

Section 5. Research Findings

5. Key Findings

Barnstable County Senior/Elder Statistical Highlights

- In 2008, the older Barnstable County population (65+) numbered an estimated 52,400, an increase of 1,200 or 2.3% since 2000, however, the broader senior/elder population (age 55+) numbered over 81,000 in that year, an increase of over 4,700 or 6.1% since 2000.
- One in every four Cape Codders, or 23.6 percent, is age 65 or older. One-in-three are age 55 or older.
- Age 55+ women outnumber senior/elder men at 45,900 older women to 35,500 men (a senior/elder gender ratio of 129 women per 100 men).
- About 14 percent (11,300) of non-institutionalized Cape Cod seniors/elders live alone.
- The age 55+ Cape Cod population is forecast to nearly double from 77,000 in 2000 to as high as 150,000 in 2020, and to approach 175,000 in 2025.
- The 85+ population on Cape Cod is projected to increase from 6,500 in 2000 to over 9,000 in 2010 (a 39% increase) and then to exceed 11,000 by 2020.

The Older Population of Barnstable County, MA

The Barnstable County older population--persons 65 years or older--numbered 52,435 in 2008 (the most recent year for which complete data are available). They represented 23.6% of the total permanent, year-round population, or about one in every four Cape Codders. The number of age 65+ Cape Cod residents increased by 1,170 or 2.2% since 2000, compared to a decrease of 0.8% for the under-65 population. However, the number of Cape Codders aged 45-64 -- who will reach 65 over the next two decades -- increased by 8.2% during this period.

On Cape Cod in 2008, there were 30,370 age 65+ women and 22,120 age 65+ men, or a sex ratio of 137 women for every 100 men. The female-to-male sex ratio increases with age, ranging from 129:100 for the ages 65-69 age group to a high of 203:100 for persons age 85 and older.

Since 1930, the proportion of Cape residents 65+ has more than doubled (from 11.2% in 1930 to 23.6% in 2008), and the number of age 65+ has increased fifteen times (from 3,611 to 52,435). The older population itself is getting older. In 2008, the ages 65-74 age group (22,931) was ten times larger than in 1930, the ages 75-84 group (22,206) was 21 times larger and the age 85+ group (7,298) was 36 times larger.

Note: Here on Cape Cod we define our “senior/elder” population to be persons age 55 and older, thus we include the important, ages 55-64 “*leading edge baby boomer*” group. This Addendum report provides research findings concerning Cape Codders age 55 and older, as well as, those age 65 and older. See Figure 5.5.2 for trends in our older population over the past seven decades.

Since 1930, the proportion of “senior/elder” Cape Cod residents (55+) has grown by 1.7 times (from 22% in 1930 to 37% in 2008), and the number of age 55+ has increased twelve times (from 7,013 to 81,485). The “pre-retirement-age” population (ages 55-64) is also getting older. In 2008, the 55-64 age group count of 29,050 was nine times larger than it was in 1930.

Sources: U.S. Census Bureau historical census data files and American Community Survey statistics. Cape Cod Senior and Elderly Residents In the 21st Century, Volume 3, Cape Cod’s Senior/Elder Populations: Past, Present, and Future – With Population Projections To 2035, April 2004, Barnstable County, MA Dept. of Human Services, available online at: <http://www.bchumanservices.net/page.php?144,,206251p,bar192216,0,0,Index,ck .html>

The Older Population of Barnstable County as Compared To Other Counties:

