



VDA WEEKLY E-MAILING

April 23, 2013

Table of Contents

[Laura Pole Featured Speaker at May Meeting of Virginia Caregiver Coalition](#)

[Altarum Institute Care Transition Article](#)

[Quit Now Virginia: A Service Provided by VDH Tobacco Use Control Project](#)

[Virginia Coalition for the Prevention of Elder Abuse Annual Conference](#)

[Journal of the American Medical Association: Elder Abuse as a Risk of](#)

[Hospitalization in Older Persons](#)

[PBS Senior Olympics Documentary](#)

[Profile of Older Americans: 2012](#)

[Best Practice: LOA Fundraising](#)

Laura Pole Featured Speaker at May 16, 2013 Meeting of the Virginia Caregiver Coalition

Ellen M. Nau, MA, Program Coordinator

Laura Pole, MSN, OCNS will be speaking to the Virginia Caregiver Coalition at its May 16, 2013 Meeting that will begin at 9:15 AM. The meeting will be open to guest attendees at the DARS-VDA Conference Room and various video-conferencing sites throughout the Commonwealth. Ms. Pole serves as End of Life Care Educator for the Virginia Association of Hospices. She is the Coordinator of POST Projects for the Palliative Care Partnership of the Roanoke Valley and Secretary of the Virginia POST Collaborative. POST is the Physician Orders for Scope of Treatment, a process designed to formulate advance care planning for individuals with serious illnesses. For more information about POST, consult the Spring, 2013 Issue of Age in Action at: <http://www.sahp.vcu.edu/vcoa/newsletter/index.html>

Note: The web links in this document may change over time. DARS-VDA does not attempt to refresh the links once the week has passed. However, this document is maintained on the web for a period of time as a reference. Some links may require registration.

1610 Forest Avenue • Suite 100 • Henrico, VA 23229

Office 804.662.9333 • Toll free 800.552.3402 • TTY users dial 711 • Fax 804.662.9354



To attend the May 16 Virginia Caregiver Coalition Meeting, contact Ellen Nau at Ellen.Nau@dars.virginia.gov

Altarum Institute Care Transition Article

Tim Catherman, Director, Aging Operations

The Altarum Institute posted the article, "[Southeast Michigan Community-based Care Transitions Program \(CCTP\) Tests New Approaches to Reduce Readmissions](#)". The author discusses how a Michigan AAA used the CCTP approach to meet transition care needs. The AAA divided the population based on five clinical needs:

- Care Transition Intervention (CTI) Coaching
- CTI Coaching with Behavior Intervention
- CTI Coaching with In-Home Services
- Coaching with Multiple Interventions & Hospice
- Skilled Nursing Facility (SNF) Transitions Coaching

The full article can be read by clicking on the link which is the name of the article.

Virginia Coalition for the Prevention of Elder Abuse

Annual Conference

James A. Rothrock, Commissioner

Join the Virginia Coalition for the Prevention of Elder Abuse (VCPEA) at its 19th Annual Conference in Virginia Beach May 29-31! Speakers include nationally recognized leaders in research, practice and prevention, including:

- Pam Teaster, PhD., Director, Justice Center for Elders and Vulnerable Adults, University of Kentucky;
- Holly Ramsey-Klawnsnik, PhD., Sociologist, Licensed Marriage and Family Therapist;
- (Hubert H.) "Skip" Humprey III, Assistant Director, Office of Financial Protection for Older Americans, Consumer Finance Protection Bureau and former Minnesota attorney general.

The conference agenda and registration information are available at www.vcpea.org.

VCPEA is celebrating our 20th anniversary of awareness, advocacy and education with the goal that all older Virginians will live a life free of abuse, neglect and exploitation!



Quit Now Virginia: A service provided by VDH Tobacco Use Control Project

Elaine S. Smith, MS, RD, Program Coordinator

(<http://www.vdh.virginia.gov/ofhs/prevention/tucp/quitNow.htm>)

Did you know there is a FREE phone-based service to help tobacco users in Virginia quit that is available 24/7, with no limit on number of calls and Spanish-speaking Quit Coaches on staff? The quitline is staffed by highly trained specialists and services include individualized counseling, printed self-help guides (also in Spanish) and free nicotine patches for uninsured adults who enroll (until July 31, 2014). Please encourage tobacco users, especially seniors, to call 1-800-QUIT NOW (or 1-855-DEJELO-YA) if they want information or assistance.

For more information contact:

Janis M. Dauer, MS, CAC

Executive Director

Alliance for the Prevention and Treatment of Nicotine Addiction

3557 Chesapeake Blvd, #1, Norfolk, VA 23513

Phone: (757) 858-9934; Fax (757) 858-8464

Email: jdauer@aptna.org

Website: www.aptna.org

<http://archinte.jamanetwork.com/article.aspx?articleid=1675876>

Journal of the American Medical Association: Elder Abuse as a Risk Factor for Hospitalization in Older Persons

James A. Rothrock, Commissioner

By XinQi Dong, MD, MPH; Melissa A. Simon, MD, MPH

JAMA Intern Med. 2013;():1-7. doi:10.1001/jamainternmed.2013.238.

Published online April 8, 2013

[Article](#)

[Tables](#)

[References](#)

[Comments](#)



ABSTRACT

[ABSTRACT](#) | [METHODS](#) | [RESULTS](#) | [COMMENT](#) | [AUTHOR INFORMATION](#) | [REFERENCES](#)

Importance Elder abuse is associated with increased mortality risk. However, the relationship between elder abuse and health care services utilization remains unclear.

Objective To examine the relationship between overall elder abuse and specific subtypes of elder abuse and rate of hospitalization in a community-dwelling population of older adults.

Design Prospective population-based study.

Setting Chicago Health and Aging Project.

Participants Of the 6674 community-dwelling older adults who participated in the Chicago Health and Aging Project, 106 were identified by social services agencies for elder abuse.

Main Outcomes and Measures The primary predictor was elder abuse (reported and confirmed) reported to social services agency. The outcome of interest was the annual rate of hospitalization obtained from the Centers for Medicare and Medicaid Services. Poisson regression models were used to assess these longitudinal relationships.

Results The unadjusted mean annual rate of hospitalization was 0.62 (95% CI, 0.59-0.66) for those without elder abuse and 1.97 (95% CI, 1.33-2.61) for those with reported elder abuse. After adjusting for sociodemographic and socioeconomic variables, medical comorbidities, cognitive and physical function, and psychosocial well-being, reported elder abuse had higher rates of hospitalization (rate ratio [RR], 2.00 [95% CI, 1.45-2.75]). Psychological abuse (RR, 2.22 [95% CI, 1.44-3.43]), financial exploitation (RR, 1.75 [95% CI, 1.06-2.90]), caregiver neglect (RR, 2.43 [95% CI, 1.60-3.69]), and 2 or more types of elder abuse (RR, 2.59 [95% CI, 1.82-3.66]) were associated with increased rates of hospitalization, after considering the same potential confounders. Results from interaction term analyses suggested that the association between elder abuse and hospitalization did not differ across the levels of medical comorbidities, cognitive and functional impairment, or psychosocial distress.

Conclusions and Relevance Elder abuse was associated with increased rates of hospitalization in this community population. Future research is needed to explore the causal mechanisms between elder abuse and hospitalization. As we enter the era of health care reform, an improved understanding of factors that increase rates of hospitalization could also have significant implications for social and health policy as well as clinical care of the vulnerable patients.

PBS Senior Olympics Documentary

James A. Rothrock, Commissioner



DIVISION FOR THE AGING
VIRGINIA DEPARTMENT FOR AGING
AND REHABILITATIVE SERVICES

Dear James,

I'm following up with you up about sharing the Senior Olympics documentary *Age of Champions* with your members for free *starting tomorrow, April 18th*.

Tonight at midnight, we're launching the *Age of Champions* National Online Premiere, where the public can **watch the entire film for free on our website for ten days**. We're partnered with some great organizations to help spread the word, including the National Institute on Aging, Osher Center, and President's Council on Fitness. You can watch the trailer and learn more about the online premiere at www.ageofchampions.org/premiere.

I hope you can **forward the email below to your mailing list** announcing the premiere and inviting them to participate. If you're something like Constant Contact, you can download a Word document with the HTML code from [this link](#). We suggest using the email headline: New PBS Documentary "Age of Champions" - Our Members Watch Free.

You can also update your Facebook status with a link to www.ageofchampions.org/premiere, which will show the trailer and direct your members to the premiere page. Please let me know if you have any questions – we're hoping to reach 1 million people during the online premiere and need your help!



You're invited to watch the new PBS documentary *Age of Champions* for free at www.ageofchampions.org/premiere.

Age of Champions tells the story of five competitors who sprint, leap, and swim for gold at the National Senior Olympics. You'll meet a 100-year-old tennis champion, 86-year-old pole vaulter, and hard-hitting grandmothers who triumph over the



limitations of age.

We've partnered with the filmmakers to share the entire documentary for free during the film's national online premiere, April 18 - 28, 2013.

Age of Champions is a powerful resource for senior advocates to inspire older adults and start a positive conversation about aging in their communities.

Invite your family, friends, and colleagues to watch the film for free by forwarding this email, [posting on Twitter](#), and [sharing the link on Facebook](#).



