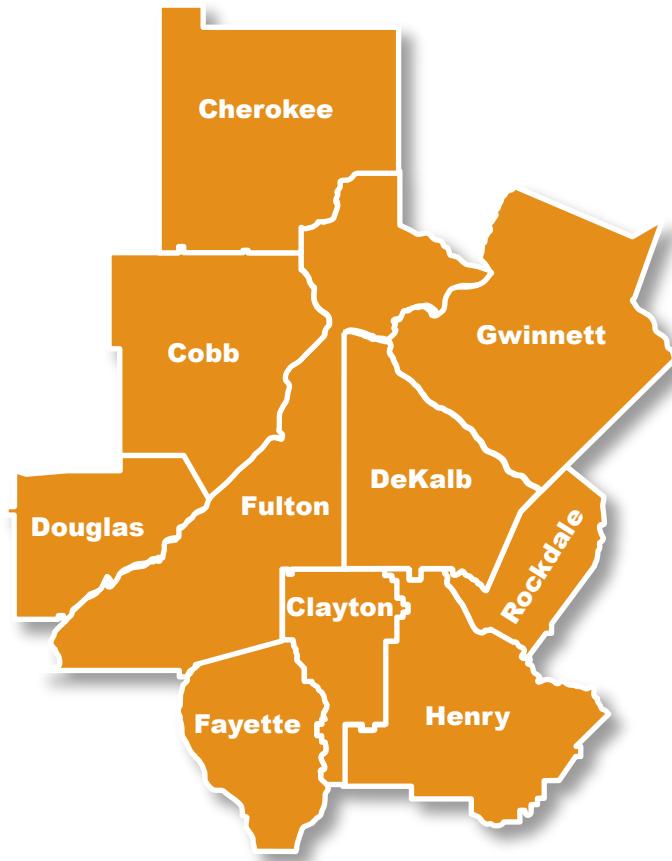




Older Adults in the Atlanta Region: *Preferences, Practices and Potential of the 55+ Population*



Atlanta Regional Commission
2007



The Atlanta Regional Commission is the official planning agency for the 10-county Atlanta Region, which includes Cherokee, Clayton, Cobb, DeKalb, Douglas, Fayette, Fulton, Gwinnett, Henry and Rockdale counties as well as the City of Atlanta and 65 other cities. The Atlanta Regional Commission serves as a catalyst for regional progress by focusing leadership, attention and planning resources on key regional issues. As the Area Agency on Aging for the 10-county metropolitan Atlanta area, ARC is charged with planning for the needs of the region's older adults. ARC manages state and federal dollars to leverage local support and provides research, technical assistance, monitoring and compliance to the region's local aging programs. ARC supports a community-based aging network made up of 10 county-based agencies and 11 specialized agencies that target populations with special needs.

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Note on Methodology

The Carl Vinson Institute of the University of Georgia drew 11 independent samples for each of 10 counties and the City of Atlanta within the Atlanta region. In total, 1,651 individuals 55 and over were interviewed between September 15 and October 14 of 2006. The maximum sampling error for any single county is +/- eight percent, while the sampling error for the entire region is +/- four percent.

Introduction

Atlanta, like the rest of the country and many parts of the world, is experiencing a dramatic increase in its older adult population. Between 2000 and 2015 the aging population is expected to double. By 2030, one in five residents will be over the age of 60.

Recent data support these projections. From 2000 to 2005, the older adult population grew by 30.6%, more than double the rate of growth in the region’s population during the same period of time. Growth in the older adult population exceeded growth in the total population in all but one of the region’s counties.

This marks a significant change for Atlanta, a region accustomed to growth, but growth that has historically occurred in the younger and working populations. This tremendous shift will transform the region and challenge every aspect of community life: healthcare, transportation, employment, housing, recreation and leisure, economic development, infrastructure expansion and education. It will force local leaders to question the way billions of dollars are spent. It will affect the way public and private services are delivered, homes are built, even the way streets are crossed. Despite these challenges, the rapidly increasing older adult population offers the Atlanta region the opportunity to re-imagine what it means to live as a community and recognize that preparing for the future older adult population will improve the quality of life for all residents, no matter their age.



To prepare for this demographic shift, it is critical for local communities in the region to explore what the future older adult population will need, what as individuals plan to do and how as a group, they might differ from previous generations of retirees. Americans are living much longer, and compared with previous generations, older adults are healthier and wealthier. Many future older adults have very different expectations for their retirement years, contemplating shifts in their housing, employment, leisure and travel choices. Finally, even a quick glance at the demographics and the amount of public funding currently allocated toward aging services shows that communities cannot rely on the traditional service system to meet the needs of the growing population. The dollars simply are not available. Additional funds have to be leveraged, and personal resources must be maximized.



The Atlanta Regional Commission is committed to ensuring that *Greater Atlanta is Great for a Lifetime*. To better understand the characteristics and preferences of the future older adult population and how the rapid growth will affect the Atlanta region, the Atlanta Regional Commission partnered with the UGA Carl Vinson Institute to survey the 55+ population in the 10-county metropolitan area (Cherokee, Clayton, Cobb, DeKalb, Douglas, Fayette, Fulton, Gwinnett, Henry and Rockdale counties).

The following pages review key findings of the survey and discuss some of the issues facing older adults in the community. With this information in hand, it is ARC’s hope that local communities can fully explore all the opportunities the aging of the population presents.