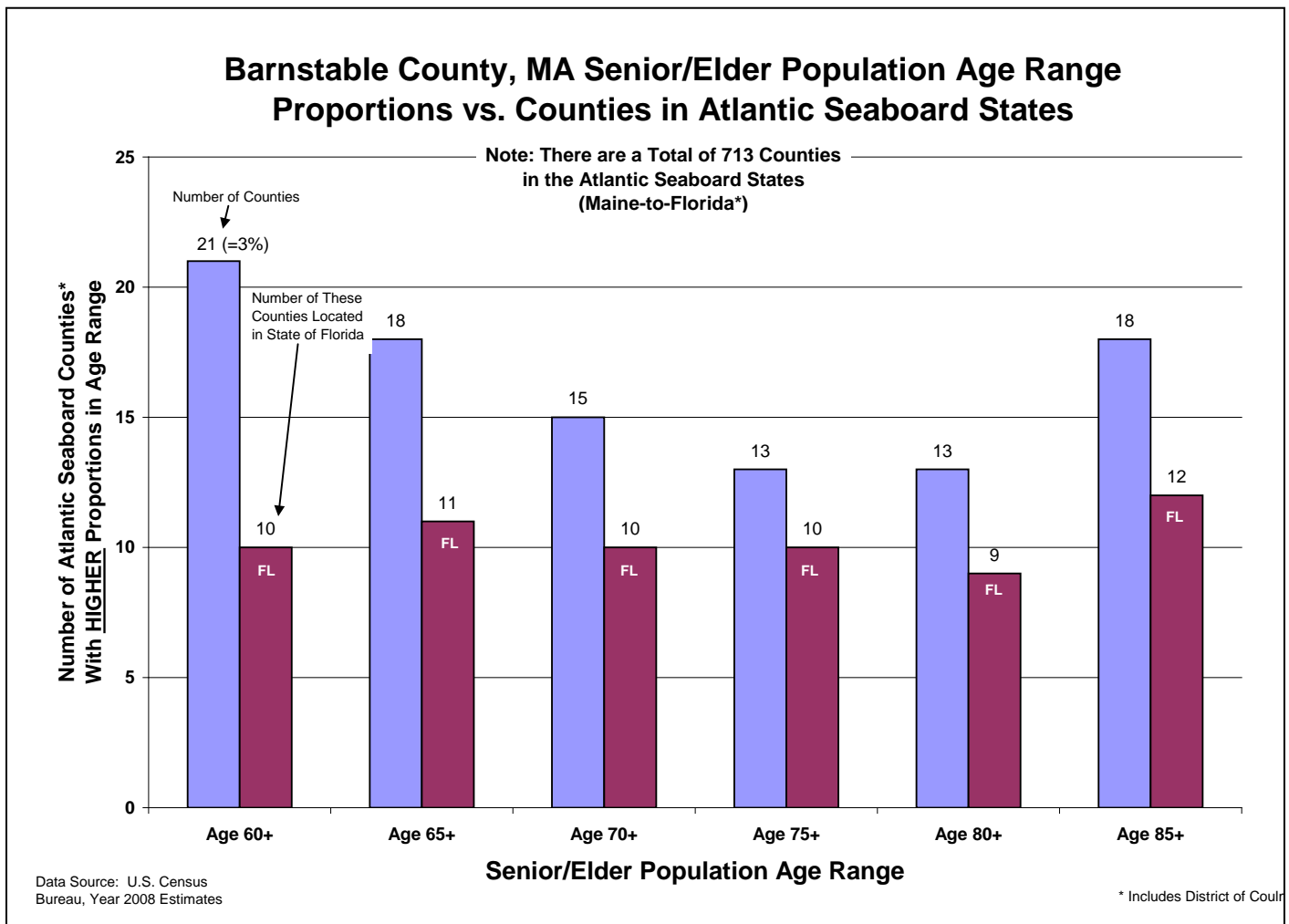
Barnstable County has the oldest population in New England.

Specifically, we have the highest percentage of our population age 60+, age 65+, age 70+, age 75+, age 80+, and age 85+ of any county in the six New England states. Of the sixty-nine (69) counties in New England, Barnstable County has the highest proportion of seniors and elders. Overall, on the Eastern seaboard, Florida is the primary challenger to Barnstable County’s claim of “oldest population.” (Source: U.S. Census Bureau, American Community Survey, Year 2008 estimates).

Barnstable County has one of the oldest populations on the East Coast of USA.

Of the 713 counties located in the fifteen states that border the Atlantic Ocean, only a handful have a larger proportion of older residents than does Barnstable County. Only 3% of all 713 counties in states bordering the Atlantic Ocean have a proportionally larger senior/elder population than does Barnstable County.

Figure 5.5.1 Barnstable County Senior/Elder Population Age Range Proportions as Compared With Counties in Atlantic Seaboard States: Maine-to-Florida.



