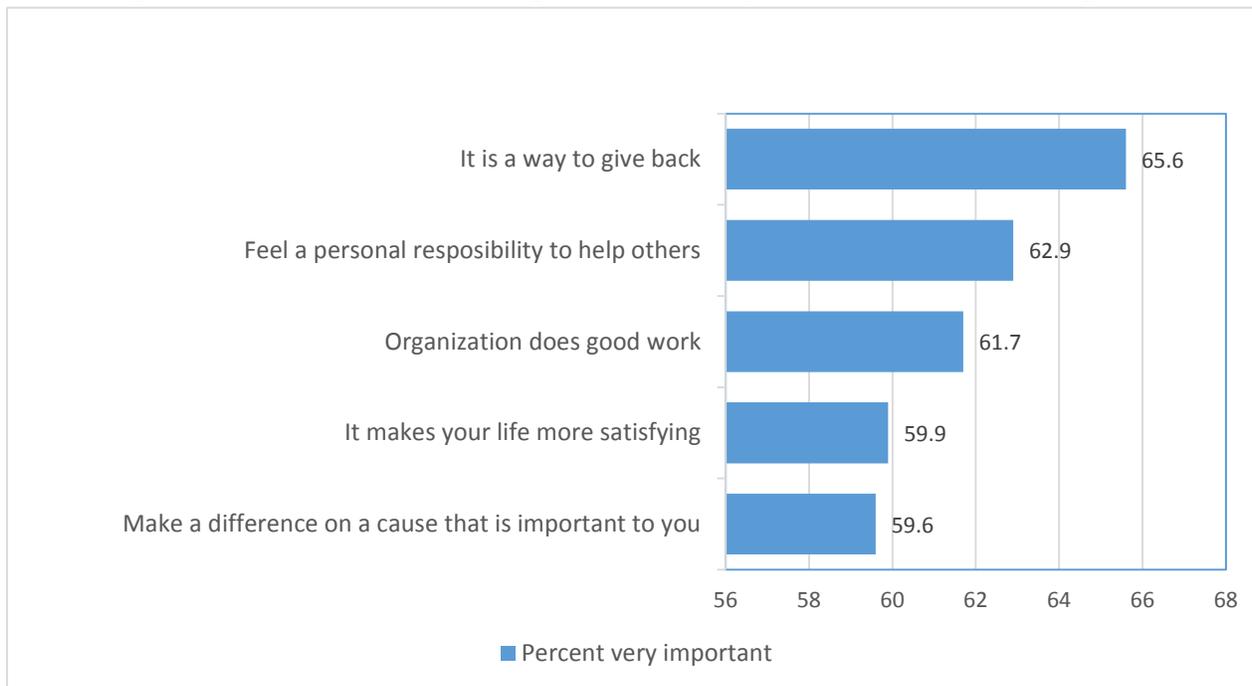


Figure 8e Motivations for Volunteering: The Five Most Important Reasons, Volunteers Age 55+



9. LIFE SATISFACTION AND HAPPINESS

The survey covered many domains related to quality of life among older adults in Allegheny County, including (among others) work and retirement issues, living arrangements, neighborhood issues, housing, physical, mental and health, social support, caregiving, volunteering, and social service use. We also asked two broad questions related to overall quality of life: “All things considered, how satisfied would you say you are with life these days?”; and “Taking all things together on a scale of 1 to 10, how happy would you say you are?” These indicators have been used in many surveys both in the U.S. and worldwide, resulting in new initiatives like the “World Happiness Index,” which are regularly covered in the popular press. The indicators are thought to provide an overall summary evaluation of a person’s subjective well-being, and have been related to many other important aspects of health and functioning.