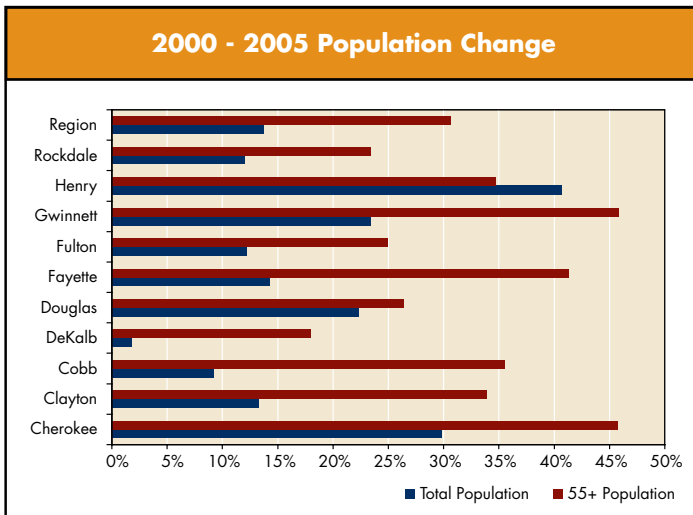
Key Findings

- A majority of older adults think the Atlanta region is a good place to retire (67%).
- Most older adults have been aging in place —living in the region an average of 37 years — and most hope to continue aging in place; 64% state that they would remain in their current home as long as they can.
- Even if they do move from their existing home, 52% plan to move to another home in the Atlanta region.
- A significant number of the 55+ population are not working (67%). Of those who are working, 52% plan to continuing working after they retire from their current job.
- A third of older adults volunteer on a regular basis. Their volunteer work is mostly part-time and occurs at least weekly.
- Less than half of the older adult population said they were in good or excellent health. Those with higher levels of education and higher annual incomes were more likely to be in good health.
- 85% of those surveyed, reported that their mental health was good or excellent.
- The vast majority of older adults exercise at least 1-2 times a week, but 11% do not exercise at all.
- Almost all older adults are checking their blood pressure and cholesterol levels regularly, but less than half are getting flu shots or pneumonia vaccines.
- Only 21% of older adults in the Atlanta region own long-term care insurance policies.
- 45% of older adults are very or somewhat concerned that they will not be able to pay for long-term care.
- 88% of older adults use their own vehicle as their primary mode of transportation, and 15% report having trouble getting where they need to go.
- 13% of the 55+ population plan on using public transportation as their primary mode when they can no longer drive, but 57% plan to be driven around by others.



Basic Demographics

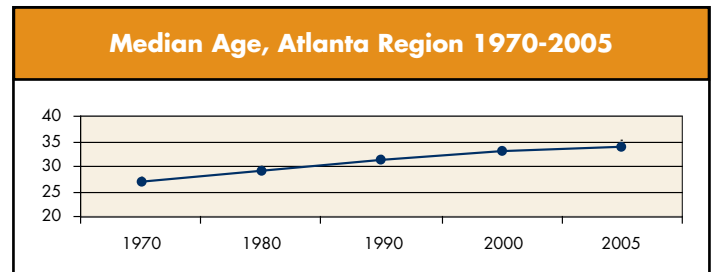
The older adult population in the Atlanta region is growing at a tremendous pace¹. Over the last five years, in all counties but one, growth in the older adult population exceeded growth in the total population. Four counties had growth rates in their older adult populations that exceeded 35%. By 2030 more than 1.2 million older adults will call the Atlanta region home². This trend in the Atlanta region is consistent with the state as a whole. Georgia has the eighth fastest growing older adult population in the country, ranking just after traditional retirement destinations like Florida, New Mexico and Arizona.



The growth in the region's older adult population is from both in-migration and aging in place. More older adults are moving to the region, and as the region's once-young residents age, they are continuing to call Atlanta home. In the 2000 Census more than a third of individuals over the age of 65 had lived in their current residence more than 35 years. Consistent with national surveys, the majority of older

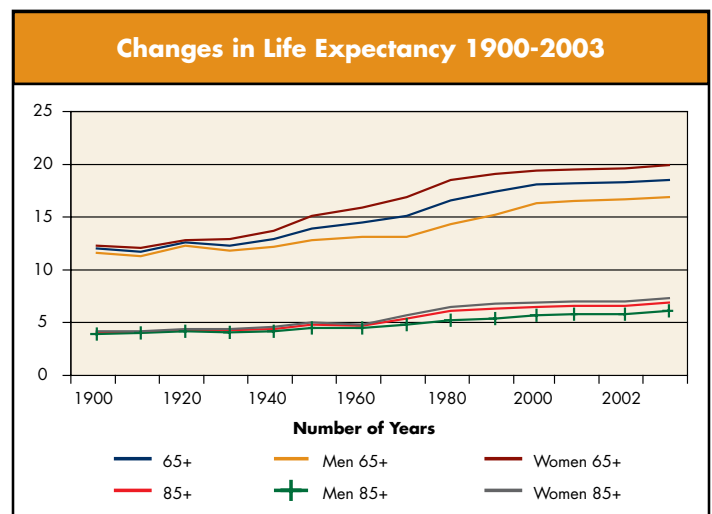
Projected Growth in 65+ Population 2000-2030	
Nevada	264.10%
Alaska	256.30%
Arizona	255.10%
Florida	176.70%
New Mexico	161.60%
Texas	150.20%
Idaho	147.40%
Georgia	143.00%
Utah	142.10%
Wyoming	140.20%

adults in Atlanta continue to express a strong desire to remain in their homes. With so many individuals deciding to age in place, the region's median age has risen steadily over the last several decades. In 1970 the median age was 27.2 years. In 2005 the median age in was 34.1 years. This means that over half of the region's population is over the age of 34.



Georgia is a net receiver from all but 14 states, meaning that more older adults move to Georgia from 36 states than older adults move from Georgia to those states. Surprising to many is the fact that from 1995 to 2000 more individuals moved to Georgia from Florida, California, Texas and New Mexico, than moved from Georgia to these states.

Finally, the older adult population is growing because the population is simply living longer. Life expectancy has increased dramatically over the last century. From 1900 to 2003 life expectancy at birth rose from 48 to 75 for men and from 51 to 80 for women. Life expectancy at 65 rose from 12 to 17 years for men and from 12 to 20 years for women. This means that for older adults who reach the age of 65, men are likely to live to age 82 and women are likely to live to age 85. More and more Americans will retire and can expect to live another 20 to 30 years³.