Age Proportion of Barnstable County Population Compared With USA Population:

The proportion of the Barnstable County population that is age 65 or older is 80% higher than the national average. The County proportional difference is even larger for residents over age 70 (see Table 5.5.1).

Table 5.5.1: Proportion of Barnstable County Population Age 60 and Older

Age Range	Barnstable County, MA % of Total Population	USA % of Total Population
Age 60+	30.2%	18.6%
Age 65+	24.0%	13.4%
Age 70+	18.7%	9.7%
Age 75+	13.6%	6.8%
Age 80+	8.4%	4.3%
Age 85+	4.2%	2.2%

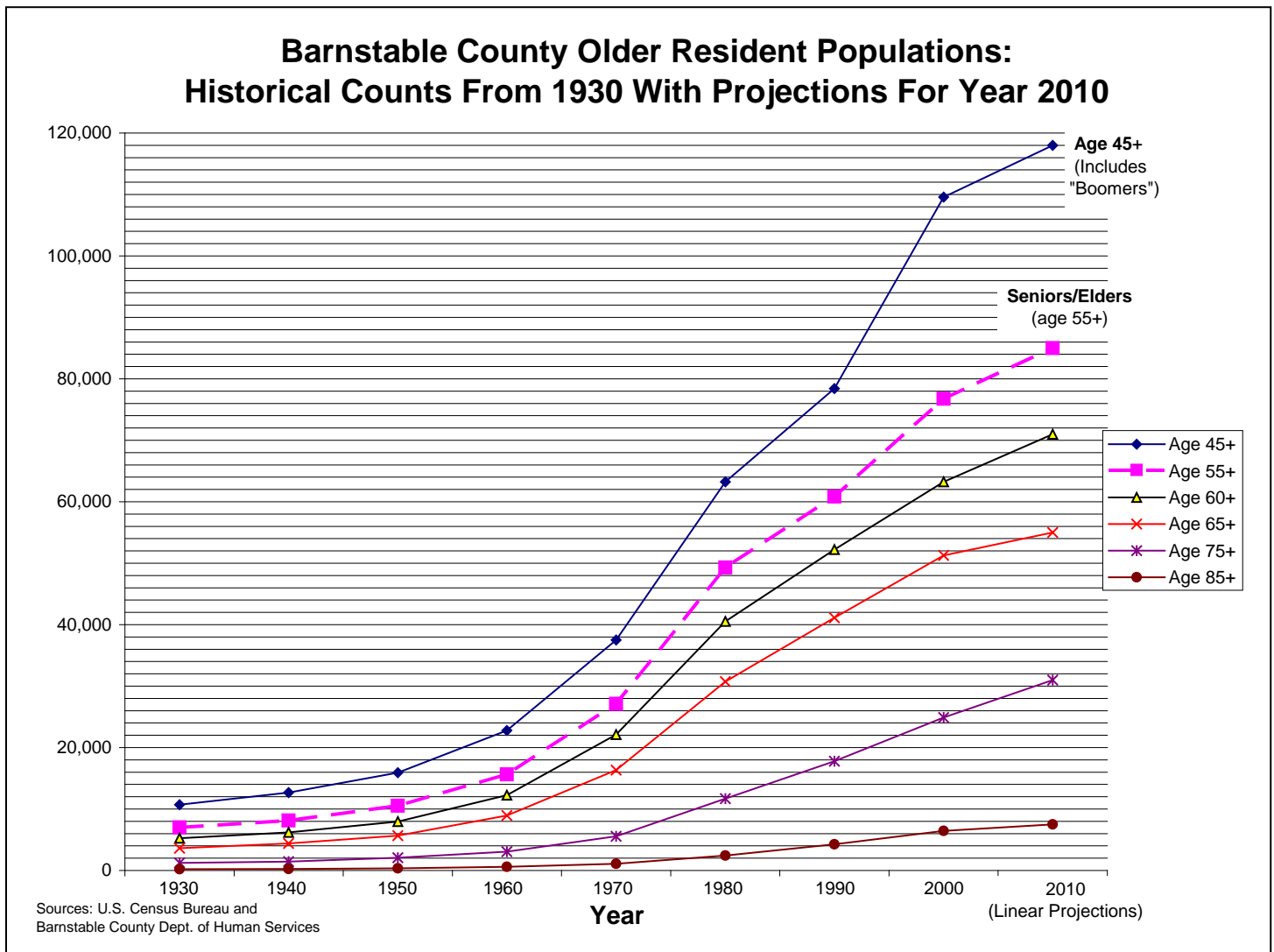
Future Growth of the Older Population of Barnstable County, MA

