

Portrait of Nevada's Seniors
Funding Justification for Year Two Survey
January, 2007

The Senior Citizens Survey, conducted by UNLV Cannon Survey Center, targeted over 2,600 Nevada residents aged 50 and older. The 80 question survey provided a myriad of information that provided us with a picture in time regarding the health, economic, safety, and social status/attitudes of a population segment that continues to grow exponentially through the aging of the largest generation in history, the Boomers, and through the expanded life spans of their parents and grandparents.

Until this survey was conducted, senior citizen demographics in Nevada were outdated and fragmented and in dire need of updating. Because policy makers and service providers seek to empower our senior citizens to live independently and safely, the statistically accurate information gathered by the 2006 survey is invaluable as a basis for policy and funding decisions.

Before the survey, the most accurate and current facts were assumptions based on the 2000 Census. While population estimates have been projected each year since 2000, knowledge about the people who "are" those numbers was generally non-existent. The health, economic, safety, and social welfare of individuals from both the "Boomer" generation and the "Great" generation (WWII adults – parents of the Boomers) were mainly assumptions or "best guess" estimates developed by service providers.

Other reasons, at the time, to conduct a statistically accurate survey included the recognition that:

- Many statistical reports were available, but with no standardization or any way to compile meaningful broad-based relevant information.
- Senior programs and services were being provided based on assumptions of the providers of services instead of statistically documented needs.
- Policy makers were lacking reliable data on which to make decisions relating to needed services and funding priorities.
- Efforts in identifying gaps and/or duplications of services were not supported by a realistic view of the demographics of our older adults.
- Older adult statistics needed to include the "younger" old to provide forward-looking statistics to determine future needs as we age in place.

EXHIBIT C Healthy Nevada

Document consists of 16 pages.

Entire document provided.

A copy of the complete document is available through the Research Library (775/684-6827) or e-mail library@lcb.state.nv.us.

Meeting Date: 1/04/07

- Older citizens in Nevada contribute billions of dollars to our robust economy and should be recognized as a vibrant population segment of our state.
- Retirement and Workforce issues will become major concerns for older workers and businesses as they contemplate future needs and personnel shortages in professional positions.

Trends need to be established in all areas of concern and interest. By utilizing an annual "Seniors Survey", those trends in health care needs (including access & affordability), workforce dynamics, transportation & housing concerns, economic contributions/burdens, personal and financial safety/security, well being attitudes, and general overall social aspects of growing older and maintaining independent life styles, will be quantified.

Information from the 2006 survey that require follow-up in order to establish those needed trends include, but are not limited to:

- Uninsured Nevadan's Pre-retiree (aged 50-64) Uninsured –
 - There are twice as many pre-retirees (12.6%) without insurance as compared to the rest of the over 50 population (6%). This group will continue to represent 60% of the over 50 population. The initial data shows that there are significant health differences between insured and uninsured pre-retirees. These include the number of bad physical and mental health days in a month, the self assessment of their health to utilization of health care (59% of the uninsured have delayed seeking medical care due to cost compared to 22% of the insured).
- Chronic Smokers – We know there are over 125,000 chronic smokers over the age of 50 in Nevada, 52% of chronic smokers are female.
- Chronic Illness – 52% of Nevada's over 50 population is being treated for a chronic illness. Those being treated for a chronic illness scored significantly lower than the rest of the population on the self efficacy issues. Further 17% have delayed seeking health care due to cost.
- There are pockets of disparity among Nevada's aging population, they are living on less income than the average Nevadan needs to cover basic expenses (16%), and they do not feel safe in their neighborhoods (17%) and were the victims of unreported crime (8%)

By being able to track all aspects of "aging" from the youngest of the "older generation" to the oldest of the ever expanding term "older generation", service providers and policy makers will be able to make intelligent decisions based on the

true needs and contributions of the persons included in the aged 50 plus demographic.

With Nevada's population overall growth rate of 30% (from 2000-2006), and the age 50+ population growth of 37% in the same time frame, it is important to recognize the impact that this group of residents will have on our state for many years to come. There is power in numbers, and with statistically accurate trends established to back up the numbers, Nevada will continue to be a leader in great places to live.

Within the next ten years there will be over 1 million Nevadan's over the age of 50. Nevada is in a unique position to prepare for this expanding population; just knowing that the population will grow is not enough. A survey that quantifies the variables of aging will enable the State to make more finite decisions about where and how program monies are allocated. It would be a shame to let this baseline data go to waste. These are not just numbers; these are generalizable facts about our population that provide a sound statistical basis for further study.