¹ Unless otherwise indicated, the data cited in the Basic Demographics section are from the US Census Bureau.

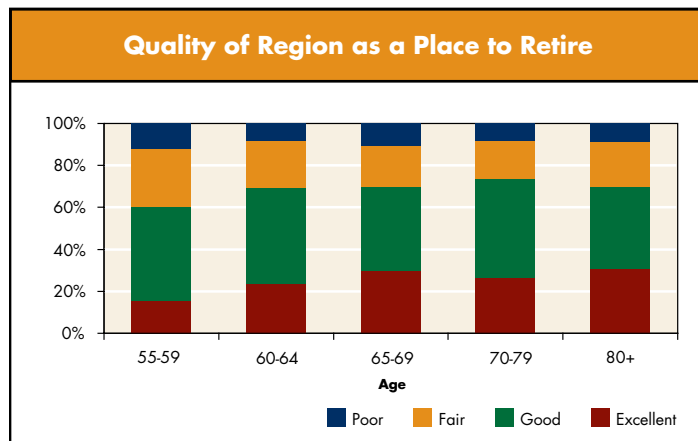
² ARC Estimate

³ "Health, United States, 2006: Chart Book on Trends in the Health of Americans" Centers for Disease Control Atlanta, Georgia 2006.

Overall Perception of Atlanta Region

How individuals perceive the Atlanta region as a place to retire is likely to be influenced by many factors. As a single measure, it may indicate whether or not individuals will plan to remain in the region as they age.

In the recent survey conducted by the Vinson Institute, a majority of older adults, 67%, reported that the region was a good or excellent place to retire. This trend is almost completely consistent across age groups with the exception of the 55-59 age group. Fewer of the 55-59 age group (60%) gave the region the highest ratings and more of the 55-59 rated the region as a poor place to retire (12% compared to 10% of the older adult population.) 13% of individuals with incomes over \$100,000/year rated the region as "poor". More nonwhites and adults age 80 and older give the region the highest rating, 30% of both groups say Atlanta is an excellent place to retire.



Older adults living in the smaller and more suburban or rural counties gave the region lower ratings than those living in the urbanized areas. More than 15% of older adults living in Clayton, Henry and Rockdale counties rated the region as a poor place to retire compared with only 7% in DeKalb, Fulton and Cobb counties. In addition more than 70% of older adults living in DeKalb and Fulton counties gave the region good or excellent ratings. Cherokee County is an exception. More rural in composition, it follows the trend of the more urban counties as more than 70% of older adults living in Cherokee gave the region the highest ratings.



Housing

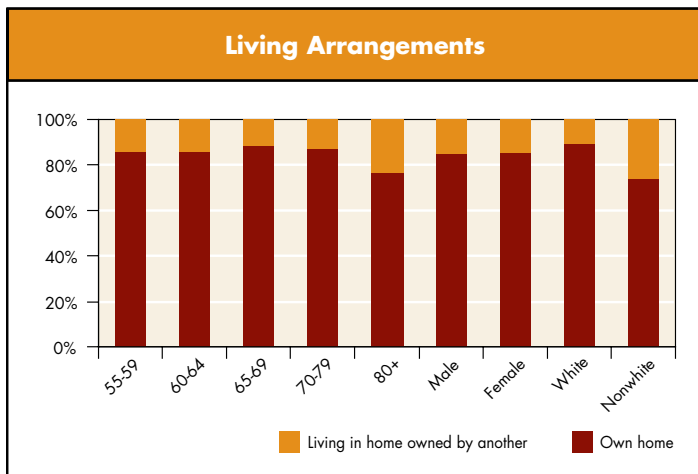
Older adults in the region have been here a long time and plan to stay as long as possible. Their preference to "age in place" challenges the notion that all older adults move to the country, the mountains or to sunny destinations when they retire. "It also means that it is possible to know where a majority of the future older adult population will be and as a result, plan for their needs." For many older adults, their future residence is their current residence.

The average number of years an individual over the age of 55 has lived in the Atlanta region is 37. Residents in Douglas, Fulton and Henry counties have on average lived in the region more than 40 years. Cobb, Fayette and Gwinnett had the shortest median tenures, between 30 and 32 years.

Most older adults have lived not only in the region, but at their current address for some time. On average adults 55 and older have lived in their houses 19 years. Not surprisingly, the counties with some of the region's older housing stock also had averages greater than 20 years (Fulton and DeKalb counties). Older adults in Gwinnett and Cherokee counties have lived in their current houses the shortest period of time, approximately 14 years.

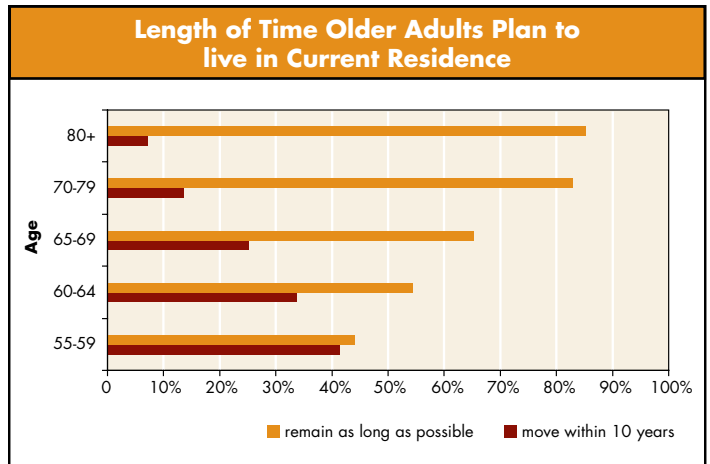
The vast majority of older adults, 84%, own the home in which they live. Of those who don't own their home, 29% live with family. Ownership decreases with age, as those over age 85 are more likely to live with family or in some type of supportive living arrangement. Fayette and Henry counties have the

highest rate of homeownership (93% and 92% respectively), while DeKalb and Fulton counties have the lowest rates (79% and 80%). While the difference in homeownership rates between counties is tied to several factors including income, it is also related to the availability of rental and supportive housing. DeKalb and Fulton counties have the lowest rates of homeownership, but comparatively they have the highest number of rental and supportive housing options.