▶ WATCH THE FILM

SHARE ON FACEBOOK

Profile of Older Americans: 2012

James A. Rothrock, Commissioner

DARS has received the Profile of Older Americans: 2012 report from Robert Hornyak with the Administration for Community Living office. Please see his note, highlights of the report and a link to the report below. And please share with your community partners and interested parties.

I am pleased to send you a copy of: *A Profile of Older Americans: 2012*. This annual summary of the latest statistics on the older population covers 14 topical areas including population, income and poverty, living arrangements, education, and health. A description of the highlights of this document is below and the full document is attached.

The Profile has proven to be a very useful statistical summary in a user friendly format. It is a web based publication and is posted on the following website:

http://www.aoa.gov/AoARoot/Aging_Statistics/Profile/index.aspx



Please share the 2012 Profile with other interested parties.

Bob Hornyak
Director, Office of Performance and Evaluation
Center for Disability and Aging Policy
Administration for Community Living
U.S. Department of Health and Human Services
One Massachusetts Avenue, N.W.
Washington, D.C. 20201
202-357-0150
Robert.Hornyak@acl.hhs.gov

=====

Highlights - Profile of Older Americans: 2012

- The older population (65+) numbered 41.4 million in 2011, an increase of 6.3 million or 18% since 2000.
- The number of Americans aged 45-64 – who will reach 65 over the next two decades – increased by 33% during this period.
- Over one in every eight, or 13.3%, of the population is an older American.
- Persons reaching age 65 have an average life expectancy of an additional 19.2 years (20.4 years for females and 17.8 years for males).
- Older women outnumber older men at 23.4 million older women to 17.9 million older men.
- In 2011, 21.0% of persons 65+ were members of racial or ethnic minority populations--9% were African-Americans (not Hispanic), 4% were Asian or Pacific Islander (not Hispanic), less than 1% were American Indian or Native Alaskan (not Hispanic), and 0.6% of persons 65+ identified themselves as being of two or more races. Persons of Hispanic origin (who may be of any race) represented 7% of the older population.
- Older men were much more likely to be married than older women--72% of men vs. 45% of women (Figure 2). 37% older women in 2012 were widows.
- About 28% (11.8 million) of noninstitutionalized older persons live alone (8.4 million women, 3.5 million men).
- Almost half of older women (46%) age 75+ live alone.
- In 2011, about 497,000 grandparents aged 65 or more had the primary responsibility for their grandchildren who lived with them.
- The population 65 and over has increased from 35 million in 2000 to 41.4 million in 2011 (an 18% increase) and is projected to increase to 79.7 million in 2040.
- The 85+ population is projected to increase from 5.7 million in 2011 to 14.1 million in 2040.
- Racial and ethnic minority populations have increased from 5.7 million in 2000 (16.3% of the elderly population) to 8.5 million in 2011 (21% of the elderly) and are projected to increase to 20.2 million in 2030 (28% of the elderly).



- The median income of older persons in 2011 was \$27,707 for males and \$15,362 for females. Median money income (after adjusting for inflation) of all households headed by older people rose by 2% (not statistically significant) from 2010 to 2011. Households containing families headed by persons 65+ reported a median income in 2011 of \$48,538.
- The major sources of income as reported by older persons in 2010 were Social Security (reported by 86% of older persons), income from assets (reported by 52%), private pensions (reported by 27%), government employee pensions (reported by 15%), and earnings (reported by 26%).
- Social Security constituted 90% or more of the income received by 36% of beneficiaries in 2010 (23% of married couples and 46% of non-married beneficiaries).
- Almost 3.6 million elderly persons (8.7%) were below the poverty level in 2011. This poverty rate is not statistically different from the poverty rate in 2010 (8.9%). During 2011, the U.S. Census Bureau also released a new Supplemental Poverty Measure (SPM) which takes into account regional variations in the livings costs, non-cash benefits received, and non-discretionary expenditures but does not replace the official poverty measure. The SPM shows a poverty level for older persons of 15.1% (more than 6 percentage points higher than the official rate of 8.7%). This increase is mainly due to including medical out-of-pocket expenses in the poverty calculations.

Best Practice: LOA Fundraising

Ellen M. Nau, MA, Program Coordinator

- Mindful of our busy lives, LOA has expanded its “Let’s Do Lunch” program to benefit Meals on Wheels on Friday, June 21, 2013 from 11 AM until 1PM. You can now breeze by their Curbside Pick-Up or take advantage of their free delivery program! If you eat-in at the Kazim Temple Ballroom, you can enjoy some wonderful entertainment as you lunch. Each ticket purchased for the event, provides 3 days of Meals on Wheels for a homebound senior.
- Attached is a flyer and form for the event as well as a scenario of a senior who has benefitted from this program as well as the famous Soup for Seniors Program operated by LOA. Even the senior’s Cocker Spaniel, Al Capone, has received food from the LOA Pets Eat Too Program!

A Profile of Older Americans: 2012



Administration on Aging
Administration for Community Living
U.S. Department of Health and Human Services

Table of Contents

Highlights	1
The Older Population	2
Future Growth	3
Figure 1: Number of Persons 65+, 1900 - 2060 (numbers in millions)	
Marital Status	4
Figure 2: Marital Status of Persons 65+ - 2012	
Living Arrangements	5
Figure 3: Living Arrangements of Persons 65+: 2012	
Racial and Ethnic Composition	6
Geographic Distribution	6
Figure 4: Persons 65+ as Percentage of Total Population by State: 2011 (US Map)	
Figure 5: Percentage Increase in Population 65+ by State: 2000 to 2011 (US Map)	
Figure 6: The 65+ Population by State: 2011 (table)	
Income	10
Figure 7: Percent Distribution by Income: 2011	
Poverty	11
Housing	12
Employment	12
Education	12
Health and Health Care	13
Health Insurance Coverage	14
Figure 8: Percentage of Persons 65+ with Health Insurance Coverage, 2011	
Disability and Activity Limitations	15
Figure 9: Percent of Persons with Limitations in Activities of Daily Living by Age Group: 2010	
Notes	16

Highlights*

- The older population (65+) numbered 41.4 million in 2011, an increase of 6.3 million or 18% since 2000.
- The number of Americans aged 45-64 – who will reach 65 over the next two decades – increased by 33% during this period.
- Over one in every eight, or 13.3%, of the population is an older American.
- Persons reaching age 65 have an average life expectancy of an additional 19.2 years (20.4 years for females and 17.8 years for males).
- Older women outnumber older men at 23.4 million older women to 17.9 million older men.
- In 2011, 21.0% of persons 65+ were members of racial or ethnic minority populations--9% were African-Americans (not Hispanic), 4% were Asian or Pacific Islander (not Hispanic), less than 1% were American Indian or Native Alaskan (not Hispanic), and 0.6% of persons 65+ identified themselves as being of two or more races. Persons of Hispanic origin (who may be of any race) represented 7% of the older population.
- Older men were much more likely to be married than older women--72% of men vs. 45% of women (Figure 2). 37% older women in 2012 were widows.
- About 28% (11.8 million) of noninstitutionalized older persons live alone (8.4 million women, 3.5 million men).
- Almost half of older women (46%) age 75+ live alone.
- In 2011, about 497,000 grandparents aged 65 or more had the primary responsibility for their grandchildren who lived with them.
- The population 65 and over has increased from 35 million in 2000 to 41.4 million in 2011 (an 18% increase) and is projected to increase to 79.7 million in 2040.
- The 85+ population is projected to increase from 5.7 million in 2011 to 14.1 million in 2040.
- Racial and ethnic minority populations have increased from 5.7 million in 2000 (16.3% of the elderly population) to 8.5 million in 2011 (21% of the elderly) and are projected to increase to 20.2 million in 2030 (28% of the elderly).
- The median income of older persons in 2011 was \$27,707 for males and \$15,362 for females. Median money income (after adjusting for inflation) of all households headed by older people rose by 2% (not statistically significant) from 2010 to 2011. Households containing families headed by persons 65+ reported a median income in 2011 of \$48,538.
- The major sources of income as reported by older persons in 2010 were Social Security (reported by 86% of older persons), income from assets (reported by 52%), private pensions (reported by 27%), government employee pensions (reported by 15%), and earnings (reported by 26%).
- Social Security constituted 90% or more of the income received by 36% of beneficiaries in 2010 (23% of married couples and 46% of non-married beneficiaries).
- Almost 3.6 million elderly persons (8.7%) were below the poverty level in 2011. This poverty rate is not statistically different from the poverty rate in 2010 (8.9%). During 2011, the U.S. Census Bureau also released a new Supplemental Poverty Measure (SPM) which takes into account regional variations in the livings costs, non-cash benefits received, and non-discretionary expenditures but does not replace the official poverty measure. The SPM shows a poverty level for older persons of 15.1% (more than 6 percentage points higher than the official rate of 8.7%). This increase is mainly due to including medical out-of-pocket expenses in the poverty calculations.

*Principal sources of data for the Profile are the U.S. Census Bureau, the National Center for Health Statistics, and the Bureau of Labor Statistics. The Profile incorporates the latest data available but not all items are updated on an annual basis.