Forecasting future populations is tricky at best. While we have forecasts of future senior/elder (age 55+) populations in Barnstable County, recent trends cast doubt on predicted growth rates. Current projections, produced by this Department several years ago, did not predict the slowing of growth in the ages 65-74 segment—in fact, they predicted sizable growth in that age group over the 2005-2010 time period—counting on a continued inflow of “new retirees.” However, recent estimates by the U.S. Census Bureau derived from the American Community Survey show just the opposite—stagnation in the Barnstable County 65-74 age group. While we will not have “hard” official population counts until the Census 2010 results are made public later this year, current estimates indicate a very different reality from that previously forecast. Speculation as to why our earlier forecasts showed relatively strong growth in the ages 65-74 segment rather than the stagnation that occurred include two possibilities, both of which could be true, both being supported by anecdotal evidence. First, significant out-migration (moving off Cape) of ages 65-74 residents had not been predicted. Second, in-migration (moving onto the Cape) was expected to continue, albeit at a slower pace than experienced in the two prior decades. Anecdotal evidence (gathered from senior centers, social service agencies and business interests) indicates that both of these assumptions were incorrect over the 2005-2008 period—these two population dynamics created a sort of “perfect storm” in which the population of 65-74 year olds actually decreased rather than experiencing continued growth. Further, some of this reversal of growth in the ages 65-74 segment may have resulted from prospective “retirees” deciding to hold off their retirement date due to the effects of the recent financial downturn/-recession.

Despite the slowing of the Cape’s “*new retiree*” in-migration, we have seen continued growth in the other senior/elder age groups (some having grown by 20%) since the year 2000). It is presently forecast that the senior/elder (age 55+) population of Barnstable County will exhibit strong growth over the next three decades. The age 55+ population in Barnstable County will likely almost double over the next 20 years. Positive year-to-year growth of the Cape’s age 55+ population will likely continue until about the year 2040, when the last of the “baby boomers” reach their mid-seventies. However, substantial growth of the Cape’s age 75+ and 85+ populations is forecast to continue for at least one additional decade (until the year 2050).

Figure 5.5.2 presents graphically the growth of the Cape’s older adult population over the past seven decades. Pre-Census 2010 projections for the size of the various age ranges are shown for the year 2010.

Figure 5.5.2 Cape Cod's Older Population Through The Decades: 1930 - 2010



Data Sources: U.S. Census Bureau, American Community Survey 2005-2008. Population projections developed by the Senior Mobility Initiative on Cape Cod (SMICC)—online at <http://www.fcii.us/SMICCmain.html>, and findings from the Monitoring The Human Condition on Cape Cod Study (MTHC).

Note: In Figure 5.5.2, projected counts for the year 2010 are based upon a linear projection formula which assumes age range-specific growth rates similar to those estimated for Barnstable County by the U.S. Census Bureau for the period 2000-2008.

Research Findings:

During the period 2004-2008, five annual surveys were conducted which queried Cape Cod senior/elder households as to their “human condition.” In total, over one million pieces of research data were collected about these senior/elder households and the people living in them. This Section provides highlights from findings from the analysis of this research information.

Findings are shown concerning unmet health and human needs and barriers to accessing needed services. Findings regarding the following four senior/elder-related topics are discussed.

1. Health and Healthcare (Medical Care – Mental Health – Behavioral Health - Dental Health)

a. Health Status:

Health Condition; (see also, Appendix 2.B.2.a)

One-quarter (24%) of the senior/elder households studied reports that some member has a **disability** or is **chronically ill**. Among our “most needy” senior/elder households (see definition in Section 5.4), that percentage is twice as high (48%). Interestingly, the percentage of senior/elder households with someone with a **disability** or **chronically illness** is slightly lower in households where everyone is at least age 65 or where everyone is retired.