Most older adults report a strong desire to remain in their current homes. 64% of the 55+ population said they would stay “as long as they can,” and 22% said they would move within the next 10 years. The preference to age in place increases with age; 86% of the 80+ population plan to stay in their current residence. The expressed desire to remain in the same home increases as both education and income levels rise. This may be correlated to the ability to pay for a move as well as the existence of housing options in the surrounding community. If viable alternatives do not exist, an older adult is more likely to stay put, whether or not he or she prefers to do so. DeKalb and Douglas counties at 73% had the highest percentage of older adults who plan to stay in their homes. Gwinnett and Clayton had the lowest at 53% and 54% respectively.

If individuals do move, they are more likely to do so before age 70, to move to a house smaller than their existing residence and to one within the Atlanta region. The desire to live closer to family was the factor most likely to influence where someone would move. These preferences raise some concerns about housing for older adults currently under construction in the outer edges of the region,



removed from existing communities where children and grandchildren live. They also suggest that housing designed to meet the needs of older adults should be integrated within existing neighborhoods so that older adults can find homes near their family members. Surprisingly, very few older adults say they would move to be close to other people their age, yet much of the housing that is being built for older adults is age-restricted.

When asked if they did move:

- 49% would move to a smaller residence.
- 52% would move to a location within the Atlanta region.
- 43% would move to be closer to their family, and 85% have family in Atlanta region.
- 20% would move to find more affordable housing.
- 25% would move to be closer to doctors.
- 17% would move to have access to entertainment venues.
- 29% would move to live in a quiet community.
- 13% would move to be around “people my own age.”

Many of the questions asked about housing preferences followed a trend line that peaked with the 60-64 or 65-70 age group and then decreased as it approached the 80+ age category. This may demonstrate a correlation between a change in work status and a change in housing preferences. As individuals begin to retire or move to part-time work, many components of their daily lives change including transportation patterns, free time, leisure and volunteer activities. These changes often present an opportunity to adjust their home environment as well. Because many individuals are having children later in life, it is only at these older age groups that they become “empty nesters” and are able to downsize.

Employment

For many, growing older is focused on retirement — leaving the day-to-day commitment of a full-time job and pursuing hobbies, travel, spending time with their families or on the golf course, giving back to the community or starting a second career. While actual retirement plans and activities are as diverse as the number of retirees, for just about everyone a change in employment status means a change in many other parts of their lives. Understanding the employment status of the older adult population, how long those who are employed plan to continue working and what factors are involved in shaping an individual's choices about employment, informs not only what we know about the labor force, but other changes likely to impact the community at large. This includes but is not limited to transportation patterns as individuals no longer commute to a 9 to 5 job, housing preferences, social and civic activities, spending patterns, leisure and recreation activities.

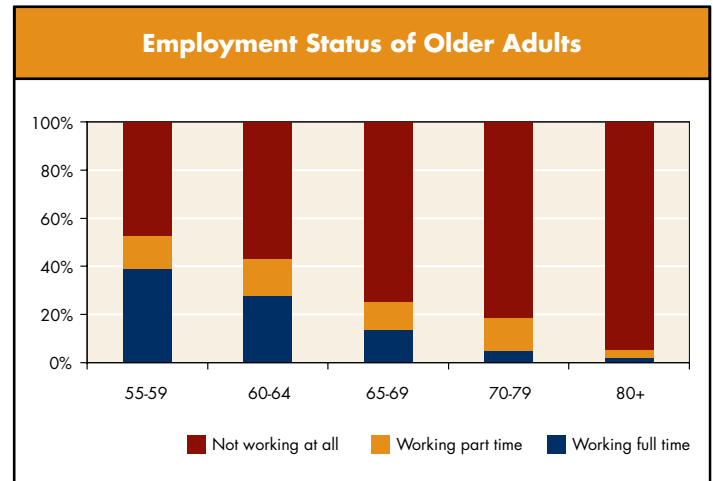
The majority of older adults in the Atlanta region are not working at all. The percentage of older adults working full-time decreases with age from 38% (age 55-59) to 2% (80+). The largest drop in full-time employment occurs between the 60-64 age group and the 65-70 age group. While there are many factors which determine when an individual leaves the workforce, healthcare is often one of them. The drop in employment rates between the 60-64 and 65-70 age groups is likely to be related Medicare coverage groups is could be related to Medicare coverage which for most begins at age 65. Some older adults continue to work in order to retain employer sponsored healthcare coverage until they are eligible for Medicare.

Of those who are currently working:

- 25% plan to work full-time after retiring from their current job.
- 31% plan to work part-time.
- 32% do not plan to work at all.

Of those who are not currently employed:

- 72% retired from a full-time job.
- 26% either did not work before or held part-time employment before retiring.



As education level increases, employment levels increases: 81% of those with a high school diploma or less are not working, whereas 55% of those who have done post-graduate education are working either full-time or part-time. Not surprisingly the rate of employment also increases with income. Only 34% of older adults with annual incomes over \$100,000/year are not working; 65% are working either full- or part-time.

The percentage working part-time remains relatively consistent (12-15% of the population) until age 80 when it drops to 3%. The consistency in part-time employment raises a number of questions important to local communities as they plan for an aging population: Does the Atlanta economy provide a set amount of part-time work, keeping the number of older adults with part time employment constant? Are individuals better able to manage part-time employment as they age, allowing them to work over a longer period of time? Do employers in the Atlanta region have the flexibility to offer meaningful part-time opportunities for the growing older adult population?