Overview

The Cannon Survey Center (CSC) will conduct a survey to collect original baseline data "mid-census" with 2600 residents of Nevada who are at least 50 years of age on a myriad of health related, and social related topics. In addition extensive demographic information will be collected. The data collected will be generalizable to the population of Nevada at large within +/- 2 percentage points.

Our work on this project will include consultation on the overall project including creation of an original survey questionnaire, sample generation, programming of the instrument into CATI format, data collection, the construction of a final data set using SPSS or other spreadsheet format, and a final report describing the data collection methodology, survey results, item frequencies, and selected crosstabs.

Selected Topics

The survey instrument may include but is not limited to the following topics:

- 1) Retirement / Employment Status
- 2) Health Status
- 3) Tobacco Use
- 4) Income Sources
- 5) Activities / Social Networks
- 6) Transportation Issues
- 7) Technology
- 8) Vulnerability to Crime

- 9) Demographic Information
- a) Age
 - b) Race / Ethnicity
 - c) Gender
 - d) Veteran Status
 - e) Level of Education
 - f) Household Composition

Sample Design

Random-digit-dialing techniques would be used to select respondent households located throughout the State of Nevada with information developed using the most current telephone exchange data available. (Telephone exchanges may be thought of as the three-digit "prefix" included in any telephone number.) The sampling service, Survey Sampling Inc., (SSI) maintains a database of "working blocks," where a "block" is a set of 100 contiguous numbers identified by the first two digits of the last four digits of a telephone number. After the blocks are verified to contain residential phone numbers, phone numbers are randomly generated from each block. This procedure allows the inclusion of unlisted numbers and any newly listed numbers that have not been included in the most recently published telephone directories. A sample size of 2,600 will yield a sampling error for the entire survey of +/- 2% at the 95% confidence interval. The sample will be further stratified to include the following: completion of 1100 surveys with residents who are at least 50 years of age in and who live in Southern Nevada, this will yield results that can be generalized +/- 3% to southern Nevada, the same number of surveys will be completed in Northern Nevada, and 400 surveys will be completed in rural Nevada with results that can be generalized to +/- 5percent at the 95 percent confidence level.

Data Collection and Interviewing

Data Collection

Data will be collected using computer-assisted telephone interviewing (CATI) methodology. The survey questionnaire will be programmed into the CATI network, automating skip patterns and automatically coding close-ended questions. The interviewers administer the questionnaire from individual computer stations, recording the respondents' answers and other interview information in database files as the interview occurs. The Cannon Survey Center (CSC) has 12 workstations. The phone numbers will be preloaded into the CATI system and the call dispositions will be entered and tracked by the CATI system.

Three attempts will be made on each number and the disposition of all numbers will be included in the final report. The length of the survey will not exceed 15 minutes (+/- 3 minutes).

Interviewer Training

Prior to fieldwork, The CSC staff of experienced telephone interviewers will attend a survey specific training that will include a refresher session that covers the following topics: a) interviewer roles and responsibilities; b) importance of maintaining strict confidentiality and general principles of survey administration; c) interviewing procedures including how to probe survey questions, including specific guidelines for probing for numbers, precoded questions and any open-ended questions; e) how to maximize respondent cooperation; f) operation of CATI software and g) general administration procedures.

Survey interviewers will also receive detailed training regarding the specifics of this survey. This would include a project overview, study-specific interviewing procedures, and a detailed discussion of the questionnaire contents. Professional staff members will provide a detailed explanation of any term or question that needs a precise definition or clarification. These definitions are assembled into interviewing manual which is distributed to each interviewer and left at each computer station as a reference guide.

Interviewer Supervision

The centralized phone-bank setting allows continuous supervision by trained supervisors, thus permitting continuous assessment of interviewer style, ability to follow specific procedures and instruction, and probing quality. In this setting, it is possible for the supervisor to respond immediately to questions from both respondents and interviewers.

Data Reduction and Analysis

Responses to the survey are processed with minimal data reduction or coding when using the CATI programming. Interviewers enter the respondents' selection into precoded categories which are merged into a larger data file representing all respondents' answers. These data files are then converted into SPSS data files. Cleaned data sets in either a spreadsheet or SPSS format would be delivered to you at the end of the main data collection period. The data will be checked on a daily basis while the survey is in the field, to ensure that procedures are being followed and to check for unforeseen problems in the survey instrument or procedures.

