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Each year, the Senior and Long Term Care Division (SLTCD), Department of Public Health and Human Services (DPHHS) produces a **State of Aging in Montana Report**. These reports examine a different aspect of how aging demographic trends are currently impacting Montana and what potential impacts they will have in the future. The Aging Reports resulted from a growing awareness on the part of the Legislature that aging demographic trends pose challenges that Montana needs to address as the state population continues to age. The 1999 Legislature required DPHHS to produce a biennial report, with annual updates, on statewide and community issues relating to aging issues. Past reports have looked at how state and local governments are planning for current and future aging trends, health care workforce issues, informal caregiving issues and the role of senior centers in meeting aging needs.

Over the last two legislative sessions, the Legislature has increased state funding to the Aging Services Bureau. The 2005 Legislature increased funding by about \$600,000 per year for state fiscal years 2006 and 2007. The 2007 Legislature increased the funding by about \$2 million dollars per year for state fiscal years 2008 and 2009. About \$1.5 million of the latter was one time only funding. The stated goal of these funds was to assist elderly persons to remain independent and in their homes.

In response to this goal, DPHHS' Aging Services Bureau and its network of aging providers is attempting to update and enhance its data collection and analysis capacity to determine the extent to which this goal is being accomplished. The **2007 State of Aging Update** provides a baseline for evaluating the effectiveness and adequacy of aging services provided through the Aging Services Bureau. The base year for statistical reporting in this report is federal fiscal year 2006 (October 1, 2005 through September 30, 2006).

The following are some of the challenges the Aging Network faces in its efforts to collect data on its participants and the services it provides.

DEMOGRAPHIC DATA CHALLENGES

1. Under the Older Americans Act (OAA) participants are eligible for services starting at age 60. Clients receiving services through the Aging Network are requested to complete an intake form that gathers required demographic data (see below). This data is entered into a statewide database (the Montana Aging Services Tracking System or MASTS), thus registering the participant. The OAA prohibits service providers from refusing service based on a participant's refusal to complete an intake form. Thus, we do not have demographic data on a certain percentage of participants that are receiving services. If a participant refuses to complete an intake form, their services are entered into a guest client record so units of service can be tracked. However, the demographic data for these participants is not captured.

2. Until this year, there was no standard for updating participant records. Many participants have been in the tracking system for over 7 years. Their personal situation (such as functioning level or household pattern) may have changed significantly over time.
3. The state reporting system was built to meet federal reporting requirements. Tracking requirements vary depending on the type of services. Registered services (such as in-home services and congregate meals) require a higher level of demographic data collection, while non registered services (such as senior center services and transportation) have no requirements regarding data collection. Thus, this report focuses on registered services only, since this data is more complete.
4. Data collection places considerable time demands on staff. Many providers (such as senior centers) are part-time employees or volunteers, so their time is limited for collecting and entering data.

The following are demographic characteristics that the Aging Network is required to report on by the federal Administration on Aging (AoA). These elements were chosen because they constitute potential risk factors for elders remaining independent at home and in their communities.

- Age
- Gender
- Live alone status (number in people in the household)
- Poverty status (gross household income and number in household)
- Race and Ethnicity
- Urban or Rural status
- Need for assistance with Activities of Daily Living (ADLs) such as eating, bathing, dressing, toileting, walking or transferring from bed to chair
- Need for assistance with Instrumental Activities of Daily Living (IADLs) such as meal preparation, medication management, shopping, using the telephone, transportation, light or heavy housework, or money management

Because of the critical role age, living alone status and poverty play, especially for participants living in rural and frontier counties in Montana, these risk factors are highlighted throughout this report.

SERVICE DATA CHALLENGES

1. Federal reporting requirements focus on services that use Older Americans Act Title III dollars. Title III funds currently represent about a third of the total aging budget. If there are no Title III funds used to provide a service, local providers are not required to report service and demographic data. This creates a dilemma: how to get an accurate overall picture of who is being served through the Aging Network, since not all units of service and participants served are in a single database.
2. Federal reporting is done on the federal fiscal year (October to September) while state reporting is on the state fiscal year (July to June). As a result, two different sets of data are being generated. This complicates reporting, especially in the fiscal area and computing when units of service are delivered.