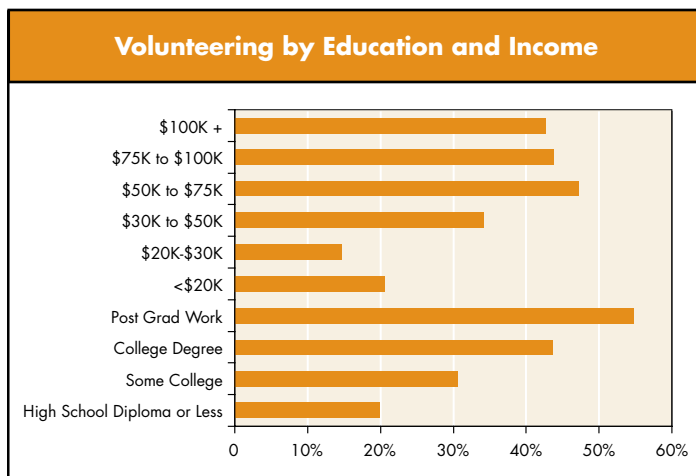
The information also suggests that an increase in part-time and alternative employment arrangements could keep older adults employed longer and address the tightening of the labor force as boomers retire.

Civic Engagement

Volunteers are a critical component of community life. Many nonprofit organizations, local programs and services could not exist without the volunteers who spend countless hours giving of their time and resources. Recent studies have shown that volunteering not only provides psychological benefits to the volunteer; it can provide significant health benefits and may even prolong life⁴. In the Atlanta region only a third (35%) of older adults actively volunteer. Most of this volunteering is done on a part-time basis, with 45% of older adult volunteers reporting that they volunteer intermittently.

In general, volunteering increases with income and education, which suggests that the ability to volunteer may be related to an individual's access to transportation or overall health. At 40%, volunteering is highest among the 60-64 age group. Those who make at least \$75,000 per year and those who have done some post-graduate work are most likely to volunteer. Fulton County has the highest percentage of volunteers (42%), and Fayette County has the second highest at 37%.

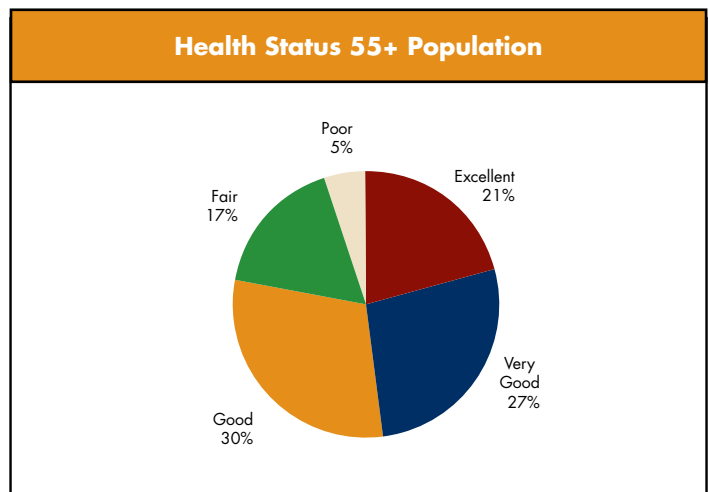
The volunteering trends in Atlanta are consistent with national trends. This means that the Atlanta region is likely to confront the same challenges that other communities across the country face as they try to provide meaningful opportunities to engage current and future retirees. Older adults have a tremendous amount to contribute to the local and regional community, but without intentional ways to channel their resources, society could miss out. In addition, older adults could lose the health benefits that keeping active and engaged can provide.



⁴ Adler, Richard, "The Volunteer Factor" Aging Today Vol. XXV, No. 4 July-August 2004

Health

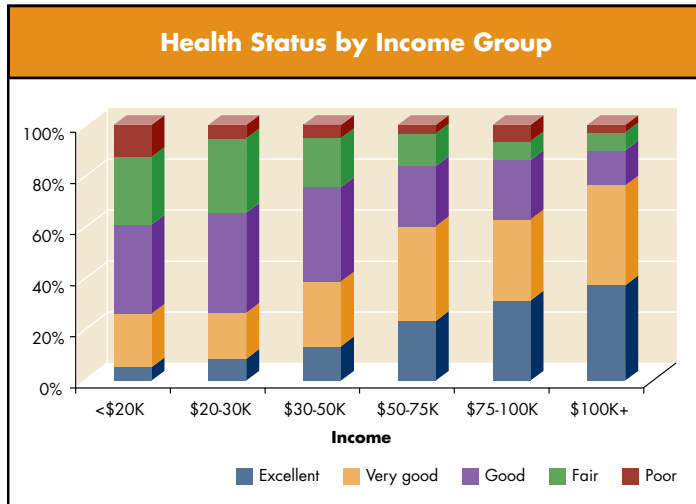
Self-reported health status represents an overall assessment of an individual's emotional, physical and psychological health. Keeping healthy and active is essential for people of all ages, but particularly older adults. Health status can impact whether individuals can enjoy the retirement they planned, the amount of formal and informal care they need, their ability to volunteer or work part-time and the public and private resources required to support them as they age. Research has actually shown that individuals who report their health status as good, very good or excellent have lower rates of mortality⁵.



The survey asked individuals over 55 to rank their current health status and compare their health today with their health a year ago. Fewer than half of older adults in the region said their health was very good or excellent. In general health status decreases with age; the biggest decrease is between the 65-69 age group and the 70-79 age group: 51% of the 65-69 reported excellent or very good health, but only 39% of the 70-79 age group reported the same. Interestingly, the percent of individuals reporting poor health remains relatively constant over age groups. This may be the result of the correlation between poor health status and mortality, as individuals who report poor health do not live as long as individuals who report good or better health.

⁵ Idler EL, Benyamini, Y. Self-reported health and mortality: A review of twenty-seven community studies. Journal of Health and Human Behavior 38:21-37, 1997.