Some key findings:

- Older adults in Allegheny County are generally satisfied with life and report high levels of happiness (mean of about 8 on a 10-point scale), although there is variation by socio-demographic characteristics (Figure 9a) and specific correlates vary by age (Figures 9b and 9c). These mean scores of about 8 (out of 10) are similar to the national average for the U.S.
- Adults age 55 – 64 are somewhat less satisfied with life overall and less happy than those age 65 and older (Figure 9a).
- Among 55 – 64 year olds, those with college degrees and those currently working report both higher life satisfaction and more happiness. Non-Blacks and those living with others also report being happier (Figure 9b).
- In contrast, among those 65 and older Blacks are both more satisfied with life and happier than non-Blacks. Note that this is one of the few areas on the survey where older Blacks in Allegheny County look more positive than non-Blacks. In addition females and those living with others reported higher life satisfaction and more happiness (Figure 9c).

Figure 9a Satisfaction with Life and Happiness by Age

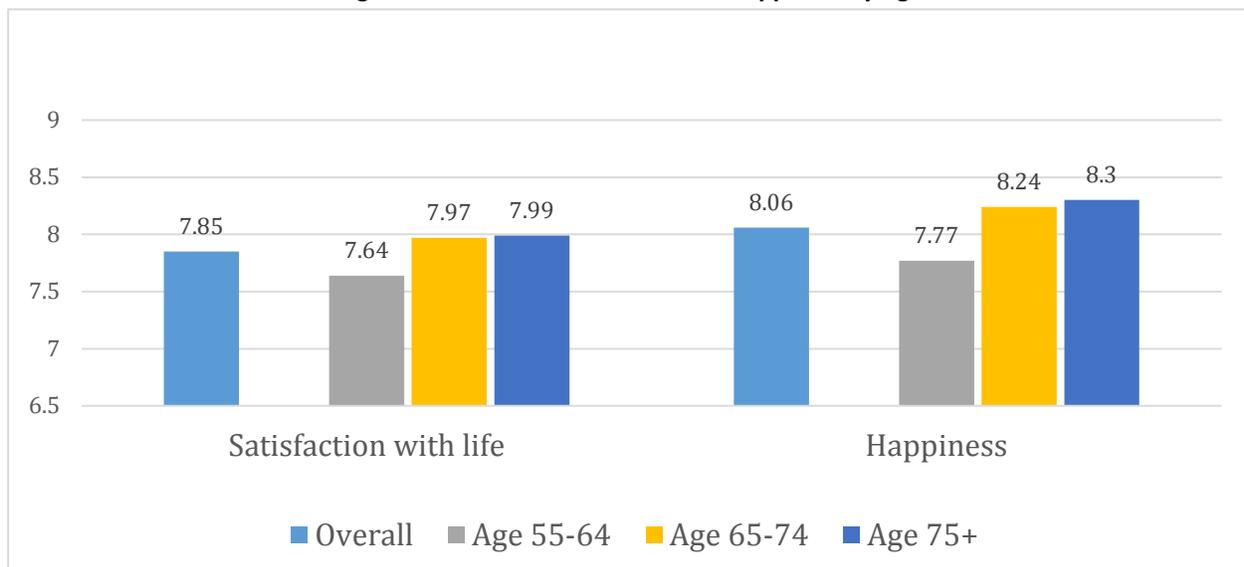


Figure 9b Satisfaction with Life and Happiness, Persons Age 55-64

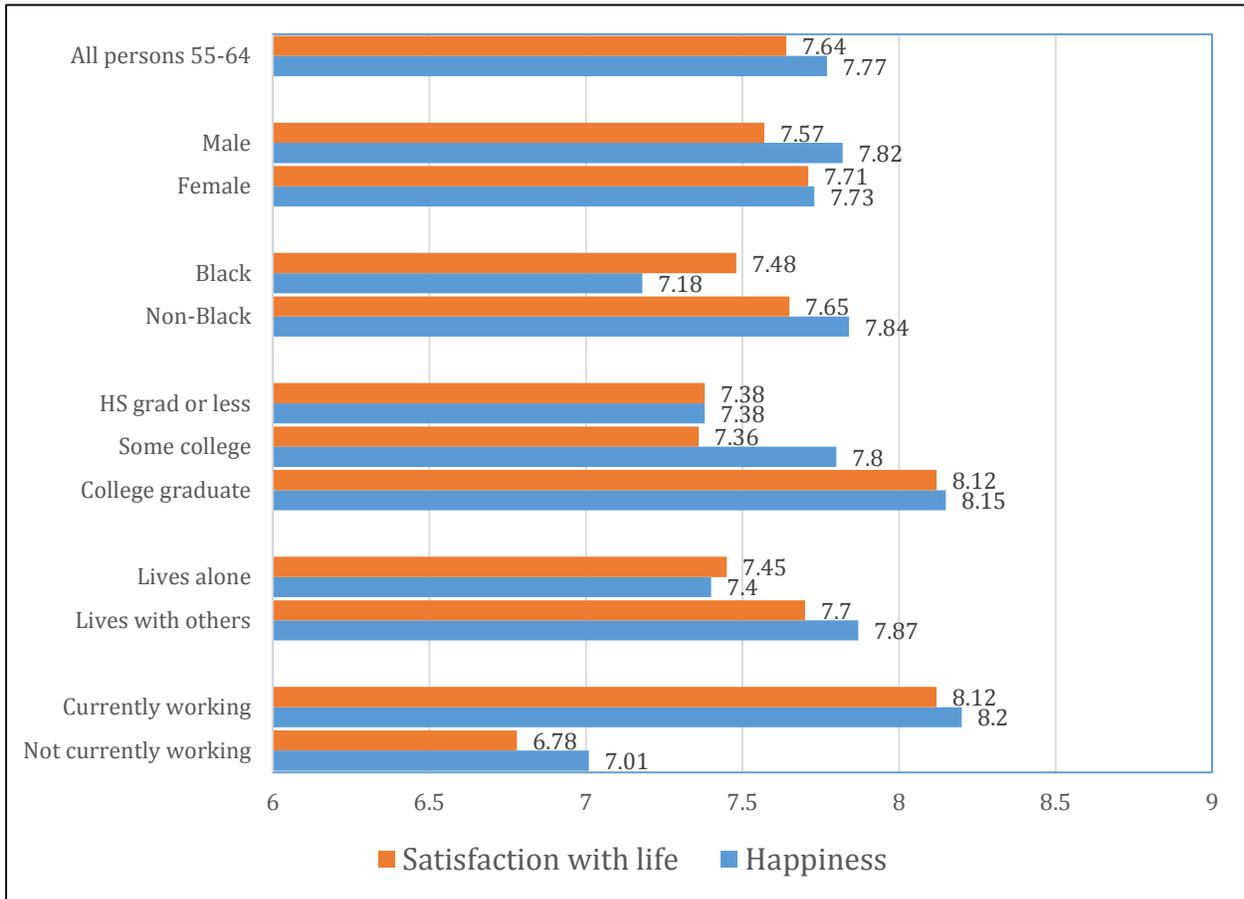
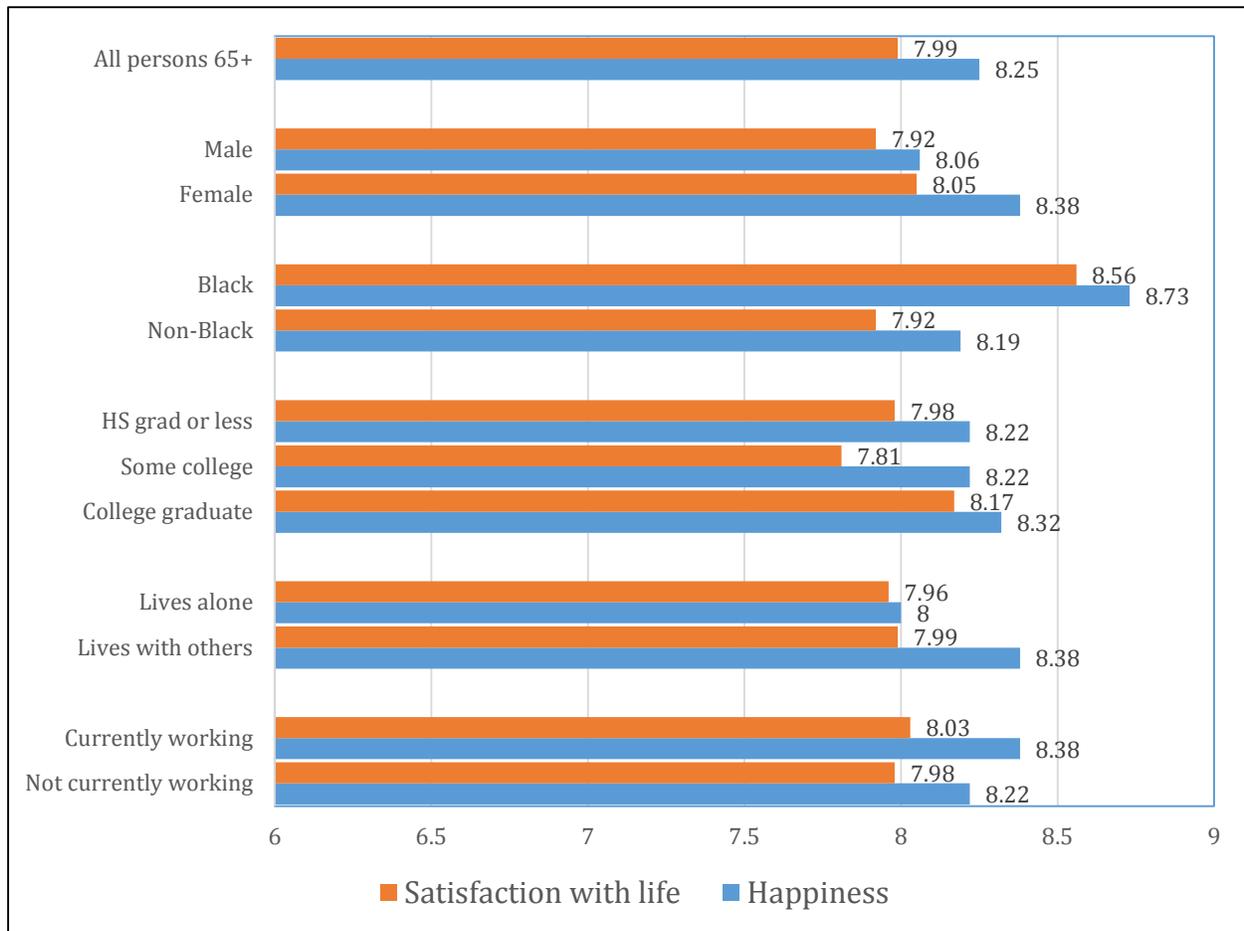