For data reporting purposes, the OAA divides services into two categories: registered services and unregistered services. The following are the definitions for registered services. All but congregate meals are considered in-home services.

- **Home Delivered Meals** - A meal provided to a qualified individual in his/her place of residence.
- **Personal Care** - Personal assistance, stand-by assistance, supervision or cues with activities of daily living such as eating, bathing, dressing, toileting, walking or transferring to or from bed to chair.
- **Homemaker** - Assistance with instrumental activities of daily living such as preparing meals, shopping for personal items, managing money, using the telephone or doing light housework.
- **Home Chore** - Assistance such as heavy housework, yard work or sidewalk maintenance.
- **Respite Care** - Services that offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers.
- **Caregiver Support Services** - Assistance for caregivers in making decisions and resolving problems, Including training, support groups and counseling.
- **Adult Day Care/Adult Day Health** - Personal care for dependent elders in a supervised, protective, and congregate setting during some portion of a day.
- **Skilled Nursing** - Services provided by a licensed nurse under the orders of a doctor in the participant's home, including cleaning wounds, changing bandages, giving injections, administering medications or inserting catheters.
- **Congregate Meals** - A meal provided to a qualified individual in a congregate or group setting.

Unregistered services provided by the Aging Network include: senior center services (including social and educational services), transportation, health promotion, health screenings, legal services, telephone reassurance, nutritional education and community education. Ombudsman services for people living in nursing homes and assisted living facilities are also provided but are tracked and reported separately to AoA.

STATEWIDE UNDUPLICATED REGISTERED PARTICIPANT COUNT	IN-HOME SERVICES	CONGREGATE MEALS
2006	8,147	21,226
2007	7,922	21,432

OTHER DATA CONSIDERATIONS

The reporting time period used in this report is the federal fiscal year.

Data for registered participants is divided into two groups: in-home services and congregate services. This provides sufficient numbers for analysis and a contrast between in-home participants who typically have a greater need for assistance and congregate participants who tend to be more independent.

All data in this report is calculated based on clients that have reported demographic data for a specific data element. Percentages and actual numbers of participants are reported. For example, all participants that have gender data would be represented under the percentage reported as (n=10,000). Participants with unreported data elements are not included.

Age cohort data will exceed unduplicated participant data counts. This is because some participants will have a birthday and pass from one age cohort to the next higher age cohort during an annual reporting period, and thus be counted twice.

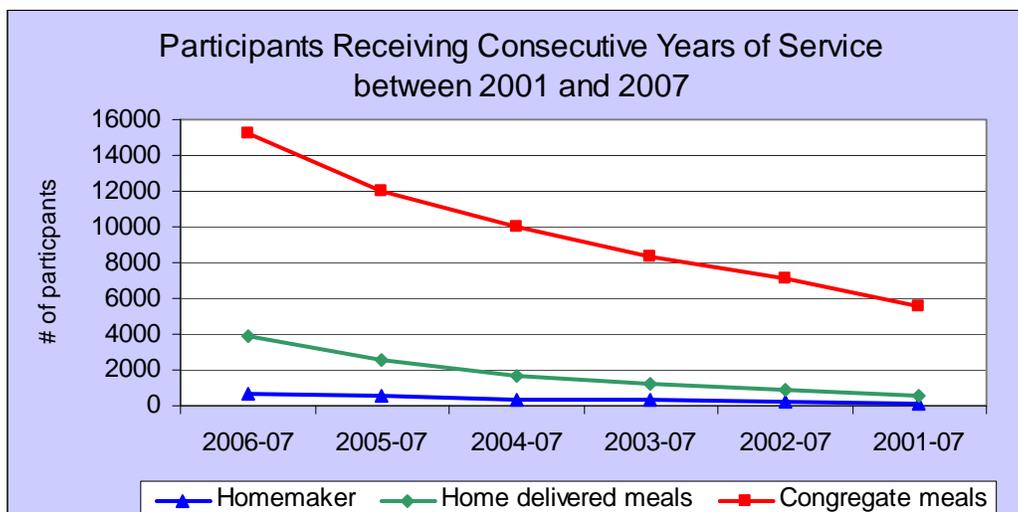
For comparison purposes, U. S. Census Bureau data or projections are provided for comparison to Aging Network data. Unless unavailable, 2006 projections are used.