One-in-five (20%) of the senior/elder households studied has someone who is in only **fair-to-poor health**. Among our “most needy” senior/elder households, that percentage is more than twice as high (44%).

Obesity; (see also, Appendix 2.B.2.b)

Obesity (self-reported “**seriously overweight person[s] in the household**”) exists in one-in-eight (13%) of the senior/elder households randomly sampled. In our most needy senior/elder households, that percentage is almost tripled (38%). As well as among our most needy, higher than average percentages of obesity are reported in the following types of households;

- those with adults ages 55-64 years (15%)
- those with incomes under 200% of poverty (22%), and
- those with incomes under \$30,000 per year (17%).

Above-average percentages of senior/elder households with annual incomes under \$60,000 (15%) report having “**seriously overweight**” members. Conversely, a below-average percentage (9%) of senior/elder households where every member is least age 65, report “**seriously overweight**” members.

Mental Health; (see also, Appendix 2.B.2.b)

Depression, anxiety, and stress (self-reported) exists in about one-in-five (20%) of the senior/elder households randomly sampled. While depression is the most prevalent mental health concern reported, instances of stress/-anxiety are second most common among the senior/elder households studied.

b. Health Care Services:

Care of Older Persons; (see also, Appendix 2.B.2.a and 2.B.3.a)

Informal caregiving of older persons is rather common on Cape Cod. In the senior/elder households studied, more than one-in-ten (12%) report someone who acts as a primary caregiver to an aged, disabled or chronically ill person. In our most needy senior/elder households, the informal caregiver percentage is twice as high (24%). Not surprisingly, in senior/elder households where there is a person with a disability or a chronic illness, the percentage is much higher—almost four-in-ten (37%) report someone who acts as a primary caregiver.

Also, in senior/elder households studied in which everyone is at least age 65, the percentage (22%) where someone acts as a primary caregiver to an aged, disabled, or chronically ill person is twice the overall average.

In-Home Care Receiving; (see also, Appendix 2.B.2.a and 2.B.3.a)

Receipt of **in-home care** is somewhat common among senior/elder households on Cape Cod. In the households studied, six percent (6%) report someone who receives in-home healthcare or other home aide services. Among our most needy senior/elder households, that percentage is almost twice as high (11%). Further, in households in which everyone is at least age 65, the percentage where some member is receiving in-home care is slightly above average (8%). Not unexpectedly, in those senior/elder households where someone has a disability or is chronically ill, the percentage receiving home healthcare or other home aide services is more than triple the overall average (19%).

Hospital Emergency Room Usage; (see also, Appendix 2.B.2.a and 2.B.3.a)

Nearly one-half (45%) of the senior/elder households studied reported that some member has **used a hospital emergency room** within the past 12 months. Among our most needy senior/elder households, that percentage is dramatically higher (65%).

Hospital ER usage varies a good deal among different senior/elder households situations. Above-average percentages are reported in the following situations;

- Health insurance coverage is a factor in hospital ER usage—in those senior/elder households where everyone has health insurance coverage, the prevalence of hospital ER usage is just average (44%). However, in senior/elder households where NOT everyone is covered by health insurance, the percentage reporting hospital ER usage is somewhat higher (49%). Also, the **number of ER visits** varies by health insurance coverage—with senior/elder households where someone is not insured for healthcare reporting an above-average number of annual visits.

- Disability and chronic illness are also factors in hospital ER usage—in those senior/elder households where someone has a disability or is chronically ill, the percentage reporting hospital ER usage is very considerably above average (65%). Further, the number of ER visits varies by the existence of disability and chronic illness in the household—with senior/elder households that include a person with a disability or a chronic illness reporting visiting a hospital ER more times than average.
- Interestingly, annual income does NOT seem to be an important factor in senior/elder utilization of a hospital ER. In fact, just over one-half (55%) of senior/elder households that report using a hospital ER within the past 12 months have incomes above \$50,000. This is about the same prevalence of ER usage (49%) reported by senior/elder households with an annual income of under \$30,000.

