MEETING THE NEEDS OF NEVADA’S OLDER ADULTS:

The Role of University of Nevada Cooperative Extension

Jeanne M. Hilton, Ph.D., CFLE
Professor and State Specialist

Sally S. Martin, Ph.D., CFLE
Professor and State Specialist

William P. Evans, Ph.D.
Professor and State Specialist

Educational Bulletin EB-07-02

The University of Nevada, Reno is an equal opportunity/affirmative action employer and does not discriminate on the basis of race, color, religion, sex, age, creed, national origin, veteran status, physical or mental disability, or sexual orientation, in any program or activity it operates. The University of Nevada employs only United States citizens and aliens lawfully authorized to work in the United States.
Acknowledgements

There were many individuals who generously contributed their time and effort to various aspects of the needs assessment process, and we are grateful for their support. In particular, we wish to thank the participants in the community forums for sharing their wisdom, experience and insights with us, as well as the following individuals who made significant contributions to the project:

Karen Hinton, Dean and Director  
*University of Nevada Cooperative Extension*  
*University of Nevada, Reno*

Deborah Loesch-Griffin  
Deborah Mitchell  
Jaime Anstee  
*Center for Program Evaluation*  
*University of Nevada, Reno*

Katy Schleef  
Karen Koppa-Frye  
Karen Spears  
*University of Nevada, Reno*

Claudia Collins  
Camille Gualieri  
Mary Wilson  
Marilyn Ming  
Pamela Powell  
*University of Nevada Cooperative Extension*  
*University of Nevada, Reno*

Larry Weiss  
*Sanford Center for Aging*  
*University of Nevada, Reno*

Bus Scharmann, Dean  
*Western Nevada Community College*

The information provided in this report is intended to serve a wide audience, including Cooperative Extension faculty, Nevada System of Higher Education faculty, the UNCE Advisory Committee; state and local agencies; policy makers; legislators; and senior citizens and their caregivers.
## Contents

**Executive Summary** .................................................................................................................................. 5

**Part I: Introduction** .................................................................................................................................. 10

**Part II: Aging Issues Identified in the Literature** ................................................................................. 13

- Theories and Frameworks Related to Aging ......................................................................................... 13
- Research on Maintaining and Enhancing Health .................................................................................. 15
  - Physical Health and Well-Being ........................................................................................................... 15
  - Mental Health and Aging .................................................................................................................... 19
  - Minority Health and Aging ................................................................................................................. 21
- Research on Engaging in Life .................................................................................................................. 23
  - Effects of Demographic Change on Social Networks ........................................................................ 23
  - Other Changes in Social Networks and Family Relationships ............................................................ 26
- Active Aging and Quality of Life .............................................................................................................. 27
  - Personal Safety and Secure Living Environments ............................................................................... 29
- Research on Making Successful Transitions .......................................................................................... 31
  - Economic Self-Sufficiency ................................................................................................................... 31
  - Late-Life and End-of-Life Decision Making ........................................................................................ 34

**Part III: Existing Priorities and Programs** ............................................................................................ 35

- National and State Priorities ................................................................................................................... 35
- Priorities Identified at the White House Conference on Aging ............................................................... 35
- Current Programs in the State of Nevada ............................................................................................... 35
  - Strategic Plans ................................................................................................................................... 36
  - State Programs Related to Maintaining and Enhancing Health .......................................................... 38
  - State Programs Related to Engaging in Life .......................................................................................... 39
  - State Programs Related to Making Successful Transitions ................................................................. 42
- Current Programming in Cooperative Extension .................................................................................... 43
  - UNCE Programs on Aging .................................................................................................................. 43
  - UNCE Programs in Southern Nevada .................................................................................................. 43
  - UNCE Programs in Northern Nevada .................................................................................................. 44
  - Other UNCE Resources for Older Adults ............................................................................................ 44
Part IV: The Community Assessment Forums ................................................................. 45
  Discussion with Community Stakeholders ............................................................... 45
  Issues and Themes That Emerged ........................................................................... 45
  Gaps in Existing Programs ...................................................................................... 46
  Stakeholders’ Recommendations for UNCE ............................................................. 48
  Outreach Education .................................................................................................. 49
  Research ................................................................................................................... 49
  Capacity Building .................................................................................................... 49

Part V: Conclusions and Recommendations ............................................................... 50
  Needs That Were Identified ...................................................................................... 50
  Resources to Meet the Identified Needs ................................................................. 52
  Next Steps ............................................................................................................... 53

References ................................................................................................................ 56

Appendices ............................................................................................................... 60
  Appendix A: Detailed Findings from the Aging Survey ............................................. 60
  Appendix B: Examples of National Cooperative Extension Programs on Aging .......... 62
  Appendix C: The Process Used for the Community Forums ...................................... 65
  Appendix D: Prioritized Issues: Site Comparisons ................................................... 67
  Appendix E: Recommended UNCE Activities: Statewide ........................................ 68
  Appendix F: Recommended UNCE Activities: Site Comparisons ............................... 72
  Appendix G: Issues Addressed in the Recommendations to UNCE ......................... 77
Nevada currently has the fastest growing senior population in the entire United States (U.S. Census Bureau, 2005). In the year 2000, Nevada had 218,929 seniors age 65 or older. By 2010, the number of seniors is expected to increase by 51%, to 329,621 individuals. This rapid increase in Nevada’s older adult population can be attributed to three major demographic changes: aging of the baby boomer generation, increases in longevity, and the migration of retirees into the state. The first group of baby boomers will reach age 65 in 2010, and by 2030, when the baby boomers reach their middle 80s, Nevada’s senior population will have grown by 75% (U.S. Census Bureau, 2005).

Each succeeding generation of older adults is living longer, increasing the likelihood that baby boomers will live long enough to experience higher rates of chronic illness and functional disability than earlier generations. Although many of Nevada’s older adults are healthy, a large number are or will become at risk, resulting in a significant number of older adults who will become fragile and dependent, straining resources that are required to meet their need for health care and assisted living.

The challenges associated with increased longevity have implications not just for health care, but also for careful financial planning to ensure that older adults have adequate resources until the end of life.

Other demographic trends will impact the aging of Nevada’s citizens. Many older adults are moving to Nevada for their retirement years – perhaps away from other family members and close friends. While fully independent at the time of the move, it is unclear how they will find the support that they need when they have an emergency, can no longer drive, need help with increasingly sophisticated technology, or when they face unexpected challenges – such as gaining custody of their grandchildren.
With the exception of some of the immigrants from other countries, baby boomers have more education than earlier generations. Adults with postsecondary education tend to delay retirement, and they are not likely to be interested in many of the services and programs that have traditionally been offered at Senior Centers; they want information that will help prevent problems and maximize their quality of life (AARP, 2005a).

To summarize, changes in longevity, education, standards of living, migration patterns, and geographic mobility, as well as greater diversity in family structures and the ethnic composition of the population, have impacted the aging process and have increased pressure on communities to provide a different mix of educational programs and support services for older adults. Such changes suggest that there will be an increased need for planning for the later years as well as educational programming for older adults and family members. Planning and programming will focus on three major outcomes:

- Maintaining and enhancing mental and physical health
- Keeping people engaged in life and living independently
- Helping people make successful transitions and decisions about important issues such as retirement, long-term care, and end-of-life concerns

In many states, Cooperative Extension offers a variety of aging programs that assist community leaders and the public. In Nevada, however, Cooperative Extension programs related to aging are limited to the Southern Area and a few rural counties. The key question addressed in this report is whether University of Nevada Cooperative Extension (UNCE) should be involved in more vigorous efforts to serve Nevada’s growing older adult population, and if so, what shape these efforts might take.

**Needs Assessment Strategies**

Over time, UNCE recognized that Nevada’s older adult population was increasing and that Cooperative Extension resources for aging were limited. The dean responded by initiating a needs assessment process to determine whether UNCE should offer additional or different programs to support Nevada’s older adults. A team of Cooperative Extension specialists used several strategies to assess the need for and potential role of UNCE in providing programs for older adults. The members of the team:

- Reviewed aging trends, theories, and research;
- Surveyed participants of two Nevada Conferences on Aging sponsored by the Nevada Division for Aging Services; Center on Aging at the University of Nevada, Las Vegas; and Sanford Center for Aging at the University of Nevada, Reno;
- Assessed services currently provided at the national, state, and local levels;
Held intensive, day-long Community Forums with key stakeholders in three locations: Fallon, Reno, and Las Vegas.

**Results**

Information from all of these sources was used to assess: 1) the present and future needs of older adults, 2) resources available to meet these needs, and 3) gaps between identified needs and resources. As might be expected, there was considerable concern about gaps in meeting the basic physical needs of aging citizens, such as health care, nutrition, housing, safety, and transportation. In addition, there were concerns about the coordination of services for older adults – a common problem in Nevada and across the nation. The Community Forums were used as a final step in the process to help us prioritize issues and identify gaps in programming across three geographic areas: rural communities, Reno-Sparks-Carson City, and Las Vegas. Community stakeholders thoughtfully considered existing issues, gaps, and resources, and offered specific recommendations regarding the types of UNCE activities that would be most helpful in the context of its mission to provide educational outreach, research, and capacity building/community development rather than providing direct services, such as health care and transportation.

**Stakeholders' Recommendations for UNCE**

The full report of the aging needs assessment provides detailed findings from each of the three community meetings. Recommendations from all three have been summarized below, organized by the three main functions of UNCE: outreach education, research, and capacity building.

**Outreach education** involves designing, delivering, and evaluating community education programs that address topics related to aging. Recommendations for outreach education included:

- Develop programming to promote health and wellness across the lifespan
- Participate in a public campaign to improve the image of aging and raise awareness regarding the issue of elder abuse
- Conduct professional development for senior center directors and directors of agencies and programs (including financial education and cultural sensitivity training)
- Conduct Community Forums on different issues
- Develop Fact Sheets on “Hot Button” issues
- Develop financial programming for seniors
- Promote youth engagement in gerontology projects and careers
• Provide nutrition education for seniors and the cooks at senior centers
• Develop curriculum for caregiver training

Research involves developing and carrying out studies to discover new information and obtain data relevant to programming designed for older adults. Recommendations for research included:
• Analyze evidence-based practices, existing models, and the funding patterns of other states to help guide future projects on aging in Nevada
• Collaborate with stakeholders in conducting community surveys and needs assessments
• Conduct needs assessments on transportation issues and senior gambling
• Determine what will draw seniors to services and programs
• Investigate the issues of senior-segregated versus inclusive communities, why Nevada ranks lowest in volunteerism, and why more people do not participate in gerontology/geriatric training opportunities

Capacity building involves working with other organizations, agencies, and communities to develop or enhance their ability to meet the needs of the older population. Recommendations related to capacity building included:
• Help develop a Nevada State Association on Aging
• Participate in the development of a “Vision for a Healthy Nevada”
• Collaborate with stakeholders in developing advocacy and policy recommendations
• Provide information about how to increase grant funding
• Help develop a marketing plan for senior programming
• Assist with information dissemination and resource coordination
• Facilitate networking opportunities among key stakeholders
• Provide train-the-trainer programming
• Provide interns to work in rural communities
• Help coordinate a statewide transportation summit

Implications for UNCE

These findings provide useful information for UNCE, and a direction for future programming in the area of aging. First, they indicate that there are, and will continue to be, unmet needs for the aging population and that UNCE could make an important contribution to Nevada’s older population. The above recommendations, in addition to the literature review and other sources of information gathered in this assessment process, suggest several potential directions for UNCE programming. Such work would involve community
partnerships and focused efforts in outreach education, research, and capacity building/community development. Each of the following endeavors would make a significant contribution to state and community efforts to support Nevada’s older adult population. With sufficient resources, UNCE could:

- Provide training, education, and research related to health, nutrition, and the social and financial functioning of older adults;
- Collaborate on aging research and programming that emphasizes all aspects of well-being;
- Provide training, education, and research related to ethnic differences in aging;
- Collaborate on efforts to promote the integration and coordination of information, resources, and services; and
- Collaborate with stakeholders in efforts to inform social policy related to Nevada’s aging population.

However, the current capacity of UNCE to address the needs of older adults statewide is limited, due to gaps in expertise and lack of personnel. To move forward with a comprehensive statewide aging program, UNCE needs to develop creative strategies to enhance its current capacity, within the context of scarce new resources in the University System.

We recommend moving forward in a two-step process. Initially, UNCE administrators and the UNCE Advisory Committee can use the information from this report to help obtain additional resources and positions. Second, we also recommend engaging UNCE faculty and staff in efforts to prioritize the issues identified in this report and strategize ways to build the critical mass needed to move forward. UNCE also needs to partner with existing and new collaborators to effectively address these issues. With sufficient resources, UNCE should emerge as a key community partner in future efforts to support the growing population of Nevada’s older adults.

Electronic copies of the Executive Summary, Extension Bulletin EB-07-02 (full report), and detailed findings of the Needs Assessment are available online: http://www.unce.unr.edu/publications/files/cy/2007/eb0702.pdf
Part I: Introduction

Baby boomers born after World War II created a huge demographic bulge that flourished in America’s postwar prosperity. With access to opportunities and education beyond the dreams of their parents, many of these baby boomers grew up with rebellious and idealistic attitudes that promised to reshape society. Now that baby boomers are entering their 60s, they are swelling the ranks of the senior population and changing the nation’s perceptions of aging. By 2030, when the first baby boomers reach their middle 80s, the number of Americans over 65 will have grown by 95%, accounting for more than 71 million individuals (U.S. Census Bureau, 2005a).

Gerontologists generally refer to the senior population as young-old (ages 65 to 74), old-old (ages 75 to 85), and the oldest old (age 85 and older) (Benokraitis, 2008). A major question for society is whether baby boomers will be vigorous and healthy, or constrained by chronic disease as they pass through these final stages of life. All of us have a stake in the answer. Baby boomers currently account for 26% of the U.S. population. As they grow older, they are likely to place extraordinary demands on Medicare, Social Security, and other social systems, including an increased need for assistance from professional caregivers and their own children. Several indicators suggest, however, that baby boomers will enjoy greater longevity and better health than any previous generation. Since 1950, the death rate for heart disease has dropped by 60% and the rate for stroke by 70%, and since 1990, the overall death rate for cancer has been reduced by 12% (Centers for Disease Control and Prevention, 2005a). If boomers remain vigorous and healthy in their later years, they are likely to continue to make important contributions to society well into old age. However, at some point, a significant number of baby boomers are likely to become fragile and dependent, straining resources that are available to meet their need for assisted living and health care. Increased demands on health care and other systems will affect younger generations as well.

Given what is at stake, the aging of the American population is receiving considerable attention at the national, state, and local levels. At the national level, a White House Conference on Aging was held in December 2005, and broad changes are being proposed for the Medicare and Social Security programs. At the state and local levels public and non-profit agencies are working on priorities and strategic plans to ensure that appropriate services,
Meeting the Needs of Nevada’s Older Adults: The Role of University of Nevada Cooperative Extension

support, and educational opportunities will be provided to Nevada’s older adults.

The Cooperative Extension System is a broad network of national, state, and local efforts to discover, develop, disseminate, and use knowledge to strengthen the social, economic, and environmental well-being of the population. University of Nevada Cooperative Extension (UNCE) provides community outreach, program development and implementation, teaching, training, public policy education, and evaluation related to populations and issues across the lifespan (UNCE, 2005).

Across the nation, Cooperative Extension has a broad range of programs that focus on the needs of older adults. These programs address issues that range from recreational activities to estate planning, and involve prevention and intervention efforts that have had a documented impact on the well-being of older adults. In Nevada, however, Cooperative Extension programs for older adults are limited to the Southern Area and a few rural counties. This report assesses whether UNCE should be involved in more vigorous efforts to serve Nevada’s aging population, and if so, what shape these efforts might take.

**Development of the Needs Assessment**

Several demographic changes have contributed to a renewed interest in the aging population of Nevada. Rapid growth in the population of the state has been accompanied by challenges to meet the needs of its youngest and oldest citizens. In 2000, Nevada had 511,799 children under the age of 18 and 218,929 adults age 65 or older. In the relatively short span of 10 years, the number of children in Nevada is expected to increase by 30%, to a total of 665,085 individuals, and the number of older adults will increase by 51%, to 329,621 individuals (U.S. Census Bureau, 2005a).

These changing demographics prompted a needs assessment process to determine whether UNCE should offer additional or different programs to support Nevada’s older adults. A team of Cooperative Extension specialists conducted the needs assessment, using several strategies to evaluate the potential role of UNCE in providing programs for older adults. The members of the team:

- Reviewed aging trends, theory, and research;
- Examined federal and state priorities and strategic plans related to aging and existing programs at the national, state, and local levels;
- Surveyed participants of two Nevada Conferences on Aging sponsored by the Nevada Division for Aging Services, the Center on Aging at the University of Nevada, Las Vegas, and the Sanford Center for Aging at the University of Nevada, Reno;
- Conducted an integrated, state-wide process that included three Community Forums representing three geographic areas of the state: rural counties, Reno, and Las Vegas; and
- Used all of this information to propose a set of recommendations for UNCE.

The first step in the needs assessment involved reviewing the literature in order to document the extent of the problem, find a theoretical framework to guide the effort, and identify emerging issues in the field of gerontology. Findings from this review are presented in Part II.
The second step involved looking at national and state priorities and strategic planning that will direct public policy over the next decade, as well as the scope of programming that is currently available through government agencies and Cooperative Extension. This step helped the team gain a sense of efforts that are currently in place, and those that are likely to emerge within the next decade. A summary of this portion of the needs assessment is presented in Part III.

Each of these preceding steps was used to develop a background and context for organizing a series of three UNCE-sponsored Community Forums with stakeholders. The Community Forums were used to 1) identify and prioritize key aging issues that need to be addressed, 2) evaluate gaps in existing programming and services related to the key issues, and 3) propose ways that University of Nevada Cooperative Extension could help fill those gaps, within the context of its resources and mission. The results of these efforts are reported in Part IV.

This report concludes with Recommendations for UNCE (Part V). The recommendations provide a thoughtful synthesis of all of the information that was gathered during the needs assessment process, including trends that were identified in the literature, priorities that have been established at various levels of government, issues that were identified by community leaders, gaps in services and programs that already are in place, and feedback from citizens who participated in the Aging Survey and Community Forums. The recommendations reflect the three broad themes that were used to organize the needs assessment: maintaining and enhancing health, engaging in life, and making successful transitions. The recommendations also reflect actions that are compatible with the mission of UNCE to serve the state through outreach education, research, and capacity building, as well as a careful assessment of resources needed to carry out the recommendations.
Research is a central component of UNCE’s mission to discover, develop, disseminate, and use knowledge to strengthen the social, economic, and environmental well-being of the population. Therefore, any needs assessment conducted by UNCE includes a thorough review of the current literature. In Part II, theory and research are used as a context for understanding emerging trends and issues related to the aging of the U.S. population.

Theories and Frameworks Related to Aging

Over the years many theories have emerged to explain aging as a developmental process. The earliest theories focused on loss and deficits as an inevitable part of the aging process. Over time, however, theorists have shifted their focus to understanding and enhancing how older individuals maintain their health and quality of life. Much of this work is based on Rowe and Kahn’s model of Successful Aging (1998), which emphasizes independent functioning, psychological well-being, physical and mental health, cognitive growth, quality of life, life satisfaction, positive adaptation to change, and social integration (Knight & Ricciardelli, 2003).