PATTERNS OF SERVICE USAGE OVER TIME

The duration and quantity of services used by a participant can be one factor in assessing the effectiveness of service in keeping participants independent in their homes and communities. Over the past 7 years, over 65,000 Montanans have received a registered service through the Aging Network. The following data represents the total unduplicated count of persons served by service categories over the last 7 years.

Total unduplicated registered services participants	65,121
Total unduplicated congregate meal participants	50,282
Total unduplicated participants receiving an in-home service	25,244
Total unduplicated home delivered meal participants	22,031
Total unduplicated homemaker participants	4,202
Total unduplicated personal care participants	1,564
Total unduplicated skilled nursing participants	1,194

The following graph shows how long participants have received on-going service over consecutive years (i.e., participants that have received at least one month of service per year for consecutive years). The far left side of the graph shows clients receiving services for 2 consecutive years (for 2006 and 2007), while the far right shows the



number of clients that have received services for 7 consecutive years (from 2001 through 2007). Over 5,500 participants have been regular participants of the congregate meal program over the past 7 years. This represents about 11% of all participants that have received a meal during that time period. Over a 5 year period, about 1,200 participants received home delivered meals on an on-going basis. Over a 7 year period the figure was down to only about 600 people (3%).

Between 36-37% of all in-home service participants are new participants each year. About 21% of all congregate participants are new participants each year.

Home delivered meals participants tend not to receive another in-home service from the Aging Network. Only about 7-8% of people receiving a home delivered meal receive another in-home service at the same time.

The average number of home delivered meals per year for registered participant in 2006 and 2007 was about 90; the average number of congregate meals was about 48.

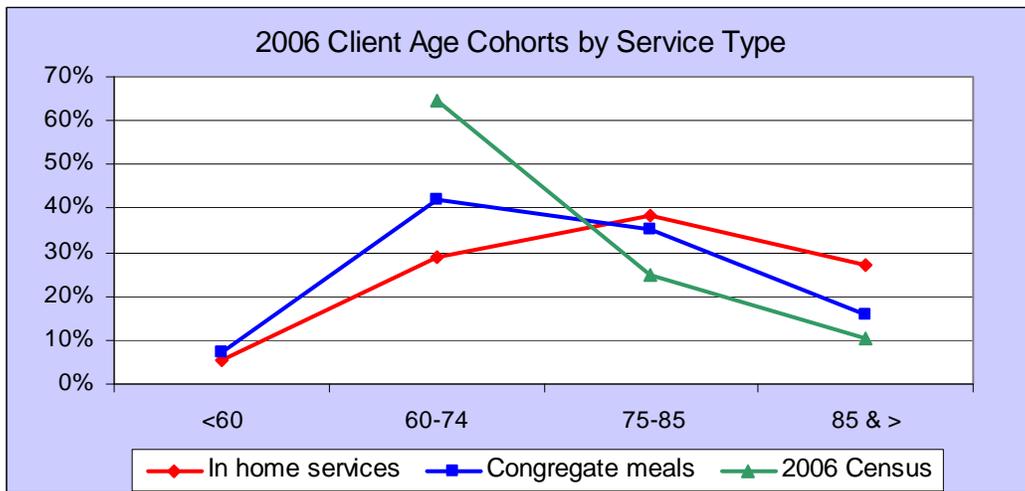
PROFILE OF DEMOGRAPHIC CHARACTERISTICS OF PARTICIPANTS

The Older Americans Act requires states and local providers to target their services to elders who are most at risk - those that are economically and socially disadvantaged. The following section looks at each of the risk factors for remaining independent and living in the community for those receiving services through the Aging Network and compares them to U. S. Census data for the overall aging population.