The higher an individual's income or education, the more likely he or she was to report excellent health — only 5% of those with an annual income less than \$20,000 felt they were in excellent health, compared with 37% of those with an annual income over \$100,000. For those with less than a high school diploma, only 10% felt their health was excellent, compared with 35% of those who had done post-graduate work.



While the self-reported health status in most counties is consistent with national trends⁶, because of the high costs of chronic health conditions and the need to understand future health demand, the health profile of local residents can provide critical information. DeKalb (52.8%), Fulton (50.5%) and Fayette (49.4%) counties have the highest percentages of older adults reporting excellent or very good health. Cobb (2.9%) and Rockdale (4.9%) counties had the lowest percentage of individuals reporting poor health.



67% of older adults felt their health was the same as last year, but 13% felt their health was worse now than it had been a year ago. 19% of individuals over the age of 80 reported that their health was worse or much worse than it was a year ago. This is the largest percentage of those reporting a decline in health status. Change in health status is also related to income. 22% of individuals with annual incomes less than \$20,000 experienced a negative change in their health status over the last year, and only 60% said their health did not change. Within the highest income group (\$100,000+ per year), 76% said their health stayed the same over the last year, while it worsened for just 6%

Health Status by County

	Very good/excellent	Good	Fair	Poor
Cherokee	46.9%	27.2%	17.1%	8.4%
Clayton	35.2%	39.2%	18.1%	7.5%
Cobb	47.0%	33.0%	16.0%	2.9%
DeKalb	52.8%	22.8%	19.9%	4.6%
Douglas	42.0%	35.5%	15.7%	6.7%
Fayette	49.4%	25.2%	17.9%	6.7%
Fulton	50.5%	30.0%	14.1%	5.5%
Gwinnett	47.9%	27.9%	18.0%	6.2%
Henry	46.2%	29.4%	17.0%	7.4%
Rockdale	43.7%	32.4%	19.0%	4.9%

The vast majority of the 55+ population (85%) felt they were in excellent, very good or good emotional health. This was consistent across age groups, education levels and income groups. While a relatively low percentage of older adults reported poor emotional health (3%), these individuals can have a significant impact on the health system. Individuals who report depressive symptoms are more likely to have physical impairments and have much higher rates of healthcare utilization⁷. Two sub-groups had much higher percentages of older adults with poor emotional health: older adults living in Douglas County (9%) and older adults with incomes below \$20,000/year (11%).

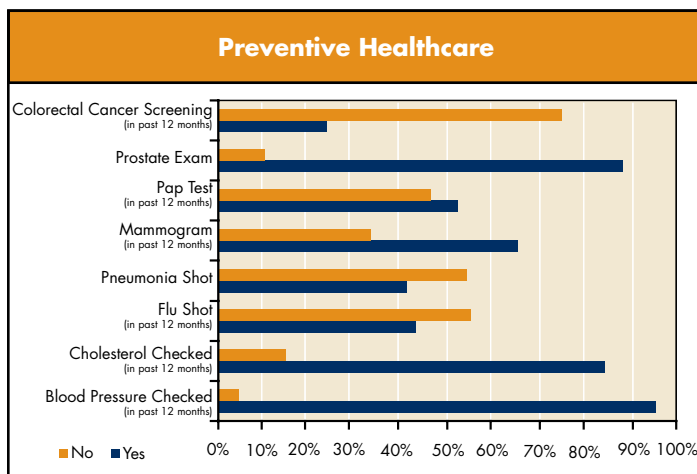
⁶ "Older Americans: Key Indicators of Well Being 2006 Update" Federal Interagency Forum on Aging; Indicator #20

⁷ Ibid.; Indicator #18

Preventive Health

The amount of annual income spent on healthcare expenses rises dramatically with age. On average, 45-54 year olds spend \$3,000 on healthcare each year. In comparison, an individual over the age of 85 will spend more than \$20,000⁸ annually. With healthcare costs increasing for all age groups, staying healthier does not just affect an individual's quality of life; it can have significant implications on a family's overall economic security. While most medical professionals and individuals understand the need for preventive healthcare, a surprising number of older individuals do not take simple actions that can have a large impact on their health. These include flu shots, pneumonia shots and regular colorectal screenings.

The survey found that almost all older adults are practicing some preventive healthcare. Significant numbers of older adults are regularly checking their blood pressure (95%) and cholesterol levels (84%). A majority of older men have had a prostate exam (88%). A large majority of older women have had both mammograms (93%) and pap tests (93%) but only 66% had a mammogram and only 53% had a pap test in the last year. Significant numbers of older adults have not had a flu shot in the last 12 months (56%), only 42% have ever had a pneumonia vaccination. Only 25% of the 55+ population had a colorectal cancer screening in the last two years.



The ability to access preventive healthcare services is critical to increasing the number of older adults who avail themselves of basic services like annual flu shots

⁸ Keehan, S. Lazenby, H. Zezza M, and Catlin, A., "Age Estimates in the National Health Accounts," Health Care Financing Review, Web exclusive, December 2, 2004

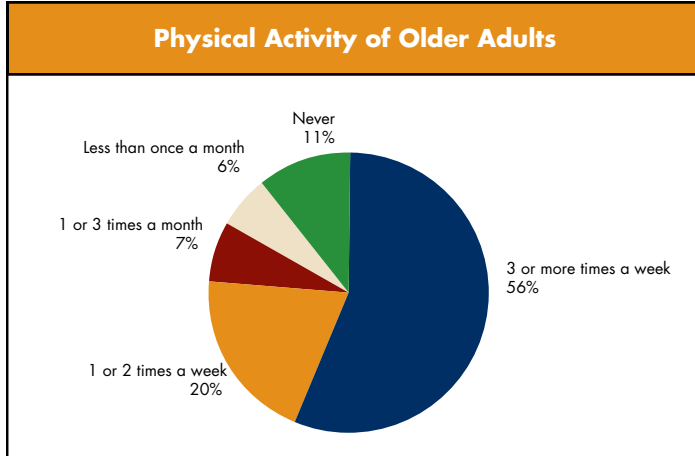


and screenings. Recent collaborations between the public health and the aging network across the Atlanta region have demonstrated that when these systems join together, it is much easier for older adults to get healthy and stay healthy.