Deliverables

Deliverables for the project will include: an executive summary, narrative report summarizing results, including frequency tables and selected Crosstabulations, presentation of results at a Las Vegas location if desired.

Budget

Item	Cost
Project Management	\$2,000.00
Telephone Interviewers	\$25,013.00
Interviewer Supervisor	\$2,400.00
Fringes	\$3,015.43
Sample	\$2,210.00
CATI programming	0
Data Analysis	\$1,100.00
Document Preparation	\$1,500.00
Subtotal	\$37,238.43
Indirect Costs based on 8%	\$2979.07
TOTAL	\$40,217.50

2006 Survey Data

Presentation of Data:

National Association of Social Workers (Nevada Conference) – September 2006

Nevada Public Health Conference – October 2006

No Wrong Door Symposium – October 2006

Senior Solutions "A Policymakers Summit" – June 2006

Requesting Agencies:

Nevada Division for Aging Services

Nevada Veterans Association

Academic Application:

Dr. Charles Moseley: UNLV School of Public Health

Mr. Taylor Moseley: UNLV Cannon Survey Center

Ms. Pamela Gallion: UNLV Cannon Survey Center

(Journal Article and Study: Nevada's Pre-retiree Uninsured Persons)

Dr. Claudia Collins: UNR Cooperative Extension

Ms. Sue Harris: UNR Sanford Center

Ms. Pamela Gallion: UNLV Cannon Survey Center

(Journal Article and Study: Mastery Scale and Chronic Disease/Health Correlation)

Dr. Chanyeong Kwak: UNLV School of Nursing

(Journal Article: Health Issues)

Dr. Sandra Owen-Kane: UNLV School of Social Work

(Included *Portrait of Nevada Seniors* report in a package prepared for Nevada delegation, Washington D.C.)

Nevada's Pre-retiree Uninsured Persons Aged 50 - 64

A report on Data from the 2006 Nevada Senior Portrait Survey

Task Force Fund for a Healthy Nevada

Methodology

- RDD methodology
- 94,357 phone calls to generate 2626 completed surveys with Nevadans 50+
- Survey generated 190 data points
- Margin of Error - +/- 2% at the 95% confidence level

Sample

- 1250 persons aged 50 to 64 (47%)
- 158 uninsured (12.6%)
- Due to the small size of this group, results are presented un-weighted
- Weighted, this group represents about 39,295 Nevada residents

Nevada's Pre-retiree Uninsured Persons Aged 50 - 64

- 76.9 percent of the uninsured had been so for the past 12 months
- 44.1% were uninsured because the cost was too high
- 15.5 percent because they had lost their job
- 9.9 percent because their job did not offer insurance.

Uninsured Pre-retiree Demographic Characteristics

- Age range 50-64, median age was 57
- 53.2 percent Female
- 76.6 percent White/Caucasian
- 11.1 percent Hispanic
- 3.2% Native American, 3.2 percent Asian, 3.8 percent Black/African American

Uninsured Pre-retiree Demographic Characteristics

- 39.2 % are married.
- 45.6% are still working
- 27.8% are retired
- 19% are semi-retired
- The median household income range \$25,000 to less than \$35,000

Pre-retiree Health Status

- 30.6% reported "Fair" or "Poor" Health status.
- 46.5% reported having at least 1 "Bad" health day in the past 30 days.
- 15.9% Reported that all 30 were "Bad" health days

Pre-retiree Health Status

- 46% reported having at least 1 "Bad" mental health day in the past 30 days.
- 17.2% reported that all 30 were "Bad" mental health days in the past 30.

Pre-retiree Health Status

- 8.9% need assistance with at least 1 activity of daily living
- 65.2% had smoked at least 100 cigarettes in their lifetime
- Of these, 53.4% still smoke everyday

Pre-retiree Health Care Utilization

- 59.2% had delayed care due to cost in the past 12 months
- The median expenditure on health care was under \$500 in the past year
- However, 8.9% spent over \$5000

Demographic Differences

- | | |
|---|---|
| <ul style="list-style-type: none">• Uninsured:<ul style="list-style-type: none">- 76.6% White- 11.4% Hispanic- 39.7% Married- Median Income category is \$25k to less than \$35k- 30.1% are Retired- 20.5 are Semi-retired | <ul style="list-style-type: none">• Insured:<ul style="list-style-type: none">- 85.3% White- 4.2% Hispanic- 68.1% Married- Median Income category is \$50k to less than \$75k- 41.3% are Retired- 12.2% are Semi-retired |
|---|---|