The Older Population

The older population--persons 65 years or older—numbered 41.4 million in 2011 (the most recent year for which data are available). They represented 13.3% of the U.S. population, over one in every eight Americans. The number of older Americans increased by 6.3 million or 18% since 2000, compared to an increase of 9.4% for the under-65 population. However, the number of Americans aged 45-64 – who will reach 65 over the next two decades – increased by 33% during this period.

In 2011, there were 23.4 million older women and 17.9 million older men, or a sex ratio of 131 women for every 100 men. At age 85 and over, this ratio increases to 203 women for every 100 men.

Since 1900, the percentage of Americans 65+ has more than tripled (from 4.1% in 1900 to 13.3% in 2011), and the number has increased over thirteen times (from 3.1 million to 41.4 million). The older population itself is increasingly older. In 2011, the 65-74 age group (21.4 million) was almost 10 times larger than in 1900; the 75-84 group (12.8 million) was 16 times larger and the 85+ group (5 million) was 40 times larger.

In 2011, persons reaching age 65 had an average life expectancy of an additional 19.2 years (20.4 years for females and 17.8 years for males). A child born in 2011 could expect to live 78.7 years, about 30 years longer than a child born in 1900. Much of this increase occurred because of reduced death rates for children and young adults. However, the period of 1990-2007 also has seen reduced death rates for the population aged 65-84, especially for men – by 41.6% for men aged 65-74 and by 29.5% for men aged 75-84. Life expectancy at age 65 increased by only 2.5 years between 1900 and 1960, but has increased by 4.2 years from 1960 to 2007. Nonetheless, some research has raised concerns about future increases in life expectancy in the US compared to other high-income countries, primarily due to past smoking and current obesity levels, especially for women age 50 and over.

About 3 million persons celebrated their 65th birthday in 2011. In the same year, approximately 1.8 million persons 65 or older died. Census estimates showed an annual net increase between 2010 and 2011 of 916,837 in the number of persons 65 and over.

Between 1980 and 2010, the centenarian population experienced a larger percentage increase than did the total population. There were 53,364 persons aged 100 or more in 2010 (0.13% of the total 65+ population). This is a 66% increase from the 1980 figure of 32,194.

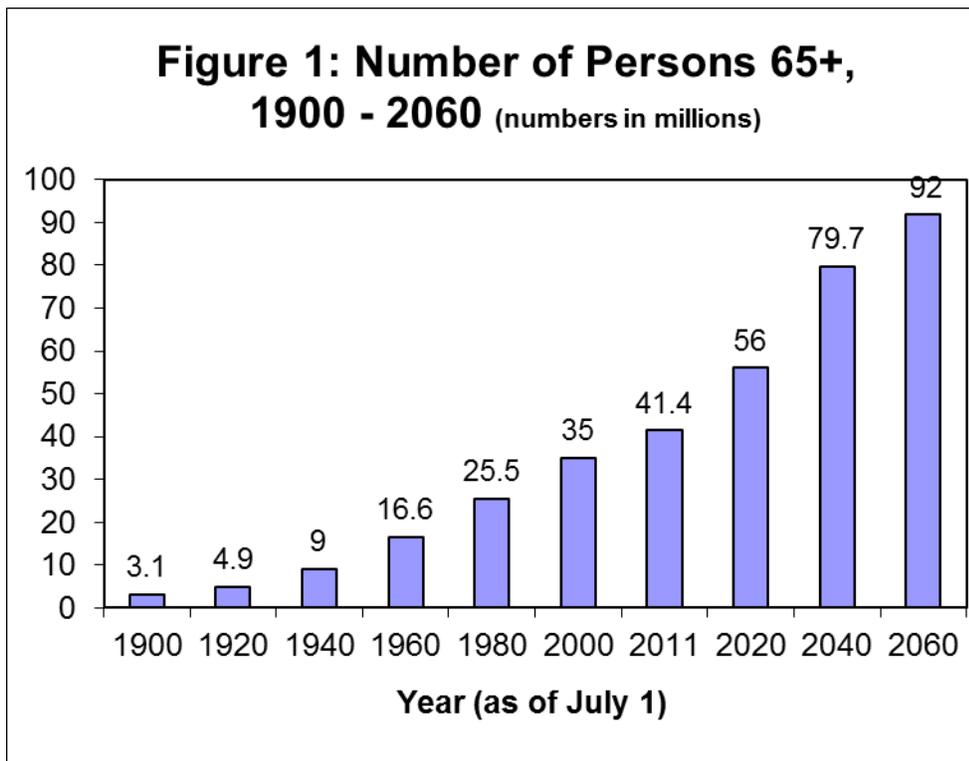
(Based on online data from the U.S. Census Bureau's 1) Population Estimates and Projections; 2) 2010 Census Special Reports, Centenarians: 2010, C2010SR-03, 2012; and 3) Table 5. Population by Age and Sex for the United States: 1900 to 2000, Part A. Hobbs, Frank and Nicole Stoops, Census 2000 Special Reports, Series CENSR-4, Demographic Trends in the 20th Century. The National Center for Health Statistics' Hoyert DL, Xu JQ. Deaths: Preliminary data for 2011. National vital statistics reports; vol 61 no 6. Hyattsville, MD: 2012. The National Research Council's Crimmins EM, Preston SH, Cohen B, editors. Explaining Divergent Levels of Longevity in High-Income Countries. Panel on Understanding Divergent Trends in Longevity in High-Income Countries, 2011.)

Future Growth

The older population will continue to grow significantly in the future (Figure 1). This growth slowed somewhat during the 1990's because of the relatively small number of babies born during the Great Depression of the 1930's. But the older population is beginning to burgeon as the "baby boom" generation begins to reach age 65.

The population 65 and over has increased from 35 million in 2000 to 41.4 million in 2011 (an 18% increase) and is projected to more than double to 92 million in 2060. By 2040, there will be about 79.7 million older persons, over twice their number in 2000. People 65+ represented 13.3% of the population in the year 2011 but are expected to grow to be 21% of the population by 2040. The 85+ population is projected to triple from 5.7 million in 2011 to 14.1 million in 2040.

Racial and ethnic minority populations have increased from 5.7 million in 2000 (16.3% of the elderly population) to 8.5 million in 2011 (21% of the elderly) and are projected to increase to 20.2 million in 2030 (28% of the elderly). Between 2012 and 2030, the white (not Hispanic) population 65+ is projected to increase by 54% compared with 125% for older racial and ethnic minority populations, including Hispanics (155%), African-Americans (not Hispanic) (104%), American Indian and Native Alaskans (not Hispanic) (116%), and Asians (not Hispanic) (119%).



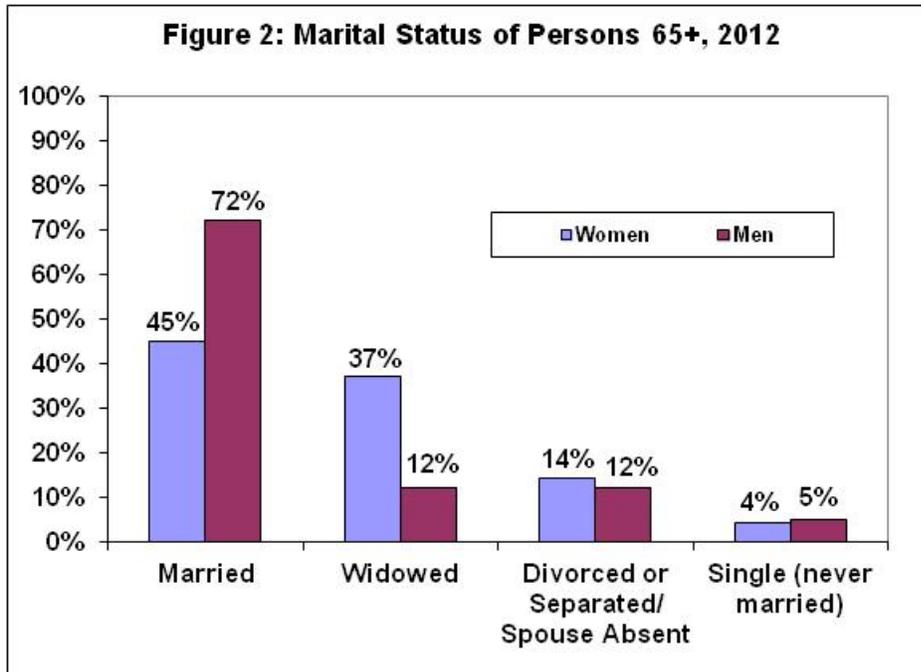
Note: Increments in years are uneven.

(Based on online data from the U.S. Census Bureau's 1) Population Estimates and Projections; 2) Table 1. Projected Population by Single Year of Age (0-99, 100+), Sex, Race, and Hispanic Origin for the United States: July 1, 2012 to July 1, 2060, Release Date: 2012; and 3) Table 5. Population by Age and Sex for the United States: 1900 to 2000, Part A. Hobbs, Frank and Nicole Stoops, Census 2000 Special Reports, Series CENSR-4, Demographic Trends in the 20th Century.)

Marital Status

In 2012, older men were much more likely to be married than older women--72% of men, 45% of women (Figure 2). Widows accounted for 37% of all older women in 2012. There were over four times as many widows (8.5 million) as widowers (2.1 million).