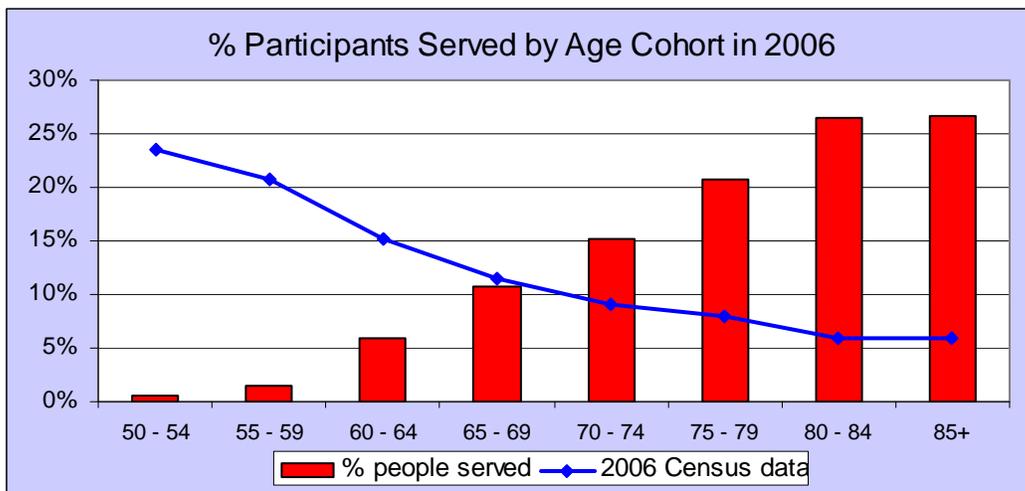
AGE COHORT DATA

The following table uses the Administration on Aging age cohorts for comparison. As age increases, the Aging Network serves an increasing higher percentage of the 75-84 and 85 and older age cohorts compared to the general aging population for these age cohorts. The percentage of in-home service participants is almost twice that of congregate meal clients for the 85 and older age cohort and almost three times as high as the percentage of the population in general.

2006 US Census data for age cohorts				
People ages 60-74	64.4%			
People ages 75-84	25.0%			
People age 85 or older	10.6%			
AGING AGE COHORT DATA	IN-HOME SERVICES		CONGREGATE MEALS	
	2006	2007	2006	2007
Clients with age data	99.7%	99.9%	99.3%	99.9%
Clients under 60 years of age	5.7%	5.6%	7.5%	7.7%
Clients ages 60-74	28.6%	28.6%	41.7%	42.0%
Clients ages 75-84	37.7%	37.7%	35.0%	34.2%
Clients age 85 or older	28.0%	28.0%	15.8%	16.1%



As age increases, the likelihood that a person will be receiving a service from the Aging Network increases. At the same time, the number of people within these age cohorts declines with advanced age. The following graph illustrates the percentage of total Montanans who are receiving a registered service from the Aging Network by five year age cohorts. Almost 27% of all Montanans age 85 or older received at least one in-home or congregate meal services during 2006.