Significant Health Differences:

- | | |
|--|---|
| <ul style="list-style-type: none">• The Uninsured:<ul style="list-style-type: none">- 30.6 % reported Fair or Poor Health Status- 15.9% reported 30 of the last 30 days as bad physical health days- 17.9% reported 30 of the last 30 days as bad mental health days | <ul style="list-style-type: none">• The Insured:<ul style="list-style-type: none">- 20.2% reported Fair or Poor health status- 9.6% reported 30 of the last 30 days as bad physical health days- 8.6% reported 30 of the last 30 days as bad Mental health days |
|--|---|

Health Care Utilization

- The Uninsured
 - 59.2% delayed seeking medical care because of worry about cost
 - 26.8% spent nothing on health care in the past 12 months
 - 44.9% take at least 1 prescription medication
- The Insured
 - 21.8% delayed seeking medical care because of worry about cost
 - 11.8% spent nothing on health care in the past 12 months
 - 74.3 % take at least 1 prescription medication

Chronic Disease & Smoking

- The Uninsured
 - 31.8% are being treated for a chronic disease
 - 14.6% are being treated for high blood pressure
 - 5.7% are being treated for diabetes
 - 39.2 % currently smoke
- The Insured
 - 44.8% are being treated for a chronic disease
 - 21.2% are being treated for high blood pressure
 - 10.9% are being treated for diabetes
 - 24.3 % currently smoke

Nevada Senior Survey - UNLV

- Conducted by the Cannon Survey Center
- 94,357 phone calls to generate 2,626 completed surveys statewide
- Each respondent was asked 80 questions (189 data points)
- Only interviewed Nevada residents over the age of 50
- Statistically accurate to +/- 2% statewide

Older Nevadan Factoids

- Nevada's population growth ('00-'06)
 - 30% for all ages
 - 37% for ages 50+
- There are @ 720,000 Nevada citizens aged 50 and older (28% of our 2.6 million)
- 60% have lived here less than 20 years – only 5% are native Nevadans
 - 21% have lived here less than 5 years
 - 35% have lived here more than 20 years

Factoid Snippet

Living in Nevada – Income Under \$20,000 16%

- More likely to:
 - Have a chronic illness
 - 62% vs. 50%
 - Have "bad" physical health days in a month
 - 9.53 vs. 4.22
 - Have "bad" mental health days in a month
 - 8.32 vs. 2.63
- 115,000 individuals
- Female – 59%
- 70 – 84 – 44%
- Retired – 80%
- Single person household
 - 38% Divorced
 - 34% widowed
- Less likely to:
 - "strongly agree" your home is well maintained and in good repair - 20% vs. 39%
 - "strongly agree" that you eat nutritionally and are not hungry – 17% vs. 36%
 - Feel "extremely safe" in your neighborhood – 24% vs. 40%

Older Nevadan Factoid Average Monthly Cost of Living

–TOTAL MONTHLY \$1,781.09

•Does not include entertainment

–TOTAL ANNUAL \$21,372.08

– *What does this mean?*

Older Nevadan Factoid Average Monthly Cost of Living

–16% don't make enough for basic living costs (N = 115,000)

–23% make less than \$25,000 annually (N = 165,000)

–32% make less than \$35,000 annually (N = 230,400)

Older Nevadan Factoids

- 24% of the 50+ population reports only fair or poor health (N = 170,000)
- The largest percentage of persons not seeking medical, dental or vision care because of cost (49%) are the 50-59 age group.
- 6% of the 50+ population have no health insurance – (N = 50,000)

Factoid Snippet
Having no Health Insurance in Nevada

83% under the age of 65

Half of these are under age 56
Possible span of 9 – 15 years with no health coverage!