The latest group of theories is embedded in the literature on successful aging. One set of theories involves “strengths of aging” or “gerotranscendence” approaches that focus on the possibilities and growth potential of aging individuals (e.g., Sullivan & Fisher, 1994; Tornstam, 1997), as an alternative to the loss/deficit focus so often emphasized in the literature. Another group of theories moves a step further by applying the concept of successful aging to those who are functionally impaired. Researchers and practitioners using this perspective emphasize making the most of a difficult situation, maximizing autonomy, and finding satisfaction and meaning in life (Bearon, 1996).

Other researchers have explored how older adults define successful aging, anticipating that their defining characteristics would be somewhat different from those identified by researchers (e.g., Phelan et al., 2004; Knight & Ricciardelli, 2003). In general, both the researchers and study participants agree that successful aging (or adjustment/adaptation to aging) encompasses reaching one’s potential and arriving at a level of physical, social, and psychological health and well-being in old
Meeting the Needs of Nevada’s Older Adults: The Role of University of Nevada Cooperative Extension

age that is pleasing to both oneself and to others. The only differences between the two groups are that researchers (in comparison to the older adults) are more likely to consider longevity an important indicator of successful aging, whereas older adults (rather than the researchers) list religiosity as a factor in aging well (Gibson, 1995; Bearon, 1996).

According to Rowe and Kahn, a person who has aged successfully would be in reasonably good health, cognitively intact, and physically active and engaged in life. While these criteria are the ideal, in reality relatively few older adults (especially among the oldest-old, or those over the age of 85) would meet them. For our purposes, we prefer the broader view of successful aging that is currently emerging in the literature. This view focuses on maximizing autonomy, and finding satisfaction and meaning in life, whatever the circumstances. From this more encompassing perspective, a person who has aged successfully would be engaged in life to the fullest extent possible, for as long as possible, given his or her age, health status, cognitive functioning, and physical limitations. Based on this emerging framework, we identified three overarching developmental tasks of older adults that promote successful aging: 1) maintaining and enhancing health throughout life; 2) engaging in life to the fullest extent possible; and 3) preparing for and making successful transitions.

- **Maintaining and enhancing health throughout life** encompasses awareness and acceptance of normal age-related changes, as well as monitoring risk factors and using prevention strategies to cope with chronic illnesses and diseases that become more prevalent with age. It also involves awareness of new opportunities that retirement and slowing down provide, such as time for reflection and time to engage in health promoting activities that may have been neglected earlier in life.

- **Engaging in life to the fullest extent possible** involves finding meaning, purpose, and satisfaction in day-to-day living, despite losses associated with the aging process. Although Rowe and Kahn (1998) stressed engagement in productive activities (i.e., paid and unpaid labor, helping and volunteer work, educational opportunities, and leisure activities), later conceptualizations of successful aging embrace the notion of being as active and engaged as one can be, given limitations in health and mobility. Even those with severe limitations can enjoy watching the antics of a beloved pet, or find ways to communicate love and appreciation to those around them.

- **Preparing for and making successful transitions** involves restructuring daily activities after retirement, and taking time to engage in rewarding activities such as travel, gardening, or volunteer work, and spending more time with family and friends. It also involves an increased awareness of the need to plan for the physical, cognitive, social, and

“Nevada seniors want to retain their health. They value their independence and want to be able to care for themselves and their loved ones at home”

(Nevada Department of Human Resources, 2002, p.27)
financial changes that are part of the aging process. Successful transitions require attention to maintaining financial resources and social obligations in later years as well as to other issues related to late-life or end-of-life decision making.

**Research on Maintaining and Enhancing Health**

Normal aging is characterized by gradual physical and cognitive decline that starts in mid-life (Moody, 2006; Schaie, 2005). In contrast, accelerated aging is characterized by losses in functional and cognitive ability due to increased susceptibility to chronic illness and disease. Being aware of normal changes that occur with age, avoiding risk factors associated with accelerated aging, and using prevention strategies that delay physical and cognitive decline can significantly alter the trajectory of the aging process. In other words, regular exercise, healthy eating habits, reading, and intellectual stimulation help prevent the onset of disease and disability, and staying active and productive help delay functional losses (Rowe & Kahn, 1998).

**Physical Health and Well-Being**

According to the U.S. Department of Health and Human Services (2000), leading health indicators suggest that an individual’s behavior; physical, social, and environmental context; and access to health care systems produce differences in health outcomes. Overall, the primary risk factors for poor outcomes are: lack of physical activity, being overweight or obese, tobacco use, substance abuse, irresponsible sexual behavior, poor mental health, injury and violence, poor environmental quality, and lack of immunization and access to health care. Low income and lack of education are related risk factors. Only 4% of individuals with a household income of $50,000 or more have fair to poor health status, compared to 34% of individuals with incomes below $25,000 (U.S. Department of Health and Human Services, 2000).

**Chronic Illness, Disease, and Disability.**

The prevention or delay of chronic illness and disease is an important factor in successful aging. The risk of being diagnosed with one or more of the following chronic conditions increases with age:

- Dementia & Alzheimer’s
- Arthritis
- Atherosclerosis
- Diabetes
- Cancer
- Osteoporosis
- Cardiovascular Disease
- Parkinson’s Disease
Unfortunately, 88% of the U.S. population over the age of 65 has at least one chronic health condition (National Center for Health Statistics, 2003). In Nevada more than 918,000 residents across all age groups reported at least one chronic illness in 2000, with projections that the number would reach 1,132,000 by 2005. Seven out of every 10 deaths among Nevadans who are between the ages 50 to 64 are due to chronic disease (Lee, 2005), and five chronic diseases are the leading cause of death for persons 65 and older, in both Nevada and the United States (Centers for Disease Control and Prevention, 2002). The death rates and rankings for Nevada in 2002 were:

1. Heart Disease (28.5%)
2. Cancer (23.5%)
3. Respiratory Disease (8.9%)
4. Stroke (7.0%)
5. Influenza & Pneumonia (2.7%)

In addition to the high rate of chronic illness and related mortality, 41% of Nevada’s older adults live with some type of disability (Nevada Department of Human Resources, 2004). Among the population of non-institutionalized adults in Nevada, 33% of adults ages 65 to 74, and 56% of those 75 years or older, suffer from at least one disability (Nevada State Demographer, 2000). Physical disabilities are the most common among adults over the age of 65, followed by functional disabilities and sensory disabilities (Nevada State Demographer, 2000).

**Major Risk Factors for Chronic Illness.**
Chronic diseases are strongly linked to several risk factors. Nearly 40% of deaths in the U.S. are attributed to smoking, physical inactivity, poor diet, and alcohol abuse (Centers for Disease Control and Prevention, 2005a). To reduce the incidence and impact of chronic illness, the Centers for Disease Control and Prevention (CDC) recommend the promotion of healthy behavior through community education and policies and practices designed to increase the awareness of risk and protective factors. Specifically, the CDC promotes the avoidance of risky behaviors such as the use of tobacco, the abuse of alcohol and drugs, and the adoption of healthy behaviors such as eating nutritious foods and exercising regularly (Centers for Disease Control and Prevention, 2005a).

With regard to the physical health effects of substance abuse, some of the nation’s most serious social problems (e.g., violence, injury, and HIV infection) are associated with the use of alcohol and illicit drugs, and smoking remains the single most preventable cause of death and disease in the United States (U.S. Department of Health and Human Services, 2000). Smoking produces more deaths per year than AIDS, alcohol, cocaine, heroin, homicide, suicide, motor vehicle accidents, and fires combined, accounting for one in every five deaths among U.S. adults (Centers for Disease Control and Prevention, 2005a; U.S. Department of Health and Human Services, 2000).

Being overweight or obese is another major risk factor for chronic diseases that are associated with high death rates. Although obesity is less prevalent in Nevada than in the nation as a whole (AARP, 2005a), Nevada’s obesity rate nearly doubled from 13% in 1990 to 21% in 2004 (Nevada Department of Human Resources, 2004).
Regular physical activity and a healthy diet are essential prevention strategies for reducing the risks for chronic diseases that are associated with being overweight or obese.

**Physical Activity and Fitness.** Most people know that regular physical exercise contributes to overall fitness, weight loss and maintenance, and cognitive health. However, regular physical activity also improves and sustains strength and agility, which reduces the risk of falling and helps older adults maintain their independence (U.S. Department of Health and Human Services, 2000). Physical activity also helps prevent and manage disability and pain (Centers for Disease Control and Prevention, 2005b). Exercise has a direct effect on weight control, and therefore, on muscle, joint, and bone health. In addition, engaging in regular physical activity helps relieve the pain of arthritis; reduces symptoms of anxiety and depression; and can decrease the need for hospitalization, physician visits, and medications (U.S. Department of Health and Human Services, 2000). Regular exercise also increases the ability of people with certain chronic, disabling conditions to perform activities of daily living (U.S. Department of Health and Human Services, 2000). Most important of all, the risk of death from chronic illnesses such as heart disease, diabetes, and high blood pressure is greatly reduced by regular physical activity (Centers for Disease Control and Prevention, 2005a; U.S. Department of Health and Human Services, 2000). Despite these benefits, by age 75, one-third of all men and one-half of all women do not engage in any form of regular physical activity (Centers for Disease Control and Prevention, 2005a; U.S. Department of Health and Human Services, 2000).

**Nutrition and Hydration.** Adequate nutrition and hydration are important to people of all ages, but are crucial for older adults. Nutrition, like fitness, is a key prevention strategy for weight control and the prevention of many chronic illnesses; however, proper nutrition is not an integral part of many individuals’ everyday behavior. In addition to its role in preventing disease at any life stage, a nutritous diet has been found to extend the productive life span of older adults by reducing the incidence of chronic diseases such as heart disease, stroke, some types of cancer, diabetes, and osteoporosis (Centers for Disease Control and Prevention, 2005a). A diet that is low in saturated and trans fats and contains many servings of fruits and vegetables each day is necessary for maintaining good health. Unfortunately, fewer than one-third of all adults age 65 and older meet the dietary guidelines for the consumption of fruits and vegetables (Centers for Disease Control and Prevention, 2005a).

Lack of hydration is another major concern. Although adults of all ages are advised to drink fluids in response to thirst (American Dietetics Association, 2005), older adults are less likely to drink the recommended amount of fluids and are therefore at higher risk of becoming dehydrated. Feelings of thirst diminish as part of the normal aging process, and some illnesses and medications can also lower an individual’s capacity to
recognize thirst, leaving older adults vulnerable to dehydration. Additional factors that can contribute to dehydration include immobility, swallowing difficulties, and uncontrolled diabetes (Texas Cooperative Extension, Texas A & M University System, 2005). Consequently, dehydration is one of the most common reasons for hospitalization of those 65 and older, and it is critical to educate individuals and their families about the importance of monitoring whether older adults are getting sufficient fluids as part of a nutritious diet.

**Immunization.** Vaccines are considered one the greatest public health achievements of the 20th century. Immunizations help prevent disability and death from infectious diseases and can control the spread of infections within communities (U.S. Department of Health and Human Services, 2000). Thousands of older adults suffer unnecessarily from influenza or pneumonia every year because they were not immunized. In 2002, complications from pneumonia and influenza were responsible for 3% of deaths in the United States among those 65 and older (Centers for Disease Control and Prevention, 2002; Crutchfield, 2001), making these illnesses the fifth leading cause of death in the United States for people in that age group (Murphy, 2000; in Crutchfield, 2001). In addition to preventing illness, vaccination also reduces health care costs in terms of physician visits and medications (Centers for Disease Control and Prevention, 2005a). In 2004, influenza immunization rates in the United States were estimated at 65% for adults aged 63 years and older, which was nearly double the rate of 33% for the year 1989 (Centers for Disease Control and Prevention, 2005c).

In Nevada, “pneumonia/influenza” is the fifth leading cause of death for people age 65 or older (Centers for Disease Control and Prevention, 2002). The CDC (2004b) estimates that only 59% of individuals in this age group get an annual flu shot. Increasing the number of older adults receiving pneumonia/influenza immunizations is one of the least expensive and most effective strategies that the state can use to prolong the lives of its older adults.

**Access to Health Care.** Access to health care and the cost and the quality of health care have been named as the greatest challenges facing the older population (AARP, 2005a). Older adults with health insurance, a higher income level, and a regular primary care provider or other source of ongoing health care are able to get the care that they need (U.S. Department of Health and Human Services, 2000). When these resources are lacking, older adults avoid using the health care system. Adequate health insurance is a critical factor in protecting the health of Nevada’s citizens. Adults with health insurance are twice as likely to receive a routine medical checkup, compared to those without health insurance (U.S. Department of Health and Human Services, 2000). Currently, 18% of Nevada’s population lacks health insurance, making Nevada
Meeting the Needs of Nevada’s Older Adults: The Role of University of Nevada Cooperative Extension

the sixth worst state in the nation on this issue (U.S. Census Bureau, 2003b).

According to the AARP’s report, State of 50+ in America, the ability to pay for medical care has been declining over the last 10 years. Those who are close to retirement age but do not yet qualify for Medicare are the most vulnerable. Among adults ages 50 to 64, approximately 6% were not able to afford medical care during the previous 12 months. The percentage was less than 3% for those ages 65 to 74 and 2% for those 75 and older (AARP, 2005a). However, even though most members of the older population are able to obtain necessary medical care, 17% of adults ages 50 to 64, and 22% of those 65 and older report financial problems related to health care costs (AARP, 2005a).

**Mental Health and Aging**

About 20% of the U.S. population is affected by mental illness during a given year, and more than 19 million adults in the United States suffer from depression, which is the most common form of mental illness (U.S. Department of Health and Human Services, 2000). Serious depression is also the leading cause of disability and contributes to more than two-thirds of all suicides each year (U.S. Department of Health and Human Services, 2000). Loss and grief, which are more common in later life, increase the risk for depression and suicide, two of the most serious mental health issues facing older adults.

**Loss and Grief.** Loss and grief are common experiences in later life as older individuals experience the physical decline and death of friends and relatives. The death of a spouse is one the most life-changing experiences faced by older adults. Learning how to successfully cope with the loss of a spouse and other loved ones is an important developmental task that is essential to the mental health of older adults, especially women. It is estimated that 50% of marriages will end with the death of a husband, and 20% with the death of a wife (Kart & Kinney, 2001, p.268). According to the U.S. Census Bureau, nearly 70% of women ages 65 years or older have lost a spouse, as have 22% of men in this age group (Kart & Kinney, 2001). Rates of widowhood for the state of Nevada are similar to those for the nation. In the year 2000, 66,569 women and 19,442 men living in Nevada experienced the death of a spouse (Nevada State Demographer, 2000).

**Depression.** Common stressors related to aging such as loss and grief, loneliness and isolation, loss of independence, and changes in physical health are associated with increased depression in later life (Kart & Kinney, 2001). As a group, older adults have the highest rates of depression in the population, with about twice as many women affected as men (U.S. Department of Health and Human Services, 2000). Depression rates are also higher among older
adults with co-existing medical conditions, and rates of depression among older nursing home residents range from 15% to 25% (U.S. Department of Health and Human Services, 2000). In addition to interfering with daily functioning, depression also is associated with medical conditions, such as heart disease, cancer, and diabetes, as well as anxiety and eating disorders. Severe depression is the leading cause of disability in the United States, and it is a serious risk factor for suicide, contributing to more than two-thirds of all suicides annually (U.S. Department of Health and Human Services, 2000).

**Spirituality.** Researchers have found that older adults who have a strong sense of spirituality/religiosity have a distinct advantage over those who do not (Crowther, Parker, Achenbaum, Larimore, & Konig, 2002). Spirituality is a stable characteristic of an individual’s personality that contributes to mental health by providing a strong sense of purpose, meaning, and mastery (Post, 2003; Krause, 2007). Spirituality also supports mental and physical health by helping older adults cope with loss and stress (Folkman & Lazarus, 1980).

**Alzheimer’s disease** (AD) is the most common form of dementia among older adults, involving parts of the brain that control thought, memory, and language (Birren & Schaie, 2001). It has been estimated that nearly 4.5 million Americans suffer from AD, and there is no known cause of the disease, and no cure. The risk for AD increases substantially at age 60, and the number of individuals diagnosed with the disease doubles every 5 years beyond age 65. Although only 5 percent of men and women ages 65 to 74 have AD, nearly half of those who are age 85 and older have the disease. AD is not a normal part of the aging process, and it typically does not occur in younger individuals (Birren & Schaie, 2001). The National Institute on Aging provides information

“Between 1980 and 1999 the largest relative increases in suicide rates occurred among those 80 to 84 years of age, with the highest rate of suicide among elderly white men.”

than younger adults, and they are more likely to use highly lethal methods when they attempt suicide (Centers for Disease Control and Prevention, 2005a). Between 1980 and 1998, the largest relative increases in suicide rates occurred among those 80 to 84 years of age, with the highest rate of suicide among older white men (Centers for Disease Control and Prevention, 2005a). In Nevada, the overall suicide rate has been 65% to 85% higher than the national average for the last decade, and this is an improvement over previous years (Nevada Department of Human Resources, 2004). In 1999, the CDC reported the suicide rate for Nevada’s general population at 22 per 100,000 compared to a national average of 10 per 100,000 (Centers for Disease Control and Prevention, 2007), and in 2003, Nevada’s rate was at 18.5 per 100,000 compared to a national average of 11 per 100,000 (Nevada Department of Human Resources, 2004).

**Late-Life Suicide.** Risk factors for suicide among older adults differ from those of younger adults. Older adults tend to be more depressed and more socially isolated than younger adults, and they are more likely to use highly lethal methods when they attempt suicide (Centers for Disease Control and Prevention, 2005a). Between 1980 and 1999, the largest relative increases in suicide rates occurred among those 80 to 84 years of age, with the highest rate of suicide among elderly white men (Centers for Disease Control and Prevention, 2005a). In Nevada, the overall suicide rate has been 65% to 85% higher than the national average for the last decade, and this is an improvement over previous years (Nevada Department of Human Resources, 2004). In 1999, the CDC reported the suicide rate for Nevada’s general population at 22 per 100,000 compared to a national average of 10 per 100,000 (Centers for Disease Control and Prevention, 2007), and in 2003, Nevada’s rate was at 18.5 per 100,000 compared to a national average of 11 per 100,000 (Nevada Department of Human Resources, 2004).

**Minority Health and Aging**

In 2005, 79% of Nevada’s population was White, 24% was Hispanic, 7% was Black or African American, 6% was Asian, and 1% was American Indian and Alaska Native. At that time, 3% of Nevadans reported ethnic backgrounds that included two or more races (U.S. Census Bureau, 2005a). As the cultural landscape of Nevada continues to change, there will be an increased need for diversity training related to providing services and programming for older adults in the following minority populations:

**Hispanics.** Between 1990 and 2005, the fastest growth in Nevada’s population was among Hispanics, which increased by 357% (U.S. Census Bureau, 2005a). In 2005, approximately 568,000 Hispanics lived in Nevada, 445,000 lived in Clark County, and 77,000 lived in Washoe County.

Hispanics living in the United States suffer higher rates of diabetes and cancer (stomach, liver, and cervix) than the general population, and Hispanics of all ages are the least likely of all ethnic groups to have health insurance. Lack of health insurance, inadequate insurance coverage, language barriers, and the undocumented status of many Hispanics interfere with access to adequate health care (Carter-Pokras & Woo, 1999).