Divorced and separated (including married/spouse absent) older persons represented only 12% of all older persons in 2012. However, this percentage has increased since 1980, when approximately 5.3% of the older population were divorced or separated/spouse absent.



(Based on online data from the U.S. Census Bureau's Current Population Survey, Annual Social and Economic Supplement.)

Living Arrangements

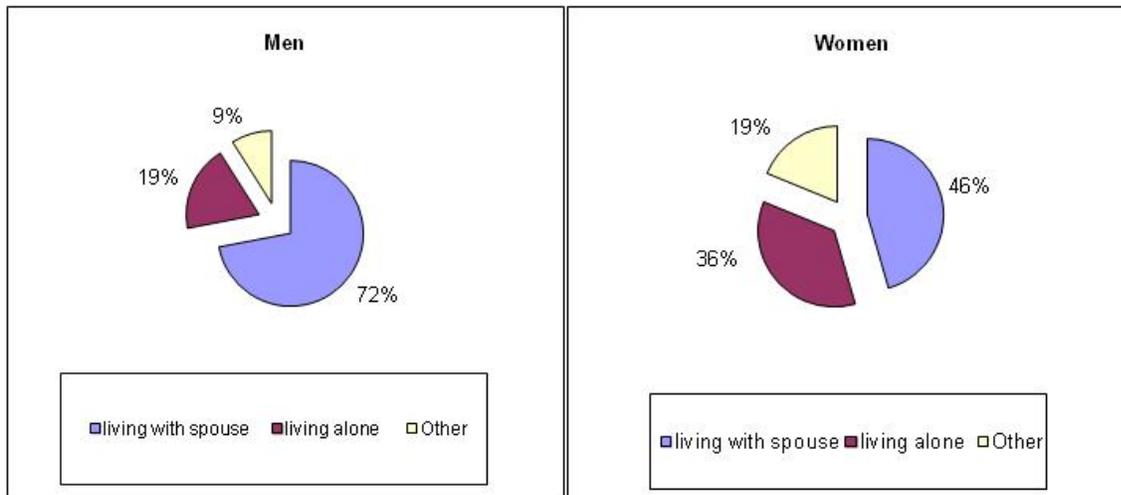
Over half (57%) the older noninstitutionalized persons lived with their spouse in 2012. Approximately 13.2 million or 72% of older men, and 10.3 million or 45% of older women, lived with their spouse (Figure 3). The proportion living with their spouse decreased with age, especially for women. Only 32% of women 75+ years old lived with a spouse.

About 28% (11.8 million) of all noninstitutionalized older persons in 2012 lived alone (8.4 million women, 3.5 million men). They represented 36% of older women and 19% of older men. The proportion living alone increases with advanced age. Among women aged 75 and over, for example, almost half (46%) lived alone.

In 2011, a total of about 2 million older people lived in a household with a grandchild present. About 497,000 of these grandparents over 65 years old were the persons with primary responsibility for their grandchildren who lived with them.

A relatively small number (1.5 million) and percentage (3.6%) of the 65+ population in 2011 lived in institutional settings such as nursing homes (1.3 million). However, the percentage increases dramatically with age, ranging (in 2011) from 1% for persons 65-74 years to 3% for persons 75-84 years and 11% for persons 85+. In addition, in 2009, approximately 2.7% of the elderly lived in senior housing with at least one supportive service available to their residents.

Figure 3: Living Arrangements of Persons 65+, 2012



(Based on online data from the U.S. Census Bureau's American Community Survey. The Centers for Medicare and Medicaid Services' Medicare Current Beneficiary Survey.)

Racial and Ethnic Composition

In 2011, 21.0% of persons 65+ were members of racial or ethnic minority populations--9% were African-Americans (not Hispanic), 4% were Asian or Pacific Islander (not Hispanic), less than 1% were American Indian or Native Alaskan (not Hispanic), and 0.6% of persons 65+ identified themselves as being of two or more races. Persons of Hispanic origin (who may be of any race) represented 7% of the older population.

Only 7.4% of all the people who were members of racial and ethnic minority populations were 65+ in 2011 (9.2% of African-Americans (not Hispanic), 5.7% of Hispanics, 9.8% of Asians and Pacific Islanders (not Hispanic), 8.4% of American Indians and Native Alaskans (not Hispanic)) compared with 16.7% of non-Hispanic whites.

(Based on online data from the U.S. Census Bureau's Population Estimates and Projections.)

Geographic Distribution

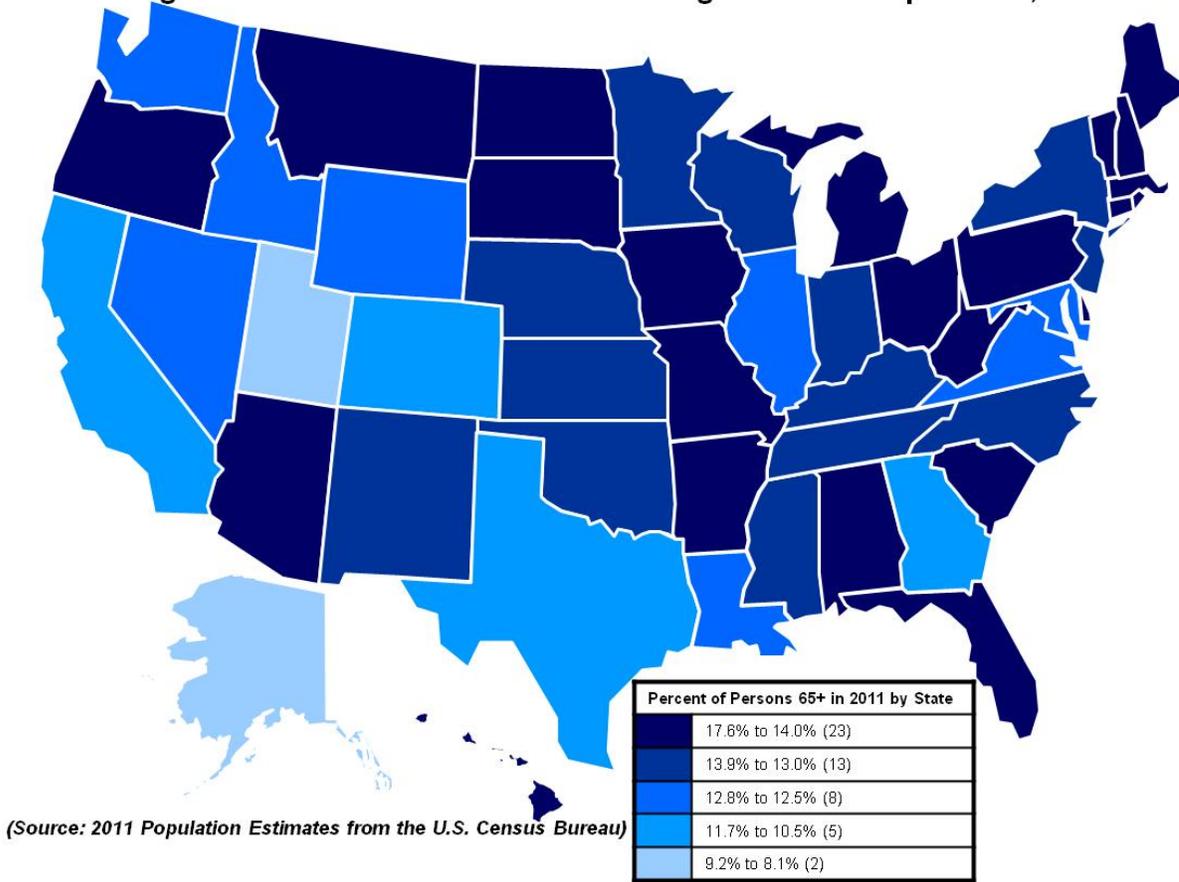
The proportion of older persons in the population varies considerably by state with some states experiencing much greater growth in their older populations (Figures 4 and 5). In 2011, over half (51%) of persons 65+ lived in 9 states: California (4.4 million); Florida (3.4 million); New York (2.7 million); Texas (2.7 million); Pennsylvania (2.0 million); and Ohio, Illinois, Michigan, North Carolina and each had well over 1 million (Figure 6).

Persons 65+ constituted approximately 15% or more of the total population in 11 states in 2011: Florida (17.6%); Maine (16.3%); West Virginia (16.2%); Pennsylvania (15.6%); Montana (15.2%); Arkansas (15%); Delaware (15%); Hawaii (15%); Iowa (15%); Rhode Island (15%); and Vermont (15.0%). In 13 states, the 65+ population increased by 30% or more between 2000 and 2011: Alaska (58%), Nevada (53%), Arizona (37%), Colorado (37%), Georgia (37%), Idaho (37%), South Carolina (35%), Utah (35%), New Mexico (33%), North Carolina (32%), Delaware (31%), Texas (30%), and Washington (30%). The 17 jurisdictions with poverty rates at or over 10% for elderly during 2011 were: Mississippi (13.5%), Louisiana (12.7%), District of Columbia (12.5%), Kentucky (11.8%), New Mexico (11.8%), New York (11.7%), Texas (11.4%), South Dakota (11.1%), Georgia (10.9%), Tennessee (10.7%), Arkansas (10.5%), North Dakota (10.5%), Alabama (10.3%), Rhode Island (10.2%), South Carolina (10.1%), California (10.0%), and Florida (10.0%) (Figure 6):

Most persons 65+ lived in metropolitan areas in 2011 (81%). About 66% of these older persons lived outside principal cities and 34% lived inside principal cities. Also, 19% of older persons lived outside of metropolitan areas.