2. Access To Needed Services

a. System Capacity (see also, Appendix 2.B.2.b)

Reports of healthcare or other services ***“not accepting new patients/clients”*** is a strong indicator of **limitations in the service delivery system**. Among the senior/elder households randomly surveyed, almost one-half (47%) report such ***“no new patient”*** limitations. These limitations exist for our most needy senior/elder households in about the same proportions as they do for the Cape’s overall senior/elder population (48%). However, for a variety of reasons, the serious ramifications of these capacity limitations seem to fall more heavily upon our most needy older residents.

b. Health Insurance Status (see also, Appendix 2.B.2.a and 2.B.3.a)

Health insurance coverage is a primary gateway to accessing needed healthcare services. However, given system capacity limitations (see above) and the dual burdens of meeting annual deductibles and paying health insurance co-payments, insurance coverage is not always sufficient to guarantee access to needed healthcare services.

Eighty-six percent (86%) of the senior/elder households surveyed report that everyone is covered by health insurance. However, one-in-seven (14%) reported that some member was **without health insurance** coverage at the time of survey. (Note: The uninsured person is not necessarily a senior/elder). Among our most needy senior/elder households, the ***“someone uncovered”*** percentage approaches one-third (30%). In senior/elder households where everyone is retired, health insurance coverage approaches 96%.

Three-in-ten Cape Cod senior/elder households reports that **health insurance is *“not accepted for services”*** (29%). This complaint is most commonly reported by our most needy senior/elder households (39%). The impact of that denial is more serious in most needy households than in the overall senior/elder population.

c. Affordability Barriers (see also, Appendix 2.B.2.b and 2.B.3.b)

Health insurance coverage greatly impacts an individual's **ability to afford, and thus access, needed health care services**. Senior/elder households with someone not covered by health insurance, report three specific affordability barriers:

- “[household members could] not afford fees or costs for services,”
- “[difficulty paying] insurance deductibles/co-payment, and
- “[loss of income due to the] cost of taking time away from work.”

Conversely, those households that have **Medicare** coverage, report that difficulties paying fees, deductibles, and co-payments are only about one-half as serious.

The senior/elder households studied that have **Medicaid (MassHealth)** or subsidized health care for low-income residents (**Commonwealth Care**), while reporting elevated barriers to affording health care services, report less serious affordability barriers than those where someone lacks health insurance coverage.

Annual **income levels** in senior/elder households impact affordability of services. In fact, senior/elder households with incomes under 200% of poverty and those with incomes under \$30,000 find affording needed services the most difficult. Households with somewhat higher income (in the \$30,000 - \$60,000 range) have less serious difficulty affording the “fees and costs of services,” but struggle to pay health insurance deductibles or co-payments, especially for unexpected or unplanned healthcare treatments.

The costs related to taking **time away from work** to go to services impacts those households where not everyone is retired. Three-in-ten (30%) senior/elder households studied report this cost issue as a barrier to accessing needed services. Twenty percent (20%) report that simply taking time away from work, regardless of the cost consequences, is a serious barrier to accessing needed services.

d. Physical Access To Services (see also, Appendix 2.B.2.b and 2.B.3.b)

Services being located “**too far away**” from the senior’s/elder’s home is a serious barrier for about one-third of the households studied.

Transportation to healthcare and to social service appointments is limited for as many as one-in-ten (10%) of senior/elder households. Utilization of public transit (Cape Cod Regional Transit Authority) services by seniors/elders is minimal (6% of senior/elder households studied). However, our most needy households utilize public transit services at more than twice the overall level (16%). “**Lack of transportation**” is a serious barrier for about one-third (31%) of senior/elder households in which someone has a disability or is chronically ill. This percentage compares with nineteen percent (19%) of all senior/elder households that cite “*lack of transportation*” as a serious barrier to accessing needed health and human services.

Lack of “handicap access” to services is reported as a barrier to accessing needed services in one-in-fourteen (7%) of the senior/elder households studied.

3. Senior/Elder Demographic Profile

a. Income & Poverty (see also, Appendix 2.B.2.a and 2.B.3.a)

The median **household income** of the Cape's senior/elder households is in the range of \$50,000 – \$59,999. However, almost one-quarter (23%) of senior/elder households report an annual income of under \$30,000. Sixteen percent of senior/elder households report annual income in excess of \$100,000.