**African Americans.** Approximately 12% of the nation’s population is black or African American. More than 53% of African Americans live in the South, 37% reside in the Northeast and Midwest, and 10% live in the West. Nevada has a relatively small population of African Americans, accounting for 7% of its population. In 2005, approximately 170,854 African Americans lived in Nevada: 161,011 lived in Clark County and 8,099 lived in Washoe County (U.S. Census Bureau, 2005a).

African Americans generally have higher rates of disease, injury, death, and disability than other ethnic groups, and these health-related problems occur at younger ages in African Americans than in whites. Furthermore, three of the 10 leading causes of death among African Americans (homicide, HIV, and septicemia) are not included in the leading causes of death for whites. Health indicators reflect additional racial/ethnic disparities. African Americans are less likely than whites to have health insurance and influenza vaccinations, and they are more likely to have high blood pressure, low levels of physical activity, and higher rates of obesity (Centers for Disease Control and Prevention, 2005a).
Asian Americans. Nevada has a somewhat larger proportion of Asian Americans in its population (6%) than the nation as a whole (4%). In 2005, approximately 138,054 Asians lived in Nevada: 114,457 in Clark County and 18,773 in Washoe County (U.S. Census Bureau, 2005a).

Asian Americans represent a variety of cultures that are very different from one another. Research and health statistics on Asian Americans tend to be limited by the “myth of the model minority” or the erroneous belief that Asian Americans fit easily into the mainstream culture. As a result, researchers and practitioners pay little attention to unique the needs and concerns of this diverse minority group.

Asian Americans are found at both extremes of socioeconomic and health indices. Although more than a million Asian Americans live at or below the federal poverty level, Asian-American women have the highest life expectancy. Cancer is the leading cause of death in the Asian American population, followed by heart disease. Asian Americans suffer disproportionately from several diseases, including certain types of cancer, tuberculosis, and Hepatitis B. Factors contributing to poor health outcomes for Asian Americans include language and cultural barriers, the stigma associated with having certain conditions, and lack of health insurance.

Native Americans. Nevada’s Native American population is relatively small, accounting for 1.6% of the state’s population in 1990, and 2.1% of the population in 2005. In 2005, 28,163 Native Americans lived in Nevada: 13,202 in Clark County and 6,639 in Washoe County.

According to the needs assessment conducted in conjunction with Nevada’s Strategic Plan for Senior Services (2002), the major issues faced by the Native American population in Nevada are associated with lack of access to appropriate health care services. More specifically:

- “Native American elders are concerned that older adults die soon after placement in non-native institutions. They want 24-hour community-based care that is close to home so that friends and family can visit older adults in a supportive living environment” (Nevada Department of Human Resources, 2002, p.27).

- “Health care clinics are needed that are close to home and have the capacity to serve community members in a timely way. Mental health services, substance abuse services, dental care, and transportation to health care services are especially needed” (Nevada Department of Human Resources, 2002, p.27).

- “Better coordination of services and resources between Indian Health Services (IHS), Bureau of Indian Affairs, and the State is needed. Native American older adults are entitled to all services and resources offered to older adults by the State, but they cannot always access...”
these services in rural areas and on reservations” (Nevada Department of Human Resources, 2002, p.28).

Native Americans have the highest rates of poverty of all racial/ethnic groups. According to the U.S. Census Bureau (2006), 25.3% of Native American adults are poor, compared to 24.7% of blacks, 22.0% of Hispanics, 10.9% of Asians, and 10.6% of whites. Native Americans have higher rates of untreated illness and psychological distress than other ethnic groups, in part because they have less access to health insurance.

**Research on Engaging in Life**

According to Rowe and Kahn (1998), social isolation is a major risk factor for poor health. Emotional and instrumental support from a dependable social network is essential for maintaining the physical, emotional, and cognitive health of older adults, and changes in the older adult’s social network and family dynamics can alter the ability of older adults to continue to engage fully in life.

**Effects of Demographic Change on Social Networks**

Social networks serve several important functions that contribute to successful aging. They connect older adults to resources and other social groups, provide support, companionship, and opportunities to develop shared meaning and interpretations of reality (Atchley & Barusch, 2004). In addition, older adults engaged in supportive social networks are more likely to follow good health practices than those who are socially isolated (Rozario, Morrow-Howell, & Hinterlong, 2004). The following paragraphs provide a brief overview of some of the major effects of societal change on older adults’ social networks and family relationships.

**Decline in Fertility.** The fertility rate is defined by the National Center for Health Statistics as the total number of live births per 1,000 women aged 15 to 44 years. A steady decline in fertility rates is having a significant effect on the aging population. Children play a central role in shaping the social networks of their parents throughout life. Older adults who never had children have smaller social networks than those who had children, even among those parents who have outlived their offspring (Dykstra, 2006). Childless older adults have more friends and extended kin in their networks, but relationships with children, grandchildren, and children’s in-laws contribute to significantly larger networks among those who are parents.

“Older adults who are engaged in supportive social networks are more likely to follow good health practices than those who are socially isolated.”
**Geographic Mobility and Migration.** Nevada has been the fastest growing state in the country for more than two decades. Part of this growth is due to in-migration from other states, including a large number of older adults who retire in Nevada (Nevada Department of Human Resources, Division for Aging Services, 2003). The 2002 *Strategic Plan for Seniors* describes Nevada’s senior in-migrants as more affluent and younger than the state’s senior population as a whole. These “amenity-seeking” young retirees have moved to Nevada for the climate, low taxes, and good housing values, and are expected to make a significant contribution to the economy of the state.

Most of the older individuals moving to Nevada leave their adult children behind, which can have negative consequences in later life (Nevada Department of Human Resources, Division for Aging Services, 2003). Adult children are an important source of instrumental and emotional support, especially when an older adult loses a spouse. There is clear evidence that the psychological and social well-being of older adults suffers when they are widowed and live more than an hour away from their children. Older parents have less contact and fewer visits when they live more than an hour away from their children compared to when they live closer. Geographic proximity to one’s children influences the well-being of older adults in several important ways (Dykstra, 2006):

- Living with or near an adult child lowers levels of psychological distress (but only if the parent does not feel dependent on the child).

- Living with an adult child significantly decreases the amount of interaction with people outside the immediate family, including friends, neighbors, and relatives (but not participation in formal organizations).

- Time for socializing is limited when older adults live with an adult child, due to relationship maintenance within the household and increased household responsibilities.

- Living close to (but not with) an adult child results in the largest and most diffuse social networks among older adults.

- Geographic proximity allows for frequent interaction with adult children AND opportunities for interaction with friends and other relatives.
Marriage. Although marriage can be rewarding and provide strong social support, it also can be an isolating institution. Older men have few friends and rely primarily on their wives for emotional support and companionship. Women, on the other hand, enjoy a broader range of emotional support and companionship from children, extended family, and friends. Women also worry more about others, including their partners, children, and other family members, reflecting the traditional role of women as kin keepers in the family (Stevens & Westerhof, 2006). These differences in social support make men more vulnerable to the loss of a spouse than women, placing them at greater risk for mortality and depression.

Divorce and Remarriage. Divorce (in either generation) decreases the quality of relationships between adult children and their parents and reduces the amount of support exchanged in both directions (Pezzin & Steinberg-Schone, 1999). Remarriage weakens ties even further. In both divorce and remarriage, relationships between children, their fathers, and their fathers’ extended families are especially vulnerable (White, 1992; 1994). The impact of divorce on the social networks and emotional well-being of elderly fathers has not been addressed in the literature.

Ethnic Diversity. Gerontology is a relatively new academic discipline and professional area of expertise, and social policy related to gerontology has historically been based on mostly white male populations. Therefore, there is very little literature on successful aging in minority populations to guide programming and practice, and most of the research that has been conducted focuses on issues related to physical health.

The aging issues of minority groups are a major concern for Nevada. Continuing growth in Nevada’s Hispanic population will put pressure on the state to find culturally sensitive methods of delivering services to Hispanic seniors. There is evidence that support systems of Hispanic families are less well developed than those of all other ethnic groups (Dietz, 1995). In younger Hispanic families, both the man and the woman are usually employed outside the home, sometimes in multiple low-paying jobs. Consequently, younger families have a shortage of both money and time to invest in caring for older adults, although they do provide a wealth of emotional support. The broader social networks of older Mexican Americans include family, friends, and neighbors who serve as information brokers, informing older adults about available community services (Dietz, 1995).
A large number of Mexican-American older adults migrate to the United States to be close to their children in their later years. Once they are here they are likely to feel isolated by language barriers, a lack of mobility, domestic responsibilities in their child’s household, and a collective family ethos that expects aging parents to subordinate their needs to those of other family members. Any need for social support or social services is likely to go unnoticed, because most service providers assume that the older adult is being taken care of by the family.

“**In combination, the various members of the older adult’s social network orchestrate a collective safety net that support the health and well-being of the individual.**”

**Other Changes in Social Networks and Family Relationships**

The preferred order of membership in the older adult’s social network is: spouse, adult child, other relatives, friends, neighbors, and organizations (Ha & Carr, 2005). Each member of the social network has something to contribute to the well-being of older adults. In combination, the various members of the social network orchestrate a collective safety net that supports the health and well-being of the older individual.

**Communication.** Maintaining good communication and strengthening relationships can be crucial in successfully managing the physical, social, and economic changes associated with aging. Older adults need basic knowledge about the options available to them so that they can have intelligent and productive discussions with family members and service providers regarding their health care needs, treatment wishes, advanced directives, living and caregiving arrangements, financial status, and estate planning. Openly discussing the various options and making arrangements ahead of time ensures that one’s wishes are known and that relevant information will be available when important decisions need to be made. Open communication with health care providers also is necessary to prevent errors in medication and treatment.

**Marital Satisfaction.** Marital satisfaction and sexuality contribute to a sense of well-being throughout adult life. One of the myths of aging is that sexual interest diminishes with age. While there is some evidence for a decline in sexual activity, sexual interest does not decline. The sexual interest of individuals in their later years is highly correlated with their sexual interest in earlier years, and often continues well into the eighth decade of life (Kart & Kinney, 2001). A decline in sexual activity is more often due to problems with functional ability and psychological factors than to a lack of interest (Kart & Kinney, 2001). Thus, physical and mental health status are important considerations in understanding changes faced by aging couples related to sexuality and other areas of marital satisfaction.

**Caregiving.** Generally, older adults would rather live in their own homes or move in with relatives than live in an assisted living facility, even when they need some type of care. Consequently, 90% of older adults in the United States live in conventional hous-
Meeting the Needs of Nevada’s Older Adults: The Role of University of Nevada Cooperative Extension

ing, with only 5% in some type of congregate housing and another 5% in nursing homes (Moody, 2006). Among older adults living in conventional housing, those needing assistance with daily activities ranges from 6% of those 65 to 74 years of age, to 40% of those 85 and older (Moody, 2006). In the United States, an estimated 2.2 million unpaid caregivers currently provide care for 1.6 million non-institutionalized adults. These unpaid caregivers provide 80% to 90% of all assistance related to medical, nursing, and personal care, in addition to providing support services such as transportation and shopping (Kart & Kinney, 2001).

Even in cases where agencies provide in-home services, most of the responsibility for caregiving is assumed by adult children or spouses. In one national study, approximately 74% of all primary and secondary caregivers were family members. The average age of the caregivers was 57 years, and more than 36% of the caregivers were 65 years of age or older (Kart & Kinney, 2001). Clearly, caregiving is a major issue in the United States. Caregivers face countless challenges, including balancing work with providing care for elderly parents (sometimes while still raising children), coping with one’s own aging issues while caring for a spouse or parent, and finding respite care.

**Grandparents Raising Grandchildren.** The number of children being raised in grandparent-headed households has increased dramatically in the last decade (AARP, 2003). This trend is significant enough that it prompted the addition of a new question in the 2000 Census, to count the number of grandparents raising grandchildren. According to the U.S. Census Bureau, 3.6% of grandparents age 60 or older have physical custody of their grandchildren (U.S. Census Bureau, 2003a). The majority of custodial grandparents are female (63%) and between the ages of 40 and 69 (85%); 63% are between the ages of 50 and 79 (U.S. Census Bureau, 2000). In Nevada, grandparents raising grandchildren represent 4% of all households (U.S. Census Bureau, 2000). Approximately 45,000 grandparents reside with their grandchildren, and 41% of these are the primary caregiver (U.S. Census Bureau, 2000).

**Active Aging and Quality of Life**

In addition to maintaining social relationships and networks, aging couples must plan for and attend to issues such as changing social and family roles and obligations, changes in financial status, and important late-life decisions.

**Staying Active and Productive.** Remaining active and productive in the later years can contribute to a sense of self-worth and self-respect and help to alleviate feelings of isolation that can be detrimental to both physical and mental health (Rowe & Kahn, 1998). Maintaining an active lifestyle includes participating in paid or volunteer work, taking advantage of educational op-
opportunities, and engaging in leisure and social activities. Lack of information and transportation can be serious barriers to older adults staying active in the community. Therefore, one of the best ways to help older adults remain active is to provide them with information and access to available community resources, services, events, and opportunities.

**Social Support.** The importance of social support for older adults has long been recognized; for example, the 1965 Older Americans Act stressed the need for social contact in its provision of in-home services and group meals as a strategy to foster social interactions among older adults (Administration on Aging, 2007). Twenty percent of older adults in the United States do not have children and about 5% have never married (Kart & Kinney, 2001), making friendships in later life an important source of social contact. Companion programs also make an important contribution to the well-being of home-bound older adults and those with limited access to family and friends.

**Aging in Place/Maximizing Independence.** In most cases, older adults want to “age in place” or continue living in their homes instead of an assisted living facility. In order to do this, older adults need products and services that allow them to remain independent when their circumstances change (SeniorResource.com, 2005). Therefore, “aging in place” has become the goal in both the marketing of senior housing as well as government planning. All parties involved want the older adult population to remain in their home environments as long as possible before moving into nursing homes or assisted living facilities (Kart & Kinney, 2001; Nevada Department of Human Resources, 2002). Currently, approximately 27% of older adults live in what is commonly referred to as Naturally Occurring Retirement Communities. Fair housing laws provide that any complex in which 80% or more of the tenants are older adults may be designated an age-restricted retirement community (SeniorResource.com, 2005).

**Help with Activities of Daily Living.** To successfully “age in place” many older adults need assistance with activities of daily living (ADLs) and other supportive services. ADLs are used to assess an older individual’s ability to provide self-care. ADLs include daily activities that are necessary for independent living, such as eating, getting in and out of bed, dressing, walking, toileting, and bathing (Kart & Kinney, 2001). Older adults may also need assistance with shopping, housekeeping, laundry, and meal preparation. In Nevada, assistance with activities of daily living and other supportive services are recognized as necessary for maintaining as much independence as possible in the least restrictive setting. (Nevada Division for Aging Services, 2004).
Transportation. Lack of access to services occurs when older adults do not have reliable forms of transportation. This issue is especially problematic in rural areas of Nevada. According to the Nevada Department of Human Resources (2002, p. 27), “Transportation becomes a huge obstacle for frail and dependent older adults and is a basic unmet need for many older adults” throughout the state. In addition to creating problems with accessing services and doing common chores like shopping, lack of access to reliable transportation keeps older adults isolated and prevents them from taking advantage of opportunities to stay active or participate in social events in the community.

Personal Safety and Secure Living Environments

The living arrangements of older adults can either enhance or interfere with active aging and quality of life. Major areas of concern include household safety, driver safety, and protecting older adults from physical and financial harm.

Household Safety and Modification. One-third of all persons aged 65 years and older fall at least once each year in the United States (Centers for Disease Control and Prevention, 2006). According to the Centers for Disease Control and Prevention, falls are the leading cause of injuries, hospital admissions for trauma, and deaths due to injury among older adults (2001). Fractures are the most prevalent consequence of falls for older adults (Centers for Disease Control and Prevention, 2005b). The most serious consequence, of course, is death. In 1999, more than 10,000 older adults died of fall-related injuries (Centers for Disease Control and Prevention, 2006). Most fall-related injuries and deaths can be prevented through awareness and monitoring of medications that affect balance; by exercises to improve strength, balance, and flexibility; and by modifying the home to reduce fall hazards. Simple household modifications such as installing grab bars, improving lighting, removing scatter rugs, and clearing pathways between rooms are effective in reducing the number of falls in the home (Centers for Disease Control and Prevention, 2005b).

Home fires are another cause for concern. Individuals over the age of 65 are twice as likely to die in a home fire as the population at large (Centers for Disease Control and Prevention, 2005b). In part this is due to the greater likelihood of starting an accidental fire, and in part because it is harder for an older adult to get out of the home when a fire occurs. With assistance from the CDC, the National Fire Protection Association has developed a fire and fall injury prevention program for older adults (Centers for Disease Control and Prevention, 2005b). There are also many resources that provide information on household modifications that will accommodate the various physical, mental, and psychological challenges that accompany the aging process. The National Re-
Driver Safety. Age-related changes that affect vision and reaction time impact the ability of older adults to drive safely, causing accidents that lead to serious injuries and death (AARP, 2005b). Although rates of motor vehicle-related fatalities and injuries among older adults differ by state, there are some consistencies across the nation. In most states, fatality rates are twice as high for men as for women, and every state reports higher motor vehicle-related fatalities among those 75 years and older, compared to those between 65 and 74 years of age. Between 1990 and 1997, the number of motor vehicle-related deaths among senior drivers increased by 30% and the number of nonfatal injuries increased by 21% (Centers for Disease Control and Prevention, 2005b). While driver safety among older adults is obviously a concern, asking older adults to give up a driver's license is an emotional issue, especially when the inability to drive results in a loss of independence (AARP, 2005b).

Abuse and Neglect. Abuse and neglect encompass physical abuse, psychological abuse, sexual abuse, punishment, physical neglect, medical neglect, and failure to prevent or assist (Green, 2005). Older adults receiving care at home or in an institution are at greater risk for physical abuse and neglect than those who are independent (Kart & Kinney, 2001). While it is difficult to document the extent of elder abuse in Nevada, it has been estimated that 2% of adults living in the U.S. who are age 65 or older experience abuse and neglect in their own homes. About half of the perpetrators are adult children, and another 25% are the victim’s spouse (Kart & Kinney, 2001). Rates of abuse and neglect in care facilities in Nevada are also unknown. However, in 2001, there were more than 4,200 nursing home residents in Nevada (Green, 2005), and in that same year, elder care facilities in the state had an average of 10 rating deficiencies per unit ranging from poor food sanitation to a lack of adequate accident prevention (Green, 2005).

Elder Fraud. While older adults are less likely to be victimized by community crime than all other age groups, they are often the target of financial and nursing home fraud, particularly in conjunction with telemarketing scams. Telemarketers target older adults because, compared to younger
adults, they are more likely to answer the phone and will carry on a conversation with the telemarketer because they enjoy the human contact. Older adults, their family members, and friends need to be alerted to various forms of consumer fraud, to help prevent the loss of thousands of unrecoverable dollars to this type of crime (National Consumers League, 2005). In Nevada there is an ombudsman at the state level who works with the Attorney General to advocate for older adults rights in preventing and handling cases of elder fraud.

**Community and Neighborhood Safety.** Although community and neighborhood safety and fear of crime are common concerns among older adults, seniors are actually 75% less likely to be victimized by crime than other age groups (Kart & Kinney, 2001). The most vulnerable older adults are those who live in urban communities and are afraid of walking alone at night (Kart & Kinney, 2001).