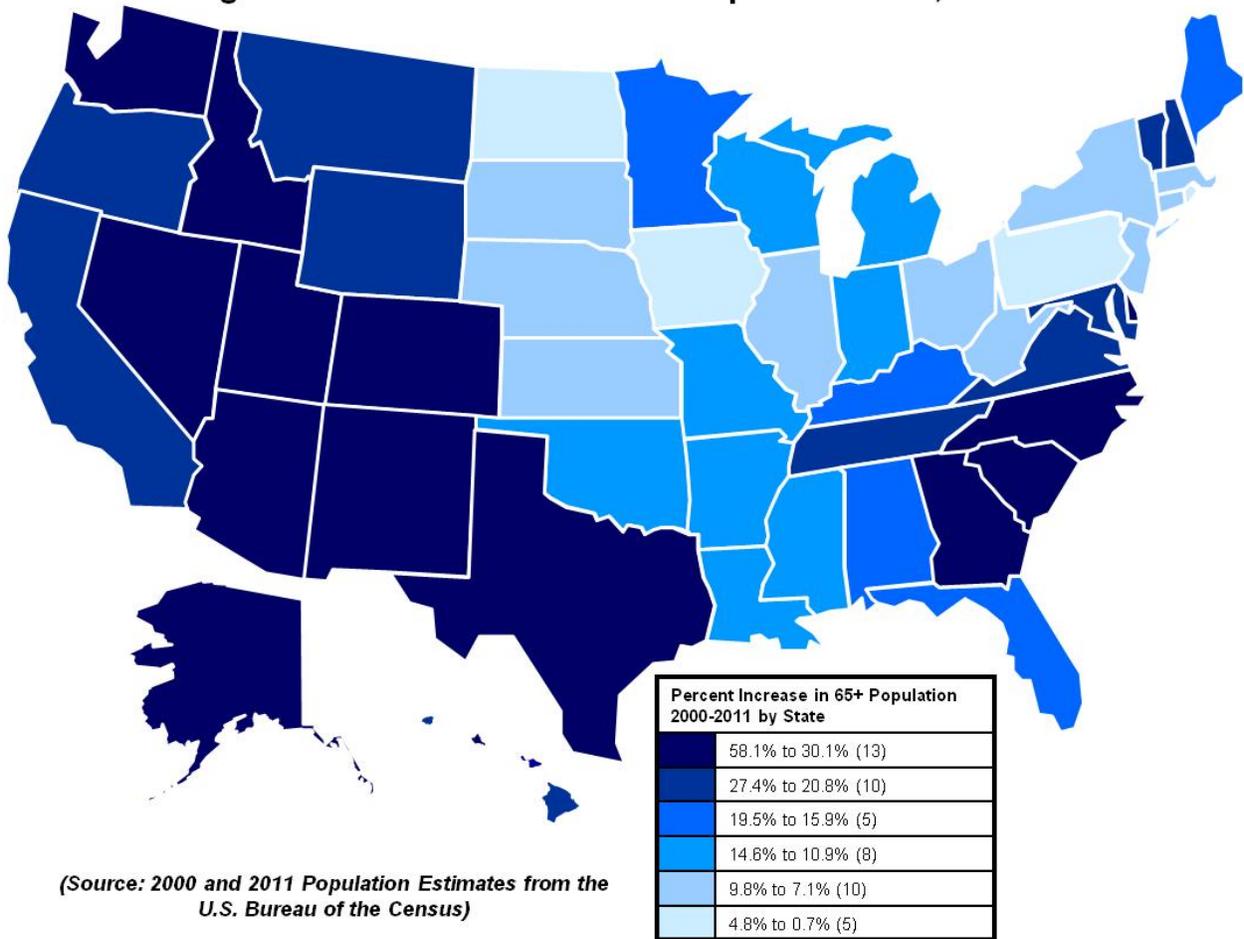
The elderly are less likely to change residence than other age groups. From 2011 to 2012, only 3% of older persons moved as opposed to 14% of the under 65 population. Most older movers (61%) stayed in the same county and 83% remained in the same state. Only 16% of the movers moved from out-of-state or abroad.

Figure 4: Persons 65+ as a Percentage of Total Population, 2011



(Source: 2011 Population Estimates from the U.S. Census Bureau)

Figure 5: Percent Increase in Population 65+, 2000 to 2011



(Source: 2000 and 2011 Population Estimates from the U.S. Bureau of the Census)

Figure 6: The 65+ Population by State 2011

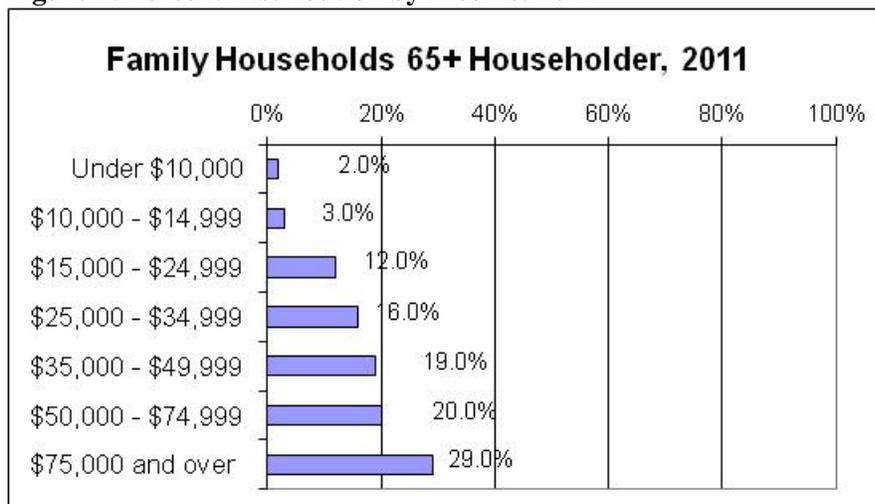
State	Number of Persons 65 and Older	Percent of All Ages	Percent Increase from 2000 to 2011	Percent Below Poverty 2011
US Total (50 States + DC)	41,394,141	13.30%	18.03%	8.7%
Alabama	672,586	14.00%	15.86%	10.3%
Alaska	58,213	8.10%	58.11%	6.3%
Arizona	921,835	14.20%	37.30%	8.5%
Arkansas	429,099	14.60%	14.56%	10.5%
California	4,398,624	11.70%	21.88%	10.0%
Colorado	575,820	11.30%	37.23%	7.8%
Connecticut	515,459	14.40%	9.47%	6.8%
Delaware	133,464	14.70%	30.73%	5.7%
District of Columbia	70,179	11.40%	0.65%	12.5%
Florida	3,360,195	17.60%	19.51%	10.0%
Georgia	1,077,512	11.00%	36.51%	10.9%
Hawaii	202,544	14.70%	25.23%	8.2%
Idaho	202,433	12.80%	37.28%	6.8%
Illinois	1,640,765	12.70%	9.23%	8.2%
Indiana	858,087	13.20%	13.64%	7.2%
Iowa	457,738	14.90%	4.82%	6.9%
Kansas	382,661	13.30%	7.26%	7.2%
Kentucky	591,851	13.50%	17.24%	11.8%
Louisiana	572,440	12.50%	10.87%	12.7%
Maine	216,218	16.30%	17.50%	8.0%
Maryland	729,488	12.50%	21.32%	7.5%
Massachusetts	921,889	14.00%	7.08%	9.3%
Michigan	1,389,155	14.10%	13.59%	8.2%
Minnesota	701,768	13.10%	17.56%	8.0%
Mississippi	388,071	13.00%	13.15%	13.5%
Missouri	854,652	14.20%	13.07%	8.2%
Montana	151,452	15.20%	24.97%	8.1%
Nebraska	250,382	13.60%	7.71%	7.8%
Nevada	339,478	12.50%	53.10%	9.4%
New Hampshire	184,376	14.00%	24.19%	6.2%
New Jersey	1,208,360	13.70%	8.48%	7.8%
New Mexico	282,375	13.60%	32.61%	11.8%
New York	2,664,694	13.70%	8.62%	11.7%
North Carolina	1,278,786	13.20%	31.67%	9.7%
North Dakota	98,595	14.40%	4.45%	10.5%
Ohio	1,648,444	14.30%	9.26%	7.7%
Oklahoma	517,654	13.70%	13.70%	9.5%
Oregon	553,061	14.30%	25.87%	7.4%
Pennsylvania	1,981,565	15.60%	3.31%	8.0%
Rhode Island	154,143	14.70%	1.16%	10.2%
South Carolina	658,561	14.10%	35.34%	10.1%
South Dakota	118,653	14.40%	9.81%	11.1%
Tennessee	879,651	13.70%	24.86%	10.7%
Texas	2,706,029	10.50%	30.21%	11.4%
Utah	259,221	9.20%	35.28%	5.3%
Vermont	94,122	15.00%	20.75%	7.0%
Virginia	1,011,063	12.50%	27.36%	7.5%
Washington	864,873	12.70%	30.15%	8.5%
West Virginia	300,970	16.20%	8.80%	9.4%
Wisconsin	792,620	13.90%	12.49%	7.5%
Wyoming	72,267	12.70%	24.33%	6.2%
Puerto Rico	600,927	15.00%	40.00%	39.00%

(Based on online data from the U.S. Census Bureau's 1) Population Estimates and Projections; 2) American Community Survey; 3) Current Population Survey, Annual Social and Economic Supplement; and 4) International Data Base.)