One-in-five (19%) of the senior/elder households randomly sampled are living under **200% of poverty**. The Census Bureau estimates that over five percent (5.2%) of Cape residents age 65 and older are living under **100% of poverty**. That 5.2% equates to about 2,700 residents age 65 and older who may today, be living under **100% of poverty** (currently means a household income below \$10,830 for an individual living alone, below \$14,570 for a 2-person household, below \$18,310 for a 3-person household, and below \$22,050 for a 4-person household).

Several **income-related barriers** to obtaining needed health and human services affect the various senior/elder age groups differently. Households studied that include someone **ages 55-64** report considerably higher barriers to service access, and in particular, report difficulties center around being employed and attempting to obtain needed services during working hours. The 55-64 age group also reports considerably higher affordability barriers. Such concerns are much less prevalent and serious in households where everyone is at least age 65.

b. Housing (see also, Appendix 2.B.2.a and 2.B.3.a)

Eighty percent (82%) of senior/elder households report being **homeowners**. One-in-ten (9%) senior/elder households reports being a **renter**. Among our most needy senior/elder households, home ownership is considerably lower (61%), and home rental is twice the overall average (18%). Two percent (2%) of senior/elder households studied report living in a "group setting."

Housing affordability (see also, Appendix 2.B.2.b and 2.B.3.b)

Housing affordability is an issue in one-in-ten (10%) senior/elder households. However, in our most needy senior/elder households, housing unaffordability levels are quadruple the overall average (42%). Housing affordability is a more serious problem among low-income senior/elder households and those with annual incomes under 200% of poverty. However, one-in-ten (10%) senior/elder households with incomes as high as \$60,000 report serious housing affordability problems.

Home **overcrowding** is an issue in just a few (5%) senior/elder households. However, in our most needy senior/elder households, overcrowding levels are quadruple the overall average (19%).

"Homelessness" (definition below) (see also, Appendix 2.B.2.a and 2.B.3.a)

Homelessness levels are very low among the Cape's seniors/elders. Just four percent (4%) of the senior/elder households studied can be classified as "*homeless*."

Note: "*Homelessness*" is defined in this research as the respondent's household living in one of the following housing situations:

- Homeless shelter,
- On-the-street,
- Motel,
- Group home or,
- Temporarily with family or friends.

c. Public Transit (see also, Appendix 2.B.2.a and 2.B.3.a)

As noted above, usage of Cape Cod Regional Transit Authority (CCRTA) public transit services is rather minimal among our seniors/elders. Only six percent (6%) of the senior/elder households that we randomly surveyed report using any **CCTRA service (B-Bus, Flex-Route, H2O Bus, Sealine, Villager, or WHOOSH)** when they do not have a household vehicle available to them. Public transit usage is highest among our most needy (16%) and lower income senior/elder households, and especially in those households with annual incomes under \$30,000, those with incomes under 200% of poverty, and Hyannis seniors/elder households. CCRTA service utilization is fairly high among seniors/elder who live alone. Public transit service utilization by senior/elder households is lowest among persons with a disability or chronic illness, older persons (especially those over age 65), and Lower/Outer-Cape seniors/elders.

d. Transportation Options Other Than Public Transit (see also, Appendix 2.B.2.a and 2.B.3.a)

The vast majority (90%) of senior/elder households have access to a private household car. Non-public transportation options are required by only one-in-ten (10%) of the Cape's senior/elder households. Thus, the need among our senior/elder households for private (non-CCRTA) transportation options is fairly minimal but is expected to rise as the Cape's population continues to age. Private transportation options are needed primarily by senior/elder households in which there is a person with a disability or chronic illness, among older persons (especially those over age 65), persons living alone, and among our lowest-income (under \$30,000) and most needy seniors/elders. Private transportation options are needed by these households mainly for trips to healthcare services and social service appointments. The need for trips to food/clothing shopping locations seems considerably less.