**Research on Making Successful Transitions**

Individuals and their families need to plan for major transitions in later life such as retirement and the possibility of long-term care. Issues related to economic self-sufficiency and changes in financial resources and obligations in later years also need to be addressed, including funding for retirement, and awareness and access to government programs and benefits such as Social Security and Medicare. Later-life and end-of-life decisions also need to be made regarding estate planning and health care directives.

**Economic Self-Sufficiency**

Projected changes in Medicare, Social Security, and social policy suggest that the federal government is likely to provide strong incentives for older adults to continue to work past the current age of retirement. These changes in policy are likely to affect women and minorities more than other groups, because they are the most disadvantaged in terms of earning power and job opportunities. The primary characteristics associated with higher or lower retirement age include college education, home ownership, and pension and asset income.

> **“Seniors are having trouble paying for basic expenses such as food, housing, medical bills, and utilities. They are especially concerned about the high cost of prescription drugs and need**

Divorced women and minorities have the most difficulty accumulating these resources, therefore they have less retirement income and more pressure to continue working than white males.

Ironically, incentives to work past the traditional retirement age may actually be beneficial for older adults. Productive roles in later life (e.g., caregiving, volunteering) have positive long-term effects on an individual’s health and well-being, with little or no negative impact. Productive roles provide older adults with new social contacts in settings that offer structure, purpose, affiliation, meaning, and opportunities for growth.
Income and Employment. In addition to government incentives, increases in longevity, good health, and a desire to remain productive are likely to motivate a number of older adults to continue working past the age of 65. However, some who would prefer to continue working cannot because of caregiver obligations, while others who are less fortunate may be forced to postpone retirement or continue working part-time to supplement inadequate levels of retirement income. In 2005, 9% of all Nevadans over the age of 65 had incomes at or below the federal poverty level for a family of one (U.S. Department of Health and Human Services, 2005).

Nevada’s older population, however, is less likely to be living in poverty than older adults in many other states (U.S Census Bureau, 2003a). In 2000, the median household income for Nevada’s seniors was $34,831 for those between the ages of 65 and 74, and $26,142 for those 75 years of age or older. In 2005, Nevada was 29th in a ranking of states by the percentage of people 65 or older living below the poverty level, with 8.6% of Nevadans living below the poverty line, compared to 9.9% for the United States as a whole.

According to Nevada’s Strategic Plan for Seniors (Nevada Department of Human Resources, 2002), there is a significant difference between the economic well-being of Nevadans 65 and older with disabilities and those without. Census 2000 data indicate that 17% of Nevada seniors with disabilities live below the poverty line, while only 6.9% of those without disabilities live in poverty. Similarly, only 16.6% of disabled Nevada seniors have incomes over $20,000 a year, compared with 31.6% of those who do not have a disability.

Whether by choice or out of necessity, older adults are more likely to postpone retirement now than in the past. In the United States, 22% of adults ages 65 to 74 and 6% of adults age 75 or older are currently employed (AARP, 2005a). This trend toward later retirement raises concerns about the employability of older adults and age discrimination in the workplace. While the Age Discrimination Employment Act (ADEA) explicitly prohibits any form of age discrimination, inequities still occur, and it is important that older adults are aware of their rights and methods of recourse, should discrimination occur.

Planning for and Financing Retirement. Financial planning to ensure economic independence will become increasingly important in the years ahead. Younger generations are going to need help with financial planning to prepare for a very different type of retirement than their parents and grandparents experienced. Older generations of new and established retirees will need help in navigating changes in Medicare, Medicaid, and Social Security and finding ways to enhance and manage their existing financial resources. Planning for early retirement is crucial to the economic well-being of most
adults. Older adults need to prepare for increased health care and prescription costs, in addition to meeting their basic needs. To plan successfully, individuals need to understand and make use of private and public pension plans, and save or invest for retirement throughout their adult years.

Changes in Social Security, Medicare, and Medicaid, and recent changes in corporate pension plans can have serious implications for future retirement benefits. In recent years, several large corporations have reduced or eliminated pension plans or have declared bankruptcy, leaving their employees without any pension benefits (U.S. Newswire, 2005). In addition, the “security” of Social Security has become a sensitive political issue. According to AARP (2005b), only 61% of Americans ages 62 to 74, and 40% of those 75 and older receive more than half their income from sources other than Social Security. In addition, although nearly 54% of those between the ages of 50 to 64 have some type of pension coverage, only 26% of those 65 to 74 years of age, and 19% of those 75 years or older are covered by pensions (AARP, 2005a).

The uncertainty surrounding the future of Social Security and private pension plans underscores the importance of financial planning and private investing in preparing for a secure retirement. Unfortunately, even educated adults are often at a loss when it comes to investing in stocks, bonds, mutual funds, tax sheltered annuities, and other financial products. Those who are poor or near poor for most of their adult lives will have little to invest, and will need to rely on assistance programs for help with utility bills, food, medications, and other necessities in their later years. In both cases, educational programs are needed to ensure that older adults make the best decisions regarding their retirement options.

**Planning for and Financing Long-Term Care.** Planning for the possibility of long-term care is another major transition that can be both a financial and an emotional challenge. Individuals and their families must confront the possibility that they will need high levels of care at some point in life, and that their desire for optimal care will have to be weighed against limitations in income, social support, housing options, and other resources. Understanding the eligibility requirements, covered benefits, and exclusions of Medicare and Medicaid is especially challenging during the current era of major policy revisions. With escalating costs of health care, prescription drugs, service providers, and care facilities, changes in Medicare and Medicaid can have potentially devastating effects on the financial well-being of older adults needing intensive or long-term care. Planning for such care can create a great deal of anxiety for older adults with fixed or limited incomes (Moody, 2006).

Although many older adults needing long-term care are able to remain in conventional housing if they receive assistance (see Caregiving and Aging-in-Place above), others have no choice but to move to some type of assisted living facility. Although only 5% of older adults live in nursing homes at any given time, 40% of those 65 years or older will enter a nursing home at some point in their lives (Moody, 2006). By age
85, the number of older adults living in assisted living or nursing facilities increases to 25% (Moody, 2006). Currently, 2% of Nevada older adults reside in nursing facilities. Although this figure is lower than the national average, it has less to do with need for nursing home care than with the need for additional nursing homes to support the rapid expansion of Nevada’s senior population (Nevada Department of Human Resources, 2004).

Late-Life and End-of-Life Decision Making

End-of-life decision making can be extremely challenging, given the increasing complexity of family structures, and the numerous health-care options that are emerging with advances in technology. The need to understand and respond appropriately to ethnic preferences in end-of-life decision making is another major issue. For example, compared to whites and other ethnic groups, African Americans are more likely to prefer to use life support whenever possible, and Asians and Hispanics are more likely to prefer family-centered end-of-life decision making (Kwak & Haley, 2005).

Estate Planning. For all ethnic groups, estate planning is crucial in managing a person’s affairs at the time of death, regardless of the size of the estate. Many older adults die “intestate” without having created either a will or a trust to provide mechanisms for passing their assets to their heirs (NAFEP, 2007). According to the National Association for Financial and Estate Planning (NAFEP), dying intestate is a hazardous state of affairs. Problems with dying intestate include: the transfer of assets according to state law rather than the wishes of the deceased; unnecessary costs associated with probate, creditors, fraud, lawsuits, judgments, and lawyers; and the payment of excessive death taxes, which can diminish the value of an estate (NAFEP, 2007). Access to information about estate planning, legal issues, and planning options from simple wills to complex family trusts can help individuals and their families negotiate the decision-making process. Estate planning information and services are accessible from NAFEP online at: http://www.nafep.com.

Health Care Directives. As individuals age, it becomes increasingly important that they make decisions about the potential use of life support measures such as intubation for oxygen, hydration, and nutrition. These decisions need to be shared (in writing) with family members, friends, and care providers so that there will be no question about what to do in an emergency. This type of planning is usually recorded in an Advance Directive that summarizes an individual’s decisions regarding the need for future care. Advance Directives often include a Living Will and a Durable Power of Attorney for Health Care which gives the named parties the power to make health care decisions when an individual is incapacitated. While Advance Directives can be drawn up by the individual, the advice and guidance of health care providers is recommended, and the effectiveness of the Advance Directives will depend on an open and clear discussion of
Federal and state governments are currently engaged in widespread efforts to serve older adults, including setting priorities for the future, strategic planning, and developing public policy related to the needs of an expanding older adult population. A summary of these efforts is provided below, followed by some examples of the types of community and Cooperative Extension programs that are currently in place to serve older adults.

**National and State Priorities**

In 2005, the federal government convened a White House Conference on Aging to determine federal priorities for the next decade. All 50 states participated in efforts to identify local issues and priorities that delegates reported at the national conference. In Nevada, the state conferences were held in both Reno and Las Vegas. The four top priorities identified at the Nevada conferences included the need to: 1) shift from institutional-care to a community-based system of care; 2) educate health care professionals, the general public, and older adults regarding available resources; 3) provide more affordable drugs and medical care; and 4) provide improved transportation for older adults.

**Priorities Identified at the White House Conference on Aging**

Participants in the White House Conference on Aging identified a number of national priorities to be addressed in the next decade, including: improvements in the Medicaid and Medicare programs, adequate numbers of skilled geriatric health care workers in all professions, integrated state and local delivery systems, innovative and comprehensive models of non-institutional long-term care, better assessment and treatment of mental illness, and adequate transportation options for older adults. The priorities developed at the White House Conference on Aging will be used to guide federal policy development and programming over the next decade.

**Current Programs in the State of Nevada**

A broad range of state and local programs are currently in place to serve the needs of Nevada’s aging population, and strategic plans have been developed to help shape the direction of future programming. The
following sections provide a brief summary of the different types of strategic plans and programs that are in currently in place.

**Strategic Plans**

With the growth of Nevada’s older adult population, the adequacy of social services and public support to meet the needs of the aging population has become an issue. In an attempt to address the growing needs of older adults throughout the state, a 10-year Strategic Plan for Senior Services was developed by Nevada’s Senior Services Task Force in October 2002. A corresponding State Plan for Services for Nevada’s Elders (2004) was developed by the Nevada Division for Aging Services. These two documents help describe Nevada’s current capacity, goals, and strategies for providing senior services at the state level. A third effort, the Senior Solutions Summit, identified an additional ten priorities for the State of Nevada.

**The Strategic Plan for Senior Services.**
The Nevada Department of Human Resources (2002) proposes six key strategies to meet the needs of Nevada’s seniors. These strategies, along with identified target areas, will serve as guiding principles for the Senior Services Task Force’s vision of a comprehensive system of senior services. Each of these is outlined below.

- **Public Information and Awareness.** A public information campaign is being used to create a positive climate for aging in Nevada, and to educate and empower aging individuals and their informal support systems.

- **Private Sector Development.** The state is working with private organizations to promote positive changes for seniors, particularly in the areas of housing, transportation, social services, and health care (e.g., Senior Dimensions, AARP Nevada, Nevada Seniors Coalition, Nevada Council of Senior Citizens, Seniors United).

- **Nevada Care Connection** (formerly the Single Point of Entry (SPE) System). The Nevada Division for Aging Services is taking the lead in developing a coordinated statewide system designed to provide “one stop shopping” for information about aging services and community resources. Information and referral services can be accessed through the Nevada 2-1-1 telephone service or online at: [http://nevadacareconnection.org/](http://nevadacareconnection.org/).

- **Long-Term Care Workforce.** The state provides incentives for the development and retention of a highly qualified, stable, long-term care workforce (i.e., para-professionals who provide most of the services needed by frail and disabled seniors).

- **Investment in Home and Community-Based Services.** The state is extending home and community-based services to frail seniors who do not otherwise qualify for Medicaid, so that they can live at home rather than in a skilled care facility.

- **Data Collection and Plan Accountability.** The state is collecting evaluation data to assess the effectiveness of its strategies and programs.

**The State Plan for Services for Nevada’s Elders.** The Nevada Division for Aging Services (2004) established six major goals for meeting the needs of older adults, to be implemented between October 2004 and September 2007. These goals were adopted
from the target areas set forth in the 2002 Strategic Plan for Senior Services, and serve as the directives for the Division for Aging Services for programming and systems development. Town meetings and an online survey for senior citizens currently are being used to provide direction for the next state plan, which will be posted online at http://www.nvaging.net/sp/state_plan.htm.

The goals of the current plan include:

- **Independent living.** Nevada seniors live in the setting of their choice with support to remain as independent as possible, regardless of their health status and functional ability.

- **Community involvement.** Nevada seniors remain as active and involved in community life as possible.

- **Improved health outcomes.** Nevada seniors have improved health outcomes, and are empowered to maintain their health and well-being through exercise, diet, spiritual, social, and cultural enrichment activities, and community involvement.

- **Accessible and affordable housing.** Nevada seniors live in homes that are safe, fully-accessible, and affordable. The state provides private developers with incentives to build homes that are accessible and affordable for Nevada’s senior residents.

- **Dependable transportation.** Nevada seniors have transportation when they need it, especially those who are frail or disabled.

- **Access to services.** Nevada seniors get the benefits, services, and support that they need. The Nevada Care Connection program and public education campaigns will increase access to the information, assistance, and care management that seniors will need in order to age in place.

*The Senior Solutions Summit (2006) was organized by the Inter-Agency Senior Issues Task force and included meetings with policy makers and service providers. The task force represented more than 30 agencies that participated in a year-long effort to identify the service needs of the senior population across the state. The purpose of the summit was to identify 10 key priorities for Nevada’s growing population of senior citizens. Results of the summit have been used as guidelines for legislative bill draft requests, as well as plans for future meetings. Participants included about 150 elected officials, agency directors, service providers and business and community leaders. The 10 priorities that emerged were:

- Provide full support for a 211 system, a one-stop shop for seniors looking for assistance with social services
- Establish and fund an Investigation and Prosecution Unit specifically for crimes against seniors, including abuse, neglect, exploitation, and fraud
- Require mandatory geriatric training, including dementia training, for all law enforcement personnel, judges, and court personnel

“A broad range of state and local programs are currently in place to serve the needs of Nevada’s aging population, and strategic plans have been developed to help shape the direction of future programming.”*
• Provide incentives for elder-friendly home and auto repair/maintenance services.
• Expand the CHIP waiver program for senior day care to eliminate waiting lists, simplify and expand eligibility, and coordinate home health and personal care
• Provide family and volunteer caregiver stipends for personal care services for older adults
• Combine local housing authorities and establish a regional affordable/attainable database of subsidized housing for access by the public and service providers
• Provide innovative solutions on mass transit for senior citizens
• Fully fund geriatric mental health services, dental and vision coverage, and provide permanent and stable funding for all senior services at the state and local levels
• Create public outreach TV programming of a Senior Advisory Coalition to provide information on various service providers and a forum on senior policy issues and needs

State Programs Related to Maintaining and Enhancing Health

Examples of state programs related to maintaining and enhancing the health of the senior population include:

• **Access to Health Care.** Sierra Health Services in Las Vegas operates a federally grant-funded program through Health Plan of Nevada to provide services not routinely covered by Medicare, including choice plans and fee-for-service plans. Benefits include respite care, homemaker services, extra therapy, emergency response, and safety equipment. Needs are identified through a health risk screening process that routinely uses comprehensive assessments and requires a plan of care approved by the client and health care team (Nevada Department of Human Resources, 2002).

• **Health insurance.** The Office of the Governor, Consumer Health Assistance Bureau for Hospital Patients offers assistance in navigating the health care system by providing information, education and advocacy in all areas of health care:

  - denied benefits/appeals, hospital-provider billing disputes, quality of care complaints, access to medical, dental, vision care.

• **Medicare.** The State Health Insurance Assistance Program (SHIP) has a statewide Medicare counseling service that provides information on Medicare benefits, rights, choices, and appeals.
• Medicaid. The Nevada Division of Health Care Financing and Policy works in partnership with the U.S. Department of Health and Human Services Centers for Medicare & Medicaid Services to provide quality medical care for eligible individuals and families with low incomes and limited resources. Services are provided through a combination of traditional fee-for-service provider networks and managed care.

• Wellness. Nevada’s universities and community colleges offer free and reduced-rate courses for seniors on nutrition, exercise, wellness, and other health-related topics.

• Nutrition. The Nevada Division for Aging Services funds nutrition programs that provide two distinct types of services for older adults: meals for seniors in congregate settings such as senior centers, and meals to homebound older adults who are too ill or frail to attend meals at congregate sites (e.g., Meal-On-Wheels). Division-funded nutrition programs use a screening tool to evaluate the nutritional status of all program participants and to determine the need for home delivery of meals (Nevada Division for Aging Services, 2004).

• Alzheimer’s/Dementia. The University of Nevada School of Medicine’s Center for Cognitive Aging provides diagnosis, treatment, counseling, education, and social services to families living with seniors who have memory impairments.

**State Programs Related to Engaging in Life**

Examples of State of Nevada programs related to active aging and quality of life include the following:

• Volunteer Opportunities. The Nevada Division for Aging Services funds seven programs that provide volunteer opportunities for older adults: two Foster Grandparent Programs, two Senior Companion programs, and three Retired and Senior Volunteer Programs (RSVP). The Foster Grandparent Program provides older adults with opportunities to share their wisdom and experience with youth in a variety of community settings (e.g., schools, juvenile facilities, boys and girls clubs) through tutoring, mentoring, and role modeling. The Senior Companion and RSVP programs help older adults provide companionship to older adults who are homebound or in institutional settings, as well as to provide supportive services to help other older adults remain as independent as possible. These supportive services include reading, shopping, meal preparation, transportation, prescription drug pick-up, bill paying, and social activities (Nevada Division for Aging Services, 2004).

> “The Nevada Division for Aging Services funds seven programs that provide volunteer opportunities for older adults.”

• Aging in Place/Maximizing Independence. The Nevada Division for Aging Services Home and Community Based Care Unit is responsible for assessing older adults’ needs, developing services that are vital to long-term care, and offering an alternative to institutional care. The Community Home-Based Initiatives Program (CHIP) promotes the independence of frail seniors in the least
restrictive environment possible, by providing home and community-based services including case management, in-home attendant care, homemaker and chore services, adult companion services, adult day care, respite services, nutrition therapy, and Personal Emergency Response Systems.

• **The Elderly in Adult Residential Care Program** (formerly the Group Care Waiver Program) maximizes the independence of Nevada’s frail seniors by providing case management and personal care services in adult residential care facilities to individuals who would otherwise be placed in nursing homes. Case management services include assistance in gaining access to medical, social, educational, and other services and the ongoing monitoring of service provision. Personal care includes assistance and supervision with bathing, dressing, oral hygiene, feeding, and other activities of daily living. Case management services are also provided through the Title XX Homemaker Program which provides supportive assistance services to older adults. Services include housekeeping, shopping and errands, laundry, planning and preparing meals, and assistance with bathing (Nevada Division for Aging Services, 2004).

• **Information/Resources.** The Nevada Division for Aging Services has implemented the National Family Caregiver Support Program to develop a statewide single point of entry system, called *Nevada Care Connection*, which can be accessed online at: [http://www.nvaging.net/spe/spe.htm](http://www.nvaging.net/spe/spe.htm).

Nevada Care Connection offers older adults, caregivers, family members (including those living out-of-state), and service providers a wide range of user-friendly access points to obtain current, comprehensive information and assistance regarding resources and services and how to access them.

A goal of Nevada Care Connection is to enhance the health and well-being of older adults, allowing them to live more independent lives, and eliminating or delaying the need to move to an assisted care facility. The project was developed in collaboration with social service agencies, the Sanford Center on Aging, and Clark and Washoe Counties (For more information about *Nevada Care Connection* and the single point of entry concept, see the Nevada Department of Human Resources Strategic Plan, 2002, pp.32-34 and the Nevada Division for Aging Services State Plan, 2004, pp.50-51).