Physical Activity

With age the effects of all our habits, both the good and the bad, become apparent. Older adults who have been active throughout their lives are far more likely to be active as they age. Physical activity can improve symptoms of depression, reduce risk factors for chronic diseases and for even some of the frailest older adults, physical activity can improve functioning and mobility.

The vast majority of older adults in the Atlanta region exercise at least 1-2 times a week. Physical activity remains relatively constant over different age groups. Virtually the same percentage of individuals age 55-79 (between 55% and 58%) exercise at least 3 times a week. This suggests that once exercise becomes a part of an individual's weekly routine, it remains a steady component despite age. Most of the correlations between income and education and physical activity mirror those between income and education and health. Individuals with higher incomes and higher education levels are more likely to exercise regularly than those who have lower incomes and lower levels of education.



Whether or not an individual regularly engages in physical activity is based on more than their individual willingness or motivation. The ability to exercise greatly depends on access to recreational facilities and local conditions including the presence of sidewalks and lighting in individual neighborhoods.

Nutrition

Good nutrition is extremely important to older adults. Dietary intake impacts more than body weight, it plays a significant role in overall health and is a large determinant of an individual's likelihood of developing a chronic disease. Access to quality foods at reasonable prices, the challenge of changing life-long eating habits and increasing frailty impact an older adult's ability to eat a healthy diet. The national Healthy Eating Index maintained by the CDC showed that 67% of individuals over the age of 65 needed to improve their diet and 14% had poor diets⁹.

In the Atlanta region, only 11% of older adults report having trouble preparing their own meals, but this percentage translates into approximately 44,000 persons needing some assistance with this very basic function. The inability to prepare meals increases with age, as 19% of those over the age of 80 were unable

to prepare their own meals. Older adults with lower incomes were also more likely to have difficulty maintaining basic nutrition, as 22% of those with annual incomes less than \$20,000 a year are either always or often unable to prepare their own meals.

Difficulty Preparing Meals by Income

	Less than \$20K	\$20K to less than \$30K	\$30K to less than \$50K	\$50K to less than \$75K	\$75K to less than \$100K	\$100K or more
Always	15%	12%	7%	8%	6%	5%
Often	7%	2%	2%	1%		1%
Seldom	14%	7%	5%	5%	7%	5%
Never	58%	79%	86%	86%	88%	89%
Don't know/refused	5%	0%	0%	0%	0%	0%

While aging services and programs are being rethought and redesigned to meet the needs of the future older adult population, these data certainly indicate that the core set of services the aging network provides (e.g. home delivered meals) still has a critical place in this changing environment.

⁹ Ibid. Indicator #23

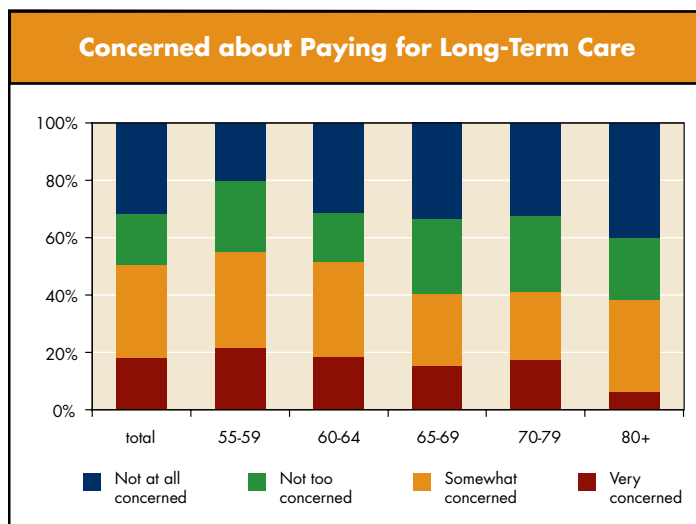
Long-Term Care

The dramatic increases in longevity over the last century will allow many more grandparents to become great-grandparents, many more Americans to celebrate their 100th birthday and many more couples to mark 50 and 60 years together. Technology is advancing and new devices, medicines and treatments are challenging what it looks and feels like to grow old. Increases in longevity will also increase the need for significant care and support over longer periods of time. This care can be very expensive and complicated to understand. Across the country, the vast majority of care is provided by family members.

Long-term care is a single phrase that describes many different systems and services. For individuals struggling to remain in the community, long-term care can describe everything from assistance with yard maintenance to chronic disease management to short term stays in a rehab facility after an acute health episode, like a fractured hip. Long-term care is certainly not synonymous with nursing home care. In fact, most older adults express extreme discomfort and deep fear about the prospect of any time spent in a nursing home.

While many older adults and their families can describe in detail how they do not want to age, a surprising number of individuals have misinformation about basic long-term care issues and services. The majority (51%) of 55+ Atlantans believe that Medicare will pay for long-term care or simply do not know who, if anyone, covers these costs. The lack of accurate information about who pays for long-term care is consistent across age groups. Men and women are equally ill-informed about long-term care costs. As income and education increase, an understanding about who pays for long-term care increases, but at least 40% of those with incomes over \$75,000 a year and over 45% of those with some college education either believed Medicare pays for long-term care or did not know.

With more and more individuals caring for older loved ones, awareness about the costs and the burdens long-term care can place on a family has grown. 45% of older adults are very or somewhat concerned that they will not be able to pay for long-term care. Concern is highest among younger, older adults (52% of those ages 55-59, 46% of those ages 60-64). Older females (49%), nonwhites (58%) and those with the lowest incomes (65%) are among the most concerned.