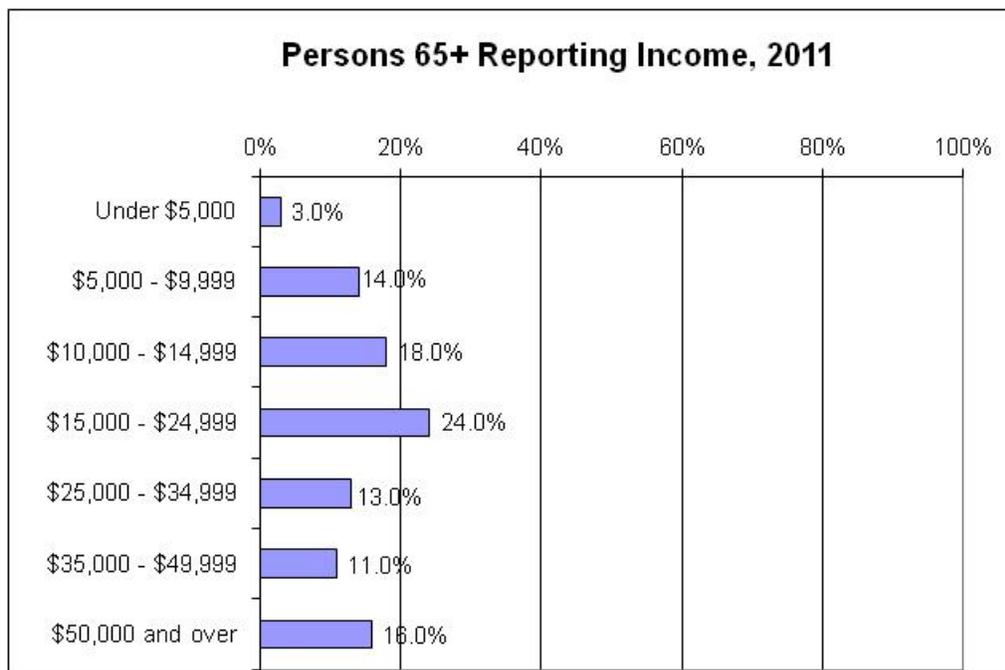
Income

The median income of older persons in 2011 was \$27,707 for males and \$15,362 for females. From 2010 to 2011, median money income (after adjusting for inflation) of all households headed by older people rose 2% but this was not statistically significant. Households containing families headed by persons 65+ reported a median income in 2011 of \$48,538 (\$50,658 for non-Hispanic Whites, \$33,809 for Hispanics, \$39,533 for African-Americans, and \$50,971 for Asians). About 5% of family households with an elderly householder had incomes less than \$15,000 and 67% had incomes of \$35,000 or more (Figure 7).

Figure 7: Percent Distribution by Income: 2011



\$48,538 median for 14.4 million family households 65+



\$19,939 median for 40.2 million persons 65+ reporting income.

For all older persons reporting income in 2011 (40.2 million), 17.8% reported less than \$10,000 and 40% reported \$25,000 or more. The median income reported was \$19,939.

The major sources of income as reported by older persons in 2010 were Social Security (reported by 86% of older persons), income from assets (reported by 52%), private pensions (reported by 27%), government employee pensions (reported by 15%), and earnings (reported by 26%). In 2010, Social Security benefits accounted for 37% of the aggregate income of the older population. The bulk of the remainder consisted of earnings (30%), asset income (11%), and pensions (18%). Social Security constituted 90% or more of the income received by 36% of beneficiaries (23% of married couples and 46% of non-married beneficiaries).

(Based on online data from the U.S. Census Bureau's 1) Current Population Survey, Annual Social and Economic Supplement; and 2) "Income, Poverty, and Health Insurance Coverage in the United States: 2011," P60-243, issued September, 2012. The Social Security Administration's "Fast Facts and Figures About Social Security, 2012.")

Poverty

Over 3.6 million elderly persons (8.7%) were below the poverty level in 2011. This poverty rate is not statistically different from the poverty rate in 2010 (8.9%). Another 2.4 million or 5.8% of the elderly were classified as "near-poor" (income between the poverty level and 125% of this level).

Just over 1.6 million older Whites (not Hispanic) (6.7%) were poor in 2011, compared to 17.3% of elderly African-Americans, 11.7% of Asians, and 18.7% of elderly Hispanics. Higher than average poverty rates were found in 2011 for older persons who lived inside principal cities (11.7%) and in the South (10.1%).

Older women had a higher poverty rate (10.7%) than older men (6.2%) in 2011. Older persons living alone were much more likely to be poor (16.5%) than were older persons living with families (5%). The highest poverty rates were experienced among older Hispanic women (38.8%) who lived alone and also by older Black women (32.2%) who lived alone.

In 2011, the U.S. Census Bureau released a new Supplemental Poverty Measure (SPM). The SPM methodology shows a significantly higher number of older persons below poverty than is shown by the official poverty measure. For persons 65 and older this poverty measure shows a poverty level of 15.1% in 2011 (more than 6 percentage points higher than the official rate of 8.7%). Unlike the official poverty rate, the SPM takes into account regional variations in the cost of housing etc. and, even more significantly, the impact of both non-cash benefits received (e.g., SNAP/food stamps, low income tax credits, WIC, etc.) and non-discretionary expenditures including medical out-of-pocket (MOOP) expenses. For persons 65 and over, MOOP was the major source of the significant differences between these measures. Bear in mind that the SPM does not replace the official poverty measure.

(Based on online data from the U.S. Census Bureau's 1) Current Population Survey, Annual Social and Economic Supplement; 2) "Income, Poverty, and Health Insurance Coverage in the United States: 2011," P60-243, issued September, 2012; and 3) "The Research Supplemental Poverty Measure," P60-244, issued November 2012.)

Housing

Of the 25.1 million households headed by older persons in 2011, 81% were owners and 19% were renters. The median family income of older homeowners was \$32,900. The median family income of older renters was \$16,200. In 2011, almost 50% of older householders spent more than one-fourth of their income on housing costs - 43% for owners and 71% for renters - as compared to 50% of all householders.

For older homeowners in 2011, the median construction year was 1970 compared with 1976 for all homeowners. Among the homes owned by people age 65 and older, 3.3% had physical problems. In 2011, the median value of homes owned by older persons was \$150,000 (with a median purchase price of \$55,000) compared to a median home value of \$160,000 for all homeowners. About 65% of older homeowners in 2011 owned their homes free and clear.

(Based on online data sponsored by the Department of Housing and Urban Development, available from the U.S. Census Bureau, American Housing Survey, National Tables: 2011.)

Employment

In 2012, 7.7 million (18.5 %) Americans age 65 and over were in the labor force (working or actively seeking work), including 4.3 million men (23.6%) and 3.4 million women (14.4%). They constituted 5% of the U.S. labor force. About 6.2% were unemployed. Labor force participation of men 65+ decreased steadily from 2 of 3 in 1900 to 15.8% in 1985; then stayed at 16%-18% until 2002; and has been increasing since then to over 20%. The participation rate for women 65+ rose slightly from 1 of 12 in 1900 to 10.8% in 1956, fell to 7.3% in 1985, was around 7%-9% from 1986 – 2002. However, beginning in 2000, labor force participation of older women has been gradually rising to the 2012 level. This increase is especially noticeable among the population aged 65-69.

(Based on online data from the Bureau of Labor Statistics' Current Population Survey, Labor Force Statistics.)

Education

The educational level of the older population is increasing. Between 1970 and 2012, the percentage of older persons who had completed high school rose from 28% to 81%. About 24% in 2012 had a bachelor's degree or higher. The percentage who had completed high school varied considerably by race and ethnic origin in 2012: 86% of Whites (not Hispanic), 74% of Asians, 69% of African-Americans, 69% of American Indian/Alaska Natives, and 49.0% of Hispanics. The increase in educational levels is also evident within these groups. In 1970, only 30% of older Whites and 9% of older African-Americans were high school graduates.

(Based on online data from the U.S. Census Bureau's Current Population Survey, Annual Social and Economic Supplement.)

Health and Health Care

In 2012, 44% of noninstitutionalized older persons assessed their health as excellent or very good (compared to 64% for persons aged 18-64 years). There was little difference between the sexes on this measure, but older African-Americans (not Hispanic) (25.8%), older American Indians/Alaska Natives (29%), older Asians (33%), and older Hispanics (29.7%) were less likely to rate their health as excellent or very good than were older Whites (not Hispanic) (44.7%). Most older persons have at least one chronic condition and many have multiple conditions. In 2009-2011, the most frequently occurring conditions among older persons were: diagnosed arthritis (51%), all types of heart disease (31%), any cancer (24%), diagnosed diabetes (20% in 2007-2010), and hypertension (high blood pressure or taking antihypertensive medication) (72 percent in 2007-2010).