• **Using Technology to Reduce Isolation.** Some senior service organizations in Nevada have been provided with Internet access through Web TVs, and some centers provide technical assistance and basic computer skills to interested older adults. Older adults also are encouraged to establish email addresses so they can regularly communicate...
online with family members, to help reduce feelings of loneliness and isolation. (Nevada Department of Human Resources, 2002).

- **Transportation.** Reno and Las Vegas have fixed route systems operated by Regional Transportation Commissions that are accessible to non-driving older adults. In addition, Citi-Lift in the Reno/Sparks area and Citizen Area Transit in Las Vegas provide curb-to-curb service for frail or disabled older adults who cannot access fixed route systems. In Clark County, the Senior Ride Program allows older adults (age 60 and above) and individuals with permanent disabilities to use a taxi service at a discounted rate. The Nevada Division for Aging Services works with other organizations such as the Nevada Department of Transportation (NDOT) to support and coordinate transportation for seniors and disabled persons living in rural communities, statewide. NDOT operates fixed route transportation through the Public Rural RIDE (PRIDE) program and curb-to-curb transportation through service providers for older adults in rural areas (Nevada Department of Human Resources, 2002; Nevada Division for Aging Services, 2004).

An example of a State of Nevada program related to changes in social and family relationships among older adults would be:

- **Caregiver Assistance.** The Nevada Division for Aging Services provides training to families and professional caregivers on a variety of issues such as mental health, nutrition, and the rights of nursing home residents. The Division also maintains a caregiver website (www.nveldercare.org) that provides a resource directory for Nevada seniors, their families, and caregivers and also helps families who reside outside Nevada obtain resources for their older relatives living in Nevada. This website is one of the key resources in the Nevada Care Connection program. In addition, the Division funds respite services for caregivers through the Catholic Charities of Southern Nevada Senior Companion Program and respite services for grandparents raising grandchildren through HELP of Southern Nevada (Nevada Division for Aging Services, 2004).

An example of a state program related to personal safety and secure living environments would be:

- **Elder Rights and Safety.** The Nevada Division for Aging Services Elder Rights Unit works to improve existing services and provide advocacy for Nevadans 60 years of age and older. The Long-Term Care Ombudsman Program provides advocacy for institutionalized older adults and Elder Protective Services, and investigates alleged abuse, neglect, exploitation, and isolation cases. The Division also houses the Elder Rights Attorney who advocates for Nevada’s older adults
regarding elder rights issues and legislation (Nevada Division for Aging Services, 2004).

**State Programs Related to Making Successful Transitions**

Examples of state programs related to making successful transitions in later life are:

- **Employment.** The Nevada Division for Aging Services administers the Senior Community Service Employment Program (SCSEP) which provides part-time subsidized employment and training for adults who are at least 55 years of age and whose income is at or below 125% of the poverty level set by the U.S. Department of Health and Human Services. The program targets individuals with the greatest economic need (defined as at or below 100% of the federal poverty level), as well as veterans and minorities. The program is administered through Catholic Charities in Southern Nevada and Job Opportunities in Northern Nevada, and serves Clark, Washoe, Churchill, Carson City, Storey, Douglas, Mineral and Nye counties. The remaining counties are served through the American Association of Retired Persons, the National Indian Council on Aging, and the U. S. Forest Service. The SCSEP provides older adults with meaningful employment, training, and wages to supplement fixed incomes, and provides older adults with opportunities to demonstrate their competence in the labor force (Nevada Division for Aging Services, 2004).

- **Medicare Assistance.** The Nevada Division for Aging Services State Health Insurance Advisory Program (SHIP) provides information, counseling, and assistance to Medicare beneficiaries, their families, and caregivers. SHIP advisors provide information about Medicare benefits and supplemental insurance, long-term care insurance, managed care, Medicaid, beneficiary rights, and grievance and appeal procedures, as well as referrals to other community agencies. SHIP volunteers throughout the state also provide face-to-face counseling sessions and a toll-free Helpline, and they give educational presentations and provide information at senior fairs and events. In addition, "Project NEON" (Nevada Elders on the Net) has provided 30 senior and community service organizations in Nevada with computers and equipment to help older adults access Medicare information on the Internet. A Division website, ([www.nvaging.net](http://www.nvaging.net)), also is available with links to the Centers for Medicare and Medicaid, and other sites that provide services and information to Nevada’s older adults (Nevada Division for Aging Services, 2004).

- **Financial Planning.** Seniors can access information about financial planning and retirement from a variety of resources. Most of Nevada’s community colleges and universities offer financial planning or personal finance classes at no cost to Nevada citizens who are 65 years of age or older. AARP also has a website that provides information and worksheets to assist seniors with their financial planning, budgeting, insurance, and investing needs. For those who need personalized services, most investment companies and pension providers have financial planners to assist their customers, and Consumer Credit Counselors provides free financial counseling and debt management services for a small monthly fee.
Current Programming in Cooperative Extension

At the national level, Cooperative State Research, Education, and Extension Service (CSREES) supports research and practice, capacity building, education, and programming related to the needs of older adults. CSREES sponsored research and practice address numerous aging issues such as retirement, financial planning, long-term care, nutrition, health and wellness, intergenerational caregiving, and family relationships (CSREES, 2005). Currently, CSREES is developing the “eXtension” website (http://www.extension.org/) and the “One Search” search engine (http://search.extension.org/) in a national effort to centralize Cooperative Extension resources. Appendix B summarizes examples of several different types of national and state aging programs that are currently being offered by Cooperative Extension.

UNCE Programs on Aging

University of Nevada Cooperative Extension (UNCE) currently has a variety of programs related to aging. Many of these programs are offered in collaboration with other organizations but they are not available statewide.

UNCE Programs in Southern Nevada

- UNCE provides life skills education in the form of 16-week “Seniors Can” programs designed to maintain mental health acuity and self-efficacy and improve the quality of life for older adults in congregate settings. Since 1999, “Seniors Can” programs have been taught at 78 sites in urban and rural Clark County. In addition, the “Seniors Can” curriculum and volunteer manual are available via two national databases (the Centers for Disease Control Health Promotion and Education database and the Food Stamp Nutrition Connection database) and all program materials are available in Spanish. To date the curriculum has been used by 36 states and Canada.
- Another program, the Health Education for Assisted Living (HEAL), provides life-transition skills and health education for the growing population moving from their homes into assisted living facilities. The 13-lesson curriculum covers topics such as nutrition, finances, and preventing falls, and includes indoor desert gardening and healing garden projects.
- UNCE is also actively participating in the development of the Nevada Care Connection project, the creation of a complete information and referral system for older adults in need of social and health care services statewide. A website is cur-
rently operational, and UNCE has been instrumental in obtaining grant funding for the project, in developing a training manual for senior service providers, and in conducting training for service providers statewide.

**UNCE Programs in Northern Nevada**

- In northern Nevada, a Senior Health and Well-Being Program was developed by an extension educator in Churchill County in collaboration with faculty and a student intern from the University of Nevada, Reno for Western Nevada College. The program integrates nutrition education and a variety of physical exercises with a number of health-related topics such as drug interactions; stress reduction; changes in Medicare and Social Security, and saving money on health care costs.
- The extension educator also offers a program on Medicare Part D (prescription drug coverage) education to rural counties, and provides one-on-one assistance to qualifying recipients and their caregivers.

**Other UNCE Resources for Older Adults**

- A publication providing information about precautions older adults should take to keep their homes secure and prevent them from becoming victims of fraud
- A fact sheet that provides a variety of choices for older adults such as paid employment or educational opportunities to maintain an active lifestyle
- A guide that provides older adults with safety tips on avoiding hazards and making their homes safer and more comfortable
- A fact sheet for older adults with information about how to reduce the number of accidental falls in the home
Several strategies were used to establish the context for Community Forums that were held with stakeholders as a final step in identifying issues that need to be addressed, gaps in programming and services, and the possible role the UNCE can play in meeting the needs of Nevada’s aging population. The preliminary steps were outlined earlier in this document and included a review of current research and theory, examining existing national and state priorities and strategic plans, a survey of stakeholders who participated in the Nevada Conferences on Aging, and a review of currently available programs and services. The final step in the process was to pull all of this information together and use Community Forums to 1) identify and prioritize key aging issues for the state of Nevada, 2) evaluate gaps in services and programs related to the key issues, and 3) propose ways that UNCE might help fill those gaps, within the context of its purpose and mission.

Discussions with Community Stakeholders

The Community Forums were held in Fallon, Reno, and Las Vegas, Nevada in June, 2006. The names of community leaders and older adults who are involved with aging issues and services for older adults were solicited from Extension personnel, gerontologists, community organizations, the Sanford Center on Aging, and lists of participants who had attended the Nevada Conferences on Aging and the Nevada Senior Center Conference. An effort was made to include approximately 35 community leaders in each of the three Community Forums. A total of 81 individuals participated in the meetings, representing a broad range of aging interests, cultural diversity, and areas of expertise (e.g., senior housing, health care, policy, and practice). Invitations to the Fallon meeting were extended to stakeholders working or living in a number of rural communities. A detailed description of the process used for the Community Forums is provided in Appendix C.

Community Forum Step One: Issues and Themes that Emerged

Stakeholders began by identifying issues related to aging in Nevada. Most of the issues that were identified by stakeholders had statewide relevance. These issues surfaced at all three meetings and tended to gather the most “votes.” However there were north/south and urban/rural differences in some of the issues that were raised in the meetings.
Statewide Issues

Stakeholders at all three meetings identified a common set of issues that are not being adequately addressed by existing policies, programs, and services. The first column in Appendix G provides a detailed list of the types of issues that were identified. Common themes across the issues (in alphabetical order) were:

- Assisted living and caregiving
- Availability of and access to information and resources
- Coordination and collaboration among agencies
- Cultural issues
- Mental health issues
- Planning, preparation, and finances
- Problems with the health care system
- Public policy issues
- Safety issues
- Self-care and healthy lifestyle
- Services not keeping up with increasing demand
- Social needs and relationships
- Transportation needs
- Underserved populations

When stakeholders were asked to prioritize the issues, the top four (rank ordered) that emerged across meeting sites were: health care, transportation, financial planning, and senior housing.

North/South and Urban/Rural Differences

There also were selective differences in the issues raised across meetings (Appendix D). Stakeholders in the north (Fallon and Reno meetings) raised the issues of promoting senior autonomy and independence, providing senior education, and better outreach and connection to resources and information. Stakeholders in the south (but not the north) raised issues of valuing the aging process, needing a “healthy vision” for Nevada, and lack of preventive health care. Urban stakeholders (Reno and Las Vegas) expressed concern about mental health issues and a lack of inter-organizational collaboration and sense of community. It is noteworthy that rural stakeholders were the only participants who raised the issue of elder abuse.

Comparisons of the Findings with the Literature

All of the needs and issues related to the three major themes of maintaining and enhancing health, engaging in life, and making successful transitions that were identified in the literature were raised spontaneously within the Community Forums. However, issues related to engaging in life (e.g., changing relationships and social well-being) and making successful transitions (e.g., retirement and end-of-life issues) were mentioned significantly less often than those related to meeting basic physical needs for health care, nutrition, housing, and transportation. One explanation may be that the majority of Community Forum participants were engaged in these types of services.

Community Forum Step Two: Gaps in Existing Programs and Services

After identifying issues, forum participants discussed gaps in services related to these concerns. Issues and gaps tended to overlap in the discussions with community stakeholders. Major gaps identified by stake-
holders are provided below, in the context of the three themes of Maintaining and Enhancing Health, Engaging in Life, and Making Successful Transitions.

“The ultimate goal in discussing pressing issues, existing resources, and gaps in existing services for older adults was to use the information to identify the most useful and important contributions that UNCE could make…”

Gaps in services and programs related to Maintaining and Enhancing Health included:

- Problems with availability and access to information and resources
- Difficulty knowing who the stakeholders are when they keep changing
- The need for more support for assisted living and caregiving
- The need for better collaboration and coordination of services
- Services not keeping up with increasing demand
- The lack of trained professionals and in-home care providers
- Gaps and lack of access to health care resources, especially in rural areas
- Lack of cultural competency and culturally appropriate services
- Lack of mental health services for older adults

- The need for more emphasis on preventative health care
- The need for a coordinated plan for the future and to prepare communities to accept change

Gaps in services and programs related to Engaging in Life included:

- Lack of training and support for family caregivers, including grandparents who are raising grandchildren
- Lack of financial resources to meet basic needs and engage fully in life
- Limited access to services (waiting lists, inadequate services, limited modes of delivery, inconvenient scheduling, and lack of finances)
- Limited services in rural communities, with gaps that vary from community to community
- Limited educational programs and lack of a central source of information about opportunities in the community
- Demographic changes (family structure, geographic mobility, and women’s labor force participation) limiting the amount and type of care that older adults can get from family members

Gaps in services and programs related to Making Successful Transitions in later life included:

- The need for assistance with legal and medical document preparation
- Lack of coordination of services and centralized sources of information
- Lack of affordable housing and assisted living options
- Unreliable transportation and the need for more options
• The need for a living wage so individuals can save and invest for retirement
• The need for financial planning, long-term care planning, and estate planning
• The need for asset protection so that older adults do not have to give up assets in order to qualify for services
• The need for collaborative and coordinated public policy efforts (social, political, and economic)
• The need for ombudsmen to push for change and advocate for older adults

Community Forum Step Three: Stakeholders’ Recommendations for UNCE

The ultimate goal in discussing pressing issues, existing resources, and gaps in existing services for older adults was to use the information to identify the most useful and important contributions that UNCE could make to help fill the gaps in services and programming for older adults in the state of Nevada. Three major activities are emphasized in the UNCE mission: outreach education, research, and capacity building.

Outreach education involves designing, delivering, and evaluating community education programs that address topics related to aging.

Research involves developing and carrying out studies to discover new information and obtain data relevant to programming designed for the older adult population.

Capacity building involves developing the capacity of other agencies, organizations, and communities to better assess aging needs and emerging issues, build collaborations, and develop and evaluate high quality aging programs.

Forum participants generated and prioritized recommendations for UNCE programs on aging and identified aging issues and gaps in services. The full list of recommendations for UNCE from the community stakeholders is included in Appendix E.

Outreach Education
• Develop programming to promote health and wellness across the lifespan
• Participate in a public campaign to improve the image of aging and raise awareness of elder abuse
• Conduct professional development for senior center directors and directors of
agencies and programs (including financial planning education and cultural sensitivity training)

- Conduct Community Forums on different issues
- Develop fact sheets on “Hot Button” issues
- Develop financial planning programming for older adults
- Promote youth engagement in gerontology projects and careers
- Provide nutrition education for older adults and the cooks at senior centers

Research

- Analyze evidence-based practices, existing models, and the funding patterns of other states to help guide future projects
- Collaborate with stakeholders in conducting community surveys and needs assessments
- Conduct needs assessments on transportation issues and senior gambling
- Determine what will draw older adults to services and programs
- Investigate the issues of senior-segregated communities, why Nevada ranks lowest in volunteerism, and why more people do not participate in gerontology/geriatric training opportunities

Capacity Building

- Help develop a State Association on Aging
- Participate in the development of a “Vision for a Healthy Nevada”
- Collaborate with stakeholders in developing advocacy and policy recommendations
- Provide information about how to increase grant funding
- Help develop a marketing plan for senior programming
- Assist with information dissemination and resource coordination
- Facilitate networking opportunities among key stakeholders
- Provide train-the-trainer programming
- Provide interns to work in rural communities
- Help coordinate a statewide transportation summit
Part V: Conclusions and Recommendations

Many sources of information were used to evaluate the need for expanding aging programs in UNCE, including existing research, an aging survey, state and national strategic plans, and the community forums. A summary of the issues that were identified, sources of information used to identify the issues, and corresponding recommendations to UNCE is presented in Appendix G. The picture that emerges is a general consensus that the high cost of healthcare is a major issue for older adults, that there is a growing gap between existing resources and the demand for services, and that there is an urgent need for more research and education and a better coordination of services. There also is a strong desire among community stakeholders to promote leadership within the community and develop a shared vision for the future. Part V provides an analysis of the findings of the needs assessment, resources that are needed to meet the identified needs, and recommendations for moving forward.

Needs That Were Identified

The issues, gaps, and needs that were identified in the Community Forums tended to overlap. In combination, they summarize the most pressing urban, rural, and statewide needs of Nevada’s seniors.

Urban needs

There are four major areas of concern in Clark and Washoe counties. In urban areas, the major gaps identified in the Community Forums were:

- An increasing demand for services that is out-stripping available resources,
- The need for better coordination of existing services,
- The need for more education (for both providers and the public), and
- The need for community leadership.

Problems related to the first issue, meeting an increasing demand for services, included: lack of trained professionals and trained caregivers, lack of cultural competency among trained professionals, inadequate levels of case management, limited modes of service delivery, long waiting lists, lack of reliable transportation, and lack of funding to meet the growing demand for services.
The need for better *coordination of services* was a second issue that was raised repeatedly in the urban areas. There was a concern that both providers and the public are unaware of the full range of available services and that there are “turf issues” and limited opportunities for providers to network and share information. Participants were concerned that they often did not know who the service providers were because there is so much turnover. Consequently, there are gaps and overlaps in services and some community services are not fully utilized.

More *in-service and public education* also was identified as a pressing need. Educational programs can be used to attract new professionals to the fields of gerontology and geriatrics, raise public and political awareness of impending issues related to the aging of the population, create community readiness for change, raise awareness of available community resources, help older adults learn new skills, and provide financial education to individuals of all ages (including providers).

The fourth issue, a need for *community leadership*, also was strongly emphasized among urban participants, especially those in the south. Participants provided several examples of the types of leadership that they wanted, including: efforts to build coalitions and collaborations, funding for an ombudsman to advocate for the aging population, a focused effort to organize and mobilize volunteers, and more emphasis on alternative models of healthcare and prevention. Overall, participants wanted a unified vision and roadmap to address the impending growth in Nevada’s aging population.

**Rural Needs**

According to the USDA Economic Research Service, Nevada’s rural counties have a larger proportion of elderly individuals than more populated areas of the state, raising concerns about access to health care, housing, and transportation in small, and often isolated, communities. In Nevada, the distance between rural communities is a major concern; many of these communities do not have pharmacies or even grocery stores. Major gaps that were identified by participants serving rural communities reflected three major concerns that included: lack of resources, lack of communication, and elder abuse.

The most important concern centered on *limited resources*, including a haphazard array of services that vary from community to community. When there are large distances between rural communities and available services, older adults are not able to access the services that they need because transportation options are either non-existent or too expensive. Gaps in services that were specifically mentioned by participants included lack of assisted living facilities, homemaker services, legal assistance, disability services, and physical therapy. Unfortunately, services that are in place in rural
communities tend to be overburdened, resulting in long waiting lists and little help for seniors as they try to navigate their way through geographically disconnected service options.

*Lack of communication* is a second pressing problem for rural communities. Participants were concerned about misinformation and myths about aging, being left off of mailing lists, selective sharing of information, and difficulty in disseminating information. Participants also mentioned that collaboration and coalition building are difficult in rural communities due to a lack of critical mass, which also makes it difficult to get funding to support their programs and services.