HOUSEHOLD DATA

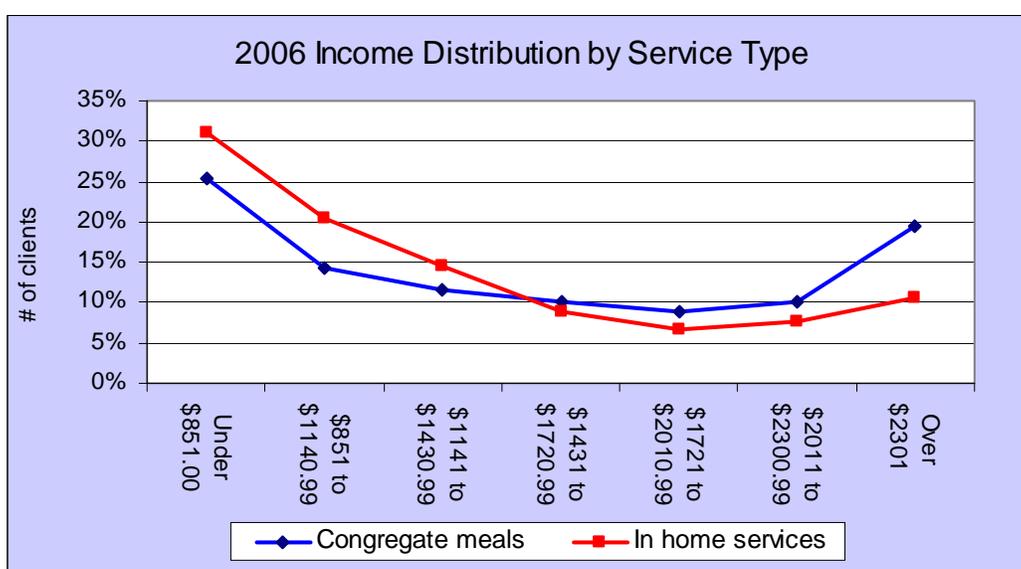
Participants receiving an in-home service are twice as likely to be living alone as the general over 60 population.

2000 US Census data for people age 60 or older living alone			27.5%	
AGING HOUSEHOLD DATA	IN-HOME SERVICES		CONGREGATE MEALS	
	2006	2007	2006	2007
Total clients with household data	68.7% (n=5,600)	67.0% (n=5308)	65.0% (n=13,794)	62.1% (n=13,313)
Clients living alone	55.5%	54.9%	41.0%	40.1%
Client households with more than one person	44.5%	45.1%	59.0%	59.9%

POVERTY DATA

Aging services participants are about three times as likely as the general population to be at or below the federal poverty level. In-home service participants have a somewhat higher percentage of participants in poverty as those receiving congregate meals.

2006 US Census data for people age 65 or older who are in poverty				9.4%
AGING POVERTY DATA	IN-HOME SERVICES		CONGREGATE MEALS	
	2006	2007	2006	2007
Total clients with household and income data known	47.2% (n=3,845)	46.5% (n=3685)	37.3% (n=7,910)	36.2% (n=7,762)
Clients living in poverty	37.9%	35.6%	31.0%	30.3%
Clients living alone in poverty	34.8%	31.3%	26.1%	25.5%



RACE DATA

Minority participants receiving an aging service constitute a substantially high proportion than in the general population. The overall rate for minorities receiving services is three times higher than the general minority population and four times higher for Native Americans.

Native Americans participants tend to be substantially young than the average aging participant, with only about 3% being 85 years of age or older. They also have a higher rate of people living in poverty than other participants.

2006 US Census data for people age 60 and older who are white alone	94.8%
2006 US Census data for people age 60 and old who reported a minority race	5.2%
2006 US Census data for people age 60 and old who are Native American only	2.9%

AGING RACE DATA	IN-HOME SERVICES		CONGREGATE MEALS	
	2006	2007	2006	2007
Total clients with race data	42.8% (n=3,489)	48.3% (n=3,827)	34.6% (n=7,773)	36.3% (n=7,774)
Clients indicating white only race	86.4%	85.1%	88.0%	89.1%
Clients indicating a minority race	13.6%	11.0%	12.0%	10.9%
Clients indicating Native American	12.8%	10.3%	11.2%	10.0%

ETHNICITY DATA

Aging participants mirror the general population with regards to ethnicity. Both are less than 1%. Participants with ethnicity data are too small to do further analysis.

