

Office of the Dane County Board of Supervisors

Status of the Dane County Elderly Population

Steven Guo

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Overview and Purpose: The availability of new population data in the 2020 Census presented a new opportunity to take a closer look at the social and economic status of Dane County elderly. An analysis of the needs of Dane County's rural elderly population may offer insights into gaps in current county programs and where services may not be available. Surveying and researching programs and initiatives employed by other organizations across the country could provide a basis for exploring possible approaches to addressing these needs. This report will detail data-driven findings on the status of Dane County elderly residents and describe select innovative policies from across the country that may specifically benefit rural elderly in Dane County.

Process: Much of the data analysis stemmed from the 2017 report *The Implications of an Aging Population for Dane County Programs and Services* by Jerrett Jones. Data from 2020 ACS 5-year Estimates was utilized to construct graphs and maps on the Dane County population. In addition to past measures of population growth rates, educational attainment, income sources, poverty levels, workforce shares, gender, and racial breakdowns, analyses of reported disabilities and living arrangements were extracted from this data. Many of the data visualizations offer a direct comparison to those of the 2017 report, while new analyses reveal new trends in the status of Dane County's rural elderly population.

Results: Unsurprisingly, the 2020 Census data revealed that the elderly population in Dane County and beyond is growing at an accelerating rate, far outpacing that of the greater population. While the population of those 65 and older is expected to grow 60% in Wisconsin between 2020 and 2040, the Dane County elderly population is expected to grow more than 80% in the same span. Many northern counties with more rural populations will see the share of their populations over age 65 grow at much higher rates than that of Dane County.

While the elderly population of Dane County was lacking in racial diversity, new analyses revealed a significant discrepancy in the rates in which different ethnic groups were reaching older ages. While over 15% of the Caucasian population in Dane County is over the age of 65, only 5% of the African American population is over age 65. Native Americans and Asians in Dane County saw similar figures, but only around 4% of the Hispanic/Latinx population in Dane County were over age 65.

Ambulatory difficulty was the most commonly reported disability, with over 15% of Dane County elderly residents reporting some difficulty in mobility. Hearing loss and independent living were reported in roughly 10% of those over age 65.

A higher share of elderly Dane County residents are employed than the greater Wisconsin elderly population, with 30% of men and over 20% of women in Dane County working past age 65. It

may be worth noting that a large share of the elderly population in Dane County holds a bachelor's degree or higher. Additionally, the elderly population represented a greater share of the working population in rural areas of the county, with workers over age 60 representing upwards of 20% of the workforce in county subdivisions such as the Village of Mazomanie and the Town of Rutland. Still, just over 20% of the Dane County elderly reported earnings, with 90% reporting receiving Social Security benefits and 70% reporting retirement income. Public income assistance utilization remains low for the elderly, with less than 10% reporting receiving food stamps or SNAP benefits.

Policy Goals: Census maps revealed that elderly residents in rural areas of Dane County see higher poverty rates and rates of single occupancy households, representing much of the focus of this project. While the Aging and Disability Resources Center (ADRC) and Area Agency on Aging (AAA) provide services such as support for chronic disease management, nutrition programs, transportation, caregiver support, and case management, gaps in policy reach is inevitable for rural elderly residents. The combination of rural single household occupancy and health challenges such as chronic disease and/or limited mobility presents a unique challenge in addressing the needs of the growing Dane County elderly population. Hence, the second half of this project involved researching innovative policies and programs around the country that may offer insights into how Dane County might better support rural seniors aging in place.

Innovative Practices: Researching innovative practices that best fit the needs and capabilities of Dane County involved prioritizing programs that targeted the intersection of health and mobility assistance, two of the greatest areas of need for rural seniors in Dane County. These programs address both medical and social health with an efficacy that places replication within reach for Dane County.

1. Community Aging in Place—Advancing Better Living for Elders (CAPABLE)

CAPABLE is a home-based program developed by the Johns Hopkins School of Nursing that integrates services from an occupational therapist (OT), a registered nurse (RN), and a handy worker who work together with individual patients to set goals and action plans that change behaviors to improve health, independence, and safety.

Meeting with Amanda Goodenow, Program Director of Project CAPABLE, revealed important findings from organizations across the country that have implemented the program framework. Although CAPABLE demands fidelity to the evidence-framework developed from their research study, the framework has been adapted by a range of different organizations, including AAAs. Rural communities with experience working with health organizations and community organizations such as local Meals on Wheels or Habitat for Humanity affiliates have found the most success adapting CAPABLE. Without a private payer model, the Medicaid eligibility requirement of CAPABLE has enabled public organizations to adapt the model. The interdisciplinary approach of the program requires cooperation between public and community organizations, yet many communities have adapted and extended the program with only grant funding. Still, coordination with health providers is critical for recruiting staff and patients.

2. Senior Miles (SMiles) – Blount County, TN

SMiles is a volunteer transportation service run on a membership format. Individuals ages 60+ can pay \$25 per year plus \$6 for each round trip to gain access to a volunteer driver network that has provided over 41,500 trips to medical appointments, supermarkets, and social events since 2013.

3. Livingston Help for Seniors – Livingston County, NY

Help for Seniors trained and employed EMS professionals to screen elderly patients for falls, depression, and medication management before being referred to case managers.

4. ARCare Aging Well Outreach Network

The Federally Qualified Health Center (FQHC) ARcare worked with community partners to connect seniors to chronic disease support groups, exercise opportunities, falls prevention education, medication management, and more.

Conclusion

Examining newly available Census data confirmed trends in the aging population in Dane County while revealing critical areas of need. While mobility and health management remain major priorities for seniors, these concerns are only heightened with the increasing prevalence of single occupancy homes for elderly residents living in rural areas. As the population profile of Dane County shifts, so should the programs and policies aimed towards addressing the needs of county residents. Connecting seniors to medical and social health resources tests the scale and reach of public services, but unique and creative programs and policies continue to advance the capacity of public and community health services. Further research in developing strategies to adapt and implement new initiatives may empower Dane County to address the needs of the fastest growing segment of its population.

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