The issue of *elder abuse* is widely reported in the literature, but the only time that it was mentioned in the Community Forums was by the rural participants. They expressed concern that service providers in rural communities need training to recognize and prevent elder abuse. They also were concerned that there are no reporting agencies in rural communities, and that it typically takes two weeks for a response when the abuse is reported to an agency in the nearest city.

**Statewide Needs**

Several needs were identified across all three meetings. These included: problems with the healthcare system, problems with transportation, lack of affordable housing, and the need for financial planning. The high cost of health care for seniors was the top ranked concern in both the Aging Survey and the Community Forums. Problems with transportation also were consistently reported across the forums. However, rural participants were mainly concerned with lack of options, whereas urban participants were concerned with both limited access and unreliable services. Finally, all of the participants mentioned the need for widespread financial education. They said that service providers need the information to help their clients, younger adults need to plan for their later years, and older adults need to know how to position their assets, manage their retirement income so that it lasts, and make appropriate end-of-life decisions.

**Resources to meet the identified needs**

Rapid growth in Nevada’s senior population and the population of the state overall suggests that there will be increasing pressure to find cost-effective strategies for meeting the needs of older adults. The results of this study suggest that communities have many unmet needs that UNCE could address, and that community leaders recognize and appreciate the various contributions that senior volunteers and Cooperative Extension have to offer. However, many of the needs and corresponding activities that were identified in this report cannot be addressed by UNCE without new resources, and even with new resources, UNCE will have to establish priorities and be selective about activities and programming. The data included in this report provide information that can be used to help mobilize resources and develop a specific plan of action.

**Expertise needed**

Unlike many other subject areas in Extension, the issues related to aging cross multiple disciplines, areas of expertise, and existing UNCE program teams (e.g., Children Youth and Families; Health and Nutrition; Community Development). Given UNCE’s
emphasis on education, resilience, and prevention, developing a team to address aging issues would require gathering a critical mass of individuals across program teams, with an interest in aging and expertise in the following:

- Family relationships
- Family economics
- Nutrition
- Gerontology
- Public health
- Public policy
- Research skills
- Facilitation and collaboration skills

**Structural Considerations**

A number of Extension faculty have the skills and expertise that are needed to provide community outreach, research, and capacity building related to aging. With few exceptions, however, these individuals are already heavily committed to ongoing projects and programming that are unrelated to the aging issues that are identified in this report. Additional positions are needed to provide leadership and direction in the area of aging; to build collaborations with talented individuals from within UNCE, Nevada’s system of higher education, and the community; and build a program of research that will help support future aging programs in the state. Given that the aging issues identified in this study span the expertise of several UNCE teams, an interdisciplinary cross-team approach to research and programming will need to be developed within UNCE.

**Critical Mass**

Nevada is a large state with north/south and urban/rural differences in identified needs, gaps in services, and priorities related to aging. Resources are limited, and the structural issues noted above suggest that any serious effort to provide programming to Nevada’s elders will require an additional 5 full-time-equivalent (FTE) positions: 1 FTE for a state specialist; 2 FTE in addition to the position that currently exists in the Southern Area; 1 FTE in the Western Area; and 1 FTE dedicated to the Central/Northeast (rural Nevada). Although the addition of five new faculty positions is challenging in the short term, our recommendations provide direction for adding new resources as they become available. Based on the findings in this report, a state specialist with training in gerontology is needed to provide leadership in research, programming, and coordination of faculty efforts. Two area specialists with expertise in specific content
areas (e.g., family economics, public policy, public health) are needed in the Southern Area, and two area specialists who are generalists with a background in gerontology are needed in the Western and Central/ Northeast (rural Nevada) areas. These positions could be strategically added as resources become available.

In the meantime, one option would be to identify existing curricula and publications from other states that could be used in Nevada. Given the range of expertise that is required, it is likely that collaborations with campus faculty, community agencies, student interns, and volunteers will need to be expanded to support these initial efforts.

As UNCE adds faculty positions over time, new faculty will be available to provide leadership, initiate and manage programming, and search for funding to conduct research and expand programming. In addition, graduate assistants and community based instructors will need to be recruited to provide new faculty with research and program support. With additional staffing, UNCE will be in an ideal position to address the issues identified in this report as well as seek external funding to further expand activities to meet the growing needs of Nevada’s senior population.

Next Steps

Findings from this study indicate that there are, and will continue to be, unmet needs among Nevada’s aging population and that UNCE could make an important contribution to Nevada’s older adults. The recommendations from the community forums, in addition to the literature review and other sources of information gathered in this assessment process, suggest several directions for potential UNCE programming. Such work would involve community partnerships and focused efforts in outreach education, research, and capacity building/community development. Each of the following endeavors would make a significant contribution to state and community efforts to support Nevada’s elderly population, although other issues and recommended activities may emerge as UNCE begins to address these needs. With appropriate resources, UNCE could:

- Provide training, education and research related to health, nutrition, and the social and financial functioning of older adults
- Collaborate on aging research and programming that emphasizes all aspects of well-being
- Provide training, education, and research related to diversity and aging
- Collaborate on efforts to promote the integration and coordination of information, resources, and services
- Collaborate with stakeholders in efforts to inform social policy related to Nevada’s aging population
Even with an increased level of staffing, UNCE would be hard pressed to address all, or even most of the wide range of issues and challenges that emerged in this assessment. Some of these activities would be easier and less costly to implement than others if, for example, they build on existing resources in Nevada and other states and enhance existing collaborations such as the Sanford Center/UNCE website: http://www.nevadacareconnection.org. Other activities that need to be developed and are specific to Nevada would require more time and effort.

In deciding which of these activities to address, we recommend moving forward in a two-step process. Initially, UNCE administrators and the UNCE Advisory Committee can use the information from this report to help obtain additional resources and positions. Second, we recommend engaging UNCE faculty and staff in efforts to prioritize the issues identified in this report and strategize ways to build the critical mass needed to move forward. UNCE also will need to partner with existing and new collaborators to effectively address these issues. With sufficient resources, UNCE should emerge as a key community partner in future efforts to support the growing population of Nevada’s older adults.
References


Centers for Disease Control and Prevention. (2005c) *Estimated influenza vaccination coverage among adults and children*. Available online: [2007 December].


Nevada Department of Human Resources (2004). *Reports and Statistics.* Available online: [http://hr.state.nv.us](http://hr.state.nv.us) [2005 February].


Appendix A

Detailed Findings from the Aging Survey

During the Nevada Conferences on Aging, UNCE distributed an Aging Survey that was returned by 180 participants. Forty-seven percent of the participants resided in southern Nevada, 53% resided in northern Nevada, and 65% worked for agencies. The mean age of respondents was 57 years, and most were Caucasian (79%), followed by African American (8%), Hispanic (4%), Native American (3%), multi-ethnic (3%), Asian American (2%), and other (2%). The majority (66%) of respondents reported having at least a four-year college degree. Sixty-nine percent reported being employed at least part-time, 30% reported being retired, and nearly 25% reported engaging in volunteer work. Eighty-one percent of respondents reported an income of ‘about average’ or higher, and nearly 88% reported being in ‘good’ or ‘excellent’ health.

The Aging Survey (online at http://www.unce.unr.edu/publications/files/cy/2007/eb0702.pdf) was used to identify what participants considered to be the most pressing issues facing Nevada’s aging population. The first part of the survey listed 21 aging issues identified in the literature. For each issue, participants were asked to indicate: 1) whether the issue was of little/no importance, some importance, or of great importance; 2) whether services addressing the issue were being offered in their communities (scored yes, no, or unsure); and 3) whether they or their clients would definitely participate, might participate, or would not participate in programs related to the issue, if such programs were available. The data were summarized using the percentage of participants’ responses for each category, listing the top four percentage rankings for: 1) most important, least important, 2) services offered and not offered, and 3) whether the participants would or would not participate in programs on the issue. The results of the survey are provided below, both in table format (Table 1) and in the narrative, followed by a full de-

Table 1. UNCE Aging Survey: Ranking of the Most and Least Important Issues

<table>
<thead>
<tr>
<th>Most Important</th>
<th>Least important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to quality health care (90%)</td>
<td>Sexuality and aging (21%)</td>
</tr>
<tr>
<td>Maintaining mental health (82%)</td>
<td>Culturally appropriate services (18%)</td>
</tr>
<tr>
<td>Policies affecting older adults (81%)</td>
<td>Grandparents raising grandchildren (18%)</td>
</tr>
<tr>
<td>Alzheimer’s/dementia (80%)</td>
<td>Normal aging vs. myths (16%)</td>
</tr>
<tr>
<td>Services Offered</td>
<td>Services Not Offered</td>
</tr>
<tr>
<td>Maintaining health and fitness (83%)</td>
<td>Sexuality and aging (58%)</td>
</tr>
<tr>
<td>Caregiving (76%)</td>
<td>Culturally appropriate services (47%)</td>
</tr>
<tr>
<td>Transportation (71%)</td>
<td>Normal aging vs. myths (45%)</td>
</tr>
<tr>
<td>Legal plans (68%)</td>
<td>Grandparents raising grandchildren (44%)</td>
</tr>
<tr>
<td>Senior housing needs and options (68%)</td>
<td></td>
</tr>
<tr>
<td>Definitely Would Participate</td>
<td>Would not Participate</td>
</tr>
<tr>
<td>Access to quality health care (67%)</td>
<td>Grandparents raising grandchildren (33%)</td>
</tr>
<tr>
<td>Policies affecting older adults (64%)</td>
<td>Alcoholism and substance abuse (32%)</td>
</tr>
<tr>
<td>Health and physical fitness (59%)</td>
<td>Sexuality and aging (31%)</td>
</tr>
<tr>
<td>Senior housing needs and options (52%)</td>
<td>Culturally appropriate services (20%)</td>
</tr>
</tbody>
</table>
Overall, the issues of access to quality health care, maintaining mental health, understanding policies affecting older adults, and Alzheimer’s and other forms of dementia ranked highest in terms of their importance to all of the participants (Table 1), but none of these issues were among the top services being offered in communities. Furthermore, only two of these issues would entice participants to attend programs on the topic: access to health care and policies affecting older adults.

In contrast, participants consistently reported that sexuality and aging, culturally appropriate services, grandparents raising grandchildren, and normal aging versus myths were of little importance; services related to these issues were not offered in their communities; and there was little interest in having community programs on these topics.

These rankings are remarkably similar to those found by Ballard and Morris (2003) in a survey used to identify issues that were addressed in programs for mid-life and older adults living in the state of North Carolina. Their sample included 264 adults, aged 50 and older who were asked to rank 29 topics or issues related to aging. Participants were given the opportunity to suggest other topics that were not listed. The five topics of most interest were nutrition and health; fitness and exercise; positive aspects of aging; physical changes related to aging and living wills. The topics of least interest were sexuality, adult day care, menopause or hormones, HIV/AIDS, and alcoholism. Participants in the Ballard and Morris study identified 38 additional topics that reflected four themes: the use of computers and the Internet; health-related issues; hobbies and recreational activities; and financial issues.

When the ranking of issues was broken down by ethnicity, income, education, agency affiliation, and participation in the North/South Nevada Conferences on Aging, several interesting patterns emerged. Access to quality health care was the top priority, and participants stated that they would participate in programs on this issue across all of the sub-groups. Those who were non-white, had no degree, and were not affiliated with an agency thought that quality health care services were already being offered in their communities. Understanding policies affecting older adults (e.g., Social Security, prescription drugs, Medicare) was another top priority. All groups reported that they definitely would participate in programs related to this issue. Participants who were advantaged (white, had a high income, and worked for agencies) reported that programs on policies were among those most frequently offered in their communities.

Maintaining mental health also was listed as a top priority by all of the groups, but unlike health care and understanding policies, none of the groups ranked mental health among the most offered services in their communities and only non-agency participants would definitely participate in programs related to this issue. Alzheimer’s/dementia was ranked as a top priority by all groups except non-whites and agency workers. Participants in the South (in contrast to participants in the North) ranked services related to Alzheimer’s as one of the most frequently offered in their communities.

Unlike whites, non-whites ranked chronic disease (88%) and caregiving (86%) among their top four issues of importance, although access to quality health care remained the number one issue among both non-whites (100%) and whites (89%). Also, in contrast to whites, non-whites listed access to quality health care and caregiving among the most frequently offered services in their communities.

There were very few differences in the rankings of participants with high and low incomes and those with and without a college degree. In contrast to the high-income group (and participants overall), low-income respondents reported that they would participate in nutrition and caregiving programs, but not programs on chronic disease or legal issues. Participants without a degree were specifically interested in participating in programs on legal issues, and those with a degree were interested in programs on housing and chronic disease.

North/South differences also were minimal, except that participants in the North placed greater importance on transportation and they were more interested in programs on this issue. Compared to the North, participants in the South were more interested in programs on health and fitness, mental health, caregiving.
Appendix B

Examples of National Cooperative Extension Programs on Aging

Maintaining and Enhancing Health
Examples of topics covered by current Cooperative Extension resources and programs (CSREES, 2005) related to maintaining and enhancing the health of older adults include:

- Changes of Aging/Normal Aging. Workshops and publications address the normal changes of aging (e.g., the effects of aging on the senses and the urinary system); how to recognize, moderate, and cope with changes and maintain quality of life (Colorado, Oklahoma, Oregon, West Virginia); and how simple strategies such as careful clothing selection can address some of the changes of aging and improve functional independence (Kentucky, Mississippi). Publications and workshops are designed to increase awareness of stereotypes, attitudes, and views about aging (North Carolina, Pennsylvania).

- General Health and Well-Being. Websites and publications promote healthy living, provide information related to health and wellness, and discuss ways to recognize and alleviate stress (Colorado, Ohio, Vermont).

- Coping with Chronic Disease/Living with Limitations. Programs, publications, and other resources increase awareness of risk factors, warning signs, preventive behaviors, and coping behaviors related to chronic illnesses and diseases that are more prevalent with age such as diabetes, Alzheimer’s, cardiovascular disease, osteoporosis, and arthritis (Illinois, Missouri, New Jersey, North Carolina, Ohio, Oklahoma, Oregon). Publications contain information about ways to cope with physical limitations such as failing eyesight, limited mobility, and low endurance and energy, and information on coping with terminal illness (Ohio).

- Alcohol Abuse. A website presents factors related to the development of alcohol problems in later life with information about intervention and treatment processes (Oregon).

- Physical Activity and Fitness. Educational programs and publications stress the importance of fitness, physical activity, and exercise for older adults (California, Missouri, Texas).

- Nutrition & Hydration. Educational programs (including home-visit lessons), workshops, media presentations, and other resources provide information about the importance of a healthy diet for long-term health, how aging affects nutritional needs (e.g., how the senses of taste and smell start to diminish with age), planning and cooking healthy meals, identifying risk factors through the use of nutritional assessments, and preventing malnutrition (California, Connecticut, Idaho, Indiana, Kansas, Maine, Michigan, Mississippi, Missouri, New Hampshire, North Carolina, Ohio, Oklahoma, Rhode Island, Texas, Vermont). Resources address the importance of fluids to older adults and the decline in the ability to sense thirst with age (Kansas, Missouri, Texas).

- Mental Health & Aging. Websites, programs, workshops, publications, and other resources provide information on mental health issues (e.g., depression) and common life stressors related to aging (e.g., loneliness and isolation, loss of independence, changes in health), available mental health services, the psychological issues of aging well, the beneficial effects of humor on physical and mental health, and the development of programs such as “Seniors Can” designed to maintain mental health acuity and self-efficacy and improve the quality of life for older adults in congregate settings (Kansas, Missouri, Nebraska, Nevada, Oregon, Texas).

- Coping with Loss and Grief. Websites and publications addressing why grief happens more frequently when people are older, common responses to grief, tips for understanding and coping with grief, and sensitively responding to the grief of others (Nebraska, Oregon).

- Minority Health and Aging. Information about a center designed to improve the quality of life for the minority aging population by reducing disparities and inequities in access to health care, health literacy, and healthy behaviors (Missouri).

Engaging in Life
Examples of topics covered by current Cooperative Extension resources and programs related to changes in social and family dynamics that come with aging include:

- Improving Communication and Family Relationships. Websites, programs, curricula, publications, and other resources provide information about improving communication between adults and elderly parents, improving family communication and strengthening relationships across the lifecycle and between generations (especially between grandparents and their grandchildren through programs such as Grandletters), adjusting to changes brought on by a divorce in the family, increasing awareness of the expanding role of grandparents and grandparents’ rights and responsibilities, and encouraging families to discuss and plan for changing needs in later life (Arkansas, Colorado, Florida, Iowa, Kansas, Mississippi, Nebraska, New Mexico, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Utah, Wisconsin).
• **Aging and Sexuality.** A publication explains the sexual stages and phases that aging men and women may go through (Nebraska), and a game helps those who work with older adults examine their attitudes about sexuality and aging (Oregon).

• **Intergenerational Relations (nonfamilial).** Programs, guidebooks for developing programs, and other resources promote intergenerational approaches to reconnecting the young and old. Examples include programs to teach young people about growing older and the physical changes that occur with age; programs such as Sages of the Ages that promote interaction between teens and older adults and give seniors the opportunity to share experience and life lessons with youth; senior volunteer opportunities in early childhood settings; and community-based programs that bring older adults and children of all ages together in a variety of ways for meaningful interactions and experiences through projects such as arts, living history, computer technology, and cultural exchange (Illinois, Maryland, Missouri, North Carolina, Pennsylvania).

• **Grandparents Raising Grandchildren.** Websites, programs, videos, publications, and other resources provide information for grandparents and other caregivers who are relatives about parenting skills and issues, support groups, legal options and issues, and referrals and access to available community-based services and resources (Arizona, California, Connecticut, Georgia, Hawaii, Idaho, Illinois, Indiana, Montana, New York, North Carolina, North Dakota, Ohio, Oregon, Tennessee, Virginia, West Virginia, Wisconsin).

• **Caregiving Issues.** Websites, publications, workshops, videos, and other learning materials and resources address elder care and the responsibilities and components of caregiving (e.g., legal, financial, medical, nutritional, etc.); provide information on caregiver support groups, on managing caregiver stress, on planning for the financial impact of caregiving, and on caregiver resources at the community, state, and national levels; help families with decisions about care choices for the elderly; and provide information to caregivers on specific issues such as communicating with health care professionals, caring for memory-impaired elders, and caring for those who are coping with dying (Colorado, Florida, Kansas, Maine, North Carolina, Ohio, Oregon, Texas, Utah, Virginia).

Examples of topics covered by current Cooperative Extension resources and programs (CSREES, 2005) related to active aging/quality of life include:

• **Awareness of and Access to Community Resources.** Informational websites and publications provide resources and community-based services for older adults and their families, programming information for professionals working with seniors, and information about education events related to aging (Ohio, Virginia).

• **Active Aging/Quality of Life.** Information is presented about staying active and productive through paid work, volunteerism, educational opportunities, and leisure activities. Websites, educational programs, and publications provide information related to the social issues of aging well, maintaining an active lifestyle, improving quality of life, and making the most of later years (Colorado, Kentucky, Missouri, Nevada, North Carolina). Programs provide workshops and courses to enhance marketable skills and promote activities for the elderly and others with fixed incomes and limited resources (Virgin Islands). Programs such as Senior Companions provide volunteer opportunities for older adults to assist other seniors, and additional programs integrate senior volunteers into the curriculum in early childhood care and educational programs (Maine, Pennsylvania). Programs provide information on gardening for seniors including those residing in public housing (California, Ohio). Publications address the transition to retirement to help retiree’s feel that retirement is not a loss of roles, income, or socially recognized productivity (Ohio). A program helps participants explore meaning in later life from different aspects and increases understanding of different cultures related to the experience of aging (Missouri).