4. Our “Most Needy” Seniors/Elders: (see also, Section 5.4 and Appendix 2.B)

Definition:

The “Most Needy” are those Cape Cod households that self-report the highest levels of unmet need. Respondents living in these households report encountering the highest levels of issues/problems and experiencing some of the most serious difficulties in overcoming barriers while attempting to access needed health and human services.

Thumbnail Sketch: (senior/elder households, i.e., households with at least one person age 55 or older)

Low-income, mostly “working poor,” larger, young-to-middle age family households with no more than one child, who rent their home, are homeless or live in a group setting. Includes only a few retirees. Many of our most needy senior/elder households: are cultural/ethnic or racial minorities, however households are primarily White, include a single parent, receive some financial assistance including Medicaid (MassHealth) or Commonwealth Care, and include those with a disability or a chronic illness. Our most needy senior/elder households reside mainly in the Mid-Cape region, and especially in Hyannis.

A number of issues set the Cape’s Most Needy senior/elder households apart from our overall older population, as follows:

- Health and Healthcare
- Access to Needed Care and,
- Demographic Profile.

Health and Healthcare: (see also, Appendix 2.B.3.a)

Our most needy senior/elder households report higher than average levels of problems with health and healthcare–related issues, and more serious barriers to accessing needed healthcare services, as follows:

Health Condition--the percentage of most needy senior/elder households which include a person with a **disabled or a chronically ill** (48%) is much higher than the overall average. Forty-four percent (44%) of most needy senior/elder households report that someone is in **only fair-to-poor health**. This is more than twice the overall average.

Healthcare services--two-thirds (65%) of most needy senior/elder households report that someone has **used a hospital emergency room** within the past 12 months. This is much above the overall average.

Informal Caregiving--the percentage of the Cape’s most needy senior/elder households reporting that some member provides **informal caregiving** services for an ageing, disabled, or chronically ill person is twice the overall average (24%).

Obesity (see also, Appendix 2.B.3.a)

Obesity—four-in-ten (38%) of our most needy senior/elder households reports that there is a **“seriously overweight person(s) in [the] household.”** This is three times the overall average.

Access To Needed Care: (see also, Appendix 2.B.3.b)

Our most needy senior/elder households report higher than average levels of difficulties with access to needed health and human services, as follows:

System capacity--the serious ramifications of limitations in the Cape's system capacity ("**services not accepting new patients/clients**") is felt more strongly by our most needy senior/elder households than by senior/elder households in general. Most needy senior/elder households have less ability to locate alternate services due to limitations in transportation, work-related issues, and ability to locate and travel to service locations.

Health Insurance Coverage--the percentage of senior/elder households with a **health-care uninsured adult** is much higher for our most needy senior/elder households (30%).

Further, "**insurance not [being] accepted for services**" is both more prevalent (39%) and more serious among our most needy senior/elder households than the overall average (29%). This fact may be associated with a higher prevalence of Medicaid (Mass-Health) and subsidized, Commonwealth Care insurance coverage among our most needy senior/elder households and among our pre-Medicare-eligible (ages 55-64) seniors.

Demographic Profile: (see also, Appendix 2.B.3.a)

Our most needy senior/elder households report considerable deviation from the norm in several socio-demographic topic areas, as follows:

Income & Poverty—our most needy senior/elder households report the lowest annual incomes of any senior/elder households studied. The largest proportion of senior/elder households with an **income under 200% of poverty** and "**working poor**" are classified as most needy. The "**cost of taking time away from work**" is more of a problem for our most needy senior/elder households than the overall average. Also, the chances of a most needy senior/elder household reporting difficulties "**paying for housing**" are four times the overall average.

Housing—homeownership is the lowest among our most needy senior/elder households. Our most needy senior/elder households are twice as likely to be **renters**. And, most needy senior/elder households are almost four times as likely to be classified as "**homeless**." The chances of a most needy senior/elder household **living in a group setting** are five times the overall average. Also, the chances of a most needy senior/elder household reporting housing **overcrowding** are four times the overall average.

Public Transit—when no household vehicle is available, usage of CCRTA **public transit** services among our most needy senior/elder households is higher than the overall average.

Non-Transit Options—when no household vehicle is available, usage of **private transportation** (non-public transit) options among our most needy senior/elder households is higher than the overall average.