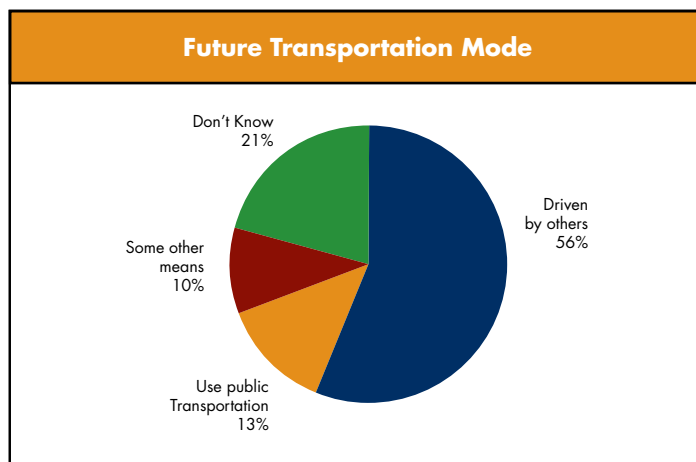
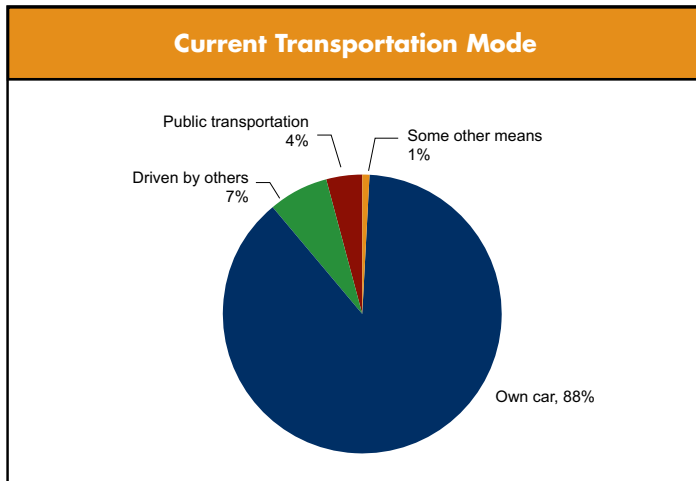
Despite the large numbers of older adults concerned about paying for long-term care, very few have purchased insurance to help cover these costs. Only 21% of older adults in the Atlanta region own long-term care insurance policies. The percentage of older adults who own these insurance policies remains constant across age groups, so that even as individuals approach the time during which they might need long-term care, they do not have insurance to cover it.

In the Atlanta region, white older adults are more likely to own a long-term care insurance policy (23% compared to 17% non-white). Individuals with higher education levels were more likely to own long-term care insurance (14% of those with a high school diploma or less; 29% of those with post-graduate work). Individuals with higher income were more likely to own long-term care insurance (11% of those with incomes <\$20,000 compared with 31% of those with incomes over \$100,000).

Understanding the need for long-term care insurance is only the beginning; cost is a critical concern for many. Often after ages 60-65 long-term care insurance premiums are prohibitively expensive. It is critical that the region educate individuals about long-term care, its costs and the value of insurance so that Atlantans can still obtain this coverage while it is affordable.

Transportation

The greatest thing that most older adults fear about aging is losing their independence. In the Atlanta region, for many older adults, the moment they give up the keys to the car is the moment they lose their independence. Not only are older adults suddenly unable to get where they need to go when they need to get there, many of their family members assume significant time and resource responsibilities as they transport their loved one to doctors appointments and on basic errands. Without transportation older adults become increasingly isolated, which for many leads to poor physical and mental health.



Transportation has been and continues to be a challenge for older adults in the Atlanta region. The vast majority of older adults (88%) use their own vehicle as their primary mode of transportation. Only 7% are driven by others, and barely 4% use public transportation. When asked how they plan to get around when they can no longer drive, the majority, 57%, plan to be driven by others, 13% plan to start using public transportation and 21% do not know how they will get around. It seems almost impossible to rely on family members to shoulder the future transportation needs of older adults. The lack of options and the lack of planning around transportation for older adults at both the individual and community level is cause for significant concern.

The survey also asked about current transportation challenges. The oldest, older adults (80+) have the most trouble getting around (20%), but the youngest older adults (aged 55-59) still have significant problems (16%). While the 80+ older adult population reported the most trouble getting where they needed to go, the vast majority did not have trouble getting to the destinations asked about on the survey.

Difficulty with Transportation by Destination and Age						
	Total	55-59 years	60-64 years	65-69 years	70-79 years	80+ years
Getting where they need to go	15%	16%	14%	12%	14%	20%
Visit friends	9%	6%	16%	13%	8%	4%
Entertainment	8%	4%	15%	8%	7%	5%
Doctor's appointments	7%	6%	10%	12%	6%	4%
Grocery store	5%	2%	7%	11%	6%	0%
Errands (other than grocery store)	6%	2%	7%	7%	8%	4%

Conclusion

Without a doubt, there are many challenges presented by the growth in the older adult population. Never before have the region and the nation as a whole experienced a demographic shift of this nature. Having the right information at the right time is the best way to ensure that local and state governments, private industry, nonprofit organizations and institutions make the decisions that will have the greatest impact. The results of this survey provide a community-based perspective to the larger, world-wide demographic shift and a place to begin the local conversation and the local planning process. Local leaders and citizens of every age have the opportunity to act now and re-invent healthcare, transportation, housing, public health and a whole array of community services. By taking small but intentional steps today, communities throughout the region will be able to enhance the quality of life of not only those over 55, but residents of all ages, and in the process make *Greater Atlanta, Great for a Lifetime*.

Survey data, county profiles and additional graphs and slides can be found on the Atlanta Regional Commission website:

www.atlantaregional.com/aging



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