• **Aging in Place/Maximizing Independence.** Websites and publications provide information about living independently and hiring and working successfully with in-home care providers (Colorado, Oregon), and a senior companion program provides in-home visits to assist seniors to live as independently as possible (Maine).

• **Technology.** A program helps older adults learn to use computers through use of the Internet (Virginia) and a publication discusses technological innovations created to assist frail older adults such as telemedicine, sensors, and control devices (Pennsylvania).

Examples of topics covered by current Cooperative Extension resources and programs (CSREES, 2005) related to personal safety and secure living environments for older adults include:

• **Safety Issues in Later Life.** Educational programs, training, and publications provide information related to food safety (for individuals as well as those working in meal programs for the elderly), safety and wellness, reducing falls and other accidents in the home, and how misuse of medication can occur.
Meeting the Needs of Nevada’s Older Adults: The Role of University of Nevada Cooperative Extension

among older adults (California, Colorado, District of Columbia, Nevada, New Hampshire, Ohio, Tennessee, Texas, Utah, Vermont).

- **Preventing Crime in the Home.** Publications provide information about precautions older adults should take to keep their homes secure and keep from becoming victims of crime (Nevada, West Virginia).

- **Household Modification.** Programs, publications, and teaching materials provide information and examples of simple home modifications and devices that assist older adults to remain as independent as possible in their homes, as well as things to consider before buying, building, remodeling, and furnishing a home to assure accessibility, safety, and comfort (Colorado, North Carolina, Ohio).

- **Driver Safety.** Websites and publications present an understanding of age-related changes such as those impacting vision that can affect an elderly person’s driving ability and factors to consider when approaching an older person about his or her driving (Kentucky, Oregon).

- **Abuse & Neglect.** Publications provide information about the symptoms and effects of elder abuse and neglect, and where the elderly can go for help (Illinois, Ohio).

Examples of topics covered by current Cooperative Extension resources and programs (CSREES, 2005) related to economic self-sufficiency in later years include:

- **Finances/Financing Retirement.** Educational programs and publications provide information about aspects of financing retirement such as budgeting, record-keeping, credit, insurance, investments, and individual retirement accounts, and information about changes to government policies that may impact retirement planning (Florida, Mississippi, Utah). 
  Websites and publications provide strategies to overcome barriers to discussing financial issues with aging family members and guidelines for assisting an older person who can no longer manage his or her finances (Montana, Oregon).

- **Financing and Planning for Long-Term Care.** Curricula, publications, and other resources increase the awareness of the possibility of long-term care as a family financial issue, help identify strategies to manage the risk of long-term care, explore options and help families plan ahead and make more informed decisions about long-term care, and provide information on long-term care costs and eligibility requirements for Medicaid (Minnesota, Montana, Nebraska). Websites and publications provide information related to living arrangement options for older adults and guidelines for making decisions about and selecting a quality nursing home (Oregon, Virginia, West Virginia).

- **Elder Fraud.** Educational programs and publications provide information related to consumer economics, ways that older consumers become victims of fraud, ways to avoid consumer fraud, and warning signs of telemarketing fraud of which family members should be aware (California, Colorado, Mississippi, Nevada, Tennessee, Utah).

**Preparing for and Making Successful Transitions**

Examples of topics covered by current Cooperative Extension resources and programs (CSREES, 2005) related to financial planning and late-life or end-of-life decision-making include:

- **Financial Planning.** CSREES sponsors a nationwide educational program to help individuals and families acquire the knowledge and skills that they need to achieve financial security in later life (see http://www.csrees.usda.gov/financialsecurity.cfm), and most states have financial education programs offered through Cooperative Extension.

- **General Decision-making.** Websites, curricula, and other resources address communication about end-of-life issues and tools needed to make important decisions in later life including what to do when an older family member’s health fails and changes must be faced (Iowa, Ohio, Oregon, West Virginia).

- **Health Care Directives.** Websites and publications provide information about the importance of living wills and advance health care directives, talking to doctors and family members about difficult health care decisions, and making one’s last wishes known (Idaho, New Jersey, Ohio, Oregon).

- **Estate Planning.** Websites, educational programs, presentations, and other resources address estate planning and provide information on getting wills, legal documents, and other important papers in order, and provide information about the inheritance of personal property designed to improve family decision-making (Florida, Kentucky, Minnesota, Ohio).
Appendix C

The Process Used for the Community Meetings

The process used for the meetings included large group facilitation by Deborah Loesch-Griffin, and facilitation of small breakout groups by three UNCE State Specialists: Sally Martin, Bill Evans, and Jeanne Hilton. Three recorders were also used for the small groups. The meetings started with an introduction and agenda for the day, a welcome from UNCE Dean Karen Hinton, and a warm-up activity that encouraged participants to introduce themselves and share their professional and personal interests in aging. A large group discussion of social, economic, and political trends then was used to launch the small group discussions that were held for the remainder of the morning.

The small groups were pre-selected to provide a range of interests and expertise within each group. The three groups represented each of the three themes used to organize the meeting: 1) Maintaining and Enhancing Health, 2) Engaging in Life, and 3) Making Successful Transitions. Break-out sessions were held in three separate rooms that were supplied with “sticky walls” for posting ideas, a written definition of the theme being addressed by the group, half-sheets of paper for participants to write on, and felt pens. Participants were asked “Given the trends identified in the large group, what are the specific issues related to the aging population in Nevada that need attention today or in the near future?” Participants wrote issues on the half sheets of paper and the facilitator monitored a discussion of the issues, while the recorder posted the half-sheets on the sticky wall for all to see. Thirty-five minutes were allowed for this part of the discussion, and then a list of issues identified in the literature was posted and participants were asked to compare the research with the list of issues that they had generated to see if they wanted to add anything.

When the group was finished, participants were given three dots (color coded by group), to “vote” for the three top issues posted on the sticky wall. The groups then rotated from room to room so that each participant had an opportunity to review and vote on the issues identified by each of the two other groups. Each of the sticky walls was photographed to capture the organization and content of each group’s list of key issues.

The morning session concluded with participants returning to the main room to present the group reports. During the lunch break, the small group facilitators explained that the work of Cooperative Extension embraces three main activities (capacity building, education, and research), and a PowerPoint presentation was used to illustrate the examples of programs and activities that have been offered by Extension in the United States and Nevada.

After the presentation, the small groups reconvened for the afternoon small-group work session. In each group, four new headings were posted on the sticky walls: Key Issues, Resources, Challenges/Gaps, and UNCE Activities. All of the issues identified by the group in the morning were posted under “Key Issues” and participants were asked to review the issues with the greatest number of “dots” and identify the three most critical issues that emerged during the voting process. The three or four key issues selected were then used to generate a discussion of existing resources being used to address the issues and any challenges or gaps in available resources. Participants wrote their responses on half-sheets of paper and the recorder organized and posted the sheets in clusters to capture similar ideas.

Next, the facilitator reviewed the types of activities that Cooperative Extension engages in and asked participants to brainstorm ways for UNCE to help fill the gaps and/or challenges that they identified in the contexts of Nevada’s aging issues and existing resources. Responses were recorded by the participants, posted on the sticky wall, and discussed by the group. The facilitator then asked participants to consider the importance of each of the top three issues, the gaps/challenges in existing resources, and the mission of UNCE. Given these considerations, participants were asked to vote with dots on the three most important contributions that UNCE could make in meeting the needs of Nevada’s aging population.

The afternoon small group sessions concluded with the recorder writing each of the top issues and associated UNCE activities on chart paper for presentation to the large group. When the large group reconvened, the facilitators for each small group reported the top issues identified by their groups and briefly discussed the group’s ideas for actions that UNCE could take to improve the well-being of Nevada’s seniors.

The day concluded with the large group facilitator summarizing where similar ideas had been generated by the individual groups, and leading a discussion of how UNCE might combine activities into cross-issue strategies to build capacity and maximize existing resources. The group was then given an opportunity to reflect and give feedback on the process used for the meeting and Dean Hinton provided concluding comments and expressed appreciation for the generous contributions of the participants.
After the meetings, all of the written comments were transcribed into a single document for each geographic location (North, South, and rural) before proceeding with the analysis of the data. Next, issues, resources, and gaps/challenges were rank ordered by the number of votes that each had received, and those that were identified as top priorities by stakeholders were identified for each location. Similar issues were then grouped and tagged with an identifying word or phrase (theme) to help identify patterns in the data, and to allow comparisons among the locations and with other sources of data. Throughout the analysis, the organizing themes (maintaining and enhancing health; engaging in life; making transitions) were maintained as meta-themes. The complete list of issues and gaps that were identified in the meetings are available online at http://www.unce.unr.edu/publications/files/cy/2007/eb0702.pdf and a site comparison of the prioritized issues is provided in Appendix D.
Prioritized Issues: Site Comparisons

<table>
<thead>
<tr>
<th>Region</th>
<th>Maintaining &amp; Enhancing Health</th>
<th>Planning for and Making Successful Transitions</th>
<th>Engaging in Life</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reno</td>
<td>• Education</td>
<td>• Assessment of resources to promote awareness and access to information and resources</td>
<td>• Isolation: including sense of community engagement, mobility, transportation, connecting, auto safety issues, access to information, motivation/desire to engage in activities, and accessibility to community facilities/travel</td>
</tr>
<tr>
<td></td>
<td>• Re-structure health care system</td>
<td>• Influencing public policy to build systems capacity, support creative solutions, and clarify the roles of state and local organizations and government agencies</td>
<td>• Dealing with change: including mental health concerns, accommodations to assist with independence, affordable quality housing, resource education, choices and options, as well as technology</td>
</tr>
<tr>
<td></td>
<td>• Preparation for retirement</td>
<td>• Financial Planning: long-term care planning and estate planning (prepare individuals for successful transitions)</td>
<td>• Education: including ownership of health and well-being, financial planning and fitness</td>
</tr>
<tr>
<td></td>
<td>• Develop communities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Las Vegas</td>
<td>• Healthcare system in crisis – lack of funding</td>
<td>• Affordable and appropriate housing</td>
<td>• Aging with value</td>
</tr>
<tr>
<td></td>
<td>• Mental Health Issues: Depression, isolation, lack of sense of community</td>
<td>• Accessible and adequate transportation</td>
<td>• Family issues</td>
</tr>
<tr>
<td></td>
<td>• Lack of preventative health care</td>
<td>• Inter-organizational collaboration (cross-sectional – government, public &amp; private business)</td>
<td>• Transportation</td>
</tr>
<tr>
<td></td>
<td>• Need a Healthy Vision for Nevada</td>
<td></td>
<td>• Financial planning</td>
</tr>
<tr>
<td>Fallon</td>
<td>• Autonomy and independence</td>
<td>• Health – information professionals, availability and cost</td>
<td>• Outreach &amp; connection to resources</td>
</tr>
<tr>
<td></td>
<td>• Access to health care</td>
<td>• Having enough money to live on and then don’t (Death/Divorce of spouse)</td>
<td>• Economic affordability</td>
</tr>
<tr>
<td></td>
<td>• Medications</td>
<td>• Being physically able and then disabled</td>
<td>• Transportation – non-availability of services</td>
</tr>
<tr>
<td></td>
<td>• Education and Awareness</td>
<td></td>
<td>• Legal</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Adapt/Modify housing</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Elder abuse</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Family</td>
</tr>
</tbody>
</table>


Recommended UNCE Activities: Outreach Education

Community education on aging issues – specific audience
- Educate legislators who are new to Nevada and southern legislative staff – especially at the federal level
- Provide aging programming to youth (emphasize careers in aging)
- Provide nutrition education (to senior center cooks and seniors)

Community education on aging issues - topics
- Help dispel myths of aging
- Support a public campaign to improve image of aging
- Provide information on problem gambling – warning signs – resources
- Provide information on medication management – side effects, behavioral impacts
- Provide reliable, unbiased financial information
- Provide information on the transition to retirement
- Provide family relationship programs
- Provide nutrition education (senior center cooks and seniors) (2)
- Provide financial planning (for directors of programs/agencies, and seniors)
- Support the Senior College (Cooperative Extension and WNCC – Senior Health and Wellness Series)
- Provide information on intergenerational health and wellness
- Provide programming on life span development
- Raise awareness of elder abuse and neglect
- Provide information on taxes/legal issues related to death
- Support public health education (to public)
- Help raise awareness of legal resources
- Conduct Community Forums on different issues

Modes of delivery
- Provide outreach through various media: Internet, public broadcasts, etc.
- Provide classes using interactive video

Educational materials
- Provide resource guides for rural communities
- Help with newsletters
- Develop fact sheets on “hot button” issues
- Develop culturally appropriate educational materials
- Develop simplified instruction guides
- Provide good and consistent information
- Develop training modules
- Develop curriculum for programming
Recommended UNCE Activities: Research

Needs assessments
- Be sure we know the needs before developing the programming
- Do meta-analyses of state needs assessments
- Assist with needs assessments and community surveys
- Identify gaps in information
- Assess needs of seniors

Needs assessment on transportation
- Help conduct a statewide transportation summit
- Assist with a needs assessment to get a clear picture of transportation issues

Research topics
- Conduct research to determine why more people do not participate in gerontology/geriatric training opportunities
- Impact of changing demographics on for profit vs. non-profit services
- Conduct research on planned retirement vs. inclusive communities
- Examine why people don’t come to senior centers
- Explore how to draw people to services and classes
- Conduct a survey to identify barriers to participation in education programs
- Examine perceptions of adult day care center – identify why more are not using resource
- Investigate what will baby boomers want and how senior centers will have to change in response
- Research the implications of the baby boomers and shift into homebound for senior center identity
- Assess senior gambling
- Investigate promoting health and wellness among seniors that work (through providers and legislation)
- Examine the gap between knowledge and health behaviors
- Explain why Nevada ranks lowest in volunteerism

Models for aging services
- Study past models for future projects
- Examine the funding patterns in other states to determine what works best
- Help with evidence-based and impact evaluation
- Provide cost-benefit analysis of potential models
- Provide baseline data for cost benefit analysis
- Help with process mapping

Health care
- Analyze evidence-based practices for health care models
- Analyze where health care dollars are spent

Affordable housing
- Research funding models for affordable housing (assisted and fixed rent)
- Develop guidelines to help the community gather data to compile statistics
Recommended UNCE Activities: Capacity Building

Affecting public policy
- Work with governor to create an interim commission to assess conditions and come back with specific policy recommendations
- Promote government incentives for choosing a career in geriatrics and gerontology
- Promote certification in geriatrics

Collaboration and coalition-building
- Play a role in “Vision for a Healthy Nevada”
- Provide leadership in coordinating services and coalition building
- Teach process and team-building
- Help with turf issues
- Assist with consolidating funding and resources to avoid duplication of efforts
- Assist with partnership development to leverage resources
- Help form a collaborative real estate group (stakeholders)
- Help develop mental health and aging coalitions
- Facilitate networking opportunities with key stakeholders on senior issues
- Help coordinate internal capacity building to allow multi-tasking
- Help form a school and public health collaboration
- Facilitate internships in rural areas
- Help develop a state association on aging
- Form advisory committees on senior issues throughout the state
- Organize meetings focused on aging issues from a variety of perspectives
- Conduct more aging forums with key stakeholders (like the one today)

Grant support
- Help agencies leverage funds for grants and learn how to build the pool of grant funding
- Provide technical assistance and a grant clearinghouse
- Assist with grant-writing and searching for funding opportunities (as well as review and technical assistance)

Volunteer Development
- Provide a gateway for volunteers
- Look for potential funding for volunteer programming
- Help set up a community volunteer ride-share program
- Help develop/coordinate volunteer efforts with training curriculum

Education for Gerontology Professionals
- Provide CEUs in gerontology (issues and aspects of aging)
- Develop curriculum for human resource directors
- Provide cultural sensitivity training (professional development)
- Provide professional development for senior center directors
- Help secure funding professional development and training in aging issues
- Internships in rural areas

Intergenerational programming
- Provide intergenerational programming — such as youth working with seniors to help them learn computer skills
- Help connect 4-H and seniors’ groups
Recommended UNCE Activities: Capacity Building

Educational marketing
- Develop a marketing plan for senior programs
- Structure grants to include funds for media/marketing campaigns

Information on resource access
- Provide links to resources
- Help develop a website to connect agencies
- Share information with a broader range of seniors through UNCE channels
- Facilitate coordination of resources and information – provide a central contact
- Promote a resource network for information dissemination
- Provide UNCE provision of infrastructure or central contact for resource coordination and information dissemination
- Collaborate with public libraries and senior centers (statewide network) to provide consistent information and accessibility to resources
- Generate mailing/phone/email list from needs assessment

Professional development and support
- Offer train-the-trainer program re: job/life skills, accommodations, etc.
- Help develop senior friendly systems (phone tree and tech problems)
- Support streamlining eligibility requirements for program entry
- Provide caregiver training
- Train grant developers on submitting applications
Appendix F

Recommended UNCE Activities by Region: Reno

Outreach Education

Community education on aging issues
• Support a public campaign to improve image of aging
• Provide information on intergenerational health and wellness
• Provide programming for life span development
• Support public health education (to public)
• Provide outreach through various media: Internet, public broadcasts, etc.
• Help raise awareness of legal resources
• Provide information on the transition to retirement
• Educate legislators who are new to Nevada and their legislative staff
• Provide aging programming to youth (emphasize careers in aging)

Educational materials
• Develop fact sheets on “hot button” issues
• Develop simplified instruction guides
• Develop culturally appropriate educational materials

Research

Needs assessments
• Assess needs of seniors

Research topics
• Assess senior gambling
• Investigate promoting health and wellness among seniors who work (through providers and legislation)
• Examine the gap between knowledge and health behaviors
• Survey to identify barriers to participation in education programs
• Examine why people don’t come to senior centers
• Explain why Nevada ranks lowest in volunteerism
• Explore how to draw people to services and classes

Models for aging services
• Provide baseline data for cost benefit analysis

Affordable housing
• Research models for affordable housing (assisted and fixed rent)
Recommended UNCE Activities by Region: Reno (continued)

Capacity Building

Public policy
- Work with governor to create an interim commission to assess conditions and come back with specific policy recommendations
- Promote government incentives for choosing a career in geriatrics or gerontology

Collaboration and coalition-building
- Facilitate networking opportunities with key stakeholders on senior issues
- Help coordinate internal capacity building to allow multi-tasking
- Help form a school and public health collaboration
- Help develop a state association on aging
- Form advisory committees on senior issues throughout the state
- Organize meetings looking at aging issues from a variety of perspectives
- Conduct more aging forums with key stakeholders (like the one today)
- Help develop senior friendly systems (phone tree and tech problems)
- Support streamlining eligibility requirements for program entry

Volunteer development
- Help develop/coordinate volunteer efforts with training curriculum

Education for Gerontology Professionals
- Help secure funding for professional development and training in aging issues

Educational marketing
- Develop a marketing plan for senior programs
- Structure grants to include funds for media/marketing campaigns

Information on resource access
- Facilitate coordination of resources and information — provide a central contact
- Promote a resource network for information dissemination
- Provide UNCE infrastructure or central contact for resource coordination and information dissemination
- Collaborate with public libraries and senior centers (statewide network) to provide consistent information and accessibility to resources
- Generate mailing(phone/email list from the needs assessment

Professional development and support
- Offer train-the-trainer program re: job/life skills, accommodations, etc.
Recommended UNCE Activities by Region: Las Vegas