2006 US census data for Hispanic/ Latino for people age 60 or older				0.9%
AGING ETHNICITY DATA	IN-HOME SERVICES		CONGREGATE MEALS	
	2006	2007	2006	2007
Total clients with ethnicity data	33.9% (n=2,766)	37.6% (n=2,981)	28.5% (n=6,040)	30.6% (n=6,567)
Clients indicating a Hispanic/ Latino background	1.0%	0.9%	0.7%	0.7%

GENDER DATA

The overall ratio of female to male participants receiving services from the Aging Network is higher than in the general population overall and for all age cohorts. The ratio for female participants also increases as age increases. About 72% of participants age 85 years or older are females versus about 66% for the general population.

Both females and males who are receiving in-home services are substantially more likely to be living alone than their counterparts who are receiving congregate meals.

2006 US Census data for females age 60 or older				53.7%
AGING GENDER DATA	IN-HOME SERVICES		CONGREGATE MEALS	
	2006	2007	2006	2007
Total clients reporting gender	87.5% (n=7,132)	86.2% (n=6,828)	85.3% (n=18,114)	84.6% (n=18,136)
Females	67.2%	65.2%	63.9%	63.0%
Females living alone	61.8% (n=3,791)	61.5% (n=3,497)	48.7% (n=8,830)	47.3% (n=8,431)
Females living in poverty	38.2% (n=2,612)	36.1% (n=2,446)	31.9% (n=5,065)	31.3% (n=4,915)
Females living alone in poverty	31.7% (n=1,815)	31.0% (n=1,704)	26.1% (n=3,000)	25.7% (n=2,812)

2006 US Census data for males age 60 or older			46.3%	
AGING GENDER DATA	IN-HOME SERVICES		CONGREGATE MEALS	
	2006	2007	2006	2007
Males	32.8%	34.8%	36.1%	37.0%
Males living alone	41.5% (n=1,765)	41.5% (n=1,761)	27.1% (n=4,844)	27.6% (n=4,764)
Males living in poverty	36.7% (n=1,206)	33.9% (n=1,208)	29.3% (n=2,799)	28.3% (n=2,800)
Males living alone in poverty	31.8% (n=584)	30.9% (n=576)	25.6% (n=963)	24.4% (n=977)

URBAN/RURAL

Urban is defined by the US Census Bureau as urban areas of 50,000 people or more (3 cities) or urban clusters of 2,500 or more (28 towns). **Rural** is defined as those areas that are not urban areas or urban clusters.

In-home service participants are more likely to live in urban settings than the general aging population, while congregate meals participants are more likely to living in rural settings. Both rural and urban in-home services participants are also more likely to be living alone than their counterparts living in rural areas.

2000 US Census data for people living in a rural area			45.9%	
AGING RURAL DATA	IN-HOME SERVICES		CONGREGATE MEALS	
	2006	2007	2006	2007
Total clients living in rural areas	38.9% (n=2,907)	39.0% (n=2,888)	51.2% (n=9,790)	51.9% (n=10,019)
Rural clients living alone	50.3% (n=2,659)	49.9% (n=2,576)	36.4% (n=8,139)	35.3% (n=7,810)
Rural clients living in poverty	49.1% (n=1,551)	45.0% (n=1,500)	40.2% (n=3,762)	39.1% (n=3,629)

2000 US Census data for people living in an urban area			54.1%	
AGING URBAN DATA	IN-HOME SERVICES		CONGREGATE MEALS	
	2006	2007	2006	2007
Total clients living in urban areas	61.1% (n=4,563)	61.0% (n=4,520)	48.8% (n=9,333)	48.1% (n=9,281)
Urban clients living alone	60.3% (n=1,930)	60.0% (n=1,793)	48.1% (n=5,798)	48.0% (n=5,490)
Urban clients living in poverty	37.7% (n=770)	35.9% (n=697)	36.8% (n=2,679)	36.4% (n=2,566)

ACTIVITIES OF DAILY LIVING (ADLs)

ADL and IADL data does not have to be collected for congregate meals participants. Thus, reporting for these risk factors is lower. It is reported here for comparative purposes. All participants receiving an in-home service should have at least one identified ADL or IADL that they need assistance with to be eligible for service.