Figure 9c Satisfaction with Life and Happiness by Age, Persons Age 65+



10. USE OF INTERNET AND SOCIAL MEDIA

Internet use among the older adult population – and the population as a whole - has been steadily increasing in the U.S. over the last 10 – 20 years. Use of the internet for social media (e.g., Facebook) has also been increasing rapidly. Many researchers have speculated about the potential effects of use of social media on mental / social health and psychological well-being. Does extensive use of social media keep people connected to others and serve to extend or expand social support networks? Or does social media use deprive people of live, face-to-face human contact and interactions, and thus ultimately have a negative impact on well-being? Such questions are particularly relevant to older adults, many of whom experience reductions in social network size and available social support due to poor health, disability, children moving away, etc. We asked basic questions about internet and social media usage (taken from national Pew Research Center surveys), which we had also asked in the *Pittsburgh Regional Quality of Life Survey* in 2011. Key findings for adults age 65 and older summarized in the figure below include:

- Both general internet use and use of social media have increased by approximately 10% in the past 3 years among adults age 65 and older in Allegheny County. While current internet use among local older adults is similar to national figures, older adults in Allegheny County report much lower use of social media than older adults nationwide.

- Internet use among adults age 65 and older in Allegheny County has increased from 45% in 2011 to 56% in 2014, and the 2014 rate is very close to the corresponding Pew Center rate for U.S. adults age 65+ (57%).
- Use of social media by older adults in the County has increased from 16% to 25% in the last three years. However, current social media use by local older adults is much lower than that reported for the entire U.S. by Pew (45% use Facebook nationally).

Figure 10a Internet and Social Media Use, Persons Age 65+