Outreach Education

Community education on aging issues
- Conducting community forums on different issues
- Community education
- Dispel myths of aging
- Work with problem gambling – warning signs – resources
- Provide information on medication management – side effects, behavioral impacts
- Provide reliable, unbiased financial information
- Provide information on the transition to retirement
- Provide family relationship programs
- Develop/identify curriculum for programming
- Provide professional development opportunities

Research

Needs assessments
- Be sure we know the needs before developing the programming
- Do meta-analyses of state needs assessments
- Assist with needs assessment and community surveys
- Identify gaps in information
- Develop guidelines to help the community gather data to compile statistics

Needs assessment on transportation
- Help conduct a statewide transportation summit
- Assist with a needs assessment to get a clear picture of transportation issues

Research topics
- Conduct research to determine why more people do not participate in gerontology/geriatric training opportunities
- Impact of changing demographics on for profit versus non-profit services

Models for aging services
- Study past models to inform future projects
- Examine the funding patterns in other states to determine what works best
- Help with evidence-based and impact evaluation
- Provide cost-benefit analysis of potential models
- Help with process mapping

Health care
- Analyze evidence-based practices for health care models
- Analyze where health care dollars are spent
Recommended UNCE Activities by Region: Las Vegas (continued)

**Capacity Building**

**Collaboration and coalition-building**
- Play a role in “Vision for a Healthy Nevada”
- Provide leadership in coordinating services and coalition building
- Teach process and team-building
- Help with turf issues
- Assist with consolidating funding and resources to avoid duplication of efforts
- Help form a collaborative real estate group
- Help develop mental health and aging coalitions

**Grant support**
- Help agencies leverage funds for grants and learn how to build a pool of grant funding
- Provide technical assistance and a grant clearinghouse
- Train grant developers on submitting applications

**Volunteer development**
- Provide a gateway for volunteers
- Look for potential funding for volunteer programming
- Help set up community volunteer ride-share program

**Education for gerontology professionals**
- Provide CEUs in gerontology (issues and aspects of aging)
- Develop curriculum for human resource directors
- Provide cultural sensitivity training (professional development)

**Intergenerational programming**
- Provide intergenerational programming – such as youth working with seniors to help them learn computer skills
- Help connect 4-H with seniors groups

**Information on resource access**
- Provide links to resources
- Help develop a website to connect agencies
- Provide caregiver training
Recommended UNCE Activities by Region: Fallon

Outreach Education

Community education on aging issues
- Provide nutrition education (senior center cooks and seniors)
- Provide financial planning programs (for directors of programs/agencies, and seniors)
- Support the Senior College (Extension and WNCC – Senior Health and Wellness Series)
- Raise awareness of elder abuse and neglect
- Provide information on taxes/legal issues related to death
- Provide classes using interactive video

Produce educational materials
- Provide resource guides for rural communities
- Help with newsletters
- Share information with a broader range of seniors
- Provide good and consistent information

Research

Needs assessments
- Assist with needs assessment and community surveys

Research topics
- Conduct research on planned retirement vs. inclusive communities
- Examine why people don’t come to senior centers
- Investigate what baby boomers want and how senior centers will have to change in response
- Research the implications of the baby boomers and homebound for senior center identity

Capacity Building

Collaboration and coalition-building
- Assist with partnership development to leverage resources
- Facilitate internships in rural areas

Grant support
- Grant-writing – searching for funding opportunities (as well as review and technical assistance)

Education for gerontology professionals
- Provide professional development for senior center directors
- Internships in rural areas
# Appendix G

## Aging Issues and Related UNCE Recommendations

### Maintaining & Enhancing Health

<table>
<thead>
<tr>
<th>Physical Health Issues</th>
<th>Recommended UNCE Activities: Physical Health Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chronic Illness 1, 7, 8</td>
<td><strong>Outreach/Education</strong></td>
</tr>
<tr>
<td>Alzheimer’s &amp; other dementia 7</td>
<td>• Medication management – side effects, behavioral impacts</td>
</tr>
<tr>
<td>Disability 1, 8</td>
<td>• Senior health &amp; wellness</td>
</tr>
<tr>
<td>Behavioral risk factors 1, 8</td>
<td>• Intergenerational health &amp; wellness</td>
</tr>
<tr>
<td>Overweight/obesity 1</td>
<td>• Nutrition</td>
</tr>
<tr>
<td>Benefits of exercise/fitness 1, 7, 8</td>
<td><strong>Research</strong></td>
</tr>
<tr>
<td>Risks of low income/education 1, 8</td>
<td>• Gap between knowledge and health behaviors</td>
</tr>
<tr>
<td>Substance use/abuse 1, 7, 8</td>
<td>• Seniors that work – promoting health and wellness</td>
</tr>
<tr>
<td>Nutrition &amp; hydration 1, 7, 8</td>
<td>(providers and legislation)</td>
</tr>
<tr>
<td>Immunizations 1</td>
<td>• Analysis of where healthcare dollars are spent</td>
</tr>
<tr>
<td>Improved health outcomes 5</td>
<td>• Analysis of evidence-based practices for health care models</td>
</tr>
<tr>
<td>Health &amp; wellness education 8</td>
<td><strong>Capacity Building</strong></td>
</tr>
<tr>
<td><strong>Policy issues:</strong></td>
<td>• Play a role in “Vision for a Healthy Nevada”</td>
</tr>
<tr>
<td>Access to affordable, quality healthcare 1, 3, 7, 8</td>
<td></td>
</tr>
<tr>
<td>Improvements to Medicaid &amp; Medicare 2, 8</td>
<td></td>
</tr>
<tr>
<td>Private sector development 4</td>
<td></td>
</tr>
<tr>
<td>Funding for dental/vision care 6, 8</td>
<td></td>
</tr>
<tr>
<td>Minority health &amp; healthcare 1, 8</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mental Health Issues</th>
<th>Recommended UNCE Activities: Mental Health Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss &amp; grief 1, 7, 8</td>
<td><strong>Outreach/Education</strong></td>
</tr>
<tr>
<td>Depression 1, 8</td>
<td>• Provide information on problem gambling – warning signs &amp; resources</td>
</tr>
<tr>
<td>Late-life suicide 1, 8</td>
<td><strong>Research</strong></td>
</tr>
<tr>
<td>Addictions 1, 7, 8</td>
<td>• Assess senior gambling</td>
</tr>
<tr>
<td>Assessment &amp; treatment 2</td>
<td><strong>Capacity Building</strong></td>
</tr>
<tr>
<td><strong>Policy issues:</strong></td>
<td>• Help develop mental health and aging coalitions</td>
</tr>
<tr>
<td>Funding for geriatric mental health 6, 8</td>
<td></td>
</tr>
</tbody>
</table>

**KEY:** Source of information

1. Literature Review
2. White House Conference on Aging
3. Nevada Conferences on Aging
4. Strategic Plan for Senior Services
5. State Plan: Services for Nevada’s Elders
6. Senior Solutions Summit
7. UNCE Aging Survey
8. UNCE Community Forums
### Aging Issues and Related UNCE Recommendations

#### Engaging in Life

| Housing Issues                  | Recommended UNCE Activities: Housing Issues  
|---------------------------------|-----------------------------------------------  
| Accessible/affordable housing   | (high priority in blue)  
| Private sector development: senior housing | Research  
| Combine housing authorities; central database|  
| Transportation Issues           |  
| Innovative solutions on mass transit |  
| Private sector development: transportation |  
| Better transportation options for seniors |  
| Safety Issues                   |  
| Household safety/modified       |  
| Home fire                       |  
| Driver safety                   |  
| Elder abuse and neglect         |  
| Elder fraud                     |  
| Community/neighborhood safety   |  
| Policy issues:                  |  
| Establish investigation & prosecution unit for crimes against seniors |  
| Geriatric training for law enforcement & court personnel |  
| Assisted Living and Long-Term Care Issues |  
| Aging in place & maximizing independence |  
| Need for help with activities of daily living |  
| Caregiving                      |  
| Development of non-institutional, home & community-based long-term care |  
| Policy Issues:                  |  
| Expand CHIP waiver program for home-based care |  
| Provide family/volunteer caregiver stipends |  
| Wages of caregivers             |  

#### Recommended UNCE Activities:

- **Housing Issues**
  - Research
    - Research funding models for affordable housing (assisted and fixed rent)

- **Transportation Issues**
  - Research
    - Assess needs on transportation issues
    - Conduct statewide transportation summit
  - Capacity Building
    - Help set up a community volunteer ride-share Program

- **Safety Issues**
  - Outreach/Education
    - Provide community education on raising awareness of elder abuse and neglect

- **Assisted Living and Long-Term Care Issues**
  - Outreach/Education
    - Provide fact sheets on long-term care planning
  - Capacity Building
    - Develop curriculum for caregiver training

---

**KEY:** Source of information

1. Literature Review  
2. White House Conference on Aging  
3. Nevada Conferences on Aging  
4. Strategic Plan for Senior Services  
5. State Plan: Services for Nevada’s Elders  
6. Senior Solutions Summit  
7. UNCE Aging Survey  
8. UNCE Community Forums
## Engaging in Life

### Social Health Issues

- **Marriage as an isolating factor for elders**
  - Literature Review

- **Weakening of support networks due to divorce & remarriage**
  - Literature Review

- **Importance of seniors remaining active and productive to alleviate feelings of isolation**
  - Literature Review

- **Lack of information as barrier to remaining active**
  - Literature Review

- **Need for social support for seniors**
  - Literature Review

- **Marital satisfaction**
  - Literature Review

- **Sexuality & aging**
  - Literature Review

- **Grandparents raising grandchildren**
  - Literature Review

- **Demographic issues:**
  - **Decline in fertility (relationship of childlessness to size of social networks of elders)**
  - Literature Review

- **In-migration of elders to Nevada, and consequent separation of elders from adult children**
  - Literature Review

- **Isolation of Hispanic elders due to language barriers**
  - Literature Review

### Recommended UNCE Activities: Social Health Issues

#### Outreach/Education
- Provide family relationship programs

#### Research
- Examine why people don’t come to senior centers
- Investigate what baby boomers want and how senior centers will have to change in response
- Conduct a survey to identify barriers to participation in educational programs
- Explore how to draw people to services and classes
- Develop multigenerational, inclusive community vs. senior centers

#### Capacity Building
- Develop a marketing plan for senior programs
- Structure grants to include funds for media/marketing campaigns

### Key: Source of information

1. Literature Review
2. White House Conference on Aging
3. Nevada Conferences on Aging
4. Strategic Plan for Senior Services
5. State Plan: Services for Nevada’s Elders
6. Senior Solutions Summit
7. UNCE Aging Survey
8. UNCE Community Forums
### Making Successful Transitions

#### Economic Well-Being Issues
- **Financial planning**: 1, 8
- **Models for financing senior living**: 8
- **Planning for retirement**: 1, 7, 8
- **Poverty as a barrier to financial planning and preparation for later life**: 1
- **Planning for and financing long-term care**: 1, 8
- **Estate planning**: 1, 8
- **Partnership with private sector to promote positive changes for seniors**: 4, 6
- **Policy issues**:  
  - Incentives/need for paid employment in later life: 1, 7, 8
  - Age discrimination in the workplace: 1

#### End of Life Issues
- **End-of-life decision-making – cultural differences**: 1
- **Health care directives**: 1, 8
- **Legal plans (wills, trusts, health-care directives)**: 7, 8
- **Lack of hospice facilities**: 8

### Recommended UNCE Activities: Economic Well-Being Issues
(high priority in blue)

**Outreach/Education**
- Provide financial planning programs (for directors of programs/agencies and seniors)
- Provide reliable, unbiased financial information
- Provide information on the transition to retirement
- Provide fact sheets on financial & long-term care planning

### Recommended UNCE Activities: End of Life Issues
(high priority in blue)

**Outreach/Education**
- Provide community education on taxes/legal issues related to death

---

**KEY: Source of information**

1. Literature Review
2. White House Conference on Aging
3. Nevada Conferences on Aging
4. Strategic Plan for Senior Services
5. State Plan: Services for Nevada’s Elders
6. Senior Solutions Summit
7. UNCE Aging Survey
8. UNCE Community Forums
# Aging Issues and Related UNCE Recommendations

## All Three Domains

<table>
<thead>
<tr>
<th>Policy Issues</th>
<th>Recommended UNCE Activities: Policy Issues (high priority in blue)</th>
</tr>
</thead>
</table>
| Policy Advocacy 8 | **Outreach/Education**  
  • Provide fact sheets on influencing public policy |
| | **Research**  
  • Examine the funding patterns in other states to determine what works best |
| | **Capacity Building**  
  • Work with governor to create an interim commission to assess condi- |

<table>
<thead>
<tr>
<th>Public Information and Education</th>
<th>Recommended Activities: Public Information &amp; Education (high priority in blue)</th>
</tr>
</thead>
</table>
| Public outreach TV by Senior Advisory Coalition 6 | **Outreach/Education**  
  • Help dispel myths of aging  
  • Help raise awareness of legal resources  
  • Provide information on the transition to retirement  
  • Provide information on using the Internet to find resources  
  • Help to disseminate public health information  
  • Assist with a public campaign to improve image of aging  
  • Support the Senior College (Extension and WNCC -- Senior Health & Wellness Series)  
  • Provide programming on life span development  
  • Conduct community forums on different issues  
  • Provide classes using interactive video  
  • Produce educational materials such as resource guides  
  • Help with newsletters  
  • Develop fact sheets on “hot button” issues  
  • Help educate legislators & staff regarding senior issues  |
| Educate health care professionals, the general public, and seniors regarding resources 3, 8 | **Capacity Building**  
  • Provide professional development for senior center directors |
| Public information campaign to create positive climate for aging in Nevada 4 | |
| Understanding policies affecting older adults (Social Security, prescriptions, Medicare) 7, 8 | |
| Lack of awareness of “normal” changes of aging 7, 8 | |
| Internet – opportunity & misinformation 8 | |
| Information overload 8 | |

<table>
<thead>
<tr>
<th>Evaluation of Program Effectiveness</th>
<th>Recommended Activities: Evaluation of Program Effectiveness (high priority in blue)</th>
</tr>
</thead>
</table>
| Data collection and plan accountability 4 | **Research**  
  • Study past models to inform future projects  
  • Provide cost-benefit analysis of potential models |

**KEY:** Source of information  
1. Literature Review  
2. White House Conference on Aging  
3. Nevada Conferences on Aging  
4. Strategic Plan for Senior Services  
5. State Plan: Services for Nevada’s Elders  
6. Senior Solutions Summit  
7. UNCE Aging Survey  
8. UNCE Community Forums
## Aging Issues and Related UNCE Recommendations

### All Three Domains

<table>
<thead>
<tr>
<th>Coordinating &amp; Collaboration Issues</th>
<th>Recommended UNCE Activities: Coordinating &amp; Collaboration Issues (high priority in blue)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication between elders and their family members and caregivers/service providers ¹, ⁸</td>
<td>Outreach/Education</td>
</tr>
<tr>
<td>Turf issues &amp; competition between service providers ⁸</td>
<td>• Provide community education on: awareness building/communication</td>
</tr>
<tr>
<td>Integrated state and local delivery systems ²</td>
<td>Research</td>
</tr>
<tr>
<td>Single point of entry for information ⁴, ⁵, ⁸</td>
<td>• Increase communication regarding current research findings and programming</td>
</tr>
<tr>
<td>²¹¹ system ⁶</td>
<td>• Explain why Nevada ranks lowest in volunteerism</td>
</tr>
<tr>
<td>Need for collaboration &amp; coalition building to maximize funding opportunities ⁸</td>
<td>Capacity Building</td>
</tr>
<tr>
<td>Need for case management ⁸</td>
<td>• Provide leadership in coordinating services and coalition-building</td>
</tr>
<tr>
<td></td>
<td>• Teach process and team building</td>
</tr>
<tr>
<td></td>
<td>• Help with turf issues</td>
</tr>
<tr>
<td></td>
<td>• Facilitate networking opportunities with key stakeholders on senior issues</td>
</tr>
<tr>
<td></td>
<td>• Help develop a State Association on Aging and form advisory committees throughout state</td>
</tr>
<tr>
<td></td>
<td>• Organize meetings focused on aging issues from a variety of perspectives</td>
</tr>
<tr>
<td></td>
<td>• Provide a gateway for coordination and funding of volunteers</td>
</tr>
<tr>
<td></td>
<td>• Provide UNCE infrastructure or central contact for resource coordination and information dissemination</td>
</tr>
<tr>
<td></td>
<td>• Assist developers to submit government grant applications</td>
</tr>
<tr>
<td></td>
<td>• Leverage funds for grants by helping to obtain matching and in-kind funding</td>
</tr>
<tr>
<td></td>
<td>• Help coordinate internal capacity building to allow multi-tasking</td>
</tr>
<tr>
<td></td>
<td>• Help form a school and public health collaboration</td>
</tr>
<tr>
<td></td>
<td>• Internships in rural areas</td>
</tr>
<tr>
<td></td>
<td>• Offer train-the-trainer program: job/life skills, accommodations, etc.</td>
</tr>
<tr>
<td></td>
<td>• Provide intergenerational programming – such as seniors working with youth to learn computers; help connect 4-H and seniors groups</td>
</tr>
</tbody>
</table>

### KEY: Source of information

¹. Literature Review  
². White House Conference on Aging  
³. Nevada Conferences on Aging  
⁴. Strategic Plan for Senior Services  
⁵. State Plan: Services for Nevada’s Elders  
⁶. Senior Solutions Summit  
⁷. UNCE Aging Survey  
⁸. UNCE Community Forums
# Aging Issues and Related UNCE Recommendations

## All Three Domains

<table>
<thead>
<tr>
<th>Trained Workforce Issues</th>
<th>Recommended Activities: Trained Workforce Issues (high priority in blue)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outreach/Education</strong></td>
<td>- Provide aging programming to youth (emphasizing Careers in Aging)</td>
</tr>
<tr>
<td><strong>Research</strong></td>
<td>- Conduct research to determine why more people do not participate in gerontology/geriatric training opportunities</td>
</tr>
<tr>
<td><strong>Capacity Building</strong></td>
<td>- Promote government incentives for choosing a career in geriatrics or gerontology</td>
</tr>
<tr>
<td></td>
<td>- Provide CEUs in gerontology (issues and aspects of aging)</td>
</tr>
<tr>
<td></td>
<td>- Help secure funding professional development and training in aging issues</td>
</tr>
<tr>
<td></td>
<td>- Internships in rural areas</td>
</tr>
<tr>
<td></td>
<td>- Provide professional development for senior center directors</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Senior services not keeping up with increasing demand; underserved populations</th>
<th>Recommended Activities: Senior services... (high priority in blue)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Research</strong></td>
<td>- Assist with community surveys and other needs assessments</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cultural Sensitivity Issues</th>
<th>Recommended Activities: Cultural Sensitivity Issues (high priority in blue)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outreach/Education</strong></td>
<td>- Develop culturally appropriate educational materials</td>
</tr>
<tr>
<td><strong>Capacity Building</strong></td>
<td>- Provide cultural sensitivity training (Professional Development)</td>
</tr>
</tbody>
</table>

**KEY: Source of information**

1. Literature Review
2. White House Conference on Aging
3. Nevada Conferences on Aging
4. Strategic Plan for Senior Services
5. State Plan: Services for Nevada’s Elders
6. Senior Solutions Summit
7. UNCE Aging Survey
8. UNCE Community Forums