Personal care and Adult day care participants are the only service groups that specifically need to have an identified ADL need. Only 17% of this group had an identified ADL need. Bathing was the most frequently identified need.

AGING ADL DATA	IN-HOME SERVICES		CONGREGATE MEALS	
	2006	2007	2006	2007
Total clients with some ADL data	38.7% (n=3,151)	37.1% (n=2,843)	22.2% (n=4,717)	19.7% (n=4,217)
Clients with 1 ADL need	9.6%	9.5%	5.2%	5.7%
Clients with 2 ADL needs	4.3%	4.2%	1.5%	1.2%
Clients with 3 or more ADL needs	3.9%	3.9%	1.2%	0.9%

INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADLs)

Participants receiving an in-home service should have at least one IADL they need assistance with in order to qualify for an in-home service. About 75% of participants have an identified IADL need. Meal preparation (22.4%), transportation (12.2%), shopping (10.9%) and heavy housework (10.2%) were the top areas that in-home service participants needed assistance with. IADL needs are fairly consistent across age cohorts for in-home service participants. About half of all participants have one identified IADL need, while about a third of all participants have 3 identified IADL needs.

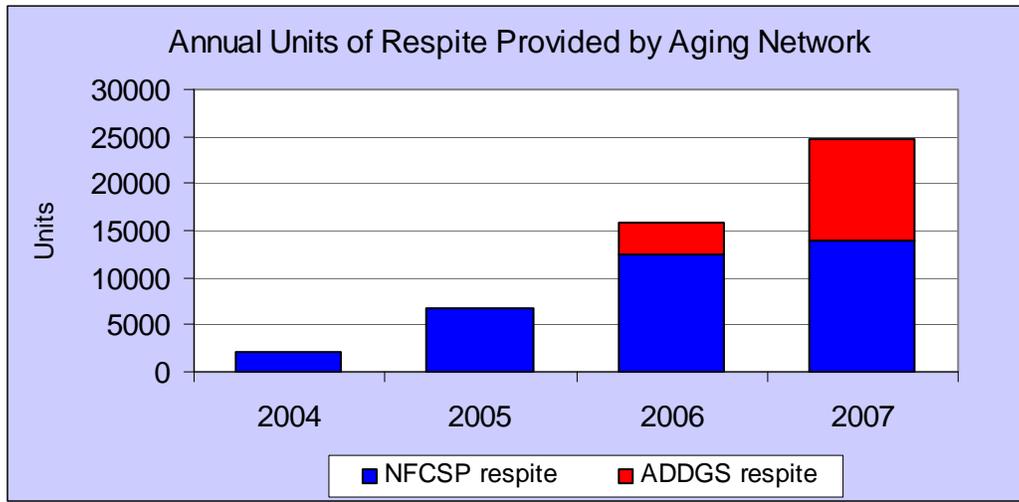
AGING IADL DATA	IN-HOME SERVICES		CONGREGATE MEALS	
	2006	2007	2006	2007
Total clients with some IADL data	44.7% (n=3,688)	42.7% (n=3,476)	22.6% (n=4,788)	19.9% (n=4,263)
Clients with 1 IADL need	35.2%	36.3%	16.3%	16.2%
Clients with 2 IADL needs	12.1%	11.7%	4.9%	5.0%
Clients with 3 or more IADLs	25.4%	25.4%	8.4%	7.8%

CAREGIVER SERVICES

The Aging Network started providing caregiver services following the inclusion of the National Family Caregiver Support Program (NFCSP) to the 2000 Older Americans Act Amendments. Currently, the main in-home service provided to caregivers is respite services. In 2005, the state received an Alzheimer's Demonstration grant from the Administration on Aging to provide expanded respite care in 16 rural counties.

Since the addition of these two funding sources, caregiver services have increase sharply over the last three years. Units of service increased from about 2000 hours in 2004 to almost 25,000 hours in 2007. Total funding for respite services increased from \$689,429 in 2004 to \$836,311 in 2007.