In 2012, 68% of people age 65 and over reported that they received an influenza vaccination during the past 12 months and 60% reported that they had ever received a pneumococcal vaccination. About 28% (of persons 60+) reported height/weight combinations that placed them among the obese. Almost 45% of persons aged 65-74 and 29% of persons 75+ reported that they engaged in regular leisure-time physical activity. Only 9% reported that they are current smokers and 6% reported excessive alcohol consumption. Only 2% reported that they had experienced psychological distress during the past 30 days.

In 2010, about 13.6 million persons aged 65 and older were discharged from short stay hospitals. This is a rate of 3,326.4 for every 10,000 persons aged 65+ which is about three times the comparable rate for persons of all ages (which was 1,102 per 10,000). The average length of stay for persons aged 65-74 was 5.4 days; for ages 75-84 it was 5.7 days; and for ages 85 and over it was 5.6 days. The comparable rate for persons of all ages was 4.8 days. The average length of stay for older people has decreased by 5 days since 1980. Older persons averaged more office visits with doctors in 2011. Among people age 75 and over, 21 percent had 10 or more visits to a doctor or other health care professional in the past 12 months compared to 14 percent among people age 45 to 64. In 2012, almost 96% of older persons reported that they did have a usual place to go for medical care and only 2.4% said that they failed to obtain needed medical care during the previous 12 months due to financial barriers.

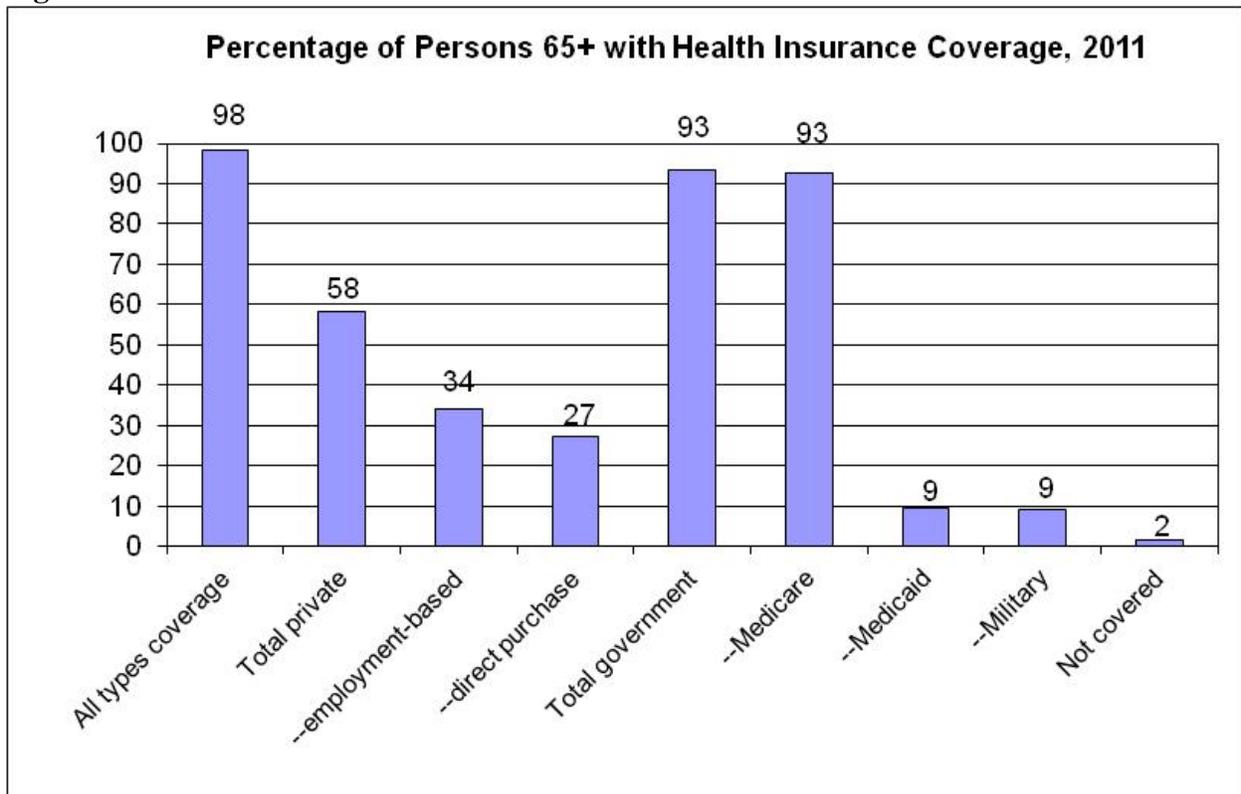
In 2011 older consumers averaged out-of-pocket health care expenditures of \$4,769, an increase of 46% since 2000. In contrast, the total population spent considerably less, averaging \$3,313 in out-of-pocket costs. Older Americans spent 12.2% of their total expenditures on health, almost twice the proportion spent by all consumers (6.7%). Health costs incurred on average by older consumers in 2011 consisted of \$3,076 (64%) for insurance, \$786 (16%) for medical services, \$714 (15%) for drugs, and \$193 (4.0%) for medical supplies.

(Based on online data from the National Center for Health Statistics' 1) Health Data Interactive data warehouse; and 2) Early Release of Selected Estimates Based on Data From the January–September 2012 National Health Interview Survey. The Bureau of Labor Statistics' Consumer Expenditure Survey.)

Health Insurance Coverage

In 2011, almost all (93%) non-institutionalized persons 65+ were covered by Medicare. Medicare covers mostly acute care services and requires beneficiaries to pay part of the cost, leaving about half of health spending to be covered by other sources. About 58% had some type of private health insurance. Over 9% had military-based health insurance and 9% of the non-institutionalized elderly were covered by Medicaid (Figure 8). Less than 2% did not have coverage of some kind. About 86% of non-institutionalized Medicare beneficiaries in 2009 had some type of supplementary coverage. Among Medicare beneficiaries residing in nursing homes, almost half (49%) were covered by Medicaid.

Figure 8:



Note: Figure 8 data are for the non-institutionalized elderly. A person can be represented in more than one category.

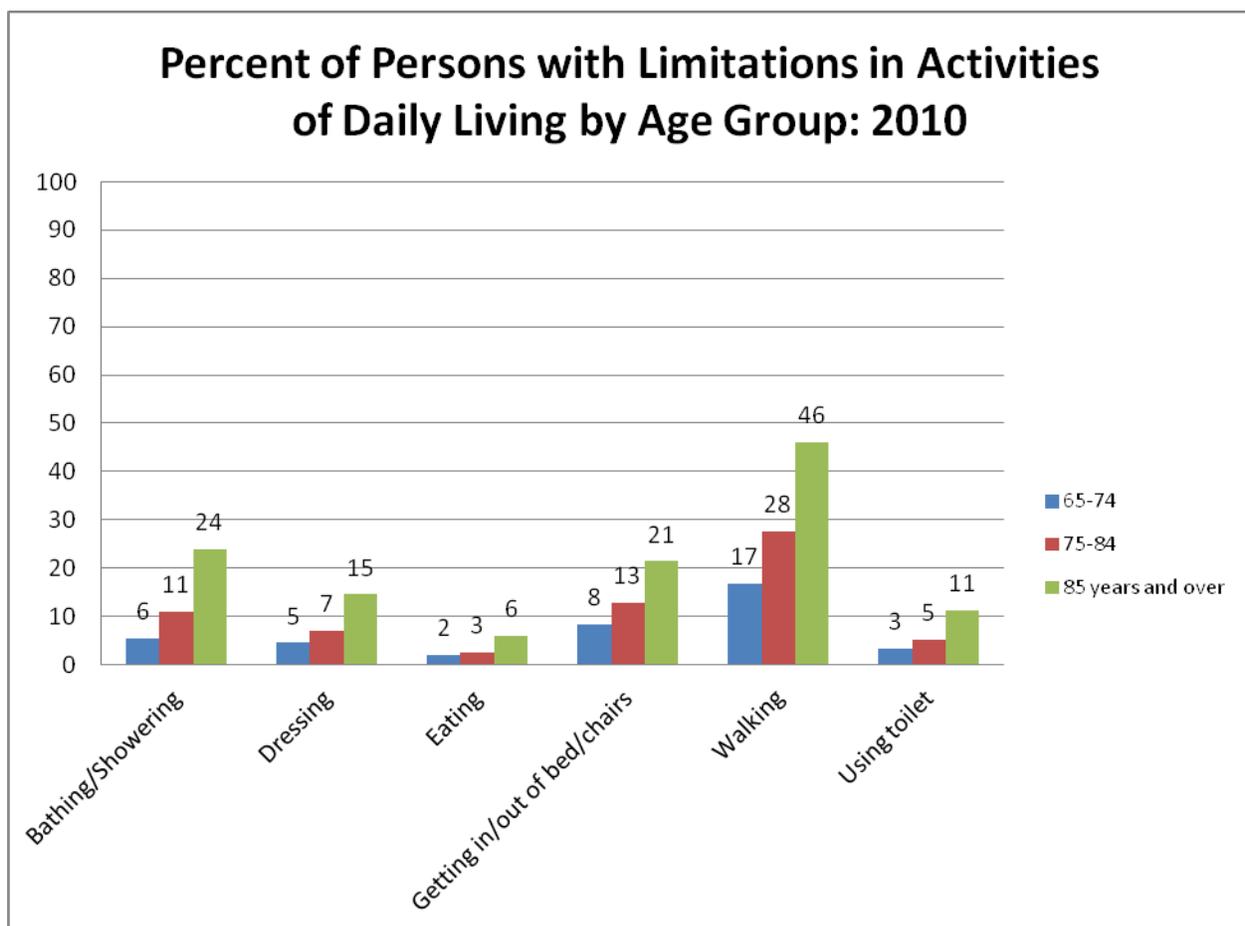
(Based on online data from the Centers for Medicare and Medicaid Services' Medicare Current Beneficiary Survey. The U.S. Census Bureau's "Income, Poverty, and Health Insurance Coverage in the United States: 2011," P60-243, issued September, 2012.)