Why no Health Insurance

Cost too high – 41%
Lost job with insurance – 15.5%
Employer does not offer it – 9%

Older Nevadan Factoids

- Over half (52%) of Nevadan's over 50 are being treated for a chronic illness
- 17% have delayed seeking health care because of cost (N = 121,000)
- 8% report they are limited in performing daily activities of living (ADL)

Smokers Data

- 63% have smoked 100 cigarettes during their lifetime (N = 451,495 past or current smokers)
- Among those who indicated they are smoke free on average they have been so 22.41 years.
- 12% smoke free less than a year
- Half smoke free 20 years
- 25% smoke free 10 – 19 years
- 4% smoke free less than a year

Smokers Data

- 35% of those that have smoked in the past continue to do so today –
 - Of these 28% smoke every day
 - N = 125,275 chronic smokers
 - 52% male
 - 48% female

Older Nevadan Factoids

- 84% of Nevadan's over age 50 drive their personal vehicles to where they need to go on a regular basis
- 11% rely on friends & family; 5% require other transportation options
- 69% have access to a computer and the internet; 50% use the internet daily

Older Nevadan Factoids
CRIME

- 83% Nevadans feel safe in their neighborhood
- 12% were attacked, threatened or had something stolen from them in past year
 - 64% victimized at home
 - 34% victimized by person know by the victim

Older Nevadan Factoids CRIME

- 8% were victims of crime and did NOT report it to authorities
- 12% felt that they were taken advantage of when hiring others to make repairs to their homes or automobiles because of age

Older Nevadan Factoids CRIME

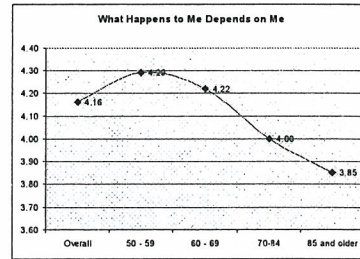
- 8% were victims of consumer fraud or had their identity stolen in the past 12 months!
 - 55% male, 45% female
 - 73% have access to the use of a PC
 - 92% have access to the Internet
 - 67% use the Internet daily

Mastery Scale

- Developed in 1978 by Leonard Pearlin & Carmi Schooler
- Consists of 7 items – 5 point scale
- Widely used in social sciences & health fields to discern patterns of self efficacy
- Embedded into survey to provide baseline info for additional research

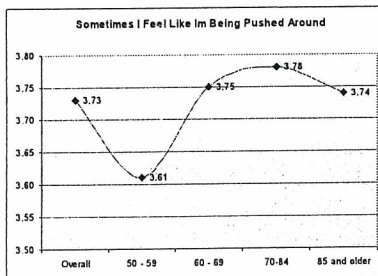
Mastery Scale Item 1

_ What happens to me in the future mostly depends on me _



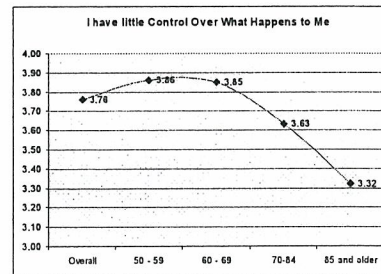
Mastery Scale Item 2

_ Sometimes I feel like I am being pushed around in life _



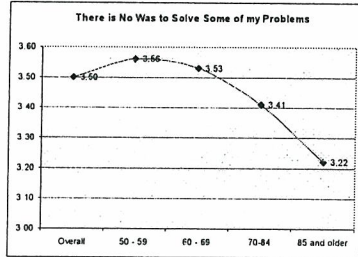
Mastery Scale Item 3

_ I have little control over what happens to me _



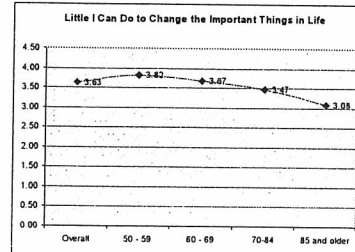
Mastery Scale Item 4

_ There is no way that I can solve some of the problems that I have _



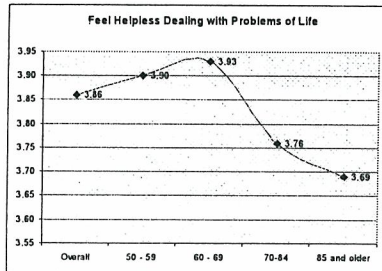
Mastery Scale Item 5

_ There is little I can do to change the important things in my life _



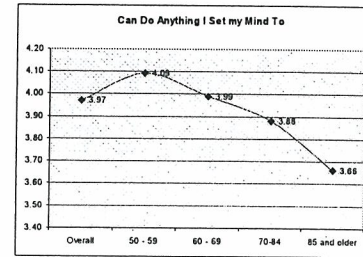
Mastery Scale Item 6

_ I often feel helpless in dealing with the problems of life _

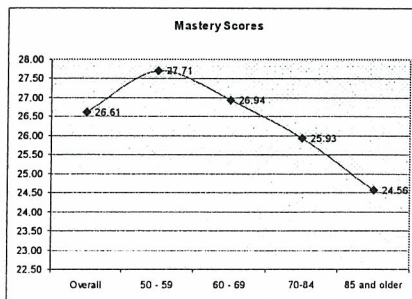


Mastery Scale Item 7

_ I can do just about anything I really set my mind to _



Mastery Scores



Senior Citizen Factoids

- Beginning 2006, a baby boomer turns 80 every 7 second
- By 2030, the senior population will double in the United States
- Nevada's rate of growth will far exceed that