One of the unique features of the Alzheimer’s Demonstration grant is that it introduced cost sharing to the Aging Network. This resulted in a substantial increase in the program income for respite. In 2007, program income from non-Alzheimer’s grant sites was about \$6,500 for 41 counties compared to about \$37,000 for the 16 counties participating in the Alzheimer’s demonstration grant. Demonstration sites report that there is no negative impact on use of services by caregivers when cost sharing was implemented. One positive effect that Demonstration providers report is that caregivers tend to have more ownership of the program when they are contributing something towards services. Thus, cost sharing could have a substantial potential to increase project income if extended statewide or to other in-home services.



CONCLUSIONS

Federal and state funding for aging services are designed to assist older persons in leading independent, meaningful and dignified lives in their own homes and communities for as long as possible. Both the 2005 and 2007 Legislatures have increased funding for Aging Services to accomplish these goals. The 2007 Legislature also established an Older Montanans Trust and funded it with \$7.7 million. The Trust Fund is designed to set aside funding to meet the projected increase in demand for aging services as baby boomers move into their 70’s and 80’s. While this Trust is a good start, there is currently no on-going source of funding for the Trust.

Measuring the extent to which the Aging Network can achieve the goal of assisting elders to remain independent and in the community is a difficult proposition. This report has focused on the extent to which Aging Services has been able to target its services to individuals who have potential risk factors that could prevent them from remaining independent. In general, the Aging Network is serving a higher percentage of participants for all risk factors in comparison to the general aging population. Thus, the Aging Network is meeting its federal mandate to target its services to the most socially and economically at risk elders.

- The most significant differences between those served by the Aging Network and the general aging population are for minority and poverty risk factors.

- The percentage of Native American participants for both in-home and congregate meal services are at least 3 times that of the general over 60 population.
- In-home services participants are 4 times more likely to be in poverty than the general over 60 population. Participants in poverty are fairly consistent across age cohorts for congregate meals, while percentages tend to decrease with age for in-home services.
- Native Americans have highest percentage of participants in poverty for both in-home services (59%) and congregate meals (63%).
- The percentage of the population served increases at older ages. In 2006, Aging Services provided an in-home service or congregate meal to 26.8% of all Montana age 85 or older and to 22% of those 75-84 years of age.
- Those age 85 and over are receiving in-home services at a rate over 2.5 times higher than the percentage in general population (27.1% versus 10.6%)
- In-home service participants are twice as likely to live alone as the general aging population. Congregate meals participant are 50% more likely to live alone.
- A larger percentage of urban participants are receiving in-home services than the statewide average, while a larger percentage of rural participants are getting congregate meals than the statewide percentages.

Currently, there are not significant changes in demographic data from one year to the next. Changes tend to occur gradually, since there is not a large turnover in participants from year to year. Any changes are more likely to be the result of increased reporting rather than a significant change in who is being served. There is more variability in the units of service delivered. After about 4 years of gradual decreases in the units of service for congregate meals, units have been going up over the last 3 years. Units of respite services have been going up over the last 3 years, while homemaker and home chore have been gradually decreasing. Home delivered meals tend to be more cyclical.

Increased funding usually comes with increased demands for data on how the money is being used and what outcomes the increases are producing. In 2007, the Aging Network initiated several changes to its data collection process to improve its ability to report on client demographic data and service outcomes. A new standard for updating demographic data on participants was instituted. All participants will be asked to complete a new intake form at least once every three years. Goals to increase the collection of all demographic elements were established based on current collection rates. Area Agencies will receive quarterly reports on the percentages of missing data for each demographic element so they can identify who are meeting or exceeding targets and work with providers that need to improve their data collection methods. Finally, all participants and units of service for in-home services provided through the Aging Network will be entered into the statewide database, regardless of funding source. This will provide a more comprehensive picture of what services are being delivered and help in future planning efforts.