Disability and Activity Limitations

Some type of disability (i.e., difficulty in hearing, vision, cognition, ambulation, self-care, or independent living) was reported by 35% of men and 38% of women age 65+ in 2011. Some of these disabilities may be relatively minor but others cause people to require assistance to meet important personal needs. There is a strong relationship between disability status and reported health status. Presence of a severe disability is also associated with lower income levels and educational attainment.

Using limitations in activities of daily living (ADLs) and instrumental activities of daily living (IADLs) to measure disability, 28% of community-resident Medicare beneficiaries age 65+ reported difficulty in performing one or more ADL and an additional 12% reported difficulty with one or more IADL. By contrast, 92% of institutionalized Medicare beneficiaries had difficulties with one or more ADLs and 76% of them had difficulty with three or more ADLs. [ADLs include bathing, dressing, eating, and getting around the house. IADLs include preparing meals, shopping, managing money, using the telephone, doing housework, and taking medication.] Limitations in activities because of chronic conditions increase with age. As shown in Figure 9, the rate of limitations in activities among noninstitutionalized persons 85 and older are much higher than those for persons 65-74.

Figure 9:



Except where noted, the figures above are taken from surveys of the noninstitutionalized elderly. Although nursing homes are being increasingly used for short-stay post-acute care, about 1.3 million elderly are in nursing homes (more than half are age 85 and over). These individuals often need care with their ADLs and/or have severe cognitive impairment due to Alzheimer's disease or other dementias.

(Based on online data from the U.S. Census Bureau's American Community Survey. The Centers for Medicare and Medicaid Services' Medicare Current Beneficiary Survey. The National Center for Health Statistics, including the NCHS Health Data Interactive data warehouse.)

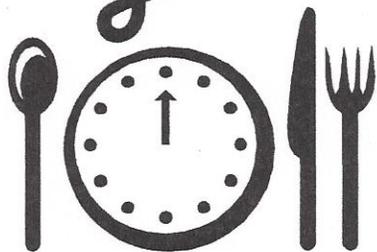
Notes:

*Principal sources of data for the Profile are the U.S. Census Bureau, the National Center for Health Statistics, and the Bureau of Labor Statistics. The Profile incorporates the latest data available but not all items are updated on an annual basis.

A Profile of Older Americans: 2012 was developed by the Administration on Aging (AoA), Administration for Community Living, U.S. Department of Health and Human Services.

AoA serves as an advocate for the elderly within the federal government and is working to encourage and coordinate a responsive system of family and community based services throughout the nation. AoA helps states develop comprehensive service systems which are administered by 56 State and Territorial Units on Aging, 629 Area Agencies on Aging, 246 Native American and Hawaiian organizations, and approximately 20,000 local service providers.

*Let's Do
Lunch*



to benefit Meals on Wheels

**Friday, June 21
11 a.m. - 1 p.m.**

Kazim Temple Ballroom

628 Campbell Ave., SW, Roanoke

FREE Delivery & Curbside Pickup also available.

Tickets are \$15*

**Order today!*

Tickets purchased on the day of the event will be \$20.

Your ticket also provides 3 days of Meals on Wheels for a homebound senior

*Music by William Penn and Eddie Wiggins
with special guest Jane Powell at the Kazim*

- Menu -

**Gourmet Deli Sandwich on Texas Toast Bread
with ham, turkey, provolone and cheddar**

Red Potato Salad

Fresh Fruit in Season and Chips

Chocolate Chip Cookie from The Hotel Roanoke & Conference Center's

Doubletree by Hilton

Bottled Water

(call us for vegetarian option)

LET'S DO LUNCH TICKET ORDER FORM

Norma

Please send me _____ tickets at \$15 each.

Total amount enclosed \$ _____ or to be charged to my Visa/Mastercard (fill in info below).

Name _____

Company _____

Address _____

City/Zip _____

Daytime Phone _____ Email _____

(please check one)

- I'll join you at the **Kazim on June 21.**
- FREE delivery (*5 meal minimum. Orders must be received by June 14.*)
 deliver to: _____
 please check one: anytime between 11 a.m. & 1p.m. by 11 a.m. by noon by 1 p.m.
- Curbside Pickup (*11 a.m. to 1 p.m. - orders will be picked up in the LOA parking lot*)

Or charge to my Visa/Mastercard (information is not stored): Account# _____

Name on Card _____ Phone Number _____

Billing Address _____ City _____ State _____ Zip _____

CVC Code (Last three digits on back of card) _____ Expiration date _____

Signature _____

- I cannot attend, but would like to make a donation in lieu of a ticket.
 Enclosed is my check for \$_____.
- I would like more information about becoming a Meals on Wheels volunteer!

Make checks payable to "Let's Do Lunch" and send to LOA- Let's Do Lunch, PO Box 14205, Roanoke, Va 24038-4205.

Or fax credit card orders to 540-981-1487. For more information, call 540-345-0451. Online orders accepted at www.loaa.org

Donate the cost of postage and send a self addressed, stamped envelope for us to mail your tickets!

LOA gives back

Virginia used to be able to leave her house to take care of others. In fact, she volunteered for 7 years for LOA's Senior Companion program. She was a companion to wheelchair bound seniors at Our Lady of the Valley. She played bingo and cards with them, encouraged them to exercise and helped them get to the cafeteria at lunch. Due to health problems, her doctor told her it was time to resign. She had heart problems, swelling in her feet and legs and had become a fall risk. She also had a hiatal hernia, history of stroke, diabetes and arthritis. After her fourth heart attack and the need for a heart defibrillator, it was LOA's turn to give back to Virginia.



In May of 2009, Virginia received her first meal from LOA's Meals-on-Wheels program. She had been in and out of the hospital for months and was finally released to come home. Virginia lives alone and could no longer stand long enough to cook a healthy meal and needed proper nutrition to help recover from her hospital stays. She could no longer leave her home to go get food and relied on family members to grocery shop for her. She currently uses a walker to get around her house but is due to get a motorized scooter any day now.

Virginia contends that Meals-on-Wheels is her main meal of the day. She eats a late breakfast of toast or a boiled egg (she used to receive Breakfast from the Meals-on-Wheels program until it was discontinued last March due to lack of funding) and then eats her Meals-on-Wheels later in the day as a combination of lunch/dinner. She was grateful for the Soup for Seniors bag she received to help her get through the winter months as well as the shelf-stable bag meals that she gets for snow days. She even gets a delivery of dog food for her trusty companion, Al Capone, her Cocker Spaniel. The Pets Eat Too program is possible due to a partnership with the RVSPCA to help reach more animals that need food.

When the volunteers knock, they find Virginia sitting in her favorite chair right next to the front door waiting on their friendly greetings. She said, "The volunteers always have a word with me, either asking me how I am doing or cracking a joke with me. They also make sure to ask me if there is anything they can do for me---you just don't find that anymore." She also says she misses them when they don't come by because they are as sweet as they can be! One volunteer went all the way back to the site to get her dog food when she discovered she was without.

Virginia loves her home, her dog, her kids and grandkids that stop by to see her, and her independence! She is thankful that the Meals-on-Wheels food and volunteers help her to stay in her own home where she proudly displays her three trophies for "outstanding volunteer hours" when she was a Senior Companion for LOA. She misses being able to volunteer and was so happy to give back by sharing her story. As I was leaving, she said, "Let me know if there is anything else I can do to help".

Subject: Addendum to Weekly Mailing
Date: Wednesday, April 24, 2013 12:05:00 PM

The following item should have been included in VDA's Weekly Mailing yesterday.

Succession Planning and Executive Transitions

When organizations are experiencing turnover in key leadership positions, there are concrete, practical steps that can be taken to ensure successful transitions.

Housing Virginia, in partnership with BB&T, is sponsoring Transition Guides from Silver Spring, Maryland to deliver one-day training events targeting executive leaders and their boards. The workshop will provide participants with a comprehensive overview of succession planning, leader development and managing executive transitions.

There are still two of these excellent training events scheduled on May 1 in Leesburg and May 14 in Staunton. Please see the link below for registration information.

[Succession Planning, Leader Development and Managing Executive Transitions - Register Now!](#)