Survey provides a glimpse of state's generally happy seniors

By CHRISTINA LITTLEFIELD
Las Vegas Sun

The typical Nevadan over 50 visits family and friends two to three times a week, hits the casinos at least weekly, and regularly surfs the Internet, according to a UNLV survey that is the most comprehensive study yet of aging Nevadans.

As a lot, they sound generally happy. Most feel in control of their own lives, feel safe in their neighborhoods and drive themselves around town, the survey found.

More than two-thirds rate their health as being good to excellent — even though half are being treated for a chronic illness such as high blood pressure, diabetes, heart disease and arthritis. Close to 20 percent serve as a primary caregiver, either for a family member over age 60 or

a child under 18.

The survey of 2,626 seniors asked 80 questions about health care needs, economic concerns, transportation issues, crime, social networks and seniors' overall habits.

"State agencies are using the data in their planning and budget processes to better address the needs of seniors, and UNLV professors are mining the data for research projects.

"We haven't even begun to scratch the surface," Pamela Gallion, director of the Cannon Survey Center, said of her 111-page draft report.

Gallion hopes the data will serve as a baseline for future studies, in order to help the state prepare for a rapidly aging Baby Boomer generation.

Between 720,000 and 740,000 people in Nevada are 50 and older, according to 2006 population estimates. The senior population is growing significantly faster

than the population as a whole, and in the next few years, the ratio of seniors to the rest of the population is expected to surpass national averages.

"We are getting older, and we are attracting older people," said state Assemblywoman Kathy McClain, D-Las Vegas, a management analyst in the senior services division of Clark County Social Services.

McClain said the survey, paid for with \$43,705 in tobacco-settlement money, was crucial to identifying public policy needs for local and state agencies and the state Legislature. The state Division for Health and Human Services is using the survey to decide how to best allocate grants to meet future needs, deputy director Mary Liveratti said.

Carla Sloan, state director for AARP of Nevada, said the survey would help the state meet gaps in care for seniors

[See Survey, Page 3]

BY THE NUMBERS

In Nevada, according to 2006 estimates, there are between 720,000 to 740,000 people age 50 and older. A UNLV study of this group found the following observations:

28 percent of Nevada's population are seniors

5 percent of residents over the age of 50 are native Nevadans; 60% of the respondents have been here fewer than 20 years

37 percent increase in over-50 population in Nevada from 2000 to 2006; overall population increased 30 percent

\$22,000 Average expenditure per year for basics (housing, utilities, food, prescription drugs, entertainment)

52 percent of those surveyed were being treated for a chronic ailment

MANY SENIORS RECEIVE NO HELP

and help organizations like hers better advocate for their needs.

The study paints an overall positive picture of seniors in the state but found several disparities, including a large number of people between age 50 and 64 without insurance, and a large number of seniors needing assistance with disabilities who are not getting help.

About 6 percent of seniors are without health insurance, representing about 43,000 people. More than 83 percent of that group are under age 65, waiting for Medicare to kick in — and many are putting off doctor visits because they are uninsured.

If those seniors wait until they are 65 to start being treated for potentially chronic conditions, Medicare resources will be hit hard, said Charles Moseley, chairman of the department of health care administration and policy in UNLV's School of Public Health. Moseley is one of at least four professors analyzing the data in larger research projects.

The other major disparity that emerged in the survey is that about 8 percent of seniors, or 57,000 people, need assistance for one or more daily activities — yet only about one in six of them receive any in-home care. Most of the seniors need help with nonmedical needs, such as homemaking or personal care services.

McClain said she will pursue legislation to help those seniors access help, perhaps through a subsidy program to help them pay for services based on their income.

"It's cheaper to keep them in their homes for longer than to have to put them in a nursing home," McClain said.

The draft report is available online at surveys.unlv.edu, under current projects.